



PHARMACY BENEFIT SCHEDULE

City of Kenosha

BENEFIT EFFECTIVE DATE

January 1, 2023

BENEFIT TYPE

Three Tier

DAYS SUPPLY DISPENSED

Participating Pharmacy	Up to 90 Days
Mail Order	Up to 90 Days

BENEFIT STRUCTURE

Tier Level	Retail Pharmacy	Mail Order	Applies to Out-of-Pocket Maximum
Tier 1	0% coinsurance after deductible has been met	0% coinsurance after deductible has been met	Yes
Tier 2	0% coinsurance after deductible has been met	0% coinsurance after deductible has been met	Yes
Tier 3	0% coinsurance after deductible has been met	0% coinsurance after deductible has been met	Yes

BENEFIT STRUCTURE (Preventive Medications)

Tier Level	Retail Pharmacy	Mail Order and 90 Day at Retail	Applies to Deductible and Out-of-Pocket Maximum
Tier 1	\$10 Copay	\$30 Copay	Yes
Tier 2	\$30 Copay	\$90 Copay	Yes
Tier 3	\$60 Copay	\$180 Copay	Yes

90 DAY AT RETAIL PROGRAM

This program is part of your pharmacy benefit. It is voluntary. The 90 day at Retail program allows you to receive a 90 day supply of most drugs at participating retail pharmacies. If you get a prescription filled on a regular, recurring basis, talk your doctor about writing a prescription for a 90 day supply.

COMPOUND DRUGS

Covered compound drugs are available for a Tier 3 copay. Compound drugs that are more than \$200 in cost need prior authorization for coverage to apply.

GENERIC EQUIVALENTS

Cost-effective generic equivalents are dispensed unless the health plan provider specifies the brand name drug should be used. The provider must also require that no substitutions may be made. If both of these conditions are met, the brand name drug will be covered at the copay specified in the Formulary.

MAIL ORDER SERVICE

The Mail Order Services allows you to receive a 90-day supply of maintenance medications. This program is part of your pharmacy benefit and is **voluntary**.

PHARMACY NETWORK

You must pay 100% of the cost of prescriptions filled at pharmacies that are not in the network inclusive of CVS. In an emergency, prescriptions filled at a non-network pharmacy are covered at the network price.

RXCENTS (SAVINGS ENABLED TABLET SPLITTING)

Through this program, members pay only one-half of their usual copayment on a select group of prescription drugs. This program is part of your pharmacy benefit and is voluntary.

SELF-INJECTABLE MEDICATIONS

Self-injectable drugs are given subcutaneously. They can be safely administered by the participant and obtained by prescription. This does not include drugs given via IM (intramuscular), IV (intravenous) or IA (intra-arterial) injections. This also does not include any infused drug. In some cases, the PBM may need to limit availability to certain pharmacies.

You must pay 100% of the cost of prescriptions filled at pharmacies that are not in the Navitus Pharmacy Network. In an emergency, prescriptions filled at a non-network pharmacy are covered at the network price.

Compound drugs are available with a Tier 3 copay.

SMOKING CESSATION PRODUCTS

Formulary Smoking cessation products are covered at a \$0 member pay with a quantity limit of two 90 day quit attempts per calendar year. These include formulary over-the-counter products.

SPECIALTY PHARMACY

Navitus SpecialtyRx can help if you are taking medications for chronic illnesses or complex diseases. They provide services that offer convenience and support. This program is part of pharmacy benefit. It is **mandatory**.

VACCINE PROGRAM

Through this program, members will be able to obtain vaccines through their local pharmacy at no cost. This program is a part of your pharmacy benefit and is voluntary.

COPAY TRUE PROGRAM

It is the plan's intention to exclude any type of prescription drug co-payment assistance program from applying to deductibles and out-of-pocket maximums.

EXCLUSIONS

A specialty prescription drug product (including, but not limited to, immunizations and allergy serum); these drugs must typically be administered or supervised by a qualified provider or licensed/certified health professional in an outpatient setting

All over-the-counter drugs, unless designated as covered by the Pharmacy Benefit Manager (PBM)

Any product dispensed for the purpose of appetite suppression and other weight loss products (Any FDA approved prescriptions for weight loss and/or appetite suppression)

Charges for medications for the treatment of erectile dysfunction

Charges for medications obtained through a discount program or over the Internet, unless prior authorized by the PBM

Charges for supplies or medications without a doctor's prescription order

Coverage for prescription drug products for the amount dispensed (days' supply or quantity limit) that exceeds the supply limit

Coverage for proton pump inhibitors

Drugs recently approved by the FDA may be excluded for a time period until reviewed and approved by the PBM's Pharmacy and Therapeutics Committee; does not apply to open formularies

Drugs that are prescribed, dispensed or intended for use while you are an inpatient in a hospital, skilled nursing facility, or alternate facility

Drugs used for cosmetic purposes (charges for cosmetic drug treatments)

Durable medical equipment, prescribed or non-prescribed outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered

Experimental, investigational or unproven services and medications; drugs used for experimental indications and/or dosage regimens

General vitamins, except the following, which require a prescription order or refill: prenatal vitamins, vitamins with fluoride, and single entity vitamins

Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition)

Infertility and fertility medications

New prescription drug products and drugs with new dosage forms need to be assigned to a tier before they will be covered; Our Pharmacy & Therapeutics Committee will review them. They will then assign them to a tier.

Prescription drug products dispensed outside the United States, except as required for Emergency treatment

Prescription drug products for any condition, injury, sickness or mental illness arising out of, or in the course of, employment for which benefits are available under any workers' compensation law or other similar laws, whether or not a claim for such benefits is made or payment or benefits are received

Prescription drug products furnished by the local, state or federal government

Unit dose packaging of prescription drug products

Getting More from Your
Navitus Pharmacy Benefit:

6 Months' Supply for Only \$6



Navitus Health Solutions is excited to partner with Costco to offer you a **six-month supply of select generic medications for only \$6** at Costco retail pharmacies through our new **6 for 6 program**. You do not need to be a Costco member to take advantage of these savings.

See the list below for a full list of medications included in this program. These savings are available exclusively to Navitus members.

Start saving now

Ready to start saving on your medications? Simply visit or call one of Costco's 560+ locations in the U.S. and mention the 6 for 6 program. You can provide the pharmacist with the ID card information you use for your pharmacy benefits and they will help transfer your prescription(s).

INCLUDED MEDICATIONS

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| ▪ Alendronate - 70 MG TAB | ▪ Hydrochlorothiazide - 12.5 MG CAP |
| ▪ Anastrozole - 1 MG TAB | ▪ Hydroxyzine Hydrochloride - 10, 25 & 50 MG TAB |
| ▪ Atenolol - 25, 50 & 100 MG TAB | ▪ Lisinopril/Hydrochlorothiazide - 10-12.5 MG TAB |
| ▪ Carvedilol - 3.125, 6.25, 12.5 & 25 MG TAB | ▪ Lisinopril/Hydrochlorothiazide - 20-12.5 MG TAB |
| ▪ Fluoxetine - 10, 20 & 40 MG CAP | ▪ Lisinopril/Hydrochlorothiazide - 20-25 MG TAB |
| ▪ Folic acid - 1 MG TAB | ▪ Metoprolol Tartrate - 25, 50, 75 & 100 MG TAB |
| ▪ Furosemide - 20 & 40 MG TAB | ▪ Omeprazole - 20 & 40 MG CAP |
| ▪ Glimepiride - 1, 2 & 4 MG TAB | ▪ Pioglitazone - 15, 30 & 45 MG TAB |
| ▪ Glipizide - 5 & 10 MG TAB | ▪ Triamterene/Hydrochlorothiazide - 37.5-25 MG TAB |
| ▪ Glipizide ER - 2.5, 5 & 10 MG TAB | ▪ Triamterene/Hydrochlorothiazide - 75-50 MG TAB |
| ▪ Glyburide - 1.25, 2.5 & 5 MG TAB | |

Effective as of 04/01/2022

Even if your medication is not on this list, Costco's pharmacies are able to dispense medications at a lower price than other pharmacy chains about 80% of the time.

This offer does not apply to mail order prescriptions or days' supply less than 6 months. You may need to talk with your practitioner about extending your prescription to a 6 month supply. The medication list is subject to change.



Reducing Drug Costs with Copay Assistance



Many high-cost specialty and HIV drugs have copay assistance programs. With these programs, manufacturers pay for part of the drug cost. This may help reduce what you pay. If you are using a drug that is eligible for copay assistance, you must enroll in the program.

Navitus is here to help you enroll to take advantage of these savings.

Getting Started is Easy!

1. A patient representative from your specialty pharmacy will reach out to you to help you enroll. If you already use copay assistance, your out-of-pocket cost will not change.
2. After enrolling, make sure your pharmacy has your copay assistance processing information.
3. Only the amount you have paid out-of-pocket will apply to your annual deductible and/or out-of-pocket maximum.

Frequently Asked Questions

How do I know if my drug has a copay assistance program?

Visit the drug manufacturer's website to see if they have a program for your medication. Many high-cost brand and specialty drugs are eligible for copay assistance. Most generic drugs are not eligible.

Will I have to reenroll in copay assistance?

Some copay assistance programs require reenrollment annually. Please contact the drug manufacturer or your specialty pharmacy provider to confirm your continued enrollment.

Where can I find out more information about copay assistance?

You can find additional details in your Summary Plan Description (SPD) document, which is typically provided in your benefit enrollment information.

What if I am not eligible for my drug's copay assistance program?

If you are not eligible, call Navitus Customer Care at 866.333.2757 to discuss your options. There may be other assistance programs available.