



# PHARMACY BENEFIT SCHEDULE

## City of Kenosha

### BENEFIT EFFECTIVE DATE

January 1, 2020

### 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

### DEDUCTIBLE (HSA Choice Family Plan)

Individual Maximum	\$2800
Family Maximum	\$5000

### ANNUAL OUT-OF-POCKET MAXIMUM (HSA Choice Family Plan)

Individual Maximum	\$2800
Family Maximum	\$5000

### DEDUCTIBLE (HSA Choice Single Plan)

Individual Maximum	\$2500
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### ANNUAL OUT-OF-POCKET MAXIMUM (HSA Choice Single Plan)

Individual Maximum	\$2500
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## 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. 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