



# 2025 PHARMACY REFERENCE GUIDE

## **Your Prescription Drug Benefits are Administered by Navitus**

Navitus is a pharmacy benefit manager known for clinical expertise and exceptional member service. The information provided is intended to provide a broad overview of benefit options and available programs. Please keep in mind that your plan may not have all of the items mentioned below.

To obtain information about your specific benefit plan, visit the member portal at [www.navitus.com](http://www.navitus.com) or contact Customer Care at 855-847-1025.

# Prescription Drug Benefits

## Prescription Drug Covered Expenses

Covered prescription drugs include drugs approved by the Food and Drug Administration (FDA). Some FDA-approved drugs may not be covered by the plan if they have over-the-counter (OTC) equivalents or provide low-value as compared to other drugs available on the plan's formulary. The formulary is a list of drugs covered under your plan. It can be found in the member portal at [memberportal.navitus.com](http://memberportal.navitus.com) and is updated periodically.

## The Amount You Will Pay for Prescription Drug Coverage

Benefits are provided for the payment of the prescription charge, less the amount you pay, according to your benefit design, for each prescription order or refill. You will NEVER pay more than the cost of the drug.

Your plan may have a **deductible**. The deductible is the amount you must pay before the employer plan begins to pay. Once the deductible is satisfied, drugs are classified in tiers. Please access the member portal at [www.navitus.com](http://www.navitus.com) or call Customer Care at 855-847-1025 for more information.

Tier 1 drugs have the lowest member cost (copay or coinsurance). Tier 3 drugs have the highest member cost (copay or coinsurance). To determine the tier in which a drug is classified by your plan, log in to your member portal at [memberportal.navitus.com](http://memberportal.navitus.com) and search for the drug. The tier drug classifications are updated periodically.

- Tier 1 - All covered generics and some lower cost brand products
- Tier 2 - Preferred brand products
- Tier 3 - Non-preferred brand products

There may also be a **maximum out of pocket** on your plan. This means any copay or coinsurance paid by you will apply to your out-of-pocket maximum. This is the maximum amount that a member must pay for drugs in a plan year. When the out-of-pocket maximum is met, the plan pays 100% of eligible expenses for the remainder of the plan year. To find your plan's deductibles, copay/coinsurance, maximum out of pocket, and tier information, refer to your member portal at [www.navitus.com](http://www.navitus.com) or call Customer Care at 855-847-1025.

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*This document provides general information on pharmacy benefits. The plan will make decisions on specific content for their Summary Plan Description (SPD) in consultation with their legal counsel. For more information on your plan, please access your member portal at [www.navitus.com](http://www.navitus.com) or call Customer Care at 855-847-1025.*

If you or your provider choose a brand-name drug, when a generic or biosimilar is available, you may have to pay the copayment for the drug's tier plus the difference in cost between the brand drug and the generic or biosimilar drug. This cost difference will not apply to your deductible or out-of-pocket maximums.

## Specialty Medications

Your plan may include coverage for specialty medications. Specialty medications are drugs that are used to treat complex conditions. Not all specialty drugs are covered by the pharmacy benefit, and some may be covered under the medical plan. Up to a 30-day supply of specialty drugs will be covered at a time. Specialty drugs are only available through your plan's approved specialty pharmacy.

If you have any questions, refer to your member portal at [memberportal.navitus.com](http://memberportal.navitus.com) or call Customer Care at 855-847-1025.

## Pharmacy Networks

Your prescription drug coverage has a retail pharmacy, a specialty pharmacy, and a mail order component. Your plan may include required network/preferred pharmacy options. Prescriptions must be obtained through a Navitus contracted network pharmacy. You will be responsible for 100% of the drug costs if prescriptions are obtained at out-of-network pharmacies. To identify an in-network pharmacy or enroll in the mail order service, refer to your member portal at [www.navitus.com](http://www.navitus.com) or call Customer Care at 855-847-1025.

Specialty prescriptions must be obtained through designated specialty pharmacies. Lumicera Health Services will provide guidance in obtaining your specialty prescription. There may be other considerations associated with specialty medication, such as shipping to your home or medical provider. You will be responsible for 100% of the drug costs if prescriptions are obtained at out-of-network pharmacies. Please call Customer Care at 855-847-1025 if you have any questions about where to obtain your medications.

As an added benefit, your plan has a mail order pharmacy option. There may be different copays assigned or required pharmacies for your mail order benefit. You may also have the option to obtain maintenance drugs up to a 90-day supply through mail order.

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## **Compound Medications**

Your plan may include coverage for compound drugs. These are defined as a drug product made or modified to have characteristics that are specifically prescribed for an individual patient when commercial drug products are not available or clinically appropriate. All compounded drugs are subject to review and may require prior authorization.

## **Preventive Drugs Covered Under the Affordable Care Act (ACA)**

Select products may be covered at 100% without a copay if the prescription is preventive. When a generic product is available, only the generic will be covered at 100% without a copay.

## **Preventive Drugs Covered by Health Spending Accounts (HSA)**

Your employer may elect to include an HSA Preventive Drug coverage feature with your prescription benefit plan. The actual cost of the medication will be applied toward the preventive benefit offered by your employer, allowing you to receive coverage even if you have not met your deductible.

## **Maintenance Drug List (MDL)**

Maintenance drugs are certain drugs taken on an ongoing basis (three months or more), such as those used to treat high blood pressure or high cholesterol. The plan has established a list of maintenance drugs that are available up to a 90-day supply at a network pharmacy. This list is subject to change periodically.

## **Non-Essential Health Benefits**

The amount you pay for drugs designated as essential health benefits count toward your deductible and/or out-of-pocket maximum. Your plan covers select non-essential health benefits drugs. The amount you pay for non-essential health benefits drugs will NOT count toward your deductible and/or out-of-pocket maximum.

## **Savings Connect**

Your plan may include Savings Connect, an integrated discount program. A claim may use the price with a discount card program only when the cost to you is less than what the cost would be with the insurance benefit. The member paid amount of any claim

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using the Savings Connect price will still count towards your deductible and OOP, if applicable.

## Access Guidance Services

The plan works with Navitus to provide access guidance services to assist you in obtaining copay assistance for certain drugs that have manufacturer-funded copay assistance programs. If the drug has copay assistance available, the amount you pay for that drug may vary. It may be set to the maximum of the current benefit design, \$0, or the amount determined by the manufacturer-funded copay assistance programs.

To take advantage of this pricing, you will be required to remain enrolled in the manufacturer copay assistance program. Amounts paid by manufacturers on your behalf or directly reimbursed to you (including manufacturer coupons) will not count toward your annual out-of-pocket maximum or deductible. Instead, only those payments made directly by you, and not reimbursed by the manufacturer, will count toward your out-of-pocket maximum or deductible.

## Medical Carve-Out

Your plan may include this medical specialty program. It moves coverage of select specialty drugs typically covered under the medical benefit to Navitus for coverage and management. Call Customer Care at 855-847-1025 for more information.

## Drug Coverage Guidelines – Quality and Utilization Management

To promote safety and clinically appropriate care while controlling costs, prescription drug coverage may be restricted in quantity or require prior authorization and/or step therapy through drug coverage guidelines. These guidelines can be found in the pharmacy section of our website. You may also call the customer service department number on the back of your ID card for more information.

- 1. Prior Authorization** – The plan requires a review to determine if the drug qualifies for coverage under the benefit. If your physician prescribes a drug that requires a prior authorization, Navitus will work with your prescriber to complete the prior authorization review. Either you or the pharmacy can ask your doctor to call 855-847-1025 to initiate the prior authorization.



Prior Authorization forms can be found at [www.navitus.com](http://www.navitus.com). Once your prior authorization is reviewed, a clinician may contact your doctor to discuss your case and potential medication alternatives. Your doctor may change your prescription when medically appropriate to a different brand name or generic medication.

- 2. Quantity Restrictions** – For certain drugs, the amount of the drug that will be covered by the plan is limited based on national standards and current scientific literature. These limits ensure the quantity of units supplied for each prescription remain consistent with clinical dosing guidelines and benefit plan design.
- 3. Step Therapy** – In some cases, you are required to first try certain drugs to treat your medical condition before the plan will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the plan may not cover Drug B unless you try Drug A first.

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