

# Share a Clear View

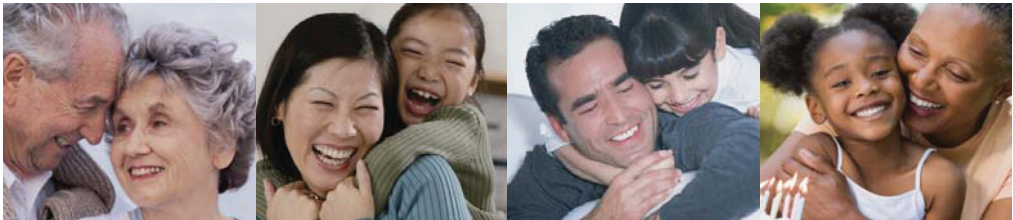


Cochise Combined Trust  
HDHP

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## PHARMACY BENEFIT

Printed on:



# Share a Clear View



## NAVITUS CUSTOMER CARE

### HOURS:

24 Hours a Day | 7 Days a Week

866-333-2757 (toll-free)

TTY (toll-free) 711

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### MAILING ADDRESS:

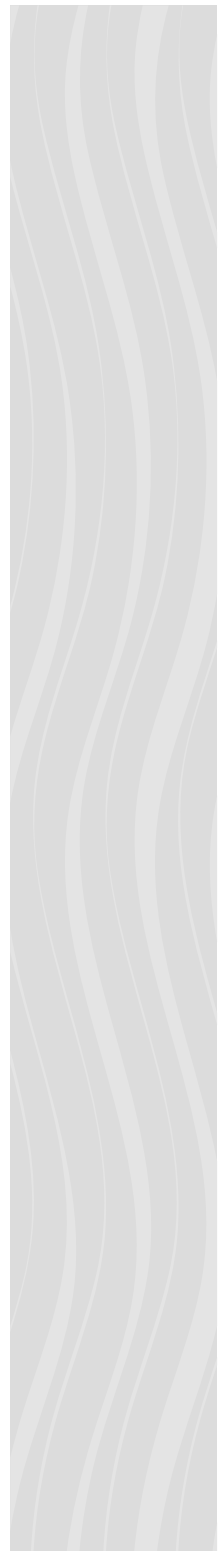
Navitus Health Solutions

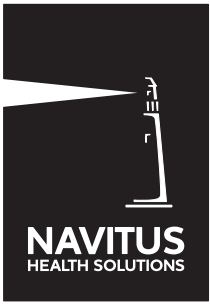
P.O. Box 999 | Appleton, WI 54912-0999

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### WEBSITE:

[www.navitus.com](http://www.navitus.com)





# YOUR PHARMACY BENEFIT

Welcome to Navitus Health Solutions, the pharmacy benefit manager for Cochise Combined Trust. We're committed to lowering drug costs, improving health and delivering superior service. This booklet contains important information about your pharmacy benefit.

We look forward to serving you!

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# PHARMACY BENEFIT SCHEDULE

## BENEFIT EFFECTIVE DATE

July 1, 2015

## BENEFIT TYPE

Three-tier pharmacy benefit

## DAYS SUPPLY DISPENSED

**Retail Network Pharmacy**

Up to 90 Days

**Mail Order**

Up to 90 Days

## BENEFIT STRUCTURE

Tier Level	Network Retail Pharmacy	Mail Order Pharmacy
Tier 1	The plan pays 100% after the deductible is met.	The plan pays 100% after the deductible is met.
Tier 2	The plan pays 100% after the deductible is met.	The plan pays 100% after the deductible is met.
Tier 3	The plan pays 100% after the deductible is met.	The plan pays 100% after the deductible is met.
Mandatory Specialty Pharmacy (MSP)	The plan pays 100% after the deductible is met.	The plan pays 100% after the deductible is met.

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ANNUAL DEDUCTIBLE (Medical and Pharmacy Combined; Contributes towards Out-of-Pocket Maximum)

<b>Individual/Family Deductible in Network</b>	\$3,000/\$6,000
<b>Individual/Family Deductible out of Network*</b>	\$5,000/\$10,000

\*Member pays 50% coinsurance for out-of-network claims after satisfying the out-of-network deductible

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ANNUAL OUT-OF-POCKET MAXIMUM (Medical and Pharmacy Combined)

<b>Individual/Family Maximum in Network</b>	\$3,000/\$6,000
<b>Individual/Family Maximum out of Network</b>	\$10,000/\$20,000

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### ADDITIONAL COVERAGE INFORMATION

- Some OTC medications are covered with a prescription. Please refer to the formulary document for a list of covered OTC medications.
- If a drug's tier changes within the formulary there will be a change in your copayment responsibility.

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### PHARMACY NETWORK

You are required to pay 100% of the cost of prescriptions filled at pharmacies not participating in the Navitus Pharmacy Network. In the case of an emergency, prescriptions filled at a non-network pharmacy are covered based on the network price.

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### MAIL ORDER SERVICE

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

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### 90-DAY AT RETAIL PROGRAM

This program is part of your pharmacy benefit and is **voluntary**. The 90-day at Retail program allows you the convenience of receiving up to a 90-day supply of most medications 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.

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## RXCENTS (SAVINGS ENABLED TABLET SPLITTING)

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

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## EXCLUSIONS

- Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
- Prescription Drug Products dispensed outside the United States, except as required for emergency treatment.
- Drugs which are prescribed, dispensed or intended for use while you are inpatient in a Hospital, Skilled Nursing Facility, or Alternate Care Facility.
- Experimental, Investigational or Unproven Services and medications; medications used for experimental indications and/or dosage regimens.
- Prescription Drug Products furnished by the local, state or federal government.
- Drugs which are available over-the-counter.
- 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.
- Any products dispensed for the purpose of appetite suppression and other weight loss products.
- A specialty medication Prescription Drug Product (including, but not limited to, immunizations and allergy serum) which, due to its characteristics as determined by the Plan, must typically be administered or supervised by a qualified provider or licensed/certified health professional in an outpatient setting.
- Durable Medical Equipment, prescribed or non-prescribed outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered.

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## EXCLUSIONS (CONT.)

- General vitamins, except the following which require a Prescription order or refill: prenatal vitamins, vitamins with fluoride, and single entity vitamins.
  - Unit dose packaging of Prescription Drug Products.
  - Medications used for cosmetic purposes.
  - Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
  - New Prescription Drug Products and/or new dosage forms until the date they are reviewed and assigned to a tier by our Pharmacy and Therapeutics (P&T) Committee.
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# FILLING YOUR PRESCRIPTION



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## **Filling Your Prescription at a Network Pharmacy**

The first step to filling your prescription is deciding on a participating pharmacy. In most cases, you can still use your current pharmacy. There is a complete list on our website, **[www.navitus.com](http://www.navitus.com)**.

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## **Using Your Medical Benefit ID Card**

You will not need a separate pharmacy benefit ID card. Your medical benefit card also contains information about your pharmacy benefit. Please present your medical benefit card to the pharmacy when you refill your prescription. To determine your copayment before going to the pharmacy, call Navitus Customer Care toll-free.

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## **Receiving Your Medications through Mail Order**

Our mail order service offers an easy way for you to get a 90-day supply of your long-term or maintenance medications. Your prescriptions are delivered to your door, saving you a trip to the pharmacy. For more information on how to start our mail order service please see the mail order form in the center of this booklet, or visit [www.navitus.com](http://www.navitus.com) > Members > Member Login or contact Navitus Customer Care.

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## **Submitting a Claim**

In an emergency, you may need to request reimbursement for prescriptions that you have filled and paid for yourself. To submit a claim, you must provide specific information about the prescription, the reason you are requesting reimbursement, and any payments made by primary insurers. Complete the appropriate claim form and mail it along with the receipt to:

Navitus Health Solutions  
Operations Division - Claims  
P.O. Box 999,  
Appleton, WI 54912-0999

Claim forms are available at [www.navitus.com](http://www.navitus.com) or by calling Navitus Customer Care.

# MAIL ORDER



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## **Getting your Drugs through Mail Order**

Navitus Health Solutions partners with WellDyneRx™ to offer mail order services. Drugs available through mail order include prescriptions covered as part of your pharmacy benefit. We recommend mail order service for maintenance (long-term) drugs only. For drugs needed on a short-term basis (e.g., antibiotics for a short-term illness), we recommend using a retail pharmacy.

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## **IT'S EASY TO START:**

First, you need to enroll in the mail order service. There are two ways to enroll:

- For convenient, 24/7 access, visit [www.myWDRX.com](http://www.myWDRX.com) to complete an online enrollment form
  - Or, complete the mail order service enrollment form included in this booklet
-

**Cardholder Information**

First & Last Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Drug Allergies</b>	<b>Health Conditions</b>	
<input type="checkbox"/> No Known	<input type="checkbox"/> No Known	
<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Asthma	
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Bleeding Disorder	
<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> COPD	
<input type="checkbox"/> Codeine	<input type="checkbox"/> Depression	
<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Penicillin	<input type="checkbox"/> GERD/Ulcer	
<input type="checkbox"/> Sulfa	<input type="checkbox"/> Heart Disease	
<input type="checkbox"/> Tetracyclines	<input type="checkbox"/> High Cholesterol	
<input type="checkbox"/> Other (Use space below)*	<input type="checkbox"/> Hypertension	
	<input type="checkbox"/> Liver Disease	
	<input type="checkbox"/> Renal Disease	

**Dependent Information**

First & Last Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Relationship to Cardholder		
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Drug Allergies</b>	<b>Health Conditions</b>	
<input type="checkbox"/> No Known	<input type="checkbox"/> No Known	
<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Asthma	
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Bleeding Disorder	
<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> COPD	
<input type="checkbox"/> Codeine	<input type="checkbox"/> Depression	
<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Penicillin	<input type="checkbox"/> GERD/Ulcer	
<input type="checkbox"/> Sulfa	<input type="checkbox"/> Heart Disease	
<input type="checkbox"/> Tetracyclines	<input type="checkbox"/> High Cholesterol	
<input type="checkbox"/> Other (Use space below)*	<input type="checkbox"/> Hypertension	
	<input type="checkbox"/> Liver Disease	
	<input type="checkbox"/> Renal Disease	

Please Specify Patient and Other Drug Allergies

**Medication Preference:** WellDyneRx will substitute generic equivalent drugs for brand medications ordered if available and permitted by your doctor. A generic drug has the same effectiveness, quality, safety, and strength, as confirmed by the FDA. Please indicate your preference for brand or generic drugs. If no box is checked, WellDyneRx will substitute generic drugs.

- Substitute generic drugs if available and permitted by my doctor.
- I want to receive brand medications only. I understand that brand medications may be more expensive.

Signature \_\_\_\_\_ Date \_\_\_\_\_

prescriptions to WellDyneRx:

**Electronically:** This is the quickest way to fill your prescription. Ask your doctor to electronically send your prescription to WellDyneRx Prescription Delivery Service.

**Fax:** 1-888-830-3608 or 1-877-221-1259

Only prescribers may fax prescriptions to a pharmacy.

**By Mail:** Write your Member ID and patient's date of birth on the prescriptions, and mail original prescriptions to:

**WellDyneRx, P.O. Box 3129, Englewood, CO 80155**

## ORDERING PRESCRIPTIONS

WellDyneRx offers several easy ways to order your prescriptions. We will send a reminder when it's time to refill your prescription. The best time to order refills is when you have a 14-day supply of your medicine left.

**Online:** Order refills at [www.myWDRX.com](http://www.myWDRX.com).

**By Mail:** Mail the reorder form included in every prescription shipment or original prescriptions with Member ID and patient's date of birth to:

**WellDyneRx, P.O. Box 3129, Englewood, CO 80155**

**By Phone:** Call Member Services at 1-866-490-3326

**By Mobile App:** Order refills from the WellDyneRx mobile application. Go to [mobileapp.welldynex.com](http://mobileapp.welldynex.com), or search for "WellDyneRx" in the iTunes App Store or Google Play Store.

shipment notification, including the estimated delivery date of your order. We offer automated phone messages for select order statuses and refill reminders.

## MEMBER SERVICES

Member Services representatives are available 24 hours a day, 7 days a week to answer questions and help with prescription orders.

**By Phone:** 1-866-490-3326

1-800-900-6570 TTY

**By Email:** [MemberServices@welldynex.com](mailto:MemberServices@welldynex.com)  
Please allow one business day for a response to your email.

Pharmacists are available for consultations 24 hours a day, 7 days a week if you have questions about your medication, including how to take it, what to do if you miss a dose, side effects or drug interactions. For medical emergencies, please call 911.

**By Phone:** 1-866-490-3326

1-800-900-6570 TTY

**By Email:** [pharmacist@welldynex.com](mailto:pharmacist@welldynex.com)  
Please allow one business day for a response to your email.



# Prescription Delivery Service Information

Prescription Delivery Service offers free delivery of medications to a convenient place – home, work, or doctor’s office. We recommend this service if you take a medication on an ongoing basis. Here’s what you need to know to use the service.

## ENROLLING

Get started by enrolling for Prescription Delivery Service.

You’ll need to provide insurance, contact, payment, and health information for you and your covered dependents.

**Online:** For 24/7 access to your benefit and prescription information, enroll at [www.myWDRX.com](http://www.myWDRX.com).

**By Mail:** Complete the Prescription Delivery Service Enrollment Form and mail to:

**WellDyneRx, P.O. Box 3129, Englewood, CO 80155**

If you enroll by mail, please call Member Services to provide payment information for your orders. Payment is required in full at the time of order for most plans.

**By Phone:** Call Member Services at 1-866-490-3326.

## SENDING PRESCRIPTIONS

Your doctor must write your prescription for a 90-day supply (or the number of days your plan allows for mail service). There may be limitations on some medications, such as controlled medications, due to state and federal laws. Send your

## PAYMENT

Payment is required with every prescription order. WellDyneRx accepts Visa, MasterCard, American Express, Discover, check, check by phone, or money order. We also accept payment cards for flexible spending and health savings accounts. For your convenience, we can keep your payment card on file for future orders by adding it to your secure online account. Enter your payment card information online or call Member Services.

## MEDICATION PREFERENCE

WellDyneRx substitutes FDA-approved generic equivalent drugs for any brand name medications ordered, if available and permitted by your doctor. A generic drug is a variation of a brand name that has the same effectiveness, quality, safety, and strength, as confirmed by the FDA. If you prefer to receive only brand medications and pay the additional cost, please contact Member Services.

## PRESCRIPTION ORDER STATUS

WellDyneRx provides email alerts to track the status of your prescription orders. Select “email” for your contact preference to receive specific order information, refill reminders, and



# Prescription Delivery Service Enrollment Form

Please use this form to enroll, add dependents, or update information. Send completed form  
WellDyneRx, P.O. Box 3129, Englewood, CO 80155.

## INSURANCE CARDHOLDER INFORMATION

Last Name	_____	First Name	_____	Mid Int	_____	Date of Birth	_____
Billing Address	_____	City	_____	State	_____	Zip Code	_____
Shipping Address ( <input type="checkbox"/> Same as Billing Address)	_____	City	_____	State	_____	Zip Code	_____
Home Phone	_____	Cell Phone	_____	Email Address (to receive information about your prescription orders)			
<b>Contact Preference:</b> <input type="checkbox"/> Email <input type="checkbox"/> Automated Phone Message							
Group Name (Primary)				Group Name (Secondary)			
Group ID# _____				Group ID# _____			
Member ID# _____				Member ID# _____			

## ALLERGIES AND HEALTH CONDITIONS

For your safety, WellDyneRx requires allergy and health condition information for you and your dependents before dispensing medication. Please enclose additional family member information on a separate piece of paper.

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You will be required to mail an original prescription or have your health care provider fax or call in a prescription directly to WellDyneRx in order to initiate this service. Please begin this process three weeks prior to running out of your medication.

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## **Obtaining Refills**

Once you've received your first prescription via mail order, refills can be ordered using any of the following methods:

ONLINE [www.myWDRX.com](http://www.myWDRX.com)

CALL 1-866-490-3326

24 hours a day/ 7 days a week

MAIL Send re-order forms to:

WellDyneRx

PO Box 3129

Englewood, CO 80155-3129

Refill orders should be placed three weeks prior to when the medication will be needed.

Prescriptions cannot legally be mailed from a mail order pharmacy (or any other pharmacy operating within the United States) to locations outside of the United States, with the exception of U.S. territories, protectorates and military installations.

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# FREQUENTLY ASKED QUESTIONS



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**What is Navitus?**

Navitus Health Solutions is your Pharmacy Benefits Manager (PBM). A PBM directs prescription drug programs and processes prescription claims by negotiating drug costs with manufacturers, contracting with pharmacies and building and maintaining drug formularies. These cost-saving strategies help lower drug costs and promote good member health.

**What is a Pharmacy Benefit Manager?**

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**Whom do I contact with questions about my pharmacy benefit (such as preferred drug list, claims, participating pharmacies, etc.)?**

Your formulary, list of participating pharmacies and other information about your pharmacy benefit can be found on [www.navitus.com](http://www.navitus.com). You can also call Navitus Customer Care toll-free at 866-333-2757 with questions about your pharmacy benefit.



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## **What is Navi-Gate for Members?**

Your health comes first, and Navi-Gate can help you with your pharmacy benefit questions and more. Navi-Gate for Members provides you with online access to a wealth of information to help you better understand your prescription drug benefits, add convenience to your life and help identify cost-saving options. Whether it is helping you find a local pharmacy or reviewing your medication profile, Navi-Gate will provide you with the information to take control of your personal health. You can sign up for Navi-Gate for Members by doing the following:

1. Call Navitus Customer Care at 866-333-2757 to obtain the Member ID (different than what is printed on the ID card).
2. Go to [www.navitus.com](http://www.navitus.com), choose the Members tab and select “Member Login.”
3. Select “Click here for new registrations.”
4. Enter the Member ID. Select a password of your choice. Continue with the registration process.

**NOTE:** Due to government regulations concerning disclosure of protected personal health information, all members age 12 and old must register to obtain their own user ID and password.

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## **Can I use my health plan card to fill prescriptions at my pharmacy?**

Yes, Ameriben has provided you with a combined medical/prescription drug ID card. When filling prescriptions at your pharmacy, you are required to present your medical/prescription drug ID card.

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<b>Whom do I call to request additional cards?</b>	You can request replacement cards from Ameriben by calling 855-258-6455.
<b>Whom do I call to change my ID card information</b>	Please call Ameriben at 855-258-6455 if any information on your ID card needs to be changed.
<b>When can I refill my prescription?</b>	Your prescription can be refilled when approximately two-thirds or 70% of the prescription has been taken.
<b>How much will I pay at the pharmacy?</b>	You can use the pharmacy benefit information in this booklet or provided on our Web site at <a href="http://www.navitus.com">www.navitus.com</a> to find out how much you will pay for different medications at the pharmacy. If you have questions about how to get this information, please contact Navitus Customer Care toll-free at 866-333-2757.
<b>What is Step Therapy?</b>	The Step Therapy Program requires a “step” approach to receive coverage for certain high-cost medications. This means you may need to first try a proven, cost-effective medication before moving to a more costly treatment, if necessary. Generic drugs are usually in the first step, and brand-name drugs are usually in the second step.
<b>Do some medications require prior authorization from Navitus?</b>	Yes, some medications do require prior authorization. More information about which medications require prior authorization is available on <a href="http://www.navitus.com">www.navitus.com</a> . On the formulary, medications that require prior authorization for coverage are marked with “PA” next to the medication.

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Your physician submits the prior authorization request on your behalf. Navitus will review the prior authorization request within 48 hours of receiving complete information from your physician.

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**How do I fill a prescription when I travel for business or vacation?**

If you are traveling for less than one month, any Navitus Network Pharmacy can arrange in advance for you to take an extra one-month supply. A copayment will apply.

Visit [www.navitus.com](http://www.navitus.com) for complete instructions on filling prescriptions while traveling, or contact Customer Care toll-free at 866-333-2757.

If you are traveling for more than one month, you can request that your pharmacy transfer your prescription order to another network pharmacy located in the area where you will be traveling.

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**Can prescriptions be mailed to me if I'm outside of the United States?**

No, prescriptions cannot legally be mailed from the mail order pharmacy, WellDyne, or any pharmacy in the United States to locations outside of the country, except for U.S. territories, protectorates and military installations.

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**How do I use the Navitus SpecialtyRx program?**

Navitus SpecialtyRx works with Lumicera Health Services to offer services with the highest standard of care. You will get one-on-one service with skilled pharmacists. They will answer questions about side effects and give advice to help you stay on course with your treatment. With Navitus

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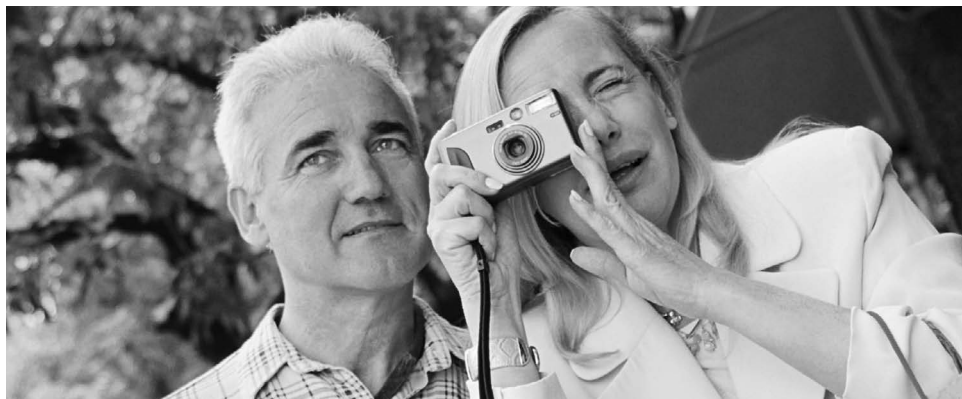
SpecialtyRx, delivery of your specialty medications is free, and right to your door or prescriber's office via a variety of shipping methods depending on the requirements of the medication you are taking. Overnight priority is available or required for some medications. To start using Navitus SpecialtyRx, please call toll-free 855-847-3553. We will work with your prescriber for current or new specialty prescriptions.

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**How does the RxCENTS (Tablet Splitting) program work?**

The Tablet Splitting program saves you money by breaking a higher-strength tablet in half to provide the needed dose. You will receive the same medication and dosage while purchasing fewer tablets and saving on your copay. Medications included in the program are marked with “¢” in the Navitus Formulary. There are two ways to get started with the Tablet Splitting program:

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1. Call your doctor and ask about the RxCENTS program. He or she can update your prescription with your pharmacy.
  2. Ask your pharmacist to help change your prescription to one that can be split through the Navitus Tablet Splitting program.

Tablet splitting is not required by Navitus, but is simply offered to you as a way to help control costs. If you have any questions, or would like to receive a tablet splitter, please contact Navitus Customer Care toll-free at 866-333-2757.

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# COMMON TERMS

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<b>Brand Drug</b>	A drug with a proprietary, trademarked name, protected by a patent by the U.S. Food and Drug Administration (FDA). The patent allows the drug company to exclusively market and sell the drug for a period of time. When the patent expires, other drug companies can make and sell a generic version of the brand-name drug.
<b>Copayment/ Coinsurance</b>	Refers to that portion of the total prescription cost that the member must pay.
<b>Formulary</b>	A list of drugs that are covered under your benefit plan. The drugs on your formulary are chosen for your formulary by an independent group of doctors and pharmacists. These experts evaluate drugs based on effectiveness, side-effects, potential for drug interactions, and cost. Drugs that are both clinically sound and cost effective are added to your formulary.
<b>Generic Drugs</b>	Prescription drugs that have the same active ingredients, same dosage form and strength as their brand-name counterparts.
<b>Over-the-Counter Medication</b>	A drug you can buy without a prescription.
<b>Prescription Drug</b>	Any drug you may get by prescription only.
<b>Prior Authorization</b>	Approval from Navitus for coverage of a prescription drug.
<b>Specialty Drug</b>	Drugs, such as self-injectables and biologics, typically used to treat patients with chronic illnesses or complex diseases.
<b>Therapeutic Equivalent</b>	Similar drug in the same drug classification used to treat the same condition.

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# Share a Clear View



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Voice your feedback, concerns or complaints or report errors regarding your prescription drug benefit. We welcome your input and want to hear and act on this information with a polite and quick response. Ensuring quality and safe care, correcting errors, and preventing future issues are top priorities.

For a copy of your member rights and responsibilities, please visit your member website or call the Customer Care number listed below.

Navitus does not discriminate on the basis of disability in the provision of programs, services or activities. If you need this printed material interpreted or in an alternative format, or need assistance using any of our services, please contact Navitus Customer Care at 866-333-2757 (toll-free) or 711 (TTY).

Cochise Trust C/O Erin P. Collins & Associates  
1115 Stockton Hill Road, Suite 101  
Kingman, AZ 86401



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