



# TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## PRESCRIPTION DRUG PLAN OPTION 2A-G NO DEDUCTIBLE

### Prescription Drug Program

*(Copayments will not apply to Medical Co-Share Stoploss Maximum)*

#### *Up to a 30-day Supply at Participating Navitus Health Solutions Network Retail Pharmacy*

|                      |   |
|----------------------|---|
| Plan Year Deductible | \$0 Individual / \$0 Family                                 |
| Tier 3 Drug          | \$40 Copayment Amount                                       |
| Tier 2 Drug          | \$25 Copayment Amount                                       |
| Tier 1 Drug          | Lesser of \$10 Copayment Amount<br><b>OR</b><br>Actual Cost |

**ATTENTION:** Please note the following guidelines regarding your Prescription benefits:

- 1) Members electing to purchase brand name drugs when a generic is available will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name Copayment.
- 2) Specialty and biotech medications are available only through mail order unless purchased and administered through the doctor's office.

#### *Up to a 90-day supply at In-Network Retail or Mail Service Pharmacy*

|             |                       |
|-------------|-----------------------|
| Tier 3 Drug | \$80 Copayment Amount |
| Tier 2 Drug | \$50 Copayment Amount |
| Tier 1 Drug | \$20 Copayment Amount |

**Note:** Prescription Drug Benefits are provided by Navitus Health Solutions through a master contract with the Texas Association of Counties Health and Employee Benefits Pool. Prescription Drugs are not administered by Blue Cross and Blue Shield of Texas



## FINDING YOUR PHARMACY

Navitus makes it easy to fill your prescriptions with retail network pharmacies around the United States. Choose a participating retail pharmacy close to home or work.

Some of the pharmacies available:

- » CVS
- » HEB
- » Lifechek
- » Walgreens
- » WalMart
- » Kroger
- » Brookshire Brothers
- » Savon
- » plus many independently operated retail pharmacies

NOTE: Not all retail stores for pharmacy chains listed above are included in the network. Check the up-to-date listing on the website or call Navitus Customer Care to confirm that your preferred pharmacy is a participating network location.

If you are taking a maintenance medication for longer than 30 days, consider using the mail order pharmacy or participating '90 day at retail' pharmacy locations. It's convenient and saves money.



QUESTIONS?

**NAVITUS CUSTOMER CARE**

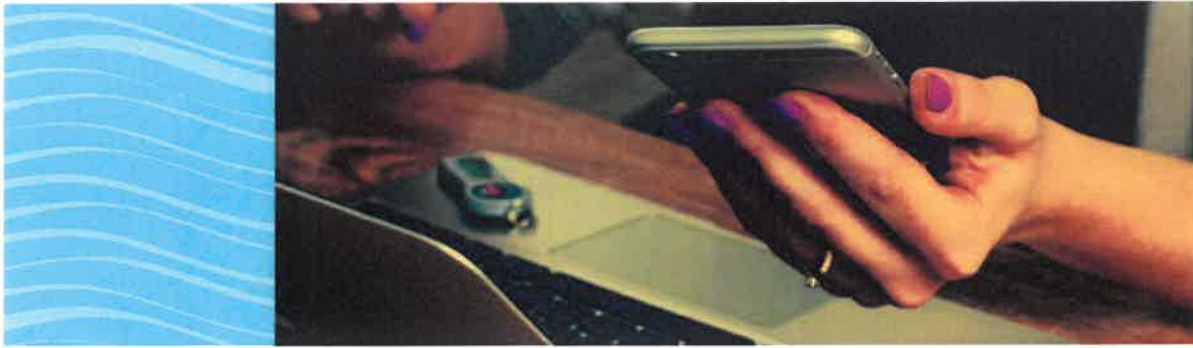
**1-866-333-2757**

Open 24 hours a day, 7 days a week.

Or visit us online at: [www.mybenefits.county.org](http://www.mybenefits.county.org)

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## COMPARE PRICES AND LOCATE PHARMACIES USING NAVITUS' COST COMPARE TOOL

Are you looking for ways to pay the lowest cost for your medications? Navitus can help.

Prescription medication prices often vary between pharmacies. To help you compare prescriptions costs and choose the best price at the best location, Navitus offers Cost Compare.

The Cost Compare tool is available via the Navi-Gate<sup>®</sup> for Members portal through [www.mybenefits.county.org](http://www.mybenefits.county.org). This new tool can help you:

- Identify lower cost alternatives
- See suggested alternatives to your prescribed drugs
- Find participating network pharmacies

By entering information such as your city and state or zip code, the name and strength of your prescribed drug, and other preferences, the Cost Compare tool will provide results that allow you to compare prices and save on your prescriptions.

Cost Compare is available on **any device, anywhere, anytime**, and at no additional cost.



Compare pharmacy prices in your area



Get real-time, accurate prices estimates



Search based on your prescription history

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## SAVING MONEY with mail order service

### WHY USE OUR MAIL SERVICE?

With Navitus' mail order pharmacy service through Costco, you save both money and time spent picking up your medicine. By filling your prescriptions through mail order, you may receive a 3-month supply of medication for the out-of-pocket costs of 2 months.\* *You do not have to be a member of Costco to use the mail order service.*

\* Please refer to your plan description for more details.

| Drug      | Supply  | Copay Amount | Out of Pocket Costs per Year |
|-----------|---------|--------------|------------------------------|
| Glipizide | 30 days | \$5.00       | \$60.00                      |
| Glipizide | 90 days | \$10.00      | \$40.00                      |

With this example, total cost savings is \$20.00 a year!

\*drug costs are for example only



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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 the Navitus member website.

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## **Your Pharmacy Benefit ID Card**

Your TAC HEBP/Blue Cross ID card contains information the pharmacy needs to process your prescription. To determine your copay before going to the pharmacy, consult your Pharmacy Benefit Highlights or call 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***

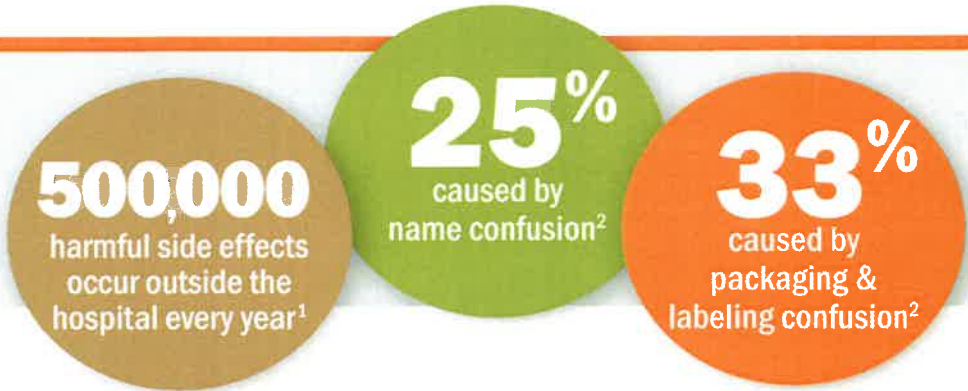
Claim forms are available on the website or by calling customer care.

# Understanding Your Prescription Label

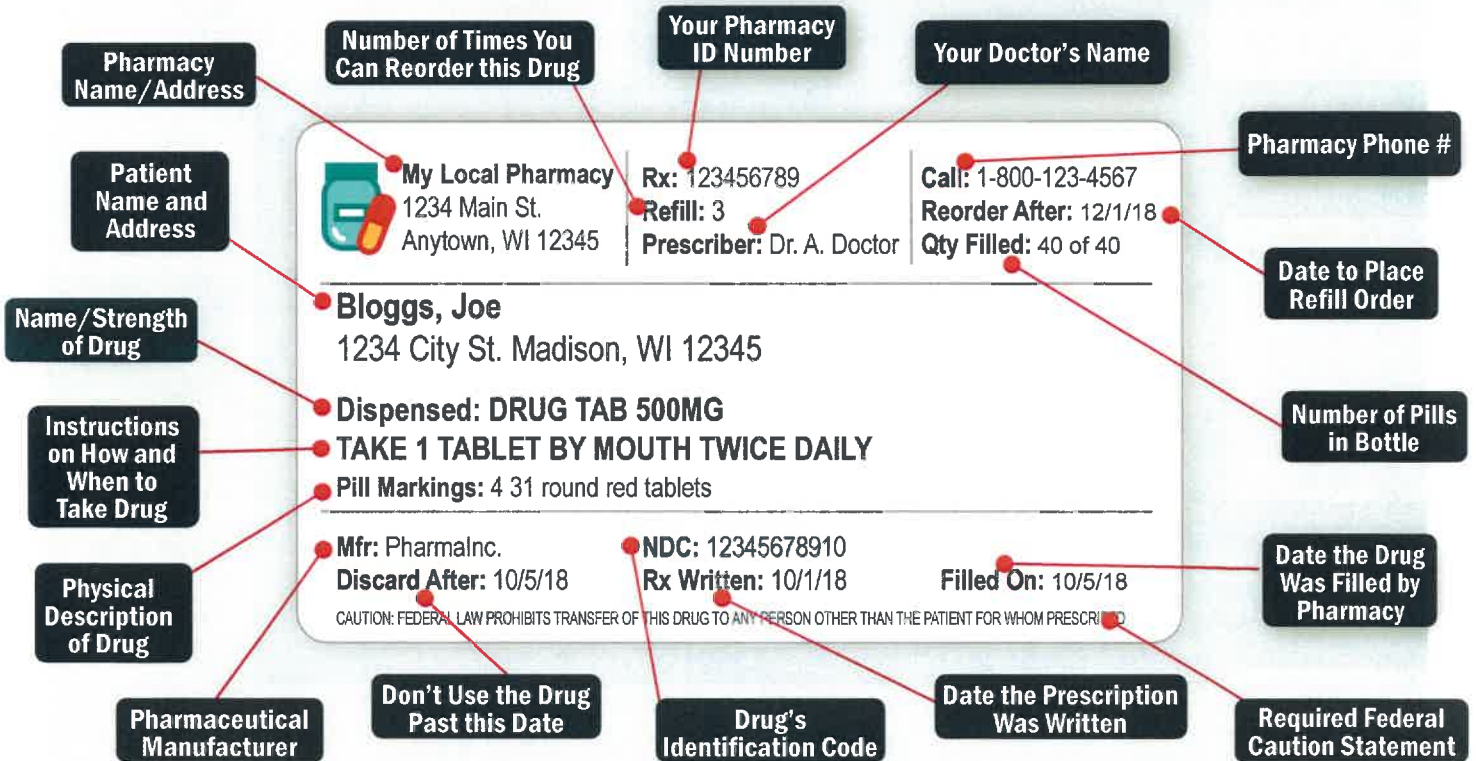


Medication labels can be confusing and hard to read and it's easy to forget a doctor's or pharmacist's instructions. This handy guide makes it easy to decipher the prescription label on your medication, so you can take your medication correctly and reap the benefits of improved health.

## Why Is This Important?



Not all prescription labels look alike, but this example shows the key features that most labels will have.



<sup>1</sup> Aspden P, Wolcott J, Bootman L, Cronenwett L, editors. Preventing medication errors. Washington DC: Institute of Medicine of the National Academies; 2006.  
<sup>2</sup> Berman A. Reducing medication errors through naming, labeling, and packaging. J Med Syst. 2004;28:9-29.

## Reading Label Instructions

**78%** of patients misunderstood one or more label instructions.<sup>3</sup>

Here are some common instructions and what they mean. If in doubt, always ask your pharmacist.

| What it says:   | What it means:   |
|---|--|
| Take 3 tablets by mouth twice daily.                                      | Take 3 tablets every 12 hours.   |
| Take 2 pills by mouth every day. Take 1 with Breakfast and 1 with dinner. | Take 1 pill with breakfast and take 1 pill with dinner every day. These should be around 12 hours apart. |
| Take 1 tablet by mouth three times daily.                                 | Take 1 tablet every 8 hours.   |

## Five Things to Check at the Pharmacy

- 1 Is the medication correct?
- 2 Is the dosage correct?
- 3 Do I understand the instructions?
- 4 When does it expire?
- 5 How do I get refills?

## Five Questions to Ask Your Pharmacist

- 1 How much should I take, when, and how often?
- 2 Does my medication interact with other medications I'm taking?
- 3 Is there anything I should avoid eating or drinking while taking my medication?
- 4 What are the possible side effects?
- 5 When should I stop taking this medication?

<sup>3</sup>Davis TC, Federman AD, Bass PF, III, et al. Improving patient understanding of prescription drug label instructions. J Gen Intern Med. 2009;24:57-62.

# FORMULARY FACTS



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## **About Drug Formularies**

The formulary is a comprehensive list of preferred drugs chosen on the basis of quality and efficacy by a committee of physicians and pharmacists. The drug formulary serves as a guide for the provider community by identifying which drugs are covered. It is updated regularly and includes brand name and generic drugs.

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## **Selecting Drugs for Your Formulary**

An independent group of physicians and pharmacists meets regularly during the year to review and recommend drugs for your formulary that will be, effective and affordable. The committee assesses drugs based on their therapeutic value, side effects and cost compared to similar medications. Based on the committee's review of new and existing drugs, your formulary is evaluated to ensure it is up-to-date. Navitus and TAC HEBP then review these recommendations and will post updates to the formulary on our websites.

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**Checking  
Your  
Formulary**

Your formulary is on the website through your TAC HEBP member portal, [www.mybenefits.county.org](http://www.mybenefits.county.org). You may search the formulary for a specific drug. You can also browse alphabetically or by category of use.

Also included is information about which drug products need prior authorization and/or have quantity limits. The formulary is a condensed list and does not list every covered drug. The coverage or tier for each drug product is noted on the formulary. But the dollar amount you pay for each medication is not listed. See the Pharmacy Benefit Highlights included in this booklet for more information, including the cost share amount you pay for each drug.

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**Changes to Your  
Formulary**

Your formulary is evaluated on an ongoing basis, and could change. Navitus does not send separate notices if a brand-name drug becomes available as a generic drug. The pharmacist usually tells you this information when you fill your next prescription. If you have more questions about the formulary or your cost share, please contact Customer Care.

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## WHAT IS PRIOR AUTHORIZATION?

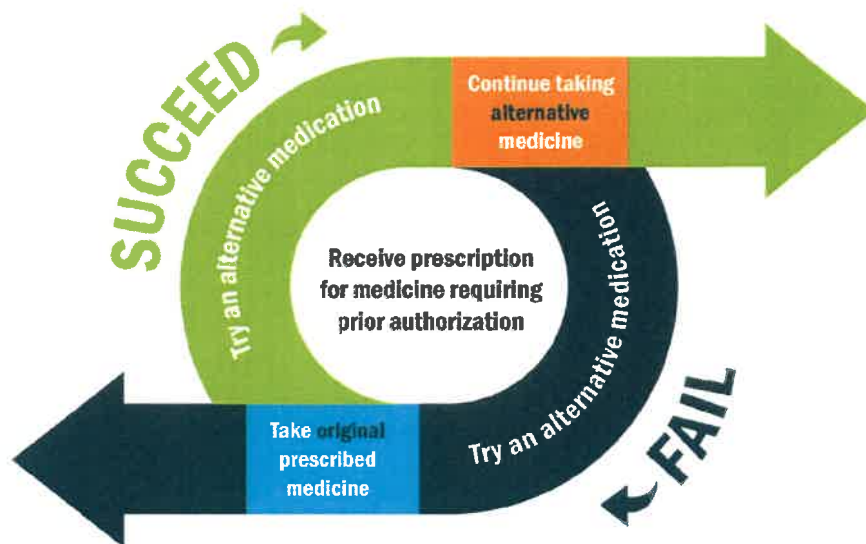
Prior authorization is a tool that ensures members receive safe, appropriate, and cost-effective medicine. Medicines requiring prior authorization are noted on your formulary with a <sup>PA</sup>.

### How Does It Work?

If you are prescribed a medicine that needs prior authorization, you will need to meet certain criteria before the medicine is covered by your plan.

Before a prior authorization is approved, your prescriber will be asked to write a prescription for an alternative medicine that is covered under your plan. These alternatives have similar therapeutic value and effectiveness. If you try the alternative medicine and it does not have the intended response, the prior authorization for the original prescription can be considered. If the alternative medicine works, you will be encouraged to continue taking it.

Alternatively, your doctor may decide that you do not need to try an alternative medicine. This will be based on your diagnosis or unique situation. In this case, the prescriber, plan sponsor and Navitus will work together to complete the prior authorization process.



### Who Decides What Medicines Need Prior Authorization?

Your plan sponsor works with Navitus to develop prior authorization criteria. These follow recommendations from the FDA and the Navitus Pharmacy and Therapeutics Committee.

### Why Does Navitus Use Prior Authorization?

Prior Authorization is a standard health care process that most pharmacy benefit managers use. It is an effective tool for making sure that members receive the best quality medicine at the lowest cost. It is one of the many tools that support Navitus' mission to improve member health and lower costs.



## WHAT IS STEP THERAPY?

Step therapy is a formulary management tool used for high-cost prescription medicine. When a medicine requires Step Therapy (noted on the formulary with <sup>ST</sup>), you must try a less costly prescription medicine first. This is called a *first-line therapy*. Once you have tried and failed a first-line therapy, you will be able to take steps to receive the medicine you were originally prescribed, which is called a *second-line therapy*.



You and your prescriber may find that the first-line therapy works very well for you. If that's the case, you may continue using it rather than pursuing the second-line therapy.

If you feel that your need for a second-line therapy should override this process, please ask your prescriber to contact Navitus. And rest easy knowing that there are other covered medicines available with similar therapeutic value, effectiveness, and side effects.

### **Who decides what medicines need Step Therapy?**

Your plan sponsor and the Navitus Pharmacy and Therapeutics Committee have worked together to decide which medicines should require Step Therapy.

### **Why does Navitus use Step Therapy?**

Step Therapy is an effective tool for ensuring that members receive safe, effective, high-quality medicine at the lowest net cost. It is our mission to improve health among our members. Formulary management—which includes Step Therapy—is one of the many ways we can help members experience good quality of life and manageable medication regimens.