



**2017-2018 Drug Benefits –**

*The drug formulary list has changed and some medications that had previously been covered may no longer be covered.* To view the drug formulary list, visit [www.navitus.com](http://www.navitus.com) and register, or contact Navitus Customer Care at 866-333-2757.

The tiers on the formulary are structured as follows:

- Tier \$0: Certain preventive medications.
- Tier 1: Low-cost, high-value generics and select brands that provide high clinical value. These products are the lowest-net cost for the plan and the lowest copayment for the member.
- Tier 2: Preferred brands and select generics that are less cost effective.
- Tier 3: Non-preferred brands and generics that provide the least value because of high cost or low clinical value, or both.

<b>Benefit Structure</b>	<b>Retail Pharmacy (up to 34-day supply)</b>	<b>Retail or Mail Order Pharmacy (90-day supply)</b>
<b>Tier \$0 -</b>	\$0 copay**	\$0 copay**
<b>Tier 1 -</b>	\$15 copay	\$30 copay
<b>Tier 2 -</b>	\$50 copay	\$100 copay
<b>Tier 3 -</b>	50% coinsurance*	50% coinsurance*

\*does not apply towards out-of-pocket maximum

\*\*These preventive medications will be noted on the formulary list

\*\*\*90-day supply can be obtained through retail or mail order pharmacies



**Specialty Pharmacy –**

Beginning July 1, 2017, Lumicera Health Services will replace Diplomat as the MUS Plan's preferred specialty pharmacy. To access more information about Lumicera, visit [www.lumicera.com](http://www.lumicera.com) or contact Lumicera Customer Care at 855-847-3553.

<b>Benefit Structure</b>	<b>Preferred Specialty Pharmacy (up to 34-day supply)</b>	<b>Retail Pharmacy (up to 34-day supply)</b>	<b>Mail Order Pharmacy (90- Day)</b>
<b>Tier 4 - Specialty Drugs</b>	\$200 copayment	50% coinsurance*	N/A

\*does not apply towards out-of-pocket maximum

**2017-2018 Rx Out-of-Pocket Maximum – Individual: \$2,150/Family: \$4,300**