

## Navitus MedicareRx (PDP) Prescription Drug Plan for Self-Insured Schools of California – PDP200D0X35

### Benefit Structure

<b>Retail Network Pharmacy</b>	Up to 90 Days
<b>Mail Order Pharmacy</b>	Up to 90 Days
<b>Specialty Pharmacy (Marked NDS)</b>	Up to 30 Days
<b>Long Term Care Pharmacy</b>	Up to 31 Days

The cost sharing structure may differ based on the pharmacy's status as preferred or non-preferred; mail order; long term care; home infusion; 30 vs. 90-day supplies; and your Medicare phase. Cost sharing may change when entering the catastrophic phase for Medicare Part D (PDP).

<b>Cost Sharing Tiers</b>
<b>Tier 1</b> – Formulary Preferred Generics and Some Lower Cost Brand Products
<b>Tier 2</b> – Formulary Preferred Brand Products and Some High Cost Non-preferred Generics (Includes All Formulary Specialty Products)

<b>Self-Insured Schools of California Plan Annual Deductible Amount</b>	
<b>Applies to Tier 2 Drugs</b>	<b>\$200</b>

### Retail and Mail Order Pharmacy Benefits

<b>Benefit Structure</b>	<b>Retail Network (Up to 30 Days)</b>	<b>Retail Out-of-Network (Limited to 10 Days)</b>	<b>Retail Network (Extended Supply 31-60 Days)</b>	<b>Retail Network (Extended Supply 61-90 Days)</b>	<b>Network Mail Order (Up to 90 Days)</b>
<b>Tier 1 Cost Share</b>	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
<b>Tier 2 Cost Share</b>	\$35 copayment	\$35 copayment	\$70 copayment	\$105 copayment	\$90 copayment

Extended supplies (greater than a 30 day supply) may not be available for all medications. To verify if one of your medications is excluded from extended supplies, check the Formulary. Medications which do **not** qualify for extended supplies will be marked with “NDS”.