

Navitus MedicareRx (PDP) Prescription Drug Plan for Self-Insured Schools of California – PDP0X35

Benefit Structure

Retail Network Pharmacy	Up to 90 Days
Mail Order Pharmacy	Up to 90 Days
Specialty Pharmacy (Marked NDS)	Up to 30 Days
Long Term Care Pharmacy	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).

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

Retail and Mail Order Pharmacy Benefits

Benefit Structure	Retail Network (Up to 30 Days)	Retail Out-of-Network (Limited to 10 Days)	Retail Network (Extended Supply 31-60 Days)	Retail Network (Extended Supply 61-90 Days)	Network Mail Order (Up to 90 Days)
Tier 1 Cost Share	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Tier 2 Cost Share	\$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”.