GatorCare Your Partner in Health | Magellan Rx MANAGEMENT℠

Coverage Period: 08/16/2019 – 12/31/2020
Coverage for: Individual and/or Family
Plan: GatorGradCare

This is only a summary of your GatorCare pharmacy benefits.
If you would like detail about your coverage and costs, you can get the complete terms in the policy or plan document at gatorcare.magellanrx.com/member or by calling the member help desk at 1-800-651-8921. In the event there is a conflict between this summary and the GatorCare prescription coverage documents, the terms and conditions of the coverage documents will control.

This plan provides Prescription Drug benefits for Prescription Drugs and Related Supplies provided by Participating Pharmacies. To receive Prescription Drug Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for Prescription Drugs and Related Supplies for each 34-day supply at a retail pharmacy or each 90-day supply at a retail or mail order pharmacy. That portion is the Copayment or Coinsurance.

Coinsurance: The term Coinsurance means the *percentage* (for example, 25%) of charges for covered Prescription Drugs and Related Supplies that you or your Dependent are required to pay under this plan.
Copayment: Is the *fixed dollar amounts* (for example, $15) you pay for covered prescriptions drugs and Related Supplies that you or your Dependent are required to pay under this plan, regardless of the actual cost of the prescription.

Benefit Highlights	Benefit Detail
Deductible	• $100 Individual/$400 Family Pharmacy Benefit Year Deductible (BYD) must be satisfied for Tiers 2 through 5. Pharmacy BYD is waived for Tier 0 and Tier 1 medications. • Pharmacy deductible does not apply to Medical BYD but counts towards Combined Medical Maximum Out-of-Pocket (MOOP). Member pays the brand copay plus the difference in cost between the brand and generic if brand product is chosen when a generic equivalent is available.
Out-of-Pocket Maximum	Pharmacy Out-of-Pocket Maximum accumulations are combined with Medical BYD, Coinsurance, Copays, and Per-Visit Deductibles. The values cross accumulate between all tiers.
Annual Benefit Maximum	No Annual Maximum Benefit applies
Maximum Dollar Amount per Prescription	No Maximum

Benefit Highlights	Benefit Detail
Copay Assistance Maximization Program – Value Max	Members utilizing specialty medications accessed through Magellan Rx Pharmacy or a UF Health Pharmacy are encouraged to participate in copay assistance programs sponsored by manufacturers of certain specialty medications. By covering most of your out-of-pocket costs, these programs save significant money for you and the plan. Copay assistance dollars paid by a manufacturer will not count toward your annual deductible and out-of-pocket maximum. A list of specialty medications included in this program can be found at gatorcare.org.
Early Fill Requirement How soon can I refill my prescription?	Retail: 7 days remaining Extended Supply at Retail: 11 days remaining Mail Order: 11 days remaining **Maintenance drugs:** Retail: 7 days remaining Extended Supply at Retail: 11 days remaining Mail Order: 11 days remaining
Retail Copay/Coinsurance (34-Days Supply)	Tier 0/Value Based: 0% Coinsurance – Includes Healthcare Reform Medications covered at no cost to member (no Rx BYD applies) Tier 1/Generic Medications: 25% Coinsurance up with $10 Min. to $20 Max. (no Rx BYD applies) Tier 2/Preferred Brand Medications: 25% Coinsurance with $25 Min. to $50 Max. (after Rx BYD) Tier 3/Preferred Specialty Medications: 25% Coinsurance with $50 Min. to $100 Max. (after Rx BYD) Tier 4/Non-Preferred Brand Medications: 40% Coinsurance with $70 Min. to $240 Max. (after Rx BYD) Tier 5/Non-Preferred Specialty: 40% Coinsurance with $70 Min. to $240 Max. (after Rx BYD)

Benefit Highlights	Benefit Detail
Extended Supply at Retail or Mail Order Copay/Coinsurance (90-Days Supply)	Tier 0/Value Based: 0% Coinsurance – Includes Healthcare Reform Medications covered at no cost to member (no Rx BYD applies) Tier 1/Generic Medications: 25% Coinsurance with $25 Min. to $50 Max. (no Rx BYD applies) Tier 2/Preferred Brand Medications: 25% Coinsurance with $62.50 Min. to $125 Max. (after Rx BYD) Tier 4/Non-Preferred Brand Medications: 40% Coinsurance with $175 Min. to $600 Max. (after Rx BYD) **Note:** In order to receive a 90-day supply at retail, you must have received two 14-34 day fills within the previous 90 days for the same prescription, otherwise the claim will reject.
Mandatory 90-Day Supply on Tier 0, 1, and Tier 2 Maintenance Medications	On the 3rd fill of a Tier 0, 1, or Tier 2 maintenance medication, a 90-day supply will be required. The 90-day supply may be obtained from a Mail or Retail network pharmacy. Controlled drugs including those used to treat anxiety, sleep, pain and hyperactivity disorders are not subject to the 90-day requirement. Certain other medications, including inhalers, are not subject to the 90-day requirement. See Gatorcare.org for a complete list.
Self-Administered Products	Specialty drugs: Covered Non-Specialty drugs: Covered **Exceptions/Limitations**: • Physician Administered drugs in the office or by a home health care provider are not covered under the prescription drug benefit.

Benefit Highlights	Benefit Detail
Diabetic Supplies	Covered - Insulin, syringes, and needles for injecting prescribed insulin; blood glucose testing strips and tablets, lancets, glucometers, and acetone test tablets. **Exceptions/Limitations**: • Insulin pumps and related supplies are covered under the medical benefit and must be purchased through a DME supplier. Medical Coverage Guidelines apply. • Examples of items not covered include alcohol swabs, glucose (over-the-counter [OTC]), and batteries.

Benefit Highlights	Benefit Detail
Contraceptive Products	Covered at $0 copay for generic oral contraceptives. **Exceptions/Limitations**: • Over-the-counter methods of contraception are not covered. • IUD devices are not covered under the prescription drug benefit - refer to medical plan for coverage.
Anti-Coagulant Products	Covered
Experimental and Investigational Products	Not Covered
Growth Hormone Products	Covered - Some Limitations may apply. Medical Coverage Guidelines apply.
Erectile Dysfunction Products	Covered **Exceptions/Limitations**: • Quantity limit of 6 per 30-day supply
Vaccines (Adults)	Covered at $0 copay • Influenza, Haemophilus Influenza Type B, Hepatitis A and B, Human Papilloma Virus, Meningococcal, Measles/Mumps/Rubella, Pneumococcal, Td booster, Tdap, Varicella and Zoster **Note:** Only vaccines administered by a pharmacist are covered under the pharmacy benefit. All other methods may be covered under the medical benefit.
Prevention of Breast Cancer	Covered at $0 copay • Tamoxifen, Raloxifene

Benefit Highlights	Benefit Detail
Infertility Products	Not Covered
Hair Growth Products	Not Covered
Proton Pump Inhibitor Products	Covered
Statin Products	Low and moderate dose generic statins are covered at $0 copay for ages 40 – 75.
Weight Loss/Appetite Suppressant Products	Not Covered
Retin A Products	Covered **Exceptions/Limitations**: • Covered when medical coverage guidelines are met up to age 26 (benefit year). Some limitations may apply.
Smoking Cessation Products	Covered at $0 copay **Exceptions/Limitations**: • Bupropion SR 150 mg (generic only), Chantix, Nicotine patches, Nicotine gum, Nicotine lozenges
Prenatal Vitamins	Covered at $0 copay **Exceptions/Limitations:** Generic prescription required products only

Benefit Highlights	Benefit Detail
Nutritional/Vitamin Products	Not Covered **Exceptions/Limitations**: • Covered: cyanocobalamin [INJ], eliphos, ergocalciferol, folic acid, NASCOBAL, potassium chloride, potassium chloride extended release (ER), sodium fluoride • Iron Supplements (covered at $0 copay) • Folic Acid 0.4 mg and 0.8 mg (covered at $0 copay)
Syringes	Covered **Exceptions/Limitations**: • Syringes and needles are covered only when prescribed and obtained with a covered injectable.
Over-the-Counter (OTC) Products	Not Covered **Exceptions/Limitations** (at $0 copay): • Aspirin (81 mg, 325 mg, 500 mg) • Bowel Preps (Sennosides, Bisacodyl, Magnesium Citrate, Magnesium Hydroxide, Polyethylene Glycol, Lactulose, Sodium Phosphate Laxatives/Enemas) • Fluoride Products (Fluoride Chewable Tablet, Fluoride Drops, Multivitamin with Fluoride) • Vitamin D Supplements (Vitamin D2, Vitamin D3)
Non-FDA Approved Products	Not Covered

Resources & Services:

Resource	What you get	How to access
Customer Service	Member care representatives answer your specific prescription benefit questions. Magellan's language line is available for non-English speaking callers. Five of the most common languages are: Spanish, Arabic, Vietnamese, Korean, and Chinese dialects. A complete list is available upon request.	• Call Magellan Customer Service at the number located on the back of your Florida Blue ID card. • Call toll free: 1-800-651-8921 (24X7) • Go to: gatorcare.magellanrx.com/member
Drug Coverage Information	Find out what prescription drugs are covered under your plan and understand the coverage tier for your prescription drug, find a pharmacy, and price a drug.	• Call Magellan Customer Service at the number located on the back of your Florida Blue ID card. • Call toll free: 1-800-651-8921 (24X7) • Go to: gatorcare.magellanrx.com/member • Understand coverage tiers: Formulary Lookup

Resources & Services (cont):

Resource	What you get	How to access
Mail Order	Get your ongoing prescriptions delivered to your home – save time and money	• Call Walgreens Mail Order at: 1-877-276-9360 • Go to: www.walgreens.com • Call Shands Outpatient Pharmacy at: 1-352-265-0405
Pharmacy Locations	Locate participating pharmacies	• Call Magellan Customer Service at the number located on the back of your Florida Blue ID card. • Call toll free: 1-800-651-8921 (24X7) • Go to: gatorcare.magellanrx.com/member

Resources & Services (cont):

Resource	What you get	How to access
Specialty Pharmacy	Get your specialty prescription drugs filled with best-in-class specialty pharmacy services including comprehensive programs to optimize patient treatment outcomes and your cost savings. The majority of specialty medications will now require prior authorization. Specialty pharmacy network is limited to UF Health and Magellan Rx, except those drugs only available through limited distribution channels.	Call or fax Magellan Customer Service for prior authorization before submitting your prescription: Phone: 1-800-651-8921 Fax: 1-888-272-1349 **Magellan Rx Pharmacy, LLC** Phone: 1-866-554-2673; Fax: 1-866-364-2673 Customer Service M - F 8:00 a.m. – 7:00 p.m. EST. On Call Pharmacists 24/7 for Urgent Requests. **UF Health Ambulatory Pharmacy - Jacksonville** Phone: (904) 244-4020 **UF Health Pharmacy – Shands Cancer Hospital** Phone: (352) 733-0890; Fax: (352) 733-1291 **UF Health Pharmacy – Shands Hospital** Phone: (352) 265-0405; Fax: (352) 265-0133 **UF Health Pharmacy – Medical Plaza** Phone: (352) 265-8270; Fax: (352)265-8276 **UF Health Pharmacy – Springhill** Phone: (352) 733-0090; Fax: (352) 733-0098

Terms to Know:

Formulary - a list of Food and Drug Administration (FDA) approved prescription drugs (generic and brand-name) and drug supplies. Over-the-counter, injectable medications and drug supplies are not included in this formulary unless they are specifically listed. The formulary is subject to periodic review and modifications.

Retail – any licensed pharmacy that you can physically enter to obtain a prescription.

Mail Order – mail order pharmacies that dispense prescription drugs through the U.S. Mail.

Mandatory Generic: if you use a brand-name drug when a generic is available, you pay the applicable copay plus the cost difference between the brand drug and the generic drug.

Maintenance Drugs: drug that is used to treat a chronic illness or condition.

Types of Drugs:

Generic – drugs that contain the same active ingredients as a brand-name drug and become available when the patent protection expires on the brand-name drug and is approved by the FDA.

Preferred/Formulary Brand Name - a brand-name drug on the plan's formulary. Using this drug is less expensive than using a non-preferred/non-formulary drug.

Non-preferred/Non-formulary Brand Name – a drug that is not on the plan's formulary list. You will pay more even if your doctor recommends it.

Specialty – a drug used to treat serious or chronic medical conditions such as multiple sclerosis, hemophilia, hepatitis and rheumatoid arthritis. It is typically a self-administered injectable medication often requiring special handling or refrigeration.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact your Human Resources Benefits Department. You may also contact your state insurance department at **1-877-693-5236**, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

For more information on your rights to a **grievance** or **appeal**, contact Magellan Rx Management at 1-800-651-8921.