GatorCare Your Partner in Health

MAGELLAN PHARMACY SOLUTIONS

Coverage Period: 01/01/2015 – 12/31/2015
Coverage for: Individual and/or Family

This is only a summary of your GatorCare pharmacy benefits. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at gatorcare.magellanpharmacysolutions.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	Individual: $1,300 Family: $3,125 Family Deductible – Must be met by one or more family members before coinsurance applies
Out of Pocket Maximum	Pharmacy Out of Pocket Maximum accumulations are combined with Medical CYD, 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

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Benefit Highlights	Benefit Detail
Early Fill Requirement **How soon can I refill my prescription?**	Retail: 5 days remaining Extended Supply at Retail: 10 days remaining Mail Order: 11 days remaining
Retail Copay/Coinsurance **(34 Days Supply)**	Tier 1/Generic Medications: 25% Coinsurance up to a $10 Min. to $20 Max. Tier 2/Preferred Brand Medications: 25% Coinsurance with $25 Min. to $50 Max. Tier 3/Preferred Specialty Medications: 25% Coinsurance with $50 Min. to $100 Max. Tier 4/Non-Preferred Brands Medications: 40% Coinsurance with $70 Min. to $240 Max. Tier 5/Non-Preferred Specialty: 40% Coinsurance with $70 Min. to $240 Max.
Extended Supply at Retail **Copay/Coinsurance** **(Up to 90 Days Supply)**	Tier 1/Generic Medications: 25% Coinsurance with $25 Min. to $50 Max. Tier 2/Preferred Brand Medications: 25% Coinsurance with $62.50 Min. to $125 Max. Tier 4/Non-Preferred Brands Medications: 40% Coinsurance with $175 Min. to $600 Max. **Note:** In order to receive a 90 day supply at retail, you must have received a 34 day fill within the previous 90 days for the same prescription, otherwise the claim will reject.

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Benefit Highlights	Benefit Detail
Mail Order Copay/Coinsurance (90 Days Supply)	Tier 1/Generic Medications: 25% Coinsurance with $25 Min. to $50 Max. Tier 2/Preferred Brand Medications: 25% Coinsurance with $62.50 Min. to $125 Max. Tier 4/ Non-Preferred Brands Medications: 40% Coinsurance with $175 Min. to $600 Max. • In order to receive a 90 day supply at Mail, you must have received a 34 day fill within the previous 90 days for the same prescription, otherwise the claim will reject.
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.
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.

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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 34 day supply

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Benefit Highlights	Benefit Detail
Infertility Products	Not Covered **Exceptions/Limitations**: • Hormonal-related compounds covered for infertility for Prime Plus plan participants only at 25% coinsurance, no maximum copay applies.
Hair Growth Products	Not Covered
Proton Pump Inhibitor Products	Covered
Statin Products	Covered
Weight Loss/Appetite Suppressant Products	Not Covered
Retin A Products	Covered **Exceptions/Limitations**: • Covered when medical coverage guidelines are met up to age 26 (calendar year). Some limitations may apply.
Smoking Cessation Products	Not Covered **Exceptions/Limitations**: • Chantix is covered for a 34 day supply; 90 supply not covered.

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
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
Non-FDA Approved Products	Not Covered

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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) on or after 01/01/2013. • Go to: gatorcare.magellanpharmacysolutions.com/member
Drug Coverage Information	Find out what prescription drugs are covered under your plan	• 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.magellanpharmacysolutions.com/member
Mail Order Pharmacy	Get your ongoing prescriptions delivered to your home – save time and money	• Call Walgreens Mail at: 1-877-276-9360. • Go to: Walgreens.com

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Resources & Services (cont):

Resource	What you get	How to access
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) on or after 01/01/2013 • Go to: gatorcare.magellanpharmacysolutions.com/member
Formulary Information	Locate drugs that are on the formulary	• Call Magellan Customer Service located on the number on the back of your Florida Blue ID card. • Call toll free: 1-800-651-8921 (24X7) • Go to: gatorcare.magellanpharmacysolutions.com/member

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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. **Note:** *Gainesville Shands UF employees and dependents will exclusively use Shands pharmacies for specialty medications. All other GatorCare members will have a choice of using Shands pharmacies or the MagellanRx Pharmacy, LLC (f/k/a ICORE helathcare, LLC) for specialty medications.	• Call or fax Magellan Customer Service for prior authorization before submitting your prescription: Phone: 1-800-651-8921 Fax: 1-888-272-1349 • Shands Medical Plaza Pharmacy* 2000 SW Archer Road Phone: 1-888-345-8270 or 1-352-265-8270 Open: M - F 8:30 a.m. – 5:00 p.m. • MagellanRx 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.

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.

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 your Human Resources Benefits Department. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, state insurance department at 1-877-693-5236.

For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236.

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

Amount owed to providers: $7,540
Plan pays $6,910
Patient pays $630

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$200
Copays	$30
Coinsurance	$200
Limits or exclusions	$200
Total	**$630**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

Amount owed to providers: $5,400
Plan pays $1,710
Patient pays $3,690

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$200
Copays	$90
Coinsurance	$200
Limits or exclusions	$3,200
Total	**$3,690**

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What are some of the assumptions behind the Coverage Examples?

Costs don't include **premiums**.

Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.

- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from **in-network providers**. If the patient had received care from **out-of-network providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

No. Treatments shown are just examples.

The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

No. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

Yes. An important cost is the **premium** you pay. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.