Understanding Your Prescription Drug Plan

Health Tradition Health Plan provides you and your family with high quality pharmacy benefits. To ensure you receive the safest, most cost-effective drugs available, your prescription drug plan is based on the Health Tradition Formulary.

Some of the common questions you may have regarding your pharmacy benefits are answered below. To learn more about your pharmacy benefits or to view the abridged Health Tradition Formulary, visit our Web site at www.healthtradition.com.

How does my prescription drug plan work?
You are responsible for certain copayments and coinsurance amounts for prescription medications covered by Health Tradition. Your copayment amount is based on your prescription drug’s tier.

- **Tier 1** – Generic drugs on the Health Tradition Formulary have the lowest copayment amount.
- **Tier 2** – Brand name formulary drugs have a higher copayment to reflect their higher costs. If you receive a brand name drug when a generic equivalent is available, you pay the generic copayment plus the difference in price between the brand name and generic drug, when applicable. Refer to your Summary of Benefits for more information.
- **Tier 3** – Self-administered injectables and specialty prescription drugs. Please refer to your Summary of Benefits for the appropriate coinsurance rate.
- **Tier 4** – If a drug is not listed on the formulary or not covered under the plan, you either will be responsible for a larger copayment or coinsurance amount, or the entire cost of the medication, depending upon your plan.

How does an annual drug maximum out-of-pocket work?
A drug maximum out-of-pocket includes member costs for prescription copayments and coinsurance amounts for specialty prescription drugs, including self-administered injectable medications. Charges applied to the annual drug maximum out-of-pocket include copayment amounts for generic and brand name formulary medications, and any coinsurance amount paid by the member for specialty prescription drugs and self-administered injectable medications purchased at a participating pharmacy. Copayments or coinsurance paid by the member for non-formulary medications and any additional amount that is paid beyond the copayment amount, when the member purchases a brand name medication when a generic is available, do not apply to the annual drug maximum out-of-pocket. Once a member has reached the annual drug maximum out-of-pocket limit, Health Tradition Health Plan is responsible for 100% of eligible drug purchases, excluding non-formulary medications or when a brand name medication is purchased when a generic is available. Please refer to your Summary of Benefits to determine your drug maximum out-of-pocket amount and if a coinsurance is applied to specialty prescription drugs, including self-administered injectable medications.

What if I am enrolled in a high deductible health plan?
If you are enrolled in a high deductible health plan compatible with a Health Savings Account or Health Reimbursement Account, the information in this document may not apply. Refer to your Summary of Benefits for your deductible and cost-sharing amounts for prescription drugs.

What if my prescription drug is not on the formulary?
If your prescription drug is not on the Health Tradition Formulary, discuss alternate medications with your health care provider that are included on the formulary. By selecting a medication on the formulary you can be assured that the medication you receive has been through a rigorous approval process and you will receive the highest quality product.

How are specialty prescription drugs, including self-administered injectables, covered by Health Tradition Health Plan?
For some Premier, Premier Plus and 65Plus benefit plans, Health Tradition Health Plan requires that specialty prescription drugs, including some self-administered injectables, be obtained through a Mayo Clinic Health System – Franciscan Healthcare pharmacy. Specialty medications not obtained at one of these pharmacies will be denied, unless the medication is related to a member’s emergency care. For self-administered injectable medications included on the Health Tradition Health Plan Formulary, Health Tradition Health Plan will cover the first dose received in the office setting for purposes of administration training and observation; however, subsequent doses must be purchased at a participating pharmacy. Please note that, for self-administered injectable medications listed on the Health Tradition Health Plan Specialty Drug Requirement list, you must obtain future refills from a Mayo Clinic Health System Franciscan Healthcare pharmacy. Members may be responsible to pay a copayment or coinsurance amount each time the medication is obtained until the member’s annual pharmacy out-of-pocket maximum has been met. Please refer to your Summary of Benefits for your appropriate copayment or coinsurance amount. A copy of the Health Tradition Health Plan Specialty Drug Requirement list can be found at www.healthtradition.com.

www.healthtradition.com
**Important Reminders**
Please keep the following in mind when receiving a prescription:
- Ask your physician if an appropriate drug for your condition is available in generic form.
- Check your prescription for “dispense as written”. If your physician writes this on your prescription, you can only receive the branded version of a drug, even if it is available as a generic. You will pay the generic copayment plus the difference in price between the brand name and generic drug.
- Take your prescription to a participating SXC Health Solutions, Inc. pharmacy. If you receive a prescription from a non-SXC pharmacy, you will only receive benefits in an emergency situation. To find a participating pharmacy, contact Customer Service at 1-877-832-1823, or sign in to your personal account at [www.MMSIservices.com](http://www.MMSIservices.com) and click on “Pharmacy” to access the Pharmacy Search tool. You will need to register if this is your first visit.

**Drugs Requiring Prior Authorization**
Certain medications require prior authorization. Medications requiring prior authorization are highlighted on the abridged Health Tradition Formulary available at [www.healthtradition.com](http://www.healthtradition.com). You may also call Customer Service at 1-877-832-1823 (toll-free) to ask if a medication requires prior authorization.

**Dosing Limitations**

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<thead>
<tr>
<th>Medication</th>
<th>Dose Quantities</th>
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<tbody>
<tr>
<td><strong>Diabetic Agent Products</strong></td>
<td><strong>Diabetic Agent Product Quantity</strong></td>
</tr>
<tr>
<td>Needles, syringes, lancets</td>
<td>50 test strips, 200 lancets or 100 syringes for one applicable copayment (refer to Summary of Benefits)</td>
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<tr>
<td>Test strips</td>
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<tr>
<td><em>Refer to your Summary of Benefits for copayment amounts of the above items.</em></td>
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<table>
<thead>
<tr>
<th><strong>Anti-Migraine Medications</strong></th>
<th><strong>Anti-Migraine Medication Quantity</strong></th>
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<tbody>
<tr>
<td>Amerge</td>
<td>Member can purchase 1 package (usually 6 or 9 tablets) for one copayment or 18 tablets for two copayments.</td>
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<tr>
<td>Maxalt</td>
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<tr>
<td>Relpax</td>
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<td>Sumatriptan</td>
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**Health Tradition Health Plan**

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