Employees and retirees of Mayo Clinic, Mayo Clinic Health System, Gold Cross, and their dependents under the Mayo Medical Plan
ABOUT THIS GUIDE

This guide provides an overview of prescription drug coverage under your Mayo Medical Plan, information about Mayo Clinic and Mayo Clinic Health System outpatient pharmacies and the OptumRx (formerly known as Catamaran) pharmacy network, as well as examples of cost-sharing amounts.

Mayo prescription drug coverage is available to enrolled members under the following Mayo Medical Plan options:

- Mayo Premier
- Mayo Select
- Mayo Basic
- Mayo Medicare Supplement

This brochure will help you understand your pharmacy coverage and how to obtain the most appropriate and cost-effective coverage for your ongoing or occasional pharmacy needs.

Note: This brochure provides an overview of prescription drug coverage and is not intended to provide full details about plan benefits. If there is a conflict with this information and an official plan document, the official plan document is controlling. For a complete description of benefits, exclusions and limitations, refer to the Summary Plan Description available online. Search “Summary Plan Description” on the HR Connect page for more detailed information and a list of each plan option’s benefit limitations and exclusions. Or, sign in to your account at www.MayoClinicHealthSolutions.com to access a copy of the SPD.

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Prescription drug coverage is a significant component of your Mayo Medical Plan and is designed to assist you in paying for drugs prescribed by your health care provider.

About Mayo Prescription Drug Coverage

You manage your health care resources and the choices you make influence your costs and the costs to the plan. Learn more about the medication options available to you and always discuss possible medication choices with your health care provider. You are encouraged to request generic medications and formulary medications when possible.

Understand How Each Medical Plan Covers Prescription Drug Costs

At Mayo Clinic, all medical plan options include a prescription plan benefit, which you receive without incurring an additional premium charge. There are some differences among the medical plan options, so carefully review plan information. Under Mayo Basic, you will pay a deductible for all services, including prescription drugs, and when your deductible is met, you will pay coinsurance for covered medications. Under Mayo Premier and Mayo Select, you will pay a copay or coinsurance for covered medications and you do not need to meet a deductible before the plan will begin to pay for covered services.

The amount you pay will depend on the pharmacy you use to fill your prescription and the formulary status of the prescription drug.

- The Mayo Clinic Pharmacy Mail Service generally gives you the highest benefit level and is appropriate for long-term maintenance prescription drugs.
- Mayo Clinic and Mayo Clinic Health System outpatient pharmacies generally give you a higher benefit level than OptumRx network pharmacies.
- Mayo contracts with the OptumRx network to offer you a national network of more than 65,000 pharmacies for coverage across the country at a reduced benefit level. To locate a OptumRx network pharmacy, sign in to your account at www.MayoClinicHealthSolutions.com and use the pharmacy search tool. When paying coinsurance, your cost-sharing amount is based on the OptumRx calculated payment for your medication.

Your prescription drug coverage uses the Mayo Clinic Formulary in determining prescription drug coverage. The Mayo Clinic Formulary is an approved list of drugs recommended for use throughout Mayo Clinic and Mayo Clinic Health System.

- Prescriptions for medications not listed in the Mayo Clinic Formulary will have the highest coinsurance regardless of the pharmacy you use.
- The Mayo Pharmaceutical Formulary Committee may add, delete or change medications on the formulary at any time.

You can access the formulary on the Mayo Intranet by typing “formulary” in the search bar. You can also access a PDF of the Mayo Clinic Formulary by visiting the Online Services for Members page at www.MayoClinicHealthSolutions.com, clicking on Member Forms and selecting Mayo Clinic Abridged Formulary in the Pharmacy section.

Note: Drugs you receive during an inpatient hospital stay or during an outpatient procedure are covered under the medical services portion of your Mayo Medical Plan rather than the prescription drug coverage portion. Take-home drugs or drugs that are prescribed for you to pick up when leaving the hospital may be covered under your prescription drug coverage.
Your Benefits and Cost-Sharing Amounts

Your prescription payment amount is based on the pharmacy you use to fill your prescription and the formulary status of the drug prescribed. The following table shows how your payments for prescriptions will be calculated.

<table>
<thead>
<tr>
<th>Prescription Drug Coverage</th>
<th>Mayo Premier/Mayo Select*</th>
<th>Mayo Basic*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mayo Clinic Mail Service (up to 100-day supply)</td>
<td>Mayo Clinic Outpatient Pharmacy (up to 100-day supply except where indicated)</td>
</tr>
<tr>
<td>Formulary generic and preferred drug (Tier I)</td>
<td>$10 maximum</td>
<td>$10 maximum** (up to 34-day supply)</td>
</tr>
<tr>
<td>Formulary Brand or injectable drug (Tier II)</td>
<td>25% ($10 minimum)</td>
<td>30% ($10 minimum)</td>
</tr>
<tr>
<td>Formulary non-preferred drug (Tier III)</td>
<td>40% ($10 minimum)</td>
<td>40% ($10 minimum)</td>
</tr>
<tr>
<td>Non-formulary drug (Tier IV)***</td>
<td>50% ($10 minimum)</td>
<td>50% ($10 minimum)</td>
</tr>
</tbody>
</table>

**Deductible**

None Combined with medical deductible

**Annual out-of-pocket maximum**

Combined with medical out-of-pocket maximum

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* Certain specialty prescriptions are covered under the Plan only when filled by a Mayo Clinic Specialty Pharmacy or a Mayo Clinic or Mayo Clinic Health System outpatient pharmacy.

**Up to a 34-day supply for one copayment ($10); up to 68-day supply for two copayments ($20); up to 100-day supply for three copayments ($30).

*** Non-formulary (Tier IV) prescriptions do not apply to the Mayo Premier, Mayo Select or Mayo Medicare Supplement plans’ out-of-pocket maximums.

Please Note:

- If you or your prescriber request a brand name product when a generic product is available, you will be responsible for the difference in the cost of the brand name vs. the generic, plus the generic copayment or coinsurance (this is the brand penalty).

- Under Mayo Premier, Mayo Select and Mayo Medicare Supplement, your payments for non-formulary drugs, fertility drugs or brand name drugs that have generic equivalents (brand penalty) do not apply to your annual out-of-pocket maximum.

- Under Mayo Basic, if you or your prescriber request a brand name product when a generic product is available, you will be responsible for the difference in the cost of the brand name vs. the generic, in addition to the unmet deductible, if any, and the generic coinsurance. The difference in the cost between the brand and the available generic is not a covered benefit (referred to as brand penalty) so the amount that exceeds the generic cost will not apply to your deductible or out-of-pocket maximum.

- Some drugs are subject to dispensing limits (see page 3).

- Some drugs are subject to prior authorization (see page 4).

- When drugs are dispensed by cycles rather than days, you will receive coverage for one cycle when a 34-day supply is indicated, or three cycles when a 100-day supply is indicated (e.g., birthcontrol).
You will receive a maximum benefit by having prescriptions for most long-term maintenance drugs filled with a 100-day supply through the Mayo Clinic Pharmacy Mail Service. Prescriptions for medications that are needed immediately and/or for a one time treatment (such as a pain medication, or an antibiotic for an infection) should be filled at your nearest Mayo Clinic, Mayo Clinic Health System or OptumRx network pharmacy location.

The Mayo Medical Plan requires that 75 percent of your prescription is used before your prescription will be covered for refill. For example, when filling a 100-day supply of medication, your refill can be ordered once you have 25 days of medication remaining (75 days after your last refill). If you have a 34-day supply, a refill can be ordered once you have 8 days of medication remaining (26 days after your last refill).

Non-Covered Prescription Drugs
Some prescription drugs are not covered and you are responsible for paying the full price of these items. Examples of drugs that are not covered include over-the-counter drugs, drugs classified as cosmetic (for example, to control baldness or skin wrinkles) and nutritional supplements. In addition, prescriptions filled at pharmacies outside the Mayo Clinic, Mayo Clinic Health System or OptumRx network will not be covered except in emergency situations.

Prescription Drugs with Dispensing Limits
A number of prescription drugs have dispensing limits. Prescriptions that are issued over the specified dispensing limits are not covered and the costs do not apply toward out-of-pocket maximums. See the table below for dispensing limits for specific drugs. Selected high-priced specialty medications also have quantity limits in place. *(Non-Formulary drugs are indicated by [NF]*).
## Prescription Drug Coverage 2017

### Prescription Drug Dispensing Limit

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>Days Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected high-priced medications. For a list, go to the Members tab at <a href="http://www.MayoClinicHealthSolutions.com">www.MayoClinicHealthSolutions.com</a>, click on Member Forms and select Specialty Pharmacy Drug List.</td>
<td>Varies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Medications</th>
<th>Days Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>EpiPen</td>
<td>30 days</td>
</tr>
<tr>
<td>Monurol®</td>
<td>4</td>
</tr>
<tr>
<td>Uceris® rectal foam</td>
<td>3 sachets</td>
</tr>
<tr>
<td>Zepatier (R) oral tablets</td>
<td>12 week supply</td>
</tr>
<tr>
<td></td>
<td>28 day supply</td>
</tr>
</tbody>
</table>

If you have any questions about dispensing limits, please call Customer Service at 1-800-635-6671.

### Prescription Drugs Requiring Prior Authorization

Some prescription drugs require prior authorization from your provider. These include:

- Allergy treatment (e.g., Grastek®, Oralair®, Ragwitek®)
- Anti-obesity drugs (e.g., Belviq®, Contrave®, Qsymia®, Saxenda®)
- Antimicrobials (e.g., Cayston®, Dificid®, Monurol®, Tob®, Zyvox®)
- Antispasmodics (e.g., Oxytrol®, Sanctura XR®, Vesicare®, Myrbetriq®)
- Asthma medications (e.g., Xolair®, Nucala®)
- Biological anti-psoriatic/anti-rheumatic medications (e.g., Cimzia®, Cosentyx®, Enbrel®, Humira®, Kineret®, Orencia®, Otezla®, Simponi®, Stelara®, Zejlan®)
- Certain cardiovascular medications (e.g., Crestor®, Effient®, Opsumit®, Praluent®, Repatha®, Ventavis®)
- Cystic Fibrosis medications (e.g., Kalydeco®, Orkambi®)
- Diabetic medications (e.g., concentrated insulins, Farxiga®, Invokamet®, Invokana®, Toujeo®, Tradjenta®, Tresiba®, Trulicity®, Victoza®, Xigduo XR®)
- Erectile dysfunction medications prescribed for Pulmonary Arterial Hypertension, benign prostatic hypertrophy, post-prostatectomy, or Raynaud's disease®
- Fingolimod (Gilenya®)
- Gammaglobulins (e.g., Gamunex-C®, Hizentra®)
- Growth hormones (e.g., Genotropin®, Humatropin®)
- Hepatitis C medications (e.g., Daklinza®, Epclusa®, Harvoni®, Olysio®, Sovaldi®, Technivie®, Viekira Pak®, Zepatier®)
- Idiopathic Pulmonary Fibrosis medications (e.g., Esbriet®, Ofev®)
- Memantine XR (Namenda XR®)
- Medications to treat rare diseases (e.g., Kuvan®, Ofev®, Esbriet®, Northera®)
- Oral Cancer medications
- Sedatives (if step therapy not met, e.g., Lunesta®, Zolpidem CR®)

For more information on prior authorization requirements, please refer to the online Summary Plan Description.
**Specialty Pharmaceuticals**

Mayo Clinic Specialty Pharmacy offers pharmacy services to patients with certain chronic health conditions that require costly long-term therapies. The Mayo Clinic Specialty Pharmacy provides quality, competitively priced medications and supplies and is uniquely staffed and equipped with skilled professionals to clinically manage patients on complex medications.

Employees and eligible family members enrolled in a Mayo Medical Plan who receive certain complex medications must fill their prescriptions at the Mayo Clinic Specialty Pharmacy, or at a Mayo Clinic or Mayo Clinic Health System outpatient pharmacy for coverage. For a list of medications required to be filled by the Mayo Clinic Specialty Pharmacy, visit **www.MayoClinicHealthSolutions.com**, under Members, on the left hand navigation, go to Member Forms and select the Specialty Pharmacy Drug List.

When you receive specialty prescriptions from the Mayo Clinic Specialty Pharmacy:

- Your prescription is covered at the same co-insurance rate as any other prescription medication under your Mayo Medical Plan.
- Business hours are Monday through Friday, 8 a.m. to 6 p.m., CT. Pharmacists are available 24/7 on-call for urgent matters related to specialty medication therapy.
- Consultations are available to help you enhance your medication therapy, manage side effects and minimize drug interactions.
- A staff member is available to coordinate all ancillary supplies that you may need.
- The pharmacy will work with you and your prescriber to determine when your next dose is due and arrange for express courier delivery of your medications at no charge to you.

If you are taking a specialty medication and are eligible to receive these services, please contact the Mayo Clinic Specialty Pharmacy at **1-800-337-3736** (toll-free) and speak with a service representative. During the call, the service representative will help you set up a profile in the system and you may be asked a series of questions tailored to your disease and medication to help better manage your therapy. Your highest level of benefit will be to fill specialty prescriptions through the Mayo Clinic Specialty Pharmacy. The next highest level of coverage for specialty prescriptions is at a Mayo Clinic or Mayo Clinic Health System outpatient pharmacy, with no coverage for specialty medications at OptumRx retail network pharmacies.

**Mayo Clinic/Mayo Clinic Health System outpatient pharmacies may not have all drugs listed on the Mayo Clinic Specialty Drug List in stock.**

To learn more, contact the Mayo Clinic Specialty Pharmacy or visit **www.mayoclinic.org/specialty-pharmacy/**.
About Generic Prescription Drugs

When a brand name medicine is available in generic form, pharmacies are required to fill your prescription with the generic drug. The determination of a drug classification as brand name versus generic is made by external organizations called First Data Bank or Medispan. Occasionally, these organizations may classify a generic drug as a branded product. If you or your physician request the pharmacy to fill your prescription with the brand name medicine, you pay the difference in cost between the generic and brand name, plus the applicable generic copayment or coinsurance. Generic drugs generally fall into Tier 1 of your pharmacy plan.

You should ask your provider to prescribe a generic drug if one is available and acceptable for you to use. You also should discuss the alternatives for prescription drugs with your provider and your pharmacist (before he or she fills your prescription). In many drug categories, generic medications offer a cost-effective replacement for brand name products.

If your health care provider writes “DAW” (dispense as written) on your prescription, you should discuss the reasons with the provider. Generally, when DAW is written on a prescription for a brand name drug that has an FDA A-rated generic equivalent, it will cost you considerably more to fill the prescription.

To Receive Reimbursement After Filling a Prescription Without Your Member ID Card

You may need to file a claim for reimbursement after filling a prescription without your member ID card (for example, after filling a prescription in an emergency situation). You can access the Prescription Drug Reimbursement Claim form on the Member Forms page at www.MayoClinicHealthSolutions.com. Complete the form, attach copies of the prescription receipt(s) and mail the claim form to the address listed on the form. The reimbursement you receive may be reduced to the amount the plan would have paid for a claim processed electronically.

Paying Your Cost-Sharing Amounts with Your Flexible Spending Account or Health Savings Account

Mayo Premier and Mayo Select: Health Care Flexible Spending Account is available to help you manage your health care expenses, including out-of-pocket costs for prescription drugs and eligible over-the-counter products processed as a prescription by the pharmacy. This account allows you to set aside pretax dollars from your paycheck to pay for health care expenses you incur. When you enroll in a Health Care Flexible Spending Account, you will receive a prepaid benefits card tied to your account, which you can use to pay for prescription drugs. For more information on enrolling in a Health Care Flexible Spending Account, refer to your Plan Document and Summary Plan Description for the Health Care Flexible Spending Account. Note: Health Care Flexible Spending Accounts are not available for members of Mayo Basic or for Mayo Clinic retirees.

Mayo Basic: A Health Savings Account is available to help you manage your health care expenses, including out-of-pocket costs for prescription drugs. IRS guidelines outline eligibility requirements for participating in a Health Savings Account (HSA). If you enroll in Mayo Basic, you can contribute to the account with pre-tax dollars. For more information on enrolling in a Health Savings Account, please refer to your Plan Document and Summary Plan Description for the Health Savings Account.
Mayo Clinic Pharmacy Mail Service

Mayo Clinic Pharmacy offers home delivery for prescription drugs. You pay your cost-sharing amount with a credit card and your prescription is mailed to your home. Mail Service offers you the most convenient service and is most appropriate for long-term maintenance prescription drugs. Prescriptions for medications that are needed immediately and/or for a one-time treatment (such as a pain medication or an antibiotic for an infection) should be filled at your nearest Mayo Clinic, Mayo Clinic Health System, or OptumRx network pharmacy location.

You are encouraged to take advantage of this convenient service for your long term, maintenance prescription needs. You may sign up for Mayo Clinic Pharmacy Mail Service by completing the Pharmacy Mail Service Registration Form, including your preferred billing and shipping information.

You can access the Mayo Clinic Pharmacy Mail Service registration form by going to the Mayo Clinic Pharmacy page on the Mayo Intranet, selecting Employee Mail Service in the left-hand menu, and clicking on the Mail Service Registration Form link. The registration form is also available online at www.MayoClinicHealthSolutions.com on the Members tab under Member Forms. In addition, you can request a form by calling Customer Service at the number shown on your member ID card.

Please note these important terms of Mayo Clinic Pharmacy Mail Service:

- **Allow 7-10 business days for delivery.** Incomplete billing or shipping information, or the need for a refill authorization from your provider may cause delivery to be delayed beyond 10 days.

- No shipping or handling charges apply to orders shipped via U.S. Mail. Overnight shipping may be available; extra charges may apply. Please call Mayo Clinic Pharmacy at 1-800-445-6326 for more detailed information.

- If you have a Mail Service Registration Form on file with the Mayo Clinic Pharmacy, prescriptions received for you will be automatically processed and shipped according to the information on your registration form.

- When a prescription medication is available as a generic, the generic will be dispensed unless otherwise designated by the prescriber. Some medications are available only as a brand name.

- By law, Mayo Clinic Pharmacy cannot accept returns of medications.

- You must have a valid credit card on file with Mayo Clinic Pharmacy (VISA, MasterCard, Discover or American Express only).

- New prescriptions or authorization for additional refills that are faxed to the pharmacy must be sent by the prescriber and cannot be faxed by the patient.
**New mail order prescriptions** may be ordered through Mail Service by mailing the prescription along with a Pharmacy Mail Service Registration Form to:

Mayo Clinic Pharmacy Mail Service  
21 Second Street SW, Suite 2-20  
Rochester, MN 55902

If you have previously registered and filled a prescription with the Pharmacy Mail Service, you can ask your provider to submit your prescription to the Mail Service pharmacy directly.

**Refills of mail order prescriptions** may be ordered by:

- Logging in to your Mayo Clinic Patient Online Services account at [www.MayoClinic.org](http://www.MayoClinic.org) and selecting *Refill/renew* prescriptions.
- Calling the Mayo Clinic Pharmacy refill line at **1-800-445-6326** and selecting the mail order option.

To transfer a prescription to the Mail Service, complete and submit the Mail Service Prescription Transfer Request form available online at [www.MayoClinicHealthSolutions.com](http://www.MayoClinicHealthSolutions.com). You may need to provide a new prescription for a 100-day supply from your prescriber.

When your prescription order is placed, the appropriate cost-sharing amount will be charged to your credit card (no shipping or handling fees apply for standard mailing). The refill will be mailed directly to your home via the U.S. Postal Service in 7 to 10 business days. Incomplete registration information or changes to an order after submission may cause prescription delivery to be delayed beyond 10 business days.

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**Online Member Services**

Several options are available online to help you manage your medication needs. To access this information, visit [www.MayoClinicHealthSolutions.com](http://www.MayoClinicHealthSolutions.com) and log in under Returning Visitor. If this is your first visit you will need to register.

Prescription drug coverage information is available under the *Pharmacy* tab.

- To estimate your pharmacy copayment/coinsurance before ordering a prescription, select *What’s My Copay?*
- To locate a participating OptumRx pharmacy, select *Pharmacy Search.*
- To access drug facts and information, select *Drug Info.*
- To view a list of medications filled, select *Medication History.*
Pharmacy Outpatient Services
(Mayo Clinic and Mayo Clinic Health System)

Outpatient pharmacy services are available at Mayo Clinic and Mayo Clinic Health System sites. Plan members are encouraged to fill prescriptions at any Mayo Clinic or Mayo Clinic Health System outpatient pharmacy.

**New outpatient prescriptions** may be filled at any Mayo Clinic or Mayo Clinic Health System outpatient pharmacy.

**Refills of outpatient prescriptions** may be ordered by calling the outpatient pharmacy location. Or, you can order online using each pharmacy’s respective online refill tool (if available).

- For Mayo Clinic Outpatient Pharmacy locations, log in to your Patient Online Services account at www.mayoclinic.org and select “Refill/renew prescriptions.”
- For Mayo Clinic Health System Pharmacy locations, go to http://mayoclinichealthsystem.org/medical-services/pharmacy and select the link to your preferred outpatient pharmacy location. If online ordering is available at that location, you will see a “Refill your prescription online” link.

Prescriptions can be sent electronically from your provider’s office or can be presented by you to a pharmacy staff member at the service window. You can choose to wait for your prescription to be filled or can stop back at your convenience to pick up your medication. A pharmacist is always available to speak with you about your medication and answer your questions.

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**OptumRx Network**

You are encouraged to use a Mayo Clinic or Mayo Clinic Health System outpatient pharmacy whenever possible. When you fill a prescription at a pharmacy outside Mayo Clinic/Mayo Clinic Health System, be sure to ask the pharmacist if the pharmacy participates in the OptumRx Network. If you fill a prescription at a pharmacy that is not a participating OptumRx pharmacy, your prescription costs will not be covered. However, if you need a prescription drug in an emergency situation, you can fill the prescription at a non-OptumRx pharmacy, pay for the prescription and then submit a claim form and the prescription receipt along with the explanation of the emergency to Customer Service.

To find a participating OptumRx pharmacy, visit www.MayoClinicHealthSolutions.com, log in under Returning Visitor (you will need to register if this is your first visit), click on Pharmacy and select Pharmacy Search.
# Mayo Clinic Outpatient Pharmacy Locations

For pharmacy hours, go to the online Patient and Visitor Guide at MayoClinic.org and select your location, click on “Becoming a Patient” and select “Pharmacies.”

## Rochester

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
<th>Address</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo Subway</td>
<td>507-284-2021</td>
<td>200 First Street SW</td>
<td>Rochester</td>
<td>MN 55905</td>
</tr>
<tr>
<td>Mary Brigh</td>
<td>507-255-5731</td>
<td>1216 Second Street SW</td>
<td>Rochester</td>
<td>MN 55902</td>
</tr>
<tr>
<td>Baldwin Building</td>
<td>507-284-8880</td>
<td>221 Fourth Avenue SW</td>
<td>Rochester</td>
<td>MN 55905</td>
</tr>
<tr>
<td>Eisenberg Building</td>
<td>507-266-7416</td>
<td>201 West Center Street</td>
<td>Rochester</td>
<td>MN 55902</td>
</tr>
<tr>
<td>Northeast Clinic</td>
<td>507-538-8560</td>
<td>3041 Stonehedge Drive NE</td>
<td>Rochester</td>
<td>MN 55906</td>
</tr>
<tr>
<td>Northwest Clinic</td>
<td>507-266-0966</td>
<td>4111 Highway 52 North</td>
<td>Rochester</td>
<td>MN 55901</td>
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## Arizona

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<th>Address</th>
<th>City</th>
<th>State</th>
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<tbody>
<tr>
<td>Mayo Clinic Building Scottsdale Outpatient Pharmacy</td>
<td>480-342-1500</td>
<td>13400 East Shea Boulevard</td>
<td>Scottsdale, AZ 85259</td>
<td></td>
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<tr>
<td>Mayo Clinic Hospital Outpatient Pharmacy</td>
<td>480-342-1500</td>
<td>5777 East Mayo Boulevard</td>
<td>Phoenix, AZ 85054</td>
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<tr>
<td>Mayo Clinic Building Phoenix Outpatient Pharmacy</td>
<td>480-342-1500</td>
<td>5881 E Mayo Blvd. #1-304</td>
<td>Phoenix, AZ 85054</td>
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## Florida

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</thead>
<tbody>
<tr>
<td>Mayo Clinic</td>
<td>904-953-2021</td>
<td>Davis Building</td>
<td>Jacksonville</td>
<td>FL 32224</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4500 San Pablo Road</td>
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## Minnesota

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<th>Phone Number</th>
<th>Address</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo Clinic Health System Albert Lea</td>
<td>507-737-7952</td>
<td>Mayo Clinic Health System Austin in Blooming Prairie</td>
<td>507-583-2211</td>
<td></td>
</tr>
<tr>
<td>Mayo Clinic Health System Austin</td>
<td>507-434-1422</td>
<td>Mayo Clinic Health System Austin in LeRoy</td>
<td>507-324-5296</td>
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## Wisconsin

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<th>Address</th>
<th>City</th>
<th>State</th>
</tr>
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<tbody>
<tr>
<td>Mayo Clinic Health System Eau Claire, Downtown</td>
<td>715-838-1800</td>
<td>Mayo Clinic Health System Franciscan Healthcare in Holmen</td>
<td>608-526-1526</td>
<td></td>
</tr>
<tr>
<td>Mayo Clinic Health System Eau Claire, Luther Campus</td>
<td>715-838-6000</td>
<td>Mayo Clinic Health System Franciscan Healthcare in La Crosse, La Crosse Campus Hospital</td>
<td>608-392-1999</td>
<td></td>
</tr>
<tr>
<td>Mayo Clinic Health System Eau Claire in Osseo</td>
<td>715-597-3166</td>
<td>Mayo Clinic Health System Franciscan Healthcare in La Crosse, La Crosse Campus Clinic</td>
<td>608-392-9855</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mayo Clinic Health System Franciscan Healthcare in Onalaska</td>
<td>608-392-5009</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mayo Clinic Health System Red Cedar in Menomonie</td>
<td>715-233-7500</td>
<td></td>
</tr>
</tbody>
</table>
Glossary

**Brand name drug**  A patent-protected prescription drug. Formulary brand name drugs are listed in Tier 2 of the Mayo pharmacy plan.

**Coinsurance**  A percentage of the total cost of a medical service or prescription drug that you pay.

**Copayment**  A fixed amount you pay each time you receive medical services or fill a prescription for a generic drug (applies to Mayo Premier, Mayo Select, and Mayo Medicare Supplement only).

**Deductible**  The aggregate amount for certain covered services that are your responsibility each coverage year before Mayo Medical Plan will begin to pay for covered services.

**Dispense as written (DAW)**  A health care provider’s notation on a written or oral prescription that signifies that the prescriber prefers no generic substitutions be made to the drug prescribed.

**First Data Bank/Medispan**  Independent organizations that publish drug prices and determine whether prescription drugs are designated generic or brand name products within the Mayo pharmacy plan.

**Food and Drug Administration (FDA)**  A government agency that regulates standards related to prescription medications. The FDA approves new drug products and generic drug products and enforces quality drug manufacturing processes in the pharmaceutical industry.

**Generic drug**  A prescription drug whose patent has expired and is usually manufactured by several pharmaceutical companies. FDA A- or AB-rated generic drugs (which are the only type of generic drugs covered by the Mayo Medical Plan prescription drug coverage) contain the same active ingredient as the brand name product, are manufactured under the same FDA standards and are considered equivalent in all respects to the brand name product. Formulary generic drugs can be listed in Tier 1 of the Mayo pharmacy plan.

**Health Care Flexible Spending Account (FSA)**  A special account where you can contribute pretax dollars from your paycheck to cover eligible health care expenses not covered by your Mayo Medical Plan.

**Health Savings Account (HSA)**  A savings account funded by you with pre-tax dollars. This money can be used to pay for both current and future eligible health care expenses. There is a 20 percent penalty for using an HSA for non-eligible expenses. For additional details on HSAs, view your HSA Plan Document and Summary Plan Description.

**Mayo Clinic Formulary**  An approved, continually updated list of medications and dosage recommendations, supplemented with drug monographs or references, policies and criteria for use. The Mayo Clinic Formulary is developed by the Mayo Pharmaceutical Formulary Committee at Mayo Clinic. Mayo Medical Plan prescription drug coverage is based on the Mayo Clinic Formulary.

**Mayo Pharmaceutical Formulary Committee**  A Mayo Clinic medical staff committee responsible for reviewing medications to include or exclude on the Mayo Clinic Formulary. Medications are evaluated based on their safety, effectiveness and cost.

**Maximum allowable cost (MAC)**  The maximum price that OptumRx will pay for a generic prescription medication.

**Network pharmacy**  Any pharmacy that is a participating pharmacy with the Mayo pharmacy plan. Network pharmacies include all Mayo Clinic and Mayo Clinic Health System pharmacies, and all other pharmacies in the OptumRx network.

**Non-Formulary (NF) drug**  A prescription drug that has not been added to the Mayo Clinic Formulary. These drugs are in Tier 4 of the Mayo pharmacy plan.

**Non-preferred drug**  A prescription drug classified as non-preferred is not considered first-line therapy by the Mayo Pharmaceutical Formulary Committee. Non-preferred drugs are listed in Tier 3 of the Mayo pharmacy plan.

**OptumRx**  A pharmacy benefit management company that Mayo Clinic Health Solutions contracts with to perform electronic claims processing and manage a pharmacy network of more than 65,000 pharmacies.

**Out-of-pocket expenses**  Health care expenses that are paid by you, not the health plan (for example, copayments, coinsurance, deductibles).

**Over-the-counter drug (OTC)**  A drug whose composition or dosage allows it to be purchased without a prescription.

**Prior authorization**  Health plan approval for a service or product in advance of the service or product being provided.

**Summary Plan Description (SPD)**  The document explaining your plan benefits, limitations and exclusions.

**Take-home drug**  A prescription written for you upon your discharge from a hospital.
If there are any inconsistencies between this document and the plan document, the plan document is the document that will be relied upon for plan administration and is the document that governs the benefits available.