



## ATTENTION COMMERCIAL FORMULARY MEMBERS:

### 90-DAY RETAIL PRESCRIPTION OPTION

Alliant Health Plans is now offering a 90-day retail supply of prescriptions for members who have access to the Commercial Formulary. Instead of having to trek out to the pharmacy every 30 days to get a refill, members can pay three copays at once to cover three months at a time. For more information about pharmacy benefits, members can contact Navitus Customer Care.

*Applies to Commercial Formulary Members.*



### MAIL ORDER - SAVING TIME AND MONEY

With Navitus' mail order pharmacy service, members can save both money and time spent picking up medicine. By filling prescriptions through mail order, members can now receive a three-month supply of medication for the out-of-pocket costs of only two months. Members will have fewer refills and lower out-of-pocket costs. Going back to January 1, 2015, any members affected by this modification will be refunded for the third copay within 30 days. For more information about pharmacy benefits, members can contact Navitus Customer Care.

*Applies to Commercial Formulary Members.*

## NAVITUS SPLIT-FILL PROGRAM - A NEW COST-SAVING BENEFIT

As a health plan provider, we strive to find ways to improve the overall health and well-being of our members through affordable and quality care. The new Navitus split-fill program is a cost-saving approach designed to help put money back into our members' pockets when filling prescriptions.



During the first three months of therapy for a new drug, members requiring a qualified prescription are now able to fill the prescription two-weeks at a time. Qualified prescriptions include: Afinitor, Gleevec, Incivek, Nexavar, Sprycel, Sutent, Tarceva, Targretin, Tasigna, Victrelis, Votrient and Zolanza.

Through this process, members only pay half of their copay at each two-weeks fill of medication. This program allows members to get comfortable with the medication before having to invest the cost of the full co-pay each time a new prescription needs to be filled. If the medication is working properly at the end of the three months, it will then return to a regular month's supply with the full copay.

***For questions about pharmacy benefits, please contact Navitus Customer Care toll-free at 1-866-333-2757. A representative is available 24-hours a day, seven days a week. Applies to all members.***

## PRENATAL VITAMIN FORMULARY TIER UPDATE

Beginning July 1, 2015, certain brands of prenatal vitamins will change tiers on a member's formulary. Please [click here](#) to see the list of the affected brands of Prenatal Vitamins.



The Navitus Pharmacy & Therapeutics (P&T) Committee, an independent group of health care professionals, decides the formulary status for each drug as well as recommends which drugs are on a member's formulary. The Committee first reviews drugs based on therapeutic value, effectiveness and side effects. Next, they determine which drugs are comparable and then they consider cost. The ultimate goal is to provide members with the best quality medications at the best value.

If affected, members should share this information with his or her prescriber and discuss whether a covered alternative is appropriate. Please note: It is very important for members to continue taking medication until they speak with their prescriber.

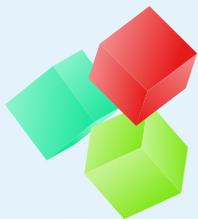
For more information about this formulary change, members can contact their prescriber or pharmacist. For questions about pharmacy benefits, please contact Navitus Customer Care. For a full list of drugs covered on a member's plan, please visit <https://www.phranywhere.com>. *Applies to members needing prenatal care.*

Prescription Affected	New Status Effective July 1, 2015 For Current Members	Covered Alternative*
Prenatal Vitamins (see list)	Tier 3	Tier 1: Prenaplus, Prenatabs FA

\* Note: All possible alternatives may not be listed.

## IMPORTANT REMINDERS

- The Alliant Sense program ends on May 31, 2015, and group members have until July 31, 2015, to redeem accrued points for prizes or points are subject to forfeit.
- Members that have the commercial formulary have a mail order benefit and can pay only 2x co-pays for a 90-day supply. In addition, commercial formulary members have access to up to 90-day fills at their retail pharmacy (but must pay all applicable co-pays.)
- Open Enrollment for individual plans is November 1, 2015 through January 31, 2016.
- Alliant has filed rates/plans for 2016 but will not release until approved by CMS; which is not expected for several months.



## NEW ORGANIZATIONAL STRUCTURE

In April 2015, the Board of Directors of both Health One Alliance and Alliant Health Plans unanimously voted to make changes to the Senior Management structure of both companies. Mark Mixer was named interim Chief Executive Officer; Amanda Reed was named Chief Operating Officer; and, Joe Caldwell was confirmed as Chief Financial Officer. This change in structure provides a hierarchal framework to operate the companies as a cohesive unit and clearly aligns our goals and mission.



## FOUR YEARS AND FIVE MONTHS LATER: THE PATIENT PROTECTION ACT

The Patient Protection and Affordable Care Act is a historic piece of federal legislation. Its impact on virtually every area of health care and health issuers has been both far-reaching and deep. Alliant has experienced a cataclysmic change in just the last 14-months. On December 31, 2013, over 97% of Alliant's business came from employer-sponsored group plans. 14 months later, only 49% was from employer-sponsored plans. It's not so much that employer-sponsored plans have deteriorated, which they did slightly; it's that individual plans exploded due to the individual mandate that went into effect January 1, 2014.

As CMS continues to clarify the rules, many of our legacy systems are unable to be immediately

compliant, causing massive manual work-arounds and increased frustrations for everyone. 2015 was a particularly rough year, largely due to the cascading affect of CMS rule-changes in late December.

Alliant continues to make adjustments per PPACA regulations and is well-positioned to continue taking advantage of the rules and procedures it contains. As you're aware, beginning January 1, 2016, small group is now defined as 100 or fewer employees, so this is the next milestone in the PPACA legislation. 2016 also represents the last go-around for legacy groups that are in transitional relief.

## ALLIANT HEALTH PLANS: FULLY ACCREDITED BY NCQA

Earlier this year, Alliant was successful in receiving a full accreditation. Anticipating reaching a provisional accreditation, Alliant was pleasantly surprised to jump all the way to full compliance. It doesn't end there. NCQA primarily deals in the two major areas; members access to quality health care services and the members experience in receiving care.



## "HAVE YOU CALLED CUSTOMER SERVICE?"

Many of you, by now have heard the mantra, have you called Customer Service?" You may not be aware, but Customer Service lines are the only lines that are fully-recorded. This feature protects not only the plan, but also you and the member, in capturing the conversation being held. Our new NCQA accreditation also requires that we track/log and monitor every single call. Although we recognize the frustration of it and how PHI and HIPAA laws feel like a ball-and-chain; they are necessary requirements that we will need to abide. Please know that as much as we'd like to take the call and just fix-the-issue; we're required to have you enter the door of Customer Service first on any requests. Thank you for your support and understanding.