



# Prescription Drug Coverage 2025

Mayo Medical Plan Participants and Their Covered Dependents





# 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 Alluma pharmacy network (powered by Express Scripts), 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 Custom

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 Benefits Booklet available online. Search "Summary Plan Description" on HR Connect for more detailed information and a list of each plan option's benefit limitations and exclusions. Or, sign in to your account at [Medica.com/SignIn](https://medica.com/signin) to access a copy of the Benefits Booklet.

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# Prescription Drug Coverage

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 Plan 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.

### UNDERSTAND HOW EACH MEDICAL PLAN OPTION 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 Premier and Mayo Select, you will pay a copayment for selected products and coinsurance for all other covered medications. Under Mayo Custom, you will pay a deductible for all services, including prescription drugs, and when your deductible is met, you will pay coinsurance for covered medications.

### ALLUMA™

Pharmacy benefits are administered for the Mayo Medical Plan by Alluma. Mayo Clinic provides clinically focused, evidence-based pharmaceutical formulary and medication management to other self-insured health plans and members of the Mayo Medical Plan through Alluma, a collaboration with Vizient®. Vizient is the nation's only member-owned performance improvement company, serving not-for-profit health care organizations with a patient-focused, physician-led approach to practicing medicine. Alluma works with a vendor called Express Scripts® to provide certain services, such as the national pharmacy network and electronic claims adjudication.

### THE AMOUNT YOU PAY WILL DEPEND ON THE PHARMACY YOU USE TO FILL YOUR PRESCRIPTION AND THE FORMULARY STATUS OF THE MEDICATION

- The Mayo Clinic Pharmacy Mail Service generally gives you the highest benefit level and is appropriate for long-term maintenance medications.
- Mayo Clinic and Mayo Clinic Health System outpatient pharmacies generally give you a higher benefit level than other network pharmacies outside of Mayo.
- The Mayo Medical Plan contracts with Alluma to provide access to up to 64,000 pharmacies across the country. To locate a pharmacy in the network, use the online pharmacy search tool, available when you sign in to your account at [Medica.com/SignIn](https://medica.com/SignIn). To learn more, review the [Online Member Services](#) section of this guide.
- Prescriptions filled at pharmacies outside the Mayo Clinic or Alluma networks are not covered, except in emergency situations.

### YOUR PRESCRIPTION DRUG COVERAGE USES THE ALLUMA CARE FORMULARY IN DETERMINING PRESCRIPTION DRUG COVERAGE

- The Alluma Care Formulary is based on an approved list of drugs recommended for use throughout Mayo Clinic and Mayo Clinic Health System.
- Prescriptions for medications listed on Tier 3 of the Alluma Care Formulary will have the highest coinsurance regardless of the pharmacy you use.
- The Mayo Clinic Pharmaceutical Formulary Subcommittee may add, delete or change medications on the formulary at any time.

You can access a PDF of the Alluma Care Formulary by visiting the Members tab at [Allumaco.com](https://allumaco.com). The posted formulary is updated quarterly.

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 medication prescribed. The following table shows how your payments for prescriptions will be calculated.

	MAYO PREMIER/MAYO SELECT*			MAYO CUSTOM*		
Prescription Drug Coverage	Mayo Clinic Mail Service (up to 90-day supply)	Mayo Clinic Outpatient Pharmacy (up to 90-day supply except where indicated)	Alluma Network Pharmacy (up to 34-day supply)	Mayo Clinic Mail Service (up to 90-day supply)	Mayo Clinic Outpatient Pharmacy (up to 90-day supply)	Alluma Network Pharmacy (up to 34-day supply)
Formulary generic (Tier 1)	\$10 maximum	\$10 maximum up to 34-day supply	\$10 maximum	5%	10%	25%
Formulary preferred brand or injectable drug (Tier 2)	25% (\$25 minimum)	30% (\$25 minimum)	40% (\$25 minimum)	25%	30%	40%
Formulary non-preferred drug (Tier 3)**	50% (\$25 minimum)	50% (\$25 minimum)	60% (\$25 minimum)	50%	50%	60%
Deductible	None			Combined with medical deductible		
Annual out-of-pocket maximum	Combined with medical out-of-pocket maximum					

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

\*\* Formulary non-preferred (Tier 3) prescriptions do not apply to the Mayo Premier or Mayo Select 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 and Mayo Select your payments for non-preferred drugs (Tier 3), fertility drugs or brand name drugs that have generic equivalents (brand penalty) do not apply to your annual out-of-pocket maximum.
- Under Mayo Custom, 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 brand penalty will not apply to your deductible or out-of-pocket maximum.
- Some drugs are subject to quantity limits.
- Some drugs are subject to prior authorization.
- When certain drugs are dispensed by cycles rather than days, you will receive coverage for one cycle when up to a 34-day supply is indicated, or three cycles when up to a 90-day supply is indicated (e.g., most oral contraceptives or cancer treatment).
- You will receive a maximum benefit by having prescriptions for most maintenance medications filled with a 90-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 Alluma 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 90-day supply of medication, your refill can be ordered once you have 22 days of medication remaining (68 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).

#### **PRESCRIPTION MEDICATIONS EXCLUDED FROM COVERAGE**

Some medications are not covered, and you are responsible for paying the full price of these items. Examples include over-the-counter drugs, medications excluded by the Alluma Care Formulary due to high cost or questionable effectiveness, medications classified as cosmetic (for example, to control certain types of baldness or skin wrinkles) and nutritional supplements. In addition, prescriptions filled at pharmacies outside the Mayo Clinic, Mayo Clinic Health System or Alluma network will not be covered except in emergency situations.

#### **PRESCRIPTION DRUGS WITH QUANTITY LIMITS**

A number of prescription drugs have quantity limits over a defined period of time, such as 90 days, 30 days, yearly, or per fill. Prescriptions that are issued over the specified quantity limits are not covered and the costs do not apply toward out-of-pocket maximums. Selected high-priced medications also have quantity limits in place. Some common examples include cancer treatments and nicotine replacement therapy. You can access a PDF of the Alluma Care Formulary showing medications with a quantity limit (QL) by visiting the **Members** tab at [Allumaco.com](https://allumaco.com).

#### **DRUGS WITH A LIFETIME LIMIT**

Medications used to treat certain conditions may be subject to a lifetime coverage limit. An example is medications used to treat obesity. The Plan offers coverage for weight loss medications up to a limit of \$20,000 per lifetime. You will pay standard cost-sharing amounts up to the benefit limit, and 100% after the maximum benefit is reached.

#### **DRUGS COVERED UNDER THE AFFORDABLE CARE ACT**

Some prescription and over-the-counter medications used for prevention are covered at no cost to you. Examples include generic bowel preps for colonoscopy, statins for patients at high risk for a cardiovascular event, smoking cessation therapy (up to 180 days' supply every calendar year), immunizations, drugs used to prevent infection with HIV, drugs used to prevent breast cancer, fluoride supplements and formulary generic contraceptives. Limitations to coverage may exist, such as age. You can look up the details of preventative coverage in the Benefits Booklet.



## **PRESCRIPTION MEDICATIONS REQUIRING PRIOR AUTHORIZATION**

Some medications require prior authorization in order to be covered by the Plan.

### **Common examples include:**

- Certain medications for diabetes
- Cystic fibrosis medications
- Growth hormones
- Medications to treat rare diseases
- Most intravenous drugs
- Multiple sclerosis agents
- Oral cancer medications
- Self-injected biologic medications
- Specialty medications
- Statin and HIV medications prescribed as primary preventive care and covered 100% by the Plan
- Weight loss drugs
- Supply in excess of the allowed quantity limit

For more information on prior authorization requirements, please refer to the online Benefits Booklet or review the formulary PDF showing medications requiring prior authorization (PA) by visiting the **Members** tab at [Allumaco.com](https://allumaco.com). If you have any questions about quantity limits, prior authorization or your prescription benefits, please call Alluma Customer Service at (877) 239-7159.

## **ABOUT GENERIC MEDICATIONS**

When a brand name medicine is available in generic form, pharmacies in many states are required to fill your prescription with the generic equivalent. The determination of a drug classification as brand name versus generic is made by two external organizations called First Data Bank and 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 (brand penalty), plus the applicable generic copayment or coinsurance. Generic drugs generally fall into Tier 1 of your pharmacy benefit.

You should ask your provider to prescribe a generic drug if one is available and acceptable for you to use. You also should discuss medication alternatives with your provider and your pharmacist (before he or she fills your prescription). Generic medications offer a safe and effective alternative to higher cost 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.

## **ABOUT BIOSIMILAR MEDICATIONS**

Biosimilars are safe and effective treatment options for many illnesses, which are typically available at a lower cost. Biosimilars have no clinically meaningful differences from the reference biologic product. This means you can expect the same safety and effectiveness from the biosimilar over the course of treatment as you would the reference product.

Your healthcare provider or the Alluma Care formulary may prefer a biosimilar medication for certain medical conditions.

## **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 Reimbursement Request Form at [Allumaco.com](https://allumaco.com) under the **Members** tab. Complete the form, attach copies of the prescription receipt(s) and mail the claim form to the address listed on the form. You may also file a claim electronically after signing in to [Medica.com/SignIn](https://medica.com/SignIn). 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:** A Health Care Flexible Spending Account (FSA) is available to help you manage your health care expenses, including out-of-pocket costs for prescription drugs and eligible over-the-counter products. This account allows you to set aside pre-tax dollars from your paycheck to pay for health care expenses you incur. When you enroll in a Health Care FSA, you will receive a debit card tied to your account, which you can use to pay for eligible health care expenses. For more information on enrolling in a Health Care FSA, refer to your Plan Document and Benefits Booklet for the Health Care FSA. Note: Health Care FSAs are not available for members of Mayo Custom.

**Mayo Custom:** A Health Savings Account (HSA) is available to help you manage your health care expenses, including out-of-pocket costs for medications. IRS guidelines outline eligibility requirements for participating in a HSA. If you enroll in Mayo Custom, you can contribute to the account with pre-tax dollars. For more information on enrolling in an HSA, please refer to your Plan Document and Benefits Booklet for the HSA.

## Online Member Services

### ALLUMA MEMBER PORTAL

A variety of tools are available online to help you manage your medication needs. To access these tools, sign in to your account at [Medica.com/SignIn](https://medica.com/SignIn) and select **Medications**. You will need to register if this is your first visit.

You can access your prescription history, calculate your cost at different pharmacies, view the formulary status of a medication, access your claim history, and more.

- 1 **Price a Medication:** Learn about prices at different pharmacies
- 2 **Find a Pharmacy:** Find in-network pharmacies in your area
- 3 **Prescription Claims:** Review prescription claims or submit a new claim
- 4 **Prior Authorizations:** Learn about the status of a prior authorization request submitted by your provider
- 5 **Manage Account Access:** Share access to your account with other family members if desired
- 6 **Communication Preferences:** Update your address, privacy permissions and select your preferred communication method

### MOBILE APP

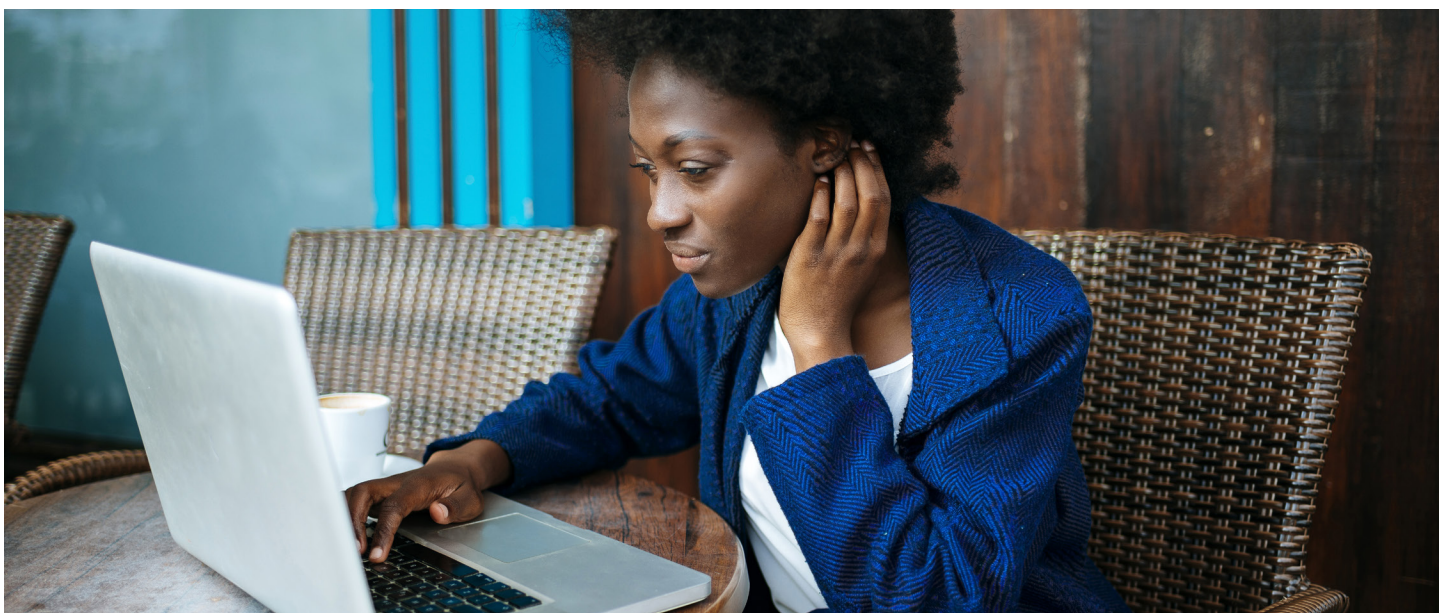
Alluma offers a mobile app to help when you are on the go. You can download the Express Scripts app in the Apple App Store or Google Play.

#### In the mobile app you can:

- View your medication list and the number of days' supply you have on hand
- Set up reminders to take your medicine
- Find a Pharmacy
- Price a Medication

### PATIENT ONLINE SERVICES AND MAYO CLINIC APP

[Patient Online Services](#) is a secure and convenient way to access your health information and connect with your care team. Patient Online Services is available anytime by downloading the Mayo Clinic App. You can request refills for your prescriptions at Mayo Clinic pharmacies by logging in to your Patient Online Services account and selecting **Medications & Refills**.



# Pharmacy Services

## Mayo Clinic Pharmacy Mail Service

Mayo Clinic Pharmacy offers home delivery for prescription drugs. You pay your cost-sharing amount with a credit/debit card and your prescription is mailed to your home. Mail service offers you the most convenient service and is most appropriate for 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 Alluma network pharmacy location.

You are encouraged to take advantage of this convenient service for your maintenance prescriptions for long-term

therapies used to treat chronic conditions. You may fill up to a 90-day supply of most medications. To sign up for Mayo Clinic Pharmacy Mail Service, complete the Pharmacy Mail Service Registration Form, including your preferred billing and shipping information.

You can access the Pharmacy Mail Service Registration Form by going to the [Mayo Clinic Pharmacy page](#) and selecting the form under the **Helpful Forms** section at the bottom of the page. The registration form is also available online at [Allumaco.com](#) on the **Members** tab under Forms.

### 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 800-445-6326 for more detailed information.
- If you have a Pharmacy Mail Service Registration Form on file with the Mayo Clinic Pharmacy, or you regularly receive prescriptions through the mail, new prescriptions received from your provider will be automatically processed and shipped according to the information on file.
- 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 SERVICE PRESCRIPTIONS

New mail order prescriptions may be received at the Mayo Clinic Mail Service pharmacy by asking your provider to submit your prescription electronically to the Mayo Clinic Pharmacy Mail Service directly. You may also send in a prescription along with a Pharmacy Mail Service Registration Form to the address listed on the form. If you have not previously registered and filled a prescription with the Mayo Clinic Pharmacy Mail Service, a pharmacy representative will contact you via telephone or Patient Online Services.

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

- Logging in to your Mayo Clinic [Patient Online Services](#) account and selecting **Medications & Refills**.
- Visiting [refill.mayoclinic.org](#), selecting **Refill** to sign in to Patient Online Services and placing your refill order.
- Calling the Mayo Clinic Pharmacy at **800-445-6326** and following the prompts to place your refill or speak to a representative.

To transfer a prescription to the Mayo Clinic Pharmacy Mail Service, request your provider send in a new prescription for a 90-day supply, or complete and submit the Mail Service Prescription Transfer Request form available online at [refill.mayoclinic.org](#) under **Helpful Forms** or [Allumaco.com](#) under the **Members** tab.

When your prescription order is placed, the appropriate cost-sharing amount will be charged to your credit/debit 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.

## Specialty Pharmaceuticals

Mayo Clinic Specialty Pharmacy offers pharmacy services to patients with certain complex or chronic health conditions that require costly drug 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 a specialty medication must fill their prescriptions at the Mayo Clinic Specialty Pharmacy, or at a Mayo Clinic or Mayo Clinic Health System outpatient pharmacy for coverage. A list of Specialty medications available at the Mayo Clinic Specialty pharmacy is available at [refill.mayoclinic.org/specialty-pharmacy](https://refill.mayoclinic.org/specialty-pharmacy).

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

- Your coinsurance rate is determined by the Tier (1, 2, or 3) assigned on the Alluma Care Formulary.
- 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 discuss 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 shipping 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 **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, or at a Mayo Clinic outpatient pharmacy, with no coverage for specialty medications at other network pharmacies, except when the medication is not available through a Mayo Clinic pharmacy.\*\*

\*\*Mayo Clinic/Mayo Clinic Health System outpatient pharmacies may not have access to all drugs listed on the Mayo Clinic Formulary. If a specialty medication must be dispensed through an alternative Specialty Pharmacy, this will be allowed.

To learn more, contact the Mayo Clinic Specialty Pharmacy or visit [refill.mayoclinic.org/specialty-pharmacy](https://refill.mayoclinic.org/specialty-pharmacy).

## 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 Mayo Clinic Outpatient Pharmacy prescriptions may be ordered by:

- Logging in to your Mayo Clinic [Patient Online Services](#) account and selecting **Medications and Refills**.
- Visiting [refill.mayoclinic.org](https://refill.mayoclinic.org), selecting **Refill** to sign in to Patient Online Services and placing your refill order.
- Calling the Mayo Clinic Pharmacy phone number listed on the prescription label.

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 available to speak with you about your medication and answer your questions.



## Alluma Pharmacy 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 of Mayo Clinic or Mayo Clinic Health System, be sure to ask the pharmacist if the pharmacy participates in the Alluma network and present your medical plan ID card. If you fill a prescription at a pharmacy that is not a participating 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 an

out-of-network pharmacy, pay for the prescription and then complete and submit the Prescription Reimbursement Request Form, found at [Allumaco.com](https://Allumaco.com) under the **Members** tab. You may also file a claim electronically after signing in to [Medica.com/SignIn](https://Medica.com/SignIn).

To find a participating Alluma network pharmacy, use the **Find a Pharmacy** tool, available at [Medica.com/SignIn](https://Medica.com/SignIn) or in the mobile app.

## Mayo Clinic Outpatient Pharmacy Locations

For addresses, hours, and information about ordering online refills, go to [refill.mayoclinic.org/pharmacy-locations](https://refill.mayoclinic.org/pharmacy-locations)

### ROCHESTER

**Mayo Subway**

507-284-2021  
200 First Street SW  
Rochester, MN 55905

**Baldwin Building**

507-284-8880  
221 Fourth Avenue SW  
Rochester, MN 55905

**Northeast Clinic**

507-538-8550  
3041 Stonehedge Drive NE  
Rochester, MN 55906

**Mary Brigh**

507-255-5731  
1216 Second Street SW  
Rochester, MN 55902

**Eisenberg Building**

507-266-7416  
201 West Center Street  
Rochester, MN 55902

**Northwest Clinic**

507-266-0966  
4111 Highway 52 North  
Rochester, MN 55901

### ARIZONA

**Mayo Clinic Building****Scottsdale Outpatient Pharmacy**

480-342-1500  
13400 East Shea Boulevard  
Scottsdale, AZ 85259

**Mayo Clinic Hospital****Outpatient Pharmacy**

480-342-1500  
5777 East Mayo Boulevard  
Phoenix, AZ 85054

**Mayo Clinic Building****Phoenix Outpatient Pharmacy**

480-342-1500  
5881 E Mayo Boulevard, #1-304  
Phoenix, AZ 85054

### FLORIDA

**Mayo Clinic**

904-953-2021  
Davis Building  
4500 San Pablo Road  
Jacksonville, FL 32224



# Mayo Clinic Health System Outpatient Pharmacy Locations

For addresses, hours, and information about ordering online refills, go to [refill.mayoclinic.org/pharmacy-locations](https://refill.mayoclinic.org/pharmacy-locations)

## MINNESOTA

**Mayo Clinic Health System  
Albert Lea**  
507-373-7952  
404 West Fountain Street  
Albert Lea, MN 56007

**Mayo Clinic Health System  
Cannon Falls**  
507-263-9825  
32021 County Boulevard Suite 1716  
Cannon Falls, MN 55009

**Mayo Clinic Health System  
Austin**  
507-434-1422  
1000 First Drive NW  
Austin, MN 55912

**Mayo Clinic Health System  
Red Wing**  
651-267-5785  
701 Hewitt Boulevard Suite 2116  
Red Wing, MN 55066

## WISCONSIN

**Mayo Clinic Health System  
Barron**  
715-537-2100  
1222 East Woodland Avenue  
Barron, WI 54812

**Mayo Clinic Health System  
Holmen**  
608-526-1526  
1303 S Main Street  
Holmen, WI 54636

**Mayo Clinic Health System  
Osseo**  
715-597-3166  
13025 8th Street  
Osseo, WI 54758

**Mayo Clinic Health System  
Eau Claire, Clairemont Campus**  
715-838-5000  
733 W. Clairemont Avenue  
Eau Claire, WI 54701

**Mayo Clinic Health System  
La Crosse**  
608-392-9855  
800 West Avenue S  
La Crosse, WI 54601

**Mayo Clinic Health System  
Menomonie**  
715-233-7500  
2321 Stout Road  
Menomonie, WI 54751

**Mayo Clinic Health System  
Eau Claire, Luther Campus**  
715-838-6000  
1400 Bellinger Street  
Eau Claire, WI 54703

**Mayo Clinic Health System  
Onalaska**  
608-392-5009  
191 Theater Road  
Onalaska, WI 54650

**Mayo Clinic Health System  
Westgate**  
715-838-5856  
1707 Westgate Road  
Eau Claire, WI 54703

# Glossary

## **Benefits Booklet**

The document explaining your plan benefits, limitations and exclusions.

## **Brand name drug**

A patent-protected prescription drug. Formulary brand name drugs and some single source generics are covered on Tier 2 of the Alluma Care Formulary.

## **Coinsurance**

A percentage of the total cost of a prescription drug that you pay.

## **Copayment**

A maximum fixed amount you pay each time you fill a prescription for a generic drug (applies to Mayo Premier and Mayo Select 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.

## **Express Scripts**

A pharmacy benefit management company that Alluma contracts with to perform electronic claims processing and manage a pharmacy network of up to 64,000 pharmacies.

## **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 Medical 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 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 are generally included in Tier 1 of the Mayo Medical Plan.

## **Health Care Flexible Spending Account (FSA)**

A special account where you can contribute pre-tax 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 Benefits Booklet.

## **Formulary**

An approved, continually updated list of covered medications. The Alluma Care Formulary is developed by the Mayo Clinic Pharmaceutical Formulary Subcommittee. Mayo Medical Plan prescription drug coverage is based on the Alluma Care Formulary.

## **Mayo Clinic Pharmaceutical Formulary Subcommittee**

A committee comprised of medical and pharmacy experts from the Mayo Clinic who review medications for inclusion on the Alluma Care Formulary. The committee determines whether Prior Authorization, Step Therapy or Quantity Limits will apply, and recommends criteria for approval of coverage, based on scientific evidence. Medications are evaluated based on safety, effectiveness and value.

## **Maximum allowable cost (MAC)**

The maximum price that Alluma will pay for a generic prescription medication.

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

A prescription drug that has been added to Tier 3 of the Alluma Care Formulary.

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

A drug that can be purchased without a prescription.

Authorization for coverage for selected medications, which must be obtained before the medication may be dispensed by a pharmacy.

A prescription written for you upon your discharge from a hospital.

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

*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.*

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