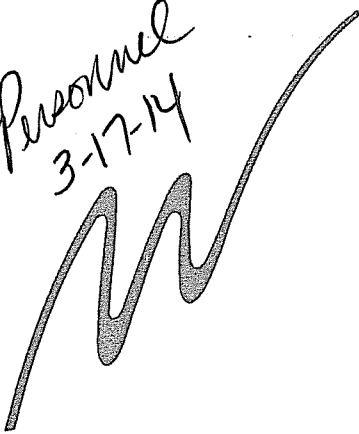
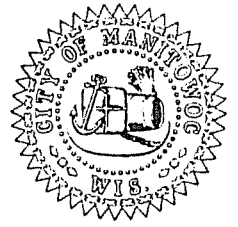


Personnel
3-17-14



CITY OF MANITOWOC

WISCONSIN, USA
www.manitowoc.org



14-387

March 12th, 2014

Memo to Common Council

Re: Serve-You Agreements.

These contracts need a signature. Both contracts have been approved by Personnel as of March 10th, 2014 with an April 1st, 2014 effective date.

Thank you in advance for consideration to this matter.





THE HAND-CRAFTED PBM

request for benefit change

PLEASE FILL OUT ELECTRONICALLY

INTERNAL USE ONLY CQ#:

Company Name: **City Of Manitowoc**

Effective Date of Change: **04/01/2014** Serve You Account Number: **3146**

All Groups Group Number/Name:

Check each box for modifications to your benefit design to be effective on the above date.

Plan Design: 2 Tier 3 Tier Specialty Tier

Copay Change to:

Retail: Tier 1: Tier II: Tier III: Specialty Tier:

Mail: Tier 1: Tier II: Tier III: Specialty Tier:

Specialty Drug Coverage Change(s):

- Restrict to DirectRx Mail Order Pharmacy – limit to 30 days supply – apply Specialty Tier copay
- Limit to 30 days supply – retail and mail order – open network – apply Specialty Tier copay
- Specialty Drug Split Fill Program

Drug Coverage Change(s) – inclusion/exclusion, quantity limitations, fill/benefit maximums, etc.

- Implement Split Fill Specialty Program

Plan Design Change(s) – implement mandatory mail, change days supply, generic substitution rules, etc.

Clinical Programs: Implement the following Terminate the following

- | | |
|--|---|
| <input type="checkbox"/> Adherence Monitoring Program | <input type="checkbox"/> Quantity Limits |
| <input type="checkbox"/> Controlled Substance Monitoring Program | <input type="checkbox"/> Clinical Prior Authorizations |
| <input type="checkbox"/> Dose Optimization | <input type="checkbox"/> Step Therapy Program <input type="checkbox"/> Apply grandfathering |
| <input type="checkbox"/> Generic Incentive Program <input type="checkbox"/> \$0 Copay <input type="checkbox"/> \$_____ Copay | |

Other: Accumulators, deductibles, out of pocket maximum, benefit maximums (Indicate single/family, embedded, combined, etc.) and other changes not noted above.

CLIENT AUTHORIZATION

I authorize Serve You to make modification to our benefit design according to the specifications listed above. Any changes to the above information must be submitted to Serve You in writing, indicating the effective date of change.

Client Signature: _____ Date: / /

Title: Mayor City Clerk

Phone: (920) 686-6950 Email: jhudon@manitowoc.org

SERVE YOU CONFIRMATION

Requested modifications to plan design have been completed and will be effective on date specified above.

Serve You Signature: _____ Date: / /

Upon completion of form and signed client authorization, please email, mail, or fax to:

EMAIL: clientservices@serve-you-rx.com

MAIL: Serve You
Attention: Client Services
10201 Innovation Drive, Suite 600
Milwaukee, WI 53226

FAX: 414-410-3230



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request for benefit change

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Effective Date of Change: **04/01/2014** Serve You Account Number: **3146**

All Groups Group Number/Name:

Check each box for modifications to your benefit design to be effective on the above date.

Plan Design: 2 Tier 3 Tier Specialty Tier

Copay Change to:

Retail: Tier 1: Tier II: Tier III: Specialty Tier:

Mail: Tier 1: Tier II: Tier III: Specialty Tier: **20% Max \$150.00**

Specialty Drug Coverage Change(s):

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- Limit to 30 days supply – retail and mail order – open network – apply Specialty Tier copay
- Specialty Drug Split Fill Program

Drug Coverage Change(s) – inclusion/exclusion, quantity limitations, fill/benefit maximums, etc.

Plan Design Change(s) – implement mandatory mail, change days supply, generic substitution rules, etc.

Clinical Programs: Implement the following Terminate the following

- Adherence Monitoring Program
- Controlled Substance Monitoring Program
- Dose Optimization
- Generic Incentive Program
- Quantity Limits
- Clinical Prior Authorizations
- Step Therapy Program
- \$0 Copay
- \$_____ Copay
- Apply grandfathering

Other: Accumulators, deductibles, out of pocket maximum, benefit maximums (Indicate single/family, embedded, combined, etc.) and other changes not noted above.

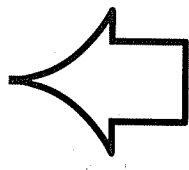
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