



Blue Preferred RxSM Prescription Drug Coverage
with \$15 Generic / \$25 Preferred Brand / \$35 Nonpreferred Brand
Triple-Tier Copay Benefits-at-a-Glance

This is intended as an easy-to-read summary. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificate and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.

Note: Effective October 1, 2006, the mail order pharmacy for **specialty drugs** changed to Option Care. Specialty prescription drugs (such as Enbrel[®] and Humira[®]) are used to treat complex conditions such as rheumatoid arthritis. These drugs require special handling, administration or monitoring. Option Care will handle mail order prescriptions only for specialty drugs while many retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). For your other mail order prescription medications, they can continue to be sent to Medco. A list of specialty drugs is available on our Web site at bcbsm.com. Log in under "I am a Member." If you have any questions, please call Option Care customer service at 866-515-1355.

Network pharmacy

Non-network pharmacy

Copays

Note: If your prescription is filled by any type of network pharmacy, and you request the brand-name drug when a generic equivalent is available on the BCBSM MAC list and the prescriber has not indicated "Dispensed as Written" (DAW) on the prescription, you must pay the difference in cost between the brand-name drug dispensed and the maximum allowable cost for the generic **plus** the applicable copay.

Tier 1 – Generic prescription drugs	\$15 for each prescription	\$15 for each prescription plus 25% of the BCBSM approved amount for the drug
Tier 2 – Formulary brand-name prescription drugs	\$25 for each prescription	\$25 for each prescription plus 25% of the BCBSM approved amount for the drug
Tier 3 – Nonformulary brand-name prescription drugs	\$35 for each prescription	\$35 for each prescription plus 25% of the BCBSM approved amount for the drug
Mail order (home delivery) prescription drugs	<p>Copay for up to a 34 day supply:</p> <ul style="list-style-type: none"> • \$15 for each Tier 1 (generic) drug • \$25 for each Tier 2 (preferred brand) drug • \$35 for each Tier 3 (nonpreferred brand) drug <p>Copay for a 35 to 90 day supply:</p> <ul style="list-style-type: none"> • \$15 for each Tier 1 (generic) drug • \$25 for each Tier 2 (preferred brand) drug • \$35 for each Tier 3 (nonpreferred brand) drug 	No coverage

Covered services

Federal legend drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
State-controlled drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
Disposable needles and syringes – dispensed with insulin or other injectable legend drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
Mail order (home delivery) prescription drugs – up to a 90-day supply of medication by mail from Medco (BCBSM network mail order provider)	Covered – 100% less plan copay	No coverage

Note: A **network** pharmacy is a Preferred Rx pharmacy in Michigan or a MedImpact pharmacy outside Michigan. A **non-network** pharmacy is a pharmacy NOT in the Preferred Rx or MedImpact networks.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



BCBSM Custom Formulary – A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the formulary is to provide members with the greatest therapeutic value at the lowest possible cost.

- **Tier 1 (Generic)** – Tier 1 includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay, making them the most cost-effective option for the treatment.
- **Tier 2 (Formulary Brand)** – Tier 2 includes brand-name drugs from the Custom Formulary. Formulary options are also safe and effective, but require a higher copay.
- **Tier 3 (Nonformulary Brand)** – Tier 3 contains brand-name drugs not included in the Custom Formulary. Members pay the highest copay for these drugs.

Includes Additional Riders

<p>Rider CMAC, change in the maximum allowable cost program</p>	<p>Removes the requirement that a member pay the difference between brand name and MAC generic drug costs. Note: This rider is mandatory with any triple tier copay rider.</p>
<p>Rider RX-90, prescription drug 90-day supply</p>	<p>Expands retail coverage of prescription drugs from 34 to 90 days, subject to one member copay. Requires all retail 90-day supplies of medication be obtained from a “90-Day Retail Network” provider, subject to limitations.</p>
<p>Rider PD-XCBF, excludes co-branded formulary program</p>	<p>Excludes the Co-Branded Formulary Program.</p>
<p>ASC Plan Mod 3174</p>	<p>This modification RETAINS the standard triple tier copay requirements described in Rider PD-TTC \$15/\$25/\$35 (Form Number 6685) for all pharmacies, except for Sindecuse Pharmacy. When medication is dispensed by Sindecuse Pharmacy, this modification CHANGES the copayment requirement to the following:</p> <ul style="list-style-type: none"> ▪ \$10 for each generic drug ▪ \$20 for each formulary brand name drug, and ▪ \$30 for each non-formulary brand name drug. <p style="background-color: yellow;">When a member request 90 day retail at a Sindecuse pharmacy the Sindecuse level copayment will apply and the standard RX90 rider criteria will also apply.</p> <p>The member will be responsible for only our approved amount in instances where the approved amount is less than the copayment.</p>
<p>Rider XBPPE</p>	<p>Pharmacy Initiative Opt Out Rider</p>