



Understanding your
prescription drug plan

Blue Cross Blue Shield of Michigan and Blue Care Network give you comprehensive access to your medications. Your prescription drug plan includes Blue Cross' support and expertise to help ensure that your medicine is safe, effective and a good value.

We think it's the perfect mix to help keep you healthy and your costs low.

How do I learn more about my prescription drug plan?

You can find useful information about your pharmacy benefits anytime on our website or mobile app. Simply:

- Go to **bcbsm.com** or the mobile app.
- Log in to your online member account. If you don't have an account, go to **bcbsm.com/member** to start one.
- Click on *My Coverage*.
- Click on *Prescription*.

Use our online benefit tools to:

- **Find out what's covered:** View your prescription drug benefits, such as deductibles and copayments.
- **Price a medication:** Find the total cost of a medication and the amount you owe. Compare the cost of brand-name prescription drugs and generics. See which medications require prior authorization or step therapy.
- **Research medications:** Look up possible side effects and find answers to common questions.
- **View your prescription drug history:** See the list of medications you've received and view your pharmacy claims.
- **Locate a pharmacy:** Find pharmacies near you. Most pharmacies nationwide accept Blue Cross and BCN coverage.
- **Order medicine by mail:** Certain medications can be sent directly to your door. You can track your order status online and see the number of refills remaining on each prescription.
- **Get answers:** If you still have questions about your pharmacy benefits, call us. The customer service number is on the back of your Blue Cross or BCN member ID card.

What costs am I responsible for?

Some plans have annual deductibles, copays and an out-of-pocket maximum. To find out more about your coverage, log in to your account on **bcbsm.com**, the mobile app or call the customer service number on the back of your member ID card.

Annual deductible: A deductible is the amount you pay out-of-pocket each plan year for health care services before your health care plan begins to pay. Let's say your plan's deductible is \$1,500. That means, for most services, you'll pay 100% of your medical and pharmacy bills until the total amount you've paid reaches \$1,500. After that, you share the cost with your plan by paying copays. Some plans don't include pharmacy costs in the deductible.

Copay: A copay is the amount you pay when you get a prescription filled. This could be a fixed amount or a percentage. For example, with a fixed copay, you might pay \$10 for a generic drug or \$80 for a brand-name drug. With a percentage, you might pay 20% of the total cost of a medication.

Annual out-of-pocket maximum:

The most that you will have to pay out-of-pocket during the plan year, including your deductible and copays.

How do my prescription drug benefits work?

Blue Cross and BCN group the medications on its drug lists into categories called tiers. You can find the safest and least expensive medicine in the lower tiers. One way we work to keep your prescription drug costs down while ensuring you receive high-quality care is by encouraging doctors to prescribe generic versions of brand-name drugs. Generics contain the same active ingredients as brand-name drugs, but cost less. You'll pay more if you take the brand-name version of a drug instead of the generic.



The chart below shows drug list tiers for your reference. Some prescription drug benefits may not cover nonpreferred brand-name drugs, and not all benefits group drugs into specialty tiers. Check your plan documents for information specific to your benefits.

Tier	Copay	Description
Nonformulary — Not covered	Full cost	This tier includes high-cost, FDA-approved, prescription-only drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. Nonformulary drugs are not covered.
Covered at \$0	No out-of-pocket costs	This tier includes select drugs that will be covered with no out-of-pocket costs.
Preventive	No out-of-pocket costs	This tier includes drugs that are covered with no out-of-pocket costs when health care reform requirements are met. When health care reform requirements are not met, these drugs are not covered.
Generics	Lowest out-of-pocket costs	This tier includes nonspecialty generic drugs. Members pay the lowest copay for generics, making them the most cost-effective option for treatment.
Preferred brand	Higher nonspecialty out-of-pocket costs	This tier includes nonspecialty, preferred brand-name drugs. These drugs are more expensive than generics, and members pay more for them.
Nonpreferred brand	Highest nonspecialty out-of-pocket costs	This tier includes nonspecialty, brand-name drugs for which there are either generic alternatives or more cost-effective, preferred brand-name drugs available. Members pay more for these nonpreferred brand-name drugs.
Generic specialty	Lower specialty-drug out-of-pocket costs	These tiers include specialty drugs, both generic and brand name, that are used to treat difficult health conditions. These drugs are generally more cost-effective than nonpreferred specialty drugs.
Preferred specialty		
Nonpreferred specialty	Higher specialty-drug out-of-pocket costs	This tier includes nonpreferred brand-name specialty drugs that are used to treat difficult health conditions. Members pay a higher amount for nonpreferred specialty drugs because there are more cost-effective generic or preferred drugs available.

Certain types of medicine and medical supplies may not be covered under your prescription drug plan. For more information about your coverage, call the customer service number on the back of your member ID card or visit **bcbsm.com/pharmacy**. Log in to your member account on **bcbsm.com** or the mobile app for copay information.

Why does some medicine need approval?

To make sure you get the safest, most effective and most reasonably priced medicine to treat your condition, Blue Cross and BCN pharmacists use prior authorization and step therapy.

Prior authorization is a fancy phrase that means our pharmacists review certain medications before your plan will allow payment for them. When our pharmacists look at your medication history to see whether you've tried a preferred alternative first, that's step therapy. Step therapy requires you to try less expensive options before "stepping up" to drugs that cost more. For example, you may need to try an over-the-counter allergy medicine and then a Tier 1 medicine before we'll approve payment for a more expensive Tier 3 medication. Prior authorization and step therapy ensure that medically sound and cost-effective medications are prescribed appropriately.

You can find out if your medicine requires prior authorization or step therapy by logging in to your account on **bcbsm.com** or the mobile app, or by calling the customer service number on the back of your member ID card.

To find the complete list of medications requiring prior authorization and step therapy:

- Go to **bcbsm.com/pharmacy**.
- Click on *Drug Lists*.
- Select your type of health plan.
- Select your drug list.

If your medicine requires prior authorization, you or your pharmacist will need to tell your doctor. Your doctor may instead prescribe a different medication that doesn't require approval, or he or she may contact Blue Cross and BCN to provide more information about the prescription and request review of your benefits.

What kinds of medicine need prior authorization or step therapy?

Medications that:

- Have dangerous side effects or can be harmful when combined with other drugs
- Should only be used for certain health conditions
- Are often misused or abused
- Are prescribed when less expensive drugs might work better

How do I fill my prescription?

There are several ways you can fill a prescription:

- **Visit a retail pharmacy** — Blue Cross and BCN's participating pharmacy network includes 64,000 retail pharmacies nationwide, including regional and national drug store chains, as well as independent community pharmacies. That's more than 95% of pharmacies in Michigan and thousands more across the nation.
- **Mail order through OptumRx home delivery** — You may be able to fill up to a 90-day supply of your medicine, if your benefits cover mail order. To order most drugs by mail, log in to your secure member account at **bcbsm.com** or the mobile app:
 - Click on *My coverage*.
 - Click on *Prescription*.
 - At **bcbsm.com**, click on *Order online*; on the app, tap *Mail order*.

Members can also call OptumRx to request they contact your doctor to get your new 90-day prescription. Blue Cross members can call OptumRx at 1-855-811-2223. BCN members can call OptumRx at 1-844-642-9087. For members with a hearing impairment, call TTY 711.

- **Specialty drug mail order through AllianceRx Walgreens Prime or a participating retail pharmacy** — AllianceRx Walgreens Prime handles mail-order prescriptions for specialty drugs used to treat complex or rare conditions such as arthritis, asthma, multiple sclerosis, hepatitis C and others. You may be able to get up to a 30-day supply of specialty drugs from AllianceRx Walgreens Prime or a participating retail pharmacy. You may have a benefit design that requires you get specialty drugs from our exclusive pharmacy network for specialty drugs, administered by AllianceRx Walgreens Prime. Log in to your member account at **bcbsm.com** or the mobile app to verify your benefits. Select drugs may be limited to a 15-day supply. For more information, call AllianceRx Walgreens Prime Customer Service at 1-866-515-1355 or visit **alliancerxwp.com**.

Want better value?

Did you know that presenting your member ID card to a pharmacy ensures you always pay the lowest cost for your medicine and provides an extra safety check? If a pharmacy provides a medication for free or at a special discount, using your member ID card makes sure that you get it for the lowest possible price.

As a Blue Cross and BCN member, you also get discounted prices on prescription drugs. By using your member ID card, you'll benefit from the lowest possible price at a network pharmacy, even if the pharmacy sells a medication for less than your copay. For example, if a pharmacy sells a drug for \$4 and your copay for that drug is \$10, you'll only pay \$4.

If you have an annual deductible, the amount that you pay will apply to your deductible when you use your member ID card. It'll also apply to the annual out-of-pocket maximum you pay before your plan covers 100% of your health care costs.





Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

bcbsm.com

OptumRx is an independent company providing home delivery pharmacy and other pharmacy benefit administration services to Blue Cross Blue Shield of Michigan and Blue Care Network.

AllianceRx Walgreens Prime is an independent company providing specialty drug services on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.

Blue Cross is not responsible for content available on their websites.