

Blue Preferred RxSM Prescription Drug Coverage with \$10 Generic / \$40 Brand Name Fixed Dollar 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 are used to treat complex conditions such as Enbrel[®] and Humira[®] for rheumatoid arthritis. These drugs require special handling, administration or monitoring.

Option Care will handle mail order prescriptions **only** for specialty drugs. Continue to send other mail order prescription medications to Medco. A list of specialty drugs is available on our Web site at bcbsm.com. If you have any questions, please call **Option Care customer service at 866-515-1355**.

Network Pharmacy

Non-Network Pharmacy

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 for insulin	Covered – 75% less plan copay for insulin
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

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.

Generic Prescription Drugs	\$10 for each generic drug	\$10 for each generic drug plus 25% of the BCBSM approved amount for the drug
Brand Name Prescription Drugs	\$40 for each brand name drug	\$40 for each brand name drug 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"> • \$10 for each generic drug • \$40 for each brand name drug <p>Copay for a 35 to 90 day supply:</p> <ul style="list-style-type: none"> • \$20 for each generic drug • \$80 for each brand name drug 	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.

Optional Riders

Rider RXP, Prescription Drug Preauthorization Requirement	A process that requires a physician to obtain approval from BCBSM before select prescription drugs (drugs identified by BCBSM as requiring preauthorization) will be covered. Step Therapy , an automated part of the “Prior Authorization” process, applies criteria to select Prior Authorization medications to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Only claims that do not meet Step Therapy criteria require authorization. Please refer to the BCBSM Web site at bcbsm.com/member/prescription_drugs/drug_formulary_prior_authorization_step_therapy.shtml for details about specific drugs.
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<p>Rider RX-90-2x, Prescription Drug 90-Day Supply 2x</p>	<p>Expands retail coverage of prescription drugs from 34 to 90 days, subject to one member copayment that is double the amount that would apply for a 34-day refill. Requires all retail 90-day supplies of medication be obtained from a “90-Day Retail Network” provider, subject to limitations.</p> <p>Note: If a plan currently has Rider MOPD, the group may add Rider RX-90. Otherwise, Rider RX-90-2x is the only option because the copay at mail order and at retail must match for dispensing up to a 90 day supply.</p>
<p>Rider PD-XED, Excludes Elective Drugs</p>	<p>Excludes coverage for elective drugs.</p> <p>Note: Elective drugs are health habit and reproductive drugs such as those that treat sexual impotency or infertility, help in weight loss or help to stop smoking. They are not designed to treat acute or chronic illnesses or prescribed for medical conditions that have no demonstrable physical harm if not treated.</p>
<p>Rider CI, Contraceptive Injections, Rider PCD, Prescription Contraceptive Devices and Rider PD-CM, Prescription Contraceptive Medications</p>	<p>Adds coverage for contraceptive injections, physician-prescribed contraceptive devices such as diaphragms and IUDs, and federal legend oral or injectable contraceptive medications.</p> <p>Note: These riders are only available as part of a prescription drug package.</p> <p>Riders CI and PCD are part of your medical-surgical coverage and are subject to the same deductible and copay, if any, you pay for medical-surgical services. Rider PD-CM is part of your prescription drug coverage and is subject to the same copay you pay for prescription drugs.</p>