



MESSA Saver Rx

PRESCRIPTION DRUG RIDER BOOKLET



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MESSA Saver Rx Prescription Drug Program

The MESSA Saver Rx Prescription Drug Program is made available by a Group Operating Agreement between MESSA and Blue Cross Blue Shield of Michigan (BCBSM).

BCBSM underwrites this coverage. Administration of this plan is shared between MESSA and BCBSM.

If you have any questions about your prescription drug program, please contact MESSA.

All the terms, definitions, limitations, exclusions and conditions of your MESSA health plan are described in detail in your plan coverage booklet. Please place this prescription drug program description with your MESSA plan coverage booklet.

Section 1: How to File a Claim

The prescription drug benefits provided by this program are underwritten by BCBSM. This means you can take advantage of the program provider network and eliminate the need for any paperwork on your part. The following information explains how providers are paid.

Your prescription drug claims are paid based on the network status of the pharmacy involved.

Participating or Panel Pharmacy (hereinafter referred to as network)—To obtain your prescription drug or refill from a network pharmacy or provider:

- show your MESSA/BCBSM identification card to the pharmacist at the time of purchase; and
- pay the network pharmacist your copayment for each prescription or refill.

The pharmacy will send a claim form to BCBSM for payment.

Non-Participating or Non-Panel Pharmacy (hereinafter referred to as non-network)—To obtain your prescription from a non-network pharmacy, have the pharmacist give you an itemized statement/receipt, indicating the following information:

- member's name and enrollee number;
- full name of patient for whom the prescription is being filled;
- name, address, and telephone number of the pharmacy;
- prescription number;
- National Drug Code (NDC) code;
- quantity of prescription and number of days supplied;
- description, name and strength of drug; and
- price of each prescription, including applicable sales tax.

Send your itemized receipt to MESSA for payment. You will be reimbursed 75 percent of the approved amount (100 percent for emergency pharmacy services), minus your copayment.

1.1 Filing Deadlines

All claims must be submitted to MESSA/BCBSM within two years of the date of service.

If you have any questions regarding your prescription drug claims, please call the MESSA Member Service Center.

Section 2: Prescription Drug Benefits

2.1 Copayment

Your copayment for each covered drug or refill when obtained from a network pharmacy is:

- \$2 for generic drugs in certain therapeutic classes used to treat specific chronic conditions. As of 7/1/10 the covered conditions are asthma, coronary artery disease, diabetes, high blood pressure and high cholesterol.
- \$10 for all other generic drugs
- \$10 for specific, Over-the-Counter (OTC) medications — for the treatment of seasonal allergies and heartburn — with a written prescription. As of 7/1/10 the covered OTC medications for the treatment of seasonal allergies are Claritin[®], Claritin D[®], Zyrtec[®], and Zyrtec D[®]. The covered OTC medications for the treatment of heartburn are Prevacid[®], Prilosec[®] and Zegerid[®].
- \$20 for specific brand-name drugs for which there is no generic or therapeutic equivalent. As of 7/1/10 this includes insulin and glucagon emergency kits for diabetics; fast-acting or long-lasting inhalers and Leukotriene Modifiers (such as Singulair[®]) for the treatment of asthma.
- \$40 for all other brand name drugs, including single-source drugs where no generic is available.

Note: If the approved amount is less than the copayment, you pay only the approved amount for the drug.

2.2 Maximum Allowable Cost (MAC) Drugs - Generic Program

When a network retail or mail-order provider fills a prescription with a MAC drug, we will pay the approved amount of the generic drug after deducting your copayment.

However, if you obtain a brand name drug when a generic equivalent drug is available, even if your physician writes “Dispense as Written” or “DAW” on the prescription, you must pay your copayment *plus*:

- The difference between the maximum allowable cost and the BCBSM-approved amount for the brand name drug. This amount may be substantial and is not applied toward your annual copayment maximum.

Exception: If your prescribing physician requests and receives authorization for a brand name drug from BCBSM’s Pharmacy Services Department **and** writes “Dispense as Written” or “DAW” on the prescription, you pay only your copayment. Only a physician may contact the Pharmacy Services Department to request an exception. Consideration of an exception is based on documentation that the patient has tried the generic and it is not appropriate due to side effects or lack of efficacy.

2.3 Covered Drugs/Quantities

We pay for the following items:

- “Rx only” drugs (those requiring a prescription under federal law);
- compound medications containing at least one “Rx only” drug;
- state-controlled drugs;
- injectable insulin;
- needles and syringes for covered injectable drugs, insulin or self-administered chemotherapeutic drugs; and
- “Rx only” oral, injectable or self-administered contraceptive medications.

Payment will be made to network retail pharmacies for up to a 34-day supply of a covered drug or refill for a single copayment.

Payment will be made to a network mail order pharmacy for quantities up to a 34-day supply for a single copayment and for 35 - 90 days for a double copayment.

Payment will be made to a 90-day retail network pharmacy for up to a 34-day supply for a single copayment and for an 84 - 90 day supply for a double copayment.

2.4 Covered Drugs Obtained from a Network Pharmacy

When a network pharmacy fills a prescription for a covered drug, we will pay the approved amount for the drug, after deducting your copayment. See *How to File a Claim* in Section 1.

Note: *If the approved amount for a covered drug is less than your copayment, you pay only the approved amount.*

2.5 Covered Drugs Obtained from a Non-Network Pharmacy

When a non-network pharmacy fills a prescription for a covered drug, you must pay the pharmacist the full cost of the drug and submit a claim form and proof of payment to MESSA.

MESSA will reimburse you 75 percent (100 percent for emergency pharmacy services) of the approved amount for the drug, minus your copayment. See *How to File a Claim* in Section 1.

2.6 Medco-by-Mail

Your copayment for up to a 34-day supply of a covered drug or refill obtained from MESSA’s exclusive mail-order provider is:

- \$2 for generic drugs in specific therapeutic classes prescribed for the treatment of specified chronic conditions
- \$10 for generic drugs
- \$10 for specific OTC drugs with prescription
- \$20 for specific brand name drugs for which there is no generic or therapeutic equivalent
- \$40 for all other brand name drugs, including single-source drugs where no generic is available (plus the cost difference between the BCBSM-approved amount and the actual retail cost of the drug when the member insists on a brand name when a generic is available and medically appropriate)

Your copayment for a 35- to 90-day supply of a covered drug or refill obtained from a designated mail-order provider is:

- \$4 for generic drugs in specific therapeutic classes prescribed for the treatment of specified chronic conditions
- \$20 for generic drugs
- \$20 for specific OTC drugs with prescription
- \$40 for specified brand name drugs for which there is no generic or therapeutic equivalent
- \$80 for brand name drugs (plus the cost difference between the BCBSM-approved amount and the actual retail cost of the drug when the member insists on a brand name when a generic is available and medically appropriate)

Reminder: If you choose a brand name drug when a generic is available, you will pay your copayment PLUS the ingredient

cost difference for the entire prescription duration. When the mail-order provider fills a prescription for a covered drug, we will pay the approved amount minus your copayment for the drug. Payment will be made directly to the mail-order provider. Specialty medications may be handled separately. See Definitions in Section 5.

2.7 90-Day Retail Drug Coverage (*mail order alternative*)

We will cover prescription drug benefits for up to a 90-day supply of medication obtained from a 90-day retail network pharmacy as follows:

For up to a 34-day supply of medication from a 90-day retail network pharmacy, your copayment is:

- \$2 for generic drugs in specific therapeutic classes prescribed for the treatment of specified chronic conditions
- \$10 for generic drugs
- \$10 for specific OTC drugs with prescription
- \$20 for specific brand name drugs for which there is no generic or therapeutic equivalent
- \$40 for all other brand name drugs, including single-source drugs where no generic is available (plus the cost difference between the BCBSM-approved amount and the actual retail cost of the drug when the member insists on a brand name when a generic is available and medically appropriate)

For a 35 - 83-day supply of medication there is no coverage available from the 90-day retail network program.

For an 84 - 90-day supply of medication from a 90-day retail Network pharmacy, your copayment is:

- \$4 for generic drugs in specific therapeutic classes prescribed for the treatment of specified chronic conditions
- \$20 for generic drugs
- \$20 for specific OTC drugs with prescription
- \$40 for specified brand name drugs for which there is no generic or therapeutic equivalent
- \$80 for brand name drugs (plus the cost difference between the BCBSM-approved amount and the actual retail cost of the drug when the member insists on a brand name when a generic is available and medically appropriate)

Reminder: If you choose a brand name drug when a generic is available, you will pay your copayment PLUS the ingredient cost difference for the entire prescription duration. When the mail-order provider fills a prescription for a covered drug, we will pay the approved amount minus your copayment for the drug. Payment will be made directly to the mail-order provider.

Specialty medications may be handled separately. See Definitions in Section 5.

2.8 Copayment Maximum

Your annual copayment maximum for purchases from a retail or mail-order network pharmacy is:

- \$1,000 per member
- \$2,000 per family

Once you have met the annual copayment maximum, no more copayments will be required for the remainder of the calendar year.

The following do **not** apply toward your annual out-of-pocket copayment maximum:

- covered drugs obtained from a non-network pharmacy (both retail and mail-order);
- amounts that exceed our approved amount for covered drugs or non-network retail sanction amounts;
- payment for non-covered drugs; and
- any reimbursement when the member pays up front.

Section 3: Exclusions and Limitations

We will not pay for the following:

- covered drugs obtained from other than the designated mail-order pharmacies, including Internet pharmacies;
- more than a 90-day mail order or 90-day retail network supply of a covered drug or refill;
- therapeutic devices or appliances including, but not limited to, hypodermic or disposable needles and syringes when not dispensed with insulin or self-administered chemotherapeutic drugs, support garments, or other non-medical items;
- drugs prescribed for cosmetic purposes;
- the charge for any prescription refill in excess of the number specified by the prescriber;
- any vaccine given solely to resist infectious diseases;
- administration of covered drugs such as injections;
- more than a 34-day **retail** supply of a covered drug or refill, unless it is an 84 - 90 day supply dispensed at a 90-day retail network pharmacy;
- any drug we determine to be experimental or investigational;
- any covered drug entirely consumed at the time and place of the prescription;
- anything other than covered drugs and services;

- any medication that does not require a prescription, except insulin;
- diagnostic agents;
- any drug or device prescribed for “indications” (uses) other than those specifically approved by the Federal Food and Drug Administration (FDA);
- drugs which are not labeled, “Caution: Federal Law prohibits dispensing without a prescription,” except for state-controlled drugs;
- covered drugs or services dispensed to a member when such services are benefits under other MESSA/BCBSM certificates;
- drugs or services covered by government sponsored health care programs, such as Medicare or CHAMPUS/Tricare;
- drugs or services obtained before the effective date of this coverage, or after the coverage ends;
- refills distributed one year or more after the date of the prescription;
- implanted contraceptive medications, such as Norplant.

Section 4: Additional Plan Information

4.1 Experimental Services

Prescription drugs or services which we determine to be experimental or investigational are not covered. See *Definitions* in Section 5.

4.2 Personal Costs

We will not pay for care, services, supplies, or devices which are personal or convenience items. BCBSM and MESSA are not responsible for any claims for injury or damage due to the manufacturing, compounding, dispensing, or use of any prescription drug or injectable insulin whether or not covered under this plan.

Section 5: Definitions

Terms used in this plan have the following meanings:

Approved Amount — The lower of the billed charge or the sum of the drug cost plus the dispensing fee (and incentive fee, if applicable) for a covered drug or service. The drug cost, dispensing fee and incentive fee are set according to our contracts with pharmacies. The approved amount is not reduced by rebates or other credits received directly or indirectly from

the drug manufacturer. Copayments that may be required of you are subtracted from the approved amount before we make our payment.

Clinical Trial — A study conducted on a group of patients to determine the effect of a treatment. Clinical trials generally include the following phases:

- Phase I: a study conducted on a small number of patients to determine what the side effect(s) and appropriate dose of treatment may be for a certain disease or condition.
- Phase II: a study conducted on a larger number of patients to determine whether the treatment has a positive effect on the disease or condition as compared to the side effect of the treatment.
- Phase III: a study conducted on a much larger group of patients to compare the new treatment of a condition to a conventional or standard treatment. Phase III gives an indication as to whether the new treatment leads to better, worse, or no change in outcome.

Copayment — The portion of the approved amount that you must pay for a covered drug or service.

Note: A separate copayment is not required for covered disposable needles and syringes when dispensed within 120 days of an insulin or chemotherapeutic drug prescription refill.

Cosmetic Drugs — Prescription drugs which are used primarily for improving appearance rather than for treating a disease.

Covered Drug — Injectable insulin, a state-controlled drug, or any federal legend drug, if the following conditions are met:

- a prescription must be issued by a prescriber who is legally authorized to prescribe drugs for human use;
- the cost of the drug must not be included in the charge for other services or supplies provided to you;
- the drug is not consumed at the time and place where the prescription is written.

Note: Any compound medications which have at least one federal legend drug ingredient are covered if they meet all the above requirements.

Covered Services — Specific drug products or supplies used to treat medical conditions, such as disposable needles and syringes when dispensed with insulin, or chemotherapeutic drugs.

Diagnostic Agents — Substances used to diagnose, rather than treat, a condition or disease.

Dispensing Fee — The amount we pay to a provider for filling a prescription.

Emergency Pharmacy Services — Services needed immediately because an injury or an illness occurred suddenly and unexpectedly.

Experimental or Investigational — A service, procedure, treatment, device, drug or supply which has not been scientifically demonstrated to be safe and effective for treatment of the patient's condition.

The service may be determined to be experimental or investigational when there is:

- a written experimental or investigational plan by the attending provider or another provider studying the same service; or
- a written informed consent used by the treating provider in which the service is referred to as experimental, investigational, or other than conventional or standard therapy; or
- an on-going clinical trial.

Federal Legend Drug — Any medicinal substance which bears the legend: "Caution: Federal Law prohibits dispensing without a prescription."

Generic Equivalent — A prescription drug which contains the same active ingredients, is identical in strength and dosage form, and is administered in the same way as the brand name drug.

Maximum Allowable Cost (MAC) — The most BCBSM will pay for certain covered drugs we have identified under the MAC Program. (Also known as the approved amount.)

Maximum Allowable Cost Drugs — Certain generically equivalent drugs we have identified under the MAC Program.

Maximum Allowable Cost Program — A BCBSM cost containment program that encourages the use of generic drugs. The MAC Program places a cost limit on certain drugs for which a generically equivalent drug is available at a lower cost.

Network Pharmacy — A provider selected by BCBSM to provide covered drugs through the MESSA Preferred Rx program. Network pharmacies have agreed to accept the

approved amount as payment in full for covered drugs or services provided to members.

Ninety (90)-Day Pharmacy — A pharmacy who has an agreement with BCBSM to provide covered drugs through the 90-Day Retail Drug Network. Network pharmacies have agreed to accept the approved amount as payment in full for the covered drugs provided to members.

Non-Network Mail-Order Provider — A provider who has not been selected to provide covered drugs through our PPO program. Non-network mail-order providers have not agreed to accept the approved amount as payment in full for covered drugs provided to members in our PPO mail-order program.

Non-Network Retail Pharmacy — A provider who has not been selected for participation and has not signed an agreement to provide covered drugs through MESSA's Preferred Rx program. Non-network pharmacies have not agreed to accept the approved amount as payment in full for covered drugs or services provided to members.

Pharmacy — A licensed establishment where a licensed pharmacist dispenses prescription drugs under the laws of the state where the pharmacist practices.

Prescriber — A health care professional authorized by law to prescribe federal legend drugs for the treatment of human conditions.

Prescription — An order for medication written by a prescriber as defined in this section.

Provider — A pharmacy legally licensed to dispense prescription drugs.

Specialty Medications — Biotech drugs, including high cost infused or injectable medications, oral and self-injectable drugs and other drugs related to specialty disease categories or other categories. The term "Specialty Medications" excludes injectable insulin.

State-Controlled Drugs — Drugs which are not federal legend drugs and are normally sold over-the-counter, but require a prescription under state law when large quantities are dispensed.

Please place this prescription drug program description with your MESSA health plan coverage booklet. This booklet is also available at www.messa.org.



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