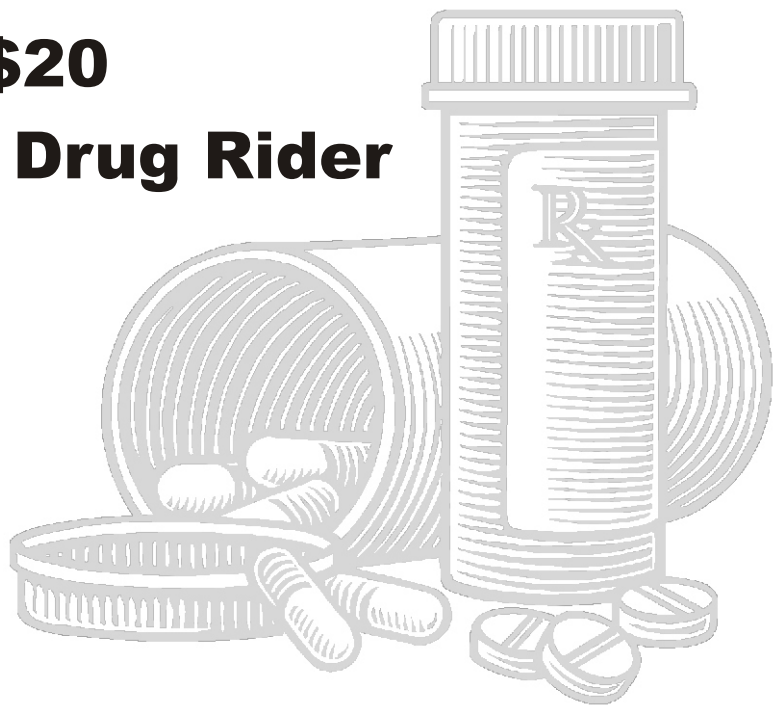


**MESSA \$10/\$20  
Prescription Drug Rider**



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www.messa.org

# MESSA \$10/\$20 Prescription Drug Rider

The MESSA \$10/\$20 Prescription Drug Rider 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 plan, 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 plan description with your MESSA plan coverage booklet.**

## Section 1: How to File a Claim

The prescription drug benefits provided by this plan are underwritten by BCBSM. This means you can take advantage of the plan 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 plan status of the pharmacy involved.

**Panel Pharmacy**—To obtain your prescription drug or refill from a panel pharmacy or provider:

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

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

**Non-Panel Pharmacy**—To obtain your prescription from a non-panel pharmacy, have the pharmacist give you an itemized statement/receipt, indicating the following information:

- member's name and contract number;
- full name of patient for whom the prescription is being filled;
- name, address, and telephone number of the pharmacy;
- prescription number;
- 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, minus your co-payment.

### 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 MESSA Benefits Administration.

## Section 2: Prescription Drug Benefits

### 2.1 Co-Payment

Your co-payment for each covered drug or refill when obtained from a panel or participating pharmacy is:

- \$10 for generic drugs
- \$20 for brand name drugs, including single-source drugs where no generic is available

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

## **2.2 Maximum Allowable Cost (MAC) Drugs - Generic Program**

When a participating or panel 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 co-payment.

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:

- The difference between the maximum allowable cost and the BCBSM-approved amount for the brand name drug **plus**
- Your co-payment

**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 co-payment.

**Note: The difference you pay between the maximum allowable cost and the BCBSM-approved amount is not applied toward your annual co-payment maximum.**

## **2.3 Covered Drugs/Services**

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
- "Rx only" oral, injectable or self-administered contraceptive medications

Payment will be made to retail pharmacies for up to a 34-day supply of a covered drug or refill. Payment will be made to a mail order pharmacy for up to a 90-day supply of a covered drug or refill.

## **2.4 Covered Drugs Obtained from a Participating or Panel Pharmacy**

When a participating or panel pharmacy fills a prescription for a covered drug, we will pay the approved amount for the drug, after deducting your co-payment. See *How to File a Claim* in Section 1.

**Note: If the approved amount for a covered drug is less than your co-payment, you pay the approved amount.**

## **2.5 Covered Drugs Obtained from a Non-Panel Pharmacy**

When a non-participating or non-panel 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 co-payment.

## **2.6 Mail Order Service**

Your co-payment for up to a 34-day supply of a covered drug or refill obtained from a participating or panel mail-order provider is:

- \$10 for generic drugs
- \$20 for brand name drugs, including single-source drugs where no generic is available

Your co-payment for a 35- to 90-day supply of a covered drug or refill obtained from a participating or panel mail-order provider is:

- \$20 for generic drugs
- \$40 for brand name drugs

**Note: Ninety-day supplies are available only from participating or panel mail-order providers.**

When a participating or panel mail-order provider fills a prescription for a covered drug, we will pay the approved amount minus your co-payment for the drug. Payment will be made directly to the mail-order provider.

## **2.7 Co-payment Maximum**

Your annual co-payment maximum for purchases from a participating or panel pharmacy, retail or mail-order is:

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

Once you have met the annual co-payment maximum, no more co-payments will be required for the remainder of the calendar year.

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

- Covered drugs obtained from a non-participating or non-panel pharmacy
- Amounts that exceed our approved amount for covered drugs or non-panel/non-participating retail sanction amounts
- Prescription drugs obtained from a non-panel/non-participating mail order pharmacy
- Payment for non-covered drugs
- Any reimbursement when the member pays up front

## **Section 3: Exclusions and Limitations**

We will not pay for the following:

- covered drugs obtained from non-participating or non-panel mail-order providers, including Internet providers;
- more than a 90-day mail order 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 or any refill dispensed one year after the prescriber's prescription order;
- 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;
- 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;
- 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. Please see the definition in Section 5.

### 4.2 Personal Costs

We will not pay for care, services, supplies, or devices which are personal or convenience items. BCBSM is 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. Co-payments 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.

**Co-Payment**—The portion of the approved amount that you must pay for a covered drug or service.

**Note:** *A separate co-payment is not required for covered disposable needles and syringes when dispensed at the same time as insulin or chemotherapeutic drugs.*

**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, or drug of 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.

**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.

**Non-Panel Mail-Order Provider**—A provider who has not been selected to provide covered drugs through our PPO program. non-panel 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-Panel 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-panel pharmacies have not agreed to accept the approved amount as payment in full for covered drugs or services provided to members.

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

**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.

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