



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®



Triple-tier plan

with built-in
cost-management features

Guide for members

Welcome

Your coverage is packed with cost-saving features, built-in safety measures and unmatched access to pharmacies. Even better, your plan is backed by quality, value and commitment to improved care — a prescription Blue Cross Blue Shield of Michigan has filled for more than 80 years.



Tiers determine what you'll pay

You have a three-tier drug plan with built-in cost management features and a corresponding drug list. Blue Cross Blue Shield of Michigan and Blue Care Network have different drug lists for their various pharmacy plans. Drug lists are regularly updated lists of payable medications reviewed by the Blue Cross Pharmacy and Therapeutics Committee.

Your drug list is divided by drug type into the following three tiers. What you pay depends on what tier your drug is in.

Generic tier

- Are generic, or non-brand-name, versions of prescription drugs
- Produce the same effects in the body as equivalent brand-name drugs
- Are safe and effective
- Contain active ingredients identical to those in brand-name drugs, as required by the U.S. Food and Drug Administration
- Require the **lowest copayment**, or set dollar amount you pay when you receive a prescription drug, or coinsurance, a percentage you pay of the total cost, depending on your plan. This makes generics the most affordable options for treatment.
- Are available as alternatives for many brand-name drugs

Preferred brand tier

- Are brand-name prescription drugs
- Are safe and effective
- Require a **higher copay or coinsurance** than generic drugs

Nonpreferred brand tier

- Are brand-name prescription drugs not included in the preferred brand tier
- May not have a proven record for safety or as high of a clinical value as generic or preferred brand drugs
- Require the **highest copay or coinsurance**
- Can often be substituted with generic or preferred brand alternatives

If you want to have your prescription changed to a generic or preferred brand-name medication, speak with your doctor to see if a change is appropriate for you.

Your Blue Cross and BCN drug list shows commonly prescribed medications available under each tier. You can find the drug lists at **[bcbsm.com/pharmacy](https://www.bcbsm.com/pharmacy)**:

- Click on *Drug Lists*.
- Select your type of health plan.
- Select your drug list.

Blues Cross and BCN plans don't pay for certain types of medications and medical supplies, such as:

- Cosmetic drugs
- Drugs used for experimental purposes
- Therapeutic devices and appliances (However, these may be covered under your medical plan.)

Note: Your Blue Cross and BCN pharmacy plan may provide payment for select over-the-counter medications with a prescription as a first-step treatment if you have a drug plan with prior authorization and step therapy. These medications are included on your drug list and you'll be responsible for the appropriate copay amount.

Your drug plan may not pay for certain lifestyle drugs or vaccines. Please refer to your specific plan description for details.

How to lower your drug costs

Request generic drugs whenever they're available

You'll pay the least when you use generic drugs because they have the lowest copay. Generic drugs are approved by the U.S. Food and Drug Administration and are held to the same standards for safety and effectiveness as the brand-name drugs. Always ask your doctor if a generic medication is available and appropriate for your treatment.

Understand step therapy

Step therapy requires you to try reasonably priced medications before moving to more expensive drugs.

How does step therapy work?

- **Step 1:** The step therapy program requires that you have a prescription history for a "first-line" medication before your benefit plan will pay for a "second-line" drug. A first-line drug is recognized as affordable, safe and effective in treating a specific medical condition.

- **Step 2:** A second-line drug is a less-preferred, and sometimes more expensive, treatment option.
- **Step 3:** A third-line drug is typically a nonpreferred brand-name medication, which requires you to try a first- or second-line medication first. (If criteria for step therapy aren't met, ask your doctor to switch you to a first-line medication, or prior authorization will be required.)

Get the most out of prior authorization

Prior authorization ensures patient safety, lower costs and high-quality care. The program applies to certain high-cost drugs that have the potential for inappropriate use. Before medications included in the prior authorization program can be paid under your plan, your doctor will need to secure approval from Blue Cross Blue Shield of Michigan and Blue Care Network.

How does the prior authorization program work?

- If your medication is part of our prior authorization program, your doctor will have to fill out a determination of benefits form and submit the information to Blue Cross and BCN.
- If your request is approved, you'll pay the appropriate copay based on your prescription drug benefit when you fill your prescription.
- If your request isn't approved, your medication won't be paid under your prescription drug benefits. You'll be responsible for the full cost of the medication. You can talk to your doctor to find out what other drug is right for you and may be paid by your plan.

Helpful tips

- To determine if your medication is part of our step therapy or prior authorization programs, visit **[bcbsm.com/pharmacy](https://www.bcbsm.com/pharmacy)**. Click on *Why do I need prior authorization for a prescription drug?*
- Treatment decisions are always between you and your doctor.
- Work with your doctor to determine which medication options are best for you.

Avoid mandatory maximum allowable cost program fees

When a generic version of a brand-name drug is available, it'll be paid at your generic copay. You still have the option of filling your prescription with the brand-name drug. However, you'll be responsible for the difference in cost between the brand-name drug and the generic equivalent, in addition to your nonpreferred brand copay, even if your doctor indicates "dispense as written." You avoid these extra costs when you use generic drugs.

Use mail order for the drugs you use all the time

You can order up to a 90-day supply of a covered drug by mail for a reduced copay, through Optum Home Delivery.

To order most drugs by mail, log in to your secure online member account at **bcbsm.com** or on our 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 Optum Home Delivery to request they contact your doctor to get your new 90-day prescription. Blue Cross members can call Optum Home Delivery at **1-855-811-2223**. BCN members can call Optum Home Delivery at **1-844-642-9087**. For members with a hearing impairment, call **TTY 711**.

The mail order prescription drug program is convenient.

- You don't have to wait in line at a retail pharmacy to have your prescription filled.
- There are no shipping or handling fees for standard prescriptions.
- You can order refills by phone, by mail or online.
- Prescriptions are filled quickly and shipped directly to your home.

Get a 90-day supply of your medication at a local retail pharmacy

You can receive a 90-day supply of medication from participating walk-in retail pharmacies for the same copay you would pay for mail order.

To use this benefit, ask your doctor to write a new prescription for a 90-day supply, and take the prescription to a local pharmacy. Most chain and independent pharmacies in Michigan participate in the 90-Day Retail Prescription Program, as do many network pharmacies outside Michigan. Ask your pharmacist if the pharmacy participates in the 90-day program before you have your prescription filled.

In order to receive a 90-day supply of medication at a participating 90-day retail pharmacy, the following criteria must be met:

- Your 90-day supply of medication must comply with state laws.
- Your doctor must write the prescription for a 90-day supply.

Specialty drugs

Specialty drugs are prescription medications that require special handling, administration or monitoring. These drugs are used to treat complex and chronic conditions such as multiple sclerosis, rheumatoid arthritis or cancer.

How do I order specialty drugs?

Get your prescription drugs delivered to your home by ordering them through Walgreens Specialty Pharmacy, our preferred specialty drug vendor, by calling 1-866-515-1355. You can also fill your prescription at a retail pharmacy. However, you may have a benefit design that requires you get specialty drugs from our exclusive pharmacy network for specialty drugs administered by Walgreens Specialty Pharmacy.* Not all pharmacies dispense specialty drugs, so call your pharmacy to verify that it can fill your prescription. You can find a list of specialty drugs at [bcbsm.com/groupRx](https://www.bcbsm.com/groupRx). Click on *What are specialty drugs?*

Please note: Injectable drugs administered by a health care professional (not self-administered) aren't paid under your prescription drug plan, but may be paid under your medical plan.

*Find out more about your benefits and coverage at [bcbsm.com](https://www.bcbsm.com). Log in and follow this navigation: *My Coverage > Prescription > What's Covered*



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Optum Rx and Optum Home Delivery is an independent company providing home delivery pharmacy and other pharmacy benefit management services to Blue Cross Blue Shield of Michigan and Blue Care Network.

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

