



Blue Cross
Blue Shield
of Michigan

Confidence comes with every card.®

Understanding your
Blue Cross prescription
drug plan

Blue Cross
Blue Shield of
Michigan gives you
comprehensive
coverage for your
medications.
Your prescription
drug plan includes
Blue Cross' support
and expertise to help
ensure that your
medicine is safe,
effective, convenient
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. Simply:

- Go to **bcbsm.com**.
- Log in to your member account. If you don't have an account, just click on *Login* then *Register Now* 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 coverage.

- **Order medications 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 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** or call the customer service number on the back of your Blue Cross ID card.

Annual deductible: A deductible is the amount you pay out-of-pocket each plan year for covered 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 do not 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 are my medications covered?

Blue Cross groups 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 Blue Cross works 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.

Tier	Description	Copay
1. Generic	<ul style="list-style-type: none">• Generic drugs• Safe and effective• Most cost-effective treatment option	Lowest copay
2. Preferred brand	<ul style="list-style-type: none">• Brand-name drugs• Safe and effective	Higher copay
3. Nonpreferred brand	<ul style="list-style-type: none">• Brand-name drugs that may not have as much clinical value as drugs in Tiers 1 and 2• Safe and effective, but with a shorter track record of safety and effectiveness compared to Tiers 1 and 2• Generic or preferred brand alternatives available for many of these drugs	Highest copay
<i>Some drug benefits require a different copay for specialty drugs.</i>		
4. Preferred specialty	<ul style="list-style-type: none">• Safe and effective	Lower specialty drug copay
5. Nonpreferred specialty	<ul style="list-style-type: none">• Brand-name drugs that may not have as much clinical value as Tier 4 drugs• Safe and effective, but with a shorter track record of safety and effectiveness compared to Tier 4 drugs	Higher specialty drug copay

Certain types of medicine and medical supplies may not be covered under your prescription drug plan. For more information about your coverage, please call the customer service number on the back of your Blue Cross ID card or visit [bcbsm.com/pharmacy](https://www.bcbsm.com/pharmacy). Log in to your member account on [bcbsm.com](https://www.bcbsm.com) 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 pharmacists use prior authorization and step therapy.

Prior authorization is a fancy phrase that means our pharmacists review certain medications before your plan will cover 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 your coverage 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](https://www.bcbsm.com) or calling the customer service number on the back of your Blue Cross ID card.

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

- Go to [bcbsm.com/pharmacy](https://www.bcbsm.com/pharmacy).
- Click on *Drug Lists*.
- Click on your plan type.
- Click on *Prior Authorization and Step Therapy Guidelines*.

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 to provide more information and request review of your coverage for the medicine.

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' 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 Express Scripts[®] 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 on our mobile app:
 - Click on *My coverage*.
 - Click on *Prescription*.
 - Click on *Mail order*.

Members can also call Express Scripts, to request they contact your doctor to get your new 90-day prescription. Blue Cross members can call Express Scripts at 1-800-778-0735. BCN members can call Express Scripts at 1-800-229-0832.

- **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** to verify your benefits. Select drugs may be limited to a 15-day supply. For more information, please call AllianceRx Walgreens Prime Customer Service at 1-866-515-1355 or visit **alliancerxwp.com**.

Want better value?

Did you know that presenting your Blue Cross 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 Blue Cross ID card makes sure that you get it for the lowest possible price.

As a Blue Cross member, you also get discounted prices on covered prescription drugs. By using your Blue Cross 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 will only pay \$4.

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



*Express Scripts and AllianceRx Walgreens Prime are independent companies providing pharmacy benefit administration services on behalf of Blue Cross Blue Shield of Michigan. Blue Cross is not responsible for content available on their websites.



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