

Your Limited Drug Benefit

Coverage for female contraceptives

Under the Patient Protection and Affordable Care Act, also known as national health care reform, generic oral contraceptives and diaphragms may be fully covered with no copayment requirement.

Because you are not enrolled in a Blue Care Network program that includes prescription drug coverage, or in any other prescription program, BCN will provide these services to you through a limited prescription coverage program.

The following table shows what is available to you through your limited prescription coverage. It also details what you can get at no cost to you and what may require a copayment. Please have your doctor refer to this list when prescribing your medications.

Tier	Description	Your cost
1 Formulary Preferred	<ul style="list-style-type: none">• Generic contraceptive medications and Plan B• Diaphragms	\$0 with a prescription
2 Formulary Options	<ul style="list-style-type: none">• Brand-name contraceptive medications	\$40 copayment with a prescription (Copayment may be waived if medical necessity approved by BCN)
3 Nonformulary	<ul style="list-style-type: none">• Prescription contraceptive medications not on the approved list	Covered only if approved by BCN

Contraceptive counseling and methods (such as intrauterine devices) that require administration in your doctor's office are covered under your medical benefit at no cost to you.

When drugs are covered at no cost to you

Only Tier 1 generic contraceptives and diaphragms dispensed by a BCN participating pharmacy are eligible for no cost sharing. Tier 2 brand-name drugs require a copayment, and Tier 3 drugs are not covered at all. You pay the entire cost.

Cost sharing may be waived for Tier 2 or Tier 3 contraceptive drugs if there are no generic products available that work for you or if you cannot tolerate the generic products. Your doctor and BCN must agree that you meet the criteria for a nonformulary drug based on previous trials with one or more formulary alternatives.

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Approved female contraceptive drug list

Tier	Monophasic - Oral	Biphasic - Oral	Triphasic - Oral	Miscellaneous	Cost
1	Alesse, Levlite (g) Demulen (g) Desogen, Ortho-Cept (g) Femcon Fe (g) Lo/Ovral (g) Loestrin, Fe (g) Lybrel (g) Modicon (g) Nordette, Levlen (g) Norinyl, Ortho-Novum (g) Ortho-Cyclen (g) Ovcon 35 (g) Ovral (g) Seasonale (QL) (g) Yasmin 28 (g) Yaz (g)	LoSeasonique (g) (QL) Mircette (g) Necon 10/11 (g) Seasonique (QL) (g)	Cyclessa (g) Estrostep Fe (g) Ortho Tri-Cyclen (g) Ortho-Novum 7/7/7 (g) Tri-Norinyl (g) Triphasil, Trilevlen (g)	Depo-Provera 150 mg (g) Diaphragms Nor-QD (g) Ortho Micronor (g) Plan B (g) Plan B One-Step (g)	Dispensed as generic for \$0 copay
2	None	None	Ortho-Tri-Cyclen Lo	Ortho Evra Patch (QL)	Brand-name only \$40
3	Lo Loestrin Fe Loestrin 24 Fe Natazia Ovcon-50	None	None	Beyaz Ella (QL) Nuvaring (QL) Safyral	Not covered

QL Quantity Limit
(g) Generic equivalent

How to fill a prescription

Prescriptions can be filled at a participating retail pharmacy. Over 2,400 retail pharmacies in Michigan, including most major chains, and 60,000 retail pharmacies nationwide participate with us. Prescriptions for covered drugs are limited to a 30-day retail supply except when the product includes contraception for longer cycles. Mail order is not available.

Please show your BCN membership card to get the best value from your benefit.

Brand name versus generic

There's little difference between a brand-name drug and its generic equivalent. The U.S. Food and Drug Administration requires that generic drugs have the identical active ingredients in the identical strengths as their brand name equivalents. They may differ from brand-name drugs only in color and shape.

If you or your physician requests a brand-name drug when a generic version is available, you will pay a \$40 copayment plus the difference between the cost of the brand-name drug and the cost of the generic version.

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What's not included in your drug coverage

Your Prescription Drug Contraceptive Coverage Rider does not include coverage for the following:

- Men or male contraceptives.
- Prescription drugs other than female contraceptive medications and devices listed on the BCN Approved Contraceptive Drug List.
- Medications that require a previous trial with one or more formulary alternatives before coverage is provided.
- Over-the-counter female contraceptive products – except for generic versions of Plan B, which are covered with a prescription.
- Replacement prescriptions resulting from loss, theft or mishandling.
- Compounded products, unless there is clear medical necessity and all ingredients are FDA-approved and there are no FDA-approved commercial formulations available.
- “Rx only” labeled therapeutic devices or appliances, regardless of the reason they were prescribed.
- Mail-order prescriptions.

Please consult your Female Contraceptive Prescription Drug rider for other limitations and exclusions.

What do I pay for a drug?

To calculate what you may pay for a medication, go to **Medco.com** and log in.* Once in the secured site, click on *Price a Prescription* in the left column menu. You'll see what you would pay for your prescription.

*First-time users need to register and create a user name and password.

BCN Customer Service

Call the Customer Service phone number on the back of your BCN ID card for the following:

- Questions about your drug coverage
- How to file a drug claim
- How to request an exception
- Information about participating pharmacies outside Michigan