



## Blue Preferred<sup>®</sup> Rx Prescription Drug Coverage with \$10 Generic / \$40 Formulary Brand / \$80 Nonformulary Brand Triple-Tier Copay Open Formulary Benefits-at-a-Glance for Hope College 46629

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits, please see the applicable BCBSM certificates and riders if your group is underwritten or your summary plan description if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

**Specialty Drugs** – The mail order pharmacy for **specialty drugs** is Walgreens Specialty Pharmacy, LLC, an independent company. Specialty prescription drugs (such as Enbrel<sup>®</sup> and Humira<sup>®</sup>) are used to treat complex conditions such as rheumatoid arthritis. These drugs require special handling, administration or monitoring. Walgreens Specialty Pharmacy will handle mail order prescriptions only for specialty drugs while many retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to Medco. (Medco is an independent company providing pharmacy benefit services for Blues members.) A list of specialty drugs is available on our Web site at [bcbsm.com](http://bcbsm.com). Log in under *I am a Member*. If you have any questions, please call Walgreens Specialty Pharmacy customer service at 1-866-515-1355.

**BCBSM reserves the right to limit the initial quantity of select specialty drugs. Your copay will be reduced by one-half for this initial fill (15 days).**

		90-day retail network pharmacy	* Network mail order provider	Network pharmacy (not part of the 90-day retail network)	Non-network pharmacy
<b>Member's responsibility (copays)</b>					
<b>Tier 1 –</b> Generic or prescribed over-the-counter drugs	1 to 30-day period	\$10 copay	\$10 copay	\$10 copay	\$10 copay <b>plus</b> an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	\$20 copay	No coverage	No coverage
	84 to 90-day period	\$20 copay	\$20 copay	No coverage	No coverage
<b>Tier 2 –</b> Formulary brand-name drugs	1 to 30-day period	\$40 copay	\$40 copay	\$40 copay	\$40 copay <b>plus</b> an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	\$80 copay	No coverage	No coverage
	84 to 90-day period	\$80 copay	\$80 copay	No coverage	No coverage
<b>Tier 3 –</b> Nonformulary brand-name drugs	1 to 30-day period	\$80 copay	\$80 copay	\$80 copay	\$80 copay <b>plus</b> an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	\$160 copay	No coverage	No coverage
	84 to 90-day period	\$160 copay	\$160 copay	No coverage	No coverage

**Note:** If your prescription is filled by any type of network pharmacy, and you request the brand-name drug when a generic equivalent is available on the BCBSM MAC list and the prescriber has not indicated "Dispensed as Written" (DAW) on the prescription, you must pay the difference in cost between the brand-name drug dispensed and the maximum allowable cost for the generic **plus** the applicable copay.

**Note:** Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



	<b>90-day retail network pharmacy</b>	<b>* Network mail order provider</b>	<b>Network pharmacy</b> (not part of the 90-day retail network)	<b>Non-network pharmacy</b>
<b>Covered services</b>				
FDA-approved drugs	100% of approved amount less plan copay	100% of approved amount less plan copay	100% of approved amount less plan copay	75% of approved amount less plan copay
Prescribed over-the-counter drugs – when covered by BCBSM	100% of approved amount less plan copay	100% of approved amount less plan copay	100% of approved amount less plan copay	75% of approved amount less plan copay
Smoking Cessation Drugs	100% of approved amount less plan copay	100% of approved amount less plan copay	100% of approved amount less plan copay	100% of approved amount less plan copay
State-controlled drugs	100% of approved amount less plan copay	100% of approved amount less plan copay	100% of approved amount less plan copay	75% of approved amount less plan copay
Lancets and Test Strips	100% of approved amount less plan copay	100% of approved amount less plan copay	100% of approved amount less plan copay	100% of approved amount less plan copay
Infertility Drugs	50% of approved amount less plan copay-limitations apply	50% of approved amount less plan copay-limitations apply	50% of approved amount less plan copay-limitations apply	50% of approved amount less plan copay-limitations apply
Disposable needles and syringes – when dispensed with insulin or other covered injectable legend drugs <b>Note:</b> Needles and syringes have no copay.	100% of approved amount less plan copay for the insulin or other covered injectable legend drug	100% of approved amount less plan copay for the insulin or other covered injectable legend drug	100% of approved amount less plan copay for the insulin or other covered injectable legend drug	75% of approved amount less plan copay for the insulin or other covered injectable legend drug

\* **Note:** BCBSM will not pay for drugs obtained from non-network mail order providers, including Internet providers.



### Features of your prescription drug plan

<p><b>BCBSM custom formulary</b></p>	<p>A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the formulary is to provide members with the greatest therapeutic value at the lowest possible cost.</p> <ul style="list-style-type: none"> <li>▪ <b>Tier 1 (generic)</b> – Tier 1 includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay, making them the most cost-effective option for the treatment.</li> <li>▪ <b>Tier 2 (formulary brand)</b> – Tier 2 includes brand-name drugs from the Custom Formulary. Formulary options are also safe and effective, but require a higher copay.</li> <li>▪ <b>Tier 3 (nonformulary brand)</b> – Tier 3 contains brand-name drugs not included in the Custom Formulary. Members pay the highest copay for these drugs.</li> </ul>
<p><b>Mandatory preauthorization</b></p>	<p>A process that requires a physician to obtain approval from BCBSM <b>before</b> select prescription drugs (drugs identified by BCBSM as requiring preauthorization) will be covered. <b>Step Therapy</b>, an initial step in the “Prior Authorization” process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Only claims that do not meet Step Therapy criteria require preauthorization. Details about which drugs require preauthorization or step therapy are available online site at <a href="http://bcbsm.com">bcbsm.com</a>. Log in under “I am a Member” and click on “Prescription Drugs.”</p>

### Selected riders

<p><b>Rider CI</b>, contraceptive injections  <b>Rider PCD</b>, prescription contraceptive devices  <b>Rider PD-CM</b>, prescription contraceptive medications</p>	<p>Adds coverage for contraceptive injections, physician-prescribed contraceptive devices such as diaphragms and IUDs, and FDA-approved oral, or self-injectable contraceptive medications as identified by BCBSM (non-self-administered drugs and devices are not covered).</p> <p><b>Note:</b> These riders are only available as part of a prescription drug package.</p> <p>Riders CI and PCD are part of your medical-surgical coverage, subject to the same deductible and copay/coinsurance, if any, you pay for medical-surgical services. (Rider PCD waives the copay/coinsurance for services provided by a <b>network</b> provider.)</p> <p>Rider PD-CM is part of your prescription drug coverage, subject to the same copay you pay for prescription drugs.</p>
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