



## Flexible Blue<sup>SM</sup> RX Prescription Drugs Benefits-at-a-Glance

This is intended as an easy-to-read summary. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of and according to the laws of the state of Michigan.

### Prescription drug coverage

**Your Flexible Blue prescription drug benefits, including mail order drugs, are subject to the same deductible, copay, out-of-pocket copay maximum and lifetime dollar maximum required under your Flexible Blue medical coverage.**

Benefits are **not** payable until after you have met the Flexible Blue annual deductible.

**Note:** Effective October 1, 2006, the mail order pharmacy for **specialty drugs** changed to Option Care, 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. Option Care 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 Blue 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 Option Care customer service at 866-515-1355.

|  |  |
|--|--|
| <p>Flexible Blue<sup>SM</sup> Rx Prescription Drug Plan:</p> <ul style="list-style-type: none"> <li>• "Rx only" drugs</li> <li>• Prescribed over-the-counter drugs – when covered by BCBSM</li> <li>• State-controlled drugs</li> <li>• Disposable needles and syringes – when dispensed with insulin or other covered injectable legend drugs</li> </ul> <p><b>Note:</b> Needles and syringes have no copay.</p> <ul style="list-style-type: none"> <li>• Mail order (home delivery) prescription drugs – up to a 90-day supply of prescribed medication by mail from Medco (no coverage out-of-network)</li> </ul> | <p><b>Network pharmacy:</b><br/>100% of approved amount after Flexible Blue medical coverage deductible</p> <p><b>Note:</b> If 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, <b>plus</b> your copay, if applicable. This cost difference will <b>not</b> be applied toward your in-network deductible, nor your out-of-pocket or lifetime maximums, if applicable.</p> <p><b>Non-network pharmacy:</b><br/>80% of approved amount after Flexible Blue medical coverage deductible<br/>(The 20% out-of-network copay will <b>not</b> be applied toward your annual Flexible Blue deductible, out-of-pocket copay maximum or lifetime dollar maximum.)</p> |
|--|--|

**Note:** A **network** pharmacy is a Preferred Rx pharmacy in Michigan or a MedImpact pharmacy outside Michigan. MedImpact is an independent company providing pharmacy benefit services for Blue members. A **non-network** pharmacy is a pharmacy NOT in the Preferred Rx or MedImpact networks.

### Features of your prescription drug plan

|   |  |
|---|--|
| <p><b>Drug interchange and generic copay waiver</b></p> | <p>Certain drugs may not be covered for a second prescription if a suitable alternate drug is identified by BCBSM, unless the prescribing physician demonstrates that the drug is medically necessary. A list of drugs that may require authorization is available at <a href="http://bcbsm.com">bcbsm.com</a>.</p> <p>If your physician rewrites your prescription for the recommended generic or OTC alternate drug, you will only have to pay a generic copay. If your physician rewrites your prescription for the recommended brand-name alternate drug, you will have to pay a brand-name copay. In select cases BCBSM may waive the initial copay after your prescription has been rewritten. BCBSM will notify you if you are eligible for a waiver.</p> |
| <p><b>Quantity limits</b></p>                           | <p>Select drugs may have limitations related to quantity and doses allowed per prescription unless the prescribing physician obtains preauthorization from BCBSM. A list of these drugs is available at <a href="http://bcbsm.com">bcbsm.com</a>.</p>  |

[bcbsm.com](http://bcbsm.com)