

If you have 3-Tier Rx with Mandatory Mail:

You must order all 90-day prescriptions and certain long-term maintenance medications through Optum Rx for home delivery.

To order medications through Optum Rx, log in to your MyMESSA account at messa.org and select "Optum Rx home delivery." You may also call MESSA at 800-336-0013 or TTY: 888-445-5614 for assistance or contact us via live chat from your MyMESSA account or through the MESSA app.



MESSA ABC with 3-Tier Rx

Overview

- You pay the full cost of your prescriptions until your deductible is fully paid. After deductible, you are responsible for prescription copayments or coinsurance until your out-of-pocket maximum is reached.
- Save money by using Optum Rx for home delivery of your medications.
- In most cases, if your doctor writes "Dispense as written" or "DAW," your cost will be higher.
- After your deductible is fully paid, if you take a brand-name medication and a generic is available, you pay applicable coinsurance for the brand-name drug plus the cost difference. Your doctor may request an exception due to medical necessity.
- If the approved amount is less than the copayment, you pay only the approved amount for the drug.
- Specialty medications may be handled separately. We reserve the right to limit the initial quantity of select specialty drugs. Your cost will be reduced by one-half for this reduced initial fill. Additional fills for specialty drugs are limited to a 30-day supply and must be obtained from a retail pharmacy or by mail through AllianceRx Walgreens Pharmacy.
- Your prescription plan includes a number of money-saving features, including prior authorization, step therapy and quantity limits.

	Up to 34-day supply	90-day supply
List of specific preventive medications in addition to those mandated by federal law are covered 100% with no deductible required.	No cost to you	No cost to you
After your deductible is met the following copayments apply:		
Generics (Tier 1)	\$10 copayment	\$25 copayment
Preferred brand-name drugs (Tier 2)	20% coinsurance \$40 minimum – \$80 maximum	20% coinsurance \$100 minimum – \$200 maximum
Nonpreferred brand-name drugs (Tier 3)	20% coinsurance \$60 minimum – \$100 maximum	20% coinsurance \$150 minimum – \$250 maximum
<p><i>The amount you pay for brand-name medications varies because coinsurance is based on the price of the drug when it is filled.</i></p> <p><i>If you obtain a nonpreferred brand-name drug when a generic drug is available, you will pay the nonpreferred brand-name drug coinsurance plus the difference in cost between the generic drug and the nonpreferred brand-name drug.</i></p> <p><i>Prescription types (generic, brand-name and specialty) are subject to change without notice.</i></p> <p><i>The initial quantity of specialty drugs may be limited and your cost will be reduced by one-half for this reduced initial fill.</i></p> <p>Up to a 90-day supply of insulin may be obtained for the same amount as a 34-day supply from any in-network provider.</p>		

