

# MESSA ABC with ABC Rx Prescription Coverage

**messa** ABC<sup>®</sup>  
ACCOUNT-BASED CHOICES



 **MESSA**<sup>®</sup>  
Good health. Good business. Great schools.

**800.336.0013 • TTY: 888.445.5614**

## Deductible

Your MESSA ABC plan requires you to pay the actual cost for prescription drugs and medical services until your applicable deductible has been met. This is a requirement for HSA-qualified plans.

Prescriptions must be FDA-approved and covered by your plan.

## Prescription copayment

Once your applicable deductible has been met, you are responsible for the prescription copayments for each covered drug or refill as listed in the chart at right until your out-of-pocket maximum is reached.

Prescription copayment for one-month supply	Prescription Drug
For specific drugs under each category, go to <a href="http://messa.org">messa.org</a> or call the MESSA Member Service Center at 800.336.0013 or TTY 888.445.5614	
No cost to you	<ul style="list-style-type: none"> <li>• <a href="#">Specific preventive medications</a> in addition to those mandated by federal law are covered 100 percent with no deductible required. Age and gender limits apply.</li> </ul>
<b>After your deductible is met the following copayments apply:</b>	
\$2	<ul style="list-style-type: none"> <li>• Specific generic drugs used to treat asthma and diabetes</li> </ul>
\$10	<ul style="list-style-type: none"> <li>• All other generic drugs</li> <li>• Specific over-the-counter medications with a written prescription for the treatment of seasonal allergies and heartburn. Cannot combine with a coupon or other manufacturer offer.</li> </ul>
\$20	<ul style="list-style-type: none"> <li>• Specific brand-name maintenance drugs used to treat asthma and diabetes for which there is no generic or therapeutic equivalent</li> </ul>
\$40	<ul style="list-style-type: none"> <li>• All other brand-name drugs, including single-source drugs where no generic is available</li> <li>• You will be responsible for the cost difference between the BCBSM approved amount and the actual retail cost of the drug when you insist on a brand name but a generic is available and medically appropriate</li> </ul>

NOTE: If the approved amount is less than the copayment, you pay only the approved amount for the drug. Select specialty drugs are limited to less than a 30 day supply.

## Out-of-pocket maximum

Once you have met your annual deductible and out-of-pocket maximum, no more prescription copayments will be required for the remainder of the calendar year. For specific information on your out-of-pocket maximum, register or log in to your member account on [messa.org](http://messa.org) and link to your medical plan highlights page. You may also call the MESSA Member Service Center at 800.336.0013 or TTY 888.445.5614.

The following do not apply to your annual out-of-pocket maximum:

- The cost difference between the approved amount and the actual retail cost of the drug when you insist on a brand name but a generic is available
- Covered drugs obtained from an out-of-network pharmacy
- Amounts that exceed our approved amount for covered drugs or out-of-network retail sanction amounts
- Payment for non-covered drugs

## Free preventive prescriptions

Federal law mandates that the following preventive prescriptions are covered at no cost to you, subject to age and gender requirements. All medications require a prescription from your doctor, including over-the-counter medications, and must be dispensed by an in-network pharmacy.

- Aspirin
- Breast cancer prevention
- Colonoscopy-related medications
- Contraceptives for women
- Fluoride preparations
- Folic acid
- Smoking cessation
- Vitamin D

MESSA ABC plans also include coverage for an additional list of free preventive prescriptions that are covered at no cost to you (no deductible, no copayment and no coinsurance). In order to be eligible for this benefit, the prescription drug must be an FDA-approved drug therapy from one of the following standard preventive drug

categories and it must be prescribed for the condition specified by the category:

- Alcohol dependence
- Cholesterol-lowering agents
- High blood pressure-lowering agents (hypertension)
- Prenatal vitamins
- Weight loss

Given the rapidly changing prescription drug market, the free preventive list is frequently updated. For the most accurate and up-to-date listing, go to [messa.org](https://www.messa.org) or call the MESSA Member Service Center at 800.336.0013 or TTY 888.445.5614.

## Where can I get my medications from?

Your MESSA ABC Rx benefits are underwritten by BCBSM and claims are paid based on the network status of the pharmacy involved.

### *In-network retail pharmacy*

When an in-network retail pharmacy fills a prescription for a covered drug, you will pay the approved amount until your deductible is met. After deductible, applicable prescription copayments apply until your annual out-of-pocket maximum is reached.

You can obtain up to a 34-day supply of medication or an 84- to 90-day supply of medication from an in-network retail network pharmacy.

- One copayment for up to a 34-day supply
- Two copayments for an 84- to 90-day supply
  - Up to a 90-day supply of insulin may be obtained for the same copayment as a 34-day supply from *any* in-network provider.

Specialty medications may be handled separately.

If you have the mandatory mail rider, no coverage is available for an 84- to 90-day supply of medication from a retail network pharmacy.

### *Out-of-network retail pharmacy*

When an out-of-network pharmacy fills a prescription for a covered drug, you will not have access to discounted pricing and must pay the full cost of the drug. To be reimbursed, you must submit a claim form and proof of payment to MESSA within two years of the date of service.

Once your out-of-network deductible is met, MESSA will reimburse you 75 percent (100 percent for emergency pharmacy services) of the approved amount for the drug, minus your applicable prescription copayment. This amount will not apply to your annual out-of-pocket maximum.

### *Voluntary home delivery*

Ordering your medications through the Express Scripts Pharmacy may be a convenient option for you. The overall cost of medications from Express Scripts home delivery is less than retail, which helps lower costs for you and your health plan. You can obtain up to a 90-day supply of your medication and have 24/7 access to a pharmacist from the privacy of your home.

### *MESSA ABC Rx with the mandatory mail rider*

If you have MESSA ABC Rx with the mandatory mail rider, you must obtain all long-term medications through the Express Scripts Pharmacy, our home delivery service.

Your applicable deductible and prescription copayments apply.

You cannot obtain a 90-day prescription of any medication from a retail pharmacy. MESSA will only cover up to three one-month fills of your medication at a retail pharmacy. Beginning with the fourth fill, you will pay the full cost of the prescription and that cost will not count toward your deductible or out-of-pocket maximum.

For a list of long-term maintenance medications requiring home delivery, [click here](#) or log in to your member account at [messa.org](https://www.messa.org) and go to the Benefits tab.

#### To get started with Express Scripts home delivery...

- Go to [messa.org](https://www.messa.org) to register or log in to your member account
- Click on "Rx home delivery" to go to the Express Scripts site
- Once there, you can review your prescriptions and transfer them to Express Scripts home delivery

## Choose generics whenever possible

After your deductible is fully paid, if you obtain a brand-name drug when a generic drug is available, you will be charged your copayment plus the difference between the BCBSM-approved amount and the actual retail cost of the drug. Even with our discounts, this amount may be substantial.

Exception: If your prescribing physician requests and receives authorization for a brand-name drug from BCBSM's Pharmacy Services Department and writes "Dispense as written" or "DAW" on the prescription, you will pay only your copayment.

- Only a physician may contact the Pharmacy Services Department to request an exception.
- Consideration of an exception is based on documentation that you have tried the generic drug and it is not appropriate due to side effects or lack of efficacy.

## Exclusions and limitations

### ***We will not pay for the following:***

- Therapeutic devices or appliances including, but not limited to, hypodermic or disposable needles and syringes when not dispensed with insulin or self-administered chemotherapeutic drugs
  - Drugs prescribed for cosmetic purposes
  - The charge for any prescription refill in excess of the number specified by the prescriber
  - Any vaccine given solely to resist infectious diseases (except for select immunization vaccines)
  - Administration of drugs or insulin, such as injections (except for select immunization vaccines)
  - More than a 90-day supply of a covered drug or refill obtained from an in-network mail order provider
  - More than 12 doses of an impotence drug in a 34-day period and 36 doses in a 90-day period
  - Any drug or service we determine to be experimental or investigational
  - Any covered drug entirely consumed at the time and place of the prescription order
  - Anything other than covered drugs and services
  - Any medication that does not require a prescription, except insulin or select immunization vaccines received in a pharmacy
  - Diagnostic agents
  - Any drug or device prescribed for "indications" (uses) other than those specifically approved by the Federal Food and Drug Administration, unless mandated by state law.
- NOTE: This plan does not limit or preclude the use of antineoplastic or off-label drugs when Michigan law requires that these drugs, and the reasonable cost of their administration, be covered.*
- Drugs that are not labeled "FDA-approved," except for state-controlled drugs and insulin or drugs that MESSA/BCBSM designate as covered
  - Drugs obtained from out-of-network mail order providers
  - Covered drugs or services that are covered as a medical benefit in a MESSA/BCBSM plan you have. (We may make exceptions for certain drugs or services covered under both your medical and prescription drug plans.)
  - Drugs or services obtained before the effective date of this contract, or after the contract ends
  - Refills dispensed one year or more after the date of the prescription
  - Implanted contraceptive medications
  - Drugs and services for conditions connected with employment with any employer
  - Drugs and services provided by a medical clinic or a similar facility provided or maintained by an employer
  - Drugs and services provided by persons who are not legally qualified or licensed to provide them
  - Drugs and services for which you legally do not have to pay or for which you would not have been charged if you did not have coverage under this plan
  - Compounded drugs that contain any bulk chemical powders that are not approved by MESSA/BCBSM
  - Drugs and services which are personal or convenience items
  - Claims for covered drugs or services submitted after the applicable time limit for filing claims
  - Support garments or other nonmedical items
  - Drugs newly approved by the FDA and not yet reviewed for coverage determination by MESSA/BCBSM
  - Select chemotherapy specialty pharmaceuticals that are not preauthorized
  - Drugs not recommended by MESSA/BCBSM
  - Claims for injury or damage due to the manufacturing, compounding, dispensing or use of any prescription drug or injectable insulin whether or not covered under this plan.

*NOTE: If a decision is made by MESSA/BCBSM to approve a noncovered drug, you will be required to pay the brand name copayment as required by your plan.*

## Definitions

Terms used in this plan have the following meanings:

**Approved Amount** – The lower of the billed charge or the sum of the drug cost plus the dispensing fee (and incentive fee, if applicable) for a covered drug or service. The drug cost, dispensing fee and incentive fee are set according to our contracts with pharmacies. The approved amount is not reduced by rebates or other credits received directly or indirectly from the drug manufacturer. Copayments that may be required of you are subtracted from the approved amount before we make our payment.

**Copayment** – The portion of the approved amount that you must pay for a covered drug or service.

Note: A separate copayment is not required for covered disposable needles and syringes when dispensed at the same time as insulin or chemotherapeutic drugs.

**Covered Drug** – Injectable insulin, a state-controlled drug, or any FDA-approved drug, if the following conditions are met:

- a prescription must be issued by a prescriber who is legally authorized to prescribe drugs for human use;
- the cost of the drug must not be included in the charge for other services or supplies provided to you;
- the drug is not consumed at the time and place where the prescription is written

The drug must also be approved by the FDA for treatment of the condition for which it is prescribed or recognized for treatment of the condition for which it is prescribed by one of the following sources:

- The American Hospital Formulary Service Drug Information
- The US Pharmacopoeia Dispensing Information, Volume 1, “Drug Information for the Health Care Professional”
- Two articles from major peer-reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is clear and convincing contradictory evidence presented in a major peer-reviewed medical journal

Any compounded drugs are covered if they meet all the above requirements, subject to the provisions and exclusions of this prescription program.

**Diagnostic Agents** – Substances used to diagnose, rather than treat, a condition or disease.

**Dispensing Fee** – The amount we pay to a provider for filling a prescription.

**Emergency Pharmacy Services** – Services needed immediately because an injury or an illness occurred suddenly and unexpectedly.

**Experimental or Investigational** – A drug or supply that has not been scientifically demonstrated to be safe and effective for treatment of the patient’s condition.

The service may be determined to be experimental or investigational when there is:

- a written experimental or investigational plan by the attending provider or another provider studying the same service; or
- a written informed consent used by the treating provider in which the service is referred to as experimental, investigational, or other than conventional or standard therapy; or
- an on-going clinical trial.

**Express Scripts Pharmacy** – MESSA’s in-network home delivery provider.

**Generic** – A prescription drug which contains the same active ingredients, is identical in strength and dosage form, and is administered in the same way as the brand name drug.

**In-network Retail Pharmacy** – A provider selected by MESSA/BCBSM to provide covered drugs through MESSA’s ABC Rx program. In-network pharmacies have agreed to accept the approved amount as payment in full for covered drugs or services provided to members.

**Maintenance Medication** – Prescription drugs that are generally taken on a long-term or maintenance basis for conditions such as high blood pressure or high cholesterol.

**Out-of-network Retail Pharmacy** – A provider that has not been selected for participation and has not signed an agreement to provide covered drugs through MESSA’s ABC Rx program. Out-of-network retail pharmacies have not agreed to accept the approved amount as payment in full for covered drugs or services provided to members.

**Pharmacy** – A licensed establishment where a licensed pharmacist dispenses prescription drugs under the laws of the state where the pharmacist practices.

**Prescription** – An order for medication written by a health care professional authorized by law to prescribe prescription drugs for the treatment of human conditions.

**Provider** – A pharmacy legally licensed to dispense prescription drugs.

**Specialty Medications** – Biotech drugs, including high-cost infused, injectable, oral and other drugs related to specialty disease categories or other categories. This may include chemotherapy drugs used in the treatment of cancer but excludes injectable insulin. Select specialty pharmaceuticals require prior authorization from MESSA/BCBSM.

**State-Controlled Drugs** – Drugs which are not federal legend drugs and are normally sold over-the-counter, but require a prescription under state law when large quantities are dispensed.