



Saver Rx
prescription coverage



800-336-0013 | TTY: 888-445-5614 | messa.org

| Copayment one-month supply | Prescription drug |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No cost to you | — Specific preventive medications mandated by federal law are covered 100% with no deductible required; age and gender limits apply. |
| \$2 | — Specific generic drugs used to treat asthma, diabetes, high blood pressure, high cholesterol and coronary artery disease. |
| \$10 | — All other generic drugs. — 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. |
| \$20 | — Specific brand-name maintenance drugs used to treat asthma and diabetes for which there is no generic equivalent. |
| \$40 | — All other brand-name drugs, including single-source drugs where no generic is available. — You will be responsible for the cost difference between the approved amount and the actual retail cost of a drug when you a generic is available and medically appropriate, but you insist on a brand-name. |

For specific drugs under each category, go to messa.org or call the MESSA Member Service Center at 800-336-0013 or TTY: 888-445-5614 or contact us via live chat from your MyMESSA account or through the MESSA app.

Prescription copayment

You are responsible for the prescription copayments for each covered drug or refill as listed in the chart above until your out-of-pocket maximum is reached. Prescriptions must be FDA-approved and covered by your plan.

Out-of-pocket maximum

Once you have met your annual 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 MyMESSA member account on messa.org, select Benefits and review your medical plan highlights page. You may also call the MESSA Member Service Center at 800-336-0013 or TTY: 888-445-5614 or contact us via live chat from your MyMESSA account or through the MESSA app.

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 a generic is available and medically appropriate, but you insist on a brand-name
- 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

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.

- Aspirin
- Breast cancer prevention
- Cardiovascular disease prevention
- Colonoscopy-related medications
- Contraceptives for women
- Fluoride preparations
- Folic acid
- Pre-exposure prophylaxis (PrEP) for HIV prevention
- Smoking cessation

For the specific drugs included in each category, go to messa.org/RxPlans or call the MESSA Member Service Center at 800-336-0013 or TTY: 888-445-5614.

Diabetic supplies and devices

Diabetic supplies can be obtained at either a pharmacy or durable medical equipment supplier. The following diabetic supplies and devices are covered with a prescription from your doctor and may be subject to your copayment.

- Glucometers
- Continuous glucose monitors
- Insulin delivery monitors
- Test strips from glucometer
- Test strips and lancets
- Continuous glucose monitor sensors
- Insulin delivery reservoirs

Certain glucometers and continuous glucose monitors are available at no cost when they are obtained at a pharmacy. For details, call the MESSA Member Service Center at 800-336-0013 or TTY: 888-445-5614.

Note: If you receive diabetic supplies and devices paid by your MESSA medical plan, your MESSA prescription drug plan will not pay for the same diabetic supplies and devices.

Where can I get my medications from?

Your MESSA Saver 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, we will pay the approved amount for the drug after deducting your copayment.

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. We reserve the right to limit the initial quantity of select specialty drugs. Your copay 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.

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.

MESSA will reimburse you 75% (100% 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.

Where to get your medication depends on which plan you have

| Rx plan | Up to 34-day Rx | 90-day Rx | Up to 30-day specialty Rx |
|-------------------------------------|-------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Saver Rx | — Retail pharmacy | — Retail pharmacy or — OptumRx Pharmacy (optional home delivery by mail) | Specialty medications may be handled separately. We reserve the right to limit the initial quantity of select specialty drugs. Your copay 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. |
| Saver Rx and Mandatory Mail* | — Retail pharmacy | — OptumRx Pharmacy (required home delivery by mail) | |

Note: *The Saver Rx with Mandatory Mail plan requires you to obtain certain long-term maintenance medications and 90-day prescriptions through OptumRx. If a drug is on the list of medications requiring home delivery, it will not be covered if you obtain it from a retail pharmacy. You can go to a local pharmacy for short-term prescriptions, such as antibiotics or medications that have a limited supply.

Voluntary home delivery

Ordering your medications through the OptumRx Pharmacy may be a convenient option for you. The overall cost of medications from OptumRx 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 Saver Rx with Mandatory Mail

If you have MESSA Saver Rx with Mandatory Mail, you must obtain all long-term medications through the OptumRx Pharmacy, our home delivery service.

Your applicable 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 and go to the Benefits tab.

To get started with OptumRx home delivery



Go to messa.org to register or log in to your member account.



Select "Rx home delivery" to go to the OptumRx site.



Once there, you can review your prescriptions and transfer them to OptumRx home delivery.

Choose generics whenever possible

If you obtain a brand-name drug when a generic drug is available, you will be charged your copayment plus the difference between the 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.

Prior authorization

To ensure compliance with FDA-approved safe prescribing guidelines, certain drugs require prior authorization before MESSA will cover them. Your doctor must submit documentation to support the need for the prescription.

This program manages the use of certain medications for which there are equally effective, less costly alternatives available.

Typically, drugs requiring prior authorization are:

- Associated with dangerous side effects
- Harmful when combined with other drugs
- Used only for certain health conditions
- Often misused or abused
- Prescribed when less expensive drugs might work better

When prior authorization is required, it must be obtained before payment is considered. If the required prior authorization is not requested or approval is not obtained, we will deny payment. You will be responsible for 100% of the pharmacy's charge.

If you are new to this MESSA prescription plan and you have already received prior authorization for a prescribed and approved drug, you may continue to take your medication as-is until the prior authorization expires.

A list of drugs that may require prior authorization is available at messa.org/RxPlans.

Step therapy

Your MESSA prescription plan requires step therapy, which helps keep costs down while still making sure you get the safest, most effective and reasonably priced drug available.

Drugs subject to step therapy require previous treatment with one or more preferred drugs before coverage is approved. This ensures all clinically sound and cost-effective treatment options are tried before more expensive drugs are prescribed.

If you just moved to this MESSA prescription plan and you are currently taking a drug requiring step therapy, you can continue on your medication as-is. A list of drugs that may require step therapy is available at messa.org/RxPlans.

Quantity limits

Another way we keep costs lower for you is through our quantity limit program.

A quantity limit program limits the amount of medication that will be covered. Medications are limited based on FDA guidelines for appropriate and safe use.

If you are new to this MESSA prescription plan and you have already received prior authorization that allows you a higher quantity of a prescribed and approved drug, you may continue to take your medication as-is until the prior authorization expires.

A list of drugs that may be subject to quantity limits is available at messa.org/RxPlans.

What's not covered – excluded drugs

To help keep the cost of your plan down, some expensive prescription drugs are not covered. These excluded drugs have preferred alternatives with similar effectiveness, quality and safety, but at a fraction of the cost to you and your plan.

If you fill a prescription for an excluded drug, you'll pay the full retail price and it will not count toward your annual prescription out-of-pocket maximum.

For a list of excluded drugs, go to messa.org/RxPlans.

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
 - Vaccines, except for select immunizations (most vaccines are covered under the medical plan)
 - Administration of drugs or insulin, such as injections (except for select immunizations)
 - 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.

Glossary

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.

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 Saver 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.

OptumRx Pharmacy

MESSA's in-network home delivery provider.

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 Saver 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.



1475 Kendale Blvd., P.O. Box 2560 | East Lansing, MI 48826-2560 | 800-336-0013 | TTY: 888-445-5614 | messa.org