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FB3 - Simply BlueSM PPO HSA ASC – Prescription Drug Coverage Benefits-at-a-Glance for County of Calhoun 007003523 – 0015/ 0016/0023/ 0024/ 0028

Effective for groups on their plan year beginning on or after January 1, 2014

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, copay and /or coinsurance. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, 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 Pharmaceutical Drugs – The mail order pharmacy for **specialty drugs** is Walgreens Specialty Pharmacy, LLC, an independent company. Specialty prescription drugs (such as Enbrel[®] and Humira[®]) are used to treat complex conditions such as rheumatoid arthritis, multiple sclerosis and cancer. These drugs require special handling, administration or monitoring. Walgreens Specialty Pharmacy will handle mail order prescriptions only for specialty drugs while many in-network 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 Express Scripts. (Express Scripts 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/pharmacy. If you have any questions, please call Walgreens Specialty Pharmacy customer service at 1-866-515-1355.

We will not pay for more than a 30-day supply of a covered prescription drug that BCBSM defines as a "specialty pharmaceutical" whether or not the drug is obtained from a **90-Day Retail Network provider** or mail-order provider. We may make exceptions if a member requires more than a 30-day supply. 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).

Member's responsibility (copays)

Your **Simply Blue HSA prescription drug benefits, including mail order drugs, are subject to the same deductible and same annual out-of-pocket maximum required under your Simply Blue HSA medical coverage.** Benefits are not payable until after you have met the Simply Blue HSA annual deductible. After you have satisfied the deductible you are required to pay applicable prescription drug copays which are subject to your annual out-of-pocket maximums.

Note: The following prescription drug expenses will not apply to your Simply Blue HSA deductible or annual out-of-pocket maximum:

- any difference between the Maximum Allowable Cost and BCBSM's approved amount for a covered brand-name drug
- the 20% member liability for covered drugs obtained from an out-of-network pharmacy

Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law. They are identified by BCBSM as select prescription drugs. A prescription for the select OTC drug is required from the member's physician. In some cases, over-the-counter drugs may need to be tried before BCBSM will approve use of other drugs.

* BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

	Network pharmacy *	Non-network pharmacy *
Percent copays Note: Copays apply once the deductible has been met.	20% of approved amount	40% of approved amount plus an additional 20% of BCBSM approved amount for the drug

Covered services

FDA-approved drugs	80% of approved amount after Simply Blue medical coverage in-network deductible	60% of approved amount after Simply Blue medical coverage out-of-network deductible plus an additional 20% of BCBSM approved amount for the drug **
Prescribed over-the-counter drugs – when covered by BCBSM Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law.	80% of approved amount after Simply Blue medical coverage in-network deductible	60% of approved amount after Simply Blue medical coverage out-of-network deductible plus an additional 20% of BCBSM approved amount for the drug **
State-controlled drugs	80% of approved amount after Simply Blue medical coverage in-network deductible	60% of approved amount after Simply Blue medical coverage out-of-network deductible plus an additional 20% of BCBSM approved amount for the drug **

Covered services, *continued*

	Network pharmacy *	Non-network pharmacy *
FDA-approved generic prescription contraceptive medication (non-self-administered drugs and devices are not covered)	100% of approved amount (no deductible or copay)	60% of approved amount after Simply Blue medical coverage out-of-network deductible plus an additional 20% of BCBSM approved amount for the drug **
FDA-approved brand name prescription contraceptive medication (non-self-administered drugs and devices are not covered)	80% of approved amount after Simply Blue medical coverage in-network deductible	60% of approved amount after Simply Blue medical coverage out-of-network deductible plus an additional 20% of BCBSM approved amount for the drug **
Disposable needles and syringes – when dispensed with insulin or other covered injectable legend drugs Note: Needles and syringes have no copay.	80% of approved amount after Simply Blue medical coverage in-network deductible for the insulin or other covered injectable legend drug	60% of approved amount after Simply Blue medical coverage out-of-network deductible for the insulin or other covered injectable legend drug plus an additional 20% of BCBSM approved amount for the drug **
Mail order (home delivery) prescription drugs – up to a 90-day supply of medication by mail from Medco (BCBSM network mail order provider)	80% of approved amount after Simply Blue medical coverage in-network deductible	No coverage

Features of your prescription drug plan

Drug interchange and generic copay waiver	BCBSM's drug interchange and generic copay waiver programs encourage physicians to prescribe a less-costly generic equivalent. If your physician rewrites your prescription for the recommended generic or OTC alternate drug, you will only have to pay a generic 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.
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.
Prescription drug preferred therapy	A step-therapy approach that encourages physicians to prescribe generic, generic alternative or over-the-counter medications before prescribing a more expensive brand-name drug. It applies only to prescriptions being filled for the first time of a targeted medication. Before filling your initial prescription for select, high-cost, brand-name drugs, the pharmacy will contact your physician to suggest a generic alternative. A list of select brand-name drugs targeted for the preferred therapy program is available at bcbsm.com/pharmacy , along with the preferred medications . If our records indicate you have already tried the preferred medication(s), we will authorize the prescription. If we have no record of you trying the preferred medication(s), you may be liable for the entire cost of the brand-name drug unless you first try the preferred medication(s) or your physician obtains prior authorization from BCBSM. These provisions affect all targeted brand-name drugs, whether they are dispensed by a retail pharmacy or through a mail order provider.