

MESSA ABC with 3-Tier Rx Prescription Coverage



messa ABC[®]
ACCOUNT-BASED CHOICES

800.336.0013 • TTY 888.445.5614

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
ABC with 3-Tier Rx	Retail pharmacy	Retail pharmacy or Express Scripts Pharmacy (optional home delivery by mail)	Specialty drugs are limited to a 30-day supply and must be obtained from a retail pharmacy or by mail through Walgreen's Specialty Pharmacy. Select specialty drugs are limited to less than a 30-day supply.
ABC with 3-Tier Rx and mandatory mail*	Retail pharmacy	Express Scripts Pharmacy (required) home delivery by mail)	

**The ABC with 3-Tier Rx and mandatory mail plan requires you to obtain certain long-term maintenance medications through Express Scripts. 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 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.

3-Tier Rx with mandatory mail

If you have **3-Tier Rx with mandatory mail**, you must obtain most long-term maintenance medications through the Express Scripts Pharmacy, our home delivery service.

You cannot obtain a 90-day prescription of any medication from a retail pharmacy. MESSA will cover up to three one-month fills of your long-term maintenance 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 prescription 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

What you pay for a prescription from an in-network pharmacy

Your MESSA 3-Tier Rx benefits are underwritten by BCBSM and claims are paid based on the network status of the pharmacy involved. Prescriptions must be FDA-approved and covered by your plan.

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.

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

MESSA 3-Tier Rx plans split brand name prescriptions into two tiers. The addition of a third tier for more expensive brand name drugs or drugs that have a generic equivalent reduces the plan cost.

The amount you pay for a prescription varies depending on its tier and the price of the drug when it is filled. Drugs may switch from one tier to another. For the most accurate and up-to-date listing, visit [messa.org](https://www.messa.org) or call MESSA's Member Service Center at 800.336.0013.

What you pay for a prescription from an in-network pharmacy (cont.)

	Up to 34-day Rx	90-day Rx
In addition to those mandated by federal law, certain preventive medications are covered 100 percent. Age and gender limits apply.	No cost to you	No cost to you
After your deductible is met the following copayments or coinsurance apply:		
Tier 1 Generics	\$10 copayment	\$25 copayment
Tier 2 Most brand drugs with no generic equivalent	20 percent coinsurance \$40 minimum- \$80 maximum	20 percent coinsurance \$100 minimum- \$200 maximum
Tier 3 Most brand drugs with a generic equivalent or therapeutic alternative	20 percent coinsurance \$60 minimum- \$100 maximum	20 percent coinsurance \$150 minimum- \$250 maximum

Note: If the approved amount is less than the copayment, you pay only the approved amount for the drug. 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.

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 percent (100 percent for emergency pharmacy services) of the approved amount for the drug, minus your copayment or coinsurance. This amount will not apply to your annual out-of-pocket maximum.

NOTE: Drugs obtained from out-of-network mail order providers are not covered under this plan.

Choose generics whenever possible

If you obtain a Tier 3 brand drug when a Tier 1 equivalent

drug is available, you will be charged for the Tier 3 drug, plus the difference in cost between the Tier 1 drug and the Tier 3 drug. Even with our discounts, this amount may be substantial.

Exception: If your prescribing physician requests and receives authorization for a Tier 3 drug from BCBSM's Pharmacy Services Department and writes "Dispense as Written" or "DAW" on the prescription, you will only pay your coinsurance.

- 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.

Maximum out-of-pocket expense for prescriptions

Once you have met your annual prescription out-of-pocket maximum, MESSA will cover the full cost of your prescriptions for the remainder of the calendar year. For specific information on your prescription out-of-pocket maximum, register or log in to your member account on 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 toward your annual prescription 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.

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 percent of the pharmacy's charge.

If you are new to the 3-Tier Rx 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](https://www.messa.org).

Step therapy

The 3-Tier Rx plans require 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 the 3-Tier Rx 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](https://www.messa.org).

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 the 3-Tier Rx 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](https://www.messa.org).

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](https://www.messa.org).

Exclusions and limitations

We will not pay for the following:

- Prescription drugs that are not medically necessary; may cause significant patient harm; or are not appropriate for the patient's documented medical condition
- 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)
- Diabetic test strips and lancets
- Administration of drugs or insulin, such as injections (except for select immunization vaccines)

- Non-self-administered injectable drugs (except for select immunization vaccines)
- Non-self-administered contraceptive drugs or devices
- More than a 90-day supply of a covered drug or refill obtained from a retail pharmacy or 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 (We may make exceptions for certain medical conditions.)
- More than the quantities and doses allowed per prescription of select drugs by BCBSM or MESSA, unless the prescribing physician obtains prior authorization from BCBSM
- Anti-hemophilic agents (These may be covered under your medical benefit.)
- 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
- More than a 30-day supply of most covered specialty drugs from a specialty pharmacy
- 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 uses or in dosages other than those specifically approved by the Federal Food and Drug Administration. This is often referred to as the "off-label" use of a drug or device. However, we will pay for such drugs and the reasonable cost of supplies needed to administer them, if the prescribing M.D. or D.O. can substantiate that the drug is recognized for treatment of the condition for which it was prescribed.
- 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 certificate 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 your plan, or after your plan ends
- Refills dispensed one year or more after the date of the prescription
- Implanted contraceptive medications, such as Implanon
- 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
- 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

NOTE: If a decision is made by MESSA/BCBSM to approve a noncovered drug, you will be required to pay the Tier 3 coinsurance as required by your plan

- Refills of prescriptions for covered drugs that exceed BCBSM’s limits

NOTE: BCBSM does not cover refills that are dispensed before 75 percent of the time the prescription covers has elapsed and does not cover more refills than your prescription allows.

Definitions

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 or coinsurance, which may be required of you, are subtracted from the approved amount before we make our payment.

Coinsurance – The portion of the approved amount, stated as a percentage, that you must pay for a covered drug or service. Your coinsurance is not altered by any audit, adjustment, or recovery. For prescription drugs, your coinsurance is not reduced by any rebate or other credit received directly or indirectly from the drug manufacturer.

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, any state-controlled drug or FDA-approved drug and select over-the-counter drugs or such drugs that MESSA/BCBSM designates as covered 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 entirely 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 United States 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 plan.

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 investigational treatment – Treatment that has not been scientifically proven to be as safe and effective for treatment of the patient’s conditions as conventional treatment. Sometimes it is referred to as “investigational” or “experimental services.”

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

Generic – A prescription drug that contains the same active ingredients, is identical in strength and dosage, 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 the PPO 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 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 drugs.

Retail sanction for out-of-network – If you fill a prescription at an out-of-network pharmacy you are responsible for the cost above the approved amount, plus an additional penalty of 25 percent of the approved amount. This amount will also not count toward your prescription out-of-pocket maximum.

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 that are not prescription drugs and are normally sold over-the-counter, but require a prescription under state law when large quantities are dispensed.

Step therapy - Previous treatment with one or more preferred drugs may be required.

Tier 1 – The designation for generic-drugs.

Tier 2 – The designation for preferred brand-name drugs. These are generally brand-name drugs with no generic equivalent.

Tier 3 – The designation for non-preferred brand-name drugs. These are generally brand-name drugs with a generic equivalent or a therapeutic alternative.