In-network pharmacies

1. Most Michigan retail pharmacies are in-network with your MESSA ABC plan. When you travel out-of-state, ask if the pharmacy is considered in-network with Blue Cross Blue Shield before purchasing a prescription.

2. As required by federal law, prescriptions are subject to the plan deductible with the exception of certain preventive prescriptions when prescribed for specific diagnoses. Member costs for each prescription are limited to the charge that Blue Cross Blue Shield of Michigan has negotiated with the pharmacy.

3. MESSA ABC covers hundreds of free preventive prescriptions at no charge to the member. For a complete list, visit the MESSA ABC area at www.messa.org/MESSAABCs.

4. Once the in-network plan deductible is met, member costs are limited to the following schedule of copayments for each covered drug or refill when obtained from a network pharmacy:
   - $2 for certain generic drugs used to treat specific chronic conditions (asthma, coronary artery disease, diabetes, high blood pressure and high cholesterol).
   - $10 for all other generic drugs.
   - $10 for specific, over-the-counter medications for the treatment of seasonal allergies and heartburn (requires written prescription). Covered medications include Allegra®, Allegra D®, Claritin®, Claritin D®, Zyrtec®, Zyrtec D®, Prevacid®, Prilosec®, and Zegerid®.
   - $20 (instead of $40) for specific brand name maintenance drugs used to treat diabetes and asthma, including insulin, glucagon emergency kits, fast-acting and long-lasting inhalers, and the drugs Zyflo® and Zyflo CR®.
   - $40 for all other brand name drugs, including single-source drugs where no generic is available.

      Members will face additional cost if they insist on a brand-name drug when a less expensive generic is available and medically appropriate. The additional costs do not apply to your annual deductible or out-of-pocket maximum.

   - Compounded medications and other drugs that are not FDA-approved are not a covered benefit.

5. After the in-network deductible is met for the calendar year, out-of-pocket costs for the rest of the calendar year are $1,000 for Single coverage plans and $2,000 for 2-Person and Family coverage plans.

6. With all three plans, if you reach the in-network out-of-pocket cap, your in-network prescriptions and medical services are fully covered at 100% by your MESSA ABC health plan for the remainder of the calendar year.

7. You can fill prescriptions for maintenance medications and receive a 90-day supply for just two copays instead of three.

Out-of-network pharmacies

1. Prescription drug purchases from an out-of-network pharmacy are subject to the MESSA ABC out-of-network deductible.

2. MESSA’s free preventive prescription benefit is not available when using an out-of-network pharmacy.

3. If you purchase a prescription from an out-of-network pharmacy, you must pay the pharmacy and submit a claim form and proof-of-purchase to MESSA. Once your applicable out-of-network deductible has been met, MESSA will reimburse you for 75% of the approved amount for the drug (100% for emergency pharmacy services) minus your copayment (if any).

For additional information about your MESSA ABC prescription drug coverage, review your plan coverage booklet at www.messa.org/MESSAABCs or call MESSA’s Member Service Center at 800.336.0013.

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