

**Blue Preferred Rx<sup>SM</sup> Prescription Drug Coverage  
with \$10 Generic / \$20 Preferred Brand / \$40 Nonpreferred Brand  
Triple-Tier Copay Benefits-at-a-Glance**



**Kalamazoo College**

This is intended as an easy-to-read summary. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificate and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.

**Note:** Effective October 1, 2006, the mail order pharmacy for **specialty drugs** changed to Option Care. Specialty prescription drugs (such as Enbrel<sup>®</sup> and Humira<sup>®</sup>) are used to treat complex conditions such as rheumatoid arthritis. These drugs require special handling, administration or monitoring. Option Care will handle mail order prescriptions only for specialty drugs while many retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). For your other mail order prescription medications, they can continue to be sent to Medco. A list of specialty drugs is available on our Web site at [bcbsm.com](http://bcbsm.com). Log in under "I am a Member." If you have any questions, please call Option Care customer service at 866-515-1355.

**Network pharmacy**

**Non-network pharmacy**

**Copays**

**Note:** If your prescription is filled by any type of network pharmacy, and you request the brand-name drug when a generic equivalent is available on the BCBSM MAC list and the prescriber has not indicated "Dispensed as Written" (DAW) on the prescription, you must pay the difference in cost between the brand-name drug dispensed and the maximum allowable cost for the generic **plus** the applicable copay.

<b>Tier 1</b> – Generic prescription drugs	\$10 for each prescription	\$10 for each prescription <b>plus</b> 25% of the BCBSM approved amount for the drug
<b>Tier 2</b> – Formulary brand-name prescription drugs	\$20 for each prescription	\$20 for each prescription <b>plus</b> 25% of the BCBSM approved amount for the drug
<b>Tier 3</b> – Nonformulary brand-name prescription drugs	\$40 for each prescription	\$40 for each prescription <b>plus</b> 25% of the BCBSM approved amount for the drug
Mail order (home delivery) prescription drugs	<p><b>Copay for up to a 34 day supply:</b></p> <ul style="list-style-type: none"> <li>• \$10 for each Tier 1 (generic) drug</li> <li>• \$20 for each Tier 2 (preferred brand) drug</li> <li>• \$40 for each Tier 3 (nonpreferred brand) drug</li> </ul> <p><b>Copay for a 35 to 90 day supply:</b></p> <ul style="list-style-type: none"> <li>• \$20 for each Tier 1 (generic) drug</li> <li>• \$40 for each Tier 2 (preferred brand) drug</li> <li>• \$80 for each Tier 3 (nonpreferred brand) drug</li> </ul>	No coverage

**Covered services**

Federal legend drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
State-controlled drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
Disposable needles and syringes – when dispensed with insulin or other covered injectable legend drugs <b>Note:</b> Needles and syringes have no copay.	Covered – 100% less plan copay for the insulin or other covered injectable legend drug	Covered – 75% less plan copay for the insulin or other covered injectable legend drug
Mail order (home delivery) prescription drugs – up to a 90-day supply of medication by mail from Medco (BCBSM network mail order provider)	Covered – 100% less plan copay	No coverage

**Note:** A **network** pharmacy is a Preferred Rx pharmacy in Michigan or a MedImpact pharmacy outside Michigan. A **non-network** pharmacy is a pharmacy NOT in the Preferred Rx or MedImpact networks.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

[bcbsm.com](http://bcbsm.com)



**BCBSM Custom Formulary** – A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the formulary is to provide members with the greatest therapeutic value at the lowest possible cost.

- **Tier 1 (Generic)** – Tier 1 includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay, making them the most cost-effective option for the treatment.
- **Tier 2 (Formulary Brand)** – Tier 2 includes brand-name drugs from the Custom Formulary. Formulary options are also safe and effective, but require a higher copay.
- **Tier 3 (Nonformulary Brand)** – Tier 3 contains brand-name drugs not included in the Custom Formulary. Members pay the highest copay for these drugs.

**Additional riders**

<p><b>Rider PD-XED</b>, excludes elective drugs</p>	<p>Excludes coverage for elective drugs.  <b>Note:</b> Elective drugs are health habit and reproductive drugs such as those that treat sexual impotency or infertility, help in weight loss or help to stop smoking. They are not designed to treat acute or chronic illnesses or prescribed for medical conditions that have no demonstrable physical harm if not treated.</p>
<p><b>Rider CI</b>, Contraceptive injections  <b>Rider PCD</b>, Prescription contraceptive devices  <b>Rider PD-CM</b>, Prescription contraceptive medications</p>	<p>Adds coverage for contraceptive injections, physician-prescribed contraceptive devices such as diaphragms and IUDs, and federal legend oral or injectable contraceptive medications.  <b>Note:</b> These riders are only available as part of a prescription drug package.  Riders CI and PCD are part of your medical-surgical coverage and are subject to the same deductible and copay, if any, you pay for medical-surgical services. Rider PD-CM is part of your prescription drug coverage and is subject to the same copay you pay for prescription drugs.</p>