

ABC Rx



messa ABC
ACCOUNT-BASED CHOICES

MESSA ABC with ABC Rx
prescription coverage



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

Copayment one-month supply	Prescription drug
No cost to you	— Expanded list of preventive medications in addition to those mandated by federal law are covered 100% with no deductible required.
After your deductible is met the following copayments apply:	
\$2	— Specific generic drugs used to treat asthma, diabetes, or 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 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. Up to a 90-day supply of insulin may be obtained for the same amount as a 34-day supply from an in-network provider.	

Note: If the approved amount is less than the copayment, you pay only the approved amount for the drug. Select specialty drugs are limited to less than a 30-day supply.

Deductible

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.

Prescriptions must be FDA-approved and covered by your plan.

Prescription copayment

Once your applicable deductible has been met, 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.

Out-of-pocket maximum

Once you have met your annual deductible and 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

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

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/RxPlans 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.

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 for 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, or contact us via live chat from your MyMESSA account or through the MESSA app.

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?

Your MESSA ABC 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, you will pay the approved amount until your deductible is met. After deductible, applicable prescription copayments apply until your annual out-of-pocket maximum is reached.

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 are handled separately. Specialty drugs must be obtained by mail through Walgreens Specialty Pharmacy or select Walgreens

retail pharmacies. If you obtain them from any other provider, you may be responsible for the total cost. The initial quantity of select specialty drugs may be limited, and your cost will be reduced accordingly. Additional fills for specialty drugs are limited to a 30-day supply.

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.

Once your out-of-network deductible is met, 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
ABC with ABC Rx	— Retail pharmacy	— Retail pharmacy or — Optum Rx Pharmacy (optional home delivery by mail)	Specialty medications are handled separately. Specialty drugs must be obtained by mail through Walgreens Specialty Pharmacy or select Walgreens retail pharmacies.
ABC with ABC Rx and Mandatory Mail*	— Retail pharmacy	— Optum Rx Pharmacy (required home delivery by mail)	If you obtain them from any other provider, you may be responsible for the total cost. The initial quantity of select specialty drugs may be limited, and your cost will be reduced accordingly. Additional fills for specialty drugs are limited to a 30-day supply.

Note: *The ABC with ABC Rx and Mandatory Mail plan requires you to obtain certain long-term maintenance medications and 90-day prescriptions through Optum Rx. 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 Optum Rx Pharmacy may be a convenient option for you. The overall cost of medications from Optum Rx 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 ABC Rx with the Mandatory Mail rider

If you have MESSA ABC Rx with the Mandatory Mail rider, you must obtain all long-term medications through the Optum Rx Pharmacy.

Your applicable deductible and 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, log in to your MyMESSA member account at messa.org and go to the Benefits tab.

To get started with Optum Rx home delivery



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



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



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

Choose generics whenever possible

After your deductible is fully paid, 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

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. Prior authorization requests must be submitted by your provider electronically pursuant to Michigan law. 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.

Once we receive a request for prior authorization, we will notify the prescriber whether a drug is authorized, not authorized or if the request requires additional information within:

- 7 days
- 72 hours, if your request is urgent

If we approve the request, we will pay the approved amount minus your copayment after your deductible is met. Your cost share will not be more than the approved amount for the covered drug.

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:

- Prescription drugs that are not medically necessary; may cause significant patient harm; or are not appropriate for the patient's documented medical condition
- Select therapeutic devices or appliances including, but not limited to, hypodermic or disposable needles and syringes when not dispensed with the following:
 - ▶ A covered injectable drug
 - ▶ Insulin
 - ▶ Self-administered chemotherapeutic drugs
- Mail order specialty medications unless obtained through Walgreens Specialty Pharmacy.
- Drugs prescribed for cosmetic purposes
- The charge for:
 - ▶ Any prescription refill that is more than the number specified by the prescriber or
 - ▶ Any refill dispensed one year after the prescription was written

- Any vaccine given solely to resist infectious diseases (except for select immunization vaccines)
- Administration of drugs or insulin, such as injections (except for select immunization vaccines)
- 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 (We may make exceptions for certain impotence drugs.)
- More than the quantities allowed per prescription of select drugs by MESSA/BCBSM
- 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 drug 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.
- 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
 - ▶ 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 certificate you have
- 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, 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 certificate
- 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
 - ▶ If a decision is made to approve a noncovered drug, you will be required to pay the brand-name copayment as required by your plan.
- Refills of prescriptions for covered drugs that exceed MESSA/BCBSM’s limits, including:
 - ▶ Refills that are dispensed before 75% of the time the prescription covers has elapsed.
 - ▶ More refills than your prescription allows.

- Prescription drugs used for the treatment of gender dysphoria and gender affirming services that are considered by MESSA/BCBSM to be cosmetic, or prescription drug treatment that is experimental or investigational.

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 ABC 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.

Optum Rx 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 ABC 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.

Language services

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call MESSA's Member Service Center at 800-336-0013 or TTY: 888-445-5614.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de servicios para miembros de MESSA, que aparece en la parte trasera de su tarjeta.

إذا كنت أنت أو شخص آخر تساعد به حاجة إلى المساعدة، فمن حقك الحصول على المساعدة والمعلومات بلغتك بدون أي كلفة. للتحدث إلى مترجم، اتصل بالرقم المخصص لخدمات أعضاء MESSA الموجود على ظهر بطاقتك.

如果您，或是您正在協助的對象，需要協助，您有權利免費已您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的MESSA會員服務電話。

Nếu quý vị hoặc ai đó mà quý vị đang giúp đỡ, cần sự giúp đỡ, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, hãy gọi đến số dịch vụ thành viên MESSA trên mặt sau của thẻ.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e shërbimit të anëtarësimit MESSA në anën e pasme të kartës tuaj.

귀하 또는 귀하가 도움을 제공하는 누군가가 도움이 필요한 경우, 귀하는 귀하의 모국어로 무료로 도움과 정보를 제공 받을 권리를 갖고 있습니다. 통역사의 도움을 받으려면 카드 뒷면의 MESSA 회원 서비스 번호로 전화하십시오.

MESSA, ٨٠٠-٣٣٦-٠٠١٣ أو ٨٨٨-٤٤٥-٥٦١٤، يمكنك الحصول على المساعدة والمعلومات بلغتك بدون أي كلفة. للتحدث إلى مترجم، اتصل بالرقم المخصص لخدمات أعضاء MESSA الموجود على ظهر بطاقتك.

যদি আপনার বা আপনি সাহায্য করেন এমন কারো সহায়তার প্রয়োজন হয়, তাহলে কোনো খরচ ছাড়াই আপনার ভাষায় সহায়তা ও তথ্য পাওয়ার অধিকার রয়েছে। কোনো দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে প্রদত্ত MESSA সদস্য পরিষেবার নম্বরে কল করুন।

Jeśli Ty lub osoba, której pomagasz, potrzebujesz pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi członków MESSA wskazany na odwrocie Twojej karty.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigen, haben Sie das Recht kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer der MESSA-Mitgliederbetreuung auf der Rückseite Ihrer Karte an.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere gratuitamente aiuto e informazioni nella tua lingua. Per parlare con un interprete, chiama il numero del servizio membri MESSA presente sul retro della tua tessera.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたMESSAメンバーサービスの電話番号までお電話ください。

Если Вам или лицу, которому Вы помогаете, нужна помощь, то Вы имеете право на бесплатное получение помощи и информации на Вашем языке. Для разговора с переводчиком позвоните по номеру телефона MESSA отдела обслуживания клиентов, указанному на обратной стороне Вашей карты.

Ukoliko je vama ili nekom kome pomažete potrebna pomoć, imate pravo dobiti pomoć i informaciju na vašem jeziku besplatno. Da biste razgovarali sa prevodiocem, pozovite broj za usluge članova MESSA na zadnjoj strani vaše kartice.

Kung ikaw, o ang iyong tinutulongan, ay nangangailangan ng tulong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang interpreter, tumawag sa numero para sa mga serbisyo sa miyembro ng MESSA na nasa likuran ng iyong card.

Important disclosure

MESSA and Blue Cross Blue Shield of Michigan (BCBSM is an independent licensee of the Blue Cross and Blue Shield Association) comply with federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. MESSA and BCBSM provide free auxiliary aids and services to people with disabilities to communicate effectively with us, including qualified sign language interpreters. If you need assistance, call MESSA's Member Service Center at 800-336-0013 or TTY: 888-445-5614.

If you believe that MESSA or BCBSM failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, or by mail, phone, fax or email: General Counsel, MESSA, P.O. Box 2560, East Lansing, MI 48826-2560, 800-292-4910, TTY: 888-445-5613, Fax: 517-203-2909 or CivilRights-GeneralCounsel@messa.org.

If you need help filing a grievance, MESSA's general counsel is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone or email: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, 800-368-1019, TTD: 800-537-7697 or OCRComplaint@hhs.gov.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



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