

# MESSA Preferred Rx Program



The MESSA Preferred Rx Program is made available by a Group Operating Agreement between MESSA and Blue Cross Blue Shield of Michigan (BCBSM).

BCBSM underwrites this coverage. Administration of this plan is shared between MESSA and BCBSM.

If you have any questions about your prescription drug plan, please contact MESSA.

*All the terms, definitions, limitations, exclusions and conditions of your MESSA health plan are described in detail in your plan coverage booklet. Please place this prescription drug plan description with your MESSA plan coverage booklet.*

## Section 1: How to File a Claim

The prescription drug benefits provided by this plan are underwritten by BCBSM. This means you can take advantage of the plan provider network and eliminate the need for any paperwork on your part. The following information explains how providers are paid.

Your prescription drug claims are paid based on the plan status of the pharmacy involved.

**Panel Pharmacy**—If you have obtained your prescription drug or refill from a panel pharmacy or provider:

- show your MESSA/BCBSM identification card to the pharmacist at the time of purchase; and
- pay the panel pharmacist your co-payment for each prescription or refill.

The pharmacy will send a claim form to BCBSM for payment.

**Non-Panel Pharmacy**—If your prescription was obtained from a non-panel pharmacy, have the pharmacist give you an itemized statement/receipt, indicating the following information:

- member's name and contract number;
- full name of patient for whom the prescription is being filled;
- name, address, and telephone number of the pharmacy;
- prescription number;
- quantity of prescription and number of days supplied;
- description and strength of drug; and
- price of each prescription, including applicable sales tax.

Send your itemized receipt to MESSA for payment. You will be reimbursed 75 percent of the approved amount, minus your co-payment.

### 1.1 Filing Deadlines

All claims must be submitted to MESSA/BCBSM within two years of the date of service.

If you have any questions regarding your prescription drug claims, please call MESSA Benefits Administration.

## Section 2: Prescription Drug Benefits

### 2.1 Co-Payment

Your co-payment is \$5 for each covered drug or refill.

Your co-payment is increased to \$10 when you obtain a brand name drug rather than a generic equivalent drug, except when the prescription is marked "DAW" (Dispense As Written) or when the drug has no generic equivalent.

### 2.2 Covered Drugs/Services

Your program provides benefits for the following items:

- federal legend drugs (those requiring the label "Caution: Federal Law prohibits dispensing without a prescription");

- compound medications containing at least one federal legend drug;
- state-controlled drugs;
- injectable insulin (does not require a prescription);
- needles and syringes for insulin or self-administered chemotherapeutic drugs; and
- federal legend oral or injectable contraceptive medications.

Payment will be made for up to a 34-day supply of medication or for up to 100-unit doses, whichever is greater.

### **2.3 Covered Drugs Obtained from a Panel Pharmacy**

When a panel pharmacy fills a prescription for a covered drug, we will pay the approved amount for the drug, after deducting your co-payment.

**Note: If the approved amount for a covered drug is less than your co-payment, you pay the approved amount.**

### **2.4 Covered Drugs Obtained from a Non-Panel Pharmacy**

When a non-panel pharmacy fills a prescription for a covered drug, you must pay the pharmacist the full cost of the drug and submit a claim form and proof of payment to MESSA.

MESSA will reimburse you 75 percent (100 percent for emergency pharmacy services) of the approved amount for the drug, minus your co-payment.

### **2.5 Mail Order Service**

A mail order prescription drug service is also available under your plan. This enables you to obtain larger quantities of your medication at one time; up to a 90-day supply with only one co-payment required. For additional information regarding mail order service, please call MESSA Benefits Administration.

## **Section 3: Exclusions and Limitations**

We will not pay for the following:

- 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, support garments, or other non-medical items;
- drugs prescribed for cosmetic purposes;
- the charge for any prescription refill in excess of the number specified by the prescriber or any refill dispensed one year after the prescriber's prescription order;
- any vaccine given solely to resist infectious diseases;
- administration of covered drugs such as injections;
- more than a 34-day supply or a 100-unit dose (whichever is greater) of a covered drug (we may make exception for certain maintenance drugs);
- any drug we determine to be experimental or investigational;
- any covered drug entirely consumed at the time and place of the prescription;
- anything other than covered drugs and services;
- any medication that does not require a prescription, except insulin;
- diagnostic agents;
- any drug or device prescribed for "indications" (uses) other than those specifically approved by the Federal Food and Drug Administration (FDA);
- drugs which are not labeled, "Caution: Federal Law prohibits dispensing without a prescription," except for state-controlled drugs;
- covered drugs or services dispensed to a member when such services are benefits under other MESSA/BCBSM certificates;
- drugs or services covered by government sponsored health care programs, such as Medicare or CHAMPUS;
- drugs or services obtained before the effective date of this coverage, or after the coverage ends;
- refills distributed one year or more after the date of the prescription;
- implanted contraceptive medications, such as Norplant.

## Section 4: Additional Plan Information

### 4.1 Experimental Services

Prescription drugs or services which we determine to be experimental or investigational are not covered. Please see the definition in Section 5.

### 4.2 Personal Costs

We will not pay for care, services, supplies, or devices which are personal or convenience items. BCBSM is not responsible for any claims for injury or damage due to the manufacturing, compounding, dispensing, or use of any prescription drug or injectable insulin whether or not covered under this plan.

## Section 5: Definitions

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 for a covered drug or service. Co-payments, which may be required of you, are subtracted from the approved amount before we make our payment.

**Clinical Trial**—A study conducted on a group of patients to determine the effect of a treatment. Clinical trials generally include the following phases:

- Phase I—a study conducted on a small number of patients to determine what the side effect(s) and appropriate dose of treatment may be for a certain disease or condition.
- Phase II—a study conducted on a larger number of patients to determine whether the treatment has a positive effect on the disease or condition as compared to the side effect of the treatment.
- Phase III—a study conducted on a much larger group of patients to compare the new treatment of a condition to a conventional or standard treatment. Phase III gives an indication as to whether the new treatment leads to better, worse, or no change in outcome.

**Co-Payment**—The portion of the approved amount that you must pay for a covered drug or service.

**Note:** *A separate co-payment is not required for covered disposable needles and syringes when dispensed at the same time as insulin or chemotherapeutic drugs.*

**Cosmetic Drugs**—Prescription drugs which are used primarily for improving appearance rather than for treating a disease.

**Covered Drug**—Injectable insulin, a state-controlled drug, or any federal legend 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.

**Note:** *Any compound medications which have at least one federal legend drug ingredient are covered if they meet all the above requirements.*

**Covered Services**—Specific drug products or supplies used to treat medical conditions, such as disposable needles and syringes when dispensed with insulin, or chemotherapeutic drugs.

**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 service, procedure, treatment, device, drug or supply which has not been scientifically demonstrated to be safe and effective for treatment of the patient's condition.

The BCBSM medical director is responsible for determining whether the use of any service is experimental or investigational. 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.

The BCBSM medical director uses the following information in the evaluation process:

- scientific data such as controlled studies in peer reviewed journals or medical literature;
- information from the Blue Cross Blue Shield Association or other local or national bodies;
- information from local and national medical societies, other appropriate professional societies, organizations, committees, or government bodies;
- approval, when applicable, by the Federal Food and Drug Administration (FDA), the Office of Health Technology Association (OHTA), and other governmental agencies;
- accepted national standards of practice in the medical profession;
- approval by the Institutional Review Board of the hospital or medical center.

**Federal Legend Drug**—Any medicinal substance which bears the legend: “Caution: Federal Law prohibits dispensing without a prescription.”

**Generic Equivalent**—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.

**Non-Panel Pharmacy**—A provider which has not been selected for participation and has not signed an agreement to provide covered drugs through MESSA’s Preferred Rx program. Non-panel pharmacies have not agreed to accept the approved amount as payment in full for covered drugs or services provided to members.

**Panel Pharmacy**—A provider selected by BCBSM to provide covered drugs through the MESSA Preferred Rx program. Panel pharmacies have 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.

**Prescriber**—A health care professional authorized by law to prescribe federal legend drugs for the treatment of human conditions.

**Prescription**—An order for medication written by a prescriber as defined in this section.

**Provider**—A pharmacy legally licensed to dispense prescription drugs.

**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.

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