



## Blue Preferred<sup>®</sup> Rx Prescription Drug Coverage Benefits-at-a-Glance for University of Detroit – Mercy 27389-000, 43709/000,900,901

This is intended as an easy-to-read summary and provides only a general overview of your benefits. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificates 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 your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of 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, an independent company. 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). Other mail order prescription medications can continue to be sent to Medco. (Medco is an independent company providing pharmacy benefit services for Blue members.) 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.

		90-day retail network pharmacy	Network mail order provider	Network pharmacy (not part of the 90-day retail network)	Non-network pharmacy
<b>Member's responsibility (copays)</b>					
Generic or prescribed over-the- counter drugs	1 to 34-day period	\$10 copay	\$10 copay	\$10 copay	\$10 copay <b>plus</b> 25% of the BCBSM approved amount for the drug
	35 to 83-day period	No coverage	\$20 copay	No coverage	No coverage
	84 to 90-day period	\$20 copay	\$20 copay	No coverage	No coverage
Brand-name drugs	1 to 34-day period	\$30 copay	\$30 copay	\$30 copay	\$30 copay <b>plus</b> 25% of the BCBSM approved amount for the drug
	35 to 83-day period	No coverage	\$60 copay	No coverage	No coverage
	84 to 90-day period	\$60 copay	\$60 copay	No coverage	No coverage

**Note:** Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law.



	<b>* 90-day retail network pharmacy</b>	<b>** Network mail order provider</b>	<b>Network pharmacy (not part of the 90-day retail network)</b>	<b>Non-network pharmacy</b>
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**Covered services**

“Rx only” drugs	Covered – 100% less plan copay	Covered – 100% less plan copay	Covered – 100% less plan copay	Covered – 75% less plan copay
Prescribed over-the-counter drugs – when covered by BCBSM	Covered – 100% less plan copay	Covered – 100% less plan copay	Covered – 100% less plan copay	Covered – 75% less plan copay
State-controlled drugs	Covered – 100% less plan copay	Covered – 100% less plan copay	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 – 100% less plan copay for the insulin or other covered injectable legend drug	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

**\* Note:** The member must have been on the medication, under BCBSM coverage, for at least 60 days out of the previous 120 days before being eligible for the 90-day supply.

**\*\* Note:** We will not pay for drugs obtained from non-network mail order providers, including Internet providers.

**Features of your plan**

<b>Drug interchange and generic copay waiver</b>	<p>Certain drugs may not be covered for future prescriptions if a suitable alternate drug is identified by BCBSM, unless the prescribing physician demonstrates that the drug is medically necessary. A list of drugs that may require authorization is available at <a href="http://bcbsm.com">bcbsm.com</a>.</p> <p>If your physician rewrites your prescription for the recommended generic or OTC alternate drug, you will only have to pay a generic copay. If your physician rewrites your prescription for the recommended brand-name alternate drug, you will have to pay a brand-name copay. In select cases BCBSM may waive the initial copay after your prescription has been rewritten. BCBSM will notify you if you are eligible for a waiver.</p>
<b>Quantity limits</b>	Select drugs may have limitations related to quantity and doses allowed per prescription unless the prescribing physician obtains preauthorization from BCBSM. A list of these drugs is available at <a href="http://bcbsm.com">bcbsm.com</a> .
<b>Rider CI</b> , Contraceptive injections <b>Rider PCD</b> , Prescription contraceptive devices <b>Rider PD-CM</b> , Prescription contraceptive medications	<p>Adds coverage for contraceptive injections, physician-prescribed contraceptive devices such as diaphragms and IUDs, and “Rx only” oral or injectable contraceptive medications.</p> <p><b>Note:</b> These riders are only available as part of a prescription drug package.</p> <p>Riders CI and PCD are part of your medical-surgical coverage, subject to the same deductible and copay, if any, you pay for medical-surgical services. (Rider PCD waives the copay for services provided by a network provider.)</p> <p>Rider PD-CM is part of your prescription drug coverage, subject to the same copay you pay for prescription drugs.</p>

Rider **CMAC**, change in the maximum allowable cost program

Removes the requirement that a member pay the difference between brand name and MAC generic drug costs.