

Blue Care Network Rx Prescription Drug Coverage with Deductible \$5/\$30 Copay with Contraceptive Coverage Benefits-at-a-Glance

This is intended as an easy-to-read summary. It is not a contract. An official description of benefits is contained in applicable Blue Care Network certificates and riders. Payment amounts are based on the Blue Care Network 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.

Covered Services

Formulary Drug – Generic	Covered – \$5 copay – after deductible
Formulary Drug – Brand Name	Covered – \$30 copay – after deductible
Formulary Brand Name when Generic is available	Covered – Difference in cost between brand name drug and generic drug plus \$30 – after deductible
Non-Formulary Drugs	Not Covered
Sexual Dysfunction Drugs	Covered – 50% copay – after deductible
Mail Order Prescription Drugs	Covered – Applicable generic or brand name copay – after deductible

Definitions

BCN Formulary	A list of all prescription drugs which have been approved for use by BCN and which shall be dispensed through participating pharmacies to members.
Brand Name Drugs	Prescription drugs which are manufactured and marketed under a registered trade name or trademark.
Covered Drugs	Prescription drugs (Generic, Brand Name, Compounded Medication, or Health Habit) which are prescribed by a BCN affiliated provider and obtained through a participating pharmacy. Certain covered drugs are a benefit only if a BCN affiliated provider certifies to BCN and BCN agrees that the covered drug in question is medically necessary. Those drugs are not payable without preauthorization by BCN.
Deductible	The amount the member must pay before Blue Care Network (BCN) will pay for covered Prescription Drugs
Generic Drugs	Prescription drugs which have been determined by the FDA to be bioequivalent to Brand Name Drugs and are not manufactured or marketed under a registered trade name or trademark.
Mail Order Prescription Drugs	Up to a 90-day supply of covered drugs
Participating Pharmacy	A network of licensed pharmacies selected by or authorized by BCN

Deductible

Deductible	\$200 per member / \$400 per contract per calendar year for all covered drugs and services obtained at a pharmacy or through mail order
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