

Blue Care Network Rx Prescription Drug Coverage 50% 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. **Services must be provided or arranged by member's primary care physician or health plan.**

Covered Services

| | |
|--|---|
| Formulary Drug – Generic | Covered – 50% copay, \$5 minimum, \$100 maximum |
| Formulary Drug – Brand Name | Covered – 50% copay, \$5 minimum, \$100 maximum |
| Formulary Brand Name when Generic is available | Covered – Difference between brand name drug and generic plus 50% copay |
| Non-Formulary Drugs | Covered – 50% copay, \$5 minimum, \$100 maximum |
| Sexual Dysfunction Drugs | Covered – 50% copay |
| Mail Order Prescription Drugs | Covered – 50% copay, \$5 minimum, \$100 maximum |

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 Drug | 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. |
| 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. |