



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Usui International Corporation
Group Number: 71505 Package Code(s): 016
Section Code(s): 1001
Prescription Drugs
Effective Date: 10/01/2020
Benefits-at-a-glance

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. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

Your prescription drug copays, including mail order copays, may be subject to the same annual out-of-pocket maximum required under your medical coverage.

Member's responsibility (copays and coinsurance amounts)	
Benefits	Coverage
Retail - 30-day supply	\$10 copay - Generic drugs \$30 copay - Preferred brand drugs \$50 copay - Non-Preferred brand drugs 20% coinsurance - Generic and Preferred Specialty drugs \$100 maximum 20% coinsurance - Non-Preferred Specialty drugs \$200 maximum Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.
Mail Order - 90-day supply	\$10 copay - Generic drugs \$60 copay - Preferred brand drugs \$100 copay - Non-Preferred brand drugs
Mail Service Saver Program	Members must use mail order after 3 fills at retail for Maintenance Drugs; otherwise, member will be responsible for the complete cost of the drug.
Specialty Drugs – 30-day supply	Retail: 20% coinsurance - Generic and Preferred Specialty drugs \$100 maximum 20% coinsurance - Non-Preferred Specialty drugs \$200 maximum Mail Order: \$10 copay - Generic drugs \$60 copay - Preferred brand drugs \$100 copay - Non-Preferred brand drugs Members are restricted to a 30-day supply at both retail and mail order and certain specialty drugs are limited to only a 15-day supply for each fill.

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Benefits	Coverage
High-Cost Drug Discount Optimization Program	Prescription drug manufacturers provide coupon programs for certain pharmaceuticals. Your benefit plan requires you to enroll in BCBSM-approved coupon programs when available for select medications. This benefit may lower the cost sharing typically required for these drugs. Your out-of-pocket expense for these drugs will be no more than your cost sharing. When a coupon is used, only the amount you paid for the prescription will apply towards your annual out-of-pocket maximum. Note - Adjustments may be required to accurately reflect your annual out-of-pocket maximum with your true out-of-pocket costs.
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the PPACA	Covered - 100%
Oral and Injectable Contraceptives Retail and Mail Order	Covered - 100% for Generic and Select Brand name drugs; other Brand name drugs are subject to the applicable copay/coinsurance
Additional Services	
Smoking Cessation Drugs	Covered
Weight Loss Drugs	Covered
Impotency Drugs	Covered
Infertility Drugs	Not Covered
Diabetic Supplies	<p>Includes:</p> <p>Needles/Syringes - Covered at 100% if an injectable prescription drug was filled within the last 120 days under the BCBSM Rx benefit</p> <p>Retail Test Strips and Lancets: \$30 copay</p> <p>Mail Order Test Strips and Lancets: \$60 copay</p>

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