



Important terms to know

This page contains common terms that can help you better understand your pharmacy benefits. Not every term will apply to your current plan but may be helpful to know in the future.

Benefit: The amount of coverage you receive under medical or pharmacy insurance; also used to reference products and services that are covered by a medical or pharmacy plan.

Brand drug: A drug or the drug name that is patented by a pharmaceutical company. For example: Lipitor® is a brand name for the cholesterol drug atorvastatin calcium.

Chronic condition: An ongoing or recurring health condition or disease that lasts more than three months.

Coinsurance: The percentage of the total cost you pay for drugs after the deductible has been met. For example: If the plan pays 80 percent of the cost of a drug, then the coinsurance for you is 20 percent.

Copay: A fixed amount you pay for prescriptions or services. Depending upon the plan, your cost share may be a flat amount. For example: \$4 for generic drugs or \$20 for a doctor's visit.

Deductible: The amount you pay toward eligible healthcare services each year before the health plan begins to pay.

Drug tiers: Categories of drugs known as copayment or coinsurance tiers, based on usage, cost and clinical effectiveness.

Exclusions: Products or services not covered by the plan.

Formulary: The list of FDA-approved drugs that are covered by your plan. Also called a medication list or drug list.

Generic drug: A lower-cost version of a brand-name drug with the same chemical makeup and effectiveness. It is regulated by the Food and Drug Administration (FDA). Generics become available when the patent expires on a brand-name drug. For example: Atorvastatin calcium is the generic name for the brand-name cholesterol drug Lipitor®.

Home delivery: A mail order service for prescription drugs.

Maintenance drug: A prescription drug that treats a chronic condition like diabetes, arthritis, high blood pressure or heart disease.

Out-of-pocket costs: The portion of eligible healthcare costs that you are responsible for, including copayments, coinsurance, cost share and deductibles.

Over-the-counter drug: A drug you can buy without a doctor's prescription.

Pharmacy: An establishment licensed to prepare, dispense and sell drugs. There are several types of pharmacies. Types of pharmacies include retail, mail order and specialty.

Pharmacy network: A group of pharmacies that have contracted with a health plan or pharmacy benefit manager to provide covered products and services to members.

Prescription: A doctor's authorization for a drug to be filled by a licensed pharmacy.

Prior authorization: A process to ensure appropriate prescribing and use before a drug will be covered. Coverage may be approved after certain criteria are met.

Quantity limits: The maximum amount of drug allowed for each fill. Quantity limits are based on the number of days or number of units (pills, capsules, ounces, etc.). Limits promote safe, cost-effective drug usage, reducing waste and overuse.

Specialty drug: A drug that treats chronic and complex conditions, including multiple sclerosis, cancer, hepatitis C and rheumatoid arthritis. Specialty drugs can be filled at a specialty pharmacy.

Specialty pharmacy: A pharmacy that handles drugs used to treat patients with rare and/or chronic diseases.

Step therapy: A process that requires trying another drug that may be more safe, clinically effective and, in some cases, less expensive, before a more expensive drug is approved.

Utilization management: Programs to make sure you get the right drug for your needs that are designed to promote safe, cost-effective drug therapies. Utilization management programs include prior authorization, quantity limits and step therapy.

Get the most from your prescription coverage

Take an important first step to getting the most from your pharmacy benefits — for your health and your wallet — by understanding how they work. Here you'll find important information, guidelines and tips to avoid unnecessary out-of-pocket costs.

PHARMACY NETWORK

Just like you have a network for the doctors you see, the pharmacies in your network offer the best service at the best price for Blue Cross and Blue Shield of Minnesota members. To pay the lowest out-of-pocket cost, it's important to choose a pharmacy that participates in your network.

For 2023, your pharmacy network is the Select Network.

The Select Pharmacy Network is a broad national pharmacy network that includes major retailers and many independent pharmacies.

Your pharmacy network: Select



Tips for transferring prescriptions to a new pharmacy

- Take your prescription bottle to your new pharmacy. They will contact your current pharmacy to transfer your prescription.
- Call your new pharmacy and ask them to contact your current pharmacy for your prescription information
- Ask your doctor to call your new pharmacy with your prescription information

DRUG LIST (FORMULARY)

For 2023, your formulary is FlexRx.

FlexRx includes a broad, clinically complete list of drugs that include a good balance of brand-name and generic drugs. Your plan includes coverage for drugs not on the formulary. However your share of the cost is generally more than for those that are included on the drug list.

Your formulary: FlexRx

INFORMATION WHEN AND WHERE YOU NEED IT

bluecrossmn.com

Your member website has all the information you need to find an in-network pharmacy, covered drugs and costs. You can also find alternative drugs and learn about prior authorization, step therapy and quantity limits for your plan. You can access the website from your desktop or the mobile app after your plan becomes effective. Register or log in today.

FIND A PHARMACY

CHECK YOUR FORMULARY

From your desktop:

- Choose "Find a Doctor"
- · Select "Find a Pharmacy or Drug"
- Click on "Find a pharmacy in a network"
- Use drop-down menu and select "Select"
- Choose "Find a Doctor"
- Select "Find a Pharmacy or Drug"
- Click on "Search for a drug in a formulary"
- Use drop-down menu and select "FlexRx"



Who is Prime Therapeutics LLC?

We work with Prime Therapeutics to manage your pharmacy benefit. When you search for your pharmacy network or drug list, you'll be brought to the Prime website.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.



CHANGES TO YOUR PHARMACY BENEFITS

 MedsYourWay® is a program that gives you the lowest price available on prescription drugs. MedsYourWay compares drug card discount prices and your health plan benefit (copay) to automatically deliver the lowest price to you. There is no discount card required, simply show your member ID card at the pharmacy.

MedsYourWay is not insurance. MedsYourWay® is part of Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.

 Drug manufacturer coupons – Pharmacies in the Specialty Pharmacy Network accept drug manufacturer coupons. However, only the amount you pay out of pocket applies to your coinsurance, copay, deductible, and out-of-pocket limits. The dollar amount of the coupon does not count toward those totals.



3 ways to save on Rx

- Stay within your network
- Opt for generic
- Choose drugs on your formulary

UTILIZATION MANAGEMENT

Your plan requires prior authorization for your prescripions.

SAVE TIME WITH A 90-DAY PHARMACY SUPPLY

With a 90-day supply, you save valuable time at the pharmacy — it helps make sure you don't run out of medication. Ask your doctor to write your prescription for a 90-day supply. Note: some prescriptions may be limited to a 30-day supply.

HOME DELIVERY CONVENIENCE

Enjoy the ease of having your maintenance drugs delivered anywhere in the U.S with home delivery.

To learn more:

- Log in at bluecrossmn.com
- Click on the Prescriptions tab
- Click on "Home delivery savings" or "Home delivery options and forms"
- Select "Learn more about Amazon Pharmacy"

Follow prompts for transferring or starting a new prescription.

Amazon Pharmacy is an independent company offering pharmaceutical home delivery services.

CHOOSE GENERIC AND SAVE

When a generic drug is available, your plan requires that you take the generic. If you do not take the generic, you will pay the cost difference between the generic and brand drug, in addition to your cost share for the brand drug, which can be quite expensive. This applies even if your doctor writes a brand drug-only prescription. The difference between the generic and brand drug does not count toward your deductible or the out-of-pocket maximum. You will still be required to pay the difference between the generic and the brand drug after your out-of-pocket maximum is met.

GENERIC VS. BRAND-NAME COMPARISON EXAMPLE					
	\$500 brand drug	\$80 generic drug			
Member's share of cost (copay or coinsurance)	\$80	\$15			
Cost difference between brand-name and generic	* \$420	* \$0			
Total member cost	\$500	\$15			



same clinical effectiveness as **GENERICS:** brand drugs but are often much less expensive

SPECIALTY DRUGS

If you have a complex medical condition like multiple sclerosis, hemophilia, hepatitis or rheumatoid arthritis, you may need a "specialty" drug. Your plan includes a specialty drug network with pharmacies that specialize in these types of drugs. Your plan requires you to use this network for your specialty drugs.

Dedicated pharmacists and nurses

Trained professionals can answer questions about your specialty drug, help you understand this benefit and enroll you right over the phone. Information to have on hand when you call includes:

- Member ID number
- Pharmacy and prescription information
- Doctor's name, phone and fax numbers

Get started by calling one of our specialty pharmacies:

All specialty drugs:

Fairview Specialty Pharmacy – 1-800-595-7140

All specialty drugs except hemophilia drugs:

Accredo - 1-866-470-9554

Allina Specialty Pharmacy – 1-866-462-2057 Essentia Health – 1-844-380-5626/(715) 817-7145 North Memorial Health – 1-877-520-5307 Sanford Specialty Pharmacy – (701) 234-7600 Thrifty White Specialty Pharmacy – 1-855-611-3399

Hemophilia drugs:

Children's Home Care - 1-866-656-1020

Oncology drugs:

IntegratedRx – See listing of in-network pharmacies at **bluecrossmn.com**

Each pharmacy is an independent company that provides pharmaceutical services.

GO MOBILE WITH BLUE CROSS

Digital experience

With a single sign-on, members have convenient access to important health plan information, including:

- Deductible and out-of-pocket spending totals
- Welcome, Anna

 GROUP NUMBER MEMBER ID
 12345678 123456780012
 HEALTH PLAN
 Health Plan Name
 Plan Period 010/10/203 to 12/31/2023
 IN-NETWORK COPAY
 Primary Care: \$ | Specialist: \$

 VIEW IO CARD

 IN NETWORK

 VIEW IO CARD

 IN SETWORK

 VIEW IO CARD

 VIEW IO CARD
- Digital member ID card that can be shared easily with healthcare providers
- Medical spending account balances
- Drug Cost Estimator tool

MORF OUFSTIONS?

- Visit bluecrossmn.com
- You may also contact the number on the back of your member ID card for more information

Better together

