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Pharmacy Benefits

Your Anthem Blue Cross and Blue Shield University of Maine System Comprehensive Group Health Plan for Retirees Age 65 and Older (6377ME), University of Maine System Comprehensive Group Health Plan for Early Retirees Under Age 65 (6382ME), University of Maine System CompCare Comprehensive Group Health Plan (048749), University of Maine System HMO Choice Point of Service Plan (048751) or University of Maine System HMO Choice Health Plan for Early Retirees Under Age 65 Point of Service (6321ME) Certificate of Coverage is changed as stated in this amendment.

The “Covered Services” section is changed by deleting the “Prescription Drugs” provision and replacing it with the following:

Prescription Drugs We provide benefits under your prescription drug card program for FDA approved prescription drugs and medicines bought for use outside a hospital. The Covered Drug Copayment or Coinsurance may vary based on whether the Prescription Drug has been classified by Anthem as a Tier 1, Tier 2, or Tier 3 Drug.

The determination of tiers is made by Anthem based upon clinical information, and where appropriate the cost of the Drug relative to other Drugs in its therapeutic class or used to treat the same or similar condition; the availability of over-the-counter alternatives; and where appropriate, certain clinical economic factors.

We retain the right at Anthem’s discretion to determine coverage for dosage formulations in terms of covered dosage administration methods (for example by mouth, injections, topical, or inhaled) and may cover one form of administration and exclude or place other forms of administration on another Tier.

- Tier 1 drugs have the lowest copayment. Most generics will be included in this category.
- Tier 2 drugs will have a higher copayment than those in tier 1. Most preferred brand medications will be included in this category.
- Tier 3 drugs include non-preferred brand medications. Generic medications recently approved by the FDA may also be included in tier 3. These medications will have the highest copayment.

Certain prescription drugs (or the prescribed quantity of a particular drug) may require prior authorization of benefits. Prior authorization helps promote appropriate utilization and enforcement of guidelines for prescription drug benefit coverage. At the time you fill a prescription, the network pharmacist is informed of the prior authorization requirement through the pharmacy’s computer system and the pharmacist is instructed to contact the pharmacy benefits manager (PBM). The PBM is a pharmacy benefit management company with which we contract to manage your pharmacy benefits. Please see the “Benefit Determinations, Payments and Appeals” section for additional information.

The PBM uses pre-approved criteria, developed by Anthem’s national Pharmacy and Therapeutics Committee and reviewed and adopted by Anthem. The PBM communicates the results of the decision to the pharmacist. The PBM may contact your prescribing physician if additional information is required to determine whether prior authorization should be granted. If prior authorization is denied, you have the right to appeal through the appeals process outlined in the “Benefit Determinations, Payments and Appeals” section of this certificate.

Please note one exception to the prior authorization requirement. When the prior authorization is initiated but cannot be completed, Anthem may authorize coverage for a sufficient amount of the Prescription Drug which will provide the additional time for Anthem to make the prior authorization decision.

For a list of current drugs requiring prior authorization, please contact a customer service representative at the number on the back of your ID card or consult the website at www.anthemprescription.com. The tier listing is subject to periodic review and amendment. Inclusion of a drug or related item on the tier listing is not a guarantee of coverage.

Prescription Drugs From A Retail Pharmacy When your prescription is filled at a retail Pharmacy, you pay the amount shown on your Summary of Benefits. Certain participating retail pharmacies can fill your prescription at the same Copayments that apply to the mail order Pharmacy. Please ask your Pharmacy if they participate in this special arrangement or call our Customer Service Department at the number on your ID card for a list of participating pharmacies.

Prescription Drugs By Mail Your Contract may allow you to obtain Prescription Drugs by mail. To obtain Benefits for Prescription Drugs by mail, complete a mail order Pharmacy form, available through our Customer Services Department, and mail it with your prescription. You must pay the applicable Copayment amount indicated on your Summary of Benefits.

Changes In Your Prescription Your pharmacist may check your prescription to determine if there may be harmful interactions between the prescription you are filling and any other prescription you may be taking. The pharmacist may contact your Physician to discuss possible changes to your prescription.

Refills on Prescriptions Your Physician will indicate the number of refills for your prescription. We will cover the refill for your prescription when you have taken 85% of the medication, based on the dosage schedule prescribed by the Physician. We will not provide Benefits for refills that are filled sooner.

Maintenance Prescription Supplies Benefits are provided for up to a 90-day supply if prescribed by your Physician as medically appropriate. Please refer to your Summary of Benefits for Copayment amounts that apply to you.

Therapeutic Substitution of Drugs Your Pharmacy benefit includes a therapeutic drug substitution program approved by Anthem and managed by the PBM. This voluntary program is designed to inform Members and Physicians about tiering alternatives. The PBM may contact the Member, the Member's representative, or the prescribing Physician to make the Member aware of tiering substitution options. Only the Member and the Member's Physician can determine whether the therapeutic substitution is appropriate.

Vacation Supplies If you are going out of the area for an extended period of time and your supply of medications is not sufficient for this period, you may contact your Pharmacy or the prescribing Physician prior to leaving the area to receive an early refill or an extended-day supply of medications while you are away from home. Controlled substances are excluded from this program.

The “Benefit Determinations, Payments and Appeals” section is changed by deleting the “Anthem Prescription Management (APM)”; “Payment for Prescription Drug Claims”; and “Prescription Drugs By Mail” provisions and replacing them with the following:

Pharmacy Benefit Management

The Pharmacy Benefits available to you under this Plan are managed by a pharmacy benefits management (PBM) company with which we contract to manage your Pharmacy Benefits. The PBM has a nationwide network of retail pharmacies, a mail service Pharmacy, and clinical services that include tier management.

The management and other services provided include, among others, making recommendations to, and updating, the tier listing and managing a network of retail pharmacies and operating a mail service Pharmacy. The PBM, in consultation with Anthem, also provides services to promote and enforce the appropriate use of Pharmacy Benefits, such as review for possible excessive use; proper dosage; drug interactions or drug/pregnancy concerns.

Payment for Prescription Drug Claims

To obtain Benefits for Prescription Drugs, present your identification card to any Pharmacy that has an agreement with the PBM, in this or any other state. You must pay the applicable amounts shown on your Summary of Benefits. The participating Pharmacy will submit the claim for you and the PBM will directly pay the Pharmacy the balance due. Please call Customer Service at the telephone number on your ID card if you have questions about the participation status of a Pharmacy.

If you use a Pharmacy that does not have an agreement with the PBM, or if you do not use your identification card, you must pay the Pharmacy the entire cost for the prescription and submit a claim form for reimbursement. Claim forms are available by contacting a Customer Service Representative.

If you receive Prescription Drugs from a non-participating Pharmacy or if you do not use your identification card, you may receive a reduced benefit. We will reimburse you based on the amount we would have paid to a participating Pharmacy less your share of the cost.

Prescription Drugs By Mail

To obtain Benefits for Prescription Drugs through the mail order Pharmacy, complete a mail order Pharmacy form, available through our Customer Service Department, and mail it with your prescription. You must enclose the applicable Copayment amount indicated on your Summary of Benefits.

Your financial responsibility (Copayments) will not be reduced by any discounts, rebates or other funds received by the Pharmacy Benefits Manager from drug manufacturers, or similar vendors or funds received by the plan from the Pharmacy Benefits Manager.

Your prescription drug Copayment will be the lesser of your scheduled Copayment amount or the retail price charged for your prescription by the Pharmacy or the Pharmacy Benefits manager that fills your prescription.

No payment will be made by us for any Covered Service unless our negotiated rate exceeds any applicable Copayment for which you are responsible.

The “Definitions” section is changed by deleting the “Formulary” and “Pharmacy and Therapeutics Committee” definitions and replacing them with the following:

Pharmacy and Therapeutics Committee Anthem’s national committee made up of Physicians and other experts in medicine and Pharmacy.

Tier Listing The list of pharmaceutical products, developed in consultation with Physicians and pharmacists, approved for their quality and cost effectiveness.

The “Definitions” section is further changed by adding the following definitions:

Maintenance Prescription Drug A Prescription Drug that is used on a continuing basis for the treatment of a chronic illness, such as heart disease, high blood pressure, arthritis and/or diabetes.

Network Pharmacy Any Pharmacy, located within the United States, acceptable as a Participating Pharmacy by Anthem to provide Covered Drugs to Members under the terms and conditions of this Certificate. Also referred to as “Participating Pharmacy”.

Non-Network Pharmacy Any appropriately licensed Pharmacy, located within the United States that is not a Participating Pharmacy under the terms and conditions of this Certificate. Also referred to as “Non-Participating Pharmacy”.

All other terms, conditions, limitations and exclusions of your Anthem Blue Cross and Blue Shield University of Maine System Comprehensive Group Health Plan for Retirees Age 65 and Older (6377ME), University of Maine System Comprehensive Group Health Plan for Early Retirees Under Age 65 (6382ME), University of Maine System CompCare Comprehensive Group Health Plan (048749), University of Maine System HMO Choice Point of Service Plan (048751) or University of Maine System HMO Choice Health Plan for Early Retirees Under Age 65 Point of Service (6321ME) Certificate of Coverage is changed as stated in this amendment.



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