

Diabetic Drugs/Supplies and Special Medical Foods Drug Plan Rider



**Blue Cross and Blue Shield
of New Mexico**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association.

This *Diabetic Drugs/Supplies and Special Medical Foods Drug Plan Rider* replaces any previous information you may have received in your Blue Cross and Blue Shield of New Mexico (BCBSNM) Member Certificate or benefit booklet, or by endorsement or amendment. (For additional coverage available to you for diabetic needs and inborn errors of metabolism, see your Benefit Booklet.)

BY:

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Diabetic Medications and Supplies; Special Medical Foods

Definitions:

Genetic inborn errors of metabolism — A rare, inherited disorder that is present at birth; if untreated, results in mental retardation or death, and requires that the affected person consume special medical foods.

Special medical foods — Nutritional substances in any form that are consumed or administered internally under the supervision of a physician, specifically processed or formulated to be distinct in one or more nutrients present in natural food; intended for the medical and nutritional management of patients with limited capacity to metabolize ordinary foodstuffs or certain nutrients contained in ordinary foodstuffs or who have other specific nutrient requirements as established by medical evaluation; and essential to optimize growth, health, and metabolic homeostasis.

Covered Medications and Other Items:

This Plan covers the following drugs, supplies, and other products **only when dispensed by a participating pharmacy** (unless required as the result of an emergency, as defined in your benefit booklet) **or ordered through the Mail Order**

Service:

- prescription drugs (prescriptive oral agents) for **controlling blood sugar levels**
- **insulin and glucagons emergency kits**
- **insulin needles, syringes, and diabetic supplies** (e.g., autolets, lancets, lancet devices, blood glucose and visual reading urine and ketone test strips) (There is a separate coinsurance amount for each item purchased.)
- **special medical foods** used to treat and to compensate for the metabolic abnormality of members with genetic inborn errors of metabolism in order to maintain their adequate nutritional status (Benefits for these nonprescription products are subject to a 50 percent coinsurance amount and must be **prior-approved** by BCBSNM)

Member Percentages:

You pay a percentage amount for diabetic supplies, insulin, special medical foods, and covered prescription drugs for controlling blood sugar levels, not to exceed the actual retail price, for each prescription filled or item purchased (not to exceed supply limitations described below). Percentage amounts are not subject to the regular plan deductible or out-of-pocket limit provisions.

Diabetic Drugs/Supplies and Inborn Errors of Metabolism Coverage Rider (continued)

For claims submitted to the prescription drug plan administrator for reimbursement, you are paid the **lesser** of: 1) the sum of the drug ingredient cost, the dispensing fee that would be payable to a participating pharmacy, and any sales tax minus the applicable percentage amount, or 2) the pharmacy's retail price minus the applicable percentage amount.

Retail Pharmacy Program

All items covered under this rider must be purchased from a participating retail pharmacy. (Refer to your provider directory. If you do not have a directory, call a Customer Service representative for a list of participating pharmacies or visit the BCBSNM Web site at www.bcbsnm.com.) **You must present your BCBSNM health care plan identification (ID) card to the pharmacist at the time of purchase to receive this benefit.** (You do not receive a separate prescription drug plan ID card; use your health care plan ID card to receive all medical/surgical and diabetic drugs and supplies, and special medical foods covered under your plan and this rider.)

You can use your ID card to purchase covered items only for yourself and covered family members. When coverage for you or a family member ends under this health care plan, the ID card may not be used to purchase drugs or other items for the terminated member(s).

If you do not have your ID card with you or if you purchase your prescription or other covered item from a nonparticipating provider in an emergency, you must pay for the purchase in full and then submit a claim directly to the BCBSNM prescription drug plan administrator. (You should have received the address of the administrator among the materials you received upon enrollment. If you did not, call Customer Service for the address and a claim form or visit the BCBSNM Web site at www.bcbsnm.com.)

Retail Pharmacy — When you need to fill a prescription, simply go to a participating pharmacy and show the pharmacist your member ID card and pay the necessary percentage amount. The percentage amounts you pay at the retail pharmacy are as follows:

| Type of Prescription | Percentage of Covered Charge | Minimum Percentage Amount | Maximum Percentage Amount |
|--|------------------------------|---------------------------|---------------------------|
| Generic Drug | 25% | \$20 | \$75 |
| Brand-Name Drug | 50% | \$40 | \$125 |
| Special medical foods: (Limited to a 30-day supply during any 30-day period; requires prior approval) | 50% of covered charges | | |

Supply Limitations — During any 30-day period, for each percentage amount listed above, you can obtain up to a 30-day supply or 180 units (e.g., pills), whichever is less, of a single prescription drug or other item covered under this rider. If more than 180 units are needed to reach a 30-day supply, prior approval is required.

Minimums and Maximums — The following is an example of how the minimum and maximum percentage amounts work when you purchase a generic drug through the retail pharmacy program:

- **Medication A** costs less than \$20. You pay the actual retail cost of the prescription.
- **Medication B** costs \$40. Since 25% is less than \$20, you pay the minimum percentage amount of \$20.
- **Medication C** costs \$120. Since 25% is greater than \$20 and less than \$75, you pay 25% (or \$30)
- **Medication D** costs \$700. Since 25% is greater than \$75, you pay the maximum percentage of \$75.

Filing Claims — Claims for items covered under the prescription drug plan must be sent to the prescription drug plan administrator — **not** to BCBSNM. If not included in your enrollment materials, you can obtain the name and address of the administrator and the necessary claim forms from a Customer Service representative or on the BCBSNM Web site.

Diabetic Drugs/Supplies and Inborn Errors of Metabolism Coverage Rider (continued)

Mail Order Service

Except for supply limitations and special medical foods, all items that are covered under the Mail Order Service are the same items that are covered under the Retail Pharmacy Program and are subject to the same limitations and exclusions.

To use the Mail Order Service, follow the instructions outlined in the materials provided to you in your enrollment packet. (If you do not have this information, call a Customer Service representative.)

Note: Prescription drugs and other items may not be mailed outside the United States. Call Customer Service at least two weeks before you intend to leave if you are leaving the country and need an extended supply of medication. (If you need more than a 90-day supply, you may be asked to provide proof of continued enrollment eligibility.)

Mail Order Service — The Mail Order Service program offers you the convenience of home delivery at a lower cost, per 30-day supply, than what you would pay through the Retail Pharmacy Program. The percentage amounts for up to a 90-day supply of medication through the Mail Order Service program are as follows:

| Type of Prescription | Percentage of Covered Charge | Minimum Percentage Amount | Maximum Percentage Amount |
|----------------------|------------------------------|---------------------------|---------------------------|
| Generic Drug | 25% | \$40 | \$150 |
| Brand-Name Drug | 50% | \$80 | \$250 |

Supply Limitations — During any 90-day period, for each percentage amount listed above, you can obtain up to a 90-day supply or 540 units (e.g., pills), whichever is less, of a single prescription drug or other item covered under the mail-order portion of this rider. If less than a 90-day supply is ordered, percentage amounts will still apply. If more than 540 units are needed to reach a 90-day supply, prior approval is required.

Minimums and Maximums — The following is an example of how the minimum and maximum percentage amounts work when you purchase a generic drug through the Mail Order Service program:

- **Medication A** costs less than \$40. You pay the actual cost of the prescription.
- **Medication B** costs \$50. Since 25% is less than \$40, you pay the minimum percentage amount of \$40.
- **Medication C** costs \$175. Since 25% is greater than \$40 and less than \$175, you pay 25% (or \$75)
- **Medication D** costs \$700. Since 25% is greater than \$150, you pay the maximum percentage of \$150.

Exclusions

This rider does **not** cover:

- any prescription or nonprescription drugs not specifically listed as covered
- prescriptions or other covered items purchased from a nonparticipating pharmacy or other provider unless eligible for benefits in an emergency situation (as defined in your Member Certificate or benefit booklet)
- refills before the normal period of use has expired, in excess of the number specified by the physician, or requested more than one year following the physician’s original order date (Prescriptions cannot be refilled until at least 75 percent of the previously dispensed supply will have been exhausted according to the physician’s instructions. Call Customer Service for instructions on obtaining a greater supply if you are leaving home for more than a 30-day period of time.)
- replacement of drugs or other items that have been lost, stolen, destroyed, or misplaced
- shipping, handling, or delivery charges
- prescription drugs required for international travel or work

Note: Prescription contraceptive devices are payable under your medical/surgical plan benefit booklet in the “Family Planning” provision of the “Covered Services” section. Also, see the “General Limitations and Exclusions” section in your benefit booklet; these exclusions also apply to services covered under this rider.