



2022

PHARMACY BENEFITS GUIDE

Classic with
KeyRx Medication List

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 medicine atorvastatin calcium.)

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

Coinsurance: The percentage of the total cost you pay for medicines after the deductible has been met. For example, if the plan pays 80% of the cost of a medicine, then the coinsurance for you is 20%.

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

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

Drug tiers: Medications assigned to categories known as copayment or coinsurance tiers, based on drug 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®.)

Maintenance medication: 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 health care costs that you are responsible for, including copayments, coinsurance, cost share and deductibles.

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

Pharmacy: An establishment licensed to prepare, dispense and sell medicines. 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 medication to be filled by a licensed pharmacy.

Prior authorization: A pre-approval process before a drug will be covered to ensure appropriate use and prescribing. The list of drugs needing pre-approval depends on the benefit plan.

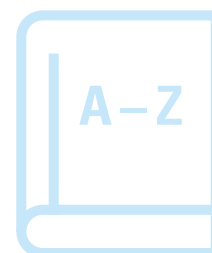
Quantity limits: The maximum amount of medicine that you can get for each fill. Quantity limits are based on the number of days or number of units (pills, capsules, ounces, etc.).

Specialty medication: Medicine that treats chronic and complex conditions (for example, multiple sclerosis, cancer, hepatitis C and rheumatoid arthritis). Specialty medicines can be filled at a specialty pharmacy.

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

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 designed to make sure you get the right medicine for your needs and 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 members. To pay the lowest out-of-pocket cost, it's important to choose a pharmacy that participates in your network.

For 2022, your pharmacy network is the Classic pharmacy network.

The Classic Network provides access to a large network of pharmacies including Walgreens and other top retailers, as well as independent pharmacies. Please note that CVS/Target is not included in this network.

Walgreens is an independent company providing pharmacy benefit services.

Your pharmacy network: **Classic**

MEDICATION LIST (FORMULARY)

For 2022, your formulary is KeyRx

KeyRx provides access to safe and effective prescription drugs at the lowest cost of care. There is no coverage for medications not on the formulary. Your plan does not include coverage for medications that are not on your formulary unless medically necessary.

Your formulary: **KeyRx**



Insulin coverage

Tier 1 and Tier 3* insulin options will be included as a covered benefit with \$0 out-of-pocket cost.

*Tier 1 and Tier 3 are generally defined as consisting of preferred generic and brand medications available through a plan's drug list or formulary.

INFORMATION WHEN AND WHERE YOU NEED IT

bluecrossmnonline.com/lkd

Your member website has all the information you need to find an in-network pharmacy, covered medications and costs. 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: <ul style="list-style-type: none">• Select "Find a Doctor or Rx"• Choose "Find a Pharmacy." This will take you to the Prime Therapeutics site.• Choose "Classic"• Enter location details	<ul style="list-style-type: none">• Choose "Find a Doctor or Rx"• Select "Find a Drug"• Click on "Search covered drug lists"• Use drop-down menu and select "KeyRx"
On the BlueCrossMN app: <ul style="list-style-type: none">• Choose "Find a Doctor"• Enter "Pharmacy" in the search field	<ul style="list-style-type: none">• Select "Costs"• Choose "Drug Cost Estimator"• Enter drug name• Enter dosage information



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.



Money-saving tip:

Make sure your pharmacy is in your network otherwise you could pay a lot more for your prescription.

UTILIZATION MANAGEMENT

Your plan requires prior authorization, step therapy, and quantity limits for your prescriptions.



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.

MAIL ORDER CONVENIENCE

Save even more time by having your prescription delivered by mail.

- Log in at bluecrossmnonline.com/lkd
- Choose "Prescriptions"
- Select "Mail Order"

Follow prompts for transferring or starting a new prescription.



3 ways to save on Rx

- Stay within your network
- Opt for generic
- Choose drugs on your medication list

SPECIALTY MEDICATIONS

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

Dedicated pharmacists and nurses

Trained professionals can answer questions about your specialty medication, 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 medications:**
Fairview Specialty Pharmacy – **1-800-595-7140**
- **All specialty drugs except hemophilia drugs:**
Accredo – **1-866-470-9554**
North Memorial Health – **1-877-520-5307**
Thrifty White Specialty Pharmacy – **1-855-611-3399**
- **Hemophilia drugs:**
Children’s Home Care – **1-866-656-1020**

Each pharmacy is an independent company that provides pharmaceutical services.

MORE QUESTIONS?

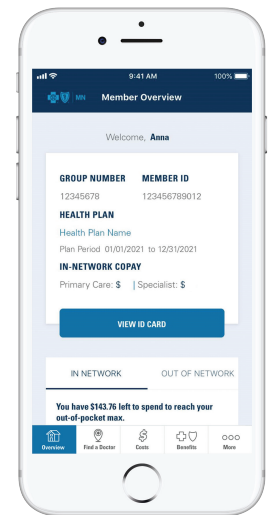
- Visit bluecrossmnonline.com/lkd
- You may also contact the number on the back of your member ID card for more information

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
- Digital member ID card that can be shared easily with health care providers
- Medical spending account balances
- Drug Cost Estimator tool



NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမူကတိကညီကိုးဒီး, တကယ့်နကိုင်တကယ့်ကလိတဖန်န့လီ. ကိ: 1-866-251-6744 လာ TTY
အဂီ, ကိ: 711 တက့.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583 ។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711 ។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíłnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodíłnih.

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