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MESSA ABC Rx Coverage

\$2 Generic Drug List

An Overview

MESSA ABC is an exceptional, high-quality health plan that costs less - 10% to 25% less - and gives members the same great financial security, peace of mind and personalized service that are at the heart of every MESSA plan. We've taken great care to build extra features into MESSA ABC Rx coverage that support our members' good health and give them a strong financial safety net.

MESSA ABC Prescription Drug Coverage Gives You Extra Protection and Financial Security

MESSA ABC includes comprehensive prescription drug coverage that protects your pocketbook and your health. Federal law requires that the cost of prescription drugs is subject to the plan deductible for all HSA-qualified plans such as MESSA ABC. That means that patients must pay the full cost of a prescription until the plan deductible is met. However, MESSA designed our MESSA ABC plans with four special benefits features that help you minimize your costs and stretch the value of your health care dollars. Please note: compounded medications and other drugs that are not FDA-approved are not a covered benefit.

Special Benefits that Protect Your Good Health and Help You Stretch Your Paycheck

- MESSA ABC covers more than 640 free preventive prescriptions that are covered at no cost to you. Drugs on this list have no copayments and are not subject to deductible charges, ever. Free prescription medications include contraceptives, prenatal vitamins, weight loss, cholesterol and blood pressure.
- MESSA's contract with our primary underwriter, Blue Cross Blue Shield of Michigan, ensures that your cost for a prescription is capped at the same amount the Blues' has negotiated with the pharmacy. This saves you significant money over regular retail prices when you're paying for a prescription that is subject to the deductible.

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- After your MESSA ABC plan deductible is met for the calendar year, your prescription drug costs are limited to the MESSA ABC prescription drug copayment schedule, which includes \$2 Generics for specific chronic conditions, special \$10 prices on certain Over-The-Counter (OTC) drugs, lower copayments (\$20 instead of \$40) for specific brand name maintenance drugs prescribed to treat asthma and diabetes, and reduced copayments for 90-day retail and mail order prescriptions. For additional details see below.
- After you meet your plan deductible for the calendar year, MESSA ABC Plans 1, 2 and 3 give you a high level of financial certainty because all three plans cap your additional In-network out-of-pocket costs at \$1000 for Single coverage and \$2000 for 2-Person and Family coverage.

MESSA ABC Prescription Drug Coverage: Additional Details

In-Network Pharmacies

1. Most Michigan retail pharmacies are In-network with your MESSA ABC plan.
2. As required by federal law, non-preventive prescriptions are subject to the plan deductible. Member costs for each prescription are limited to the charge that Blue Cross Blue Shield of Michigan has negotiated with the pharmacy.
3. MESSA ABC covers more than 640 free preventive prescriptions at no charge to the member. There is no copayment or deductible charge.
4. Once the In-Network plan deductible is met, member costs are limited to the following schedule of copayments for each covered drug or refill when obtained from a network pharmacy:
 - Free preventive prescriptions.
 - \$2 for generic drugs in certain therapeutic classes used to treat specific chronic conditions (asthma, coronary artery disease, diabetes, high blood pressure and high cholesterol).
 - \$10 for all other generic drugs.
 - \$10 for specific, Over-The-Counter medications for the treatment of seasonal allergies and heartburn (requires written prescription). Covered medications include Allegra®, Allegra D®, Claritin®, Claritin D®, Zyrtec®, Zyrtec D®, Prevacid®, Prilosec®, and Zegerid®.
 - \$20 (instead of \$40) for specific brand name maintenance drugs used to treat diabetes and asthma, including insulin, glucagon emergency kits, fast-acting and long-lasting inhalers, and the drugs Zyflo® and Zyflo CR®.

- \$40 for all other brand name drugs, including single-source drugs where no generic is available. Members will face additional cost if they insist on a brand-name drug when a less expensive generic is available and medically appropriate. The additional costs do not apply to your annual deductible or out-of-pocket maximum.
 - Compounded medications and other drugs that are not FDA-approved are not a covered benefit.
5. After the In-network deductible is met for the calendar year, MESSA ABC Plans 1, 2 and 3 give you a high level of financial certainty because all three plans cap your additional In-network out-of-pocket costs for the rest of the calendar year at \$1000 for Single coverage plans and \$2000 for 2-Person and Family coverage plans. This cap means that after your deductible is met in MESSA ABC Plans 1 and 2, your In-network medical services are fully covered at 100% and the only costs you have are the prescription drug copayments described above. MESSA ABC Plan 3 includes 10% coinsurance on In-network medical services in addition to the prescription drug copayments.
 6. With all three plans, if you reach the In-network out-of-pocket cap, your In-network prescriptions and medical services are fully covered at 100% by your MESSA ABC health plan for the remainder of the calendar year.

Out-of-Network Pharmacies

1. Most Michigan retail pharmacies are In-network with MESSA ABC. If at all possible, use In-network pharmacies to limit your out-of-pocket costs. When you travel out-of-state, ask if the pharmacy is considered In-network with Blue Cross Blue Shield before purchasing a prescription.
2. Prescription drug purchases from an Out-of-network pharmacy are subject to the MESSA ABC Out-of-network deductible.
3. MESSA's free preventive prescription benefit is not available when using an Out-of-network pharmacy.
4. If you purchase a prescription from an Out-of-network pharmacy, you must pay the pharmacy and submit a claim form and proof-of-purchase to MESSA. Once your applicable Out-of-network deductible has been met, MESSA will reimburse you for 75% of the approved amount for the drug (100% for emergency pharmacy services) minus your copayment (if any).

Questions about Your MESSA ABC Prescription Drug Coverage?

For complete information about your MESSA ABC prescription drug coverage, click here to access your MESSA ABC Plan Coverage Booklet or call MESSA's Member Service Center at 800.336.0013.

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MESSA ABC Rx Coverage:\$2 Generics List

MESSA ABC is an exceptional, high-quality health plan that costs less – 10% to 25% less – and gives members the same great financial security, peace of mind and personalized service that are at the heart of every MESSA plan. We've taken great care to build extra features into MESSA ABC Rx coverage including more than 670 free preventive prescriptions that are covered at no charge and 21 generic drugs that are available with a \$2 copayment after the plan deductible is met.

**** The \$2 copayment benefit for the prescriptions listed below is effective for MESSA ABC plans once the appropriate MESSA ABC in-network plan deductible is met. ****

MESSA ABC plans cover more than 670 free preventive prescriptions at no charge to the member: there's no copayment and no deductible charge. Prescriptions that are not covered under the free preventive prescription benefit, including prescriptions available under the \$2 copayment benefit, are subject to the MESSA ABC plan deductible as required by federal law. That means that members must pay the full cost of the prescription until they satisfy their In-network deductible. Once a member satisfies the In-network deductible, additional out-of-pocket costs are limited to prescription drug copayments (MESSA ABC Plans 1 & 2) or prescription copayments and 10% coinsurance on In-network medical services (Plan 3). With all three plans, if you reach the In-network out-of-pocket cap, your prescriptions and all In-network medical services, including office visits and hospital charges, are fully covered at 100% by your MESSA ABC health plan for the remainder of the calendar year. For current information on covered free preventive prescriptions, \$2 generics and other copayment requirements, contact MESSA's Member Service Center at 800.336.0013.

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Asthma

Albuterol Inhalation Solution

Albuterol Sulfate Tablets

Aminophylline

Cromolyn Sodium

Diabetes

Acarbose

Chlorpropamide

Glimepiride

Glipizide

Fluticasone Propionate	Glipizide / Metformin HCL
Metaproterenol Sulfate	Glyburide
Terbutaline Sulfate	Glyburide, Micro / Metformin HCL
Theophylline Anhydrous	Glyburide, Micronized
Zafilukast	Metformin HCL
	Nateglinide
	Tolazamide
	Tolbutamide

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