

Chapter 6: What you pay for your Medicare and Michigan Medicaid prescription drugs

Introduction

This chapter tells what you pay for your outpatient prescription drugs. By “drugs,” we mean:

- Medicare Part D prescription drugs, **and**
- drugs and items covered under Michigan Medicaid, **and**
- drugs and items covered by the plan as additional benefits.

Because you are eligible for Michigan Medicaid, you are getting “Extra Help” from Medicare to help pay for your Medicare Part D prescription drugs.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

Other key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

To learn more about prescription drugs, you can look in these places:

- The plan’s *List of Covered Drugs*.
 - We call this the “Drug List.” It tells you:
 - Which drugs the plan pays for
 - Which of the two tiers each drug is in
 - Whether there are any limits on the drugs
 - If you need a copy of the Drug List, call Customer Service. You can also find the Drug List on our website at www.hap.org/emp/hap-empowered/mi-health-link/prescription/covered-drugs. The Drug List on the website is always the most current.
- Chapter 5 of this *Member Handbook*.
 - Chapter 5 tells how to get your outpatient prescription drugs through the plan.

If you have questions, please call HAP Empowered MI Health Link at 1-888-654-0706, seven days a week, 8 a.m. to 8 p.m. TTY users dial 711. The call is free. **For more information**, visit www.hap.org/mihealthlink.



- It includes rules you need to follow. It also tells which types of prescription drugs are *not* covered by our plan.
- The plan's *Provider and Pharmacy Directory*.
 - In most cases, you must use a network pharmacy to get your covered drugs. Network pharmacies are pharmacies that have agreed to work with our plan.
 - The *Provider and Pharmacy Directory* has a list of network pharmacies. You can read more about network pharmacies in Chapter 5.

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A. The Explanation of Benefits (EOB)

Our plan keeps track of your prescription drugs. We keep track of your total drug costs. This includes the amount of money the plan pays (or others on your behalf pay) for your prescriptions.

When you get prescription drugs through the plan, we send you a summary called the *Explanation of Benefits*. We call it the EOB for short. The EOB has more information about the drugs you take. The EOB includes:

- **Information for the month.** The summary tells what prescription drugs you got. It shows the total drug costs and what the plan paid, and what others paying for you paid.
- **“Year-to-date” information.** This is your total drug costs and the total payments made for you since January 1.
- **Drug price information.** This is the total price of the drug and the percentage change in the drug price since the first fill.
- **Lower cost alternatives.** When available, they appear in the summary below your current drugs. You can talk to your prescriber to find out more.

We offer coverage of drugs not covered under Medicare.

- Payments made for these drugs will not count towards your Part D total out-of-pocket costs.
- To find out which drugs our plan covers, refer to the Drug List.

B. How to keep track of your drug costs

To keep track of drug costs, we use records we get from you and from your pharmacy. Here is how you can help us:

1. Use your Member ID Card.

Show your Member ID Card every time you get a prescription filled. This will help us know what prescriptions you fill.

2. Send us information about the payments others have made for you.

Payments made by certain other people and organizations also count toward your total costs. For example, payments made by an AIDS drug assistance program, the Indian Health Service, and most charities count toward your out-of-pocket costs.

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3. Check the EOBs we send you.

When you get an EOB in the mail, please make sure it is complete and correct. If you think something is wrong or missing, or if you have any questions, please call Customer Service. Be sure to keep these EOBs. They are an important record of your drug expenses.

C. A summary of your drug coverage

As a HAP Empowered MI Health Link member, you pay nothing for covered prescription and over-the-counter (OTC) drugs as long as you follow HAP Empowered MI Health Link's rules.

C1. The plan's tiers

Tiers are groups of drugs. Every drug on the plan's Drug List is in one of two tiers. There is no cost to you for drugs on any of the tiers.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.

C2. Getting a long-term supply of a drug

For some drugs, you can get a long-term supply (also called an "extended supply") when you fill your prescription. A long-term supply is up to a 30 or 90-day supply. There is no cost to you for a long-term supply.

For details on where and how to get a long-term supply of a drug, refer to Chapter 5 or the *Provider and Pharmacy Directory*.

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C3. Drug coverage summary**Your coverage for a one-month or long-term supply of a covered prescription drug**

	A network pharmacy A one-month or up to a 30-day supply	The plan's mail-order service A one-month or up to a 90-day supply	A network long-term care pharmacy Up to a 31-day supply	An out-of-network pharmacy Up to a 90-day supply. Coverage is limited to certain cases. Refer to Chapter 5 for details.
Tier 1 Generic Drugs Note: 30-day limit on Opioid*	\$0	\$0	\$0	\$0
Tier 2 Brand Name Drugs Note: 30-day limit on Opioid*	\$0	\$0	\$0	\$0

*Note: Each new fill or refill for prescriptions for opioid medications are limited to a 30-day supply dispensed for members who received authorization for greater than a 7-day supply.

For information about which pharmacies can give you long-term supplies, refer to the plan's *Provider and Pharmacy Directory*.

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D. Vaccinations

Our plan covers Medicare Part D vaccines. You will not have to pay for vaccines if you get the vaccine through an in-network provider. There are two parts to our coverage of Medicare Part D vaccinations:

1. The first part of coverage is for the cost of **the vaccine itself**. The vaccine is a prescription drug.
2. The second part of coverage is for the cost of **giving you the vaccine**. For example, sometimes you may get the vaccine as a shot given to you by your provider.

D1. What you need to know before you get a vaccination

We recommend that you call us first at Customer Service whenever you are planning to get a vaccination.

- We can tell you about how your vaccination is covered by our plan.
- We can tell you how to keep your costs down by using network pharmacies and providers. Network pharmacies are pharmacies that have agreed to work with our plan. A network provider is a provider who works with the health plan. A network provider should work with HAP Empowered MI Health Link to ensure that you do not have any upfront costs for a Part D vaccine.
- If you are not able to use a network provider and pharmacy, we can tell you what you need to do to ask us to pay you back for our share of the cost.

