MESSA BALANCE+

PRESCRIPTION COVERAGE

800-336-0013 • TTY: 888-445-5614

Your prescription drug coverage is limited to an approved drug list. It is the MESSA Balance+ Rx Drug List. If you or your provider obtain a drug not on this approved drug list, the drug will not be covered. You will be responsible for paying for the full cost of the drug.

To determine if the drug is on the approved drug list, please go to messa.org/RxPlans.

What you pay for a prescription from an in-network pharmacy

- Your MESSA Balance+ Rx benefits are underwritten by BCBSM and claims are paid based on the network status of the pharmacy involved. Prescriptions must be FDA-approved and covered by your plan.
- Your MESSA Balance+ plan requires you to pay the actual cost for prescription drugs and medical services until your applicable deductible has been met. This is a requirement for HSA-qualified plans.
- Once your applicable deductible has been met, you are responsible for the costs for each covered drug or refill as listed in the chart below until your out-of-pocket maximum is reached.
- MESSA Balance+ Rx differentiates between preferred and nonpreferred brand-name and preferred and nonpreferred specialty drugs. The amount you pay for a prescription varies depending on which category the drug is in when it is filled. For the most accurate and up-to-date listing, visit **messa.org/RxPlans** or call MESSA's Member Service Center at 800-336-0013 or TTY: 888-445-5614, or contact us via live chat from your MyMESSA account or through the MESSA app.
- Specialty medications are handled separately. Specialty drugs must be obtained by mail through Walgreens Specialty Pharmacy or select Walgreens retail pharmacies. If you obtain them from any other provider, you may be responsible for the total cost. The initial quantity of select specialty drugs may be limited, and your cost will be reduced accordingly. Additional fills for specialty drugs are limited to a 30-day supply.
- Select controlled substances may be handled separately. We reserve the right to limit the quantity and day supply of select controlled substances. The initial fill is limited to a 5-day supply. Additional fills for these medications will be limited to no more than a 34-day supply. Select controlled substances include, but are not limited to, hydromorphone, oxycodone and tapentadol. The initial fill limitation for select controlled substances will not apply to members with a cancer diagnosis or who are terminally ill.

Note: If the approved amount is less than the copayment, you pay only the approved amount for the drug. Up to a 90-day supply of insulin may be obtained for the same amount as a 34-day supply from any in-network provider.

Types of medications	Up to 34-day supply	90-day supply
Expanded list of specific preventive medications in addition to those mandated by federal law are covered 100% with no deductible required	No cost to you	No cost to you
After your deductible is met the following copayments or coinsurance apply:		
Generic drugs Members pay the lowest copay for generics, making them the most cost-effective option for treatment.	$10 copayment	$30 copayment
Preferred brand-name drugs Brand-name drugs are more expensive than generics.	$40 copayment	$120 copayment
Nonpreferred brand-name drugs Includes brand-name drugs for which there's either a generic alternative or a more cost- effective, preferred brand-name drug available.	$80 copayment	$240 copayment
Preferred specialty drugs Includes generic and brand-name specialty drugs that are used to treat difficult health conditions.	20% coinsurance with a maximum of $150 (up to 30-day supply)	Not available
Nonpreferred specialty drugs Includes nonpreferred brand-name specialty drugs that are used to treat difficult health conditions. Members pay more for nonpreferred specialty drugs because there are more cost-effective generic or preferred drugs available.	20% coinsurance with a maximum of $300 (up to 30-day supply)	Not available
Prescription types (generic, brand-name and specialty) are subject to change without notice. The initial quantity of select drugs may be limited and your cost will be reduced by one-half for this reduced initial fill. ***Up to a 90-day supply of insulin may be obtained for the same amount as a 34-day supply from an in-network provider.***		

Out-of-network retail pharmacy

When an out-of-network pharmacy fills a prescription for a covered drug, you will not have access to discounted pricing and must pay the full cost of the drug. To be reimbursed, you must submit a claim form and proof of payment to MESSA within two years of the date of service.

MESSA will reimburse you 75% (100% for emergency pharmacy services) of the approved amount for the drug, minus your copayment or coinsurance. This amount will not apply to your annual out-of-pocket maximum.

NOTE: Drugs obtained from out-of-network mail order providers are not covered under this plan.

Maximum out-of-pocket expense

Your annual Balance+ out-of-pocket maximum includes both your medical and prescription costs. Once you have met your annual out-of-pocket maximum, MESSA will cover the full cost of your prescriptions for the remainder of the calendar year. For specific information on your out-of-pocket maximum, register or log in to your member account on **messa.org** and link to your medical plan highlights page. You may also call the MESSA Member Service Center at 800-336-0013 or TTY: 888-445-5614, or contact us via live chat from your MyMESSA account or through the MESSA app.

The following do not apply toward your annual out-of-pocket maximum:

- Amounts that exceed our approved amount for covered drugs.
- Covered drugs obtained from an out-of-network retail or mail order pharmacy.
- Out-of-network retail sanction amounts.
- Payment for non-covered drugs.

Covered drugs

MESSA Balance+ prescription drug coverage is limited to an approved drug list. If you or your doctor obtain a drug not on this approved drug list, the drug will not be covered. You will be responsible for paying the full cost of the drug.

To determine if your prescription is on the approved drug list, go to **messa.org/RxPlans** or call the MESSA Member Service Center at 800-336-0013 or TTY: 888-445-5614, or contact us via live chat from your MyMESSA account or through the MESSA app.

Free preventive prescriptions

Federal law mandates that the following preventive prescriptions are covered at no cost to you, subject to age and gender requirements. All medications require a prescription from your doctor, including over-the-counter medications, and must be dispensed by an in-network pharmacy.

- Aspirin
- Breast cancer prevention
- Cardiovascular disease prevention
- Colonoscopy-related medications
- Contraceptives for women
- Fluoride preparations
- Folic acid
- Pre-exposure prophylaxis (PrEP) for HIV prevention
- Smoking cessation

Balance+ also includes coverage for an additional list of free preventive prescriptions that are covered at no cost to you (no deductible, no copayment and no coinsurance). In order to be eligible for this benefit, the prescription drug must be an FDA-approved drug therapy from one of the following standard preventive drug categories and it must be prescribed for the condition specified by the category:

- Alcohol dependence
- Cholesterol-lowering agents
- High blood pressure-lowering agents (hypertension)
- Prenatal vitamins
- Weight loss

Given the rapidly changing prescription drug market, the free preventive list is frequently updated. For the most accurate and up-to-date listing, go to **messa.org/FreeRx** or call the MESSA Member Service Center at 800-336-0013 or TTY: 888-445-5614, or contact us via live chat from your MyMESSA account or through the MESSA app.

Diabetic supplies and devices

Diabetic supplies can be obtained at either a pharmacy or durable medical equipment supplier. The following diabetic supplies and devices are covered with a prescription from your doctor and may be subject to your copayment.

- Glucometers
- Continuous glucose monitors
- Insulin delivery monitors
- Test strips for glucometer
- Test strips and lancets
- Continuous glucose monitor sensors
- Insulin delivery reservoirs

Certain glucometers and continuous glucose monitors are available at no cost when they are obtained at a pharmacy. For details, call the MESSA Member Service Center at 800-336-0013 or TTY: 888-445-5614, or contact us via live chat from your MyMESSA account or through the MESSA app.

NOTE: If you receive diabetic supplies and devices paid by your MESSA medical plan, your MESSA prescription drug plan will not pay for the same diabetic supplies and devices.

Voluntary home delivery

Ordering your medications through the Optum Rx Pharmacy may be a convenient option for you. You can obtain up to a 90-day supply of your medication and have 24/7 access to a pharmacist from the privacy of your home.

To get started with Optum Rx home delivery...

- Go to **messa.org** to register or log in to your MyMESSA member account.
- Select "Rx home delivery" to go to the Optum Rx site.
- Once there, you can review your prescriptions and transfer them to Optum Rx home delivery.

Prior authorization

This program manages the use of certain medications for which there are equally effective, less costly alternatives available.

Typically, drugs requiring prior authorization are:

- Associated with dangerous side effects.
- Harmful when combined with other drugs.
- Used only for certain health conditions.
- Often misused or abused.
- Prescribed when less expensive drugs might work better.

When prior authorization is required, it must be obtained before payment is considered. Prior authorization requests must be submitted by your provider electronically pursuant to Michigan law. If the required prior authorization is not requested or approval is not obtained, we will deny payment. You will be responsible for 100% of the pharmacy's charge.

Once we receive a request for prior authorization, we will notify the prescriber whether a drug is authorized, not authorized, or if the request requires additional information within:

- 7 days
- 72 hours, if your request is urgent

If we approve the request, we will pay the approved amount minus your coinsurance or copayment after your deductible is met. Your cost share will not be more than the approved amount for the covered drug. A list of drugs that may require prior authorization is available at **messa.org/RxPlans**.

Step therapy

Your MESSA prescription plan requires step therapy, which helps keep costs down while still making sure you get the safest, most effective and reasonably priced drug available.

Drugs subject to step therapy require previous treatment with one or more preferred drugs before coverage is approved. This ensures all clinically sound and cost-effective treatment options are tried before more expensive drugs are prescribed.

A list of drugs that may require step therapy is available at **messa.org/RxPlans**.

Quantity limits

Another way we keep costs lower for you is through our quantity limit program.

A quantity limit program limits the amount of medication that will be covered. Medications are limited based on FDA guidelines for appropriate and safe use.

A list of drugs that may be subject to quantity limits is available at **messa.org/RxPlans**.

Exclusions and limitations

We will not pay for the following:

- Brand-name drugs that have generic equivalents.
- Over-the-counter medications.
- Prescription drugs that are not medically necessary; may cause significant patient harm; or are not appropriate for the patient's documented medical condition.
- Contraceptives not required to be covered under the Patient Protection and Affordable Care Act.
- Prescription drugs used for the treatment of gender dysphoria and gender affirming services that are considered by MESSA/BCBSM to be cosmetic, or prescription drug treatment that is experimental or investigational.
- Compounded hormones.
- Therapeutic devices or appliances including, but not limited to, hypodermic or disposable needles and syringes when not dispensed with insulin or self- administered chemotherapeutic drugs.

- Drugs prescribed for cosmetic purposes.
- The charge for any prescription refill in excess of the number specified by the prescriber or any refill dispensed more than one year after the prescription was written.
- Vaccines, except for select immunizations (most vaccines are covered under the medical plan).
- Administration of drugs or insulin, such as injections (except for select immunization vaccines).
- Non-self-administered injectable drugs (except for select immunization vaccines).
- Non-self-administered contraceptive drugs or devices.
- More than a 90-day supply of a covered drug or refill obtained from a retail pharmacy or an in-network mail-order provider.
- Any drug that treats impotence.
- Weight loss or weight control treatment drugs unless covered under the free preventive drug list.
- More than the quantities and doses allowed per prescription of select drugs by MESSA/BCBSM, unless the prescribing physician obtains prior authorization from MESSA/BCBSM.
- Any drug or service we determine to be experimental or investigational.
- Any covered drug entirely consumed at the time and place of the prescription order.
- Anything other than covered drugs and services.
- More than a 30-day supply of most covered specialty drugs from a specialty pharmacy.
- Any medication that does not require a prescription, except insulin or select immunization vaccines received in a pharmacy.
- Diagnostic agents.
- Any drug or device prescribed for uses or in dosages other than those specifically approved by the Federal Food and Drug Administration. This is often referred to as the "off-label" use of a drug or device. However, we will pay for such drugs and the reasonable cost of supplies needed to administer them, if the prescribing M.D. or D.O. can substantiate that the drug is recognized for treatment of the condition for which it was prescribed.
- Any drug or device prescribed for "indications" (uses) other than those specifically approved by the Federal Food and Drug Administration, unless mandated by state law.

  NOTE: This certificate does not limit or preclude the use of antineoplastic or off-label drugs when Michigan law requires that these drugs, and the reasonable cost of their administration, be covered.
- Drugs that are not labeled "FDA-approved," except for state-controlled drugs and insulin or drugs that MESSA/BCBSM designate as covered.
- Drugs obtained from out-of-network mail order providers.
- Covered drugs or services that are covered as a medical benefit in a MESSA/BCBSM plan you have. (We may make exceptions for certain drugs or services covered under both your medical and prescription drug plans).
- Drugs or services obtained before the effective date of your plan, or after your plan ends.
- Refills dispensed one year or more after the date of the prescription.
- Drugs and services for conditions connected with employment with any employer.
- Drugs and services provided by a medical clinic or a similar facility provided or maintained by an employer.
- Drugs and services provided by persons who are not legally qualified or licensed to provide them.
- Drugs and services for which you legally do not have to pay or for which you would not have been charged if you did not have coverage under this plan.
- Compounded drugs that contain any bulk chemical powders that are not approved by MESSA/BCBSM.
- Claims for covered drugs or services submitted after the applicable time limit for filing claims.
- Support garments or other nonmedical items.
- Drugs newly approved by the FDA and not yet reviewed for coverage determination by MESSA/BCBSM.
- Select chemotherapy specialty pharmaceuticals that are not preauthorized.
- Drugs not recommended by MESSA/BCBSM.

  NOTE: If a decision is made by MESSA/BCBSM to approve a noncovered drug, you will be required to pay the nonpreferred copayment as required by your plan.
- Refills of prescriptions for covered drugs that exceed MESSA/BCBSM's limits.

NOTE: MESSA/BCBSM does not cover refills that are dispensed before 75% of the time the prescription covers has elapsed and does not cover more refills than your prescription allows.

- Weight loss or weight control treatment drugs unless covered under the free preventive drug list.
- Mail order specialty medications unless obtained through Walgreens Specialty Pharmacy.

Glossary

Approved amount – The lower of the billed charge or the sum of the drug cost plus the dispensing fee (and incentive fee, if applicable) for a covered drug or service. The drug cost, dispensing fee and incentive fee are set according to our contracts with pharmacies. The approved amount is not reduced by rebates or other credits received directly or indirectly from the drug manufacturer. Copayments or coinsurance, which may be required of you, are subtracted from the approved amount before we make our payment.

Calendar year – A period of time beginning January 1 and ending December 31 of the same year.

Coinsurance – The portion of the approved amount, stated as a percentage, that you must pay for a covered drug or service. Your coinsurance is not altered by any audit, adjustment or recovery. For prescription drugs, your coinsurance is not reduced by any rebate or other credit received directly or indirectly from the drug manufacturer.

Contraceptive device – A device designed to prevent pregnancy. It may include a diaphragm, an intrauterine device or a contraceptive implant.

Contraceptive medication – Any drug used for the express purpose of preventing pregnancy at the time of its administration.

Copayment – The portion of the approved amount that you must pay for a covered drug or service. Your copayment is not reduced by any rebate or other credit received directly or indirectly from the drug manufacturer.

Note: A separate copayment is not required for covered disposable needles and syringes when dispensed at the same time as insulin or chemotherapeutic drugs.

Covered drug – Injectable insulin, any state-controlled drug or FDA-approved drug and select over-the-counter drugs or such drugs that MESSA/BCBSM designates as covered if the following conditions are met:

- A prescription must be issued by a prescriber who is legally authorized to prescribe drugs for human use.
- The cost of the drug must not be included in the charge for other services or supplies provided to you.
- The drug is not entirely consumed at the time and place where the prescription is written.

The drug must also be approved by the FDA for treatment of the condition for which it is prescribed or recognized for treatment of the condition for which it is prescribed by one of the following sources:

- The American Hospital Formulary Service Drug Information.
- The United States Pharmacopoeia Dispensing Information, Volume 1, "Drug Information for the Health Care Professional."
- Two articles from major peer-reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is clear and convincing contradictory evidence presented in a major peer-reviewed medical journal.

Any compounded drugs are covered if they meet all the above requirements, subject to the provisions and exclusions of this plan.

Deductible – The amount that you must pay for covered services before benefits are payable. Payments made toward your deductible are based on the approved amount at the time the claims are processed. Your deductible is not reduced by any rebate or other credit received directly or indirectly from the drug manufacturer.

Diagnostic agents – Substances used to diagnose, rather than treat, a condition or disease.

Dispensing fee – The amount we pay to a provider for filling a prescription.

Drug list – A list of approved drugs, as determined by a group of physicians, pharmacists and other experts that review drugs for coverage determination.

Emergency pharmacy services – Services needed immediately because an injury or an illness occurred suddenly and unexpectedly.

Experimental investigational treatment – Treatment that has not been scientifically proven to be as safe and effective for treatment of the patient's conditions as conventional treatment. Sometimes it is referred to as "investigational" or "experimental services."

Gender affirming services – A collection of services that are used to treat the clinical diagnosis of gender dysphoria.

Gender dysphoria – A condition classified as emotional discomfort or distress caused by a discrepancy between a person's gender identity and that person's sex assigned at birth.

Generic – A prescription drug that contains the same active ingredients, is identical in strength and dosage, and is administered in the same way as the brand-name drug.

Injectable drugs – Payable drugs that are ordered or furnished by a physician and administered by the physician or under the physician's supervision.

In-network retail pharmacy – A provider selected by MESSA/BCBSM to provide covered drugs through the PPO program. In-network pharmacies have agreed to accept the approved amount as payment in full for covered drugs or services provided to members.

Maintenance medication – Prescription drugs that are generally taken on a long-term or maintenance basis for conditions such as high blood pressure or high cholesterol.

Medically necessary drug – A drug must be medically necessary to be covered, as determined by pharmacists and physicians acting for BCBSM, based on criteria and guidelines developed by pharmacists and physicians for BCBSM. The covered drug must be accepted as necessary and appropriate for the member's condition and not mainly for the convenience of the member or physician.
In the absence of established criteria, medical necessity will be determined by pharmacists and physicians according to accepted standards and practices.

Off-label – The use of a drug or device for clinical indications other than those stated in the labeling approved by the Food and Drug Administration.

Optum Rx Pharmacy – MESSA's in-network home delivery provider.

Out-of-network retail pharmacy – A provider that has not been selected for participation and has not signed an agreement to accept the approved amount as payment in full for covered drugs or services provided to members.

Over-the-counter (OTC) drug – A drug that does not require a prescription under federal law. However, a prescription is required for select over-the-counter drugs that may be covered under the pharmacy benefit.

Pharmacy – A licensed establishment where a licensed pharmacist dispenses prescription drugs under the laws of the state where the pharmacist practices.

Prescriber – A health care professional authorized by law to prescribe FDA-approved or state-approved drugs for the treatment of human conditions.

Prescription – An order for medication written by a health care professional authorized by law to prescribe prescription drugs for the treatment of human conditions.

Prior authorization – Some prescription drugs require prior authorization before you receive them. If you receive them without first obtaining prior authorization, you may have to pay the bill yourself. We may not pay for it. It is important to make sure that your provider gets the prior authorization before you receive these drugs.

Provider – A pharmacy legally licensed to dispense drugs.

Retail sanction for out-of-network – If you fill a prescription at an out-of-network pharmacy you are responsible for the cost above the approved amount, plus an additional penalty of 25% of the approved amount. This amount will also not count toward your prescription out-of-pocket maximum.

Specialty medications – Biotech drugs, including high-cost infused, injectable, oral and other drugs related to specialty disease categories or other categories. This may include chemotherapy drugs used in the treatment of cancer but excludes injectable insulin. Select specialty pharmaceuticals require prior authorization from MESSA/BCBSM.

State-controlled drugs – Drugs that are not prescription drugs and are normally sold over-the-counter, but require a prescription under state law when large quantities are dispensed.

Step therapy – Previous treatment with one or more preferred drugs may be required.

We Speak Your Language

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-336-0013, TTY: 888-445-5614 or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se ofrecen, sin costo alguno, ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 800-336-0013, TTY: 888-445-5614 o hable con su proveedor.

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل برقم 800-336-0013, TTY: 888-445-5614 أو تحدث إلى مزود الخدمة الخاص بك.

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。请致电 800-336-0013, TTY: 888-445-5614 或咨询您的服务提供商。

ܙܘܗܪܐ: ܐܢ ܐܢܬ ܟܐ ܡܗܡܙܡܬ ܠܫܢܐ ܐܬܘܪܝܐ، ܬܫܡܫܝܬܐ ܕܗܝܪܬܐ ܕܠܫܢܐ ܒܕ ܗܘܝܐ ܦܬܝܐ ܩܕܡܘܟ ܕܠܐ ܐܓܪܐ. ܐܦ ܬܫܡܫܝܬܐ ܘܡܥܕܪܢܝܬܐ ܠܡܛܝܐ ܠܡܫܘܕܥܬܐ ܒܬܪܟܝܒܐ ܡܬܡܨܝܢܐ ܦܬܝܐ ܕܠܐ ܐܓܪܐ. ܡܨܝܬ ܠܗ ܩܪܝܬܐ 800-336-0013, TTY: 888-445-5614 ܐܘ ܡܗܡܙܡܬ ܥܡ ܡܦܪܢܣܢܘܟ.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phù hợp để cung cấp thông tin bằng các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi số 800-336-0013, TTY: 888-445-5614 hoặc trao đổi với người cung cấp dịch vụ của bạn.

VËMENDJE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 800-336-0013, TTY: 888-445-5614 ose bisedoni me ofruesin tuaj të shërbimit.

알림: 한국어를 사용하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 정보를 접근 가능한 형식으로 제공받을 수 있는 적절한 보조 기구와 서비스도 무료로 이용할 수 있습니다. 800-336-0013, TTY: 888-445-5614 번으로 전화하거나 담당 기관에 문의하십시오.

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 800-336-0013, TTY: 888-445-5614 নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 800-336-0013, TTY: 888-445-5614 lub porozmawiaj ze swoim usługodawcą.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 800-336-0013, TTY: 888-445-5614 an oder sprechen Sie mit Ihrem Provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'800-336-0013, TTY: 888-445-5614 o parla con il tuo fornitore.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。情報をアクセスしやすい形式で提供するための適切な補助器具やサービスも無料でご利用いただけます。800-336-0013, TTY: 888-445-5614 までお電話いただくか、ご利用の事業者にご相談ください。

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800-336-0013, TTY: 888-445-5614 или обратитесь к своему поставщику услуг.

PAŽNJA: Ako govorite srpsko-hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 800-336-0013, TTY: 888-445-5614 ili razgovarajte sa svojim pružateljem usluga.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 800-336-0013, TTY: 888-445-5614 o makipag-usap sa iyong provider.

Discrimination Is Against The Law

MESSA, Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). MESSA, Blue Cross Blue Shield of Michigan and Blue Care Network does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

MESSA, Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 800-336-0013, TTY: 888-445-5614. Here's how you can file a civil right complaint if you believe that MESSA, Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

MESSA General Counsel
P.O. Box 2560, East Lansing, MI 48826-2560
Phone: 800-292-4910, TTY: 888-445-5613, Fax: 517-203-2909
Email: **CivilRights-GeneralCounsel@messa.org**

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the **Office for Civil Rights Complaint Portal website** or by mail, phone, or email at:

U.S. Department of Health & Human Services
200 Independence Ave, SW, Room 509, HHH Building, Washington, D.C. 20201
Phone: 800-368-1019, TTD: 800-537-7697
Email: **OCRComplaint@hhs.gov**

Complaint forms are available on the U.S. Department of Health & Human Services **Office for Civil Rights website.**

This notice is available at MESSA's website:
https://www.messa.org/pdf/MESSA Non-Discrimination Policy.pdf

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1475 Kendale Blvd., P.O. Box 2560, East Lansing, MI 48826-2560
517-332-2581 | 800-292-4910 | TTY: 888-445-5614 | messa.org

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