

From your BCBSAZ Member Website Main Page on azblue.com, select the **Plan Benefit** button and your **Medical Benefit** page will display. Example of the **Medical Benefit** page below:

Home > Benefit Summary

Medical Benefits

If you would like to see your covered benefits and eligibility for a different day, please enter a specific date in the field below. Please note that BCBSAZ processes claims based on benefits and medical coverage guidelines in effect on the date of service.

Coverage Date:

Plan Description	Benefit Documents	Document Effective Date
Employer-funded Plan	Summary of Benefits (PDF)	01/01/2016
	Benefit Book (PDF)	01/01/2016
	Benefit Changes (PDF)	01/01/2016
	Appeals Guidelines (PDF)	01/01/2016

Member Name	Birth Date	Member Type	Effective Date	Cancel Date
		Subscriber	01/01/2014	00/00/0000

[Member Guide \(PDF\)](#)
[Current Medical Coverage Guidelines](#)

Pharmacy Benefits

- [Prescription Benefits](#)
- [Drug Cost/Copay Calculator](#)
- [Pharmacy Directory](#)
- [Prescription Drug Encyclopedia](#)
- [Medication Tracking Log](#)
- [Prescription Medication Claim History](#)

*The book and rider must be used together to determine benefits.
 The book and any applicable rider contain benefits available under your BCBSAZ plan. You have the right to receive a paper copy of the benefit book, any applicable rider, and your summary of benefits. Please call customer service for more information.
 Online, you can access benefit information (books, summaries, riders) for your current plan year. If you had coverage through BCBSAZ last year, that benefit information is also available. If you need benefit or coverage information for plan years beyond this two-year period, please contact customer service using the phone number on the back of your ID card.

In your **Medical Benefits** page, the following booklets or tools will display:

- Under the **Benefit Documents** section of the page:
 - Summary of Benefit document:** Lists your prescription deductible or copay levels. (Towards the middle of the summary.)
 - Benefit Book:** Lists your prescription limitations and exclusion. (Access table of contents for page.)
- Under the **Pharmacy Benefits** section of the page:
 - Drug Cost Calculator:** Compare the cost of name brands vs generic brands between local pharmacies. Plus research to see your cost saving if you use the 90 day Mail Order option. (Refer to last page for instructions.)
 - Pharmacy Directory:** Locate a contracted pharmacy in your area by searching with your home address or by zip code.
 - Prescription Drug Encyclopedia:** Search prescription by name to find the generic or name brands, and to research drug information (e.g., commonly used for, information physician should know about you when drug is prescribed, side effects, etc.) (Enter the name of the medication for information.)

- Medical Tracking Log:** Medications that you have been prescribed in past years. You can even add non-prescribed medications, so you have a complete listing of all medications you have taken. (Enter date span for listing.)
- Prescription Medication Claim History:** You can research the prescriptions you have taken in any given year or time span. (Enter date span for listing.)
- Prescription Benefits link to access the following:** (screen print below as example)
- ✓ **Prescription Drug Mail Order Program:** Provides information and instructions on how you can enroll in the 90 Day Mail Order Program and copy of order form.
 - ✓ **Prescription Limitations:** Lists medications that have quantity limits and possible precertification requirements.
 - ✓ **Prescription Drug Tiers:** Listings of medications per prescription level (Levels 1-4)
 - ✓ **Other Forms:** Click on Forms and Resources to find listings for specialty drugs and the specialty pharmacy provider (Briova) along with their phone number, listings of vaccines and injectable medications, **Mail Order Pharmacy form**, compounded medical claim form, and so much more! Go take a look!

Example of Prescription Benefit page with all the above information:

The screenshot shows a web page titled "Prescription Benefits" with a breadcrumb trail "Benefit Summary > Prescription Benefits". The page contains several sections: "Prescription Drug Tiers", "Prescription Drug Tiers" (with a sub-section "Mail Order Program"), and "Prescription Limitations". A sidebar on the right titled "Pharmacy Benefits Quick Links" contains links for "Prescription Benefits", "Drug Cost/Copay Calculator", "Find a Pharmacy", "Prescription Drug Encyclopedia", "Medication Tracking Log", and "Prescription Medication Claim History".

Callout boxes highlight the following elements:

- Link to Drug Cost/Copay Calculator:** Points to the "Drug Cost/Copay Calculator" link in the sidebar.
- Prescription Drug Mail Order Program (Info and Mail Order Form):** Points to the "Prescription Drug Mail Order Program" link in the sidebar.
- Prescriptions that have Quantity Limits and possible precertification requirements:** Points to the "Prescription Limitations" section in the main content area.

Important Information
Please see your Benefit Summary.

Prescription Benefit Limitations and Exclusions
Please see your Benefit Summary for a complete listing of prescription limitations.

Prescription Drug Tiers
[Level 1 & Level 2 medication lists](#)
[Level 3 medication list](#)
[Level 4 medication lists](#)

Other Forms
[Forms and Resources](#) related to your pharmacy benefit program.

[HELP](#) | [TERMS & CONDITIONS](#) | [PRIVACY POLICY](#)

Drug Cost/Copay Calculator: Compare the costs of name brands vs generic brands between local pharmacies. **Plus research to see your cost savings if you use the 90-Day Mail Order option.**

Drug Cost/Copay Calculator Tool – How to Use:

1. On the Drug Cost/Copay Calculator screen, enter the name of your medication in the SEARCH field and click on the SEARCH button.
2. The Drug List screen will display similar names of the drug. Select the medication name of your prescription.
3. The Drug Options screen will display a listing of the generic and brand names of the medication. Select either the generic or brand name. *(For comparison measures, by selecting the brand name the system will automatically compare the generic and brand costs. However, your medication is based on your prescription.)*
4. The Drug Results screen will display with a variety of strengths and dosage amounts. Select the strength and dosage prescribed by your physician.
5. The Quantity & Day Supply screen will display. Enter the amount (tablets, ml, mg) and time period of the medication. *[For comparison measures, also check the box for (90 Day) Home Delivery provider option.]* Click NEXT to continue.
6. The Pharmacy Search screen will display. Enter your address, city and state or just your zip code. Click SEARCH button.
7. The Pharmacy Search Results screen will display a listing of contracted pharmacies in your area. Select the pharmacy of your choice.
8. The Results screen will display *(depending on your selections)* your costs for the brand and generic drugs at the retail pharmacy as well as the 90-Day home delivery option.

[Benefit Summary](#) > Drug Calculator

Drug Cost/Copay Calculator

[Drug List](#) | [Drug Options](#) | [Drug Results](#) | [Quantity & Day Supply](#) | [Pharmacy Search](#) | [Pharmacy Search Results](#)

- Results

This copay calculator tool gives you a general estimate of your cost share for the drug you entered. Your actual cost share can vary by little or a lot, based on many different factors including: your plan benefits; the specific pharmacy at which you fill the prescription, the dosage you entered, whether the drug changes price between the date you use the tool and the date you fill your prescription; the drug form, packaging, dose and quantity (dispensed); specific orders from your physician as to whether generic substitution is allowed, other benefit plans billed, whether you used a coupon, and the stated cash price of the drug that the pharmacy submits the claim.

07/26/2016

You have selected COUMADIN, 1 MG Tablet, brand drug.

The generic for this brand is JANTOVEN. The results for JANTOVEN are also shown for comparison.

Please see below for important messages regarding your request.

 Print

	FRYS FOOD AND DRUG		HOME DELIVERY	
	BRAND	GENERIC	BRAND	GENERIC
Your Cost	\$35.00	\$6.07	\$70.00	\$10.00
Days Supply	30	30	90	90
Total Qty	30.0	30.0	90.0	90.0
Annual Cost	\$420.00	\$72.84	\$280.00	\$40.00
Copay	\$35.00	\$6.07	\$70.00	\$10.00
Generic Difference	\$0.00	\$0.00	\$0.00	\$0.00
Plan Pays	\$22.22	\$0.00	\$82.56	\$1.33

Messages for FRY'S FOOD AND DRUG

Brand

- Your What's My Copay request was successful.

Generic

- Your What's My Copay request was successful.

Messages for Home Delivery

Brand

- Your What's My Copay request was successful.

Generic

- Your What's My Copay request was successful.

[Get a price for another drug](#)

[HELP](#) | [TERMS & CONDITIONS](#) | [PRIVACY POLICY](#)

Pharmacy Benefits Quick Links

[Prescription Benefits](#)

[Drug Cost/Copay Calculator](#)

[Find a Pharmacy](#)

[Prescription Drug Encyclopedia](#)

[Medication Tracking Log](#)

[Prescription Medication Claim History](#)

close 