

Rx NEBRASKA PRESCRIPTION DRUG PLAN

Prescription drug copays apply to the members out-of-pocket limits (deductible and coinsurance). Charges that DO NOT count toward your out-of-pocket are: premium amounts, amounts in excess of the allowed charge, charges for non-covered services, penalties for failure to comply with Certification requirements and penalty amounts under the Rx Nebraska Prescription Drug Program.

WHEN YOU....	YOU PAY...
purchase a Preferred Generic drug	Up to a \$10 copay
purchase a Non-Preferred Generic drug	50% of the cost of the drug with a \$25 minimum \$50 maximum
purchase a Preferred Brand Name drug (on the BCBSNE formulary list)	25% of the cost of the drug with a \$25 minimum \$50 maximum
purchase a Non-Preferred Brand Name drug (not on the BCBSNE formulary list)	50% of the cost of the drug with a \$50 minimum \$75 maximum
purchase a Specialty Pharmacy drug (contact Prime Therapeutics Specialty Pharmacy at 877-627-6337 - some drugs may be excluded)	IN NETWORK: 25% of the cost of the drug with a \$100 minimum and a \$150 maximum OUT OF NETWORK: 50% of the cost of the drug with a \$300 minimum and a \$450 maximum

You may purchase up to a 90-day supply of the prescription drug at participating pharmacies or through mail order. The copay will be applied to each 30-day supply purchased, per prescription.

Covered items and exclusions:

Refer to your Schedule of Benefits and Summary Plan Description Booklet

Quantity limitations:

- * Quantity limitations are in place for acute migraine prescriptions and vary by product. Generally limited to 12 doses per month.
- * Quantity limitations of eight per month on Viagra, Levitra, and Cialis (excluded for males under age 19).

Prior authorization is required, but not limited to, on the medications listed below to determine if benefits will be available under this plan.

- * Specialty pharmacy drugs - some products may be excluded

- * Ampyra
- * Botox, Dysport, Myobloc, Zeomin
- * DHEA
- * HER2 Therapy
- * Hepatitis C treatment
- * IVIG
- * Cox-2 inhibitors, including but not limited to Celebrex, Duexis, and Vimovo
- * Oral acne antibiotics
- * Oxycontin quantity limits
- * Prolia
- * Proton pump inhibitors (Nexium)
- * Retinoids - topical age agents
- * Regranex
- * Topical compound pain creams

(continued)

When purchasing prescription drugs from a nonparticipating pharmacy, you will pay the entire cost of the prescription and then need to file a claim with Blue Cross Blue Shield for reimbursement. Out-of-pocket expense to you will be 25% of the cost of the prescription drug plus the appropriate co-pay.

Chain pharmacies:

Albertsons Pharmacy
K Mart Pharmacy
Medicap Pharmacy
Pamida Pharmacy
Sam's Club Pharmacy
Shopko Pharmacy
Target Pharmacy
Walgreens Drug Store
Wal-Mart Pharmacy

Nebraska:

Bakers Pharmacy
Costco Pharmacy
Hy-Vee Pharmacy
Osco Drug

Colorado:

City Market Pharmacy
Costco Pharmacy
Cub Pharmacy
King Soopers Pharmacy
Longs Drug Store
Rite Aid Pharmacy

Iowa:

Dahls Pharmacy
Eagle Pharmacy
Hy-Vee Pharmacy
Osco Drug
Thrifty White Drug

Wyoming:

Rite Aid Pharmacy
Smiths Pharmacy

Mail Service

In addition to your local participating pharmacy you have the option of using mail order to fill your maintenance or long-term prescriptions. You may purchase up to a 90-day supply at a time with a copay being applied to each 30-day supply.

To find out how to start using Prime Therapeutics 'PrimeMail' order service you can go to the Blue Cross Blue Shield website at <https://www.nebraskablue.com/member-services/pharmacy-tools/mail-order-service/>.

Toll-free pharmacy locator number: 1-877-800-1746

You can call this toll-free number 24 hours a day, seven days a week, to find a participating pharmacy near you.

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