

Rx NEBRASKA PRESCRIPTION DRUG PLAN

Prescription drug copays apply to the members out-of-pocket limits (deductible and coinsurance) for Preferred Deductible plans; **not the HSA-eligible High Deductible Health Plan.**

WHEN YOU....	YOU PAY...	
purchase a Preferred Generic drug (including non-formulary contraceptives)	IN-NETWORK Up to a \$10 copay	OUT-OF-NETWORK \$10 copay + 50% Coinsurance
purchase a Non-Preferred Generic drug	50% of the cost of the drug with a \$25 minimum Copay \$50 maximum Copay	50% Coinsurance
purchase a Preferred Brand Name drug (on the BCBSNE formulary list)	25% of the cost of the drug with a \$25 minimum Copay \$50 maximum Copay	50% Coinsurance
purchase a Non-Preferred Brand Name drug (not on the BCBSNE formulary list)	50% of the cost of the drug with a \$50 minimum Copay \$75 maximum Copay	50% Coinsurance
purchase a Specialty Pharmacy drug through a designated pharmacy after one fill (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 Copay \$150 maximum Copay	<u>NOT COVERED</u>

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 acne agents
- * Regranex
- * Topical compound pain creams

Rx NEBRASKA PROVIDER INFORMATION

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.

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/>.