



**BlueCross BlueShield
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association.



An Overview of Your Prescription Drug Benefits

Educators Health Alliance
Participation. Collaboration. Cooperation.

Prescription drug benefits / Options 1–4

TIER	CLASSIFICATION	COPAY/COINSURANCE PER 30-DAY SUPPLY		OUT-OF-POCKET MINIMUMS AND MAXIMUMS PER PRESCRIPTION	
		In-Network	Out-of-Network		
1	Generic drugs	25%	25% + 25% penalty	\$5 minimum / \$25 maximum*	
2	Formulary brand name drugs	25%	25% + 25% penalty	\$30 minimum / \$60 maximum*	
3	Nonformulary brand name drugs	50%	50% + 25% penalty	\$60 minimum / \$90 maximum*	
4	Specialty drugs**	25%	50%	In-Network	Out-of-Network
				\$50 minimum / \$100 maximum	\$150 minimum / \$300 maximum
INSULIN, DIABETIC AND OSTOMY SUPPLY BENEFITS				CALENDAR YEAR PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUMS	
Member Coinsurance per 30-day supply				Per individual \$2,500 Family maximum \$5,000	
		In-Network	Out-of-Network	Once the applicable out-of-pocket maximum is reached, you pay nothing for covered prescription drugs for the remainder of the calendar year.	
Insulin and diabetic supplies					
Generic and formulary		20%	20% + 25% penalty		
Nonformulary		30%	30% + 25% penalty		
Ostomy supplies		20%	20% + 25% penalty		

Prescription drug benefits / Dual Option #1

TIER	CLASSIFICATION	COPAY/COINSURANCE PER 30-DAY SUPPLY		OUT-OF-POCKET MINIMUMS AND MAXIMUMS PER PRESCRIPTION	
		In-Network	Out-of-Network		
1	Generic drugs	30%	30% + 25% penalty	\$7 minimum / \$30 maximum*	
2	Formulary brand name drugs	30%	30% + 25% penalty	\$35 minimum / \$70 maximum*	
3	Nonformulary brand name drugs	50%	50% + 25% penalty	\$60 minimum / \$90 maximum*	
4	Specialty drugs	25%	50%	In-Network	Out-of-Network
				\$50 minimum / \$100 maximum	\$150 minimum / \$300 maximum
INSULIN, DIABETIC AND OSTOMY SUPPLY BENEFITS				CALENDAR YEAR PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUMS	
Member Coinsurance per 30-day supply				Per individual \$2,500 Family maximum \$5,000	
		In-Network	Out-of-Network	Once the applicable out-of-pocket maximum is reached, you pay nothing for covered prescription drugs for the remainder of the calendar year.	
Insulin and diabetic supplies					
Generic and formulary		20%	20% + 25% penalty		
Nonformulary		30%	30% + 25% penalty		
Ostomy supplies		20%	20% + 25% penalty		

Prescription drug benefits / Generics Plus ***

TIER	CLASSIFICATION	COPAY/COINSURANCE PER 30-DAY SUPPLY		OUT-OF-POCKET MINIMUMS AND MAXIMUMS PER PRESCRIPTION	
		In-Network	Out-of-Network		
1	Generic drugs	25%	25% + 25% penalty	\$10 minimum / \$25 maximum*	
2	Formulary brand name drugs	25%	25% + 25% penalty	\$30 minimum / \$60 maximum*	
3	Nonformulary brand name drugs	75%	75% + 25% penalty	\$85 minimum / \$170 maximum*	
4	Specialty drugs				
	Formulary brand name	25%	Not covered	\$50 minimum / \$100 maximum*	
	Nonformulary brand name	50%		\$75 minimum / \$150 maximum*	
INSULIN, DIABETIC AND OSTOMY SUPPLY BENEFITS				CALENDAR YEAR OUT-OF-POCKET MAXIMUMS	
Formulary		25%	25% + 25% penalty	\$10 minimum / \$25 maximum*	
Nonformulary		50%	50% + 25% penalty	\$85 minimum / \$170 maximum*	
Ostomy supplies		25%	25% + 25% penalty	\$10 minimum / \$25 maximum*	
Per individual \$2,500		Once the applicable out-of-pocket maximum is reached, you pay nothing for covered prescription drugs for the remainder of the calendar year.			
Family maximum \$5,000					

* Does not include 25% out-of-network penalty, if applicable.

**To be considered in-network, specialty drugs must be purchased through a PrimeRxSpecialty pharmacy.

*** You must select the Reduced Benefit Health Plan to use the Generics Plus program. Your group determines whether to offer the Reduced Benefit Health Plan.

Prescription drug benefits / Dual Option #2 (HSA-eligible Plan)

Your prescription drug benefits are subject to your plan's in-network deductible.

Your prescription drug benefits are based on Blue Cross and Blue Shield of Nebraska's drug formulary, which is a listing of medications divided into four tiers. The coinsurance amount you pay for each 30-day supply of your covered prescription drug depends on what tier your medication is in.

Please note: The formulary is revised on a regular basis. Our website, www.nebraskablue.com, provides you with the most up-to-date version.

Getting Your Prescription Filled

Take your prescription and your Blue Cross and Blue Shield of Nebraska I.D. card to a participating Rx Nebraska pharmacy. You'll pay the pharmacist the applicable coinsurance amount (see the chart on the previous page).

Please note: Whenever appropriate, generic drugs will be used to fill your prescriptions. If you prefer a brand name drug, you will be responsible for the difference in cost plus the applicable coinsurance.

Using the Mail Service Program

If you use the PrimeMail Mail Service Pharmacy Program, you may order up to a 180-day supply of a covered maintenance medication at one time (if allowed by your prescription) by paying the applicable coinsurance amount per 30-day supply of your drug. The listing of covered maintenance medications is on our website.

When you use PrimeMail, the most you will pay for a 180-day supply of a covered drug is five times the maximum for a 30-day supply, subject to the applicable coinsurance maximum.

Example: The cost of a 30-day supply of your formulary brand name drug is \$100. Your coinsurance is 25% of that amount, or \$25. Your out-of-pocket for a 180-day supply ordered through PrimeMail would be \$125 (\$25 X 5).

Here's What's Covered Under Your Rx Nebraska Plan

- Drugs requiring a prescription, either by state or federal law, written by a qualified physician or dentist (except those items listed in the next section). Certain drugs may be subject to quantity maximums as determined by Blue Cross and Blue Shield of Nebraska.

- Injectables.
- Ostomy supplies (Not available through PrimeMail. Also covered under health).
- Insulin and other diabetic supplies, including needles, syringes, test strips and lancets (also covered under health).
- Prescription vitamins (including pre-natal).
- Oral contraceptives (including transdermal patch).
- Human immunodeficiency virus (HIV) medications.
- Anti-rejection medications.
- Compound medications containing at least one prescription ingredient (restrictions may apply).
- Topical retinoids, through age 40.*

* After reaching age maximum, preauthorization required.

These Drugs Are Not Covered Under Your Rx Nebraska Plan

- Over-the-counter medications.
- Diet or appetite suppressants.
- Dietary supplements.
- Prescription drugs purchased in a foreign country (except while living abroad or in medical emergencies while traveling).
- Medications, services or drugs that are not cost effective compared to established alternatives.
- Experimental/investigational drugs.
- Fertility medications.
- Erectile dysfunction agents.
- Topical Minoxidil (Rogaine).
- Health or beauty aids; cosmetic alteration drugs, including Renova.
- Smoking deterrents (e.g. gum and patches).

Note: This is a partial list of what is covered and not covered under your plan. For a complete list, please visit www.nebraskablue.com.

The Prescription Drug Preauthorization Program

As part of our efforts to address the serious issue of escalating costs and continue to provide you with access to quality and cost-effective pharmacy care, Blue Cross and Blue Shield of Nebraska requires that benefits for certain prescription drugs be preauthorized. See the next page for more information.

COX-2 Inhibitors

This program manages the use of costly COX-2 inhibitors (e.g. Celebrex). COX-2 inhibitors are used to treat inflammation and reduce pain, and work the same as drugs such as naproxen and ibuprofen.

Patients whose medical history and current medical condition do not indicate that use of a COX-2 drug is required need to try an NSAID first. Benefits for COX-2 inhibitors will be available if the patient's medical condition warrants it.

Proton Pump Inhibitors (PPIs)

PPIs are used to help reduce stomach acid and provide relief from the symptoms of heartburn, ulcers and gastroesophageal reflux disease (GERD).

The preauthorization program requires attempted use of three PPI drugs on the Blue Cross and Blue Shield of Nebraska formulary before benefits for a nonformulary PPI will be considered. Benefits for generic formulary PPIs do not need to be preauthorized.

Please note: Effective July 1, 2011, Aciphex® is being replaced by Nexium® on the Blue Cross and Blue Shield of Nebraska formulary. Benefits for Nexium are available after prior use of a prescription generic formulary PPI.

Leukotriene Modifiers

Leukotriene modifiers are used to treat asthma and in some cases, seasonal allergies. The medications included in this class are Accolate®, Singulair®, Zyflo® and Zyflo CR.® Currently, Zafirlukast (generic for Accolate) and Singulair are the only leukotriene modifier on the formulary.

Clinical studies have shown that inhaled or nasal steroids are more effective in treating asthma and/or seasonal allergies. Under the preauthorization program, benefits for leukotriene modifiers are not available unless established clinical criteria is met.

Note: Please see www.nebraskablue.com for a list of additional medications requiring preauthorization.

How to Locate Rx Nebraska Pharmacies

- Call the Rx Nebraska Pharmacy Locator number toll-free at 1-877-800-0746.
- The Rx Nebraska Pharmacy Locator toll-free number is available 24 hours a day, seven days a week.
- Provide the representative with city, state or ZIP code information to locate the area's participating pharmacies.
- You'll be given the names, addresses and phone numbers of participating pharmacies within the requested area. Or, you may ask whether a particular pharmacy is in the network.

You can also find Rx Nebraska pharmacies anywhere in the U.S. by accessing our online directory at www.nebraskablue.com.

If You Go to a Nonparticipating Pharmacy

If you have your prescription filled at a nonparticipating pharmacy, you must pay the pharmacist the entire cost of the prescription, then file a claim with Blue Cross and Blue Shield of Nebraska (with the itemized statement attached). Reimbursement for prescriptions filled at a nonparticipating pharmacy will be based on the standard discounted cost of the drug at a participating pharmacy minus the applicable coinsurance amount and a 25% penalty. Rx Nebraska claim forms are available at www.nebraskablue.com or by calling our Member Services Department at the number on the back of your I.D. card.

Before Your I.D. Card Arrives

Between the time you enroll in the plan and the time you receive your Blue Cross and Blue Shield of Nebraska I.D. card, you may find you need to get a prescription filled. Rx Nebraska benefits are available to you, but you'll need to pay the participating pharmacist the full amount, then file a claim (with the itemized statement attached). You will be reimbursed, minus your applicable coinsurance amount. Please indicate on the claim form that you haven't received your I.D. card yet. Rx Nebraska claim forms are available at www.nebraskablue.com or by calling our Member Services Department at 1-877-721-2583.

Please note: It is important that once you receive your I.D. card you have it with you when you have your prescription filled at a participating pharmacy. If you don't have your card with you, you will be required to pay the pharmacist the entire cost of the drug and file a claim. You will be reimbursed as if you had gone to a nonparticipating pharmacy (see the previous section, "If You Go to a Nonparticipating Pharmacy.")

If You Have Questions

If you have questions about your Rx Nebraska benefits, call our Member Services Department at 1-877-721-2583. You can also visit www.nebraskablue.com.

This brochure provides you with an overview of the Blue Cross and Blue Shield of Nebraska prescription drug coverage offered to members of Educators Health Alliance (EHA). This is not a contract. It is intended as a general overview only. It does not contain all the details of this coverage. For more complete information about your plan, including benefits, exclusions and contract limitations, please refer to the certificate of coverage or the master group contract. In the event there are discrepancies between this document and the contract, the terms and conditions of the contract will govern.