CITY OF
LINCOLN

As part of our efforts to address rising prescription drug costs while providing members with access to quality, cost-effective pharmacy care a change was made to your Blue Cross and Blue Shield of Nebraska prescription drug program. Effective November 1, 2014, your prescription drug plan changed from a traditional copay plan to a coinsurance plan with a minimum and maximum out-of-pocket amount.

Formulary: A formulary is a list of generic and brand name medications that are included based on an evaluation of safety, effectiveness, unique qualities and cost. A brand name drug that is not on the list is a "non-formulary brand name drug."

Allowed Amount: An amount we use to calculate our portion of the payment for covered medications.

Coinsurance: Your share of the cost of the covered medication (also known as a percent of the allowed amount for the medication).

Minimum and Maximum Out-of-Pocket Amounts Per Prescription: The least, and the most, you could pay per each covered medication.

NEBRASKA

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

Your Prescription Drug Plan Design:

Coinsurance and Out-of-Pocket Amounts

Overview of prescription drug benefits for the following unions: Page, LCEA, M, E, DSS, and X

	YOU PAY In-Network	YOU PAY Out-of-Network
Retail Out-of-Pocket Maximum – per 30-day supply		
Mandatory Generic	25% coinsurance ($5 min/$25 max)	25% coinsurance ($5 min/$25 max) + 25% penalty
Formulary brand name	25% coinsurance ($25 min/$50 max)	25% coinsurance ($25 min/$50 max) + 25% penalty
Non-formulary brand name	50% coinsurance ($50 min/$75 max)	50% coinsurance ($50 min/$75 max) + 25% penalty
Mail order – per 90-day supply		
Mandatory Generic	25% coinsurance ($10 min/$50 max)	Not covered
Formulary brand name	25% coinsurance ($50 min/$100 max)	Not covered
Non-formulary brand name	50% coinsurance ($100 min/$150 max)	Not covered
Specialty drugs		
(Specialty drugs must be purchased through a designated specialty pharmacy after two fills; review your plan documents to learn more)	25% coinsurance ($75 min/$100 max)	Not covered

NOTE: Once your out-of-pocket costs reach either $3,000 for an individual or $6,000 for a family, your prescription drugs will be covered at 100% for the remainder of your plan year.

Here are a few examples showing how the plan would pay benefits for prescription drugs purchased at a retail pharmacy through this Prescription Drug Option. Other options may pay benefits differently:

Retail Pharmacy Price*	Coinsurance Percentage	Coinsurance Minimum/Maximum	Your Out-of-Pocket Amount
Mandatory Generic Medication			
$150	25% of $150 = $37.50	$5 min/$25 max	Since $37.50 is more than the coinsurance maximum of $25, you would pay $25 (instead of $37.50)
$75	25% of $75 = $18.75	$5 min/$25 max	Since $18.75 falls between the $5 minimum and the $25 maximum, you would pay $18.75
Formulary Brand Name Medication			
$50	25% of $50 = $12.50	$25 min/ $50 max	Since $12.50 is less than the coinsurance minimum of $25, you will pay $25 (instead of $12.50
Non-Formulary Brand Name Medication			
$250	50% of $250 = $125	$50 min/$75 max	Since $125 is more than the coinsurance maximum of $75, you would pay $75 (instead of $125)

*Price after BCBSNE discount.

NOTE: Because the price of prescription medications changes from time to time, the amount you pay for your prescription drugs could change during the plan year.