

PremierBlue

Large Group
(151+ Eligible Employees)

PRESCRIPTION DRUG COVERAGE OPTIONS

Choose the Plan Option that Works for You

Blue Cross and Blue Shield of Nebraska’s medical plans offer six standard prescription drug plan options under the Rx Nebraska Prescription Drug Program.



Rx Plan Option	Generic	Preferred	Non-preferred	Specialty Drugs
1	\$10 Copay	\$30 Copay	\$50 Copay	\$100 Copay
2	\$10 Copay	\$35 Copay	\$70 Copay	Same as any other generic, preferred or non-preferred copay
3	\$15 Copay	\$45 Copay	\$80 Copay	\$150 Copay
4	25% with a \$10 min and \$25 max	25% with a \$30 min and \$60 max	50% with a \$60 min and \$90 max	25% with a \$90 min and \$150 max
5	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
6	Deductible, then \$10 copay	Deductible, then \$35 copay	Deductible, then \$70 copay	Same as any other generic, preferred or non-preferred copay

The in-network pharmacy benefits accumulate to the medical plan’s in-network deductible and/or out-of-pocket limit, and out-of-network pharmacy benefits accumulate to the medical plan’s out-of-network deductible and/or out-of-pocket limit.

Ways to access prescription drugs



Retail Pharmacies

Members should take prescriptions to an in-network pharmacy and show the pharmacist their BCBSNE member ID card. The member will pay the applicable copay/deductible/coinsurance amount.

Please note: Whenever appropriate, generic drugs will be used to fill prescriptions. If a brand-name drug is preferred when a generic equivalent is available, the member will be responsible for the difference in cost, plus the applicable copay/coinsurance amount.

All fully insured large group plans will use Pharmacy Network C.

Home Delivery

If BCBSNE members use AllianceRx Walgreens Prime, they may order a 90-day supply of maintenance medication by paying the applicable copay amount for each 30-day supply.

Extended Supply Network Pharmacy Benefit

The Extended Supply Network (ESN) pharmacy benefit allows members to get a 90-day supply of medications at one time (if allowed by their prescription). All PremierBlue large group plans have ESN.

Non-ESN retail pharmacies are limited to a 30-day supply. Members may view a list of ESN retail pharmacies under the Pharmacy Benefits section at myNebraskaBlue.com/ToolsAndResources.

Specialty Pharmacy

For specialty drugs to be considered in network, those drugs must be purchased through a designated specialty pharmacy. Members can receive two fills at retail before they must use a designated specialty pharmacy. After the second fill, if a member uses retail or another mail-order facility, benefits will be denied. For fully insured groups, in-network pharmacies include Alliance Rx Walgreens Prime, Think Whole Person Healthcare, Nebraska Medicine and OptionCare Pharmacy.

Preauthorization

In an effort to address escalating costs and continue providing members with access to quality and cost-effective pharmacy care, we require benefits for certain prescription products to be preauthorized. For a list of products requiring prior authorization, visit NebraskaBlue.com/DrugList.

If you have any questions, please contact a member of your BCBSNE sales or account management team.