



IMPORTANT INFORMATION

About Prescription Drugs and Covered Services Administered in an Outpatient Setting

Benefits for certain prescription drugs and covered services administered in an outpatient setting are available only under your prescription drug plan. Examples of an outpatient setting include a home health care agency, physician's office, outpatient hospital or other outpatient facility.

These drugs and covered services include some of the following: oral medication, intravenous solutions, biologicals and medicines. This provision does not affect drugs like allergy injections or pain medications you may receive in an outpatient setting. **It only affects some high dollar drugs** that should be purchased through a specialty or in-network pharmacy.

For a list of the prescription drugs and covered services for which benefits are available only under your Rx Nebraska Prescription Drug Program, please visit nebraskablue.com. Select Resources, Pharmacy Tools, Outpatient Drug Exclusions. You may also request a paper copy of this list by contacting the Blue Cross and Blue Shield of Nebraska (BCBSNE) Member Services Department at the number on the back of your BCBSNE member ID card.

If you incur charges for any of the drugs or services on the BCBSNE prescription drug list in an outpatient setting, those claims will be denied under your medical plan. However, you may file a claim under your Rx Nebraska Prescription Drug Program to be reimbursed at the out-of-network pharmacy level of benefits. Out-of-network benefits would apply because medical providers are not in-network pharmacy providers.

If you have any questions about this information please contact BCBSNE's Member Services Department at the number shown on the back of your BCBSNE member ID card.



Here is an example of how benefits will be paid if a medication is administered in a physician's office. The same logic will apply for other outpatient settings.

SCENARIO:

Jane visits her doctor and is prescribed a medication listed under this provision. Jane's physician plans to administer the medication in the office and bill it under Jane's medical benefit.

Question: What can Jane do to get the best benefit available under her health plan?

Answer: To get the best benefit available under her health plan, Jane can find out if the medication is listed under this provision by checking the drug list at nebraskablue.com, calling our Member Services Department at the number on the back of her BCBSNE member ID card, or talking with her physician. If the medication is on the drug list, Jane should ask her physician to write a prescription that she can have filled at a network pharmacy.

Question: What happens if Jane does not discuss this scenario with her physician first and her physician provides the medication and bills it as a medical claim?

Answer: The drug portion of Jane's claim will not be covered under her medical benefit. However, the infusion charges, etc., will be covered under her medical benefit. For benefits to be covered for the drug, Jane will need to file a claim under her prescription drug program for the drug portion of her claim. The drug expense will be reimbursed at the out-of-network level of benefits. Jane may find a claim form at nebraskablue.com or by calling our Member Services Department at the number on the back of her BCBSNE member ID card.