

Pharmacy Benefits

Benefits are administered by OptumRx (affiliate of UnitedHealthcare)

When you enroll in a State of Nebraska health plan, you will also be enrolled in the State of Nebraska pharmacy program. UnitedHealthcare (UHC) will send you an identification card which will be used for both medical and pharmacy claims. You will want to carry your UHC card with you at all times. Additional cards can be ordered through www.myuhc.com or by calling UHC at 877-263-0911.

The pharmacy program offers flexibility and choice in finding the right medication for you. Medications are placed on different “tiers” based on their overall value.

- Tier 1 – Your lowest cost option
- Tier 2 – Your midrange cost option
- Tier 3 – Your highest cost option

To learn more about the tiers, covered drugs, and list of network pharmacies, go to the Prescription Plan page at Employee Wellness & Benefits Resources, www.link.nebraska.gov.

Smoking Cessation Products

Effective July 1, 2016, select over the counter and prescription tobacco cessation products will be covered at \$0 cost-share for eligible members on all 3 health plans. To qualify, members must be:

- Age 18 or older
- Must have a prescription for the products from their physician, even for products that are available over the counter
- Fill the prescription at a network pharmacy

Products available will include nicotine replacement gum, lozenges, patches and generic Zyban. For a complete listing, please refer to the Pharmacy Drug List “PDL” on the Employee Wellness and Benefits web site.

Choosing between brand name and generic medications

Generic medications contain the same active ingredients as brand name medications, but they often cost less. Many companies that make brand name medications also produce and market generic medications.



Are YOU getting the most out of your Pharmacy Benefit?

- Register at www.myuhc.com
- Choose drugs on Tier 1, when available
- Use mail order
- Choose Generic instead of brand name medications

Get registered at www.myuhc.com

Upon enrolling in a State of Nebraska health plan, you will receive a welcome kit from UnitedHealthcare. Go on-line at www.myuhc.com and register. Once you register, click on “Manage My Prescriptions” and you will be able to:

1. View the most current prescription drug list (also referred to as a formulary).
2. Locate a network pharmacy.
3. Compare drug prices and lower cost options.
4. Find your cost before you go to the pharmacy.
5. Refill and track your mail order prescriptions.
6. View medication limits including quantity limits, prior authorization, and step therapy.
7. View drugs not covered under your plan.

Diabetic Supplies

Diabetic supplies covered under the prescription drug benefit include syringes, needles, lancets, blood monitor kits, test strips, blood glucose calibration solutions, urine tests, and blood test strips. Blood glucose monitors are also covered under the pharmacy benefit, but continuous blood glucose monitors are currently excluded. Insulin pumps and sensors are covered under the medical benefit as Durable Medical Equipment. If you have any questions, call customer service at 877-263-0911.



Mail Order – Save money & time!

For medications you take on a regular basis, you can fill a 90-day supply through the OptumRx™ Mail Service Pharmacy. Mail order offers the convenience of home delivery and saves you money. You will also be able to get a 90 day prescription from your local pharmacy.

To start using mail order:

1. Tell your physician you would like to start mail service

Once you and your physician are confident you will continue taking a medication on an ongoing basis, have your physician write a prescription for a 90-day supply, plus up to three refills. Prescriptions with more than three refills will not be processed as it will exceed a one year maximum supply as required by law.

2. Contact OptumRx™ at 800-562-6223, 24 hours a day, seven days a week and have your prescription label available when you call.
You can mail the order form - include with the original prescription(s). Write the member ID and date of birth on each prescription and mail with completed order form. Please fill out one order form per member. You can download an order form from link.nebraska.gov - link to Employee Wellness & Benefit Resources.

Your Prescription Medication Options

Your PDL is a list of commonly prescribed medications and their cost levels or tiers, which define the amount you pay for each medication under your benefit. Tier placements on the PDL are reviewed and may change throughout the year. For a current list of your PDL, contact OptumRx at 877-263-0911 or visit www.myUHC.com.

Specialty Pharmacy Program

BriovaRx Specialty Pharmacy

Certain prescriptions on our prescription drug listing require that you use the BriovaRx Specialty Pharmacy to refill your prescriptions. Specialty pharmacies have experience in storing, handling, and distributing these unique medications and typically provide a higher level of customized care for specialty medications than traditional retail pharmacies. Specialty pharmacists and nurses also have additional clinical expertise surrounding these medications and complex diseases.

What is a specialty medication?

An injectable, oral, or inhaled medication is most often considered specialty medication if it:

- Is used to treat a chronic or complex condition
- Requires extra, on-going clinical oversight and additional education for best management
- Has unique storage or shipping requirements
- Typically is not available at retail pharmacies

How does the program work?

Your first fill:

When you are first prescribed a specialty medication, you can receive a 30-day supply from your local pharmacy. Your pharmacist will let you know when you are prescribed a specialty medication. Also, you will receive a welcome packet from OptumRx with instructions on how to refill your medication.

Follow-up refills:

Contact the BriovaRx Specialty Pharmacy at 855-242-2241 and speak with a Patient Care Coordinator to help set up your account, order refills, and answer questions about your prescription.



Your Pharmacy Benefits

	Wellness Health Plan	Regular Health Plan	Consumer Focused Health Plan (HSA Eligible)
RETAIL - 30 DAY SUPPLY			
Tier 1	\$5 copay	\$5 copay	20% after deductible
Tier 2	\$30 copay	\$30 copay	20% after deductible
Tier 3	\$50 copay	\$50 copay	20% after deductible
MAIL ORDER - 90 DAY SUPPLY (OR RETAIL)			
Tier 1	\$10 copay	\$10 copay	20% after deductible
Tier 2	\$60 copay	\$60 copay	20% after deductible
Tier 3	\$100 copay	\$100 copay	20% after deductible
Pharmacy Out-of-Pocket Maximum	\$2,000 - individual \$4,000 - family	\$2,000 - individual \$4,000 - family	Included in the medical out-of-pocket maximum

Wellness Health Plan ONLY	
DIABETIC, HYPERTENSION AND HIGH CHOLESTEROL PRESCRIPTIONS	
RETAIL - 30 DAY SUPPLY	
Tier 1	No copay
Tier 2	\$15 copay
Tier 3	\$30 copay
MAIL ORDER - 90 DAY SUPPLY (OR RETAIL)	
Tier 1	
Tier 2	2 Times the 30-day supply
Tier 3	

Consumer Focused Health Plan ONLY	
UHC PREVENTIVE DRUG LIST (FORMULARY)	
Go to link.nebraska.gov ; Wellness & Benefits Resources page for list	
RETAIL - 30 DAY SUPPLY	
Tier 1	No copay
Tier 2	\$25 copay
Tier 3	\$50 copay
MAIL ORDER - 90 DAY SUPPLY (OR RETAIL)	
Tier 1	
Tier 2	2 Times the 30-day supply
Tier 3	

Pay the Difference

If a generic equivalent is available, and you choose brand, you will pay the difference in cost between the generic cost and brand cost, in addition to the appropriate copay. Penalty does not apply if physician does not allow substitution.

Wellness and Regular Health Plans Pharmacy Out-Of-Pocket Maximums

The pharmacy out-of-pocket maximum limits are in addition to the medical out-of-pocket maximums on page 28-29. Once the out-of-pocket maximum has been met for pharmacy co-pays, all prescriptions covered under the plan will be paid 100% by the plan.

Consumer Focused Health Plan

1. If your medication is on the UHC Preventive Drug List, you pay the copay. Your copay will apply towards your annual out-of-pocket maximum. After your limit is met, the plan pays 100% of your costs. Go to <http://das.nebraska.gov/benefits.html>.
2. For all other covered prescriptions, the full cost of the prescription is applied towards your deductible. Once you meet your deductible, then you pay 20% coinsurance until your annual out-of-pocket limit is met. Then all costs are paid 100% by the plan.

