

**THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA
PRESCRIPTION DRUG COVERAGE ADDENDUM**

EFFECTIVE DATE: January 1, 2024

PLAN ADMINISTRATOR/PLAN SPONSOR:

University of Nebraska System
3835 Holdredge Street
217 Varner Hall
Lincoln, NE 68583
Phone: 402-472-2600

THE PHARMACY BENEFITS ADMINISTRATOR FOR THIS PLAN IS:

EmpiRx Health, LLC
155 Chestnut Ridge Road
Montvale, NJ 07645
Customer Service Number: 201-777-6971
Website: myempirxhealth.com

Name of Mail Order Pharmacy: Prescription Mart

Mail Order Service Number: 833-902-3217

This Prescription Drug plan is integrated with The Board of Regents of the University of Nebraska (the “Plan”).

NOTE: The Medicare Prescription Drug Improvement and Modernization Act of 2003 provides all Medicare eligible individuals the opportunity to obtain prescription Drug coverage through Medicare. Medicare eligible individuals generally must pay an additional monthly premium for this coverage. Participants may be able to postpone enrollment in the Medicare Prescription Drug coverage if their current drug coverage is at least as good as Medicare Prescription Drug coverage. If a Participant declines Medicare Prescription Drug coverage and does not have coverage at least as good as Medicare Prescription Drug coverage, he or she may have to pay an additional monthly penalty if he or she changes his or her mind and signs up later. Participants should have received a Notice telling them whether their current Prescription Drug coverage provides benefits that are at least as good as benefits provided by the Medicare Prescription Drug coverage. If a Participant needs a copy of this Notice, he or she should contact the Plan Administrator.

DISCREPANCY

The prescription Drug benefits listed in this Addendum will supersede any prescription Drug benefit provisions in the Plan’s medical Plan Document, Summary Plan Description (SPD), benefit booklets, prior summaries, and addenda.

DEFINITIONS

“Coinsurance”

“Coinsurance” shall mean a cost sharing feature of many plans which requires a Participant to pay out-of-pocket a prescribed portion of the cost of prescription Drug expenses. The defined Coinsurance that a Participant must pay out-of-pocket is based upon his or her health plan design.

“Copayment” or “Copay”

“Copayment” or “Copay” shall mean a dollar amount per prescription the Participant pays for prescription Drug expenses.

“Drug”

“Drug” shall mean a Food and Drug Administration (FDA) approved Drug or medicine that is listed with approval in the *United States Pharmacopeia, National Formulary* or

coverage. No reimbursement will be made when a Drug is purchased from a non-Participating Pharmacy or when the identification card is not used.

The Mail Order Option is available for maintenance medications (those that are taken for long periods of time, such as Drugs sometimes prescribed for heart disease, high blood pressure, asthma, etc.). Because of the volume buying, Prescription Mart, the mail order pharmacy, is able to offer Participants significant savings on their prescriptions.

The Coinsurance and Deductible amounts are applied to each charge and are shown on the Summary of Benefits, above. The Coinsurance and Deductible amounts apply toward the medical plan out-of-pocket maximum.

Limitations

The benefits set forth in this section will be limited to:

Dosages.

1. With respect to the Pharmacy Option, any one prescription is limited to a 90 day supply.
2. With respect to the Mail Order Option, any one prescription is limited to a 90 day supply.
3. With respect to the Specialty Drug Option, any one prescription is limited to a 30 day supply.

Refills.

1. Refills only up to the number of times specified by a Physician.
2. Refills up to one year from the date of order by a Physician.

Covered Expenses

The following are covered under this Addendum:

Acne Control. Drugs that help manage the severity and frequency of acne outbreaks that cannot be purchased over-the-counter.

Allergy Sera. Charges for allergy sera.

Bee Sting Kits. Charges for EPI PEN and Ana Kit.

Compounded Prescriptions. All compounded prescriptions containing at least one prescription ingredient in a therapeutic quantity.

Contraceptives. All Food and Drug Administration (FDA)- approved, -granted, or -cleared contraceptives Drugs, in accordance with the Health Resources and Services Administration (HRSA) guidelines.

Diabetes. Insulins, insulin syringes and needles, diabetic supplies – legend, diabetic supplies – over the

2. Diabetic Supplies.
3. Pre-natal vitamins.

Non-Insulin Syringes/Needles. Charges for non-insulin syringes and needles.

Smoking Deterrents. A charge for Drugs or aids for smoking cess

Vitamins. Vitamins, except pre-natal vitamins.

CLAIMS AND APPEALS PROCEDURES

Please see the Pharmacy Benefit Booklet for more information about how to appeal a denied pharmacy claim, and for details regarding the pharmacy claims appeal process.