

Nebraska Comprehensive Health Insurance Pool

Administered by Coventry Health and Life Insurance Company
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A GUIDE TO YOUR CHIP PRESCRIPTION DRUG BENEFITS

Most of us from time to time need to get a prescription filled. If you do so on a regular basis, you know how expensive it can be. With the three-tier CHIP Prescription Drug Plan, filling your prescription can be both convenient and affordable.

Your benefits are based on Coventry's Drug Formulary, a listing of medications divided into three tiers. The copay you pay for each 30-day supply of your covered prescription drug depends on what tier your medication is in.

Tier 1	Generic Drugs	\$10 copay
Tier 2	Formulary brand name drugs	20% coinsurance \$35 min/\$50 max
Tier 3	Non-formulary drugs	50% coinsurance \$50 min/\$75 max

Please note: Drugs are subject to the deductible and coinsurance under the \$2,000 High Deductible Health Plan.

The drug formulary is revised on a regular basis. Our website provides you with the most up-to-date version: www.chcnebraska.com

Getting your prescription filled

Take your prescription and your CHIP ID card to a participating pharmacy. You'll pay the pharmacist the applicable copay amount, as shown in the chart. That's all there is to it.

Please note: Whenever appropriate, generic drugs will be used to fill your prescriptions. If you prefer a brand name drug, you will be responsible for the difference in cost plus the applicable copay amount.

How to locate pharmacies

- Call Customer Service at 855-247-5201.
- A representative will ask you for the city, state or zip code to locate participating pharmacies in that area.
- You'll be given the names, addresses and phone numbers of participating pharmacies in the area. Or, you may ask whether a particular pharmacy is in the network.

You can also find participating pharmacies anywhere in the U.S. by accessing our online directory at www.chcnebraska.com



Before your card arrives

Between the time you enroll in the plan and the time you receive your CHIP ID card, you may find you need to get a prescription filled. Prescription benefits are available to you, but you'll need to pay the participating pharmacist the full amount, then file a claim (with the itemized statement attached). You will be reimbursed, minus your plan's applicable copay/coinsurance amount. Please indicate on the claim form that you haven't received your ID card yet. Claim forms are available from Customer Service.

Please note: It is important that once you receive your CHIP ID card, you have it with you when you have your prescription filled at a participating pharmacy. If you don't have your card with you, you will be required to pay the pharmacist the entire cost of the drug and then file a claim. You will be reimbursed as if you had gone to a nonparticipating pharmacy (see the following paragraph).

If you go to a nonparticipating pharmacy

If you have your prescription filled at a nonparticipating pharmacy, you must pay the pharmacist the entire cost of the prescription, then file a claim with Medco, Coventry Health Care's pharmacy benefit administrator (with the itemized statement attached). Reimbursement for prescriptions filled at a nonparticipating pharmacy will be the cost of the drug minus the applicable out-of-pocket amount and a 25% penalty. Claim forms are available from Customer Service.

If you have questions

If you have questions about your prescription benefits, call Customer Service at 855-247-5201.

Here's what is covered under your CHIP plan:

- Drugs requiring a prescription. (Except those items listed in the next section.) Certain drugs may be subject to prior authorization, step therapy and quantity maximums as determined by Coventry Health Care.
- Injectables
- Ostomy supplies
- Insulin and other diabetic supplies, including needles, syringes, test strips and lancets
- Prescription vitamins (including pre-natal)
- AIDS drugs
- Anti-rejection medications
- Compound medications containing at least one FDA-approved prescription ingredient (restrictions may apply)

These drugs are NOT covered under your CHIP plan:

- Home medical equipment or devices of any type
- General anesthetic
- Diet or appetite suppressants
- Dietary supplements
- Prescription drugs purchased in a foreign country (except in medical emergencies while traveling)
- Medications, services or drugs that are not cost effective compared to established alternatives
- Experimental/investigational drugs
- Fertility medications
- Topical Minoxidil (Rogaine)
- Cosmetic alteration drugs
- Smoking deterrents (i.e. gum and patches)
- Contraceptive medications
- Erectile dysfunction agents
- Growth hormones