

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

EFFECTIVE DATE: January 1, 2026

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 *AMA Drug Evaluations* published by the American Medical Association (AMA), that is prescribed for human consumption, and that is required by law to bear the legend: “Caution—Federal Law prohibits dispensing without prescription,” or a State restricted

drug (any medicinal substance which may be dispensed only by prescription, according to State law), legally obtained and dispensed by a licensed drug dispenser only, according to a written prescription given by a Physician and/or duly licensed Provider. "Drug" shall also mean insulin for purposes of injection.

"Participant"

"Participant" shall mean an employee and/or his or her dependent(s) who satisfies the eligibility and participation requirements specified in the Plan and is enrolled in the Plan.

"Physician"

"Physician" shall mean a Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Doctor of Dental Surgery (D.D.S.), Doctor of Podiatry (D.P.M.), Doctor of Chiropractic (D.C.), Psychologist (Ph.D.), Audiologist, Certified Nurse Anesthetist, Licensed Professional Counselor, Licensed Professional Physical Therapist, Master of Social Work (M.S.W.), Occupational Therapist, Physiotherapist, Speech Language Pathologist, psychiatrist, midwife, and any other practitioner of the healing arts who is licensed and regulated by a State or Federal agency, acting within the scope of that license.

BENEFITS

Summary of Benefits – PPO Regular

Prescription Drug Plan - PPO Regular	Annual Deductible ¹
Individual	\$57
Family	\$57

Covered Prescription Drug Expenses:	Participating Pharmacy
Pharmacy Option:	
Copayment, per prescription or refill, for generic	1-30 Day Supply: \$14 Copay 31-60 Day Supply: \$28 Copay 61-90 Day Supply: \$42 Copay
Copayment, per prescription or refill, for preferred brands ²	1-30 Day Supply: \$36 Copay 31-60 Day Supply: \$72 Copay 61-90 Day Supply: \$108 Copay
Copayment, per prescription or refill, for non-preferred brands	1-30 Day Supply: \$57 Copay 31-60 Day Supply: \$114 Copay 61-90 Day Supply: \$171 Copay
Copayment, per prescription or refill, for specialty drugs	Generic: \$14 Copay Preferred Brands: \$36 Copay Non-Preferred Brands: \$57 Copay
Mail Order Option:	
Copayment, per prescription or refill, for generic	1-30 Day Supply: \$14 Copay 31-60 Day Supply: \$28 Copay 61-90 Day Supply: \$42 Copay
Copayment, per prescription or refill, for preferred brands ²	1-30 Day Supply: \$36 Copay 31-60 Day Supply: \$72 Copay 61-90 Day Supply: \$108 Copay
Copayment, per prescription or refill, for non-preferred brands	1-30 Day Supply: \$57 Copay 31-60 Day Supply: \$114 Copay 61-90 Day Supply: \$171 Copay
Copayment, per prescription or refill, for specialty drugs	Generic: \$14 Copay Preferred Brands: \$36 Copay Non-Preferred Brands: \$57 Copay

¹ Only the member's cost share for preferred and non-preferred brand drugs apply to the annual deductible.

² Also includes cost difference between name brand and generic forms, unless prescription is not manufactured in generic form or Physician has indicated "dispense as written" or similar indication.

Participating pharmacies ("Participating Pharmacies") have contracted with the Plan to charge Participants reduced fees for covered Drugs. EmpiRx Health, LLC is the administrator of the prescription drug plan. Participants will be issued an identification card to use at the pharmacy at time of purchase. Participants will be held fully responsible for the consequences of any pharmacy identification card after termination of 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 Copayment, Coinsurance, and Deductible amounts are applied to each charge and are shown on the Summary of Benefits, above. The Copayment and Deductible amounts are not applied toward any out-of-pocket maximums under the Plan.

Value of Drug Manufacturer Assistance

Any amounts paid toward Participant responsibility which were paid or reimbursed by manufacturer assistance programs, copay cards, or similar patient assistance programs from a third party do not accrue toward the Deductible or annual 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. Prescription contraception and contraception-related services.

Diabetes. Insulins, insulin syringes and needles, diabetic supplies – legend, diabetic supplies – over the counter, and glucose test strips, when prescribed by a Physician.

Fertility Agents. Charges for fertility agents. Fertility agents are subject to a \$15,000 per Participant lifetime Plan paid maximum, combined with medical benefits through the combined fertility list. After the lifetime Plan paid maximum has been reached, 100% Coinsurance will apply.

Growth Hormones. Charges for growth hormones.

Immunizations. Immunization agents, biological sera, and immunologicals (vaccines).

Injectables. A charge for injectables.

Legend Drugs.

1. Class V Drugs.
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 cessation, including, but not limited to, nicotine gum and smoking cessation patches.

Exclusions

In addition to the exclusions section of the Plan, the following are not covered by this Addendum:

Administration. Any charge for the administration of a covered Drug.

Anorexiants. Anorexiants (weight loss Drugs).

Anti-Aging Products. Drugs intended to affect the structure or function of the skin that cannot be purchased over-the-counter.

Blood and Blood Plasma. Charges for blood and blood plasma.

Devices. Devices of any type, even though such devices may require a prescription, including, but not limited to, therapeutic devices, artificial appliances, braces, support garments or any similar device.

Drug Efficacy Study Implementation (DESI) Drugs. Charges for DESI Drugs.

Experimental Drugs. Experimental Drugs and medicines, even though a charge is made to the Participant.

Impotency. A charge for impotency medication, including Viagra.

Institutional Medication. A Drug or medicine that is to be taken by a Participant, in whole or in part, while confined in an Institution, including any Institution that has a facility for dispensing Drugs and medicines on its premises.

Investigational Use Drugs. A Drug or medicine labeled "Caution – limited by Federal law to Investigational use".

Legend Drugs.

1. Diagnostics.
2. Legend Drugs with over-the-counter equivalents.
3. Vitamins.

Medical Devices and Supplies. Charges for legend and over the counter medical devices and supplies.

No Charge. A charge for drugs which may be properly received without charge under local, State or Federal programs.

Non-Prescription Drug or Medicine. A drug or medicine that can legally be bought without a prescription, except for injectable insulin.

Occupational. Prescriptions necessitated due to an occupational activity or event occurring as a result of an activity for wage or profit which an eligible person is entitled to receive without charge under any workers' compensation or similar law.

Over-the-Counter Drugs. Charges for over-the-counter drugs, except to the extent required by the Families First Coronavirus Response Act (FFCRA), as amended.

Travel Vaccines.

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.