

## Retail Program

Your ID card provides all the information your pharmacist will need to process your prescription through Benecard PBF.

Your retail co-payment amount will be:

- \$7 for a Generic Equivalent Medication
- \$16 for a Preferred Brand Name Medication
- \$35 for a Non-Preferred Brand Name Medication

You will only pay the actual cost of your prescription if it is less than your co-payment amount. Retail quantities will be dispensed according to the prescription order written by your physician up to a maximum of a 30-day supply. Additionally, you may purchase up to a 90-day supply of medication at participating retail pharmacies. Co-pays will be based upon the day supply as follows:

- 1 to 30 day supply – 1 co-pay
- 31 to 60 day supply – 2 co-pays
- 61 to 90 day supply – 3 co-pays

## Discounts For Non-Covered Medications

Be sure to present your Benecard PBF ID card at a participating network pharmacy to receive a discount off the retail price of medications that may not be covered under the guidelines of your prescription benefit program.

## Pharmacy Network

Your Benecard PBF prescription benefit program provides you with access to an extensive national pharmacy network. To locate a participating pharmacy, visit [www.benecardpbf.com](http://www.benecardpbf.com) or call Benecard Member Services toll-free at 1-877-723-6005 (TDD: 1-888-907-0020).

## Direct Reimbursement

If you must pay out-of-pocket for the full price of your medication that should have been covered under the program, manually submit a Direct Member Reimbursement Form, available from your Human Resources Coordinator or online at [www.benecardpbf.com](http://www.benecardpbf.com). You will need to provide an itemized receipt showing: the amount charged, prescription number, name of medication dispensed, manufacturer, dosage form, strength, quantity, and date dispensed. Your pharmacist can assist you if you do not have a detailed receipt. Direct reimbursement is based upon the coverage outlined herein and is reimbursable at the same rate that would have been reimbursed to the pharmacy, less any applicable co-payment amount. This amount may be significantly lower than the retail price you paid; therefore, it is advised that you use a participating network pharmacy to reduce your out-of-pocket costs.

## Mail Service Pharmacy

You may wish to consider the convenience and savings offered by Benecard PBF's mail service pharmacy, Benecard Central Fill, if you take maintenance type medications on a long-term basis. Information on how to take advantage of this service is included and available from your Human Resources Coordinator or online at [www.benecardpbf.com](http://www.benecardpbf.com). Up to a 90-day supply may be obtained on a non-emergency basis through mail order. The medication can be shipped directly to your home.

Your mail order co-payment amount required at the time you place your order, will be:

- \$18 for a Generic Equivalent Medication
- \$40 for a Preferred Brand Name Medication
- \$88 for a Non-Preferred Brand Name Medication

## Specialty Medications

Specialty pharmaceuticals are typically produced through biotechnology, administered by injection, and/or require special handling and patient monitoring. If your doctor has prescribed

a specialty medication, the Clinton Township Board of Education will require that specialty pharmaceutical medications be obtained through Benecard Central Fill Specialty. This can be done in the same manner you submit mail order prescriptions through Benecard Central Fill. Specialty medications are subject to your program's retail co-payment and at a limited day supply. Initial fills of a specialty medication MAY be limited to a maximum two weeks supply in order to determine how the patient's mental and physical health will react to a particular medication.

## Preferred Medication Program

The Preferred Medication List is a voluntary guide for selecting clinically and therapeutically appropriate medications. It should not take the place of a physician's or pharmacist's judgment with regard to a patient's pharmaceutical care. The Preferred Medication List is available online at [www.benecardpbf.com](http://www.benecardpbf.com) and is updated monthly. We suggest you share the Preferred Medication List with your healthcare provider to facilitate prescribing from this list whenever appropriate to allow you to take advantage of cost savings that may be available. You may also consult with your pharmacist regarding generic medication options for your current brand medications.

## Save With Generics

Generic equivalent medications must meet the same Food and Drug Administration (FDA) standards for purity, strength and safety as brand name medications. They also must have the same active ingredients and identical absorption rate within the body as the brand name version. If you wish to take advantage of this savings opportunity, you should ask your physician to prescribe your medication either generically or as a brand with substitutions permissible. You may also consult with your pharmacist regarding generic medication options that may be available to you.

## Step Therapy

The Step Therapy program is designed to ensure quality and manage costs. Where more than one medication in certain drug classes has been shown to be clinically effective but at varying costs, the Step Therapy program requires a trial with the lower cost medication before approval of the higher cost medication, where clinically appropriate. If you purchase the higher cost medication without a prior approval, there will be no coverage for the higher cost medication. Benecard employs Step Therapy in each of the following drug categories: Proton Pump Inhibitors (Ulcer/Reflux medications), SSRI/SSNRI (Antidepressants), Bisphosphonates (Osteoporosis), Nasal Steroids (Allergy), Hypnotics (Sleep Aids), Triptans (Migraine), ARBs (High Blood Pressure/Hypertension). Standard co-payments apply for prescription medications approved under the Step Therapy program.

## Eligibility

Your Human Resources Coordinator determines who is eligible for benefits under Clinton Township Board of Education prescription benefit program. Eligible dependents may include your spouse or domestic partner and unmarried children who are dependent upon you. Coverage for a dependent will end: when your coverage ends or on the last day of the benefit month in which the dependent fails to meet the definition of a dependent, or on the last day of the calendar year they turn 26, unless dependent qualifies as an overage dependent. You should notify your Human Resources Coordinator at 908-236-7235 regarding any eligibility change such as adding or removing a dependent, address or name changes, or other family status change.

## ID Cards

If your ID card is lost or you need a duplicate card, promptly notify your Human Resources Coordinator to have a new ID card issued. If there is an emergency, and you need a

prescription filled, call Benecard PBF Member Service toll-free at 1-877-723-6005 (TDD: 1-888-907-0020) and they will provide your pharmacist with the required information to facilitate processing the claim.

### Member Resources at [www.benecardpbf.com](http://www.benecardpbf.com)

Maximize your benefit with our online member resource tools including the network pharmacy finder, mail service, your plan coverage details, comparison pricing tool, as well as view recent personal medication utilization history, including what you have paid and what the plan has paid on your behalf.

### Coverage

Your prescription program covers most Medically Necessary, Federal Legend, State Restricted and Compounded Medications which by law may not be dispensed without a prescription. Your pharmacist has online access to see which medications are covered under the benefit guidelines of your program. Alternatively, you can contact Member Services with questions about coverage details. Prescription drug programs do not cover any over-the-counter medications, medical supplies or devices even if purchased at a pharmacy, and even if a prescription order is written. Prior authorization may be required before dispensing certain medications. Your program covers certain diabetic supplies, including insulin. Dispensing of male sexual dysfunction medications is limited to four tablets or six injections per month based on prior approval and appropriate medical diagnosis of non-psychological impotence.

### Exclusions

A summary of the exclusions are as follows:

- Medications which do not require a prescription order, even if one is written.
- Medications which are not considered medically necessary for the care and treatment of an injury or sickness.
- Medications which are considered “off-label use” as they are not prescribed in accordance with FDA-approved utilization or are prescribed or dispensed in a manner contrary to normal medical practices.
- Medications administered by a physician or prescriber and those not dispensed at a pharmacy, including medications you receive at your doctor’s office, in a hospital, clinic or other care facility.
- Medications for which the cost is recoverable under a government program, Workers’ Compensation, occupational disease law, or medications for which no charge is made to you.
- Immunologicals, vaccines, allergy sera, biological sera, blood plasma and charges for the administration or injection of medications.
- Any medication labeled for “Investigational Use” or as experimental.

Therapeutic Categories of medications excluded from your program include:

- Medications prescribed for cosmetic purposes
- Hair loss medications
- OTC Medications
- Growth hormones, unless medically necessary
- Needles, syringes and injection devices, except with insulin
- Male sexual dysfunction medications are covered with restrictions

This brochure is only a general description of your prescription benefit program and it is not a contract. All benefits described herein are subject to the terms, conditions and limitations of the group master contract and applicable law. All personal health information is kept strictly confidential, as required by the privacy rules of the Health Insurance Portability and Accountability Act.

©2013 All Rights Reserved. Benecard PBF logo is a service mark of Benecard Services, Inc.

2/2014

# Clinton Twp BOE

Client ID#:3820 Group #: 2000 - 2099

### Your Co-Payment Schedule

#### Retail:

- \$7 for a Generic Equivalent Medication
- \$16 for a Preferred Brand Name Medication
- \$35 for a Non-Preferred Brand Name Medication

#### Mail Order:

- \$18 for a Generic Equivalent Medication
- \$40 for a Preferred Brand Name Medication
- \$88 for a Non-Preferred Brand Name Medication

### Benecard Member Services

1-877-723-6005

TDD: 1-888-907-0020

24 hours a day, 7 days a week



[www.benecardpbf.com](http://www.benecardpbf.com)