

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:

- \$5 for a Generic Equivalent Medication
- \$10 for a 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 90-day supply; however, 1 co-payment will apply per 30-day supply.

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

There is a \$1,600 individual and \$3,200 family maximum out of pocket limit for the period January 1st through December 31st.

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 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 Benefits Manager or online at 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 Benefits Manager or online at 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:

- \$10 for a Generic Equivalent Medication
- \$20 for a 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 Shamong Board of Education will require that specialty pharmaceutical medications be obtained through Benecard Central Fill Specialty. As to not interrupt your current therapeutic regimen, you will be allowed to obtain 1 fill of your initial specialty medication at a participating retail pharmacy. Any refills obtained thereafter will need to be dispensed 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 mail order co-payment. Initial fills of a specialty

medication MAY be limited to a maximum two-week supply in order to determine how the patient's mental and physical health will react to a particular medication.

Generic Substitution

Your program requires your pharmacist to dispense the generic equivalent medication when one is available. If you or your physician prefers the brand name medication rather than an available generic equivalent, you will be charged the brand co-payment plus the network cost differential between the generic and the brand medications.

Performance Preferred Medication Program

The Performance Preferred Medication Program is designed to provide a broad selection of therapeutically sound medications while encouraging the use of reasonably priced brand medications. A great majority of brand-name medications and generic medications are included on the Performance Preferred Medication List. In addition, the Performance Preferred Medication Program excludes several medications, regardless if the Shamong Board of Education's plan design allows for such coverage. You would be responsible for paying 100% of the medication cost of these excluded medications identified in the Performance Preferred Medication Program. The Performance Preferred Medication List is available on-line at www.benecardpbf.com and is updated monthly. We suggest you share the Performance 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 to you. 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 lower cost medications 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), Autoimmune inflammation, 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 Benefits Office determines who is eligible for benefits under the Shamong 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,
- 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 Benefits Office at 609-268-0316 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 Benefits Manager 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

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. Clinical Review 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
- Growth hormones, unless deemed medically necessary and appropriate
- Needles, syringes and injection devices, except with insulin
- Male sexual dysfunction medications are covered with restrictions
- Prescription medications with an over the counter chemical and dose equivalent, except insulin

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.

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Shamong Board of Education

Client ID#: 2640 Group #: 4000 - 4099

Your Co-Payment Schedule

Retail:

- \$5 for a Generic Equivalent Medication
- \$10 for a Brand Name Medication

Mail Order:

- \$10 for a Generic Equivalent Medication
- \$20 for a 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