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:

- $7.50 for a Generic Equivalent Medication
- $25 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 maximum of a 34-day supply or up to 100 units of a medication, whichever is greater. There is a $1,300 individual and $2,600 family maximum out of pocket limit for the period January 1st through December 31st.

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. 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 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:

- $7.50 for a Generic Equivalent Medication
- $25 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, we recommend that specialty pharmaceutical medications be submitted to 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.

Copay Assistance Program

Certain specialty medications are eligible for copay assistance, providing members with a $0 copay when submitted through our mail order pharmacy, Benecard Central Fill (BCF), or through a Benecard limited distribution pharmacy. Eligible members will be contacted by a Benecard representative who will help assist them in the enrollment process when applicable and prior to filling their specialty medication. The program works by modifying the member's required payments, but then applying third party assistance to ensure no increase in cost to the member.

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.

Eligibility

Your Benefits Manager determines who is eligible for benefits under the Rancocas Valley Regional High School prescription benefit program. Eligible dependents may include your spouse or domestic partner and 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 Manager regarding any eligibility change such as adding or removing a dependent, address or name changes, or other family status change.

Member Resources

Visit www.benecardpbf.com to maximize your benefits with our online member resource tools including the network pharmacy finder, ID card, 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. Download our mobile app from Google Play or the App Store to access your digital ID card, network pharmacy finder, and manage mail order refills.

ID Cards

If your ID card is lost or you need a duplicate card, you can view or print your ID card online through the member portal at www.benecardpbf.com or through the Benecard PBF mobile app. You can also notify your Benefits Manager to request a physical ID card. 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.

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. You can contact Member Services with questions about coverage details. Clinical Review may be required before dispensing certain medications.

Exclusions

A summary of the exclusions are as follows:

- Medications which do not require a prescription order, even if one is written.
- Medications that are over-the-counter even if purchased at a pharmacy and even if a prescription order is written.
- Devices and medical supplies of any type, including but not limited to: therapeutic devices, disposable insulin pump (such as V-Go), and continuous blood glucose monitors, except Omnipod 5 and Omnipod Dash, and when applicable: starter kit, insulin pods,

transmitter, receiver and continuous blood glucose monitor are only covered in conjunction with purchase of Omnipod 5 or Omnipod Dash.

- 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.
- Medications prescribed for cosmetic purposes
- Hair loss medications, except for Propecia
- Growth hormones requires clinical review
- Needles, syringes and injection devices, except with insulin
- Male sexual dysfunction medications

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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7/2024

Rancocas Valley Regional High School

Client ID#: 3230 Group #: 1000 - 1099

Your Co-Payment Schedule

Retail:

- $7.50 for a Generic Equivalent Medication
- $25 for a Brand Name Medication

Mail Order:

- $7.50 for a Generic Equivalent Medication
- $25 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

BeneCard PBF
Prescription Benefit Facilitator®

www.benecardpbf.com