

## 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:

- 20% for a Generic Equivalent Medication
- 20% 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 for up to 90 days. There is a \$1,740 individual and \$3,480 family maximum out of pocket limit for the period January 1<sup>st</sup> through December 31<sup>st</sup>.

## 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](http://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 included and available from your Benefits Manager 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:

- 20% for a Generic Equivalent Medication
- 20% for a Brand Name Medication

For assistance in determining your approximate mail order co-payment amount, please call Member Services at 1-877-723-6005 (TDD: 1-888-907-0020). If you pay by credit card your card will be charged the exact co-payment amount that is due. If paying by check you will be billed or credited for any difference.

## Mandatory Mail Order for Maintenance Medication

East Greenwich Township Board of Education will require that maintenance medications (medications taken on a long-term basis to treat a chronic condition) be obtained through Benecard's mail order pharmacy, Benecard Central Fill. As to not interrupt your current therapeutic regimen, you will be allowed to obtain 1 fill of your initial maintenance medication at a participating retail pharmacy. Any refills obtained thereafter will need to be dispensed through Benecard Central Fill Mail Service. If you have any questions regarding whether your medication is classified as a maintenance medication, please call our Member Services at 1-877-723-6005 (TDD: 1-888-907-0020).

## 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.

## 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 East Greenwich Township 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 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.

## 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.

## Eligibility

Your Payroll/Benefits Coordinator determines who is eligible for benefits under East Greenwich 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, on the last day of the benefit month in which the dependent fails to meet the definition of a dependent, or the last day of the calendar year they turn 26, unless dependent qualifies as an overage dependent. You should notify your Payroll/Benefits Coordinator at 1-856-423-2958 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](http://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](http://www.benecardpbf.com) or through the Benecard PBF mobile app. You can also notify your Payroll/Benefits Coordinator 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 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.
- Any medication prescribed or dispensed in a manner contrary to normal medical practices, or any medication considered “off-label use” or not prescribed in accordance with FDA approved indications
- 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 products including gene therapy treatment, prescription digital therapeutics (PDTs), blood plasma and charges for the administration or injection of medications.
- Any medication labeled for “Investigational Use” or as experimental.
- Replacements for lost, stolen or mishandled prescription medications
- Any intravenous medication, regardless of the setting where the medication is administered
- Medications prescribed for cosmetic purposes
- Hair loss medications
- Growth hormones, require a clinical review
- Weight loss medications, unless with a diagnosis of obesity
- Needles, syringes and injection devices, except with insulin
- Male sexual dysfunction medications are covered with restrictions and are limited to four tablets or six injections per month based on prior approval and appropriate medical diagnosis of non-psychological impotence, except for Cialis 2.5mg and 5mg which is limited to one tablet per day with diagnosis of Benign Prostatic Hyperplasia
- Prescription medications with an over-the-counter chemical and dose equivalent, except insulin

# East Greenwich Township Board of Education

Client ID#: 2127 Group #: 3000 - 3099

## Your Co-Payment Schedule

### **Retail:**

- 20% for a Generic Equivalent Medication
- 20% for a Brand Name Medication

### **Mail Order:**

- 20% for a Generic Equivalent Medication
- 20% for a Brand Name Medication



# RxAlliance

### Benecard Member Services

1-877-723-6005

TDD: 1-888-907-0020

24 hours a day, 7 days a week

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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