

## Frequently Asked Questions

### How do I find a participating network pharmacy?

You can use your member ID card at an extensive network of pharmacies nationwide. To find a network pharmacy, log into your member account on the mobile app or at [benecardpbf.com](http://benecardpbf.com) to use the pharmacy locator tool. You can also call 1-888-907-0070 to speak to a Member Services representative.

### What is clinical review? Why is it necessary?

Certain medications require clinical review to ensure your safety. Reasons for a clinical review include the potential for harmful side effects or drug interactions, as well as special prescribing requirements and U.S. Food and Drug Administration (FDA) guidelines. If a clinical review is needed, BeneCard PBF will work directly with your physician to obtain the necessary information.

### How do I find out if a medication is covered under my prescription plan?

Log onto [benecardpbf.com](http://benecardpbf.com) for plan details or call 1-888-907-0070 to speak to a representative who can assist you with drug coverage questions.

### How can I find out if generic or lower cost alternatives may be available to me?

Log onto our mobile app or the member portal at [benecardpbf.com](http://benecardpbf.com) and select "Drug Pricing." Then search for your medication. If a generic is available, you will see the cost for both the brand and the generic. You can also call Member Services for assistance at 1-888-907-0070, or consult with your physician or pharmacist.

### My copay changes from month to month. Why does this happen?

If your copayment is a percentage rather than a fixed dollar amount, the amount you pay out of pocket may vary. This is because the cash price of medications changes regularly, and prices for the same drug can differ between pharmacies.

**Find more member FAQs online at [benecardpbf.com](http://benecardpbf.com).**

### Language Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-907-0070.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-907-0070.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-888-907-0070.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiiijigo holne' 1-888-907-0070.

This brochure is only a general description of your prescription benefit program and 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.



## Toms River Regional Schools Prescription Benefit Plan

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**BeneCard PBF Member Services**

1-888-907-0070

TDD: 1-888-907-0020

24 hours a day, 7 days a week

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

## Your Prescription Benefit Program

### Annual Out-of-Pocket Maximum

There is a \$6,450 individual / \$12,700 family out-of-pocket maximum per plan year. Your plan has an integrated out-of-pocket maximum, meaning both your medical and prescription expenses will count toward your out-of-pocket maximum.

### Retail Pharmacy Copayment

You are responsible for the copayment per 30-day prescription that is listed below:

- **\$3.00 for a Generic Medication**
- **\$10.00 for a Preferred Brand Medication**

Retail quantities will be dispensed according to your physician's instructions, as written on the prescription. You have the option to obtain up to a 90-day supply of maintenance medications at your retail pharmacy at three times the copay per 30-day supply listed above.

*Please Note:* If the cost of your medication is less than your calculated copayment, you will only pay the cost of the medication.

### Mail Order Pharmacy Copayment

Maintenance medications can be submitted to Benecard Central Fill, our mail order facility. Your plan allows for up to a 90-day supply, according to your physician's instructions. Your copay amount will be:

- **\$5.00 for a Generic Medication**
- **\$15.00 for a Preferred Brand Medication**

### Specialty Medication Copayment

Specialty medications are high-cost biotechnology drugs that require special distribution, handling, and administration. They are typically designed to treat chronic diseases. All prescriptions for a specialty medication must be filled through Benecard Central fill and are limited to a 30-day supply. Your copay amount will be:

- **\$3.00 for a Generic Specialty Medication**
- **20% up to a maximum of \$10.00 for a Brand Specialty Medication**

Benecard Central Fill will assist with accessing copay assistance when available. Actual member out-of-pocket costs may vary based on available copay assistance.

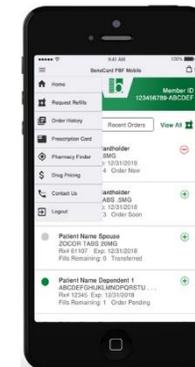
## Online Member Tools - [benecardpbf.com](http://benecardpbf.com)

Make the most of your benefit and find out how you can save on out-of-pocket costs at [benecardpbf.com](http://benecardpbf.com). Enjoy easy online access to:

- Plan coverage details and copay information.
- Our network pharmacy finder.
- Mail service refill requests and order status information.
- Clinical review status updates via email and text.
- Your plan's formulary.
- Our drug pricing tool for finding lower cost alternatives.
- Prescription drug information.
- Your recent personal drug utilization history, including the amount you have paid and what the plan has paid on your behalf (helpful for year-end tax purposes).

Download the **BeneCard PBF Mobile App** for easy, secure access to member services from anywhere. Simply log into the app with your [benecardpbf.com](http://benecardpbf.com) username and password. If you haven't already created your BeneCard PBF online account, visit [benecardpbf.com](http://benecardpbf.com) to register.

Registration is easy. You will need your BeneCard PBF ID card, basic member information, a phone number, and an email address.



## Formulary (Preferred Medication List)

The Formulary, or Preferred Medication List, helps guide selection of clinically and therapeutically appropriate medications. It should not take the place of a physician's or pharmacist's judgment regarding a patient's pharmaceutical care. To see the most recent version of the Formulary, log into your member account at [benecardpbf.com](http://benecardpbf.com).

## Step Therapy

Step Therapy encourages clinically appropriate use of medications through a series of steps. Each step is a medication you must try for a new condition in a specific order.

## Exclusions

Your prescription program covers most Medically Necessary, Federal Legend, State Restricted, and Compounded Medications that, by law, cannot be dispensed without a prescription. Quantity limits and dosage requirements will follow FDA guidelines in most instances. Your program does not cover:

- Medications that do not require a prescription order, even if one is written, except Preventative Care medications covered by your plan.
- Medications that are not considered medically necessary.
- Medications prescribed off-label, as they are not prescribed in accordance with FDA-approved use, or medications prescribed or dispensed in a manner contrary to accepted medical practices.
- Medications not dispensed at a pharmacy and/or administered by a physician or prescriber, including medications you receive at your doctor's office, in a hospital, clinic, or other care facility.
- Medications for which no charge is made to you, or for which the cost is recoverable under a government program, Workers' Compensation, or occupational disease law.
- Immunologicals, vaccines (except those covered under Preventative Care), allergy sera, biological sera, blood plasma, and charges for the administration or injection of medications.
- Any drug labeled for "Investigational Use" or as experimental.
- Claims from sanctioned or excluded providers.
- *Drugs prescribed for cosmetic purposes.*
- Hair loss medications.
- Needles, syringes, and injection devices, except with insulin.
- Injectable medications, except prescription insulin.
- Erectile dysfunction drugs are covered with restrictions.

This list may not contain all exclusions and is subject to change. Please visit [benecardpbf.com](http://benecardpbf.com) for more information on your prescription plan coverage.

## Retail Pharmacy Network

Your BeneCard PBF prescription benefit gives you access to an extensive national pharmacy network, including most independents and all chain pharmacies. Your ID card will provide your pharmacist with the information needed to process prescriptions through BeneCard PBF. Find participating network pharmacies by logging onto the mobile app or [benecardpbf.com](http://benecardpbf.com), or by calling BeneCard PBF Member Services at 1-888-907-0070 (TDD: 1-888-907-0020). You have the option to obtain 90-day supplies through the retail network.

## Mail Order Pharmacy

You can easily obtain your maintenance medications through Benecard Central Fill, our mail service pharmacy. Prescriptions filled through mail service typically include medications used to treat chronic conditions and are written for up to a 90-day supply, plus refills. Prescriptions you need to use right away should always be taken to your local pharmacy.

### Submit a Prescription to Mail Order:

- **E-Prescribing:** Your prescriber can send prescriptions to Benecard Central Fill.
- **Fax:** Your prescriber can submit your prescription to 1-888-907-0040.
  - Be sure they include the cardholder name, ID number, shipping address, and patient's date of birth. Only prescriptions sent directly from a doctor's office will be accepted via fax.
- **Mail:** You can send original prescriptions to Benecard Central Fill using the Mail Service Order Form. Follow instructions on the form. If you don't have a form, create or log into your member account at [benecardpbf.com](http://benecardpbf.com) to download and print a copy.

### Request a Mail Order Refill:

- **Online:** Visit [benecardpbf.com](http://benecardpbf.com). Click on "Register" to create your account or, if you're a registered user, log in and select "Mail Order."
- **Mobile App:** Use your website login to order refills and check status updates.
- **Phone:** Call Member Services at 1-888-907-0070, 24 hours a day, 7 days a week, and use the prompts to order your refills. Have your member ID and credit card information ready.
- **Mail:** Send the Refill Request Order Form provided with your last shipment to Benecard Central Fill in the pre-addressed envelope.

### Benecard Central Fill does not automatically refill your prescriptions.

To avoid delays, always include the appropriate copayment (if applicable) when your order is placed. Please allow up to **two** weeks for delivery. Emergency prescriptions can be expedited at an additional charge.

## Specialty Pharmacy

At Benecard Central Fill Specialty Pharmacy, you receive personalized attention to help you manage your medical condition. Our team of pharmacists and nurses provide one-on-one counseling with each prescription fill and refill.

Our clinical team partners with you and your prescriber on:

- How to manage your condition.
- What medications have been prescribed.
- How to take your medication.
- Lower cost options that may be available.
- Coordinating delivery of your medication.
- Safe medication handling and storage.
- Whether patient assistance programs are available.

Medication shipments will arrive in secure packaging (temperature-controlled if necessary) and will include everything you need to take your medication. Due to the sensitive nature of specialty medications, some packages may require a signature upon delivery.

## Where Can I Have My Medications Shipped?

We offer the convenience you need. Your medication can be shipped directly to a convenient location of your choice, including your home, work, or doctor's office.

## Additional Benefits

### Preventative Care

Certain drugs and vaccines are classified as Preventative Care under federal law. Your prescription benefit covers these according to current legal requirements. Depending on your plan, certain Preventative Care drugs and vaccines may be available to you at a \$0 copayment. A valid prescription from your physician is required. Coverage requirements, as well as the specific items covered, are subject to change.

## Generic Medications

Generic drugs must meet the same U.S. Food and Drug Administration (FDA) standards for purity, strength, and safety as their brand name equivalents. They must also have the same active ingredients and identical absorption rate within the body as the brand name version. Generic drugs are typically available at a lower cost to you than the brand (in some cases, there may be an exception).

If you're interested in saving on out-of-pocket costs, speak with your prescriber and/or pharmacist about lower-cost options that may be right for you.

## ID Cards

If your ID card is lost or you need a duplicate, please contact BeneCard PBF Member Services at 1-888-907-0070 (TDD: 1-888-907-0020). You can access a temporary ID card using the BeneCard PBF mobile app or print a temporary card online at [benecardpbf.com](http://benecardpbf.com).

## Eligibility

Your plan guidelines will determine eligibility coverage and requirements.

## Direct Member Reimbursement

If you must pay out of pocket for medication covered by your plan, submit a Direct Member Reimbursement Form. This form is available from your Benefits Manager or online at [benecardpbf.com](http://benecardpbf.com). In addition to the form, you will need to provide an itemized receipt. Your pharmacist can assist you if you do not have one.

Direct reimbursement is based on your plan benefits and coverage requirements. The amount reimbursed may be significantly lower than the retail price you paid. Always try to use a participating network pharmacy and present your ID card to prevent unnecessary out-of-pocket expenses.

## Additional Savings

Be sure to present your BeneCard PBF ID card at participating network pharmacies to receive discounts off the retail price of medications that may not be covered by your plan.

## Frequently Asked Questions

### How do I find a participating network pharmacy?

You can use your BeneCard PBF ID card at an extensive network of pharmacies nationwide. To find a network pharmacy, log into your member account at [benecardpbf.com](http://benecardpbf.com) or call 1-888-907-0070.

### What is clinical review, and why is it necessary?

Certain medications require clinical review to ensure your safety due to factors that include potential for harmful side effects or drug interactions, and special requirements under U.S. Food and Drug Administration (FDA) approved uses. If a clinical review is needed, BeneCard PBF will work directly with your physician to obtain the necessary information.

### How do I find out if a medication is covered under my prescription plan?

Log onto [www.benecardpbf.com](http://www.benecardpbf.com) for details, or call 1-888-907-0070 to speak to a representative who can assist you with drug coverage questions.

### How can I find out if generic or lower cost alternatives may be available to me?

Log onto our mobile app or the member portal at [benecardpbf.com](http://benecardpbf.com) and select "Drug Pricing." Then search for your medication. If a generic is available, you will see the cost for both the brand and the generic. You can also call Member Services for assistance at 1-888-907-0070, or consult with your physician or pharmacist.

### Why does my copay change from month to month?

The cost of medications changes regularly and prices may vary between pharmacies. This can affect the amount you pay out of pocket if your copayment is a percentage rather than a fixed dollar amount.

**Find more member FAQs online at [benecardpbf.com](http://benecardpbf.com).**

### Language Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-907-0070.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-907-0070.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-888-907-0070.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiiijigo holne' 1-888-907-0070.

This brochure is only a general description of your prescription benefit program and 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.

*BeneCard PBF is a registered mark of Benecard Services, Inc.*

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## Toms River Regional Schools Prescription Benefit Plan

Client ID#3209    Group#: 0007-0008

### BeneCard PBF Member Services

1-888-907-0070

TDD: 1-888-907-0020

24 hours a day, 7 days a week

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

## Your Prescription Benefit Program

### Retail Pharmacy Copayment

You are responsible for the copayment per 30-day prescription that is listed below:

- **\$5.00 for a Generic Medication**
- **\$10.00 for a Preferred Brand Medication**

You are responsible for the copayment per 60-day prescription that is listed below:

- **\$10.00 for a Generic Medication**
- **\$20.00 for a Preferred Brand Medication**

This is a Mandatory Generic Plan. If you choose the brand name medication when a generic equivalent exists, you are responsible for the copayment plus the difference in cost between the brand and the generic.

Retail quantities will be dispensed according to your physician's instructions, as written on the prescription. You have the option to obtain up to a 90-day supply of maintenance medications at three times the copay per 30-day supply listed above.

*Please Note:* If the cost of your medication is less than your calculated copayment, you will only pay the cost of the medication.

### Mail Order Pharmacy Copayment

Maintenance medications can be submitted to Benecard Central Fill, our mail order facility. Your plan allows for up to a 90-day supply, according to your physician's instructions. Your copay amount will be:

- **\$10.00 for a Generic Medication**
- **\$20.00 for a Preferred Brand Medication**

### Specialty Medication Copayment

Specialty medications are high-cost biotechnology drugs that require special distribution, handling, and administration. They are typically designed to treat chronic diseases. Specialty medications are limited to a 30-day supply. Your copay amount will be:

- **\$5.00 for a Generic Specialty Medication**
- **10.00 for a Brand Specialty Medication**

Benecard Central Fill will assist with accessing copay assistance when available.

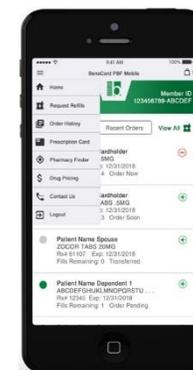
## Online Member Tools - [benecardpbf.com](http://benecardpbf.com)

Maximize your benefits and find out how you can save on out-of-pocket costs with our member tools at [benecardpbf.com](http://benecardpbf.com). Enjoy easy online access to:

- Plan coverage details and copay information.
- Our network pharmacy finder.
- Mail service refill requests and order status information.
- Clinical review status updates via email and text.
- Your plan's formulary.
- Our drug pricing comparison tool for finding lower cost alternatives.
- Prescription drug information.
- Your recent personal drug utilization history, including the amount you have paid and what the plan has paid on your behalf (helpful for year-end tax purposes).

Download the **BeneCard PBF Mobile App** for fast, easy, secure access to member services from anywhere. To use the app, simply log in with your [benecardpbf.com](http://benecardpbf.com) username and password. If you haven't already created your BeneCard PBF online account, visit [benecardpbf.com](http://benecardpbf.com) to register.

Registration is easy. You will need your BeneCard PBF ID card, basic member information, a phone number, and an email address.



## Formulary (Preferred Medication List)

The Formulary, or Preferred Medication List, serves as a guide for the selection of clinically and therapeutically appropriate medications. It should not take the place of a physician's or pharmacist's judgment regarding a patient's pharmaceutical care. Refer to [benecardpbf.com](http://benecardpbf.com) for the most recent version of the Formulary.

## Step Therapy

Step Therapy encourages clinically appropriate use of medications through a series of steps. Each step is a medication you must try for a new condition in a specific order.

## Exclusions

Your prescription program covers most Medically Necessary, Federal Legend, State Restricted, and Compounded Medications, which by law may not be dispensed without a prescription. Quantity limits and dosage requirements will follow FDA guidelines in most instances. Your program does not cover:

- Medications that do not require a prescription order, even if one is written, with the exception of Preventative Care medications covered by your plan.
- Medications that are not considered medically necessary.
- Medications that are prescribed off-label, as they are not prescribed in accordance with FDA-approved use, or medications that are prescribed or dispensed in a manner contrary to accepted 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, or 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 drug labeled for "Investigational Use" or as experimental.
- Claims from sanctioned or excluded providers.
- Drugs prescribed for cosmetic purposes.
- Hair loss medications.
- Needles, syringes, and injection devices, except with insulin.
- Erectile dysfunction drugs are covered with restrictions.

This list may not contain all exclusions and is subject to change. Please visit [benecardpbf.com](http://benecardpbf.com) for more information on your prescription plan coverage.

## Retail Pharmacy Network

Your BeneCard PBF prescription benefit program gives you access to an extensive national pharmacy network, including most independents and all chain pharmacies. Your ID card will provide your pharmacist with the information needed to process prescriptions through BeneCard PBF. Find participating network pharmacies by logging onto the mobile app or [benecardpbf.com](http://benecardpbf.com), or by calling BeneCard PBF Member Services at 1-888-907-0070 (TDD: 1-888-907-0020). You have the option to obtain 90-day supplies through the retail network.

## Mail Order Pharmacy

You can easily obtain your maintenance medications through Benecard Central Fill, our mail service pharmacy. Prescriptions filled through mail service typically include medications used to treat chronic conditions and are written for up to a 90-day supply, plus refills. Prescriptions you need to use right away should always be taken to your local pharmacy.

### How to submit a prescription to mail order:

- **E-prescribing:** Your prescriber can send prescriptions to [\*Benecard Central Fill\*](#).
- **Fax:** Your prescriber can submit your prescription to 1-888-907-0040.
  - Be sure they include the cardholder name, ID number, shipping address, and patient's date of birth. Only prescriptions sent directly from a doctor's office will be accepted via fax.
- **Mail:** You can send original prescriptions to Benecard Central Fill using the Mail Service Order Form. Follow instructions on the form.

### How to request a mail order refill:

- **Online:** Visit [benecardpbf.com](http://benecardpbf.com). If you have not yet registered, click on Register to create your account. If you are a registered user, log in and select Mail Order.
- **Mobile App:** Order refills and check status updates via the BeneCard PBF app.
- **Phone:** Call Member Services at 1-888-907-0070, 24 hours a day, 7 days a week, and use the prompts to order your refills. Have your member ID and credit card information ready.
- **Mail:** Send the Refill Request Order Form provided with your last shipment to Benecard Central Fill in the pre-addressed envelope.

### Benecard Central Fill does not automatically refill your prescriptions.

To avoid delays, always include the appropriate copayment (if applicable) when your order is placed. Please allow up to **two** weeks for delivery. Emergency prescriptions can be expedited at an additional charge.

## Specialty Pharmacy

At Benecard Central Fill Specialty Pharmacy, you receive personalized attention to help you manage your medical condition, including one-on-one counseling with our team of pharmacists and trained medical professionals.

Our clinical team partners with you and your prescriber to address:

- How to manage your condition.
- What medications have been prescribed.
- How to take your medication.
- What lower cost options may be available.
- How to coordinate delivery of your medication.
- How to safely handle and store your medication.
- If patient assistance programs are available.

Shipments will arrive in secure, temperature-controlled packaging (if necessary), and will include everything you will need to take your medication. Due to the sensitive nature of specialty medications, some packages may require a signature upon delivery.

## Where Can I Ship My Medications?

We offer the convenience you need. Your medication can be shipped directly to:

- Your home.
- Your work.
- Your doctor's office.
- Or a convenient location of your choice.

## Additional Benefits

### Preventative Care

Certain drugs are classified as Preventative Care under federal law. Your prescription benefit covers these according to current legal requirements at a \$0 copayment. A valid prescription from your physician is required. Coverage requirements, as well as the specific items covered, are subject to change.

## Generic Medications

Generic drugs must meet the same U.S. Food and Drug Administration (FDA) standards for purity, strength, and safety as their brand name equivalents. They must also have the same active ingredients and identical absorption rate within the body as the brand name version. Generic drugs are typically available at a lower cost to you than the brand (in some cases, there may be an exception).

If you are interested in saving on out-of-pocket costs, speak with your prescriber about generic medications that may be right for you. You can also consult with your pharmacist regarding generic drug options that may be available.

## ID Cards

If your ID card is lost or you need a duplicate, please contact BeneCard PBF Member Services at 1-888-907-0070 (TDD: 1-888-907-0020).

## Eligibility

Your plan guidelines will determine eligibility coverage and requirements.

## Direct Member Reimbursement

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Direct reimbursement is based on your plan benefits and coverage requirements. The amount reimbursed may be significantly lower than the retail price you paid. Always try to use a participating network pharmacy and present your ID card to reduce any unnecessary out-of-pocket expenses.

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