

Introduction

Your AFSCME Health & Welfare fund prescription benefit program facilitated by Benecard PBF provides you with access to an extensive national pharmacy network, including most chain pharmacies and most independents. Wal-Mart, Walgreens and Sam's Club pharmacies are not in network providers. Your ID card provides all the information your pharmacist will need to process your prescription through Benecard PBF. To locate a participating network pharmacy, log onto www.benecardpbf.com or call Benecard PBF Member Services toll-free at 1-888-907-0070 (TDD: 1-888-907-0020).

Coverage

Please be aware that a 30-day supply of medication is the maximum that may be dispensed by your local pharmacy provider. Up to a 100-day supply of medication can be acquired through the Benecard Central Fill **mail order** pharmacy.

Covered Items:

- Federal Legend drugs
- State Restricted drugs
- Compounded prescriptions
- Insulin on prescription
- Injectables
- Federal Legend Oral contraceptives

Excluded Items:

- Items lawfully obtainable without a prescription
- Devices and appliances
- Syringes and needles
- Diabetic strips
- Prescriptions for any condition covered by Worker's Compensation
- Any charge for the administration of a drug
- Medication for a patient confined to a rest home, nursing home, sanitarium, extended care facility, hospital or similar entity.
- Unauthorized refilled
- Drugs prescribed for cosmetic purposes
- Blood products

- Diagnostic agents
- Immunologic agents
- Nicotine patches and gum
- Medications prescribed for weight loss
- Fertility medications
- Medications prescribed for Male Sexual Dysfunction
- Investigational or experimental usage (non-FDA approved indications)
- Any other exclusions as determined by the Trustees of the Fund

Mail Order

Benecard Central Fill, the Benecard PBF mail service pharmacy, is an option for you to obtain maintenance medications. Typically prescriptions filled through mail service include medications used to treat chronic conditions and are written for up to a 100-day supply, plus refills as prescribed. Your mail order copayment for approved medications is \$9.00 per prescription or refill. Prescriptions that you need to use right away should always be taken to your local pharmacy provider.

Save With Step Therapy & Generic Drugs

Some conditions can be treated by a number of different drugs. Some of these medications may be very expensive but offer no benefit over less expensive drugs in the therapeutic class. Your plan utilizes Step Therapy to make sure that you get the medication you need at the best possible cost.

Members who have conditions covered by Step Therapy must try the less expensive, first-line drugs. Following a trial period, second-line drugs can be approved, where clinically appropriate.

Similarly, your plan pays for generic drugs. Generic equivalent drugs must meet the same Food and Drug Administration (FDA) standards for purity, strength, and safety as brand name drugs. They also must have the same active ingredients and identical absorption rate within the body as the brand name version-

In the State of Pennsylvania, generic equivalents are automatically dispensed for all drugs no longer under patent unless you or your doctor directs the pharmacist otherwise. If you visit a retail pharmacy and obtain a generic drug, an approved step therapy drug, or a brand name drug for which there is no FDA-approved generic equivalent, your copayment will be the greater of \$6.00 or 15% of the cost of the medication, with a maximum out of pocket expense of \$25.00 for each prescription purchased.

Please be aware that when a multi-source brand name drug is dispensed in place of its existing FDA approved generic equivalent or its first-line step therapy substitute, you will have to pay the difference between the cost of the brand name drug and its approved substitute.

ID Cards...Always present to pharmacist!

If you need a prescription filled and do not have your I.D. card, you or your pharmacist may call Benecard PBF Member Service toll-free at 1-888-907-0070 (TDD: 1-888-907-0020) and they will provide your pharmacist with the required information to facilitate processing the claim.

Eligibility & Appeals

- You, your spouse and children up to the day in which they turn 26 are eligible for prescription benefits as long as your employer makes the required contribution on your behalf.
- Any child(ren), regardless of age who are certified as totally and permanently disabled and who depend on you for more than 50% of their support (note: your child must have been your dependent before age 19 and the disability must have begun before age 19).

Please note that your eligibility will cease upon termination of employment or, if actively employed, when your Employer stops making contributions on your behalf. Misuse or abuse of the prescription card program may also result in loss of eligibility.

The Fund is obligated by law to offer continuation of coverage to eligible members who lose coverage under the Plan (Consolidated Omnibus Reconciliation Act – COBRA). This continuation of coverage is available on a self-pay basis when certain qualifying events result in a loss of coverage. The Employer has the responsibility to notify the Fund of the Employee's death, termination, reduction in hours of employment or Medicare entitlement. Under the law, the employee or eligible dependent has the responsibility to inform the Fund of a divorce, legal separation, or a child losing dependent status under the Fund within 60 days of the date of occurrence.

The employee must also notify the Fund if there is a change in marital status, the addition of a dependent, or a change of address.

Failure to report changes in eligibility on a timely basis can result in action to recover funds improperly paid or in claims not being paid. Failure to reimburse the Fund for improper claims can result in loss of eligibility and/or legal action.

In the event you have questions, eligibility changes, requests for duplicate I.D. cards, information or appeals to claim denials, please contact the Fund office at 1-800-692-7332 or 1-717-564-9338.

Direct Reimbursement

If you must pay out-of-pocket for a medication which is covered by the Fund, you may submit a Direct Member Reimbursement Form (DMR) available from your Benefits Manager, the Benecard PBF Call Center or online at www.benecardpbf.com. You will need to provide an itemized receipt showing: the amount charged, prescription number, 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 your plan benefits and the amount reimbursed may be significantly lower than the retail price you paid; therefore, always try to use a participating network pharmacy and present your ID

card to reduce any unnecessary out-of-pocket expenses.

Online Member Resources

Maximize your benefit and find out how you can save on your out-of-pocket costs with the valuable member resource tools online at www.benecardpbf.com including:

- Plan coverage details
- Network pharmacy finder
- Mail service
- Updated preferred medication list
- Drug comparison pricing tool
- Drug information
- Recent personal drug utilization history
- Amount you have paid and what the plan has paid on your behalf
- News updates

This brochure is written in layman's language for your convenience. It is not intended to interpret, extend, or change the rules and regulations of the Plan. Should any differences arise in interpretation between the plan and this brochure, the plan shall govern.

The Board of Trustees specifically reserves the right to amend, change, alter or eliminate, at any time, any of the benefits as provided for herein



HEALTH & WELFARE FUND

Prescription Drug Benefit Program

www.benecardpbf.com



Benecard Member Services

P.O. Box 779 – Mechanicsburg, PA 17055-0779
1-888-907-0070 / TDD: 1-888-907-0020
24 hours a day, 7 days a week

AFSCME Health & Welfare Fund

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