

## Delran Board of Education

### Prescription Coverage Selections - Benecard/Rx Alliance

Who Can Select This Plan?	All Employees	Hired Before 7/1/20	Admins Hired Before 7/1/20
	NJEHP/GSP	Rx Retail \$10/\$20/\$30	Rx Retail \$1 (Admin.)
<b>Retail Copays</b>			
Generic	\$5 Copay	\$10 Copay	\$1 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$10 Copay	\$20 Copay	\$1 Copay
Brand Name Drug (Generic Alternative Available)	Member Pays the Difference**	\$30 Copay	\$1 Copay
Retail Dispensing Limitation	30 day supply	34 day supply or 100 units	34 day supply or 100 units
<b>Mail Order</b>			
Generic	\$10 Copay	\$20 Copay	\$0 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$20 Copay	\$40 Copay	\$0 Copay
Brand Name Drug (Generic Alternative Available)	Member Pays the Difference**	\$60 Copay	\$0 Copay
Mail Order Dispensing Limitation	90 day supply	90 day supply	34 day supply or 100 units
<b>Additional Features</b>			
*Step Therapy	Applies	Not Applicable	Not Applicable
**Mandatory Generic	Applies	Not Applicable	Not Applicable
***Mail Order for Specialty Medications	Applies	Applies	Applies
****Performance Preferred Medication	Applies	Applies	Not Applicable

**\*Step Therapy-** Where more than one medication in a certain drug class has been shown to be clinically effective but a varying costs, Step Therapy requires a trial with the lower cost medication before approval of the higher cost medication, where clinically appropriate. If the member purchases 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), SSRI/SSNRI (Antidepressants), Osteoporosis, Nasal Steroids, Hypnotics, Triptans (Migraine), ARBs (High Blood Pressure/Hypertension). Standard co-payments apply for prescription medications approved under the Step Therapy program.

**\*\*Mandatory Generics-** The pharmacist must dispense the generic equivalent medication when one is available. If the member fills the brand name drug instead, they will be responsible for the brand copay plus the difference in cost between the generic and brand name drug.

**\*\*\*Mail Order for Specialty Medications -** Requires that specialty pharmaceutical medications be obtained through Benecard Central Fill Specialty. Specialty pharmaceuticals are typically produced through biotechnology, administered by injection, and/or require special handling and patient monitoring.

**\*\*\*\*Performance Preferred Medications -** The Performance Preferred Medication List is a voluntary guide for selecting clinically and therapeutically appropriate medications. A great majority of brand-name medications and generic medications are included on the Performance Preferred Medication List. In addition, the list also excludes several medications. If purchased, members would be responsible for paying 100% of the medication cost of these excluded medications identified in the Performance Preferred Medication List. Please note, the Performance Preferred Medication List updates throughout the year, and for the most up to date version please refer to Benecard's website: <https://www.benecardpbf.com/PBF/>

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your prescription program. Some plan limitations may apply. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.