

Frequently Asked Questions

How do I find a participating network pharmacy?

You can use your BeneCard PBF ID card at over 65,000 pharmacies nationwide including all pharmacy chains. You can find a network pharmacy by logging onto www.benecardpbf.com or call 1-888-907-0070.

What is a prior authorization and why is it necessary?

Certain medications require prior authorization (PA) because of their potential side effects, potentially harmful interactions with other prescription medications or to confirm they are being prescribed in accordance with Food & Drug Administration (FDA) approved indications. This process is designed to help ensure your health and safety. If a PA is needed BeneCard PBF will work directly with your physician to obtain the necessary information prior to fulfillment.

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

Log onto www.benecardpbf.com for details or call 1-888-907-0070 and 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 into the member portal at www.benecardpbf.com and select "Drug Pricing." Search your medication, if there is a generic available, you will see the cost for both the brand as well as the generic. You can also call 1-888-907-0070 and speak to a representative who can assist you or consult your physician or pharmacist to determine if generic equivalents are available for your prescription.

Why does my co-pay change from month to month?

The cost of medications change regularly and prices are not all the same at each pharmacy. If your co-pay is based on a percentage rather than a fixed dollar amount then depending on the pharmacy you use and the cost of the medication at the time your prescription is filled, you may see a variation in your co-pay amount.

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, kwijigo holne' 1-888-907-0070.

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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GCC IBT Local 14-M Health and

Welfare Fund

Prescription Benefit Plan

Plan B, Group 0002

BeneCard PBF Member Services

1-888-907-0070

TDD: 1-888-907-0020

24 hours a day, 7 days a week

Your Prescription Benefit Program

Upfront Deductible and Annual Maximum

There is a \$100 individual/\$300 family deductible which must be met each plan year before any co-payments apply.

Retail Pharmacy Copayment

You are responsible to pay the retail pharmacist the co-payment per prescription which is listed below:

 \$20.00 for a Generic Medication
 \$50.00 for a Preferred Brand Medication
 \$90.00 for a Non-Preferred Brand Medication

This is a Mandatory Generic Plan, therefore if you or your physician chooses the brand name medication when a generic equivalent exists you are responsible for the difference in cost between the brand and the generic plus the co-payment.

Retail quantities will be dispensed according to your physician's instruction written on the prescription up to a maximum of a 30-day supply.

Maintenance medications are limited to two (2) fills at a retail pharmacy. All future prescriptions must be obtained at Benecard Central Fill Mail Order Pharmacy.

Please Note: If the cost of your medication is less than your calculated co-payment you will only pay the cost of the medication.

Mail Order Pharmacy Copayment

Maintenance medications can be submitted to Benecard Central Fill, the mail order facility. Your plan allows for up to a 90-day supply with 3 refills, according to your physician's instructions. Your co-pay amount will be:

 \$40.00 for a Generic Medication
 \$100.00 for a Preferred Brand Medication
 \$180.00 for a Non-Preferred Brand Medication

Specialty Medication Copayment

Specialty medications are ones that are high-cost biotechnology drugs requiring special distribution, handling, and administration. These medications are typically designed to treat chronic diseases. Your co-pay amount will be:

 \$40.00 for a Generic Specialty Medication
 \$60.00 for a Preferred Brand Specialty Medication
 \$120.00 for a Non-Preferred Brand Specialty Medication

Specialty medications will be allowed to be filled one (1) time at a retail pharmacy. All future prescriptions must be obtained at Benecard Central Fill's Specialty Pharmacy. Please note that specialty medications are limited to a 30-day supply.

Out of Pocket Maximum

Your prescription plan has a prescription annual out-of-pocket limit not to exceed \$1,000 for single coverage and \$2,000 with a \$1,000 per individual limit for any coverage other than single. The out-of-pocket calculation includes deductibles, coinsurance and copayments, and excludes premiums or other contributions, as well as any out-of-network expenses. After you meet the out-of-pocket maximum, your copayment will be \$0.

Online Member Tools

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

- Plan coverage details and copay information
- Network pharmacy finder
- Mail service access to request refills and check order status
- Updated preferred medication list
- Drug comparison pricing tool to identify lower cost alternatives
- Drug information
- Recent personal drug utilization history including the amount you have paid and what the plan has paid on your behalf. This is helpful for year-end tax purposes

Registration is easy! Along with your BeneCard PBF ID card you will need basic member information, a phone number and an email address. Refer to our website periodically for the most recent pharmacy network finder and preferred medication list.

www.benecardpbf.com

Specialty Pharmacy

Specialty medications are usually characterized as high cost and/or biotechnology drugs that require special distribution, service, handling, counseling, and/or administration procedures.

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 prescribing doctor to ensure you understand:

- How to manage your condition
- What medications you 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

Shipments will arrive in a 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.

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

Preventive Drugs and Vaccines

The following drug categories are covered through your prescription benefit plan at a \$0 copayment. A valid prescription from your physician is required.

Drug Category	Age Limits
☑ Contraceptives	≥10 years old
☑ Aspirin for Men	45-79 years old
☑ Aspirin for Women	55-79 years old
☑ Folic Acid Supplement	10-55 years old
☑ Iron Supplements for Infants	6-12 months old
☑ Gonorrhea (Newborn Eye Drops)	0-7 days old
☑ Fluoride Chemoprevention Supplements	6 months-6 years old
☑ Vitamin D Supplements	≥65 years old
☑ Tamoxifen or Raloxifene for Breast Cancer	If clinical criteria is met
☑ Smoking Cessations Drugs (limited to 2 90 day treatments per year)	Not applicable

Vaccines Administered at Pharmacy	Limits
☑ Diphtheria, Tetanus, Pertussis	Children and Adults
☑ Haemophilus influenzae type b	Children
☑ Hepatitis A	Children and Adults
☑ Hepatitis B	Children and Adults
☑ Quadrivalent Human Papillomavirus vaccine	Children and Adult females
☑ Inactivated Poliovirus	Children and Adults
☑ Influenza	Children and Adults
☑ Measles, Mumps, Rubella	Children and Adults
☑ Meningococcal	Children and Adults
☑ Herpes Zoster (Shingles)	Adults aged 50+
☑ Pneumococcal	Adults
☑ Rotavirus	Children
☑ Varicella	Children and Adults

Save with Generic Medications

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. If you wish to take advantage of this savings opportunity, speak with your physician about the use of generics. You may also consult with your pharmacist regarding generic drug options that may be available to you.

ID Cards

If your ID card is lost or you need a duplicate card, please contact BeneCard PBF Member Services toll-free at 1-888-907-0070 (TDD: 1-888-907-0020). You can print a temporary card online at www.benecardpbf.com.

Eligibility

Your plan guidelines will determine eligibility coverage and requirements.

Direct Member Reimbursement

If you must pay out-of-pocket for your medication which is covered by your plan, submit a Direct Member Reimbursement Form available from your Benefits Manager 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.

Additional Savings

Be sure to present your BeneCard PBF ID card at a participating network pharmacy to receive a discount off the retail price of medications that may not be covered.

Preferred Medication List

The Preferred Medication List is a guide for selecting clinically and therapeutically appropriate medications. It should not take the place of a physician's or pharmacist's judgment with regard to a patient's pharmaceutical care. Refer to www.benecardpbf.com for the most recent version of the list.

Step Therapy Program

Step Therapy is a program designed to encourage utilization of low-cost generic medication through a series of steps. The steps are medications you must try for a new condition in a specific order, starting with the generic when available.

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. In most cases, quantity limits and dosage requirements will follow FDA guidelines. Your program does not cover:

- Medications which do not require a prescription order, even if one is written
- Medications which are not considered medically necessary
- 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 drug labeled for "Investigational Use" or as experimental
- DESI drugs
- Drugs prescribed for cosmetic purposes
- Hair loss medications
- Legend vitamins, except for prenatal vitamins
- Weight control
- Injectable migraine medications
- Injectable fertility drugs
- Smoking cessation or deterrence after two (2) 90 day treatments per year
- Needles, syringes and injection devices, except with insulin
- Non-oral erectile dysfunction drugs. Oral erectile dysfunction drugs are covered with restrictions

This list may not include all exclusions and is subject to change. Please visit www.benecardpbf.com for information regarding your prescription plan coverage.

Retail Pharmacy Network

Your BeneCard PBF prescription benefit program provides you with access to an extensive national pharmacy network, including all chain pharmacies and most independents. 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).

Mail Order Pharmacy

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 90-day supply, plus refills. Prescriptions that you need to use right away should always be taken to your local pharmacy.

For your first order, complete the enclosed Mail Service Order Form and mail it along with your original prescription using the pre-addressed envelope provided to BeneCard Central Fill. You can also have your physician fax your prescription to 1-888-907-0040. Be sure that your physician includes the cardholder name, ID number, shipping address and patient's date of birth. Only prescriptions faxed from a doctor's office will be accepted via fax.

To order refills you have three options:

- **Internet:** Visit www.benecardpbf.com. If you have not yet registered, click on Register. If you are a registered user, log in and select Mail Order.
- **Phone:** Call Member Services toll-free, 1-888-907-0070 24 hours a day, 7 days a week and use the prompts to order your refills. Have your identification number and credit card information ready.
- **Mail:** Send the Refill Request Order Form provided with your last shipment back to BeneCard Central Fill mail service in the pre-addressed envelope

BeneCard Central Fill does NOT automatically refill your prescriptions.

To avoid delays, always include the appropriate co-payment (if applicable) when your order is placed. BeneCard Central Fill accepts Visa, MasterCard, Discover or American Express and debit cards. You may also pay by check or money order made payable to BeneCard Central Fill. Please do not send cash. Please allow up to 2 weeks for delivery. Emergency prescriptions can be expedited at an additional charge.