



Pennsylvania Judiciary

Specialized Medical Insurance Handbook



DENTAL



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This booklet has been prepared to provide participants with general information about the specialized dental, vision and prescription drug plans provided through the Pennsylvania Judiciary medical insurance programs for active and retired judiciary personnel.

This booklet describes the principal features of these plans. Complete terms of the programs are set forth in the contracts held by the Judiciary. Final interpretation of any specific provision is governed by those documents. These benefits are not statutory in nature and are subject to change at any time.

AOPC

ADMINISTRATIVE OFFICE of PENNSYLVANIA COURTS

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Effective 1/1/2025

This handbook is designed to provide you with information regarding the Judiciary's Specialized Benefit plans, which include dental, vision, and prescription drugs.

These plans are administered through the following organizations:

Dental

Delta Dental of Pennsylvania
PO Box 2105
Mechanicsburg, PA 17055-2105

Customer Service 1-800-932-0783
www.deltadentalins.com

Vision

National Vision Administrators, L.L.C. (NVA)
PO Box 2187
Clifton, NJ 07015

Customer Service 1-800-672-7723
www.e-nva.com

Prescription

BeneCard PBF
PO Box 779
Mechanicsburg, PA 17055

Customer Service 1-888-907-0070
www.benecardpbf.com

Pennsylvania Judiciary (Plan Sponsor)

AOPC Human Resources (AOPC/HR)
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Section I

Dental Coverage

Delta Dental of Pennsylvania
PO Box 2105
Mechanicsburg, Pennsylvania 17055-2105
1-800-932-0783
www.deltadentalins.com

Plan Overview

The Judiciary's dental program is administered by Delta Dental of Pennsylvania. The plan covers routine dental exams and routine cleanings, as well as a variety of dental care benefits outlined on the following pages.

Benefits are limited to \$3,000 per person per calendar year.

Orthodontics is covered for eligible employees and their covered dependents. This benefit has a separate \$2,500 lifetime maximum per person.

How to Use Your Dental Plan

With Delta Dental, participating dentists will submit claims for you. If you visit a non-participating dentist, you may need to submit your own claim form. If needed, claim forms are available through AOPC-HR or from Delta Dental's website at www.deltadentalins.com. All claims should be sent to Delta Dental's Mechanicsburg, Pennsylvania office.

Advise your dental provider that your coverage is through Delta Dental of Pennsylvania. Show your provider your Judiciary Specialized Benefits ID card (BeneCard PBF card) for Prescription, Dental & Vision benefits. Dental claim filing and customer service information can be found on the back of the card.

Dental Coverage

Covered Services

The following payment schedule will illustrate the co-payment percentages involved with each covered procedure, in accordance with Delta Dental's payout level. Payments are made up to the annual \$3,000 maximum per person and the lifetime maximum of \$2,500 per person for orthodontics.

		<u>Paid by Delta*</u>	<u>Paid by Patient*</u>
DIAGNOSTIC	(exam and x-rays)	100%	0%
PREVENTIVE	(teeth cleaning, space maintainers to age 19, sealants to age 19 and fluoride treatments to age 19)	100%	0%
BASIC RESTORATIVE	(fillings)	100%	0%
ORAL SURGERY	(extractions)	100%	0%
ENDODONTICS	(root canal therapy)	100%	0%
PERIODONTICS	(treatment of gum disorders)	100%	0%
MAJOR RESTORATIVE	(crowns)	100%	0%
PROSTHODONTICS	(dentures, bridgework)	100%	0%
ANESTHESIA	(applies to all surgical services)	100%	0%
IMPLANTS & IMPLANT RELATED SERVICES	(appliances into bone serving as prosthodontic abutments)	80%	20%
ORTHODONTICS	(the straightening of teeth)	100%	0%

* Percentage is based on Delta Dental's applicable Maximum Plan Allowance or the dentist's fee, whichever is less (the Allowed Amount). The Delta Dental payment under the program, plus the patient payment, equals the Allowed Amount, which is accepted by Delta Dental participating dentists as full payment. Participating dentists are paid directly by Delta Dental, and by agreement cannot bill you more than the applicable copayment, deductible or charges where maximums have been exceeded for covered services. By selecting a participating dentist, you always limit your out-of-pocket costs. For services performed by non-participating dentists, Delta Dental sends the benefit payment directly to you. You are responsible for paying the non-participating dentist's total fee, which may include amounts in addition to your share of Delta Dental's Allowed Amount. Out-of-pocket costs may also include applicable copayments, deductibles, charges where maximums have been exceeded, and services not covered by the Group Dental Service Contract.

Plan Details

Diagnostic – Four exams are covered each calendar year. Bitewing x-rays are covered twice per calendar year with full-mouth (panoramic) x-rays covered once every three years.

Preventive – Two routine and/or two periodontal prophylaxes (cleanings) are provided in a calendar year, but no more than four cleanings (2 routine and 2 periodontal, or 4 periodontal, but not 4 routine) in a calendar year. The topical application of fluoride solutions is covered twice per calendar year to age 19. Space maintainers are covered for dependents to age 19. Dental sealants are covered to age 19 only on the eight posterior (molar) permanent teeth with replacement allowed only after three years has elapsed from prior placement. Application to deciduous teeth or teeth with caries is not covered.

Basic Restorative – Covered filling materials include: amalgam (silver), synthetic porcelain, and composite (white or tooth colored). Composite fillings are limited to once in a 24-month period per tooth.

Oral Surgery – Includes pre- and post-operative care. Additional coverage may be provided under your basic medical plan.

Endodontics – Procedures for pulpal therapy and root canal filing.

Periodontics – Two periodontal cleanings (as listed under “Preventive”) are covered per calendar year. Periodontal surgery is limited to once in a five-year period in the same quadrant.

Major Restorative – Includes coverage for single crowns, inlays, and onlays. Replacement covered only if existing crown, etc. cannot be restored. Replacement of restorative crowns, inlays and onlays is a benefit once in any five-year period. This limitation may be waived upon evaluation of the submitted documentation for reasonableness.

Prosthodontics – Replacement covered only after five years has elapsed from any prior provision of such appliances. This limitation may be waived upon evaluation of the submitted documentation for reasonableness.

Anesthesia and Intravenous Conscious Sedation – Covered by Delta Dental and additional coverage may also be provided under your basic medical plan. Nitrous oxide is covered only in cases of medical necessity (if general anesthesia is too dangerous to the patient’s health).

Implants – Replacement covered only after five years has elapsed from the date on which the implant was last supplied by any dental provider. Bone grafts related to implants covered once per tooth within a 5-year period.

Special Note: Dental implant procedures are not covered in full and can be very expensive. It is strongly recommended that your dental providers submit predetermination requests to Delta Dental prior to beginning these procedures. Delta Dental will review the requests and send both you and the providers an outline of the services covered and an estimate of your out-of-pocket expense.

Orthodontics – This benefit is available to judiciary personnel and covered dependents, up to a maximum of \$2,500 per patient per lifetime. This \$2,500 lifetime limit has no impact on the \$3,000 annual maximum.

You or your orthodontist must submit a treatment plan to Delta Dental. Delta Dental's normal processing for orthodontia claims will generate half your benefit allowance on the date of banding, with the remaining half paid one year later. Payments are normally made to you, and you can make separate payment arrangements with your orthodontist.

Orthodontic benefits may be pro-rated for treatment begun before the patient is eligible under the Judiciary plan.

Dentists

Three out of four licensed dentists in the United States are participating with Delta Dental and have entered into agreements to abide by Delta Dental's policies regarding services, your portion of the charged fees, and other matters pertinent to Delta Dental's obligations to Subscribers. For your program, Delta Dental has two networks: Delta Dental PPO Dentists, and Delta Dental Premier® Dentists. These dentists will send claim forms to Delta Dental and will be paid directly by Delta Dental. You pay only for services not covered or co-payment amounts as stated in the notification of payment form that Delta Dental will send to you with each claim.

Other dentists not participating with Delta Dental also regularly perform services for Delta Dental subscribers; in such cases, payment is made directly to you. Payout by Delta Dental is the same in either case. While Delta Dental can only guarantee your personal co-payment with participating dentists, you have complete freedom of choice in selection of your dentist. When searching for a participating dentist, Judiciary members should utilize providers in the "Delta Dental PPO" or "Delta Dental Premier" networks for maximum benefit.

Names of Participating Dentists can be obtained by calling Delta Dental or from the Delta Dental Internet website at www.deltadentalins.com.

Predetermination

If the amount of care to be rendered to any one patient will exceed \$300, it is recommended that the dentist submit the claim form to Delta Dental for predetermination before beginning the treatment. Delta Dental's dental consultants will examine the treatment plan and x-rays which may accompany the form and future benefits will be detailed. This is generally a very simple procedure that takes only a few days, but it is very important because it assures you and the dentist that you are eligible for dental benefits, and it tells both you and the dentist if certain proposed services are not covered by the contract.

Coordination of Benefits

If separate dental benefits are available to the employee, spouse, or dependents under other programs, there are specific conditions applicable to determination of payment. The ratio for each carrier's liability to total cost incurred is reviewed. Payment is made according to the "birthday" rule adopted by most insurance carriers, but in no case does Delta Dental pay in excess of its total contractual obligation, if it were the only carrier involved. If the other carrier determines its benefits first, Delta Dental will pay any difference between the amount paid by the other carrier and the charge for the covered service, to the extent of Delta's benefit for the given procedure.

Limitations and Exclusions

There are certain limitations and exclusions that apply to your dental plan. For example, dentistry performed for appearance only (veneers, bleaching, etc.), preventive plaque control programs, occlusal guards, periodontal splinting, and services rendered or devices started prior to the effective date of the program are not covered. *

Frequency Limits

The following list shows frequency limits of the dental plan for the most common procedures and is not intended to be a complete list. *

Replacement of crowns and dentures – after 5 years
Bitewing x-rays – twice per calendar year
Panoramic or full mouth x-rays – once every 3 years
Fluoride treatments (to age 19) – twice per calendar year
Consultations – three within 12 months with same provider
Anesthesia and IV conscious sedation – 4 units per date of service

Services Not Covered

- Prescription drugs, premedications, relative analgesia and anti-inflammatory drugs
- Charges for hospitalization, including hospital visits
- Plaque control programs, including oral hygiene and dietary instruction
- Procedures to correct congenital or developmental malformations except for children eligible at birth
- Procedures, appliances or restorations primarily for cosmetic purposes (including veneers)
- Increasing vertical dimension
- Replacing tooth structure lost by attrition
- Periodontal splinting
- Conscious sedation – oral and intravenous (IV) sedation
- Gnathological recordings
- Equilibration
- Treatment of dysfunctions of the temporomandibular joint*

*The contract on file at AOPC-HR provides a full listing of the limitations and exclusions of your dental plan.

Claims and Appeal Procedures

Delta Dental attempts to process all claims within a reasonable time. If a claim will be delayed more than 30 days, Delta Dental will notify the subscriber in writing stating the reason for delay.

Routine claims questions may be directed in writing to Delta Dental or by calling Delta Dental toll free at 1-800-932-0783. You can also e-mail questions by accessing the "Contact Us" section of Delta Dental's website at www.deltadentalins.com.

Any dissatisfaction with adjustments made or denials of payment should be brought to Delta Dental's attention, and if unresolved to your satisfaction, to AOPC-HR. They will advise you of your rights of appeal or other recourse.

Section II

Vision Coverage

National Vision Administrators, L.L.C.
PO Box 2187
Clifton, New Jersey 07015
1-800-672-7723
www.e-nva.com

Plan Overview

The Judiciary's vision benefit program is administered by National Vision Administrators (NVA). Each eligible participant and their covered dependents are entitled to one vision exam and a materials allowance of up to \$200 for glasses and/or contacts each calendar year.

If the annual benefit has been exhausted and the member purchases additional services or materials, the EyeEssential® discount program is also available.

Important Note: The NVA plan provides for routine vision exams. A routine exam may include refraction services, a glaucoma check, and dilation of the eyes. Medical treatment of the eye (such as treatment for glaucoma or cataracts) should be submitted through your basic medical insurance.

Participating Providers

NVA has an extensive network of participating providers. While you are free to choose any optical provider, NVA participating providers offer a 35% discount on glasses and a 25% discount on contact lenses. In addition, participating providers will accept the NVA allowance as payment in full for your routine eye exam.

Exclusions

No payment is made for:

- Medical or surgical treatments
- Drugs or medications
- Examinations or materials not listed as covered services
- Replacement or repair of lost, stolen, broken, or damaged lenses unless covered within the annual \$200 allowance
- Services or materials provided by federal, state, or local government or workers' compensation
- Examination, procedures training, or materials not listed
- Non-prescription lenses (including 3mm safety lenses, safety frames with side shields/parts and sunglasses)

This is not a complete list.

Submitting Claims

If your provider will not submit a claim to NVA for you, you may obtain a claim form online at nva.com or by calling NVA at 1-800-672-7723, or AOPC-HR at (717) 231-3309. All claims must be submitted within one year of the service date.

Vision Coverage

Covered Services

<i>Service or Materials</i>	Benefit Level	
	Participating Provider	Non-Participating Provider
Vision Exam (not counted toward materials allowance)	Paid in Full	\$ 40 O.D.* \$ 50 M.D.*
Contact Lens Fitting Fee Daily Extended Specialty (reduces the \$200 materials allowance)	Paid in Full (if processed within the materials allowance)	\$ 20 Daily \$ 30 Extended \$ 50 Specialty
Materials Frames Eyeglass Lenses Eyeglass Options ** Contact Lenses	\$ 200 Total Discounted Rates	\$ 200 Total Full Retail Rates
Lasik Surgery A discount on laser refractive surgery is available if coordinated through NVA's network of LASIK/PRK providers.	15-40% Discount	N/A
Mail Order for Contact Lenses A valid prescription is required to dispense contact lenses. All major brands of lenses are carried. Orders shipped from Mechanicsburg, PA. Website Contactfill.com	Available through <i>Contact Fill</i> at low prices Phone 1-866-CFI-1EYE Fax 1-866-589-6969	

* Able to charge member for extra services (eye dilation, etc.).

** Options: Options (such as, but not limited to, the following) may be included in the reimbursement for glasses up to the \$200 plan allowance:

- UV Coatings
- Standard Anti-Reflective Coatings
- Polycarbonate
- Solid and Fashion Gradient Tints
- Glass Photogrey
- Standard Transitions
- Standard Scratch-Resistant Coating
- Standard Progressives (no-line bifocal or trifocal)
- Blended Segment
- Polarized
- High Index

Vision Coverage

EyeEssential® Discount Plan

After the enrolled member has exhausted their funded benefit, they are eligible to access the EyeEssential® Plan discount on additional purchases during the plan period.

The **NVA EyeEssential® Discount Plan** is a member-friendly vision discount plan which includes significant discounts on materials through participating NVA network providers.

Service or Material	Member Cost
Comprehensive Vision Examination (Including dilation as professionally indicated)	Balance after \$10 Discount
Lenses	Standard Glass or Plastic
Single Vision	\$35.00
Bifocal	\$55.00
Trifocal	\$70.00
Lenticular	\$70.00
Lens Options	
UV Coating	\$12.00
Tint (Solid & Gradient)	\$12.00
Scratch-Resistant Coating (Standard)	\$15.00
Polycarbonate (Standard)	\$35.00
Anti-Reflective Coating (Standard)	\$45.00
Polarized	\$75.00
Transitions (Standard)	Single Vision - \$65.00 / Bifocal & Trifocal - \$70.00
Progressive (Standard)	\$50.00 + Bifocal/Trifocal Charge
Other Add-On Services	20% off retail
Frames (Any eligible frame at provider's location)	35% off retail
Contact Lenses (Discount does not apply at Contact Fill)	
Conventional	15% off retail price
Disposable	10% off retail price
Fitting and Follow Up	10% off retail price

Please Note: The NVA EyeEssential® Plan is available at an in-network provider only. Frequency of use is unlimited. EyeEssential® Discount Program prices do not apply at select retail locations including Walmart/Sam's Club and Cole corporate locations. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.

Section III

Prescription Coverage

BeneCard PBF
5040 Ritter Road
Mechanicsburg, PA 17055
1-888-907-0070
www.benecardpbf.com

Prescription Coverage

Plan Overview

The Judiciary's prescription drug program is administered by BeneCard PBF. Eligible participants and their covered dependents can obtain most generic or brand name prescription drugs at participating network pharmacies according to the following schedule. This is a Dispense as Written (DAW) plan meaning your pharmacist must dispense the generic equivalent drug when one is available unless your physician specifically requests the brand.

Copayments are noted below. If you request the brand in lieu of a generic when your physician does not certify it is medically necessary, you are responsible for the brand copay (\$50 or \$100) **plus the cost difference between brand and generic.**

		Retail (30 days)	Mail (90 days)	Specialty (30 days)
Generic	For generic drugs	\$10	\$20	\$50
Brand	Brand - no generic available or physician specifies brand as medically necessary	\$20	\$40	\$50
Multi-source Brand	Brand - generic available, but member chooses brand and physician did not certify brand medically necessary	\$50 +cost difference	\$100 +cost difference	\$50+cost difference

Vaccines*	Influenza – age 6 months+ Covid – age 5+ Shingles – age 50+ Pneumococcal – age 65+	\$0
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**Age limits may change periodically based on CDC guidelines*

Preventive Drugs	For specified preventive drugs as required by the Affordable Care Act with a valid prescription	\$0
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Benefits Available

The plan covers the cost of most generic and brand name drugs that require a prescription and have been approved by the Food and Drug Administration (FDA) for the intended purpose. Please be aware that BeneCard PBF publishes an annual list of excluded medications. The most current list can be found on <https://onlineservices.pacourts.us> under the Human Resources tab. In general, the plan covers:

- Federal Legend Drugs
- State Restricted Drugs
- Insulin on Prescription
- Specialty Medications and Injectables
- Medically Necessary Compounds
- Female Contraceptives

Participating Retail Pharmacy Network

The Judiciary pharmacy plan utilizes the BeneCard PBF national network which includes most independent and chain pharmacies. At a participating pharmacy, simply present your BeneCard ID card which will provide all the information your pharmacist needs to process your prescription at the applicable copayment.

Mail Order Pharmacy

In addition to the retail network, Benecard Central Fill (BCF) has a mail order service pharmacy as an option 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 right away should always be filled at your local pharmacy.

For your first order, you will need a Mail Service Order Form which can be obtained through www.benecardpbf.com or from AOPC-HR. Complete and mail it to BCF along with your original prescription using the pre-addressed envelope provided. You can also have your physician E-prescribe or fax your prescription to 1-888-907-0040. Be sure that your physician includes the cardholder's name, ID number, shipping address and patient's date of birth. Only prescriptions sent from a doctor's office will be accepted via fax.

To order refills you have three options:

Internet: Visit www.benecardpbf.com. Complete the registration process or if you are already a registered user, log in and select Mail Order.

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 identification number and payment 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

To avoid delays, always include the appropriate co-payment when your order is placed and allow up to 2 weeks for delivery. Emergency prescriptions can be expedited at an additional charge. Contact Benecard Central Fill at 1-888-907-0090 for additional detail regarding mail order service.

Mail Order Pick Up: For members who live in the Mechanicsburg area: Prescriptions submitted to BCF mail service can be picked up at BCF. ***The pick-up window is open Monday through Friday, 8:30AM – 5:00PM EST., located at 5040 Ritter Road, Mechanicsburg, PA.***

Non-Participating Pharmacies

If you visit a *non-participating pharmacy* to obtain your medications, you will be required to pay the full retail cost for your prescriptions and follow the procedure below under “Direct Member Reimbursement”.

Please be aware that you will incur a greater out-of-pocket expense by using a non-participating pharmacy.

Direct Member Reimbursement

If you use a non-participating pharmacy or buy a prescription without your BeneCard ID, you should submit to BeneCard a direct member reimbursement form along with an itemized receipt showing: the amount charged, prescription number, medication, manufacturer, dosage, strength and quantity, and date. To request a direct reimbursement form, go to www.benecardpbf.com or contact AOPC-HR at (717) 231-3309.

BeneCard PBF will reimburse you based on the judiciary plan benefits and that amount may be significantly lower than the retail price you paid. Therefore, always try to use a network pharmacy and present your BeneCard ID card to reduce unnecessary out-of-pocket costs.

It is important to note that when using the direct reimbursement method, your cost may be more than the copay.

Quantity Management

Retail quantities are limited to a 30-day supply for one copayment. You may, however, obtain up to a 90-day supply at a retail pharmacy by paying three applicable copayments. Your physician or the FDA may also place limits on a particular drug quantity due to patient safety. Mail order quantities are limited to a 90-day supply – unless it is a specialty drug (see “Specialty Medications” below). Refills may be obtained after you have used 75% of the prior prescription.

MSD drugs (Viagra, Cialis, etc.) used for the treatment of decreased male sexual function have a quantity limit of 6 pills/month. Members may purchase additional quantities at their own expense when prescribed by a physician. This limit will not be applied to Cialis 2.5 mg and 5 mg when deemed medically necessary by a physician for the treatment of BPH (benign prostatic hyperplasia).

The FDA has guidelines for certain medications that have a risk of adverse events when taken above recommended amounts. To promote safe and appropriate use of medications, BeneCard will follow FDA guidelines to limit how much medication can be obtained and this will override plan guidelines.

Specialty Medications

Specialty medications are high cost and/or biotechnology drugs that require special distribution, service, handling, counseling, and/or administration procedures. These medications are typically designed to treat complex, chronic diseases. Visit www.benecardpbf.com for a complete list of Specialty Drugs.

When you are prescribed a specialty medication for the first time, BeneCard PBF will coordinate with your doctor to ensure a lower cost “first line” alternative is tried for a short period of time before moving to a higher cost specialty drug. If the first line drug does not work to your doctor’s satisfaction or there is a medical reason which requires you to move directly to the second line specialty medication, your doctor must provide documentation to Benecard PBF indicating medical necessity.

The Judiciary utilizes Benecard Central Fill (BCF) Specialty Pharmacy as the exclusive mail order service for specialty medications. These medications will be limited to a 30-day supply due to their high cost and risk of waste if your doctor needs to change the drug or dosage. If available through a retail pharmacy, you may obtain your first specialty drug prescription there, but it will still be subject to the step therapy requirement and 30-day supply limit. Thereafter, you must fill your specialty drug prescriptions through BCF.

BCF Specialty Pharmacy staff will work directly with you to provide personalized attention to help manage your medical condition including one-on-one counseling with a team of pharmacists and trained medical professionals. If eligible, BCF will assist you with enrollment in the specialty copay assistance program available through some manufacturers to lower your costs.

This 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 secure, temperature-controlled packaging (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.

For maximum convenience, you may choose where to have your medication shipped:

- Your home
- Your work
- Your doctor’s office
- Or other convenient location of your choice

Prior Authorization Drugs

Certain drugs require Prior Authorization by BeneCard PBF before being dispensed due to possible side effects, potential harmful interactions with other drugs or to confirm they are being prescribed in accordance with FDA approved diagnoses. This process helps ensure your health and safety. If your doctor prescribes one of these drugs, BeneCard PBF will request that the doctor forward information outlining your medical condition and the diagnosis for which it has been prescribed. Authorization typically takes 24-48 hours depending on the response time of your doctor. To be covered under the plan, the drug must be prescribed for the diagnosis approved and tested by the FDA. Visit www.benecardpbf.com for a list of medications requiring Prior Authorization.

Compound Prescriptions

These are customized medications derived from two or more prescription ingredients that are not otherwise commercially available. They are prepared by a pharmacist according to a doctor's specifications. Compounds are not FDA approved because their safety and effectiveness have not been tested and thus, the majority of compounds will not be covered. However, in very limited situations where it is medically necessary for a patient to use a compound medication and it is *not* considered experimental or investigative, these prescriptions may be approved for coverage. Your doctor may be required to submit proof of medical necessity.

Over the Counter Drugs (OTC)

Most OTC drugs are not covered under this prescription plan; however, a few medications are covered in very limited circumstances in accordance with the Affordable Care Act (ACA). Please refer to "Preventive Drugs" on page 20.

Vaccines

Coverage for the majority of vaccines is provided under the Judiciary medical insurance plans. However, as an additional convenience to members, influenza, shingles and pneumonia shots may be received at any participating pharmacy with no prescription copay. Please refer to "Vaccines" on page 20.

Exclusions

This prescription plan covers Medically Necessary, Federal Legend, State Restricted and Compound Medications which by law may not be dispensed without a prescription. Quantity Limits and dosage requirements will follow FDA guidelines. The following are not covered under this plan:

- Medications which do not require a prescription order, even if one is written
- Medications which are not considered medically necessary

Prescription Coverage

- 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 (except subject to age requirements: Flu, Pneumonia and Shingles), allergy sera, biological sera, blood plasma and charges for the administration or injection of medications
- Any drug labeled for “Investigational Use” or as experimental
- Drugs prescribed for cosmetic purposes
- Legend vitamins
- Diabetic supplies (these are covered under medical plans)

This may not include all exclusions and is subject to change. Please visit www.benecardpbf.com for more detail about your prescription drug plan and to view the Specialty Drug, Prior Authorization, Drug Quantity Management or Drug Exclusion Lists. Some items not covered by the prescription plan may be covered by your medical plan. Contact AOPC-HR if you have specific questions at (717) 231-3309.

Vacation Supply

If you need additional medication for use during an extended period away from home, and you have not yet used 75% of your previous medication, call BeneCard PBF customer service at 1-888-907-0070 to request a “vacation supply.” BeneCard PBF will put in an authorization code that will allow your pharmacy to issue a “vacation supply” equal to one additional refill of your existing prescription.

If your travel plans require you to secure more than one additional refill, please contact AOPC-HR for assistance. You will need to forward a written request outlining the circumstances necessitating your request. It is important that you contact AOPC-HR as early as possible to allow time for special arrangements to be made.

Additional Savings

In some cases, you may be able to receive a discount off the retail price of prescription medications that are not covered under the plan. Present your BeneCard PBF ID card at a participating pharmacy to find out if a discount may apply to your prescription.

Website

BeneCard PBF offers a website with many useful tools that can be accessed online at www.benecardpbf.com. Through the website, you can access the following BeneCard medication lists: Specialty Drug, Prior Authorization, Drug Quantity Management and the Drug Exclusions. You will be able to find a pharmacy, view your prescription drug history, check your copay and coverage details, order mail service prescription refills and check your mail order status.

Questions

If you have questions about coverage for any specific medication, please contact BeneCard PBF directly at 1-888-907-0070 or TDD 1-888-907-0020, 24 hours/day, 7 days/week.

AOPC/HR and each of our insurance vendors regard protecting the privacy of your health information as a very high priority. Copies of each insurer's HIPAA Privacy Notice can be obtained from the insurer's website or by contacting the insurer or the AOPC directly.

If you have questions about the benefit information outlined in this booklet, please contact the appropriate insurer as noted on the inside front cover or AOPC/HR at 717-231-3309 or Human.Resources@pacourts.us.



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