Pennsylvania Judiciary

Specialized Medical Insurance Handbook

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
AOPC Human Resources (AOPC/HR)
601 Commonwealth Ave, Ste 1500
PO Box 61260
Harrisburg, PA 17106-1260

Phone: 717-231-3309
Fax: 717-231-3310
E-mail: Human.Resources@pacourts.us

Effective 1/1/2026

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

United Concordia Dental
PO Box 69421
Harrisburg, PA 17106-9421

Customer Service 1-866-851-7568
www.unitedconcordia.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)
601 Commonwealth Ave, Ste 1500
PO Box 61260
Harrisburg, PA 17106-1260

Telephone (717) 231-3309
FAX (717) 231-3310
Email: Human.Resources@pacourts.us

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Section I

Dental Coverage

United Concordia Dental
PO Box 69421
Harrisburg, Pennsylvania 17106-9421
1-866-851-7568
www.unitedconcordia.com

Plan Overview

The Judiciary's dental program is administered by United Concordia Dental (UCD). This Concordia Flex PPO plan utilizes the Elite Plus network and covers routine dental exams and 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 are 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 UCD, 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 can be found on the Benefits Dashboard in Workday or from UCD's website at www.unitedconcordia.com. Claims should be sent to: United Concordia Dental, PO Box 69421, Harrisburg, PA 17106-9421.

Advise your dental provider that your coverage is through United Concordia Dental. Show your provider your paper UCD ID card or provide the dental insurance information found in your UCD mobile app. Dental claim filing and customer service information can be found on both the paper and electronic versions of your ID card.

Covered Services

Benefits and any applicable coinsurance, deductibles, annual maximums, lifetime maximums, out-of-pocket maximums and waiting periods are shown on the attached schedule of benefits. Covered services shown on the schedule of benefits must be dentally necessary unless otherwise specified in a rider to this group policy and are subject to frequency or age limitations detailed on the attached schedule of exclusions and limitations.

No benefits will be paid for services, supplies or charges detailed under the exclusions on the schedule of exclusions and limitations. No benefits will be paid for services on the schedule of benefits with a coinsurance of zero (0).

Service Category	Waiting Period	Plan Pays	Deductible Application
Diagnostic Services			
Oral Evaluations (Exams)	*None*	*100%*	*N/A*
Radiographs (X-Rays)			
Bitewings	*None*	*100%*	*N/A*
Full mouth	*None*	*100%*	*N/A*
Preventive Services			
Prophylaxis (Cleanings)	*None*	*100%*	*N/A*
Fluoride	*None*	*100%*	*N/A*
Sealants	*None*	*100%*	*N/A*
Space Maintainers	*None*	*100%*	*N/A*
Restorative Services			
Restorations	*None*	*100%*	*N/A*
Single Crowns	*None*	*100%*	*N/A*
Stainless Steel Crowns*	*None*	*100%*	*N/A*
Inlays*	*None*	*100%*	*N/A*
Onlays*	*None*	*100%*	*N/A*
Inlay Repairs	*None*	*100%*	*N/A*
Onlay Repairs	*None*	*100%*	*N/A*
Crown Repair	*None*	*100%*	*N/A*
Endodontic Services			
Endodontic Therapy (Root canals, etc.)	*None*	*100%*	*N/A*
Root Canal Retreatment	*None*	*100%*	*N/A*
Apicoectomy/Periradicular (Root Surgery)	*None*	*100%*	*N/A*
Periodontal Services			
Surgical Periodontics	*None*	*100%*	*N/A*
Non-Surgical Periodontics	*None*	*100%*	*N/A*
Periodontal Maintenance	*None*	*100%*	*N/A*

Prosthodontic Services			
Removable Complete and Partial Dentures	***None***	***100%***	***N/A***
Adjustments of Complete and Partial Dentures	***None***	***100%***	***N/A***
Repairs of Complete and Partial Dentures	***None***	***100%***	***N/A***
Removal of Teeth			
Simple Extractions	***None***	***100%***	***N/A***
Surgical Removal	***None***	***100%***	***N/A***
Adjunctive General Services			
Consultations	***None***	***100%***	***N/A***
General Anesthesia, Nitrous Oxide and/or IV Sedation	***None***	***100%***	***N/A***
Palliative Treatment (Emergency)	***None***	***100%***	***N/A***
Orthodontic Services			
Cosmetic Orthodontic Services	***None***	***100%***	***N/A***
Implant Services			
Implant Placement	***None***	***80%***	***N/A***
Surgical Services	***None***	***80%***	***N/A***
Supporting Structures	***None***	***80%***	***N/A***
Implant/Abutment Supported Prosthetics	***None***	***80%***	***N/A***
Other Implant Related Procedures	***None***	***80%***	***N/A***

Deductibles & Maximums

· $0 per calendar year Deductible per Member
· $3,000 per calendar year Maximum per Member
· $2,500 lifetime Maximum per Member for Orthodontic Services

TeleDentistry

Covered Services provided through teledentistry are reimbursed on the same basis and to the same extent as coverage for the services provided in an in-person setting. Coverage is without regard to whether the service is provided in an in-person setting or virtually (i.e. through teledentistry). Covered services provided through teledentistry accumulate to your annual maximum, deductible and frequency limitations, as applicable.

In order to receive covered services in a virtual setting, you will need an internet-ready device capable of running applications used in the provision of telehealth services. Teledentistry services can be provided to Members age 13 and above. Members age 12 and under will require adult supervision and consent in order to receive services through teledentistry.

Predetermination

A predetermination is a request for UCD to estimate benefits for a dental treatment You have not yet received. Predetermination is not required for any benefits under the plan. In estimating benefits, UCD looks at patient eligibility, dental necessity and the plan's coverage for the treatment. Payment of benefits for a predetermined service is subject to your continued eligibility in the plan. At the time the claim is paid, UCD may also correct mathematical errors, apply coordination of benefits, and make adjustments to comply with your current plan and applicable annual maximums, lifetime maximums, or out-of-pocket maximums on the date of service.

Payment of Benefits

If you have treatment performed by a participating dentist, UCD will pay covered benefits directly to the participating dentist. Both you and the dentist will be notified of benefits covered, payment and any out-of-pocket expenses. Payment will be based on the maximum allowable charge your participating dentist has contracted to accept. Maximum allowable charges may vary depending on the geographical area of the dental office and the contract between UCD and the particular participating dentist rendering the service. **Benefits for covered dental emergency services provided by a non-participating dentist will be paid at the same level that would have been paid had the services been rendered by a participating dentist.**

If you receive treatment from a non-participating dentist, UCD will send payment for covered services to you unless the claim indicates that payment should be sent directly to your treating dentist. This is called assignment of benefits, and it is available for care delivered by non-participating dentists outside of Pennsylvania. You will be notified of the services covered, payment and any out-of-pocket expenses. You will be responsible to pay the dentist any difference between UCD's payment and the dentist's full charge for the services. Non-participating dentists are not obligated to limit their fees to our maximum allowable charges. UCD is not liable to pay benefits for any services started prior to a member's effective date of coverage. Multi-visit procedures are considered "started" when the teeth are irrevocably altered. For example, for crowns or fixed partial dentures, the procedure is started when the teeth are prepared and impressions are taken. Procedures started prior to the member's effective date are the liability of the member. UCD does not disclose claim or eligibility records except as allowed or required by law and then in accordance with federal and state law. UCD maintains physical, electronic, and procedural safeguards to guard claims and eligibility information from unauthorized access, use, and disclosure.

Overpayments

When UCD makes an overpayment for benefits, they have the right to recover the overpayment either from you or from the person or dentist to whom it was paid. UCD will attempt to recover the overpayment by requesting a refund. If they do not receive a refund, the money will be offset from future claim payments. This recovery will follow any applicable state laws or regulations and will follow applicable time limits to recover. The member must provide any assistance necessary, including furnishing information and signing necessary documents, for UCD to be reimbursed.

Coordination of Benefits (COB)

If you or your dependents are covered by any other dental plan and receive a service covered by this plan and the other dental plan, benefits will be coordinated. This means that one plan will be primary and determine its benefits before those of the other plan, and without considering the other plan's benefits. The other plan will be secondary and determine its benefits after the primary plan. The secondary plan's benefits may be reduced because of the primary plan's payment. Each plan will provide only that portion of its benefit that is required to cover expenses. This prevents duplicate payments and overpayments. Upon determination of primary or secondary liability, this plan will determine payment.

Limitations – Covered services are limited as detailed below.

1. Full mouth x-rays - one (1) every 36 month(s).
2. Bitewing x-rays – two (2) set(s) per calendar year(s).
3. Oral Evaluations:
    - Comprehensive and periodic - four (4) of these services per 1 calendar year. Once paid, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition or the patient is absent from the office for three (3) or more year(s).
    - Limited problem focused and consultations - one (1) of these services per dentist per patient per 12 months.
    - Detailed problem focused - one (1) per dentist per patient per 12 months per eligible diagnosis.
4. Prophylaxis - two (2) per 1 calendar year(s).
5. Fluoride treatment - two (2) per calendar year under age nineteen (19).
6. Space maintainers - one (1) per five (5) year period for Members under age nineteen (19) when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not, develop.
7. Sealants - one (1) per tooth per 36 months under age nineteen (19) on permanent first and second molars.
8. Prefabricated stainless steel crowns - one (1) per tooth per lifetime for Members under age fourteen (14).
9. Periodontal Services:
    - Full mouth debridement - one (1) per lifetime.
    - Periodontal maintenance following active periodontal therapy - two (2) per calendar year in addition to routine prophylaxis.
    - Periodontal scaling and root planing - one (1) per 24 months per area of the mouth.
    - Surgical periodontal procedures - one (1) per 60 months per area of the mouth.
    - Guided tissue regeneration - one (1) per tooth per lifetime.
10. Replacement of restorative services only when they are not, and cannot be made, serviceable:
    - Basic restorations - not within 24 months of previous placement of any basic restoration.
    - Single crowns, inlays, onlays - not within 60 months of previous placement of any of the procedures in this category.
    - Buildups and post and cores - not within 60 months of previous placement of any of the procedures in this category.

- Replacement of natural tooth/teeth in an arch - not within 60 months of a fixed partial denture, full denture or partial removable denture.

11. Denture relining, rebasing or adjustments are considered part of the denture charges if provided within 6 months of insertion by the same Dentist. Subsequent denture relining or rebasing limited to two (2) every 12 months thereafter.
12. Pulpal therapy - one (1) per primary tooth per lifetime only when there is no permanent tooth to replace it.
13. Root canal retreatment - one (1) per tooth per lifetime.
14. Recementation - one (1) per 3 years. Recementation during the first 12 months following any preventive, restorative or prosthodontic service by the same Dentist is included in the preventive, restorative or prosthodontic service benefit.
15. An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the Dentist (does not apply to implantology procedures). The ABP does not commit the Member to the less costly treatment. However, if the Member and the Dentist choose the more expensive treatment, the Member is responsible for the additional charges beyond those allowed under this ABP.
16. One orthodontic benefit is paid per eligible Member per lifetime. Orthodontic benefit based on treatment plan submitted by Your dentist. Payment for orthodontic services, if covered, shall cease at the end of the month after termination by the Company.
17. Intraoral Films:
    - Periapical - four (4) per 12 months per dentist if not performed in conjunction with definitive procedure(s).
    - Occlusal - two (2) per 24 months under age eight (8).
18. General anesthesia and IV sedation: a total of 60 minutes per session.
19. All implantology services are limited to Member's age eighteen (18) and older.
20. All implantology services (not inclusive of prosthetics) are limited to one (1) per tooth per lifetime.
21. Implant prosthetics limited to one (1) per five (5) years.
22. Mini implants limited to one (1) per tooth per lifetime and a maximum of four (4) per arch per lifetime, in support of a complete removable denture.
23. Cone beam diagnostic imaging limited to one (1) digital image per lifetime.
24. Cone beam imaging capture and interpretation for TMJ series are excluded.
25. Cone beam imaging for post processing are excluded.

Exclusions – The following services, supplies or charges are excluded:

1. Started prior to the Member's Effective Date or after the Termination Date of coverage under the Group Policy (for example but not limitation, multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures).
2. For house or hospital calls for dental services and for hospitalization costs (facility-use fees). That are the responsibility of Workers' Compensation or employer's liability insurance, or for treatment of any automobile-related injury in which the Member is entitled to payment under an automobile insurance policy. The Company's benefits would be in excess to the third-party benefits and therefore, the Company would have right of recovery for any benefits paid in excess.

3. For prescription and non-prescription drugs, vitamins or dietary supplements.
4. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits.
5. Which are Cosmetic in nature as determined by the Company (for example but not limitation, bleaching, whitening, personalization of crowns).
6. Elective procedures.
7. Procedures performed when poor prognosis is indicated.
8. Those procedures considered experimental and investigational based on current standards of dental treatment.
9. Those performed for the comfort and convenience of the Member or provider.
10. For congenital mouth malformations or skeletal imbalances (e.g. treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment).
11. For dental implants services unless specifically covered under the Schedule of Benefits or a Rider. **Rider in place. Implants covered at 80%.**
12. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under the Certificate in the Schedule of Benefits or a Rider. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint.
13. For treatment of fractures and dislocations of the jaw.
14. For treatment of malignancies or neoplasms.
15. Services and/or appliances that alter the vertical dimension (for example but not limitation, full-mouth rehabilitation or reconstruction, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.
16. Replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliances.
17. Preventive restorations.
18. Periodontal splinting of teeth by any method.
19. For duplicate dentures, prosthetic devices or any other duplicative device.
20. For which in the absence of insurance the Member would incur no charge.
21. For plaque control programs, tobacco counseling, oral hygiene and dietary instructions.
22. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the Armed Forces of any country or international authority.
23. For treatment and appliances for bruxism (night grinding of teeth).
24. For any claims submitted to the Company by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.
25. Incomplete treatment (for example but not limitation, patient does not return to complete treatment) and temporary services (for example but not limitation, temporary restorations).
26. Procedures that are part of a service but are reported as separate services.

27. Procedures that are reported in a treatment sequence that is not appropriate or categorized as “misreported”.
28. Procedures that are misreported or that represent a procedure other than the one reported.
29. Specialized procedures and techniques (for example but not limitation, laser assisted new attachment procedure; laser assisted peri-implantitis procedure; laser decontamination).
30. Fees for broken appointments.
31. Those specifically listed on the Schedule of Benefits as “Not Covered” or “Plan Pays 0%”.
32. Those not Dentally Necessary or not deemed to be generally accepted standards of dental treatment. If no clear or generally accepted standards exist, or there are varying positions within the professional community, the opinion of the Company will apply.

Appeals

Procedure for Pre-Service Claim

You or your authorized representative have 180 days from the date you or your authorized representative received notice of the adverse benefit determination to appeal the decision. To file an appeal, call the toll-free telephone number listed on your ID card.

The dentist advisor involved in the appeal will be different from and not a subordinate of the dentist advisor involved in the adverse determination on initial claim for benefits. UCD will provide you or your authorized representative with written or electronic notice of our appeal decision within 30 days of the request to review the adverse benefit determination. The notice of UCD’s appeal decision will include the following:

a) The specific reason for the appeal decision;
b) A reference to specific plan provisions on which the decision was based;
c) A statement that you or your authorized representative is entitled reasonable access to and copies of all relevant documents, records, and criteria. This includes an explanation of clinical judgment on which the decision was based and identification of the dental experts. All such information is available upon request and is free of charge.
d) A statement of your or your authorized representative’s right to bring a civil action under ERISA; and
e) The following statement: “You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your state insurance regulatory agency.”

Procedure for Post-Service Claim

You or your authorized representative may file an appeal with UCD within 180 days of receipt of an adverse benefit determination. To file an appeal, call the toll-free number listed on your ID card.

UCD will review the claim and notify you of the decision within 60 days of the request for appeal. Any dentist advisor involved in reviewing the appeal will be different from and not in a subordinate position to the dentist advisor involved in the initial benefit determination.

Notice of the appeal decision will include the following in written or electronic form:

a) The specific reason for the appeal decision;
b) reference to specific plan provisions on which the decision was based;
c) a statement that you are entitled to receive reasonable accessibility to and copies of all relevant documents, records, and criteria including an explanation of clinical judgment on which the decision was based and identification of the dental experts; All such information is available upon request and is free of charge.
d) a statement of your right to bring a civil action under ERISA; and
e) the following statement: “you and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your state insurance regulatory agency.”

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 e-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.

Covered Services

	Benefit Level	
Service or Materials	**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 *Contact Fill* 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

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

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+ **Age limits may change periodically based on CDC guidelines*	**$0**
Preventive Drugs	For specified preventive drugs as required by the Affordable Care Act with a valid prescription	**$0**

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

- 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 does 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.

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.

AOPC

ADMINISTRATIVE OFFICE of PENNSYLVANIA COURTS

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