



## Pennsylvania Judiciary Prescription Benefit Plan

### Pharmacy Network

Your prescription benefit gives you access to a broad national network of independent and retail chain pharmacies. The network also includes Benecard Central Fill, the mail service pharmacy.

### Deductible and Plan Limitations

**Out-of-Pocket Maximum:** \$5,000 individual / \$10,000 family per year - Prescription

### Copayment and Plan Details

	<b>Retail</b>	<b>Mail Service</b>	<b>Specialty</b>
<b>Generic</b>	\$10.00	\$20.00	\$50.00
<b>Single-Source Brand Medication</b>	\$20.00	\$40.00	\$50.00
<b>Brand Medication Dispensed as Written by Physician</b>	\$20.00	\$40.00	\$50.00
<b>Multi-Source Brand Medication Dispensed when Member Chooses Brand Over Generic</b>	\$50.00 plus difference in cost between the brand-name and generic	\$100.00 plus difference in cost between the brand-name and generic	\$50.00 plus difference in cost between the brand-name and generic
<b>Day Supply</b>	Up to 30 days	Up to 90 days	Up to 30 days

**Retail:** A maximum of a 90-day supply can be filled. You will pay a copayment for each 30-day supply that is filled, meaning you will pay three times a 30-day copay for the full 90-day supply. NOTE: Some medications may be subject to restrictions on the amount that can be dispensed, regardless of the physician's instructions.

**Specialty Pharmacy** Specialty medications can be filled one (1) time at a retail pharmacy. All subsequent fills must be obtained through Benecard Central Fill Specialty Pharmacy. Specialty medications are limited to a 30-day supply.

**Dispense as Written:** If you ask the pharmacist for a brand name product instead of its generic without a physician indicating dispense as written (DAW), you are responsible for your copayment plus the difference in cost between the brand and the generic.

### Additional Savings

Present your BeneCard PBF ID card at participating network pharmacies to receive discounts on medications that may not be covered by your plan.

### Exclusions

Your prescription program covers most Medically Necessary, Federal Legend, State Restricted, and Compounded

Medications that by law cannot be dispensed without a prescription. Quantity limits and dosage requirements will follow FDA guidelines in most instances.

Your program does not cover:

- Medications that don't require a prescription (even if one is written), except those covered by your plan as Preventative Care.
- Medications that are not considered medically necessary.
- Medications prescribed off label, as they are not prescribed in accordance with FDA-approved use, or medications prescribed or dispensed in a manner contrary to accepted medical practices.
- Medications not dispensed at a pharmacy and/or medications administered by a healthcare professional, including medications you receive at your doctor's office, in a hospital, clinic, or other care facility.
- Medications for which no charge is made to you, or for which the cost is recoverable under a government program, Workers' Compensation, or occupational disease law.
- Vaccines (except those covered under Preventative Care), allergy sera, biological sera, blood plasma, and charges for the administration or injection of medications.
- Drugs labeled for "Investigational Use" or as experimental.
- Claims from sanctioned or excluded providers.
- Needles, syringes, and injection devices, except with insulin.
- Injectable medications, except prescription insulin.
- Erectile dysfunction drugs are covered with restrictions.

This list is subject to change and may not contain all exclusions. Visit [benecardpbf.com](http://benecardpbf.com) for more coverage information.

## Additional Benefits

### Preventative Care

Certain drugs and vaccines are classified as Preventative Care and covered under your prescription benefit according to current legal requirements. Depending on your plan, Preventative Care drugs may be available to you at a \$0 copayment. A valid prescription from your physician is required. Coverage requirements and items covered are subject to change.

## Duplicate and Replacement ID Cards

If your ID card is lost or you need a duplicate, please contact AOPC – HR at 717-231-3309. You can access a digital ID card using the BeneCard PBF mobile app or from the Member Portal at [benecardpbf.com](http://benecardpbf.com).



**BeneCard PBF Member Services**  
**24 hours a day, 7 days a week**

**1-888-907-0070 (TDD: 1-888-907-0020)**  
**[benecardpbf.com](http://benecardpbf.com)**

### 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, kwijjigo holne' 1-888-907-0070.

This brochure is only a general description of your prescription benefit program and 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.