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.
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)  
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
# TABLE OF CONTENTS

## Section I – Dental Coverage

<table>
<thead>
<tr>
<th>Plan Overview</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to Use Your Dental Plan</td>
<td>1</td>
</tr>
<tr>
<td>Covered Services</td>
<td>2</td>
</tr>
<tr>
<td>Plan Details</td>
<td>3</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>4</td>
</tr>
<tr>
<td>Dentists</td>
<td>4</td>
</tr>
<tr>
<td>Predetermination</td>
<td>4</td>
</tr>
<tr>
<td>Coordination of Benefits</td>
<td>5</td>
</tr>
<tr>
<td>Limitations and Exclusions</td>
<td>5</td>
</tr>
<tr>
<td>Frequency Limits</td>
<td>5</td>
</tr>
<tr>
<td>Services Not Covered</td>
<td>5</td>
</tr>
<tr>
<td>Claims and Appeal Procedures</td>
<td>6</td>
</tr>
</tbody>
</table>

## Section II – Vision Coverage

<table>
<thead>
<tr>
<th>Plan Overview</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating Providers</td>
<td>9</td>
</tr>
<tr>
<td>Exclusions</td>
<td>9</td>
</tr>
<tr>
<td>Submitting Claims</td>
<td>9</td>
</tr>
<tr>
<td>Covered Services</td>
<td>10</td>
</tr>
</tbody>
</table>

## Section III – Prescription Drug Coverage

<table>
<thead>
<tr>
<th>Plan Overview</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Available</td>
<td>13</td>
</tr>
<tr>
<td>Participating Retail Pharmacy Network</td>
<td>14</td>
</tr>
<tr>
<td>Mail Order Pharmacy</td>
<td>14</td>
</tr>
<tr>
<td>Non-Participating Pharmacies</td>
<td>14</td>
</tr>
<tr>
<td>Direct Member Reimbursement</td>
<td>15</td>
</tr>
<tr>
<td>Quantity Management</td>
<td>15</td>
</tr>
<tr>
<td>Specialty Medications</td>
<td>15</td>
</tr>
<tr>
<td>Prior Authorization Drugs</td>
<td>16</td>
</tr>
<tr>
<td>Compound Prescriptions</td>
<td>16</td>
</tr>
<tr>
<td>Over the Counter (OTC)</td>
<td>17</td>
</tr>
<tr>
<td>Vaccines</td>
<td>17</td>
</tr>
<tr>
<td>Exclusions</td>
<td>17</td>
</tr>
<tr>
<td>Vacation Supply</td>
<td>18</td>
</tr>
<tr>
<td>Additional Savings</td>
<td>18</td>
</tr>
<tr>
<td>Website</td>
<td>18</td>
</tr>
<tr>
<td>Questions</td>
<td>18</td>
</tr>
</tbody>
</table>
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 Human Resources 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.
### 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.

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

* 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 can not 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.
Dental Coverage

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.

Additional General Anesthesia – 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.

Special Note: Dental implant procedures are not covered in full and can be very expensive. It is strongly recommended that your dental provider submit a predetermination request to Delta Dental prior to beginning these procedures. Delta Dental will review the request and send both you and the provider an outline of the services covered and an estimate of your out-of-pocket expense.
Orthodontics – This benefit is available to judiciary personnel, spouses, and covered dependents to age 26, 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: Participating Dentists who are Delta Dental PPO Dentists, the smaller of the two networks, and Participating Dentists who are 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.
Dental Coverage

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

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 the AOPC Human Resources office 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 the AOPC Human Resources office. 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.

Important Note: This 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 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 by calling NVA at 1-800-672-7723, or Human Resources at (717) 231-3309. All claims must be submitted within one year of the service date.
## Vision Coverage

**Covered Services**

<table>
<thead>
<tr>
<th>Service or Materials</th>
<th>Benefit Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision Exam</strong></td>
<td></td>
</tr>
<tr>
<td>(not counted toward materials allowance)</td>
<td>Participating Provider: Paid in Full</td>
</tr>
<tr>
<td><strong>Contact Lens Fitting Fee</strong></td>
<td>Participating Provider: Paid in Full</td>
</tr>
<tr>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td>Extended</td>
<td></td>
</tr>
<tr>
<td>(reduces the $200 materials allowance)</td>
<td></td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>$ 200 Total Discounted Rates</td>
</tr>
<tr>
<td>Eyeglass Lenses</td>
<td></td>
</tr>
<tr>
<td>Eyeglass Options **</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses</td>
<td></td>
</tr>
<tr>
<td><strong>Lasik Surgery</strong></td>
<td></td>
</tr>
<tr>
<td>A discount on laser refractive surgery is available if coordinated through NVA’s network of LASIK/PRK providers.</td>
<td>Participating Provider: 15-40% Discount</td>
</tr>
<tr>
<td><strong>Mail Order for Contact Lenses</strong></td>
<td>Participating Provider: Available through Contact Fill at low prices</td>
</tr>
<tr>
<td>A valid prescription is required to dispense contact lenses. All major brands of lenses are carried. Orders shipped from Mechanicsburg, PA.</td>
<td></td>
</tr>
</tbody>
</table>

* 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-RBeneCard PBFstant Coating
- Standard Progressives (no-line bifocal or trifocal)
- Blended Segment
- Polarized
- High Index

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10
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 (see page 15 for additional rules regarding specialty medications). 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. If you request the brand medication, you are responsible for the highest copayment.

| Generic | For generic drugs | $6 |
| Brand | For brand name drugs when no generic is available (single source) or when your physician specifies the brand is medically necessary | $12 |
| Multi-source | For brand name drugs when a generic is available, but you choose the brand name drug | $24 |

Vaccines

- Influenza – all ages
- Shingles (Herpes Zoster) – age 50 and older
- Pneumococcal – age 65 and older

$0

Preventive Drugs

For preventive drugs listed below as required by the Affordable Care Act.

$0

A valid prescription is required.

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Age Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptives</td>
<td>≥10 years old</td>
</tr>
<tr>
<td>Aspirin for Men</td>
<td>45-79 years old</td>
</tr>
<tr>
<td>Aspirin for Women</td>
<td>55-79 years old</td>
</tr>
<tr>
<td>Folic Acid Supplement</td>
<td>10-55 years old</td>
</tr>
<tr>
<td>Iron Supplements for Infants</td>
<td>6-12 months old</td>
</tr>
<tr>
<td>Gonorrhea (Newborn Eye Drops)</td>
<td>0-7 days old</td>
</tr>
<tr>
<td>Fluoride Chemoprevention Supplements</td>
<td>6 months - 6 years old</td>
</tr>
<tr>
<td>Vitamin D Supplements</td>
<td>≥ 65 years old</td>
</tr>
<tr>
<td>Tamoxifen or Raloxifene for Breast Cancer</td>
<td>If clinical criteria is met</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>None</td>
</tr>
</tbody>
</table>

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 the UJS website at 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 (page 15)
- Medically Necessary Compounds (page 16)
- Female Contraceptives
Prescription Drug Coverage

Participating Retail Pharmacy Network

The Judiciary pharmacy plan utilizes the BeneCard PBF national network which includes most independent and chain pharmacies, except Walgreens. 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 (see page 15 for additional rules regarding specialty medications). 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 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 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 34-day supply, or 100 units, whichever is greater, unless your physician’s instructions differ or the FDA has placed specific limits on a particular drug due to patient safety. Mail order quantities are limited to a 90-day supply – unless it is a specialty drug (see “Specialty Medications” below). 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. Refills may be obtained after you have used 75% of the prior prescription.

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.
Prescription Drug Coverage

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.

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.
Prescription Drug Coverage

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 13.

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.

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
- Hair loss medications
- 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 Preferred 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 Preferred 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 Human Resources (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 Human Resources at 717-231-3309 or Human.Resources@pacourts.us.