

**Riverside Township Board of Education  
Rates Effective January 1, 2021 to June 30, 2021**

Prescription Coverage Selections - Benecard

Prescription Coverage -	NJ Educators Health Plan	Rx Retail \$5/\$10	Rx Retail \$5/\$25/\$40	Rx Retail \$10/\$30/\$45
<b>Retail Copays</b>				
Generic	\$5 Copay	\$5 Copay	\$5 Copay	\$10 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$10 Copay	\$10 Copay	\$25 Copay	\$30 Copay
Brand Name Drug (Generic Alternative Available)	Member Pays the Difference	Member Pays the Difference	\$40 Copay	\$45 Copay
Retail Dispensing Limitation	30 day supply	34 days or 100 units, whichever is greater	34 days or 100 units, whichever is greater	34 days or 100 units, whichever is greater
<b>Mail Order</b>				
Generic	\$10 Copay	\$5 Copay	\$5 Copay	\$20 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$20 Copay	\$5 Copay	\$25 Copay	\$60 Copay
Brand Name Drug (Generic Alternative Available)	Member Pays the Difference	\$5 Copay	\$40 Copay	\$90 Copay
Mail Order Dispensing Limitation	90 day supply	90 day supply	90 day supply	90 Day Supply
<b>Additional Features</b>				
*Step Therapy	Applies	Not Applicable	Not Applicable	Not Applicable
**Mandatory Generic	Applies	Not Applicable	Not Applicable	Not Applicable
***Mail Order for Specialty Medications	Applies	Applies	Applies	Applies
****Performance Preferred Medications	Applies	Not Applicable	Applies	Applies
<b>Prescription Monthly Rates</b>				
Single	\$223.43	\$255.17	\$255.17	\$255.17
Parent/Child(ren)	\$584.41	\$667.44	\$667.44	\$667.44
Employee/Spouse	\$584.41	\$667.44	\$667.44	\$667.44
Family	\$584.41	\$667.44	\$667.44	\$667.44

**\*Step Therapy** programs are designed to ensure quality and manage costs. Where more than one medication in certain drug classes has been shown to be clinically effective but at varying costs, Step Therapy programs require a trial with the lower cost medication before approval of the higher cost medication, where clinically appropriate. If the member purchases the higher cost medication without a prior approval, there will be no coverage for the higher cost medication. Benecard employs Step Therapy in each of the following drug categories: Proton Pump Inhibitors (Ulcer/Reflux medications), SSRI/SSNRI (Antidepressants), Osteoporosis, Nasal Steroids, Hypnotics, Triptans (Migraine), ARBs (High Blood Pressure/Hypertension). Standard co-payments apply for prescription medications approved under the Step Therapy program.

**\*\*Mandatory Generics-** The pharmacist must dispense the generic equivalent medication when one is available. If the member fills the brand name drug instead, they will be responsible for the brand copay plus the difference in cost between the generic and brand name drug.

**\*\*\*Mail Order for Specialty Medications** - Requires that specialty pharmaceutical medications be obtained through Benecard Central Fill Specialty. Specialty pharmaceuticals are typically produced through biotechnology, administered by injection, and/or require special handling and patient monitoring.

**\*\*\*\*Performance Preferred Medications** is a voluntary guide for selecting clinically and therapeutically appropriate medications. A great majority of brand-name medications and all generic medications are included on the list. The list also excludes several medications. If purchased, members would be responsible for paying 100% of the medication cost of these excluded medications identified in the Performance Preferred Medication List.

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your prescription plan. Some plan limitations may apply. Please refer to the carrier plan documents for detailed plan information. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.