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Employee Prescription Drug Reimbursement Plan

*New Jersey State Health Benefits Program
For Traditional Plan
and NJ PLUS Members*



*Department of the Treasury
Division of Pensions and Benefits*



Horizon Blue Cross of New Jersey

Your New Prescription Benefit Identification Card

Your Employee Prescription Drug Reimbursement Plan is administered by Horizon Blue Cross Blue Shield of New Jersey through Caremark on behalf of the State Health Benefits Program.

The attached card(s) on the back of this brochure identifies you and your covered dependents as plan participants of your prescription benefit plan. Refer to your benefit materials for specific prescription benefit coverage information.

Using Your Card is Easy!

Your card is accepted at thousands of retail pharmacies nationwide. To fill a prescription, follow these simple steps:

1. Visit a participating retail pharmacy
2. Present your prescription and your card to the pharmacist
3. Pay your portion of the cost

If your card is lost, call Caremark Customer Care toll-free at **1-866-881-5605** to request a new Card.

Keep your card(s) in a safe place

Note: This card becomes void when your eligibility terminates. Report any eligibility changes immediately. Use of this card is subject to the terms specified by your benefit program.

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This brochure provides you with terms and conditions about your prescription drug plan. To get the most from your plan, take the time to become familiar with the information provided. If you have any questions after reading this brochure, please call Horizon BCBSNJ customer service at 1-800-414-SHBP (7427).



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Welcome!

The New Jersey State Health Benefits Program (SHBP) Employee Prescription Drug Plan for Traditional Plan and NJ PLUS members is administered by Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) through Caremark. Caremark is a pharmacy benefits management company. This brochure was developed to make your prescription drug plan easy to use and understand.

NOTE: This information is an overview of the SHBP Employee Prescription Drug Reimbursement Plan. Active employees enrolled in the Traditional Plan and NJ PLUS whose employer does not offer a separate prescription drug plan have prescription drug coverage through the Employee Prescription Drug Reimbursement Plan. Please note that benefits are subject to change by the State Health Benefits Commission.

At-A-Glance Phone Guide
Horizon BCBSNJ customer service is available
Monday-Friday 8:00 a.m. – 6:00 p.m. EST
The phone number is
1-800-414-SHBP (7427)

Caremark Specialty Pharmacy Services

Caremark Specialty Pharmacy is the exclusive provider for specialty medications for the State Health Benefits Program prescription benefit plan. Specialty pharmaceuticals are a class of medications that are typically produced through biotechnology, administered by injection and/or require special patient monitoring and handling. In addition, specialty pharmaceuticals require unique education prior to use and can have distribution procedures restricted by the manufacturer. Many of these medications require prior authorization and are subject to dispensing limits (see the **Drug Limitations and Prior Authorization** section of this brochure.)

If your doctor has prescribed a specialty medication, you will not be able to fill the prescription at a retail pharmacy. If you try to fill a specialty prescription at a retail pharmacy, the pharmacy representative will advise you to contact CaremarkConnect®. You can reach CaremarkConnect at 1-800-237-2767. When calling, identify yourself as a State Health Benefits Program member. Caremark will contact your doctor and take care of the appropriate paperwork. Your medication will be shipped directly to your home, office or doctor's office.

Caremark Specialty Pharmacy Services provides superior service and greater convenience for you such as:

- Single reliable source for your specialty medication needs
- Easy ordering with a dedicated toll-free number
- Confidential and convenient delivery to the location of your choice (i.e. home, doctor's office, vacation spot, etc)
- Helpful follow-up calls to remind you when it's time to refill your prescription, check on your therapy progress and answer any questions you may have

The Employee Prescription Drug Reimbursement Plan

Nationwide Pharmacy Participation

The Employee Prescription Drug Reimbursement Plan is accepted at most pharmacies nationwide. These pharmacies have agreed to provide prescription drugs at a discounted price to Employee Prescription Drug Reimbursement Plan members.

Discounted Prices

You will be reimbursed the applicable percentage of the discounted price after you have satisfied your deductible (refer to *The Employee Prescription Drug Reimbursement Plan At-a-Glance* on the next page). Keep in mind that your reimbursement is based on the discounted price. Using a pharmacy that does not participate in the program may result in higher out-of-pocket costs.

No Claim Forms

You do not need to complete and file a claim form when you use the Employee Prescription Drug Reimbursement Plan at a participating pharmacy. However, if you have your prescription filled at a non-participating pharmacy or forget to present your Employee Prescription Drug Reimbursement Plan identification card, you will need to complete and submit a claim form along with your receipt.

Drug Safety

Each time you use the Employee Prescription Drug Reimbursement Plan, your prescription drug claim is reviewed for possible drug interactions and other potential problems. If there is a problem, your doctor may be contacted.

*The Employee Prescription Drug
Reimbursement Plan Benefits
At-a-Glance*

Cost to Traditional Plan Member*	20 percent of discounted pharmacy price after any applicable deductible
Cost to NJ PLUS Member*	Applicable percentage of the discounted pharmacy price after any applicable deductible
Claim form required	NO, if you use your Employee Prescription Drug Reimbursement Card at a participating pharmacy

*Please refer to the SHBP Traditional Plan and NJ PLUS Member Handbooks for additional information on your coinsurance and deductibles.

Please note: The pharmacist’s judgment and dispensing restrictions (such as quantities allowable) govern certain controlled substances and other prescribed drugs.

Out-of-Pocket Maximum

After your applicable Traditional Plan or NJ PLUS out-of-pocket maximum has been reached, you will be reimbursed 100% of the eligible pharmacy price under the Employee Prescription Drug Reimbursement Plan.

Customer Service

If you have questions about the Employee Prescription Drug Reimbursement Plan, please call Horizon BCBSNJ customer service at 1-800-414-SHBP (7427) Monday through Friday from 8 a.m. to 6 p.m. (EST).

Drug Limitations and Prior Authorization

Certain prescription medications have dispensing limits based upon parameters such as age, quantity, gender, and maximum dose. The State Health Benefits Commission determines all coverage criteria. For example, a drug may not be covered if it is used for cosmetic purposes or the quantity of medication may be limited to certain amounts over a specific time period. Prescriptions that fall outside of the dispensing limits are not covered. When you fill your prescription, your pharmacist will be informed of the limit. Questions about the limits should be directed to Caremark toll-free at 1-866-881-5605. Caremark will provide further explanation and advise how to request an exception.

Prior Authorization ensures appropriate utilization of certain drugs, promotes treatment or step-therapy protocols, actively manages drugs with serious side effects and positively influences the process of managing drug costs. The Horizon Blue Cross Blue Shield of New Jersey Pharmacy and Therapeutics Committee establishes prior authorization criteria after evaluating medical literature, physician opinion and Federal Drug Administration-approved labeling information. If applicable, the pharmacy representative will let you know if prior authorization is required for a medication under your plan. You or the pharmacist can then ask your doctor to call a special toll-free number, which the pharmacist will have. This call will initiate a review process that typically takes 1 to 2 days. Upon receipt of the required information from your doctor, you and your doctor will be notified of the decision. If you do not meet the prior authorization requirements, instructions on how to appeal will be provided. In this case, you may still purchase the drug but the cost will not be covered under your prescription drug plan.

Common Brands with Generics Available

The drugs listed here include some of the most commonly prescribed brand medicines that have FDA-approved generic equivalents. If you are taking one of these medicines, you may be able to save money by taking the generic equivalent. There are many more brand name medicines that have generics available. To find out if a medicine you've been prescribed has a generic available, please go to www.caremark.com, and **check your drug coverage and pricing**. Or call your Caremark Customer Care number or ask your pharmacist.

BRAND NAME	GENERIC DRUG NAME	COMMONLY USED FOR*
BUSPAR®	buspirone HCl	Anxiety
CARDURA®	doxazosin mesylate	High Blood Pressure, Enlarged Prostate
DARVOCET-N®	propoxyphene napsylate/ acetaminophen	Pain
ESTRACE®	estradiol	Hormone Replacement
GLUCOPHAGE®	metformin HCl	Diabetes
PROZAC®	fluoxetine HCl	Depression
VASOTEC®	enalapril maleate	High Blood Pressure, Heart Failure
ZESTRIL®/ ZESTORETIC®	lisinopril lisinopril/ hydrochlorothiazide	High Blood Pressure, Heart Failure
ZIAC®	bisoprolol/ hydrochlorothiazide	High Blood Pressure

The drug names listed on this page are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with Caremark. These trademarks are included here for informational purposes only and are not intended to imply or suggest affiliation between Caremark and such third-party pharmaceutical companies.

*This list indicates common uses for which the medicine is prescribed. Some medicines are prescribed for more than one condition. Please discuss all treatments with your doctor.

The Retail Pharmacy Network Plan

Filling prescriptions is fast and easy when you present your Employee Prescription Drug Reimbursement Plan identification card at a participating pharmacy.

To find out whether a pharmacy participates:

- Ask your retail pharmacist,
- Visit www.caremark.com and look for a nearby location to fill your prescriptions.
- Call 1-866-881-5605

Ordering New Prescriptions

Requesting new prescriptions is easy. Just follow these steps:

At participating pharmacies:

Step 1: Take your Employee Prescription Drug Reimbursement Plan identification card and prescription to the pharmacy.

Step 2: Pay the discounted price (which a representative at the pharmacy will tell you) when you pick up your medication.

At non-participating pharmacies:

Step 1: Take your prescription to the pharmacy.

Step 2: Pay the full cost of the drug.

Step 2: Complete a Traditional Plan or NJ PLUS claim form and submit it along with your receipt to Horizon BCBSNJ

You will be reimbursed the applicable percentage of the amount the medication would have cost at a participating pharmacy minus any discount you would have received.

Mail Service Delivery through Caremark

Caremark offers you convenience and cost-savings potential for prescription drugs that need to be taken on an ongoing basis.

When you use the Caremark Mail Service:

- You can receive up to a 90-day supply of a prescription drug for a discounted price, saving you time and money.
- Your prescription drugs are dispensed by registered pharmacists and delivered to your home or office.
- Prescription drug orders are shipped in tamper-evident packaging via standard delivery at no additional cost to you. (In an emergency, express shipping is available for an additional charge.)
- You can order and track your prescriptions online at www.caremark.com or call the toll-free number on your prescription label.
- Registered pharmacists are available 24 hours a day for consultation.

For your convenience, a mail service order form is included in the center of this brochure.

About Generic Drugs

If you would like to lower your prescription drug costs, consider using generics. Choosing generics is an excellent way to save money.

- **Same Quality** - Generics are widely recognized as quality medications. You can expect the same clinical results as brand name drugs.
- **Lower Cost** - On average, a generic costs 50 percent less than the equivalent brand name drug.

The next time your doctor writes you a prescription, ask if a generic is available to help you save money. When you take your prescription to the drugstore, you also can tell your pharmacist you would like a generic drug.

Frequently Asked Questions About Generics

Q. Are generic drugs safe?

A. Yes. The U.S. Food and Drug Administration (FDA) must review and approve generic medications before they are made available to the public. Plus, generics must have the same active ingredients as their brand name counterparts, which have years of testing and clinical research behind them.

Q. Why do generic drugs cost less?

A. Generics tend to cost less than brand name drugs because the companies that make them do not have to recover the costs of research and development.

Q. Is there a generic available for my condition?

A. Most likely there is. Generic versions are available for many commonly prescribed medications. In fact, almost 45 percent of prescriptions are now filled with generics.

You should always ask if a generic version is available for your prescription. Remember, when you use a generic, you get the same quality as the brand name drug—at a lower cost.

The Caremark Web Site

To learn how to get the most from your prescription drug plan, visit www.caremark.com, where you'll find convenient, timesaving features.

At www.caremark.com, you can:

- Refill and track prescriptions ordered through Caremark.
- Keep track of your prescription drug history.
- Look for a nearby location to fill your prescriptions.
- Choose to receive newsletters by e-mail based on your preferences for health news and topics.
- Take charge of your health with a variety of health and wellness information, tools and resources.
- Shop and save on a wide selection of brand name healthcare and beauty products.

Your Privacy and Safety

Your privacy is important. Caremark uses health and prescription information about you and your dependents to administer your benefit program. This process generally involves reporting the information to administrators or sponsors of your healthcare plan. Caremark also uses information and prescription data from claims submitted nationwide for reporting and analysis without identifying individual patients.

When your prescriptions are filled at the Caremark Mail Service Pharmacy, both your health and prescription information is available to the pharmacists to screen for medication selection, dosing, interactions, duration of therapy and allergies. They also use information received from your retail network pharmacy. Similar information is provided to your retail pharmacy at the time your prescription is filled. Your doctor may be contacted to discuss certain clinical and benefit management matters.

Using Caremark for the first time is easy... with two convenient options

1. Call toll-free 1-866-772-9414.

Provide the Customer Care representative the following information:

- Member ID number (on your Employee Prescription Drug Reimbursement Plan Identification card)
- Drug name
- Doctor name and phone number
- Shipping address
- Credit card and expiration date

That's it! The representative will contact your doctor and fill out the order form for you.

OR...

- 2. Ask your doctor to write a new prescription for up to a 90-day supply with as many as three refills (if appropriate). If you need your prescription drug right away, ask your doctor to write a prescription for up to a 30-day supply as well to be filled at a local retail pharmacy.**

Fill out the enclosed mail service order form and mail it in with your prescription and payment to Caremark (P.O. Box 830070 Birmingham, AL 35283-0070). You may pay by VISA®, MasterCard®, Discover®, American Express®, check or money order. **Please do not send cash.**

Your order will be delivered to your home within 10 to 14 days from the date Caremark receives your order. In an emergency, express shipping is available at an additional charge.

Refilling Your Prescriptions

To make sure you always have a sufficient supply of medication, remember to reorder at least two weeks before your medication runs out. The refill date is listed on the prescription label of your medication.

When it's time to refill your prescriptions, you have three options. Choose the one that's easiest for you.

- 1. Online** - Visit our Web site at www.caremark.com. All you need is your prescription number, ZIP code and credit card information.
- 2. Telephone** - Call **1-866-881-5605** and use the automated refill system. Please have your prescription number, ZIP code and credit card information available.
- 3. Mail** - Use the refill label and order form that were sent to you along with your previous order. Mail them with your payment to Caremark in the envelope provided.

Faxing Your Prescriptions

You may choose to have your doctor fax your new/refill prescriptions directly to Caremark at 1-877-278-0328. To obtain a doctor fax form on behalf of your doctor, call Caremark Customer Care at **1-866-881-5605**. Caremark **cannot** accept faxes from plan participants.

Frequently Asked Questions About Mail Service

Q. How will my order be shipped?

A. Orders are shipped in plain, tamper-evident packaging for security and confidentiality. Caremark uses Federal Express, UPS or First-class U.S. Mail.

Q. Can I still receive my prescription drugs while I am traveling?

A. Yes. Caremark will ship your order to a temporary address if you notify Caremark by phone, via the Internet or by indicating this on your order form. Caremark recommends that you make these arrangements at least 30 days before you travel. Please note that due to U.S. Food and Drug Administration (FDA) restrictions, Caremark cannot ship prescription drugs overseas except to U.S. territories or U.S. embassies.

Q. Where can I learn more about my medication?

A. Important information on common medication uses, specific instructions and possible side effects is included with each order. If you still have questions after reading this information, call the toll-free number on your prescription label, log on to the Caremark Web site at www.caremark.com or contact your doctor.

Q. How do I determine the discounted cost of my medication?

A. You may visit the Caremark Web site at www.caremark.com or call Caremark Customer Care at **1-866-881-5605**.

The Employee Prescription Drug Reimbursement Plan At-a-Glance

A Convenient Pull-Out Guide

Cost to Traditional Plan Member*	20 percent of discounted pharmacy price after any applicable deductible
Cost to NJ PLUS Member*	Applicable percentage of the discounted pharmacy price after any applicable deductible
Claim form required	NO, if you use your Employee Prescription Drug Reimbursement Plan Card at a participating pharmacy.

* Please refer to the SHBP Traditional Plan and NJ PLUS Member Handbooks for additional information on your coinsurance and deductibles.

Please note: The pharmacist's judgment and dispensing restrictions (such as quantities allowable) govern certain controlled substances and other prescribed drugs.

Have More Questions?

3 Easy Ways To Contact Caremark

1. www.caremark.com

Caremark.com is a hassle free, round-the-clock way to order refill prescriptions, check order status and get important medicine information.

2. Automated Refill Phone Service

Call toll-free for the Caremark fully automated refill phone service at 1-866-881-5605.

3. Caremark Customer Care

Please contact Caremark Customer Care toll-free at 1-866-881-5605, or access our Web site 24/7 at www.caremark.com. For those requiring telecommunications device (TDD) assistance, please dial toll-free 1-800-863-5488.

When you call or log in, be ready to provide:

- Member's ID number provided by your plan
- Member's date of birth
- Your Visa®, Discover®, MasterCard® or American Express® number with expiration date, if you are ordering a prescription