HORIZON BCBS OF NEW JERSEY
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3 PENN PLAZA
NEWARK NJ 07105

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State Employee Prescription Drug Plan

NEW JERSEY
STATE HEALTH BENEFITS PROGRAM

WE'VE GOT YOU COVERED

Department of the Treasury
Division of Pensions and Benefits

Your New Prescription Benefit Identification Card

Your Employee Prescription Drug 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 effective January 1, 2005. To get the most from your benefit, take the time to become familiar with the information provided. If you have any questions after reading this brochure, call Caremark Customer Care toll-free at 1-866-881-5605.

Welcome!

The New Jersey State Health Benefits Program (SHBP) Employee Prescription Drug Plan 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 benefits easy to use and understand.

NOTE: This information is an overview of the SHBP Employee Prescription Drug Plan effective January 1, 2005. This plan is only offered to eligible state employees. Check with your employer to determine if you are eligible under the plan. Please note that benefits and copayments are subject to change by the State Health Benefits Commission. For more information about the SHBP Employee Prescription Drug Plan, refer to your SHBP Employee Prescription Drug Plan Member Handbook.

At-A-Glance Phone Guide

Caremark Customer Care

Call toll-free 1-866-881-5605

Monday-Friday, 8:00 a.m. - 11:00 p.m. EST;
Saturday, 9:00 a.m. - 9:00 p.m. EST;
Sunday, 9:00 a.m. - 5:30 p.m. EST
Closed on national holidays

To speak to a registered pharmacist

Call 1-866-881-5605

Special Services

Plan Participants in need of telecommunications device assistance (TTY Assistance) call toll-free at 1-800-863-5488.

Employee Prescription Drug Plan Benefits

Retail Network Pharmacy Plan

You can receive up to a 90-day supply of medication per prescription/refill.

- You pay a **$3** copayment per 30-day supply for **generic drugs**
- You pay a **$10** copayment per 30-day supply for **brand name drugs**

Caremark Mail Service Pharmacy

You can receive up to a 90-day supply of medication per prescription/refill.

- You pay a **$5** copayment for **generic drugs**
- You pay a **$15** copayment for **brand name drugs**

Employee Prescription Drug Plan Drug List

The Employee Prescription Drug Plan includes a voluntary preferred drug list feature. A preferred drug list is a list of commonly prescribed drugs that are preferred based on their clinical effectiveness and opportunities to help control your plan's cost. The list includes products manufactured by most major pharmaceutical manufacturers and is reviewed and updated periodically by an independent group of doctors and pharmacists for safety and efficacy. Use of a drug from the preferred drug list is voluntary; but, by asking your doctor to prescribe plan-preferred drug list medications, you can help control rising healthcare costs while maintaining high quality care.

Sometimes your doctor may prescribe a drug when a plan-preferred brand or generic alternative is available. As part of your prescription drug plan, the pharmacist may discuss with your doctor whether an alternative generic drug or a drug on the preferred drug list might be appropriate for you. If your doctor agrees, your prescription will be filled with the alternative drug. Ask your doctor if you have any questions about a change in a prescription. Your doctor always makes the final decision on your drug and you can always choose to keep the original prescription.

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

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.

The Retail Network Pharmacy Plan

The retail network pharmacy plan is most convenient when you need to take prescription drugs for a short period. For example, if you need an antibiotic to treat an infection, you can go to one of the many participating pharmacies and get your drug on the same day.

To find out whether a pharmacy participates in the Caremark National Network:

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

Ordering New Prescriptions

Requesting new prescriptions is easy. Just follow these steps:

At participating pharmacies:

Step 1: Take both your card and prescription to the pharmacy.
Step 2: Pay your copayment (a representative at the pharmacy will tell you the amount) when you pick up your drug.

At non-participating pharmacies:

Step 1: Take your prescription to the pharmacy.
Step 2: Pay the full cost of the drug.
Step 3: Complete a prescription reimbursement claim form and submit it, along with your prescription receipt, to Caremark.

You will be reimbursed for the amount the drug would have cost at a participating pharmacy minus any applicable copayment.

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 one copayment, 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 booklet.

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 prescription benefit 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...

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.

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.

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 copayment 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 for an additional charge.

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

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 sent to you along with your previous order. Mail them with your copayment 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.

The Caremark Web Site

To learn how to get the most from your prescription drug benefits, 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.

2 New Prescription Information

Enclose original doctor-signed prescription(s) and payment with this form. Ask your doctor to write your mail service prescription for the maximum supply allowed by your plan (if appropriate).

Prescriptions are for: ○ Primary Plan Participant ○ Spouse of Plan Participant ○ Other Dependent(s)

Total number of medicines in this order: ☐☐

Doctor Name ***(Last Name)*** ***(First Name)***

Doctor Phone Number

( ) –

○ **Do not contact my doctor for approval to change my prescription to a preferred medicine.** Your benefit plan sponsor may consider certain medicines to be "non-preferred" or "non-formulary". Usually, this means that there is another medicine that may work the same way and do the same thing, but may be less expensive. As a service to you, we may contact your doctor for approval to dispense the alternate medicine, if one exists. If you mark this oval, Caremark will **not** contact your doctor for approval to change your medicine.

○ Mark here if you want your mail service materials printed in Spanish.

Generic Medicines: We want to provide you with high quality medicines at the best possible price. In order to do this, we will substitute generic medicines for brand name products whenever possible. No change to a generic will be made if your doctor specifies that a brand name medicine should be dispensed. **If you do NOT want us to substitute a generic, please list the medicine name(s) in the comments section below that you would like dispensed as brand name only.**

Comments:

3 Shipping/ Payment Information

Your order will be shipped standard delivery at no charge. Please allow 14 days from the date you mail your order for delivery of your medicine. If you prefer expedited delivery, mark the appropriate oval. Expedited shipping only affects shipping time, not processing time of your order.

○ **2nd Business Day = $10** (per order)

○ **Next Business Day = $15** (per order)

All medicines in this order will be sent in the same package to the address provided. If a family member does not want his or her medicine sent in the same package as that of other family members, he or she should complete a separate order form.

Payment, when applicable, is due with each order and may be made by credit card, check or money order. Payment by credit card is preferred. If paying by check, make the check payable to Caremark. Please write your Plan Participant identification number on your check. There is a $20 returned check charge. **Do not send cash.** Orders received without payment may result in a delay of processing. Any outstanding balances will be the responsibility of the primary insured.

If you have questions about your payment amount, call the number on your prescription card or the phone number printed on the front of this form, if available.

○ Credit Card (provide information below) ○ Payment by Check or Money Order

○ MasterCard ○ Visa ○ Discover ○ American Express

Credit Card # **Exp. Date** (MM-YYYY) –

Credit Cardholder Signature _____

This credit card will be billed for medicine costs, expedited shipping (if applicable) and any outstanding balances. It will also be billed for all future orders, unless you provide a different form of payment.

By returning this form to Caremark, you consent to the use and release of your health information and that of your covered dependents (if you are their guardian or authorized representative) to your health plans and healthcare providers/agents for health benefits management.

CAREMARK®
It all starts with care®

For information, visit our Web site at **www.caremark.com** or call the number on your prescription card.

Mail Service Order Form

Instructions: Please PRINT in CAPITAL letters using BLACK ink only. Fill in the applicable ovals completely (●). Mail this completed form, the doctor's signed prescription(s), and your payment to Caremark in the envelope provided or to the address on the bottom of this form.

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1 Plan Participant Information/ Health History

Primary Plan Participant Identification Number *(refer to your prescription card)*

Date Form Submitted: __ __ – __ __ – __ __ __ __

Primary Plan Participant Name *(Last Name)* *(First Name)* *(MI)*

Delivery Address *(if you select 2nd Day or Next Day shipping, fill in a street address, not a P.O. Box)*

City **State** **Zip**

Phone Number

( ) –

Above delivery address is: ○ *For this order only* ○ *For this and all future orders*

E-mail Address, if available

Providing your e-mail address and phone number authorizes us to contact you about your Caremark account or our services. This information will not be shared with any outside party. If other household members also use this e-mail address, they may be able to access your health information.

Mark all allergies or conditions that apply to you, your spouse or covered dependents that have a prescription submitted with this form by completely filling in the oval below that description. Contact your doctor if you are unsure about any health conditions. This information will not be required on future order forms unless there has been a change in health status.

Primary Plan Participant's First Name	Birthdate M M D D Y Y Y Y	Male/Female (M / F)	**No Known Allergies**	Penicillin Allergy	Sulfa Allergy	Other Allergies (list below)	Diabetes	Thyroid	Heart Condition	High Blood Pressure	Ulcers	Epilepsy	Glaucoma	Other Conditions *(list below)*
			○	○	○	○	○	○	○	○	○	○	○	○
Spouse's First Name			○	○	○	○	○	○	○	○	○	○	○	○
Other Dependent's First Name			○	○	○	○	○	○	○	○	○	○	○	○
Other Dependent's First Name			○	○	○	○	○	○	○	○	○	○	○	○

Please write first name and then list "other allergies" and/or "other conditions" referenced above _____

List any non-prescription medicines that you take on a regular basis or prescription medicines that you obtain without your Caremark prescription plan: _____

Employee Prescription Drug Plan
Benefits At-A-Glance

A Convenient Pull-Out Guide

	RETAIL PHARMACY	MAIL SERVICE PHARMACY
	You can receive up to a 90-day supply of medication per prescription/refill	You can receive up to a 90-day supply of medication per prescription/refill
You pay a:	· $3 copayment per 30-day supply for generic drugs · $10 copayment per 30-day supply for brand name drugs	· $5 copayment for generic drugs · $15 copayment for brand name 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