



New Jersey  
State  
Prescription  
Drug  
Program

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# An Explanation of the NEW JERSEY STATE PRESCRIPTION DRUG PROGRAM FOR STATE EMPLOYEES

as of August 1, 1982

As a public employee, you should be familiar with the Prescription Drug Program that has been provided by your employer. We believe the valuable protection afforded by this Program will give you and your dependents a sense of security and satisfaction that comes with a sound program of insurance. Please read this booklet carefully in order that you may understand the prescription drug health benefits coverage that is being extended to you and your dependents who are enrolled under the Program.

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## NEW JERSEY DIVISION OF PENSIONS

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at 201-456-2930

## Introduction

The State Prescription Drug Program began in 1974. At first, it covered only certain State employees. In 1976, the administration of the program was transferred to the Division of Pensions. The Program now covers all eligible full-time State employees and dependents who are eligible to participate in the State Health Benefits Program. As an eligible employee this Program costs you nothing. There is no deduction from your pay.

## General Information

### When You Become Covered

If you are an eligible employee, your coverage starts on the first of the month after you finish two months of continuous service with your employer; or at the beginning of the pay period following four (4) bi-weekly pay periods in the case of State employees paid by Centralized Payroll.

If you have an annual contract and are paid on a ten (10) month basis, you won't have to satisfy the two (2) month waiting period if you begin work at the beginning of the contract year. With respect to State employees paid by Centralized Payroll, the effective date of coverage for September's enrollment is the beginning of the bi-weekly pay period nearest to September 1.

Your dependents' coverage may begin when yours does if you have enrolled them. We strongly advise you to enroll them.

### Enrollment Regulations

If you or your dependents don't apply for coverage when you first become eligible you must wait for a later open enrollment period.

If you're not actively at work on the day coverage under the Program is to begin, coverage for yourself and any dependents won't start until you return to active work.

## How to Enroll

Any active full-time State employee enrolled in the State Health Benefits Program is automatically enrolled in this Prescription Drug Program.

To enroll under the Program all you need do is fill out the same enrollment card as for your other health care coverage. Be sure to PRINT LEGIBLY and complete both sides of the card.

Mark an "X" in only one of the boxes in the area for selecting coverage. You MUST indicate a choice of coverage, or that you do not wish to enroll.

Be sure to select the proper dependent coverage. If you fail to do so, it will be your error, not your employer's.

Beginning Date of Present Employment means the date on which you first became an eligible State employee.

**PLEASE RETURN YOUR COMPLETED ENROLLMENT CARD TO YOUR PAYROLL CLERK OR PERSONNEL OFFICER AS SOON AS POSSIBLE.**

## Types of Enrollment Coverages

You may enroll under one of the following types of coverage:

- Single — provides coverage for yourself only;
- Parent and Child(ren) — provides coverage for you and your eligible children but not your spouse;
- Husband and Wife — provides coverage for you and your spouse only;
- Family — provides coverage for you, your spouse and your eligible children.

## Eligible Dependents

Your eligible dependents are your spouse (unless legally separated), and your unmarried children under age 23 who live in a normal parent-child relationship. The State Health Benefits Bureau must be notified if a dependent cannot perform the usual activities of someone of the same age

and sex or is confined in an institution or is physically or mentally handicapped since such dependent may not be immediately eligible for coverage.

If you are divorced, your children who do not live with you may be included if you can prove that you are required to support the children.

Stepchildren, foster children, legally adopted children and legal wards may be included, provided they are wholly dependent upon you for support and maintenance and are reported for coverage.

Coverage for a child ends on the last day of the benefit month in which the child marries or the last day of the calendar year in which the child attains age 23, whichever comes first.

If a child cannot support himself due to mental retardation or physical handicap when he reaches age 23, coverage may be continued. For this to happen, proof of the child's condition must be given from time to time. The first proof must be given to the Division of Pensions within 31 days after coverage would otherwise end. Coverage can continue only while —

- your coverage is in effect;
- the child is incapacitated; and
- the child is unmarried.

## Change in Type of Coverage

You should consult your payroll clerk or personnel officer in the following situations:

- You want to change the type of coverage for one or more of your dependents;
- You marry and want to enroll your spouse. If this happens, you should prepare a new enrollment card within 60 days before or after the marriage;
- A change in family status happens (such as, separation, divorce, death, adoption of a child, etc.);
- You have your first child. The child must be enrolled within 60 days after birth.

If you already have coverage for your children, your newborn infant is automatically included.

### **Transfer of Employment**

If you transfer within State employment, coverage for yourself and your dependents may be continued.

### **Leave Without Pay**

If you go on authorized leave without pay for illness, you can arrange to continue coverage for yourself and your covered dependents for up to three months. Please see your payroll clerk or personnel representative.

### **Military Service**

If you go into the Armed Forces and are therefore entitled to Government-sponsored health services and benefits for you and your family, Program coverage for yourself and your dependents shall end. If a covered dependent goes into the Armed Forces, his Program coverage shall end while he is entitled to Government health services.

### **When you want to end your Coverage**

You may end your coverage at any time by consulting your payroll clerk or personnel officer and completing the necessary form.

### **When your Coverage Ends**

Coverage for you and your dependents will end if:

- You retire;
- You terminate service as an active full-time employee of the State;
- The Program is discontinued.

If your enrollment in this Program ends, there is no conversion privilege to allow for continued coverage.

### **Definitions**

This section defines certain important words used in this booklet.

**We, Us and Our.** Blue Cross of New Jersey.

**Prescription Order.** The request for drugs issued by a Physician licensed to make the request in the course of his professional practice.

**Pharmacist.** A person licensed to practice the profession of pharmacy and who practices in a pharmacy.

**Pharmacy.** Any place of business which is registered as a pharmacy with the appropriate State licensing agency and in which prescription drugs are compounded and dispensed by a Pharmacist.

**Participating Pharmacy.** Any pharmacy which has entered into a Prepaid Prescription Agreement with us or certain other Participating Blue Cross Plans. Pharmacies participating with the following Blue Cross Plans will accept prescription orders from you when you present your identification card:

Blue Cross and Blue Shield of Delaware, Inc.  
Wilmington, Delaware

Blue Cross of Northeastern New York, Inc.  
Albany, New York

Blue Cross of Western New York, Inc.  
Buffalo, New York

Blue Cross and Blue Shield  
of Greater New York  
New York, New York

Blue Cross of Central New York  
Syracuse, New York

Blue Cross of Lehigh Valley  
Allentown, Pennsylvania

Capital Blue Cross  
Harrisburg, Pennsylvania

Blue Cross of Greater Philadelphia  
Philadelphia, Pennsylvania

Blue Cross of Western Pennsylvania  
Pittsburg, Pennsylvania

Blue Cross of Northeastern Pennsylvania  
Wilkes-Barre, Pennsylvania

**Non-Participating Pharmacy.** Any pharmacy other than a participating pharmacy which dispenses prescription drugs.

**Copayment.** The amount charged to the eligible person by the pharmacy for each prescription order or for insulin or each authorized refill. The amount is shown on your identification card.

# Prescription Drug Benefits

## What the Program Covers

The Blue Cross Prescription Drug Program helps meet the cost of drugs prescribed for you and your eligible dependents for use outside of hospitals, nursing homes or other institutions. Covered are those drugs which, as required by Federal Law, can be dispensed only with a written prescription order by a doctor. Injectable insulin is also covered, even sold without a prescription order.

Benefits are available for a maximum of 34 days' supply of medication at one time, although certain drugs used to treat chronic conditions are eligible in quantities which exceed this limitation, up to a maximum supply of 100 unit doses. Insulin, in strengths for which Federal Law does not require a prescription, is covered in quantities up to 4 vials. Also eligible are prescriptions refilled within one year of the original prescription date, when authorized by your physician and permitted by law.

## How the Program Works

Present your identification card and prescription order to the Pharmacist. You will have to pay the copayment. The remaining charge will be covered if you use a participating pharmacy. The Pharmacist will complete the claim form and forward it to the participating plan which will pay the participating pharmacy directly for the balance.

If you use a non-participating pharmacy or do not present your identification card at a participating pharmacy, you should pay the full charge to the pharmacist, get a receipt and obtain the following information from him: the amount charged, the prescription number, the name of the drug dispensed, manufacturer, dosage form, strength and quantity. List this information together with the date the prescription was dispensed and all other requested information on the Blue Cross Prescription Program Report Form which you may obtain from your payroll clerk or personnel officer or from us.

The Report Form with your receipted bill should then be sent to us at the address indicated on the Report Form.

If the non-participating pharmacy is located within the area served by a Participating Blue Cross Plan, you will be reimbursed for 75% of the remaining usual and ordinary charge as determined by us after the copayment has been deducted from the charge. If the non-participating pharmacy is outside the area served by a Participating Blue Cross Plan or if you did not present your identification card at a participating pharmacy, you will be reimbursed for 100% of the remaining usual and ordinary charge for the eligible prescription drug as determined by us after the copayment has been deducted from the charge.

## Claims Appeal

You may appeal and request us to reconsider any claim for which you believe benefits have been erroneously denied. This request may be made by either writing to Blue Cross of New Jersey's Prescription Program Claims Processing Department, P.O. Box 888, Newark, New Jersey 07102 or telephoning (201) 456-2984.

For each request, include the following information:

- Name(s) and Address(es) of Patient and Subscriber;
- Your Blue Cross of New Jersey Prescription Program identification number;
- Your Group Number and Group Name;
- Employer's name;
- Payment voucher number and date, if available;
- Claim number, if available;
- Date prescription filled;
- Pharmacy's name;
- Name of medication;
- Strength of medication;

- Quantity prescribed;
- Rx number;
- Amount billed;
- Amount paid . . . by, or on behalf of, Blue Cross or by you;
- Why you think claim should be reconsidered. Include any additional information or evidence about the claim.

Inquiries must be made within 12 months of the date you first were notified of the action being taken to deny your claim. When your inquiry is received, the claim will be researched and reviewed. We will notify you in writing of the decision on your appeal within 60 days after the appeal is received.

## Exclusions

The following exclusions apply to the Prescription Drug Program:

- Drugs or vitamins which do not require a prescription order even if the order is written;
- Drugs given to patients in a hospital, nursing home, rest home, sanitarium, residential, educational center for the retarded or other treatment institution;
- Drugs dispensed by other than an eligible pharmacy or an eligible pharmacist. (See definitions on page 5.) Services performed by a pharmacist that are beyond the scope of his license;
- Prescription devices such as, contraceptive devices, therapeutic devices, artificial limbs or orthopedic appliances, hypodermic needles, syringes or similar devices, support garments or similar non-medical appliances;
- Any charge for the administration or injection of a prescription drug or insulin;
- Contraceptive drugs even when prescribed for other than contraceptive purposes;
- Any refill of a prescription in excess of the number specified by the physician or for any refill dispensed after one year from the date of the physician's original order;

- Drugs available under any other program or insurance policy or under any Laws, including Workers' Compensation Acts or similar legislation, whether or not the person properly asserts his or her rights under such legislation and whether or not there are recoveries against third parties for damages;
- Drugs obtained from a State or local public health agency in the treatment of venereal disease, tuberculosis or mental disease;
- Immunization agents; biological sera, blood and blood plasma or their derivatives;
- Drugs and medicines prescribed for injury or sickness resulting from war or any act of war;
- Any prescriptions written before the effective date of your coverage under the Program or dispensed after you are no longer covered under the Program (refills are permitted after your effective date of coverage if they would otherwise be eligible for payment);
- Any drug consumed at the time and place of the prescription order, or if dispensed by a physician or other practitioner;
- Charges in excess of those usually made when there is no insurance or in excess of the general level of charges in the area;
- Any charge for the completion of insurance forms.

## Contract and Administration

For simplicity, the Program has been described in a rather general manner in this booklet. The complete terms of the Program are described in the Group Prescription Drug contract issued to the State Department of the Treasury. The Program is administered by the Division of Pensions.

