

Local 183 Members Benefit Fund

Prescription Benefit Drug Card

The **Prescription Benefit Drug Card** is to be used for all required eligible prescription drug purchases incurred on or after January 1, 2012.

The purpose of the Prescription Benefit Drug Card

The purpose of the **Prescription Benefit Drug Card** is to provide the transparent delivery of medically required eligible prescription drugs to members and eligible dependants in a cost effective manner. To ensure that the prescription drug benefit remains sustainable over the long term it is critical that you use your **Prescription Benefit Drug Card** so the Plan can enjoy the cost controls built into the **Prescription Benefit Drug Card**.

What is the process?

Each member will receive a primary **Prescription Benefit Drug Card** and a secondary (or spouse card), if applicable.

Members requiring an eligible prescription drug must present the **Prescription Benefit Drug Card** along with sufficient identification to the pharmacist. The pharmacist will coordinate reimbursement directly with the **Prescription Benefit Drug Card** provider. The **Prescription Benefit Drug Card** can be used at any pharmacy without any portion of the drug cost and dispensing fee passed on to the member at the point-of-sale.

The member **must be in benefit at the time of any required eligible prescription drug purchase and the Administrative Agent must have complete and accurate member and dependant information (marital status, dates of birth, proper name spelling, etc).** If the Administrative Agent does not have accurate information then the **Prescription Benefit Drug Card** may not be accepted at the pharmacy.

What is covered by the Prescription Benefit Drug Card?

The **Prescription Benefit Drug Card** is designed for required eligible prescription drugs that are medically required and used to treat a bona fide medical condition; be prescribed by a licensed physician and dispensed by a registered pharmacist or licensed physician legally authorized to dispense prescription drugs.

The same required eligible prescription drugs that were covered prior to the **Prescription Benefit Drug Card** will be covered by the **Prescription Benefit Drug Card**.

What is not covered by the Prescription Benefit Drug Card?

This policy does not provide coverage, for drugs associated with anti-obesity, health foods, nutritional products, vitamins, supplements, homeopathic medications, immunization, serums (allergy shots), fertility, erectile dysfunction and inter uterine devices used with contraception. Drugs that can be purchased as over the counter medications or without a prescription will not be covered. Lost/stolen/damaged/spoiled prescription drugs will not be covered.

What if I'm not eligible for benefits or there is a problem with my Prescription Benefit Drug Card?

If a member is not eligible for benefits at the date and time of purchase than the ***Prescription Benefit Drug Card*** will not be accepted at the pharmacy and the member may be required to directly pay for the prescription.

If the member is in benefit and the card does not work, the member or dependant can directly pay for the prescription and submit the paper claim to the address below and immediately contact the Member Card Services Department for assistance.

Prior Authorization Prescription Drugs

There are a number of prescription drugs that require authorization prior to being dispensed by a pharmacist. This helps the member and their eligible dependants by ensuring that a pre-determined clinical condition is present before the drug is approved. This ensures that members are using these drugs in the most applicable manner possible and maintaining the cost effectiveness of the drug benefit and ensuring that legitimate claims are not declined unnecessarily.

The member may be required to assist in the process with the completion of medical forms for any prescription drugs that require a prior authorization. The pharmacist will advise of this requirement and the member may contact the Member Services Department for assistance.

Coordination of Benefits

Follow Coordination of Benefits (COB) guidelines if drug coverage exists through the members' spouse's plan. Claims must be submitted to each individual plan first. Unpaid amounts can then be submitted to the other person's plan. Dependant claims must be submitted first to the plan of the parent with the earlier birth date (month/day) in the calendar year.

Prescription Benefit Drug Card Security

To protect the member and the Plan against fraud and/or abuse, protect the ***Prescription Benefit Drug Card*** at all times.

In the event the ***Prescription Benefit Drug Card*** is misplaced, lost or stolen, please contact the Member Services Department immediately.

Member Services / Questions

Please contact the Member Services Department at **416-240-7487** with any questions or concerns regarding the Prescription Benefit Drug Card or the Benefit Plan.

Member Services Department
1263 Wilson Avenue, Suite 205
Toronto, ON M3M 3G2
Phone: **416-240-7487** or **1-888-790-3534**