



300 TechneCenter Drive
Suite B
Milford, OH 45150
1-800-263-2178
513-248-3079 FAX

Mr. Nick Page
123 Golfclub Lane
Pebble Beach, CA 12345

Dear Mr. Page:

Welcome to the PBM Plus pharmacy network. We are pleased to have you as a member and look forward to serving your pharmacy benefit needs. Should you have any questions about the plan please contact your human resources representative.

Enclosed you will find the new identification cards for your prescription plan. Please review the cards; should you find any discrepancies, or if you have any questions, call PBM Plus at (800) 263-2178 or visit our website at www.pbmplus.com. These cards contain information that the pharmacy needs in order to process your prescription claims. The card is valid at more than 40,000 PBM Plus affiliated pharmacies nationwide. It is important that you carry these cards with you whenever you need to have a prescription filled; the pharmacy is not required to provide service if you do not present a valid ID card.

A listing of PBM Plus affiliated pharmacies and a listing of preferred drugs is enclosed for your reference. You are encouraged to provide this preferred drug list to your health care professionals to assist them in prescribing the most cost effective drug to treat your condition.

Thank you,

PBM Plus Member Services

By accepting and using this card and any benefits to which this card entitles the holder, the holder acknowledges that the employer-sponsored pharmacy benefit pursuant to which this card is issued, constitutes a contract solely between the holder and his/her employer and that PBM Plus, Inc. is only the prescription benefits manager, and not the insurer of the pharmacy benefits provided hereunder. As the administrator of the plan, PBM Plus does not determine the level of benefit provided to the member.

Destroy any previous PBM Plus ID cards you may have and present your new card to your pharmacist



RxBin: **610106** Group: **RMPEP1** RxPCN: **PBMOCFC**

Subscriber: **987654321**

Name: **Nick Page**

Member	Name
01	Mary
02	John

OMNICARE Member

administered by PBM Plus, Inc.



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COMMONLY USED TERMS

Brand-Name Drug – Refers to a drug being marketed under a trademarked name, usually by the drug's innovator.

Copay or Copayment - The "out-of-pocket" amount paid by the member for each prescription filled. The applicable copayment is paid directly to the pharmacist by the member when the prescription is filled. The copay amount is determined by the member's health plan or employer. Copayment amounts can vary by the type of drug dispensed (generic, preferred, non-preferred) and may be different for a mail service benefit, if offered, since normally a larger supply is dispensed by the mail-order pharmacy. Percentage copayments are often called co-insurance.

Deductible – An amount determined by the member's prescription benefit that a member and/or family must satisfy before benefits are available under the pharmacy benefit. The deductible amount may be for prescription drugs alone or be combined with other amounts paid out-of-pocket by the member and/or family.

Direct Member Reimbursement (DMR) – The process for handling reimbursement to members who have paid out-of-pocket for prescriptions. Each pharmacy benefit defines how and if such reimbursement is processed. Most plans require the member to submit the appropriate prescription receipt along with a completed claim form for reimbursement. Not all plans allow DMRs and each plan has specific limitations and requirements for reimbursement of prescriptions paid by a member.

Drug Formulary – Usually consists of a list of drugs and sometimes other products covered by the plan. Formularies can be: Open-little or no limitation to the drugs covered; Closed-drugs are limited to the formulary; or Restricted- allows for some flexibility in drug choice.

Drug Utilization Review (DUR) - is a process which evaluates prescription drugs prescribed for a specific member. The DUR process is conducted using specific edits designed by the health plan and national clinical databases programmed into the PBM Plus claims-processing system. DUR edits help the pharmacist evaluate the safety and efficacy of each member's drug therapy.

Generic Drug – Refers to a drug manufactured by a company other than the innovator of the drug. Generic drugs are chemically equivalent to their brand-name counterparts and, like their brand-name equivalents have been approved by the FDA. These drugs are less expensive than their brand-name equivalents yet have the same therapeutic value. Due to significant cost savings, their use is widespread. Many pharmacy benefit plans require members to pay the difference between the brand-name drug and its generic equivalent if the member receives a brand-name drug that has an available generic.

Maximum Allowable Benefit (MAB) - The amount set by the health plan limiting the prescription benefits available to a member or family. Once the maximum is met, members are required to pay the full price for future prescriptions.

Mail-Order Pharmacy – A pharmacy licensed to dispense prescriptions to members via the mail; this can include the United States Post Office, UPS, FedEx, or any other package delivery service. Mail-order pharmacies are offered by many plans as a cost-saving and convenient alternative to retail pharmacies. Members typically receive their prescription within 10 to 14 days after the prescription is sent to the mail-order pharmacy.

Maintenance Drug - A drug intended to treat a chronic condition for an extended amount of time.

Over-The-Counter (OTC) drugs - A drug or product that is sold directly to the general public and does not need a prescription. An example of an OTC drug is aspirin.

Prior Authorization (PA) – The process for establishing that pre-determined criteria have been met before certain drugs are considered a covered benefit under some pharmacy benefit plans. Guidelines are established by the health plan, which determine the criteria which must be met before a "prior authorization required" claim will be paid.

Prescription Drug - A drug that has been approved by the FDA, and under federal or state law, can only be dispensed pursuant to a prescription written by a licensed practitioner.

Restriction - A limitation on a particular drug or group of drugs. Examples of restriction edits are: PA required, member age restriction, not in formulary, or quantity limits. Restrictions are determined by the benefit sponsor.

Separate the two cards from the sheet by tearing along the perforations

Notice to Cardholder

Please carry this card with you and present it whenever you obtain a prescription from a participating pharmacy. The cardholder is responsible for the co-payment at the time of service. For information about member services, please call the PBM Plus Member Services Help Desk at **1-800-263-2178** or visit us on our Website at www.pbmplus.com.

Notice to Pharmacies
Pharmacy Help Desk: 866-618-3494

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