

**OPTIONAL
UPGRADE**



START SAVING ON PRESCRIPTIONS TODAY WITH GREAT DISCOUNTS FROM THE OPTIONAL PRESCRIPTION INSURANCE BENEFIT

Summary of Benefits	Rx Generic Value	Rx Brand Balance
Annual Deductible Per Member	\$0 Per Member	\$100 Per Member
Generic Co-Pay	\$10	\$10
Preferred Brand Co-Pay	N/A	\$50 or 50%*
Maximum Benefits payable Per Member	\$300 Per Member	\$400 Per Member

Monthly Rates	Rx Generic Value	Rx Brand Balance
Individual	\$44.81	\$55.89
Individual and Spouse	\$74.72	\$97.16
Individual and Child(ren)	\$68.92	\$89.60
Family	\$90.18	\$117.35

*Whichever is greater

Benefits and Covered Items

All outpatient Medically Necessary Legend non-injectable medications shown on the Formulary, unless otherwise specifically excluded. Outpatient means a Prescription Drug is not taken in, or administered by, a hospital or any other health care facility or office. Additional covered items:

- ✔ Fixed Cost
- ✔ Fully Insured
- ✔ Nutritional Products
- ✔ Deep Discounts
- ✔ Family Planning
- ✔ Acne Products
- ✔ Cough and Cold
- ✔ Immunosuppressants
- ✔ and More!

The information contained herein is a brief description of the important features of this insurance plan and provided for information purposes only. It is not an insurance contract nor is it an invitation or offer to contract. Insurance benefits are underwritten by Envision Insurance Company. Coverage may not be available in all states or certain terms may be different when required by state law. See policy documents for a complete description of benefits, exclusions, limitations and conditions of coverage. This is a limited policy for a group outpatient prescription drug policy only.

LIMITATIONS AND EXCLUSIONS

Excluded Items

All over-the-counter and injectable medications are excluded unless shown above or prescribed as preventative medications. If classifications contain both prescribed and over-the-counter or both injectable and non-injectable products, only the non-injectable, prescribed products will be covered unless shown above.

1. All over-the-counter products and medications unless shown under the definition of Prescription Drug and specifically prescribed by a medical provider. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements and all other over-the-counter products and medications.
2. Blood glucose meters; insulin injecting devices, other than insulin syringes.
3. Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
4. Biologicals (including allergy tests); blood products; growth hormones; hemophiliac factors; MS injectables; immunizations; all other injectables unless shown under the definition of Prescription Drug.
5. All other medical supplies and durable medical equipment unless shown under the definition of Prescription Drug.
6. Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid and Niacin - used in treatment versus as a dietary supplement; all other Legend Drug vitamins and nutritional supplements.
7. Anorexiant; Any cosmetic drugs including, but not limited to, Renova, skin pigmentation preps; any drugs or products used for the treatment of baldness; topical dental fluorides.
8. Refills in excess of that specified by the prescribing physician; or refills dispensed after one year from the original date of the prescription.
9. All drugs not included on the formulary.
10. Any drug labeled "Caution - limited by Federal Law for Investigational Use" or experimental drugs.
11. Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
12. Drugs needed due to conditions caused, directly or indirectly, by an Insured person taking part in a riot or other civil disorder; or the Insured Person taking part in the commission of a felony.
13. Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an insured person while on active duty in any armed force.
14. Any expenses related to the administration of any drug.
15. Drugs or medicines taken while in or administered by a hospital or any other health care facility or office.
16. Drugs covered under Worker's Compensation, Medicare, Medicaid or other governmental program.
17. Drugs, medicines or products which are not medically necessary.
18. Diaphragms; Erectile dysfunction Legend drugs, unless specifically listed in the definition of Prescription Drug; Infertility Legend drugs.
19. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon auto injection; Imitrex - auto injection.
20. Smoking deterrents, Legend or over-the-counter.
21. Replacement of lost, stolen, spilled, broken or dropped Prescription Drugs while on vacation.
22. All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication.
23. Specialty Drugs.
24. Anything not on the formulary is not covered but can be obtained at plans discounted rate.

Note: The above lists represent Covered & Excluded Items for any plan that covers Brand Name drugs. For Generic Only plans, the list will remain the same though "Brand Name drugs" are added as an additional exclusion.

Eligibility

Agreement to provide coverage for all eligible individuals (Insured) and their Dependents, provided the benefit accompanies an approved health product.

Dependent means any of the following whose coverage under the Policy has become effective and has not ended: (1) the Insured's lawful spouse; (2) the unmarried Dependent child or children of an Insured or of and Insured's spouse (which includes stepchildren, legally adopted children, children placed in home for adoption, and foster children) up to age 26.

Family Status Change

A family status change means the addition of a Dependent to an Employee's family due to marriage, birth, or adoption. A Family Status Change will also be deemed to have occurred on the date the Employee's Dependent becomes eligible due to:

1. Loss of coverage under a public or private health insurance plan due to termination of the plan, death of a spouse, divorce; or
2. The Insured being required by court order to provide coverage for a spouse or minor child.