



**PRAM
INSURANCE
SERVICES, INC.**

PHARMACY BENEFIT PLANS

INSURED PRESCRIPTION DRUG BENEFIT

Take control of your prescription benefit costs

Summary of Benefits		Generic	Brand Wrap 1	Brand Wrap 2
Annual Deductible		\$0	\$100	\$100
Formulary		Rx Value	Rx Balance	Rx Balance
Retail Cost (Mail Order is x3)				
✓	Generic Co-Pay	\$10	\$10	\$10
✓	Preferred Brand Co-Pay	N/A	\$50 or 50%*	\$35 or 50%*
✓	Non-Preferred Brand Co-Pay	N/A	N/A	N/A
Maximum Benefits Payable Per Member Per Month		\$300	\$400	\$400
Monthly Rates				
✓	Individual	\$44.81	\$55.89	\$61.03
✓	Individual + Spouse	\$74.72	\$97.16	\$107.60
✓	Individual + Child(ren)	\$68.92	\$89.60	\$99.21
✓	Family	\$90.18	\$117.35	\$129.99
*whichever is greater				

- ✓ Fixed Cost
- ✓ Guaranteed Issue
- ✓ Access to Member / Partner Portal
- ✓ Deep Discounts
- ✓ Fully-Insured
- ✓ 24-Hour Help Desk

ACCESS TO PRAM'S PARTNER AND MEMBER PORTAL PROVIDES EASY ONLINE APPOINTMENT PROCESS, PHARMACY LOCATOR, FORMS LIBRARY, MEMBER ENROLLMENT, AND MANY OTHER FEATURES.

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 under-written 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.

INDIVIDUAL ELIGIBILITY



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 Dependent child or children of an Insured or of an Insured's spouse (which includes stepchildren, legally adopted children, children placed in the home for adoption, and foster children) up to age 26.

EFFECTIVE DATE

If PRAM is processing member credit card payments:

Individuals - An Individual's coverage will be effective on the latest of the following dates after the credit card payment has been received:

- If enrollment and credit card approval are received between the 28th day of the month and the 12th day of the next month, coverage will become effective on the 15th day of that month. Premiums will be due the 15th day of that month and every month thereafter
- If enrollment and credit card approval are received between the 13th day of the month and the 27th of the month, coverage will become effective on the 1st day of the following month. Premiums will be due the 1st day of that month and every month thereafter.

In no event will coverage become effective before the Effective Date of the policy.

If PRAM is NOT processing member credit card payments:

Individuals - An Individual's coverage will be effective on the first of the month following the date the individual enrolls, subject to the receipt of the first premium. In no event will coverage become effective before the Effective Date of the Policy.

Dependents - Dependent coverage may only be added and be effective at the times described herein. In no event will coverage become effective before the Effective date of the Policy or Employee's coverage.

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 employment or eligibility, 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

NEWBORN OR ADOPTED CHILD

Benefits are payable for a newborn child from the moment of birth. Benefits are payable for a child placed in the home for adoption from the date of placement as certified by the public or private agency making the placement of such child pursuant to an adoption proceeding. Benefits for such placed child will terminate upon termination of the adoption proceedings as certified by the public or private agency. Benefits are payable for an adopted child, if not placed in the home before adoption, from the moment of adoption. Coverage for such child will consist of benefits for outpatient prescription drugs due to injury and sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

If additional premium is required, the Employee must enroll the newborn child, the child placed for adoption, or the adopted child and furnish the required premium within 31 days after birth, placement, or adoption. If premium is not furnished within that period, coverage as to such child will terminate at the end of such 31-day period.

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 under-written 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.

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:

FAMILY PLANNING

- ✓ Oral contraceptives

NUTRITIONAL PRODUCTS

- ✓ Prenatal Legend vitamins

OTHER LEGEND DRUGS

- ✓ Acne products (Retin-A, up to 24th birthday)
- ✓ Compounds, one ingredient must be Legend
- ✓ Cough & cold
- ✓ Immunosuppressants

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. Any drug labeled "Caution - limited by Federal Law for Investigational Use" or experimental drugs.
10. Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
11. 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.
12. 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.
13. Any expenses related to the administration of any drug.
14. Drugs or medicines taken while in or administered by a hospital or any other health care facility or office.
15. Drugs covered under Worker's Compensation, Medicare, Medicaid or other governmental program.
16. Diaphragms; erectile dysfunction Legend drugs, unless specifically listed in the definition of Prescription Drug; Infertility Legend drugs.
17. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; Imitrex-auto injection.
18. Smoking deterrents, Legend or over-the-counter.
19. Vacation supplies and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs.
20. 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.
21. Anything not on the formulary is not covered but can be obtained at 100% of PRAM's 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.

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 under-written 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.

STATES AVAILABLE FOR MARKETING PRAM'S INDIVIDUAL RX PRODUCT

State	Available for Marketing
ALABAMA	X
ALASKA	
ARIZONA	X
ARKANSAS	X
CALIFORNIA	
COLORADO	
CONNECTICUT	X
DELAWARE	X
DISTRICT OF COLUMBIA	X
FLORIDA	X
GEORGIA	X
HAWAII	X
IDAHO	X
ILLINOIS	X
INDIANA	X
IOWA	X
KANSAS	
KENTUCKY	X
LOUISIANA	X
MAINE	
MARYLAND	
MASSACHUSETTS	
MICHIGAN	X
MINNESOTA	
MISSISSIPPI	X
MISSOURI	X

State	Available for Marketing
MONTANA	
NEBRASKA	X
NEVADA	X
NEW HAMPSHIRE	
NEW JERSEY	
NEW MEXICO	
NEW YORK	
NORTH CAROLINA	
NORTH DAKOTA	X
OHIO	
OKLAHOMA	X
OREGON	
PENNSYLVANIA	X
RHODE ISLAND	X
SOUTH CAROLINA	X
SOUTH DAKOTA	
TENNESSEE	X
TEXAS	X
UTAH	
VERMONT	X
VIRGINIA	X
WASHINGTON	
WEST VIRGINIA	X
WISCONSIN	X
WYOMING	X

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 under-written 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.