

CoPay Prescription Program

OneCare Rx

Use your ID card for prescription fills and refills at over 67,000 participating pharmacies for co-pay benefits that will be processed in real-time at the point-of-purchase at the pharmacy. Visit www.rxedo.com/?page_id=6613 to search for participating pharmacies and find pricing on your prescription medications. OneCare Rx is exclusively available to members of Bloom Benefits Association.



Benefits are active 72 hours or 3 business days after member enrolls and payment is processed.

About The Carrier

Envision Insurance Company has a passion to create a visibly different, prescription benefit-focused, health care company. Over the years, we have built out our capabilities both organically, by launching new products and business lines, as well as through the acquisition of like-minded companies. Envision Insurance Company (EIC) was launched to better support Medicare-eligible members & compete in the Part D market. Envision is committed to achieving the highest level of regulatory compliance and ethics. We foster a culture of doing the right thing through the key aspects of our Compliance and Ethics program: oversight, collaboration, innovation, and education. We go beyond doing what is required by applicable laws and regulations to do what is ethically in the best interests of our clients, members, and stakeholders.

ENVISION INSURANCE

ONECARE RX - Underwritten by Envision Insurance Company			
OneCare Rx Plan	Generic Only	Generic/Brand \$35	Generic/Brand \$50
Annual Deductible	\$0	\$50	\$50
CoPay—Generic	\$10	\$10	\$10
CoPay—Preferred Brand	N/A	\$35 or 50%	\$50 or 50%
CoPay—Non-Preferred Brand	N/A	N/A	N/A
Mail-Order CoPay—Generic (90-Day Supply)	\$30	\$30	\$30
Mail-Order CoPay—Preferred Brand (90-Day Supply)	N/A	\$105 or 50%	\$150 or 50%
Mail-Order CoPay—Non-Preferred Brand (90-Day Supply)	N/A	N/A	N/A
Maximum Benefits Payable Per Member Per Month	\$300	\$400	\$400

About The Carrier

Available only in AL, AZ, AR, CT, DE, FL, GA, HI, ID, IL, IN, IA, KY, LA, MI, MS, MO, NE, NJ, ND, OK, PA, RI, SC, TN, TX, VA, WV, WI, WY, and D.C.

Claims

Submit manual claims to: **RxEDO, Inc. Attn: Manual Claims Department**
7800 Dallas Parkway, Suite 460, Plano, Texas 75024

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Limitations & Exclusions

The following exclusions apply to all benefits under this policy. Additional exclusions, limitations or conditions may also apply to specific benefits. Please read this entire policy carefully.

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. Anorexiants; 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. Vacation supplies and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs.
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.