ENVISIONRx

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

Carrier:	MCBOCC
Group # (s)	MCBOCCA, MCBOCCR, MCBOCCC, MCBOCCS, MCBOCCAH, MCBOCCRH, MCBOCCCH, MCBOCCSH,
Pharmacy Network:	**Envision Standard Network**
Mail Order Pharmacy:	EnvisionMail #: 866-909-5170 NABP: 3677361
Mail Order Pharmacy Mandate:	1 Fill Allowed at Retail, then Mandatory Mail Order
Mail Order Pharmacy Notes:	Effective 1/1/2018: maintenance meds mandated to Walgreens 90 DS Retail or Mail Order after 1st retail fill grace allowance
Specialty Pharmacy:	Costco Specialty#: 866-443-0060 NABP: 5635670
Specialty Pharmacy Mandate:	1 Fill Allowed at Retail, then Mandatory Specialty
Formulary:	Envision Select Formulary

30 Retail Copay		
Generic	**Formulary Brand**	**Non-Formulary Brand**
$15.00	$50.00	$90.00
90 Retail and/or Mail Order Copay		
Generic	**Formulary Brand**	**Non-Formulary Brand**
$37.50	$125.00	$225.00
30 Specialty Copay		
Generic	**Formulary Brand**	**Non-Formulary Brand**
20% up to $250 max	20% up to $250 max	20% up to $250 max
Copay Exceptions		
OTC meds at 100% copay	Diabetic Med/Supplies $10 for 30DS or $25 for 90 DS	

Deductible (DED) - Effective 01/01/2018 for HIGH DEDUCTIBLE PLANS ONLY (MCBOCCAH, MCBOCCSH, MCBOCCRH, MCBOCCCH)

☑ Yes, Combined with Medical Values ☐ Yes, Prescription only values ☐ NO

Maximum DED Values:	**Individual: 2,000.00**	**Family: 4,000.00**
DED Logic:	☑Calendar Year; ☐Benefit Year: <<define>>	Member's "Coverage Type" Determines Individual (I) or Family (F) Only
Items Not Contributing to DED (N/A to DED):	☐Preventive ACA Meds; ☑Non-EHB Meds; ☐ DAW Penalties;	☐ <<Client Specific>>
DED Notes:	***Coverage type determined by indiv or family:*** *See GROUP Tab in pharmscreens. If mbr coverage type is i=individual, they must meet the indiv max above. If mbr coverage type is f=family, they must meet the family max above. Mbrs with coverage type f=family wil NOT need to meet the individual maximums, just the collective family maximumum. $0.00 copay once maximums are met.*	

Member Out of Pocket (OOP) for MCBOCCA/MCBOCCC/MCBOCCR/MCBOCCS

☑ Yes, Combined with Medical Values ☐ Yes, Prescription only values ☐ NO

Maximum OOP Values:	**Individual: $7,150**	**Family: $14,300**
OOP Logic:	☑Calendar Year; ☐Benefit Year: <<define>>	Both Individual and Family Max Apply
Items Not Contributing to OOP (N/A to OOP):	☐ Preventive ACA Meds ☑Non-EHB Meds ☐ DAW Penalties	☐ <<Client Specific>>
OOP Notes:	***Both Family and Individual Max apply:*** *Will enforce both thresholds; once an individual meets their indiv amount, they gain accesss to the $0 copay while the rest of the family works toward meeting either their indiv or family threshold, whichever comes first.*	

Member Out of Pocket (OOP) Effective 01/01/2018 for HIGH DEDUCTIBLE PLANS ONLY (MCBOCCAH, MCBOCCSH, MCBOCCRH, MCBOCCCH)

☑ Yes, Combined with Medical Values ☐ Yes, Prescription only values ☐ NO

Maximum OOP Values:	**Individual: $6,650**	**Family: $13,300**
OOP Logic:	☑Calendar Year; ☐Benefit Year: <<define>>	Both Individual and Family Max Apply
Items Not Contributing to OOP (N/A to OOP):	☐ Preventive ACA Meds ☑Non-EHB Meds ☐ DAW Penalties	☐ <<Client Specific>>
OOP Notes:	***Both Family and Individual Max apply:*** *Will enforce both thresholds; once an individual meets their indiv amount, they gain accesss to the $0 copay while the rest of the family works toward meeting either their indiv or family threshold, whichever comes first.*	

Maximum Dollar Amount:	**Retail: $1,500.00**	**Mail Order: $2,000.00**	**Specialty: $1,500.00**
Dispensing Limits:	**Retail: 360/150/4000**	**Mail Order: 1080/450/12000**	**Specialty: 360/150/4000**
Refill too soon %	**Retail: 75 %**	**Mail Order: 60 %**	**Specialty: 75 %**