



Dear IBEW Local 269 Health and Welfare Fund Participant:

This letter is to inform you of enhancements being made to your prescription drug benefit. If you have any questions regarding the information below, please do not hesitate to call the EnvisionRxOptions Customer Service Help Desk at 1-800-361-4542.

Annual Cap Increase

Effective July 1, 2008, the individual annual cap provided for the prescription drug benefit under IBEW Local 269 will increase from \$10,000 per calendar year to \$20,000 per calendar year. Any dollar amount accrued toward your annual cap from January 1, 2008 to June 30, 2008 will automatically roll into your new \$20,000 cap on July 1.

EnvisionRxOptions Formulary

Effective July 1, 2008, IBEW Local 269 will begin using the EnvisionRxOptions formulary. A formulary is a list of preferred medications organized into groups or “Tiers”. Enclosed is a pocket formulary for your reference, which lists the most frequently prescribed medications. For a full formulary listing please visit www.envisionrx.com and click on **RESOURCE TOOLS**.

Copayment Structure: IBEW Local 269 Health and Welfare Fund

30-Day Retail Copayments			90-Day Select Retail* Copayments			
	Tier 1 Most Generic Medications	Tier 2 Formulary Brand Medications	Tier 3 Non-Formulary Brand Medications	Tier 1 Most Generic Medications	Tier 2 Formulary Brand Medications	Tier 3 Non-Formulary Brand Medications
Copay	\$5.00	\$20.00	\$40.00	\$15.00	\$60.00	\$120.00
90-Day IPS Mail Order Copayments						
	Tier 1 Most Generic Medications		Tier 2 Formulary Brand Medications		Tier 3 Non-Formulary Brand Medications	
Copay	\$10.00		\$40.00		\$80.00	

*90-Day Select Retail Pharmacies include A&P, Brooks, Pathmark, Publix, Rite Aid, and Target Pharmacies

Your copayments for both retail and mail order pharmacies are listed in the table above. Please note that if you purchase a brand name medication that has a generic available, a penalty will be added to your copayment. This penalty is the difference in price between the brand name medication and its available generic.



Mail Order Pharmacy

Through EnvisionRxOptions, IBEW Local 269 will now offer a mail order option to all participants. This service will be provided by IPS (Immediate Pharmaceutical Services, Inc.), located in Avon Lake, OH. Enclosed with this letter is a brochure about the 90-day mail order option.

New prescriptions can be mailed in with the enclosed brochure along with your first payment. Mail order will take approximately 10-14 days to process, so contact your physician as soon as possible to ensure adequate time for your new prescription(s) to process. You can also visit www.ipsrx.com or call **1-800-233-3872** for additional information regarding this mail order service. **Please identify yourself as an EnvisionRxOptions member when calling.**

Enrollment with Initial Order (mail-in option): Complete both the Confidential Patient Profile and Enrollment form (include payment method – check, money order, credit card – VS, MC, Disc), include your original 90-day prescription(s) and send all to IPS in the postage-paid envelope that is attached to the brochure.

Enrollment with Initial Order (internet option): Simply go to www.ipsrx.com and click on "Member Info" tab. Pull down and select "New Enrollment", complete and click on "Submit" tab. Either mail the original prescription(s) or have your physician FAX your prescription(s) to IPS' FAX # 800-893-2299. ***IPS cannot accept prescriptions via facsimile directly from you.*** If you have open refills at your previous provider that you wish IPS to transfer, click on the "Member Info" tab, pull down and select "IPS Rx Transfer Request", complete and click on "Submit" tab. IPS will immediately begin the process of transferring your prescription(s).

Ordering IPS Refills (4 options): IBEW Local 269 members may refill their mail order prescriptions several ways when using IPS. You may use **(1)** the automated refill line 24/7 (Call 1-800-233-3872, option #2), **(2)** the internet (www.ipsrx.com, and click on "Member Info"), **(3)** a direct call to IPS (1-800-233-3872, option #6 for a live representative), or **(4)** you can mail-in your refill request to IPS.

If you need a maintenance medication right away, have your doctor complete two prescriptions – one that can be filled immediately at your retail pharmacy for a 30-day supply, and the other can then be submitted to IPS Mail Order Pharmacy. If you have any other questions about the IPS Mail Order Pharmacy, please contact IPS Customer Service at 1-800-233-3872 (**identify yourself as an IBEW Local 269 member as well as part of EnvisionRxOptions**) or the EnvisionRxOptions Helpdesk at 1-800-361-4542.

Your copayments for IPS Mail Order Pharmacy are listed in the table on the front of this page. Should any questions arise about your new mail order provider feel free to contact IPS at 1-800-607-6861 or the EnvisionRxOptions Helpdesk at 1-800-361-4542. **Upon calling, please identify yourself as an EnvisionRxOptions member from IBEW Local 269 Health and Welfare Fund.**

Specialty Medication Copayments

As you may be aware, EnvisionRxOptions administers a specialty drug program that includes costly injectable drug therapies and select chemotherapeutic therapies through McKesson Specialty Pharmacy. These medications are shipped directly to your house or location of choice and McKesson Specialty Pharmacy will call you when it is time for a refill.

IBEW Local 269 members are required to fill all specialty medications through McKesson Specialty Pharmacy.

Effective July 1, 2008 the copayments associated with specialty medications obtained through McKesson Specialty Pharmacy will be changing. The copayment for any specialty prescription will be 20% of the cost of the medication with a maximum patient responsibility of \$250 per fill.

If you are currently utilizing a specialty drug, you will receive an additional communication from IBEW and EnvisionRxOptions in the coming weeks that will detail current therapies and estimated copayments as of July 1, 2008.

If you have any questions regarding this overview of your prescription benefit, please do not hesitate to call the EnvisionRxOptions Helpdesk at **1-800-361-4542**.

Sincerely,

**IBEW Local 269 Health and Welfare Fund
&
EnvisionRxOptions**