



Economy Plan

Affordable. Convenient. Cost Effective Prescription Coverage



Thanks to your Plan's partnership with Sav-Rx, you have access to affordable, reliable, & cost-effective prescription coverages!



Who is this plan for?

Coverage is available for participating members, their immediate family, and even extended family!

Please note that if you are a Medicare/Medicaid recipient that this should only be used as an alternative for certain medications not covered by Medicare/Medicaid.



How do I sign up?

- Economy Plan Enrollment Form (Member)
- Economy Plan Enrollment Form (Family)
- Economy Plan Frequently Asked Questions



What Medications are covered?

Most medications are covered under this Economy Plan. This Plan does however utilize a formulary, meaning some medications are preferred over others. Please consult the drug list for more information.

Economy Plan Copays

Formulary Generic Medications	\$10 Copay
Formulary Brans Medications	\$20 Copay
Non-Formulary Generic & Brand Name Medications	100% of discounted rate

How Much Does the Economy Plan Cost?

Single: \$6.00/mo.	Member & Dependent: \$12.00/mo.
Single & Spouse: \$12.00/mo.	Family: \$18.00/mo.

**You will not receive a bill when your premium is due. Please be aware of your coverage dates and remit payment in a timely manner to avoid loss of coverage. **

Member Economy Plan Enrollment Form		
Member Name:		
Membership #:	Local Number:	D.O.B:
Address:		
City:	State:	Zip:
Email Address:	Telephone Number:	

Immediate Family Economy Plan Enrollment Form		
Name:	D.O.B:	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Name:	D.O.B:	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Name:	D.O.B:	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Name:	D.O.B:	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent

This plan is administered by Sav-Rx to offer a pharmacy benefit to meet the challenges of health cost containment. It offers a prescription benefit at an affordable low cost monthly premium.

Premium and Coverage Options	
<input type="checkbox"/> Single Member: \$6.00/mo.	Coverage Start Month:
<input type="checkbox"/> Member & Spouse: \$12.00/mo.	Coverage End Month:
<input type="checkbox"/> Member & 1 Dependent: \$12.00/mo.	Total Number of Months:
<input type="checkbox"/> Family: \$18.00/mo.	Total Paid:
Important Notice: You will not receive a bill when your premium is due. Please be aware of your proposed coverage dates and remit payment in a timely manner to avoid loss of coverage.	

*****Disclaimer: This plan may not suit Medicare or Medicaid eligible participants*****

Checks should be made out to MROC
Please remit form & payment to: Melissa Hendricker, Midwest Region
1 N Old State Capitol Plaza, Ste 525
Springfield, IL 62701

Member Signature: _____ Date: _____

FOR OFFICE USE ONLY - MEMBER VERIFICATION	
Date Verified: _____	Verified By: _____