

Maine Bureau of Insurance
Bulletin 377
Any Willing Pharmacy Reporting Form
Insurance Companies
Complete a new report form each year.

E-mail your response as a PDF attachment to Barbra.L.Garboski@maine.gov.

Company Name:	4 Ever Life Insurance Company (4EL)
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___ Check here if your company does **NOT** provide or administer network pharmacy benefits in Maine.

A. Compliance Officer with Responsibility for Maine Pharmacy Operations:

Name:	William Sterling
Title:	Vice President, Compliance
Mailing Address:	2 Mid America Plaza, Suite 200 Oakbrook Terrace, IL 60181
Direct Phone Number:	(630) 472.7869
Fax: Number	NA
Email Address:	ConsumerAssistance@bcsf.com

B. Please identify any mail order pharmacies that participate in your network. (copy and paste table as needed for additional participant)

Name:	Elixir Pharmacy
Mailing Address:	7835 Freedom Avenue NW North Canton, OH 44720 1-888-773-6380 (US Only)
Website:	https://envisionpharmacies.com

C: Pharmacy Contracting Contact Information:

Name:	
Title:	
Mailing Address:	
Direct Phone Number:	
Fax: Number	
Email Address:	

D. Please identify any pharmacy benefit administrators (PBMs) that administer pharmacy benefits through your pharmacy network. (copy and paste table as needed for additional participant)

Name:	Universal RX
Mailing Address:	710 3 rd Street SW Roanoke, VA 24016 (540) 777.7179
Website:	https://universalrx.com