

# 2019

## BENEFITS GUIDE





# Section



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E L E V A N T A<sup>®</sup>  
H E A L T H

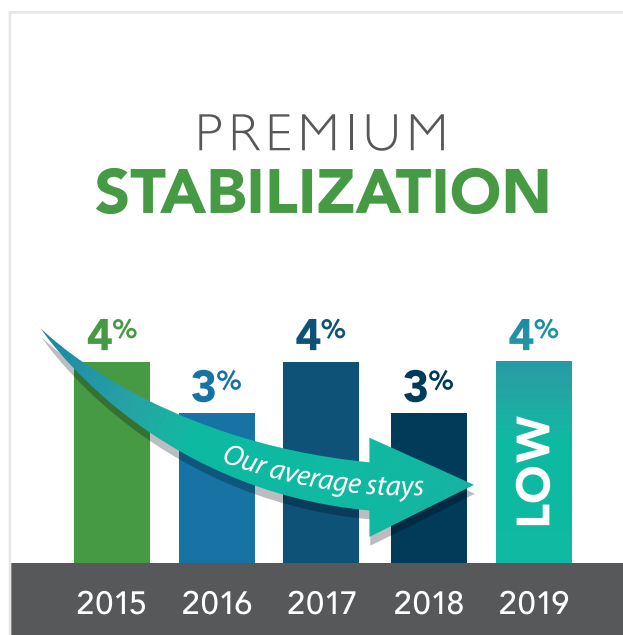
## INTRODUCTION TO ELEVANTA HEALTH

In 2003, we developed the Elevanta Health program to meet an integral need in benefits—to provide access for employers and their employees to quality group health insurance at affordable rates. As the Affordable Care Act took shape, Elevanta Health designed its plans with compliance and suitability in mind.

The coverage you offer must meet minimum essential benefits requirements—covering both a specific set of services and 60 percent of overall employee health costs—or you'll face significant monetary penalties. The major medical plans available through the Elevanta Health program meet these Federal requirements and are exempt from state mandates due to its self-funded structure.

**Recruit and retain the best employees with a competitive and customized employee benefits package. Elevanta Health features:**

- ▶ **Elevanta Health medical plans: Maximum flexibility combined with affordability.** Elevanta Health features nine major medical PPO plans, two Minimum Essential Coverage (MEC) plans and three HDHP/HSA options. We'll customize a program that doesn't leave you choosing between great coverage and affordability.
- ▶ **Elevanta Health voluntary plans: Offer more benefits at no extra cost.** Recruiting and retaining top-notch employees is easier with a benefits package. We recommend you round out your health insurance offering with a suite of employee-paid programs such as dental, vision, life and AD&D, pet insurance, short/long-term disability, long-term care and Medicare supplements.
- ▶ **Elevanta Health administration services: Managing your plan is easy.** Managing an employee benefits package shouldn't be difficult. While you focus on running your business, the Elevanta Health benefits service center helps you to stay compliant with the Affordable Care Act, as well as manages back-end operations like COBRA, enrollment, HIPAA compliance and easy ACH billing.



TRUST ELEVANTA HEALTH TO KEEP RATES AFFORDABLE. ELEVANTA HEALTH PROGRAM HAS MAINTAINED SINGLE-DIGIT AVERAGE INCREASES FOR THE PAST SEVEN YEARS.

## HOW SELF-FUNDING BENEFITS YOU

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The unique structure of the Elevanta Health program allows each participating employer to receive rates based on its own employee population, while Elevanta Health runs as one large group program overall. Also, Elevanta Health is different in that no capitalization is required to join the plan which makes it a viable option for small and mid-size employers.

► **Exempt from state-level ACA mandates, which often translates to lower premiums.**

As a self-funded program, Elevanta Health is shielded from many of the provisions of the Affordable Care Act (ACA). Many states have specific coverage requirements that fully insured carriers are required to pay that significantly increase insurance premiums. In addition, fully insured carriers are required to pay a Health Insurance Provider (HIP) fee to the federal government, which is passed on in the form of higher premiums

- **Elevanta Health features low participation requirements, a pre-tax plan and wellness and ACA education.** Elevanta Health features an industry-friendly participation requirement of only 45% of eligible employees for major medical plan enrollment, much lower than the typical 70% of other carriers. We also provide a Section 125 plan, so employees can pay their share of premiums on a pre-tax basis. In addition, we provide regular wellness tips to promote low claims experience, and keep you up-to-date on all required ACA mandates.

► **Elevanta Health features the Blue Cross Blue Shield provider network for all plan designs.**

Wanting to avoid disrupting employee's health care needs is often a major reason employers continue to accept double-digit premium increases. The Blue Cross Blue Shield network is one of the broadest and most inclusive in the market place and it's why we chose it. More than 98% of all providers are in-network which means fewer doctor changes and fewer out-of-network claims for your employees. Magellan serves as the program's pharmacy benefit administrator.

PROVIDER:  
BLUE CROSS BLUE SHIELD

PHARMACY ADMINISTRATOR:  
MAGELLAN

## YOUR ELEVANTA HEALTH SERVICE PROVIDERS

Elevanta Health has assembled a team of professional experts that provide a variety of services to help build and administer a world-class, self-funded employee benefits program. Having service providers who know and understand self-funded programs, and who also take the time to understand the unique needs of our members has resulted in a financially stable program.



## YOUR ELEVANTA HEALTH SERVICE PROVIDERS



**DAVID PAGNIUCCI,**  
MBA, FHFMA, FACHE  
President of CBA, Inc.  
Claims Administration and  
Provider Network Access

*"As President of CBA, Inc., contract administrator for the Elevanta Health program, I have worked with the Board and Staff of the Elevanta program since 2010. I have been impressed with the hard work they put into the program to make sure every aspect of the program is a value add to the participating franchisees."*



**KARL G. VOLKMAR**  
FSA, MAAA, FCA  
Principal & Senior Consulting  
Actuary, United Health Actuarial  
Services, Inc. Underwriting

*"As ACA continues and the ultimate weight of its impacts are felt, employers will be looking for opportunities to save money and reduce future cost increases relative to the fully-insured market. This program is in a position to provide these opportunities for many employers."*



**MIKE PATON**  
Partner,  
Barnes & Thornberg, LLP  
Legal

*"We are honored to count Elevanta Health among our valued clients. We have really enjoyed our working relationship with Elevanta over the last two years. We have been impressed with Christy Williams and her team and the thoughtfulness and level of engagement they bring to the Elevanta Health program. We look forward to providing legal support to the Elevanta Health program for years to come."*



**DAVID PROVOST, CFE**  
Deputy Commissioner of Captive  
Insurance Vermont Department  
of Financial Regulation Regulator

*"Like all of the nearly 600 active captive insurance programs in Vermont, the Elevanta Health program takes on some risk as part of a comprehensive plan. In this case, the plan is to reduce the cost and improve the availability and quality of health care coverage for Elevanta members. It is a daunting task that takes the cooperation and collaboration of Elevanta, service providers, and the regulators to achieve success. As the primary regulator for the Sponsored Cell Captive that houses the Elevanta Health program, I have been extremely pleased with the commitment that Elevanta has demonstrated to make this a successful program. It has met many of its stated goals and continually improved; I look forward to our continued relationship."*



**BRADY YOUNG**  
CEO, Strategic Risk Solutions  
Captive and Trust Management

*"It's been exciting to see how the health program established by the National Franchisee Association has evolved over the years to respond to franchise business owners grappling with the need to not only provide their staff with affordable health insurance, but assist their members with understanding and meeting all of the additional requirements the ACA continues to implement. This program has helped the employer participants pool their resources, control annual rate increases and provide HR consulting services many business owners aren't able to access. With continued growth more franchise owners can reap the benefits of the Elevanta Health program!"*

## MAJOR MEDICAL PPO PLANS AT A GLANCE

All Elevanta Health major medical plan options are compliant with the Affordable Care Act. You can choose to offer a Platinum, Gold, Silver or Bronze plan design to your employees. In most cases, you can offer more than one major medical plan design option, providing a valuable, buy-up opportunity for your employees. The Elevanta Health major medical plan designs are structured to cover the most common services that are important to you and your employees, including physician office visits, urgent care visits, low prescription drug co-pays, among many others.

### FRANCHISEE SPEAKS

*"We chose the Elevanta Health program for our employees over over 10 years ago, and the service and education we've received has always been top-notch. With the complexities of the ever-changing ACA, the team at Elevanta Health has kept us ahead of the curve every step of the way. The peace of mind I have knowing we're meeting the employer mandates and helping our employees have access to an affordable program is a true tribute to their dedication."*

**Colin Brooks, Managing Director**  
Brooks Restaurants, Inc.

Elevanta Health features nine different PPO plan designs to meet any employer budget and employee health care need.

### ELEVANTA HEALTH INCLUDES:

- ▶ **Full compliance with required ACA mandates** and covers all 60+ required preventive services at no out-of-pocket expense.
- ▶ **Blue Cross Blue Shield network**-98 percent of providers are in-network, which allows for an easy transition to Elevanta Health for your employees.
- ▶ **In-house administration services** to make managing the plan easy, such as COBRA, enrollment, HIPAA compliance and more.
- ▶ **Employee-paid voluntary insurance programs** including dental, vision, supplemental life and AD&D, pet insurance, short/long-term disability, long-term care and Medicare supplements.
- ▶ **HDHP/HSA plans** on a fully-integrated platform through CBA Blue and HealthEquity. HealthEquity is the nation's largest health savings account, non-bank custodian servicing more than 3 million health savings accounts at more than 38,000 companies across the United States.



## MINIMUM ESSENTIAL COVERAGE (MEC) PLAN STRATEGY

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Elevanta Health understands that not all employees need nor want a major medical PPO plan. Their insurance needs may be lower because they're young and healthy. This inspired us to create two Minimum Essential Coverage (MEC) plans and adopt what we call the "MEC Strategy," which creates a win-win solution for both you and your employees.

The MEC strategy includes a simple, affordable and one-of-a-kind solution to health insurance for franchisees. The Elevanta Health MEC plans when offered alongside a major medical plan provide a unique opportunity for you to fulfill your requirements under the ACA while providing coverage for your employees.

The MEC plan premiums are significantly less expensive than the traditional major medical plan premiums, saving both you and your employees money.

### ELEVANTA HEALTH MEC PLANS FEATURE:

- ▶ **Meets the Employer ACA Mandate** when offered alongside a major medical plan.
- ▶ **In-house administration services** to make managing the plan easy such as COBRA, enrollment, HIPAA compliance and more.
- ▶ **Employee-paid voluntary insurance programs** including AD&D, pet insurance, short/long-term disability, long-term care and Medicare supplements.

### FRANCHISEE SPEAKS

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*"I believe employees are long-term investments and I didn't want to reduce their hours in order to minimize exposure under the ACA employer mandate. I used the MEC strategy to manage costs, and through this program, I offered a traditional Bronze plan and a MEC Basic plan. The majority of my employees found that the MEC Basic plan met their health insurance needs, which resulted in substantial savings for both them and me."*

**Ed Northrop, CEO**  
EDN, Inc.

## ELEVANTA HEALTH VOLUNTARY BENEFIT OPTIONS

Recruiting and retaining top-notch employees is easier with a full benefits package. We recommend you round out your health insurance offering with dental, vision, life and AD&D, pet insurance, short and long term disability, long term care, medicare supplements and two MEC options. All employees who work an average of 20 hours per week are eligible for these programs. And none of these programs require a premium contribution from you—they are 100% employee-paid.

### VOLUNTARY PROGRAMS INCLUDE:

- ▶ **Two Dental Plan Programs.** Coverage on preventive care (e.g. cleanings), basic services (e.g. fillings) and major services (e.g. dentures) is offered, in addition to orthodontia coverage for dependents up to age 19. The Dental High plan has a lower deductible and a higher plan year benefit maximum than the Dental Low plan.
- ▶ **Vision insurance.** Offered thru UnitedHealthcare, Elevanta Health vision members are eligible for eye exams and frames (up to \$150) when visiting in-network providers. In-network copays for eye exams and lenses and frames are only \$10.
- ▶ **Supplemental Life and AD&D.** Elevanta Health offers the opportunity to full-time, actively-at-work employees to purchase supplemental term life and/or supplemental accidental death and dismemberment (AD&D) insurance. Life insurance exams and underwriting are waived when employees enroll upon initial eligibility.
- ▶ **Petplan - Pet Medical Insurance.** This 100% employee-paid coverage that only adds to the value of your benefits package. Employees can get a quote in a matter of minutes, and receive up to a 10% discount by using code "Elevanta" at petplanbenefits.com.
- ▶ **Short Term and Long Term Disability.** If you are unable to work due to an illness, injury or accident, Short Term Disability coverage could provide a temporary source of income until you can return to work, while Long Term Disability picks up where Short Term leaves off and will continue to provide a percentage of your salary.
- ▶ **Long-term Care.** Protect your retirement and savings from the cost of long-term care services. LTC provides assistance with activities of daily living, including home healthcare and personal care services, hospice services, respite care, adult day care.
- ▶ **Medicare.** Medicare is available for people age 65 or older, younger people with disabilities and people with End Stage Renal Disease (permanent kidney failure requiring dialysis or transplant). Medicare has two parts: Part A (Hospital Insurance) and Part B (Medicare Insurance).

## ELEVANTA HEALTH IN-HOUSE ADMINISTRATION

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Elevanta Health works hard to manage your health insurance program and to help keep you in compliance with the Affordable Care Act, so you can focus on running your business. To keep you on track, the Elevanta Health benefits service center provides strong administrative support to help implement and manage your plan, significantly decreasing the paperwork and time burden on your staff.

### ADMINISTRATION SERVICES INCLUDES:

- ▶ Overseeing annual enrollment
- ▶ Company specific webinars
- ▶ Educational conference calls
- ▶ Customized employee enrollment materials
- ▶ COBRA administration
- ▶ HIPAA compliance
- ▶ Bundled billing for monthly premiums
- ▶ Online enrollment portal

## YOUR ELEVANTA HEALTH SERVICE TEAM

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The Elevanta Health Service Team is fully dedicated to the franchisees we serve. Each member of the team is committed to professional and industry excellence, and strives to go above and beyond. More than just a friendly voice on the phone, we provide a full suite of administrative and compliance services to minimize the burden employers face when offering an employee benefits program. Have a question? We're here to help. And we look forward to serving you very soon.

- ▶ **Christy Williams**, Chief Executive Officer and Elevanta Health Program Manager
- ▶ **Shameka Porter**, Benefits Operations Manager
- ▶ **John Abbey**, Group Health Sales Representative
- ▶ **Tonya Andrade**, Employee Benefits Coordinator
- ▶ **Mara Hamlin**, Employee Benefits Customer Service Representative
- ▶ **Elaina Chimeno**, Insurance Customer Service Manager
- ▶ **Jarmottie Miller**, Benefits Compliance Administrator



# Standard Quick Reference Formulary

## Most Commonly Prescribed Medications

The Standard Quick Reference Formulary is intended to provide a list of commonly prescribed drugs that are covered. This is not an all-inclusive list, the formulary covers many more drugs. On the Quick Reference, generic drugs are listed in lower case italics, and brand drugs are listed in CAPS. Remember, if a generic drug from the formulary is prescribed, the copay may be less than if a brand drug is prescribed. If the drug has step therapy or prior authorization on the formulary at the time of publishing, it is indicated below with a star (\*). There are other safety edits that are not listed because of the abbreviated nature of this document. Individual plan designs may also change coverage of products listed. To see the complete listing of covered products please visit [magellanrx.com](http://magellanrx.com).

### Drugs are listed alphabetically.

|  |   |  |                                       |                                 |
|--|---|--|---------------------------------------|---------------------------------|
| ACCU-CHEK                              | <i>clopidogrel</i>                      | INVOKAMET XR                           | ONETOUCH                              | SYNTHROID                       |
| <i>acyclovir</i>                       | COLCRYS                                 | INVOKANA                               | <i>oxycodone hcl</i>                  | tamsulosin hcl                  |
| ADVAIR DISKUS                          | COMBIGAN                                | JANUMET                                | <i>oxycodone-acetaminophen</i>        | testosterone cypionate          |
| ADVAIR HFA                             | COMBIVENT RESPIMAT                      | JANUMET XR                             | <i> pantoprazole sodium</i>           | tizanidine hcl                  |
| <i>allopurinol</i>                     | CREON                                   | JANUVIA                                | <i> paroxetine er</i>                 | topiramate / er                 |
| ALPHAGAN P                             | <i>cyclobenzaprine hcl</i>              | JARDIANCE                              | <i> pioglitazone hcl</i>              | TOUJEO SOLOSTAR                 |
| alprazolam                             | <i>dextroamphetamine-amphetamine er</i> | JENTADUETO                             | PRADAXA                               | TRADJENTA                       |
| AMITIZA                                | <i>diazepam</i>                         | JENTADUETO XR                          | <i> pravastatin sodium</i>            | tramadol hcl                    |
| <i> amitriptyline hcl</i>              | <i> diclofenac sodium er</i>            | <i> lamotrigine</i>                    | <i> prednisolone</i>                  | TRAVATAN Z                      |
| <i> amlodipine besylate</i>            | <i> doxycycline hyclate</i>             | LANTUS                                 | <i> prednisone</i>                    | trazodone hcl                   |
| <i> amlodipine besylate-benazepril</i> | DUAVEE                                  | LANTUS SOLOSTAR                        | PREMARIN                              | triamcinolone acetonide         |
| ANDRODERM*                             | <i> duloxetine hcl</i>                  | LEVEMIR                                | PREMPHASE                             | triamterene-hydrochlorothiazide |
| ANDROGEL 1.62% GEL*                    | DYMISTA                                 | <i> levocetirizine dihydrochloride</i> | PREMPRO                               | TRULICITY                       |
| ANORO ELLIPTA                          | ELIDEL*                                 | <i> levothyroxine sodium</i>           | PROAIR HFA                            | ULORIC*                         |
| APRISO                                 | EMBEDA*                                 | LINZESS*                               | PROAIR RESPICLICK                     | valacyclovir                    |
| ARNUITY ELLIPTA                        | <i> escitalopram</i>                    | <i> lisinopril</i>                     | PROCTOFOAM-HC                         | valsartan                       |
| <i> atenolol</i>                       | <i> esomeprazole magnesium</i>          | <i> lisinopril-hydrochlorothiazide</i> | <i> progesterone</i>                  | valsartan-hydrochlorothiazide   |
| <i> atorvastatin calcium</i>           | <i> estradiol</i>                       | <i> lorazepam intensol</i>             | <i> propranolol hcl</i>               | venlafaxine hcl                 |
| <i> azithromycin</i>                   | <i> fenofibrate</i>                     | <i> losartan potassium</i>             | PULMICORT FLEXHALER                   | VENTOLIN HFA                    |
| AZOPT                                  | FLOVENT DISKUS                          | <i> losartan-hydrochlorothiazide</i>   | PYLERA*                               | VESICARE                        |
| <i> benzonatate</i>                    | FLOVENT HFA                             | <i> lovastatin</i>                     | <i> quetiapine fumarate</i>           | VIAGRA                          |
| BREO ELLIPTA                           | <i> fluconazole</i>                     | LUMIGAN                                | QVAR                                  | VICTOZA                         |
| BRILINTA                               | <i> fluoxetine hcl</i>                  | <i> meloxicam</i>                      | RANEXA                                | VIGAMOX                         |
| <i> bupropion hcl sr</i>               | <i> fluticasone propionate</i>          | <i> metformin hcl</i>                  | <i> ranitidine hcl</i>                | VYVANSE                         |
| <i> bupropion xl</i>                   | <i> furosemide</i>                      | <i> methocarbamol</i>                  | RAPAFLO                               | warfarin sodium                 |
| <i> buspirone hcl</i>                  | <i> gabapentin</i>                      | <i> methotrexate</i>                   | REVELA                                | WELCHOL                         |
| BYDUREON                               | <i> glimepiride</i>                     | <i> methylphenidate hcl</i>            | RESTASIS*                             | XARELTO                         |
| BYETTA                                 | <i> glipizide</i>                       | <i> methylprednisolone</i>             | <i> rosuvastatin calcium</i>          | zolpidem tartrate               |
| BYSTOLIC                               | HUMALOG                                 | <i> metoprolol tartrate</i>            | SEREVENT DISKUS                       | ZOVIRAX*                        |
| BYVALSON                               | HUMALOG KWIKPEN                         | <i> metronidazole</i>                  | <i> sertraline hcl</i>                |                                 |
| CANASA                                 | HUMALOG MIX                             | <i> minocycline hcl</i>                | <i> simvastatin</i>                   |                                 |
| <i> carvedilol</i>                     | HUMULIN 70-30                           | MIRVASO                                | SOLIQUA *                             |                                 |
| <i> celecoxib</i>                      | HUMULIN N                               | <i> montelukast sodium</i>             | SOOLANTRA                             |                                 |
| <i> cephalixin</i>                     | HUMULIN R                               | MOXEZA                                 | SPIRIVA                               |                                 |
| CIALIS                                 | <i> hydrochlorothiazide</i>             | <i> mupirocin</i>                      | <i> spironolactone</i>                |                                 |
| <i> ciprofloxacin hcl</i>              | <i> hydrocodone-acetaminophen</i>       | MYRBETRIQ                              | <i> sprintec</i>                      |                                 |
| <i> citalopram hbr</i>                 | <i> hydroxychloroquine sulfate</i>      | <i> naproxen</i>                       | STIOLTO RESPIMAT                      |                                 |
| CLIMARA PRO                            | <i> hydroxyzine hcl</i>                 | NATAZIA                                | <i> sulfamethoxazole-trimethoprim</i> |                                 |
| <i> clindamycin phosphate</i>          | <i> ibuprofen</i>                       | NOVOLOG                                | <i> sumatriptan succinate</i>         |                                 |
| <i> clobetasol propionate</i>          | INCRUSE ELLIPTA                         | NUVARING                               | SYMBICORT                             |                                 |
| <i> clonazepam</i>                     | INVOKAMET                               | <i> omeprazole</i>                     | SYNJARDY                              |                                 |
| <i> clonidine hcl</i>                  |   | <i> ondansetron hcl</i>                | SYNJARDY XR                           |                                 |

### Updated 01/2018

Note: This is a partial list of medications that changes periodically. To ensure you have the most current version of the formulary, visit [magellanrx.com](http://magellanrx.com). Inclusion of a medication on this formulary is not a guarantee of coverage. Please refer to your plan of benefits for coverage limitations and exclusions. Not all benefits plans in all states are subject to quantity limits. For details regarding quantity limits for your particular benefits plan, contact Customer Service at the telephone number listed on your identification card.

### Key

|                                  |                                  |
|----------------------------------|----------------------------------|
| Generic Medications              | Listed in all lower-case letters |
| Preferred Brand Name Medications | Listed in all upper-case letters |
| Medications requiring ST or PA   | Listed with an asterisk (*)      |



# Precision Quick Reference Formulary

## Most Commonly Prescribed Medications

The Precision Quick Reference Formulary is intended to provide a list of commonly prescribed drugs that are covered. This is not an all-inclusive list, the formulary covers many more drugs. On the Quick Reference, generic drugs are listed in lower case italics, and brand drugs are listed in CAPS. Remember, if a generic drug from the formulary is prescribed, the copay may be less than if a brand drug is prescribed. If the drug has step therapy or prior authorization on the formulary at the time of publishing, it is indicated below with a star (\*). There are other safety edits that are not listed because of the abbreviated nature of this document. Individual plan designs may also change coverage of products listed. To see the complete listing of covered products please visit [magellanrx.com](http://magellanrx.com).

### Drugs are listed alphabetically.

|                                       |   |                                       |                                      |  |
|---------------------------------------|---|---------------------------------------|--------------------------------------|--|
| <i>acyclovir</i>                      | COLCRYS                                 | INVOKANA*                             | <i>pantoprazole sodium</i>           | <i>topiramate / er</i>                 |
| ADVAIR DISKUS                         | COMBIGAN                                | JANUMET XR*                           | <i>paroxetine er</i>                 | TOUJEO SOLOSTAR                        |
| ADVAIR HFA                            | COMBIVENT RESPIMAT                      | JANUMET*                              | <i>pioglitazone hcl</i>              | TRADJENTA*                             |
| <i>allopurinol</i>                    | CREON                                   | JANUVIA*                              | PRADAXA                              | <i>tramadol hcl</i>                    |
| <i>alprazolam</i>                     | <i>cyclobenzaprine hcl</i>              | JARDIANCE*                            | <i>pravastatin sodium</i>            | TRAVATAN Z                             |
| AMITIZA                               | <i>dextroamphetamine-amphetamine er</i> | JENTADUETO XR*                        | <i>prednisolone</i>                  | <i>trazodone hcl</i>                   |
| <i>amitriptyline hcl</i>              | <i>diazepam</i>                         | JENTADUETO*                           | <i>prednisone</i>                    | <i>triamcinolone acetonide</i>         |
| <i>amlodipine besylate</i>            | <i>diclofenac sodium er</i>             | <i>lamotrigine</i>                    | PREMARIN                             | <i>triamterene-hydrochlorothiazide</i> |
| <i>amlodipine besylate-benzepriol</i> | <i>doxycycline hyclate</i>              | LANTUS                                | PREMPHASE                            | TRULICITY*                             |
| ANDRODERM*                            | DUAVEE                                  | LANTUS SOLOSTAR                       | PREMPRO                              | ULORIC*                                |
| ANDROGEL 1.62% GEL*                   | <i>duloxetine hcl</i>                   | <i>levocetirizine dihydrochloride</i> | PROAIR HFA                           | <i>valacyclovir</i>                    |
| ANORO ELLIPTA                         | DYMISTA                                 | <i>levothyroxine sodium</i>           | PROAIR RESPICLIK                     | <i>valsartan</i>                       |
| APRISO                                | ELIDEL*                                 | LINZESS*                              | PROCTOFOAM-HC                        | <i>valsartan-hydrochlorothiazide</i>   |
| ARNUITY ELLIPTA                       | EMBEDA*                                 | <i>lisinopril</i>                     | <i>progesterone</i>                  | <i>venlafaxine hcl</i>                 |
| <i>atenolol</i>                       | <i>escitalopram</i>                     | <i>lisinopril-hydrochlorothiazide</i> | <i>propranolol hcl</i>               | VENTOLIN HFA                           |
| <i>atorvastatin calcium</i>           | <i>esomeprazole magnesium</i>           | <i>lorazepam intensol</i>             | PULMICORT FLEXHALER                  | VESICARE                               |
| <i>azithromycin</i>                   | <i>estradiol</i>                        | <i>losartan potassium</i>             | PYLERA*                              | VIAGRA                                 |
| AZOPT                                 | <i>fenofibrate</i>                      | <i>losartan-hydrochlorothiazide</i>   | <i>quetiapine fumarate</i>           | VICTOZA*                               |
| <i>benzonatate</i>                    | FLOVENT DISKUS                          | <i>lovastatin</i>                     | RANEXA                               | VIGAMOX                                |
| BREO ELLIPTA                          | FLOVENT HFA                             | LUMIGAN                               | <i>ranitidine hcl</i>                | VYVANSE                                |
| BRILINTA                              | <i>fluconazole</i>                      | <i>meloxicam</i>                      | RAPAFLO                              | <i>warfarin sodium</i>                 |
| <i>bupropion hcl sr</i>               | <i>fluoxetine hcl</i>                   | <i>metformin hcl</i>                  | RENVELA                              | WELCHOL                                |
| <i>bupropion xl</i>                   | <i>fluticasone propionate</i>           | <i>methocarbamol</i>                  | RESTASIS*                            | XARELTO                                |
| <i>bupirone hcl</i>                   | <i>furosemide</i>                       | <i>methotrexate</i>                   | <i>rosuvastatin calcium</i>          | <i>zolpidem tartrate</i>               |
| BYDUREON*                             | <i>gabapentin</i>                       | <i>methylphenidate hcl</i>            | SEREVENT DISKUS                      |  |
| BYETTA*                               | <i>glimepiride</i>                      | <i>methylprednisolone</i>             | <i>sertraline hcl</i>                |  |
| BYSTOLIC                              | <i>glipizide</i>                        | <i>metoprolol tartrate</i>            | <i>simvastatin</i>                   |  |
| BYSTOLIC                              | HUMALOG                                 | <i>metronidazole</i>                  | SOLIQUA *                            |  |
| BYVALSON                              | HUMALOG KWIKPEN                         | <i>minocycline hcl</i>                | SOOLANTRA                            |  |
| CANASA                                | HUMALOG MIX                             | MIRVASO                               | SPIRIVA                              |  |
| <i>carvedilol</i>                     | HUMULIN 70-30                           | <i>montelukast sodium</i>             | <i>spironolactone</i>                |  |
| <i>celecoxib</i>                      | HUMULIN N                               | MOXEZA                                | <i>sprintec</i>                      |  |
| <i>cephalexin</i>                     | HUMULIN R                               | <i>mupirocin</i>                      | STIOLTO RESPIMAT                     |  |
| CIALIS                                | <i>hydrochlorothiazide</i>              | MYRBETRIQ                             | <i>sulfamethoxazole-trimethoprim</i> |  |
| <i>ciprofloxacin hcl</i>              | <i>hydrocodone-acetaminophen</i>        | <i>naproxen</i>                       | <i>sumatriptan succinate</i>         |  |
| <i>citalopram hbr</i>                 | <i>hydroxychloroquine sulfate</i>       | NATAZIA                               | SYMBICORT                            |  |
| CLIMARA PRO                           | <i>hydroxyzine hcl</i>                  | NUVARING                              | SYNJARDY XR*                         |  |
| <i>clindamycin phosphate</i>          | <i>ibuprofen</i>                        | <i>omeprazole</i>                     | SYNJARDY*                            |  |
| <i>clobetasol propionate</i>          | INCRUSE ELLIPTA                         | <i>ondansetron hcl</i>                | SYNTHROID                            |  |
| <i>clonazepam</i>                     | INVOKAMET XR*                           | ONETOUCH                              | <i>tamsulosin hcl</i>                |  |
| <i>clonidine hcl</i>                  | INVOKAMET*                              | <i>oxycodone hcl</i>                  | <i>testosterone cypionate</i>        |  |
| <i>clopidogrel</i>                    |   | <i>oxycodone-acetaminophen</i>        | <i>tizanidine hcl</i>                |  |

### Updated 01/2018

Note: This is a partial list of medications that changes periodically. To ensure you have the most current version of the formulary, visit [magellanrx.com](http://magellanrx.com). Inclusion of a medication on this formulary is not a guarantee of coverage. Please refer to your plan of benefits for coverage limitations and exclusions. Not all benefits plans in all states are subject to quantity limits. For details regarding quantity limits for your particular benefits plan, contact Customer Service at the telephone number listed on your identification card.

### Key

|                                  |                                  |
|----------------------------------|----------------------------------|
| Generic Medications              | Listed in all lower-case letters |
| Preferred Brand Name Medications | Listed in all upper-case letters |
| Medications requiring ST or PA   | Listed with an asterisk (*)      |

# Standard Specialty Pharmacy Drug List

Our Specialty Pharmacy provides patients with comprehensive support services and coordinated delivery related to high-cost oral, inhaled or injectable specialty medications, used to treat complex conditions. We are your single source for high-touch patient care management to control side effects, patient support and education to ensure compliance or continued treatment, and specialized handling and distribution of medications directly to the patient or care provider. Specialty medications may be covered under either the medical or pharmacy benefit. Please consult your insurance documentation to determine which benefit covers these medications. We offer a broad specialty medication list containing nearly 500 drugs, covering 42 therapeutic categories and specialty disease states. This list is updated with new information each quarter.

## Characteristics of Specialty Medications

"Specialty" medications are defined as high-cost oral or injectable medications used to treat complex chronic conditions. These are highly complex medications, typically biology-based, that structurally mimic compounds found within the body. High-touch patient care management is usually required to control side effects and ensure compliance. Specialized handling and distribution are also necessary to ensure appropriate medication administration. Medications must have at least one of the following characteristics in order to be classified as a specialty medication by Magellan Rx Management.

### High Cost

High-cost medications are typically priced at more than \$670 per 30-day supply; including self-administered injectables, professionally-administered<sup>†</sup> injectables/infusions, and oral medications

### High Complexity

- Biotechnology products<sup>‡</sup>
- Orphan or Ultra-Orphan drugs
- Medications that are included in a specialty therapeutic drug class strategy

### High Touch

- Medications that require temperature control or other special handling/shipping requirements (i.e., refrigerated or frozen shipping)
- Medications that require ongoing drug management by a pharmacist and/or physician specializing in treating the member's condition
- Medications that require focused, in-depth member education, compliance monitoring, side effect management and, often, injection technique education

Generics: Lower case italic. For example, *dexferrum*

Brands: All capital letters. For example, HUMIRA

QL: Quantity Limits apply under some benefits. Check your plan document for coverage details.

PA: Prior Authorization needed under some benefits. Check your plan document for coverage details.

## ANALGESICS

PRIALT

## ANTIARTHRITICS

ELITEK

ENBREL ‡ **QL, PA**

EUFLEXXA ‡ **PA**

GEL-ONE **PA**

GENVISC 850 **PA**

HUMIRA ‡ **QL, PA**

HYALGAN **PA**

HYMOVIS **PA**

KINERET **QL, PA**

KRYSTEXXA **QL, PA**

MONOVISC **PA**

ORENCIA **QL, PA**

ORTHOVISC **PA**

OTEZLA **QL, PA**

SIMPONI **QL, PA**

SIMPONI ARIA **QL, PA**

SUPARTZ FX **PA**

SYNVISC ‡ **PA**

SYNVISC-ONE ‡ **PA**

XELJANZ **QL, PA**

XELJANZ XR **QL, PA**

## ANTIASTHMATICS

NUCALA **QL, PA**

XOLAIR **PA**

## ANTIBIOTICS

BETHKIS ‡ **PA**

CAYSTON **PA**

KITABIS PAK **PA**

THALOMID **QL, PA**

TOBI **PA**

*tobramycin* **PA**

## ANTICOAGULANTS

ARIXTRA

*enoxaparin sodium*

*fondaparinux sodium*

FRAGMIN

IPRIVASK

LOVENOX

## ANTIHEMORRHAGIC AGENTS

ACTIVASE

ADVATE **PA**

ADYNOVATE **PA**

AFSTYLA **PA**

ALPHANATE **PA**

ALPHANINE SD

ALPROLIX **PA**

ATRYN

BEBULIN **PA**

BENEFIX **PA**

CATHFLO ACTIVASE

COAGADEX ‡ **PA**

CORIFACT

CYKLOKAPRON

ELOCTATE **PA**

FEIBA NF **PA**

HELIXATE FS **PA**

HEMOFIL M **PA**

HUMATE-P **PA**

IDELVION **PA**

IXINITY **PA**

KOATE **PA**

KOGENATE FS **PA**

KOVALTRY **PA**

MONOCLATE-P

MONONINE **PA**

NOVOEIGHT **PA**

NOVOSEVEN RT **PA**

NUWIQ **PA**

OBIZUR **PA**

PROFILNINE **PA**

RECOMBINATE **PA**

RECOTHROM

RIASTAP

RIXUBIS **PA**

SOLIRIS **PA**

THROMBATE III

*tranexamic acid*

TRETEN **PA**

VONVENDI **PA**

WILATE **PA**

XYNTHA **PA**

## ANTIHYPERGLYCEMICS

KORLYM **PA**

## ANTIINFECTIVES/ MISCELLANEOUS

IMPAVIDO

## ANTINEOPLASTICS

ABRAXANE **PA**

ACTIMMUNE

ADCETRIS **PA**

*adriamycin*

*adrucil*

AFINITOR **QL, PA**

ALECENSA **QL, PA**

ALFERON N

ALIMTA **PA**

ALKERAN

ALUNBRIG **QL, PA**

ARRANON

ARZERRA **PA**

AVASTIN **PA**

*azacitidine*

BCG (TICE STRAIN)

BELEODAQ **PA**

*bexarotene* **PA**

BICNU

BLEO 15K

*bleomycin sulfate*

BLINCYTO

BOSULIF ‡ **QL, PA**

*busulfan*

BUSULFEX

CABOMETYX **QL PA**

CAMPATH **PA**

CAMPTOSAR

*capecitabine*

CAPRELSA **QL PA**

*carboplatin*

*cisplatin*

*cladribine*

† Administered by a healthcare professional or in a healthcare setting

‡ Protein or protein-based molecular entities

‡ Preferred Specialty Product

clofarabine  
CLOLAR  
COMETRIQ **QL PA**  
COSMEGEN  
COTELLIC **QL PA**  
cyclophosphamide **PA**  
CYRAMZA **PA**  
cytarabine  
dacarbazine  
DACOGEN  
DARZALEX **PA**  
daunorubicin hcl  
DAUNOXOME  
decitabine  
DEPOCYT  
DOCEFREZ  
docetaxel  
DOXIL  
doxorubicin hcl  
doxorubicin hcl liposome  
ELIGARD **PA**  
ELLENC  
EMCYT  
epirubicin hcl  
ERBITUX **PA**  
ERIVEDGE **QL PA**  
ERWINAZE  
ETOPOPHOS  
etoposide  
EVOMELA  
FARYDAK **PA**  
FASLODEX **QL PA**  
FIRMAGON **PA**  
floxuridine  
fludarabine phosphate  
fluorouracil  
FOLOTYN **PA**  
GAZYVA **PA**  
gemcitabine hcl  
GEMZAR  
GILOTRIF **QL PA**  
GLEEVEC ‡ **QL PA**  
HALAVEN **PA**  
HERCEPTIN **PA**  
HEXALEN **PA**  
HYCAMTIN **PA**  
IBRANCE **QL PA**  
ICLUSIG **QL PA**  
IDAMYCIN PFS  
idarubicin hcl  
IDHIFA **QL PA**  
IFEX  
ifosfamide

ifosfamide-mesna  
IMBRUVICA **QL PA**  
INLYTA ‡ **QL PA**  
INTRON A **PA**  
IRESSA **QL PA**  
irinotecan hcl  
ISTODAX **PA**  
IXEMPR  
JAKAFI **QL PA**  
JEVTANA **PA**  
KADCYLA **PA**  
KEYTRUDA **PA**  
KISQALI **QL PA**  
KYPROLIS **PA**  
LENVIMA **QL PA**  
leuprolide acetate **PA**  
lipodox  
lipodox 50  
LONSURF **QL PA**  
LUPRON DEPOT **PA**  
LYNPARZA **PA**  
LYSODREN  
MARQIBO **PA**  
MATULANE  
MEKINIST **QL PA**  
melphalan hcl  
mitomycin  
mitoxantrone hcl **PA**  
MUSTARGEN  
MYLERAN  
NAVELBINE  
NERLYNX **QL PA**  
NEXAVAR **QL PA**  
NILANDRON  
nilutamide **PA**  
NINLARO **QL PA**  
NIPENT  
ODOMZO **QL PA**  
ONCASPAR  
onxol  
OPDIVO **PA**  
oxaliplatin  
paclitaxel  
PERJETA **PA**  
PHOTOFRIN  
POMALYST **QL PA**  
PROLEUKIN **PA**  
PROVENGE **PA**  
PURIXAN **PA**  
REVLIMID **QL PA**  
RITUXAN **PA**  
RUBRACA **QL PA**  
RYDAPT **QL PA**

SPRYCEL **QL PA**  
STIVARGA **QL PA**  
SUTENT ‡ **QL PA**  
SYLATRON **PA**  
SYLVANT **PA**  
SYNRIBO **PA**  
TAFINLAR **QL PA**  
TAGRISSO ‡ **QL PA**  
TARCEVA **QL PA**  
TARGRETIN **PA**  
TASIGNA ‡ **QL PA**  
TAXOTERE  
TECENTRIQ **PA**  
TEMODAR ‡ **PA**  
temozolomide **PA**  
teniposide  
THERACYS  
thiotepa  
toposar  
topotecan hcl  
TORISEL **QL PA**  
TREANDA **PA**  
TRELSTAR **PA**  
tretinoin **QL**  
TRISENOX **PA**  
TYKERB ‡ **QL PA**  
UNITUXIN **PA**  
UVADEX  
VALCHLOR **QL PA**  
VALSTAR  
VANTAS **PA**  
VECTIBIX **PA**  
VELCADE **PA**  
VENCLEXTA **QL PA**  
VENCLEXTA STARTING  
PACK **QL PA**  
VIDAZA  
vinblastine sulfate  
vincasar pfs  
vincristine sulfate  
vinorelbine tartrate  
VOTRIENT **QL PA**  
XALKORI **QL PA**  
XELODA **QL PA**  
XTANDI **QL PA**  
YERVOY **PA**  
ZALTRAP **PA**  
ZANOSAR  
ZEJULA **QL PA**  
ZELBORAF **QL PA**  
ZEVALIN  
ZOLADEX ‡ **PA**  
ZOLINZA **QL PA**

ZYDELIG **QL PA**  
ZYKADIA **QL PA**  
ZYTIGA ‡ **QL PA**

## ANTIPARKINSON DRUGS

APOKYN **PA**  
DUOPA **QL PA**  
GOCOVRI **QL PA**

## ANTIVIRALS

abacavir  
abacavir-lamivudine  
abacavir-lamivudine-zidovudine  
adefovir dipivoxil  
APTIVUS ‡  
ATRIPLA ‡  
BARACLUDE **QL PA**  
cidofovir  
COMBIVIR  
COMPLERA ‡  
COPEGUS **QL PA**  
CRIXIVAN ‡  
CYTOVENE  
DAKLINZA **QL PA**  
DESCOVY **QL**  
didanosine  
EDURANT ‡  
EMTRIVA ‡  
entecavir **QL**  
EPCLUSA ‡ **QL PA**  
EPIVIR  
EPIVIR HBV  
EPZICOM  
EVOTAZ  
fosamprenavir calcium  
FUZEON **QL**  
ganciclovir  
ganciclovir sodium  
GENVOYA  
HARVONI ‡ **QL PA**  
HEPSERA **QL PA**  
INTELENCE ‡  
INVIRASE ‡  
ISENTRESS  
ISENTRESS ‡  
ISENTRESS HD ‡  
KALETRA  
lamivudine  
lamivudine hbv  
lamivudine-zidovudine  
LEXIVA

lopinavir-ritonavir ‡  
MAVYRET ‡ **QL PA**  
MODERIBA **QL PA**  
nevirapine  
nevirapine er  
NORVIR  
ODEFSEY  
OLYSIO **QL PA**  
PEGASYS **PA**  
PEGINTRON ‡ **PA**  
PREZCOBIX  
PREZISTA ‡  
REBETOL **QL PA**  
RESCRIPTOR  
RETROVIR  
REYATAZ ‡  
RIBASPHERE **QL PA**  
RIBATAB **QL PA**  
ribavirin **QL PA**  
SELZENTRY ‡  
SOVALDI ‡ **QL PA**  
stavudine  
STRIBILD  
SUSTIVA  
SYNAGIS **PA**  
TECHNIVIE **QL PA**  
TIVICAY  
TRIUMEQ  
TRIZIVIR  
TRUVADA ‡  
TYZEKA **QL PA**  
VEMLIDY **QL PA**  
VIDEX ‡  
VIDEX EC  
VIEKIRA XR **QL PA**  
VIRACEPT ‡  
VIRAMUNE  
VIRAMUNE XR  
VIREAD ‡  
VISTIDE  
VOSEVI ‡ **QL PA**  
ZEPATIER **QL PA**  
ZERIT  
ZIAGEN  
zidovudine

## AUTONOMIC DRUGS

BOTOX **PA**  
BOTOX COSMETIC **PA**  
DYSPORT **PA**  
MYOBLOC **PA**  
NORTHERA **QL PA**  
XEOMIN **PA**

## BIOLOGICALS

ATGAM  
BIVIGAM PA  
CARIMUNE NF  
NANOFILTERED PA  
CUVITRU PA  
CYTOGAM  
FLEBOGAMMA DIF PA  
GAMASTAN S-D PA  
GAMMAGARD LIQUID PA  
GAMMAGARD S-D PA  
GAMMAKED PA  
GAMMAPLEX PA  
GAMUNEX-C PA  
HEPAGAM B  
HIZENTRA PA  
HYPERHEP B S-D  
HYPERRAB S-D  
HYPERRHO S-D  
HYPERTET S-D  
HYQVIA PA  
HYQVIA IG COMPONENT PA  
IMOGAM RABIES-HT  
MICRHOGAM ULTRA-FILTERED  
PLUS  
NABI-HB  
OCTAGAM PA  
ORALAIR  
ORALAIR PA  
PRIVIGEN PA  
RHOGAM ULTRA-FILTERED  
PLUS  
RHOPHYLAC  
VARIZIG  
WINRHO SDF

## CARDIAC DRUGS

*dofetilide*  
TIKOSYN

## CARDIOVASCULAR

ADCIRCA QL, PA  
ADEMPAS QL, PA  
*epoprostenol sodium*  
FLOLAN PA  
HEMANGEOL

JUXTAPID QL, PA  
KYNAMRO QL PA  
LETAIRIS‡ QL, PA  
OPSUMIT QL, PA  
ORENITRAM ER QL, PA  
PRALUENT ‡ QL, PA  
REMODULIN PA  
REPATHA ‡ QL, PA  
REVATIO QL, PA  
sildenafil citrate PA  
sildenafil QL, PA  
TRACLEER‡ QL, PA  
TYVASO QL, PA  
UPTRAVI QL, PA  
VECAMYL PA  
VELETRI PA  
VENTAVIS QL, PA

## CHEMOTHERAPY

*amifostine*  
*dexrazoxane* PA  
ETHYOL  
FUSILEV  
leucovorin calcium  
mesna  
MESNEX  
VISTOGARD  
VORAXAZE  
ZINECARD PA

## CNS DRUGS

AMPYRA‡ QL, PA  
AUBAGIO‡ QL, PA  
AUSTEDO QL, PA  
AVONEX‡ QL, PA  
BETASERON QL, PA  
COPAXONE‡ QL, PA  
EXTAVIA QL, PA  
GILENYA‡ QL, PA  
*glatopa* QL PA  
INGREZZA QL PA  
ONFI PA  
PLEGRIDY‡ QL, PA  
REBIF QL, PA  
SABRIL QL, PA

TECFIDERA ‡ QL, PA  
*tetrabenazine* PA  
*vigabatrin* ‡ QL, PA  
XENAZINE PA  
ZINBRYTA QL, PA

## COLONY STIMULATING FACTORS

ARANESP ‡ PA  
EPOGEN PA  
GRANIX PA  
LEUKINE PA  
MIRCERA PA  
MOZOBIL PA  
NEULASTA ‡ PA  
NEUPOGEN ‡ PA  
NPLATE PA  
PROCRIT ‡ PA  
PROMACTA PA  
ZARXIO QL, PA

## CONTRACEPTIVES

KYLEENA ‡  
LILETTA  
MIRENA ‡  
NEXPLANON  
PARAGARD T 380-A  
SKYLA ‡

## DIURETICS

SAMSCA QL, PA

## EENT PREPS

*bevacizumab* PA  
CYSTARAN QL, PA  
EYLEA QL, PA  
ILUVIEN QL  
JETREA PA  
LUCENTIS QL, PA  
MACUGEN QL, PA  
OZURDEX QL  
RETISERT QL

## GASTROINTESTINAL

AKYNZEO QL, PA

ANZEMET  
BUPHENYL  
CESAMET QL, PA  
CHENODAL  
CHOLBAM QL, PA  
CIMZIA QL, PA  
EMEND QL  
ENTYVIO QL, PA  
FULYZAQ  
GATTEX PA  
*granisetron hcl*  
INFLECTRA QL, PA  
KEPIVANCE  
MYTESI  
OCALIVA QL, PA  
*ondansetron hcl*  
RAVICTI QL PA  
REMICADE QL, PA  
RENFLXIS QL, PA  
SANCUSO QL  
*sodium phenylbutyrate*  
SUCRAID  
VARUBI PA  
VARUBI QL, PA  
XERMELO PA  
ZOFRAN

## HORMONES

ACTHREL PA  
AVEED PA  
BRAVELLE ‡ PA  
CETROTIDE ‡ PA  
*chorionic gonadotropin*  
EGRIFTA QL, PA  
EMFLAZA PA  
ENDOMETRIN ‡  
FOLLISTIM AQ PA  
*ganirelix acetate*  
GENOTROPIN PA  
GONAL-F ‡ PA  
GONAL-F RFF ‡ PA  
H.P. ACTHAR PA  
HUMATROPE PA  
*hydroxyprogesterone  
caproate* PA

INCRELEX PA  
LUPANETA PACK  
LUPRON DEPOT PA  
LUPRON DEPOT-PED PA  
MAKENA ‡ PA  
MENOPUR ‡ PA  
MIACALCIN  
MYALEPT PA  
NATPARA PA  
NORDITROPIN FLEXPRO ‡ PA  
NOVAREL PA  
NUTROPIN AQ PA  
*octreotide acetate* PA  
OMNITROPE PA  
OVIDREL ‡ PA  
PREGNYL PA  
SAIZEN PA  
SANDOSTATIN LAR DEPOT QL, PA  
SANDOSTATIN QL, PA  
SEROSTIM QL PA  
SIGNIFOR PA  
SIGNIFOR LAR QL, PA  
SOMATULINE DEPOT QL, PA  
STIMATE  
SUPPRELIN LA PA  
SYNAREL PA  
TESTOPEL PA  
TYMLOS QL, PA  
ZOMACTON PA  
ZORBTIVE QL, PA

## HYPERPARATHYROID

*doxercalciferol*  
HECTOROL  
*paricalcitol*  
RAYALDEE  
ZEMPLAR PA

## IMMUNOMODULATOR

BENLYSTA QL, PA

## IMMUNOSUPPRESSANTS

ACTEMRA QL PA  
ASTAGRAF XL QL, PA  
CELLCEPT  
*cyclosporine*



ENVARUSUS XR **QL, PA**

*gengraf*

KEVZARA **QL, PA**

*mycophenolate mofetil*

*mycophenolic acid*

MYFORTIC

NEORAL

NULOJIX **PA**

PROGRAF

RAPAMUNE

SANDIMMUNE ‡

*sirolimus*

STELARA **QL, PA**

*tacrolimus* **QL**

ZORTRESS **PA**

## **METABOLIC**

ADAGEN

ALDURAZYME **PA**

CEREZYME **PA**

CYSTADANE

ELAPRASE **PA**

ELELYSO ‡ **PA**

FABRAZYME **PA**

LUMIZYME **PA**

NAGLAZYME **PA**

STRENSIQ ‡ **PA**

VIMIZIM

VPRIV **PA**

## **MISC**

ARALAST NP **PA**

ARCALYST **PA**

BERINERT **PA**

BONIVA

CARBAGLU

CERDELGA **QL, PA**

CINRYZE **PA**

CYSTAGON **QL, PA**

ESBRIET **QL, PA**

EXJADE **PA**

FERAHEME

FERRIPROX **PA**

FERRLECIT

FIRAZYR **PA**

FORTEO **PA**

GLASSIA **PA**

HAEGARDA **QL, PA**

HYQVIA HY COMPONENT **PA**

*ibandronate sodium*

ILARIS **QL, PA**

INFED

INJECTAFER

JADENU **PA**

KALBITOR **PA**

KALYDECO **QL, PA**

KEVEYIS **QL, PA**

KUVAN **PA**

NITYR **QL, PA**

OFEV **QL, PA**

ORAFATE

ORFADIN **PA**

ORKAMBI **QL, PA**

*pamidronate disodium*

PROCYSBI **QL, PA**

PROLASTIN C **PA**

PROLIA ‡ **QL, PA**

PROTHELIAL

PULMOZYME **QL, PA**

RECLAST

RUCONEST **QL, PA**

SENSIPAR **QL, PA**

*sod ferric gluconate complex*

SOLESTA

SOMAVERT

SYPRINE **PA**

TRIFERIC

TYBOST ‡

TYSABRI **PA**

VENOFER

VISUDYNE

VIVITROL **PA**

XGEVA **QL, PA**

XIAFLEX

XOFIGO **PA**

XURIDEN

ZAVESCA **PA**

ZEMAIRA **PA**

*zoledronic acid*

ZOMETA

## **MUSCLE RELAXANTS**

GABLOFEN

LIORESAL INTRATHECAL

## **PSYCHOTHERAPEUTIC DRUGS**

NUPLAZID **QL, PA**

## **SEDATIVE/HYPNOTICS**

HETLIOZ **QL, PA**

XYREM **QL, PA**

## **SKIN PREPS**

COSENTYX **QL, PA**

DUPIXENT **QL, PA**

QUTENZA

SILIQ **PA**

TALTZ **QL, PA**

TREMFYA **QL, PA**

## **THYROID PREPS**

THYROGEN **PA**

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- Medications that require temperature control or other special handling/shipping requirements (i.e., refrigerated or frozen shipping)
- Medications that require ongoing drug management by a pharmacist and/or physician specializing in treating the member's condition
- Medications that require focused, in-depth member education, compliance monitoring, side effect management and, often, injection technique education

Generics: Lower case italic. For example, *dexferrum*

Brands: All capital letters. For example, HUMIRA

QL: Quantity Limits apply under some benefits. Check your plan document for coverage details.

PA: Prior Authorization needed under some benefits. Check your plan document for coverage details.

## ANALGESICS

PRIALT

## ANTIARTHRITICS

ELITEK

ENBREL ‡ QL, PA

EUFLEXA ‡ PA

GEL-ONE PA

GENVISC 850 PA

HUMIRA ‡ QL, PA

HUMIRA ‡ QL, PA

HYALGAN PA

HYMOVIS PA

KINERET QL, PA

KRYSTEXXA QL, PA

MONOVISC PA

ORENCIA QL, PA

ORTHOVISC PA

OTEZLA QL, PA

SIMPONI QL, PA

SIMPONI ARIA QL, PA

SUPARTZ FX PA

SYNVISC ‡ PA

SYNVISC-ONE ‡ PA

XELJANZ QL, PA

XELJANZ XR QL, PA

## ANTIASTHMATICS

NUCALA QL, PA

XOLAIR PA

## ANTIBIOTICS

BETHKIS ‡ PA

CAYSTON PA

KITABIS PAK PA

THALOMID QL, PA

TOBI PA

*tobramycin* PA

## ANTICOAGULANTS

ARIXTRA

*enoxaparin sodium*

*fondaparinux sodium*

FRAGMIN

IPRIVASK

LOVENOX

## ANTIHEMORRHAGIC AGENTS

ACTIVASE

ADVATE PA

ADYNOVATE PA

AFSTYLA PA

ALPHANATE PA

ALPHANINE SD

ALPROLIX PA

ATRYN

BEBULIN PA

BENEFIX PA

CATHFLO ACTIVASE

COAGADEX ‡ PA

CORIFACT

CYKLOKAPRON

ELOCTATE PA

FEIBA NF PA

HELIXATE FS PA

HEMOFIL M PA

HUMATE-P PA

IDELVION PA

IXINITY PA

KOATE PA

KOGENATE FS PA

KOVALTRY PA

MONOCLATE-P

MONONINE PA

NOVOEIGHT PA

NOVOSEVEN RT PA

NUWIQ PA

OBIZUR PA

PROFILNINE PA

RECOMBINATE PA

RECOTHROM

RIASTAP

RIXUBIS PA

SOLIRIS PA

THROMBATE III

*tranexamic acid*

TRETEN PA

VONVENDI PA

WILATE PA

XYNTHA PA

## ANTIHYPERTENSIVES

KORLYM PA

## ANTIINFECTIVES/ MISCELLANEOUS

IMPAVIDO

## ANTINEOPLASTICS

ABRAXANE PA

ACTIMMUNE

ADCETRIS PA

*adriamycin*

*adrucil*

AFINITOR QL, PA

ALECENSA QL, PA

ALFERON N

ALIMTA PA

ALKERAN

ALUNBRIG QL, PA

ARRANON

ARZERRA PA

AVASTIN PA

*azacitidine*

BCG (TICE STRAIN)

BELEODAQ PA

*bexarotene* PA

BICNU

BLEO 15K

*bleomycin sulfate*

BLINCYTO

BOSULIF ‡ QL, PA

*busulfan*

BUSULFEX

CABOMETYX QL, PA

CAMPATH PA

CAMPTOSAR

*capecitabine*

CAPRELSA QL, PA

*carboplatin*

† Administered by a healthcare professional or in a healthcare setting

‡ Protein or protein-based molecular entities

‡ Preferred Specialty Product

*cisplatin*  
*cladribine*  
*clofarabine*  
 CLOLAR  
 COMETRIQ **QL, PA**  
 COSMEGEN  
 COTELLIC **QL, PA**  
*cyclophosphamide* **PA**  
 CYRAMZA **PA**  
*cytarabine*  
*dacarbazine*  
 DACOGEN  
 DARZALEX **PA**  
*daunorubicin hcl*  
 DAUNOXOME  
*decitabine*  
 DEPOCYT  
 DOCEFREZ  
*docetaxel*  
 DOXIL  
*doxorubicin hcl*  
*doxorubicin hcl liposome*  
 ELIGARD **PA**  
 ELLENCE  
 EMCYT  
*epirubicin hcl*  
 ERBITUX **PA**  
 ERIVEDGE **QL, PA**  
 ERWINAZE  
 ETOPOPHOS  
*etoposide*  
 EVOMELA  
 FARYDAK **PA**  
 FASLODEX **QL, PA**  
 FIRMAGON **PA**  
*floxuridine*  
*fludarabine phosphate*  
*fluorouracil*  
 FOLOTYN **PA**  
 GAZYVA **PA**  
*gemcitabine hcl*  
 GEMZAR  
 GILOTRIF **QL, PA**  
 GLEEVEC ‡ **QL, PA**  
 HALAVEN **PA**  
 HERCEPTIN **PA**  
 HEXALEN **PA**  
 HYCAMTIN **PA**  
 IBRANCE **QL, PA**  
 ICLUSIG **QL, PA**  
 IDAMYCIN PFS  
*idarubicin hcl*

IDHIFA **QL, PA**  
 IFEX  
*ifosfamide*  
*ifosfamide-mesna*  
 IMBRUVICA **QL, PA**  
 INLYTA ‡ **QL, PA**  
 INTRON A **PA**  
 IRESSA **QL, PA**  
*irinotecan hcl*  
 ISTODAX **PA**  
 IXEMPRA  
 JAKAFI **QL, PA**  
 JEVTANA **PA**  
 KADCYLA **PA**  
 KEYTRUDA **PA**  
 KISQALI **QL, PA**  
 KYPROLIS **PA**  
 LENVIMA **QL, PA**  
*leuprolide acetate* **PA**  
*lipodox*  
*lipodox 50*  
 LONSURF **QL, PA**  
 LUPRON DEPOT **PA**  
 LYNPARZA **PA**  
 LYSODREN  
 MARQIBO **PA**  
 MATULANE  
 MEKINIST **QL, PA**  
*melphalan hcl*  
*mitomycin*  
*mitoxantrone hcl* **PA**  
 MUSTARGEN  
 MYLERAN  
 NAVELBINE  
 NERLYNX **QL, PA**  
 NEXAVAR **QL, PA**  
 NILANDRON  
*nilutamide* **PA**  
 NINLARO **QL, PA**  
 NIPENT  
 ODOMZO **QL, PA**  
 ONCASPAR  
*onxol*  
 OPDIVO **PA**  
*oxaliplatin*  
*paclitaxel*  
 PERJETA **PA**  
 PHOTOFRIN  
 POMALYST **QL, PA**  
 PROLEUKIN **PA**  
 PROVENGE **PA**  
 PURIXAN **PA**

REVLIMID **QL, PA**  
 RITUXAN **PA**  
 RUBRACA **QL, PA**  
 RYDAPT **QL, PA**  
 SPRYCEL **QL, PA**  
 STIVARGA **QL, PA**  
 SUTENT ‡ **QL, PA**  
 SYLATRON **PA**  
 SYLVANT **PA**  
 SYNRIPO **PA**  
 TAFINLAR **QL, PA**  
 TAGRISSO ‡ **QL, PA**  
 TARCEVA **QL, PA**  
 TARGRETIN **PA**  
 TASIGNA ‡ **QL, PA**  
 TAXOTERE  
 TECENTRIQ **PA**  
 TEMODAR ‡ **PA**  
*temozolomide* **PA**  
*teniposide*  
 THERACYS  
*thiotepa*  
*toposar*  
*topotecan hcl*  
 TORISEL **QL, PA**  
 TREANDA **PA**  
 TRELSTAR **PA**  
*tretinoin* **QL**  
 TRISENOX **PA**  
 TYKERB ‡ **QL, PA**  
 UNITUXIN **PA**  
 UVADEX  
 VALCHLOR **QL, PA**  
 VALSTAR  
 VANTAS **PA**  
 VECTIBIX **PA**  
 VELCADE **PA**  
 VENCLEXTA **QL, PA**  
 VENCLEXTA STARTING  
 PACK **QL, PA**  
 VIDAZA  
*vinblastine sulfate*  
*vincasar pfs*  
*vincristine sulfate*  
*vinorelbine tartrate*  
 VOTRIENT **QL, PA**  
 XALKORI **QL, PA**  
 XELODA **QL, PA**  
 XTANDI **QL, PA**  
 YERVOY **PA**  
 ZALTRAP **PA**  
 ZANOSAR  
 ZEJULA **QL, PA**

ZELBORAF **QL, PA**  
 ZEVALIN  
 ZOLADEX ‡ **PA**  
 ZOLINZA **QL, PA**  
 ZYDELIG **QL, PA**  
 ZYKADIA **QL, PA**  
 ZYTIGA ‡ **QL, PA**

**ANTIPARKINSON  
 DRUGS**  
 APOKYN **PA**  
 DUOPA **QL, PA**  
 GOCOVRI **QL, PA**

**ANTIVIRALS**  
*abacavir*  
*abacavir-lamivudine*  
*abacavir-lamivudine-zidovudine*  
*adefovir dipivoxil*  
 APTIVUS ‡  
 ATRIPLA ‡  
 BARACLUDE **QL, PA**  
*cidofovir*  
 COMBIVIR  
 COMPLERA ‡  
 COPEGUS **QL, PA**  
 CRIXIVAN ‡  
 CYTOVENE  
 DAKLINZA **QL, PA**  
 DESCOVY **QL**  
*didanosine*  
 EDURANT ‡  
 EMTRIVA ‡  
*entecavir* **QL**  
 EPCLUSA ‡ **QL, PA**  
 EPIVIR  
 EPIVIR HBV  
 EPZICOM  
 EVOTAZ  
*fosamprenavir calcium*  
 FUZEON **QL**  
*ganciclovir*  
*ganciclovir sodium*  
 GENVOYA  
 HARVONI ‡ **QL, PA**  
 HEPSERA **QL, PA**  
 INTELENCE ‡  
 INVIRASE ‡  
 ISENTRESS  
 ISENTRESS ‡  
 ISENTRESS HD ‡

KALETRA  
*lamivudine*  
*lamivudine hbv*  
*lamivudine-zidovudine*  
 LEXIVA  
*lopinavir-ritonavir* ‡  
 MAVYRET ‡ **QL, PA**  
 MODERIBA **QL, PA**  
*nevirapine*  
*nevirapine er*  
 NORVIR  
 ODEFSEY  
 OLYSIO **QL, PA**  
 PEGASYS **PA**  
 PEGINTRON ‡ **PA**  
 PREZCOBIX  
 PREZISTA ‡  
 REBETOL **QL, PA**  
 RESCRIPTOR  
 RETROVIR  
 REYATAZ ‡  
 RIBASPHERE **QL, PA**  
 RIBATAB **QL, PA**  
*ribavirin* **QL, PA**  
 SELZENTRY ‡  
 SOVALDI ‡ **QL, PA**  
*stavudine*  
 STRIBILD  
 SUSTIVA  
 SYNAGIS **PA**  
 TECHNIVIE **QL, PA**  
 TIVICAY  
 TRIUMEQ  
 TRIZIVIR  
 TRUVADA ‡  
 TYZEKA **QL, PA**  
 VEMPLIDY **QL, PA**  
 VIDEX ‡  
 VIDEX EC  
 VIEKIRA XR **QL, PA**  
 VIRACEPT ‡  
 VIRAMUNE  
 VIRAMUNE XR  
 VIREAD  
 VIREAD ‡  
 VISTIDE  
 VOSEVI ‡ **QL, PA**  
 ZEPATIER **QL, PA**  
 ZERIT  
 ZIAGEN  
*zidovudine*

## AUTONOMIC DRUGS

BOTOX **PA**  
BOTOX COSMETIC **PA**  
DYSPORT **PA**  
MYOBLOC **PA**  
NORTHERA **QL, PA**  
XEOMIN **PA**

## BIOLOGICALS

ATGAM  
BIVIGAM **PA**  
CARIMUNE NF  
NANOFILTERED **PA**  
CUVITRU **PA**  
CYTOGAM  
FLEBOGAMMA DIF **PA**  
GAMASTAN S-D **PA**  
GAMMAGARD LIQUID **PA**  
GAMMAGARD S-D **PA**  
GAMMAKED **PA**  
GAMMAPLEX **PA**  
GAMUNEX-C **PA**  
HEPAGAM B  
HIZENTRA **PA**  
HYPERHEP B S-D  
HYPERRAB S-D  
HYPERRHO S-D  
HYPERTET S-D  
HYQVIA **PA**  
HYQVIA IG COMPONENT **PA**  
IMOGAM RABIES-HT  
MICRHOGAM ULTRA-FILTERED  
PLUS  
NABI-HB  
OCTAGAM **PA**  
ORALAIR **PA**  
PRIVIGEN **PA**  
RHOGAM ULTRA-FILTERED  
PLUS  
RHOPHYLAC  
VARIZIG  
WINRHO SDF

## CARDIAC DRUGS

*dofetilide*  
TIKOSYN

## CARDIOVASCULAR

ADCIRCA **QL, PA**  
ADEMPAS **QL, PA**

*epoprostenol sodium*  
FLOLAN **PA**  
HEMANGEOL  
JUXTAPID **QL, PA**  
KYNAMRO **QL, PA**  
LETAIRIS ‡ **QL, PA**  
OPSUMIT **QL, PA**  
ORENITRAM ER **QL, PA**  
PRALUENT ‡ **QL, PA**  
REMODULIN **PA**  
REPATHA  
PUSHTRONEX ‡ **QL, PA**  
REPATHA ‡ **QL, PA**  
REVATIO **QL, PA**  
*sildenafil* **QL, PA**  
*sildenafil citrate* **PA**  
TRACLEER ‡ **QL, PA**  
TYVASO **QL, PA**  
UPTRAVI **QL, PA**  
VECAMYL **PA**  
VELETRI **PA**  
VENTAVIS **QL, PA**

## CHEMOTHERAPY

*amifostine*  
*dexrazoxane* **PA**  
ETHYOL  
FUSILEV  
*leucovorin calcium*  
*mesna*  
MESNEX  
VISTOGARD  
VORAXAZE  
ZINECARD **PA**

## CNS DRUGS

AMPYRA ‡ **QL, PA**  
AUBAGIO ‡ **QL, PA**  
AUSTEDO **QL, PA**  
AVONEX ‡ **QL, PA**  
AVONEX PEN ‡ **QL, PA**  
BETASERON **QL, PA**  
COPAXONE ‡ **QL, PA**  
EXTAVIA **QL, PA**  
GILENYA ‡ **QL, PA**  
*glatopa* **QL, PA**  
INGREZZA **QL, PA**  
ONFI **PA**  
PLEGRIDY ‡ **QL, PA**  
REBIF **QL, PA**  
SABRIL **QL, PA**  
TECFIDERA ‡ **QL, PA**

tetrabenazine **PA**  
*vigabatrin* ‡ **QL, PA**  
XENAZINE **PA**  
ZINBRYTA **QL, PA**

## COLONY STIMULATING FACTORS

ARANESP ‡ **PA**  
EPOGEN **PA**  
GRANIX **PA**  
LEUKINE **PA**  
MIRCERA **PA**  
MOZOBIL **PA**  
NEULASTA ‡ **PA**  
NEUPOGEN ‡ **PA**  
NPLATE **PA**  
PROCRIT ‡ **PA**  
PROMACTA **PA**  
ZARXIO **QL, PA**

## CONTRACEPTIVES

KYLEENA ‡  
LILETTA  
MIRENA ‡  
NEXPLANON  
PARAGARD T 380-A  
SKYLA ‡

## DIURETICS

SAMSCA **QL, PA**

## EENT PREPS

*bevacizumab* **PA**  
CYSTARAN **QL, PA**  
EYLEA **QL, PA**  
ILUVIEN **QL**  
JETREA **PA**  
LUCENTIS **QL, PA**  
MACUGEN **QL, PA**  
OZURDEX **QL**  
RETISERT **QL**

## GASTROINTESTINAL

AKYNZEO **QL, PA**  
ANZEMET  
BUPHENYL  
CESAMET **QL, PA**  
CHENODAL  
CHOLBAM **QL, PA**  
CIMZIA **QL, PA**  
EMEND **QL**  
ENTYVIO **QL, PA**  
FULYZAQ  
GATTEX **PA**  
*granisetron hcl*  
KEPIVANCE  
MYTESI  
OCALIVA **QL, PA**  
*ondansetron hcl*  
RAVICTI **QL, PA**  
REMICADE **QL, PA**  
RENFLEXIS **QL, PA**  
SANCUSO **QL**  
*sodium phenylbutyrate*  
SUCRAID  
VARUBI **PA**  
VARUBI **QL, PA**  
XERMELO **PA**  
ZOFRAN

## HORMONES

ACTHREL **PA**  
AVEED **PA**  
BRAVELLE ‡ **PA**  
CETROTIDE ‡ **PA**  
*chorionic gonadotropin*  
EGRIFTA **QL, PA**  
EMFLAZA **PA**  
ENDOMETRIN ‡  
FOLLISTIM AQ **PA**  
*ganirelix acetate*  
GENOTROPIN **PA**  
GONAL-F ‡ **PA**  
GONAL-F RFF ‡ **PA**  
H.P. ACTHAR **PA**  
HUMATROPE **PA**  
*hydroxyprogesterone caproate* **PA**  
INCRELEX **PA**  
LUPANETA PACK  
LUPRON DEPOT **PA**  
LUPRON DEPOT-PED **PA**  
MAKENA ‡ **PA**  
MENOPUR ‡ **PA**  
MIACALCIN  
MYALEPT **PA**  
NATPARA **PA**  
NORDITROPIN FLEXPRO ‡ **PA**  
NOVAREL **PA**  
NUTROPIN AQ **PA**  
*octreotide acetate* **PA**  
OMNITROPE **PA**  
OVIDREL ‡ **PA**  
PREGNYL **PA**

SAIZEN **PA**  
SANDOSTATIN **QL, PA**  
SANDOSTATIN LAR  
DEPOT **QL, PA**  
SEROSTIM **QL, PA**  
SIGNIFOR **PA**  
SIGNIFOR LAR **QL, PA**  
SOMATULINE DEPOT **QL, PA**  
STIMATE  
SUPPRELIN LA **PA**  
SYNAREL **PA**  
TESTOPEL **PA**  
TYMLOS **QL, PA**  
ZOMACTON **PA**  
ZORBITIVE **QL, PA**

## HYPERPARATHYROID

*doxercalciferol*  
HECTOROL  
*paricalcitol*  
RAYALDEE  
ZEMPLAR **PA**

## IMMUNOMODULATOR

BENLYSTA **QL, PA**

## IMMUNOSUPPRESSANTS

ACTEMRA **QL, PA**  
ASTAGRAF XL **QL, PA**  
CELLCEPT  
*cyclosporine*  
ENVARUS XR **QL, PA**  
*gengraf*  
KEVZARA **QL, PA**  
*mycophenolate mofetil*  
*mycophenolic acid*  
MYFORTIC  
NEORAL  
NULOJIX **PA**  
PROGRAF  
RAPAMUNE  
SANDIMMUNE ‡  
*sirolimus*  
STELARA **QL, PA**  
*tacrolimus* **QL**  
ZORTRESS **PA**  
**METABOLIC**  
ADAGEN  
ALDURAZYME **PA**  
CEREZYME **PA**  
CYSTADANE  
ELAPRASE **PA**  
ELELYSO ‡ **PA**

FABRAZYME **PA**  
LUMIZYME **PA**  
NAGLAZYME **PA**  
STRENSIQ ‡ **PA**  
VIMIZIM  
VPRIV **PA**

## MISC

ARALAST NP **PA**  
ARCALYST **PA**  
BERINERT **PA**  
BONIVA  
CARBAGLU  
CERDELGA **QL, PA**  
CINRYZE **PA**  
CYSTAGON **QL, PA**  
ESBRIET **QL, PA**  
EXJADE **PA**  
FERAHEME  
FERRIPROX **PA**  
FERRLECIT  
FIRAZYR **PA**  
FORTEO **PA**  
GLASSIA **PA**  
HAEGARDA **QL, PA**  
HYQVIA HY COMPONENT **PA**  
*ibandronate sodium*  
ILARIS **QL, PA**  
INFED  
INJECTAFER  
JADENU **PA**  
KALBITOR **PA**  
KALYDECO **QL, PA**  
KEVEYIS **QL, PA**  
KUVAN **PA**  
NITYR **QL, PA**  
OFEV **QL, PA**  
ORAFATE  
ORFADIN **PA**  
ORKAMBI **QL, PA**  
*pamidronate disodium*  
PROCYSBI **QL, PA**  
PROLASTIN C **PA**  
PROLIA ‡ **QL, PA**  
PROTHELIAL  
PULMOZYME **QL, PA**  
RECLAST  
RUCONEST **QL, PA**  
SENSIPAR **QL, PA**  
*sod ferric gluconate complex*  
SOLESTA  
SOMAVERT

SYPRINE **PA**  
TRIFERIC  
TYBOST ‡  
TYSABRI **PA**  
VENOFER  
VISUDYNE  
VIVITROL **PA**  
XGEVA **QL, PA**  
XIAFLEX  
XOFIGO **PA**  
XURIDEN  
ZAVESCA **PA**  
ZEMAIRA **PA**  
*zoledronic acid*  
ZOMETA

## MUSCLE RELAXANTS

GABLOFEN  
LIORESAL INTRATHECAL

## PSYCHOTHERAPEUTIC DRUGS

NUPLAZID **QL, PA**

## SEDATIVE/HYPNOTICS

HETLIOZ **QL, PA**  
XYREM **QL, PA**

## SKIN PREPS

COSENTYX **QL, PA**  
DUPIXENT **QL, PA**  
QUTENZA  
TALTZ **QL, PA**  
TREMIFYA **QL, PA**

## THYROID PREPS

THYROGEN **PA**

# 2018 Precision Formulary Exclusions List

| Therapeutic Category                             | Excluded Medications  | Preferred Alternatives   |
|--|---|--|
| <b>ANALGESICS</b>                                |   |  |
| Non-Steroidal Anti-Inflammatory Agents           | Cambia  | diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin |
| <b>ANTICONVULSANTS</b>                           |   |  |
| Antiepilepsy                                     | Trokendi XR, Qudexy XR  | topiramate ER  |
| <b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>    |   |  |
| Oral Long-Acting Opioid Analgesics               | Hysingla ER, Kadian, Nucynta ER, Xtampza ER, Zohydro ER   | hydromorphone HCl ER, morphine sulfate ER, oxycodone HCl ER, oxymorphone HCl ER, Embeda  |
| Transmucosal Fentanyl Analgesics                 | Abstral, Fentora, Lazanda, Subsys   | fentanyl citrate lozenge   |
| <b>DERMATOLOGICAL AGENTS</b>                     |   |  |
| Topical Acne Treatment                           | Acanya, Aktipak, Benzacilin, Benzacilin Pump, Benzamycin, Duac, Veltin, Ziana Gel   | Epiduo/ Epiduo Forte, Onexton  |
| Non-Steroidal Anti-Inflammatory                  | Pennsaid  | diclofenac topical solution  |
| <b>DIABETES</b>                                  |   |  |
| Blood Glucose Meters & Strips                    | Abbott (FreeStyle, Precision), Arkray(Glucocard), Bayer (Breeze, Contour), Nipro (TRUetest, TRUetrack), Roche (Accu-Chek) | Lifescan (One Touch)   |
| Dipeptidyl Peptidase-4 Inhibitors & Combinations | alogliptin, alogliptin with metformin, alogliptin with pioglitazone, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni        | Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta   |
| Sodium-glucose co-transporter (SGLT2) Inhibitors | Farxiga, Xigduo XR  | Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy, Synjardy XR  |
| Glucagon-Like Peptide-1 Agonists                 | Adlyxin , Tanzeum   | Bydureon, Byetta, Trulicity, Victoza   |
| Insulins   | Novolin   | Humulin  |
| Rapid-acting insulin                             | Apidra, NovoLog   | Humalog  |
| Basal insulin                                    | Basaglar, Levemir, Tresiba  | Lantus, Toujeo   |
| Biguanides                                       | Glumetza, Fortamet  | Metformin ER (Glucophage generic), Metformin IR, Riomet  |

| <b>ENDOCRINE (OTHER)</b>   |   |  |
|--|---|--|
| <b>Topical Testosterone Products</b>   | Androgel Gel 1% (25mg, 50mg), Axiron, Fortesta, Testim, Vogelxo | Androgel 1.62%   |
| <b>GASTROINTESTINAL</b>  |   |  |
| <b>Anti-Inflammatory/Anti-Ulcer Agents</b>   | Duexis, Vimovo  | famotidine PLUS ibuprofen, omeprazole PLUS naproxen                                  |
|  | Zorvolex  | ibuprofen, naproxen  |
| <b>Pancreatic Enzymes</b>  | Pancrease, Pertzye, Ultresa, Viokace                            | Creon, Zenpep  |
| <b>Inflammatory Bowel Disease</b>  | Asacol HD, Delzicol, mesalamine 800 mg DR tablet, Lialda        | Apriso   |
| <b>Opioid-Induced Constipation</b>   | Movantik  | Amitiza  |
| <b>MUSCULOSKELETAL</b>   |   |  |
| <b>Muscle Relaxant</b>   | Amrix   | cyclobenzaprine  |
| <b>OPHTHALMIC</b>  |   |  |
| <b>Antiglaucoma Drugs</b>  | Rescula, Zioptan  | latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z |
| <b>RESPIRATORY</b>   |   |  |
| <b>Pulmonary Anti-Inflammatory Inhalers</b>  | Alvesco, Asmanex, QVAR  | Arnuity Ellipta, Flovent Diskus/HFA, Pulmicort Flexhaler                             |
| <b>Pulmonary Anti-Inflammatory / Long-Acting Beta Agonist Combination Inhalers</b> | AirDuo, Dulera  | Advair Diskus, Advair HFA, Breo Ellipta, Symbicort                                   |
| <b>Short-Acting Beta-2 Adrenergic Inhalers</b>                                     | levalbuterol HFA, Proventil HFA, Xopenex HFA                    | ProAir HFA, Ventolin HFA   |
| <b>Chronic Obstructive Pulmonary Disease (inhaled anticholinergics)</b>            | Tudorza   | Incruse Ellipta, Spiriva   |
| <b>UROLOGICAL</b>  |   |  |
| <b>Erectile Dysfunction Oral Agents</b>  | Levitra, Staxyn, Stendra  | Cialis, Viagra   |

## Required Prior Authorization Additions<sup>2</sup>

| Therapeutic Class                        | Non-Preferred Medications  | Preferred Medications                                   |
|--|--|---|
| <b>Hepatitis C</b>                       | All other brands <sup>1</sup> non-preferred with prior authorization | Epclusa, Harvoni, Sovaldi, Mavyret, Vosevi              |
| <b>Immunomodulators</b>                  | All other brands non-preferred with prior authorization              | Humira, Enbrel  |
| <b>Multiple Sclerosis</b>                | All other brands non-preferred with prior authorization              | Aubagio, Avonex, Copaxone, Gilenya, Plegridy, Tecfidera |
| <b>Erythropoiesis-Stimulating Agents</b> | All other brands non-preferred with prior authorization              | Aranesp, Procrit  |
| <b>Growth Hormones</b>                   | All other brands non-preferred with prior authorization              | Norditropin   |

<sup>1</sup> Grandfathering allowed; no duration limit. All other therapeutic classes do not allow Grandfathering, no exceptions.

<sup>2</sup> All medications require a Prior Authorization. Use of a non-preferred medication requires clinical failure or intolerance of a preferred medication prior to beginning therapy.



# Sections



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## 2019-2020 MINIMUM ESSENTIAL COVERAGE PLANS

Benefit amounts shown below are paid by the insurance carrier on an unlimited per diem basis.  
Any balance remaining is the responsibility of the plan participant.

| BENEFITS  | MEC BASIC PLAN           |
|---|--------------------------|
| Daily Hospital Confinement  | \$450/day, 2X for ICU    |
| Regular Office Visits (Non-Wellness)  | \$40/visit               |
| Specialist Office Visits (Non-Wellness)   | \$60/visit               |
| <b>Prescription Drug Copays</b>   |                          |
| Generic   | \$10                     |
| Formulary   | \$25                     |
| Non-Formulary   | \$40                     |
| <b>Surgery</b>  |                          |
| Inpatient   | \$1,000                  |
| Outpatient  | \$500                    |
| Office Visit  | \$100                    |
| Anesthesia  | \$100/day                |
| Ambulance   | \$100 ground / \$500 air |
| Emergency Room  | \$75/visit               |
| Urgent Care   | \$40/visit               |
| <b>Diagnostic</b>   |                          |
| Lab   | \$10                     |
| X-Ray/Ultrasound  | \$50                     |
| PET   | \$150                    |
| CT Scan   | \$200                    |
| MRI   | \$350                    |
| Preventive Care<br>see <a href="http://elevantahealth.com">elevantahealth.com</a> for a complete list | 100%                     |
| Chiropractic  | \$25/visit               |
| Physical Therapy  | \$25/visit               |
| Inpatient Mental Health   | \$100/day                |
| Inpatient Substance Abuse   | \$100/day                |
| Extended Care Facility  | \$100/day                |
| Basic Term Life Insurance   | \$10,000 employee-only   |

The Elevanta Health MEC plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via [provider.bcbs.com](http://provider.bcbs.com).

All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. MEC plans are not available in the state of Minnesota. Please refer to the Summary Plan Description (SPD) for further details.



## 2019-2020 MINIMUM ESSENTIAL COVERAGE PLANS

Benefit amounts shown below are paid by the insurance carrier on an unlimited per diem basis.  
Any balance remaining is the responsibility of the plan participant.

| BENEFITS  | MEC CHOICE PLAN          |
|---|--------------------------|
| Daily Hospital Confinement  | \$2,000/day, 2X for ICU  |
| Regular Office Visits (Non-Wellness)  | \$60/visit               |
| Specialist Office Visits (Non-Wellness)   | \$80/visit               |
| <b>Prescription Drug Copays</b>   |                          |
| Generic   | \$15                     |
| Formulary   | \$75                     |
| Non-Formulary   | \$100                    |
| <b>Surgery</b>  |                          |
| Inpatient   | \$3,000                  |
| Outpatient  | \$2,000                  |
| Office Visit  | \$175                    |
| Anesthesia  | \$300/day                |
| Ambulance   | \$150 ground / \$750 air |
| Emergency Room  | \$200/visit              |
| Urgent Care   | \$60/visit               |
| <b>Diagnostic</b>   |                          |
| Lab   | \$15                     |
| X-Ray/Ultrasound  | \$75                     |
| PET   | \$225                    |
| CT Scan   | \$300                    |
| MRI   | \$500                    |
| Preventive Care<br>see <a href="http://elevantahealth.com">elevantahealth.com</a> for a complete list | 100%                     |
| Chiropractic  | \$35/visit               |
| Physical Therapy  | \$35/visit               |
| Inpatient Mental Health   | \$200/day                |
| Inpatient Substance Abuse   | \$200/day                |
| Extended Care Facility  | \$200/day                |
| Basic Term Life Insurance   | \$10,000 employee-only   |

The Elevanta Health MEC plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via [provider.bcbs.com](http://provider.bcbs.com).

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## 2019-2020 MAJOR MEDICAL PPO PLANS

| BENEFITS                                       | BRONZE BASIC  |  |
|--|---|--|
|  | IN-NETWORK  | OUT-OF-NETWORK   |
| <b>DEDUCTIBLES (PER YEAR)</b>                  |   |  |
| <b>Medical Deductible</b>                      |   |  |
| Individual                                     | \$5,500   | \$11,000   |
| Family   | \$11,000  | \$22,000   |
| <b>Prescription Drug Deductible</b>            |   |  |
| Individual                                     | \$200   | Not Covered  |
| Family   | \$400   |  |
| <b>OUT-OF-POCKET MAXIMUM (PER YEAR)</b>        |   |  |
| <b>Coinsurance/Copay Out-of-Pocket Maximum</b> |   |  |
| Individual                                     | \$2,200   | \$4,400  |
| Family   | \$4,400   | \$8,800  |
| <b>Health Care Out-of-Pocket Maximum</b>       |   |  |
| Individual                                     | \$7,900   | \$15,400   |
| Family   | \$15,800  | \$30,800   |
| <b>COPAYMENTS/COINSURANCE</b>                  |   |  |
| Coinsurance                                    | 50%   | 50%  |
| Adult and Child Preventive Services            | 100%  | 50% coinsurance after deductible                       |
| <b>Office Visit Copays</b>                     |   |  |
| Primary Care Physician                         | Combined total of 1 visit @ 100% coinsurance, then 50% coinsurance after deductible | 50% coinsurance after deductible                       |
| Urgent Care Services                           |   | 50% coinsurance after deductible                       |
| Specialist Office Visit                        |   | 50% coinsurance after deductible                       |
| Inpatient Hospital Services                    | \$400 copayment, then 50% coinsurance after deductible                              | \$400 copayment, then 50% coinsurance after deductible |
| Emergency Room                                 | \$350 copayment, then 50% coinsurance after deductible                              | \$350 copayment, then 50% coinsurance after deductible |
| Prenatal and Postnatal Care                    | \$50 copayment, then 50% coinsurance after deductible                               | 50% coinsurance after deductible                       |
| <b>Prescription Drug Copays</b>                |   |  |
| Generic  | 50% coinsurance after \$200 prescription deductible                                 | Not Covered  |
| Preferred Brand Drug                           |   |  |
| Non-Preferred Brand Drug                       |   |  |
| Mail Order Generic/Preferred/Non-Preferred     |   |  |
| <b>Basic Term Life Insurance</b>               | \$10,000 employee-only  |  |

The Elevanta Health major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via provider.bcbs.com. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1.

Major medical plans not available in the state of Minnesota.

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## 2019-2020 MAJOR MEDICAL PPO PLANS

| BENEFITS                                       | BRONZE PREFERRED   |   |
|--|--|---|
|  | IN-NETWORK   | OUT-OF-NETWORK  |
| <b>DEDUCTIBLES (PER YEAR)</b>                  |  |   |
| <b>Medical Deductible</b>                      |  |   |
| Individual                                     | \$4,000  | \$8,000   |
| Family   | \$8,000  | \$16,000  |
| <b>Prescription Drug Deductible</b>            |  |   |
| Individual                                     | \$50   | Not Covered   |
| Family   | \$100  |   |
| <b>OUT-OF-POCKET MAXIMUM (PER YEAR)</b>        |  |   |
| <b>Coinsurance/Copay Out-of-Pocket Maximum</b> |  |   |
| Individual                                     | \$3,450  | \$7,000   |
| Family   | \$7,000  | \$14,000  |
| <b>Health Care Out-of-Pocket Maximum</b>       |  |   |
| Individual                                     | \$7,500  | \$15,000  |
| Family   | \$15,100   | \$30,000  |
| <b>COPAYMENTS/COINSURANCE</b>                  |  |   |
| Coinsurance                                    | 70%  | 50% coinsurance after deductible                          |
| Adult and Child Preventive Services            | 100%   | 50% coinsurance after deductible                          |
| <b>Office Visit Copays</b>                     |  |   |
| Primary Care Physician                         | \$40   | 50% coinsurance after deductible                          |
| Urgent Care Services                           | \$75   | 50% coinsurance after deductible                          |
| Specialist Office Visit                        | \$60   | 50% coinsurance after deductible                          |
| Inpatient Hospital Services                    | \$400 copayment, then<br>70% coinsurance after deductible                  | \$400 copayment, then<br>50% coinsurance after deductible |
| Emergency Room                                 | \$300 copayment, then<br>70% coinsurance after deductible                  | \$300 copayment, then<br>50% coinsurance after deductible |
| Prenatal and Postnatal Care                    | \$60 copayment for initial visit, then<br>70% coinsurance after deductible | 50% coinsurance after deductible                          |
| <b>Prescription Drug Copays</b>                |  |   |
| Generic  | \$25   | Not Covered   |
| Preferred Brand Drug                           | \$55   |   |
| Non-Preferred Brand Drug                       | \$80   |   |
| Mail Order Generic/Preferred/Non-Preferred     | \$50/\$110/\$160   |   |
| <b>Basic Term Life Insurance</b>               | \$10,000 employee-only   |   |

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Major medical plans not available in the state of Minnesota.

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## 2019-2020 MAJOR MEDICAL PPO PLANS

| BENEFITS                                       | SILVER BALANCED  |   |
|--|--|---|
|  | IN-NETWORK   | OUT-OF-NETWORK  |
| <b>DEDUCTIBLES (PER YEAR)</b>                  |  |   |
| <b>Medical Deductible</b>                      |  |   |
| Individual                                     | \$1,500  | \$3,000   |
| Family   | \$3,000  | \$6,000   |
| <b>Prescription Drug Deductible</b>            |  |   |
| Individual                                     | \$50   | Not Covered   |
| Family   | \$100  |   |
| <b>OUT-OF-POCKET MAXIMUM (PER YEAR)</b>        |  |   |
| <b>Coinsurance/Copay Out-of-Pocket Maximum</b> |  |   |
| Individual                                     | \$5,600  | \$11,300  |
| Family   | \$11,200   | \$22,600  |
| <b>Health Care Out-of-Pocket Maximum</b>       |  |   |
| Individual                                     | \$7,150  | \$14,300  |
| Family   | \$14,300   | \$28,600  |
| <b>COPAYMENTS/COINSURANCE</b>                  |  |   |
| Coinsurance                                    | 70%  | 50%   |
| Adult and Child Preventive Services            | 100%   | 50% coinsurance after deductible                          |
| <b>Office Visit Copays</b>                     |  |   |
| Primary Care Physician                         | \$60   | 50% coinsurance after deductible                          |
| Urgent Care Services                           | \$75   | 50% coinsurance after deductible                          |
| Specialist Office Visit                        | \$75   | 50% coinsurance after deductible                          |
| Inpatient Hospital Services                    | \$300 copayment, then<br>70% coinsurance after deductible              | \$300 copayment, then<br>50% coinsurance after deductible |
| Emergency Room                                 | \$200 copayment, then<br>70% coinsurance after deductible              | \$200 copayment, then<br>50% coinsurance after deductible |
| Prenatal and Postnatal Care                    | \$50 copay for initial visit, then<br>70% coinsurance after deductible | 50% coinsurance after deductible                          |
| <b>Prescription Drug Copays</b>                |  |   |
| Generic  | \$20   | Not Covered   |
| Preferred Brand Drug                           | \$50   |   |
| Non-Preferred Brand Drug                       | \$80   |   |
| Mail Order Generic/Preferred/Non-Preferred     | \$40/\$100/\$160   |   |
| <b>Basic Term Life Insurance</b>               | \$10,000 employee-only   |   |

The Elevanta Health major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via provider.bcbs.com. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1.

Major medical plans not available in the state of Minnesota.

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## 2019-2020 MAJOR MEDICAL PPO PLANS

| BENEFITS                                       | SILVER BASIC   |   |
|--|--|---|
|  | IN-NETWORK   | OUT-OF-NETWORK  |
| <b>DEDUCTIBLES (PER YEAR)</b>                  |  |   |
| <b>Medical Deductible</b>                      |  |   |
| Individual                                     | \$3,000  | \$6,000   |
| Family   | \$6,000  | \$12,000  |
| <b>Prescription Drug Deductible</b>            |  |   |
| Individual                                     | \$75   | Not Covered   |
| Family   | \$150  |   |
| <b>OUT-OF-POCKET MAXIMUM (PER YEAR)</b>        |  |   |
| <b>Coinsurance/Copay Out-of-Pocket Maximum</b> |  |   |
| Individual                                     | \$3,775  | \$7,700   |
| Family   | \$7,550  | \$15,400  |
| <b>Health Care Out-of-Pocket Maximum</b>       |  |   |
| Individual                                     | \$6,850  | \$13,700  |
| Family   | \$13,700   | \$27,400  |
| <b>COPAYMENTS/COINSURANCE</b>                  |  |   |
| Coinsurance                                    | 70%  | 50%   |
| Adult and Child Preventive Services            | 100%   | 50% coinsurance after deductible                          |
| <b>Office Visit Copays</b>                     |  |   |
| Primary Care Physician                         | \$30   | 50% coinsurance after deductible                          |
| Urgent Care Services                           | \$75   | 50% coinsurance after deductible                          |
| Specialist Office Visit                        | \$60   | 50% coinsurance after deductible                          |
| Inpatient Hospital Services                    | \$300 copayment, then<br>70% coinsurance after deductible                  | \$300 copayment, then<br>50% coinsurance after deductible |
| Emergency Room                                 | \$250 copayment, then<br>70% coinsurance after deductible                  | \$250 copayment, then<br>50% coinsurance after deductible |
| Prenatal and Postnatal Care                    | \$60 copayment for initial visit, then<br>70% coinsurance after deductible | 50% coinsurance after deductible                          |
| <b>Prescription Drug Copays</b>                |  |   |
| Generic  |  |   |
| Preferred Brand Drug                           | 70% coinsurance after \$75<br>prescription deductible                      | Not Covered   |
| Non-Preferred Brand Drug                       |  |   |
| Mail Order Generic/Preferred/Non-Preferred     |  |   |
| <b>Basic Term Life Insurance</b>               | \$10,000 employee-only   |   |

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Major medical plans not available in the state of Minnesota.

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## 2019-2020 MAJOR MEDICAL PPO PLANS

| BENEFITS                                       | SILVER CHOICE  |   |
|--|--|---|
|  | IN-NETWORK   | OUT-OF-NETWORK  |
| <b>DEDUCTIBLES (PER YEAR)</b>                  |  |   |
| <b>Medical Deductible</b>                      |  |   |
| Individual                                     | \$2,000  | \$4,000   |
| Family   | \$4,000  | \$8,000   |
| <b>Prescription Drug Deductible</b>            |  |   |
| Individual                                     | \$50   | Not Covered   |
| Family   | \$100  |   |
| <b>OUT-OF-POCKET MAXIMUM (PER YEAR)</b>        |  |   |
| <b>Coinsurance/Copay Out-of-Pocket Maximum</b> |  |   |
| Individual                                     | \$4,800  | \$9,700   |
| Family   | \$9,600  | \$19,400  |
| <b>Health Care Out-of-Pocket Maximum</b>       |  |   |
| Individual                                     | \$6,850  | \$13,700  |
| Family   | \$13,700   | \$27,400  |
| <b>COPAYMENTS/COINSURANCE</b>                  |  |   |
| <b>Coinsurance</b>                             | 80%  | 60%   |
| <b>Adult and Child Preventive Services</b>     | 100%   | 60% coinsurance after deductible                          |
| <b>Office Visit Copays</b>                     |  |   |
| Primary Care Physician                         | \$30   | 60% coinsurance after deductible                          |
| Urgent Care Services                           | \$50   | 60% coinsurance after deductible                          |
| Specialist Office Visit                        | \$50   | 60% coinsurance after deductible                          |
| <b>Inpatient Hospital Services</b>             | \$300 copayment, then<br>80% coinsurance after deductible                  | \$300 copayment, then<br>60% coinsurance after deductible |
| <b>Emergency Room</b>                          | \$200 copayment, then<br>80% coinsurance after deductible                  | \$200 copayment, then<br>60% coinsurance after deductible |
| <b>Prenatal and Postnatal Care</b>             | \$50 copayment for initial visit, then<br>80% coinsurance after deductible | 60% coinsurance after deductible                          |
| <b>Prescription Drug Copays</b>                |  |   |
| Generic  | \$20   | Not Covered   |
| Preferred Brand Drug                           | \$50   |   |
| Non-Preferred Brand Drug                       | \$80   |   |
| Mail Order Generic/Preferred/Non-Preferred     | \$40/\$100/\$160   |   |
| <b>Basic Term Life Insurance</b>               | \$10,000 employee-only   |   |

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Major medical plans not available in the state of Minnesota.

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## 2019-2020 MAJOR MEDICAL PPO PLANS

| BENEFITS                                       | GOLD BALANCED  |   |
|--|--|---|
|  | IN-NETWORK   | OUT-OF-NETWORK  |
| <b>DEDUCTIBLES (PER YEAR)</b>                  |  |   |
| <b>Medical Deductible</b>                      |  |   |
| Individual                                     | \$500  | \$1,500   |
| Family   | \$1,000  | \$3,000   |
| <b>Prescription Drug Deductible</b>            |  |   |
| Individual                                     | \$50   | Not Covered   |
| Family   | \$100  |   |
| <b>OUT-OF-POCKET MAXIMUM (PER YEAR)</b>        |  |   |
| <b>Coinsurance/Copay Out-of-Pocket Maximum</b> |  |   |
| Individual                                     | \$6,600  | \$19,950  |
| Family   | \$13,200   | \$39,900  |
| <b>Health Care Out-of-Pocket Maximum</b>       |  |   |
| Individual                                     | \$7,150  | \$21,450  |
| Family   | \$14,300   | \$42,900  |
| <b>COPAYMENTS/COINSURANCE</b>                  |  |   |
| <b>Coinsurance</b>                             | 80%  | 60%   |
| <b>Adult and Child Preventive Services</b>     | 100%   | 60% coinsurance after deductible                          |
| <b>Office Visit Copays</b>                     |  |   |
| Primary Care Physician                         | \$25   | 60% coinsurance after deductible                          |
| Urgent Care Services                           | \$45   | 60% coinsurance after deductible                          |
| Specialist Office Visit                        | \$45   | 60% coinsurance after deductible                          |
| <b>Inpatient Hospital Services</b>             | \$300 copayment, then<br>80% coinsurance after deductible                  | \$300 copayment, then<br>60% coinsurance after deductible |
| <b>Emergency Room</b>                          | \$150 copayment, then<br>80% coinsurance after deductible                  | \$150 copayment, then<br>60% coinsurance after deductible |
| <b>Prenatal and Postnatal Care</b>             | \$30 copayment for initial visit, then<br>80% coinsurance after deductible | 60% coinsurance after deductible                          |
| <b>Prescription Drug Copays</b>                |  |   |
| Generic  | \$20   | Not Covered   |
| Preferred Brand Drug                           | \$45   |   |
| Non-Preferred Brand Drug                       | \$75   |   |
| Mail Order Generic/Preferred/Non-Preferred     | \$40/\$90/\$150  |   |
| <b>Basic Term Life Insurance</b>               | \$10,000 employee-only   |   |

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Major medical plans not available in the state of Minnesota.

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## 2019-2020 MAJOR MEDICAL PPO PLANS

| BENEFITS                                       | GOLD BASIC   |   |
|--|--|---|
|  | IN-NETWORK   | OUT-OF-NETWORK  |
| <b>DEDUCTIBLES (PER YEAR)</b>                  |  |   |
| <b>Medical Deductible</b>                      |  |   |
| Individual                                     | \$1,000  | \$2,000   |
| Family   | \$2,000  | \$4,000   |
| <b>Prescription Drug Deductible</b>            |  |   |
| Individual                                     | \$50   | Not Covered   |
| Family   | \$100  |   |
| <b>OUT-OF-POCKET MAXIMUM (PER YEAR)</b>        |  |   |
| <b>Coinsurance/Copay Out-of-Pocket Maximum</b> |  |   |
| Individual                                     | \$4,700  | \$9,500   |
| Family   | \$9,500  | \$19,000  |
| <b>Health Care Out-of-Pocket Maximum</b>       |  |   |
| Individual                                     | \$5,750  | \$11,500  |
| Family   | \$11,500   | \$23,000  |
| <b>COPAYMENTS/COINSURANCE</b>                  |  |   |
| <b>Coinsurance</b>                             | 80%  | 60%   |
| <b>Adult and Child Preventive Services</b>     | 100%   | 60% coinsurance after deductible                          |
| <b>Office Visit Copays</b>                     |  |   |
| Primary Care Physician                         | \$25   | 60% coinsurance after deductible                          |
| Urgent Care Services                           | \$45   | 60% coinsurance after deductible                          |
| Specialist Office Visit                        | \$45   | 60% coinsurance after deductible                          |
| <b>Inpatient Hospital Services</b>             | \$300 copayment, then<br>80% coinsurance after deductible                  | \$300 copayment, then<br>60% coinsurance after deductible |
| <b>Emergency Room</b>                          | \$200 copayment, then<br>80% coinsurance after deductible                  | \$200 copayment, then<br>60% coinsurance after deductible |
| <b>Prenatal and Postnatal Care</b>             | \$45 copayment for initial visit, then<br>80% coinsurance after deductible | 60% coinsurance after deductible                          |
| <b>Prescription Drug Copays</b>                |  |   |
| Generic  | \$20   | Not Covered   |
| Preferred Brand Drug                           | \$45   |   |
| Non-Preferred Brand Drug                       | \$75   |   |
| Mail Order Generic/Preferred/Non-Preferred     | \$40/\$90/\$150  |   |
| <b>Basic Term Life Insurance</b>               | \$10,000 employee-only   |   |

The Elevanta Health major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via provider.bcbs.com. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1.

Major medical plans not available in the state of Minnesota.

Elevanta Health Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.



## 2019-2020 MAJOR MEDICAL PPO PLANS

| BENEFITS                                       | GOLD PREFERRED   |   |
|--|--|---|
|  | IN-NETWORK   | OUT-OF-NETWORK  |
| <b>DEDUCTIBLES (PER YEAR)</b>                  |  |   |
| <b>Medical Deductible</b>                      |  |   |
| Individual                                     | \$1,500  | \$3,000   |
| Family   | \$3,000  | \$6,000   |
| <b>Prescription Drug Deductible</b>            |  |   |
| Individual                                     | \$50   | Not Covered   |
| Family   | \$100  |   |
| <b>OUT-OF-POCKET MAXIMUM (PER YEAR)</b>        |  |   |
| <b>Coinsurance/Copay Out-of-Pocket Maximum</b> |  |   |
| Individual                                     | \$1,200  | \$2,500   |
| Family   | \$2,400  | \$5,000   |
| <b>Health Care Out-of-Pocket Maximum</b>       |  |   |
| Individual                                     | \$2,750  | \$5,500   |
| Family   | \$5,500  | \$11,000  |
| <b>COPAYMENTS/COINSURANCE</b>                  |  |   |
| <b>Coinsurance</b>                             | 80%  | 60%   |
| <b>Adult and Child Preventive Services</b>     | 100%   | 60% coinsurance after deductible                          |
| <b>Office Visit Copays</b>                     |  |   |
| Primary Care Physician                         | \$20   | 60% coinsurance after deductible                          |
| Urgent Care Services                           | \$40   | 60% coinsurance after deductible                          |
| Specialist Office Visit                        | \$30   | 60% coinsurance after deductible                          |
| <b>Inpatient Hospital Services</b>             | \$300 copayment, then<br>80% coinsurance after deductible                | \$300 copayment, then<br>60% coinsurance after deductible |
| <b>Emergency Room</b>                          | \$150 copayment, then<br>80% coinsurance after deductible                | \$150 copayment, then<br>60% coinsurance after deductible |
| <b>Prenatal and Postnatal Care</b>             | 30 copayment for initial visit, then<br>80% coinsurance after deductible | 60% coinsurance after deductible                          |
| <b>Prescription Drug Copays</b>                |  |   |
| Generic  | \$20   | Not Covered   |
| Preferred Brand Drug                           | \$45   |   |
| Non-Preferred Brand Drug                       | \$75   |   |
| Mail Order Generic/Preferred/Non-Preferred     | \$40/\$90/\$150  |   |
| <b>Basic Term Life Insurance</b>               | \$10,000 employee-only   |   |

The Elevanta Health major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via provider.bcbs.com. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1.

Major medical plans not available in the state of Minnesota.

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## 2019-2020 MAJOR MEDICAL PPO PLANS

| BENEFITS                                       | PLATINUM CHOICE  |   |
|--|--|---|
|  | IN-NETWORK   | OUT-OF-NETWORK  |
| <b>DEDUCTIBLES (PER YEAR)</b>                  |  |   |
| <b>Medical Deductible</b>                      |  |   |
| Individual                                     | \$500  | \$1,000   |
| Family   | \$1,000  | \$2,000   |
| <b>Prescription Drug Deductible</b>            |  |   |
| Individual                                     | \$50   | Not Covered   |
| Family   | \$100  |   |
| <b>OUT-OF-POCKET MAXIMUM (PER YEAR)</b>        |  |   |
| <b>Coinsurance/Copay Out-of-Pocket Maximum</b> |  |   |
| Individual                                     | \$500  | \$1,100   |
| Family   | \$1,000  | \$2,200   |
| <b>Health Care Out-of-Pocket Maximum</b>       |  |   |
| Individual                                     | \$1,050  | \$2,100   |
| Family   | \$2,100  | \$4,200   |
| <b>COPAYMENTS/COINSURANCE</b>                  |  |   |
| <b>Coinsurance</b>                             | 80%  | 60%   |
| <b>Adult and Child Preventive Services</b>     | 100%   | 60% coinsurance after deductible                          |
| <b>Office Visit Copays</b>                     |  |   |
| Primary Care Physician                         | \$20   | 60% coinsurance after deductible                          |
| Urgent Care Services                           | \$40   | 60% coinsurance after deductible                          |
| Specialist Office Visit                        | \$30   | 60% coinsurance after deductible                          |
| <b>Inpatient Hospital Services</b>             | \$200 copayment, then<br>80% coinsurance after deductible                  | \$200 copayment, then<br>60% coinsurance after deductible |
| <b>Emergency Room</b>                          | \$150 copayment, then<br>80% coinsurance after deductible                  | \$150 copayment, then<br>60% coinsurance after deductible |
| <b>Prenatal and Postnatal Care</b>             | \$30 copayment for initial visit, then<br>80% coinsurance after deductible | 60% coinsurance after deductible                          |
| <b>Prescription Drug Copays</b>                |  |   |
| Generic  | \$10   | Not Covered   |
| Preferred Brand Drug                           | \$30   |   |
| Non-Preferred Brand Drug                       | \$55   |   |
| Mail Order Generic/Preferred/Non-Preferred     | \$20/\$60/\$110  |   |
| <b>Basic Term Life Insurance</b>               | \$10,000 employee-only   |   |

The Elevanta Health major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via provider.bcbs.com. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1.

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## 2019-2020 HEALTH SAVINGS ACCOUNT PLANS

| BRONZE HSA   |                                       |  |
|--|---------------------------------------|--|
| BENEFITS   | IN-NETWORK                            | OUT-OF-NETWORK   |
| <b>DEDUCTIBLES (PER YEAR)</b>                                  |                                       |  |
| Medical Deductible<br>Individual & Family                      | \$6,650 individual<br>\$13,300 family | \$13,300 individual<br>\$26,600 family                                 |
| Prescription Drug Deductible<br>Individual & Family            | Subject to Deductible/Coinsurance     | Subject to Deductible/Coinsurance                                      |
| <b>OUT-OF-POCKET MAXIMUM (PER YEAR)</b>                        |                                       |  |
| Coinsurance/Copay Out-of-Pocket Maximum<br>Individual & Family | \$0 after deductible                  | \$1,700 individual after deductible<br>\$3,400 family after deductible |
| Health Care Out-of-Pocket Maximum<br>Individual & Family       | \$6,650 individual<br>\$13,300 family | \$15,500 individual<br>\$30,000 family                                 |
| <b>COPAYMENTS/COINSURANCE</b>                                  |                                       |  |
| Coinsurance  | 100%                                  | 80%  |

| SILVER HSA   |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| BENEFITS   | IN-NETWORK                           | OUT-OF-NETWORK                        |
| <b>DEDUCTIBLES (PER YEAR)</b>                                  |                                      |                                       |
| Medical Deductible<br>Individual & Family                      | \$2,700 individual<br>\$5,400 family | \$5,400 individual<br>\$10,800 family |
| Prescription Drug Deductible<br>Individual & Family            | Subject to Deductible/Coinsurance    | Subject to Deductible/Coinsurance     |
| <b>OUT-OF-POCKET MAXIMUM (PER YEAR)</b>                        |                                      |                                       |
| Coinsurance/Copay Out-of-Pocket Maximum<br>Individual & Family | \$3,750 individual<br>\$7,500 family | \$7,500 individual<br>\$15,500 family |
| Health Care Out-of-Pocket Maximum<br>Individual & Family       | \$6,450<br>\$12,900                  | \$12,900<br>\$25,800                  |
| <b>COPAYMENTS/COINSURANCE</b>                                  |                                      |                                       |
| Coinsurance  | 80%                                  | 50%                                   |

| GOLD HSA   |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| BENEFITS   | IN-NETWORK                           | OUT-OF-NETWORK                        |
| <b>DEDUCTIBLES (PER YEAR)</b>                                  |                                      |                                       |
| Medical Deductible<br>Individual & Family                      | \$1,500 individual<br>\$3,000 family | \$3,000 individual<br>\$6,000 family  |
| Prescription Drug Deductible<br>Individual & Family            | Subject to Deductible/Coinsurance    | Subject to Deductible/Coinsurance     |
| <b>OUT-OF-POCKET MAXIMUM (PER YEAR)</b>                        |                                      |                                       |
| Coinsurance/Copay Out-of-Pocket Maximum<br>Individual & Family | \$1,500 individual<br>\$3,000 family | \$3,000 individual<br>\$6,000 family  |
| Health Care Out-of-Pocket Maximum<br>Individual & Family       | \$3,000 individual<br>\$6,000 family | \$6,000 individual<br>\$12,000 family |
| <b>COPAYMENTS/COINSURANCE</b>                                  |                                      |                                       |
| Coinsurance  | 80%                                  | 50%                                   |



Monthly Cost: \$2.90\*  
No Copay or Consultation Fee

\*Teladoc is included at no additional cost for those enrolled in a major medical plan.

# So many reasons to use Teladoc®



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care.

|  |   |   |
|--|---|---|
| <p>1</p>  <p>Talk to a doctor anytime, anywhere you happen to be</p>            | <p>2</p>  <p>Receive quality care via phone, video or mobile app</p>             | <p>3</p>  <p>Prompt treatment, median call back in 10 min</p>         |
| <p>4</p>  <p>A network of doctors that can treat every member of the family</p> | <p>5</p>  <p>Prescriptions sent to pharmacy of choice if medically necessary</p> | <p>6</p>  <p>Teladoc is less expensive than the ER or urgent care</p> |

## GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician

## Talk to a doctor anytime!

 [Teladoc.com](http://Teladoc.com)

 1-800-Teladoc (835-2362)



## ELEVANTA HEALTH VISION PLAN

The Elevanta Health vision plan utilizes the UnitedHealthcare Vision network. Participating physician information can be obtained via myuhcvision.com. United Healthcare Vision has partnered with the Laser Vision Network of America (LVNA) to offer members access to discounted laser correction providers. Call 1-877-28-SIGHT.

| BENEFITS                                      | IN-NETWORK      | OUT-OF-NETWORK |
|---|-----------------|----------------|
| Medical Deductible                            |                 |                |
| Comprehensive Exam                            | \$10 copay      | n/a            |
| Materials                                     | \$10 copay      | n/a            |
| <b>Benefits</b>                               |                 |                |
| Eye Exam                                      | Covered in full | \$40 allowance |
| Lenses  |                 |                |
| Single Vision                                 | Covered in full | \$40 allowance |
| Lined Bifocal                                 | Covered in full | \$60 allowance |
| Lined Trifocal                                | Covered in full | \$80 allowance |
| Lenticular                                    | Covered in full | \$80 allowance |
| Frames  |                 |                |
| Frames  | Covered in full | \$45 allowance |
| Retail  | \$150 allowance | \$45 allowance |
| Contact Lenses (in lieu of lenses and frames) |                 |                |
| Covered Selection Contacts                    | Up to 6 boxes   | Up to \$150    |
| Non-Selection Contacts                        | Up to \$150     | Up to \$150    |
| Necessary Contacts                            | 100%            | Up to \$210    |
| <b>Frequency</b>                              |                 |                |
| Eye Exam                                      |                 | 12 months      |
| Lenses  |                 | 12 months      |
| Frames  |                 | 24 months      |
| Contact Lenses                                |                 | 12 months      |

## ELEVANTA HEALTH DENTAL PLAN

The Elevanta Health dental plans utilize the National BlueCard® PPO Network. All employee contributions should be made on a pre-tax basis. Renewal date of the program will be May 1. Participating physician and hospital information can be obtained via cbabluevt.com/dental.

| BENEFITS   | HIGH OPTION:<br>IN-NETWORK   | LOW OPTION:<br>OUT-OF-NETWORK  |
|--|--|--|
| Deductible   | \$25 individual  | \$50 individual  |
| Applies to classes 1, 2 and 3                              | \$75 family  | \$150 family   |
| <b>Coinsurance</b>   |  |  |
| Class 1: Preventive Services                               | 100%   | 100%   |
| Class 2: Basic Restorative Services                        | 80%  | 80%  |
| Class 3: Major Restorative Services                        | 50%  | 50%  |
| Class 4: Orthodontic Services                              | 50%  | 50%  |
| <b>Plan Year Benefit Maximum</b>                           |  |  |
| Per individual. Applies to classes 1, 2 and 3              | \$1,500  | \$1,000  |
| <b>Lifetime Orthodontic Benefit Maximum</b>                |  |  |
| Covered benefit up to age 19.<br>Maximum is per individual | \$1,500  | \$1,500  |
| Class 1: Preventive Services                               | Oral Exams, cleanings, x-rays (bitewing - 2x per plan year, full mouth - 1 every 3 plan years, panoramic - 1 every 3 plan years, individual teeth - as needed), sealants (under age 15 - posterior teeth only), fluoride - 2x every plan year (up to age 19)   | Oral Exams, cleanings, x-rays (bitewing - 2x per plan year, full mouth - 1 every 3 plan years, panoramic - 1 every 3 plan years, individual teeth - as needed), sealants (under age 15 - posterior teeth only), fluoride - 2x every plan year (up to age 19)   |
| Class 2: Basic Restorative Services                        | Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.  | Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.  |
| Class 3: Major Restorative Services                        | Gold foil restorations, inlays/onlays, crowns (except stainless steel - see class 2), temporary crowns, dentures, temporary partials and/or dentures, bridges, temporary bridges, maxillofacial prosthetics, precision or semi-precision attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, addition of teeth to an existing partial or removable denture, bridgework to replace extracted teeth. | Gold foil restorations, inlays/onlays, crowns (except stainless steel - see class 2), temporary crowns, dentures, temporary partials and/or dentures, bridges, temporary bridges, maxillofacial prosthetics, precision or semi-precision attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, addition of teeth to an existing partial or removable denture, bridgework to replace extracted teeth. |
| Class 4: Orthodontic Services                              | Initial exam, charting, appliances, retention.   | Initial exam, charting, appliances, retention.   |



## ELEVANTA HEALTH SUPPLEMENTAL LIFE INSURANCE

| ELIGIBILITY                             | All Salaried Full-time employees may purchase up to \$100,000<br>All Hourly Full-time employees may purchase up to \$50,000<br>Guaranteed Issue: \$50,000<br>Not offered to part-time employees<br>Coverage reduces to 65% of original amount at age 65, 50% of original amount at age 70 |
|---|---|
| <b>Dependent Eligibility</b>            | Employees must participate in voluntary plan for dependents to participate  |
| <b>Benefit Amount</b>                   | Increments of \$10,000<br>Up to a maximum of \$100,000  |
| <b>Maximum Benefit Amount</b>           | Salaried Full-time - \$100,000<br>Hourly Full-time - \$50,000   |
| <b>Spouse Life Benefit</b>              | 50% of employee-only coverage<br>Increments of \$5,000<br>Up to a maximum of \$50,000   |
| <b>Child Life Benefit</b>               | Coverage begins at age 14 days to six months at \$500<br>Six months to 25 years in increments of \$5,000<br>Up to a maximum of \$10,000   |
| <b>Guaranteed Issue</b>                 | Salaried Full-time - \$50,000<br>Hourly Full-time - \$50,000  |
| <b>Dependent Guaranteed Issue</b>       | Spouse: \$10,000<br>Child: all guaranteed issue   |
| <b>Medical Underwriting Requirement</b> | At initial eligibility no medical underwriting is required. If you choose to waive coverage at this time, but at a later date decide to enroll, medical underwriting will be required for any amount of supplemental term life insurance and insurer must approve coverage.               |
| <b>Suicide Exclusion</b>                | No death benefits will be paid if insured commits suicide during the first two years of coverage. This two-year suicide exclusion also applies to all later increases in coverage.  |

## ELEVANTA HEALTH SUPPLEMENTAL AD&D INSURANCE

| ELIGIBILITY                            | Class 1: All salaried and full-time hourly employees may purchase up to \$100,000<br>Class 2: All part-time hourly employees working an average of 20 hours or more per week may purchase up to \$50,000<br>Coverage reduces to 65% of original amount at age 65, 50% of original amount at age 70 |
|--|--|
| <b>Employee Maximum Benefit Amount</b> | Class 1: Increments of \$10,000 up to \$100,000<br>Class 2: Increments of \$10,000 up to \$50,000  |
| <b>Spouse Maximum Benefit Amount</b>   | Class 1: Increments of \$5,000 up to \$50,000<br>Class 2: Increments of \$2,000 up to \$10,000   |
| <b>Child Maximum Benefit Amount</b>    | Class 1: Increments of \$5,000 up to \$25,000<br>Class 2: Increments of \$2,000 up to \$10,000   |
| <b>Loss Of Life</b>                    | 100% of the principal sum in the event of accidental loss of life occurring within 365 days of a covered accident  |
| <b>Living</b>                          | Up to 100% of the principal sum for paralysis, dismemberment, loss of eyesight and speech and hearing in both ears   |
| <b>Coma</b>                            | 1% per month for 11 months, then 100% of principal sum after 12th month  |
| <b>Dismemberment</b>                   | One member: 50% of principal sum<br>Two members: 100% of principal sum<br>Thumb and Index: 25% of principal sum<br>All four fingers/same: 25% of principal sum<br>All toes: 20% of principal sum<br>One hand or one foot and sight in one eye: 100% of principal sum                               |
| <b>Paralysis</b>                       | Total paralysis of upper and lower limbs (quadriplegia): 100%<br>Total paralysis of both lower limbs (paraplegia): 75%<br>Total paralysis of upper and lower limbs on one side of body (hemiplegia): 50%<br>Total paralysis of one upper or one lower limb (uniplegia): 25%                        |
| <b>Sight In One Eye</b>                | 50%  |
| <b>Speech AND Hearing</b>              | 100%   |
| <b>Speech OR Hearing</b>               | 50%  |



## ELEVANTA HEALTH - SHORT-TERM AND LONG-TERM DISABILITY, MEDICARE

|   |   |                 |
|---|---|-----------------|
| <b>SHORT TERM DISABILITY</b>              | If you are unable to work due to an illness, injury or accident, Short Term Disability coverage could provide a temporary source of income until you can return to work. Most common uses of STD insurance include maternity leave and injuries, excluding back.  |                 |
| Elimination Period                        | Injury = 14 days; sickness = 14 days  |                 |
| Exclusions                                | Occupational sickness or injury, intentionally self-inflicted injuries, active participation in a riot, loss of professional license, occupational license or certification, commission of a crime for which the employee has been convicted, incarceration, war, declared or undeclared, or any act of war |                 |
| Weekly Benefit                            | 60% of salary with a \$1,200 per week max   |                 |
| Maternity                                 | FULL maternity benefits   |                 |
| Rehabilitation and Return to Work Program | No cost   |                 |
| Plan Limits                               | No limits on pre-existing conditions  |                 |
| Additional Benefits                       | 1st day hospital coverage, additional services offered at no charge: including, but not limited to, employee assistance and travel assistance   |                 |
| <b>LONG TERM DISABILITY</b>               | Long term disability coverage picks up where short term disability insurance leaves off. Once short term disability expires, long term disability continues to pay a percentage of your salary, typically up to 50-60%, until you can work or the policy's stated time frame.                               |                 |
| Elimination Period                        | 180 days with a 30-day accumulation period  |                 |
| Monthly Benefit                           | 60% of monthly earnings with a max of \$6,000   |                 |
| Maternity                                 | FULL maternity benefits   |                 |
| Monetary Protection                       | Extended earnings protection and no earnings loss requirement   |                 |
| Dependent Care Benefits                   | \$350 per child or \$1,000 per family   |                 |
| Return to Work Incentive                  | \$1,000 incentive program   |                 |
| Additional Services                       | Offered at no charge; including, but not limited to: employee assistance and travel assistance  |                 |
| <b>MEDICARE</b>                           | Medicare is available for people age 65 or older, younger people with disabilities and people with End Stage Renal Disease (permanent kidney failure requiring dialysis or transplant). Medicare has two parts: Part A (Hospital Insurance) and Part B (Medicare Insurance).                                |                 |
| Medicare Advantage                        | PPO and HMO options   |                 |
|   | Retirees can enroll three months before or after their 65th birthday  |                 |
| Medicare Part D & Prescription Drug Plan  | Multiple prescription options   |                 |
|   | Added convenience of mail-order delivery pharmacy options   |                 |
| <b>SUPPLEMENTAL CARRIERS</b>              | UnitedHealthcare<br>The Hartford  | MetLife<br>Unum |



## 2019-2020 PET MEDICAL INSURANCE

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| PETPLAN              |   |
|----------------------|---|
| BENEFITS             |   |
| <b>Vet Expenses</b>  | Choice of \$2,500 to unlimited            |
| <b>Coverage</b>      | Treatment of all accidents and illnesses* |
| <b>Deductibles</b>   | Choice of \$100 - \$2,500                 |
| <b>Reimbursement</b> | Choice of 70%, 80% or 90%                 |

\*5% partner discount, 5% online discount. Subject to state approvals. Discount not available in FL, HI and TN.

Subject to policy terms and conditions. Pre-existing conditions, including those where clinical signs are present prior to the effective date of the policy or during the 15 day illness or 5 day accident waiting period, are excluded from coverage.

According to Petplan claims data, 2014.