



ESSENTIAL BENEFIT
ADMINISTRATORS

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ENROLLMENT GUIDE

Prepared for
METASENSE



WELCOME METASENSE EMPLOYEES!

Dear Valued Employee,

We are pleased to announce that for the 2026 plan year, we have chosen **Essential Benefit Administrators (EBA)** to provide and manage our employee benefit coverage.

Your health and financial well-being are important to us, and we are committed to offering benefits that support you and your family. With EBA, you'll have access to a variety of coverage options and resources designed to make your benefits easy to understand and simple to use. We are happy to announce that we are paying 100% of the MEC Basic plan employee only.

During this open enrollment period, you will have the opportunity to:

- Review your current benefits
- Make changes to your elections
- Add or remove dependents
- Explore additional offerings available to you

Please take the time to carefully review the information provided. Open enrollment is your once-a-year opportunity to make changes to your benefits, so it's important to confirm your elections before the deadline.

We encourage you to reach out with any questions during the enrollment process. Our goal is to make sure you feel informed and confident in the choices you make for yourself and your family.

We look forward to another year of providing you with valuable benefits through Essential Benefit Administrators.

www.essentialbenefitplans.com



WHAT DO I GET WITH MY MEC PLAN?

MEDICAL

- **\$0 Co-pay 100% coverage for preventative services**
- **Discounted rates for non covered services through the First Health Network**
- **40 - 60% average savings**

PRESCRIPTIONS

- Discounted member rates
- Phone into your local pharmacy for pickup

EMPLOYEE ONLY	\$0
EMPLOYEE + SPOUSE	\$36
EMPLOYEE + CHILDREN	\$86
EMPLOYEE + FAMILY	\$110

*All Plans Meet Minimum Essential Coverage
Criteria of the ACA*

WHAT DO I GET WITH MY MEC PLUS?

MEDICAL

- **\$0 Co-pay**
- **100% coverage for preventative services**
- **5 visits for sickness \$25 copay primary care**
- **1 Specialist Doctor visit - \$35 copay**
- **2 Urgent Care visits - \$50 copay**
- Discounted rates for non covered services through the First Health Network
- 40 - 60% average savings

PRESCRIPTIONS

- Discounted member rates
- Phone into your local pharmacy for pickup

EMPLOYEE ONLY	\$56
EMPLOYEE + SPOUSE	\$131
EMPLOYEE + CHILDREN	\$151
EMPLOYEE + FAMILY	\$231

*All Plans Meet Minimum Essential Coverage
Criteria of the ACA*



WHAT DO I GET WITH MY MEC PREMIUM?

MEDICAL

- \$0 Co-pay
- 100% coverage for preventative services
- Discounted rates for non covered services through the First Health Network
- 40 - 60% average savings
- UNLIMITED doctors visits for sickness \$25 copay primary care
- 5 Specialist visits - \$35 Copay
- 3 Urgent Care visits - \$50 Copay
- 1 Emergency Room admission - \$250 Copay
- Maternity pre/post natal consultations - \$25 copay 3 visits
- Mental Health, Substance Abuse Consultation - \$25 co-pay – 1st 3 visits

EMPLOYEE ONLY	\$98
EMPLOYEE + SPOUSE	\$207
EMPLOYEE + CHILDREN	\$223
EMPLOYEE + FAMILY	\$332

*All Plans Meet Minimum Essential Coverage
Criteria of the ACA*

PRESCRIPTIONS

- Discounted member rates
- Phone into your local pharmacy for pickup

WHAT DO I GET WITH MY MEC ELITE?

MEDICAL

- \$0 Co-pay
- 100% coverage for preventative services
- Discounted rates for non covered services through the First Health Network
- 40 - 60% average savings
- UNLIMITED doctors visits for sickness \$25 copay primary care
- 5 Specialist visits \$35 Copay
- 3 Urgent Care visits \$50 Copay
- 1 Emergency Room admission \$250 Copay
- Diagnostics Labs

EMPLOYEE ONLY	\$156
EMPLOYEE + SPOUSE	\$281
EMPLOYEE + CHILDREN	\$291
EMPLOYEE + FAMILY	\$415

*All Plans Meet Minimum Essential Coverage Criteria
of the ACA*

PRESCRIPTIONS

- Discounted member rates
- Phone into your local pharmacy for pickup.

MEC PLAN PROVIDER NETWORK

WHY DO WE PROVIDE ACCESS TO A PROVIDER NETWORK?

Benefits

- Participating provider's charges are reduced
- Reduced charges continue even if Benefit Maximum is reached
- Network provider will accept paperwork and file claim

Provider Network: First Health Network

- Over 550,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.firsthealthbp.com



Wellness and Preventive Care (Including Pediatric and OBGYN)

This Plan covers routine preventive services only.
This Plan does not cover medical illness or accidental injury claims.

COVERED PREVENTIVE SERVICES FOR ADULTS

Wellness Office Visits	Network Providers	Non-Network Providers	Benefit Limits
Office Visit Exam & Includes Services For:	Plan pays 100%	No Benefit	Limited to preventive diagnosis only.
Abdominal Aortic Aneurysm	Plan pays 100%	No Benefit	One time screening for males of ages 65 to 75 who have ever smoked.
Alcohol Misuse Screening	Plan pays 100%	No Benefit	
Aspirin use for Men and Women	Plan pays 100%	No Benefit	One Aspirin use consultation for women ages 45 to 79 and men 55 to 79.
Blood Pressure Screening	Plan pays 100%	No Benefit	One screening every two years for ages 18 to 39. One Screening per calendar year for ages 40 and over.
Cholesterol Screening	Plan pays 100%	No Benefit	One screening per calendar year for men 35 and older. Men under 35 who have heart disease or risk factors for heart disease or women who have heart disease or risk factors for heart disease.
Colorectal Cancer Screening	Plan pays 100%	No Benefit	Screenings every 5 years for adults over 50 years old. Limited to preventive diagnosis only. Performed only in Office location other than Hospital (place of service 11). Preventative screening Cologuard accepted
Depression Screening	Plan pays 100%	No Benefit	
Type 2 Diabetes Screening	Plan pays 100%	No Benefit	Screening for adults with high blood pressure only.
Diet Counseling	Plan pays 100%	No Benefit	Screening for adults at higher risk of chronic disease.
HIV Screening	Plan pays 100%	No Benefit	Screening for adults at higher risk.
Immunizations * Hepatitis A * Hepatitis B * Herpes Zoster * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococcal I* Tetanus, Diphtheria, Pertussis * Varicella	Plan pays 100%	No Benefit	Listed immunizations are once per calendar year. Pneumococcal shots for adults 65 and older.
Obesity Screening and Counseling	Plan pays 100%	No Benefit	
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit	Prevention counseling for adults at higher risk, includes syphilis screening.
Tobacco Use Screening	Plan pays 100%	No Benefit	Screenings for adults and cessation interventions for tobacco users.

COVERED PREVENTIVE SERVICES FOR WOMEN

Wellness Office Visits	Network Providers	Non-Network Providers	Benefit Limits
Well-Women Visits	Plan pays 100%	No Benefit	
Anemia Screening	Plan pays 100%	No Benefit	For pregnant women.
Bacteriuria urinary tract or infection Screening	Plan pays 100%	No Benefit	For pregnant women.
Breast Cancer Mammography Screening	Plan pays 100%	No Benefit	Screenings every 1 to 2 years for women over 40 years old.
Breast Cancer Chemoprevention Counseling	Plan pays 100%	No Benefit	Counseling for women at high risk.
Cervical Cancer Screening	Plan pays 100%	No Benefit	Women ages 21 to 29 pap test every 3 years. Women ages 30 to 65 every 3 years if you only have a pap test. Every 5 years if you have both a pap test and an HPV test. Women age 66 and older consult your doctor.
Chlamydia Infection Screening	Plan pays 100%	No Benefit	For younger women and women at high risk.



COVERED PREVENTIVE SERVICES FOR CHILDREN

Wellness Office Visits	Network Providers	Non-Network Providers	Benefit Limits
Alcohol and Drug Use Assessments	Plan pays 100%	No Benefit	
Autism Screening	Plan pays 100%	No Benefit	For children at 18 months to 24 months
Behavioral Assessments	Plan pays 100%	No Benefit	For children to age 18
Blood Pressure Screening	Plan pays 100%	No Benefit	For children to age 18
Cervical Dysplasia Screening	Plan pays 100%	No Benefit	For sexually active females
Congenital Hypothyroidism Screening	Plan pays 100%	No Benefit	For newborns
Depression Screening	Plan pays 100%	No Benefit	For teenagers ages 12 to 18
Developmental Screening	Plan pays 100%	No Benefit	For children under age 3 and surveillance throughout childhood
Dyslipidemia Screening	Plan pays 100%	No Benefit	For children at high risk of lipid disorders
Fluoride Chemoprevention Supplements	Plan pays 100%	No Benefit	For children without fluoride in their water sources
Hearing Screenings	Plan pays 100%	No Benefit	For all newborns
Height, Weight and Body Mass Index Measurements	Plan pays 100%	No Benefit	For children to age 18
Hematocrit or Hemoglobin Screening	Plan pays 100%	No Benefit	For children to age 18
Hemoglobinopathies of Sickle Cell Screening	Plan pays 100%	No Benefit	For all newborns
HIV Screening	Plan pays 100%	No Benefit	For sexually active children
Immunizations * Diphtheria, Tetanus, Pefusssis * Haemophilus influenza type B * Hepatitis A * Hepatitis B * Inactivated Poliovirus * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococcal * Rotavirus * Varicella	Plan pays 100%	No Benefit	For children to age 18.
Iron Supplements	Plan pays 100%	No Benefit	For children ages 6 to 12 months at risk of anemia.
Lead Screening	Plan pays 100%	No Benefit	For children at risk of exposure
Medical History	Plan pays 100%	No Benefit	For all children throughout development.
Obesity Screening and Counseling	Plan pays 100%	No Benefit	For children to age 18.
Oral Health	Plan pays 100%	No Benefit	At risk assessment for your children ages newborn to age 10.
Phenylketonuria (PKU) Screening	Plan pays 100%	No Benefit	For genetic disorders in newborns.
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit	For children at higher risk, includes gonorrhea preventive medication for newborn eyes.
Tuberculin Testing	Plan pays 100%	No Benefit	For children at higher risk of tuberculosis to age 18.
Vision Screening	Plan pays 100%	No Benefit	For children to age 18.

Dependents covered to age 26 regardless of marital status.

Timely Filing: Claims must be filed within 12 months from the date the service incurred.

Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.

ESSENTIAL PLANS BENEFIT SUMMARY

EBA Essential Plans provide affordable coverage that meets the requirements under the Affordable Care Act, which avoids members from paying the “Individual Mandate” penalty. This plan provides 100% coverage when utilizing a First Health Network provider and 0% coverage when utilizing an out-of-network provider.

	In Network MEC	In Network MEC Plus	In Network MEC Premium	In Network MEC Elite
Annual Maximum/Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Deductible (per person)	\$0	\$0	\$0	\$0
MEDICAL BENEFITS				
Deductible and Maximum Out of Pocket	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Wellness and Preventive Care (Including Pediatric and OBGYN)	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Primary Doctor & Pediatric-sick visits	Not Covered / Network Discounted Rate	\$25 co-pay – 5 Visits per Year	\$25 co-pay – Unlimited Visits	\$25 co-pay – Unlimited Visits
Specialist Doctor	Not Covered / Network Discounted Rate	\$35 co-pay – 1 Visit per Year	\$35 co-pay – 5 Visits per Year	\$35 co-pay – 5 Visits per Year
Laboratory Services and Imaging	Not Covered / Network Discounted Rate	Preventive Care only included	Preventive Care only included	Preventive Care only included
X-Rays	Not Covered / Network Discounted Rate	Preventive Care only included	Preventive Care only included	Preventive Care only included
Diagnostic Labs-Outpatient Only (must be performed in a lab. Not a hospital or emergency room)	NA	NA	NA	\$50 co-pay – Unlimited PLACE OF SERVICE CODE 81 must be used
Urgent Care	Not Covered / Network Discounted Rate	\$50 co-pay – 2 Visits per Year	\$50 co-pay – 3 Visits per Year	\$50 co-pay – 3 Visits per Year
Emergency Room Admission	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	\$250 co-pay – 1 Visit per Year	\$250 co-pay – 1 Visit per Year
Outpatient Surgery, Hospice, Skilled Nurse	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
In Patient Surgery/Services	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Maternity Pre/Post Natal Consultation	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	\$25 co-pay – 3 Visits	\$25 co-pay – 3 Visits
Mental Health, Substance Abuse Consultation	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	\$25 co-pay – 1st 3 visits	\$25 co-pay – 1st 3 visits
Rehabilitative Speech Therapy	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Rehabilitative and Rehabilitative Physical Therapy	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Chiropractic Care	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Skilled Nursing Facility	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Durable Medical Equipment	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Outpatient Facility (e.g. Ambulatory Surgery Center)	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
PRESCRIPTION DRUG BENEFITS				
RX	Discount for Generics	Discount for Generics	Discount for Generics	Discount for Generics

Dependents covered to age 26 regardless of marital status.

Timely Filing: Claims must be filed within 12 months from the date the service incurred.

Rural Area is defined as 30 miles. If preventive services are not available within 30 miles of your residence the provider will be paid in network.

Coordination of Benefits: Non-duplicating. Plan does not pay in excess of what the plan would have paid without other coverage.

Rx Insurance Plan underwritten through Pram Insurance Services. See plan description for details.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

**All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment.
Claims are determined**

www.essentialbenefitplans.com



WHAT DO I GET WITH MY DENTAL & VISION?

MEDICAL

- Freedom of Dentist Choice
- No network limitation
- Cost Clarity, no surprises
- Fee-for-service plan that reimburses an enrollee
- Routine cleanings to more advanced procedures
- These benefits are available for you, your spouse and eligible dependent children

PRESCRIPTIONS

- Discounted member rates
- Phone into your local pharmacy for pickup

Traditional Benefits with Uncommon Flexibility

A dental indemnity plan is a fee-for-service plan that reimburses an enrollee for a portion of covered dental expenses. The reimbursement amount takes into consideration what are "usual, customary and reasonable" fees. Dental insurance can help with a variety of dental costs, from routine cleanings to more advanced procedures. These benefits are available for you, your spouse and eligible dependent children

Why Choose Essential Benefit Administrators?



Freedom of Dentist Choice

A dentist's personality is also important. Many people have anxiety about visiting a dentist due to fears about painful procedures or shame about the status of their oral health. If a person connects with his or her dentist on a personal level, he or she may be less anxious about dental visits and more likely to keep up with annual exams and other periodic care promoting sound oral health.



No network limitation

Of thousands of surveyed adults, it was identified that changing a dentist is one of the most unpleasant tasks one could go through. With EBA's Freedom of Choice Dental Plan, we eliminate this burden and allow you to keep your current dentist and receive the care you deserve.



Cost Clarity, no surprises

No one should experience any surprises or unexpected bills. Why would your dental care be any different? With EBA's Freedom of Choice Dental Plan, you receive the clarity you need whether it is for preventative, restorative, or major dental services. Receiving surprise medical or dental bills is a thing from the past and our goal is for you to focus on the things that matter most and we will handle the rest.

Fee Schedule: Dental & Vision

Employee only.....	\$34.36
Employee + Spouse.....	\$64.79
Employee + Child(ren).....	\$72.99
Employee + Family.....	\$103.42

Minimum Participation Requirement is 5 employees If enrollment falls below 5 the employer will be charged the difference between the actual enrollment and the monthly minimum of 5 employees

www.essentialbenefitplans.com

PROCEDURE CODES	PROCEDURE DESCRIPTION	WAITING PERIOD	BENEFIT AMOUNT	PLAN YEAR BENEFIT LIMITS
Dental Wellness (Preventative Cleanings)				
D0120	periodic oral evaluation-established patient	0 days	\$25	Pays two visits per plan year per covered insured. Visits must be separated by 150 days or more.
D1110	prophylaxis—adult	0 days	\$25	
D1120	prophylaxis—child	0 days	\$25	
Radiographic Image Procedure (X-ray)				
D0210	intra-oral—complete series of radiographic images	0 days	\$15	Payable once per plan year, regardless of the number of X-Rays received. This benefit is payable only once per calendar year per covered person.
D0272	bitewings—two radiographic images	0 days	\$15	
D0330	panoramic radiographic images	0 days	\$15	
Fillings				
D2140	amalgam—one surface, primary or permanent	3 months	\$45	Pays one per plan year per
D2150	amalgam—two surfaces, primary or permanent	3 months	\$50	Pays one per plan year per
D2420	gold foil— two surfaces	3 months	\$225	Pays one per plan year per
Pain Management & Adjunctive Services				
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	3 months	\$25	Pays one per plan year per
D9223	deep sedation/general anesthesia—each subsequent 15 minute increments	3 months	\$55	Pays one per plan year per



PROCEDURE CODES	PROCEDURE DESCRIPTION	WAITING PERIOD	BENEFIT AMOUNT	PLAN YEAR BENEFIT LIMITS
Other Preventive Services				
D1351	sealant–per tooth	6 months	\$15	Pays one per plan year per
D1516	space maintainer–fixed–bilateral, maxillary	6 months	\$100	Pays one per plan year per
D1517	space maintainer–fixed–bilateral, mandibular	6 months	\$100	Pays one per plan year per
Oral Surgery, Gum Treatments, and Prosthetic Repair				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	6 months	\$40	Pays one per plan year per
D7240	removal of impacted tooth – completely bony	6 months	\$130	Pays one per plan year per
D7412	excision of benign lesion, complicated	6 months	\$325	Pays one per plan year per
D7710	maxilla–open reduction	6 months	\$1000	Pays one per plan year per
Crowns and Major Services				
D2950	corebuild-up, including any pins when required	12 months	\$50	Pays one per plan year per
D2740	corebuild-up, including any pins when required	12 months	\$250	Pays one per plan year per
D2750	crown–porcelain fused to high noble metal	12 months	\$250	Pays one per plan year per
D2530	inlay-metallic–three or more surfaces	12 months	\$350	Pays one per plan year per



PROCEDURE CODES	PROCEDURE DESCRIPTION	WAITING PERIOD	BENEFIT AMOUNT	PLAN YEAR BENEFIT LIMITS
Major Prosthetic Services				
D6750	retainer crown—porcelain fused to high noble metal	24 months	\$250	Pays one per plan year per
D5110	complete denture—maxillary	24 months	\$350	Pays one per plan year per
D5140	immediate denture—mandibular	24 months	\$350	Pays one per plan year per
D6050	surgical placement—transosteal implant	24 months	\$1000	Pays one per plan year per

Vision Insurance

Vision insurance is designed to help you cover and budget for ongoing vision care expenses like routine eye exams, prescription glasses and contact lenses.

Freedom of choice

Experience the freedom to go out of network, choose any doctor and experience the eye care that you deserve.



Vision Examination

\$50

Maximum of one visit per covered person per plan year.



Vision Correction Materials

\$50

Maximum of one benefit for vision correction materials per covered person per plan year.

Examples of covered prescribed vision correction materials

- Eyeglasses
- Sunglasses
- Sports Glasses
- Spare pairs of glasses
- Contact Lenses

The vision benefit rider is subject to a 30-day waiting period.

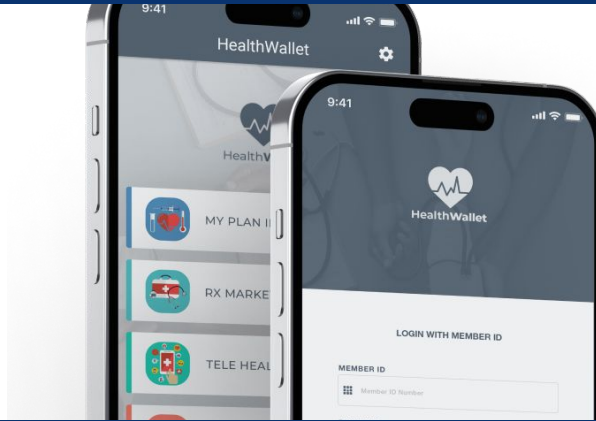
THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

Vision benefit rider- What is not covered: examinations not performed by an optometrist or ophthalmologist; non-prescribed vision correction materials; services received outside of the United States and refractive error-correction surgeries, including but not limited to laser-assisted in-situ keratomileusis (LASIK), photorefractive keratectomy (PRK), radial keratotomy (RK) or intracorneal rings (intacs).

Coverage type and taxability status for both riders will match base policy coverage type and taxability status.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form Dental and rider forms R -Ortho and R -Vision.



HealthWallet

WHAT DO I GET WITH HEALTHWALLET?

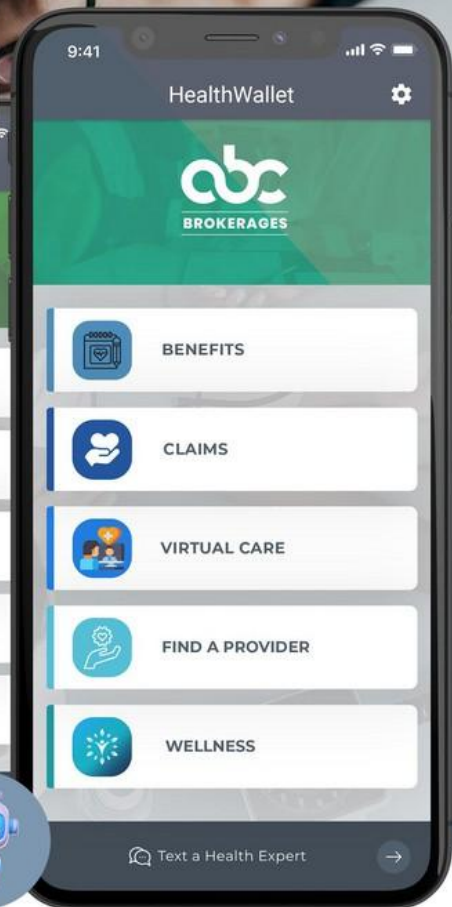
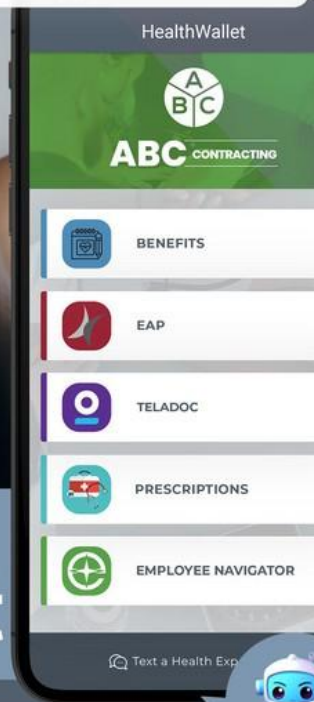
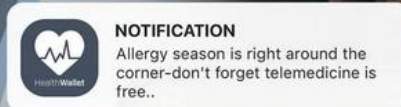
BENEFITS

- App.
- Telemedicine/Virtual Urgent Care \$0 copay/unlimited Visits
- Virtual Behavioral Health Counseling 5 visits \$0 Copay
- RX discount Program
- Provider Navigator
- Virtual ID Card Access
- Chatbot

EMPLOYEE ONLY	\$10
EMPLOYEE + SPOUSE	\$10
EMPLOYEE + CHILDREN	\$10
EMPLOYEE + FAMILY	\$10



Streamline Benefits with **HealthWallet**



Driving Behaviors: Our platform encourages members to utilize lower cost benefit options and make better choices via simplified and user-friendly educational tools and resources.

Reports: Administrators have access to real-time, actionable data insights into member utilization, metrics and trends for informed decision-making.

Push Notifications & Email Notifications : Instant alerts and emails provide the ability to drive informed decisions, behaviors and ultimately reduce costs.

Education & Communication Strategy: Help your teams align on effective benefit education and communication

Consolidated App Regardless of Carrier or Health Plan:

Consistently updates annual changes to medical plans across all carriers, while also integrating tailored company-specific benefit tools and resources for easy member access.

Geo-location Notifications: Alerts based on members' geographic location for nearby pharmacies or hospitals to drive informed and cost effective decision-making.

Flexible, Modular Solution: Our vendor agnostic platform can be designed to fit the needs of any size group, demographics, complexities or plan design including non-benefit eligible.

Multi-language Capability: Supports multiple languages for enhanced accessibility.

AI Chatbot - Benny: AI-powered chatbot "Benny" provides interactive support and information based on your benefits 24-7 reducing administrative or call center burden.



HealthWallet

HOW TO LOGIN TO HealthWallet



HealthWallet, gives you get easy access to essential tools right from your home screen. You'll find all of your benefit resources and tools in one central spot.

- ♥ Type in get.thehealthwallet.com in your browser on your phone
- ♥ Download the app that the above web address brings you to
- ♥ Open "the HealthWallet App"
- ♥ To Login, Choose your login option instructed by your benefit plan.
- ♥ Access your HealthWallet Services & Features.

If you need assistance with the HealthWallet app please call us at 1-866-918-7735 or email us at support@thehealthwallet.com.

+1-866-918-7735

www.thehealthwallet.com
www.essentialbenefitplans.com

support@thehealthwallet.com



lyric

Behavioral *Health* *Virtual Counseling*

Therapy from the privacy of your home or office.

Whether it's stress, anxiety, depression, or sudden loss, we can help. Speak with a licensed therapist anytime from anywhere.

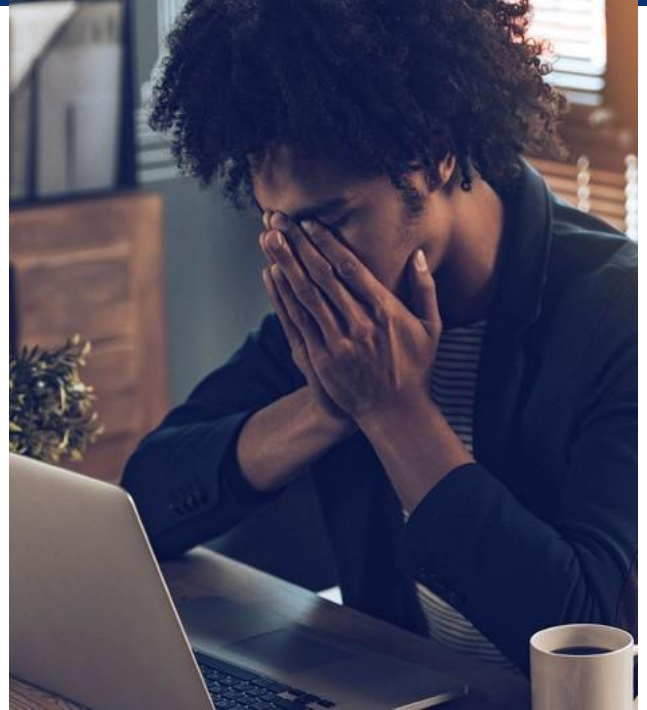
Our suite of mental health services includes

Virtual Counseling: Consult with a Master-level Therapist/Counselor .

The amount of counseling sessions will be clinically appropriate based on the issue.

When to use:

- Substance Abuse
- Relationship Issues
- Depression
- Stress and Anxiety
- Death of a Loved One
- Parenting Issues



"Only 57% of employees who report moderate depression and 40% of those who report severe depression receive treatment to control depression symptoms."

- ✓ **The Right CARE at the Right Time** For the cost of lunch, an employer can provide an employee and their family access to a suite of mental health services
- ✓ **Boost Productivity:** Lower working parents' stress and free up their time
- ✓ **Improve Retention:** Give your employees support for their top priority, their kids
- ✓ **We Make it Easy For You:** Implement seamlessly into your vendor ecosystem

Licensed healthcare providers provide clinical services through medical practices affiliated with Lyric and other network providers. Additional or different telehealth requirements may be applicable in certain states; see www.getlyric.com for full terms and conditions.



lyric

Telemedicine Virtual Urgent Care

Doctors can be hard to reach, illnesses can occur in the middle of the night, and sometimes you just have a question. Get on-demand care when you need it.

Access to licensed, and board-certified physicians 24 / 7 / 365
- Call | TAP | or Click Away



An exceptional benefit that reduces healthcare costs

With the rise in healthcare costs, more employers are turning to telehealth to reduce costs, help offset out-of-pocket expenses for employees, and, importantly, assure that their employees will always have care when they need it.

Multiple Cost-Savings

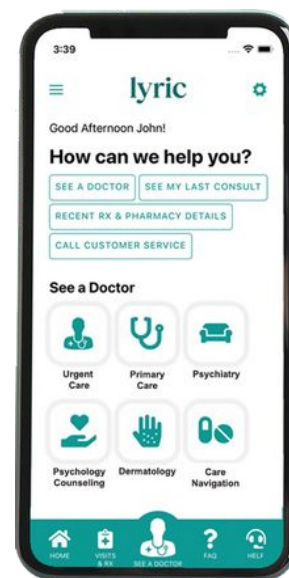
- **Healthcare Cost Savings:** Redirecting unnecessary doctor, urgent and ER visits can reduce healthcare spending significantly.
- **Productivity:** A typical doctor's appointment can take half of the work day. Lyric gives employees easy access to a physician wherever they are located.
- **Flexible Implementation:** Lyric can be implemented into most employee populations anytime of the year and live in under 48 hours*.

*48 Hour implementation for standard telehealth services, additional functionality may increase implementation.

Common Conditions

In some cases, a visit to the doctor's office can be avoided, saving time and money.

- Flu Symptoms
- Sinus Problems
- Ear infection
- Allergies
- Urinary Tract Infection
- Nausea
- Pink eye
- Stomach Viruses
- Rashes
- Sore Throat
- Acne ... *and much more*



Licensed healthcare providers provide clinical services through medical practices affiliated with Lyric and other network providers. Additional or different telehealth requirements may be applicable in certain states; see www.getlyric.com for full terms and conditions.

*** While this product is offered in conjunction with Essential Benefit Administrators, Lyric company is a separate company from Essential Benefit Administrators and Essential Benefit Administrators does not assume any liability this outside vendor's services.



Welcome to Rx Valet:

The Industry's Premier Pharmacy Program

Rest assured, Rx Valet members won't have to worry about the expensive cost of their prescription medications. That's because Rx Valet has created a powerful system that offers multiple ways to save on prescription medications – all on one website!

Retail Pharmacy

- ❑ A competitive Discount Card that saves up to 80% off those retail prices.
- ❑ Search for your medication then PRE-PAY for guaranteed savings. Pick virtually any pharmacy, present your prepaid card to the pharmacist and pay nothing at the counter.

Mail-order

- ❑ A convenient, cost-effective way to save!
 - ❑ Over 500 formulations of medications for only \$13.95 for a 90-day supply.
 - ❑ Free standard shipping and auto-refill features for every order.

International Option (Name-brands)

- ❑ Save up to 70% on Brand Drugs.
- ❑ Shipped from Canada safely and securely.
 - ❑ Over 500 name-brand medications are readily available.

Prescription Assistance Program (PAP)

- ❑ For those that need assistance, we can help get those expensive drugs for as low as \$25.00 per month, depending on the medication.
- ❑ We handle the entire process – paperwork, prescription and ongoing support.

Patient Advocacy

- ❑ Our team of Customer Care Specialists are available to help you find the best option to help you save money!

Diabetic Supplies

- ❑ We offer testing supply packages that start at only \$8.33 per month.

Pet Medications

- ❑ Save up to 80% on your pets' medications!



No-Cost Drugs! Acute Telemedicine Plan

As a subscriber to Rx Valet, you won't have to worry about the expensive cost of 37 commonly prescribed medications. That's because Rx Valet has created an Acute Telemedicine Plan that provides 37 drugs at no charge, plus great discounts on all other medications.

Consider us your pharmacy savings advocate. Our live Customer Care team is here to help you find the lowest price on medications available.

Our Program Covers:

- ☐ Antibiotics
- ☐ Bronchitis/Asthma
- ☐ Cough
- ☐ Ear Infection

- ☐ Eye Infection/Pink Eye
- ☐ Fever
- ☐ Headache/Migraine
- ☐ Pain Management
- ☐ Poison Ivy

- ☐ Sore Throat/Strep
- ☐ and More!

Drugs Like:

- ☐ Amoxicillin
- ☐ Azithromycin (Z-Pak)
- ☐ Ciprofloxacin

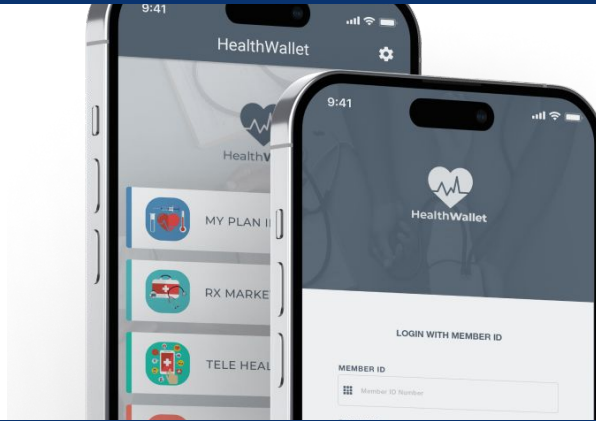
- ☐ Hydrocortisone
- ☐ Meclizine
- ☐ Naproxen
- ☐ Prednisone

- ☐ Tessalon
- ☐ and More!

The Program is Easy to Use

You will receive an electronic membership card that can be presented at any retail pharmacy (over 70,000 in network) and if on the formulary – pay nothing. If it is not on the \$0.00 formulary, your out-of-pocket cost is based on a deeply discounted price.

Present your Rx Card to the pharmacy of your choice. Your Rx Card will display your BIN, Group Number and PCN to present to the pharmacist. You will pay nothing at the pharmacy.



HealthWallet

WHAT DO I GET WITH HEALTH WALLET RX ACUTE?

BENEFITS

- App.
- Acute Medication include 37 routinely prescribed drugs at no charge
- Electronic RX Card
- Network of over 70,000 retail pharmacies
- Deeply discounted prices for drugs not on the list
- Prescription Assistance Program for many medicines over \$200

EMPLOYEE ONLY	\$22
EMPLOYEE + SPOUSE	\$22
EMPLOYEE + CHILDREN	\$22
EMPLOYEE + FAMILY	\$22

ACUTE FORMULARY

NOTE: You can search for a drug by typing 'CTRL' or 'CMD' + F.

Brand Dosage Form	Retail Qty	HD Qty	Co-pay	Brand Dosage Form	Retail Qty	HD Qty	Co-pay
AMOXICILLIN 250 MG CAPSULE	30	N/A	\$0	MECLIZINE HCL 12.5 MG TABLET	20	N/A	\$0
AMOXICILLIN 400 MG/5 ML SUSPENSION FOR RECONSTITUTION	200	N/A	\$0	MECLIZINE HCL 25 MG TABLET	20	N/A	\$0
AMOXICILLIN 500 MG CAPSULE	30	N/A	\$0	METHYLPREDNISOLONE 4 MG TABLET	21	N/A	\$0
AMOXICILLIN 875 MG TABLET	20	N/A	\$0	METRONIDAZOLE 500 MG TABLET	21	N/A	\$0
AMOXICILLIN/POTASSIUM CLAV 875-125 MG TABLET	14	N/A	\$0	NAPROXEN 250 MG TABLET	30	N/A	\$0
AZITHROMYCIN 250 MG TABLET	6	N/A	\$0	NAPROXEN 375 MG TABLET	20	N/A	\$0
AZITHROMYCIN 500 MG TABLET	6	N/A	\$0	NAPROXEN 500 MG TABLET	20	N/A	\$0
BACITRACIN 500 UNIT/G OINTMENT	28	N/A	\$0	OFLOXACIN 0.3% DROPS	5	N/A	\$0
BENZONATATE 100 MG CAPSULE	30	N/A	\$0	POLYMYXIN B SULF/TRIMETHOPRIM 10000-1/ML DROPS	10	N/A	\$0
BENZONATATE 200 MG CAPSULE	15	N/A	\$0	PREDNISONE 10 MG TABLET	30	N/A	\$0
CEPHELEXIN 500 MG CAPSULE	20	N/A	\$0	PREDNISONE 20 MG TABLET	30	N/A	\$0
CIPROFLOXACIN HCL 500 MG TABLET	14	N/A	\$0	PREDNISONE 5 MG TABLET	30	N/A	\$0
CYPROHEPTADINE HCL 4 MG TABLET	21	N/A	\$0	PREDNISONE 50 MG TABLET	30	N/A	\$0
FLUCONAZOLE 150 MG TABLET	1	N/A	\$0	PROMETHAZINE HCL 25 MG TABLET	12	N/A	\$0
GLAIFENESIN/CODEINE PHOSPHATE 100-10 MG/5 LIQUID	118	N/A	\$0	PROMETHAZINE HCL/CODEINE 6.25-10/5 SYRUP	200	N/A	\$0
HYDROCODONE/ACETAMINOPHEN 10 MG-300 MG TABLET	12	N/A	\$0	SULFAMETHOXAZOLE/TRIMETHOPRIM 800-160 MG TABLET	14	N/A	\$0
HYDROCORTISONE 1% CREAM	28	N/A	\$0	TRIAMCINOLONE ACETONIDE 0.025% OINTMENT	15	N/A	\$0
IBUPROFEN 400 MG TABLET	20	N/A	\$0				
IBUPROFEN 600 MG TABLET	20	N/A	\$0				
IBUPROFEN 800 MG TABLET	20	N/A	\$0				

PROGRAM DETAILS

1. The ACUTE Medication Program includes all prescription medications listed on the formulary at no cost to you. If the drug is not on the formulary, your out-of-pocket cost is based on a deeply discounted price.
2. You may pick-up your medication at virtually any retail pharmacy of your choice (over 70,000 in our network).
3. Only certain doses and quantities for each medication are offered through this program.
4. Present your Rx Card to the pharmacy of your choice to utilize benefits.
5. All medications require a prescription.
6. No limit on prescription medication orders.
7. You also get access to the entire suite of products, discounts and services.

This is a Pharmacy Subscription Program. THIS IS NOT INSURANCE. We provide you direct access to medications at negotiated PBM pricing, and Home Delivery Pharmacy pricing on a pre-paid basis. Your Rx Card offers solutions for high-priced specialty medications via an International Pharmacy or PAP service. In addition, a discount pharmacy solution is available, where you search discount options and are directed to a specific pharmacy for super-low pricing. Sometimes, this can be your lowest price option. Only certain doses and quantities for each medication are offered through this program.

Your Rx Card is NOT Insurance. Discount Only - Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen.

HOW THIS PROGRAM WORKS

1. Search for medications by entering drug name in the search bar. If a medication is not on the formulary, a discounted price will be displayed.
2. Present your Rx Card to the pharmacy of your choice. Your Rx Card will display your BIN, Group Number and PCN to present to the pharmacist. If you paid for your order online prior to picking up your medication, you will owe nothing at the pharmacy.
3. If you need other medications, easily search our website for deeply discounted prices.

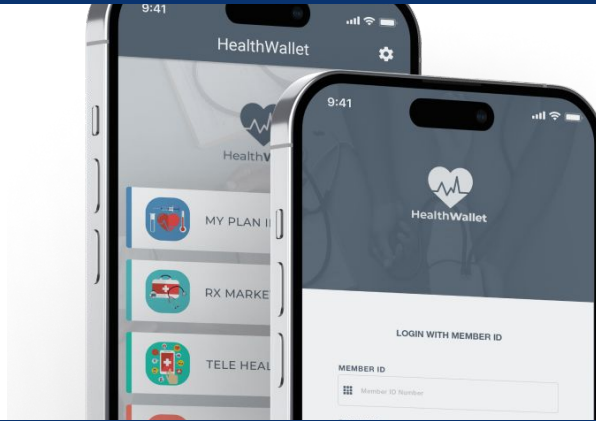
This part of the program does not make payments directly to pharmacies. Members are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

Formulary and pricing are subject to change. Please see website for current pricing. In order to get the most out of your Pharmacy Subscription Program, utilize our mail-order service by logging into the website. Members must log in to see complete program pricing and details.

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Brand Dosage Form	Retail QTY	HD QTY	Co-Pay
AMOXICILLIN 250 MG CAPSULE	30	N/A	\$0
AMOXICILLIN 400 MG/5 ML SUSPENSION FOR RECONSTITUTION	200	N/A	\$0
AMOXICILLIN 500 MG CAPSULE	30	N/A	\$0
AMOXICILLIN 875 MG TABLET	20	N/A	\$0
AMOXICILLIN/POTASSIUM CLAV 875-125 MG TABLET	14	N/A	\$0
AZITHROMYCIN 250 MG TABLET	6	N/A	\$0
AZITHROMYCIN 500 MG TABLET	6	N/A	\$0
BACITRACIN 500 UNIT/G OINTMENT	28	N/A	\$0
BENZONATATE 100 MG CAPSULE	30	N/A	\$0
BENZONATATE 200 MG CAPSULE	15	N/A	\$0
CEPHALEXIN 500 MG CAPSULE	20	N/A	\$0
CIPROFLOXACIN HCL 500 MG CAPSULE	14	N/A	\$0
CYPROHEPTADINE HCL 4 MG TABLET	21	N/A	\$0
FLUCONAZOLE 150 MG TABLET	1	N/A	\$0
GUAIFENESIN/CODEINE PHOSPHATE 100-10 MG/5 LIQUID	118	N/A	\$0
HYDROCODONE/ACETAMINOPHEN 10 MG-300 MG TABLET	12	N/A	\$0
HYDROCORTISONE 1% CREAM	28	N/A	\$0
IBUPROFEN 400 MG TABLET	20	N/A	\$0
IBUPROFEN 600 MG TABLET	20	N/A	\$0
IBUPROFEN 800 MG TABLET	20	N/A	\$0

Brand Dosage Form	Retail QTY	HD QTY	Co-Pay
MECLIZINE HCL 12.5 MG TABLET	20	N/A	\$0
MECLIZINE HCL 25 MG TABLET	20	N/A	\$0
METHYLPREDNISOLONE 4 MG TABLET	21	N/A	\$0
METRONIDAZOLE 500 MG TABLET	21	N/A	\$0
NAPROXEN 250 MG TABLET	30	N/A	\$0
NAPROXEN 375 MG TABLET	20	N/A	\$0
NAPROXEN 500 MG TABLET	20	N/A	\$0
OFLOXACIN 0.3% DROPS	5	N/A	\$0
POLYMYXIN B SULF/TRIMETHOPRIM 10000-1/ML DROPS	10	N/A	\$0
PREDNISONE 10 MG TABLET	30	N/A	\$0
PREDNISONE 20 MG TABLET	30	N/A	\$0
PREDNISONE 5 MG TABLET	30	N/A	\$0
PREDNISONE 50 MG TABLET	30	N/A	\$0
PROMETHAZINE HCL 25 MG TABLET	12		
PROMETHAZINE HCL/CODEINE 6.25-10/5 SYRUP	200	N/A	\$0
SULFAMETHOXAZOLE/TRIMETHOPRIM 800-160 MG TABLET	14	N/A	\$0
TRIAMCINOLONE ACETONIDE 0.025% OINTMENT	15	N/A	\$0



HealthWallet

WHAT DO I GET WITH HEALTH WALLET RX FULL?

BENEFITS

- App.
- Acute & Chronic Medication include over 800 routinely prescribed drugs at no charge
- Electronic RX Card
- Network of over 70,000 retail pharmacies
- Deeply discounted prices for drugs not on the list
- Prescription Assistance Program for many medicines over \$200

EMPLOYEE ONLY	\$42
EMPLOYEE + SPOUSE	\$42
EMPLOYEE + CHILDREN	\$42
EMPLOYEE + FAMILY	\$42

ENHANCED MEDICATION FORMULARY

[Click here for details on how the ENHANCED Medication Program works.](#)

NOTE: You can search for a drug by typing 'CTRL' or 'CMD' + F.

Brand Dosage Form	Retail Qty	Home Qty	Member Cost	Brand Dosage Form	Retail Qty	Home Qty	Member Cost
ACARBOSE 25 MG TABLET	30	90	\$0	AMLODIPINE BESYLATE/BENAZEPRIL 10 MG-20 MG CAPSULE	30	90	\$0
ACARBOSE 50 MG TABLET	30	90	\$0	AMLODIPINE BESYLATE/BENAZEPRIL 10 MG-40 MG CAPSULE	30	90	\$0
ACARBOSE 100 MG TABLET	30	180	\$0	AMMONIUM LACTATE 12% CREAM	140	140	\$0
ACEBUTOLOL HCL 200 MG CAPSULE	30	90	\$0	AMOXICILLIN 125 MG CHEWABLE TABLET	56	0	\$0
ACEBUTOLOL HCL 400 MG CAPSULE	30	90	\$0	AMOXICILLIN 250 MG CHEWABLE TABLET	28	0	\$0
ACETAMINOPHEN 500 MG TABLET	30	90	\$0	AMOXICILLIN 125 MG/5 ML SUSPENSION FOR RECONSTITUTION	200	0	\$0
ACETAMINOPHEN WITH CODEINE 120-12 MG/5 SOLUTION	473	0	\$0	AMOXICILLIN 200 MG/5 ML SUSPENSION FOR RECONSTITUTION	200	0	\$0
ACETAMINOPHEN WITH CODEINE 300 MG-15 MG TABLET	30	0	\$0	AMOXICILLIN 250 MG/5 ML SUSPENSION FOR RECONSTITUTION	200	0	\$0
ACETAMINOPHEN WITH CODEINE 300 MG-30 MG TABLET	30	0	\$0	AMOXICILLIN 400 MG/5 ML SUSPENSION FOR RECONSTITUTION	200	0	\$0
ACETAZOLAMIDE 500 MG CAPSULE ER	30	90	\$0	AMOXICILLIN 250 MG CAPSULE	30	0	\$0
ACYCLOVIR 200 MG CAPSULE	30	90	\$0	AMOXICILLIN 500 MG CAPSULE	30	0	\$0
ACYCLOVIR 400 MG TABLET	30	90	\$0	AMOXICILLIN 500 MG TABLET	30	90	\$0
ACYCLOVIR 800 MG TABLET	30	90	\$0	AMOXICILLIN 875 MG TABLET	28	0	\$0
ALBUTEROL SULFATE 4 MG TABLET 12-HOUR ER	30	90	\$0	AMOXICILLIN/POTASSIUM CLAY 200-28.5/5 SUSPENSION FOR RECON	50	0	\$0
ALBUTEROL SULFATE 90 MCG HFA AEROSOL INHALER	0	18	\$0	AMOXICILLIN/POTASSIUM CLAY 250-62.5/5 SUSPENSION FOR RECON	50	0	\$0
ALBUTEROL SULFATE SYRUP 2 MG/5 ML 2 MG/5 ML SYRUP	473	473	\$0	AMOXICILLIN/POTASSIUM CLAY 400-57 MG/5 SUSPENSION FOR RECON	50	0	\$0
ALBUTEROL SULFATE/PRAZOSIN (BROMIDE) 0.30/0.5 ML (3 MG/0.5 MG/3 ML) INH SOL	90	270	\$0	AMOXICILLIN/POTASSIUM CLAY 600-42.9/5 SUSPENSION FOR RECON	50	0	\$0
ALENDRONATE SODIUM 5 MG TABLET	30	90	\$0	AMOXICILLIN/POTASSIUM CLAY 875-125 MG TABLET	14	0	\$0
ALENDRONATE SODIUM 10 MG TABLET	30	90	\$0	AMPICILLIN TRIHYDRATE 500 MG CAPSULE	28	0	\$0
ALENDRONATE SODIUM 35 MG TABLET	4	12	\$0	ANASTROZOLE 1 MG TABLET	30	90	\$0
ALENDRONATE SODIUM 70 MG TABLET	4	12	\$0	ARIPRAZOLE 2 MG TABLET	60	180	\$0
ALFUZOSIN HCL ER 10 MG TABLET 24-HOUR ER	30	90	\$0	ARIPRAZOLE 5 MG TABLET	30	90	\$0
ALLOPURINOL 100 MG TABLET	30	90	\$0	ARIPRAZOLE 10 MG TABLET	30	90	\$0
ALLOPURINOL 300 MG TABLET	30	90	\$0	ARIPRAZOLE 15 MG TABLET	30	90	\$0
ALPRAZOLAM 0.25 MG TABLET	30	0	\$0	ARIPRAZOLE 20 MG TABLET	30	90	\$0
ALPRAZOLAM 0.5 MG TABLET	30	0	\$0	ARIPRAZOLE 30 MG TABLET	30	90	\$0
ALPRAZOLAM 1 MG TABLET	30	0	\$0	ASCORBIC ACID 500 MG TABLET	30	90	\$0
AMANTADINE HCL 100 MG CAPSULE	30	180	\$0	ASPIRIN 81 MG CHEWABLE TABLET	30	90	\$0
AMANTADINE HCL 100 MG TABLET	30	90	\$0	ASPIRIN 81 MG TABLET DR/EC	30	90	\$0
AMANTADINE HCL 50 MG/5 ML SOLUTION	473	473	\$0	ATENOLOL 25 MG TABLET	30	90	\$0
AMILORIDE HCL 5 MG TABLET	30	90	\$0	ATENOLOL 50 MG TABLET	30	90	\$0
AMILORIDE/HYDROCHLOROTHIAZIDE 5 MG-50 MG TABLET	30	90	\$0	ATENOLOL 100 MG TABLET	30	90	\$0
AMIODARONE HCL 200 MG TABLET	30	90	\$0	ATENOLOL/CHLORTHALIDONE 50 MG-25 MG TABLET	30	90	\$0
AMITRIPTYLINE HCL 10 MG TABLET	60	180	\$0	ATENOLOL/CHLORTHALIDONE 100 MG-25 MG TABLET	30	90	\$0
AMITRIPTYLINE HCL 25 MG TABLET	30	180	\$0	ATOMOXETINE HCL 10 MG CAPSULE	30	90	\$0
AMITRIPTYLINE HCL 50 MG TABLET	30	90	\$0	ATOMOXETINE HCL 18 MG CAPSULE	30	90	\$0
AMITRIPTYLINE HCL 75 MG TABLET	30	90	\$0	ATOMOXETINE HCL 25 MG CAPSULE	30	90	\$0
AMITRIPTYLINE HCL 100 MG TABLET	30	90	\$0	ATOMOXETINE HCL 40 MG CAPSULE	30	90	\$0
AMLODIPINE BES/OLMESARTAN MED 10 MG-20 MG TABLET	30	90	\$0	ATOMOXETINE HCL 60 MG CAPSULE	30	90	\$0
AMLODIPINE BES/OLMESARTAN MED 5 MG-20 MG TABLET	30	90	\$0	ATOMOXETINE HCL 80 MG CAPSULE	30	90	\$0
AMLODIPINE BES/OLMESARTAN MED 5 MG-40 MG TABLET	30	90	\$0	ATOMOXETINE HCL 100 MG CAPSULE	30	90	\$0
AMLODIPINE BESYLATE 2.5 MG TABLET	30	90	\$0	ATORVASTATIN CALCIUM 10 MG TABLET	30	90	\$0
AMLODIPINE BESYLATE 5 MG TABLET	30	90	\$0	ATORVASTATIN CALCIUM 20 MG TABLET	30	90	\$0
AMLODIPINE BESYLATE 10 MG TABLET	30	90	\$0	ATORVASTATIN CALCIUM 40 MG TABLET	30	90	\$0
AMLODIPINE BESYLATE/BENAZEPRIL 2.5 MG-10 MG CAPSULE	30	90	\$0	ATORVASTATIN CALCIUM 80 MG TABLET	30	90	\$0
AMLODIPINE BESYLATE/BENAZEPRIL 5 MG-10 MG CAPSULE	30	90	\$0	AZELASTINE HCL 0.05% DROPS	6	18	\$0
AMLODIPINE BESYLATE/BENAZEPRIL 5 MG-20 MG CAPSULE	30	90	\$0	AZITHROMYCIN 250 MG TABLET	6	0	\$0
AMLODIPINE BESYLATE/BENAZEPRIL 5 MG-40 MG CAPSULE	30	90	\$0	AZITHROMYCIN 500 MG TABLET	6	0	\$0

ENHANCED MEDICATION FORMULARY

[Click here for details on how the ENHANCED Medication Program works.](#)

Brand Dosage Form	Retail Qty	Home Qty	Member Cost	Brand Dosage Form	Retail Qty	Home Qty	Member Cost
B COMPLEX & AMP; C NO.20/FOLIC ACID 1 MG CAPSULE	30	90	\$0	CANDESARTAN CILEXETIL 16 MG TABLET	30	90	\$0
BACITRACIN 500 UNIT/G OINTMENT	28	0	\$0	CAPTAPRIL/HYDROCHLOROTHIAZIDE 25 MG-25 MG TABLET	30	90	\$0
BACLOFEN 10 MG TABLET	30	90	\$0	CARBAMAZEPINE 100 MG CHEWABLE TABLET	30	90	\$0
BACLOFEN 20 MG TABLET	30	90	\$0	CARBAMAZEPINE 100 MG/5 ML SUSPENSION	150	450	\$0
BD NEEDLES - REQUIRES PRESCRIPTION 18G X1 1/2" NEEDLE	0	100	\$0	CARBAMAZEPINE 200 MG TABLET	30	90	\$0
BENAZEPRIL HCL 5 MG TABLET	30	90	\$0	CARBAMIDE PEROXIDE 6.5% DROPS	15	45	\$0
BENAZEPRIL HCL 10 MG TABLET	30	90	\$0	CARBIDOPA/LEVODOPA 10 MG-100 MG TABLET	30	90	\$0
BENAZEPRIL HCL 20 MG TABLET	30	90	\$0	CARBIDOPA/LEVODOPA 25 MG-100 MG TABLET	30	90	\$0
BENAZEPRIL HCL 40 MG TABLET	30	90	\$0	CARBIDOPA/LEVODOPA 25 MG-250 MG TABLET	30	90	\$0
BENAZEPRIL/HYDROCHLOROTHIAZIDE 5-6.25 MG TABLET	30	90	\$0	CARBIDOPA/LEVODOPA 50 MG-200 MG TABLET ER	30	90	\$0
BENZONATATE 100 MG CAPSULE	30	90	\$0	CARBINOXAMINE MALEATE 4 MG/5 ML LIQUID	118	118	\$0
BENZONATATE 200 MG CAPSULE	15	45	\$0	CARISOPRODOL 250 MG TABLET	30	90	\$0
BENZPHETAMINE HCL 50 MG TABLET	30	0	\$0	CARVEDILOL 3.125 MG TABLET	30	90	\$0
BENZTROPINE MESYLATE 0.5 MG TABLET	30	90	\$0	CARVEDILOL 6.25 MG TABLET	30	90	\$0
BENZTROPINE MESYLATE 1 MG TABLET	30	90	\$0	CARVEDILOL 12.5 MG TABLET	30	90	\$0
BENZTROPINE MESYLATE 2 MG TABLET	30	90	\$0	CARVEDILOL 25 MG TABLET	60	180	\$0
BETAMETHASONE DIPROPIONATE 0.05% LOTION	60	60	\$0	CEFACLOL 250 MG CAPSULE	30	90	\$0
BISAC/NACL/NAHCO3/KCL/PEG 3350 5 MG-210 G KIT	1	5	\$0	CEFDINIR 125 MG/5 ML SUSPENSION FOR RECONSTITUTION	100	0	\$0
BISOPROLOL FUMARATE 5 MG TABLET	30	90	\$0	CEFPROZIL 125 MG/5 ML SUSPENSION FOR RECONSTITUTION	100	300	\$0
BISOPROLOL FUMARATE 10 MG TABLET	30	90	\$0	CEFPROZIL 250 MG/5 ML SUSPENSION FOR RECONSTITUTION	30	90	\$0
BISOPROLOL FUMARATE/HCTZ 2.5-6.25 MG TABLET	30	90	\$0	CEFUROXIME AXETIL 250 MG TABLET	30	90	\$0
BISOPROLOL FUMARATE/HCTZ 5-6.25 MG TABLET	30	90	\$0	CELECOXIB 50 MG CAPSULE	30	90	\$0
BISOPROLOL FUMARATE/HCTZ 10-6.25 MG TABLET	30	90	\$0	CELECOXIB 100 MG CAPSULE	30	90	\$0
BOXES OF 25 OR 30 COUNT 1.25 MG/5 ML SOLUTION FOR NEBULIZATION	90	270	\$0	CELECOXIB 200 MG CAPSULE	30	90	\$0
BOXES OF 25 OR 30 COUNT 2.5 MG/5 ML SOLUTION FOR NEBULIZATION	90	270	\$0	CELECOXIB 400 MG CAPSULE	30	90	\$0
BRIMONIDINE TARTRATE 0.15% DROPS	5	15	\$0	CEPHALEXIN 125 MG/5 ML SUSPENSION FOR RECONSTITUTION	100	0	\$0
BROMPHENIRAMINE/PSEUDOEPHED/DM 2-30-10/5 SYRUP	118	0	\$0	CEPHALEXIN 250 MG/5 ML SUSPENSION FOR RECONSTITUTION	100	0	\$0
BUMETANIDE 0.25 MG/ML SOLUTION	40	0	\$0	CEPHALEXIN 250 MG CAPSULE	40	0	\$0
BUMETANIDE 0.5 MG TABLET	30	90	\$0	CEPHALEXIN 500 MG CAPSULE	20	0	\$0
BUMETANIDE 1 MG TABLET	30	90	\$0	CETIRIZINE HCL 1 MG/ML SOLUTION	120	360	\$0
BUMETANIDE 2 MG TABLET	30	180	\$0	CETIRIZINE HCL 5 MG/5 ML SOLUTION	30	90	\$0
BUPROPION HCL 75 MG TABLET	30	90	\$0	CETIRIZINE HCL 5 MG TABLET	30	90	\$0
BUPROPION HCL 100 MG TABLET	30	90	\$0	CETIRIZINE HCL 10 MG TABLET	30	90	\$0
BUPROPION HCL 150 MG TABLET 24-HOUR ER	30	90	\$0	CHLORDIAZEPoxide HCL 5 MG CAPSULE	15	0	\$0
BUPROPION HCL 300 MG TABLET 24-HOUR ER	30	90	\$0	CHLORDIAZEPoxide HCL 10 MG CAPSULE	15	0	\$0
BUPROPION SR 100 MG TABLET ER	60	180	\$0	CHLORHEXIDINE GLUCONATE 0.12% MOUTHWASH	473	473	\$0
BUPROPION SR 150 MG TABLET ER	60	180	\$0	CHLORPROPAMIDE 100 MG TABLET	30	90	\$0
BUPROPION SR 200 MG TABLET ER	60	180	\$0	CHLORTHALIDONE 25 MG TABLET	30	90	\$0
BUSPIRONE HCL 5 MG TABLET	30	90	\$0	CHLORTHALIDONE 50 MG TABLET	30	90	\$0
BUSPIRONE HCL 7.5 MG TABLET	30	90	\$0	CHLORZOXAZONE 500 MG TABLET	30	90	\$0
BUSPIRONE HCL 10 MG TABLET	30	180	\$0	CHOLECALCIFEROL (VITAMIN D3) 400 UNIT TABLET	30	90	\$0
BUSPIRONE HCL 15 MG TABLET	30	90	\$0	CHOLECALCIFEROL (VITAMIN D3) 1000 UNIT TABLET	30	90	\$0
BUSPIRONE HCL 30 MG TABLET	30	180	\$0	CHOLECALCIFEROL (VITAMIN D3) 400/ML DROPS	50	150	\$0
CALCITRIOL 0.25 MCG CAPSULE	30	90	\$0	CHOLESTYRAMINE (WITH SUGAR) 4 G POWDER IN PACKET	20	60	\$0
CALCITRIOL 0.5 MCG CAPSULE	30	90	\$0	CHOLESTYRAMINE/ASPARTAME 4 G POWDER IN PACKET	20	60	\$0
CALCIUM CARBONATE/VITAMIN D3 250 MG-125 TABLET	30	90	\$0	CICLOPIROX 0.77% CREAM	15	45	\$0
CANDESARTAN CILEXETIL 4 MG TABLET	30	90	\$0	CILOSTAZOL 50 MG TABLET	30	90	\$0
CANDESARTAN CILEXETIL 8 MG TABLET	30	90	\$0	CILOSTAZOL 100 MG TABLET	30	90	\$0

ENHANCED MEDICATION FORMULARY

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Brand Dosage Form	Retail Qty	Home Qty	Member Cost	Brand Dosage Form	Retail Qty	Home Qty	Member Cost
CIMETIDINE TABLETS 200 MG TABLET	30	90	\$0	DEXAMETHASONE SOD PHOSPHATE 10 MG/ML SOLUTION	2	6	\$0
CIMETIDINE TABLETS 300 MG TABLET	30	90	\$0	DEXMETHYLPHENIDATE HCL 10 MG TABLET	30	0	\$0
CIPROFLOXACIN EYE PREPARATIONS 0.3% DROPS	5	0	\$0	DEXTROAMPHETAMINE/AMPHETAMINE 5 MG TABLET	30	0	\$0
CIPROFLOXACIN HCL 250 MG/5 ML SUSPENSION, MICROCAPSULE RECON	100	0	\$0	DEXTROAMPHETAMINE/AMPHETAMINE 7.5 MG TABLET	30	0	\$0
CIPROFLOXACIN HCL 500 MG TABLET	14	0	\$0	DEXTROAMPHETAMINE/AMPHETAMINE 10 MG TABLET	30	0	\$0
CITALOPRAM HYDROBROMIDE 10 MG TABLET	30	90	\$0	DEXTROAMPHETAMINE/AMPHETAMINE 12.5 MG TABLET	30	0	\$0
CITALOPRAM HYDROBROMIDE 20 MG TABLET	30	90	\$0	DEXTROAMPHETAMINE/AMPHETAMINE 20 MG TABLET	30	0	\$0
CITALOPRAM HYDROBROMIDE 40 MG TABLET	30	90	\$0	DEXTROAMPHETAMINE/AMPHETAMINE 30 MG TABLET	30	0	\$0
CLINDAMYCIN HCL 75 MG CAPSULE	30	90	\$0	DIABETIC TESTING SUPPLIES N/A STRIP	0	100	\$0
CLINDAMYCIN HCL 150 MG CAPSULE	30	90	\$0	DIAZEPAM 2 MG TABLET	30	0	\$0
CLINDAMYCIN HCL 300 MG CAPSULE	30	90	\$0	DIAZEPAM 5 MG TABLET	30	0	\$0
CLINDAMYCIN HCL 75 MG/5 ML RECON SOLUTION	100	0	\$0	DIAZEPAM 10 MG TABLET	30	0	\$0
CLINDAMYCIN PHOSPHATE 1% SOLUTION	60	180	\$0	DICLOFENAC SODIUM 1% GEL	100	300	\$0
CLINDAMYCIN PHOSPHATE/DSW 300 MG/50 ML PIGGYBACK	30	90	\$0	DICLOFENAC SODIUM 25 MG TABLET DR/EC	30	90	\$0
CLINDAMYCIN PHOSPHATE/DSW 600 MG/50 ML PIGGYBACK	30	90	\$0	DICLOFENAC SODIUM 50 MG TABLET DR/EC	30	90	\$0
CLINDAMYCIN PHOSPHATE/DSW 900 MG/50 ML PIGGYBACK	30	90	\$0	DICLOFENAC SODIUM 75 MG TABLET DR/EC	60	180	\$0
CLOBETASOL PROPIONATE 0.05% NON-AEROSOL SPRAY	59	59	\$0	DICLOXACILLIN SODIUM 500 MG CAPSULE	30	90	\$0
CLOMIPHENE CITRATE 50 MG TABLET	5	15	\$0	DICYCLOMINE HCL 10 MG CAPSULE	30	90	\$0
CLONAZEPAM 0.5 MG TABLET	30	0	\$0	DICYCLOMINE HCL 20 MG TABLET	30	90	\$0
CLONAZEPAM 1 MG TABLET	30	0	\$0	DIGOXIN 125 MCG TABLET	30	90	\$0
CLONAZEPAM 2 MG TABLET	30	0	\$0	DIGOXIN 250 MCG TABLET	30	90	\$0
CLONIDINE HCL 0.1 MG TABLET	30	90	\$0	DILTIAZEM HCL 30 MG TABLET	30	90	\$0
CLONIDINE HCL 0.2 MG TABLET	30	90	\$0	DILTIAZEM HCL 120 MG TABLET	30	90	\$0
CLONIDINE HCL 0.3 MG TABLET	30	90	\$0	DILTIAZEM HCL 120 MG CAPSULE ER	30	0	\$0
CLOPIDOGREL BISULFATE 75 MG TABLET	30	90	\$0	DILTIAZEM HCL 180 MG CAPSULE ER	30	90	\$0
CLOTTRIMAZOLE 1% CREAM AND GEL COMBO PACK	15	45	\$0	DILTIAZEM HCL 180 MG CAPSULE ER	30	90	\$0
COLCHICINE/PROBENECID 0.5-500 MG TABLET	30	90	\$0	DILTIAZEM HCL 240 MG CAPSULE ER	30	90	\$0
COLESTIPOL HCL 5 G GRANULES	0	500	\$0	DILTIAZEM HCL 360 MG CAPSULE ER	30	90	\$0
CYANOCOBALAMIN/FA/PYRIDOXINE 2-2.5-25 MG TABLET	30	90	\$0	DILTIAZEM HCL 120 MG CAPSULE 24-HOUR ER	30	90	\$0
CYCLOBENZAPRINE HCL 5 MG TABLET	30	90	\$0	DILTIAZEM HCL 180 MG CAPSULE 24-HOUR ER	30	90	\$0
CYCLOBENZAPRINE HCL 10 MG TABLET	30	90	\$0	DILTIAZEM HCL 240 MG CAPSULE 24-HOUR ER	30	90	\$0
CYCLOSPORINE, MODIFIED 50 MG CAPSULE	30	90	\$0	DILTIAZEM HCL 360 MG CAPSULE 24-HOUR ER	30	90	\$0
CYPROHEPTADINE HCL 2 MG/5 ML SYRUP	30	90	\$0	DILTIAZEM HCL 120 MG DEGRADABLE CAPSULE ER	30	90	\$0
CYPROHEPTADINE HCL 4 MG TABLET	30	90	\$0	DILTIAZEM HCL 180 MG DEGRADABLE CAPSULE ER	30	90	\$0
DESLOMATADINE 2.5 MG/5 ML SYRUP	30	90	\$0	DILTIAZEM HCL 240 MG DEGRADABLE CAPSULE ER	30	90	\$0
DESOG-E. ESTRADIOL/E. ESTRADIOL 21-5 TABLET	28	84	\$0	DIPHENHYDRAMINE HCL 12.5 MG/5 ML LIQUID	30	90	\$0
DESOGESTREL-ETHINYL ESTRADIOL 0.05-0.03 TABLET	28	84	\$0	DIPHENHYDRAMINE HCL 50 MG CAPSULE	30	90	\$0
DESOGESTREL-ETHINYL ESTRADIOL 7 DAYS X 3 TABLET	28	84	\$0	DIPHENHYDRAMINE HCL/ZINC ACET 2%-0.1% CREAM	28	84	\$0
DESVENLAFAXINE SUCCINATE 25 MG TABLET 24-HOUR ER	30	90	\$0	DIPHENOXIMATE HCL/ATROPINE 2.5-.025 MG TABLET	30	90	\$0
DESVENLAFAXINE SUCCINATE 50 MG TABLET 24-HOUR ER	30	90	\$0	DIPYRIDAMOLE 25 MG TABLET	30	90	\$0
DESVENLAFAXINE SUCCINATE 100 MG TABLET 24-HOUR ER	30	90	\$0	DIVALPROEX SODIUM 125 MG TABLET DR/EC	60	180	\$0
DEXAMETHASONE 0.1% SUSPENSION DROPS	0	5	\$0	DIVALPROEX SODIUM 250 MG TABLET DR/EC	60	180	\$0
DEXAMETHASONE 0.5 MG/5 ML ELIXIR	30	90	\$0	DIVALPROEX SODIUM 500 MG TABLET DR/EC	60	180	\$0
DEXAMETHASONE SOD PHOSPHATE 0.5 MG TABLET	30	90	\$0	DIVALPROEX SODIUM 250 MG TABLET 24-HOUR ER	30	90	\$0
DEXAMETHASONE SOD PHOSPHATE 0.75 MG TABLET	15	45	\$0	DIVALPROEX SODIUM 500 MG TABLET 24-HOUR ER	30	90	\$0
DEXAMETHASONE SOD PHOSPHATE 1 MG TABLET	30	90	\$0	DONEPEZIL HCL 5 MG TABLET	30	90	\$0
DEXAMETHASONE SOD PHOSPHATE 1.5 MG TABLET	30	90	\$0	DONEPEZIL HCL 10 MG TABLET	30	90	\$0
DEXAMETHASONE SOD PHOSPHATE 6 MG TABLET	30	90	\$0	DORZOLAMIDE HCL/TIMOLOL MALEAT 22.3-6.8/1 DROPS	10	30	\$0

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Brand Dosage Form	Retail Qty	Home Qty	Member Cost	Brand Dosage Form	Retail Qty	Home Qty	Member Cost
DOXAZOSIN MESYLATE 1 MG TABLET	30	90	\$0	ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET	28	84	\$0
DOXAZOSIN MESYLATE 2 MG TABLET	30	90	\$0	ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET	28	84	\$0
DOXAZOSIN MESYLATE 4 MG TABLET	30	90	\$0	ETODOLAC 200 MG CAPSULE	30	90	\$0
DOXAZOSIN MESYLATE 8 MG TABLET	30	90	\$0	ETOMIDATE 2 MG/ML SOLUTION	30	90	\$0
DOXEPIH HCL 10 MG CAPSULE	30	90	\$0	EZETIMIBE 10 MG TABLET	30	90	\$0
DOXEPIH HCL 25 MG CAPSULE	30	90	\$0	EZETIMIBE/SIMVASTATIN 10 MG-10 MG TABLET	30	90	\$0
DOXEPIH HCL 50 MG CAPSULE	30	90	\$0	EZETIMIBE/SIMVASTATIN 10 MG-20 MG TABLET	30	90	\$0
DOXEPIH HCL 75 MG CAPSULE	30	90	\$0	EZETIMIBE/SIMVASTATIN 10 MG-40 MG TABLET	30	90	\$0
DOXEPIH HCL 100 MG CAPSULE	30	90	\$0	EZETIMIBE/SIMVASTATIN 10 MG-80 MG TABLET	30	90	\$0
DOXEPIH HCL 150 MG CAPSULE	30	90	\$0	FAMOTIDINE 10 MG/ML SOLUTION	30	90	\$0
DOXEPIH HCL 10 MG/ML CONCENTRATE	30	90	\$0	FAMOTIDINE 20 MG TABLET	60	180	\$0
DOXYCYCLINE CALCIUM 50 MG/5 ML SYRUP	30	90	\$0	FAMOTIDINE 40 MG TABLET	30	90	\$0
DOXYCYCLINE HCLATE 20 MG TABLET	30	90	\$0	FEBUXOSTAT 40 MG TABLET	30	90	\$0
DOXYCYCLINE HCLATE 50 MG CAPSULE	30	90	\$0	FEBUXOSTAT 80 MG TABLET	30	90	\$0
DOXYCYCLINE HCLATE 100 MG CAPSULE	30	0	\$0	FELODIPINE 2.5 MG TABLET 24-HOUR ER	30	90	\$0
DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE	30	90	\$0	FELODIPINE 5 MG TABLET 24-HOUR ER	30	90	\$0
DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE	30	90	\$0	FENOFIBRATE NANOCRYSTALLIZED 48 MG TABLET	30	90	\$0
DOXYCYCLINE MONOHYDRATE 100 MG TABLET	30	0	\$0	FENOFIBRATE NANOCRYSTALLIZED 145 MG TABLET	30	90	\$0
DOXYCYCLINE MONOHYDRATE 25 MG/5 ML SUSPENSION FOR RECONSTITUTION	30	90	\$0	FENOFIBRATE, FENOFIBRATE MICRONIZED 54 MG TABLET	30	90	\$0
DROSPIR/ETH ESTRAD/LEVOMEFOL CA 3-0.02(24) TABLET	28	84	\$0	FENOFIBRATE, FENOFIBRATE MICRONIZED 160 MG TABLET	30	90	\$0
DULOXETINE HCL 20 MG CAPSULE DR/EC	60	180	\$0	FENOFIBRATE, MICRONIZED 67 MG CAPSULE	30	90	\$0
DULOXETINE HCL 30 MG CAPSULE DR/EC	30	90	\$0	FENOFIBRATE, MICRONIZED 134 MG CAPSULE	30	90	\$0
DULOXETINE HCL 60 MG CAPSULE DR/EC	30	90	\$0	FENOFIBRATE, MICRONIZED 200 MG CAPSULE	0	90	\$0
DUNLAP MOIST HEAT PACK	0	84	\$0	FENOFIBRIC ACID DELAYED RELEASE CAPSULES 45 MG CAPSULE DR/EC	30	90	\$0
DUTASTERIDE 0.5 MG CAPSULE	30	90	\$0	FENOFIBRIC ACID DELAYED RELEASE CAPSULES 195 MG CAPSULE DR/EC	30	90	\$0
ELETRIPTAN 20 MG TABLET	9	18	\$0	FEROUS FUMARATE/FOLIC ACID 106 MG-1 MG TABLET	30	90	\$0
ELETRIPTAN 40 MG TABLET	9	18	\$0	FINASTERIDE 1 MG TABLET	30	90	\$0
EMTRICITABINE/TENOFOVIR 200-300 MG TABLET	30	90	\$0	FINASTERIDE 5 MG TABLET	30	90	\$0
ENALAPRIL MALEATE 1 MG/ML RECON SOLUTION	60	180	\$0	FLECAINIDE ACETATE 50 MG TABLET	30	180	\$0
ENALAPRIL MALEATE 2.5 MG TABLET	30	90	\$0	FLECAINIDE ACETATE 100 MG TABLET	30	90	\$0
ENALAPRIL MALEATE 5 MG TABLET	30	90	\$0	FLUCONAZOLE 50 MG TABLET	30	90	\$0
ENALAPRIL MALEATE 10 MG TABLET	30	90	\$0	FLUCONAZOLE 100 MG TABLET	10	30	\$0
ENALAPRIL MALEATE 20 MG TABLET	30	90	\$0	FLUCONAZOLE 150 MG TABLET	1	0	\$0
ENALAPRIL/HYDROCHLOROTHIAZIDE 5 MG-12.5 MG TABLET	30	90	\$0	FLUCONAZOLE 200 MG TABLET	4	12	\$0
ENALAPRIL/HYDROCHLOROTHIAZIDE 10 MG-25 MG TABLET	30	90	\$0	FLUCONAZOLE 40 MG/ML SUSPENSION FOR RECONSTITUTION	30	90	\$0
ERGOCALCIFEROL (VITAMIN D2) 50000 UNIT CAPSULE	0	12	\$0	FLUDROCORTISONE ACETATE 0.1 MG TABLET	30	90	\$0
ERYTHROMYCIN BASE 5 MG/G OINTMENT	3.5	0	\$0	FLUNISOLIDE 25 MCG NON-AEROSOL SPRAY	50	150	\$0
ERYTHROMYCIN BASE 500 MG TABLET DR/EC	30	90	\$0	FLUXETINE HCL 10 MG CAPSULE	30	90	\$0
ESCITALOPRAM OXALATE 5 MG TABLET	30	90	\$0	FLUXETINE HCL 20 MG CAPSULE	30	90	\$0
ESCITALOPRAM OXALATE 10 MG TABLET	30	90	\$0	FLUXETINE HCL 40 MG CAPSULE	30	90	\$0
ESCITALOPRAM OXALATE 20 MG TABLET	30	90	\$0	FLUXETINE HCL 10 MG TABLET	30	90	\$0
ESOMEPRAZOLE MAGNESIUM 20 MG CAPSULE DR/EC	30	90	\$0	FLUXETINE HCL 20 MG TABLET	30	90	\$0
ESOMEPRAZOLE MAGNESIUM 40 MG CAPSULE DR/EC	30	90	\$0	FLUXETINE HCL 60 MG TABLET	30	90	\$0
ESTRADIOL 0.5 MG TABLET	30	90	\$0	FLUPHENAZINE HCL 1 MG TABLET	30	90	\$0
ESTRADIOL 1 MG TABLET	30	90	\$0	FLUPHENAZINE HCL 2.5 MG TABLET	30	90	\$0
ESTRADIOL 2 MG TABLET	30	90	\$0	FLUPHENAZINE HCL 5 MG TABLET	30	90	\$0
ETHINYL ESTRADIOL/DROSPIRENONE 0.03 MG-3 MG TABLET	0	84	\$0	FLUPHENAZINE HCL 10 MG TABLET	30	0	\$0
ETHOSUXIMIDE 250 MG/5 ML SOLUTION	30	90	\$0	FLURBIPROFEN 50 MG TABLET	30	90	\$0

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FLURBIPROFEN 100 MG TABLET	30	90	\$0	GRISEOFULVIN, MICROSIZE 125 MG/5 ML SUSPENSION	150	450	\$0
FLUTICASONI PROPIONATE 50 MCG SUSPENSION SPRAY	16	48	\$0	GUAIFENESIN 600 MG TABLET 12-HOUR ER	30	90	\$0
FLUVOXAMINE MALEATE 25 MG TABLET	30	90	\$0	GUAIFENESIN/CODEINE PHOSPHATE 100-10 MG/5 LIQUID	118	0	\$0
FLUVOXAMINE MALEATE 50 MG TABLET	30	90	\$0	GUANFACINE HCL 1 MG TABLET	30	90	\$0
FLUVOXAMINE MALEATE 100 MG TABLET	30	90	\$0	GUANFACINE HCL 2 MG TABLET	30	90	\$0
FOLIC ACID 0.4 MG TABLET	30	90	\$0	GUANFACINE HCL 1 MG TABLET 24-HOUR ER	30	90	\$0
FOLIC ACID 0.8 MG TABLET	30	90	\$0	GUANFACINE HCL 2 MG TABLET 24-HOUR ER	30	90	\$0
FOLIC ACID 1 MG TABLET	30	90	\$0	GUANFACINE HCL 3 MG TABLET 24-HOUR ER	30	90	\$0
FOSINOPRIL SODIUM 10 MG TABLET	30	90	\$0	GUANFACINE HCL 4 MG TABLET 24-HOUR ER	30	90	\$0
FOSINOPRIL SODIUM 20 MG TABLET	30	90	\$0	HYDRALAZINE HCL 10 MG TABLET	30	90	\$0
FOSINOPRIL SODIUM 40 MG TABLET	30	90	\$0	HYDRALAZINE HCL 25 MG TABLET	30	90	\$0
FOSPHENYTOIN SODIUM 100 MG PE/2 SOLUTION	30	90	\$0	HYDRALAZINE HCL 50 MG TABLET	30	90	\$0
FOSPHENYTOIN SODIUM 500 PE/10 SOLUTION	30	90	\$0	HYDRALAZINE HCL 100 MG TABLET	30	90	\$0
FUROSEMIDE 10 MG/ML SOLUTION (ORAL)	30	90	\$0	HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	30	90	\$0
FUROSEMIDE 20 MG TABLET	30	90	\$0	HYDROCHLOROTHIAZIDE 12.5 MG TABLET	30	90	\$0
FUROSEMIDE 40 MG TABLET	30	90	\$0	HYDROCHLOROTHIAZIDE 25 MG TABLET	30	90	\$0
FUROSEMIDE 80 MG TABLET	30	90	\$0	HYDROCHLOROTHIAZIDE 50 MG TABLET	30	90	\$0
FUROSEMIDE SOLUTION 10 MG/ML SOLUTION	12	36	\$0	HYDROCODONE BIT/HOMATROP ME-BR 5-1.5 MG/5 SYRUP	100	300	\$0
GABAPENTIN 100 MG CAPSULE	30	90	\$0	HYDROCODONE/ACETAMINOPHEN 10 MG-300 MG TABLET	12	0	\$0
GABAPENTIN 300 MG CAPSULE	30	90	\$0	HYDROCODONE/CPM/PSEUDOEPHED 5-4-60 MG/5 SOLUTION	60	180	\$0
GABAPENTIN 400 MG CAPSULE	30	90	\$0	HYDROCODONE/IBUPROFEN 5 MG-200 MG TABLET	30	90	\$0
GABAPENTIN 600 MG TABLET	30	90	\$0	HYDROCORTISONE 0.1% CREAM	80	240	\$0
GABAPENTIN 800 MG TABLET	30	90	\$0	HYDROCORTISONE 0.5% CREAM	28	0	\$0
GABAPENTIN 250 MG/5 ML SOLUTION	30	90	\$0	HYDROCORTISONE 1% CREAM	28	0	\$0
GEMFIBROZIL 600 MG TABLET	30	90	\$0	HYDROCORTISONE 2.5% CREAM	28	0	\$0
GENERIC FOR PROCARDIA XL 30 MG TABLET 24-HOUR ER	30	90	\$0	HYDROCORTISONE 1% OINTMENT	30	0	\$0
GENERIC FOR PROCARDIA XL 60 MG TABLET 24-HOUR ER	30	90	\$0	HYDROCORTISONE 5 MG TABLET	30	90	\$0
GLIMEPIRIDE 1 MG TABLET	30	90	\$0	HYDROCORTISONE 10 MG TABLET	30	90	\$0
GLIMEPIRIDE 2 MG TABLET	30	90	\$0	HYDROCORTISONE 20 MG TABLET	30	90	\$0
GLIMEPIRIDE 4 MG TABLET	30	90	\$0	HYDROCORTISONE ACETATE 1% CREAM	30	90	\$0
GLYBURIDE 1.25 MG TABLET	30	90	\$0	HYDROCORTISONE/PRAMOXINE 1%-1% CREAM	30	90	\$0
GLYBURIDE 2.5 MG TABLET	30	90	\$0	HYDROMORPHONE HCL 2 MG TABLET	30	0	\$0
GLIPIZIDE 5 MG TABLET	30	90	\$0	HYDROMORPHONE HCL 4 MG TABLET	30	0	\$0
GLIPIZIDE 10 MG TABLET	30	90	\$0	HYDROXYCHLOROQUINE SULFATE 200 MG TABLET	60	180	\$0
GLIPIZIDE 2.5 MG TABLET 24-HOUR ER	30	90	\$0	HYDROXYUREA 500 MG CAPSULE	30	90	\$0
GLIPIZIDE 5 MG TABLET 24-HOUR ER	60	180	\$0	HYDROXYZINE HCL 10 MG TABLET	30	90	\$0
GLIPIZIDE 10 MG TABLET 24-HOUR ER	60	180	\$0	HYDROXYZINE HCL 25 MG TABLET	30	90	\$0
GLIPIZIDE/METFORMIN HCL 2.5-250 MG TABLET	30	90	\$0	HYDROXYZINE HCL 50 MG TABLET	20	60	\$0
GLIPIZIDE/METFORMIN HCL 2.5-500 MG TABLET	30	90	\$0	HYDROXYZINE HCL 10 MG/5 ML SOLUTION	60	180	\$0
GLIPIZIDE/METFORMIN HCL 5 MG-500 MG TABLET	30	90	\$0	HYDROXYZINE PAMOATE 25 MG CAPSULE	20	60	\$0
GLYBURIDE 5 MG TABLET	30	90	\$0	HYDROXYZINE PAMOATE 50 MG CAPSULE	30	90	\$0
GLYBURIDE, MICRONIZED 1.5 MG TABLET	15	45	\$0	HYOSCYAMINE SULFATE 0.125 MG TABLET	30	90	\$0
GLYBURIDE, MICRONIZED 3 MG TABLET	30	90	\$0	HYOSCYAMINE SULFATE 0.375 MG TABLET 12-HOUR ER	30	90	\$0
GLYBURIDE, MICRONIZED 6 MG TABLET	30	90	\$0	IBANDRONATE SODIUM 150 MG TABLET	3	0	\$0
GLYBURIDE/METFORMIN HCL 1.25-250 MG TABLET	30	90	\$0	IBUPROFEN 50 MG/1.25 SUSPENSION DROPS	30	90	\$0
GLYBURIDE/METFORMIN HCL 2.5-500 MG TABLET	30	90	\$0	IBUPROFEN 100 MG/5 ML SUSPENSION	120	360	\$0
GLYBURIDE/METFORMIN HCL 5 MG-500 MG TABLET	30	90	\$0	IBUPROFEN 200 MG TABLET	30	90	\$0
GLYCOPYRROLATE 1 MG TABLET	30	180	\$0	IBUPROFEN 400 MG TABLET	30	90	\$0

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IBUPROFEN 600 MG TABLET	30	90	\$0	LAMOTRIGINE 50 MG TABLET 24-HOUR ER	30	90	\$0
IBUPROFEN 800 MG TABLET	30	90	\$0	LAMOTRIGINE 100 MG TABLET 24-HOUR ER	30	90	\$0
ICOSAPENT ETHYL 0.5 G CAPSULE	30	90	\$0	LAMOTRIGINE 200 MG TABLET 24-HOUR ER	30	90	\$0
IMIPRAMINE HCL 10 MG TABLET	60	180	\$0	LAMOTRIGINE 250 MG TABLET 24-HOUR ER	30	90	\$0
IMIPRAMINE HCL 25 MG TABLET	60	180	\$0	LAMOTRIGINE 300 MG TABLET 24-HOUR ER	30	90	\$0
IMIPRAMINE HCL 50 MG TABLET	60	180	\$0	LANCETS N/A LANCETS	0	100	\$0
INDAPAMIDE 1.25 MG TABLET	30	90	\$0	LANSOPRAZOLE 3 MG/ML SUSPENSION	30	90	\$0
INDAPAMIDE 2.5 MG TABLET	30	90	\$0	LANSOPRAZOLE 15 MG CAPSULE DR/EC	30	90	\$0
INDOMETHACIN 25 MG CAPSULE	30	90	\$0	LANSOPRAZOLE 30 MG CAPSULE DR/EC	30	90	\$0
INDOMETHACIN 50 MG CAPSULE	30	90	\$0	LATANOPROST/PF 0.005% DROPS	2.5	7.5	\$0
INDOMETHACIN 75 MG CAPSULE ER	30	90	\$0	LETROZOLE 2.5 MG TABLET	30	90	\$0
INFLUENZA VACCINE INJECTION VACCINE	1	0	\$0	LEVALBUTEROL HCL 0.63 MG/3 ML SOLUTION FOR NEBULIZATION	75	225	\$0
IPRATROPIUM BROMIDE 0.2 MG/ML SOLUTION	30	90	\$0	LEVALBUTEROL SOLN NEB 1.25 MG/3 ML INHALATION	72mL	288mL	\$0
IPRATROPIUM BROMIDE 42 MCG NON-AEROSOL SPRAY	15	45	\$0	LEVALBUTEROL TARTRATE 45 MCG HFA AEROSOL INHALER	0	15	\$0
IPRATROPIUM/ALBUTEROL SULFATE 0.5-3 MG/3 SOLUTION FOR NEBULIZATION	90	270	\$0	LEVETIRACETAM 100 MG/ML SOLUTION	30	90	\$0
IRBESARTAN 75 MG TABLET	30	90	\$0	LEVETIRACETAM 500 MG/5 ML SOLUTION	30	90	\$0
IRBESARTAN 150 MG TABLET	30	90	\$0	LEVETIRACETAM 250 MG TABLET	30	90	\$0
IRBESARTAN 300 MG TABLET	30	90	\$0	LEVETIRACETAM 500 MG TABLET	60	180	\$0
IRBESARTAN/HYDROCHLOROTHIAZIDE 150-12.5 MG TABLET	30	90	\$0	LEVETIRACETAM 750 MG TABLET	60	180	\$0
IRBESARTAN/HYDROCHLOROTHIAZIDE 300-12.5 MG TABLET	30	90	\$0	LEVETIRACETAM 1000 MG TABLET	60	180	\$0
IRON PS CMLPX/VIT B12/FA 150-25-1 CAPSULE	30	90	\$0	LEVETIRACETAM 500 MG TABLET 24-HOUR ER	30	90	\$0
IRON/CARBONYL/ASCORBIC ACID 100-250 MG TABLET	30	90	\$0	LEVETIRACETAM 750 MG TABLET 24-HOUR ER	30	90	\$0
ISONIAZID 100 MG TABLET	30	90	\$0	LEVOCARNITINE 100 MG/ML SOLUTION	30	90	\$0
ISONIAZID 300 MG TABLET	30	90	\$0	LEVOCETIRIZINE DIHYDROCHLORIDE 2.5 MG/5 ML SOLUTION	30	90	\$0
ISONIAZID 50 MG/5 ML SOLUTION	30	90	\$0	LEVOCETIRIZINE DIHYDROCHLORIDE 5 MG TABLET	30	90	\$0
ISOSORBIDE DINITRATE 5 MG TABLET	30	90	\$0	LEVOFLOXACIN 0.5% DROPS	5	15	\$0
ISOSORBIDE DINITRATE 10 MG TABLET	30	90	\$0	LEVOFLOXACIN 250 MG TABLET	5	15	\$0
ISOSORBIDE DINITRATE 20 MG TABLET	30	90	\$0	LEVOFLOXACIN 500 MG TABLET	21	0	\$0
ISOSORBIDE DINITRATE 30 MG TABLET	30	90	\$0	LEVOFLOXACIN 750 MG TABLET	15	0	\$0
ISOSORBIDE MONONITRATE 10 MG TABLET	30	90	\$0	LEVOFLOXACIN 250 MG/10 ML SOLUTION	30	90	\$0
ISOSORBIDE MONONITRATE 20 MG TABLET	30	90	\$0	LEVONORGESTREL 1.5 MG TABLET	1	0	\$0
ISOSORBIDE MONONITRATE 30 MG TABLET 24-HOUR ER	30	90	\$0	LEVONORGESTREL-ETHIN ESTRADIOL 0.3-0.02 TABLET	28	84	\$0
ISOSORBIDE MONONITRATE 60 MG TABLET 24-HOUR ER	30	90	\$0	LEVONORGESTREL-ETHIN ESTRADIOL 0.15-0.03 3 MONTH TABLET DOSE PACK	0	91	\$0
ISOSORBIDE MONONITRATE 120 MG TABLET 24-HOUR ER	30	90	\$0	LEVONORGESTREL-ETHIN ESTRADIOL 0.15-0.03 TABLET	28	84	\$0
KETOCONAZOLE 2% SHAMPOO	120	360	\$0	LEVONORGESTREL-ETHIN ESTRADIOL 6-5-10 TABLET	28	84	\$0
KETOCONAZOLE 200 MG TABLET	20	60	\$0	LEVONORGESTREL-ETHINYL ESTRADIOL 0.1MG/0.02MG AND 36.5MG TABLET	30	90	\$0
KETOROLAC TROMETHAMINE 0.5% DROPS	3	10	\$0	LEVOTHYROXINE SODIUM 25 MCG TABLET	15	45	\$0
LABETALOL HCL 100 MG TABLET	30	90	\$0	LEVOTHYROXINE SODIUM 50 MCG TABLET	30	90	\$0
LABETALOL HCL 200 MG TABLET	30	90	\$0	LEVOTHYROXINE SODIUM 75 MCG TABLET	30	90	\$0
LABETALOL HCL 300 MG TABLET	30	90	\$0	LEVOTHYROXINE SODIUM 88 MCG TABLET	30	90	\$0
LACOSAMIDE 10 MG/ML SOLUTION	30	90	\$0	LEVOTHYROXINE SODIUM 100 MCG TABLET	30	90	\$0
LACTULOSE 10 G/15 ML SOLUTION	30	90	\$0	LEVOTHYROXINE SODIUM 112 MCG TABLET	30	90	\$0
LACTULOSE 20 G/30 ML SOLUTION	30	90	\$0	LEVOTHYROXINE SODIUM 125 MCG TABLET	30	90	\$0
LAMOTRIGINE 25 MG TABLET	30	180	\$0	LEVOTHYROXINE SODIUM 137 MCG TABLET	30	90	\$0
LAMOTRIGINE 100 MG TABLET	30	180	\$0	LEVOTHYROXINE SODIUM 150 MCG TABLET	30	90	\$0
LAMOTRIGINE 150 MG TABLET	30	180	\$0	LEVOTHYROXINE SODIUM 175 MCG TABLET	30	90	\$0
LAMOTRIGINE 200 MG TABLET	30	180	\$0	LEVOTHYROXINE SODIUM 200 MCG TABLET	30	90	\$0
LAMOTRIGINE 25 MG TABLET 24-HOUR ER	30	90	\$0	LEVOTHYROXINE SODIUM 300 MCG TABLET	30	90	\$0

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Brand Dosage Form	Retail Qty	Home Qty	Member Cost	Brand Dosage Form	Retail Qty	Home Qty	Member Cost
LIDOCAINE HCL 5 MG/ML SOLUTION	30	90	\$0	LURASIDONE HCL 40 MG TABLET	30	90	\$0
LIDOCAINE HCL 10 MG/ML SOLUTION	30	90	\$0	LURASIDONE HCL 60 MG TABLET	30	90	\$0
LIDOCAINE HCL 15 MG/ML SOLUTION	30	90	\$0	LURASIDONE HCL 80 MG TABLET	30	90	\$0
LIDOCAINE HCL 2% SOLUTION	100	0	\$0	LURASIDONE HCL 120 MG TABLET	30	90	\$0
LIDOCAINE HCL/EPINEPHRINE 0.5-1:200K SOLUTION	30	90	\$0	MECLIZINE HCL 12.5 MG TABLET	30	90	\$0
LIDOCAINE HCL/EPINEPHRINE 1%-1:100K SOLUTION	30	90	\$0	MECLIZINE HCL 25 MG TABLET	30	90	\$0
LIDOCAINE HCL/EPINEPHRINE 2%-1:100K SOLUTION	30	90	\$0	MEDROXYPROGESTERONE ACETATE 2.5 MG TABLET	30	90	\$0
LIDOCAINE HCL/EPINEPHRINE BIT 2%-1:100K CARTRIDGE	30	90	\$0	MEDROXYPROGESTERONE ACETATE 5 MG TABLET	30	90	\$0
LIDOCAINE HCL/EPINEPHRINE BIT 2%-1:50000 CARTRIDGE	30	90	\$0	MEDROXYPROGESTERONE ACETATE 10 MG TABLET	5	15	\$0
LIDOCAINE HCL/EPINEPHRINE/PF 1%-1:200K SOLUTION	30	90	\$0	MEDROXYPROGESTERONE ACETATE 150 MG/ML SUSPENSION	0	1	\$0
LIDOCAINE HCL/EPINEPHRINE/PF 1.5-1:200K SOLUTION	30	90	\$0	MEGESTROL ACETATE 20 MG TABLET	30	90	\$0
LIDOCAINE HCL/EPINEPHRINE/PF 2%-1:200K SOLUTION	30	90	\$0	MEGESTROL ACETATE 40 MG TABLET	30	90	\$0
LIDOCAINE HCL/PF 10 MG/ML SOLUTION	5	15	\$0	MEGESTROL ACETATE 400 MG/10 ML SUSPENSION	240	720	\$0
LIDOCAINE/PRILCAINE 2.5%-2.5% CREAM	30	90	\$0	MEGESTROL ACETATE 800 MG/20 ML SUSPENSION	240	720	\$0
LIDOCAINE-HYDROCORTISONE ACETATE 3%-0.5% CREAM KIT	30	90	\$0	MELOXICAM 7.5 MG TABLET	30	90	\$0
LINEZOLID 200 MG/0.3L PARENTERAL SOLUTION	30	90	\$0	MELOXICAM 15 MG TABLET	30	90	\$0
LIOTHYRONINE SODIUM 5 MCG TABLET	30	90	\$0	MEMANTINE HCL 5 MG TABLET	30	180	\$0
LIOTHYRONINE SODIUM 25 MCG TABLET	30	90	\$0	MEMANTINE HCL 10 MG TABLET	30	90	\$0
LIOTHYRONINE SODIUM 50 MCG TABLET	30	90	\$0	MEPERIDINE HCL 50 MG/5 ML SOLUTION	210	0	\$0
LISINAPRIL 2.5 MG TABLET	30	90	\$0	MEPERIDINE HCL 100 MG/ML SOLUTION	210	0	\$0
LISINAPRIL 5 MG TABLET	30	90	\$0	MEPERIDINE HCL/PF 50 MG/ML SOLUTION	210	0	\$0
LISINAPRIL 10 MG TABLET	30	90	\$0	METFORMIN HCL 500 MG TABLET	30	90	\$0
LISINAPRIL 20 MG TABLET	30	90	\$0	METFORMIN HCL 850 MG TABLET	30	90	\$0
LISINAPRIL 30 MG TABLET	30	90	\$0	METFORMIN HCL 1000 MG TABLET	30	90	\$0
LISINAPRIL 40 MG TABLET	30	90	\$0	METFORMIN HCL ER 500 MG TABLET 24-HOUR ER	30	90	\$0
LISINAPRIL/HYDROCHLOROTHIAZIDE 20 MG-25 MG TABLET	30	90	\$0	METFORMIN HCL ER 750 MG TABLET 24-HOUR ER	30	90	\$0
LISINAPRIL/HYDROCHLOROTHIAZIDE 10-12.5 MG TABLET	30	90	\$0	METHADONE HCL 5 MG TABLET	30	0	\$0
LISINAPRIL/HYDROCHLOROTHIAZIDE 20-12.5 MG TABLET	30	90	\$0	METHADONE HCL 10 MG TABLET	30	0	\$0
LITHIUM CARBONATE 150 MG CAPSULE	30	90	\$0	METHADONE HCL 40 MG SOLUBLE TABLET	30	0	\$0
LITHIUM CARBONATE 300 MG CAPSULE	30	180	\$0	METHENAMINE HIPPURATE 1 G TABLET	30	90	\$0
LITHIUM CARBONATE 600 MG CAPSULE	30	180	\$0	METHENAMINE MANDELATE 1 G TABLET	30	90	\$0
LITHIUM CARBONATE 300 MG TABLET	30	180	\$0	METHIMAZOLE 5 MG TABLET	30	90	\$0
LITHIUM CARBONATE 300 MG TABLET ER	30	180	\$0	METHIMAZOLE 10 MG TABLET	30	90	\$0
LITHIUM CARBONATE 450 MG TABLET ER	30	180	\$0	METHOCARBAMOL 500 MG TABLET	30	90	\$0
LOPERAMIDE HCL 1 MG/5 ML LIQUID	120	360	\$0	METHOCARBAMOL 750 MG TABLET	30	90	\$0
LOPERAMIDE HCL 2 MG CAPSULE	30	90	\$0	METHOTREXATE SODIUM 2.5 MG TABLET	20	60	\$0
LORATADINE 10 MG TABLET	30	90	\$0	METHYLDOPA 250 MG TABLET	30	90	\$0
LORAZEPAM 0.5 MG TABLET	30	0	\$0	METHYLDOPA 500 MG TABLET	30	90	\$0
LORAZEPAM 1 MG TABLET	30	0	\$0	METHYLPHENIDATE HCL 5 MG TABLET	30	0	\$0
LOSARTAN POTASSIUM 25 MG TABLET	30	90	\$0	METHYLPHENIDATE HCL 10 MG TABLET	30	0	\$0
LOSARTAN POTASSIUM 50 MG TABLET	30	90	\$0	METHYLPHENIDATE HCL 5 MG/5 ML SOLUTION	300	0	\$0
LOSARTAN POTASSIUM 100 MG TABLET	30	90	\$0	METHYLPHENIDATE HCL 10 MG/5 ML SOLUTION	300	0	\$0
LOSARTAN/HYDROCHLOROTHIAZIDE 100 MG-25 MG TABLET	30	90	\$0	METHYLPREDNISOLONE 4 MG TABLET	21	0	\$0
LOSARTAN/HYDROCHLOROTHIAZIDE 50-12.5 MG TABLET	30	90	\$0	METOCLOPRAMIDE HCL 5 MG TABLET	30	90	\$0
LOVASTATIN 10 MG TABLET	30	90	\$0	METOCLOPRAMIDE HCL 10 MG TABLET	30	90	\$0
LOVASTATIN 20 MG TABLET	30	90	\$0	METOCLOPRAMIDE HCL 5 MG/5 ML SOLUTION	473	473	\$0
LOVASTATIN 40 MG TABLET	30	90	\$0	METOLAZONE 2.5 MG TABLET	30	90	\$0
LURASIDONE HCL 20 MG TABLET	30	90	\$0	METOLAZONE 5 MG TABLET	30	90	\$0

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Brand Dosage Form	Retail Qty	Home Qty	Member Cost	Brand Dosage Form	Retail Qty	Home Qty	Member Cost
METOPROLOL SUCCINATE ER 25 MG TABLET 24-HOUR ER	30	90	\$0	NICOTINE POLACRILEX 4 MG GUM	110	110	\$0
METOPROLOL SUCCINATE ER 50 MG TABLET 24-HOUR ER	30	90	\$0	NICOTINE POLACRILEX 2 MG LOZENGE	72	72	\$0
METOPROLOL SUCCINATE ER 100 MG TABLET 24-HOUR ER	30	90	\$0	NICOTINE POLACRILEX 4 MG LOZENGE	72	72	\$0
METOPROLOL SUCCINATE ER 200 MG TABLET 24-HOUR ER	30	90	\$0	NIFEDIPINE 30 MG TABLET ER	30	90	\$0
METOPROLOL TARTRATE 25 MG TABLET	30	90	\$0	NIFEDIPINE 60 MG TABLET ER	30	90	\$0
METOPROLOL TARTRATE 50 MG TABLET	60	180	\$0	NIFEDIPINE 90 MG TABLET ER	30	90	\$0
METOPROLOL TARTRATE 75 MG TABLET	60	180	\$0	NIFEDIPINE 90 MG TABLET 24-HOUR ER	30	90	\$0
METOPROLOL TARTRATE 100 MG TABLET	30	90	\$0	NITROGLYCERIN TABLETS 0.3 MG SUBLINGUAL TABLET	30	90	\$0
METOPROLOL TARTRATE 5 MG/5 ML SOLUTION	30	90	\$0	NITROGLYCERIN TABLETS 0.4 MG SUBLINGUAL TABLET	25	75	\$0
METRONIDAZOLE 250 MG TABLET	28	0	\$0	NITROGLYCERIN TABLETS 0.6 MG SUBLINGUAL TABLET	30	90	\$0
METRONIDAZOLE 500 MG TABLET	21	0	\$0	NONOXYNOL 9 3% GEL	0	81	\$0
MINOCYCLINE HCL 50 MG CAPSULE	30	90	\$0	NORETHINDRONE 0.35 MG TABLET	28	84	\$0
MINOXIDIL 2.5 MG TABLET	30	90	\$0	NORETHINDRONE ACETATE 5 MG TABLET	30	90	\$0
MINOXIDIL 10 MG TABLET	30	90	\$0	NORETHINDRONE AC-ETH ESTRADIOL 1 MG-20 MCG TABLET	21	63	\$0
MIRTAZAPINE 15 MG TABLET	30	90	\$0	NORETHINDRONE AC-ETH ESTRADIOL 1.5-0.03 MG TABLET	21	63	\$0
MIRTAZAPINE 30 MG TABLET	30	90	\$0	NORETHINDRONE-ETHINYL ESTRADIOL 0.5/0.035 MG/0.75/0.035 MG/1/0.035 MG TABLET	0	84	\$0
MIRTAZAPINE 45 MG TABLET	30	90	\$0	NORETHINDRONE-E. ESTRADIOL-IRON 1 MG-20(21) TABLET	28	84	\$0
MISOPROSTOL 200 MCG TABLET	30	90	\$0	NORETHINDRONE-E. ESTRADIOL-IRON 1 MG-20(24) TABLET	28	84	\$0
MOEXIPRII HCL 7.5 MG TABLET	30	90	\$0	NORETHINDRONE-E. ESTRADIOL-IRON 1.5-30(21) TABLET	28	84	\$0
MOMETASONE FURATE 0.1% OINTMENT	15	45	\$0	NORETHINDRONE-ETHINYL ESTRAD 0.4-0.035 TABLET	28	84	\$0
MONTELUKAST SODIUM 4 MG CHEWABLE TABLET	21	0	\$0	NORETHINDRONE-ETHINYL ESTRAD 0.5-0.035 TABLET	28	84	\$0
MONTELUKAST SODIUM 5 MG CHEWABLE TABLET	30	90	\$0	NORETHINDRONE-ETHINYL ESTRAD 1 MG-35 MCG TABLET	28	84	\$0
MONTELUKAST SODIUM 10 MG TABLET	30	90	\$0	NORETHINDRONE-ETHINYL ESTRAD 7 DAYS X 3 TABLET	28	84	\$0
MULTITANIN WITH FOLIC ACID 1 MG/1 MG CAPSULE	30	90	\$0	NORETHINDRONE-ETHINYL ESTRAD 7-9-5 TABLET	28	84	\$0
MYCOPHENOLATE MOFETIL 250 MG CAPSULE	30	90	\$0	NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 TABLET	28	84	\$0
NABUMETONE 500 MG TABLET	60	180	\$0	NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 28 TABLET	28	84	\$0
NABUMETONE 750 MG TABLET	30	90	\$0	NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 LO TABLET	28	84	\$0
NADOLOL 20 MG TABLET	30	90	\$0	NORGESTREL-ETHINYL ESTRADIOL 0.3-0.03 MG TABLET	28	84	\$0
NADOLOL 40 MG TABLET	30	90	\$0	NORTRIPTYLINE HCL 10 MG CAPSULE	60	270	\$0
NAPROXEN 250 MG TABLET	30	90	\$0	NORTRIPTYLINE HCL 25 MG CAPSULE	60	270	\$0
NAPROXEN 375 MG TABLET	30	90	\$0	NORTRIPTYLINE HCL 50 MG CAPSULE	60	270	\$0
NAPROXEN 500 MG TABLET	30	90	\$0	NORTRIPTYLINE HCL 75 MG CAPSULE	60	270	\$0
NAPROXEN SODIUM 275 MG TABLET	30	90	\$0	NYSTATIN 100000/G CREAM	15	45	\$0
NAPROXEN SODIUM 550 MG TABLET	30	90	\$0	NYSTATIN 100000/ML SUSPENSION	60	180	\$0
NARATRIPTAN HCL 2.5 MG TABLET	9	27	\$0	NYSTATIN 500K UNIT TABLET	30	90	\$0
NEBIVOLOL HCL 2.5 MG TABLET	30	90	\$0	OFLOXACIN 0.3% DROPS	5	0	\$0
NEBIVOLOL HCL 5 MG TABLET	30	90	\$0	OLANZAPINE 2.5 MG TABLET	30	90	\$0
NEBIVOLOL HCL 10 MG TABLET	30	90	\$0	OLANZAPINE 5 MG TABLET	30	90	\$0
NEBIVOLOL HCL 20 MG TABLET	30	90	\$0	OLANZAPINE 7.5 MG TABLET	30	90	\$0
NEO/POLYMYX B SULF/DEXAMETH 3.5-10K-1 OINTMENT	4	12	\$0	OLANZAPINE 10 MG TABLET	30	90	\$0
NEVIRAPINE 50 MG/5 ML SUSPENSION	30	90	\$0	OLANZAPINE 15 MG TABLET	30	90	\$0
NIACIN 500 MG TABLET 24-HOUR ER	60	180	\$0	OLANZAPINE 20 MG TABLET	30	90	\$0
NIACIN 1000 MG TABLET 24-HOUR ER	30	90	\$0	OLMESARTAN MEDOXOMIL 5 MG TABLET	60	180	\$0
NICARDIPINE HCL 20 MG CAPSULE	30	90	\$0	OLMESARTAN MEDOXOMIL 20 MG TABLET	30	90	\$0
NICOTINE 7 MG/24 HR 24-HOUR PATCH	0	14	\$0	OLMESARTAN MEDOXOMIL 40 MG TABLET	30	90	\$0
NICOTINE 14 MG/24 HR 24-HOUR PATCH	0	14	\$0	OLMESARTAN/HYDROCHLOROTHIAZIDE 20-12.5 MG TABLET	30	90	\$0
NICOTINE 21 MG/24 HR 24-HOUR PATCH	0	42	\$0	OLMESARTAN/HYDROCHLOROTHIAZIDE 40-12.5 MG TABLET	30	90	\$0
NICOTINE POLACRILEX 2 MG GUM	110	110	\$0	OLMESARTAN/HYDROCHLOROTHIAZIDE 40 MG-25 MG TABLET	30	90	\$0

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Brand Dosage Form	Retail Qty	Home Qty	Member Cost	Brand Dosage Form	Retail Qty	Home Qty	Member Cost
CLOPATADINE HCL 0.2% DROPS	2.5	75	\$0	PERINDOPRIL ERBUMINE 4 MG TABLET	30	90	\$0
OMEGA-3 ACID ETHYL ESTERS 1 G CAPSULE	120	360	\$0	PERINDOPRIL ERBUMINE 8 MG TABLET	30	90	\$0
OMEPRAZOLE 2 MG/ML SUSPENSION	30	90	\$0	PERPHENAZINE 4 MG TABLET	30	90	\$0
OMEPRAZOLE 10 MG CAPSULE DR/EC	30	90	\$0	PHENDIMETRAZINE TARTRATE 35 MG TABLET	30	0	\$0
OMEPRAZOLE 20 MG CAPSULE DR/EC	30	90	\$0	PHERTERMINE HCL 15 MG CAPSULE	30	0	\$0
OMEPRAZOLE 40 MG CAPSULE DR/EC	30	90	\$0	PHERTERMINE HCL 37.5 MG CAPSULE	30	0	\$0
ONCE DAILY MULTIVITAMIN N/A TABLET	30	90	\$0	PHENYTOIN 125 MG/5 ML SUSPENSION	237	474	\$0
ONDANSETRON HCL 4 MG TABLET	30	90	\$0	PHENYTOIN 50 MG CHEWABLE TABLET	30	90	\$0
ONDANSETRON HCL 8 MG TABLET	30	90	\$0	PHENYTOIN SODIUM EXTENDED 100 MG CAPSULE	30	180	\$0
ONDANSETRON HCL 2 MG/ML SOLUTION	30	90	\$0	PHOSPHORUS #1 250 MG TABLET	30	90	\$0
ONDANSETRON HCL 4 MG/5 ML SOLUTION	50	150	\$0	PIOGLITAZONE HCL 15 MG TABLET	30	90	\$0
ONDANSETRON HCL/PF 4 MG/2 ML SYRINGE	30	90	\$0	PIOGLITAZONE HCL 30 MG TABLET	30	90	\$0
ONDANSETRON ORALLY DISINTEGRATING 4 MG DISINTEGRATING TABLET	0	54	\$0	PIOGLITAZONE HCL 45 MG TABLET	30	90	\$0
ONDANSETRON ORALLY DISINTEGRATING 8 MG DISINTEGRATING TABLET	0	54	\$0	PIOGLITAZONE HCL/METFORMIN HCL 15 MG-500 MG TABLET	30	180	\$0
OSELTAMIVIR PHOSPHATE 6 MG/ML SUSPENSION FOR RECONSTITUTION	60	0	\$0	PIOGLITAZONE HCL/METFORMIN HCL 15 MG-850 MG TABLET	30	180	\$0
OXCARBAZEPINE 150 MG TABLET	30	90	\$0	PIPERACILLIN SODIUM/TAZOBACTAM 2.25 G RECON SOLUTION	30	90	\$0
OXCARBAZEPINE 300 MG TABLET	30	90	\$0	PIROXICAM 10 MG CAPSULE	30	90	\$0
OXCARBAZEPINE 300 MG/5 ML SUSPENSION	250	750	\$0	PIROXICAM 20 MG CAPSULE	30	90	\$0
OXYBUTYNYN CHLORIDE 5 MG TABLET	0	90	\$0	POLYETHYLENE GLYCOL 3350 17 G/DOSE POWDER	238	714	\$0
OXYBUTYNYN CHLORIDE 5 MG TABLET 24-HOUR ER	0	90	\$0	POLYMYXIN B SULF/TRIMETHOPRIM 10000-1/ML DROPS	10	10	\$0
OXYBUTYNYN CHLORIDE 10 MG TABLET 24-HOUR ER	0	90	\$0	POLYVINYL ALCOHOL 1.4% DROPS	30	90	\$0
OXYBUTYNYN CHLORIDE 15 MG TABLET 24-HOUR ER	0	90	\$0	POTASSIUM CHLORIDE 8 MEQ CAPSULE ER	60	180	\$0
OXYBUTYNYN CHLORIDE 5 MG/5 ML SYRUP	30	90	\$0	POTASSIUM CHLORIDE 10 MEQ CAPSULE ER	60	180	\$0
OXYCODONE HCL 5 MG TABLET	30	0	\$0	POTASSIUM CHLORIDE 8 MEQ TABLET ER	30	90	\$0
OXYCODONE HCL 10 MG TABLET	30	0	\$0	POTASSIUM CHLORIDE 10 MEQ TABLET ER	30	90	\$0
OXYCODONE HCL 15 MG TABLET	30	0	\$0	POTASSIUM CHLORIDE 20 MEQ PACKET	0	90	\$0
OXYCODONE HCL 20 MG TABLET	30	0	\$0	POTASSIUM CHLORIDE 20 MEQ PARTICLES/CRYSTALS TABLET ER	30	90	\$0
OXYCODONE HCL 5 MG/5 ML SOLUTION	30	90	\$0	POTASSIUM CITRATE 15 MEQ TABLET ER	30	90	\$0
OXYCODONE HCL/ACETAMINOPHEN 5 MG-325 MG TABLET	30	0	\$0	PRAMIPEXOLE DI-HCL 0.125 MG TABLET	30	90	\$0
OXYCODONE HCL/ACETAMINOPHEN 7.5-325 MG TABLET	30	0	\$0	PRAMIPEXOLE DI-HCL 0.25 MG TABLET	30	90	\$0
PANTOPRAZOLE SODIUM 20 MG TABLET DR/EC	30	90	\$0	PRAMIPEXOLE DI-HCL 0.5 MG TABLET	30	90	\$0
PANTOPRAZOLE SODIUM 40 MG TABLET DR/EC	30	90	\$0	PRAMIPEXOLE DI-HCL 0.75 MG TABLET	30	90	\$0
PAROXETINE HCL 10 MG TABLET	30	180	\$0	PRAMIPEXOLE DI-HCL 1 MG TABLET	30	90	\$0
PAROXETINE HCL 20 MG TABLET	30	180	\$0	PRAMIPEXOLE DI-HCL 1.5 MG TABLET	30	90	\$0
PAROXETINE HCL 30 MG TABLET	30	90	\$0	PRASUGREL HCL 5 MG TABLET	30	90	\$0
PAROXETINE HCL 40 MG TABLET	30	90	\$0	PRASUGREL HCL 10 MG TABLET	30	90	\$0
PEDI MVI NO.12/SODIUM FLUORIDE 0.25 MG CHEWABLE TABLET	30	90	\$0	PRAVASTATIN SODIUM 10 MG TABLET	30	90	\$0
PEDI MVI NO.12/SODIUM FLUORIDE 0.5 MG CHEWABLE TABLET	30	90	\$0	PRAVASTATIN SODIUM 20 MG TABLET	0	90	\$0
PEDI MVI NO.12/SODIUM FLUORIDE 1 MG CHEWABLE TABLET	30	90	\$0	PRAVASTATIN SODIUM 40 MG TABLET	0	90	\$0
PEDI MVI NO.16 WITH FLUORIDE 0.25 MG CHEWABLE TABLET	30	90	\$0	PRAVASTATIN SODIUM 80 MG TABLET	0	90	\$0
PEDI MVI NO.16 WITH FLUORIDE 0.5 MG CHEWABLE TABLET	30	90	\$0	PRAZOSIN HCL 1 MG CAPSULE	30	90	\$0
PEDI MVI NO.16 WITH FLUORIDE 1 MG CHEWABLE TABLET	30	90	\$0	PRAZOSIN HCL 2 MG CAPSULE	30	90	\$0
PEG 3350/NA SULF,BICARB,CL/KCL 236-22.74 G RECON SOLUTION	1	1	\$0	PRAZOSIN HCL 5 MG CAPSULE	30	90	\$0
PEG 3350/NA SULF,BICARB,CL/KCL 240-22.72 G RECON SOLUTION	1	1	\$0	PREDNISOLONE SOD PHOSPHATE 5 MG/5 ML SOLUTION	30	90	\$0
PENICILLIN V POTASSIUM 250 MG TABLET	14	0	\$0	PREDNISOLONE SOD PHOSPHATE 15 MG/5 ML SOLUTION	30	90	\$0
PENICILLIN V POTASSIUM 500 MG TABLET	20	0	\$0	PREDNISONE 1 MG TABLET	30	90	\$0
PENTOXIFYLLINE 400 MG TABLET ER	30	90	\$0	PREDNISONE 2.5 MG TABLET	30	90	\$0
PERINDOPRIL ERBUMINE 2 MG TABLET	30	90	\$0	PREDNISONE 5 MG TABLET	30	90	\$0

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Brand Dosage Form	Retail Qty	Home Qty	Member Cost	Brand Dosage Form	Retail Qty	Home Qty	Member Cost
PREDNISONE 10 MG TABLET	30	90	\$0	RABEPRAZOLE SODIUM 20 MG TABLET DR/EC	30	90	\$0
PREDNISONE 20 MG TABLET	30	90	\$0	RALOXIFENE HCL 60 MG TABLET	30	90	\$0
PREDNISONE 50 MG TABLET	30	90	\$0	RAMIPRIL 1.25 MG CAPSULE	30	90	\$0
PRIMIDONE 50 MG TABLET	30	90	\$0	RAMIPRIL 2.5 MG CAPSULE	30	90	\$0
PRIMIDONE 250 MG TABLET	30	90	\$0	RAMIPRIL 5 MG CAPSULE	30	90	\$0
PROBENECID 500 MG TABLET	30	90	\$0	RAMIPRIL 10 MG CAPSULE	30	90	\$0
PROGESTERONE, MICRONIZED 100 MG CAPSULE	30	90	\$0	RANITIDINE HCL 300 MG CAPSULE	30	90	\$0
PROGESTERONE, MICRONIZED 200 MG CAPSULE	30	90	\$0	REPAGLINIDE 0.5 MG TABLET	30	90	\$0
PROMETHAZINE HCL 12.5 MG TABLET	30	90	\$0	RISEDRONATE SODIUM 150 MG TABLET	1	3	\$0
PROMETHAZINE HCL 25 MG TABLET	30	90	\$0	RISPERIDONE 0.25 MG TABLET	60	180	\$0
PROMETHAZINE HCL 25 MG/ML SOLUTION	30	90	\$0	RISPERIDONE 0.5 MG TABLET	60	180	\$0
PROMETHAZINE HCL 50 MG/ML SOLUTION	30	90	\$0	RISPERIDONE 1 MG TABLET	30	90	\$0
PROMETHAZINE HCL 6.25 MG/5 ML SYRUP	240	0	\$0	RISPERIDONE 2 MG TABLET	30	90	\$0
PROMETHAZINE HCL/CODEINE 6.25-10/5 SYRUP	200	0	\$0	RISPERIDONE 3 MG TABLET	30	90	\$0
PROMETHAZINE/DEXTROMETHORPHAN 6.25-5 MG/5 ML SYRUP	118	354	\$0	RISPERIDONE 4 MG TABLET	30	90	\$0
PROMETHAZINE/PHENYLEPHR/CODEINE 6.25-5-10 SYRUP	120	360	\$0	RIZATRIPTAN BENZOATE 5 MG TABLET	9	27	\$0
PROMETHAZINE-PHENYLEPHRINE 0.25 MG/24 HR SYRUP	118	354	\$0	RIZATRIPTAN BENZOATE 10 MG TABLET	9	27	\$0
PROPAFENONE HCL 150 MG TABLET	30	90	\$0	RIZATRIPTAN BENZOATE 10 MG DISINTEGRATING TABLET	6	18	\$0
PROPAFENONE HCL 225 MG TABLET	30	90	\$0	RIZATRIPTAN BENZOATE 5 MG DISINTEGRATING TABLET	6	18	\$0
PROPARACAINE HCL 0.5% DROPS	15	45	\$0	ROPINIROLE HCL 0.25 MG TABLET	30	90	\$0
PROPRANOLOL HCL 10 MG TABLET	30	90	\$0	ROPINIROLE HCL 0.5 MG TABLET	30	90	\$0
PROPRANOLOL HCL 20 MG TABLET	30	90	\$0	ROPINIROLE HCL 1 MG TABLET	30	90	\$0
PROPRANOLOL HCL 40 MG TABLET	30	90	\$0	ROPINIROLE HCL 2 MG TABLET	30	90	\$0
PROPRANOLOL HCL 60 MG TABLET	30	90	\$0	ROPINIROLE HCL 3 MG TABLET	30	180	\$0
PROPRANOLOL HCL 80 MG TABLET	30	90	\$0	ROPINIROLE HCL 4 MG TABLET	30	180	\$0
PROPRANOLOL HCL 60 MG CAPSULE 24-HOUR ER	30	90	\$0	ROPINIROLE HCL 5 MG TABLET	30	180	\$0
PROPRANOLOL HCL 80 MG CAPSULE 24-HOUR ER	30	90	\$0	ROSUVASTATIN CALCIUM 5 MG TABLET	30	90	\$0
PROPRANOLOL HCL 120 MG CAPSULE 24-HOUR ER	30	90	\$0	ROSUVASTATIN CALCIUM 10 MG TABLET	30	90	\$0
PROPRANOLOL HCL 160 MG CAPSULE 24-HOUR ER	30	90	\$0	ROSUVASTATIN CALCIUM 20 MG TABLET	30	90	\$0
PYRIDOSTIGMINE BROMIDE 60 MG TABLET	30	90	\$0	ROSUVASTATIN CALCIUM 40 MG TABLET	30	90	\$0
QUETIAPINE FUMARATE 25 MG TABLET	30	90	\$0	ROTAVIRUS VACCINE, LIVE ORAL PV 2 ML SUSPENSION	12	36	\$0
QUETIAPINE FUMARATE 50 MG TABLET	30	90	\$0	SALSALATE 500 MG TABLET	30	90	\$0
QUETIAPINE FUMARATE 100 MG TABLET	30	90	\$0	SELENIUM SULFIDE 2.5% PRESCRIPTION ONLY 2.5% SHAMPOO	120	360	\$0
QUETIAPINE FUMARATE 200 MG TABLET	30	90	\$0	SERTRALINE HCL 25 MG TABLET	30	90	\$0
QUETIAPINE FUMARATE 300 MG TABLET	30	90	\$0	SERTRALINE HCL 50 MG TABLET	30	90	\$0
QUETIAPINE FUMARATE 400 MG TABLET	30	90	\$0	SERTRALINE HCL 100 MG TABLET	30	90	\$0
QUETIAPINE FUMARATE ER 50 MG TABLET 24-HOUR ER	30	90	\$0	SILDENAFIL CITRATE 20 MG TABLET	0	90	\$0
QUETIAPINE FUMARATE ER 150 MG TABLET 24-HOUR ER	30	90	\$0	SILDENAFIL CITRATE 25 MG TABLET	0	30	\$0
QUETIAPINE FUMARATE ER 200 MG TABLET 24-HOUR ER	30	90	\$0	SILDENAFIL CITRATE 50 MG TABLET	0	30	\$0
QUETIAPINE FUMARATE ER 300 MG TABLET 24-HOUR ER	30	90	\$0	SILDENAFIL CITRATE 100 MG TABLET	30	90	\$0
QUETIAPINE FUMARATE ER 400 MG TABLET 24-HOUR ER	30	90	\$0	SILODOSIN 4 MG CAPSULE	0	90	\$0
QUINAPRIL HCL 5 MG TABLET	30	90	\$0	SILODOSIN 8 MG CAPSULE	0	90	\$0
QUINAPRIL HCL 10 MG TABLET	30	90	\$0	SILVER SULFADIAZINE 1% CREAM	25	75	\$0
QUINAPRIL HCL 20 MG TABLET	30	90	\$0	SIMVASTATIN 5 MG TABLET	30	90	\$0
QUINAPRIL HCL 40 MG TABLET	30	90	\$0	SIMVASTATIN 10 MG TABLET	30	90	\$0
QUINAPRIL/HYDROCHLOROTHIAZIDE 10-12.5 MG TABLET	30	90	\$0	SIMVASTATIN 20 MG TABLET	30	90	\$0
QUINAPRIL/HYDROCHLOROTHIAZIDE 20-12.5 MG TABLET	30	90	\$0	SIMVASTATIN 40 MG TABLET	30	90	\$0
QUINAPRIL/HYDROCHLOROTHIAZIDE 20 MG-25 MG TABLET	30	90	\$0	SIMVASTATIN 80 MG TABLET	30	90	\$0

ENHANCED MEDICATION FORMULARY

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Brand Dosage Form	Retail Qty	Home Qty	Member Cost	Brand Dosage Form	Retail Qty	Home Qty	Member Cost
SOD/POT/K CIT/SOD CIT/CIT ACID 500-550/5 SOLUTION	30	90	\$0	TELMISARTAN 40 MG TABLET	90	90	\$0
SODIUM CHLORIDE 0.9% SYRINGE	0	100	\$0	TELMISARTAN 80 MG TABLET	90	90	\$0
SODIUM CHLORIDE/NAHCO3/KCL/PEG 420 G RECON SOLUTION	30	90	\$0	TELMISARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TABLET	90	90	\$0
SODIUM FLUORIDE 0.02% SOLUTION	30	90	\$0	TELMISARTAN-HYDROCHLOROTHIAZIDE 80 MG-25 MG TABLET	90	90	\$0
SODIUM FLUORIDE 0.2% SOLUTION	473	1419	\$0	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TABLET	90	90	\$0
SODIUM FLUORIDE 0.125/DROP DROPS	30	90	\$0	TERAZOSIN HCL 1 MG CAPSULE	30	90	\$0
SODIUM FLUORIDE 0.25 MG/0.6 DROPS	30	90	\$0	TERAZOSIN HCL 2 MG CAPSULE	30	90	\$0
SODIUM FLUORIDE 0.5 MG/ML DROPS	50	150	\$0	TERAZOSIN HCL 5 MG CAPSULE	30	90	\$0
SODIUM FLUORIDE 2.5 MG/ML DROPS	30	90	\$0	TERAZOSIN HCL 10 MG CAPSULE	30	90	\$0
SODIUM FLUORIDE 0.25 MG CHEWABLE TABLET	15	45	\$0	TESTOSTERONE 1.25 G(1%) METERED-DOSE GEL PUMP	75	0	\$0
SODIUM FLUORIDE 0.5 MG CHEWABLE TABLET	30	90	\$0	TESTOSTERONE ENANTHATE 200 MG/ML OIL	1	0	\$0
SODIUM FLUORIDE 1 MG(2.2 MG) CHEWABLE TABLET	15	45	\$0	TETRACAIN HCL 0.5% DROPS	15	45	\$0
SODIUM FLUORIDE 0.4% GEL	122	366	\$0	TETRACAIN/BENZOCAIN/BU TAMBEN 2%-14%-2% SPRAY AEROSOL	30	90	\$0
SODIUM FLUORIDE 1.7% GEL	56	168	\$0	TETRACYCLINE HCL 250 MG CAPSULE	30	90	\$0
SODIUM FLUORIDE 1.7% CREAM	51	153	\$0	THEOPHYLLINE ANHYDROUS 100 MG TABLET 12-HOUR ER	30	90	\$0
SODIUM FLUORIDE PASTE 1.7% PASTE	30	90	\$0	THEOPHYLLINE ANHYDROUS 200 MG TABLET 12-HOUR ER	30	90	\$0
SOLIFENACIN SUCCINATE 10 MG TABLET	0	180	\$0	THIAMINE HCL 50 MG TABLET	30	90	\$0
SOLIFENACIN SUCCINATE 5 MG TABLET	0	180	\$0	THIAMINE HCL 100 MG TABLET	30	90	\$0
SOTALOL HCL 80 MG TABLET	30	90	\$0	THYROID (PORK) 120MG (2GR) TABLET	30	90	\$0
SOTALOL HCL 120 MG TABLET	30	90	\$0	THYROID, PORK 16.25 MG (0.25 GRAIN) TABLET	30	90	\$0
SOTALOL HCL 160 MG TABLET	0	90	\$0	THYROID, PORK 32.5 MG (0.5 GRAIN) TABLET	30	90	\$0
SOTALOL HCL 240 MG TABLET	30	90	\$0	TIMOLOL MALEATE 0.25% DROPS	30	90	\$0
SPIRONOLACTONE 25 MG TABLET	30	90	\$0	TIMOLOL MALEATE 0.5% DROPS	15	45	\$0
SPIRONOLACTONE 50 MG TABLET	30	90	\$0	TIZANIDINE HCL 2 MG TABLET	30	90	\$0
SPIRONOLACTONE 100 MG TABLET	30	90	\$0	TIZANIDINE HCL 4 MG TABLET	30	90	\$0
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE 25 MG-25 MG TABLET	30	90	\$0	TIZANIDINE HCL 2 MG CAPSULE	30	90	\$0
SUCRALFATE 1G TABLET	90	270	\$0	TIZANIDINE HCL 4 MG CAPSULE	30	90	\$0
SUCRALFATE 1G/10 ML SUSPENSION	30	90	\$0	TIZANIDINE HCL 6 MG CAPSULE	30	90	\$0
SULFACETAMIDE SODIUM 10% CLEANSER ER	30	90	\$0	TOLAZAMIDE 250 MG TABLET	30	90	\$0
SULFACETAMIDE SODIUM/SULFUR 9%-4.5% CLEANSER	454	1362	\$0	TOLMETIN SODIUM 200 MG TABLET	30	90	\$0
SULFAMETHOXAZOLE/TRIMETHOPRIM 200-40 MG/5 SUSPENSION	30	90	\$0	TOLTERODINE 1 MG TABLET	30	180	\$0
SULFAMETHOXAZOLE/TRIMETHOPRIM 400 MG-80 MG TABLET	30	90	\$0	TOLTERODINE 2 MG TABLET	30	90	\$0
SULFAMETHOXAZOLE/TRIMETHOPRIM 800-160 MG TABLET	10	30	\$0	TOLTERODINE 2 MG CAPSULE 24-HOUR ER	30	90	\$0
SULFASALAZINE 500 MG TABLET DR/EC	30	90	\$0	TOLTERODINE 4 MG CAPSULE 24-HOUR ER	30	90	\$0
SULINDAC 150 MG TABLET	30	90	\$0	TOPIRAMATE 25 MG TABLET	30	90	\$0
SULINDAC 200 MG TABLET	30	90	\$0	TOPIRAMATE 50 MG TABLET	30	90	\$0
SUMATRIPTAN 25 MG TABLET	10	27	\$0	TOPIRAMATE 100 MG TABLET	30	90	\$0
SUMATRIPTAN 50 MG TABLET	10	27	\$0	TOPIRAMATE 200 MG TABLET	30	90	\$0
SUMATRIPTAN 100 MG TABLET	10	27	\$0	TORSEMIDE 5 MG TABLET	30	90	\$0
TACROLIMUS 0.5 MG CAPSULE 24-HOUR ER	30	90	\$0	TORSEMIDE 10 MG TABLET	30	90	\$0
TADALAFIL TABLETS 2.5 MG TABLET	0	90	\$0	TORSEMIDE 20 MG TABLET	30	90	\$0
TADALAFIL TABLETS 5 MG TABLET	0	90	\$0	TORSEMIDE 100 MG TABLET	30	90	\$0
TADALAFIL TABLETS 10 MG TABLET	0	30	\$0	TRAMADOL HCL 50 MG TABLET	30	0	\$0
TADALAFIL TABLETS 20 MG TABLET	0	30	\$0	TRAMADOL HCL/ACETAMINOPHEN 37.5-325 MG TABLET	63	0	\$0
TAMOXIFEN CITRATE 10 MG TABLET	0	90	\$0	TRANDOLAPRIL 1 MG TABLET	30	90	\$0
TAMOXIFEN CITRATE 20 MG TABLET	0	90	\$0	TRANDOLAPRIL 2 MG TABLET	30	90	\$0
TAMSULOSIN HCL 0.4 MG CAPSULE 24-HOUR ER	30	90	\$0	TRANDOLAPRIL 4 MG TABLET	30	90	\$0
TELMISARTAN 20 MG TABLET	90	90	\$0	TRAZODONE HCL 50 MG TABLET	30	90	\$0

ENHANCED MEDICATION FORMULARY

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Brand Dosage Form	Retail Qty	Home Qty	Member Cost	Brand Dosage Form	Retail Qty	Home Qty	Member Cost
TRAZODONE HCL 100 MG TABLET	30	90	\$0	VENLAFAXINE HCL TABLETS 75 MG TABLET 24-HOUR ER	30	90	\$0
TRAZODONE HCL 150 MG TABLET	30	90	\$0	VENLAFAXINE HCL TABLETS 150 MG TABLET 24-HOUR ER	30	90	\$0
TRETINOIN 0.025% GEL	30	90	\$0	VENLAFAXINE HCL TABLETS 225 MG TABLET 24-HOUR ER	30	90	\$0
TRIAMCINOLONE ACETONIDE 0.025% OINTMENT	15	45	\$0	VENLAFAXINE HCL TABLETS 375 MG TABLET 24-HOUR ER	30	90	\$0
TRIAMCINOLONE ACETONIDE 0.1% OINTMENT	15	45	\$0	VENLAFAXINE HCL TABLETS 75 MG CAPSULE 24-HOUR ER	30	90	\$0
TRIAMCINOLONE ACETONIDE 0.5% OINTMENT	15	45	\$0	VENLAFAXINE HCL TABLETS 150 MG CAPSULE 24-HOUR ER	30	90	\$0
TRIAMTERENE/HYDROCHLOROTHIAZID 37.5-25 MG TABLET	30	90	\$0	VERAPAMIL HCL 40 MG TABLET	30	90	\$0
TRIAMTERENE/HYDROCHLOROTHIAZID 75 MG-50 MG TABLET	30	90	\$0	VERAPAMIL HCL 80 MG TABLET	30	90	\$0
TRIAZOLAM 0.25 MG TABLET	30	0	\$0	VERAPAMIL HCL 120 MG TABLET	30	90	\$0
TRIHENXYPHENIDYL HCL 2 MG TABLET	30	90	\$0	VERAPAMIL HCL 120 MG CAPSULE 24-HOUR ER PELLETS	30	90	\$0
TRIHENXYPHENIDYL HCL 5 MG TABLET	30	90	\$0	VERAPAMIL HCL 180 MG CAPSULE 24-HOUR ER PELLETS	30	90	\$0
TRIHENXYPHENIDYL HCL 2 MG/5 ML ELIXIR	473	473	\$0	VERAPAMIL HCL 240 MG CAPSULE 24-HOUR ER PELLETS	30	90	\$0
TRIMETHOPRIM 100 MG TABLET	30	90	\$0	WARFARIN SODIUM 1 MG TABLET	30	90	\$0
UREA 40% NAIL FILM SUSPENSION	30	90	\$0	WARFARIN SODIUM 2 MG TABLET	30	90	\$0
UREA 45% CREAM	30	90	\$0	WARFARIN SODIUM 2.5 MG TABLET	30	90	\$0
UREA/LACTIC AC/ZN UNDECYLENATE 50% EMULSION	30	90	\$0	WARFARIN SODIUM 3 MG TABLET	15	45	\$0
VALACYCLOVIR HCL 500 MG TABLET	30	90	\$0	WARFARIN SODIUM 4 MG TABLET	30	90	\$0
VALACYCLOVIR HCL 1000 MG TABLET	30	90	\$0	WARFARIN SODIUM 5 MG TABLET	30	90	\$0
VALSARTAN 40 MG TABLET	30	90	\$0	WARFARIN SODIUM 6 MG TABLET	30	90	\$0
VALSARTAN 80 MG TABLET	30	90	\$0	WARFARIN SODIUM 7.5 MG TABLET	30	90	\$0
VALSARTAN 160 MG TABLET	30	90	\$0	WARFARIN SODIUM 10 MG TABLET	30	90	\$0
VALSARTAN 320 MG TABLET	30	90	\$0	ZALEPLON 5 MG CAPSULE	30	0	\$0
VALSARTAN/HYDROCHLOROTHIAZIDE 80-12.5 MG TABLET	30	90	\$0	ZALEPLON 10 MG CAPSULE	30	0	\$0
VALSARTAN/HYDROCHLOROTHIAZIDE 160-12.5 MG TABLET	30	90	\$0	ZIDOVUDINE 10 MG/ML SYRUP	240	720	\$0
VALSARTAN/HYDROCHLOROTHIAZIDE 160-25 MG TABLET	30	90	\$0	ZIDOVUDINE 100 MG CAPSULE	30	90	\$0
VALSARTAN/HYDROCHLOROTHIAZIDE 320-12.5 MG TABLET	30	90	\$0	ZOLMITRIPTAN 2.5 MG DISINTEGRATING TABLET	9	18	\$0
VALSARTAN/HYDROCHLOROTHIAZIDE 320-25 MG TABLET	30	90	\$0	ZOLMITRIPTAN 5 MG DISINTEGRATING TABLET	9	18	\$0
VENLAFAXINE HCL TABLETS 25 MG TABLET	60	180	\$0	ZOLPIDEM TARTRATE 5 MG TABLET	30	0	\$0
VENLAFAXINE HCL TABLETS 37.5 MG TABLET	60	180	\$0	ZOLPIDEM TARTRATE 10 MG TABLET	30	0	\$0
VENLAFAXINE HCL TABLETS 50 MG TABLET	60	180	\$0	ZONISAMIDE 25 MG CAPSULE	90	270	\$0
VENLAFAXINE HCL TABLETS 75 MG TABLET	60	180	\$0	ZONISAMIDE 50 MG CAPSULE	30	90	\$0
VENLAFAXINE HCL TABLETS 100 MG TABLET	60	180	\$0	ZONISAMIDE 100 MG CAPSULE	30	90	\$0

ENHANCED MEDICATION FORMULARY

[Click here to return to the ENHANCED Medication Formulary.](#)

PROGRAM DETAILS

1. Your ENHANCED Medication Program provides over 1000 routinely prescribed ACUTE and CHRONIC drugs at no cost. Plus, you have access to thousands of other medications at the fraction of the cost of retail.
2. You may pick-up your prescription medication at the retail pharmacy of your choice. There are over 70,000 within our network.
3. Only certain doses and quantities for each medication are offered through this program.
4. After your first retail purchase, all CHRONIC medications must be filled through our mail-order service. Our team will contact and work with you to transfer your prescription.
5. Men's Health: generic Viagra® and Cialis® can be purchased exclusively via mail-order and limited to 72 generic Viagra 50/100mg pills or 48 generic Cialis 5/20mg pills per year.
6. Your subscription also provides access to 1000's of drugs that are not on the formulary starting at just \$14.95 per fill.
7. Access to our Diabetic Supply, International Pharmacy and Prescription Assistance programs.
8. A valid prescription is required for all medications.

HOW THIS PROGRAM WORKS

1. Search for your medications by entering drug name in search bar. The price will be displayed.
2. If you are needing a medication immediately, utilize our retail pickup. Over 70,000 pharmacies are in our network. The site will prompt you through your order.
3. If you can wait up to 10 days, mail-order will be your most cost-effective option. Click on mail-order and the site will prompt you through your order.
4. Mail-order is fulfilled through our partner pharmacies and is subject to change without notice.

This is a Pharmacy Subscription Program. IT IS NOT INSURANCE. We provide you direct access to medications at negotiated PBM pricing and Home Delivery Pharmacy pricing on a pre-paid basis. This program offers solutions for high-priced specialty medications via an International Pharmacy or PAP service. In addition, a discount pharmacy solution is available, where you search discount options and are directed to a specific pharmacy for super-low pricing. Sometimes, this can be your lowest price option. Only certain doses and quantities for each medication are offered through this program.

YOUR RX CARD IS NOT INSURANCE. Discount Only – Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This part of the program does not make payments directly to pharmacies. Members are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may contact Customer Care anytime with questions or concerns, to cancel your registration, or to obtain further information.

Formulary and pricing are subject to change. Please see website for current pricing. In order to get the most out of your Pharmacy Subscription Program, utilize our mail-order service by logging into the website. Members must log in to see complete program pricing and details.

HWA2408ED



FREQUENTLY ASKED QUESTIONS

WHO CAN PARTICIPATE?

All employees who consistently work more than 30 hours per week are eligible to enroll.

CAN I ENROLL MY DEPENDENTS?

Yes, you can enroll a spouse and dependent child up to the age 26.

CAN I SIGN UP FOR COVERAGE AT ANY TIME?

No, you must sign up for coverage during your open enrollment period. If you choose to waive coverage you will not be able to enroll until the next open enrollment period next year or if you experience a qualifying event.

HOW ARE MY PREMIUMS PAID?

For the MEC Payments will be taken as a payroll deduction. Any payroll deduction will take place on a pre-tax basis.

For the MVP CIGNA you will pay GMS directly

For the ACA MVP's you will receive a payroll deduction

HOW DO I USE MY PLAN?

Your employer will distribute all member ID cards once enrollment is complete. An electronic card will be provided during enrollment. Simply present your ID card to a provider at the time of service. EBA will process the claim and send any applicable payment directly to your provider. You will receive an Explanation of Benefits (EOB) in the mail outlining what has been paid by your plan and what you still owe, if anything.

WHAT DOCTORS ARE IN MY NETWORK?

A List of Doctors can be found by accessing the First Health website listed below.

www.FirstHealthlb.com

Benefit Enrollment Application

EMPLOYEE INFORMATION:

First Name:	Last Name:	Phone:	Email:
Address:	City:	State:	Zip Code:
Date of Birth:	Social:	Gender:	Hire Date:

Relationship:	First Name:	Last Name:	Gender:	DOB:	Social Security Number:

SELECT MEC COVERAGE OPTIONS: MONTHLY PREMIUM

Product	Member Only	Member + Spouse	Member + Children	Member + Family
MEC Plan	☐ \$0	☐ \$36	☐ \$86	☐ \$110
PLUS	☐ \$56	☐ \$131	☐ \$151	☐ \$231
PREMIUM	☐ \$98	☐ \$207	☐ \$223	☐ \$332
ELITE	☐ \$156	☐ \$281	☐ \$291	☐ \$415

Product	Member Only	Member + Spouse	Member + Children	Member + Family
HW TELEMED	☐ \$10	☐ \$10	☐ \$10	☐ \$10
RX ACUTE	☐ \$22	☐ \$22	☐ \$22	☐ \$22
RX FULL	☐ \$42	☐ \$42	☐ \$42	☐ \$42

MVP Plan Anthem Choices

Medical Plan & Cost Comparison

MEDICAL PLANS	Anthem PPO CoreChoice \$4,000 Deductible Bronze Plan Option 1	Anthem PPO CoreChoice \$3,000 Deductible Base Plan Option 2
	IN-NETWORK BENEFITS	
Network	Anthem BlueCard	Anthem BlueCard
Lifetime Maximum	Unlimited	Unlimited
Deductible Type Individual Family Co-insurance	Calendar Year \$4,000 \$10,000 20%	Calendar Year \$3,000 \$6,000 50%
Out of Pocket Maximum Individual Family	\$9,100 \$18,200	\$5,350 \$10,700
Physician Office Visit Preventive Care Office Visit - Primary Office Visit - Specialist Lab / X-ray Complex Imaging (CT, MRI, PET Scans) Outpatient Mental Health Inpatient Mental Health	100% covered \$45 copay \$45 copay \$30 copay / 20% after deductible 20% after deductible \$45 copay 20% after deductible	100% covered 50% after deductible 50% after deductible 50% after deductible 50% after deductible Not covered Not covered
Hospital Services Inpatient Surgery Outpatient Surgery Emergency Room Urgent Care	20% after deductible 20% after deductible \$350 copay \$45 copay	50% after deductible 50% after deductible 50% after deductible 50% after deductible
Prescription Drug Coverage Deductible Retail Mail-Order	None	None
Tier 1 Tier 2 Tier 3 Tier 4	\$10 copay \$50 copay \$75 copay Not Covered	\$10 copay \$25 copay \$87 copay \$175 copay Not Covered
		\$35 copay \$70 copay Not Covered
		\$87.50 copay \$175 copay Not Covered
	OUT-OF-NETWORK BENEFITS	
Deductible Individual Family Co-insurance	\$5,000 \$15,000 50%	Not Covered Not Covered N/A
Out-of-Pocket Maximum Individual Family	\$13,500 \$36,000	Not Covered Not Covered

MVP Plan Anthem Choices

Medical Plan & Cost Comparison

MEDICAL PLANS	Anthem PPO CoreChoice \$0 Deductible Bronze Plan Option 3	Anthem PPO CoreChoice \$2,500 Deductible Silver II Plan Option 4
IN-NETWORK BENEFITS		
Network	Anthem BlueCard	Anthem BlueCard
Lifetime Maximum	Unlimited	Unlimited
Deductible		
Type	Calendar Year	Calendar Year
Individual	\$0	\$2,500
Family	\$0	\$7,500
Co-insurance	40%	20%
Out of Pocket Maximum		
Individual	\$7,350	\$9,100
Family	\$14,700	\$18,200
Physician Office Visit		
Preventive Care	100% covered	100% covered
Office Visit - Primary	40% co-insurance	\$30 copay
Office Visit - Specialist	40% co-insurance	\$30 copay
Lab / X-ray	40% co-insurance	\$30 copay / 20% co-insurance after deductible
Complex Imaging (CT, MRI, PET Scans)	40% co-insurance	20% after deductible
Outpatient Mental Health	40% co-insurance	\$30 copay
Inpatient Mental Health	40% co-insurance	20% after deductible
Hospital Services		
Inpatient Surgery	40% co-insurance	20% after deductible
Outpatient Surgery	40% co-insurance	20% after deductible
Emergency Room	40% co-insurance	\$200 copay
Urgent Care	40% co-insurance	\$30 copay
Prescription Drug Coverage		
Deductible	None	None
Retail Mail-Order		
Tier 1	40% co-insurance	\$10 copay
Tier 2	40% co-insurance	\$50 copay
Tier 3	40% co-insurance	\$100 copay
Tier 4	Not Covered	Not Covered
OUT-OF-NETWORK BENEFITS		
Deductible		
Individual	Not Covered	\$5,000
Family	Not Covered	\$15,000
Co-insurance	N/A	50%
Out-of-Pocket Maximum		
Individual	Not Covered	\$13,500
Family	Not Covered	\$36,000

MVP Plan Anthem Choices

Medical Plan & Cost Comparison

MEDICAL PLANS	Anthem PPO CoreChoice \$1,000 Deductible Gold Plan Option 5		Anthem PPO CoreChoice \$0 Deductible ASO Plan Option 6	
	IN-NETWORK BENEFITS			
Network	Anthem BlueCard		Anthem BlueCard	
Lifetime Maximum	Unlimited		Unlimited	
Deductible				
Type	Calendar Year		Calendar Year	
Individual	\$1,000		\$0	
Family	\$2,000		\$0	
Co-insurance	20%		30%	
Out of Pocket Maximum				
Individual	\$9,100		No limit	
Family	\$18,200		No limit	
Physician Office Visit				
Preventive Care	100% covered		\$10 copay for child / \$25 copay for adult	
Office Visit - Primary	\$40 copay		\$25 copay	
Office Visit - Specialist	\$40 copay		\$25 copay	
Lab / X-ray	20% co-insurance		\$10 copay for office / \$100 copay for hospital	
Complex Imaging (CT, MRI, PET Scans)	20% co-insurance		\$50 copay for office / \$100 copay for hospital	
Outpatient Mental Health	\$40 copay		\$25 copay	
Inpatient Mental Health	20% co-insurance		\$250 copay	
Hospital Services				
Inpatient Surgery	20% co-insurance		\$250 copay	
Outpatient Surgery	20% co-insurance		\$100 copay	
Emergency Room	\$350 copay		\$100 copay	
Urgent Care	\$40 copay		\$25 copay	
Prescription Drug Coverage				
Deductible	None		None	
Retail / Mail-Order				
Tier 1	\$10 copay	\$25 copay	\$10 copay	\$20 copay
Tier 2	\$35 copay	\$87 copay	\$35 copay	\$70 copay
Tier 3	\$75 copay	\$175 copay	\$45 copay	\$90 copay
Tier 4	Not Covered	Not Covered	Not Covered	Not Covered
	OUT-OF-NETWORK BENEFITS			
Deductible				
Individual	\$7,500		\$1,500	
Family	\$15,000		\$3,750	
Co-insurance	50%		30%	
Out-of-Pocket Maximum				
Individual	\$15,000		No limit	
Family	\$30,000		No limit	

MVP Plan Anthem Choices

Medical Plan & Cost Comparison

MEDICAL PLANS	Anthem PPO CoreChoice \$6,000 Deductible HSA Plan Option 7	
	IN-NETWORK BENEFITS	
Network	Anthem BlueCard	
Lifetime Maximum	Unlimited	
Deductible		
Type	Calendar Year	
Individual	\$6,000	
Family	\$12,000	
Co-insurance	30%	
Out of Pocket Maximum		
Individual	\$8,300	
Family	\$16,600	
Physician Office Visit	100% covered	
Preventive Care	30% after deductible	
Office Visit - Primary	30% after deductible	
Office Visit - Specialist	30% after deductible	
Lab / X-ray	30% after deductible	
Complex Imaging (CT, MRI, PET Scans)	30% after deductible	
Outpatient Mental Health	Not covered	
Inpatient Mental Health	Not covered	
Hospital Services		
Inpatient Surgery	30% after deductible	
Outpatient Surgery	30% after deductible	
Emergency Room	30% after deductible	
Urgent Care	30% after deductible	
Prescription Drug Coverage		
Deductible	\$2,500 / \$5,000	
Retail / Mail-Order	Copays After Deductible Met	
Tier 1	\$10 copay \$25 copay	
Tier 2	\$35 copay \$67.50 copay	
Tier 3	\$70 copay \$175 copay	
Tier 4	Not Covered Not Covered	
	OUT-OF-NETWORK BENEFITS	
Deductible		
Individual	Not Covered	
Family	Not Covered	
Co-insurance	N/A	
Out-of-Pocket Maximum		
Individual	Not Covered	
Family	Not Covered	

MVP Plan Anthem Choices

Medical Plan & Cost Comparison

MINIMUM VALUE PLANS	First Health PPO Copoly Gold Plan Option 8	First Health PPO Copoly Silver Plan Option 9
	PLAN BENEFITS	
Network	First Health Network	First Health Network
Lifetime Maximum	Unlimited	Unlimited
Deductible		
Type	Calendar Year	Calendar Year
Individual	\$0	\$0
Family	\$0	\$0
Out of Pocket Maximum***		
Individual	\$6,000	\$7,000
Family	\$12,000	\$14,000
Physician Office Visit		
Preventive Care	100% covered	100% covered
Office Visit - Primary*	\$25 copay	\$35 copay
Office Visit - Specialist*	\$35 copay	\$50 copay
Telehealth	\$0 copay	\$0 copay
Lab / X-ray*	\$35 copay	\$50 copay
Complex Imaging (CT, MRI, PET Scans)*	\$375 copay	\$500 copay
Outpatient Mental Health*	\$35 copay	\$50 copay
Inpatient Therapy *	\$750 copay	\$1,000 copay
Hospital Services		
Inpatient Facility*	\$750 copay	\$1,000 copay
Inpatient Surgery*	\$375 copay	\$500 copay
Outpatient Office Visit*	\$50 copay	\$70 copay
Outpatient Surgery*	\$375 copay	\$500 copay
Emergency Room*	\$375 copay	\$500 copay
Urgent Care	\$35 copay	\$50 copay
Prescription Drug Coverage**	\$500	\$250
Deductible		
Retail / Mail-Order	\$0 copay	\$0 copay
Tier 1	20% co-insurance	30% co-insurance
Tier 2	20% co-insurance	30% co-insurance
Tier 3	Not Covered	Not Covered
Tier 4	Not Covered	Not Covered
	MINIMUM VALUE PLAN DETAILS	
Items with *	Plan coverages subject to visit and procedure limits per calendar year. For full coverage details, refer to plan brochure.	
Prescription Drug Coverage**	Prescription drugs regardless of tier will be limited to a \$500 per month benefit for any 30-day fill and \$1,500 for a 90-day supply.	
Out of Pocket Maximum ***	Coverage is subject to plan limits and allowable claim amounts. Services not covered or exceeding plan limits may still be your responsibility.	

MVP Plan Anthem Choices

Medical Plan & Cost Comparison

MINIMUM VALUE PLANS	First Health PPO Copay Bronze Plan Option 10
	PLAN BENEFITS
Network	First Health Network
Lifetime Maximum	Unlimited
Deductible	
Type	Calendar Year
Individual	\$0
Family	\$0
Out of Pocket Maximum***	
Individual	\$8,000
Family	\$16,000
Physician Office Visit	
Preventive Care	100% covered
Office Visit - Primary*	\$50 copay
Office Visit - Specialist*	\$75 copay
Telehealth	\$0 copay
Lab / X-ray*	\$75 copay
Complex Imaging (CT, MRI, PET Scans)*	\$750 copay
Outpatient Mental Health*	\$75 copay
Inpatient Therapy *	\$1,500 copay
Hospital Services	
Inpatient Facility*	\$1,500 copay
Inpatient Surgery*	\$750 copay
Outpatient Office Visit*	\$100 copay
Outpatient Surgery*	\$750 copay
Emergency Room*	\$750 copay
Urgent Care	\$75 copay
Prescription Drug Coverage**	\$500
Deductible	
Retail Mail-Order	\$0 copay
Tier 1	40% co-insurance
Tier 2	40% co-insurance
Tier 3	40% co-insurance
Tier 4	Not Covered
	MINIMUM VALUE PLAN DETAILS
Items with *	Plan coverages subject to visit and procedure limits per calendar year. For full coverage details, refer to plan brochure.
Prescription Drug Coverage**	Prescription drugs regardless of tier will be limited to a \$500 per month benefit for any 30-day fill and \$1,500 for a 90-day supply.
Out of Pocket Maximum ***	Coverage is subject to plan limits and allowable claim amounts. Services not covered or exceeding plan limits may still be your responsibility.

Medical Plan & Cost Comparison

Medical Plan & Cost Comparison

PRICING*		
MEDICAL PLANS	\$4,000 DED BRONZE PLAN OPTION #1	\$3,000 DED BASE PLAN OPTION #2
Employee Only	\$581.90	\$508.20
Employee + Spouse	\$1,138.50	\$941.60
Employee + Single Child	\$864.60	\$800.80
Employee + Children / Family	\$1,321.65	\$1,173.15
MEDICAL PLANS	\$0 DED BRONZE PLAN OPTION #3	\$2,500 DED SILVER II PLAN OPTION #4
Employee Only	\$590.70	\$706.45
Employee + Spouse	\$1,096.70	\$1,272.12
Employee + Single Child	\$948.20	\$991.40
Employee + Children / Family	\$1,320.55	\$1,527.33
MEDICAL PLANS	\$1,000 DED GOLD PLAN OPTION #5	\$0 DED ASO PLAN OPTION #6
Employee Only	\$792.47	\$885.53
Employee + Spouse	\$1,457.58	\$1,652.18
Employee + Single Child	\$1,142.76	\$1,507.53
Employee + Children / Family	\$1,778.23	\$1,959.08
MEDICAL PLANS	\$6,000 DED HSA PLAN OPTION #7	
Employee Only	\$500.50	
Employee + Spouse	\$932.80	
Employee + Single Child	\$770.00	
Employee + Children / Family	\$1,174.25	

*All pricing are semi-monthly rates, effective for 2026. Includes all applicable taxes and fees. Each plan comes with advocacy services and 401k administration.

Medical Plan & Cost Comparison

Medical Plan & Cost Comparison

PRICING*		
MINIMUM VALUE PLANS	MV COPAY GOLD PLAN OPTION #8	MV COPAY SILVER PLAN OPTION #9
Employee Only	\$438.38	\$373.00
Employee + Spouse	\$690.42	\$571.02
Employee + Child(ren)	\$652.74	\$571.05
Employee + Family	\$862.26	\$713.93
MINIMUM VALUE PLANS	MV COPAY BRONZE PLAN OPTION #10	
Employee Only	\$307.30	
Employee + Spouse	\$454.06	
Employee + Child(ren)	\$432.42	
Employee + Family	\$561.78	

*All pricing are semi-monthly rates, effective for 2026. Includes all applicable taxes and fees. Each plan comes with telehealth at \$0 copays, advocacy services and 401k administration.

Minimum Value plans are underwritten by Magna Insurance Company, and not First Health.

Anthem FREQUENTLY ASKED QUESTIONS

I want the Anthem now what?

Use this link to enroll <https://essentialbenefits.1099workers.com/>

In order to be effective for the first of the month you must enroll by the 10th of the prior month.

Whats Next?

You will receive all information once you enroll through the link above. All communication will come from essentialbenefits@1099workers.com

Why does it look like I am being treated as a new hire with an I9 etc?

In order to bring you the best rates possible every year this program requires that you are co-employed by a PEO. This process creates a qualifying event which will make you eligible for benefits under the PEO.

Do I have to report to this company like a normal employee?

No, you will not hear from GMS other than benefit details, and you cannot be “terminated” by the PEO directly.

Will I receive a tax form?

Yes, you will receive a W2 at the end of the year for the benefit totals ONLY so that you can balance your income. This is a benefit to you. Retain this for when you file your taxes at year end.

I signed the application online and the I9, NOW WHAT?!

You will be receiving communications with digital ID cards and an ID card will be sent to you in the mail.

What is my effective date, and when can I use this?

Your effective date will always be communicated by your employer. Always wait to receive our card digitally or by mail before scheduling ANY doctor appointments.

CONTACT INFORMATION

CUSTOMER SERVICE CONTACT.

ADDRESS: Essential Benefit Administrators

PO Box 593 Newport Beach, CA 92661

PHONE: (888) 292-0095

EMAIL: info@essentialbenefitplans.com

WEBSITE: www.essentialbenefitplans.com

FIND A DOCTOR: FIRST HEALTH NETWORK

www.FirstHealthbp.com