

A Guide to Your Benefits and Enrollment



Ketchikan Gateway Borough



MERITAINSM
HEALTH

An Aetna Company

Bring Healthy Balance Back to Your Life

Finding your perfect balance

At Meritain Health, we know how important it is for you to understand how your benefits work.

That's why this packet contains:



Useful information about your benefits plan.



Everything you need to choose the best options for you and your family.



Instructions on how to enroll, and to begin using your new benefits.

Why do we feel this is important? Because, let's face it, living today can be larger than life. Getting through the day at top speed is a sign of our hurry-up, drive-through times. Many people put themselves at the bottom of their *to-do* lists, giving everything else the best of their energy.

In this way, life gets out of balance. Most of us can keep juggling it all until one day health and well-being begin to pay the price.

Take a deep breath, step back and see the big picture. Help yourself. Put that life on pause for a few minutes, and take the time to read this packet. You'll see that your employer provides tools, resources and benefits to help you regain your best life and make smart healthcare decisions.

We want to help you get the most from your benefits—so you can live a life that's balanced and informed.

A balanced life means a healthier you.

These materials were created to help you understand the benefits available to you. This is not a Summary Plan Description and is not intended to replace the benefit summary or schedule of benefits contained within the Plan. If any provision of these materials is inconsistent with the language of the Plan, the language of the Plan will govern. Meritain Health is not an insurer or guarantor of benefits under the Plan.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If a non-PPO **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a non-PPO **provider** hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use PPO **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a PPO Provider	Your Cost If You Use a Non-PPO Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or an illness	20% coinsurance	20% coinsurance	There is no charge and the deductible does not apply if you receive telephone consultation services through the telemedicine program.
	Specialist visit	20% coinsurance	20% coinsurance	Acupuncture included in alternative care benefit (limited to 12 visits per year).
	Other practitioner office visit	20% coinsurance for chiropractor and acupuncture	20% coinsurance for chiropractor and acupuncture	Deductible does not apply. Includes routine colonoscopy, physical exams & related testing, immunizations, routine pap smear, prostate exam, well baby exams and mammograms. For routine hearing exams (1 per year), there is no charge or deductible. Refer to your plan document for limitations.
If you have a test	Preventive care/ screening/immunization	20% coinsurance	20% coinsurance	For non-PPO hospital charges, you pay 40% coinsurance & your benefits are never paid at 100%. There is no charge or deductible for pre-admission testing.
	Diagnostic test (x-ray, blood work)	20% coinsurance	20% coinsurance	The deductible does not apply. Covers up to a 90-day supply (retail prescription); 90-day supply (mail order prescription).
If you need drugs to treat your illness or condition.	Imaging (CT/PET scans, MRIs)	20% coinsurance	20% coinsurance	
	Generic drugs	20% coinsurance	20% coinsurance	

Common Medical Event	Services You May Need	Your Cost If You Use a PPO Provider	Your Cost If You Use a Non-PPO Provider	Limitations & Exceptions
<p>More information about prescription drug coverage is available at www.express-scripts.com</p> <p>If you have outpatient surgery</p>	Brand name drugs	20% coinsurance	20% coinsurance	
	Specialty drugs	20% coinsurance	20% coinsurance	
	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	20% coinsurance 20% coinsurance	40% coinsurance 20% coinsurance	For non-PPO hospital charges, your benefits are never paid at 100%. There is no charge or deductible for services received from BridgeHealth, Inc.
<p>If you need immediate medical attention</p>	Emergency room services	\$100 copay/visit + 20% coinsurance	\$100 copay/visit + 20% coinsurance	Coplay waived if you are admitted to hospital. Non-PPO providers paid at the PPO provider level of benefits.
	Emergency medical transportation	20% coinsurance	20% coinsurance	For Guardian Flight (air ambulance), allowable charges subject to 80% of the following Medicare/ CMS rural rates: 350% of the Medicare/ CMS rate (1 way transport); 600% of the Medicare/ CMS Rural rate (fixed wing air mileage per statute mile); 200% of Medicare/ CMS Rural Rate (rotary wing air mileage, per statute mile).
<p>If you have a hospital stay</p>	Urgent Care	20% coinsurance	20% coinsurance	-----none-----
	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	Precertification required. Failure to precertify will result in a \$250 penalty. For non-PPO hospital charges, your benefits are never paid at 100%.
	Physician/surgeon fee	20% coinsurance	20% coinsurance	For non-PPO hospital charges, you pay 40% coinsurance & your benefits are never paid at 100%.
<p>If you have mental health, behavioral health, or substance abuse needs</p>	Mental/Behavioral health outpatient services	20% coinsurance	20% coinsurance	Precertification required. Failure to precertify will result in a \$250 penalty. For non-PPO hospital charges, your benefits are never paid at 100%.
	Mental/Behavioral health inpatient services	20% coinsurance	40% coinsurance	Precertification required. Failure to precertify will result in a \$250 penalty. For non-PPO hospital charges, your benefits are never paid at 100%.
	Substance use disorder outpatient services	20% coinsurance	20% coinsurance	For non-PPO hospital charges, you pay 40% coinsurance & your benefits are never paid at 100%.

Common Medical Event	Services You May Need	Your Cost If You Use a PPO Provider	Your Cost If You Use a Non-PPO Provider	Limitations & Exceptions
If you are pregnant	Substance use disorder inpatient services	20% coinsurance	40% coinsurance	Pre-certification required. Failure to pre-certify will result in a \$250 penalty. For non-PPO hospital charges, your benefits are never paid at 100%.
	Prenatal and postnatal care	20% coinsurance	20% coinsurance	For non-PPO hospital charges, you pay 40% coinsurance & your benefits are never paid at 100%.
	Delivery and all inpatient services	20% coinsurance (hospital) / No charge (birthing center)	20% coinsurance (hospital) / No charge (birthing center)	Deductible does not apply for birthing center charges. Precertification required for inpatient Hospital stays in excess of 48 hrs (vaginal delivery) or 96 hrs (c-section). Failure to pre-certify will result in a \$250 penalty. Baby does not count toward the mother's expense; therefore the family deductible amount may apply. For non-PPO hospital charges, you pay 40% coinsurance & your benefits are never paid at 100%. There is no charge or deductible for birthing center charges.
If you need help recovering or have other special health needs	Home health care	No Charge	No Charge	Deductible does not apply.
	Rehabilitation services	20% coinsurance	20% coinsurance	Includes physical, speech, hearing & occupational therapy. For non-PPO hospital charges, you pay 40% coinsurance & your benefits are never paid at 100%.
	Habilitation services	20% coinsurance	20% coinsurance	-----none-----
	Skilled nursing care	No Charge	No Charge	Limited to 90 days per year. Deductible does not apply. Precertification required. Failure to pre-certify will result in a \$250 penalty.
	Durable medical equipment	20% coinsurance	20% coinsurance	Advance written approval required for any item in excess of \$1,000.
Hospice service	20% coinsurance	20% coinsurance	Bereavement counseling is not covered. Limited to 180 days (lifetime maximum).	

Common Medical Event	Services You May Need	Your Cost If You Use a PPO Provider	Your Cost If You Use a Non-PPO Provider	Limitations & Exceptions
If your child needs dental or eye care	Eye exam	20% coinsurance	20% coinsurance	Deductible does not apply. Limited to 1 exam per year.
	Glasses	20% coinsurance	20% coinsurance	Deductible does not apply. Limited to 1 pair lenses per year & 1 pair frames every 2 years.
	Dental check-up	No Charge	No Charge	Deductible does not apply.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Bereavement counseling
- Infertility treatment
- Cosmetic surgery (except correction of congenital defects of newborn or correction of defects incurred through traumatic injuries)
- Long-term care
- Non-emergency care when traveling outside the U.S. (except for services by BridgeHealth, Inc.)
- Routine foot care

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture
- Dental care (adult & child)
- Bariatric surgery (for the treatment of morbid obesity only)
- Glasses (Adult & Child)
- Chiropractic care
- Hearing aids
- Private-duty nursing (covered under skilled nursing benefit only)
- Routine eye care (adult & child)
- Weight loss programs (for the treatment of morbid obesity only)

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 907-228-6613 or Meritain Health, Inc. at 866-808-2609. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccoio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Ketchikan Gateway Borough & School District at 907-228-6613, Meritain Health, Inc. at 866-808-2609 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

(Español): Para obtener asistencia en Español, llame al 1-800-378-1179.

(Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-378-1179.

(Chinese): (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-378-1179.

(Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-378-1179.

_____ To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: **\$7,540**
- Plan pays **\$6,490**
- Patient pays **\$1,050**

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540
Patient pays:	
Deductibles	\$100
Copays	\$0
Coinsurance	\$800
Limits or exclusions	\$150
Total	\$1,050

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: **\$5,400**
- Plan pays **\$4,470**
- Patient pays **\$930**

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400
Patient pays:	
Deductibles	\$50
Copays	\$0
Coinsurance	\$800
Limits or exclusions	\$80
Total	\$930

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- Coverage examples are based on single coverage only.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from PPO providers. If the patient had received care from non-PPO providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

What's Inside?



In this packet, you'll learn more about the following

Preventive care

- Annual exams and check-ups
- Well-child care
- Immunizations and screenings

Healthcare benefits when you're sick

- Inpatient and outpatient care
- Home healthcare
- Rehabilitation services
- Mail order and online prescription options
- A large and convenient provider network
- Dental care

Support when you need it

- Get the medical advice you need, when you need it with with Teladoc™.
- www.meritain.com—access easy-to-use decision support tools that help you weigh your care options, and provide cost and quality information.

Other benefits to help restore and protect peace of mind

- Life and AD&D insurance plans—benefits for you, to protect those you love.

No Surprises, Just Information

In this section

- Health benefits for your family
- Enrolling at a later date
- Special enrollment situations
- If your spouse already has coverage



How healthcare reform affects your plan

Your plan is a “grandfathered health plan” under the Affordable Care Act (ACA). As permitted by the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the ACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the ACA, for example, the elimination of lifetime dollar limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Meritain Health at **1.866.808.2609**. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

Important things to know about eligibility

Health plans are put together carefully to provide the best benefits possible for participants. Meritain Health knows how important it is for healthcare consumers like you to really understand how your plan works. In this way, you can make the changes you want in your health and in your life. The next section of this packet describes some of the most important provisions of your benefits. It’s another way we’re working with you to help you get the most from your benefits—so you can live a life that’s balanced and informed, with no surprises.

Healthy balance for your family, too

Your family members can reap the rewards of the plan, too. Healthcare benefits are available for every eligible dependent. It’s a great way to help your family members find the right balance between life’s “roller-coaster ride” and their best health. Be sure your family knows about the opportunities open to them—share this packet and other materials you receive from the plan!

Your eligible dependents

This benefit plan is open to you and your eligible dependents. An eligible dependent is:

- Your spouse (as defined in your plan documents).
- Your children, natural or adopted.
- Stepchildren.
- Children who have been placed with you for adoption.
- Children for whom you are the legal guardian.

ACA note: Dependent coverage is available for any child (regardless of marital status, residency, student status, etc.) of an employee who is deemed to be the employee's biological, step, foster or adopted child (including a child placed for adoption) until such child reaches age 26.

Please refer to your summary plan description for specific requirements.

Family members covered by a different plan

If you have a family member covered by a different plan:

- You can enroll yourself and your eligible dependents in this plan.
- You can enroll yourself in this plan, but decline benefits for some or all dependent(s).
- You can decline benefits for your whole family.

When your dependents are not eligible for benefits under your plan

Tell your employer if:

- You become divorced or are legally separated from a spouse who was covered under this plan.
- A dependent child ceases to meet the terms of the plan.

To enroll the dependent for COBRA—a special limited-time plan for continuing benefits at your own expense—you must notify your employer within 60 days of that person's change in dependent status.

When you have benefits from two group plans

If you or one of your dependents have benefits under both this plan and another plan, the two plans will coordinate your benefits. One plan will be considered the primary plan (or first payer) and the other will be the secondary plan (pays only after the first plan has paid).

Generally, Meritain Health uses a birthday rule to decide which of the two plans would be the primary plan.



The birthday rule

If both parents provide benefits for a child, then the primary plan is the one from the parent whose birthday comes first in the year.

So, if one parent's birthday is January 12 and the other parent's is April 1, the primary payer will be the plan from the parent whose birthday comes first—January 12. In the unusual case that both parents have the same birthday, the plan of the parent who has provided benefits longest for the child will be primary.

If you say “no” to this plan now

You can refuse the benefits of this plan, but be sure you've looked at the pluses and minuses of that decision.

If you lose other group benefits that you or your dependents might have, and it's not your fault (for example, the covered person is laid off or let go from a job) you'll be able to sign up for this plan. Likewise, if you have an event such as your own marriage, divorce, or the birth or adoption of a child, you will have another brief period to sign up for this plan. These are considered *qualifying events*.

Special enrollment situations

In these situations, you may be able to add, delete or change your benefit choices.

- Involuntary loss of other benefits
- Marriage
- Birth
- Adoption
- Placement of a child in your home for adoption

If you're adding a newborn or adopted child to your benefits, you have 60 days per a state mandate to enroll them. If you're adding another dependent through a special enrollment situation, let your employer know within 31 days of the qualifying event; however, this can vary by group.

Balancing Your Life Means Protecting Your Health

Understanding your medical benefits

Chances are, you try every day to restore a healthy balance to your life, but time gets away from you, or other details come first. Meritain Health is here to help you focus, to support you every step of the way. Read about your benefits in the next sections, and learn all you can about using your plan to make healthy changes. Think of the benefits and programs as an important resource in the protection of your body, mind and spirit!

In this section

- Preventive care
- Online tools with myMERITAIN
- Using your benefits
- Teladoc
- Medical management and precertification
- Dental care
- Prescription benefits



Preventive care for you and your family—protecting your healthy balance

Question: Which is better: Taking an hour or two out of your busy day to have your annual checkup—or missing hidden symptoms and paying the price in sick days, copays and missed events?

Answer: Nothing makes more sense in these busy times than preventing illness before it happens. That's why your plan offers excellent benefits for preventive services.

Take an easy step towards good health

Your number one way to help yourself and your family stay healthy is with preventive care. When combined with healthy eating and exercise, vaccines and early detection are your key to a long and healthy life. That's why your employer offers many preventive treatments at no cost to you when you visit a doctor in your network.

Medical benefits at-a-glance

	In-network	Out-of-network
	Deductible	
Per individual	\$50	
Per family	\$150	
	Physician's office visits	
	80% after ded.	80% after ded.
	Out-of-pocket maximum	
Per individual	\$850	Unlimited

Note: charges for out-of-network facility charges do not accumulate toward the calendar year out-of-pocket maximum and are never paid at 100%.



About your deductible

The deductible does not apply to everything your plan covers. Be sure to spend some time reviewing the Summary of Benefits in the appendix of this packet for more details.

Healthcare for you and your family

When sickness or injury throw you off balance

Knowing that you're in good hands when you're sick is one of the most comforting feelings there is. You can be assured that your health plan has everything you'll need to get the right care when something goes wrong.



Customer support

You can call **1.866.808.2609** to talk to our customer service representatives. We're dedicated to helping you get the most from your plan.

Remember this: Meritain Health is only a phone call away. If you have questions about your provider network, benefits, deductibles or claims, just give us a call.

Balancing healthcare costs—what you pay and what the plan pays

The **Summary of Benefits** in the appendix of this packet shows how much you pay for care, and how much the plan pays. It's a listing of what is and isn't included in your benefits plan. For more detailed information, see your summary plan description.

After you pay your annual deductible and any up-front copays, the plan begins to pay a percentage of your provider's charges, for example 80 percent. The remaining percentage, for example 20 percent, is your responsibility—your out-of-pocket costs. You're protected from financial hardship by a maximum out-of-pocket amount each year—the most you'll have to pay before the plan covers costs at 100 percent.

24-hour access to online tools with myMERITAIN

Your Meritain Health member website at www.meritain.com is designed to provide a secure, user and family-friendly, one-stop-shop for you to access the account and claims information you can use to manage your health and wellness.

We're committed to providing you with all the basics you expect, along with added features to support a healthy lifestyle, assist you with medical decisions, and give insight into the maximization of your healthcare dollars.

Your online tools and resources

With myMERITAIN you can:

- Look up health and wellness topics.
- Find the status of a claim.
- Find in-network doctors, clinics and hospitals.
- Look up prescription and over-the-counter drug information.
- Order ID Cards.

Your secure member site

First, visit www.meritain.com. Return users, just sign in using your username and password. The first time you access the site, you will be prompted to re-register with a new username and password for enhanced security. Then take advantage of the smart, safe resources your health plan offers, right at your fingertips.

New users can create an account by following the easy instructions. You'll need your health plan ID Card the first time. Remember, each member of your family can have an account, too.

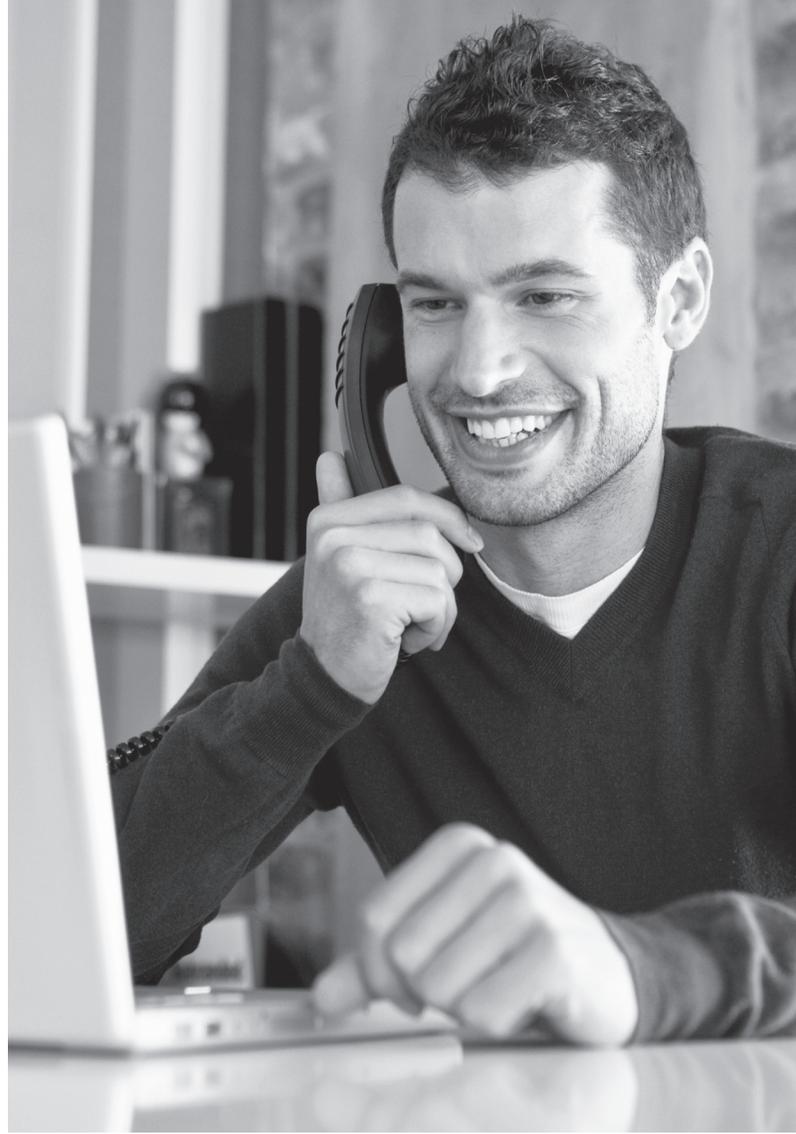
If you need help registering for myMERITAIN, you can contact Meritain Health Customer Service at 1.866.808.2609.

Privacy regulations

Members over 18 years of age have partially protected information according to HIPAA Privacy Regulations.

Members over 18 having difficulty creating an account with their SSN, please contact Meritain Health Customer Service at 1.866.808.2609.

Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their PHI for treatment, payment or healthcare operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their healthcare or payment thereof (e.g., family members, close friends).





Using your medical benefits

Save when you see network providers

Your plan offers a provider network of doctors and other healthcare professionals who have agreed to accept lower amounts than their standard charges, just for members of this plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too. Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that Meritain Health can support your efforts to stay well and have a healthy lifestyle—or to get care as simply as possible when you're sick.

Remember: If you go outside the network, you may still have benefits, but your share of costs will be higher, and the amount you pay will not be based on a lower rate.



Helpful tip

You can realize savings while on the road to meeting your annual deductible when you visit doctors and facilities within your provider network.

No referrals

You don't have to choose a primary care doctor to direct all of your care or to provide referrals to specialists, but Meritain Health recommends that you build a relationship with a "home base" doctor—one who has all of your records and health history. For best benefits, see specialists that are in the network (called in-network or participating providers). Remember, if you see providers outside the network, you'll share more of the cost. To be sure the plan pays for charges from any out-of-network provider you choose, call customer service before you receive care.

Meritain Health

When it's an emergency

If you can't see a network provider in an emergency, don't worry! Your plan will cover out-of-network emergency charges at the in-network level. For more information, refer to your summary plan description.

Helpful tip



It's important to know what is covered under your health plan. This can help you to plan for the cost of your healthcare expenditures. For more information, refer to your summary plan description.

When out-of-network charges may be covered at the in-network rate

If an out-of-network provider is under agreement with an in-network provider for some part of your care (for example, an out-of-network anesthesiologist or pathologist who regularly works with your doctor) the out-of-network provider's charges will be paid at the in-network rate. All plan limitations, requirements and provisions apply.

Important: If you (or your in-network provider) could choose an in-network provider for services or consultation, but decide instead to use an out-of-network provider, benefits are reduced to the out-of-network level.

Re-claiming your time

With some health plans, paperwork can put you over the edge. Time-consuming and complicated, claim forms rob you of precious time and the balance you seek. That's why Meritain Health network providers file your claims for you. Pay your copay (if applicable), and you're on your way!

Good living = great health habits

On-demand medical advice from qualified physicians

With Teladoc, you can contact board-certified, licensed doctors by phone or video, 24 hours a day!

Sometimes you need to speak with a doctor when it's not possible to attend an office visit. That's why the Teladoc program is available to you and your family, and can be used in a variety of ways:

- During weekends, holidays or after business hours, when general practitioners don't typically schedule appointments.
- When you can't attend a medical appointment, such as when traveling or at work.
- If you need a prescription medication or refill for a common condition.

Get the medical advice you need, when you need it

Contact a Teladoc physician at **1.800.362.2667**, or request a video consult by logging in at www.meritain.com for advice on commonly treated conditions such as:

- Headaches/migraines.
- Stomach ache/diarrhea.
- Respiratory infections.
- Urinary tract infections.
- Prescription refills*.
- Many other conditions.

The BridgeHealth Surgery Benefit

The plan provides you and your eligible dependents with an option to receive certain surgical procedures through the BridgeHealth Surgery Benefit when a treating physician recommends certain covered expenses and you or your eligible dependent elects to receive treatment at certain medical providers participating in the BridgeHealth Network ("BridgeHealth Providers"). The BridgeHealth Surgery Benefit is only available to you and your eligible dependents if coverage under this plan is primary. If you and/or your eligible dependents have other health coverage that causes this plan to pay secondary you and/or your dependents may not be eligible for benefits under the BridgeHealth Surgery Benefit.

BridgeHealth Surgery Benefit

Your plan has been enhanced to include the BridgeHealth Surgery Benefit giving you access to:

- Centers of Excellence for major planned surgeries and procedures
- Coverage for travel costs for you and a companion
- Provisions to eliminate your out-of-pocket costs
- A dedicated Care Coordinator who provides "concierge" service & support

The BridgeHealth Surgery Benefit includes coverage for the following procedures:

- Cardiac procedures
- Spine surgeries
- Vascular surgeries
- Specific cancer treatments
- Orthopedic surgeries
- Other planned surgeries

If you or family members have the need for a procedure, you will want to explore what the BridgeHealth Surgery Benefit can do for you.

Interactive Health Biometric Screening

Great results usually start with a great plan! A biometric screening can give you an idea of where your wellness efforts can have the biggest impact, or the motivation to keep up what you're already doing well. In this way, you'll have a starting point for success!

How does the program work?

A biometric screening measures your body's health through analysis of a clinical blood panel. It is a voluntary program, but your employer offers incentives for your participation.

Each year, professionals from Interactive Health will be on-site to administer a health questionnaire and draw a blood sample. Your answers to the questionnaire and lab analysis of the sample will help Interactive Health generate a confidential, personal profile that measures more than 35 health factors, including your:

- Cholesterol levels.
- Blood glucose level.
- Kidney function.
- Liver function.
- Hemoglobin count.

Your health profile helps Interactive Health determine your risk level for certain health conditions and can give you a starting point for positive health changes, if necessary.

How can I participate?

Biometric screenings are available to you and your spouse while Interactive Health staff is on-site at your workplace. Watch for screening information at your workplace to sign up for a time that is most convenient for you. You can also sign up for a screening by calling Interactive Health at **1.800.840.6100** or by visiting www.interactivehealthinc.com.

What to do after your biometric screening

Your results will be available confidentially, both online and in a printed version that is mailed to you.

Six months after your screening, you'll be able to monitor your progress with the QuickCheck program. You'll receive a postcard in the mail, inviting you to contact Interactive Health for a Test at a Lab kit. After you receive your kit, you can schedule a follow-up blood draw at a participating facility. With your QuickCheck blood analysis, you will be retested in the following areas: cholesterol, HDL, LDL, glucose and triglycerides.

A report will be confidentially mailed to your home and can be used to compare results with your initial blood draw analysis. Once you receive your QuickCheck postcard, you may contact Interactive Health at 1.800.840.6100 and let them know you would like to participate. If you are unable to participate in a biometric screening during the time your employer has set aside, you can call Interactive Health at 1.800.840.6100 to learn about Test at a Lab. This program allows you to complete the health questionnaire at home and schedule a blood draw at a local facility.

Support for your health journey

Your employer wants you to get the best, most appropriate care, when and where you need it. That's why your plan includes the extra expertise of Meritain Health's Medical Management program. The medical management nurses are like personal health consultants who can help you make decisions about certain types of care you and your doctor may be considering. Registered nurses review treatment plans, then help to assure that you get the right treatment in the right setting, when you need it.



Meritain Health Medical Management

You can contact a medical management nurse by calling **1.800.242.1199**.

Before you get care, call medical management

To keep your benefits at the highest level, be sure to call medical management before any of these situations:

- Inpatient admissions, including inpatient admissions to a skilled nursing facility, extended care facility, rehabilitation facility, and inpatient admissions due to a mental disorder or substance use disorder.
- Transplants, including transportation and lodging.
- Concurrent review for continued length of stay and assistance with discharge planning activities.
- Retrospective review for medical necessity where precertification is not obtained or the medical management program administrator is not notified.
- Before you or your eligible dependents are admitted to a medical facility or receive items or services that require precertification on a non-medical emergency basis (that is, a medical emergency is not involved).
- Maternity delivery admission.
- Hospital admission that extends past the applicable 48- or 96-hour stay.

Medical management nurses

Our medical management nurses focus on:

- The recommended treatment for your health condition.
- The proposed location of your treatment.
- The proposed length of stay at that location.
- The cost-effectiveness of your treatment and setting.

Note: You and your doctor always have the right to appeal a decision made by the medical management team if you disagree with their decision. A panel of doctors will review the appeal.

Improve your overall health with dental benefits

It's amazing how important your oral health can be to your body's total balance and wholeness. Did you know that good dental care not only helps to prevent periodontal disease, but can also add as many as six years onto your life? That's just one of the reasons why this plan includes dental care benefits for you and your enrolled dependents. Regular check-ups can keep your smiles bright and beautiful.

Dental plan deductibles and plan maximum

Deductible	
Per individual	\$50
Per family	\$150
Class A, B and C expenses combined calendar year maximum benefit	\$3,000 per covered person
Class A, B and C expenses combined lifetime maximum benefit	\$50,000 per covered person

Covered dental services

Preventive and diagnostic	
Subject to deductible?	NO
Plan payment	100%

Basic restorative	
Subject to deductible?	YES
Plan payment	90%

Major restorative	
Subject to deductible?	YES
Plan payment	50%

Note: there is a 12-month waiting period from the date your coverage begins for Class C-Major Services. This limitation will not apply to covered charges due solely to an injury suffered while covered under the plan.

Vision care—part of any balanced healthcare picture

To lead your busy life, you need to protect your vision, so your benefit plan includes eye care. Visit any vision care provider and pay for your care at the time you receive it. Then download a claim form at www.meritain.com and send the completed claim to Meritain Health at the address shown on your ID Card. You'll be reimbursed for the covered services shown below:

Exams (calendar year max. benefit)	80%, one exam
Lenses* (calendar year max. benefit)	80%, one pair of lenses
Frames (max. benefit per 2 calendar years)	80%, one pair of frames

*Disposable contacts will be payable up to a 12-month supply and will not be subject to the "one pair of lenses" maximum

Your prescription for a healthier budget

Your prescription drug benefit—available when you need prescriptions filled—is administered by Scrip World, powered by Express Scripts. They provide unbeatable resources for our plan participants. The Express Scripts pharmacy network includes more than 96 percent of all independent and chain pharmacies nationwide.



Contact Scrip World

You can contact Scrip World customer service by calling **1.877.468.6592**.

Controlling your prescription copay

To get the most from your benefits plan, it pays to be a wise consumer. In many cases, you can control how much your share of costs will be when you fill a prescription. How? Generic drugs cost less to manufacture and they're just as effective as the name brands. You'll save money when you request them because generics have a lower copay than preferred or non-preferred drugs.

Prescription drugs (90-day supply, retail and mail order)	80% after deductible
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Note: To see whether a prescription drug is generic, preferred or non-preferred, check the list in the appendix of this packet.

The preferred drug list

Also called a formulary, a preferred drug listing is created by pharmacy experts and lists FDA-approved, safe, effective and economical drugs.

How the preferred drug list works:

- Drugs are added to the list on a quarterly basis.
- Brand-name drugs can be removed at the end of the calendar year.
- Every January, the list is updated and available.
- If a generic becomes available, the brand-name drug will become a non-preferred drug, and may only be available for a higher copay.
- When a generic drug becomes available, you'll pay the lowest copay if you choose the generic.

Why generics make sense

Because companies that develop new drugs have long-term patent protection for their products, other drug companies are prevented by law from manufacturing those drugs—even if they can produce them less expensively.

When patents expire, other companies can make equivalent drugs, usually at a much lower price. Generic equivalents go through rigorous FDA testing regularly to assure that they are just as effective as the brand-name drugs.

Consider all of the compelling reasons to protect your pocketbook with the lower-price generic drugs:

- Generics can cost up to 75 percent less than their brand-name equivalents.
- FDA testing is exactly the same for generic and brand-name drugs.
- Generics contain the same active ingredients as the original, brand-name drug, in the same amounts and dosages.
- Generic drugs sometimes look different from the original brand-name drug in color or shape, but only because they may have different inactive ingredients that won't change how the drug works.
- Nearly half of all brand-name drugs have generic equivalents—but you may have to ask for them.
- Generics have the lowest copay under this plan, so you save on every prescription.

Easy on your time—three ways to get your prescription drugs

Your plan is designed with your time in mind. Use any of these three prescription options.

At your local pharmacy

When you need a prescription for 30 days or less, have it filled at a participating pharmacy. Just show the pharmacist your Meritain Health ID Card and pay your copay at the time of your purchase. If the pharmacy you choose is not in-network and your plan allows reimbursement for out-of-network pharmacies, you'll pay the entire cost at the time of purchase, then submit a claim for reimbursement. You'll receive the same amount that a participating pharmacy would receive, minus your copay.



Helpful tip

Be sure to bring your Meritain Health ID Card with you to the pharmacy when filling prescriptions. This will ensure that you receive your full benefits.

By mail order

If you have a chronic condition and you take medication for it for long periods of time, you may fill a larger quantity prescription all at once. Ask your doctor to write two prescriptions—one for 30 days, and one for 90 days. Fill the 30-day prescription at a network pharmacy. Then complete a mail order form and send it, along with the original 90-day prescription signed by your doctor and your copay, to the address on the form.

Online

You can also fill 90-day prescriptions online at www.meritain.com. Again, ask your doctor for two prescriptions. Before you request your prescription online, fill the 30-day order at a network drug store, and send (or ask your doctor to send) the 90-day prescription to the address shown on the website. Simply use a credit card to pay your copay.

Prescriptions and myMERITAIN

By logging in to www.meritain.com, you can:

- Order new prescriptions.
- Check the status of your online order.
- Find a nearby network pharmacy.
- Check on the price of a drug.
- Research drugs, supplements and vitamins.
- Learn more about your coverage.

Not every drug is covered

The plan does not include benefits for over-the-counter medications or drugs used for cosmetic purposes. There may be other exclusions. Scrip World customer service can help you if you have questions, or refer to your more complete summary plan description.

Certain drugs must be approved

If your prescription is for a very expensive drug, or one that can be easily abused, prior authorization may be required. Trained professionals review these prescriptions for your protection. You may need a new written prescription from your doctor for each refill. For more information, see your summary plan description or contact Scrip World customer service at 1.877.468.6592.

Find Balance Between a Good Life and Good Health

Are you ready for a health plan that can help restore balance to your life? It's simple to enroll—just follow the four steps below. If you have any questions during the enrollment process, check with your benefits administrator. Once you've completed Step 4, you're on your way to a fresh new approach to living your best health.

In this section

- Gathering information
- Double checking your information
- Making your decision
- Completing enrollment
- A more balanced you

Step 1—gather your information

For a complete, efficient enrollment, you may need some of the following information:

- Spouse's and children's birth dates.
- Spouse's and children's Social Security Numbers (SSN).
- Date of marriage.
- If your spouse or children are covered under another health plan, the name of the plan or insurance carrier and the effective date of benefits.
- If your benefits will include life insurance, your beneficiaries' names and SSNs.

Step 2—double-check every form

The decisions you make as you enroll in your health plan will affect your future healthcare and finances. We want to help you choose wisely. If you have not yet read the earlier sections of this packet, take time to do it now. Don't enroll without understanding your options.

Consider:

- Your personal health and the health of your family members.
- Healthcare expenses you can predict for you and your family.
- Other health benefits you or your family members may have.
- Your budget for benefits and expected healthcare services.

Step 3—make your decision

It's time to make changes in the way you think about your health and your healthcare. It's time to step up, take charge and make the best use of your plan, your money and your time. Are you ready to commit to better health, a better life—and the balance you want? Meritain Health is ready and committed to helping you.

Enrollment tips

Before you enroll, remember:

- Copays and deductibles are out-of-pocket costs you will pay for doctor visits and other medical services.
- If you or any dependent(s) are covered by another health plan, you have several options.
- If you decline benefits now, you won't be able to enroll later unless a special enrollment situation occurs, or during an open enrollment period.

Step 4—Complete your enrollment, and you're on your way!

All eligible employees must complete the enrollment form, whether you're choosing this plan or declining benefits. Your enrollment form is included in the back of this packet.

Complete, sign and return your enrollment form to your employer within 31 days of your eligibility date whether you're enrolling or declining benefits.



Write clearly

If your form is unreadable, your enrollment may be delayed, or incorrect.



Don't forget the back side

Missing or incomplete information will delay your enrollment.



Sign and date your enrollment form

Remember to sign and date the form, even if you're declining benefits.

The final step toward better balance and better living

After you've completed enrollment, your employer has approved it, and after any waiting period has passed, your benefits will be effective.

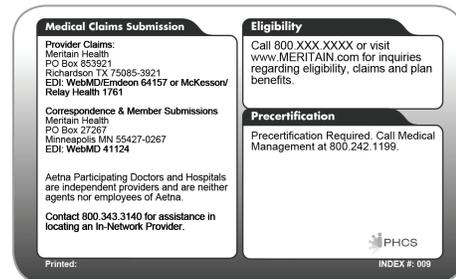
Your Meritain Health ID Card will be on its way to you soon. The card shows Meritain Health as your health plan administrator. Keep it in your wallet and carry it with you.

Sample ID Card

Card front



Card Back



- Your healthcare plan includes a network of providers you can visit for healthcare services. When you visit providers in this network, you will receive the best service rate. Call the provider information number for participating providers.
- Your name, identification number, medical group number and your group name, are used to identify you and your covered dependents' benefits.
- Your medical copays are listed for you and your providers.
- Your pharmacy coverage information is listed on the front of your card, and includes the Scrip World customer service number and prescription copays.
- Please ensure that you precertify with medical management, if required.
- All claims should be submitted to Meritain Health at the address listed on the back of your card.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.

Need to fill a prescription before you receive your ID Card?

Not to worry—if you need to see your doctor but you don't have your ID Card yet, just tell the clinic staff that you're a member of this plan. The clinic will contact Meritain Health Customer Service to verify your benefits.

If you need a prescription before you get your new Meritain Health ID Card, just pay for your prescription and send us a completed prescription drug claim form (see the appendix for a copy). Send your receipt and the completed claim form to the address shown on the form and you'll be reimbursed up to plan limits, minus any copay.

You or your pharmacist may contact Scrip World Customer Service at **1.877.468.6592** with any questions.

Lost ID Card?

Contact Meritain Health at **1.866.808.2609**, or visit www.meritain.com to order new cards.

Appendix

In this section

- Glossary of terms
- Important contact information
- Summary of benefits
- Additional program information
- Enrollment forms
- Claim forms
- Preferred drug listing (formulary)



Glossary of terms

Ambulatory surgery

Surgery performed at an ambulatory surgical facility (a licensed public or private facility), which does not provide services or accommodations for a patient to stay overnight.

Copay

An amount of money that a participant is required to pay each time he or she visits a healthcare provider or fills a prescription.

Deductible

The annual out-of-pocket amount that a plan participant is responsible for paying before the health plan covers his or her medical costs according to the terms of the plan. Until a person meets the annual deductible, he or she pays the full cost of healthcare services received, unless the service is not subject to the annual deductible as stated in the benefit schedule.

myMERITAIN

Your online health information portal and your personal connection to your plan. Here you can order prescriptions, find healthcare providers, research health topics and get answers to your questions about healthcare. The personal information used to access www.meritain.com is confidential. You may need the information on your ID Card to log in for the first time.

Provider network

Organization that negotiates special, lower rates for healthcare services provided by physicians and other care providers who are within the network. Providers who belong to a network are called participating or in-network providers.

Usual and customary charge

Your plan reimburses charges from non-participating or out-of-network providers that are equal to, or less than, usual and customary charges. Usual and customary charges are the amounts most frequently charged for the same service:

- In the same geographic area; and
- By other providers in the same or similar medical area.

The fees charged by non-participating providers may exceed the usual and customary charges recognized by your plan. In such cases, Meritain Health will process an amount equal to the usual and customary charge for the healthcare service you received, and you will be reimbursed for a portion of that amount according to your plan's out-of-network benefits.

Important Contact Information

Important plan contacts



What do you need help with? Who to contact

- My medical/dental/vision benefits
- Enrollment or benefit elections
- Enrolling in COBRA benefits
- Life AD&D

Meritain Health Customer Service

1.866.808.2609
www.meritain.com

The Aetna Open Choice® PPO
provider network

Aetna provider line

1.800.343.3140
www.aetna.com/docfind/custom/mymeritain

My prescription drug benefits

Scrip World, powered by Express
Scripts Customer Service

1.877.468.6592

Precertification

Meritain Health
Medical Management

1.800.242.1199

Health and wellness

Teladoc
BridgeHealth

1.800.DOC.CONSUULT (362.2667)
1.800.680.1366

Summary of Benefits

MEDICAL SCHEDULE OF BENEFITS

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT	Unlimited	
CALENDAR YEAR MAXIMUM BENEFIT	Unlimited	
CALENDAR YEAR DEDUCTIBLE Single Family	\$50 \$150	
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible and Coinsurance)	Providers and Participating Provider Facilities	Non-Participating Provider Facilities
Single	\$850	Unlimited
NOTE: Charges for Non-Participating Provider facility charges do not accumulate toward the Calendar Year Out-of-Pocket Maximum and are never paid at 100%.		
MEDICAL BENEFITS		
Air Ambulance Services (not by Guardian Flight)	80% after Deductible	80% after Deductible
Air Ambulance Services by Guardian Flight One way transport (fixed wing or rotary) Fixed wing air mileage, per statute mile Rotary wing air mileage, per statute mile	Deductible, then 80% of: 350% of the Medicare/CMS Rate 600% of the Medicare/CMS Rural Rate 200% of Medicare/CMS Rural Rate	
Amounts paid by the Covered Person in excess of the Medicare/CMS Rural rate do not accrue toward the Calendar Year Out-of-Pocket Maximum.		
Ground Ambulance Services	80% after Deductible	80% after Deductible
Alternative Care	80% after Deductible	80% after Deductible
Calendar Year Maximum Benefit	12 visits	
Birthing Center	100%; Deductible waived	100%; Deductible waived
Chiropractic Care/Spinal Manipulation	80% after Deductible	80% after Deductible
Durable Medical Equipment	80% after Deductible	80% after Deductible
NOTE: The Plan does not pay for any purchase of Durable Medical Equipment over \$1,000 without its advance written approval by the Plan.		
Emergency Room Services	\$100 Copay, then Deductible, then 80%	\$100 Copay, then Deductible, then 80%
NOTE: The Copay will be waived if the person is admitted directly as an Inpatient to the Hospital.		
Hearing Care		
Hearing Aid Devices Maintenance/Repairs	80% after Deductible	80% after Deductible
Diagnostic Hearing Exam/Fittings	80% after Deductible	80% after Deductible
Home Health Care	100%; Deductible waived	100%; Deductible waived

Summary of Benefits

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Hospice Care	80% after Deductible	80% after Deductible
Inpatient and Outpatient Lifetime Maximum Benefit	180 days	
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)		
Inpatient	80% after Deductible	60% after Deductible
Room and Board Allowance	Semi-Private Room rate*	Semi-Private Room rate*
Intensive Care Unit	80% after Deductible ICU/CCU Room rate	60% after Deductible ICU/CCU Room rate
Miscellaneous Services & Supplies	80% after Deductible	60% after Deductible
Outpatient	80% after Deductible	60% after Deductible
* A private room will be considered eligible when Medically Necessary. Charges made by a Hospital having only single or private rooms will be considered at the least expensive rate for a single or private room.		
Mental Disorders and Substance Use Disorders		
Inpatient	80% after Deductible	60% after Deductible
Outpatient	80% after Deductible	80% after Deductible (60% after Deductible if performed at a facility)
NOTE: Emergency care (ambulance and Emergency Services) will be paid the same as the benefits for ambulance services and Emergency Services listed above in the Medical Schedule of Benefits, however, the Participating Provider level of benefits will always apply regardless of the provider utilized.		
Newborn Care (facility charges)	80% after Deductible	60% after Deductible
Physician's Services		
Inpatient/Outpatient Services	80% after Deductible	80% after Deductible
Office Visits	80% after Deductible	80% after Deductible
Teladoc	100%; Deductible waived	N/A
Pre-Admission Testing (Outpatient)	100%; Deductible waived	100%; Deductible waived
Prescription Drugs (90-day supply, retail & mail order)	80% after Deductible	80% after Deductible

Summary of Benefits

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Preventive and Routine Care	80%; Deductible waived	80%; Deductible waived
<ul style="list-style-type: none"> Routine colonoscopy (age 50 and over) Physical examinations related to school, sports and employment Routine immunizations Routine PAP smear (18 and over) Routine physical exam, including associated x-rays, labs and tests Routine prostate exam: age 40 through 49, who is in a "high risk group" because he is African-American or has a family history of prostate cancer; or age 50 or older Well baby examinations Mammograms as follows: one baseline mammogram for a female age 35 through 39 inclusive; one mammogram every other year for a female age 40 through 49; one annual mammogram for a female age 50 or over; one mammogram at any age for a female with a history of breast cancer or whose parent or sibling has a history of breast cancer, if recommend by the person's Physician 	1 per 5 year period	1 per year 1 per year
Routine Hearing Exams	100%; Deductible waived	100%; Deductible waived
Calendar Year Maximum Benefit	1 exam	
Skilled Nursing Facility and Rehabilitation Facility	100%; Deductible waived	100%; Deductible waived
Combined Calendar Year Maximum Benefit	90 days	
Speech Therapy (ST) and Hearing Therapy (HT) (Outpatient)	80% after Deductible	80% after Deductible (60% after Deductible if performed at a facility)
Surgery (Inpatient & outpatient)		
Facility	80% after Deductible	60% after Deductible
Professional Services	80% after Deductible	80% after Deductible
Miscellaneous	80% after Deductible	80% after Deductible (ancillary fees) 60% after Deductible (facility charges)
NOTE: Certain surgical procedures are covered at 100% (Deductible waived) when they are received through the BridgeHealth Surgery Benefit option. Not all surgical procedures are eligible for coverage under this option. Please refer to the BridgeHealth Surgery Benefit section for a more detailed description of this benefit.		
Temporomandibular Joint Dysfunction (TMJ)	80% after Deductible	80% after Deductible (60% after Deductible if performed at a facility)

Summary of Benefits

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Transplants	80% after Deductible (Aetna IOE Program)*	80% after Deductible (professional fees) 60% after Deductible (facility charges)
* Please refer to the Aetna Institute of Excellence (IOE) Program section of this Plan for a more detailed description of this benefit, including transportation and lodging maximums.		
All Other Eligible Medical Expenses	80% after Deductible	80% after Deductible (60% after Deductible if performed at a facility)

Summary of Benefits

DENTAL SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	BENEFIT (Subject to Usual and Customary Charges)
CALENDAR YEAR DEDUCTIBLE	
Single	\$50
Family	\$150
CLASS A, B AND C EXPENSES COMBINED CALENDAR YEAR MAXIMUM BENEFIT	\$3,000 per Covered Person
CLASS A, B AND C EXPENSES COMBINED LIFETIME MAXIMUM BENEFIT	\$50,000 per Covered Person
DENTAL BENEFITS	
Class A-Preventive Services	100%; Deductible waived
Class B-Basic Services	90% after Deductible
Class C-Major Services	50% after Deductible
NOTE: There is a 12 month waiting period from the date your coverage begins for Class C-Major Services. This limitation will not apply to covered charges due solely to an Injury suffered while covered under the Plan.	

VISION SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	BENEFIT
Eye Exam	80%
Calendar Year Maximum Benefit	1 exam
Lenses	80%
Calendar Year Maximum Benefit	1 pair of lenses
Disposable contacts will be payable up to a 12 month supply and will not be subject to the "one pair of lenses" maximum.	
Frames	80%
Maximum Benefit per 2 Calendar Years	1 pair of frames



Reach a doctor 24/7

The TeladocTM solution

Teladoc is the on-demand healthcare solution that gives you the medical care you need, when you need it. You can talk to a doctor anytime, anywhere about non-emergent medical conditions.

Benefits of Teladoc

-  Saves time and money
-  Quicker recovery from illness
-  Convenient prescriptions
-  Choice of consultation method
-  Great health means peace of mind

With Teladoc, you can talk to a doctor 24/7/365 by phone, online video or mobile app. Use Teladoc for medical advice and care when:

- ✓ Your primary care doctor is not open.
- ✓ You are at home, traveling or do not want to take time off work to see a doctor.
- ✓ You need a prescription or refills*.

**Please note, there is no guarantee you will be prescribed medication.*

Highly qualified, experienced doctors

When you use Teladoc, your medical questions will be answered by a highly qualified doctor. Teladoc doctors are:

- Experienced—with an average of over 10–15 years in practice.
- Progressive—using the latest technology to provide excellent care.
- U.S. board certified and state licensed.
- Specially trained in telemedicine.

www.meritain.com

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There's more than one way to reach a doctor

 **By phone**
Just call 1.800.362.2667.

 **Online**
Simply request a video consultation online at www.MyDrConsult.com.

 **On the go**
You can download the Teladoc mobile app by visiting the **App Store** or **Google Play**.

Common conditions treated:

- ✓ Allergies
- ✓ Bronchitis
- ✓ Cold/flu
- ✓ Headaches/migraines
- ✓ Eye/ear infections
- ✓ Rash/skin infections
- ✓ Sinus infections
- ✓ Stomachache/diarrhea
- ✓ Urinary tract infections
- ✓ Many other conditions

Our members love Teladoc

"We had a good experience with the doctor. She called and talked to me, and gave great service. I had no problem picking up my prescription. This is a really good service."

Contact a Teladoc physician at 1.800.362.2667, or by visiting www.MyDrConsult.com.

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Notes

COMPANY NAME: Ketchikan Gateway Borough **GROUP #:** AK160

BENEFIT ENROLLMENT FORM



THIS FORM IS TO BE COMPLETED FOR NEW ENROLLMENTS AND COVERAGE CHANGES

PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE FORM
(ALL INFORMATION MUST BE COMPLETED OR ENROLLMENT WILL BE DELAYED)

EMPLOYEE INFORMATION – ALL INFORMATION IS REQUIRED

LAST NAME		FIRST NAME		MI
SOCIAL SECURITY NO.	DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
MAILING ADDRESS				
CITY			STATE	ZIP
HOME PHONE NUMBER		WORK PHONE NUMBER		
ARE YOU THE EMPLOYEE COVERED UNDER ANY OTHER INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO (i.e. Medicare, Tricare, spouse's plan)				
IF YES, NAME OF INSURANCE: _____		EFFECTIVE DATE: _____		
TYPE OF POLICY (Retiree, COBRA, Spouse): _____		POLICY HOLDER (Self, Spouse): _____		
IF ENROLLED IN MEDICARE: EFFECTIVE DATE: PART A _____ PART B _____ HICN _____				
ENTITLEMENT TO MEDICARE DUE TO: <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> END STAGE RENAL DISEASE (ESRD)				

EMPLOYER USE ONLY

DATE OF HIRE	EFFECTIVE DATE
DIVISION #	DEPT. # / CLOCK #
ANNUAL SALARY: \$	
<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	
<input type="checkbox"/> NEW ENROLLMENT	
<input type="checkbox"/> Active <input type="checkbox"/> Retiree	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<input type="checkbox"/> COBRA	
<input type="checkbox"/> ENROLLMENT CHANGE	
<input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Adoption	
<input type="checkbox"/> Reinstatement <input type="checkbox"/> Loss of Coverage	
<input type="checkbox"/> Other: _____	
Employer Representative Signature: _____	
Date: _____	

BENEFIT SELECTION

COVERAGE TYPE	COVERAGE LEVEL
<input type="checkbox"/> LIFE/AD&D/ MEDICAL/RX/ DENTAL/VISION	<input type="checkbox"/> SINGLE <input type="checkbox"/> EMPLOYEE + SPOUSE <input type="checkbox"/> EMPLOYEE + CHILD <input type="checkbox"/> FAMILY <input type="checkbox"/> DECLINE

BENEFICIARY DESIGNATION

PRIMARY BENEFICIARY	NAME:	SECONDARY BENEFICIARY	NAME:
	RELATIONSHIP:		RELATIONSHIP:
	SS#:		PERCENTAGE:

DEPENDENT INFORMATION (ALL INFORMATION MUST BE COMPLETED OR ENROLLMENT WILL BE DELAYED)

Special Enrollment due to coverage under Medicaid or under a State Children's Health Insurance Program (CHIP). If an employee or eligible dependent did not enroll in the plan when initially eligible, he or she will be permitted to later enroll in the plan under one of the following circumstances:
a. The employee or eligible dependent loses their eligibility status to participate in Medicaid or CHIP; or
b. The employee or eligible dependent qualifies for premium assistance under Medicaid or CHIP at the state level in which the individual resides. The employee or eligible dependent must request enrollment in the plan within 60 days after coverage under Medicaid or CHIP terminates or within 60 days of being notified of eligibility for premium assistance from the state in which the individual resides.

DEPENDENT FULL NAME (REQUIRED) (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NO. (REQUIRED)	RELATIONSHIP (REQUIRED)	DATE OF BIRTH (MM/DD/YY)	GENDER (M/F)	CHECK COVERAGE	DISABLED DEPENDENT*
					<input type="checkbox"/> LIFE/AD&D/ MEDICAL/RX/ DENTAL/VISION	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> LIFE/AD&D/ MEDICAL/RX/ DENTAL/VISION	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> LIFE/AD&D/ MEDICAL/RX/ DENTAL/VISION	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> LIFE/AD&D/ MEDICAL/RX/ DENTAL/VISION	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> LIFE/AD&D/ MEDICAL/RX/ DENTAL/VISION	<input type="checkbox"/> YES <input type="checkbox"/> NO

*IF YOUR CHILD IS MENTALLY OR PHYSICALLY DISABLED, PLEASE PROVIDE APPROPRIATE DOCUMENTATION

COMPANY NAME: Ketchikan Gateway Borough

COORDINATION OF BENEFITS – SPOUSE INFORMATION (IF APPLICABLE) COMPLETE ALL QUESTIONS

IS YOUR SPOUSE EMPLOYED? YES NO IF YES, FULL TIME PART TIME SPOUSE EMPLOYER NAME: _____ SPOUSE DATE OF BIRTH: _____

INDICATE THE COVERAGE, CARRIER NAME AND EFFECTIVE DATE THAT YOUR SPOUSE IS ENROLLED IN WITH HIS/HER EMPLOYER

TYPE OF OTHER COVERAGE	CARRIER NAME	CARRIER ADDRESS	EFFECTIVE DATE (MM/DD/YY)	TYPE OF POLICY (I.E. EMPLOYER, RETIREE, COBRA)	LIST ALL FAMILY MEMBERS ENROLLED IN THIS PLAN
<input type="checkbox"/> MEDICAL					
<input type="checkbox"/> PRESCRIPTION					
<input type="checkbox"/> DENTAL					
<input type="checkbox"/> VISION					

COORDINATION OF BENEFITS – DEPENDENT CHILD(REN) INFORMATION (IF APPLICABLE) COMPLETE ALL QUESTIONS

ARE ANY OF YOUR DEPENDENT CHILD(REN) COVERED BY ANOTHER PARENT/GUARDIAN OR PLAN NOT LISTED ABOVE? YES NO

EMPLOYER PROVIDING COVERAGE:
IF YES, COMPLETE THE QUESTIONS BELOW

TYPE OF OTHER COVERAGE	CARRIER NAME	CARRIER ADDRESS	EFFECTIVE DATE (MM/DD/YY)	TYPE OF POLICY (I.E. EMPLOYER, RETIREE, COBRA)	COURT ORDER REQUIRING COVERAGE (I.E. DIVORCE DECREE, QMCSO)*	LIST ALL FAMILY MEMBERS ENROLLED IN THIS PLAN
<input type="checkbox"/> MEDICAL						
<input type="checkbox"/> PRESCRIPTION						
<input type="checkbox"/> DENTAL						
<input type="checkbox"/> VISION						

*COPY OF THE COURT ORDER MUST BE SUBMITTED. FAILURE TO DO SO WILL RESULT IN CLAIMS BEING DENIED.

COORDINATION OF BENEFITS – GOVERNMENTAL INSURANCE (I.E. MEDICARE, MEDICAID, TRICARE, MICHILD, ETC.)

IS YOUR SPOUSE AND/OR ARE ANY DEPENDENTS ENROLLED IN ANY GOVERNMENTAL INSURANCE? YES NO IF YES, PLEASE COMPLETE BELOW

LIST ALL FAMILY MEMBERS ENROLLED	TYPE OF COVERAGE	EFFECTIVE DATE OR IF MEDICARE COVERAGE, PART A EFFECTIVE DATE	PART B EFFECTIVE DATE (IF APPLICABLE)	HICN	IS MEDICARE COVERAGE DUE TO:
					<input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> ESRD
					<input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> ESRD

PLAN DECLARATION

I understand that the above elections will remain in effect until the last day of the Plan Year for which they are effective and will continue in effect indefinitely beyond that Plan Year unless I make an election change permitted under the Plan. I understand that I may change my elections during the Plan Year only if (i) I experience a "status change", as defined under the Plan, and if my change in elections is consistent with that "status change", (ii) I exercise a Special Enrollment Period Right (as described in the Notice of Special Enrollment Periods below), or (iii) I qualify (under applicable law, as determined by the Plan Administrator) to make another election change because of certain changes in cost or coverage of a benefit option, or for certain other reasons. I understand that the cost of a benefit option that I have elected under the Plan may change from one Plan Year to the next and I hereby agree that my payroll deductions will automatically change accordingly unless I submit a new Election Form during the appropriate annual election period to change or terminate that coverage. I also understand, during a Plan Year, if there is a change in the cost of a benefit option that I have elected, the Employer may automatically increase the payroll deductions, if any, I am required to make per pay period to pay for that benefit option. I understand further that, except to the extent that I am permitted to make a change under the Plan, the payroll deduction elections I have made above will continue in effect notwithstanding any changes in the features or coverage offered under the benefit options I have elected above.

I understand that my employer may modify my benefit elections if appropriate to insure that the Plan complies with the terms of the Plan and the requirements (including tax-qualification requirements) of applicable law and that, subject to the requirements of applicable law or any applicable insurance contract, my employer retains the right to amend or terminate coverage under a benefit option. Also, I understand that the employer may modify my elections for health benefit options if required to do so by a Qualified Medical Child Support Order that requires me to provide health coverage for a dependent.

NOTICE OF SPECIAL ENROLLMENT PERIODS

If you are declining enrollment in the Plan's health coverage options for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Plan's health coverage features if you or your dependents lose eligibility for that coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Human Resources representative.

SIGNATURE AND AUTHORIZATION

EMPLOYEE SIGNATURE	PRINT EMPLOYEE NAME	DATE

Health Claim Form



Complete and send to:
Meritain Health
P.O. Box 27810
Minneapolis, MN 55427
Fax: 1.763.852.5057

IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill. A diagnosis must be shown on bill. Do not submit this form if injury occurred on the job. Please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding a work related claim.

Section 1. EMPLOYEE INFORMATION						
Name (last, first, initial)			Sex	Employer Name		
Home Address			Identification Number		Birthdate	Group Number
City	State	Zip Code	Work Telephone ()		Home Telephone ()	
Section 2. PATIENT INFORMATION						
The patient is:	<input type="checkbox"/> The employee (Go to section 3)	<input type="checkbox"/> Employee's Spouse (Complete spouse information)	<input type="checkbox"/> Employee's Child (Complete spouse and child information)			
Spouse's Name (last, first, initial)		Sex	Child's Name (first, last, initial)		Sex	
Spouse's Birthdate	Spouse's Social Security Number		Child's Birthdate		Child's Social Security Number	
Spouse's Employer						
Spouse's Employer's Address						
Section 3. OTHER COVERAGE						
<input type="checkbox"/> Yes (then complete) <input type="checkbox"/> No (go to section 4)			Name of Policy Holder:			
Name of Other Health Insurance Carrier or Plan		Address		City	State	Zip Code
Other Insurance Carrier's or Plan's Telephone #		Type of Coverage <input type="checkbox"/> Group <input type="checkbox"/> Individual		Group Number		Contract or Policy Number
Spouse's Employer						
Spouse's Employer's Address						
Section 4. ABOUT THIS CLAIM						
<input type="checkbox"/> Injury <input type="checkbox"/> Illness		Describe injury, when and how it happened or nature of illness:				
Date and time of accident:						
Was this injury the result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If auto insurance was involved, please provide:			Policy #	Name of insurance company	Address (city, state, zip)	
Was this a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No				If injury is work-related, please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding this claim.		
EMPLOYEE'S (or adult dependent's) SIGNATURE REQUIRED						
The statements above are true and correct to the best of my knowledge. I authorize any provider of services to furnish any information requested to the Benefit Administrator. I also authorize the Benefit Administrator to release or obtain from any organization or person information that may be necessary to determine benefits payable under the Benefit Plan. A photo-static copy of this authorization shall be considered as effective and valid as the original. For any payment that exceeds the amounts payable under the Benefit Plan, I agree to reimburse the plan in a lump sum payment or by an automatic reduction in the amount of future benefits that would otherwise be payable.						
Signature:				Date:		
ASSIGNMENT OF BENEFITS (complete this section if provider is to be paid directly)						
I authorize payment of benefits to the doctor or supplier of services listed here.						
Provider to be paid			Employee's Signature			
Provider's tax ID number or Social Security Number			Date			



IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill.

A	Patient Name (last, first, initial)	Birthdate																																									
B	Address																																										
C	Is this condition the result of an injury arising from patient's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please contact the Worker's Compensation Carrier/Administrator for proper instruction regarding this claim.</i>																																										
D	Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, expected date of delivery																																									
E	If illness, date of first treatment	If treating injury, date of injury																																									
F	Name of referring physician	Referring physician's address																																									
G	Name and facility where services were rendered (if other than home or office)																																										
H	Was laboratory work performed outside your office? <input type="checkbox"/> Yes <input type="checkbox"/> No																																										
I	For service related to hospitalization, give dates: <input type="checkbox"/> Admitted <input type="checkbox"/> Discharged																																										
J	Diagnosis and current conditions (if diagnosis other than ICD-10* used, give name): 1. 2. 3. 4.																																										
K	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Dates of Service From To</th> <th style="width:10%;">Places of Services**</th> <th style="width:15%;">Procedure Code (If other than CPT*** code used, give name)</th> <th style="width:40%;">Description of surgical or medical services rendered</th> <th style="width:10%;">Diagnosis Code</th> <th style="width:10%;">Charges</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><small>*ICD-10 * International Classification of Disease **Abbreviations: 11-Physician's Office 12-Inpatient Hospital 23- Emergency Room *** CPT Current Procedural Terminology (current edition) 12-Patient's Home 22-Outpatient Hospital 81-Independent Laboratory</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date</td> <td style="width:40%;">Physician's Name (print)</td> <td style="width:20%;">Degree</td> <td style="width:20%;">Provider's Tax ID Number or Social Security Number:</td> </tr> <tr> <td colspan="3">Physician's Signature</td> <td rowspan="2">Must be furnished under authority of law</td> </tr> <tr> <td colspan="2">Telephone</td> <td>()</td> </tr> </table>		Dates of Service From To	Places of Services**	Procedure Code (If other than CPT*** code used, give name)	Description of surgical or medical services rendered	Diagnosis Code	Charges																									Date	Physician's Name (print)	Degree	Provider's Tax ID Number or Social Security Number:	Physician's Signature			Must be furnished under authority of law	Telephone		()
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Telephone		()																																									
Street Address		City	State	Zip Code																																							

STATUS AND BENEFIT INFORMATION:
1.866.808.2609

Send to:
Meritain Health
P.O. Box 27810
Minneapolis, MN 55427
Fax: 1.763.852.5057

ADA American Dental Association® Dental Claim Form

Please submit this form to:
 Meritain Health
 P.O. Box 853921
 Richardson, TX 75085-3921
 Fax: 1.763.852.5057

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)
 Statement of Actual Services Request for Predetermination/Preauthorization
 EPSDT / Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? Medical? (If both, complete 5-11 for dental only.)
 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)
 6. Date of Birth (MM/DD/CCYY) 7. Gender M F 8. Policyholder/Subscriber ID (SSN or ID#)
 9. Plan/Group Number 10. Patient's Relationship to Person named in #5
 Self Spouse Dependent Other
 11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
 13. Date of Birth (MM/DD/CCYY) 14. Gender M F 15. Policyholder/Subscriber ID (SSN or ID#)
 16. Plan/Group Number 17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above
 Self Spouse Dependent Child Other 19. Reserved For Future Use
 20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
 21. Date of Birth (MM/DD/CCYY) 22. Gender M F 23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 34. Diagnosis Code List Qualifier (ICD-9 = B; ICD-10 = AB)
 34a. Diagnosis Code(s) A _____ C _____
 (Primary diagnosis in "A") B _____ D _____
 31a. Other Fee(s)
 32. Total Fee

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.
 X _____
 Patient/Guardian Signature Date
 37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.
 X _____
 Subscriber Signature Date

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment (e.g. 11=office; 22=O/P Hospital) 39. Enclosures (Y or N)
 (Use "Place of Service Codes for Professional Claims")
 40. Is Treatment for Orthodontics?
 No (Skip 41-42) Yes (Complete 41-42) 41. Date Appliance Placed (MM/DD/CCYY)
 42. Months of Treatment 43. Replacement of Prosthesis
 No Yes (Complete 44) 44. Date of Prior Placement (MM/DD/CCYY)
 45. Treatment Resulting from
 Occupational illness/injury Auto accident Other accident
 46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code
 49. NPI 50. License Number 51. SSN or TIN
 52. Phone Number () - 52a. Additional Provider ID

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.
 X _____
 Signed (Treating Dentist) Date
 54. NPI 55. License Number
 56. Address, City, State, Zip Code 56a. Provider Specialty Code
 57. Phone Number () - 58. Additional Provider ID

ADA American Dental Association®

America's leading advocate for oral health

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are printed in the CDT manual. Any updates to these instructions will be posted on the ADA's web site (ADA.org).

GENERAL INSTRUCTIONS

- A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the 'tick-marks' printed in the margin.
- B. Complete all items unless noted otherwise on the form or in the CDT manual's instructions.
- C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.
- D. All dates must include the four-digit year.
- E. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35). There are additional detailed completion instructions in the CDT manual.

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

- Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)
- Item 34 – Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)
- Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at "www.cms.gov/PhysicianFeeSched/Downloads/Website_POS_database.pdf"

PROVIDER SPECIALTY

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

Category / Description Code	Code
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

Provider taxonomy codes listed above are a subset of the full code set that is posted at "www.wpc-edi.com/codes/taxonomy"

Vision Claim Form



Complete and send to:
Meritain Health
P.O. Box 27810
Minneapolis, MN 55427
Fax: 1.763.852.5057

For ALL claims, this area must be filled in completely.

Employee Information			
Employee's Name (last, first, middle initial)			Employee ID Number
Address			Employee's Date of Birth
City	State	Zip Code	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

If the patient is a dependent, please complete ALL of the following. If the patient is the employee, go directly to the area below the shaded box.

Patient Information			
Patient's Name (if other than employee)		Patient's ID Number	
Patient's Date of Birth (Month, Day, Year)		Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	If child, is (s)he married? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is patient covered by another Employer Group Plan or Retirement Group Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete the two items below)			
Name of Employer	Group Number	Name and address of Insurance Company or Organization	
Release			
Any person who, with intent to defraud, or knowing that he/she is facilitating a fraud, submits an application for coverages, or files a claim containing a false, misleading or deceptive statement is guilty of insurance fraud. Criminal and/or Civil penalties can result from such acts.			
I hereby authorize payment of these benefits be send directly to: <input type="checkbox"/> Provider of Service <input type="checkbox"/> Employee (attach itemized bill or receipt)			
Patient's Signature (parent or guardian if claim is on a minor)			Date

The below sections are to be completed by the Provider.

Exam			
Indicate the nature of disease, injury or vision disorder		Date of examination	Name of provider performing services
Refraction? Yes <input type="checkbox"/> No <input type="checkbox"/> Contact Lenses? Yes <input type="checkbox"/> No <input type="checkbox"/> Tonometry? Yes <input type="checkbox"/> No <input type="checkbox"/> Cataract Surgery? Yes <input type="checkbox"/> No <input type="checkbox"/>	Address		City
Examination Charge: \$		State	
Amount paid by employee: \$		Zip Code	
Signature of provider	Degree/Title	Date	Provider's Social Security or Tax ID Number (required by law):

Lenses						Frames				
Date ordered:		Date dispensed:		<input type="checkbox"/> Pair <input type="checkbox"/> 1/2 Pair		Date ordered		Date dispensed	Parts <input type="checkbox"/> Complete <input type="checkbox"/> Partial	
	Sphere	Cylinder	Axis	Prism	Add	Frame Charge \$		Name of provider performing services (please print)		
OD										
OS						Address		City, State, Zip		
Type Lens: <input type="checkbox"/> Single vision <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> Lenticular <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Oversized Lenses <input type="checkbox"/> Sunglasses <input type="checkbox"/> Tint # <input type="checkbox"/> Photosensitive – i.e. Brown, Gray, etc. <input type="checkbox"/> Other						Charge		Provider's Social Security Number or Tax ID Number		
Lens Manufacturer:						Signature of provider		Degree/Title	Date	
Lens Charge \$						Total Charge: \$		Amount paid by employee: \$		

IMPORTANT: CLAIMS CANNOT BE PAID UNTIL THE CLAIM FORM IS PROPERLY COMPLETED AND RECEIVED. Do not send this form through your employer. ATTACH PROVIDER BILLING. If you require assistance in presenting this claim, call your Service Delivery Team at the number listed on your member ID Card.

Intentionally left blank

Travel Authorization Form



Complete and send to:
Meritain Health
P.O. Box 27267
Minneapolis, MN 55427
Fax: 1.763.852.5057

IMPORTANT: This form must be completed by the physician providing treatment and submitted along with the corresponding medical and travel claims. Please review your plan document for submission requirements.

Patient's Name (last, first, initial)	Employee's Name
Member ID Number	Date of Travel

Please have the treating physician complete this portion.

Caution: please review your plan booklet for complete travel benefit request limitations prior to accessing this benefit.

Diagnosis or Condition
Treatment Plan
Can this treatment be performed locally? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Can this surgical treatment be performed locally? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Is this treatment needed because of an accident or medical emergency?

EMPLOYEE'S (or adult dependent's) SIGNATURE REQUIRED

By signing below, I am affirming that I have paid for the travel services and am not entitled to reimbursement by any other organization. I understand that misstatement, omission of medical information or failure to disclose any information may be used as a basis for rescission of coverage for my dependents and me, and that I will be guilty of insurance fraud.

Signature: _____ **Date:** _____

Physician Signature	Date
---------------------	------

STATUS AND BENEFIT INFORMATION:
1.866.808.2609

Complete and send to:
Meritain Health
P.O. Box 27267
Minneapolis, MN 55427
Fax: 1.763.852.5057

Intentionally left blank



2016 Express Scripts National Preferred Formulary

A

ABSORICA
ACANYA
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADCIRCA
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA
AKYNZEO
albuterol nebulization solution
alendronate sodium
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
AMITIZA
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
AMPYRA
ANALPRAM ADVANCED CREAM KIT
ANALPRAM HC 1% CREAM SINGLES, 2.5% LOTION
anastrozole
ANDROGEL
ANORO ELLIPTA
antipyrine/benzocaine
apri
APRISO
arbinoxa
ARCAPTA
aripiprazole
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atorvastatin
ATRALIN
AUVI-Q [INJ]
AVONEX [INJ]
AXIRON
azathioprine
azelastine nasal spray
AZILECT
azithromycin
AZOR

B

baclofen
benazepril
benazepril/hctz
BENICAR, BENICAR HCT
benzonatate
BEPREVE
BETHKIS
BEYAZ

biatoprost
bisoprolol/hctz
BREQ ELLIPTA
BRILINTA
BRISDELLE
budesonide nebulization suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/caffeine
BUTRANS
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

CANASA
CARAC
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime
celecoxib
CENESTIN
cephalexin
CETROTIDE [INJ]
chlorhexidine gluconate
chlorthalidone
chorionic gonadotropin [INJ]
CIALIS
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate
clindamycin phosphate/benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone dipropionate
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
COPAXONE 40 MG [INJ]
COREG CR
CORLANOR
COSENTYX [INJ]
CREON
CRESTOR
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP

DAYTRANA
desloratadine
desonide
dexamethasone
dextroamphetamine/amphetamine
dextroamphetamine/amphetamine ext-release
diazepam
diclofenac sodium
delayed-release
dicyclomine hcl
digoxin
diltiazem ext-release (24 hour)
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxepin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DYMISTA

E

EFFIENT
ELIDEL
eliphos
ELIQUIS
enalapril
ENBREL [INJ]
ENJUVIA
enoxaparin [INJ]
ENTRESTO
EPIDUO
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
erythromycin eye ointment
escitalopram
esomeprazole magnesium delayed-release
ESTRACE VAGINAL CREAM
estradiol
estradiol patch
estradiol/norethindrone acetate
eszopiclone
etodolac
EUFLEXXA [INJ]
EXELON PATCHES
EXTAVIA [INJ]

F

famotidine
FARXIGA
fenofibrate
fenofibrate micronized
fenofibrac acid
delayed-release

fentanyl patch
FETZIMA
FINACEA
finasteride
fluconazole
fluciconide
fluoxetine
fluticasone nasal spray
FOCALIN XR 25 MG, 35 MG
folic acid
FORADIL
FORTEO [INJ]
FOSRENOL
FRAGMIN [INJ]
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
gianvi
gildess fe
GILENYA
glimepiride
glipizide
glipizide ext-release
GLUCAGON [INJ]
GLUCAGON [INJ]
glyburide
glyburide/metformin
GLYXAMBI
GONAL-F [INJ]
GONAL-F RFF [INJ]
GRALISE
GRASTEK
guanfacine ext-release

H

HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/chlorpheniramine polistirex
hydrocodone/homatropine
hydrocodone/ibuprofen
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
ibuprofen
ILEVRO

INCRUSE ELLIPTA
indomethacin
INVOKAMET
INVOKANA
irbesartan
isosorbide mononitrate ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
junel fe

K

ketoconazole topical

L

labetalol hcl
lamotrigine
lansoprazole
delayed-release
LANTUS [INJ]
latanoprost
LATUDA
LAZANDA
LETAIRIS
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
LIALDA
lidocaine patch
LINZESS
liothyronine
LIPOFEN
lisinopril
lisinopril/hctz
LO LOESTRIN FE
LO MINASTRIN FE
lorazepam
losartan
losartan/hctz
LOTEMAX
lovastatin
LUMIGAN
LYRICA

M

MAKENA [INJ]
meclizine hcl
medroxyprogesterone acetate
meloxicam
metaxalone
metformin
metformin ext-release
methadone
methimazole
methocarbamol
methotrexate

methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide hcl
metoprolol succinate ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal gel
microgestin fe
MINASTRIN 24 FE
MINIVELLE
minocycline
mirtazapine
MIRVASO
modafinil
moderiba
mometasone
mononessa
MONOVISC [INJ]
montelukast
morphine sulfate ext-release
MOVANTIK
MOXEZA
multivitamins/fluoride
mupirocin
MUSE
MYRBETRIQ

N

nabumetone
NAMENDA XR
NAMZARIC
naproxen, naproxen sodium
NASCOBAL
NASONEX
NATAZIA
neomycin/polymyxin/hydrocortisone ear drops
NEVANAC
niacin ext-release
nifedipine ext-release
nitrofurantoin
monohydrate/macrocystals
NORDITROPIN [INJ]
nortriptyline
NUCYNTA, NUCYNTA ER
NUEDEXTA
NUVARING
NUVIGIL
nystatin oral suspension
nystatin topical
nystatin/triamcinolone

O

olanzapine
omeprazole delayed-release
ondansetron
ondansetron orally disintegrating tablets

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(continued)

Effective January 1, 2016

Excluded Medications With Covered Preferred Alternatives

The following is a list of excluded brand-name medications with covered preferred alternatives that are on the formulary. Column 1 lists excluded medications. Column 2 lists covered preferred alternatives that can be prescribed.

Excluded Medications	Covered Preferred Alternative(s)
ABSTRAL	fentanyl citrate lozenges, LAZANDA
ACCU-CHEK METERS/STRIPS	ONETOUCH METERS/STRIPS
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO, NEVANAC, PROLENSA
ADVOCATE METERS/STRIPS	ONETOUCH METERS/STRIPS
ALVESCO	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
APIDRA	HUMALOG
ARANESP	PROCRIT
ARNUITY ELLIPTA	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
ASACOL HD	balsalazide disodium, APRISO, LIALDA, PENTASA
BECONASE AQ	flunisolide, fluticasone, triamcinolone acetamide, NASONEX, QNASL
BENZAFLIN GEL PUMP	clindamycin phosphate/benzoyl peroxide, ACANYA, ONEXTON, ZIANA
BRAVELLE	GONAL-F, GONAL-F RFF
BREEZE, CONTOUR METERS/STRIPS	ONETOUCH METERS/STRIPS
CETRALAX	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX
CIMZIA	ENBREL, HUMIRA
DELZICOL	balsalazide disodium, APRISO, LIALDA, PENTASA
DIPENTUM	balsalazide disodium, APRISO, LIALDA, PENTASA
DOXYCYCLINE 40 MG CAPSULE	ORACEA
DUEXIS	ibuprofen + famotidine
EDARBI	candesartan, irbesartan, losartan, telmisartan, valsartan, BENICAR
EDARBYCLOR	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR HCT
EMBRACE, VICTORY METERS/STRIPS	ONETOUCH METERS/STRIPS
ENDOMETRIN	CRINONE 8% GEL
EPOGEN	PROCRIT
ESTROGEL	DIVIGEL
FENTORA	fentanyl citrate lozenges, LAZANDA
FLOVENT DISKUS/HFA	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
FLUOROURACIL 0.5% CREAM	imiquimod 5% cream, CARAC
FOLLISTIM AQ	GONAL-F, GONAL-F RFF
FORTESTA	ANDROGEL, AXIRON
FREESTYLE, PRECISION METERS/STRIPS	ONETOUCH METERS/STRIPS
FROVA	rizatriptan, sumatriptan, zolmitriptan, RELPAX
GANIRELIX ACETATE	CETROTIDE
GEL-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
HARVONI	VIEKIRA PAK
HYALGAN	EUFLEXXA, MONOVISC, ORTHOVISC
ISTALOL	betaxolol, levobunolol, timolol, ALPHAGAN P 0.1%, COMBIGAN
KAZANO	JANUMET, JANUMET XR, JENTADUETO
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO
LEVITRA	CIALIS, VIAGRA
MIRCERA	PROCRIT
NATESTO	ANDROGEL, AXIRON
NESINA	JANUVIA, TRADJENTA
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUTROPIN AQ	GENOTROPIN, HUMATROPE, NORDITROPIN
OLYSIO	VIEKIRA PAK
OMNARIS	flunisolide, fluticasone, triamcinolone acetamide, NASONEX, QNASL
OMNITROPE	GENOTROPIN, HUMATROPE, NORDITROPIN
ONGLYZA	JANUVIA, TRADJENTA
PANCREAZE	pancrelipase delayed-release, CREON, ZENPEP
PERTZYE	pancrelipase delayed-release, CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA
QSYMIA	phentermine
ribapak	moderiba, ribavirin capsules, ribavirin tablets
RIBATAB	moderiba, ribavirin capsules, ribavirin tablets
SAIZEN	GENOTROPIN, HUMATROPE, NORDITROPIN
SIMPONI 50 MG	ENBREL, HUMIRA
SOVALDI (EXCLUDED FOR GENOTYPE 1)	VIEKIRA PAK
STAXYN	CIALIS, VIAGRA
STENDRA	CIALIS, VIAGRA
SUBSYS	fentanyl citrate lozenges, LAZANDA
SUPARTZ	EUFLEXXA, MONOVISC, ORTHOVISC
SYNVISC/ONE	EUFLEXXA, MONOVISC, ORTHOVISC
TANZEUM	BYDUREON, BYETTA, TRULICITY
TESTIM	ANDROGEL, AXIRON
TESTOSTERONE GEL	ANDROGEL, AXIRON
TEVETEN HCT	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR/HCT
TRUETEST, TRUETRACK METERS/STRIPS	ONETOUCH METERS/STRIPS
ULTRESA	pancrelipase delayed-release, CREON, ZENPEP
UNISTRIP METERS/STRIPS	ONETOUCH METERS/STRIPS
VELTIN	clindamycin phosphate + tretinoin, ACANYA, ONEXTON, ZIANA
VERAMYST	flunisolide, fluticasone, triamcinolone acetamide, NASONEX, QNASL
VICTOZA	BYDUREON, BYETTA, TRULICITY
VIMOVO	omeprazole delayed-release + naproxen sodium
VOGELXO	ANDROGEL, AXIRON
XELJANZ	ENBREL, HUMIRA
XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA
ZETONNA	flunisolide, fluticasone, triamcinolone acetamide, NASONEX, QNASL
ZIOPTAN	latanoprost, travoprost, LUMIGAN, TRAVATAN Z
ZOMACTON	GENOTROPIN, HUMATROPE, NORDITROPIN

KEY
 [INJ] - Injectable Drug
For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.
For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.
 Brand-name drugs are listed in CAPITAL letters.
 Generic drugs are listed in lower case letters.

ONETOUCH KITS/METERS;
 BASIC, ULTRA 2,
 ULTRAMINI,
 ULTRASMART, VERIO IQ,
 VERIO SYNC
 ONETOUCH TEST STRIPS;
 FASTTAKE, ONETOUCH,
 SURESTEP, ULTRA,
 VERIO
 ONEXTON
 OPANA ER
 OPSUMIT
 ORACEA
 ORENCIA [INJ]
 ORTHOVISC [INJ]
 OTEZLA
 oxcarbazepine
 OXTELLAR XR
 oxybutynin
 oxybutynin ext-release
 oxycodone
 oxycodone/acetaminophen
 OXYCONTIN

P
 pantoprazole
 delayed-release
 paroxetine
 PATADAY
 PATANOL
 PAZEO
 penicillin v potassium
 PENTASA
 PERFORMIST
 pioglitazone
 PLEGRIDY [INJ]
 polymyxin/trimethoprim
 potassium chloride
 ext-release
 POTIGA
 PRADAXA
 pramipexole
 pravastatin
 prednisolone acetate eye
 suspension
 prednisolone sodium
 phosphate
 prednisone
 PREMARIN TABS
 PREMARIN VAGINAL CREAM
 PREMPHASE
 PREMPRO
 PREPOPIK
 PRISTIQ
 PROAIR HFA
 PROAIR RESPICLICK
 PROCRIT [INJ]
 progesterone micronized
 PROLENSA
 promethazine
 promethazine/
 dextromethorphan
 propranolol
 propranolol ext-release
 PULMICORT FLEXHALER
 PYLERA

Q
 QNASL
 quetiapine
 QUILLIVANT XR
 quinapril
 QVAR

R
 rabeprazole
 delayed-release

RAGWITEK
 raloxifene
 ramipril
 RANEXA
 ranitidine
 RAPAFLO
 RASUVO [INJ]
 REBIF [INJ]
 RECTIV
 RELISTOR [INJ]
 RELPAX
 REMICADE
 RENVELA
 RESTASIS
 RIOMET
 risedronate
 risperidone
 rizatriptan
 ropinirole

S
 SAFYRAL
 SANCUSO
 SANDOSTATIN LAR
 DEPOT [INJ]
 SAVELLA
 SEREVENT DISKUS
 SEROQUEL XR
 sertraline
 SIMPONI 100 MG
 (for ulcerative colitis
 only) [INJ]
 simvastatin
 SOLODYN 55 MG, 65 MG,
 80 MG, 105 MG, 115 MG
 SOMATULINE DEPOT [INJ]
 SOVALDI (excluded for
 Genotype 1 only)
 SPIRIVA HANDIHALER
 SPIRIVA RESPIMAT
 spirinolactone
 sprintec
 SPRYCEL
 STELARA [INJ]
 STIOLTO RESPIMAT
 STRATTERA
 SUBOXONE SL FILM
 sulfamethoxazole/
 trimethoprim
 sumatriptan
 SUMAVEL DOSEPRO [INJ]
 SUPREP
 SYMBICORT
 SYMLINPEN [INJ]

T
 TACLONEX SUSPENSION
 TAMIFLU
 tamoxifen
 tamsulosin ext-release
 TAZORAC
 TECFIDERA
 TEKAMLO
 TEKTURNIA, TEKTURNIA HCT
 telmisartan
 telmisartan/hctz
 temazepam
 terazosin
 terconazole
 testosterone
 cyponate [INJ]
 timolol maleate
 eye solution
 tizanidine
 TOBI PODHALER
 TOBRADEX OINTMENT
 TOBRADEX ST
 tobramycin eye solution

tobramycin/
 dexamethasone susp
 tolterodine ext-release
 topiramate
 TOUJEO SOLOSTAR [INJ]
 TOVIAZ
 TRACLEER
 TRADJENTA
 tramadol
 tramadol/acetaminophen
 TRAVATAN Z
 trazodone hcl
 TRELSTAR [INJ]
 triamcinolone acetamide
 topical
 triamterene/hctz
 TRIBENZOR
 trinessa
 tri-previfem
 tri-sprintec
 TRULICITY [INJ]
 TUDORZA

U
 UCERIS TABLETS
 ULORIC

V
 VAGIFEM
 valacyclovir
 valsartan
 valsartan/hctz
 VASCEPA
 venlafaxine
 venlafaxine ext-release
 VENTOLIN HFA
 verapamil ext-release
 veripred
 VESICARE
 VIAGRA
 VIEKIRA PAK
 VIGAMOX
 VIIBRYD
 VIMPAT
 VIOKACE
 VOLTAREN GEL
 VYTORIN
 VYVANSE

W
 warfarin
 WELCHOL

X
 XARELTO
 XIFAXAN
 XIGDUO XR

Z
 ZENPEP (EXCEPT 5,000 U)
 ZETIA
 ZIANA
 zolpidem
 zolpidem ext-release
 ZOMIG NASAL
 ZONTIVITY
 ZORVOLEX
 ZOVIRAX CREAM
 ZUBSOLV
 ZYLET
 ZYTIGA

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Notes

Notes

