



# Nationwide Life Insurance Company

Home Office: One Nationwide Plaza, Columbus, Ohio 43216  
(Called We, Us or Our in this Certificate)

## GROUP LIFE & LIMITED BENEFIT MEDICAL CERTIFICATE OF COVERAGE

### INSURING AGREEMENT

The Nationwide Life Insurance Company has issued a Group Policy covering certain Eligible Classes of the Policyholder. The benefits of the Group Policy are described in this Certificate. Final interpretation is governed by the Policy. This Certificate replaces any and all Certificates previously issued for the eligible classes under the Policy. This Certificate describes the Group Policy in effect as of the Effective Date shown in the Schedule of Benefits.

### NOTICE CONCERNING YOUR POLICY

**THIS CERTIFICATE IS NOT VALID UNLESS IT HAS A SCHEDULE OF BENEFITS ATTACHED SHOWING ALL OF THE FOLLOWING:**

- **The Policyholder's Name.**
- **The Policy Number.**
- **The Effective Date of the Policy.**
- **Your Name and Effective Date.**

The benefits and provisions of the Policy are described in this Certificate. Additional benefits and provisions may apply based on the requirements of the state where Your Policyholder is located. These state benefits and provisions are described in separate Amendments. See the Policyholder for details.

**YOU DO NOT HAVE COVERAGE FOR THE BENEFITS DESCRIBED IN THIS CERTIFICATE UNLESS THEY ARE LISTED IN YOUR SCHEDULE OF BENEFITS.**

Please read Your Certificate carefully. Keep it in a safe place.

Joe San Filippo  
Vice President  
Nationwide Life Insurance Company



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**SCHEDULE OF BENEFITS**

PolicyHolder: JDK Management Co.  
Policy Number: FV0954  
Effective Date: 03/02/2007  
Policy Anniversary Date: 3/3  
Program Manager: Plan Benefit Services, Inc.  
Your Name: JANE DOE  
Your Effective Date: 03/02/2007

**Who Pays For the Coverage**

- The coverage under this policy is contributory. This means you must make contributions toward its cost.

We will provide the benefits shown. Any change in amount is subject to the Change in Amounts of Benefits provision.

**LIFE INSURANCE BENEFITS FOR YOU**

Amount of Life Insurance \$5,000

**Benefits Reduce Due to Age**

The Life Insurance Benefits reduce 35% of the original amount upon attainment of Age 65, and by an additional 35% each five year period thereafter.

**LIFE INSURANCE BENEFITS FOR YOUR DEPENDENTS**

Maximum Amounts of Dependent Life Insurance are:

<u>Spouse</u>	<u>Child from 10 days to 6 months</u>	<u>Child from 6 months to 19 years (to 26 years if a Full Time Student)</u>
\$2,500	\$200	\$1250

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS FOR YOU**

Principal Sum- Same as amount of Life Insurance.

The Principal Sum for Accidental Death, Dismemberment will be reduced in the same manner and at the same time as the Life Insurance.

**LIMITED MEDICAL BENEFITS FOR YOU AND YOUR DEPENDENTS**

**DAILY IN-HOSPITAL AND SKILLED NURSING FACILITY INDEMNITY BENEFIT**

<b>Daily In-Hospital Benefit:</b>	Daily Benefit \$100. Up to a Lifetime Maximum of 500 days of confinement (except for Substance Abuse, Mental Illness Disorder, and In-patient Skilled Nursing Facility).
<b>Intensive Care Unit:</b>	Double the Daily In-Hospital Benefit above, up to a maximum of 30 days per Calendar Year.
<b>Mental Illness Disorder:</b>	50% of the Daily In-Hospital Benefit above will be paid, up to a maximum \$5,000 per Calendar Year. Lifetime Maximum \$30,000.
<b>Substance Abuse:</b>	50% of the Daily In-Hospital Benefit above will be paid, up to a maximum of 30 days per Calendar Year. Lifetime Maximum \$30,000.
<b>In-patient Skilled Nursing Facility:</b>	50% of the Daily In-Hospital Benefit above, Maximum Benefit per Covered Person per period of confinement: 60 days. The confinement is covered only if it follows a covered Hospital stay of at least 3 days.

**DAILY IN-HOSPITAL AND SKILLED NURSING FACILITY INDEMNITY BENEFIT**

- Daily In-Hospital Benefit:** Daily Benefit \$200. Up to a Lifetime Maximum of 500 days of confinement (except for Substance Abuse, Mental Illness Disorder, and In-patient Skilled Nursing Facility).
- Intensive Care Unit:** Double the Daily In-Hospital Benefit above, up to a maximum of 30 days per Calendar Year.
- Mental Illness Disorder:** 50% of the Daily In-Hospital Benefit above will be paid, up to a maximum \$5,000 per Calendar Year. Lifetime Maximum \$30,000.
- Substance Abuse:** 50% of the Daily In-Hospital Benefit above will be paid, up to a maximum of 30 days per Calendar Year. Lifetime Maximum \$30,000.
- In-patient Skilled Nursing Facility:** 50% of the Daily In-Hospital Benefit above, Maximum Benefit per Covered Person per period of confinement: 60 days. The confinement is covered only if it follows a covered Hospital stay of at least 3 days.

**DAILY IN-HOSPITAL AND SKILLED NURSING FACILITY INDEMNITY BENEFIT**

- Daily In-Hospital Benefit:** Daily Benefit \$300. Up to a Lifetime Maximum of 500 days of confinement (except for Substance Abuse, Mental Illness Disorder, and In-patient Skilled Nursing Facility).
- Intensive Care Unit:** Double the Daily In-Hospital Benefit above, up to a maximum of 30 days per Calendar Year.
- Mental Illness Disorder:** 50% of the Daily In-Hospital Benefit above will be paid, up to a maximum \$5,000 per Calendar Year. Lifetime Maximum \$30,000.
- Substance Abuse:** 50% of the Daily In-Hospital Benefit above will be paid, up to a maximum of 30 days per Calendar Year. Lifetime Maximum \$30,000.
- In-patient Skilled Nursing Facility:** 50% of the Daily In-Hospital Benefit above, Maximum Benefit per Covered Person per period of confinement: 60 days. The confinement is covered only if it follows a covered Hospital stay of at least 3 days.

**EMERGENCY ROOM INDEMNITY BENEFIT FOR ILLNESS ONLY**

- Maximum per visit: \$75
- Maximum per Covered Person per Calendar Year: \$300
- Time limit For visit: 72 hours

**DOCTOR’S OFFICE VISITS INDEMNITY BENEFIT due to Illness, Accident or Medical Emergency.**

<u>Per visit per Covered Person</u>	<u>Calendar Year maximum for all visits</u>
\$40	\$300

Routine exams, medical treatment, immunizations, and injections are not covered under this benefit.

**DOCTOR’S OFFICE VISITS INDEMNITY BENEFIT due to Illness, Accident or Medical Emergency.**

<u>Per visit per Covered Person</u>	<u>Calendar Year maximum for all visits</u>
\$50	\$300

Routine exams, medical treatment, immunizations, and injections are not covered under this benefit.

**DOCTOR’S OFFICE VISITS INDEMNITY BENEFIT due to Illness, Accident or Medical Emergency.**

<u>Per visit per Covered Person</u>	<u>Calendar Year maximum for all visits</u>
\$60	\$360

Routine exams, medical treatment, immunizations, and injections are not covered under this benefit.

**PREVENTIVE CARE INDEMNITY BENEFIT**

Maximum for routine exams, medical treatment, and immunizations:

<u>Per Covered Person per visit</u>	<u>Calendar Year maximum for all visits</u>
\$75	\$150

**PREVENTIVE CARE INDEMNITY BENEFIT**

Maximum for routine exams, medical treatment, and immunizations:

Per Covered Person per visit  
\$50

Calendar Year maximum for all visits  
\$150

**PREVENTIVE CARE INDEMNITY BENEFIT**

Maximum for routine exams, medical treatment, and immunizations:

Per Covered Person per visit  
\$150

Calendar Year maximum for all visits  
\$150

**OUTPATIENT DIAGNOSTIC X-RAY AND LAB INDEMNITY BENEFIT**

Maximum per Covered Person per test when Hospital Confinement is not required.

Per Covered Person per test  
\$40

Calendar Year maximum for all tests  
\$300

Routine exams are not covered under this Benefit.

**OUTPATIENT DIAGNOSTIC X-RAY AND LAB INDEMNITY BENEFIT**

Maximum per Covered Person per test when Hospital Confinement is not required.

Per Covered Person per test  
\$50

Calendar Year maximum for all tests  
\$300

Routine exams are not covered under this Benefit.

**OUTPATIENT DIAGNOSTIC X-RAY AND LAB INDEMNITY BENEFIT**

Maximum per Covered Person per test when Hospital Confinement is not required.

Per Covered Person per test  
\$60

Calendar Year maximum for all tests  
\$360

Routine exams are not covered under this Benefit.

**SURGICAL BENEFIT**

- Calendar Year maximum: \$500.

**ACCIDENT EXPENSE BENEFIT**

- 100% of charges incurred within 90 days of an Accidental Bodily Injury.
- Per Accidental Bodily Injury maximum: \$300.

**ACCIDENT EXPENSE BENEFIT**

- 100% of charges incurred within 90 days of an Accidental Bodily Injury.
- Per Accidental Bodily Injury maximum: \$500.

**ACCIDENT EXPENSE BENEFIT**

- 100% of charges incurred within 90 days of an Accidental Bodily Injury.
- Per Accidental Bodily Injury maximum: \$1,000.

**MATERNITY CARE**

Maternity Care will be covered as any other illness.

## **CHANGE IN AMOUNTS OF BENEFITS**

Any change in the amount of benefits due to a change in Your Eligible Class will be effective on the Policy Anniversary Date provided:

- You are actively at work, and
- You make any required payment for the change to be effective.

If You are not actively at work, such change will be effective on the first day on which You return to work. If You or Your Policyholder do not make the required payment within 31 days of the change, any increased benefits will not be effective until You give Proof of Good Health satisfactory to Us. Such increased benefits will be effective on a date set by Us.

Changes in benefits due to an Amendment to the Policy will take effect:

- **For You:**
  - On the Amendment date, if You are actively at work performing all the normal duties of Your job for a full work day:
  - While physically present at Your normal place of employment; or
  - At some other place of business that the Policyholder requires You to go; or
  - On the day You return to work, if You are not actively at work on the Amendment date.
- **For Your Dependent** (if applicable):
  - On the Amendment date, if the Dependent is not confined to a Hospital; or
  - On the day after the Dependent is released from a Hospital, if Hospital confined on the Amendment date.

Payment will be based on the benefits in effect at the time of death, loss, or the service is rendered.

Any reduction in the amount of benefits due to Your reaching an Age specified in the Schedule of Benefits will be made if You are actively at work or not.

With respect to Dental Benefits only, if the required payment is not made within 31 days of any change, any increased Dental Benefits due to a change in Your Eligible Class or due to an Amendment to the Policy will not be effective until 12 months have elapsed.

SRCP 2500-SCHED

**SURGICAL SCHEDULE (Based on \$500 maximum Benefit)**

<b><u>Description of Operation</u></b>	<b><u>Maximum Benefit</u></b>
<b><u>ABDOMEN</u></b>	
Appendectomy	\$240
Gall Bladder, removal of (cholecystectomy)	\$500
Total Gastrectomy	\$500
Gastrotomy	\$240
Laparotomy, exploratory	\$240
<b><u>AMPUTATION</u></b>	
Arm, through humerus	\$240
Finger, one	\$90
Hip	\$480
Leg, through tibia and fibula	\$300
Thigh	\$360
Toe, one	\$60
<b><u>BREAST</u></b>	
Amputation-simple-unilateral-radical-unilateral	\$90
Benign tumor, or cyst, removal of, unilateral	\$90
<b><u>CHEST</u></b>	
Exploratory Thoracotomy	\$300
Bronchoscopy(esophagoscopy)	\$90
Esophagectomy	\$500
Lung, removal of or portion of (Lobectomy)	\$500
Valvotomy or commissurotomy, closed	\$500
Aortic, Mitral, or Tricuspid Valvuloplasty, open with bypass	\$500
Tetralogy of Fallot, with bypass	\$500
Double valve procedure, replacement and/or repair	\$500
<b><u>DISLOCATION, REDUCTION OF</u></b>	
Ankle, simple closed	\$60
Clavicle, closed	\$60
Elbow, simple closed	\$30
Hip, simple closed	\$120
Lower jaw, closed	\$20
Shoulder, single closed,	
in office	\$20
in-hospital	\$30
Wrist, closed, -in office	\$20
in-hospital	\$30
Knee-closed (Patella excepted)	\$120
<b><u>ARTHROTOMY</u></b>	
Ankle	\$300
Elbow	\$300
Hip	\$420
Knee	\$300
Shoulder	\$300
<b><u>EAR, NOSE AND THROAT</u></b>	
Fenestration	\$500
Mastoidectomy	
Single	\$300
Radical	\$480
Stapes mobilization	\$420
Antrotomy, Radical (Caldwell-luc) unilateral	\$300
Adenoidectomy (independent procedure)	\$60
Sinusotomy, frontal, external simple (Trefphine)	\$180
Submucous resection of nasal septum (septectomy)	\$240

<u>Description of Operation</u>	<u>Maximum Benefit</u>
Laryngectomy, without neck dissection	\$500
Tonsillectomy, with or without adenoidectomy	
under age 18	\$90
age 18 or over	\$120
Tracheotomy (independent procedure)	\$240
 <b><u>EYE</u></b>	
Cataract, operation for intracapsular, extracapsular unilateral	\$360
Detached Retina, operation for	\$420
Eyeball, removal of	\$240
 <b><u>FRACTURE, TREATMENT OF</u></b>	
Ankle, simple closed, Bimalleolar	\$500
Finger, simple closed, Proximal	\$20
Nose, simple closed	\$30
Radius and ulna shafts, simple-closed reduction	\$90
open reduction	\$150
Tibia and fibula shafts, simple-closed reduction	\$240
open reduction	\$360
 <b><u>GENITO-URINARY TRACT</u></b>	
Cervix amputation (cervicectomy)	\$120
Circumcision-Newborn-clamp procedure	\$20
Adult	\$30
Cystoscopy (diagnostic) office	\$20
Dilation and curettage (non-puerperal)	\$90
Hysterectomy	
Sub-Total	\$360
Total	\$360
Vaginal	\$360
Radical for cancer	\$360
Kidney - Nephropexy	\$420
Nephrectomy	\$480
Kidney transplant, unilateral or bilateral, recipient with nephrectomy	\$500
Ureterotomy	\$420
Cystotomy	\$360
Prostate, removal of (Prostatectomy)	
Open operation (subtotal)	\$480
Radical	\$480
Varicocele, Epididymectomy	
Excision of -Unilateral	\$180
Bilateral	\$240
Cystocele, operation for anterior colporrhaphy	\$210
Rectocele, operation for posterior colporrhaphy	\$180
Rectocele and cystocele A & P colporrhaphy	\$300
 <b><u>GOITRE</u></b>	
Adenoma or benign tumor of thyroid excision of	\$300
Thyroidectomy partial	\$420
 <b><u>HERNIA</u></b>	
Inguinal Unilateral	\$240
Bilateral	\$360
Umbilical less than 5 years	\$180
5 years and older	\$240
Ventral (Incisional)	\$270
Femoral	\$240
Epigastric	\$240

<u>Description of Operation</u>	<u>Maximum Benefit</u>
<b><u>LIGAMENTS AND TENDONS</u></b>	
Tendons, lengthening or shortening	\$180
Tendon, repair and suture of single, extensor	\$90
flexor	\$180
Transplant or Transfer - single	\$300
<b><u>OBSTETRICAL</u> - If covered by plan</b>	
Delivery of child or children	\$210
This procedure includes version, episiotomy symphysiotomy, operative or manipulative removal of placenta and/or immediate or early repair of perineum and/or cervix.	
Caesarean Section, complete procedure, including delivery	\$300
Caesarean Section and Hysterectomy, Total or Subtotal	\$360
Extopic (tubal, extra-uterine) pregnancy	\$300
Miscarriage, including dilation and curettage	\$120
<b><u>PILONIDAL CYST OR SINUS</u></b>	
Removal of	\$180
Drainage - Office	\$20
Hospital	\$30
<b><u>RECTUM</u></b>	
Fissure (Fissurectomy) cutting operation for (Independent Procedure)	\$120
Fistulotomy or fistulectomy - simple	\$60
Hemorrhoidectomy	
External	\$120
Internal and External	\$180
Hemorrhoidectomy and fistulotomy or fistulectomy	\$300
Papillectomy, single tag (independent procedure)	\$175
<b><u>SKULL</u></b>	
Osteoplastic craniotomy (other than operation for brain tumor)	\$480
Trephine	\$180
Hemispherectomy	\$500
<b><u>SPINE OR SPINAL CORD</u></b>	
Laminectomy	\$500
Spinal cord tumor, operation for	\$500
<b><u>TUMOR</u></b>	
Benign or superficial tumors and cysts or abscesses - single	\$10
Malignant	
Trunk, Arms, Legs,	\$50
Face, Scalp, Ears, Neck	\$40
Eyelids, Nose, Lips	\$120
<b><u>VARICOSE VEINS</u></b>	
Saphenous veins, ligation and division and complete stripping of:	
Short Unilateral	\$120
Long Unilateral	\$240

For information on a surgery that is not listed in this Surgical Schedule, the Covered Person should contact Our Claims Department at 1-800-635-6585, for further details.

We will determine the amount of payment, commensurate with the operations specified herein, for a cutting operation not specified in this Schedule, unless payment for the operation is expressly excluded in the Schedule or by other terms of this Policy.

## CHANGE IN AMOUNTS OF BENEFITS

Any change in the Amount of Benefits due to a change in Your class will be effective on the first of the benefit period following Your having worked and been paid for the minimum required hours, provided You make any required payment for the change to be effective.

Changes in Amounts of Benefits due to an Amendment to the Policy will take effect for You and Your Dependents on the Amendment date.

Payment will be based on the benefits in effect at the time of death, loss, or when the service is rendered.

## ELIGIBILITY FOR YOU

### Who is Eligible?

You are eligible if You are included in an Eligible Class and You are:

- performing all the normal duties of Your job at the normal place of business of the Policyholder; and
- working in an Eligible Class shown in the Schedule of Benefits; and
- working the minimum required hours at the normal place of business of the Policyholder.

The minimum required hours, elected by the Policyholder.

### When Will You Become Covered?

If You are eligible, You will become covered on the day following the completion of any Waiting Period.

You must complete an Enrollment Form giving the information We require or enroll using an acceptable method as approved by Us. If You are required to pay all or part of the Premium for Coverage, You must acknowledge Your permission to Your Policyholder to withhold such Premium from Your pay.

This requirement will continue even if Your job with the Policyholder ends and You are later rehired.

You will become covered on a date set by Us.

### Reinstatement

If You have ceased to be eligible for Coverage, You may qualify for Reinstatement within 90 days from the date You were last eligible. You will be reinstated and eligible for Coverage on the first day of the calendar month following a month in which You are working the minimum required hours as elected by the Policyholder shown in the Schedule of Benefits.

If You do not qualify for Reinstatement within 90 days from the date You were last eligible, You shall be treated as a new hire.

### When Do You Cease to be Eligible?

You shall cease to be eligible on the first day of the benefit period following any benefit period in which the number of hours worked falls below the minimum required hours as elected by the Policyholder in the Schedule of Benefits.

SRCP 2500

**Who is Eligible?**

Your Dependents are eligible if:

- You are in a class that qualifies for Dependent benefits; and
- You make a written request giving any information We may require; and
- The Dependent is not in an Eligible Class as shown in the Schedule of Benefits.

A person may not be covered more than once under the Policy at the same time. If both husband and wife are covered under the Policy, either, but not both, may elect to cover their eligible Dependent children.

**When is the Dependent Eligible?**

A Dependent is eligible on the later of:

- The date You qualify for coverage if You have one or more Dependents at that time; or
- The date You acquire Your first Dependent if You have no Dependents on the date You become eligible; or
- The first date coinciding with or next following the date the Dependent first meets the definition of Dependent.

**How Will a Dependent Become Covered?**

You must complete an Enrollment Form or other method of enrollment as approved giving the information We require for all Dependents and authorizing the Policyholder to make payroll deductions toward the cost of Your Dependent's Coverage (if applicable).

This Enrollment Form must be completed prior to the expected birth of a child.

If You did not elect Dependent's Coverage before the birth of a child, Coverage on that child will not be denied, with respect to Limited Medical Benefits, if You notify Us in writing of the birth of such child and authorize the Policyholder to make the required payroll deductions toward the cost of Dependent's Coverage, within 31 days of the date of birth.

If You already have Dependent Coverage for one Dependent, more Dependents later acquired will be added without Proof of Good Health. However, We require You to notify Us of additional Dependents to assure accurate claims handling.

**When Will a Dependent Become Covered?**

A Dependent will become covered:

- Automatically:
  - a. On the date You become covered if You apply for Dependent Coverage before this date; or
  - b. On the date You apply for Dependent Coverage, if You make the request within 31 days after You become eligible.Your newborn child will automatically be covered from the moment of birth for the first 31 days, provided You notify Us of such in writing and pay any required Premium within 31 days of the date of birth.
- After Proof of Good Health
  - a. On a date set by Us if You apply more than 31 days after he or she becomes eligible; or
  - b. On a date set by Us if You apply for Reinstatement of Coverage that was cancelled at Your request.

You must furnish to Us, at Your cost, adequate Proof of Good Health for each Dependent before the Dependent can become covered. This requirement will continue even if Your job with the Policyholder ends and You are later rehired.

A Dependent confined to a Hospital or at home during the 6 days prior to the date they would otherwise be eligible to become covered will become covered on the first day after a period of 6 consecutive days during which all of the following requirements are met:

- The Dependent has not been so confined.
- The Dependent has received no medical care or services.
- The Dependent has engaged in their Normal Daily Activities.

## DEFINITIONS

Throughout this Policy, You will find many terms in capital letters.

These terms have special meaning in the Policy. When You find a term which has been capitalized, its meaning may be found in this section.

### **ACCIDENT.**

An unforeseen, unexpected and involuntary event which causes the Covered Person to suffer an Injury while covered under the Policy.

### **ACCIDENTAL BODILY INJURY/INJURY.**

Physical pain or impairment of a physical condition to a Covered Person that is:

- Unforeseen;
- Unexpected;
- Involuntary; and
- Due to violent and external means

All Injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

### **AGE.**

Age at last birthday.

### **AMENDMENT.**

A document that modifies this Policy and becomes part of this Policy.

### **APPLICATION.**

A form completed by Policyholder in applying for Coverage under the Policy.

### **BENEFICIARY.**

The one who will receive benefits payable upon Your death. You may designate or change your Beneficiary at any time by filing written notice on a form We provide and sending it back to the Policyholder.

### **BENEFIT.**

The dollar amount payable by Us to a claimant or assignee under this Policy.

### **CALENDAR YEAR.**

The period from January 1 through December 31 of the same year.

### **CERTIFICATE.**

The Certificate of Coverage given to the Covered Person. It describes the Coverage for the Covered Person and Dependents, if any. It lists any limitations on Coverage. It tells the Covered Person how to make a Claim against the Policy.

### **CLAIM.**

A request for payment of benefits

### **CLAIMANT.**

A person making a Claim under this Policy.

### **COVERAGE.**

The right of the Covered Person to receive benefits subject to the terms, conditions, limitations, and exclusions of the Group Policy.

### **COVERED PERSON.**

An Eligible Person or a Dependent of the Eligible Person, who has enrolled for Coverage and for whom Premium has been paid to Us, so long as Coverage of such person under the Group Policy is in effect.

## **CUSTODIAL CARE.**

Services (including room and board) or supplies which are provided:

- Primarily to help the person perform the activities of daily living; and
- Can safely be provided by Non-Skilled Persons; and
- Are not Medically Necessary to reduce the disability.

It does not matter where these services or supplies are provided or who recommends them. If a physically or mentally disabled person is not receiving care specifically designed so that the person can live outside the Hospital or Skilled Nursing Facility in accordance with a Treatment Plan, it is considered Custodial Care.

## **DENTIST.**

A person who is:

- Licensed to practice dentistry and acting within the scope of that license; or
- Any other Doctor furnishing any dental services the Doctor is licensed to perform.

Dental prophylaxis performed by a hygienist employed and directly supervised by a Dentist, will be considered the same as if performed by a Dentist.

## **DEPENDENT.**

A person who is designated by You may become covered or is entitled to benefits under the Policy and must be verified by the Program Manager if they are one of the following:

For Life Insurance. Your:

- spouse (if not legally separated or divorced from You).
- unwed child from 10 days until the child attains Age 19.

Children include stepchildren, adopted children or foster children who are dependent upon You for support and maintenance.

### For the Limited Medical Benefits.

Your:

- Spouse (if not legally separated or divorced from You).
- Unwed child from the moment of birth, until the child attains Age 19.
- Unwed child who is a student may be covered until Age 26 provided such child is:
  - a. A Full-Time Student; and
  - b. More than 50% dependent on You for support and maintenance.
  - c. Proof of the child's enrollment as a Full-Time Student must be submitted to Us.
- Handicapped child who has attained either limiting Age shown above, if such child is:
  - Unwed; and
  - Mentally retarded or physically incapable of earning their own living; and
  - Dependent on You for support and maintenance; and
  - Was covered on the day immediately prior to attaining the limiting Age.

Proof of incapacity must be furnished to Us within 31 days of attainment of the limiting Age.

Children include stepchildren, adopted children or foster children who are dependent upon You for support.

## **FULL-TIME STUDENT.**

A person who is enrolled in and attending, on a full-time basis, a recognized course of study or training at: (1) An Accredited high school or vocational school; (2) An Accredited college or university; (3) A licensed technical or trade or similar training school, which offers general education classes.

Full-Time Student status is determined by the standards set forth by the school, college or university. A person ceases to be a Full-Time Student at the end of the calendar month during which the person graduates or ceases to be enrolled and in attendance on a full-time basis. A person continues to be a Full-Time Student during periods of vacation established by the school, college, or university if he or she was a Full-Time Student on the day before the start of the vacation period.

**Accredited** means the school, college or university has been evaluated and awarded accreditation by an accrediting agency that is recognized by the U.S. Department of Education or the Council on Higher Education Accreditation (CHEA) in Washington, DC.

We may require proof of Full-Time Student status.

## **DISABLED.**

That you are unable to perform the substantial and material duties of your occupation.

**DOCTOR.**

A person who is:

- Licensed as a provider of medical services by the state in which the provider practices.
- Acting within the scope of their license.
- Not one of the following:
  - A person who ordinarily resides in Your household.
  - A member of Your immediate family.
  - The Policyholder.

**EFFECTIVE DATE.**

The date under which this Policy goes into effect for a Covered Person and any eligible Dependents.

**ELIGIBLE CLASS.**

An hourly-paid staff, salaried staff or contract staff of Policyholder meeting all eligibility requirements in Policy.

**ELIGIBLE PERSON.**

An Eligible Employee or a person whose employment or whose status with the Policyholder is the basis for eligibility for Coverage under the Group Policy and who meets the enrollment rules. An Eligible Person cannot also be enrolled as a Dependent under the Group Policy.

**EMERGENCY.**

The sudden onset of a medical condition manifested by symptoms of such severity that the failure to immediately provide Medically Necessary treatment could reasonably be expected to result in:

- Placing the Covered Person's health in serious jeopardy; or
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

**EMPLOYEE.**

A person who is employed by and paid by Employer.

**EMPLOYER.**

The entity on the Schedule of Benefits and Application who had applied for Coverage under this Policy.

**ENROLLMENT FORM.**

The document completed by You in electing Coverage under the Policyholder's Policy.

**EXPERIMENTAL/INVESTIGATIONAL**

Care, treatment, services or supplies not approved or accepted as essential to the treatment of Injury or Illness by any of the following:

- The American Medical Association.
- The United States Surgeon General.
- The United States Department of Public Health.
- The National Institutes of Health.
- Medicare.

**EYE DOCTOR.**

An ophthalmologist, optometrist or a person licensed to provide covered Vision Care within the scope of their license.

**GROUP.**

The Policyholder or entity who has entered into a contract with Us to provide Coverage under the Group Policy.

**GROUP POLICY.**

The agreement between Us and the Policyholder which states the terms, conditions, limitations, and exclusions regarding Coverage.

**HOME OFFICE.**

The Headquarters of Nationwide Life Insurance Company located at

Mail: Special Risks Health, Nationwide Insurance, PO Box 2399, Columbus, OH 43216-2399;

Telephone: 800-525-8669; E-Mail: SpecRisks@Nationwide.com; FAX: 614-854-3753.

**HOSPICE.**

A health care facility, other than a Hospital, providing medical care and support services for terminally ill persons.

**HOSPITAL**

An institution that:

- Operates pursuant to law; and
- Has 24 hour nursing services by registered nurses; and
- Has a staff of one or more Doctors; and
- Provides inpatient therapeutic and diagnostic services for Injury or Illness; and
- Provides facilities for major surgery or has a formal arrangement with another institution for surgical facilities; and
- Is approved by the Joint Commission on the Accreditation of Health Care Facilities as a Hospital (JCAHO); or
- Is approved by the American Hospital Association (AHA); or
- Is approved by the American Osteopathic Healthcare Association (AOHA); or
- Is approved by the American Osteopathic Association accreditation (AOA); or
- Is approved by the Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation.

Unless otherwise provided in the Policy, Hospital does not include any of the following:

- A rest or nursing home, home for the aged or convalescent home; or
- A Skilled Nursing Facility; an extended care facility; or
- A hospice or a place for custodial care, birthing center.

**ILLNESS.**

- A disorder or disease of the mind or body; or
- A pregnancy.

**INJURY.**

Accidental Bodily Injury sustained by a Covered Person while he is covered under the Policy, which results in Loss. It must be independent of sickness, disease, bodily infirmity or other causes.

**INSURED.**

A person who is eligible for Coverage under this Policy as an Employee or as a Dependent, is enrolled, and for whom Premium is paid.

**LIFETIME MAXIMUM.**

Dollar limitation of all benefits which will be paid for any one Covered Person during their lifetime, while covered under the Policy.

**MAXIMUM ALLOWABLE CHARGE.**

As it pertains to the Dental and Vision Provisions of this Policy, the amount determined by Us to be the appropriate fee.

**MEDICALLY NECESSARY.**

Any services or supplies provided for the diagnosis and treatment of a specific Illness, Injury, or condition which are:

1. As it pertains to Limited Medical Benefits

- Ordered or recommended by a Doctor; and
- Required for the treatment or management of a medical condition or symptom; and
- The most appropriate supply or level of service which can safely be provided to person; and
- Provided in accordance with approved and generally accepted medical or surgical practice; and
- Not for the convenience of the Insured person or Doctor; and
- Not for services or supplies which are Experimental or Investigational; and
- Furnished in the least intensive type of medical care setting required by the Insured person's condition.

Services and supplies will not automatically be considered Medically Necessary because they were ordered by a Doctor.

2. As it pertains to Dental Benefits

Dental Care that is:

- Required to maintain generally acceptable dental health; and
- Recommended by a dentist; and
- Commonly recognized in the dental profession as acceptable treatment for the condition.

**MEDICARE.**

The benefits provided under Part A and Part B of Title XVIII of the Federal Social Security Act.

**MENTAL ILLNESS DISORDER.**

A pathological state of mind producing clinically significant psychological or physiological symptoms together with impairment in one (1) or more major areas of functioning wherein improvement in the ability to perform the normal tasks of daily living can reasonably be anticipated with therapy.

**NORMAL DAILY ACTIVITIES.**

Means activities normally including: (a) mobility; (b) dressing; (c) bathing; (d) toileting; (e) transferring; (f) eating; that are used to assess degree of impairment and determine eligibility for Benefits.

**NON-SKILLED.**

Persons without any special occupational skills and experience.

**OUTPATIENT.**

An individual who received health care services where he or she is not admitted to a Hospital or other health care facility.

**PERCENTAGE PAYABLE.**

The percent of Eligible Dental Charges or Covered Vision Expenses payable under the Policy and shown in the Schedule of Benefits.

**PLAN SUPERVISOR.**

Nationwide Life Insurance Company.

**POLICY.**

The agreement between Us and the Policyholder which states the terms, conditions, limitations, and exclusions regarding Coverage.

**POLICY ANNIVERSARY.**

The date twelve months after the date of the Effective Date of Coverage under this Policy, or as indicated on the Schedule of Benefits.

**POLICYHOLDER.**

The Employer or Group who has entered into a contract with Us to provide Coverage under the Group Policy.

**PREMIUM.**

The dollar amount paid by the Policyholder or Covered Person to keep this Policy in force.

**PRINCIPAL SUM.**

The maximum paid for all Losses as the result of any one Accidental Bodily Injury is the Principal Sum.

**PROGRAM MANAGER.**

The entity named as the Program Manager, if any, in the Schedule of Benefits.

**PROOF OF GOOD HEALTH.**

Whatever information we may require to determine whether an individual may be Insured. This may include information from a Doctor or a Hospital, or physical examination by a Doctor, or other information regarding the person applying for Coverage.

**PROOF OF LOSS.**

A statement that must be furnished by You to Us before any Benefit may be paid under this Policy.

**PROVIDER.**

Any Doctor, health professional, Hospital, Nursing Facility, home health agency or other person or recognized entity licensed to provide Hospital or medical services to Insureds covered under this Policy.

**REINSTATEMENT.**

The resumption of Coverage which has lapsed under this Policy.

**SCHEDULE OF BENEFITS.**

Shows the amount of benefits provided under this Policy.

**SKILLED NURSING FACILITY.**

A free-standing facility or part of a Hospital that is certified by Medicare to accept patients in need of rehabilitative and skilled care.

**SOUND NATURAL TOOTH.**

A tooth which can withstand normal chewing forces, and has:

- Normal, healthy periodontium; and
- Adequate healthy dentin; and
- Adequate enamel.

A Sound Natural Tooth includes a natural tooth that has been restored by amalgam (or similar process), crown, inlay or onlay.

**SPOUSE.**

The legal husband or wife of the opposite sex of the Eligible Person.

**SUBSTANCE ABUSE DISORDER.**

The psychological or physical dependence on, or addiction to alcohol, drugs and other controlled substances.

**TEMPOROMANDIBULAR JOINT (T.M.J.) SYNDROME.**

The symptoms associated with, or exhibited as a malfunction of, the temporomandibular joint. These are frequently caused by, but not exclusive to:

- Improper or incorrect space between the maxilla and mandible;
- Improper dental occlusion; and
- Muscular spasm in the T.M.J. area.

**TOTALLY DISABLED/TOTAL DISABILITY.**

Your Disability:

- Is a result of Illness or Accidental Bodily Injury; and
- Which causes You to be wholly and continuously prevented from performing the substantial and material duties of Your own work or occupation for pay or profit.

Disability of a Dependent:

- Is the result of Illness or Accidental Bodily Injury; and
- Which prevents the Dependent from performing the normal duties of a person of the same Age and sex.

**TREATMENT PLAN.**

A written statement on a form satisfactory to Us in which the Doctor lists:

- The findings from an examination of the person;
- The suggested plan of treatment; and
- The approximate cost and duration of such treatment.

**WAITING PERIOD.**

The time period set forth in the Schedule of Benefits.

**WELL CHILD CARE.**

The periodic review of a child's physical and emotional status and includes the following in keeping with prevailing medical standards: (a) a medical history; (b) complete physical examination; (c) developmental

**WE/US/OUR/COMPANY.**

Refers to Nationwide Life Insurance Company.

**WORKERS' COMPENSATION.**

Insurance against liability imposed on certain employers to pay insurance benefits and furnish care to employees injured, and to pay benefits to dependents of employees killed in the course of or arising out of their employment.

**YOU/YOUR.**

A person in the Eligible Classes who is covered under the Policy.

## LIFE INSURANCE BENEFITS FOR YOU

Your amount of Life Insurance will be paid upon proof of Your death. Your beneficiary is the person or persons who will receive your Life Benefit if you die.

The proceeds will be paid to your designated Beneficiary, if there is a Beneficiary designated. Any amount of insurance for which there is no Beneficiary designated, or if there is no Beneficiary surviving at Your death, will be payable to Your survivors in order of precedence: (1) your spouse, (2) children born to or legally adopted by you, share and share alike, (3) parents, or (4) your estate.

Any benefits payable to a minor will be paid to the minor's legally appointed guardian.

### **BENEFICIARY.**

The one who will receive benefits payable upon Your death. You may designate or change your Beneficiary at any time by filing written notice on a form We provide and sending it back to the Policyholder.

SRCP 2500

## LIFE INSURANCE FOR YOUR DEPENDENTS

We will pay the amount of life insurance for Dependents shown in the Schedule of Benefits. We will pay this amount upon receipt of proof of the Dependent's death.

The insurance will be paid to You, if living at the time of death of the Dependent. If You are not living, payment will be made to Your estate.

SRCP 2500

## DESIGNATION OF BENEFICIARY

You may designate or change Your Beneficiary at any time by filing written notice on a form satisfactory to Us. This designation or change must be made on forms we provide and forwarded to the address stated on the form. Any change will be effective on the date You sign Our forms. We will not be responsible for a change received after Your Claim has been paid. When You change Your Beneficiary, any previous choice of Beneficiary will be null and void.

You may name more than one Beneficiary. We will pay the amount You specify to each person. If You do not specify amounts, we will divide the benefit equally. If one of Your Beneficiaries dies before You die, we will divide Your Benefit equally among the others, unless You specify otherwise.

SRCP 2500

## LIFE INSURANCE CONVERSION RIGHTS FOR YOU

- A. If You lose all or part of your life insurance because:
- Your employment terminates; or
  - Your membership in an Eligible Class terminates; or
  - You retire; or
  - You reach the reduction Age shown on the Schedule of Benefits;

You will be entitled to convert to an individual life insurance policy. You may convert all or part of the amount of life insurance you lost.

- B. If Your life insurance ends because the Policy terminates or Your insurance class terminates, You may convert to an individual life insurance policy. You will be entitled to convert only if:
- Our Policy was in force at least 5 years; and
  - You were continuously insured by Our Policy at least 3 years.

The amount You can convert is the amount for which You were insured less any group life insurance for which You become eligible during the conversion period. The maximum amount You can convert is \$2,000.

This converted insurance will be an individual life insurance policy. It will be issued to You without Proof of Good Health. Written application and the first premium payment must be made to Us within 31 days from the date of termination. The Premium for Your policy will be based on Our rates that apply to Your individual policy on the effective date of that policy. This policy will be on the forms We normally use. We will not issue a policy of term insurance or a policy that contains disability or other supplementary benefits. This policy will go into effect at the end of the 31-day conversion period.

Your insurance will continue during the 31-day conversion period. This is true regardless of whether or not You have applied for conversion. If You die during this period, we will pay as a death Benefit under the group insurance policy the maximum amount You were eligible to convert.

SRCP 2500

**LIFE INSURANCE CONVERSION RIGHTS FOR DEPENDENT SPOUSE**

A. If Your dependent spouse loses all or part of his or her life insurance because:

- Your employment terminates; or
- Your membership in an Eligible Class terminates; or
- You retire; or
- You reach the reduction Age shown on the Schedule of Benefits;

Your spouse will be entitled to convert to an individual life insurance policy. He or she may convert all or part of the amount of life insurance lost.

B. If Your dependent spouse's life insurance ends because the Policy terminates or Your insurance class terminates, he or she may convert to an individual life insurance policy. He or she will be entitled to convert only if:

- this Policy was in force at least 5 years; and
- he or she was continuously insured by this Policy at least 3 years.

The amount Your dependent spouse can convert is the amount for which he or she was insured less any group life insurance for which he or she becomes eligible during the conversion period. The maximum amount that can be converted is \$2,000.

This converted insurance will be an individual life insurance policy. It will be issued to Your dependent spouse without Proof of Good Health. Written application and the first premium payment must be made to us within 31 days from the date of termination. The premium for Your dependent spouse's policy will be based on Our rates that apply to his or her individual policy on the effective date of that policy. This policy will be on the forms We normally use. We will not issue a policy of term insurance or a policy that contains disability or other supplementary benefits. This policy will go into effect at the end of the 31-day conversion period.

Your dependent's spouse's insurance will continue during the 31-day conversion period. This is true whether or not he or she has applied for conversion. If he or she dies during this period, We will pay as a death benefit under the group insurance policy the maximum amount he or she was eligible to convert.

SRCP 2500

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS FOR YOU**

We will pay the Benefit shown for any loss listed for Accidental Bodily Injury incurred while covered.

Loss must be the direct result of an Accidental Bodily Injury independent of all other causes. There must be a visible wound on the body (except in the case of drowning or internal injuries revealed by autopsy). Loss must occur within 90 days of the Accident.

Only one amount will be paid for all Losses resulting from one Accident. We will pay the largest Benefit amount to which You are entitled. Payment will be made to You, or in the event of Your death, to the named Beneficiary.

## TABLE OF BENEFITS

The Principal Sum will be shown in the Schedule of Benefits.

In the event of Loss of:

	The Benefit Will Be:
Life	The Principal Sum
Both Hands or Both Feet	The Principal Sum
Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
One Hand and Sight of One Eye	The Principal Sum
One Foot and Sight of One Eye	The Principal Sum
One Hand	One Half The Principal Sum
One Foot	One Half The Principal Sum
Sight of One Eye	One Half The Principal Sum

**Loss** means:

- (1) the actual, total, permanent and irrecoverable loss of a natural:
  - (a) arm or leg completely severed at or above the elbow or knee joint;
  - (b) hand or foot completely severed at or above the wrist or ankle joint;
  - (c) thumb and index finger of the same hand completely severed at or above the joints that attach them to the hand;
  - (d) thumb completely severed at or above the joint that attaches it to the hand;
  - (e) joint of a thumb, finger, or toe completely severed at or above the joint; or
- (2) the actual, total, uncorrectable, permanent and irrecoverable loss (without reasonable medical hope of recovery) of the entire:
  - (a) sight of a natural eye
  - (b) natural speech; or
  - (c) hearing of a natural ear.

### Accidental Death and Dismemberment Exclusions and Limitations

Benefits are not provided for Loss, Injury or Illness which results directly or indirectly, wholly or partly from:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. Disease or disorder of the body or mind.
3. Medical or surgical treatment or diagnosis thereof.
4. Injury occurring after termination of coverage.
5. Ptomaines or bacterial infections, except pyogenic infections at the same time and as a result of a visible wound.
6. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
7. Travel or flight in any vehicle for aerial navigation, including boarding or alighting therefrom:
  - a. While being used for any test or experimental purpose; or
  - b. While You are operating, learning to operate or serving as a member of the crew thereof; or
  - c. Any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by You or any member of Your household; or
8. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Doctor.
9. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.

SRCP 2500

## DAILY IN-HOSPITAL AND SKILLED NURSING FACILITY INDEMNITY BENEFIT

Subject to the terms and conditions of the Policy, benefits will be paid for You or a Dependent who becomes confined in a Hospital or a Skilled Nursing Facility as a result of a non-occupational Injury or Illness while covered under the Policy. We will pay the daily Benefit specified in the Schedule of Benefits for each day of such Hospital and Skilled Nursing Facility confinement. However, such benefits will not exceed the applicable maximum number of days shown in the Schedule of Benefits.

Daily In-Hospital and Skilled Nursing Facility Indemnity Benefits will be paid only if:

- You or a Dependent is confined in a Hospital or Skilled Nursing Facility; and
- The confinement is Medically Necessary; and
- A charge is made for room and board; and
- The entire duration of such Hospital or Skilled Nursing Facility confinement is recommended and approved by a Doctor, and
- The confinement is not excluded from Coverage.

Exclusions that apply are in **GENERAL EXCLUSIONS AND LIMITATIONS**.

SRCP 2500

## EMERGENCY ROOM VISIT INDEMNITY BENEFIT (ILLNESS ONLY)

Subject to the terms and conditions of the Policy, a Benefit will be paid for You or a Dependent who has an Emergency Room Visit as a result of a non-occupational Illness while covered under the Policy for services Medically Necessary and provided on an Emergency basis that do not result in Hospital confinement.

The maximum amount per visit and for all visits in a Calendar Year is shown in the Schedule of Benefits.

The Emergency Room Visit must occur within the time limit for visit shown in the Schedule of Benefits from the time the Illness first manifested itself.

**Emergency** is defined as the sudden onset of a medical condition manifested by symptoms of such severity that the failure to immediately provide Medically Necessary treatment could reasonably be expected to result in:

- Placing the Covered Person's health in serious jeopardy; or
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

**Illness** is defined as a disorder or disease of the mind or body, or a pregnancy.

Exclusions that apply are in **GENERAL EXCLUSIONS AND LIMITATIONS**.

SRCP 2500

## DOCTOR'S OFFICE VISITS INDEMNITY BENEFIT

Subject to the terms and conditions of the Policy, benefits will be paid for You or a Dependent. We will pay the benefit specified in the Schedule of Benefits for each Doctor's Office Visit. However, such benefits will not exceed the applicable maximum shown in the Schedule of Benefits.

Benefits will not be paid if such benefits are excluded from Coverage.

Exclusions that apply are in **GENERAL EXCLUSIONS AND LIMITATIONS**.

SRCP 2500

## PREVENTIVE CARE INDEMNITY BENEFIT

Subject to the terms of the Policy, a Benefit will be paid for You or a Dependent for the following charges:

- 1 Well baby and Child Care ages 18 and under:
  - Routine examinations and medical history, including development assessment and anticipatory guidance;
  - Routine immunizations;
  - One hearing screening from birth to Age one;
  - One Vision Screening per Calendar Year;
- 2 Well Adult Care ages 19 and over:
  - One routine physical examination per Calendar Year;
  - Routine gynecological care, including cytologic screening;
  - One prostate specific antigen test and one rectal exam per Calendar Year, for men Age 50 and older;
  - Chest x-ray and routine laboratory services;
  - One screening mammography per Calendar Year for a Covered Person Age 35 or older, subject to the Benefit limits shown on the Schedule of Benefits.

Well Child Care is the periodic review of a child's physical and emotional status. This periodic review will only be covered to the extent that the services are provided by, or under the supervision of, a single Doctor during the course of one visit. Keeping with prevailing medical standards a review shall include:

- A history;
- Complete physical examination;
- Developmental assessment;
- Anticipatory guidance;
- Appropriate immunizations;
- Laboratory tests; and
- Hearing and Vision Screening.

Exclusions that apply are in **GENERAL EXCLUSIONS AND LIMITATIONS**.

SRCP 2500

## OUTPATIENT DIAGNOSTIC X-RAY AND LAB INDEMNITY BENEFIT

Subject to the terms and conditions of the Policy, benefits will be paid for You or a Dependent. We will pay the Benefit specified in the Schedule of Benefits for each Outpatient Diagnostic X-Ray and Lab Test. However, such benefits will not exceed the applicable maximum shown in the Schedule of Benefits.

Benefits will be paid only if:

- You or a Dependent is not confined in a Hospital; and
- Diagnostic X-Ray and Lab tests are ordered or performed by a Doctor; and
- Benefits are not excluded from Coverage.

Exclusions that apply are in **GENERAL EXCLUSIONS AND LIMITATIONS**.

SRCP 2500

## **SURGICAL INDEMNITY BENEFIT**

We will pay for surgery performed subject to the terms and conditions of the Policy. The surgery must be performed because of an Illness or Accidental Bodily Injury.

The payment will be the amount listed in the Surgical Schedule, but not to exceed the maximum shown in the Schedule of Benefits.

If two or more procedures are done at the same time and in the same surgical session, total payment will be limited to the procedure with the highest allowance in the Surgical Schedule, not to exceed the maximum shown in the Schedule of Benefits.

No Benefit will be paid for dentistry or oral surgery except:

- Excision of impacted third molars;
- Closed or open reduction of fractures or dislocation of the jaw.

Benefits will be paid only if they are not excluded from Coverage.

Exclusions that apply are in **GENERAL EXCLUSIONS AND LIMITATIONS**.

SRCP 2500

## **ACCIDENT EXPENSE BENEFITS FOR YOU AND YOUR DEPENDENTS**

Charges must be incurred within 90 days of the date of the Accidental Bodily Injury. Payment will be made for the following:

- Medical, dental or surgical treatment or supplies; and
- Confinement in a Hospital; and
- X-ray and lab exams; and
- Registered nurses; and
- Prescription drugs.

Benefits will be paid only if they are not excluded from Coverage.

Exclusions that apply are in **GENERAL EXCLUSIONS AND LIMITATIONS**.

SRCP 2500

## GENERAL EXCLUSIONS AND LIMITATIONS

Benefits are not provided for Loss, Injury or Illness which results directly or indirectly, wholly or partly from:

1. Insurrection, rebellion, participation in a riot, commission of or attempting to commit an assault, battery, felony, or act of aggression,
2. Declared or undeclared war or acts thereof.
3. Accidental Bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by Us pro-rata for any period of active-full time duty).
4. Any Injury or Illness arising out of or in the course of work for wage or profit.
5. Any Injury or Illness covered by any Workers' Compensation Act, Occupational Disease law or similar law.
6. Except in regard to Limited Medical Benefits, Accidental Bodily Injuries received while the Covered Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit.
7. Charges for which:
  - there is no legal obligation to pay, or
  - no charge is made, or
  - in the absence of Coverage, no charge would be made.
8. Charges incurred after Termination of Coverage, except as provided under the Extension Due to Total Disability provision.
9. Charges for care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law.
10. Charges which are not Medically Necessary (as defined) for treatment of Illness or Injury.
11. Charges for services which are not related to and consistent with the treatment of any Injury or Illness of the Covered Person.
12. Charges for medical care, services, or supplies which are not furnished or prescribed by a Doctor (as defined).
13. Charges for Experimental or Investigational treatment, procedures for research purposes, or practices when not generally recognized as accepted medical practices.
14. Charges for care, treatment, services or supplies that are not approved or accepted as essential to the treatment of an Injury or Illness by any of the following:
  - The American Medical Association;
  - The U.S. Surgeon General;
  - The U.S. Department of Public Health;
  - The National Institutes of Health; or
15. Charges related to cosmetic surgery or dental care done to beautify a person without medical or dental indication of Injury or Illness.
16. Unless specifically provided in the Policy:
  - charges for dental treatment.
  - charges for oral surgery.
  - charges for treatment of Mental Illness Disorders.
  - charges for treatment of Substance Abuse Disorders.
  - charges for routine physicals or general health exams, unless they are necessary for the diagnosis and treatment of an Illness.
  - charges for refractions, eyeglasses or hearing aids or their fitting.
  - charges in connection with obesity, weight reduction, or dietetic control, except for morbid obesity or disease etiology.
  - charges for treatment or services for temporomandibular joint dysfunction or TMJ pain syndrome, orofacial, or myofascial syndrome whether medical or dental in scope.
  - charges for routine immunizations and vaccinations, including but not limited to polio, mumps, measles, small pox, DPT, Influenza or tine tests.
  - Birth control medication in any form.
  - Prescription medication recommended or dispensed by; a physician, surgeon, nurse or other Doctor.
17. Charges for reversal procedures in connection with previous male or female sterilization.
18. Charges for services in the nature of educational or vocational testing or training.
19. Any charges for elective abortions.
20. Any charges for outpatient food, food supplements or vitamins.
21. Radial keratotomies.

22. Charges for treatment of male or female infertility; in vitro and in vivo fertilization of an ovum; or artificial insemination including but not limited to:
  - Drugs and medicines;
  - Diagnostic and surgical procedures including but not limited to:
  - Aspiration of ovarian cysts;
  - Harvesting or obtaining eggs;
  - Other surgical treatment of infertility;
  - Diagnostic laboratory and pathology procedures; and
  - Diagnostic radiology, nuclear medicine and ultra sound procedures.
23. Charges for stand-by Doctors to include but not limited to surgeons, pediatricians, anesthesiologists, anesthesiologists, or other Doctor as defined by the Policy; or stand-by supplies, equipment, rooms, or any other service, supply or treatment not actually used in the care or treatment of an Illness or Injury.
24. Charges for Custodial Care.
25. Charges for durable medical equipment.
26. Charges related to smoking cessation.
27. Charges for the treatment of the following:
  - Codependency;
  - Social, occupational, or religious maladjustments;
  - Compulsive gambling;
  - Chronic marital or family problems when not related to the primary focus of treatment which must be a diagnosable Mental Illness Disorder.

SRCP 2500

#### TERMINATION OF COVERAGE

Your Coverage will cease on the earliest of the following dates:

- The date Your membership in an Eligible Class ceases; or
- The date You or the Policyholder cease Premium payments for Your Coverage; or
- The date You are pensioned or retired; or
- The date the Policy ceases; or
- The date specified by Us in written notice to You that Your Coverage ends due to fraud or misrepresentation; or
- The date We receive written notice from the Eligible Person or Policyholder telling Us to terminate Coverage of a Covered Person or the date requested in such notice, whichever is later.

In addition, Coverage will be terminated on the first day of the calendar month following any month in which the number of hours worked falls below the minimum required hours as elected by the Policyholder in the Schedule of Benefits.

Dependent Coverage, if applicable, will cease on the earliest of the following dates:

1. The date You are no longer in a Eligible Class for Dependent Coverage; or
2. The date You or the Policyholder cease premium payments for Dependent Coverage; or
3. The date We cancel all Dependent Coverage under the Policy; or
4. The date Your Coverage ceases.

In addition, Dependent's Coverage will be terminated on the first day of the calendar month following any month in which the number of hours worked falls below the minimum required hours as elected by the Policyholder in the Schedule of Benefits.

See "Continuation of Coverage", "Life Insurance Conversion Rights for You", and "Extension Due to Total Disability" for exceptions to above.

SRCP 2500

## EXTENSION DUE TO TOTAL DISABILITY

### Limited Medical Benefits

The Limited Medical Benefits, if applicable, will continue to be payable under the Policy when Coverage terminates, if the Covered Person:

- Is Totally Disabled; and
- Is confined to a Hospital or a Skilled Nursing Facility for the disabling Illness or Injury before the date Coverage would otherwise terminate.

Benefits paid under this extension will be paid until the earliest of:

- The date which is 90 days from the date Coverage would have otherwise terminated; or
- The date on which the disabled Covered Person's Daily In-Hospital and Skilled Nursing Facility Indemnity Benefit has reached the applicable maximum benefit period under this Benefit.

This extension of Coverage applies only to the disabled Covered Person and no Premium is due.

SRCP 2500

## GENERAL PROVISIONS

### GENERAL PROVISIONS APPLICABLE TO ALL BENEFITS

#### Misstatements

We consider any statement made by You or the Policyholder, in the absence of fraud, to be a representation and not a warranty. No statement will be used to avoid the insurance, reduce benefits, or deny a claim unless:

- the statement is in writing; and
- a copy of that statement is given to You or Your beneficiary.

The Policy may be changed at any time by a written agreement between the Policyholder and Us. Only Our executive officers can change this Policy.

#### ERISA

If the Group Policy is being purchased by the Group to provide benefits under a welfare plan governed by the Employee Retirement Income Security Act 29 U.S.C. Section 1001 et seq., We are not the plan administrator or named fiduciary of the welfare plan, as those terms are used in ERISA.

#### Physical Examination And Autopsy

We may require that a claimant have a physical examination, at our expense, as often as is necessary to settle a claim. In the case of death an autopsy may be required, unless forbidden by law.

## GENERAL PROVISIONS APPLICABLE TO LIFE INSURANCE BENEFITS ONLY

### **Incontestability**

The validity of the Policy will not be contested, except for nonpayment of Premiums, after it has been in force for two years from its Effective Date.

The validity of a Covered Person's life insurance will not be contested after that Covered Person's life insurance has been in force for two years during the Covered Person's lifetime. No statement You make relating to Your or Your Dependent's insurability will be used in any contest unless:

- it is contained in a written application signed by You; and
- a copy of the Application has been furnished to You or to Your beneficiary.

### **Misstatement Of Age**

If You have misstated Your Age or the Age of a Dependent, the true Age will be used to determine:

- the Effective Date or termination date of insurance; and
- the amount of insurance; and
- any other rights or Benefits.

Premiums will be adjusted if too much or too little was paid due to the misstatement.

## GENERAL PROVISIONS APPLICABLE TO ALL BENEFITS EXCEPT LIFE INSURANCE

### **Incontestability**

The validity of the Policy will not be contested, except for nonpayment of Premium, after it has been in force for two years from its Effective Date. The validity of a Covered Person's insurance will not be contested after that Covered Person's insurance has been in force for two years during the Covered Person's lifetime.

### **Notice Of Claim**

If You or Your insured Dependent have an Injury or Illness that may result in a claim for benefits under this Policy, written notice must be given to Us at our Home Office or to one of Our authorized agents. This must be done within 20 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as is reasonably possible. The notice must contain enough information to identify the claimant.

### **Claims Forms**

When We or the Program Manager receive written or verbal notice of a claim for Life, Accidental Death and Dismemberment or Disability, claim forms will be sent with which to file Proof of Loss. If these forms are not given to the claimant within 15 days, the claimant will be excused from filing the forms as long as the person sends us Proof of Loss as described below.

### **Proof Of Loss**

Proof of Loss includes, but is not limited to, information about the extent, time, place, and events surrounding a loss. Written Proof of Loss must reach Us:

- for a disability claim, within 90 days of the beginning of the period for which benefits are payable; and
- for a stay in a Hospital, Skilled Nursing Facility or other health care facility, within 90 days of the end of the stay for which benefits are payable.

Written proof for all other losses must reach Us within 90 days of the loss. These time periods may be extended up to an additional year so long as You cannot reasonably furnish written Proof of Loss. This time limit does not apply so long as You do not have legal capacity.

### **Time Of Payment Of Claims**

Benefits for loss of time will be paid as shown in the Policy for that benefit section. Any amount unpaid at the end of the period for which claim is made will be paid as soon as We receive written Proof of Loss. Benefits for all other types of losses will be paid as soon as they accrue so long as We receive written Proof of Loss.

### **Payment Of Claims**

Benefits payable under this Policy will be directly to: (a) You; (b) Your legally appointed guardian if You are not legally able to accept such benefits; or (c) a provider of medical treatment or services if a written assignment is made.

In the event You die and on the date You die there is: (a) no named Beneficiary or (b) no living named Beneficiary, We may at Our option, pay any benefits due under this Policy to the following survivors in order of precedence: (1) Your spouse, (2) children born to or legally adopted by You, share and share alike, (3) parents, or (4) Your estate.

Any payment made in good faith fully discharges Us to the extent of that payment. Failure to honor an assignment to a provider or Doctor due to inadvertent error will not subject Us to double payment.

### **Free Choice Of Doctor**

You and Your insured Dependents have free choice of a Doctor. The Doctor-patient relationship will be maintained.

### **Legal Actions**

No action at law or in equity may begin prior to 60 days after We receive a valid written Proof of Loss. No such action may begin after three years from the day written Proof of Loss was required.

### **Workers' Compensation Not Affected**

This policy does not replace or change any requirement for Coverage under Workers' Compensation insurance.

## CONTINUATION OF COVERAGE

### **THIS PROVISION IS SUBJECT TO THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (COBRA) AND ALL SUBSEQUENT LAWS EFFECTING THIS ACT.**

This provision applies to an Employer with twenty (20) or more Employees on a typical business day during the preceding Calendar Year if group health Coverage was provided to Employees. Due to COBRA's complexity, this provision only includes information that would allow a qualified beneficiary to make a general determination of his rights under the law.

This provision is not a detailed account of the law and does not contain the full text of the law or regulations. Therefore, it is imperative that legal counsel or other appropriate counsel be sought for additional needed information.

Generally, all group health plans with over twenty (20) Employees are directly affected under COBRA or, under a federal law that COBRA may have amended. The only plans that may be exempt are church plans, state and local government group health plans and plans maintained by the Government of the District of Columbia or any territory or possession of the United States. Your Employer or plan administrator may be contacted for the plan's exempt or nonexempt status.

An individual may be eligible for Coverage if on the day before a qualifying event he was covered under his Employer's group health plan. If Coverage was lost due to a qualifying event, continuation of Coverage may be available for a certain period of time. Non-resident aliens who do not receive any United States income are not qualified B-beneficiaries and cannot continue under COBRA.

The term "qualified beneficiary" means, with respect to a covered Employee any other individual who, on the day before the qualifying event for that Employee, is a beneficiary under the plan as:

- a. The spouse of the covered Employee;
- b. The Dependent child of the covered Employee;
- c. The surviving Spouse of the covered Employee; or
- d. A child born to or adopted by a covered Employee during a period of COBRA Coverage.

The term "qualifying event" means, with respect to any covered Employee, any of the following events which would result in the loss of Coverage of a qualified beneficiary.

#### **QUALIFYING EVENTS AND MAXIMUM CONTINUATION PERIODS:**

1. 18 Months:
  - Termination of covered Employee's employment (except for gross misconduct)
  - The covered Employee's reduction of work hours.
2. 36 Months:
  - The death of the covered Employee.
  - The covered Employee's legal separation or divorce from the Employee's spouse.
  - The covered Employee's entitlement to Medicare.
  - The Dependent child ceasing to be a Dependent child under the terms of the Plan.
3. 29 Months:
  - Only applies if the qualifying event was a termination of employment (except for gross misconduct) or a reduction in work hours that allowed an eighteen (18) month period of continuation.

In order to qualify for the additional eleven (11) months of coverage, the Social Security Administration must make a determination that the qualified beneficiary was disabled at the time of a termination or reduction in hours of employment or that covered Employee or qualified beneficiary became disabled at any time during the first sixty (60) days of COBRA continuation coverage. If the covered Employee or qualified beneficiary entitled to the additional eleven (11) months of coverage has non-disabled family members who are entitled to COBRA continuation coverage, those non-disabled family members are also entitled to the additional eleven (11) months of coverage. If the covered Employee or qualified beneficiary is determined to be disabled, the covered Employee or qualified beneficiary must give notice to the plan administrator within sixty (60) days of the Social Security determination and before the end of the original eighteen (18) month continuation period. The plan administrator may charge an additional amount for this Coverage.

Coverage will terminate if a covered Employee or qualified beneficiary recovers from the disability during the eleven (11) month period. The covered Employee or qualified beneficiary is responsible for notifying the plan administrator within thirty (30) days of the date the Social Security Administration no longer finds the disability to

exist. Coverage can terminate in the month that begins more than thirty (30) days after the determination date of the Social Security Administration.

4. Certain Bankruptcy Proceeding Under Title 11, United States Code: Under this special proceeding, loss of Coverage means a substantial elimination of Coverage within one (1) year before or after the Employer has entered into a bankruptcy proceeding.

For the purpose of this special proceeding, a qualified beneficiary may be a covered Employee who retired on or before the date of the loss of coverage and any other individual who on the date before the event was:

- a. The Spouse of the covered Employee;
- b. The Dependent child of the covered Employee;
- c. The surviving Spouse of the covered Employee; or
- d. A child born to or adopted by a covered Employee during a period of COBRA coverage.

It appears that Coverage may continue until the death of the covered Employee or qualified beneficiary, or up to thirty-six (36) months for the surviving Spouse or Dependent child(ren) of the covered Employee after the date of the death of the covered Employee.

As Bankruptcy Laws and COBRA are two (2) very distinct and unique laws, legal counsel should be consulted before determinations and actions commence under this qualifying event. For notification and election termination, reduction of hours, death, bankruptcy, the Plan Participant must notify the plan administrator within thirty (30) days of the qualifying event. The plan administrator will then provide written notice to the covered Employee or qualified beneficiary within fourteen (14) days. The covered Employee or qualified beneficiary must then elect COBRA coverage within sixty (60) days.

The election period will end sixty (60) days after the date of the qualifying event or sixty (60) days after the date the written notice was received, whichever is later. In addition, the required Premium must be paid within forty (45) days of the date of election.

For divorce, legal separation or ineligibility of a Dependent under the plan each covered Employee or qualified beneficiary must notify the Employer or plan administrator within sixty (60) days of the event. If the notice is not sent to the Employer or plan administrator within sixty (60) days, the group health plan does not have to offer the qualified beneficiary an opportunity to elect continuation Coverage.

Once the plan administrator is notified of the event, the plan administrator will provide written notice to the qualified-beneficiary. The qualified beneficiary must then elect COBRA coverage within sixty (60) days. The election period will end sixty (60) days after the date of the qualifying event or sixty (60) days after the date the written notice was received, whichever is later. In addition, the required Premium must be paid within forty-five (45) days of the date of election.

Notification to an individual who is qualified as the Spouse of the covered Employee, will be treated as notification to all other qualified beneficiaries residing with the Spouse at the time of the notification.

Each qualified beneficiary has the opportunity to make an independent election. However, if a qualified beneficiary who is the Spouse of a covered Employee makes an election to provide any other qualified beneficiary with COBRA coverage, the election will be binding on that qualified beneficiary.

**Waiver:**

If a covered Employee or qualified beneficiary waives the right to continue under COBRA and later revokes the waiver, he must do so within the election period. Coverage will not be provided during the period of time when coverage was waived. Waivers and revocations are considered made on the date they are sent to the Employer or plan administrator.

**Other Reasons Why Cobra Coverage May Terminate:**

COBRA continuation coverage can end prior to the maximum continuation period due to any of the following events:

- A. The first day on which timely Premium payment is not made.
- B. The date upon which the Employer ceases to maintain any group health plan.
- C. The date upon which the covered Employee or qualified beneficiary is covered under any other group health plan whether or not such new plan contains limitation periods with respect to any pre-existing condition as long as the limitation period does not apply to the covered Employee or qualified beneficiary.

D. The date the covered Employee or qualified beneficiary is entitled to Medicare. However, this event by itself may not end coverage for a covered Employee or qualified beneficiary who has End Stage Renal Disease.

"Entitled" means - having made application and qualified for Medicare.

E. The date on which Coverage would terminate for similarly situated active Employees to whom a qualifying event had not occurred.

Any alternative continuation coverage will not extend the maximum COBRA coverage period and will run concurrent with COBRA continuation.

When a covered Employee or qualified beneficiary's coverage ends under COBRA, and if the policy provides the right to convert to a health plan, the covered Employee or qualified beneficiary will be entitled to the conversion privilege.

The plan administrator may be contacted for additional information on COBRA. If further information is needed the U.S. Department of Labor, Pension and Welfare Benefits Administration, 200 Constitution Avenue, N.W. - Room N-5658, Washington, DC 20210 may be contacted.

### **CONTINUANCE OF COVERAGE**

Benefits for the Plan Participant and his Dependents may continue past the day they would otherwise cease as provided under Termination of Coverage upon payment of the required premium.

The Plan Participant's coverage will continue:

A. For up to two (2) months after he ceases full-time work due to temporary layoff or leave of absence; or

B. For up to six (6) months after he ceases full-time work due to Illness or Injury; or

C. Until the first day of the Plan month following any month in which the number of hours worked falls below the required minimum. Dependent coverage will continue if A. or B. above apply to the Plan Participant.

This coverage will not continue if the Plan Participant begins work for pay or profit with another employer.

The Plan Sponsor must follow a plan which prevents individual selection. If benefits are to be continued under this provision, written notice must be provided to Us by the Plan Sponsor if a Plan Participant is pensioned, retired or absent from work for any other reason. State law may provide a special continuance of coverage when You terminate. See your Plan Sponsor for details.

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**COMPLAINT RESOLUTION**

Administrative Complaints

Complaints due to the denial of services, payment of a claim or handling of inquiries must be reported no later than one year from the date of service. Most complaints can be resolved by calling, or writing to, Our Customer Service Department. The telephone number and address are on Your Identification Card.

If an informal review does not resolve the reported complaint, You will be notified of Your right to appeal.

**INTERNAL REVIEW**

(1) Standard Appeals

You, an authorized person, or a Doctor, with Your consent, may submit a written appeal to Us if Coverage is denied, reduced or terminated. The appeal must be requested no later than 180 calendar days from the date of receipt of the denial letter.

A Clinical Reviewer will review the file. A Clinical Reviewer is a Doctor or any other provider who is in the same or a similar specialty, as the Doctor or provider who will perform the service. The Appeals Department will review all of the information. A decision will be made within 30 calendar days of receipt for a Pre-Service Claim Appeal and within 60 calendar days of receipt for a Post-Service Claim Appeal. This time period may be extended for up to 45 calendar days if additional information is needed. You will be notified in writing of the Appeals Department's decision.

A Pre-Service Claims Appeal is an appeal of any claim for benefits under the terms of the Policy, which must be approved (in whole or in part) before medical care is obtained.

A Post-Service Claims Appeal is an appeal of a decision to deny or reduce benefits that is not a Pre-Service Claims Appeal.

(2) Urgent Appeals

You, an authorized person or a Doctor, with Your consent, may request an Urgent Appeal. This request may be verbal or written. A decision will be made within 72 hours of receipt for an Urgent Appeal.

An Urgent Appeal is an appeal for which the medical condition, in the absence of immediate medical attention, may result in serious impairment to bodily functions, serious dysfunction of any bodily organ or part, severe pain that cannot be managed adequately, or places in serious jeopardy the health of an individual, and with respect to a pregnant woman, includes her unborn child.

**EXTERNAL INDEPENDENT REVIEW**

After exhausting the Internal Review process, You, an authorized person or a Doctor, with Your consent, may request a review from an external independent entity as described below.

Denial of Benefits/Covered Services

If We deny Benefits because the service is not a covered service, a review may be requested by contacting the insurance department. shown on the Schedule of Benefits

SRCP 2500



## NATIONWIDE LIFE HIPAA NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The terms of this Notice of Privacy Practices apply to Nationwide; for purposes of this policy, "Nationwide" or "We" means the health plan components of Nationwide Life Insurance Company ("Nationwide Life"), which is a hybrid covered entity and for which Nationwide Health Plans ("NHP"), which is a business associate of Nationwide Life Insurance Company, performs certain administrative services relating to the Nationwide Life health insurance products. As permitted by law, Nationwide will share protected health information of members as necessary to carry out treatment, payment, and health care operations.

We are required by HIPAA and certain state laws to maintain the privacy of our members' protected health information and to provide members with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. Copies of the revised notices will be mailed to all current plan members or insureds and copies may be obtained by mailing a request to your designated contact point under the Contact Information section, below.

**Protected health information** that is the subject of this Notice is information that is created or received by Nationwide; and relates to the past, present, or future physical or mental health or condition of a member; the provision of health care to a member; or the past, present, or future payment for the provision of health care to a member; and that identifies the member or for which there is a reasonable basis to believe the information can be used to identify the member. Protected health information includes information of persons living or deceased.

The following components of a member's information also are considered protected health information:

- a) names;
- b) street address, city, county, precinct, zip code;
- c) dates directly related to a member, including birth date, admission date, discharge date, and date of death;
- d) telephone numbers, fax numbers, and electronic mail addresses;
- e) Social Security numbers;
- f) medical record numbers;
- g) health plan beneficiary numbers;
- h) account numbers;
- i) certificate/license numbers;
- j) vehicle identifiers and serial numbers, including license plate numbers;
- k) device identifiers and serial numbers;
- l) Web Universal Resource Locators (URLs);
- m) biometric identifiers, including finger and voice prints;
- n) full face photographic images and any comparable images; and
- o) any other unique identifying number, characteristic, or code.

## USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

**Your Authorization.** Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing, unless we have taken any action in reliance on the authorization.

**Disclosures for Treatment.** We will make disclosures of your protected health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain of your protected health information that we hold in order to make decisions about your care.

**Uses and Disclosures for Payment.** We will make uses and disclosures of your protected health information as necessary for payment purposes. For instance, we may use information regarding your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health benefits plan. We may also forward such information to another health plan, which may also have an obligation to process and pay claims on your behalf.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations, which include credentialing health care providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to your health benefits plan. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

**Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. If you have designated a person to receive information regarding payment of the premium on your long-term care or Medicare supplement policy, we will inform that person when your premium has not been paid. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates.** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial services, legal services, etc. At times it may be necessary for us to provide some of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information by contract.

**Communications With You.** We may communicate with you regarding your claims, premiums, or other things connected with your health plan or insurance. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish messages to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You must request such confidential communication in writing and send your request to your designated contact point as explained in the "Contact Information" section, below.

**Other Health-Related Products or Services.** We may, from time to time, use your protected health information to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services which may be available to you as a member of the health plan. For example, we may use your protected health information to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as a health plan member. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

**Information Received Pre-enrollment.** We may request and receive from you and your health care providers protected health information either prior to your enrollment in the health plan or the issuance of your policy. We will use this information to determine whether you are eligible to enroll either in the health plan or for a policy, and to determine your rates. We will protect the confidentiality of that information in the same manner as all other protected health information we maintain and, if you either do not enroll in the health plan or if the policy is not issued, we will not use or disclose the information about you we obtained for any other purpose without your authorization.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your protected health information without your authorization. We may release your protected health information for any purpose required by law. This may include any of the following.

- We may release your protected health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;

- We may release your protected health information as required by law if we suspect child abuse or neglect; we may also release your protected health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your protected health information to your plan sponsor; provided, however, your plan sponsor must certify that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other employee benefit determinations or in any other manner not permitted by law.
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your protected health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your protected health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your protected health information to coroners and/or funeral directors consistent with law;
- We may release your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your protected health information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- We may release your protected health information if you are a member of the military as required by armed forces services; we may also release your protected health information if necessary for national security or intelligence activities; and
- We may release your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

#### **OTHER PRIVACY LAWS AND REGULATIONS:**

Certain other state and federal privacy laws and regulations may further restrict access to and uses and disclosures of you personal health information or provide you with additional rights to manage such information. If you have questions regarding these rights, please send a written request to your designated contact point as explained in the "Contact Information" section below.

#### **RIGHTS THAT YOU HAVE**

**Access to Your Protected Health Information.** You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your personal representative. We may charge you a fee if you request a copy of the information. We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. You may obtain an access request form from your designated contact point as explained in the "Contact Information" section, below.

**Amendments to Your Protected Health Information.** You have the right to request in writing that protected health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your personal representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from your designated contact point as explained in the "Contact Information" section, below.

**Accounting for Disclosures of Your Protected Health Information.** You have the right to receive an accounting of certain disclosures made by us of your protected health information after April 14, 2003. Requests must be made in writing and signed by you or your personal representative. Accounting request forms are available from your designated contact point as explained in the "Contact Information" section, below. The first accounting in any 12-month period is free; you may be charged a fee for each subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your Protected Health Information.** You have the right to request restrictions on some of our uses and disclosures of your protected health information for treatment, payment, or health care operations by notifying us of your request for a restriction in writing. A restriction request form can be obtained from your designated contact point as explained in the "Contact Information" section, below. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction to sending such termination notice to your designated contact point as explained in the "Contact Information" section, below.

## **CONTACT INFORMATION**

If you have any questions about this statement, need copies of any forms or require further assistance with any of the rights explained above, please contact:

Attn: Privacy Officer  
Plan Benefit Services, Inc.  
11910 Volente Road  
Austin, TX 78726  
or call 1-800-635-6585

You may also contact or mail any requests to:

Nationwide Health Plans  
HIPAA Compliance Office  
5525 Parkcenter Circle, CO-01-15  
Dublin, OH 43017  
or call 1-800-626-2904

As a member you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

## **EFFECTIVE DATE**

This Notice of Privacy Practices is effective April 14, 2003



## AUTHORIZATION FORM FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Nationwide Life Insurance Company, d/b/a Nationwide Health Plans (hereinafter "Nationwide"), and Fringe Insurance Benefits, Inc. and Plan Benefit Service, Inc. (hereinafter "Fringe") are required by law to maintain the privacy of our Insureds' health information. Fringe, a business associate of Nationwide, performs certain claims and/or administrative functions for Nationwide. Unless you have signed a form authorizing the use or disclosure, Fringe and/or Nationwide will not use or disclose your health information for any purpose other than its role in treatment, payment or for health care operations. **With your written approval, we may disclose your health information to others, including designated family, friends, or others who are involved in your health care or in payment for your health care. This form allows you to designate this/these person(s).** A copy of this form is as valid as the original.

**ONE FORM MUST BE COMPLETED FOR EACH FAMILY MEMBER AGE 18 AND OVER. Additional forms are available from Fringe or Nationwide or this form can be reproduced.**

I, \_\_\_\_\_, hereby authorize the use or disclosure of health information about me (print insured's or minor dependent's name) as described below.

As the parent, I authorize the use or disclosure of health information about my minor dependent(s), age 17 and under as described below.

\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_  
(print minor dependent'(s) full name)

1. Person(s) or group of persons authorized to disclose the information:
  - NHP
  - Fringe (Fringe Insurance Benefits, Inc. and/or Plan Benefit Service, Inc.)
2. Person(s) or group of persons authorized to receive and use the information from Nationwide and/or Fringe.
  - Family and friends: check all that apply if you wish a family member or friend to be able to discuss your coverage and claims with Nationwide and/or Fringe, and to receive health information which Fringe and/or Nationwide maintains about you:
    - Spouse: write in name and address \_\_\_\_\_
    - Family member: write in name and address \_\_\_\_\_  
Explain relationship if family member \_\_\_\_\_
    - Friend(s) or other(s): write in name and address \_\_\_\_\_  
Explain relationship if friend or "other" \_\_\_\_\_
3. Description of the information that may be used or disclosed:
  - All health information pertaining to me or my minor dependent(s), if applicable, related to the diagnosis, treatment or prognosis with respect to any physical, accident, illness, medical or mental condition and any other Policy related information.
4. I understand that if the person or entity that receives the information described herein is not a health care provider or health plan covered by federal privacy regulations, the information described here may be redisclosed by such person or entity and will likely no longer be protected by the federal privacy regulations.

3. If the person completing this authorization is the personal representative of the insured or the dependent, describe your authority to act on this person's behalf, e.g., Power of Attorney.

\_\_\_\_\_

4. I understand that I am not required to sign this authorization form and that Nationwide and/or Fringe will not condition initial enrollment or continued enrollment in the group health plan or the provision of payment to me on the signing of this authorization.
5. As described in the Notice of Privacy Practices, I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by Nationwide or Fringe in reliance on this authorization, by sending a written signed and dated revocation to Fringe or NHP. The Notice of Privacy Practices is available from Fringe or from NHP's web site at [www.nationwidehealthplans.com](http://www.nationwidehealthplans.com).
6. I understand that either I or my personal representative, may receive a copy of this authorization upon request and that I may inspect or copy the information to be used or disclosed.
7. This authorization will expire 30 months from the date of signature if I am/have been declined for coverage or upon termination of my coverage under the Policy if I am/have been approved for coverage.

Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dependent's Signature, if applicable: \_\_\_\_\_

Date: \_\_\_\_\_

Personal Representative Name, if applicable: \_\_\_\_\_  
(as described above in #5)

Personal Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

**NATIONWIDE LIFE INSURANCE COMPANY  
 NATIONWIDE MUTUAL INSURANCE COMPANY  
 Home Office: Columbus, Ohio  
 CHANGE OF BENEFICIARY FORM**

**Complete this form only if you desire to change the beneficiary provision contained in your enrollment form and certificate of coverage or you desire to cancel and replace a previous beneficiary designation.**

Please type (or print with ballpoint pen), except for signatures

Insured \_\_\_\_\_  
 (First) (Middle) (Last)

Plan Sponsor  
 or Employer \_\_\_\_\_  
 (Group's Name)

I request that the following change(s) be made under Policy Number \_\_\_\_\_,  
 Certificate Number (if applicable) \_\_\_\_\_.

Change Beneficiary to:	Name(s)	Date(s) of Birth	Relationship(s)*

I understand that if a beneficiary change is shown above, it will take effect when I sign my name below - whether or not the insured is living when it is received by Nationwide. Such change is without prejudice to Nationwide for payment it may make or action it may take before it receives this form. Also, I reserve the right to change a beneficiary designated above unless I have indicated that it is "irrevocable".

I understand that if two or more beneficiaries are designated, any payment to them will be in equal shares to the survivor(s) - unless stated otherwise.

\* If a trust is named as the beneficiary, the trustee's name and address must also be provided in the section. If the trustee changes, you must inform us and provide us with the updated information.

**THIS BENEFICIARY DESIGNATION CANCELS AND SUPERSEDES ALL PREVIOUS REVOCABLE ONES.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.  
 (City) (State)

\_\_\_\_\_  
 Witness (signature of a person other than a beneficiary)

\_\_\_\_\_  
 Signature of Certificateholder

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip

Mail completed forms to:  
 Plan Benefit Services, Inc.  
 11910 Volente Road  
 Austin TX 78726  
 Phone: 1-800-635-6585  
 Fax: 512-349-4770  
 Email: memberservices@fibi.com

<p><b>WHEN THIS FORM IS RETURNED,                  PLEASE ATTACH IT TO THE                  INSURANCE CERTIFICATE (POLICY).</b></p>	<p align="center"><b>FOR NATIONWIDE ADMINISTRATOR'S USE ONLY</b>                  The recording of the change(s) requested above is cknowledged.  <b>Plan Benefit Services, Inc.</b></p> <p>Date _____                  By _____</p>
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**Nationwide Life Insurance Company**  
Columbus, Ohio

**AMENDMENT NUMBER 1**

This amendment forms a part of the Plan to which it is attached and amends such Plan in the manner indicated for PENNSYLVANIA residents only. Anything specifically stated in this amendment overrides anything to the contrary in the Plan, and will be subject to all other parts of the Plan.

1. The "Accidental Death and Dismemberment Benefits For You" benefit is amended as follows:  
The 90 day time limit for a loss to occur does not apply to a covered accidental death.
  
2. The Definition of "Dependent" for the Limited Medical Benefits is amended by the addition of the following:  
The term "child" shall also include a child placed with You for the purpose of adoption unless the placement is disrupted prior to legal adoption and the child is removed from the placement.  
Special Provision Newly Adopted Children  
Coverage is provided for 31 days:
  - a. For a newly adopted child from the date You assume a legal obligation for total or partial support of the child in anticipation of adoption.
  - b. For a newly born adopted child from the moment of birth, if the petition for adoption has been filed.In order for coverage to begin, you must:
  - a. notify Us of the birth of the child or of the petition for adoption of the child, and
  - b. enroll the child for Dependent Coverage within 31 days of the date of child's birth or of the date of the petition for adoption was filed.Even if you do not have Dependents Coverage, the health benefits of the group policy are payable for your newborn child or newly adopted child for 31 days as stated above.
  
3. The "How Will A Dependent Become a Covered?" provision is amended as follows:  
Any reference to"
  - a. "newborn child" shall be deemed to include a "child placed for adoption".
  - b. "birth" shall be deemed to include "placement".
  
4. The "When Will A Dependent Become a Covered?" provision is amended as follows:  
Any reference to"
  - a. "newborn child" shall be deemed to include a "child placed for adoption".
  - b. "birth" shall be deemed to include "placement".

This amendment is hereby accepted and deemed valid on the effective date of the Policy.

Payment of premium on or after the effective date of the Amendment shall constitute acceptance by the Policyholder of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.  
Signed for the Company at Columbus, Ohio



Joe San Filippo  
Vice President, Ohio Health Operations  
Nationwide Life Insurance Company

# **Discount Pharmacy Prescription Guide**

**For additional benefit information, please reference the small color book also included in this package.**

## PARTIAL LIST OF PARTICIPATING PHARMACY CHAINS

ABCO Pharmacy	Fry's Food & Drug	Parnida
ACME Markets	Furrs Supermarkets	Pathmark Stores
Allen's Drugtown	Genovese	PharmHouse
A & P	Giant Eagle	PriceCostco
Arrow	Giant Foods	Publix
Bartell	Grand Union	Quick Chek Food Stores
Bel-Air	Green Drug Stores	Randall's
Bi-Lo	Gresham Drug	Raley's Drug Center
Bi-Mart	HEB	Rite Aid
Big Bear	Harvest Drug	Rinderer's Drug
Biggs	Hi School Pharmacy	Safeway
Brooks	Hook's-Super X	Sav-More Drug Stores
Brookshire	Horizon Pharmacies	Save Mart
Brookshire Brothers	Hy-Vee	Schnuck's Market
Bruno's	Joel N' Jerry's	Seaway Foods
Buehler's Foods	K-Mart	Sedano's
Buffalo Pharmacies	Kare Drugs	Shopko
City Pharmacies	Kash-n-Karry	Shop N' Save
CostCo	Keltsch Brothers	Shoprite
Cubs	Kerr Drugs	Smith's Food/Drug
CVS	Kessel Pharmacies	Smitty's
Dahl's	Keystone Medicine	Snyder Drugs
Dan's	King Kullen	Star Markets
Delchamps	King Soopers	Super D
Dierbergs	Kinney Drugs	Target
Dillons	Klingensmith's	The Great A & P
Discount Drug Mart	Kroger	The RX Place
Dominick's Finer Foods	Lambda Apothecary	The Pharm
Downeast Pharmacies	Lehman Drugs	Thrifty Pharmacies
Drug Emporium	Longs Drug Stores	Thrifty White
Drug Mart	Lucky Pharmacy	Thriftway
Duane Reade	May's Drug	Tom Thumb
Eagle Pharmacies	Medco Drug	United Drug
Eckerd	Medic Discount	USA Drugs
Edgehill	Medicap	Von's
Fagen Pharmacies	Med-X	Walgreens
Family Care Pharmacies	Meijer	Weis Markets
Family Drug/Care Plus	Marills Drug	Winn Dixie
Fischer Pharmacies	Navarro Discount Drug	
Fred's	Nelson's Drug Stores	
Fred Meyer	No-Frills Pharmacy	

*Plus thousands of independents nationwide*

## Tiered-Pricing Pharmacy Program Terms and Conditions

This Prescribing Guide includes most, but not all, therapeutic classes of prescription drugs and is subject to change without notice. This list is reviewed each month by NBpharmacy. Doctors are encouraged to review the Prescribing Guide and utilize it when prescribing medications so members will receive the best drug at the most cost effective rate.

The Prescribing Guide is not intended to interfere with the physician's independent medical judgment in regard to the patient physician relationship. The final choice of the specific drug therapy for an individual patient rests solely with the prescriber. This Prescribing Guide has been developed to assist physicians with their prescribing decision and to maximize the member's savings. As always, the physician should thoroughly evaluate, select and direct the use of medicinal agents.

### Dear Member:

Please review this Prescribing Guide with your physician at the time the prescription is written. The Prescribing Guide is a summary of the most commonly prescribed medications and includes both brand name and generic medications. (Your Rx benefit has no limitations and includes ALL drugs available through a prescription.) The Prescribing Guide includes a price coding system. The price coding system will provide you and your physician with a general idea of what your out-of-pocket expense will be when you fill the prescription at one of our many participating pharmacy providers.

### Dear Physician:

Please refer to the price coding system included in this Prescribing Guide when selecting a drug therapy for your patient. There are no limitations as to the drug you can prescribe for the patient. This is a prescription discount benefit and the member is responsible for 100% of our discounted cost at the time the prescription is filled. The Prescribing Guide is not intended as a substitute for your professional judgment; however, when you prescribe according to the coding system out-of-pocket expense may be lowered for your patient. When applicable, generic prescribing offers the patient greater savings.

<b>Out-of-Pocket</b>	<b>Coding System</b>
Up to \$10	Tier 1
Up to \$20	Tier 2
Up to \$40	Tier 3
Up to \$60	Tier 4
Up to \$80	Tier 5
Up to \$100	Tier 6

**Pharmacy discounts are not insurance and are not intended as a substitute for insurance.**

## Tiered-Pricing Pharmacy Program Benefit Summary

The Tiered-Pricing Pharmacy Program is designed to save our members money, as well as educate our members on the various prescription drug options available to them. This Prescribing Guide segments brand name and generic drugs into six price classifications making it easier for members to consult with their physician to find the most effective medication at the lowest cost.

The six tiered pricing structure includes:

**Tier I** Preferred brand and generic drugs available for \$10 or less for the scheduled quantity and dose

**Tier II** Preferred brand and generic drugs available for \$20 or less for the scheduled quantity and dose

**Tier III** Preferred brand and generic drugs available for \$40 or less for the scheduled quantity or dose

**Tier IV** Preferred brand and generic drugs available for \$60 or less for the scheduled quantity or dose

**Tier V** Preferred brand and generic drugs available for \$80 or less for the scheduled quantity or dose

**Tier VI** Preferred brand and generic drugs available for \$100 or less for the scheduled quantity or dose

For maximum savings, members should bring this booklet with them to the physician's office and ask their doctor to prescribe medication within the first two tiers when possible. Many times, members will be able to save money by switching to a generic equivalent.

The NBpharmacy program includes all aspects of our member's prescription needs, and is easy to use. Members simply present the identification card, along with the prescription(s), to the pharmacist at one of our participating pharmacy providers. Please do not call the pharmacy for price quotes. They cannot give a quote over the telephone. Please bring a check, cash or credit card to the pharmacy in order to pay the lower of the pharmacy's usual & customary price (U&C) or our discounted price at the time of purchase.

If members would like help locating a pharmacy on the NBpharmacy program, or have any questions about the NBpharmacy program they can call the toll-free number on the back of their card.

If for some reason the pharmacy has a question regarding the NBpharmacy program, members can have them call the toll-free number on the back of the card and we will give them the information they need over the phone.

Prices and drug tier position are subject to change without notice.

## Frequently Asked Questions

Q: Where can I use the Tiered-Pricing Pharmacy card?

A: The Tiered-Pricing Pharmacy card is accepted at participating pharmacies throughout the United States. The network includes pharmacy chains such as: Medicine Shoppe, Rite Aid, Eckerd, Walgreens and more as well as thousands of independent pharmacies nationwide. Pharmacy locations can be obtained by contacting customer service toll-free at 1-800-800-7616. If a neighborhood pharmacy is not already participating in the network, please have them call 1-800-800-7616. We will send them information about how they can participate in the network so that you can take advantage of the savings at your pharmacy of choice.

Q: What if my pharmacy doesn't recognize the card?

A: Pharmacies may not be familiar with every prescription program in which they participate. If the pharmacist does not recognize your Tiered-Pricing Pharmacy card or if you encounter a problem at the pharmacy DO NOT leave without having the pharmacy call the toll-free number printed on the back of the card.

Q: How much will I pay for my prescriptions?

A: Your booklet includes a listing of the most commonly prescribed medications for both brand and generic drugs. These medications have been broken into payment tiers of \$10, \$20, \$40, \$60, \$80, and \$100 levels. In each category, you will pay the listed tier price or less, but you will never pay more than the price listed in each tier. For drugs not listed in one of the tiers, members pay our contracted discount price or the pharmacy's usual and customary price (U&C), whichever is less.

Q: What is my average discount on drugs not listed in one of the tiers?

A: All members receive an average discount of approximately 16% on non-tiered brand name and generic drugs. There is not a guaranteed percentage savings on every prescription purchase. The price depends upon the pharmacy and the type and quantity of drugs purchased. Pharmacies, just like other retail stores, compete against each other and may have special prices on some products. When this happens, we cannot discount the pharmacy's already low price, but a member will benefit from the pharmacy's special pricing. **THE MEMBER ALWAYS RECEIVES THE CONTRACT PRICE OR THE PHARMACY'S PRICE, WHICHEVER IS LESS.**

Q: What is a generic drug?

A: Once a patent on a brand name drug expires, other drug companies may make a generic version of the drug with the approval of the Food and Drug Administration (FDA). The FDA's standards for quality are the same for all manufacturers. This means the generic drug must contain the same active ingredients as the name brand whose patent has expired, and that it is as safe, potent and effective.

## Frequently Asked Questions (cont.)

Q: How can I keep my prescription drug costs down?

A: The use of generic prescription drugs, whenever available, is the most cost effective. Discuss your prescription options with your doctor and ask whether a less expensive alternative would be as effective for your ailment or condition.

Q: How will I know if there is a generic equivalent available?

A: Simply ask your local pharmacist or call Customer Service to find out about generic equivalents for your prescription. Also, ask your doctor to prescribe generics whenever possible and appropriate.

Q: What is the difference between brand and generic drugs?

A: The brand name is the trade name under which the product is advertised and sold. Initially, brand drugs are protected by patents. The patents enable the developing manufacturer to recoup the research and development costs incurred in bringing the drug to market for a predetermined number of years. Once a patent expires, other companies may manufacture a generic equivalent, provided they follow stringent FDA regulations for safety.

Generic drugs are drugs for which the patent has expired, allowing other manufacturers to produce and distribute the product under a generic name. Generics are essentially a chemical copy of their brand name equivalents. The color or shape may be different, but the active ingredients must be the same for both. The preferred drug list contains only FDA approved generic medications.

Q: Will I save money on every brand drug prescription?

A: NBPharmacy members are guaranteed to pay the lower of our contracted rate of the pharmacy's U&C. In most cases, NBpharmacy's contract rate will save members approximately 16% depending on the drug type (brand or generic) and which pharmacy location the member chooses to fill the prescription. Our participating pharmacy network is comprised of different types of pharmacies, including national chains and independent locations. Consequently, each pharmacy has different buying habits when it comes to purchasing their drug inventory and setting their U&C. Therefore, there may be instances, particularly for certain heavily marketed brand name drugs that a participating pharmacy sets their U&C lower than our contracted rate to attract more customers. In this instance the member will always pay the lowest price at the time of purchase.

Q: How do I contact the mail service pharmacy?

A: Members can order a 90-day supply of medication through our convenient mail order pharmacy service and have it delivered to their home. Our mail order provider processes and ships all completed within 48 hours. Prescription drug orders are shipped free of charge. An easy mail order form is provided in your fulfillment kit.

**See listing of participating pharmacies near you in the back of the small color book included in this kit or call 1-800-800-7616 for assistance in locating a provider.**

<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty</u>	<u>Avg</u>	<u>Tier</u>
<b>5-Ht3 Receptor Antagonists</b>				
(Gastrointestinal / Emesis)				
Zofran 4Mg Tablet	Brand	5		Tier 6
Zofran Odt 8Mg Tablet	Brand	2		Tier 5
<b>Acidifying Agents</b>				
(Electrolyte Supplements)				
K-Phos M.F. Tablet	Brand	100		Tier 2
K-Phos Neutral Tablet	Generic	98		Tier 2
K-Phos Original Tablet	Brand	100		Tier 2
Phospha 250 Neutral Tablet	Generic	73		Tier 2
<b>Adamantanes</b>				
(Antivirals)				
Rimantadine 100Mg Tablet	Generic	10		Tier 2
<b>Adrenals</b>				
(Corticosteroids)				
Aerobid Aerosol W/Adapter	Brand	7		Tier 5
Aerobid-M Aerosol W/Adapter	Brand	8		Tier 6
Celestone 0.6Mg/5Ml Syrup	Brand	240		Tier 4
Cortef 10Mg Tablet	Brand	88		Tier 3
Cortef 5Mg Tablet	Brand	80		Tier 3
Cortisone 25Mg Tablet	Generic	77		Tier 3
Decadron 0.75Mg Tablet	Brand	12		Tier 2
Deltasone 10Mg Tablet	Generic	45		Tier 1
<b>Alkalinizing Agents</b>				
(Electrolyte Supplements)				
Bicitra Solution	Brand	515		Tier 3
Cytra-2 Oral Solution	Generic	569		Tier 2
Cytra-3 Syrup	Generic	960		Tier 3
Cytra-K Crystals Packet	Generic	126		Tier 6
Cytra-K Oral Solution	Generic	1,230		Tier 4
Oracit Oral Solution	Brand	480		Tier 2
Polycitra Syrup	Brand	570		Tier 4
Polycitra-K Solution	Brand	960		Tier 5
<b>Alpha-Adrenergic Blocking Agents</b>				
(Alpha Blockers - Blood Pressure Lowering/Prostate)				
Cardura 1Mg Tablet	Brand	31		Tier 3
Cardura 4Mg Tablet	Brand	38		Tier 4
Cardura 8Mg Tablet	Brand	30		Tier 3
Doxazosin Mesylate 1Mg Tab	Generic	30		Tier 2
Doxazosin Mesylate 2Mg Tab	Generic	30		Tier 2
Doxazosin Mesylate 4Mg Tab	Generic	30		Tier 2
Doxazosin Mesylate 8Mg Tab	Generic	30		Tier 2
Hytrin 10Mg Capsule	Brand	42		Tier 6
<b>Alpha-Glucosidase Inhibitors</b>				
(Diabetes Mellitus)				
Glyset 100Mg Tablet	Brand	90		Tier 5
Glyset 25Mg Tablet	Brand	83		Tier 4
Glyset 50Mg Tablet	Brand	78		Tier 4
Precose 100Mg Tablet	Brand	80		Tier 5
Precose 25Mg Tablet	Brand	60		Tier 4
<b>Amebicides</b>				
(Amebicides)				
Yodoxin 650Mg Tablet	Brand	60		Tier 4
<b>Aminoglycosides</b>				
(Antibiotics)				
Neomycin 500Mg Tablet	Brand	22		Tier 3

Prices subject to change. This Benefit Is Not Insurance.

<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty</u>	<u>Avg</u>	<u>Tier</u>
<b>Ammonia Detoxicants</b>				
(Laxatives)				
Constulose 10Gm/15Ml Syrup	Brand	480		Tier 3
Enulose 10Gm/15Ml Syrup	Brand	365		Tier 2
Generlac 10Gm/15Ml Solution	Generic	1,200		Tier 3
Kristalose 10Gm Packet	Brand	33		Tier 3
Kristalose 20Gm Packet	Brand	36		Tier 4
Lactulose 10Gm/15Ml Soln	Generic	741		Tier 3
Lactulose 10Gm/15Ml Syrup	Generic	478		Tier 2
Lithostat 250Mg Tablet	Brand	37		Tier 3
<b>Androgens</b>				
(Androgen Hormones)				
Androderm 2.5Mg/24Hr Patch	Brand	30		Tier 6
Android 10Mg Capsule	Brand	34		Tier 6
Danazol 100Mg Capsule	Generic	60		Tier 6
Danazol 50Mg Capsule	Generic	50		Tier 5
Depo-Testosterone 100Mg/Ml	Brand	10		Tier 4
Depo-Testosterone 200Mg/Ml	Brand	3		Tier 3
<b>Angiotensin Ii Receptor Antagonists</b>				
(Cardiovascular Agents / Angiotensin Ii Receptor)				
Atacand 16Mg Tablet	Brand	30		Tier 4
Atacand 4Mg Tablet	Brand	30		Tier 4
Atacand 8Mg Tablet	Brand	31		Tier 4
Atacand Hct 32/12.5Mg Tab	Brand	29		Tier 4
Avalide 150-12.5Mg Tablet	Brand	33		Tier 5
Avalide 300-12.5Mg Tablet	Brand	31		Tier 5
Avapro 150Mg Tablet	Brand	30		Tier 4
Avapro 300Mg Tablet	Brand	23		Tier 4
<b>Angiotensin-Converting Enzyme Inhibitors</b>				
(Blood Pressure Lowering / Heart Medications)				
Accupril 10Mg Tablet	Brand	15		Tier 3
Accupril 20Mg Tablet	Brand	30		Tier 3
Accupril 40Mg Tablet	Brand	34		Tier 4
Accupril 5Mg Tablet	Brand	36		Tier 4
Accuretic 10-12.5Mg Tablet	Brand	26		Tier 3
Accuretic 20-12.5Mg Tablet	Brand	37		Tier 4
Accuretic 20-25Mg Tablet	Brand	30		Tier 3
Aceon 2Mg Tablet	Brand	33		Tier 4
Aceon 4Mg Tablet	Brand	32		Tier 4
Aceon 8Mg Tablet	Brand	27		Tier 4
<b>Anorexigenics;Respir.,Cerebral Stimulant</b>				
(Psychiatric / Attention Deficit Hyperactivity Disorder)				
Adderall 15Mg Tablet	Brand	30		Tier 4
Adderall 20Mg Tablet	Brand	36		Tier 5
Adderall Xr 10Mg Capsule Sa	Brand	31		Tier 6
Adderall Xr 15Mg Capsule Sa	Brand	30		Tier 6
Adderall Xr 25Mg Capsule Sa	Brand	24		Tier 5
Adderall Xr 5Mg Capsule Sa	Brand	15		Tier 4

Prices subject to change. This Benefit Is Not Insurance.

<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Antacids And Adsorbents</b>			
(Antacids)			
Aluminum Hydroxide Gel	Generic	480	Tier 1
Antacid 500Mg Tablet Chew	Generic	150	Tier 1
Antacid Anti-Gas Liquid	Generic	355	Tier 1
Antacid/Simethicone Liquid	Generic	360	Tier 1
Calcium Antacid 500Mg Tab	Generic	30	Tier 1
Calcium Antacid Tab Chew	Generic	90	Tier 1
Calcium Carb 1250Mg/5Ml Sus	Brand	633	Tier 2
Chewable Antacid 500Mg Tab	Generic	150	Tier 1
Eck Antacid Anti-Gas Susp	Generic	120	Tier 1
<b>Anthelmintics</b>			
(Antiinfectives)			
Albenza 200Mg Tablet	Brand	10	Tier 2
Mebendazole 100Mg Tab Chew	Generic	4	Tier 2
Mintezol 500Mg Tab Chew	Brand	16	Tier 3
<b>Antiallergic Agents</b>			
(Allergy Eye)			
Alamast 0.1% Drops	Brand	10	Tier 4
Alocril 2% Eye Drops	Brand	5	Tier 5
Alomide 0.1% Eye Drops	Brand	10	Tier 5
Astelin 137Mcg Nasal Spray	Brand	34	Tier 4
Cromolyn 4% Eye Drops	Generic	10	Tier 3
Elestat 0.05% Eye Drops	Brand	5	Tier 5
Livostin 0.05% Eye Drops	Brand	5	Tier 4
Optivar 0.05% Drops	Brand	6	Tier 5
Patanol 0.1% Eye Drops	Brand	5	Tier 5
Zaditor 0.025% Eye Drops	Brand	5	Tier 4
<b>Antiarrhythmic Agents</b>			
(Antiarrhythmics And Cardiac Glycosides)			
Amiodarone Hcl 200Mg Tablet	Generic	30	Tier 2
Disopyramide 100Mg Capsule	Generic	67	Tier 3
Disopyramide 150Mg Cap Sa	Generic	70	Tier 5
Disopyramide 150Mg Capsule	Generic	96	Tier 4
Ethmozine 250Mg Tablet	Brand	30	Tier 4
Ethmozine 300Mg Tablet	Brand	30	Tier 4
Flecainide Acetate 100Mg Tb	Generic	30	Tier 3
Flecainide Acetate 150Mg Tb	Generic	60	Tier 6
<b>Antibacterials (Eent)</b>			
(Antibiotic Eye Drops)			
Aktob 0.3% Eye Drops	Generic	5	Tier 1
Antibiotic Ear Suspension	Generic	10	Tier 2
Bacit/Polymyxin Eye Oint	Generic	4	Tier 3
Bactroban Nasal 2% Ointment	Brand	9	Tier 4
Blephamide Eye Drops	Brand	10	Tier 5
Blephamide Eye Ointment	Brand	4	Tier 4
Ciloxan 0.3% Eye Drops	Brand	3	Tier 3
Ciloxan 0.3% Ointment	Brand	4	Tier 4
Cipro Hc Otic Suspension	Brand	10	Tier 6
Ciprodex Otic Suspension	Brand	8	Tier 6

Prices subject to change. This Benefit Is Not Insurance.

<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Antibacterials (Skin &amp; Mucous Membrane)</b>			
(Dermatology / Bacterial Infections)			
Akne-Mycin 2% Ointment	Brand	25	Tier 4
Bacitracin 500U/Gm Ointment	Generic	30	Tier 1
Bacitracin Ointment	Generic	30	Tier 1
Bacitracin Zinc Ointment	Generic	29	Tier 1
Bacitracin/Polymyxin Oint	Generic	28	Tier 1
Bactroban 2% Cream	Brand	16	Tier 3
Bactroban 2% Ointment	Brand	24	Tier 4
Centany 2% Ointment	Brand	15	Tier 3
<b>Anticoagulants</b>			
(Blood Thinners)			
Coumadin 10Mg Tablet	Brand	32	Tier 3
Coumadin 1Mg Tablet	Brand	6	Tier 1
Coumadin 2.5Mg Tablet	Brand	25	Tier 3
Coumadin 2Mg Tablet	Brand	21	Tier 2
Coumadin 3Mg Tablet	Brand	30	Tier 3
Coumadin 4Mg Tablet	Brand	34	Tier 3
Coumadin 5Mg Tablet	Brand	40	Tier 3
Coumadin 6Mg Tablet	Brand	33	Tier 3
Coumadin 7.5Mg Tablet	Brand	90	Tier 2
<b>Antidepressants</b>			
(Antidepressants)			
Amitrip/Cdp 12.5-5 Tablet	Generic	51	Tier 3
Amitrip/Cdp 25-10 Tablet	Generic	48	Tier 3
Amitrip/Perphen 10-2 Tablet	Brand	49	Tier 2
Amitrip/Perphen 10-4 Tablet	Brand	72	Tier 2
Amitrip/Perphen 25-2 Tablet	Brand	62	Tier 2
Amitrip/Perphen 25-4 Tablet	Brand	64	Tier 2
Amitrip/Perphen 50-4 Tablet	Brand	60	Tier 3
Amitriptyline Hcl 100Mg Tab	Brand	30	Tier 3
Amitriptyline Hcl 10Mg Tab	Generic	30	Tier 1
Amitriptyline Hcl 150Mg Tab	Generic	60	Tier 2
<b>Antidiarrhea Agents</b>			
(Antidiarrheals)			
Anti-Diarrheal 2Mg Caplet	Generic	12	Tier 1
Anti-Diarrheal Caplets	Generic	12	Tier 1
Diphenoxylate/Atropine Liq	Generic	80	Tier 2
Diphenoxylate/Atropine Tab	Generic	13	Tier 1
Flora-Q Capsule	Brand	9	Tier 1
Imodium Advanced Tab Chew	Brand	24	Tier 2
Lactinex Tablet Chewable	Brand	93	Tier 2
Lomotil Tablet	Brand	57	Tier 4
Lonox Tablet	Generic	12	Tier 1
<b>Antiflatulents</b>			
(Antiflatulents)			
Genasyme 80Mg Tablet Chew	Generic	2	Tier 1
Simethicone 125Mg Tab Chew	Generic	92	Tier 1

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Antifungals (Skin &amp; Mucous Membrane)</b>			
(Fungal Infections)			
Af-Miconazole 7 Cream	Generic	45	Tier 1
Baza Antifungal 2% Cream	Generic	146	Tier 2
Ciclopirox 0.77% Topical Susp	Generic	60	Tier 6
Clioquinol/Hc 3/1 Cream	Brand	30	Tier 1
Clotrim 1% Vaginal Cream	Generic	45	Tier 2
Clotrimazole 1% Cream	Generic	45	Tier 1
Clotrimazole 1% Solution	Generic	10	Tier 2
Clotrimazole 10Mg Troche	Generic	60	Tier 6
Clotrimazole/Betameth Cream	Generic	15	Tier 3
Clotrimazole-Betametason Lot	Generic	30	Tier 4
<b>Antihistamines (GI Drugs)</b>			
(Gastrointestinal / Emesis)			
Antivert 12.5Mg Tablet	Brand	24	Tier 2
Antivert 25Mg Tablet	Brand	64	Tier 4
Dimenhydrinate 50Mg Tablet	Generic	100	Tier 1
Meclizine 12.5Mg Tablet	Generic	36	Tier 1
Meclizine 25Mg Chewable Tab	Generic	68	Tier 1
Meclizine 25Mg Tablet	Generic	55	Tier 1
Meclizine 25Mg Tablet Chew	Generic	30	Tier 1
Prochlorperazine 25Mg Supp	Generic	15	Tier 3
<b>Anti-Infectives (Skin &amp; Mucous Membrane)</b>			
(Anti-Infectives (Skin & Mucous Membrane))			
Acid Jelly	Brand	85	Tier 3
Acidic Vaginal Jelly	Generic	85	Tier 3
Relagard Vaginal Gel	Brand	50	Tier 3
Trimo-San Jelly	Brand	115	Tier 2
<b>Anti-Inflammatory Agents (Eent)</b>			
(Miscellaneous / Anti-Inflammatory)			
Acular 0.5% Eye Drops	Brand	3	Tier 3
Acular Ls 0.4% Opth Sol	Brand	5	Tier 5
Aero Otic Hc Ear Drops	Generic	10	Tier 2
Alrex 0.2% Eye Drops	Brand	10	Tier 5
Beconase Aq 0.042% Spray	Brand	25	Tier 5
Cortane-B Aqueous Drops	Brand	10	Tier 3
Cortane-B Lotion	Brand	60	Tier 3
Cortane-B Otic Drops	Generic	10	Tier 3
Cortic-Nd Ear Drops	Generic	15	Tier 3
Cyotic Ear Drops	Generic	10	Tier 2
<b>Anti-Inflammatory Agents (Skin &amp; Mucous)</b>			
(Corticosteroids - Medium)			
Aclovate 0.05% Cream	Brand	60	Tier 4
Aclovate 0.05% Ointment	Brand	19	Tier 3
Amcinonide 0.1% Ointment	Generic	30	Tier 3
Analpram-Hc 2.5% Cream	Brand	30	Tier 4
Anucort-Hc 25Mg Suppository	Generic	21	Tier 2
Anumed-Hc 25Mg Suppository	Generic	24	Tier 2
Anusol-Hc 2.5% Cream	Brand	40	Tier 4

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Antimalarials</b>			
(Antimalarials)			
Chloroquine Ph 250Mg Tablet	Brand	16	Tier 3
Chloroquine Ph 500Mg Tablet	Generic	13	Tier 4
Hydroxychloroquine 200Mg Tb	Generic	60	Tier 3
Malarone 250-100Mg Tablet	Brand	10	Tier 4
Mefloquine Hcl 250Mg Tablet	Generic	8	Tier 5
Plaquenil 200Mg Tablet	Brand	30	Tier 4
Quinine Sulfate 200Mg Cap	Brand	38	Tier 3
Quinine Sulfate 324Mg Cap	Brand	33	Tier 3
Quinine Sulfate 325Mg Cap	Brand	30	Tier 2
<b>Antimanic Agents</b>			
(Psychiatric Medications)			
Eskalith Cr 450Mg Tablet Sa	Brand	50	Tier 3
Lithium 300Mg Er Tablet	Generic	87	Tier 3
Lithium Carbonate 150Mg Cap	Generic	75	Tier 2
Lithium Carbonate 300Mg Cap	Generic	90	Tier 2
Lithium Carbonate 300Mg Tab	Brand	68	Tier 2
Lithium Carbonate 600Mg Cap	Brand	60	Tier 3
Lithium Cit 8Meq/5Ml Syrup	Brand	327	Tier 2
Lithium Er 450Mg Tablet	Generic	58	Tier 3
Lithobid 300Mg Tablet Sa	Brand	59	Tier 3
<b>Antimuscarinics/Antispasmodics</b>			
(Gi Antispasmodics)			
Anaspaz 125Mcg Tablet	Generic	30	Tier 1
Antispasmodic Elixir	Generic	120	Tier 1
Atrovent Inhaler	Brand	16	Tier 5
Belladonna/Phenobarb Elixir	Generic	120	Tier 1
Belladonna/Phenobarb Tablet	Generic	71	Tier 1
Bellamine Tablet	Generic	60	Tier 2
Bellamine-S Tablet	Generic	54	Tier 2
Bellaspas Tablet	Generic	50	Tier 2
Bel-Tabs Tablet	Brand	59	Tier 3
Bentyl 10Mg Capsule	Brand	90	Tier 3
<b>Antineoplastic Agents</b>			
(Antineoplastics)			
Alkeran 2Mg Tablet	Brand	25	Tier 5
Cyclophosphamide 25Mg Tab	Generic	30	Tier 4
Cyclophosphamide 50Mg Tab	Generic	30	Tier 6
<b>Antiparkinsonian Agents</b>			
(Parkinsons Medications)			
Akineton 2Mg Tablet	Brand	60	Tier 3
Benztropine Mes 0.5Mg Tab	Brand	60	Tier 2
Benztropine Mes 1Mg Tablet	Generic	28	Tier 1
Benztropine Mes 2Mg Tablet	Generic	30	Tier 1
Kemadrin 5Mg Tablet	Brand	54	Tier 3
Trihexyphenidyl 2Mg Tablet	Brand	30	Tier 1
Trihexyphenidyl 5Mg Tablet	Brand	68	Tier 3

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Antipruritics And Local Anesthetics</b>			
(Hemorrhoid / Anti-Itch / Numbing Creams)			
Anamantle Hc Cream	Brand	85	Tier 5
Anti-Itch 1% Cream	Generic	28	Tier 1
Anti-Itch 2% Cream	Generic	28	Tier 1
Anusol Ointment	Brand	30	Tier 1
Dibucaine 1% Ointment	Brand	30	Tier 1
Emla Cream	Brand	30	Tier 4
Ethyl Chloride Spray	Generic	104	Tier 2
Fluori-Methane 85/15 Spray	Brand	112	Tier 3
Lidamantle 3% Cream	Brand	85	Tier 4
Lidamantle Hc 0.5-3% Cream	Brand	28	Tier 4
<b>Antipsychotic Agents</b>			
(Psychiatric Medications)			
Abilify 5Mg Tablet	Brand	3	Tier 3
Chlorpromazine 100Mg Tablet	Generic	70	Tier 4
Chlorpromazine 10Mg Tablet	Generic	30	Tier 2
Chlorpromazine 200Mg Tablet	Brand	30	Tier 2
Chlorpromazine 25Mg Tablet	Generic	40	Tier 2
Chlorpromazine 50Mg Tablet	Generic	31	Tier 2
Clozapine 100Mg Tablet	Generic	28	Tier 6
<b>Antithyroid Agents</b>			
(Antithyroid Medications)			
Methimazole 10Mg Tablet	Generic	45	Tier 3
Methimazole 5Mg Tablet	Generic	30	Tier 2
Pima 325Mg/5Ml Syrup	Brand	223	Tier 3
Propylthiouracil 50Mg Tabs	Brand	168	Tier 2
Sski 1Gm/MI Solution	Brand	51	Tier 2
Tapazole 10Mg Tablet	Brand	36	Tier 3
Tapazole 5Mg Tablet	Brand	65	Tier 3
<b>Antituberculosis Agents</b>			
(Tuberculosis Medications)			
Ethambutol Hcl 100Mg Tablet	Generic	90	Tier 3
Isoniazid 100Mg Tablet	Generic	60	Tier 1
Isoniazid 300Mg Tablet	Generic	30	Tier 1
Pyrazinamide 500Mg Tablet	Generic	10	Tier 2
Rifadin 300Mg Capsule	Brand	28	Tier 5
Rifampin 150Mg Capsule	Generic	19	Tier 3
<b>Antitussives</b>			
(Cough Medications)			
Aber-Tuss Hc Syrup	Generic	240	Tier 2
Allfen-Dm Tablet Sa	Brand	22	Tier 3
Ambi 1000/55 Tablet	Generic	20	Tier 2
Ambi 45/800/30 Caplet	Generic	25	Tier 2
Ambi 80/700/40 Caplet	Generic	40	Tier 3
Ambifed-G Dm Caplet	Brand	30	Tier 3
Amibid Dm Tablet Sa	Generic	38	Tier 2
Anaplex Hd Liquid	Brand	227	Tier 3
Andehist Dm Syrup	Brand	180	Tier 3
<b>Antivirals (Eent)</b>			
(Ophthalmic / Infections)			
Trifluridine 1% Eye Drops	Generic	8	Tier 6
Viroptic 1% Eye Drops	Brand	8	Tier 6

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Antivirals (Skin &amp; Mucous Membrane)</b>			
(Infectious Disease / Antivirals)			
Denavir 1% Cream	Brand	2	Tier 3
Zovirax 5% Cream	Brand	2	Tier 3
Zovirax 5% Ointment	Brand	15	Tier 6
<b>Astringents</b>			
(Topical Astringents)			
Acid Mantle Cream	Brand	57	Tier 2
Aluminum Chloride Solution	Generic	60	Tier 2
Drysol Solution	Brand	38	Tier 1
<b>Azole</b>			
(Antifungals)			
Diflucan 100Mg Tablet	Brand	7.50	Tier 5
Diflucan 150Mg Tablet	Brand	1	Tier 2
Diflucan 200Mg Tablet	Brand	3.50	Tier 4
Diflucan 50Mg Tablet	Brand	3	Tier 3
Fluconazole 100Mg Tablet	Generic	8	Tier 4
Fluconazole 150Mg Tablet	Generic	2	Tier 2
Fluconazole 200Mg Tablet	Generic	2	Tier 2
Ketoconazole 200Mg Tablet	Generic	10	Tier 2
<b>Barbiturates (Anticonvulsants)</b>			
(Anti-Seizure Medications)			
Mebaral 100Mg Tablet	Brand	105	Tier 6
Mebaral 32Mg Tablet	Brand	90	Tier 3
Mebaral 50Mg Tablet	Brand	90	Tier 4
Mysoline 50Mg Tablet	Brand	60	Tier 3
Primidone 250Mg Tablet	Generic	109	Tier 5
Primidone 50Mg Tablet	Generic	60	Tier 3
<b>Barbiturates (Anxiolytic, Sedative/Hyp)</b>			
(Anti-Seizure Medications)			
Butisol Sodium 50Mg Tablet	Brand	60	Tier 6
Phenobarbital 100Mg Tablet	Generic	50	Tier 1
Phenobarbital 15Mg Tablet	Brand	90	Tier 1
Phenobarbital 16.2Mg Tablet	Generic	77	Tier 1
Phenobarbital 20Mg/5Ml Elix	Generic	689	Tier 2
Phenobarbital 30Mg Tablet	Brand	100	Tier 1
Phenobarbital 32.4Mg Tablet	Generic	60	Tier 1
Phenobarbital 60Mg Tablet	Brand	95	Tier 1
<b>Basic Lotions And Liniments</b>			
(Lotions)			
Amlactin 12% Lotion	Generic	225	Tier 2
Ammonium Lactate 12% Lotion	Generic	225	Tier 3
Calamine Lotion	Generic	120	Tier 1
Carraklenz Spray	Brand	180	Tier 2
Epilyt Lotion Concentrate	Brand	118	Tier 2
Lac-Hydrin 12% Lotion	Brand	380	Tier 4
Laclotion 12% Lotion	Brand	400	Tier 4
Lactic Acid 10% Lotion	Generic	357	Tier 3
Lactinol 10% Lotion	Brand	355	Tier 4

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty</u>	<u>Avg</u>	<u>Tier</u>
<b>Basic Ointments And Protectants</b>				
(Ointments And Creams)				
Amerigel Ointment	Brand	30		Tier 2
Amlactin 12% Cream	Generic	187		Tier 2
Ammonium Lactate 12% Cream	Brand	140		Tier 2
Baza Protect Cream	Brand	142		Tier 2
Cetaphil Moisturizing Cream	Brand	480		Tier 3
Lac-Hydrin 12% Cream	Brand	385		Tier 4
Lactic Acid 10% E Cream	Generic	114		Tier 2
Lactinol-E Creme	Brand	142		Tier 3
Mederma Gel	Brand	20		Tier 2
No Sting Barrier Film Wipe	Non Drug	25		Tier 2
<b>Benzodiazepines (Anticonvulsants)</b>				
(Anti-Seizure Medications)				
Clonazepam 0.5Mg Tablet	Generic	30		Tier 1
Clonazepam 1Mg Tablet	Generic	85		Tier 2
Clonazepam 2Mg Tablet	Generic	30		Tier 2
Klonopin 0.5Mg Tablet	Brand	64		Tier 5
Klonopin 1Mg Tablet	Brand	56		Tier 5
Klonopin 2Mg Tablet	Brand	32		Tier 4
Klonopin Wafers 0.125Mg	Brand	70		Tier 5
Klonopin Wafers 0.25Mg	Brand	36		Tier 3
Klonopin Wafers 0.5Mg	Brand	40		Tier 4
Klonopin Wafers 1Mg	Brand	37		Tier 4
<b>Benzodiazepines (Anxiolytic,Sedativ/Hyp)</b>				
(Psychiatric / Anxiety)				
Alprazolam 0.5Mg Tablet	Generic	71		Tier 1
Alprazolam 1Mg Tablet	Generic	71		Tier 1
Alprazolam 2Mg Tablet	Generic	80		Tier 2
Ativan 0.5Mg Tablet	Brand	52		Tier 4
Ativan 1Mg Tablet	Brand	29		Tier 3
Ativan 2Mg Tablet	Brand	46		Tier 6
Chlordiazepoxide 10Mg Cap	Generic	54		Tier 1
Chlordiazepoxide 25Mg Cap	Generic	56		Tier 1
Chlordiazepoxide 5Mg Cap	Generic	135		Tier 2
<b>Beta-Adrenergic Blocking Agents</b>				
(Blood Pressure / Heart Medications)				
Acebutolol 200Mg Capsule	Generic	50		Tier 3
Acebutolol 400Mg Capsule	Generic	45		Tier 3
Atenolol 25Mg Tablet	Generic	30		Tier 1
Atenolol 50Mg Tablet	Generic	30		Tier 1
Atenolol/Chlorthal 100/25	Generic	38		Tier 2
Atenolol/Chlorthal 50/25	Generic	36		Tier 2
Atenolol/Chlorthal 50/25 Tb	Generic	45		Tier 2
<b>Biguanides</b>				
(Diabetes Treatment)				
Fortamet Er 1000Mg Tablet	Brand	39		Tier 5
Fortamet Er 500Mg Tablet	Brand	49		Tier 4
Glucophage 1000Mg Tablet	Brand	52		Tier 6
Glucophage 500Mg Tablet	Brand	57		Tier 4
Glucophage 850Mg Tablet	Brand	45		Tier 5
Glucophage Xr 500Mg Tab Sa	Brand	62		Tier 4
Glucophage Xr 750Mg Tab Sa	Brand	43		Tier 4
Metformin Hcl 1000Mg Tablet	Generic	30		Tier 2
Metformin Hcl 500Mg Tablet	Generic	60		Tier 2
Metformin Hcl 850Mg Tablet	Generic	60		Tier 2

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Bile Acid Sequestrants</b>			
(Lipid Lowering Agents)			
Cholestyramine Light Packet	Generic	45	Tier 4
Cholestyramine Packet	Generic	62	Tier 5
Colestid 1Gm Tablet	Brand	71	Tier 4
Colestid Flavored Granules	Brand	450	Tier 6
Colestid Granules Packet	Brand	30	Tier 4
Prevalite Packet	Generic	57	Tier 4
Welchol 625Mg Tablet	Brand	118	Tier 6
<b>Caloric Agents</b>			
(Caloric Agents)			
Bd Glucose Tablet Chew	Generic	24	Tier 1
Mct Oil	Brand	960	Tier 4
Mg-Plus-Protein Tablet	Brand	100	Tier 1
Pre Protein Liquid	Brand	360	Tier 2
<b>Carbonic Anhydrase Inhibitors</b>			
(Glaucoma Agents / Diuretics)			
Acetazolamide 125Mg Tablet	Generic	61	Tier 2
Acetazolamide 250Mg Tablet	Generic	51	Tier 2
Azopt 1% Eye Drops	Brand	14	Tier 6
Cosopt Eye Drops	Brand	5	Tier 4
Methazolamide 25Mg Tablet	Generic	42	Tier 2
Methazolamide 50Mg Tablet	Brand	57	Tier 3
Trusopt 2% Eye Drops	Brand	5	Tier 3
<b>Cardiotonic Agents</b>			
(Antiarrhythmics And Cardiac Glycosides)			
Digitek 250Mcg Tablet	Generic	32	Tier 1
Digoxin 125Mcg Tablet	Generic	10	Tier 1
Digoxin 250Mcg Tablet	Generic	58	Tier 2
Lanoxicaps 0.05Mg Capsule	Brand	30	Tier 2
Lanoxicaps 0.1Mg Capsule	Brand	46	Tier 2
Lanoxicaps 0.2Mg Capsule	Brand	49	Tier 2
Lanoxin 125Mcg Tablet	Brand	50	Tier 2
Lanoxin 250Mcg Tablet	Brand	48	Tier 2
<b>Cathartics And Laxatives</b>			
(Laxatives)			
Bisac-Evac 10Mg Suppository	Generic	2	Tier 1
Bisacodyl 10Mg Suppository	Generic	12	Tier 1
Bisacodyl 5Mg Tablet	Generic	4	Tier 1
Bisacodyl 5Mg Tablet Ec	Generic	4	Tier 1
Bisa-Lax 5Mg Tablet Ec	Generic	60	Tier 1
Citrate Of Magnesia Soln	Brand	850	Tier 1
Colace 100Mg Capsule	Brand	75	Tier 3
Colyte Flavored Solution	Brand	4,000	Tier 3
Colyte Solution	Brand	4,000	Tier 2
Colyte With Flavor Packets	Brand	3,928	Tier 2

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty</u>	<u>Avg</u>	<u>Tier</u>
<b>Cell Stimulants And Proliferants</b>				
(Topical Acne Medications)				
Avita 0.025% Cream	Generic	45		Tier 4
Renova 0.02% Cream	Brand	40		Tier 5
Renova 0.05% Cream	Brand	60		Tier 6
Retin-A 0.025% Cream	Brand	20		Tier 4
Retin-A 0.05% Cream	Brand	45		Tier 6
Retin-A 0.1% Cream	Brand	40		Tier 6
Retin-A Micro 0.04% Gel	Brand	45		Tier 6
Retin-A Micro 0.1% Gel	Brand	20		Tier 4
Solage Topical Solution	Brand	30		Tier 6
Tretinoin 0.01% Gel	Generic	15		Tier 3
<b>Central Alpha-Agonists</b>				
(Blood Pressure Medication)				
Catapres 0.1Mg Tablet	Brand	51		Tier 4
Catapres 0.2Mg Tablet	Brand	73		Tier 6
Catapres-Tts 1 Patch	Brand	4		Tier 4
Catapres-Tts 2 Patch	Brand	4		Tier 6
Clonidine Hcl 0.2Mg Tablet	Generic	65		Tier 2
Clonidine Hcl 0.3Mg Tablet	Generic	66		Tier 2
Clorpres 0.1/15 Tablet	Brand	44		Tier 4
<b>Cephalosporins</b>				
(Antibiotics)				
Cedax 400Mg Capsule	Brand	8		Tier 5
Cefaclor 250Mg Capsule	Generic	29		Tier 2
Cefaclor Er 500Mg Tablet Sa	Brand	20		Tier 5
Cefadroxil 500Mg Capsule	Generic	12		Tier 2
Cefpodoxime 200Mg Tablet	Generic	17		Tier 6
Ceftin 250Mg Tablet	Brand	6		Tier 3
Ceftin 250Mg/5Ml Oral Susp	Brand	100		Tier 5
Cefuroxime Axetil 250Mg Tab	Generic	5		Tier 3
<b>Contraceptives</b>				
(Birth Control Pills)				
Alesse-28 Tablet	Brand	34		Tier 4
Apri 28 Day Tablet	Generic	29		Tier 3
Apri Tablet	Generic	28		Tier 3
Aviane-28 Tablet	Generic	30		Tier 3
Brevicon 28 Tablet	Generic	28		Tier 3
Camila Tablet	Generic	34		Tier 3
Cryselle-28 Tablet	Generic	28		Tier 3
Cyclessa 28 Day Tablet	Brand	28		Tier 3
Desogen 28 Day Tablet	Brand	29		Tier 3
<b>Contraceptives (E.G. Foams, Devices)</b>				
(Contraceptive Devices)				
Ortho-Diaphragm Allflex 65Mm	Non Drug	1		Tier 3
<b>Depigmenting Agents</b>				
(Bleaching Agents)				
Aclaro 4% Emulsion	Brand	48		Tier 6
Benoquin 20% Cream	Brand	35		Tier 4
Claripel 4% Cream	Brand	28		Tier 5
Epiquin Micro 4% Cream	Brand	30		Tier 5
Hydroquinone 3% Solution	Generic	45		Tier 2
Hydroquinone 4% Cream	Generic	30		Tier 3
Lustra 4% Cream	Brand	28		Tier 4
Tri-Luma Cream	Brand	30		Tier 6

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty</u>	<u>Avg</u>	<u>Tier</u>
<b>Devices</b>				
(Devices)				
Acapella Device	Non Drug	1		Tier 4
Accu-Chek Advantage Kit	Non Drug	1		Tier 5
Accu-Chek Compact Care Kit	Non Drug	1		Tier 5
Accusure Insulin Syrn 0.5MI	Non Drug	30		Tier 1
Accusure Insulin Syrn 1MI	Non Drug	77		Tier 2
Active Life Drainable Pouch	Non Drug	10		Tier 3
Aerochamber	Non Drug	1		Tier 3
Aerochamber W/Flowsignal	Non Drug	1		Tier 2
Aerochamber W/Mask-Large	Non Drug	1		Tier 4
<b>Diabetes Mellitus</b>				
(Diabetes Testing)				
Accu-Chek Active Test Strip	Non Drug	61		Tier 3
Accu-Chek Advantage Strips	Non Drug	50		Tier 4
Accu-Chek Cmfrt Curve Strip	Non Drug	50		Tier 3
Accu-Chek Compact Strips	Non Drug	73		Tier 5
Accu-Chek Instant Test Strp	Non Drug	67		Tier 4
Accu-Chek Simplicity Strips	Non Drug	50		Tier 4
Ascensia Autodisc Strips	Non Drug	100		Tier 5
<b>Digestants</b>				
(Pancrease Enzymes)				
Creon 10 Capsule Ec	Brand	76		Tier 5
Dygase Capsule	Generic	100		Tier 5
Kutrase Capsule	Brand	91.50		Tier 5
Ku-Zyme Capsule	Brand	157.50		Tier 6
Lipram 4500 Capsule Ec	Generic	187		Tier 5
Lipram-Cr 10 Capsule Ec	Generic	90		Tier 5
Lipram-Cr20 Capsule Sa	Generic	30		Tier 3
Lipram-Pn20 Capsule Ec	Generic	52		Tier 5
<b>Dihydropyridines</b>				
(Blood Pressure / Heart Medications)				
Adalat Cc 30Mg Tablet	Brand	31		Tier 4
Adalat Cc 30Mg Tablet Sa	Brand	60		Tier 6
Adalat Cc 60Mg Tablet	Brand	29		Tier 5
Adalat Cc 60Mg Tablet Sa	Brand	15		Tier 4
Afeditab Cr 30Mg Tablet	Generic	36		Tier 3
Afeditab Cr 60Mg Tablet	Generic	33		Tier 4
Cardene 20Mg Capsule	Brand	77		Tier 4
Cardene 30Mg Capsule	Brand	49		Tier 4
Cardene Sr 30Mg Capsule Sa	Brand	67		Tier 5
<b>Direct Vasodilators</b>				
(Blood Pressure Medication)				
Hydralazine 100Mg Tablet	Brand	93		Tier 2
Hydralazine 10Mg Tablet	Brand	90		Tier 1
Hydralazine 25Mg Tablet	Brand	100		Tier 2
Hydralazine 50Mg Tablet	Brand	90		Tier 1
Hydra-Zide 25/25 Capsule	Brand	53		Tier 3
Hydra-Zide 50/50 Capsule	Brand	37		Tier 3
Minoxidil 10Mg Tablet	Generic	75		Tier 4
Minoxidil 2.5Mg Tablet	Generic	90		Tier 3
<b>Disinfectants (For Non-Dermatologic Use)</b>				
(Disinfectants)				
Dakin's 0.25% Solution	Brand	330		Tier 1
Dakin's 0.5% Solution	Brand	478		Tier 1

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Diuretics</b>			
(Water Pills / Heart / Blood Pressure)			
Amiloride Hcl/Hctz 5/50 Tab	Generic	40	Tier 1
Bumetanide 1Mg Tablet	Generic	90	Tier 3
Bumetanide 2Mg Tablet	Generic	14	Tier 2
Bumex 0.5Mg Tablet	Brand	23	Tier 2
Bumex 1Mg Tablet	Brand	60	Tier 3
Bumex 2Mg Tablet	Brand	45	Tier 4
Chlorothiazide 250Mg Tablet	Generic	90	Tier 2
Chlorthalidone 100Mg Tablet	Brand	40	Tier 2
<b>Enzyme</b>			
(Infectious Disease / Antivirals)			
Accuzyme Ointment	Brand	6	Tier 2
Ethezyme 830 Ointment	Generic	30	Tier 4
Papain-Urea-Chloro Ointment	Generic	32	Tier 5
Ziox Ointment	Generic	30	Tier 5
<b>Estrogen Agonist-Antagonists</b>			
(Obgyn / Miscellaneous)			
Clomiphene Citrate 50Mg Tab	Generic	5	Tier 3
Evista 60Mg Tablet	Brand	30	Tier 5
<b>Estrogens</b>			
(Menopause/Postmenopausal Osteoporosis)			
Activella Tablet	Brand	29	Tier 3
Alora 0.05Mg Patch	Brand	8	Tier 3
Alora 0.075Mg Patch	Brand	8	Tier 3
Alora 0.1Mg Patch	Brand	8	Tier 3
Cenestin 0.3Mg Tablet	Brand	37	Tier 3
Cenestin 0.625Mg Tablet	Brand	34	Tier 3
Cenestin 0.9Mg Tablet	Brand	34	Tier 4
Climara 0.025Mg/Day Patch	Brand	5	Tier 4
Climara 0.0375Mg/Day Patch	Brand	4	Tier 3
<b>Expectorants</b>			
(Cold Medications)			
Albatussin-Nn Liquid	Brand	119	Tier 3
Aldex Tablet	Brand	32	Tier 3
Allfen 1000Mg Tablet Sa	Brand	20	Tier 2
Allfen Tablet	Brand	47	Tier 3
Altex-Pse 600/120 Tablet Sa	Generic	10	Tier 1
Ambi 45/800 Caplet	Generic	18	Tier 1
Ambifed-G Caplet	Brand	20	Tier 2
Amidal Tablet Sa	Generic	15	Tier 1
Ami-Tex La Tablet	Generic	38	Tier 2
Ami-Tex Pse 600/120 Tab Sa	Generic	34	Tier 1
<b>Fibric Acid Derivatives</b>			
(High Cholesterol / Tryglyceride Medications)			
Gemfibrozil 600Mg Tablet	Generic	30	Tier 2
Lofibra 134Mg Capsule	Brand	30	Tier 4
Lofibra 200Mg Capsule	Brand	30	Tier 5
Lofibra 67Mg Capsule	Brand	28	Tier 3
Lopid 600Mg Tablet	Brand	54	Tier 6
Tricor 160Mg Tablet	Brand	30	Tier 6
Tricor 54Mg Tablet	Brand	35	Tier 3

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>First Generation Antihistamines</b>			
(Antihistamines)			
Accuhist La Tablet	Brand	25	Tier 3
Aerohist Caplet	Brand	45	Tier 4
Allerfrim Tablet	Generic	36	Tier 1
Allerx Dose Pack Tablet	Brand	23	Tier 3
Amdry-C Tablet	Generic	10	Tier 1
Banophen 12.5Mg/5Ml Elixir	Generic	120	Tier 1
Bellahist-D La Tablet	Generic	27	Tier 3
Biohist-La Tablet	Brand	14	Tier 2
Blanex-A Tablet	Generic	30	Tier 2
<b>Genitourinary Smooth Muscle Relaxants</b>			
(Gi Relaxants)			
Detrol 1Mg Tablet	Brand	58	Tier 6
Detrol 2Mg Tablet	Brand	54	Tier 6
Detrol La 2Mg Capsule Sa	Brand	27	Tier 6
Detrol La 4Mg Capsule Sa	Brand	30	Tier 6
Ditropan 5Mg Tablet	Brand	60	Tier 5
Ditropan XI 10Mg Tablet Sa	Brand	30	Tier 6
Ditropan XI 15Mg Tablet Sa	Brand	29	Tier 6
Ditropan XI 5Mg Tablet Sa	Brand	30	Tier 6
Flavoxate Hcl 100Mg Tablet	Generic	33	Tier 4
Oxybutynin 5Mg Tablet	Generic	25	Tier 1
<b>Gold Compounds</b>			
(Musculoskeletal / Dmards)			
Ridaura 3Mg Capsule	Brand	22	Tier 5
<b>Hemorrhheologic Agents</b>			
(Blood "Thinners")			
Pentoxil 400Mg Tablet Sa	Generic	120	Tier 3
Trental 400Mg Tablet Sa	Brand	55	Tier 4
<b>Hemostatics</b>			
(Hemostatics)			
Aminocaproic Acid 500Mg Tab	Generic	28	Tier 4
<b>Histamine H2-Antagonists</b>			
(Ulcer / Reflux Medications)			
Cimetidine 200Mg Tablet	Generic	30	Tier 1
Cimetidine 300Mg Tablet	Generic	100	Tier 2
Cimetidine 300Mg/5Ml Liquid	Generic	200	Tier 3
Cimetidine 300Mg/5Ml Soln	Generic	300	Tier 3
Cimetidine 400Mg Tablet	Generic	30	Tier 1
Cimetidine 800Mg Tablet	Generic	120	Tier 3
Famotidine 10Mg Tablet	Generic	4	Tier 1
Famotidine 20Mg Tablet	Generic	60	Tier 2
<b>Hmg-Coa Reductase Inhibitors</b>			
(Lipid Lowering Agents)			
Advicor 1000Mg/20Mg Tablet	Brand	32	Tier 5
Advicor 500Mg/20Mg Tablet	Brand	34	Tier 5
Altocor 20Mg Tablet	Brand	30	Tier 5
Altocor 40Mg Tablet	Brand	30	Tier 5
Altocor 60Mg Tablet	Brand	29	Tier 5
Altoprev 20Mg Tablet	Brand	31	Tier 5
Altoprev 40Mg Tablet	Brand	31	Tier 5
Altoprev 60Mg Tablet	Brand	30	Tier 5
Caduet 10Mg/10Mg Tablet	Brand	26	Tier 6

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Hydantoins</b>			
(Anti-Seizure Medications)			
Dilantin 100Mg Kapseal	Brand	100	Tier 3
Dilantin 125Mg/5MI Susp	Brand	261	Tier 4
Dilantin 30Mg Kapseal	Brand	51	Tier 2
Dilantin 50Mg Infatab	Brand	60	Tier 3
Phenytek 200Mg Capsule	Brand	43	Tier 3
Phenytek 300Mg Capsule	Brand	33	Tier 3
Phenytoin 125Mg/5MI Susp	Generic	269	Tier 3
Phenytoin 125Mg/5MI Suspen	Generic	349	Tier 3
Phenytoin Sod 100Mg Capsule	Brand	118	Tier 3
Phenytoin Sod Ext 100Mg Cap	Generic	104	Tier 3
<b>Insulins</b>			
(Diabetes Mellitus)			
Humalog 100U/MI Cartridge	Brand	8	Tier 5
Humulin 70/30 Pen	Brand	15	Tier 6
Humulin N 100U/MI Pen	Brand	16	Tier 6
Iletin Ii Pork Nph 100U/MI	Brand	10	Tier 4
Novolin 70/30 Innolet	Brand	16	Tier 5
Novolin N 100U/MI Cartridge	Brand	8	Tier 4
Novolin N 100U/MI Innolet	Brand	16	Tier 5
<b>Iron Preparations</b>			
(Iron Supplements)			
Apetigen Plus Liquid	Brand	240	Tier 2
Chromagen Capsule	Brand	39	Tier 3
Chromagen Fa Capsule	Brand	38	Tier 3
Chromagen Forte Capsule	Brand	45	Tier 3
Conison Capsule	Brand	38	Tier 3
Feogen Capsule	Generic	39	Tier 3
Feogen Fa Capsule	Brand	41	Tier 3
Feogen Forte Softgel	Generic	51	Tier 3
Feosol 200Mg Tablet	Brand	53	Tier 1
<b>Irrigating Solutions</b>			
(Irrigation Solutions)			
Acetic Acid 0.25% Irrig.	Brand	1,000	Tier 1
Renacidin Irrigation Soln	Brand	1,000	Tier 5
Sea-Clens Wound Cleanser	Brand	355	Tier 2
Sodium Chloride 0.9% Irrig.	Generic	250	Tier 1
Sterile Water,Irrigation	Brand	1,000	Tier 2
<b>Keratolytic Agents</b>			
(Topical Skin Treatments)			
Avar Cleanser	Generic	227	Tier 3
Avar Gel	Brand	45	Tier 5
Avar Green Gel	Brand	45	Tier 4
Avar-E Emollient Cream	Brand	45	Tier 4
Benzoyl Peroxide 10% Gel	Generic	60	Tier 3
Benzoyl Peroxide 10% Wash	Generic	300	Tier 3
Benzoyl Peroxide 2.5% Wash	Brand	240	Tier 3
Benzoyl Peroxide 5% Gel	Generic	90	Tier 3
Brevoxyl 4% Gel	Brand	43	Tier 4
Brevoxyl-8 Cleansing Lotion	Brand	297	Tier 5
<b>Keratoplastic Agents</b>			
(Topical Skin Treatments)			
Anthralin 1% Cream	Generic	50	Tier 3
Carmol 10% Scalp Lotion	Brand	85	Tier 3
Carmol Scalp Treatment Kit	Brand	1	Tier 4
Coal Tar Solution	Non Drug	264	Tier 3

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty</u>	<u>Avg</u>	<u>Tier</u>
<b>Ketones</b>				
(Diabetes Testing)				
Ketostix Reagent Strips	Non Drug	50		Tier 1
<b>Local Anesthetics (Eent)</b>				
(Ear / Eye Drops)				
A/B Otic Ear Drops	Generic	15		Tier 1
Allergen Ear Drops	Generic	15		Tier 1
Antipyr/Benzocaine Ear Drop	Generic	10		Tier 1
Auroguard Otic Solution	Generic	15		Tier 1
Auroto Ear Drops	Generic	14		Tier 1
Ear-Gesic Drops	Generic	15		Tier 2
Lidocaine 2% Viscous Soln	Generic	116		Tier 1
Lidocaine Hcl 2% Jelly	Generic	25		Tier 3
Lidocaine Hcl 4% Solution	Generic	50		Tier 2
<b>Local Anesthetics (Parenteral)</b>				
(Local Anesthetics)				
Lidocaine 1%/Epi 1:100000	Generic	500		Tier 3
Marcaine W/Epi 0.25%/0.0005	Brand	200		Tier 3
Marcaine W/Epi 0.5%/0.0005	Brand	200		Tier 3
<b>Macrolides</b>				
(Antibiotics)				
Biaxin 250Mg Tablet	Brand	19		Tier 6
Biaxin 250Mg/5MI Suspension	Brand	100		Tier 5
Biaxin 500Mg Tablet	Brand	19		Tier 6
Biaxin XI 500Mg Tablet Sa	Brand	17		Tier 5
Dynabac 250Mg Tablet Ec	Brand	10		Tier 4
E.E.S. 200Mg/5MI Granules	Brand	200		Tier 2
E.E.S. 200Mg/5MI Suspension	Brand	600		Tier 3
Ery-Tab 250Mg Tablet Ec	Brand	37		Tier 2
Ery-Tab 333Mg Tablet Ec	Brand	31		Tier 2
<b>Meglitinides</b>				
(Diabetes Mellitus / Oral Agents)				
Prandin 0.5Mg Tablet	Brand	62		Tier 5
Prandin 1Mg Tablet	Brand	67		Tier 5
Prandin 2Mg Tablet	Brand	91		Tier 6
Starlix 120Mg Tablet	Brand	68		Tier 5
Starlix 60Mg Tablet	Brand	56		Tier 5
<b>Mineralocorticoid (Aldosterone) Antagnts</b>				
(Blood Pressure Treatment)				
Aldactazide 25/25 Tablet	Brand	76		Tier 4
Aldactazide 50/50 Tablet	Brand	33		Tier 4
Aldactone 100Mg Tablet	Brand	48		Tier 6
Aldactone 25Mg Tablet	Brand	37		Tier 3
Spirolact/Hctz 25/25 Tab	Generic	30		Tier 2
Spirolactone 100Mg Tablet	Generic	30		Tier 3
<b>Miotics</b>				
(Ophthalmic / Glaucoma - Topical / Miscellaneous)				
Isopto Carbachol 3% Drops	Brand	15		Tier 3
Isopto Carpine 2% Eye Drops	Brand	15		Tier 3
Isopto Carpine 4% Eye Drops	Brand	15		Tier 3
Phospholine Iodide 0.125%	Brand	1		Tier 3
Pilocar 2% Eye Drops	Generic	15		Tier 2
Pilocar 4% Eye Drops	Generic	15		Tier 2
Pilocarpine 0.5% Eye Drops	Generic	15		Tier 1
Pilocarpine 2% Eye Drop	Generic	15		Tier 2
Pilocarpine 2% Eye Drops	Generic	16		Tier 2

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty</u>	<u>Avg</u>	<u>Tier</u>
<b>Misc. Anxiolytics, Sedatives &amp; Hypnotics</b>				
(Psychiatric / Insomnia)				
Ambien 10Mg Tablet	Brand	19		Tier 4
Ambien 5Mg Tablet	Brand	30		Tier 5
Ambien Pak 10Mg Tablet	Brand	27		Tier 5
Ambien Pak 5Mg Tablet	Brand	30		Tier 5
Atarax 25Mg Tablet	Brand	30		Tier 3
Buspar 10Mg Tablet	Brand	30		Tier 4
Buspar 5Mg Tablet	Brand	33		Tier 3
Bupirone Hcl 15Mg Tablet	Generic	34		Tier 2
Bupirone Hcl 30Mg Tablet	Generic	31		Tier 3
<b>Misc. Calcium-Channel Blocking Agents</b>				
(Calcium Channel Blockers - Nondihydropyridines)				
Calan 80Mg Tablet	Brand	100		Tier 5
Calan Sr 120Mg Caplet Sa	Brand	37		Tier 4
Calan Sr 180Mg Caplet Sa	Brand	35		Tier 5
Calan Sr 240Mg Caplet Sa	Brand	27		Tier 4
Cardizem 30Mg Tablet	Brand	100		Tier 4
Cardizem 60Mg Tablet	Brand	46		Tier 4
Cardizem Cd 120Mg Cap Sa	Brand	32		Tier 4
Cardizem Cd 180Mg Cap Sa	Brand	30		Tier 4
Cardizem Cd 240Mg Cap Sa	Brand	32		Tier 5
Cardizem Cd 300Mg Cap Sa	Brand	30		Tier 6
<b>Misc. Central Nervous System Agents</b>				
(Parkinsons Medications)				
Amantadine 100Mg Capsule	Brand	80		Tier 4
Amantadine 50Mg/5MI Syrup	Generic	600		Tier 3
Axert 12.5Mg Tablet	Brand	5		Tier 6
Carbidopa/Levo 10/100 Tab	Generic	58		Tier 2
Carbidopa/Levo 25/100 Tab	Generic	100		Tier 3
Carbidopa/Levo 25/100 Tb Sa	Generic	66		Tier 4
Carbidopa/Levo 25/250 Tab	Generic	120		Tier 4
Carbidopa-Levo 25/100 Tb Sa	Generic	60		Tier 4
<b>Misc. Skin And Mucous Membrane Agents</b>				
(Misc. Topical Medications)				
Avage 0.1% Cream	Brand	30		Tier 6
Azelex 20% Cream	Brand	30		Tier 4
Calmoseptine Ointment	Brand	113		Tier 1
Capitrol 2% Shampoo	Brand	110		Tier 3
Carac Cream	Brand	30		Tier 6
Castellani Paint Modified	Brand	30		Tier 2
Claravis 40Mg Capsule	Generic	10		Tier 5
<b>Miscellaneous Analgesics And Antipyretic</b>				
(Pain / Fever Medication)				
Acetaminophen 325Mg Tablet	Generic	5		Tier 1
Acetaminophen 500Mg Caplet	Brand	1		Tier 1
Acetaminophen 500Mg Table	Generic	100		Tier 1
Acetaminophen 500Mg Tablet	Generic	84		Tier 1
Acetaminophen 650Mg Suppos	Generic	12		Tier 1
Ali-Flex Tablet	Generic	32		Tier 2
Amidrine Capsule	Generic	70		Tier 2
Apap/Butalbital 325/50 Tab	Generic	43		Tier 2
Apap/Dichlphen/Isomethep Cp	Generic	46		Tier 2

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Miscellaneous Antibacterials</b>			
(Antibiotic)			
Cleocin 75Mg/5Ml Granules	Brand	300	Tier 5
Cleocin Hcl 150Mg Capsule	Brand	32	Tier 6
Cleocin Hcl 300Mg Capsule	Brand	2	Tier 2
Clindamycin Hcl 150Mg Cap	Generic	62	Tier 3
Clindamycin Hcl 150Mg Caps	Generic	42	Tier 2
Clindamycin Hcl 300Mg Caps	Generic	16	Tier 4
Ketek 400Mg Tablet	Brand	10	Tier 4
Ketek Pak 400Mg Tablet	Brand	10	Tier 4
<b>Miscellaneous Anticonvulsants</b>			
(Anti-Seizure / Nerve Pain Medications)			
Carbamazepine 200Mg Tablet	Generic	60	Tier 1
Carbatrol 100Mg Capsule Sa	Brand	85	Tier 6
Carbatrol 200Mg Capsule Sa	Brand	72	Tier 5
Carbatrol 300Mg Capsule Sa	Brand	65	Tier 5
Depakote 125Mg Tablet Ec	Brand	38	Tier 3
Depakote 250Mg Tablet Ec	Brand	73	Tier 6
<b>Miscellaneous Antidiabetic Agents</b>			
(Diabetes Mellitus - Glucose Elevating Agents)			
Glucagon 1Mg Emergency Kit	Brand	1	Tier 6
<b>Miscellaneous Antiemetics</b>			
(Nausea / Vomiting Medication)			
Scopace 0.4Mg Tablet	Brand	6	Tier 1
Transderm-Scop 1.5Mg/72Hr	Brand	4	Tier 3
<b>Miscellaneous Antifungals</b>			
(Antifungal / Miscellaneous)			
Grifulvin V 125Mg/5Ml Susp	Brand	105	Tier 3
Grifulvin V 500Mg Tablet	Brand	25	Tier 4
Gris-Peg 250Mg Tablet	Brand	46	Tier 5
<b>Miscellaneous Anti-Infectives (Eent)</b>			
(Ear And Mouth Rinse Medications)			
Acetasol Hc Ear Drops	Brand	11	Tier 3
Acetic Acid 2% Ear Solution	Brand	15	Tier 2
Acetic Acid W/Hc Ear Drops	Generic	10	Tier 2
Borofair Ear Drops	Generic	60	Tier 2
Debrox 6.5% Ear Drops	Brand	15	Tier 1
Ear Drops 6.5%	Brand	15	Tier 1
Ear Wax Drops 6.5%	Generic	15	Tier 1
E-R-O Ear Drops	Generic	15	Tier 1
<b>Miscellaneous Antilipemic Agents</b>			
(Cholesterol / Tryglyceride Lowering)			
Niacin 250Mg Capsule Sa	Generic	58	Tier 1
Niacin 250Mg Capsule Sr	Generic	53	Tier 1
Niacin 500Mg Caplet Sa	Generic	49	Tier 1
Niacin 500Mg Capsule Sa	Brand	70	Tier 1
Niacin 500Mg Tablet	Generic	60	Tier 1
Niacin 500Mg Tablet Sa	Generic	48	Tier 1
Niacor 500Mg Tablet	Brand	120	Tier 3
Niaspan 1000Mg Tablet Sa	Brand	42	Tier 6
Niaspan 500Mg Tablet Sa	Brand	42	Tier 4
Niaspan 750Mg Tablet Sa	Brand	46	Tier 6
<b>Miscellaneous Antimycobacterials</b>			
(Antiinfectives)			
Dapsone 100Mg Tablet	Brand	40	Tier 2
Dapsone 25Mg Tablet	Brand	66	Tier 2

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Miscellaneous Antiprotozoals</b>			
(Infectious Diseases - Malaria And Other Protozoal)			
Flagyl 250Mg Tablet	Brand	28	Tier 5
Flagyl 375 Capsule	Brand	14	Tier 4
Flagyl 500Mg Tablet	Brand	10	Tier 4
Metronidazole 250Mg Tablet	Generic	30	Tier 1
Metronidazole 375Mg Capsule	Generic	18	Tier 4
Metronidazole 500Mg Tablet	Generic	23	Tier 1
Metronidazole Er 750Mg Tab	Generic	5	Tier 3
<b>Miscellaneous Autonomic Drugs</b>			
(Misc. Autonomic Drugs)			
Nicoderm Cq 14Mg/24Hr Patch	Generic	23	Tier 5
Nicoderm Cq 21Mg/24Hr Patch	Generic	23	Tier 5
Nicoderm Cq 7Mg/24Hr Patch	Generic	14	Tier 4
Nicotine 14Mg/24Hr Patch	Brand	14	Tier 6
Nicotine 14Mg-24Hr Patch	Generic	14	Tier 4
Nicotine 21Mg/24Hr Patch	Generic	28	Tier 4
Nicotrol Cartridge Inhaler	Brand	42	Tier 4
<b>Miscellaneous B-Lactam Antibiotics</b>			
(Infectious Disease / Second Generation)			
Lorabid 400Mg Pulvule	Brand	11	Tier 5
<b>Miscellaneous Eent Drugs</b>			
(Artificial Tears / Saline Nose Sprays)			
Akwa Tears Ointment	Generic	4	Tier 1
Artificial Tears Drops	Generic	15	Tier 1
Atrovent 0.03% Spray	Brand	30	Tier 4
Atrovent 0.06% Spray	Brand	16	Tier 4
Betagan 0.5% Eye Drops	Brand	6	Tier 3
Betaxolol Hcl 0.5% Eye Drop	Generic	5	Tier 3
Betimol 0.25% Eye Drops	Brand	15	Tier 4
Betimol 0.5% Eye Drops	Brand	6	Tier 3
Betoptic S 0.25% Eye Drops	Brand	3	Tier 3
<b>Miscellaneous Gi Drugs</b>			
(Gastrointestinals / Miscellaneous)			
Xenical 120Mg Capsule	Brand	63	Tier 6
<b>Miscellaneous Local Anti-Infectives</b>			
(Misc. Topical Anti-Infectives)			
Alcohol 70% Swabs	Non Drug	130	Tier 1
Alcohol Prep Pads	Non Drug	100	Tier 1
Alcohol Wipes	Non Drug	100	Tier 1
Alcortin Gel	Brand	32	Tier 4
Avc 15% Cream	Brand	120	Tier 4
Bd Single Use Swab	Non Drug	122	Tier 1
Betasept 4% Surgical Scrub	Generic	240	Tier 2
Dermazene Cream	Generic	30	Tier 4
Dermazinc 0.25% Spray	Generic	120	Tier 3
Fp Alcohol Swabs	Non Drug	100	Tier 1
<b>Miscellaneous Therapeutic Agents</b>			
(Misc. Medications)			
Accolate 10Mg Tablet	Brand	48	Tier 5
Accolate 20Mg Tablet	Brand	51	Tier 5
Actonel 30Mg Tablet	Brand	4	Tier 5
Actonel 35Mg Tablet	Brand	4	Tier 5
Actonel 5Mg Tablet	Brand	31	Tier 5
Allopurinol 100Mg Tablet	Generic	60	Tier 2
Allopurinol 300Mg Tablet	Generic	30	Tier 1
Amino-Cerv Cream	Brand	78	Tier 3

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Miscellaneous Vasodilating Agents</b>			
(Miscellaneous Vasodilating Agents)			
Aggrenox Capsule Sa	Brand	49	Tier 6
Caverject Impulse 10Mcg Kit	Brand	3	Tier 5
Caverject Impulse 20Mcg Kit	Brand	3	Tier 6
Dipyridamole 25Mg Tablet	Generic	90	Tier 2
Dipyridamole 50Mg Tablet	Generic	114	Tier 3
Dipyridamole 75Mg Tablet	Generic	74	Tier 2
Isoxsuprine 10Mg Tablet	Generic	180	Tier 2
Isoxsuprine 20Mg Tablet	Generic	88	Tier 4
<b>Multivitamin Preparations</b>			
(Multivitamins)			
Adeks	Brand	30	Tier 2
Advanced Natalcare Tablet	Generic	30	Tier 2
Anemagen Ob Soft-Gel Caps	Brand	33	Tier 2
B-Complex Vitamin Plus Tab	Brand	30	Tier 1
B-Plex Plus Tablet	Generic	30	Tier 1
Cardiotek Rx Tablet	Brand	30	Tier 2
Cardiotek Tablet	Brand	34	Tier 2
Caromega Tablet	Brand	60	Tier 3
Cefol Filmtab	Brand	100	Tier 4
<b>Mydriatics</b>			
(Mydriatics)			
Ak-Pentolate 1% Eye Drops	Generic	15	Tier 1
Atropine 1% Eye Drops	Generic	15	Tier 1
Cyclogyl 1% Eye Drops	Brand	5	Tier 3
Cyclogyl 2% Eye Drops	Brand	5	Tier 3
Cyclomydril Eye Drops	Brand	2	Tier 2
Cyclopentolate 1% Eye Drops	Generic	2	Tier 1
Dipivefrin 0.1% Eye Drops	Generic	15	Tier 2
Isopto Atropine 1% Eye Drops	Brand	15	Tier 3
Isopto Homatropine 2% Drops	Brand	5	Tier 3
Isopto Homatropine 5% Drops	Brand	15	Tier 3
<b>Neuraminidase Inhibitors</b>			
(Infectious Disease / Influenza)			
Tamiflu 75Mg Gelcap	Brand	10	Tier 5
<b>Nitrates And Nitrites</b>			
(Heart Medications)			
Amyl Nitrite Ampul	Brand	4	Tier 2
Dilatrate-Sr 40Mg Capsule	Brand	77	Tier 5
Imdur 30Mg Tablet Sa	Brand	29	Tier 4
Imdur 60Mg Tablet Sa	Brand	35	Tier 5
Ismo 20Mg Tablet	Brand	59	Tier 6
Isordil 40Mg Tablet	Brand	68	Tier 4
Isordil 5Mg Tablet	Brand	100	Tier 3
Isosorbide Dn 10Mg Tablet	Generic	45	Tier 1
Isosorbide Dn 2.5Mg Tab Sl	Generic	80	Tier 1

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty</u>	<u>Avg</u>	<u>Tier</u>
<b>Nonsteroidal Anti-Inflammatory Agents</b>				
(Anti-Inflammatories / Pain Medications)				
Amigesic 500Mg Tablet	Generic	108		Tier 1
Amigesic 750Mg Caplet	Brand	116		Tier 3
Anaprox Ds 550Mg Tablet	Brand	25		Tier 4
Ansaid 100Mg Tablet	Brand	30		Tier 5
Arthrotec 50 Tablet Ec	Brand	43		Tier 5
Arthrotec 75 Tablet Ec	Brand	30		Tier 4
Aspirin 325Mg Tablet	Generic	100		Tier 1
Aspirin 325Mg Tablet Ec	Generic	30		Tier 1
Aspirin 81Mg Ec Tablet	Generic	30		Tier 1
Aspirin 81Mg Tablet Chew	Generic	13		Tier 1
<b>Nucleosides And Nucleotides</b>				
(Antivirals)				
Acyclovir 200Mg Capsule	Generic	50		Tier 2
Acyclovir 200Mg/5Ml Susp	Generic	150		Tier 4
Acyclovir 400Mg Tablet	Generic	60		Tier 2
Famvir 125Mg Tablet	Brand	10		Tier 3
Famvir 250Mg Tablet	Brand	18		Tier 5
Valtrex 500Mg Caplet	Brand	18		Tier 5
<b>Opiate Agonists</b>				
(Narcotic Pain Medications)				
Acetaminophen/Cod #2 Tablet	Generic	20		Tier 1
Acetaminophen/Cod #3 Tablet	Generic	32		Tier 1
Acetaminophen/Cod #4 Tablet	Generic	120		Tier 3
Acetaminophen/Cod Elixir	Brand	500		Tier 3
Acetaminophen-Cod #3 Tablet	Generic	51		Tier 2
Acetaminophen-Cod #4 Tablet	Generic	120		Tier 3
Anexsia 5/325Mg Tablet	Generic	50		Tier 3
<b>Opiate Antagonists</b>				
(Opiate Antagonists)				
Naltrexone 50Mg Tablet	Generic	30		Tier 6
<b>Opiate Partial Agonists</b>				
(Narcotic Pain Medications)				
Butorphanol 10Mg/Ml Spray	Generic	3		Tier 4
Nalbuphine 10Mg/Ml Ampul	Generic	20		Tier 2
Nalbuphine 20Mg/Ml Ampul	Generic	36		Tier 4
Nubain 10Mg/Ml Ampul	Brand	1		Tier 1
Nubain 20Mg/Ml Ampul	Brand	16		Tier 3
Pentazocine/Acetamin Tablet	Generic	37		Tier 3
Pentazocine/Naloxone Tablet	Generic	56		Tier 4
Suboxone 8Mg-2Mg Tablet	Brand	11		Tier 4
<b>Oxytocics</b>				
(Oxytocics)				
Methergine 0.2Mg Tablet	Brand	39		Tier 3
<b>Parasympathomimetic (Cholinergic Agents)</b>				
(Central Nervous System / Alzheimer's Disease)				
Bethanechol 10Mg Tablet	Generic	40		Tier 3
Bethanechol 25Mg Tablet	Generic	51		Tier 5
Bethanechol 50Mg Tablet	Generic	37		Tier 6
Bethanechol 5Mg Tablet	Generic	40		Tier 3
Evoxac 30Mg Capsule	Brand	54		Tier 6
<b>Parathyroid</b>				
(Paget's Disease)				
Miacalcin 200U Nasal Spray	Brand	4		Tier 5

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Penicillins</b>			
(Antibiotics)			
Amox Tr-K Clv 500-125Mg Tab	Generic	20	Tier 5
Amox Tr-K Clv 875-125Mg Tab	Generic	20	Tier 5
Amoxicillin 250Mg Capsule	Generic	30	Tier 1
Amoxicillin 250Mg Tab Chew	Brand	30	Tier 2
Amoxicillin 250Mg/5Ml Susp	Generic	225	Tier 1
Amoxicillin 400Mg Tab Chew	Generic	20	Tier 2
Amoxicillin 400Mg/5Ml Susp	Generic	200	Tier 2
Amoxicillin 500Mg Capsule	Generic	30	Tier 1
<b>Peripheral Adrenergic Inhibitors</b>			
(Blood Pressure Medication)			
Enduronyl Tablet	Brand	30	Tier 4
Reserpine 0.1Mg Tablet	Brand	40	Tier 2
Reserpine 0.25Mg Tablet	Brand	36	Tier 2
<b>Pharmaceutical Aids</b>			
(Pharmaceutical Aids)			
Biafine Re Cream	Generic	46	Tier 2
Carrasyn V Gel Dressing	Non Drug	85	Tier 2
Curasol Gel Wound Dressing	Non Drug	90	Tier 2
Duoderm Cgf 4"X4" Dressing	Non Drug	7	Tier 3
Duoderm Signal 4"X4" Dres	Non Drug	5	Tier 3
Duoderm Xthin Cgf 4X4" Dres	Non Drug	10	Tier 4
Gauze Pads, Sterile 4"X4"	Non Drug	50	Tier 2
Kling Bandage 3" X 5Yds	Non Drug	10	Tier 2
<b>Phosphate-Removing Agents</b>			
(Phosphate-Removing Agents)			
Renagel 400Mg Tablet	Brand	75	Tier 4
Renagel 403Mg Capsule	Brand	70	Tier 4
<b>Phosphodiesterase Inhibitors</b>			
(Urological / Erectile Dysfunction)			
Cialis 10Mg Tablet	Brand	6	Tier 4
Cialis 20Mg Tablet	Brand	6	Tier 4
Cialis 5Mg Tablet	Brand	7	Tier 5
Levitra 10Mg Tablet	Brand	5	Tier 4
Levitra 20Mg Tablet	Brand	5	Tier 4
Levitra 5Mg Tablet	Brand	5	Tier 4
Viagra 100Mg Tablet	Brand	7	Tier 5
Viagra 25Mg Tablet	Brand	6	Tier 5
Viagra 50Mg Tablet	Brand	6	Tier 4
<b>Pituitary</b>			
(Pituitary Hormones)			
Ddvp 0.1Mg Tablet	Brand	14	Tier 3
Desmopressin 0.1Mg/MI Sol	Brand	3	Tier 5
<b>Polyenes</b>			
(Anti-Infectives)			
Nystatin 100000U/MI Susp	Generic	120	Tier 2
Nystatin 500000U Oral Tab	Brand	45	Tier 3
<b>Potassium Sparing Diuretics</b>			
(Water Pills / Blood Pressure Medication)			
Amiloride Hcl 5Mg Tablet	Generic	60	Tier 2
Dyrenium 100Mg Capsule	Brand	32	Tier 4
Dyrenium 50Mg Capsule	Brand	45	Tier 4

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Potassium-Removing Agents</b>			
(Potassium-Removing Agents)			
Sodium Polystyrene Sulf Pwd	Generic	398	Tier 5
Sps 15Gm/60MI Suspension	Generic	201	Tier 3
Sps 30Gm/120MI Enema	Generic	60	Tier 2
<b>Progestins</b>			
(Hormones)			
Aygestin 5Mg Tablet	Brand	22	Tier 3
Depo-Provera 150Mg/MI Syrn	Brand	1	Tier 4
Medroxyprogesterone 10Mg Tb	Generic	15	Tier 1
Medroxyprogesterone 5Mg Tab	Generic	8	Tier 1
Norethindrone 5Mg Tablet	Generic	32	Tier 4
Prometrium 100Mg Capsule	Brand	39	Tier 4
Prometrium 200Mg Capsule	Brand	25	Tier 4
Provera 2.5Mg Tablet	Brand	30	Tier 3
<b>Prokinetic Agents</b>			
(Gastrointestinal / Emesis)			
Metoclopramide 10Mg Tablet	Generic	68	Tier 1
Metoclopramide 5Mg Tablet	Generic	90	Tier 2
Reglan 10Mg Tablet	Brand	20	Tier 3
Reglan 5Mg Tablet	Brand	133	Tier 6
<b>Prostaglandins</b>			
(Rheumatoid And Osteoarthritis - Nsaids And Other)			
Cytotec 100Mcg Tablet	Brand	60	Tier 4
Cytotec 200Mcg Tablet	Brand	62	Tier 6
Misoprostol 100Mcg Tablet	Generic	100	Tier 5
Misoprostol 200Mcg Tablet	Generic	79	Tier 6
<b>Protectants</b>			
(Gastrointestinal / Ulcers - Peptic Ulcer/Hpylori)			
Carafate 1Gm Tablet	Brand	90	Tier 6
Carafate 1Gm/10MI Susp	Brand	416	Tier 4
Carafate 1Gm/10MI Suspension	Brand	411	Tier 4
Sucralfate 1Gm Tablet	Generic	8	Tier 1
<b>Proton-Pump Inhibitors</b>			
(Gastrointestinal / Reflux (Gerd))			
Omeprazole 10Mg Capsule Dr	Generic	18	Tier 4
Omeprazole 20Mg Capsule Dr	Generic	30	Tier 5
Prevacid 15Mg Solutab	Brand	30	Tier 6
<b>Quinolones</b>			
(Infectious Disease / Fluoroquinolones)			
Avelox 400Mg Tablet	Brand	5	Tier 4
Avelox Abc Pack 400Mg Tab	Brand	7	Tier 5
Cipro 100Mg Tablet	Brand	12	Tier 3
Cipro 250Mg Tablet	Brand	6	Tier 3
Cipro 500Mg Tablet	Brand	15	Tier 6
Cipro Xr 1000Mg Tablet	Brand	6	Tier 4
Cipro Xr 500Mg Tablet	Brand	6	Tier 4

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Replacement Preparations</b>			
(Supplements)			
Broncho Saline Aerosol Soln	Brand	240	Tier 1
Calcarb 600 W/Vitamin D Tab	Generic	60	Tier 1
Calcium 500 Tablet	Generic	60	Tier 1
Calcium 500Mg Tablet	Generic	14	Tier 1
Calcium 600 W/Vitamin D Tab	Generic	100	Tier 2
Calcium Carbonate 1.25Gm Tb	Generic	94	Tier 1
Calcium Carbonate 600Mg Tab	Generic	120	Tier 2
Calcium Carbonate 650Mg Tab	Generic	196	Tier 1
Calcium Citrate 950Mg Caplt	Brand	60	Tier 1
<b>Respiratory Smooth Muscle Relaxants</b>			
(Respiratory Drugs)			
Aminophylline 200Mg Tablet	Generic	90	Tier 1
Difil-G Tablet	Brand	100	Tier 3
Dilex-G 200 Syrup	Brand	240	Tier 3
Dilex-G 400 Tablet	Brand	37	Tier 3
Dilex-G Tablet	Generic	42	Tier 2
Dy-G Liquid	Generic	240	Tier 2
Dyphyl-G Syrup	Generic	180	Tier 2
Dyphyllin Gg Tablet	Generic	49	Tier 3
Dyphylline Gg Tablet	Generic	60	Tier 3
<b>Scabicides And Pediculicides</b>			
(Dermatology / Scabies And Pediculosis)			
Acticin 5% Cream	Generic	62	Tier 3
Elimite 5% Cream	Brand	60	Tier 3
Eurax 10% Cream	Brand	101	Tier 3
Eurax 10% Lotion	Brand	60	Tier 2
Fp Permethrin 1% Lotion	Generic	59	Tier 2
Lindane 1% Lotion	Brand	60	Tier 3
Ovide 0.5% Lotion	Brand	59	Tier 5
Permethrin 5% Cream	Generic	73	Tier 3
<b>Second Generation Antihistamines</b>			
(Second Generation Antihistamines)			
Alavert 10Mg Tablet	Generic	24	Tier 2
Alavert Allergy-Sinus Tab	Generic	60	Tier 3
Allegra 30Mg Tablet	Brand	50	Tier 3
Allegra 60Mg Tablet	Brand	44	Tier 4
Allegra-D Tablet Sa	Brand	23	Tier 3
Clarinx 5Mg Tablet	Brand	42	Tier 6
Claritin 10Mg Tablet	Brand	15	Tier 2
Claritin-D 12 Hour Tab Sa	Brand	20	Tier 2
Loratadine 10Mg Tablet	Generic	10	Tier 1
<b>Skeletal Muscle Relaxants</b>			
(Skeletal Muscle Relaxants)			
Baclofen 10Mg Tablet	Generic	240	Tier 4
Baclofen 20Mg Tablet	Generic	112	Tier 4
Carisoprodol 350Mg Tablet	Generic	30	Tier 1
Carisoprodol Compound Tab	Generic	46	Tier 3
Carisoprodol Cpd/Codeine Tb	Generic	62	Tier 6
Chlorzoxazone 500Mg Caplet	Generic	98	Tier 2
Cyclobenzaprine 10Mg Tablet	Generic	30	Tier 1
Dantrium 25Mg Capsule	Brand	78	Tier 6
<b>Succinimides</b>			
(Anti-Seizure Medications)			
Ethosuximide 250Mg Capsule	Generic	98	Tier 5

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty</u>	<u>Avg</u>	<u>Tier</u>
<b>Sulfonamides (Systemic)</b>				
(Infectious Disease / Sulfonamides)				
Azulfidine 500Mg Tablet	Brand	75		Tier 3
Azulfidine Entab 500Mg	Brand	95		Tier 4
Bactrim Ds Tablet	Brand	13		Tier 3
Bethaprim Ds Tablet	Generic	12		Tier 1
Septra Ds Tablet	Brand	16		Tier 3
Sulfamethoxazole W/Tmp Susp	Generic	235		Tier 3
Sulfamethoxazole/Tmp Ds Tab	Generic	14		Tier 1
Sulfamethoxazole/Tmp Ss Tab	Generic	20		Tier 1
Sulfasalazine 500Mg Tablet	Generic	124		Tier 2
Sulfatrim Suspension	Generic	320		Tier 3
<b>Sulfonylureas</b>				
(Diabetes Mellitus)				
Acetohexamide 250Mg Tablet	Brand	100		Tier 4
Amaryl 1Mg Tablet	Brand	38		Tier 2
Amaryl 2Mg Tablet	Brand	30		Tier 2
Amaryl 4Mg Tablet	Brand	30		Tier 3
Chlorpropamide 100Mg Tablet	Generic	87		Tier 2
Diabeta 1.25Mg Tablet	Generic	48		Tier 1
Diabeta 2.5Mg Tablet	Generic	60		Tier 1
Diabeta 5Mg Tablet	Generic	240		Tier 3
Diabinese 250Mg Tablet	Brand	38		Tier 3
<b>Sunscreen Agents</b>				
(Sunscreen Agents)				
Hydroquinone 4% Gel	Generic	28		Tier 3
Solaquin Forte 4% Cream	Brand	29		Tier 4
Solbar Pf Cream Spf 50	Brand	120		Tier 1
<b>Sympatholytic Adrenergic Blocking Agents</b>				
(Migraine Abortive Therapy)				
Cafergot Suppository	Brand	12		Tier 6
Cafergot Tablet	Brand	43		Tier 4
Ergoloid Mesylates 1Mg Tab	Generic	66		Tier 4
Yohimbine 5.4Mg Tablet	Generic	107		Tier 1
Yohimbine 5Mg Tablet	Generic	100		Tier 1
<b>Sympathomimetic (Adrenergic) Agents</b>				
(Asthma/Copd: Inhalers - Beta Agonists)				
Albuterol 0.83Mg/MI Solution	Generic	75		Tier 2
Albuterol 90Mcg Inhaler	Generic	18		Tier 2
Albuterol Sulf 2Mg/5MI Syrp	Brand	140		Tier 2
Albuterol Sulfate 2Mg Tab	Generic	60		Tier 2
Albuterol Sulfate 4Mg Tab	Brand	60		Tier 3
Allerx-D Tablet Sa	Brand	60		Tier 4
<b>Tetracyclines</b>				
(Infectious Disease / Acne - Acne Vulgaris - Oral)				
Adoxa 100Mg Tablet	Brand	18		Tier 4
Doxycycline 100Mg Tablet	Generic	20		Tier 1
Doxycycline 20Mg Tablet	Cross	75		Tier 6
Doxycycline Mono 100Mg Cap	Generic	14		Tier 2
Doxycycline Mono 50Mg Cap	Generic	30		Tier 3
<b>Thiazolidinediones</b>				
(Diabetes Mellitus)				
Actos 15Mg Tablet	Brand	28		Tier 6
Avandamet 1Mg/500Mg Tablet	Brand	31		Tier 3
Avandamet 2Mg/500Mg Tablet	Brand	61		Tier 6
Avandia 2Mg Tablet	Brand	36		Tier 5
Avandia 4Mg Tablet	Brand	34		Tier 6

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Thyroid Agents</b>			
(Thyroid Modifiers)			
Armour Thyroid 120Mg Tablet	Brand	45	Tier 2
Armour Thyroid 15Mg Tablet	Brand	47	Tier 1
Armour Thyroid 180Mg Tablet	Brand	100	Tier 4
Armour Thyroid 240Mg Tablet	Brand	58	Tier 3
Armour Thyroid 300Mg Tablet	Brand	65	Tier 4
Armour Thyroid 30Mg Tablet	Brand	55	Tier 1
Armour Thyroid 60Mg Tablet	Brand	44	Tier 1
Armour Thyroid 90Mg Tablet	Brand	49	Tier 2
Cytomel 25Mcg Tablet	Brand	44	Tier 3
Cytomel 50Mcg Tablet	Brand	30	Tier 3
<b>Uricosuric Agents</b>			
(Musculoskeletal / Gout)			
Col-Probenecid Tablet	Brand	45	Tier 3
Probenecid 500Mg Tablet	Brand	31	Tier 4
Probenecid/Colchicine Tabs	Brand	45	Tier 3
Sulfinpyrazone 100Mg Tablet	Brand	62	Tier 4
<b>Urinary Anti-Infectives</b>			
(Infectious Disease)			
Hiprex 1Gm Tablet	Brand	67	Tier 6
Macrobid 100Mg Capsule	Brand	23.50	Tier 4
Macrodantin 100Mg Capsule	Brand	14	Tier 3
Macrodantin 25Mg Capsule	Brand	28	Tier 3
Macrodantin 50Mg Capsule	Brand	26	Tier 3
Mandelamine 1Gm Tablet	Brand	100	Tier 5
Mandelamine 500Mg Tablet	Brand	59	Tier 3
Methenamine Hipp 1Gm Tablet	Generic	76	Tier 6
Methenamine Md 1Gm Tablet	Generic	80	Tier 3
Methenamine Md 500Mg Tablet	Generic	64	Tier 3
<b>Vaccines</b>			
(Immunizations)			
<b>Vasoconstrictors</b>			
(Vasoconstrictors)			
Afrin 0.05% Nose Spray	Brand	15	Tier 1
Ak-Con 0.1% Eye Drops	Generic	15	Tier 1
Ak-Dilate 2.5% Eye Drops	Generic	15	Tier 1
Naphazoline 0.1% Eye Drops	Generic	15	Tier 1
Neo-Synephrine 0.5% Drops	Brand	30	Tier 1
Tyzine 0.1% Nose Spray	Brand	15	Tier 3
<b>Vitamin B Complex</b>			
(Vitamins And Minerals)			
Appearex 2.5Mg Tablet	Brand	30	Tier 2
B-Plex Tablet	Brand	42	Tier 2
Combgen Tablet	Generic	30	Tier 2
Cvs Vitamin B-1 100Mg Tab	Generic	30	Tier 1
Cyanocobalamin 1000Mcg/MI	Generic	3	Tier 1
Dexfol Tablet	Generic	30	Tier 2
Dialyvite Tablet	Generic	38	Tier 1
Dialyvite With Zinc Tablet	Generic	30	Tier 1
Diatx Tablet	Brand	33	Tier 2
Fa-Cyancoba-Pyridoxine Tab	Generic	39	Tier 2

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<u>Therapeutic Class</u>	<u>Type</u>	<u>Qty Avg</u>	<u>Tier</u>
<b>Vitamin C</b>			
(Vitamins And Minerals)			
Ascorbic Acid 500Mg Tablet	Generic	60	Tier 1
Ra Vitamin C 250Mg Tablet	Generic	100	Tier 1
Ra Vitamin C 500Mg Tablet	Generic	100	Tier 1
Vitamin C 500Mg Capsule Sa	Generic	60	Tier 1
Vitamin C 500Mg Tablet	Generic	30	Tier 1
<b>Vitamin D</b>			
(Vitamins And Minerals)			
Calcitriol 0.25Mcg Capsule	Generic	32	Tier 3
Calcitriol 0.5Mcg Capsule	Generic	37	Tier 4
Dht 0.125Mg Tablet	Brand	30	Tier 3
Dht 0.4Mg Tablet	Brand	45	Tier 6
Drisdol 50000 Unit Capsule	Brand	10	Tier 2
Hectorol 2.5Mcg Capsule	Brand	22	Tier 4
Rocaltrol 0.25Mcg Capsule	Brand	26	Tier 3
Vitamin D 400 Unit Softgel	Brand	100	Tier 1
Vitamin D 50000 Unit Capsule	Generic	65	Tier 2
Vitamin D 50000 Unit Softgel	Brand	17	Tier 3
<b>Vitamin E</b>			
(Vitamins And Minerals)			
Sm Vitamin E 400 Unit Softgel	Generic	100	Tier 1
<b>Vitamin K Activity</b>			
(Vitamins And Minerals)			
Mephyton 5Mg Tablet	Brand	18	Tier 2
Vitamin K 10Mg/ML Ampul	Brand	2	Tier 2

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