

FCE Benefit Administrators, Inc.  
887 Mitten Road  
Suite 200  
Burlingame, CA  
94010—1303

Tel 650 -341-0306  
Toll Free 800-899-0306  
Fax 650-341-7432

[corpoffice@fcebenefit.com](mailto:corpoffice@fcebenefit.com)



Dear Employee:

The enclosed Summary Plan Description (SPD) describes your Employer sponsored Health and Welfare Plan. Benefits and eligibility requirements are set forth in detail.

Should you have any questions pertaining to the information provided within this document, please do not hesitate to phone our Member Services Department.

FCE Benefit Administrators, Inc.  
4615 Walzem Road, Suite 300  
San Antonio, TX 78218-1610  
(800) 899-9355  
(210) 349-9801  
[www.fcebenefit.com](http://www.fcebenefit.com)

Sincerely,

FCE Benefit Administrators, Inc.

Employee Assistance Program  
1-800-424-4178



## Living Healthy Working Well®

Your organization has a no-cost, confidential program to provide you with help in managing life's challenges. Call or click now to get information that can help you make positive changes at home and at work!

### Magellan Healthyroads® with PHA

*Imagine yourself fit, strong and full of energy!*  
Your road to good health starts by taking an online Personal Health Assessment. While online, check out Magellan Healthyroads' interactive wellness tools that make getting healthier empowering—and fun, too!

*"It was so easy to get an appointment and the person I spoke with was so nice and caring. For the first time I felt like someone really heard me."*

### Legal & Financial Consultation Services

*Talk to an expert, quickly and confidentially.*  
Get legal help with family and divorce law, estate planning, and civil or criminal law, among other issues. Financial experts can help with a range of topics, including planning for retirement, debt consolidation and more.



*"I wanted to feel better and start doing something with my life. My program helped me take those first steps that I just couldn't seem to do on my own."*



*Not Sure Where to Turn?*

We help people solve everyday problems—every day.



Employee Assistance Program  
1-800-424-4178

**IMPORTANT:** Can you read this? If not, we can have somebody help you read it. For free help, please call your toll-free number. **IMPORTANTE:** ¿Puede leer esta carta? Si no, alguien le puede ayudar a leerla. Además, es posible que reciba esta carta escrita en Español. Para obtener ayuda gratuita, llame a su número gratuito. In California, services are delivered by Magellan subsidiaries: Magellan Health Services of California—Employer Services and Human Affairs International of California.

## Trusted Solutions to Life's Challenges

From online information to confidential consultations with licensed behavioral health professionals, you and your eligible household members have access to a wealth of practical, solution-focused resources to help you reduce stress, strengthen relationships, increase productivity and improve the overall quality of your life.

*We were going through a tough time and needed help to get back on track.*



## So Much to Do, So Little Time

Life moves fast. These days it seems like everyone is asked to do more in less time and with less help. With all you have to do, it can be hard to focus on everyday matters, let alone issues that are harder to control, such as:

- Changes in your financial situation
- Family or relationship problems
- Overwork or conflicts at work
- Feeling depressed or anxious
- Quitting tobacco, alcohol or drug use
- Caring for children or aging parents
- Losing weight and living healthier

Challenges like these can make life hard. And when you're busy, you might not think there's time to find solutions.

So, it's important to know that your organization offers a program that can help you solve everyday—and not so everyday—problems confidentially, 24 hours a day, seven days a week.

There's no cost to you and your eligible household members to use this program; however, any costs or copayments beyond this program will be your responsibility.

*I'd like to learn how to manage my time better.*

## Easy Access to Services

Your program is here to provide you and your eligible household members with the right help at the right time. You can quickly get help in a way that works best for you:

- **By Phone**—Call to get consultation and solutions to everyday problems as well as help in a crisis. You will get access to resources or a referral to a professional in your community for confidential help.
- **Online**—Log on to locate counselors in your area. Find targeted information and resources that address your everyday concerns as well as more serious issues. Interactive tools help you discover ways to live a healthy lifestyle.



Visit [www.MagellanHealth.com/member](http://www.MagellanHealth.com/member) or call today to get a referral or information on topics such as:

Stress  
Family and relationships  
Grief and loss  
Alcohol or drug concerns  
Work-life balance  
Health and wellness  
Depression and anxiety  
Living healthier

Visit [www.MagellanHealth.com/member](http://www.MagellanHealth.com/member) or call today to get a referral or information on topics such as:

Stress  
Family and relationships  
Grief and loss  
Alcohol or drug concerns  
Work-life balance  
Health and wellness  
Depression and anxiety  
Living healthier

Tear off the attached cards and keep them handy for quick and easy access to the help your program can provide.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Services include telephonic crisis intervention, up to 6 sessions of in-person counseling,\* consultation, and referrals to appropriate resources for a variety of issues, including, but not limited to:

- Marital and family problems
- Emotional concerns, e.g., anxiety, depression, and stress
- Substance abuse
- Job performance issues
- Financial concerns and referral/resources
- Dependent care issues for child and elder care resources

Also Includes:

*Legal Consultation Services:* The initial in-person or telephone consultation is free. Subsequent visits or services are available at discounted rates depending on the type of issue. The attorney will listen to your concerns about your situation, explain your rights under the laws that apply, and discuss your options for dealing with the problem. Examples of legal problems include:

- Housing and real estate matters
- Estate planning
- Family law, such as divorce, child custody and child support
- Car accidents and related matters
- Financial concerns
- Consumer concerns
- Criminal and government matters

Exclusions include employment issues such as lawsuit against employer, personal business or commercial enterprise, second opinions, or third-party advice

PROVIDED BY: Magellan Behavioral Health

TO ACCESS: **Call 1-800-424-4178**

- Calls are answered by professional, licensed clinicians 24 hours a day
- Spanish speaking counselors and AT&T Language Line available
- Program is **confidential** in accordance with state & federal laws.

*\*User receives up to 6 sessions per problem, per year.*



*Transforming Knowledge Into Results*



# 24-Hour Travel Assistance Services

Through your group coverage with Reliance Standard, you automatically receive travel assistance services provided by On Call International (On Call), pursuant to an agreement between Reliance Standard and On Call. On Call is a 24-hour, toll-free service that provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may encounter when you travel. On Call also offers pre-trip assistance including passport/visa requirements, foreign currency and weather information. The following is an outline of the On Call emergency travel assistance service program. For a complete description of all services and the program terms and limitations, please request a Description of Covered Services from your employer.

## Covered Services

When traveling more than 100 miles from home or in a foreign country, On Call offers you and your dependents the following services:

### Pre-Trip Assistance

- Inoculation requirements information
- Passport/visa requirements
- Currency exchange rates
- Consulate/embassy referral
- Health hazard advisory
- Weather information

### Emergency Medical Transportation\*

- Emergency evacuation
- Medically necessary repatriation
- Visit by family member or friend
- Return of traveling companion
- Return of dependent children
- Return of vehicle
- Return of mortal remains

### How It Works

At any time before or during a trip, you may contact On Call for emergency assistance services. It is recommended that you keep a copy of this summary with your travel documents. Simply detach the wallet card below to ensure convenient access to the On Call phone numbers.

**TO REACH ON CALL VIA INTERNATIONAL CALLING:** Go to <http://www.att.com/esupport/traveler.jsp?group=tips> for complete dialing instructions. It is recommended that you do this prior to departing the US, find the access code from the country you will be visiting, and note it on the cut-out card below so you will have the information readily available in case of an emergency. (AT&T provides English-speaking operators and the ability to place collect calls to On Call, whereas local providers may encounter difficulty placing collect calls to the US.)



Provided with your benefits coverage through



On Call International is not affiliated with Reliance Standard Life Insurance Company or First Reliance Standard Life Insurance Company. Reliance Standard is not responsible for the content of the On Call travel assistance services, and is not responsible for, and cannot be held liable for, any services provided or not provided by On Call.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY.

On Call is not responsible for the unavailability or results of any medical, legal or transportation services. You are responsible for obtaining all services not directly provided by On Call and for the expenses associated with them.

## 24-HOUR TRAVEL ASSISTANCE



provided through



For emergency medical, legal and travel assistance information and referral service 24 hours a day, 365 days a year, call the numbers below. To place a collect call, dial the INTERNATIONAL COUNTRY CODE: \_\_\_\_\_ followed by On Call's collect call number.

In the U.S., toll free  
**(800) 456-3893**

Worldwide, collect  
**(603) 328-1966**

Travel assistance services are provided by On Call International (On Call) under the terms and conditions of a service agreement with Reliance Standard. On Call International is not affiliated with Reliance Standard or with AT&T.

Reliance Standard is not responsible for the content of the On Call travel assistance services, and is not responsible for, and cannot be held liable for, any services provided or not provided by On Call.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands. In New York State, benefits are underwritten by First Reliance Standard Life Insurance Company, Home Office: New York, NY.

On Call is not responsible for the unavailability or results of any medical, legal or transportation services. You are responsible for obtaining all services not directly provided by On Call and for the expenses associated with them.

**GROUP LIFE CONVERSION APPLICATION**  
**Reliance Standard Life Insurance Company**

This form is to be used only when an eligible person desires to convert his Group Life insurance to an Individual policy. This form must be completed in full and submitted to the Company within 90 days following the effective date of termination of insurance. The top portion of this form is to be completed by the policyholder, the lower portion by the applicant. You may wish to refer to your policy's Schedule of Benefits page to complete some of the questions on this application.  
Questions? Call Customer Care at 1-800-351-7500.

**When all areas are complete, mail to: Insurance Services**  
**Division of Protective Life Insurance Company**  
**Post Office Box 12687**  
**Birmingham, AL 35202-6687**  
**Fax: (205) 268-3402**  
**Email: ladphs@protective.com**

**TO BE COMPLETED BY POLICYHOLDER**

Name and Address of Group Policyholder and, if applicable, Division Name: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Policy Eff. Date: \_\_\_\_\_  
Insured's Full Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Annual Salary/Earnings: \_\_\_\_\_ \$ \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_  
Occupation/Job Title: \_\_\_\_\_ Date Last Worked: \_\_\_\_\_  
Scheduled Work Hours: \_\_\_\_\_/week Insured's Premium Paid To: \_\_\_\_\_  
Insured's Effective Date: \_\_\_\_\_ Insurance Class: \_\_\_\_\_ Insurance Amount: Basic \$ \_\_\_\_\_ Supp \$ \_\_\_\_\_  
Reason Insured Stopped Work (specify): \_\_\_\_\_ Dependent Amt: \$ \_\_\_\_\_  
Conversion Rights Exercised Due To (check applicable response):  
\_\_\_\_ (1) Employee Terminated Employment On: \_\_\_\_\_  
\_\_\_\_ (2) Group Policy Terminated On: \_\_\_\_\_  
\_\_\_\_ (3) Disability of the Insured On: \_\_\_\_\_ Has A Waiver of Premium Claim Been Submitted to RSL? Yes \_\_\_ No \_\_\_  
If No, Please Explain: \_\_\_\_\_  
\_\_\_\_ (4) Other, Please Explain: \_\_\_\_\_

I have reviewed the information set forth, and represent that to the best of my knowledge and belief it is true and correct.

\_\_\_\_\_  
Signature Of Policyholder's Authorized Representative Title Date Signed

\_\_\_\_\_  
Phone Number of Representative Federal Employer Identification Number

**TO BE COMPLETED BY APPLICANT**

I would like to convert \$ \_\_\_\_\_ of my group life insurance coverage that was in-force prior to the termination date.  
Desired Mode of Premium Payment \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Annually

**Beneficiary Designation**

Upon the death of the insured, the proceeds of the policy to which this application is attached shall be paid as follows:

*Primary Beneficiary(s)*

Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

*Contingent Beneficiary(s)*

Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

If more than one primary beneficiary is named and no percentage is indicated, payment will be in equal shares to the surviving primary beneficiary(s). If there are no surviving primary beneficiary(s), the proceeds will be paid to the contingent beneficiary(s). If more than one contingent beneficiary is named and no percentage is indicated, payment will be in equal shares to the surviving contingent beneficiary(s). If there are no surviving contingent beneficiary(s), the proceeds will be paid to the executors, administrators, or assigns of the owner.

Applicant's Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I have reviewed the information set forth above and represent that to the best of my knowledge and belief it is true and correct.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



4615 Walzem Road, Suite 300  
 San Antonio, TX 78218-1610  
 1-800-899-9355

**LIFE INSURANCE PORTABILITY  
 AND DESIGNATION OF BENEFICIARY FORM**  
 (Life Insurance or Death Benefits)

Employer Name:	
Employee Name:	Social Security Number:

I hereby designate the following as my beneficiary (ies):

**Primary Beneficiary (ies)**

Full Name and Address (Please Print)	Percentage (Must total 100%)	Date of Birth	Relationship	Social Security #

\*If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

**Contingent Beneficiary (ies)** (applicable if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage (Must total 100%)	Date of Birth	Relationship	Social Security #

\*If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

- This beneficiary designation revokes all revocable prior beneficiary designations.
- Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.
- This form only applies to the Life Insurance or Death Benefits available under this plan. It does not apply to other benefits where a Beneficiary designation may be required. Please see your HR Representative to make any Beneficiary changes not covered by this form.

Date:	Signature of Insured:
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This completed form must be retained by the policyholder (or Plan Administrator, if different). In the event of the death of the insured, *the original* must be submitted to FCE Benefit Administrators, Inc. along with the required Proofs of Loss (see claim form)

Securiguard

# Summaries of Benefits and Coverage

Effective date of benefits under these SBCs: October 1, 2014

An Employer-Funded Plan





# Table of Contents

Section A: SBC for Class I Employees

Section B: Glossary of Health Coverage and Medical Terms

Section A:  
SBC for Class I Employees



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.FCEBenefit.com](http://www.FCEBenefit.com) or by calling 1-800-899-9355.

Important Questions	Answers	Why this Matters:
<p><b>What is the overall <u>deductible</u>?</b></p>	<p><b>\$500</b> individual / <b>\$1,000</b> family for in-network providers; <b>\$1,000</b> individual/<b>\$2,000</b> family for out-of-network providers. Does not apply to in-network physician visits, in-network preventive services, hospice care and prescription drugs. Penalty for failing to obtain pre-certification does not count toward deductible.</p>	<p>You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b>.</p>
<p><b>Are there other <u>deductibles</u> for specific services?</b></p>	<p>No.</p>	<p>You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</p>
<p><b>Is there an <u>out-of-pocket limit</u> on my expenses?</b></p>	<p>Yes, <b>\$5,500</b> individual / <b>\$11,000</b> family for in-network providers; <b>\$11,000</b> individual/<b>\$22,000</b> family for out-of-network providers.</p>	<p>The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<p><b>What is not included in the <u>out-of-pocket limit</u>?</b></p>	<p>Premiums, balance-billed charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b>.</p>
<p><b>Does this plan use a network of providers?</b></p>	<p>Yes. See <a href="http://myCigna.com">myCigna.com</a> or call 1-800-899-9355 for a list of in-network providers.</p>	<p>If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.</p>

**Questions:** Call 1-800-899-9355 or visit us at [www.FCEBenefit.com](http://www.FCEBenefit.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary.

You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-899-9355 to request a copy.

<b>Do I need a referral to see a <u>specialist</u>?</b>	No. You don't need a referral to see a <u>specialist</u> .	You can see the <u>specialist</u> you choose without permission from this plan.
<b>Are there services this plan doesn't cover?</b>	Yes.	Some of the services this plan doesn't cover are listed on page 7. See your policy or plan document for additional information about <u>excluded services</u> .



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

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
<b>If you visit a health care <u>provider's</u> office or clinic</b>	Primary care visit to treat an injury or illness	\$40 copay/visit	50% coinsurance after Deductible	If you receive services in addition to primary care visit, additional copays, deductibles, or co-insurance may apply
	Specialist visit	\$40 copay/visit	50% coinsurance after Deductible	If you receive services in addition to specialist visit, additional copays, deductibles, or co-insurance may apply
	Other practitioner office visit	20% coinsurance for chiropractor after Deductible	50% coinsurance for chiropractor after Deductible	Chiropractor covered up to 20 visits per year

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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
	Preventive care/screening/immunization	No Charge	50% coinsurance after Deductible	If you receive services in addition to preventative care/screening/immunization, additional copays, deductibles, or co-insurance may apply
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	\$40 copay/visit; 20% coinsurance after Deductible	50% coinsurance after Deductible	In-Network covered up to \$150 per visit then subject to deductible and coinsurance for balance of visit charges
	Imaging (CT/PET scans, MRIs)	20% coinsurance after Deductible	50% coinsurance after Deductible	If you receive services in addition to imaging (CT/PET scans, MRIs), additional copays, deductibles, or co-insurance may apply
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="tel:1-800-899-9355">1-800-899-9355</a>	Generic drugs	\$10 (retail); \$20 (mail order) copay/prescription	\$10 (retail); \$20 (mail order) copay/prescription	Covers up to a 34-day supply (retail); 90-day supply (mail order)
	Preferred brand drugs	\$50 (retail); \$100 (mail order) copay/prescription	\$50 (retail); \$100 (mail order) copay/prescription	Covers up to a 34-day supply (retail); 90-day supply (mail order)
	Non-preferred brand drugs	\$100 (retail); \$200 (mail order) copay/prescription	\$100 (retail); \$200 (mail order) copay/prescription	Covers up to a 34-day supply (retail); 90-day supply (mail order)

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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
	Specialty drugs	\$150 (retail); \$300 (mail order) copay/prescription	\$150 (retail); \$300 (mail order) copay/prescription	Covers up to a 34-day supply (retail); 90-day supply (mail order)
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	20% coinsurance after Deductible	50% coinsurance after Deductible	If you receive services in addition to facility fee, additional copays, deductibles, or co-insurance may apply
	Physician/surgeon fees	20% coinsurance after Deductible	50% coinsurance after Deductible	If you receive services in addition to physician/surgeon fees, additional copays, deductibles, or co-insurance may apply
<b>If you need immediate medical attention</b>	Emergency room services	20% coinsurance after Deductible	20% coinsurance after Deductible	If you receive services in addition to emergency room services, additional copays, deductibles, or co-insurance may apply
	Emergency medical transportation	20% coinsurance after Deductible	20% coinsurance after Deductible	If you receive services in addition to emergency medical transportation, additional copays, deductibles, or co-insurance may apply
	Urgent care	\$40 copay/visit	50% coinsurance after Deductible	If you receive services in addition to urgent care, additional copays, deductibles, or co-insurance may apply
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% coinsurance after Deductible	50% coinsurance after Deductible	\$500 penalty if not pre-certified
	Physician/surgeon fee	20% coinsurance after Deductible	50% coinsurance after Deductible	If you receive services in addition to physician/surgeon fees, additional copays, deductibles, or co-insurance may apply

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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	20% coinsurance after Deductible	50% coinsurance after Deductible	If you receive services in addition to mental/behavioral health outpatient services, additional copays, deductibles, or co-insurance may apply
	Mental/Behavioral health inpatient services	20% coinsurance after Deductible	50% coinsurance after Deductible	\$500 penalty if not pre-certified
	Substance use disorder outpatient services	20% coinsurance after Deductible	50% coinsurance after Deductible	If you receive services in addition to mental/behavioral health outpatient services, additional copays, deductibles, or co-insurance may apply
	Substance use disorder inpatient services	20% coinsurance after Deductible	50% coinsurance after Deductible	\$500 penalty if not pre-certified
<b>If you are pregnant</b>	Prenatal and postnatal care	20% coinsurance after Deductible	50% coinsurance after Deductible	If you receive services in addition to prenatal and postnatal care, additional copays, deductibles, or co-insurance may apply
	Delivery and all inpatient services	20% coinsurance after Deductible	50% coinsurance after Deductible	\$500 penalty if not pre-certified

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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
<b>If you need help recovering or have other special health needs</b>	Home health care	20% coinsurance after Deductible	50% coinsurance after Deductible	Covered up to 60 visits/year
	Rehabilitation services	20% coinsurance after Deductible	50% coinsurance after Deductible	Covered up to 30 treatments per Calendar Year for any one type of therapy and up to combined maximum of 60 occupational, physical and speech therapies/year
	Habilitation services	20% coinsurance after Deductible	50% coinsurance after Deductible	Covered up to 30 treatments per Calendar Year for any one type of therapy and up to combined maximum of 60 occupational, physical and speech therapies/year
	Skilled nursing care	20% coinsurance after Deductible	50% coinsurance after Deductible	Covered up to \$100/day; \$500 penalty if not pre-certified
	Durable medical equipment	20% coinsurance after Deductible	50% coinsurance after Deductible	If you receive services in addition to durable medical equipment, additional copays, deductibles, or co-insurance may apply
	Hospice service	No Charge	No Charge	Covered up to 6 months
<b>If your child needs dental or eye care</b>	Eye exam	Not Covered	Not Covered	Not Covered
	Glasses	Not Covered	Not Covered	Not Covered
	Dental check-up	Not Covered	Not Covered	Not Covered

**Questions:** Call 1-800-899-9355 or visit us at [www.FCEBenefit.com](http://www.FCEBenefit.com).

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You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-899-9355 to request a copy.



**Excluded Services & Other Covered Services:**

<b>Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services.</u>)</b>		
<ul style="list-style-type: none"> <li>• Acupuncture, except when used in lieu of anesthetic</li> <li>• Bariatric surgery</li> <li>• Cosmetic Surgery</li> <li>• Dental care (Adult)</li> <li>• Dental care (Child)</li> </ul>	<ul style="list-style-type: none"> <li>• Eye Exam and Glasses (Child)</li> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• Private-duty nursing</li> <li>• Routine eye care (Adult)</li> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul>

<b>Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)</b>	
<ul style="list-style-type: none"> <li>• Chiropractic care</li> </ul>	<ul style="list-style-type: none"> <li>• Substance use disorder inpatient services</li> </ul>

**Your Rights to Continue Coverage:**

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

For more information your rights to continue coverage, contact the plan at 1-800-899-9355. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

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**Your Grievance and Appeals Rights:**

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: <http://www.healthcare.gov/using-insurance/managing/consumer-help/index.html>. You can also contact FCE Benefit Administrators, Inc. at 1-800-899-9355. Additionally, you can contact your state insurance department. For a list of state departments of insurance, go to [www.naic.org/state\\_web\\_map.htm](http://www.naic.org/state_web_map.htm).

**Does this Coverage Provide Minimum Essential Coverage?**

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

**Does this Coverage Meet the Minimum Value Standard?**

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

**SPANISH (Español): Para obtener asistencia en Español, llame al 1-800-899-9355**

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

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## About these Coverage Examples:

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



### This is not a cost estimator.

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

See the next page for important information about these examples.

### Having a baby (normal delivery)

- **Amount owed to providers: \$7,540**
- **Plan pays \$5,076**
- **Patient pays \$2,464**

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$1,000
Copays	\$280
Coinsurance	\$1,184
Limits or exclusions	\$0
<b>Total</b>	<b>\$2,464</b>

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

- **Amount owed to providers: \$5,400**
- **Plan pays \$4,050**
- **Patient pays \$1,350**

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$500
Copays	\$390
Coinsurance	\$160
Limits or exclusions	\$300
<b>Total</b>	<b>\$1,350</b>

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## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

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

### What does a Coverage Example show?

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

### Does the Coverage Example predict my own care needs?

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

### Does the Coverage Example predict my future expenses?

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

providers charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

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

### Are there other costs I should consider when comparing plans?

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

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Section B:  
Glossary of Health Coverage  
and Medical Terms

# Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold text** indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

## Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

## Appeal

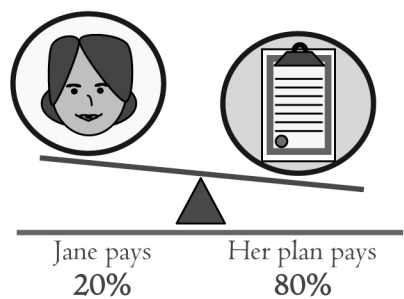
A request for your health insurer or **plan** to review a decision or a **grievance** again.

## Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

## Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service. You pay co-insurance **plus** any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



(See page 4 for a detailed example.)

## Complications of Pregnancy

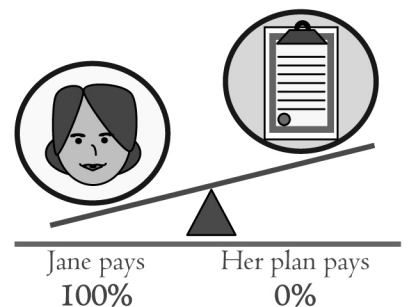
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

## Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

## Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



(See page 4 for a detailed example.)

## Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

## Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

## Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

## Emergency Room Care

**Emergency services** you get in an emergency room.

## Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

## Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

## Grievance

A complaint that you communicate to your health insurer or **plan**.

## Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

## Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

## Home Health Care

Health care services a person receives at home.

## Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

## Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

## Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

## In-network Co-insurance

The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

## In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

## Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

## Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

## Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or **plan**, or if your health insurance or **plan** has a "tiered" **network** and you must pay extra to see some providers.

## Out-of-network Co-insurance

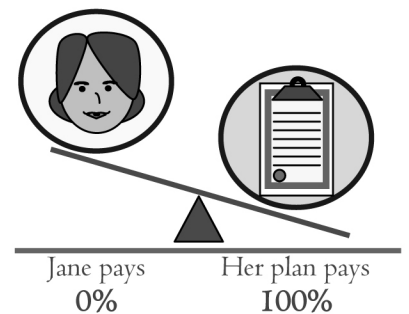
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

## Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

## Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health



insurance or **plan** doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.

## Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

## Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

## Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or **plan** may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

## Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or **plan** has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

## Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

## Prescription Drug Coverage

**Health insurance** or **plan** that helps pay for **prescription drugs** and medications.

## Prescription Drugs

Drugs and medications that by law require a prescription.

## Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

## Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

## Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

## Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

## Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

## Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

## Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

## UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

## Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

# How You and Your Insurer Share Costs - Example

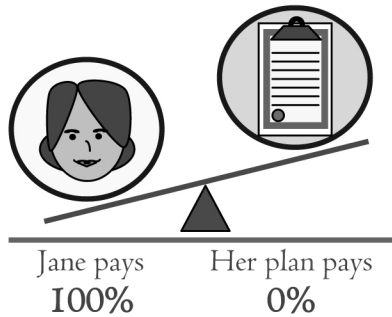
Jane's Plan Deductible: \$1,500

Co-insurance: 20%

Out-of-Pocket Limit: \$5,000

January 1<sup>st</sup>  
Beginning of Coverage  
Period

December 31<sup>st</sup>  
End of Coverage Period



## Jane hasn't reached her \$1,500 deductible yet

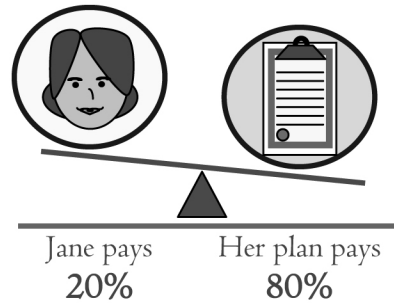
Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0

more costs



## Jane reaches her \$1,500 deductible, co-insurance begins

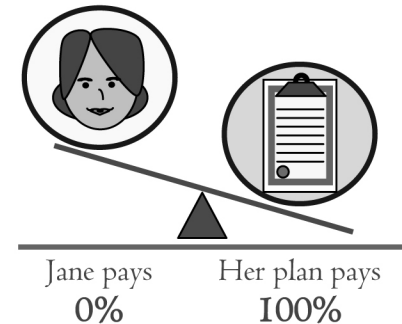
Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.

Office visit costs: \$75

Jane pays: 20% of \$75 = \$15

Her plan pays: 80% of \$75 = \$60

more costs



## Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$200

Jane pays: \$0

Her plan pays: \$200

# SECURIGUARD, INC.

Federal Plan

Preferred Provider - Employee Health and Welfare Plan - 2014/15

EMPLOYEE PLAN INCLUDES :	Class Based on Average Weekly Fringe Paid Hours			
	1 to 15 Class I	16 to 22 Class II	23 to 29 Class III	30 or more Class IV
	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>
<b>LIFE INSURANCE BENEFITS (RSL)</b>				
Employee Life Insurance Benefits	\$5,000	\$20,000	\$40,000	\$50,000
Employee Accidental Death & Dismemberment	\$5,000	\$20,000	\$40,000	\$50,000
<b>VISION CARE BENEFITS (MNL)</b>				
Maximum Benefit per Plan year	\$300	\$300	\$300	\$300
Percent Paid for Covered Vision Charges	80%	80%	80%	80%
Routine Eye Exam Limit in any 12 consecutive month period	1	1	1	1
Eyeglasses or Contact Lenses Limit in any 24 consecutive month period	1	1	1	1
<b>DENTAL CARE BENEFITS (MNL)</b>				
Calendar Year Maximum for Preventive, Basic, Major	\$1,000	\$1,500	\$2,000	\$3,000
Calendar Year Deductible for Basic, Major, and Orthodontia	\$50	\$50	\$50	\$25
Percent Paid for Preventive Services	100%	100%	100%	100%
Percent Paid for Basic Services (6 Month Waiting Period)	80%	80%	80%	80%
Percent Paid for Major Services (6 Month Waiting Period)	50%	50%	50%	50%
<b>WEEKLY DISABILITY (MNL) (Available to Employees Only)</b>				
Maximum Weekly Benefit (up to 13 Weeks of Disability)	\$150	\$150	\$300	\$300
Percent of Basic Weekly Earnings Paid from 8th Day of Accident or Sickness	66%	66%	66%	66%
<b>LONG TERM DISABILITY (RSL)</b>				
Maximum Monthly Benefit (up to 24 Months per Disability)	N/A	N/A	\$6,000	\$6,000
Percent of Monthly Base Earnings Paid from 91st Day of Accident or Sickness			60%	60%
<b>OUTPATIENT DIAGNOSTIC ADVANCED STUDIES (MNL) (3 per year)</b>				
Per Day Benefit Amount	\$100	\$100	\$150	\$150
<b>QUALIFIED RETIREMENT PLAN</b>				
Hourly Contribution			Remainder of Fringe Over \$4.00	
<b>EMPLOYEE ASSISTANCE PROGRAM (MAGELLAN)</b>			A confidential counseling and referral service available to all participants. Help with personal and family problems 24 hours a day, 7 days a week.	
<b>INDEMNITY MEDICAL BENEFITS</b>				
				<u>Employee</u>
<b>IN-HOSPITAL BENEFIT (MNL)</b>				
Maximum Benefit per Year	\$21,000	\$45,000	\$60,000	
Daily Benefit	\$700	\$1,500	\$2,000	
Up to a Calendar Year Maximum 30 days and a Lifetime Maximum 500 days <sup>1</sup>				
<b>HOSPITAL ADMISSION FIRST DAY BENEFIT (MNL)</b>	\$700	\$1,500	\$2,000	
<b>INTENSIVE CARE UNIT BENEFIT (MNL)</b>				
Maximum Benefit per Year	\$42,000	\$90,000	\$120,000	
Daily Benefit	\$1,400	\$3,000	\$4,000	
Up to a Calendar Year Maximum 30 days and a Lifetime Maximum 500 days <sup>1</sup>				
<b>SURGEONS' BENEFIT (MNL)</b>				
Inpatient Surgery Benefit Per Day (1 session per year)	\$3,000	\$5,000	\$10,000	
Calendar Year Maximum Benefit for all Outpatient Surgery	\$1,500	\$2,500	\$5,000	
Outpatient Surgery Benefit Per Day (1 session per year)	\$1,500	\$2,500	\$5,000	
Outpatient Minor Surgery Benefit Per Day	\$75	\$75	\$75	
Outpatient Venipuncture Benefit Per Day (1 session per year)	\$25	\$25	\$25	
<b>ANESTHESIOLOGIST BENEFIT (MNL)</b>				
Maximum Benefit Per Day (1 session per year)	\$750	\$750	\$750	
<b>POTENTIAL PER CONFINEMENT MAXIMUM</b>	\$67,450	\$142,250	\$192,750	
<b>DOCTOR'S OFFICE VISITS (MNL)</b>				
Calendar Year Maximum Benefit	\$1,260	\$1,740	\$2,400	
Per Day Benefit Amount	\$105	\$145	\$200	
<b>EMERGENCY ROOM VISIT (MNL)</b> (For illness only, where Emergency services are medically necessary and do not result in Inpatient confinement)				
Calendar Year Maximum Benefit	\$400	\$800	\$1,200	
Per Day Benefit Amount	\$100	\$200	\$300	
<b>DIAGNOSTIC X-RAY &amp; LABORATORY BENEFITS (MNL)</b>				
Calendar Year Maximum Benefit	\$1,260	\$1,740	\$2,400	
Per Day Benefit Amount	\$105	\$145	\$200	
<b>PREVENTIVE CARE BENEFIT (MNL)</b>				
Calendar Year Maximum Benefit	\$300	\$450	\$450	
Per Day Benefit Amount	\$100	\$150	\$150	
<b>PRESCRIPTION DRUG CARD (FSL / BMR)</b>				
Calendar Year Plan Maximum	\$1,000	\$2,000	\$3,000	
Average Member Responsibility for Formulary Generic	\$10	\$10	\$10	
Average Member Responsibility for Formulary Brand Name	\$50	\$50	\$50	
Average Member Responsibility for Therapeutic Equivalent of Non-Formulary Brand Name	\$50	\$50	\$50	
Non-Formulary Brand Name and Specialty	Discount	Discount	Discount	
<b>EMERGENCY AMBULANCE BENEFIT (MNL)</b>				
Calendar Year Benefit	\$150	\$300	\$500	
<b>ACCIDENT EXPENSE BENEFIT (MNL)</b>				
Maximum Benefit per Accidental Injury	\$500	\$1,000	\$1,000	
<b>INPATIENT MENTAL ILLNESS DISORDER (MNL)</b>				
Calendar Year Maximum Benefit	\$10,500	\$22,500	\$30,000	
Daily Benefit	\$350	\$750	\$1,000	
Up to a Calendar Year Maximum 30 days and a Lifetime Maximum 500 days <sup>1</sup>				
<b>INPATIENT SUBSTANCE ABUSE (MNL)</b>				
Calendar Year Maximum Benefit	\$10,500	\$22,500	\$30,000	
Daily Benefit	\$350	\$750	\$1,000	
Up to a Calendar Year Maximum 30 days and a Lifetime Maximum 500 days <sup>1</sup>				
<b>INPATIENT SKILLED NURSING FACILITY (MNL)</b>				
Calendar Year Maximum Benefit	\$10,500	\$22,500	\$30,000	
Daily Benefit	\$350	\$750	\$1,000	
Up to a Calendar Year Maximum 30 days and a Lifetime Maximum 500 days <sup>1</sup>				
<b>PPO NETWORK</b>		OneNet		CIGNA
<b>CONTINUATION OF BENEFITS DURING AN AUTHORIZED LEAVE</b>		Up to 16 weeks maximum covered per calendar year available after 12 months of employment and at least 1,000 hours of service during the 12-month period preceding the start of the leave.		
Available to EMPLOYEES ONLY				
<b>COVERAGE EFFECTIVE/TERMINATION</b>		First of the Month Following One Month of Continuous Employment on a Fringe Contract		
Coverage Effective		End of Month of Termination of Employment		
Coverage Termination				

**PLEASE REFER TO THE CLASS IV MAJOR MEDICAL PLAN**  
**Deductible: \$500 Co-Insurance: 80% OOP Maximum: \$5,500**

Life insurance coverage is underwritten by Reliance Standard Life Insurance Company (RSL). Group Limited Benefit Health insurance coverage is underwritten by Madison National Life Insurance Company (MNL). Outpatient Prescription drug insurance coverage is underwritten by Fidelity Security Life Insurance Company, Kansas City, MO (FSL).

1- Noted inpatient limited medical benefits share 30 day annual maximum and 500 day lifetime maximum

**Important: This is a highlight sheet. The actual benefits, terms, and conditions are specified in the policy, schedule of benefits, and evidence of coverage.**

## SECURIGUARD, INC.

### Class IV MNL Major Medical Plan Summary - Imprint HD

Effective: 10/01/2014

1	In-Network	Out-of-Network	
<b>Basic &amp; Routine Care</b>	<b>CIGNA</b>		
	PPO Network		
	<b>Preventive Services</b> , covered preventive services are those rated with and A or B by the USPSTF.		
	Plan pays 100%	N/A	
	Primary Physician Office Visit Copay	\$40	Plan pays 50% after Deductible
	<u>Prescription Co-pay</u>	<u>Retail</u>	<u>Mail Order</u>
	Generic	\$10	\$20
	Brand Name Formulary	\$50	\$100
Brand Name Non-Formulary	\$100	\$200	
Specialty Drugs	\$150	\$300	

<b>2</b> <b>Specialized</b>	Specialist Physician Office Visit Copay	\$40	Plan pays 50% after Deductible
	Urgent Care Copay	\$40	Plan pays 50% after Deductible
	Outpatient Diagnostic X-Ray, Labs and Tests	Plan pays 80% after Deductible	Plan pays 50% after Deductible

<b>3</b> <b>Acute Care</b>	Ambulance Service	Plan pays 80% after Deductible	Plan pays 80% after Deductible
	Emergency Room	Plan pays 80% after Deductible	Plan pays 80% after Deductible
	Inpatient Facilities and Surgical Services	Plan pays 80% after Deductible	Plan pays 50% after Deductible
	Calendar Year Deductible Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000
	Total Out-of-Pocket Maximum Individual / Family	\$5,500 / \$11,000	\$11,000 / \$22,000
	Plan Coinsurance	80%	50%
	Plan Coinsurance After Out-of-Pocket Maximum is Satisfied	100%	100%
	Lifetime Medical Maximum Coverage	<b>Unlimited</b>	

<b>Plan Cost</b>	<b><u>Additional Costs For Dependents</u> **</b>	Monthly rates	Bi weekly rates
	Additional for Spouse	<b>\$602.82</b>	<b>\$278.22</b>
	Additional for Child/Children	<b>\$455.62</b>	<b>\$210.29</b>
	Additional for Family	<b>\$1,034.23</b>	<b>\$477.34</b>

\*\* Monthly Cost for Dependents includes Medical, Dental, and Vision.

- This is a general summary of your benefits. A more complete description of your benefits and the terms under which they are provided, including limitations and exclusions, are contained in the Summary Plan Description (SPD). If there are any discrepancies between the information contained in this highlights of plan benefits and the provisions of the SPD, the SPD is the controlling authority.



# SECURIGUARD, INC.

Preferred Provider - Dependent Care Option - 2014/15

DEPENDENT PLAN INCLUDES :	Classes I, II, III, & IV
<b>MONTHLY COST TO ADD DEPENDENTS</b>	
Spouse	\$138.44
Child(ren)	\$77.79
Family	\$185.25
<b>VISION CARE BENEFITS (MNL)</b>	
Maximum Benefit per Plan year	\$300
Percent Paid for Covered Vision Charges	80%
Routine Eye Exam Limit in any 12 consecutive month period	1
Eyeglasses or Contact Lenses Limit in any 24 consecutive month period	1
<b>DENTAL CARE BENEFITS (MNL)</b>	
Calendar Year Maximum for Preventive, Basic, Major	\$1,000
Calendar Year Deductible for Basic, Major, and Orthodontia	\$50
Percent Paid for Preventive Services	100%
Percent Paid for Basic Services (6 Month Waiting Period)	80%
Percent Paid for Major Services (6 Month Waiting Period)	50%
<b>ORTHODONTIA BENEFITS (Available to Dependents up to Age 19)</b>	
Lifetime Maximum for Orthodontic Services	\$1,000
Percent Paid for Orthodontia (12 Month Waiting Period)	50%
<b>ACCIDENT EXPENSE BENEFIT (MNL)</b>	
Maximum Benefit per Accidental Injury	\$300
<b>EMPLOYEE ASSISTANCE PROGRAM (MAGELLAN)</b>	A confidential counseling and referral service available to all participants. Help with personal and family problems 24 hours a day, 7 days a week.
<b>INDEMNITY MEDICAL BENEFITS</b>	
<b>IN-HOSPITAL BENEFIT (MNL)</b>	
Maximum Benefit per Year	\$12,000
Daily Benefit	\$400
Up to a Calendar Year Maximum 30 days and a Lifetime Maximum 500 days <sup>1</sup>	
<b>HOSPITAL ADMISSION FIRST DAY BENEFIT (MNL)</b>	\$400
<b>INTENSIVE CARE UNIT BENEFIT (MNL)</b>	
Maximum Benefit per Year	\$24,000
Daily Benefit	\$800
Up to a Calendar Year Maximum 30 days and a Lifetime Maximum 500 days <sup>1</sup>	
<b>SURGEONS' BENEFIT (MNL)</b>	
Inpatient Surgery Benefit Per Day (1 session per year)	\$1,000
Calendar Year Maximum Benefit for all Outpatient Surgery	\$500
Outpatient Surgery Benefit Per Day (1 session per year)	\$500
Outpatient Minor Surgery Benefit Per Day	\$75
Outpatient Venipuncture Benefit Per Day (1 session per year)	\$25
<b>ANESTHESIOLOGIST BENEFIT (MNL)</b>	
Maximum Benefit Per Day	\$250
<b>POTENTIAL PER CONFINEMENT MAXIMUM</b>	\$37,650
<b>DOCTOR'S OFFICE VISITS (MNL)</b>	
Calendar Year Maximum Benefit	\$600
Per Day Benefit Amount	\$50
<b>EMERGENCY ROOM VISIT (MNL) (For illness only, where Emergency services are medically necessary and do not result in Inpatient confinement)</b>	
Calendar Year Maximum Benefit	\$200
Per Day Benefit Amount	\$50
<b>DIAGNOSTIC X-RAY &amp; LABORATORY BENEFITS (MNL)</b>	
Calendar Year Maximum Benefit	\$600
Per Day Benefit Amount	\$50
<b>PREVENTIVE CARE BENEFIT (MNL)</b>	
Calendar Year Maximum Benefit	\$150
Per Day Benefit Amount	\$50
<b>PRESCRIPTION DRUG CARD (FSL / BMR)</b>	
Calendar Year Maximum Plan	\$1,000
Average Member Responsibility for Formulary Generic	\$10
Average Member Responsibility for Formulary Brand Name	\$50
Average Member Responsibility for Therapeutic Equivalent of Non-Formulary Brand Name	\$50
Non-Formulary Brand Name and Specialty	Discount
<b>EMERGENCY AMBULANCE BENEFIT (MNL)</b>	
Calendar Year Benefit	\$150
<b>OUTPATIENT DIAGNOSTIC ADVANCED STUDIES (MNL) (3 per year)</b>	
Maximum Benefit per Day (Employee and Dependent(s))	\$50
<b>INPATIENT MENTAL ILLNESS DISORDER (MNL)</b>	
Maximum Benefit per Year	\$6,000
Daily Benefit	\$200
Up to a Calendar Year Maximum 30 days and a Lifetime Maximum 500 days <sup>1</sup>	
<b>INPATIENT SUBSTANCE ABUSE (MNL)</b>	
Maximum Benefit per Year	\$6,000
Daily Benefit	\$200
Up to a Calendar Year Maximum 30 days and a Lifetime Maximum 500 days <sup>1</sup>	
<b>INPATIENT SKILLED NURSING FACILITY (MNL)</b>	
Maximum Benefit per Year	\$6,000
Daily Benefit	\$200
Up to a Calendar Year Maximum 30 days and a Lifetime Maximum 500 days <sup>1</sup>	
<b>PPO NETWORK</b>	OneNet
<b>COVERAGE EFFECTIVE/TERMINATION</b>	
Coverage Effective	First of the Month Following One Month of Withholding Payroll Deductions End of Month of Termination of Employment
Coverage Termination	

Group Limited Benefit Health insurance coverage is underwritten by Madison National Life Insurance Company (MNL). Outpatient Prescription drug insurance coverage underwritten by Fidelity Security Life Insurance Company, Kansas City, MO (FSL).

1- Inpatient limited medical benefits share 30 day annual maximum and 500 day lifetime maximum

**Important:** This is a highlight sheet. The actual benefits, terms, and conditions are specified in the policy, schedule of benefits, and evidence of coverage.



Growth. Strength. Stability.

...your benefits connection



**MNL LARGE EMPLOYER GROUP HEALTH PLAN HD  
80/50 \$0.5k**

**Securiguard, Inc.**

For full-time employees working 30 hours or  
more per week

The MNL LARGE EMPLOYER GROUP HEALTH PLAN HD Plan for full-time employees is designed for employees who  
work a minimum of 30 hours per week

# Securiguard, Inc.

## CLASS IV CORE BENEFITS SUMMARY

### Life Insurance Benefit Summary (RSL)

Life Insurance Benefits	Employee Only
Employee Life Insurance Benefit	\$50,000
Employee Accidental Death & Dismemberment	\$50,000

### Dental Care Benefit Summary (MNL)

Dental Care Benefits	Employee Only
Calendar Year Maximum for Preventive, Basic, Major	\$3,000
Calendar Year Deductible for Basic, Major, and Orthodontia	\$25
Percent Paid for Preventive Services	100%
Percent Paid for Basic Services (6 Month Waiting Period)	80%
Percent Paid for Major Services (6 Month Waiting Period)	50%

### Vision Care Benefit Summary (MNL)

Vision Care Benefits	Employee Only
Maximum Benefit per Calendar Year	\$300
Percent Paid for Covered Vision Charges	80%

### Weekly Disability Summary (MNL)

Weekly Disability	Employee Only
Maximum Weekly Benefit (up to 13 Weeks of Disability)	\$300
Percent of Basic Weekly Earnings Paid from 8th Day of Accident or Sickness	66%

**Outpatient Diagnostic Advanced Studies (MNL)**

<b>Outpatient Diagnostic Advanced Studies</b>	<b>Employee Only</b>
Per Day Benefit Amount	\$150

**Long Term Disability (RSL)**

<b>Long Term Disability</b>	<b>Employee Only</b>
Maximum Monthly Benefit (up to 24 Months per Disability) Percent of Monthly Base Earnings Paid from 91st Day of Accident or Sickness	\$6,000 60%

**Qualified Retirement Plan**

<b>Qualified Retirement Plan</b>	<b>Employee Only</b>
Hourly Contribution	\$150

**Employee Assistance Program Highlights (Magellan)**

	<b>Family</b>
Employee Assistance Program (EAP)	A confidential counseling and referral service available for all participants. Help with personal and family problems 24 Hours a Day, 7 Days a Week.

# Securiguard, Inc.

## CLASS IV MAJOR MEDICAL BENEFITS SUMMARY

### Major Medical Benefit Summary (MNL Large Employer Group Health Plan HD)

Major Medical Benefits	IN-NETWORK	OUT-OF-NETWORK
<p><b>LIFETIME MAXIMUM BENEFIT</b></p> <p>for all Covered Charges combined</p>		<p>Unlimited</p>
<p><b>PPO NETWORK</b></p>		<p>CIGNA</p>
<p><b>DEDUCTIBLE</b> (per calendar year)</p>	<p>\$500 When Dependents Are Not Covered</p> <p>\$1,000 When Dependents Are Covered</p>	<p>\$1,000 When Dependents Are Not Covered</p> <p>\$2,000 When Dependents Are Covered</p>
<p>Deductible Maximum per Calendar Year per Insured Family: Employee and Dependents share one common Deductible amount for the Calendar Year. The In-Network Deductible Maximum per Insured Family is subject to annual adjustments as may be required by law not to exceed \$12,700. HDHP Plan Deductibles and Out-of-Pocket Maximum will be adjusted annually based on changes mandated by the Federal Government.</p>		
<p><b>PRE-CERTIFICATION PENALTIES</b></p> <p>Failure to Pre-Certify Inpatient Care</p>		<p>\$500</p>
<p>Notwithstanding anything to the contrary found in the Certificate, the penalty for failure to pre-certify does not accumulate toward the Calendar Year Deductible amounts or Out-Of-Pocket Maximum amounts.</p>		

**OUT-OF-POCKET MAXIMUM**

\$5,500 OOP When Dependents Are NOT Covered

\$11,000 OOP When Dependents Are NOT Covered

\$11,000 OOP When Dependents Are Covered

\$22,000 OOP When Dependents Are Covered

**The In-Network and Out-of-Network Calendar Year Out-of-Pocket Maximums accumulate separately.**

Maximum Out-of-Pocket Amount per Calendar Year per Insured Family: Employee and Dependents share one common Out-of-Pocket amount for the Calendar Year. Maximum Out-of-Pocket for a family is not to exceed \$12,700. HDHP Plan Deductibles and Out-of-Pocket Maximum will be adjusted annually based on changes mandated by the Federal Government.

**The Out-of-Pocket Maximum is subject to annual adjustments as may be required by law.**

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**COPAYS**

Physician office visit charge for examination and evaluation at In-Network providers only.

\$40

Outpatient Diagnostic X-Ray, Labs and tests at In-Network providers only.

\$40

Copay applies per in-network visit. After the copay, the plan pays 100% of the balance of the physician office or urgent care center visit charge. Other covered services performed during the visit are subject to deductible and coinsurance.

**MEDICAL SERVICES AND SUPPLIES**

Physician Office Visit or Free Standing Urgent Care Center	After Copay, then 100%	50% after Deductible
Outpatient Diagnostic Lab, X-ray and tests	After Copay 100% up to \$150 per visit then 80% after Deductible	50% after Deductible
Physical, Speech, or Occupational Therapy	80% after Deductible	50% after Deductible
Durable Medical Equipment	80% after Deductible	50% after Deductible
Non-Surgical Back Treatment	80% after Deductible	50% after Deductible
Outpatient Registered Nurse Services	80% after Deductible	50% after Deductible
Women's Preventive Services Contraceptive Prescription Drugs for Birth Control	100% (Deductible and Prescription Drug Copay waived)	50% after Deductible
Preventive Care (services rated with an "A" or "B" by the United States Preventive Task Force (USPTF))	100% (Deductible waived)	50% after Deductible
Home Health Care	80% after Deductible	50% after Deductible
Hospice Care	100%	100%

**OUTPATIENT SURGICAL SERVICES** (Outpatient surgery and related services when rendered at a outpatient facility)

Outpatient Hospital or Ambulatory Surgical Center Facility Services	80% after Deductible	50% after Deductible
Surgery, Assistant Surgeon, and Anesthesiology Services	80% after Deductible	50% after Deductible



**FACILITY CHARGES** (Inpatient surgical or other services when rendered at a inpatient facility)

Inpatient Facility Confinement	80% after Deductible	50% after Deductible
Skilled Nursing Facility Services	80% after Deductible	50% after Deductible
Physician services, including consultations and diagnostic testing	80% after Deductible	50% after Deductible

**ORGAN TRANSPLANT** (Covered human organ and tissue transplants include those for bone marrow, cornea, heart, heart-lung, lung, pancreas, kidney, liver, pancreas-kidney and small bowel.)

<b>Organ Transplant</b>	Center of Excellence & Non-Center of Excellence (In-Network) Provider: 80% after Deductible - maximum benefit levels vary based on state, see your certificate of coverage for details.	Non-Network Provider: 50% after Deductible - maximum benefit levels vary based on state, see certificate of coverage for details
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**EMERGENCY CARE**

Emergency Room	80% after Deductible	80% after Deductible
Ambulance Services – Ground, Air, and Water	80% after Deductible	80% after Deductible

**MENTAL HEALTH CONDITIONS AND SUBSTANCE USE DISORDERS**

Mental Health & Substance Use Disorders Outpatient Care	80% after Deductible	50% after Deductible
Mental Health & Substance Use Disorders Inpatient Care	80% after Deductible	50% after Deductible

**HOSPITAL ROOM/DAILY RATE SCHEDULE** (All applicable Deductibles and Coinsurance will apply)

Private or Semi-Private Room	The amount billed for a semi-private room or 90% of the private room billed amount	Usual, Reasonable and Customary
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If the Hospital does not provide semi-private rooms, the Hospital benefit will be paid at 90% of the Hospital's lowest priced private room rate. In the event a private room is Medically Necessary due to a contagious disease, We will consider the cost of the private room as a Covered Charge.

Intensive Care Unit	Up to the Most Common ICU Rate	Usual, Reasonable and Customary
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Observation Room or Intermediate Care Unit	Up to 2 times the amount billed for a semi-private room or 90% of the private room billed amount	Usual, Reasonable and Customary
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**PRESCRIPTION DRUG COVERAGE**

	<u>Retail</u> (34 Day Supply)	<u>Mail Order</u> (90 Day Supply)
Per Generic Prescription Order or Refill	\$10 Copay	\$20 Copay
Per Formulary Brand Name Prescription Order or Refill	\$50 Copay	\$100 Copay
Per Non-Formulary Brand Name Prescription Order or Refill	\$100 Copay	\$200 Copay
Specialty Drugs	\$150 Copay	\$300 Copay

**BENEFIT LIMITS**

Physical, Speech, or Occupational Therapy	30 treatments per Calendar Year for any one type of therapy and up to 60 treatments per Calendar Year for any combination of these therapies
Non-Surgical Back Treatment	Limited to 20 visits per Covered Person per Calendar Year
Home Health Care	A maximum 60 visits per Calendar Year
Hospice Care	Limited to 6 months of Covered Charges
Skilled Nursing Facility Services	Limited to a maximum of \$100 per day per Covered Person
Organ Transplant Transportation Expense	An allowance up to \$5,000 is available for transportation expenses per Transplant performed in a Center of Excellence

**This plan overview is intended as a summary only. Provisions and availability may vary by state. A more complete description of your benefits and the terms under which they are provided, including limitations and exclusions, are contained in the Certificate of Coverage (COC) for the group policy MNL MMP LG 1013. If there are any discrepancies between the information contained in this summary of plan benefits and the provisions of the COC, the COC is the controlling authority.**

**Large Employer Group Health Plan is underwritten by Madison National Life Insurance Company, Inc.**



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**Securiguard, Inc.**

MNL Vision & Dental Summary

# Securiguard, Inc.

## Vision & Dental Care Benefit Summary (MNL)

### Vision Care Benefit Summary

Routine Eye Exam Benefit	Eyeglasses or Contact Lenses Benefit
Charges by an Eye Doctor for routine eye examinations up to \$300	Charges for one pair of eyeglass lenses and frames or one pair of contact lenses including disposable contacts up to \$300

### Dental Care Benefit Summary

Preventive Care (Type 1)
<p>Prophylaxis (the cleaning and scaling of teeth, limited to one treatment in any continuous period of 6 months;</p> <p>Routine oral exams, initial or periodic, limited to one exam in any continuous period of 6 months;</p> <p>One topical application of sodium fluoride or stannous fluoride for covered Dependent Children to age 16, limited to one application in any continuous period of 12 months;</p> <p>Full mouth x-rays limited to one set in any continuous period of 36 months;</p> <p>Bitewing x-rays limited to one set in any continuous period of 6 months;</p> <p>Periapicals;</p> <p>Tests and laboratory exams related to dental procedures and second opinions;</p> <p>Emergency treatment if no other service was rendered except x-rays;</p> <p>Space maintainers: the initial appliance for covered Dependent Children to age 19, including all adjustments within the six month period immediately following installation; and</p> <p>Sealants for covered Dependent Children under age 14 limited to one treatment per tooth (permanent posterior only) or quadrant during a 36 consecutive month period.</p>

Basic Care (Type 2)
<p>Simple extractions; Abscesses;</p> <p>Oral surgery and anesthesia or I.V. sedation for same, except for pre-orthodontics;</p> <p>Amalgam, silicate, acrylic and composite fillings;</p> <p>Maintenance prosthodontics, limited to one denture relining or rebasing in a 24 consecutive month period;</p> <p>Tissue conditioning, limited to two treatments per arch within a 24 consecutive month period; and</p> <p>Other restoration.</p>

Major Care (Type 3)
<p>Endodontic treatment (pulp capping, pulpotomy, and root canal therapy);</p> <p>Periodontal treatment and treatment of other diseases of the gums and tissues of the mouth, except splinting;</p> <p>Inlays, onlays, crowns (single restorations); and</p> <p>Prosthodontics; Installation of bridges or partial or full dentures, including adjustments made within 6 months after installation (Treatment must begin after the Covered Person's Effective Date of Coverage under the Policy and the Dental Benefit Rider).</p>

Orthodontia (Type 4)
<p>Orthodontia and Orthodontic procedures, including oral surgery and anesthesia or I.V. sedation for same, (for Covered Persons Dependent Children under age 19).</p>

myCigna.com

# CLICK WITH A SITE THAT CLICKS WITH YOU



## We've made myCigna.com all about you

Log in and you'll find the information you need to manage your health and access your pharmacy coverage, including powerful tools, information and resources to help you make informed health care decisions. The site is designed to make it easier to quickly find exactly what you're looking for and it's compatible with your mobile device – so you can find whatever you need, whenever you need it.

## Get started

Go to **myCigna.com**. The first time you visit, you will be directed through a simple registration process. Once you've registered, keep your User ID and password in a safe place and bookmark **myCigna.com** for future use.

When you log in to **myCigna.com**, everything you need to manage your health and health care expenses is just a few clicks away.

The screenshot shows the Cigna logo at the top left. Below it is the heading 'Registration'. A progress bar indicates four steps: 'ENTER PERSONAL DETAILS' (current), 'CONFIRM YOUR IDENTITY', 'CREATE USER ID', and 'REVIEW & SUBMIT'. Below the progress bar is a section titled 'REGISTERING TO TAKE THE HEALTH ASSESSMENT?' with a small icon of a red apple and a yellow measuring tape. The text reads: 'If you or your dependent(s) are registering to take the Health Assessment, each person must register separately and then log in with their own User ID and Password.' The main section is 'Enter Personal Details' with the subtext: 'You're just minutes away from accessing your Cigna online account. Please enter your information to get started.' The form includes input fields for First Name, Last Name, Date of Birth (with Month, Day, and Year dropdowns), Address, Address 2 (Optional), City, State (with a 'Select' dropdown), and ZIP Code.

## Get informed

Now you're ready to take advantage of **myCigna.com** and its many health and pharmacy-related features.

As soon as you're on **myCigna.com**, you'll see it's all about you – your pharmacy coverage and claim information, plus tools and resources to improve your health and wellness. You can also easily find a doctor in your network.

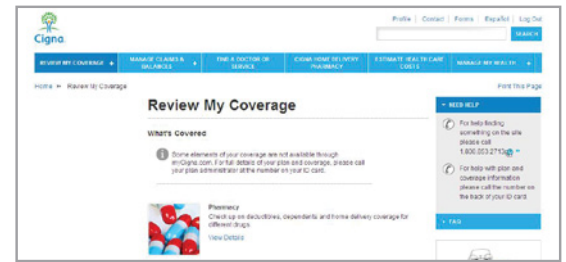
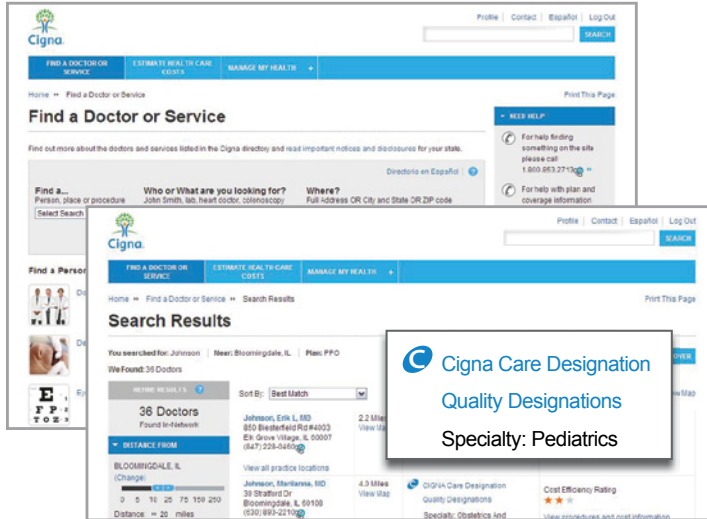
*The first time you visit myCigna.com, you'll be directed through a simple registration process.*

**GO YOU.**



## See your Pharmacy coverage

Your pharmacy coverage details are all in one easy-to-access place. View all your current claims information, including when and where you received services, what you were billed for and what you paid. See your benefits booklet for specific eligibility and coverage information.



## Find a health care professional or pharmacy

Search for your doctor by name or search our network for a specific type of doctor, pharmacy or medical facility. You can filter your results by distance, cost efficiency, specialty and more – even by whether they are accepting new patients. You can also email a copy of your search results.

*Be sure to look for the Cigna Care Designation symbol – which identifies doctors who meet certain cost and quality measures.*

## Use your tools

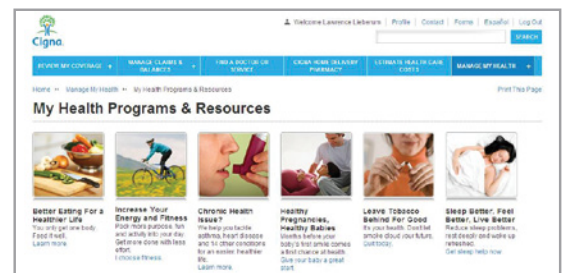
When you have more information, you'll feel better about your health and your health spending. That's why we have tools to help you calculate costs, compare plan costs, estimate treatment costs and more.

**Drug price quote tool** – look up prescriptions to compare prices. We also suggest lower-cost alternatives like home delivery or generics.

**Pharmacy home delivery** – you can learn more about Cigna Home Delivery Pharmacy<sup>SM</sup> and order refills of your prescriptions.

**Medical cost estimator** – compare estimated costs for various procedures based on Cigna's historical cost data.

**Manage your health** – the “Manage My Health” section includes a wealth of tools and information to help you get healthy and stay healthy. You'll find articles, support groups, and other resources on a variety of topics including blood pressure, cholesterol, tobacco cessation, weight management, stress and more.



*You'll find helpful resources on a variety of health-related topics under your “Manage My Health” section.*

It's your health. And **myCigna.com** is your site.

# GO YOU<sup>®</sup>



**Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.**

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myCignaforhealth.com

# how to find a GWH-Cigna network health care professional



With a click or a phone call, you can locate a network health care professional to maximize your health care benefits.

## Visit our website

To locate a GWH-Cigna health care professional or facility online, visit [myCignaforhealth.com](http://myCignaforhealth.com). If you're not already registered, click on the *Register Now* link in the upper right.

**Step 1:** Sign in to the secured site.

**Step 2:** Click on the *Find a Provider* search tool at the top of the page.

**Step 3:** Select the *GWH-Cigna Provider* link.

**Step 4:** Choose your preferred search type:

- Search by Name – Type a doctor's last name to see if he/she is in-network.
- Search by Specialty – Select by PCP, specialist or hospital/facility.
- Search by Condition – Choose a medical condition (e.g., asthma, diabetes) from the drop-down menu.

**Step 5:** Your search form will be personalized with your network (e.g., PPO, Open Access Plus, etc.), and your name and address. (Your network also appears in the upper right corner of your ID card). Complete the form, scroll down the page and click on *Submit*.

**Step 6:** View search results. To narrow the distance for your search or to choose another search type, click on the back arrow at top left to return to the form.

**Time-saver tip:** Click on *Save this Search* before exiting your search screen. To view at a later date, choose *Select a Saved Search* from the search tool options.

**Compare doctors:** Whether searching by area of specialty or medical condition, you can quickly compare up to five doctors, side by side. While viewing your search results:

- Select up to five doctors from the list by clicking in the *Add to Compare* option box for each doctor.
- Scroll to the top right of the page and click *Compare Providers*.
- From the comparison screen, you can also *Add a Provider* to your contacts.



**Other options:** From your search results screen, you can:

- Print search results
- Fax search results
- Email search results

**Print a directory:** Create and print a directory of GWH-Cigna network health care professionals. Visit **myCignaforhealth.com**, click on the *Find A Provider* tab and select *Create a Provider Directory*. Choose to print a standard directory by state, or a custom directory sorted by city, state or distance from a specific address.

### Call FCE Benefits toll-free

If you don't have online access, call FCE Benefit Administrators at **800-899-WELL** (899-9355). A customer service representative will be happy to help.

### Additional online features

**myCignaforhealth.com** offers more than just a health care professional search. For example, you can check the status of a medical and/or dental claim for yourself and your dependents, take our confidential health assessment, and receive up-to-date health and wellness information.

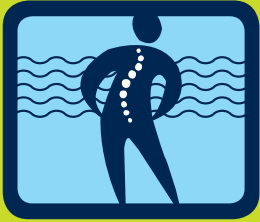
To take advantage of all that **myCignaforhealth.com** has to offer, visit the website and follow the step-by-step instructions to register. You can access **myCignaforhealth.com** 24 hours a day to get information about your health benefits and a variety of health and wellness information.



Visit us online at **myCignaforhealth.com**, call the toll-free number on your ID card or call customer service 24/7.



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# WHAT IS IT? HOW DOES IT WORK?

Helping you get the right care at the right time in the right setting is important. That's why we follow specific guidelines in a process called precertification.

Precertification is getting approval from the health plan before receiving services like routine hospital stays or outpatient procedures. In precertification, Cigna and your Third Party Administrator (TPA) review your medical coverage to determine if the service is covered under your plan.

## Who is responsible for getting precertification?

- **If your doctor participates in the Cigna network**, he/she begins the precertification process by requesting non-emergency MRI, CT or PET scan services. Your doctor contacts Cigna via your Third Party Administrator (TPA) and provides all the necessary information for review.
- **If your doctor is not in the Cigna network** and your plan covers out-of-network services, you should begin the precertification process by calling the number on the back of your Cigna ID card. Your doctor may be asked for additional information to be included in the review.

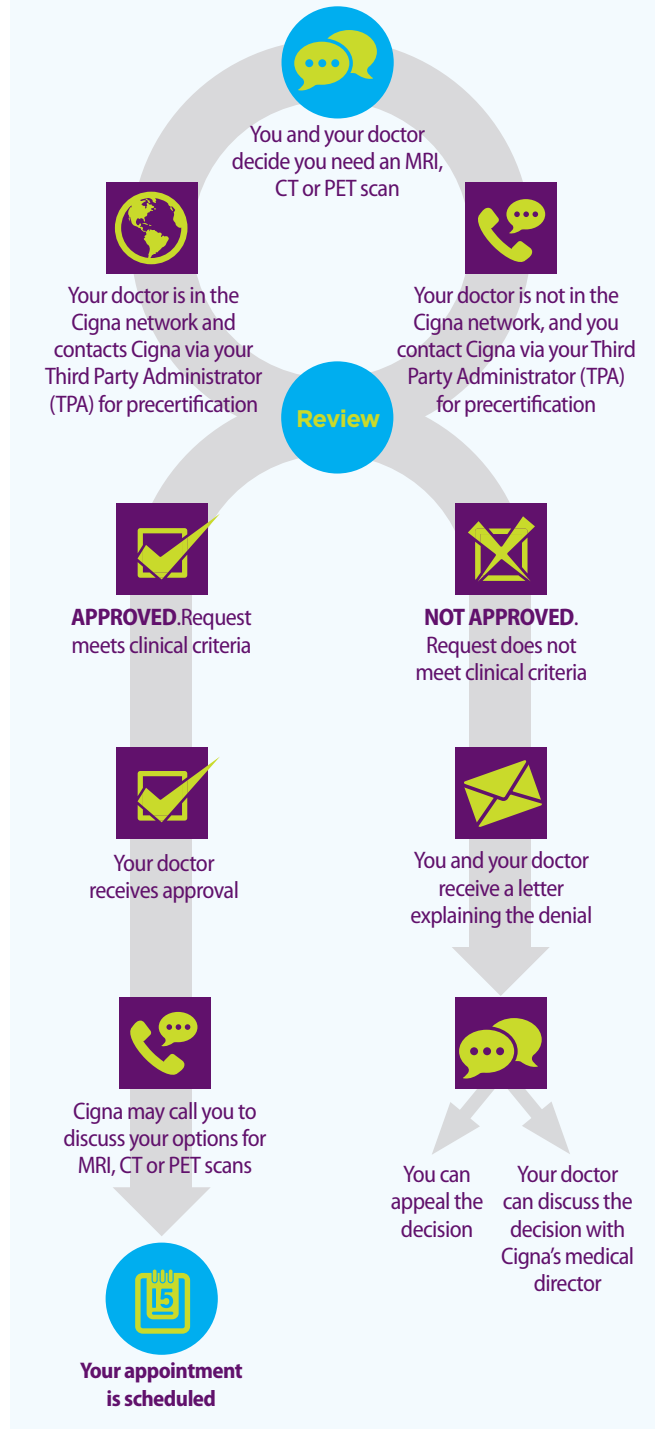
## What happens next?

The precertification request is reviewed using established clinical criteria for that procedure. Following this review, one of two things will happen:

**Approved.** If the request meets the clinical criteria, your doctor will receive approval and your appointment will be scheduled. Appointments should not be scheduled until your doctor's office receives the approval.

The chart on the next page outlines the expected timing for precertification approvals. It's important to remember that timing is based on Cigna having all of the necessary clinical information. If there is missing information, approval may be delayed.

## Radiology Precertification: How it works



High-tech radiology service type	Expected authorization turnaround time*
Routine	2 business days
Urgent	Same day
Inpatient	Immediate services are performed. No precertification is required
Emergency room	

**Not approved.** Sometimes the request does not meet the required clinical criteria based on the information provided and the service will be denied. When this happens:

- Both you and your doctor will receive a written letter explaining the reason for the denial, how you can appeal the decision and a number to call if you have any questions.
- Your doctor will also receive a faxed notification and be offered the opportunity to discuss the decision with Cigna’s medical director. Denials are normally issued within two business days.

### We might call you

After the service is approved, Cigna checks to see if there are places in our network that will perform your procedure at a lower cost than the radiology center or hospital your doctor requested. If we find lower cost options, an Informed Choice team member will call you to discuss your options.

### Will I always get a call?

Calls will not be made in all cases. We won’t call if:

- Your doctor’s request is the lowest cost option for you.
- It’s an urgent or emergency situation.
- When the choice of another facility is not available due to your unique circumstances.

### Better choices can come from better information

Several types of facilities in the Cigna network, including outpatient centers and hospitals, provide radiology services. Costs for radiology services can vary greatly, depending on where the service is provided. For example, a high-tech radiology service provided by an independent radiology center can be considerably less costly than the same service provided in the outpatient radiology department of a hospital.

That’s why, when you need to have a MRI, CT or PET scan, it’s important to:

- Talk to your doctor about your options and consider all relevant factors when making decisions related to your health care.
- Check **myCigna.com** and the online directory for information about facilities offering MRI, PCT or PET scans and compare related costs.

**When it comes to understanding cost information, myCigna.com is a useful resource. You can also call your Third Party Administrator at the number on the back of your ID card.**



The health care professionals and facilities who participate in Cigna’s network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

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# Improving health has **MANY REWARDS.**



Cigna Healthy Rewards® includes discounts on programs and services designed to help you enhance your health and wellness. These include brand names such as Jenny Craig®, Pearle Vision®, Curves, drugstore.com™ and more.

## **No referrals. No claim forms. No catch.**

The choice to use Healthy Rewards is entirely yours. The program is separate from your health benefits coverage, so the services don't apply to your plan's copays or coinsurance. No doctor's referral is required – and no claim forms, either. Set the appointments yourself, show your ID card when you pay for services and enjoy the savings.

Discounts are available for the following health and wellness programs:

- Weight management and nutrition
- Fitness
- Tobacco cessation
- Mind/body
- Vision and hearing care
- Alternative medicine
- Healthy lifestyle products
- Dental care

For a complete list of Healthy Rewards vendors and programs, visit [HealthyRewards.CignaPayerSolutions.com](http://HealthyRewards.CignaPayerSolutions.com) and use the password "savings", or call toll-free **1.855.401.9666**.

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**Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.**

\*Healthy Rewards is a discount program. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of your plan benefits. Healthy Rewards programs are separate from your medical benefits. **A discount program is NOT insurance, and the member must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discounted at any time.

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# Cigna Pharmacy MANAGEMENT

Affordable care. Improved outcomes.  
Superior service.

Cigna Pharmacy Management focuses on improving health to lower total healthcare costs. We know the only sustainable way to lower overall healthcare costs is to help our customers achieve better health. We use a variety of strategies to drive the changes necessary to improve health and reduce total healthcare spending.

## Cigna Home Delivery Pharmacy

Customers who take medications on a regular basis can enjoy the convenience of having their prescriptions delivered directly to their home or preferred location. They may have the opportunity to save even more by switching to lower-cost preferred brand or generic drugs. Customers who use Cigna Home Delivery Pharmacy<sup>SM</sup> have a **20% higher adherence rate** to their maintenance medications, which not only makes them healthier but also reduces total health care costs.

## Preventive care

Preventive care is an integral part of any health care plan. With Cigna, groups can set up a separate copay and deductible for preventive drugs, and have the flexibility to use a generics-only list or a list with brands and generics.

## Better specialty drug management

Specialty medications target diseases that are rare but chronic in nature. These medications can improve health, productivity and lower total health costs over time with effective management.

## Cigna Specialty Pharmacy

- **Manage total cost of care to lower overall cost:** Cigna has aggressive unit discounts across medical and pharmacy benefits. Our integrated care model brings our network of physicians, home infusion providers, pharmacies and labs together under one payer.
- **Focus on total patient health:** Our integrated health advocacy programs focus on the total health of the customer, not just the condition being treated with a specialty medication. TheraCare®, our specialty therapy management service helps customers manage their conditions, and side effects, and provides compliance support. Self-reported employee productivity increased 16% with TheraCare.
- **One-stop, full service:** Clients benefit from better continuity of care and aggressive unit cost discounts on all specialty drugs.





## Clinical pharmacy programs

Our clinical pharmacy programs help ensure appropriate utilization of medications and drive the changes necessary to improve health and reduce total health spending. Cigna's clinical programs are offered at no additional costs.

### Unique program offerings from Cigna

#### Rx Savings Messenger

**Generates personalized mailings to customers educating them about ways they can save money on their currently prescribed medications by exploring generic medications.**

#### CoachRx

**Customers who use Cigna Pharmacy's CoachRx program show a 22% increase in optimal adherence. The CoachRx program offers daily reminders, free pill boxes, education materials and a toll-free number for medication coaching sessions – all designed to help create a healthier, more productive workforce.**

#### TheraCare

**Designed to support people who use specialty medications for chronic conditions. TheraCare helps them better understand conditions, their medications and side effects. It increases understanding of the importance of taking medications exactly as prescribed.**

#### Step therapy

Promotes the use of generic drugs and lower-cost brand-name alternatives, while at the same time, avoiding initial disruption for the customer at the pharmacy and providing customers and their physicians the flexibility to use brand-name drugs when medically necessary.

#### Prior authorization

Helps control rising costs by requiring that certain high-cost medications undergo a review for medical necessity before being prescribed. All network providers secure authorization for covered customers.

#### Drug utilization review

Provides the pharmacy with an immediate online message identifying potentially adverse drug reactions for the covered customer. Participating physicians are also sent letters warning of potential prescription errors.

#### Managed drug limits

Ensures that customers receive only the necessary quantity of a medication, in the approved dosage, over a certain period of time.

#### Dose optimization

Helps identify when it's possible to replace multiple doses of a lower-strength medication with a single dose of a higher-strength medication, with doctor's approval.

#### Narcotic therapy management

Identifies abusive and fraudulent behavior in regard to narcotic drug therapy, and offers physicians comprehensive integrated clinical information to create an integrated view of customers' overall treatment, including conditions and prescription use.

#### OxyContin® Management

Cigna's OxyContin management program identifies potential cases of inappropriate dosing of this potentially addictive pain medication. Weekly automated mailings to health care professionals and customers inform them of the necessity for clinical reviews for future prescriptions. Educational materials included in health care professionals' mailings provide better understanding of the drug treatment and facilitate multidisciplinary pain management.



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# HEPATITIS C, SOVALDI & CIGNA



The new hepatitis C medication SOVALDI®, like other specialty medications, is expensive and complex. Therapy requires extensive management to ensure successful clinical and financial outcomes. The integration of Cigna's pharmacy and medical benefits makes this therapy management a lot easier for customers with conditions like hepatitis C.

## Game-changing hepatitis C drug now available

Hepatitis C is an infectious disease caused by the hepatitis C virus (HCV) that primarily affects the liver. Hepatitis C is often asymptomatic, but chronic infection can lead to liver scarring and over many years, to liver failure.

Recently, the FDA approved a new hepatitis C drug, SOVALDI, a drug considered groundbreaking for hepatitis C treatment. Compared to older treatment, SOVALDI advantages are:

- > 90% cure rate
- Fewer required doses and drug interactions
- Requires fewer doses, making it easier to take as prescribed
- Only drug that is approved to treat people co-infected with both HIV and hepatitis C, approximately 30% of the HIV population is affected with hepatitis C

### Hepatitis C quick facts

- 4 million people infected with the virus
- Chronic HCV infection is the leading cause of liver transplants
- 3.2 million people live with chronic HCV infection
- Affects mostly people born between 1945-1965
- Less than 1 in 4 of people with the virus are currently diagnosed and treated
- For every 100 people infected:
  - 75-85 develop chronic infection
  - 60-70 develop chronic liver disease
  - 5-20 develop cirrhosis
  - 1-5 die of cirrhosis or liver cancer

## Why a fully integrated PBM matters

Cigna knows that curing a chronic condition is momentous, and so is the price tag that comes along with it. The recommended 12-week course of SOVALDI therapy alone costs around \$84k. This could increase to the mid \$100k range when you factor in all the drug treatment costs.

## Cigna looks at the big picture - the fully connected view of our customer

We help make these medications more affordable, keep customers adherent and optimize their personal and professional productivity increasing the chance of customers achieving a cure of HCV.

Our approach to assuring affordability of the new treatment and the best outcomes include:

- All hepatitis C treatments, including SOVALDI, are reviewed for appropriate use through prior authorization
- Continuous evaluation of coverage criteria using the latest clinical evidence
- When approved, SOVALDI is covered on Cigna's drug list at a non-preferred brand level
- Current discussions with pharmaceutical manufacturers to improve pricing terms
- 30-day supply maximum through all specialty and retail pharmacies to minimize wastage
- Therapy support services offered to every customer undergoing hepatitis C treatment, including support by hepatitis C expert pharmacists through Cigna Specialty Pharmacy Services<sup>SM</sup>
- Serve as patient advocates for our customers by supporting them from the time they start therapy, all the way through treatment to ensure a successful outcome

**Managing the whole customer vs. just the drug therapy results in improved health outcomes and increased affordability.**

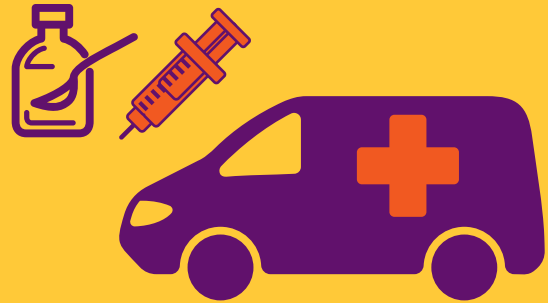
**GO YOU<sup>®</sup>**



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# SPECIALTY PHARMACY DRUG LIST



Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. Although some are oral medications, the majority of specialty drugs are injected and may require special handling (e.g. refrigeration). As part of your pharmacy benefits plan, you have access to Cigna Specialty Pharmacy Services to deliver these medications.

## How it works

When your doctor prescribes a specialty medication, they'll call in or fax the prescription to:

Cigna Specialty Pharmacy Services:  
800.351.3606 (phone)  
800.351.3616 (fax)

Cigna Specialty Pharmacy Services creates a personalized experience that educates and motivates each customer to become active, accountable and confident. We offer the tools to connect and engage you along your health care journey. Our services include 24-hour access to nurses and pharmacists, education about your prescription medications and refill reminders.

Once your prescription order is received and processed, we'll call you to schedule a date and time for delivery. Orders will be delivered to any address you choose for delivery (e.g., home, office, doctor's office).

For all proactive refills or any orders over \$4,000, delivery arrangements need to be made and confirmed with our pharmacy before we can send them to you. If the

pharmacy is not able to reach you, they'll leave a message for you to call them back. The pharmacy can't deliver the medications without your approval, so delivery will be delayed until you reply.

If you need to fill your prescription right away, you may be able to fill your prescription at a local network retail pharmacy. However, you'll only get up to a 30-day supply and must fill the rest of your prescription through Cigna Specialty Pharmacy Services. If your plan offers out-of-network coverage, you can get your prescription at an out-of-network pharmacy, but your out-of-pocket cost will likely be much higher.

**Please note:** Some medications listed here may need to be obtained through your doctor's office or other medical facility. In these cases, your medications will be covered under your medical benefit instead of your pharmacy benefit. This will affect the amount you pay out-of-pocket. Check your plan documents for more information.

**GO YOU<sup>®</sup>**



## Health care reform and you

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. This important legislation will result in changes to every American’s health coverage. Some of the changes took effect in 2010, and most of the law’s effects will be felt by 2014. Cigna will comply with all provisions of the law including those that impact your pharmacy coverage plan. For example, depending upon the final government regulations, coverage for medications that have not traditionally been included in pharmacy plans, such as specific over-the-counter (OTC) medications, may be made available at no cost share to you. As with all covered medications, we require a

prescription from your doctor to process the claim under your pharmacy plan (including OTC medications).

To get the most current information, visit [www.informedonreform.com](http://www.informedonreform.com) or [Cigna.com](http://Cigna.com) and look for the “**Informed on Reform**” link.

## Questions?

Below is a list of medications that must be filled through Cigna Specialty Pharmacy Services to be covered under your pharmacy benefit. For more information, you can visit [myCigna.com](http://myCigna.com) or call customer service using the number on the back of your ID card at any time, and we’ll be happy to help.

## Drug Name

### A —

Abacavir\*  
Abraxane  
Actemra\*  
Actemra SC  
Acthrel  
Actimmune\*  
Adagen  
Adcetris  
Adcirca\*  
Adefovir Dipivoxil\*  
Adempas  
Adriamycin  
Adriamycin RDF  
Adrucil  
Advate\*  
Advate H\*  
Advate L\*  
Advate M\*  
Advate SH\*  
Advate UH\*  
Afinitor\*  
Afinitor Disperz\*  
Agrylin\*  
Aldurazyme\*  
Alferon N\*  
Alimta  
Alkeran  
Aloxi  
Alphanate\*  
Alphanine SD\*  
Amicar\*  
Amifostine  
Aminocaproic Acid\*  
Ampyra\*  
Anagrelide HCl\*  
Anzemet Tablet  
Anzemet Vial  
Apokyn\*  
Aptivus\*  
Aralast  
Aralast NP  
Aranesp\*

Arcalyst  
Aredia\*  
Argatroban  
Arixtra  
Arranon  
Arzerra  
Astagraf XL\*  
Atgam  
Atripla\*  
Atryn  
Aubagio\*  
Avastin  
Avonex\*  
Avonex Administration Pack\*  
Avonex Pen\*  
Azacitidine  
Azasan\*  
Azathioprine\*

### B —

Baraclude\*  
Baygam\*  
BCG Vaccine (Tice Strain)  
Bebulin\*  
Bebulin VH Immuno\*  
Benefix\*  
Benlysta  
Berinert  
Betaseron\*  
Bethkis  
Bexxar  
Bicalutamide\*  
BiCNU  
Bivigam\*  
Bleomycin Sulfate  
Boniva\*  
Bosulif\*  
Botox\*  
Botox Cosmetic\*  
Bravelle\*  
Busulfex

### C —

Camptosar

Caprelsa  
Carboplatin  
Carimune NF Nanofiltered\*  
Casodex\*  
Cayston  
Cellcept\*  
Ceprotin  
Ceredase\*  
Cerezyme\*  
Cerubidine  
Cetrotide\*  
Chorionic Gonadotropin\*  
Cidofovir  
Cimzia\*  
Cinryze  
Cisplatin  
Cladribine  
Clolar  
Combivir\*  
Cometriq\*  
Complera\*  
Copaxone\*  
Copegus\*  
Corifact  
Cosmegen  
Crixivan\*  
Cyclophosphamide  
Cyclosporine Modified\*  
Cyclosporine\*  
Cyklokapron  
Cystadane  
Cystagon  
Cytarabine  
Cytogam\*  
Cytovene  
Cytoxan

### D —

Dacarbazine  
Dacogen  
Dactinomycin  
Daunorubicin  
Daunorubicin HCl

Daunoxome  
DDAVP  
Decitabine  
Depocyt  
Desmopressin  
Desmopressin Acetate  
Didanosine\*  
Docefrez  
Docetaxel  
Doxil  
Doxorubicin  
Doxorubicin HCl  
Dtic-Dome IV  
Dysport\*

### E —

Edurant\*  
Egrifta\*  
Elaprase\*  
Elelyso\*  
Eligard\*  
Elitek  
Ellence  
Eloxatin  
Elspar  
Emcyt\*  
Emtriva\*  
Enbrel\*  
Enoxaparin  
Enoxaparin Sodium  
Epirubicin  
Epirubicin HCl  
Epivir\*  
Epivir HBV\*  
Epogen\*  
Epoprostenol Sodium\*  
Epzicom\*  
Erbitux  
Erivedge\*  
Erwinaze  
Ethyol  
Etopophos  
Etoposide  
Euflexxa\*

## Drug Name

Exjade	Hepsera*	Lamivudine-Zidovudine*	Norditropin Flexpro*
Extavia*	Herceptin	Letairis*	Norditropin Nordiflex* ^
Eylea	Hexalen*	Leucovorin Calcium	Norvir*
<b>F</b> —	Hizentra*	Leukine*	Novantrone*
Fabrazyme*	Humate-P*	Leuprolide Acetate*	Novarel*
Faslodex	Humatrope* ^	Leustatin	Novoseven*
Feiba NF*	Humira*	Lexiva*	Novoseven RT*
Feiba VH Immuno*	Hyalgan*	Lipodox	Nplate*
Fertinex	Hycamtin	Lipodox 50	Nulojix
Firazyr*	Hylenex*	Lovenox	Nutropin* ^
Firmagon*	Hyperhep B S-D*	Lucentis*	Nutropin AQ* ^
Flebogamma*	Hyperrab S-D*	Lumizyme*	Nutropin AQ Nuspin*
Flebogamma Dif*	Hyperrho S-D*	Lupaneta	<b>O</b> —
Flolan*	<b>I</b> —	Lupron Depot*	Octagam*
Floxuridine	Ibandronate Sodium*	Lupron Depot-Ped*	Octreotide Acetate*
Fludara	Iclusig*	Lutrepulse	Oforta*
Fludarabine Phosphate	Idamycin PFS	Luveris*	Olysio
Fluorouracil	Idarubicin HCl	Lysteda	Omnitrope* ^
Flutamide*	Ifex	<b>M</b> —	Omontys
Follistim AQ*	Ifosfamide	Macugen	Oncaspar
Folotyng	Ifosfamide-Mesna	Marqibo Kit*	Ontak
Fondaparinux Sodium	Ilaris	Matulane	Onxol
Forteo*	Imbruvica*	Mekinist*	Opsumit
Fragmin	Imogam Rabies-HT*	Melphalan HCl	Orencia Disp Syringe*
FUDR	Imuran*	Menopur*	Orencia Vial*
Fusilev*	Incivek*	Mesna	Orenitram ER
Fuzeon*	Increlex*	Mesnex	Orfadin
<b>G</b> —	Infergen*	Methotrexate	Orthoclone OKT-3
Gamastan S-D*	Inlyta*	(injectable)	Orthovisc*
Gammagard*	Innohep	Methotrexate (oral)*	Otrexup
Gammagard Liquid*	Intelence*	Methotrexate	Otezla
Gammagard S-D*	Intron A*	Sodium (injectable)	Ovidrel*
Gammaked*	Invirase*	Micrhogam*	Oxaliplatin
Gammaplex*	Iprivask*	Micrhogam Plus*	<b>P</b> —
Gamunex*	Iressa	Mithracin	Paclitaxel
Gamunex-C*	Irinotecan HCl	Mitomycin	Pamidronate*
Ganciclovir Sodium	Isentress*	Mitoxantrone HCl*	Pamidronate Disodium*
Ganirelix Acetate*	Istodax	Monoclate-P*	Panretin*
Gattex	Ixempra	Mononine*	Paraplatin
Gazyva	<b>J</b> —	Mozobil*	Paricalcitol*
Gel-One*	Jakafi	Mustargen	Pegasys*
Gemcitabine HCl	Jetrea*	Mycophenolate*	Pegasys Proclick*
Gemzar	Jevtana*	Mycophenolate Mofetil*	Pegintron*
Gengraf*	Juxtapid*	Myfortic*	Pegintron Redipen*
Genotropin* ^	<b>K</b> —	Mylotarg	Pentostatin
Gilenya*	Kalbitor	Myobloc*	Perjeta
Gilotrif	Kaletra*	Myozyme*	Photofrin
Glassia	Kalydeco*	<b>N</b> —	Pomalyst
Gleevec*	Kcentra	Nabi-HB	Pregnyl*
Gliadel	Kcentra Kit*	Naglazyme*	Prezista*
Gonal-F*	Kepivance	Natreacor	Prialt
Gonal-F RFF*	Kineret*	Navelbine	Privigen*
Granix	Koate-DVI*	Neoral*	Procrit*
<b>H</b> —	Kogenate FS*	Neulasta*	Procysbi DR*
H.P. Acthar*	Krystexxa	Neumega*	Profasi*
Halaven	Kuvan*	Neupogen*	Profilnine SD*
Hecoria*	Kynamro	Nevirapine*	Prograf
Helixate FS*	Kyprolis	Nexavar*	Prolastin
Hemofil M*	<b>L</b> —	Nexavir	Prolastin C
Hepagam B*	Lamivudine*	Nipent	Proleukin*
		Norditropin* ^	

## Drug Name

Prolia	Sensipar	Thrombate III	Viread*
Promacta*	Serostim* ^	Thymoglobulin	Vistide
Provenge	Signifor	Thyrogen	Visudyne
Provisc*	Sildenafil*	Tivicay*	Vivaglobin*
Pulmozyme*	Simponi*	Tobi	Vivitrol*
<b>R</b> —	Simponi Aria*	Tobi Podhaler*	Voraxaze
Rapamune*	Simulect	Toposar	Votrient*
Rebetol*	Soliris*	Topotecan HCl*	Vpriv*
Rebif*	Somatuline Depot	Torisel	Vumon
Rebif Rebidose*	Somavert	Tracleer*	<b>W</b> —
Reclast*	Sovaldi*	Tranexamic Acid	Wilate*
Recombinate*	Sprycel*	Treanda	Winrho SDF*
Refludan	Stavudine*	Trelstar*	<b>X</b> —
Remicade*	Stelara*	Trelstar Depot	Xalkori*
Remodulin	Stimate	Trelstar LA	Xeljanz*
Repronex*	Stivarga*	Tretten	Xeloda*
Rescriptor	Stribild*	Trexall*	Xenazine
Retrovir	Sucraid	Trisenox	Xeomin*
Revatio*	Supartz*	Trizivir*	Xgeva
Revlimid*	Supprelin	Truvada*	Xiaflex*
Reyataz*	Supprelin LA*	Tykerb*	Xolair*
Rheumatrex	Sustiva*	Tysabri*	Xtandi*
Rhogam*	Sutent*	Tyvaso	Xyntha Solofuse*
Rhogam Plus*	Sylatron*	Tyzeka*	Xyntha*
Rhophylac	Sylatron 4-Pack*	<b>V</b> —	Xyrem
Riastap	Synagis*	Valchlor	<b>Y</b> —
Ribapak*	Synarel*	Valstar	Yervoy
Ribapak 400-400 Mg Dosepack*	Synribo*	Vandetanib	<b>Z</b> —
Ribapak 600-400 Mg Dosepack*	Synvisc*	Vantas*	Zaltrap
Ribapak 600-600 Mg Dosepack*	Synvisc-One*	Vectibix	Zanosar
Ribasphere*	<b>T</b> —	Velcade	Zavesca*
Ribatab*	Tacrolimus	Veletri*	Zelboraf*
Ribavirin*	Tafinlar*	Ventavis*	Zemaira
Rilutek*	Tarabine PFS	Vepesid*	Zemplar
Riluzole*	Tarceva*	Victralis*	Zerit*
Rituxan	Targretin*	Vidaza	Zevalin
Rixubis*	Tasigna*	Videx*	Ziagen*
<b>S</b> —	Taxol	Videx EC*	Zidovudine*
Sabril	Taxotere	Vimizim	Zoladex*
Saizen* ^	Tecfidera*	Vinblastine Sulfate	Zoledronic Acid*
Sandimmune*	Temodar	Vincristine Sulfate	Zolinza
Sandostatin*	Temozolomide*	Vinorelbine	Zometa*
Sandostatin LAR*	Teniposide	Vinorelbine Tartrate	Zorbitive*
Selzentry*	Tev-Tropin* ^	Viracept*	Zortress*
	Thalomid*	Viramune*	Zytiga*
	Theracys	Viramune XR*	
	Thiotepa	Virazole*	

\* These medications must be obtained through Cigna Specialty Pharmacy Services. Only your first prescription can be obtained at a network retail pharmacy. All other refills must be obtained through Cigna Specialty Pharmacy Services. To maximize your benefits, all other medications are available through Cigna Specialty Pharmacy Services, at a network retail pharmacy or through your doctor's office, if necessary.

^ Check your plan materials to determine if this Growth Hormone medication is covered under your plan.



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July 2014

# Performance Drug List PRESCRIPTION DRUG LIST CHANGES



This list includes representative changes only. For more information, please use [myCigna.com](http://myCigna.com) to see all of the medications covered under your plan.

## Brands with generics

These brand name drugs have generic equivalents/alternatives, and the brand is considered a non-preferred brand

- Aciphex
- Avelox
- Evista
- Flagyl 375
- Hectorol
- Lodosyn
- Loestrin
- Lovaza
- Lunesta
- Mepron
- Micardis
- Micardis HCT
- Mycobutin
- Myfortic
- Twynsta
- Vanos
- Xeloda
- Zutripro

## Preferred brand additions

These drugs have moved from non-preferred brand status to preferred brand status

- Prenaissance Next-B
- Tecfidera\*(PA)
- Vitapearl
- Vinate DHA

## Brand deletions

These brand name drugs have preferred alternatives, and are considered a non-preferred brand

- Oxytrol (for men)

## Drugs requiring authorization

### Prior Authorization (PA):

- Actemra\* (PA)
- Adempas\* (PA)
- Copaxone\* 40 MG (PA)
- Hetlioz\* (PA)
- Olysio\* (PA)
- Opsumit\* (PA)
- Orenitram ER\* (PA)

- Otezla\* (PA)
- Otrexup\* (PA)
- Sovaldi\* (PA)

*\* medications marked with an asterisk are considered to be specialty medications.*

### Quantity Limitations (QL):

- Xartemis XR (QL)
- Zohydro (QL)

### Step Therapy (PA, ST or ST):

- Aciphex sprinkle (PA, ST)
- Dermasorb HC (PA, ST)
- Dermasorb TA (PA, ST)
- Desvenlafaxine Fumarate (PA, ST)
- Esomeprazole Strontium (PA, ST)
- Farxiga (ST)
- Khedezla (PA, ST)

### Drugs excluded from the prescription drug list

- Mirvaso (excluded for cosmetic status)
- Oxytrol [excluded for women<sup>^</sup> as an over-the-counter (OTC) equivalent is available]

<sup>^</sup> remains covered as a non-preferred brand for men.

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# PHARMACY DIRECTORY



Participating  
pharmacies in  
the United States,  
the U.S. Virgin  
Islands, Puerto  
Rico and Guam



**GO YOU.**



# PHARMACY DIRECTORY

The following is a listing by state of the pharmacy chains participating in the Cigna National Pharmacy Network. In addition to the chains shown here, Cigna has contracted with a number of independent pharmacies and participating dispensing physicians of Allscripts Healthcare Solutions, Inc. in each state. Please call Cigna at the toll-free number on your ID card, or visit our website at [myCigna.com](https://www.myCigna.com) for more information.



## Medications delivered to your home

Cigna Home Delivery Pharmacy is especially for people who take prescription medications on a regular basis (including specialty medications). It offers:

- Up to a three-month supply of medications in one order
- Delivery of your medication to your home at no additional charge
- 24/7 access to pharmacists to help with any questions you may have
- Helpful reminder services and coaching available

It's easy to get started! Just call 1.800.835.3784 and we will help you take care of the rest

## Preventive prescription drug option

Preventive medications are those prescribed to prevent the occurrence of a disease or condition for those with risk factors, such as high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke, or to prevent the recurrence of the disease or condition for those individuals who have recovered. Preventive medications do not include medications used to treat an existing illness, injury or condition.

For some pharmacy plans that require you to pay a certain amount toward your medications before the plan coverage begins, preventive medications may be covered before you reach that amount. However, to be sure, you should read your enrollment information to see how preventive medications are covered based on your specific plan. A list of all covered preventive medications is also available on [Cigna.com](https://www.Cigna.com). Preventive medications are identified by a “PM” symbol within the drug list search.



## Alabama

Southern Family Markets  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Food World Pharmacy  
Fred's Pharmacy  
Kmart Pharmacy  
Kroger Pharmacy  
Medicine Shoppe Pharmacy  
Publix Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy  
Winn-Dixie Pharmacy

## Alaska

Carrs Quality Centers  
Costco Pharmacy  
Fred Meyer Pharmacy  
Safeway Pharmacy  
Sam's Pharmacy  
Walgreens Pharmacy  
Target Pharmacy  
Walmart Pharmacy

## Arizona

Bashas' United Drug  
Cigna HealthCare Centers  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Fry's Food & Drug  
Kmart Pharmacy  
Medicine Shoppe Pharmacy

Osco Drug  
Safeway Pharmacy  
Sam's Pharmacy  
Savon Pharmacy  
Smith's Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Arkansas

Brookshire Pharmacy  
CVS Pharmacy  
Fred's Pharmacy  
Harps Pharmacy  
Harvest Foods  
Kmart Pharmacy  
Kroger Pharmacy  
Medicap Pharmacy  
Medicine Shoppe Pharmacy  
Price Cutter Pharmacy  
Sam's Pharmacy  
Savon Pharmacy  
Super D Drugs  
Target Pharmacy  
USA Drug Express  
USA Drug  
Walgreens Pharmacy  
Walmart Pharmacy

## California

Bel-Air Pharmacy  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Horton and Converse Pharmacy  
Kmart Pharmacy

Medicine Shoppe Pharmacy  
Nob Hill Pharmacy  
Pavilions Pharmacy  
Raley's Pharmacy  
Ralphs Pharmacy  
Rite Aid Pharmacy  
Safeway Pharmacy  
Sam's Pharmacy  
Save Mart Pharmacy  
Savon Pharmacy  
Shopko Pharmacy  
Super Rx Pharmacy  
Target Pharmacy  
Von's Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy



# PHARMACY DIRECTORY

## Colorado

Albertson's Pharmacy  
City Market Pharmacy  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
King Sooper's Pharmacy  
Kmart Pharmacy  
Medicine Shoppe Pharmacy  
Rite Aid Pharmacy  
Safeway Pharmacy  
Sam's Pharmacy  
Savon Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Connecticut

A&P Pharmacy  
Big Y Pharmacy  
Costco Pharmacy  
Care Plus/CVS Pharmacy  
CVS Pharmacy  
Medicine Shoppe Pharmacy  
Price Chopper Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Shoprite Pharmacy

Stop & Shop Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Delaware

Costco Pharmacy  
CVS Pharmacy  
Giant Pharmacy  
Harris Teeter Pharmacy  
Kmart Pharmacy  
Pathmark Pharmacy  
Rite Aid Pharmacy  
Safeway Pharmacy  
Sam's Pharmacy  
Savon Pharmacy  
Shoprite Pharmacy  
Super Fresh Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## District of Columbia

Care Plus/CVS Pharmacy  
CVS Pharmacy  
Costco Pharmacy  
Giant Pharmacy  
Harris Teeter Pharmacy  
Rite Aid Pharmacy  
Safeway Pharmacy  
Target Pharmacy  
Walgreens Pharmacy

## Florida

Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy

Kmart Pharmacy  
Medicap Pharmacy  
Medicine Shoppe Pharmacy  
Navarro Discount Pharmacy  
Publix Pharmacy  
Sam's Pharmacy  
Savon Pharmacy  
Sweetbay Pharmacy  
Target Pharmacy  
The Kroger Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy  
Winn-Dixie Pharmacy

## Georgia

Bi-Lo Pharmacy  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Fred's Pharmacy  
Harveys Pharmacy  
Ingles Pharmacy  
Kmart Pharmacy  
Kroger Pharmacy  
Medicap Pharmacy  
Medicine Shoppe Pharmacy  
Publix Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Southern Family Markets  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy  
Winn-Dixie Pharmacy

## Guam

Kmart Pharmacy



## Hawaii

Care Plus/CVS Pharmacy  
Costco Pharmacy  
Kmart Pharmacy  
Longs Drug Stores  
Safeway Pharmacy  
Sam's Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Idaho

Costco Pharmacy  
Fred Meyer Pharmacy  
Kmart Pharmacy  
Medicap Pharmacy  
Medicine Shoppe Pharmacy  
Ridleys Pharmacy  
Rite Aid Pharmacy  
Safeway Pharmacy  
Sam's Pharmacy  
Savon Pharmacy  
Shopko Pharmacy  
Smith's Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Illinois

Care Plus/CVS Pharmacy  
Costco Pharmacy  
Cub Pharmacy  
CVS Pharmacy  
Doc's Drugs  
Dominicks Pharmacy  
Fagen Pharmacy  
Fred's Pharmacy



Hartig Drug Company  
Hy-Vee Pharmacy  
Kmart Pharmacy  
Kroger Pharmacy  
Medicap Pharmacy  
Medicine Shoppe Pharmacy  
Meijer Pharmacy  
Oscos Drugs  
Sam's Pharmacy  
Schnucks Pharmacy  
Shopko Pharmacy  
Shop N Save Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Indiana

Costco Pharmacy  
CVS Pharmacy  
Fagen Pharmacy  
Fred's Pharmacy  
Kmart Pharmacy  
Kroger Pharmacy  
Marsh Drugs  
Martins Pharmacy  
Medicine Shoppe Pharmacy

Meijer Pharmacy  
Oscos Drugs  
Rite Aid Pharmacy  
Sam's Pharmacy  
Schnucks Pharmacy  
Shopko Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Iowa

Costco Pharmacy  
CVS Pharmacy  
Dahl's Pharmacy  
Econofoods Pharmacy  
Hartig Drug Company  
Hy-Vee Pharmacy  
Kmart Pharmacy  
Lewis Family Drug  
Medicap Pharmacy  
Medicine Shoppe Pharmacy  
Oscos Drugs  
Sam's Pharmacy  
Schnucks Pharmacy  
Shopko Pharmacy  
Target Pharmacy

# PHARMACY DIRECTORY

Thrifty-white Drug  
Walgreens Pharmacy  
Walmart Pharmacy

## Kansas

Costco Pharmacy  
CVS Pharmacy

Kroger Pharmacy  
Medicap Pharmacy  
Medicine Shoppe Pharmacy  
Meijer Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Shopko Pharmacy

Walgreens Pharmacy  
Walmart Pharmacy  
Winn-Dixie Pharmacy

## Maine

CVS Pharmacy  
Hannaford Brothers  
Kmart Pharmacy  
Medicine Shoppe Pharmacy  
Rite Aid Pharmacy  
Osco Pharmacy  
Sam's Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy  
Waltz Pharmacy

## Maryland

Costco Pharmacy  
CVS Pharmacy  
Food Lion Pharmacy  
Giant Eagle Pharmacy  
Giant Pharmacy  
Happy Harry's  
Harris Teeter Pharmacy  
Klein's Shoprite Pharmacy  
Kmart Pharmacy  
Martins Pharmacy  
Medicap Pharmacy  
Medicine Shoppe Pharmacy  
Rite Aid Pharmacy  
Safeway Pharmacy  
Sam's Pharmacy  
Savon Pharmacy  
Shoppers Pharmacy  
ShopRite Pharmacy  
Target Pharmacy

Dillon Pharmacy  
Hen House Pharmacy  
Hy-Vee Pharmacy  
Kmart Pharmacy  
Medicap Pharmacy  
Medicine Shoppe Pharmacy  
Price Chopper Pharmacy  
Sam's Pharmacy  
Shopko Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Kentucky

Costco Pharmacy  
CVS Pharmacy  
Food City Pharmacy  
Fred's Pharmacy  
Kmart Pharmacy

Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Louisiana

Albertson's Pharmacy  
Brookshire Brothers  
Brookshire Pharmacy  
CVS Pharmacy  
Fred's Pharmacy  
Kmart Pharmacy  
Kroger Pharmacy  
Medicap Pharmacy  
Medicine Shoppe Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Savon Pharmacy  
Super 1 Pharmacy  
Target Pharmacy



Walgreens Pharmacy  
Walmart Pharmacy  
Wegmans Pharmacy  
Weis Pharmacy

## Massachusetts

Big Y Pharmacy  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Eaton Apothecary  
Hannaford Brothers  
Kmart Pharmacy  
Medicine Shoppe Pharmacy  
Osco Pharmacy  
Price Chopper Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Stop & Shop Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy  
Wegmans Pharmacy

## Michigan

Costco Pharmacy  
CVS Pharmacy  
Family Fare Pharmacy  
Glen Pharmacy  
Henry Ford Medical  
Kmart Pharmacy  
Knight Drug  
Kroger Pharmacy  
Martins Pharmacy  
Meijer Pharmacy  
Medicine Shoppe Pharmacy  
Rite Aid Pharmacy

Sam's Pharmacy  
Snyder Drug  
Shopko Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Minnesota

Care Plus/CVS Pharmacy  
Cash Wise Pharmacy  
Coborn's Pharmacy  
Costco Pharmacy  
Cub Pharmacy  
CVS Pharmacy  
Econofoods Pharmacy  
Fairview Pharmacy  
Hy-Vee Pharmacy  
Kmart Pharmacy  
Lewis Family Drug  
Medicine Shoppe Pharmacy  
Park Nicollet Pharmacy  
Sam's Pharmacy  
Shopko Pharmacy  
Rainbow Foods Pharmacy  
Rainbow Pharmacy  
Target Pharmacy  
Thrifty-white Drug  
Walgreens Pharmacy  
Walmart Pharmacy

## Mississippi

CVS Pharmacy  
Fred's Pharmacy  
Fred's XPress Pharmacy  
Kmart Pharmacy  
Kroger Pharmacy  
Rite Aid Pharmacy

Sam's Pharmacy  
Southern Family Market  
Super D Drugs  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy  
Winn-Dixie Pharmacy

## Missouri

Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Dierbergs Family Markets  
Dillon Pharmacy  
Family Pharmacy  
Gerbes Pharmacy  
Hy-Vee Pharmacy  
Kmart Pharmacy  
Kroger Pharmacy  
Medicine Shoppe Pharmacy  
Price Chopper Pharmacy  
Price Cutter Pharmacy  
Sam's Pharmacy  
Schnucks Pharmacy  
Shop 'n Save Pharmacy  
Super D Drugs  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Montana

Costco Pharmacy  
CVS Pharmacy  
Kmart Pharmacy  
Osco Pharmacy  
Safeway Pharmacy  
Sam's Pharmacy

# PHARMACY DIRECTORY

Shopko Pharmacy  
Smith's Pharmacy  
Target Pharmacy  
Walmart Pharmacy

## Nebraska

Bakers Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Hy-Vee Pharmacy  
Kmart Pharmacy  
Safeway Pharmacy  
Shopko Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Nevada

Costco Pharmacy  
CVS Pharmacy  
Kmart Pharmacy  
Medicine Shoppe Pharmacy  
Raley's Drug Centers  
Rite Aid Pharmacy  
Safeway Pharmacy  
Sam's Pharmacy  
Savon Drugs  
Scolari's Food and Drug  
Smith's Pharmacy  
Target Pharmacy  
Von's Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## New Hampshire

Costco Pharmacy  
CVS Pharmacy

Hannaford Brothers  
Kmart Pharmacy  
Osco Pharmacy  
Price Chopper Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## New Jersey

A&P Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Duane Reade  
Genuardis Pharmacy  
Happy Harry's  
Kmart Pharmacy  
Medicine Shoppe Pharmacy  
Medicap Pharmacy  
Pathmark Pharmacy  
Quick Chek Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Savon Pharmacy  
ShopRite Pharmacy  
Stop & Shop Pharmacy  
Super Fresh Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy  
Wegmans Pharmacy  
Weis Pharmacy

## New Mexico

Costco Pharmacy  
CVS Pharmacy

Kmart Pharmacy  
Safeway Pharmacy  
Sam's Pharmacy  
Savon Drugs  
Smith's Food & Drug  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## New York

A&P Pharmacy  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Drug World  
Duane Reade  
Gristedes Pharmacy  
Hannaford Brothers  
King Kullen Pharmacy  
Kinney Drugs  
Kmart Pharmacy  
Medicine Shoppe Pharmacy  
P&C Pharmacy  
Pathmark Pharmacy  
Price Chopper Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Shoprite Pharmacy  
Stop & Shop Pharmacy  
Target Pharmacy  
Tops Pharmacy  
Waldbaums Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy  
Wegmans Pharmacy  
Weis Pharmacy



## North Carolina

Bi-Lo Pharmacy  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Food Lion Pharmacy  
Fred's Pharmacy  
Harris Teeter Pharmacy  
Ingles Pharmacy  
Kerr Drug Stores  
Kmart Pharmacy  
Kroger Pharmacy  
Medicap Pharmacy  
Medicine Shoppe Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## North Dakota

CVS Pharmacy  
Medicine Shoppe Pharmacy  
Thrifty-white Drug  
White Drugs

## Ohio

ACME Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Discount Drug Marts  
Fruth Pharmacy  
Giant Eagle Pharmacy  
Kmart Pharmacy  
Kroger Pharmacy  
Marc's Pharmacy  
Medicine Shoppe Pharmacy

Meijer Pharmacy  
Rite Aid Pharmacy  
Ritzman Pharmacy  
Sam's Pharmacy  
Shopko Pharmacy  
Target Pharmacy  
Thrifty White Drugs  
Walgreens Pharmacy  
Walmart Pharmacy

## Oklahoma

CVS Pharmacy  
Drug Warehouse  
Harps Pharmacy  
Homeland Pharmacy  
Kmart Pharmacy  
May's Drug Stores  
Medicine Shoppe Pharmacy  
Med-X-Drug  
Reasors Pharmacy  
Sam's Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Oregon

Bi-Mart Pharmacy  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Fred Meyer Pharmacy  
Hi-School Pharmacy  
Kmart Pharmacy  
Medicine Shoppe Pharmacy  
Rite Aid Pharmacy  
Safeway Pharmacy  
Savon Pharmacy  
Shopko Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Pennsylvania

Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Genuardis Pharmacy  
Giant Eagle Pharmacy  
Giant Pharmacy  
Klingensmiths Pharmacy  
Kmart Pharmacy



# PHARMACY DIRECTORY

Medicap Pharmacy  
Medicine Shoppe Pharmacy  
Pathmark Pharmacy  
Price Chopper Pharmacy  
Rite Aid Pharmacy  
Savon Pharmacy  
ShopRite Pharmacy  
Super Fresh Pharmacy

CVS Pharmacy  
Osco Pharmacy  
Rite Aid Pharmacy  
Stop & Shop Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

Walgreens Pharmacy  
Walmart Pharmacy

## South Dakota

Hy-Vee Pharmacy  
Kmart Pharmacy  
Lewis Family Drug/Lewis Drug  
Safeway Pharmacy  
Sam's Pharmacy  
Shopko Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Tennessee

Bi-Lo Pharmacy  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Food City Pharmacy  
Fred's Pharmacy  
Harris Teeter Pharmacy  
Ingles Pharmacy  
Kmart Pharmacy  
Kroger Pharmacy  
Medicine Shoppe Pharmacy  
Publix Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Schnucks Pharmacy  
Super D Drugs  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy



Target Pharmacy  
Tops Markets  
Walgreens Pharmacy  
Walmart Pharmacy  
Wegmans Pharmacy  
Weis Pharmacy

## Puerto Rico

Care Plus/CVS Pharmacy  
CVS Pharmacy  
Kmart Pharmacy  
Sam's Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Rhode Island

Care Plus/CVS Pharmacy

## South Carolina

Bi-Lo Pharmacy  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
Food Lion Pharmacy  
Fred's Pharmacy  
Harris Teeter Pharmacy  
Ingles Pharmacy  
Kmart Pharmacy  
Kroger Pharmacy  
Medicine Shoppe Pharmacy  
Publix Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Target Pharmacy  
Piggly Wiggly Pharmacy



## Texas

Albertson's Pharmacy  
Brookshire Brothers  
Brookshire Grocery  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
CVS Pharmacy  
H.E.B. Pharmacy  
Kmart Pharmacy  
Lifechek Pharmacy  
Kroger Pharmacy  
Medicine Shoppe Pharmacy  
Minyard Pharmacy  
Randalls Pharmacy  
Safeway Pharmacy  
Sam's Pharmacy  
Savon Pharmacy  
Smith's Food & Drug  
Super 1 Pharmacy  
Target Pharmacy  
Tom Thumb Pharmacy  
United Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## U.S. Virgin Islands

Kmart Pharmacy  
Medicine Shoppe Pharmacy

## Utah

City Market Pharmacy  
Costco Pharmacy  
Fresh Market Pharmacy  
Harmons Pharmacy  
Kmart Pharmacy  
Medicine Shoppe Pharmacy  
Rite Aid Pharmacy

Sam's Pharmacy  
Savon Pharmacy  
Shopko Pharmacy  
Smith's Food & Drug  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Vermont

Costco Pharmacy  
CVS Pharmacy  
Hannaford Brothers  
Kinney Drugs  
Osco Pharmacy  
Price Chopper Pharmacy  
Rite Aid Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy

## Virginia

Costco Pharmacy  
CVS Pharmacy  
Farm Fresh Pharmacy  
Food City Pharmacy  
Food Lion Pharmacy  
Giant Pharmacy  
Harris Teeter Pharmacy  
Kmart Pharmacy  
Kroger Pharmacy  
Martins Pharmacy  
Medicine Shoppe Pharmacy  
Rite Aid Pharmacy  
Safeway Pharmacy  
Sam's Pharmacy  
Shoppers Pharmacy  
Target Pharmacy  
Walgreens Pharmacy

Walmart Pharmacy

## Washington

Bartell Drugs  
Bi-Mart Pharmacy  
Care Plus/CVS Pharmacy  
Costco Pharmacy  
Food Pavilion Pharmacy  
Fred Meyer Pharmacy  
Haggen Food & Pharmacy  
Hi-School Pharmacy  
Kmart Pharmacy  
Medicine Shoppe Pharmacy  
QFC Pharmacy  
Rite Aid Pharmacy  
Rosauers Pharmacy  
Safeway Pharmacy  
Sam's Pharmacy  
Savon Pharmacy  
Shopko Pharmacy  
Target Pharmacy  
Top Foods Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy  
Yokes Pharmacy



## West Virginia

CVS Pharmacy  
Fruth Pharmacy  
Giant Eagle Pharmacy  
Kmart Pharmacy  
Kroger Pharmacy  
Martins Pharmacy  
Medicine Shoppe Pharmacy  
Medicap Pharmacy  
Rite Aid Pharmacy  
Sam's Pharmacy  
Target Pharmacy  
Walgreens Pharmacy  
Walmart Pharmacy  
Weis Pharmacy

## Wisconsin

Aurora Pharmacy  
Costco Pharmacy  
Copps Food Center Pharmacy  
CVS Pharmacy  
Kmart Pharmacy  
Medicine Shoppe Pharmacy

Pick N Save Pharmacy  
Sam's Pharmacy  
Schnucks Pharmacy  
Shopko Pharmacy  
Target Pharmacy  
Thrifty-white Drug  
Walgreens Pharmacy  
Walmart Pharmacy

## Wyoming

City Market Pharmacy  
King Sooper's Pharmacy  
Kmart Pharmacy  
Safeway Pharmacy  
Shopko Pharmacy  
Smith's Food & Drug  
Walgreens Pharmacy  
Walmart Pharmacy  
Osco Pharmacy



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# CIGNA Healthy Rewards<sup>®</sup>

Plan #: 9234030

Routine Vision Care Services	Member Cost*
<b>Routine Vision Examination:</b> Including but not limited to eye health examination, dilation, refraction and prescription for glasses	\$5 off routine exam
<b>Standard Clear Plastic or Glass Lenses:</b> Single Vision Bifocal Trifocal	Up to \$50 Up to \$75 Up to \$105
<b>Lens Options:</b> Standard UV Coating Standard Scratch-Resistance Standard Polycarbonate Standard Anti-Reflective Coating Progressives Other Add-Ons and Services	Up to \$15 Up to \$15 Up to \$40 Up to \$45 20% savings 20% savings
<b>Frames:</b> Most locations:  Retailers such as: Empire Vision, EyeMasters, Hour Eyes, JC Penney Optical, Sears Optical, Target Optical, Pearle Vision and Visionworks	25% off retail prices on frames  40% off retail price on most frames**
<b>Contact Lenses and Professional Services:</b> Contact Lens Professional Services (Fitting and Evaluation)  Contact Lenses	\$10 off contact lens exam  Check with your CIGNA Vision Network Provider for any available offers on contact lenses.
<b>Non-Prescription Sunglasses**</b>	20% savings
<b>Frequency:</b> Exam and Materials	Unlimited

\* Regional variance – national schedule shown above. Check with your CIGNA Vision Network Provider for details. \*\* Select frames may not be available for savings.

**The CIGNA Vision Network offers over 20,000 locations nationwide, including these national retail opticals:**



**This is a discount program not an insured benefit.**

These discounts are only available through a CIGNA Vision Network Provider. Members are responsible to pay the discounted amounts directly to the CIGNA Vision Provider at the time of service. *Stated discounts cannot be used in conjunction with other discounts, promotions or prior orders. Network providers are independent contractors solely responsible for your routine vision examination and products.*

Healthy Rewards<sup>®</sup> is a discount program. Some Healthy Rewards programs are not available in all states. If your CIGNA HealthCare plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your Medical benefits. **A discount program is NOT insurance, and the member must pay the entire discounted charge.**

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# **SECURIGUARD**

## **SCHEDULED BENEFITS**

### **ONENET PPO NETWORK INSTRUCTIONS**

#### **In-Network Provider Selection - 1-800-342-3289**

You and your eligible dependents have access to OneNet PPO /Mid Atlantic Psychiatric Services, Inc. (OneNet PPO/MAPSI), a Preferred Provider Organization (PPO). OneNet PPO consists of credentialed medical health care professionals, while MAPSI is comprised of behavioral health care professionals. The OneNet PPO/MAPSI participating hospitals, facilities, doctors, and other health care providers have contracted to provide medical services and treatment at a reduced cost. The savings created by the network are passed along to you in the form of lower plan co-payments and out of pocket expenses. You may call **OneNet PPO/MAPSI** at 1-800-342-3289 for assistance in locating a participating provider, or to find out whether your medical provider is already in the OneNet PPO/MAPSI network. You may also refer your non-participating medical provider to **OneNet PPO/MAPSI**, if he or she is interested in applying for participation. However, referral does not mean that the provider will automatically become a participating provider in the network. **When you call OneNet PPO/MAPSI please identify yourself as an employee of Securiguard.**

The medical providers listed in the Directory are participating as of the date of publication of the Directory. However, a listed provider may not be participating in the Network at the time of your appointment. **When making an appointment with the doctor, hospital or other medical provider that you have chosen, please remember to identify your PPO Network as OneNet PPO/MAPSI.** In addition, participating provider status should be verified by calling **OneNet PPO/MAPSI** at 1-800-342-3289 or checking the Network website at [www.onenetppo.com](http://www.onenetppo.com).

#### **Out-of-Network Provider Selection**

In the event that you use an Out-of-Network provider, your benefits will be reduced as indicated on the Schedule of Benefits on page 1.

**IF YOU LIVE IN AN AREA THAT DOES NOT HAVE APPROPRIATE PROVIDER ACCESS WITHIN 30 MILES OF YOUR PRINCIPAL PLACE OF RESIDENCE AND YOU NOTIFY FCE AT 1-800-899-9355, THEN THE CLAIM WILL BE ADJUDICATED AS THOUGH IN-NETWORK PROVIDERS HAD PERFORMED THE SERVICES.**

#### **OUT-OF-NETWORK WHILE TRAVELING**

If you travel out of your coverage area, call the network listed in this booklet to find out the location of network providers in the area you will be visiting. Failure to contact the network will cause out-of-network penalties to be applied. Co-payments, deductibles, co-insurance factors and maximum out-of-pocket will be treated as out-of-network.

Dear Plan Participant:

Welcome to Broadreach Medical Resources, Inc. (BMR). BMR is the Pharmacy Benefit Manager of your Broadreach **Choice Rx Prescription Drug Plan**. Below is a description of your Tiered Indemnity Prescription Drug Plan and your Member Responsibility. As always, please read the information below carefully. Details about your new Prescription Plan and personalized information can be found at our private - secured website [www.BroadreachRx.com](http://www.BroadreachRx.com) in the Member Section. Reading this will give you the best information on the plan, changes that may affect you, and ways to save money on both Generic and Brand prescriptions.

### Your Indemnity Prescription Drug Plan

<p>Member Responsibility</p>	<p><b>Your Plan Has a Maximum Plan Benefit</b>  <b>As a member you are responsible to pay the difference between the cost of the medication and the indemnity benefit paid directly to the pharmacy</b> for medications included in your Broadreach <i>Choice Rx</i> Formulary. For actual medication cost, visit your member website. Your Maximum Annual Benefit* is specified on your Summary of Benefits.  <b>Non-Formulary Medications**</b> - Savings available by using your Broadreach <i>Choice Rx</i> card</p> <p>* Maximum Annual Benefit - your maximum annual benefit is calculated as the indemnity payment, paid directly to the pharmacy during the plan year. For more information and answers to "Frequently Asked Questions", register to access your secure Member Services website at <a href="http://www.BroadreachRx.com/members">www.BroadreachRx.com/members</a>.                  ** The Discount Program for non-formulary medications is NOT an insured benefit.</p>
<p>Formulary</p>	<p>Your plan formulary includes both generic and brand medications. To determine if your medication is included in the formulary and the actual Member Responsibility, use the Broadreach <i>Choice Rx</i> Drug Saving Finder™ on our website and explained in this Welcome kit.</p>
<p>Days Supply</p>	<p>You may purchase up to a 31-day supply of most prescription medications. There are no formulary quantity limitations and no need to obtain prior authorization before filling a prescription. There is no mail order available on the program.</p>
<p>Administered by</p>	<p><b>Broadreach Medical Resources Inc. and RESTAT Pharmacy Network.</b> For more information, refer to "If you need to" in this Welcome Letter.</p>

Please remember, your Member Responsibility cost applies only to medications on the Broadreach *Choice Rx* Formulary. Any medications **not** included, such as non-formulary drugs are non-insured benefits and you are responsible for 100% of the cost of the medication at time of purchase. Savings are available by presenting your *Choice Rx* card at the time of purchase. Please refer to the Broadreach *Choice Rx* Formulary included in your plan information or visit the Broadreach Rx website at [www.BroadreachRx.com/members](http://www.BroadreachRx.com/members), to confirm if your medication is covered and the associated Member Responsibility cost.

If you do not have the ability to access the Broadreach Rx website through the Internet, you may also contact our highly trained team of Member Service Representatives (1-866-718-2375) referenced in your Welcome Kit, who will assist in answering your questions.

Fully insured benefits are underwritten by Fidelity Security Life Insurance Company, Kansas City, MO.

Sincerely,

Broadreach Medical Resources, Inc.

Broadreach Medical Resources, Inc.  
 Member Services  
 1-866-718-2375  
[Memberservices@broadreachrx.com](mailto:Memberservices@broadreachrx.com)

Administered by:



The best place to go for Prescription Drug Plan information is the Broadreach Rx Member Services website at [www.BroadreachRx.com/members](http://www.BroadreachRx.com/members) on the Internet. This website not only provides an overview of the services and tools to get the most from your plan, it's also the place to get answers to your questions and save you money.

## When to use the Broadreach Rx website and Member Services

The website should be your first stop for information, Privacy-Secured personalized reports on your benefit history and much more. Please refer to this overview for guidelines on how to make the most of this valuable resource and when you should call the BMR Member Services Center (1-866-718-2375).

If You Need to...	Then Use...
<ul style="list-style-type: none"> <li>&gt; <b>View</b> your current plan coverage</li> <li>&gt; <b>Find</b> a participating pharmacy</li> <li>&gt; <b>View</b> your claims history information</li> <li>&gt; <b>Look</b> up medication costs &amp; find lower cost medications</li> <li>&gt; <b>Search</b> Frequently Asked Questions</li> </ul>	<p><b>Your Broadreach Rx Member website</b> This comprehensive, secure website offers everything you need to view essential information regarding your plan. The website is available 24 hours per day. Just log on to <b>www.BroadreachRx.com/members</b>, register and find out how easy it is to save money one prescription at a time.</p>
<ul style="list-style-type: none"> <li>&gt; <b>Ask</b> about eligibility</li> <li>&gt; <b>Update</b> your address or dependent changes</li> <li>&gt; <b>Request</b> replacement and/or additional ID cards</li> <li>&gt; <b>Resolve</b> an issue for which you need assistance</li> <li>&gt; <b>Get</b> an answer for your pharmacy</li> </ul>	<p><b>BMR Member Services 1-866-718-2375</b> Your BMR Services Representative is dedicated to resolving any concerns or questions you may have. Please feel free to call us.</p>

## What you need to know about using your Prescription Drug Plan

Your plan provides you with prescription drugs through RESTAT's national network of more than 65,000 pharmacies.

### Finding a participating local Pharmacy

- > Go to the Broadreach Rx website at [www.BroadreachRx.com/members](http://www.BroadreachRx.com/members) and log in using your secure ID and Password.
- > If you are a first time user, follow the instructions for registering as a new user.
- > Click the "Find a Pharmacy" button.
- > If you do not have access to the Internet, contact BMR Member Services at 1-866-718-2375.

### To fill a prescription

- > Present your Broadreach Rx Card along with your prescription at a participating pharmacy.

### To transfer a prescription

- > You can transfer a prescription from a local retail pharmacy that is NOT on the network list to a RESTAT pharmacy that is on the list, by following these steps:
  1. Go to a listed RESTAT pharmacy with your prescription or medication bottle that shows your prescription refill information along with your Prescription ID Card.
  2. Request that your prescription be transferred to the RESTAT network pharmacy.

## Understanding Your Tiered Indemnity Prescription Drug Plan

Listed below are several examples that demonstrate your Member Responsibility and the financial savings to you by using medications included in your Broadreach Choice Rx Formulary of medications:

### Therapeutic Drug Category:

*Nerve Pain Medications*  
Gabapentin 600 mg Capsules (Dosage three times per day)  
(Generic Neurontin)

The retail cost (W/O Insurance): \$227.61  
Discounted cost with this plan: \$60.22  
Amount paid to pharmacy: \$47.00

**Your Member Responsibility Cost: \$13.22**  
**You Save 94%**

### Therapeutic Drug Category:

*Cholesterol Lowering Medications*  
Simvastatin 40 mg Capsules (Dossage once per day)  
(Generic Zocor)

The Retail Cost(W/O Insurance) : \$147.60  
Discounted cost with this plan: \$5.85  
Amount paid to pharmacy: \$1.00

**Your Member Responsibility Cost: \$4.85**  
**You Save 97%**

**Please keep in mind, your prescription program benefit covers medications in the Broadreach Choice Rx Formulary. If you are taking a non-formulary medication use the Choice Rx Drug Savings Finder to search for and identify an available formulary generic alternative medication that can save you significant out of pocket expense.**

**Underwritten by:**  
**Fidelity Security Life Insurance Company**  
**Kansas City, MO.**

Broadreach Medical Resources, Inc.  
Member Services  
1-866-718-2375  
Memberservices@broadreachrx.com

## Brand Formulary Examples

Drug Name	Category	Pharmacy Price	Indemnity Benefit	Member Cost
Premarin .3 mg	Estrogen	\$ 92.27	\$ 45.00	\$ 47.27
Novolog Mix	Insulin	\$ 89.30	\$ 45.00	\$ 44.30
Advair HFA 115-21 mcg/act	Inhaler	\$ 229.27	\$ 170.00	\$ 59.27
Evista 60 mg	Osteoporosis	\$ 193.09	\$ 140.00	\$ 53.09
Phenytek 300 mg	Antiepileptic	\$ 81.98	\$ 40.00	\$ 41.98

## Generic Formulary Examples

Drug Name	Category	Pharmacy Price	Indemnity Benefit	Member Cost
Microgestin IDA 325-65-100 mg	Oral Contraceptive	\$ 61.27	\$ 47.00	\$ 14.27
Indomethacin ER 75 mg	Anti-inflammatory	\$ 46.65	\$ 29.00	\$ 17.65
Oxycodone Aspirin 4.8355-325	Pain Management	\$ 25.45	\$ 15.00	\$ 10.45
Mirtazapine 15 mg	Depression	\$ 31.65	\$ 20.00	\$ 11.65
Prazosin HCL 5 mg	Blood Pressure	\$ 25.56	\$ 15.00	\$ 10.56
Cefaclor CAPS 250 mg	Antibiotic	\$ 33.42	\$ 20.00	\$ 13.42
Minocycline CAPS 75 mg	Antibiotic	\$ 25.51	\$ 15.00	\$ 10.51
Ketoconazole TABS 200 mg	Antifungal	\$ 10.10	\$ 6.00	\$ 4.10
Chloroquine TABS 500 mg	Antimalarial- Amebicide	\$ 12.54	\$ 3.00	\$ 9.54
Isoniazid TABS 100 mg	Antibiotic	\$ 6.07	\$ 1.00	\$ 5.07

For a complete formulary visit our website at [www.BroadreachRx.com](http://www.BroadreachRx.com) or call 1-866-718-2375  
 Prices may vary & are subject to change without notice.





## Did you know?

- Generics are safe and approved by the FDA<sup>1</sup>
- Work just as quickly in the body as brand name drugs<sup>1</sup>
- Have no difference in effectiveness, safety or quality<sup>1</sup>

*Generics are safe, effective and a better value*

## Choose Broadreach Choice Rx when you need a solution that addresses tomorrow's healthcare challenges - today

Value comparison is a natural human instinct. Shoppers want to buy products when the price matches their perceived value. The same rationale was applied in creating Choice Rx Tiered Indemnity plans and formulary. Our plans have no step programs and no prior authorization - just a simple member responsibility tiered based upon Daily Dosage Used (DDU) or Usual Daily Quantity for each of the medications included in the Choice Rx formulary and a monthly premium.

### How Broadreach Choice Rx Members Services and our Drug Savings Finder help save money!

- Informed Group Members**  
Using our Drug Savings Finder members can identify if they are using a Brand or Generic medication and the member responsibility cost options.
- Identifying Generics and therapeutic alternatives**  
By searching the therapeutic category members can identify available generic alternative medications that save money and are safe to use.
- Consulting with Physicians**  
Our team of clinical professionals will consult with members' physician to see if a generic or generic alternative is right for your employee.
- Find Local Pharmacies**  
Our Drug Savings Finder will also locate pharmacies in the area.

Some plans may not be available in all states. Contact BMR Inc. (1-866-718-2375) for plan availability by state. Insured benefits are underwritten by Fidelity Security Life Insurance Company, Kansas City, MO.

### Empowering members to select an FDA approved, generic alternative drug over a brand may have significant out-of-pocket savings

- **Gastro-Intestinal/Ulcer Medications\***  
Brand Name: **Nexium 20mg Capsules**  
Freedom Rx Member: **\$243.32**

Generically available alternatives:

**Omeprazole 40mg Capsules \$12.94**  
**Pantoprazole 40mg Capsules \$11.01**

Member Responsibility savings using generic Omeprazole instead of a Brand: **\$230.61**

Annual savings: **\$2,767.32**

- **Cholesterol Lowering Statins\***  
Brand Name: **Crestor 20mg Tablets**  
Freedom Rx discounted cost: **\$188.29**

Generically available alternatives:

**Simvastatin 40mg Tablets \$7.01**  
**Lovastatin 40mg Tablets \$7.36**  
**Atorvastatin 20mg Tablets \$12.83**

Member Responsibility savings using generic Simvastatin instead of a Brand:

**\$181.28**

Annual savings: **\$2,175.36**

### Choice Rx Member Responsibility Averages

**\$5 to \$20 for Formulary Generics**  
**Discount for non-formulary drugs**

\*Examples based on 30-day supplies. Prices will vary depending on Pharmacy and Daily Dosage Used.

<sup>1</sup> FDA "Facts about Generic Drugs" 2012, [www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/understandinggenericdrugs/ucm167991.html](http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/understandinggenericdrugs/ucm167991.html)  
If you are unable to reach this link, please contact BMR.

## Broadreach Rx<sup>TM</sup>

Broadreach Medical Resources, Inc.  
1350 Broadway, Suite 410  
New York, NY 10018  
1-866-718-2375  
[www.BroadreachRx.com](http://www.BroadreachRx.com)



## Generic Drugs: Myths, Facts & Answers

**8 in 10 prescriptions filled in the U.S. are for generic drugs.<sup>1</sup>**

**Myth:** *People who are switched to a generic drug are risking treatment failure.*

**FACT:** *There is no evidence for this claim. Treatment failures can and do occur when taking generic or brand name drugs.<sup>1</sup>*

**Myth:** *Generic drugs cost less because they are inferior to brand name drugs.*

**FACT:** *Generic manufacturers are able to sell their products for lower prices, not because the products are of lesser quality, but because generic manufacturers generally do not engage in costly advertising, marketing and promotion, or significant research and development.<sup>1</sup>*

**Myth:** *The FDA lets generic drugs differ from the brand name counterpart by up to 45 percent.*

**FACT:** *This claim is false. Any generic drug modeled after a single, brand name drug must perform approximately the same in the body as the brand name drug.<sup>1</sup>*

**Are brand-name drugs made in better factories than generic drugs?**

**No.** All factories must meet the same standards.

**Does every brand-name drug have a generic drug?**

**No** Most drug patents are protected for 17 years. Today, approximately 90% of all brand-name medication have a generic.

**Do generic drugs take longer to work in the body?**

**No** Generic drugs work in the same way and in the same amount of time as brand-name drugs.

Some plans may not be available in all states. Contact BMR Inc. (1-866-718-2375) for plan availability by state.

FDA "Facts about Generic Drugs" 2012, [www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/understandinggenericdrugs/ucm167991.htm](http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/understandinggenericdrugs/ucm167991.htm)

## Generic Drugs Quick Facts<sup>1</sup>



- Generic drugs are made with the same active ingredients and is available in the same strength and dosage form as the equivalent brand-name product.
- The manufacturing process for all generic drugs is strictly regulated by the U.S. government.
- A generic drug meets the same stringent performance and bioequivalence standards as the brand-name drug.
- A generic drug is as safe and provides the same therapeutic effect as the brand-name product for patients of all ages.
- Many of the generic drugs approved by the FDA are manufactured by companies that also make the brand-name drugs.
- Health care professionals strongly support the use of generic drugs.
- There are 150 generic drugs on the top-200 drugs sold in the U.S.
- Generic drugs provide a valuable way to lower the cost of prescription medications.
- The decision to use generic medications is ultimately made through the cooperation of your physician, your plan provider and your member.

### Example of how a generic can save:

**Cholesterol Lowering Statins\***  
Brand Name: **Crestor 20mg Tablets**  
Broadreach Freedom Rx Cost **\$188.29**

Generically available alternative was used, such as: **Simvastatin 40mg Tablets**  
Broadreach Choice Rx Cost **\$7.01**

Savings using Generic instead of a Brand:  
**\$181.28**  
**Annual savings: \$2,175.36**

\* Based on 30 day supply. Prices will vary depending on the pharmacy and daily dosage used.

## ANTI-INFECTIVE AGENTS (ORAL) ANTIBIOTICS, CEPHALOSPORINS

Cefaclor (generic Ceclor)  
Cefadroxil (generic Duricef)  
Cephalexin (generic Keflex)  
Cefuroxime (generic Ceftin)

## Erythromycins & Other Macrolides

Azithromycin (generic Zithromax/ Z-PAK)  
Clarithromycin (generic Biaxin, Biaxin XL)  
Erythromycin Base (generic Ery-Tab, E-Mycin)  
Erythromycin Ethylsuccinate (generic E.E.S., EryPed)  
Erythromycin Stearate (generic Erythrocin)  
Erythromycin and Sulfisoxazole (generic Piedazole)

## Penicillins

Amoxicillin (generic Amoxil)  
Amoxicillin/ Pot. Clav. (generic Augmentin)  
Ampicillin (generic Principen)  
Dicloxacillin  
Penicillin VK (generic Pen-Vee K)

## Quinolones

Ciprofloxacin (generic Cipro)  
Ofloxacin (generic Floxin)

## Sulfonamides

TMP-SMX (generic Septra/ Septra DS)

## Tetracyclines

Doxycycline (generic Vibramycin, Monodox)  
Minocycline (generic Minocin)  
Tetracycline (generic Achromycin V)

## ANTIFUNGAL AGENTS

Clotrimazole (generic Mycelex-7)  
Clotrimazole/ Betamethasone (generic Lotrisone)  
Econazole (generic Spectazole)  
Fluconazole (generic Diflucan)  
Griseofulvin (generic Gris-PEG/ Grifulvin)  
Ketoconazole (generic Nizoral)  
Metronidazole (generic Flagyl)  
Nystatin Oral (generic Mycostatin)  
Tolnaftate  
Terbinafine (generic lamisil)

## ANTIFUNGAL (VAGINAL)

Clotrimazole (generic Mycelex)  
Fluconazole (generic Diflucan)  
Miconazole (generic Monistat)

## ANTHELMINTICS

Mebendazole (generic Vermox)

## ANTI-INFECTIVE AGENTS- SPECIALIZED INDICATIONS

Chloroquine phosphate (generic Aralen)  
Ethambutol HCL (generic Myambutol)  
Hydroxychloroquine (generic Plaquenil)  
Mebendazole (generic Vermox)  
Neomycin

## ANTINEOPLASTIC/ IMMUNOSUPPRESSANTS

Azathioprine (Generic Imuran)  
Cyclophosphamide (generic Cytoxan)  
Flutamide (generic Eulexin)  
Hydroxyurea (generic Hydrea)  
Leucovorin (generic Wellcovorin)  
Megestrol (generic Megace)  
Methotrexate  
Tamoxifen (generic Nolvadex)  
Leflunomide (generic Arava)

## ANTI-TUBERCULAR AGENT

Ethambutol (generic Myambutol)

## ANTIVIRAL AGENTS

Acyclovir (generic Zovirax)  
Amantadine (generic Symmetrel)  
Rimantadine (generic Flumadine)

## OTHER ANTI-INFECTIVES

Clindamycin HCL (generic Cleocin)  
Isoniazid (generic Nydradid)  
Methenamine (generic Urex)  
Nitrofurantoin (generic Macrobid)  
Macrobid)  
Rifampin (generic Rifadin)  
Trimethoprim (generic Trimpex)

## TOPICAL ANTIBACTERIAL DRUGS

Silver Sulfadiazine (generic Silvadene)

## TOPICAL ANTIFUNGAL AGENTS

Ciclopirox (generic Loprox)  
Nystatin/ Triamcinolone (generic Mycolog)

## AUTONOMIC and CENTRAL CENTRAL NERVOUS SYSTEM AGENTS

**ANALGESICS, ANTIMIGRAINAL**  
Pentazocine/ Naloxone (generic Talacen/  
Talwin NX)  
Sumatriptan (generic Imitrex)  
Tramadol (generic Ultram)

## ANTIVERTIGO/ANTIEMETICS

Hydroxyzine (generic Atarax)  
Meclizine HCL (generic Antivert)  
Ondansetron (generic Zofran)  
Prochlorperazine (generic Compazine)  
Promethazine HCL (generic Phenergan)  
Promethazine HCL Suppository, Rectal  
(generic Phenergan)  
Trimethobenzamide (generic Tigan)

## ANALGESICS, NARCOTIC

APAP/ Codeine (generic Tylenol w/ Codeine)  
APAP/ Hydrocodone (generic Vicodin/ Norco)  
ASA/ Codeine (generic Empirin w/ Codeine)  
Butalbital/ Acetaminophen (generic  
Phrenlin, generic Sedapap)  
Butalbital/ Acetaminophen/ Caffeine (generic  
Fioricet)  
Hydrocodone/ Ibuprofen (generic Vicoprofen)  
Hydromorphone (generic Dilaudid)  
Meperidine (generic Demerol)  
Meperidine/ Promethazine (generic Mepergan)  
(generic Darvocet N-100/ Wygesic)  
Oxycodone (generic OxyIR)  
Oxycodone/ APAP (generic Percocet)  
Oxycodone/ ASA (generic Percodan)  
Propoxyphene HCL (generic Darvon)

## ANALGESICS, NON-STEROIDAL ANTI-INFLAMMATORY

Diflunisal (generic Dolobid)  
Ibuprofen (generic Motrin)  
Ketorolac (generic Toradol)  
Meloxicam (generic Mobic)  
Naproxen (generic Naprosyn)  
Oxaprozin (generic Daypro)  
Piroxicam (generic Feldene)  
Sulindac (generic Clinoril)

## ANTICONSULSANTS

Carbamazepine (generic Tegretol)  
Clorazepate (generic Tranxene)  
Ethosuximide (generic Zarontin)  
Gabapentin (generic Neurontin)  
Lamotrigine (generic Lamictal)  
Phenobarbital  
Phenytoin/ Phenytoin Extended (generic Dilantin)  
Primidone (generic Mysoline)  
Valproic Acid/ Valproate Sodium (generic  
Depakene)  
Divalproex Sodium (generic Depakote, Sprinkle,  
ER)  
Topiramate (generic Topamax)

## ANTIPARKINSON AGENTS

Amantadine (generic Symmetrel)  
Benzotropine Mesylate (generic Cogentin)  
Bromocriptine (generic Parlodel)  
Carbidopa/ Levodopa  
(generic Sinemet/Sinemet CR)  
Ropinirole (generic Requip)  
Selegiline (generic Eldepryl)  
Trihexyphenidyl (generic Artane)

## ANTIPSYCHOTICS

Chlorpromazine (generic Thorazine)  
Clozapine (generic Clozaril)  
Fluphenazine (generic Prolixin)  
Haloperidol (generic Haldol)  
Loxapine (generic Loxitane)  
Perphenazine

Risperidone (generic Risperdal)  
Thioridazine (generic Mellaril)  
Thiothixene (generic Navane)  
Trifluoperazine (generic Stelazine)

## ANXIOLYTICS, SEDATIVES AND HYPNOTICS

Alprazolam (generic Xanax)  
Buspirone (generic BuSpar)  
Chlordiazepoxide HCL (generic Librium)  
Clonazepam (generic Klonopin)  
Diazepam (generic Valium)  
Estazolam (generic Prosom)  
Flurazepam (generic Dalmane)  
Lorazepam (generic Ativan)  
Oxazepam (generic Serax)  
Temazepam (generic Restoril)  
Triazolam (generic Halcion)  
Zolpidem Tartrate (generic Ambien)

## STIMULANTS/ DRUGS TO TREAT ATTENTION DEFICIT DISORDER

Amphetamine/Dextroamphetamine (generic  
Adderall)  
Dextroamphetamine (generic Dexedrine/  
Dextrostat)  
Methylphenidate (generic Ritalin/ Methylin)

## DRUGS TO PREVENT AND TREAT GOUT

Allopurinol (generic Zyloprim)  
Colchicine  
Probenecid

## MUSCLE RELAXANTS/ ANTISPASMODICS

Baclofen (generic Lioresal)  
Carisoprodol (generic Soma)  
Carisoprodol and Aspirin  
(generic Soma Compound)  
Carisoprodol, Aspirin,  
Caffeine (generic Soma Compound with Codeine)  
Chlorzoxazone (generic Parafon Forte DSC)  
Cyclobenzaprine HCL (generic Flexeril)  
Metaxalone (generic Skelaxin)  
Methocarbamol (generic Robaxin)  
Tizanidine (generic Zanaflex)

## PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

Amitriptyline (generic Elavil)  
Amitriptyline/Chlordiazepoxide  
(generic Limbitrol)  
Amitriptyline/ Perphenazine (generic Triavil)  
Amoxapine (generic Asenden)  
Bupropion (generic Wellbutrin Wellbutrin SR,  
Wellbutrin XL)  
Citalopram (generic Celexa)  
Clomipramine (generic Anafril)  
Desipramine (generic Norpramin)  
Doxepin (generic Sinequan)  
Fluoxetine (generic Prozac)  
Fluvoxamine (generic Luvox)  
Imipramine (generic Tofranil)  
Lithium Carbonate  
Maprotiline (generic Ludiomil)  
Mirtazapine (generic Remeron)  
Nortriptyline (generic Pamelor)  
Paroxetine (generic Paxil)  
Sertraline (generic Zoloft)  
Trazadone (generic Desyrel)  
Venlafaxine (generic Effexor)

## CARDIOVASCULAR MEDICATIONS

### ACE INHIBITORS

Benazepril (generic Lotensin)  
Captopril (generic Capoten)  
Enalapril (generic Vasotec)  
Lisinopril (generic Zestril)  
Ramipril (generic Altace)  
Quinapril (generic Accupril)

### ALPHA BLOCKERS

Doxazosin (generic Cardura)  
Prazosin (generic Minipress)  
Terazosin (generic Hytrin)

### ANTIARRHYTHMICS

Amiodarone (generic Cordarone)  
Disopyramide (generic Norpace)  
Flecainide (generic Tambocor)  
Mexiletine (generic Mexilitil)  
Nitroglycerin (generic)  
Procainamide (generic Procanbid)  
Propafenone (generic Rythmol)  
Quinidine

### BETA-ADRENERGIC ANTAGONIST

Acebutolol (generic Sectral)  
Atenolol (generic Tenormin)  
Betaxolol (generic Kerlone)  
Bisoprolol (generic Zebeta)  
Carvedilol (generic Coreg)  
Labetolol (generic Normodyne)  
Metoprolol (generic Propranolol)  
Nadolol (generic Corgard)  
Pindolol (generic Visken)  
Propranolol (generic Inderal)  
Sotalol (generic Betapace)  
Timolol (generic Blocadren)

### CALCIUM CHANNEL BLOCKERS

Amlodipine (generic Norvasc)  
Diltiazem (generic Cardizem/  
SR/ Dilacor XR)  
Nicardipine (generic Cardene)  
Nifedipine (generic Procardia XL)  
Verapamil (generic Calan SR/ Isoptin SR)

### CARDIAC GLYCOSIDES

Digoxin (generic Lanoxin)

### CHOLESTEROL-LOWERING AGENTS

Cholestyramine (generic  
Questran/ Light)  
Gemfibrozil (generic Lopid)  
Lovastatin (generic Mevacor)  
Pravastatin (generic Pravachol)  
Simvastatin (generic Zocor)

### DIURETICS

Amiloride/ HCTZ (generic Moduretic)  
Bumetanide (generic Bumex)  
Chlorthalidone (generic Hygroton)  
Furosemide (generic Lasix)  
Hydrochlorothiazide  
Indapamide (generic Lozol)  
Methazolamide  
Metolazone (generic Zaroxolyn)  
Spironolactone (generic Aldactone)  
Torsemide (generic Demadex)

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Memberservices@broadreachrx.com

Last Update:  
12/23/2013

## DIURETIC COMBINATIONS

Atenolol/ Chlorthalidone (generic Tenoretic)  
Benazepril/Hydrochlorothiazide (generic Lotensin HCT)  
Bisoprolol/ Hydrochlorothiazide (generic Ziac)  
Captopril/ Hydrochlorothiazide (generic Capozide)  
Chlorothiazide (generic Diuril)  
Enalapril/ Hydrochlorothiazide (generic Vaserec)  
Lisinopril/ Hydrochlorothiazide (generic Zestoretic)  
Methyldopa/ Hydrochlorothiazide (generic Aldoril)  
Propranolol/ Hydrochlorothiazide (generic Inderide)  
Spironolactone/ Hydrochlorothiazide (generic Aldactazide)  
Triamterene/ Hydrochlorothiazide (generic Dyazide)

## OTHER

### ANTIHYPERTENSIVES

Clonidine (generic Catapres)  
Guanfacine (generic Tenex)  
Hydralazine (genericapresoline)  
Methyldopa (generic Aldomet)  
Minoxidil (generic Loniten)

### OTHER CARDIOVASCULAR DRUGS

Pentoxifylline (generic Trental)

### VASODILATING DRUGS

Isosorbide Dinitrate (generic Isordil)  
Isosorbide Mononitrate (generic Imdur)  
Isosuprine (generic Vasodilan)

## DERMATOLOGICALS

### ANTI-ACNE

Clindamycin (generic Cleocin-T/ Clindets Pledgets)  
Sulfacetamide/ Sulfur sublimed (generic Novacet/ Sulfacet-R)

### ANTIPSORIASIS

Selenium Sulfide (generic Exsel/ Selsun)

### OTHER DERMATOLOGICAL DRUGS

Aluminum Chloride (generic Drysol)

## TOPICAL

### CORTICOSTEROIDS

Amcinonide (generic Cyclocort)  
Augmented Betamethasone Dipropionate (generic)  
Diprolene, generic Maxivate)  
Betamethasone Valerate (generic Valisone)  
Clobetasol Propionate (generic Temovate/ E)  
Desonide (generic DesOwen)  
Desoximetasone (generic Topicort)  
Fluocinonide (generic Lidex-E)  
Fluocinolone acetonide (generic Synalar/  
Derma-SmootherFS)  
Hydrocortisone Acetate  
Hydrocortisone Valerate (generic Westcort  
Mometasone Furoate (generic Elocon)  
Triamcinolone (generic Aristocort)

## EAR, NOSE, AND THROAT

### MEDICATIONS AFFECTING THE EAR

Acetic Acid (generic VoSol)  
Acetic Acid/ Aluminum Acetate (generic Domeboro Otic)  
Antipyrine/Benzocaine (generic Auralgan/  
AB Otic Solution)\*  
Hydrocortisone/ Acetic Acid (generic Acetasol HC)  
Neomycin/ Polymyxin/ hc (generic Cotispurin)  
Ofloxacin (generic Floxin Otic)

## DRUGS AFFECTING THE

### THROAT AND MOUTH

Chlorhexidine (generic Peridex)  
Lidocaine HCL viscous solution (generic XylocaineViscous Gel)  
Triamcinolone acetonide (generic Kenalog in Orabase)

## ENDOCRINE MEDICATIONS

Alendronate (generic Fosamax)

## CORTICOSTEROID DRUGS

Dexamethasone (generic Hexadrol)  
Fludrocortisone (generic Florinef)  
Hydrocortisone (generic Cortef)  
Methylprednisolone (generic Medrol/ Medrol Pak)  
Prednisolone (generic Orapred/ Pedia-pred)  
Prednisone (generic Deltasone)

## ANTIDIABETIC AGENTS

Chlorpropamide (generic Diabinese)  
Glimepiride (generic Amaryl)  
Glipizide (generic Glucotrol)  
Glyburide (generic Diabeta/ Glynase)  
Glyburide/Metformin (generic Glucovance)  
Metformin (generic Glucophage)

## THYROID AND

### ANTI-THYROID DRUGS

Levothyroxine (generic Synthroid/ Levoxy)  
Methimazole  
Propylthiouracil  
Thyroid

## GASTROINTESTINAL

### MEDICATIONS

#### ANTISPASMODICS

Diphenoxylate/ Atropine (generic Lomotil)  
Belladonna alkaloids (generic Anti-Spas)  
Belladonna alkaloids/ phenobarbital (generic Donnatal)  
Clindinium/ Chlordiazepoxide (generic Librax)  
Dicyclomine (generic Bentyl)  
Hyoscyamine (generic Levsin)  
Metoclopramide (generic Reglan)

## OTHER

### GASTROINTESTINAL

Electrolyte solution/ PEG's (generic Golytely Nulytely)  
Hydrocortisone suppositories (generic Anusol HC)  
Lactulose  
Magnesium Oxide (generic Mag-Ox)  
Misoprostol (generic Cytotec)  
PEG 3350/ Electrolyte solution (generic Colyte)  
Pramoxine/ Hydrocortisone (generic Analpram-HC)  
Pramoxine/ Hydrocortisone/  
Chloroxylenol (generic Cortane B)  
Sulfasalazine (generic Azulfidine)

## PROTON PUMP INHIBITORS

Omeprazole (generic Prilosec)

## MISCELLANEOUS UROLOGICALS

Finasteride (generic Proscar)  
Oxybutynin (generic Ditropan)  
Phenazopyridine (generic Pyridium)

## NUTRITION, BLOOD MODIFIERS, ELECTROLYTES DRUGS AND VITAMINS AFFECTING COAGULATION

Dipyridamole (generic Persantine)  
Ticlopidine (generic Ticlid)  
Warfarin (generic Coumadin)

## FLUORIDE PRODUCTS

Karidium/ Luride/ SF  
Sodium Fluoride (genericGel-Kam)

## POTASSIUM SUPPLEMENTS

Potassium Chloride (generic K-DUR/ Micro-K)

## VITAMINS/ MINERALS

Calcitriol (generic Rocaltrol)  
Ergocalciferol (generic Calciferol)  
Folic Acid (generic Folate)

## OPHTHALMIC AGENTS

### GLAUCOMA AGENTS

Acetazolamide (generic Diamox)  
Betaxolol (generic Betoptic/ S)  
Brimonidine tartrate (generic Alphagan)  
Carteolol (generic Ocupress)  
Dipivefrin (generic AKPro)  
Dorzolamide (generic Trusopt)  
Ketotifen (generic Zaditor)  
Levobunolol (generic Betagan)  
Metipranolol (generic Optipranolol)  
Pilocarpine (generic Pilocar)  
Timolol (generic Timoptic/XE)

## OPHTHALMIC

### ANTI-INFECTIVES/

#### CORTICOSTEROID DRUGS

Dexamethasone (generic Decadron)  
Fluoromethalone (generic FML Liquifilm)  
Gentamicin (generic Garamycin)  
Neomycin/ Bacitracin/ Polymyxin (generic Neosporin)  
Neomycin/ Bacitracin/  
Polysporin/ Hydrocortisone (generic Cortisporin)  
Neomycin/ Dexamethasone/ Polymyxin (generic Dexacidin/Maxitrol)  
Polymyxin B/ Trimethoprim (generic Polytrim)  
Prednisolone (generic Econopred Plus/ Pred Forte)  
Prednisolone (generic Inflammase Forte)  
Sulfacetamide/ Prednisolone (generic Blephamide, Vasocidin)

## OPHTHALMIC DRUGS

Atropine Sulfate (generic Isopto Atropine)  
Cyclopentolate (generic Cyclogyl)  
Flurbiprofen (generic Ocufen)  
Naphazoline (generic AK-Con/ Liquifilm)  
Phenylephrine (generic Neo-Synephrine)  
Tetracaine  
Tetrahydrozoline

## OPHTHALMIC TOPICAL

### ANTIBACTERIAL DRUGS

Bacitracin (generic Ak-T Tracin)  
Ciprofloxacin (generic Ciloxan)  
Ofloxacin (generic Ocuflox)  
Sulfacetamide (generic Bleph-10)  
Tobramycin (Tobrex)

## OPHTHALMIC TOPICAL

### ANTIVIRAL DRUGS

Trifluridine (generic Viroptic)

## OBSTETRICAL AND

### GYNECOLOGICAL

#### MEDICATIONS

##### ANDROGENS

Danazol (generic Danocrine)

## CONTRACEPTIVES

Ethinyl Estradiol and Desogestrel (generic OrthoCept/ Desogen)  
Ethinyl Estradiol and Ethynodiol Diacetate (generic Zovia)  
Ethinyl Estradiol and Levonorgestrel (generic Triphasil/ Levlén)  
Norethindrone (generic NorQD/ Ortho Micronor)  
Norethindrone/ Estradiol/ fe fumarate (generic Loestrin-fe/Loestrin)  
Norethindrone/ Ethinyl Estradiol (generic Mircette)  
Norethindrone/ EthinylEstradiol (generic Modicon)  
Norethindrone/ Mestranol (generic Ortho-Novum)  
Norgestimate/ Ethinyl Estradiol (generic Ortho Cyclen)  
Norgestimate/ Ethinyl Estradiol (generic Ortho Tri-Cyclen/Ortho-tri-cyclen-lo)

## ORAL ESTROGEN DRUGS

Estradiol (generic Estrace)  
Etopropate (generic Ortho-Est/Ogen)

## PROGESTIN DRUGS

Medroxyprogesterone (generic Provera)  
Norethindrone acetate (generic Aygestin)

## BETA AGONIST INHALERS

Albuterol (generic/ brand Proventil/ Ventolin)  
Metaproterenol (generic Alupent)  
Terbutaline (generic Brethine)

## Inhaled Corticosteroids

Triamcinolone (generic Azmacort)

## Intranasal Steroids

Flunisolide (generic Nasalide)  
Fluticasone (generic Flonase)  
Mometasone (generic Nasonex)

## PULMONARY and ASTHMA AGENTS

Acetylcysteine (generic)  
Aminophylline  
Cromolyn Sodium Ampul (generic Intal)  
Ipratropium (generic, Atrovent Inhaler/ Nasal Spray)  
Theophylline (generic Theo-Dur/ Slo-Phyllin/Theolair-SR)

## MOST PRESCRIPTION ONLY GENERICS IN THE FOLLOWING CATEGORIES ARE COVERED

## EXPECTORANT COMBINATIONS DECONGESTANTS/ANTIHISTAMINES ANTI-TUSSIVE COMBINATIONS RESPIRATORY, ALLERGY, COUGH & COLD PRENATAL VITAMINS

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## 2014 Generic/Brand Drug Formulary

### ANTI-INFECTION AGENTS (ORAL) ANTIBIOTICS, CEPHALOSPORINS

Cefaclor (generic Ceflor)  
Cefadroxil (generic Duricef)  
Cephalexin (generic Keflex)  
Cefuroxime (generic Ceftin)

### Erythromycins & Other Macrolides

Azithromycin (generic Zithromax/ Z-PAK)  
Clarithromycin (generic Biaxin, Biaxin XL)  
Erythromycin Base (generic Ery-Tab, E-Mycin)  
Erythromycin Ethylsuccinate (generic E.E.S., EryPed)  
Erythromycin Stearate (generic Erythrocin)  
Erythromycin and Sulfisoxazole (generic Pediazole)

### Penicillins

Amoxicillin (generic Amoxil)  
Amoxicillin/ Pot. Clav. (generic Augmentin)  
Ampicillin (generic Principen)  
Dicloxacillin  
Penicillin VK (generic Pen-Vee K)

### Quinolones

Ciprofloxacin (generic Cipro)  
Ofloxacin (generic Floxin)

### Sulfonamides

TMP-SMX (generic Septra/ Septra DS)

### Tetracyclines

Doxycycline (generic Vibramycin, Monodox)  
Minocycline (generic Minocin)  
Tetracycline (generic Achromycin V)

### ANTIFUNGAL AGENTS

Clotrimazole (generic Mycelex-7)  
Clotrimazole/ Betamethasone (generic Lotrisone)  
Econazole (generic Spectazole)  
Fluconazole (generic Diflucan)  
Griseofulvin (generic Gris-PEG/ Grifulvin)  
Ketoconazole (generic Nizoral)  
Metronidazole (generic Flagyl)  
Nystatin Oral (generic Mycostatin)  
Tolnaftate  
Terbinafine (generic lamisil)

### ANTIFUNGAL (VAGINAL)

Clotrimazole (generic Mycelex)  
Fluconazole (generic Diflucan)  
Miconazole (generic Monistat)

### ANTHELMINTICS

Mebendazole (generic Vermox)

### ANTI-INFECTION AGENTS- SPECIALIZED INDICATIONS

Chloroquine phosphate (generic Aralen)  
Ethambutol HCL (generic Myambutol)  
Hydroxychloroquine (generic Plaquenil)  
Mebendazole (generic Vermox)  
Neomycin

### ANTINEOPLASTIC/ IMMUNOSUPPRESSANTS

Azathioprine (Generic Imuran)  
Cyclophosphamide (generic Cytoxan)  
Flutamide (generic Eulexin)  
Hydroxyurea (generic Hydrea)  
Leucovorin (generic Wellcovorin)  
Megestrol (generic Megace)  
Methotrexate  
Tamoxifen (generic Nolvadex)  
Leflunomide (generic Arava)

### ANTI-TUBERCULAR AGENT

Ethambutol (generic Myambutol)

### ANTIVIRAL AGENTS

Acyclovir (generic Zovirax)  
Amantadine (generic Symmetrel)  
Rimantadine (generic Flumadine)

### OTHER ANTI-INFECTION AGENTS

Clindamycin HCL (generic Cleocin)  
Isoniazid (generic Nydravid)  
Methenamine (generic Urex)  
Nitrofurantoin (generic Macrodrantin/  
Macrobid)  
Rifampin (generic Rifadin)  
Trimethoprim (generic Trimplex)

### TOPICAL ANTIBACTERIAL DRUGS

Silver Sulfadiazine (generic Silvadene)

### TOPICAL ANTIFUNGAL AGENTS

Ciclopirox (generic Loprox)  
Nystatin/ Triamcinolone (generic Mycolog)

### AUTONOMIC and CENTRAL CENTRAL NERVOUS SYSTEM AGENTS ANALGESICS, ANTIMIGRAINAL

Pentazocine/ Naloxone (generic Talacen/  
Talwin NX)  
Sumatriptan (generic Imitrex)  
Tramadol (generic Ultram)

### ANTIVERTIGO/ANTIEMETICS

Hydroxyzine (generic Atarax)  
Meclizine HCL (generic Antivert)  
Ondansetron (generic Zofran)  
Prochlorperazine (generic Compazine)  
Promethazine HCL (generic Phenergan)  
Promethazine HCL Suppository, Rectal  
(generic Phenergan)  
Trimethobenzamide (generic Tigan)

### ANALGESICS, NARCOTIC

APAP/ Codeine (generic Tylenol w/ Codeine)  
APAP/ Hydrocodone (generic Vicodin/ Norco)  
ASA/ Codeine (generic Empirin w/ Codeine)  
Butalbital/ Acetaminophen (generic Phrenlin, generic Sedapap)  
Butalbital/ Acetaminophen/ Caffeine (generic Fioricet)  
Hydrocodone/ Ibuprofen (generic Vicoprofen)  
Hydromorphone (generic Dilaudid)  
Meperidine (generic Demerol)  
Meperidine/ Promethazine (generic Mepergan)  
(generic Darvocet N-100/ Wygesic)  
Oxycodone (generic OxyIR)  
Oxycodone/ APAP (generic Percocet)  
Oxycodone/ ASA (generic Percodan)  
Propoxyphene HCL (generic Darvon)

### ANALGESICS, NON-STEROIDAL ANTI-INFLAMMATORY

Diflunisal (generic Dolobid)  
Ibuprofen (generic Motrin)  
Ketorolac (generic Toradol)  
Meloxicam (generic Mobic)  
Naproxen (generic Naprosyn)  
Oxaprozin (generic Daypro)  
Piroxicam (generic Feldene)  
Sulindac (generic Clinoril)

### ANTICONSULSANTS

Carbamazepine (generic Tegretol)  
Clorazepate (generic Tranxene)  
Ethosuximide (generic Zaronin)  
Gabapentin (generic Neurontin)  
Lamotrigine (generic Lamictal)  
Phenobarbital  
Phenytoin/ Phenytoin Extended (generic Dilantin)  
Primidone (generic Mysoline)  
Valproic Acid/ Valproate Sodium (generic Depakene)  
Divalproex Sodium (generic Depakote, Sprinkle, ER)  
Topiramate (generic Topamax)

### ANTIPARKINSON ARKINSON AGENTS

Amantadine (generic Symmetrel)  
Benzotropine Mesylate (generic Cogentin)  
Bromocriptine (generic Parlodel)  
Carbidopa/ Levodopa  
(generic Sinemet/Sinemet CR)  
Ropinirole (generic Requip)  
Selegiline (generic Eldepryl)  
Trihexyphenidyl (generic Artane)

### ANTIPSYCHOTICS

Chlorpromazine (generic Thorazine)  
Clozapine (generic Clozaril)  
Fluphenazine (generic Prolixin)  
Haloperidol (generic Haldol)  
Loxapine (generic Loxitane)  
Perphenazine  
Risperidone (generic Risperdal)  
Thioridazine (generic Mellaril)  
Thiothixene (generic Navane)  
Trifluoperazine (generic Stelazine)

### ANXIOLYTICS, SEDATIVES AND HYPNOTICS

Alprazolam (generic Xanax)  
Buspirone (generic BuSpar)  
Chlordiazepoxide HCL (generic Librium)  
Clonazepam (generic Klonopin)  
Diazepam (generic Valium)  
Estazolam (generic Prosom)  
Flurazepam (generic Dalmane)  
Lorazepam (generic Ativan)  
Oxazepam (generic Serax)  
Temazepam (generic Restoril)  
Triazolam (generic Halcion)  
Zolpidem Tartrate (generic Ambien)

### STIMULANTS/ DRUGS TO TREAT ATTENTION DEFICIT DISORDER

Amphetamine/Dextroamphetamine (generic Adderall)  
Dextroamphetamine (generic Dexedrine/  
Dextrostat)  
Methylphenidate (generic Ritalin/ Methylin)

### DRUGS TO PREVENT AND TREAT GOUT

Allopurinol (generic Zyloprim)  
Colchicine  
Probenecid

### MUSCLE RELAXANTS/ ANTISPASMODICS

Baclofen (generic Lioresal)  
Carisoprodol (generic Soma)  
Carisoprodol and Aspirin  
(generic Soma Compound)  
Carisoprodol, Aspirin,  
Caffeine (generic Soma Compound with Codeine)  
Chlorzoxazone (generic Parafon Forte DSC)  
Cyclobenzaprine HCL (generic Flexeril)  
Metaxalone (generic Skelaxin)  
Methocarbamol (generic Robaxin)  
Tizanidine (generic Zanaflex)

### PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

Amitriptyline (generic Elavil)  
Amitriptyline/Chlordiazepoxide  
(generic Limbitrol)  
Amitriptyline/ Perphenazine (generic Triavil)  
Amoxapine (generic Asenden)  
Bupropion (generic Wellbutrin Wellbutrin SR,  
Wellbutrin XL)  
Citalopram (generic Celexa)  
Clomipramine (generic Anafranil)  
Desipramine (generic Norpramin)  
Doxepin (generic Sinequan)  
Fluoxetine (generic Prozac)  
Fluvoxamine (generic Luvox)  
Imipramine (generic Tofranil)  
Lithium Carbonate  
Maprotiline (generic Ludiomil)  
Mirtazapine (generic Remeron)  
Nortriptyline (generic Pamelor)  
Paroxetine (generic Paxil)  
Sertraline (generic Zoloft)  
Trazadone (generic Desyrel)  
Venlafaxine (generic Effexor)

### CARDIOVASCULAR MEDICATIONS

ACE INHIBITORS  
Benazepril (generic Lotensin)  
Captopril (generic Capoten)  
Enalapril (generic Vasotec)  
Lisinopril (generic Zestril)  
Ramipril (generic Altace)  
Quinapril (generic Accupril)

### ALPHA BLOCKERS

Doxazosin (generic Cardura)  
Prazosin (generic Minipress)  
Terazosin (generic Hytrin)

### ANTIARRHYTHMICS

Amiodarone (generic Cordarone)  
Disopyramide (generic Norpace)  
Flecainide (generic Tambocor)  
Mexiletine (generic Mexilitil)  
Nitroglycerin (generic)  
Procainamide (generic Procanbid)  
Propafenone (generic Rythmol)  
Quinidine

### BETA-ADRENERGIC ANTAGONIST

Acebutolol (generic Sectral)  
Atenolol (generic Tenormin)  
Betaxolol (generic Kerlone)  
Bisoprolol (generic Zebeta)  
Carvedilol (generic Coreg)  
Labetolol (generic Normodyne)  
Metoprolol (generic Propranolol)  
Nadolol (generic Corgard)  
Pindolol (generic Visken)  
Propranolol (generic Inderal)  
Sotalol (generic Betapace)  
Timolol (generic Blocadren)

### CALCIUM CHANNEL BLOCKERS

Amlodipine (generic Norvasc)  
Diltiazem (generic Cardizem/  
SR/ Dilacor XR)  
Nicardipine (generic Cardene)  
Nifedipine (generic Procardia XL)  
Verapamil (generic Calan SR/ Isoptin SR)

### CARDIAC GLYCOSIDES

Digoxin (generic Lanoxin)

### CHOLESTEROL-LOWERING AGENTS

Cholestyramine (generic Questran/ Light)  
Gemfibrozil (generic Lopid)  
Lovastatin (generic Mevacor)  
Pravastatin (generic Pravachol)  
Simvastatin (generic Zocor)

### DIURETICS

Amiloride/ HCTZ (generic Moduretic)  
Bumetanide (generic Bumex)  
Chlorthalidone (generic Hygroton)  
Furosemide (generic Lasix)  
Hydrochlorothiazide  
Indapamide (generic Lozol)  
Methazolamide  
Metolazone (generic Zaroxolyn)  
Spirinolactone (generic Aldactone)  
Torsemide (generic Demadex)

**70% of Generics  
are \$10 or less**

**Brand Member Responsibility  
from \$20.00 to \$75.00  
most average \$35.00**

For a complete formulary visit our  
website at [www.BroadreachRx.com](http://www.BroadreachRx.com)  
or call 1-866-718-2375

Broadreach Medical Resources, Inc.  
Member Services  
1-866-718-2375  
Memberservices@bmr-inc.com

Last Update:  
FSLI BMR/FS97 01/21/2014

## DIURETIC COMBINATIONS

Atenolol/ Chlorthalidone (generic Tenoretic)  
Benazepril/Hydrochlorothiazide (generic Lotensin HCT)  
Bisoprolol/ Hydrochlorothiazide (generic Ziac)  
Captopril/ Hydrochlorothiazide (generic Capozide)  
Chlorothiazide (generic Diuril)  
Enalapril/ Hydrochlorothiazide (generic Vaserec)  
Lisinopril/ Hydrochlorothiazide (generic Zestoretic)  
Methyldopa/ Hydrochlorothiazide (generic Aldoril)  
Propranolol/ Hydrochlorothiazide (generic Inderide)  
Spironolactone/ Hydrochlorothiazide (generic Aldactazide)  
Triamterene/ Hydrochlorothiazide (generic Dyazide)

## OTHER

### ANTIHYPERTENSIVES

Clonidine (generic Catapres)  
Guanfacine (generic Tenex)  
Hydralazine (generic Apresoline)  
Methyldopa (generic Aldomet)  
Minoxidil (generic Loniten)

### OTHER CARDIOVASCULAR DRUGS

Pentoxifylline (generic Trental)

### VASODILATING DRUGS

Isosorbide Dinitrate (generic Isordil)  
Isosorbide Mononitrate (generic Imdur)  
Isosuxuprine (generic Vasodilan)

## DERMATOLOGICALS

### ANTI-ACNE

Clindamycin (generic Cleocin-T/ Clindets Pledgets)  
Sulfacetamide/ Sulfur sublimed (generic Novacet/  
Sulfacet-R)

### ANTIPSORIASIS

Selenium Sulfide (generic Exsel/ Selsun)

### OTHER DERMATOLOGICAL DRUGS

Aluminum Chloride (generic Drysol)

## TOPICAL

### CORTICOSTEROIDS

Amcinonide (generic Cyclocort)  
Augmented Betamethasone Dipropionate (generic)  
Diprolene, generic Maxivate)  
Betamethasone Valerate (generic Valisone)  
Clobetasol Propionate (generic Temovate/ E)  
Desonide (generic DesOwen)  
Desoximetasone (generic Topicort)  
Fluocinonide (generic Lidex-E)  
Fluocinolone acetonide (generic Synalar/  
Derma-SmootherFS)  
Hydrocortisone Acetate  
Hydrocortisone Valerate (generic Westcort  
Mometasone Furoate (generic Elocon)  
Triamcinolone (generic Aristocort)

### EAR, NOSE, AND THROAT MEDICATIONS DRUGS AFFECTING THE EAR

Acetic Acid (generic VoSol)  
Acetic Acid/ Aluminum Acetate (generic Domeboro Otic)  
Antipyrine/Benzocaine (generic Auralgan/  
AB Otic Solution)\*  
Hydrocortisone/ Acetic Acid (generic Acetasol HC)  
Neomycin/ Polymyxin/ hc (generic Cotisporin)  
Ofloxacin (generic Floxin Otic)

## DRUGS AFFECTING THE

### THROAT AND MOUTH

Chlorhexidine (generic Peridex)  
Lidocaine HCL viscous solution (generic Xylocaine/Viscous Gel)  
Triamcinolone acetonide (generic Kenalog in Orabase)

## ENDOCRINE MEDICATIONS

Alendronate (generic Fosamax)

## CORTICOSTEROID DRUGS

Dexamethasone (generic Hexadrol)  
Fludrocortisone (generic Florinef)  
Hydrocortisone (generic Cortef)  
Methylprednisolone (generic Medrol/ Medrol Pak)  
Prednisolone (generic Orapred/ Prediapred)  
Prednisone (generic Deltasone)

## ANTI-DIABETIC AGENTS

Chlorpropamide (generic Diabinese)  
Glimepiride (generic Amaryl)  
Glipizide (generic Glucotrol)  
Glyburide (generic Diabeta/ Glynase)  
Glyburide/Metformin (generic Glucovance)  
Metformin (generic Glucophage)

## THYROID AND ANTI-THYROID DRUGS

Levothyroxine (generic Synthroid/ Levoxyol)  
Methimazole  
Propylthiouracil  
Thyroid

## GASTROINTESTINAL MEDICATIONS

### ANTISPASMODICS

Diphenoxylate/ Atropine (generic Lomotil)  
Belladonna alkaloids (generic Anti-Spas)  
Belladonna alkaloids/ phenobarbital (generic Donnatal)  
Clindinium/ Chlordiazepoxide (generic Librax)  
Dicyclomine (generic Bentyl)  
Hyoscyamine (generic Levsin)  
Metoclopramide (generic Reglan)

## OTHER

### GASTROINTESTINAL

Electrolyte solution/ PEG's (generic Golytely Nulytely)  
Hydrocortisone suppositories (generic Anusol HC)  
Lactulose  
Magnesium Oxide (generic Mag-Ox)  
Misoprostol (generic Cytotec)  
PEG 3350/ Electrolyte solution (generic Colyte)  
Pramoxine/ Hydrocortisone (generic Analpram-HC)  
Pramoxine/ Hydrocortisone/  
Chloroxylenol (generic Cortane B)  
Sulfasalazine (generic Azulfidine)

### PROTON PUMP INHIBITORS

Omeprazole (generic Prilosec)

### MISCELLANEOUS UROLOGICALS

Finasteride (generic Proscar)  
Oxybutynin (generic Ditropan)  
Phenazopyridine (generic Pyridium)

### NUTRITION, BLOOD MODIFIERS, ELECTROLYTES DRUGS AND VITAMINS AFFECTING COAGULATION

Dipyridamole (generic Persantine)  
Ticlopidine (generic Ticlid)  
Warfarin (generic Coumadin)

### FLUORIDE PRODUCTS

Karidium/ Luride/ SF  
Sodium Fluoride (generic Gel-Kam)

### POTASSIUM SUPPLEMENTS

Potassium Chloride (generic K-DUR/ Micro-K)

### VITAMINS/ MINERALS

Calcitriol (generic Rocaltrol)  
Ergocalciferol (generic Calciferol)  
Folic Acid (generic Folate)

## OPHTHALMIC AGENTS

### GLAUCOMA AGENTS

Acetazolamide (generic Diamox)  
Betaxolol (generic Betoptic/ S)  
Brimonidine tartrate (generic Alphagan)  
Carteolol (generic Ocupress)  
Dipivefrin (generic AKPro)  
Dorzolamide (generic Trusopt)  
Ketotifen (generic Zaditor)  
Levobunolol (generic Betagan)  
Metipranolol (generic Optipranolol)  
Pilocarpine (generic Pilocar)  
Timolol (generic Timoptic/XE)

### OPHTHALMIC ANTI-INFECTIVES/ CORTICOSTEROID DRUGS

Dexamethasone (generic Decadron)  
Fluoromethalone (generic FML Liquifilm)  
Gentamicin (generic Garamycin)  
Neomycin/ Bacitracin/ Polymyxin (generic Neosporin)  
Neomycin/ Bacitracin/  
Polysporin/ Hydrocortisone (generic Cortisporin)  
Neomycin/ Dexamethasone/ Polymyxin (generic Dexacidin/Maxitrol)  
Polymyxin B/ Trimethoprim (generic Polytrim)  
Prednisolone (generic Econopred Plus/ Pred Forte)  
Prednisolone (generic Inflammase Forte)  
Sulfacetamide/ Prednisolone (generic Blephamide, Vasocidin)

### OPHTHALMIC DRUGS

Atropine Sulfate (generic Isopto Atropine)  
Cyclopentolate (generic Cyclogyl)  
Flurbiprofen (generic Ocufen)  
Naphazoline (generic AK-Con/ Liquifilm)  
Phenylephrine (generic Neo-Synephrine)  
Tetracaine  
Tetrahydrozoline

### OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

Bacitracin (generic Ak-T Tracin)  
Ciprofloxacin (generic Ciloxan)  
Ofloxacin (generic Ocuflox)  
Sulfacetamide (generic Bleph-10)  
Tobramycin (Tobrex)

### OPHTHALMIC TOPICAL ANTIVIRAL DRUGS

Trifluridine (generic Viroptic)

## OBSTETRICAL AND

### GYNECOLOGICAL MEDICATIONS

#### ANDROGENS

Danazol (generic Danocrine)

#### CONTRACEPTIVES

Ethinyl Estradiol and Desogestrel (generic OrthoCept/ Desogen)  
Ethinyl Estradiol and Ethynodiol Diacetate (generic Zovia)  
Ethinyl Estradiol and Levonorgestrel (generic Triphasil/ Levlen)  
Norethindrone (generic NorQD/ Ortho Micronor)  
Norethindrone/ Estradiol/ fe fumarate (generic Loestrin-fe/Loestrin)  
Norethindrone/ Ethinyl Estradiol (generic Mircette)  
Norethindrone/ EthinylEstradiol (generic Modicon)  
Norethindrone/ Mestranol (generic Ortho-Novum)  
Norgestimate/ Ethinyl Estradiol (generic Ortho Cyclen)  
Norgestimate/ Ethinyl Estradiol (generic Ortho Tri-Cyclen/Ortho-tri-cyclen-lo)

#### ORAL ESTROGEN DRUGS

Estradiol (generic Estrace)  
Estropipate (generic Ortho-Est/Ogen)

#### PROGESTIN DRUGS

Medroxyprogesterone (generic Provera)  
Norethindrone acetate (generic Aygestin)

#### PULMONARY and ASTHMA AGENTS

Acetylcysteine (generic)  
Aminophylline  
Cromolyn Sodium Ampul (generic Intal)  
Ipratropium (generic, Atrovent Inhaler/ Nasal Spray)  
Theophylline (generic Theo-Dur/ Slo-Phyllin/Theolair-SR)

## BETA AGONIST INHALERS

Albuterol (generic/ brand Proventil/ Ventolin)  
Metaproterenol (generic Alupent)  
Terbutaline (generic Brethine)

## Inhaled Corticosteroids

Triamcinolone (generic Azmacort)

## Intranasal Steroids

Flunisolide (generic Nasalide)  
Fluticasone (generic Flonase)  
Mometasone (generic Nasonex)

### BEST PRESCRIPTION ONLY MEDICINES IN THE FOLLOWING CATEGORIES ARE COVERED

### EXPECTORANT COMBINATIONS DECONGESTANTS/ANTIHISTAMINES ANTI-TUSSIVE COMBINATIONS RESPIRATORY, ALLERGY, COUGH & COLD PRENATAL VITAMINS

## Brand Formulary

Brand Name	Therapeutic Category
Actosplus Met	Diabetes
Actosplus Met XR	Diabetes
Actos	Diabetes
Advair Diskus	Steroid Inhalent
Advair HFA	Steroid Inhalent
Armour	Thyroid
Auvi-Q	Anaphylaxis
Bydureon	Diabetes
Byetta 10MCG Pen	Diabetes
Byetta 5MCG Pen	Diabetes
Colcrys	Gout
Coumadin	Anti-Clotting
Denavir	Antiviral
Dilantin	Diabetes
EpiPen 2-Pak	Heart Med
EpiPen Jr	Heart Med
EpiPen Jr 2-pak	Heart Med
Estrace Vaginal Cream	Hormone
Estring	Hormone
Evista	Osteoporosis
Flovent HFA	Steroid Inhalent
HumaLOG	Diabetes
HumaLOG Kwik Pen	Diabetes
HumaLOG Pen	Diabetes
HumuLIN 70/30	Diabetes
HumuLIN 70/30 Pen	Diabetes
HumuLIN N	Diabetes
HumuLIN R	Diabetes
HumuLIN R U-500 (Con)	Diabetes
Lanoxin	Diabetes
Lantus	Heart Med
Lantus OptiClik	Heart Med
Lantus SoloStar	Heart Med
Levemir	Diabetes
Levemir Flex Pen	Diabetes
Nitrostat	Heart Med
NovoLIN 70/30	Diabetes
NovoLIN 70/30 Innolet	Diabetes
NovoLIN 70/30 ReliOn	Diabetes
NovoLOG	Diabetes
NovoLOG Flex Pen	Diabetes
NovoLOG Pen Fill	Diabetes
Phenytek	Anticonvulsant
Premarin	Estrogen
ProAir HFA	Steroid Inhalent
Proventil HFA	Asthma
ReliOn 70/30	Diabetes
Synthroid	Thyroid Condition
Tirosint	Thyroid
Twinject	Diabetes
Ventolin HFA	Asthma
Voltaren	Anti-inflammatory
Xopenex HFA	Asthma

## Policy Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications, unless shown in the Formulary;
3. all non-Legend Prescription Drugs, unless shown in the Formulary;
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication, unless shown in the Formulary;
6. any drug labeled Caution - Limited by Federal Law for Investigational Use? or experimental drugs, unless shown in the Formulary;
7. any drug that the FDA has determined to be contraindicated for the specific treatment;
8. drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder; or the Insured Person taking part in the commission of a felony;
9. drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an Insured Person while on active duty in any Armed Forces;
10. any expenses related to the administration of any drug;
11. needles or syringes, unless shown in the Formulary;
12. drugs or medicines taken while in or administered by a hospital or any other health care facility or office;
13. drugs covered under Workers' Compensation, Medicare or other Governmental program;
14. drugs, medicines or products that are not Medically Necessary; or
15. Brand Name Prescription Drugs. (Applies to generic only plans)



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [FCE Benefit Administrators at 1-800-899-WELL](tel:1-800-899-WELL) or [1-800-899-9355](tel:1-800-899-9355).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Securiguard Inc.		4. Employer Identification Number (EIN) 541189694	
5. Employer address 6858 Old Dominion Dr., Suite 307		6. Employer phone number 703-821-6777	
7. City McLean	8. State VA	9. ZIP code 221010000	
10. Who can we contact about employee health coverage at this job? Leslie Howard			
11. Phone number (if different from above)		12. Email address leslie.howard@securiguardinc.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

**Employees who work 30 or more hours per week.**

- With respect to dependents:

We do offer coverage. Eligible dependents are:

**The Spouse and children of an eligible employee.**

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## **Important Notice from Securiguard Health & Welfare Plan About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Securiguard Health & Welfare Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Securiguard Health & Welfare Plan has determined that the prescription drug coverage offered by the Securiguard Health & Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

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### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Securiguard Health & Welfare Plan coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Securiguard Health & Welfare Plan coverage, be aware that you and your dependents will be able to get this coverage back.

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Securiguard Health & Welfare Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information or call FCE Benefit Administrators at (800) 899-9355 **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Securiguard Health & Welfare Plan changes. You also may request a copy of this notice at any time.

**CMS Form 10182-CC**

**Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

- Call your State Health Insurance Assistance Program (see the inside back cover of the “Medicare & You” handbook for their telephone number) for personalized help
- Call **1-800-MEDICARE** (633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	10/10/2013
Name of Entity/Sender:	FCE Benefit Administrators, Inc.
Contact--Position/Office:	4615 Walzem Road, Suite 300
Address:	San Antonio, TX 78218-1610
Phone Number	1-800-899-9355

**CMS Form 10182-CCUpdated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

## **Important Notice From Securiguard Health & Welfare Plan About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Securiguard Health & Welfare Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Securiguard Health & Welfare Plan has determined that the prescription drug coverage offered by the Securiguard Health & Welfare Plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Securiguard Health & Welfare Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.**
- 3. You can keep your current coverage from Securiguard Health & Welfare Plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.**

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>TH</sup> to December 7<sup>th</sup>.

***FCE Benefit Administrators, Inc:*** However, if you decide to drop your current coverage with Securiguard Health & Welfare Plan, since it is employer/union sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under Securiguard Health & Welfare Plan.

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

Since the coverage under Securiguard Health & Welfare Plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Securiguard Health & Welfare Plan coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Securiguard Health & Welfare Plan coverage, be aware that you and your dependents will not be able to get this coverage back.

## For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. Or call FCE Benefit Administrators, Inc. at (800) 899-9355. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Securiguard Health & Welfare Plan changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your

- copy of the "Medicare & You" handbook for their telephone number) for
- personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	10/10/2013
Name of Entity/Sender:	Securiguard Health & Welfare Fund
Contact--Position/Office:	FCE Benefit Administrators, Inc.
Address:	4615 Walzem Rd, Suite 300, San Antonio, TX 78218-1610
Phone Number:	(800) 899-9355



## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2014. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
<b>ALASKA – Medicaid</b>	
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
<b>ARIZONA – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a>  Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: <a href="https://www.flmedicaidtplrecovery.com/">https://www.flmedicaidtplrecovery.com/</a> Phone: 1-877-357-3268
	<b>GEORGIA – Medicaid</b>
	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
<b>IDAHO – Medicaid</b>	<b>MONTANA – Medicaid</b>
Medicaid Website: <a href="http://healthandwelfare.idaho.gov/Medical/Medicaid/Premiu">http://healthandwelfare.idaho.gov/Medical/Medicaid/Premiu</a>	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a>

mAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	Phone: 1-800-694-3084
<b>INDIANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633
<b>IOWA – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>KANSAS – Medicaid</b>	
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884	
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MAINE – Medicaid</b>	
Website: <a href="http://www.maine.gov/dhhs/ofc/public-assistance/index.html">http://www.maine.gov/dhhs/ofc/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604

<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>OREGON – Medicaid</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924  CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a>  Phone: 1-800-562-3022 ext. 15473
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)