



2024 Healthcare Benefits



Eligibility Requirements: 30 days of employment with an average of 30 hours per week.

Employer: Smith & Dean, Inc.

Enrollment Link: www.mybenefitservices.com/SmithDean

Benefit Period: Jan 1, 2024 - Dec 31, 2024

Welcome to Your Open Enrollment!

It is time to review the benefits offered through your employer for the new benefit year. Whether you are re-enrolling or enrolling for the first time, we are glad you are taking the time to review your benefits package to determine the best options for you and your family. These benefits offer choice, flexibility, and the opportunity to protect your health.

Elections you make during open enrollment will become effective, January 1, 2024, and will continue, December 31, 2024, unless you experience a qualifying event that will allow you to terminate coverage. Please note the Your HIPAA Rights Notice from the DPS Human Resource Department to better understand when you can enroll or terminate coverage for yourself or your eligible dependent(s). **Once enrolled, you cannot make any plan changes outside of open enrollment unless you have a qualifying life event.**

The CHIPRA (Children's Health Insurance Program Reauthorization Act) informs you of group health plan premium assistance opportunities through Medicaid and the Children's Health Insurance Program (CHIP). Please note the CHIPRA Notice from the DPS Human Resources Department for possible premium assistance opportunities in your state.

Medicare regulations require the plan sponsor to inform individuals, who are eligible for Medicare benefits, as to whether the prescription benefits

of the health plans being offered are creditable or non-creditable to the coverage requirements of Medicare Part-D. Medicare eligible individuals should be advised that the Plan has determined that the prescription drug coverage of the Plan options available are non-creditable. Please note the Medicare Part-D Notice from the DPS Human Resources Department for details on how this may impact you.

The benefits described in this document are subject to the full terms and conditions of the Plan Document. If there is a discrepancy between this communication and the Plan Document, the Plan Document will control. While your employer has an intention to continue to provide the benefits described herein, it expressly reserves the right to amend, suspend, discontinue or terminate the Plan and/or any benefit program, or to change the content of this overview or summary at any time. If you need more information on this communication, please contact the DPS Human Resources Department.

Due to state and federal regulations, rates are not fixed and are subject to change.



Medical Plan

The premium amounts listed below are based per pay period. The following pages include details of each benefit plan option available. If you have any questions in determining which plan option is best for you and your dependents, please contact our concierge team to discuss.

888.820.5687, Option 2

Preventive Plans - Rates Per Pay Period (Weekly)

Plan Options	Preventive Only	Preventive Bronze
Employee Only	\$22.85	\$36.69
Employee + Spouse	\$36.69	\$56.31
Employee + Child(ren)	\$34.38	\$51.92
Family	\$54.00	\$81.69

Plan Options

CONCIERGE Preventive Plan is compliant with the Affordable Care Act (ACA). This plan is not major medical insurance but is cost effective to traditional health insurance.

www.healthcare.gov/coverage/preventive-care-benefits/

Benefit Services

Preventive Only + VerusRx

Benefit Maximums

Per Benefit Year

ACA Preventive Services

Covered 100% - Unlimited

HealthWallet/Telemedicine 24/7

\$0 Co-pay - Unlimited Usage

Primary Care (Office Visit Only)

N/A

Specialist Visit (Office Visit Only)

N/A

Urgent Care (Office Visit Only)

N/A

Chiropractor Visits (Manipulation Only)

N/A

Additional Physician Visits

N/A

VerusRx inside the HealthWallet App

Unlimited RX for ACA and Acute Formulary Only

***Additional Scripts included for EE +Spouse and Family Coverage**

ACA Preventive and Acute Formulary: \$0 Co-pay

****Please see specific formulary list.**

Chronic Formulary: \$1 Co-pay:

For VerusRx questions, please call:

12 Max for Retail | 4 Max for Mail-Order

800-838-0007

PPO Network

First Health

This Summary of Benefits is only intended to provide an outline of the benefits provided in the Plan. See the specific benefit under the Cover Medical Benefits and Prescription Drug sections as well as the Medical and Prescription Exclusions and limitations sections in the Plan Document for complete details. Plan Members can visit the First health, Limited Benefit Plan, PPO network website at www.firsthealthlb.com or call 1-800-226-5116 for a list of in network participating provides for the Plan. **Out-of-Network Providers are not covered by the Plan.** All Prescriptions must be filled at a participating pharmacy. Plan Members may view the back of their ID card for the pharmacy network designated to the Plan. **Out-of-Network Pharmacies are not covered by the Plan.**

Plan Options

CONCIERGE Preventive Plan is compliant with the Affordable Care Act (ACA). This plan is not major medical insurance but is cost effective to traditional health insurance.

www.healthcare.gov/coverage/preventive-care-benefits/

Benefit Services

Preventive Bronze + VerusRx

Benefit Maximums

Per Benefit Year

ACA Preventive Services

Covered 100% - Unlimited

HealthWallet/Telemedicine 24/7

\$0 Co-pay - Unlimited Usage

Primary Care (Office Visit Only)

\$25 Co-pay - 5 Visits Max

Specialist Visit (Office Visit Only)

\$50 Co-pay - 3 Visits Max

Urgent Care (Office Visit Only)

\$75 Co-pay - 3 Visits Max

Chiropractor Visits (Manipulation Only)

N/A

Additional Physician Visits

All max visits above, PPO discounts will still apply

VerusRx inside the HealthWallet App

Unlimited RX for ACA and Acute Formulary Only

*Additional Scripts included for EE +Spouse and Family Coverage

ACA Preventive and Acute Formulary: \$0 Co-pay

**Please see specific formulary list.

For VerusRx questions, please call:

Chronic Formulary: \$1 Co-pay:

800-838-0007

12 Max for Retail | 4 Max for Mail-Order

Out-patient Accident Coverage

Up to \$500

Out-patient Diagnostic, Lab & X-ray benefit

Class I - \$30 x 2 days / Class II - \$100 x 2 days / Class III - \$100 x 1 day

Hospitalization: In-patient

\$500 - Day 1 + \$250 Days 2-30

Out-patient Surgery + Anesthesia Benefit

Surgery: \$500 x 1 day / Anesthesia: \$125 x 1 day

PPO Network

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Preventive Care

The following list briefly summarizes the preventive care services required by the ACA and covered under this plan. For the most updated and comprehensive list of ACA requirements with details, limitations and exclusions, visit www.healthcare.gov.

For all adults

- Abdominal aortic aneurysm one-time screening
- Alcohol misuse screening and counseling
- Aspirin use
- Blood pressure and cholesterol screening
- Colorectal and lung cancer screening
- Depression screening
- Diabetes (Type 2) screening
- Diet and obesity screening and counseling
- Hepatitis B Hepatitis C screening
- HIV and syphilis screening
- Immunization vaccines
- Sexually transmitted infections (STI) prevention counseling
- Tobacco use screening

For women

- Anemia screening
- Breast cancer genetic test counseling (BRCA)
- Breast cancer mammography screenings
- Breast cancer chemo-prevention counseling
- Breastfeeding support and counseling
- Cervical cancer screening
- Chlamydia, gonorrhea and syphilis screening
- Contraception
- Domestic and interpersonal violence counseling
- Folic acid
- Gestational diabetes screening
- Hepatitis B screening
- HIV screening and counseling
- Human Papillomavirus (HPV) DNA testing
- Osteoporosis screening
- Rh incompatibility screening
- Sexually transmitted infections counseling
- Tobacco use screening and interventions
- Urinary tract or other infection screening
- Well-woman visits

For women

- Alcohol and drug use assessments
- Autism screening
- Behavioral assessments
- Blood pressure screening
- Cervical dysplasia screening
- Depression screening
- Developmental screening
- Dyslipidemia screening
- Fluoride chemo-prevention supplements
- Gonorrhea preventive medication
- Hearing screening
- Height, weight body mass index (BMI) measurements
- Hematocrit or hemoglobin screening
- Hemoglobinopathies or sickle cell screening
- Hepatitis B screening
- HIV screening
- Hypothyroidism screening
- Immunization vaccines
- Iron supplements
- Lead screening
- Medical history throughout development
- Obesity screening and counseling
- Oral health risk assessment
- Phenylketonuria (PKU) screening
- Sexually transmitted infection (STI) prevention counseling and screening
- Tuberculin testing
- Vision screening



Dental Plan

This Summary of Benefits is only intended to provide an outline of the benefits provided in the employer's group employee Dental Plan. This plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements are not required. See the specific benefit under the Covered Dental Benefits and the Dental Exclusions and Limitations section of the Plan Document for complete details of each benefit.

Services can be rendered by any dental professional who is licensed to perform the services. The Plan contains three service categories: Preventive, Basic, and Major Services. The Plan applies a 90 day waiting period for Basic Services, and a 180 day waiting period for Major Services, prior to services being paid by the Plan. The plan does not include a missing tooth clause. Pre-determinations and referrals for specialty care are not required by the plan. If a dental procedure is not specifically listed under one of the service categories below, the dental procedure will be considered to fall under the major services category, whether the service is major or not, unless excluded by the plan.

Plan Options	Dental - Rates Per Pay Period (Weekly)
Employee Only	\$7.85
Employee + Spouse	\$14.43
Employee + Child(ren)	\$13.14
Family	\$20.93

Concierge Dental 1000

Dental Plan 1000

Deductible & Benefit Year Maximums

Benefit Year Deductible	\$50 Individual
(Deductible is waived for Preventive Services)	\$150 Family
Benefit Year Maximum for Preventive, Basic and Major Procedure Categories Combined	\$1000 per Plan Member

Dental Services

Preventive Services

Deductible Applied	Plan Pays 100%
Waiting Period	No
<ul style="list-style-type: none">Routine exams & cleanings twice per Benefit Year	Included
<ul style="list-style-type: none">Fluoride treatments for Dependents under age 18 twice per Benefit Year	Included
<ul style="list-style-type: none">Sealants up to age 16	Included
<ul style="list-style-type: none">One bitewing x-ray series per Benefit year	Included
<ul style="list-style-type: none">One full mouth or panorex x-ray every three years	Included
<ul style="list-style-type: none">Palliative emergency treatment	Included
<ul style="list-style-type: none">Other x-rays	Included

Basic Services

Deductible Applied	Plan Pays 80%
Waiting Period	Yes
<ul style="list-style-type: none">Oral Surgery	90 Days
<ul style="list-style-type: none">Periodontics	Included
<ul style="list-style-type: none">Endodontics	Included
<ul style="list-style-type: none">Extractions and Fillings	Included
<ul style="list-style-type: none">Recementing and repair of bridges, crowns, removal dentures or inlays	Included
<ul style="list-style-type: none">General Anesthesia	Included
<ul style="list-style-type: none">Antibiotic drugs	Included
<ul style="list-style-type: none">Space maintainers for Dependents under the age of 16 to replace primary teeth	Included

Major	Plan Pays 50%
Deductible Applied	Yes
Waiting Period	180 days
<ul style="list-style-type: none">Installing partials, full or removable dentures	Included
<ul style="list-style-type: none">Installation of fixed bridges	Included
<ul style="list-style-type: none">Inlays, Onlays, Crowns (not a part of bridge)	Included
<ul style="list-style-type: none">God Restorations	Included

The policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms may be different if required by state law.



Vision Plan

This Summary of Benefits is intended to provide an outline of the benefits provided in the employer's group employee Vision Plan. This plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements do not apply. See the specific benefit under the Cover Vision Benefits as well as the Vision Exclusions and Limitations section in the Plan Document for complete details of each benefit.

All services must be medically necessary and can be rendered by any vision professional who is licensed to perform the services. Plan members will have a 90-day waiting period prior to benefits being paid by the plan for hardware & other services. All eligible vision services apply to a combined maximum plan payment of \$600 per plan member per benefit year. Charges that exceed the maximum plan benefit year payment, or that are not covered benefits of the plan, will be the plan member's responsibility for payment.

Plan Options

Vision - Rates Per Pay Period (Weekly)

Employee Only	\$4.11
Employee + Spouse	\$8.48
Employee + Child(ren)	\$8.48
Family	\$12.86

Concierge Vision 600

Vision

Benefit Year Maximums

Benefit Year Maximum Payment by the Plan

\$600 per Plan Member for combined services

Lasik Services

Not covered by the Plan

Cosmetic Services

Not covered by the Plan

Vision Services

Routine Eye Examination

Plan Pays 100%

Plan Member Pays

\$25 Co-pay

Plan Pays

100%

Applies Annual Max

Yes

One routine exam per Benefit year per Plan Member to include:

- Physician exam
- Visual acuity test
- Glaucoma test
- Refraction
- Other medically necessary testing performed in the Physician's office

Included

Included

Included

Included

Included

Hardware & Other Services

Plan Pays 100% after 90-day waiting period

Plan Member Pays

\$0 Co-pay

Applies Annual Max

Yes

Includes

- Frames
- Single Lenses
- Bifocal Lenses
- Trifocal Lenses
- Progressive Lenses
- Lenticular Lenses
- Contacts (conventional or disposable)
- Anti-Scratch Coating
- Anti-Reflective Coating

Included

Included

Included

Included

Included

Included

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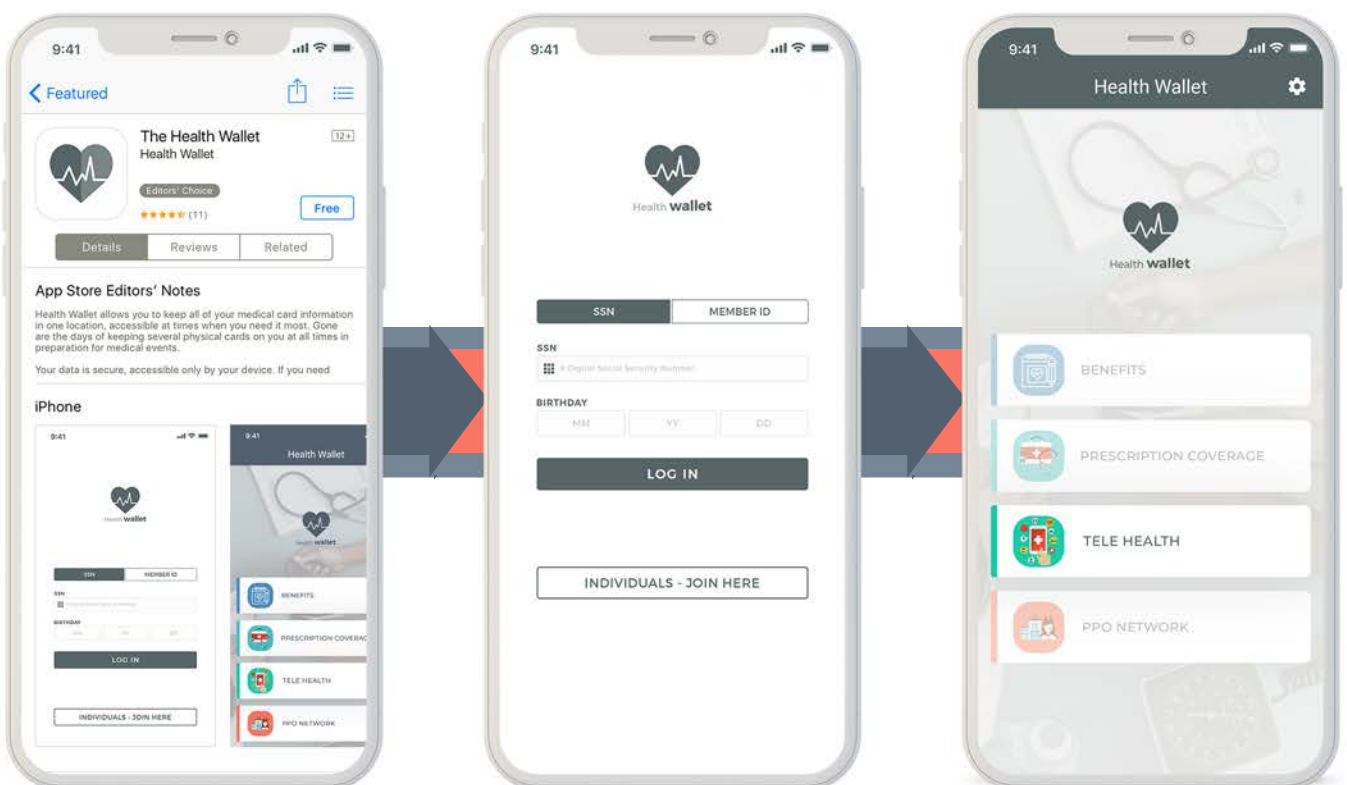
The policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms may be different if required by state law.



HEALTH WALLET AND TELEMEDICINE

HOW TO USE HEALTH WALLET AND TELEMEDICINE

- Go to the Apple App Store or Google Play Store.
- Type in "The Health Wallet".
- Download "The Health Wallet" App.
- Open "The Health Wallet" App.
- To login, enter your SSN or Member ID, along with your birthday.
- Once logged in, you have the following options: Benefits, Telehealth, Prescription Coverage, PPO Network.
- Click on "Benefits" to access your ID cards and other lines of coverage information.
- To connect for Telemedicine, click on "Telehealth" and it will automatically dial so you can request a consult.
- If it is your first time requesting a consult, you must register yourself first by providing personal information.
- A licensed physician will call you back within 16 minutes on average.





Introduction

Recommendations below are made in accordance with guidance from U.S. Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA) and Advisory Committee on Immunization Practices (ACIP). These preventative medications are covered as part of the Affordable Care Act (ACA) and are available at no member cost share with a valid prescription.

Certain drugs may not be covered by your particular pharmacy plan or may be subject to additional charges or restrictions, regardless of their appearance in this document. Information is believed to be accurate as of the production date; however, it is subject to change.

ASPIRIN	
Recommendation <ul style="list-style-type: none">No prior authorizationNo quantity limitsNo age limitsGeneric onlyOver the counter (OTC) (requires prescription)	Product Description <p>Single ingredient: All oral dosage forms 81 mg Includes dosage forms such as:</p> <ul style="list-style-type: none">Aspirin chew tab 81 mgAspirin enteric coated tab 81 mg
ORAL FLUORIDES	
Recommendation <ul style="list-style-type: none">No age limitsNo prior authorizationNo quantity limitsGenerics and single source brandsRx products only	Product Description <p>Single ingredient: Oral dosage forms ≤ 0.5 mg</p> <ul style="list-style-type: none">Sodium fluoride chew tab 0.25 mg – 0.5 mgSodium fluoride soln 0.125 mg/drop & 0.25 mg/dropSodium fluoride soln 0.25 mg/0.6 mLSodium fluoride soln 0.5 mg/mLSodium fluoride tab 0.5 mg
BOWEL PREPARATION MEDICATIONS	
Recommendation <ul style="list-style-type: none">Age limit 50 through 74 years (men and women) (Note effective 5/1/2022 the age limit will change to 45 through 75 years)No prior authorization or quantity limitsRx onlyGenerics and single source brandsBrands until generics become availableGenerics are in <i>italics</i>. Brand-names are CAPITALIZED	Product Description <ul style="list-style-type: none">CLENPIQPEG-PREP KITPLENVUSUPREPSUTAB<i>Polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid</i>

PREEXPOSURE PROPHYLAXIS

Recommendation

- Preventive use only – **if no other HIV medication is found in patient history**
- Quantity limit (1 tab/day)
- Rx
- Generic only

Product Description

- Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg

FOLIC ACID

Recommendation

- No age limits
- No prior authorization
- No quantity limits
- Generic only
- OTC (requires prescription)

Product Description

Single ingredient

- Folic acid tab 0.4 mg & 0.8 mg
- Folic acid cap 0.8 mg

TOBACCO CESSATION

Recommendation

- No prior authorization of tobacco cessation products
- Limit of 168-day supply of each product in one year of treatment
- Coverage includes generic nicotine replacement products (nicotine patch, gum and lozenges), brand Nicotrol (inhaler system), brand Nicotrol NS (nasal spray), brand Chantix and generic Zyban
- Generics and single source brands
- Brands until generics become available
- Rx or OTC (requires prescription)

Product Description

- Bupropion HCl tab SR 12hr 150 mg
- Nicotine TD patch 24 hr 21 mg, 14 mg, 7 mg
- Nicotine polacrilex gum 2 mg & 4 mg
- Nicotine polacrilex lozenge 2 mg & 4 mg
- Nicotine inhaler system 10 mg (4 mg delivered)
 - Nicotrol brand
- Nicotine nasal spray 10 mg/mL (0.5 mg/spray)
 - Nicotrol NS brand
- Varenicline tartrate tab 0.5 mg (base equiv) & 1 mg (base equiv)
 - Chantix/Varenicline brand

PRIMARY PREVENTION OF BREAST CANCER

Recommendation

- No age limits
- No prior authorization
- Generic only
- Rx Only

GPI Description*

- Anastrozole tab 1 mg
- Exemestane tab 25 mg
- Raloxifene HCl tab 60 mg
- Tamoxifen citrate tab 10 mg (base equiv) & 20 mg (base equiv)

IMMUNIZATIONS

Recommendation

- No age limits
- Rx only
- No prior authorization

Product Description

Doses, recommended ages and recommended populations vary:

- Covid-19 (Recommended ages and populations vary)
- Diphtheria, Tetanus, Pertussis
- Haemophilus Influenzae Type B
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

STATINS

Recommendation

- Age limit 40 to 75 years (men and women)
- No prior authorization
- No quantity limits
- Generic only
- Only low to moderate intensity statins
- Rx

Product Description

Generic low to moderate intensity statins— includes the following strengths:

- Atorvastatin 10 mg, 20 mg
- Fluvastatin 20 mg, 40 mg
- Fluvastatin ER 80 mg
- Lovastatin 10 mg, 20 mg, 40 mg
- Pravastatin 10 mg, 20 mg, 40 mg, 80 mg
- Rosuvastatin 5 mg, 10 mg
- Simvastatin 5 mg, 10 mg, 20 mg, 40 mg

DIABETES PREVENTION

Recommendation

- Preventive use only – Member has no claim for an anti-diabetic agent in their history (other than Metformin 850 mg) in the past 180 days
- No prior authorization
- No quantity limit
- Generic only
- Rx only

Note: Effective August 1, 2022.

Product Description

- Metformin 850 mg

CONTRACEPTIVES – BARRIER METHODS

Recommendation

- No quantity limits
- No age limits
- Rx
- Generics and single source brands (Brand names in italics and in parentheses are for reference only)
- Brand names in **(BOLD/BLUE)** have no generic available and are recommended for coverage

Product Description

- Diaphragms
 - **MILEX WIDE-SEAL**
 - **OMNIFLEX COIL SPRING SILICONE**
 - **CAYA**
- Cervical Caps
 - **FEMCAP**

OTC – CONTRACEPTIVES

Recommendation

- OTC (requires prescription)
- Generics and single source brands (Brand names in *italics* and in parentheses are for reference only)
- Brand names in **(BOLD/BLUE)** have no generic available and are recommended for coverage

Product Description

- Female Condoms
 - **FC-2**
- Vaginal Sponge
 - **TODAY (Nonoxynol-9)**
- Spermicides
 - Nonoxynol-9 Gel 4% (Conceptrol Gel 4%, VCF Vaginal Contraceptive Gel)
 - **ENCARE VAGINAL SUPPOSITORIES**
 - **GYNOL II GEL 3%**
 - **SHUR-SEAL GEL 2%**
 - **VCF VAGINAL FILM 28%**
 - **VCF VAGINAL FOAM 12.5%**

CONTRACEPTIVES – TRANSDERMAL PATCH

Recommendation	Product Description
<ul style="list-style-type: none">No age limitsRxBrand names in italics and in parentheses are for reference onlyBrand names in (BOLD/BLUE) have no generic available and are recommended for coverage	<ul style="list-style-type: none">Ethinyl estradiol 35 mcg/Norelgestromin 150 mcg (<i>Xulane, Zafemy</i>)TWIRLA (Ethinyl estradiol 30 mcg/Levonorgestrel 120 mcg)

INJECTABLE CONTRACEPTIVES

Recommendation	Product Description
<ul style="list-style-type: none">No quantity limitsNo age limitsRx OnlyBrands until generics become availableBrand names in italics and in parentheses are for reference onlyBrand names in (BOLD/BLUE) have no generic available and are recommended for coverage	<ul style="list-style-type: none">DEPO-SUBQ-PROVERA 104 (Medroxyprogesterone acetate 104 mg SQ X q3 months)Medroxyprogesterone acetate 150 mg IM x q3 months (<i>Depo-Provera</i>)

EMERGENCY CONTRACEPTIVES

Recommendation	Product Description
<ul style="list-style-type: none">No age limitsRx OnlyGenerics and single source brands (Brand names in <i>italics</i> and in parentheses are for reference only)Brand names in (BOLD/BLUE) have no generic available and are recommended for coverageOTCs (requires prescription)	<ul style="list-style-type: none">ELLA (Ulipristal 30 mg tablet) (progesterone receptor modulator)Levonorgestrel 1.5 mg tablet (<i>AfterPill, Aftera, Plan B, Econtra EZ, Econtra OS, My Choice, My Way, New Day, Opcicon, Option 2, Preventeza, Take Action, React</i>)

MISCELLANEOUS CONTRACEPTIVES – INTRAUTERINE DEVICES, SUBDERMAL RODS & VAGINAL RINGS

Recommendation	Product Description
<ul style="list-style-type: none"> Generics and single source brands (Brand names in <i>italics</i> and in parentheses are for reference only) Brand names in (BOLD/BLUE) have no generic available and are recommended for coverage No age limits Rx Only 	<ul style="list-style-type: none"> KYLEENA IUD (Levonorgestrel 19.5 mcg/day) LILETTA IUD (Levonorgestrel 18.6 mcg/day) MIRENA IUD (Levonorgestrel 20 mcg/day) PARAGARD T 380A IUD (Copper 309 mg/day) SKYLA IUD (Levonorgestrel 13.5 mcg/day) NEXPLANON Subdermal Rod (Etonogestrel 68 mg – release rate varies over time) Ethinyl estradiol 15 mcg/Etonogestrel 120 mcg vaginal ring (<i>EluRyng, NuvaRing</i>) ANNOVERA Vaginal System (Ethinyl estradiol 17.4 mg/Segesterone acetate 103 mg)

ORAL CONTRACEPTIVES

Recommendation	Product Description
<ul style="list-style-type: none"> No age limits Rx Only Generics and single source brands (Brand names in <i>italics</i> and in parentheses are for reference only) Brand names in (BOLD/BLUE) have no generic available and are recommended for coverage Brands until generics become available 	EE = Ethinyl Estradiol

HIGH-DOSE MONOPHASIC PILLS

- EE 50 mcg/Ethinodiol diacetate 1 mg (*Ethinodiol 1/50, Kelnor 1/50*)

ORAL CONTRACEPTIVES

LOW-DOSE MONOPHASIC PILLS

- EE 20 mcg/Drospirenone 3 mg (*Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura, Yaz*)
- EE 20 mcg/Drospirenone 3 mg + Calcium 0.451 mg (*Beyaz*)
- EE 20 mcg/Levonorgestrel 0.1 mg (*Afirmelle, Aubra, Aubra EQ, Aviane-28, Delyla, Falmina, Larissia, Lessina, Lutera, Orsythia, Sronyx, Vienva*)
- **TYBLUME** (EE 20 mcg/Levonorgestrel 0.1 mg)
- **BALCOLTRA** (EE 20 mcg/Levonorgestrel 0.1 mg/FE)
- EE 20 mcg/Norethindrone 1 mg and/FE (*Aurovela 1/20, Aurovela 24 FE, Aurovela FE 1/20, Blisovi 24 FE, Blisovi FE 1/20, Hailey 24 FE, Hailey FE 1/20, Junel 1/20, Junel 24 FE, Junel FE 1/20, Larin 1/20, Larin 24 FE, Larin FE 1/20, Loestrin 1/20-21, Loestrin FE 1/20, Microgestin 1/20, Microgestin 24 FE, Microgestin FE 1/20, Tarina FE 1/20, Tarina 24 FE, Tarina FE 1/20 EQ*)
- EE 20 mcg/Norethindrone 1 mg/FE (*Charlotte 24 FE, Minastrin 24 FE*)
- EE 20 mcg Norethindrone 1 mg/FE (*Gemmily, Merzee, Taysofy, Tayulla*)
- EE 25 mcg/Norethindrone 0.8 mg/FE (*Generess FE, Kaitlib FE, Layolis FE*)
- EE 30 mcg/Levonorgestrel 0.15 mcg (*Altavera, Ayuna, Chateal, Chateal EQ, Kurvelo, Levora, Lillow, Marlissa, Portia-28*)
- EE 30 mcg/Norgestrel 0.03 mg (*Cryselle-28, Elinest, Low-Ogestrel*)
- EE 30 mcg/Norethindrone acetate 1.5 mg and/FE (*Aurovela 1.5/30, Aurovela FE 1.5/30, Blisovi FE 1.5/30, Hailey 1.5/30, Junel 1.5/30, Junel FE 1.5/30, Larin 1.5/30, Loestrin 1.5/30 -21, Loestrin FE 1.5/30, Microgestin 1.5/30, Microgestin FE 1.5/30*)
- EE 30 mcg/Desogestrel 0.15 mg (*Apri, Cyred, Cyred EQ, Emoquette, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen*)
- EE 30 mcg/Drospirenone 3 mg (*Ocella, Syeda, Yasmin, Zumandimine*)
- EE 35 mcg/Ethinodiol diacetate 1 mg (*Kelnor 1/35, Zovia 1/35*)
- EE 35 mcg/Norgestimate 0.25 mg (*Estarylla, Femynor, Mili, Mono-linyah, Nymyo, Previfem, Sprintec, Vylibra*)
- EE 35 mcg/Norethindrone 0.4 mg and/FE (*Balziva-28, Briellyn, Philith, Vyfemla, Wymzya FE*)
- EE 35 mcg/Norethindrone 0.5 mg (*Necon 0.5/35, Nortrel 0.5/35, Wera*)
- EE 35 mcg/Norethindrone 1 mg (*Alyacen 1/35, Cyclofem 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35, Pirmella 1/35*)
- EE 30 mcg/Drospirenone 3 mg + Calcium 0.451 mg (*Safyral, Tydemy*)
- **NEXTSTELLIS** (Estetrol 14.2 mg/Drospirenone 3 mg)

BIPHASIC PILLS

- EE 20 mcg/Desogestrel 0.15 mg (*Azurette, Kariva, Mircette, Pimtreea, Simliya, Viorele, Volnea*)

TRIPHASIC PILLS

- EE 20 mcg, 30 mcg, 35 mcg/Norethindrone 1 mg (*Estrostep FE, Tilia Fe, Tri-Legest FE*)
- EE 25 mcg/Desogestrel 0.1 mg, 0.125, 0.15 mg (*Caziant, Velivet*)
- EE 25 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg (*Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo*)
- EE 30 mcg, 40 mcg, 30 mcg/Levonorgestrel 0.05 mg, 0.075 mg, 0.125 mg (*Enpresse, Levonest, Trivora*)
- EE 35 mcg/Norethindrone 0.5 mg, 1 mg, 0.5 mg (*Aranella, Leena*)
- EE 35 mcg/Norethindrone 0.5 mg, 0.75 mg, 1 mg (*Alyacen 7/7/7, Cyclofem 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7, Pirmella 7/7/7*)
- EE 35 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg (*Tri-Estarylla, Tri-Femynor, Tri-Linyah, Tri-Mili, TriNessa, Tri-Nymyo, Tri-Previfem, Tri-Sprintec, Tri-Vylibra*)

ORAL CONTRACEPTIVES

FOUR-PHASIC

- **NATAZIA** (Estradiol valerate/Dienogest)

PROGESTIN-ONLY PILLS “Mini-Pills”

- **SLYND** (Drospirenone 4 mg)
- Norethindrone 0.35 mg (*Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Nora-BE, Norlyda, Norlyroc, Ortho Micronor, Sharobel, Tulana*)

EXTENDED – CYCLE PILLS

- **LO LOESTRIN FE** (EE 10 mcg/Norethindrone 1 mg)
- EE 10, 20, 25, 30 mcg/Levonorgestrel 0.15 mg (*Fayosim, Quartette, Rivelsa*)
- EE 20, 10 mcg/Levonorgestrel 0.1 mg (*Camrese Lo, LoJaimiess, LoSeasonique*)
- EE 30 mcg/Levonorgestrel 0.15 mg (*Iclevia, Introvale, Jolessa, Setlakin*)
- EE 30, 10 mcg/Levonorgestrel 0.15 mg (*Amethia, Ashlyna, Camrese, Daysee, Jaimiess, Seasonique, Simpesse*)

CONTINUOUS – CYCLE PILLS

- EE 20 mcg/Levonorgestrel 90 mcg (*Amethyst, Dolishale*)

VAGINAL PH MODULATORS

Recommendation

- No age limit
- Rx Only
- Generics and single source brands (Brand names in *italics* and in parentheses are for reference only)
- Brand names in **(BOLD/BLUE)** have no generic available and are recommended for coverage

Note: Effective May 15, 2022

Product Description

- **PHEXXI** (lactic acid 1.8%, citric acid 1% and potassium bitartrate 0.4% vaginal gel)



Brand Dosage Form	Max Retail	Brand Dosage Form	Max Retail
ANTIBIOTICS			
Amoxicillin 250 mg Capsule	30 Capsules	Bactrim DS Tablet - Generic	14 Tablets
Amoxicillin 400 mg/5 ml Suspension	200 mLs	Ciprofloxacin HCL 500 mg Tablet	14 Tablets
Amoxicillin 500 mg Capsule	30 Capsules	Cephalexin 500 mg Capsules	20 Capsules
Amoxicillin 875 mg Tablet	20 Tablets	Metronidazole 500 mg Tablet	21 Tablets
Augmentin 875-125 Tablet - Generic	14 Tablets	Fluconazole 150 mg Tablet	1 Tablet
Azithromycin 500 mg Tablet	6 Tablets	Zithromax 250 mg Tablet - Generic	6 Tablets
Bacitracin 500 Unit/G Ointment	28 Grams		
BRONCHITIS / ASTHMA			
Medrol Dose Pack - Generic	21 Tablets	Prednisone 5 mg Tablet	30 Tablets
Prednisone 10 mg Tablet	30 Tablets	Prednisone 50 mg Tablet	30 Tablets
Prednisone 20 mg Tablet	30 Tablets		
COUGH			
Guaifenesin/Codeine 10-100 mg/5 mL Liquid	4 oz	Tessalon Perle 100 mg Capsule - Generic	30 Capsules
Promethazine w/ Codeine 10-6.25 mg/5 mL Syrup	200 mLs	Tessalon Perle 200 mg Capsule - Generic	15 Capsules
EAR INFECTION			
Amoxicillin 250 mg Capsule	30 Capsules	Augmentin 875-125 Tablet - Generic	14 Tablets
Amoxicillin 400 mg/5 ml Suspension	200 mLs	Bactrim DS Tablet - Generic	14 Tablets
Amoxicillin 500 mg Capsule	30 Capsules	Cephalexin 500 mg Capsules	20 Capsules
Amoxicillin 875 mg Tablet	20 Tablets		
EYE INFECTION / PINK EYE			
Ocuflox Ophthalmic Solution 0.3% - Generic	5 ml	Polytrim Ophthalmic Solution - Generic	10 ml
FEVER			
Ibuprofen 400 mg Tablet	20 Tablets	Ibuprofen 800 mg Tablet	20 Tablets
Ibuprofen 600 mg Tablet	20 Tablets		
NAUSEA / VOMITING			
Meclizine 12.5 mg Tablet	20 Tablets	Promethazine 25 mg Tablet	12 Tablets
Meclizine 25 mg Tablet	20 Tablets		
PAIN MANAGEMENT			
Ibuprofen 400 mg Tablet	20 Tablets	Naproxen 250 mg Tablet	30 Tablets
Ibuprofen 600 mg Tablet	20 Tablets	Naproxen 375 mg Tablet	20 Tablets
Ibuprofen 800 mg Tablet	20 Tablets	Naproxen 500 mg Tablet	20 Tablets
Lortab 10-500 mg Tablet - Generic	12 Tablets		
POISON IVY			
Cyproheptadine 4 mg Tablet	21 Tablets	Triamcinolone 0.25% Ointment	15 Grams
Hydrocortisone 1% Cream	28 Grams		
RASH			
Cyproheptadine 4 mg Tablet	21 Tablets	Hydrocortisone 1% Cream	28 Grams
SORE THROAT / STREP			
Amoxicillin 250 mg Capsule	30 Capsules	Augmentin 875-125 Tablet - Generic	14 Tablets
Amoxicillin 400 mg/5 ml Suspension	200 mLs	Azithromycin 500 mg Tablet	6 Tablets
Amoxicillin 500 mg Capsule	30 Capsules	Cephalexin 500 mg Capsules	20 Capsules
Amoxicillin 875 mg Tablet	20 Tablets	Zithromax 250 mg Tablet - Generic	6 Tablets
UTI			
Bactrim DS Tablet - Generic	14 Tablets	Ciprofloxacin HCL 500 mg Tablet	14 Tablets
WOMEN'S HEALTH			
Metronidazole 500 mg Tablet	21 Tablets	Fluconazole 150 mg Tablet	1 Tablet



PROGRAM DETAILS:

1. Your No-cost Acute Medication Program includes all medications listed on the Acute Formulary at no charge.
2. You may pick-up your prescription medication at any retail pharmacy of your choice (70,000 in our network).
3. Only certain doses and quantities for each medication are offered through this program.
4. Present your Rx Card to the pharmacy of your choice to utilize benefits.
5. All medications require a prescription.
6. No limit on prescription medication orders.
7. You also get access to the entire suite of products and discounts!

HOW THIS PROGRAM WORKS:

1. For drugs that are not covered under the formulary, the pharmacy will receive a message telling them to use the discount card for your program. You may also look up non-covered drugs for an approximate price by going to www.singlecare.com and entering in your prescription information.
2. Present your Rx Card to the pharmacy of your choice. Your Rx Card will display your BIN, Group Number and PCN to present to the pharmacist. You will pay nothing at the pharmacy.
3. If you need other medications, easily search our website for deeply discounted prices.

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

Your Rx Card is NOT Insurance. Discount Only – Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This part of the program does not make payments directly to pharmacies. Members are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Verus Rx, Dallas, TX

Formulary and pricing are subject to change. Please see website for current pricing.



Brand Dosage Form	Max Retail	Max HD	Brand Dosage Form	Max Retail	Max HD
ALLERGY					
Carbinoxamine 4 mg/5 mL Liquid	118 mLs	118 mLs	Diphenhydramine Hcl 50 mg Capsule	30 Capsules	90 Capsules
Cetirizine Hcl 10 mg Tablet	30 Tablets	90 Tablets	Hydroxyzine Hcl 10 mg/5 mL Solution	200 mLs	473 mLs
Cetirizine Hcl 1 mg/mL Solution	118 mLs	354 mLs	Hydroxyzine Hcl 50 mg Tablet	30 Tablets	90 Tablets
Cyproheptadine Hcl 2 mg/5 mL Syrup	200 mLs	473 mLs	Montelukast 10 mg Tablet	30 Tablets	90 Tablets
ANEMIA					
Ferrex 150 Forte Caps - Vit B12, Vit B9, Iron - Generic	30 Capsules	90 Capsules			
ANTIBIOTICS					
Augmentin 875-125 mg Tablet - Generic	14 Tablets	14 Tablets	Polytrim Ophthalmic Solution - Generic	10 mLs	10 mLs
Cephalexin 500 mg Capsule	20 Capsules	60 Capsules	Bactrim DS - Generic	21 Tablets	21 Tablets
ANTICOAGULANT					
Clopidogrel 75 mg Tablet	30 Tablets	90 Tablets	Warfarin 3 mg Tablet	30 Tablets	90 Tablets
Warfarin 1 mg Tablet	30 Tablets	90 Tablets			
ANTIFUNGAL					
Clotrimazole 1% Topical Cream	15 Grams	45 Grams	Ketoconazole 200 mg Tablet	20 Tablets	60 Tablets
ANTIVIRAL					
Acyclovir 200 mg Capsule	30 Capsules	30 Capsules	Famciclovir 250 mg Tablet	10 Tablets	21 Tablets
BLOOD PRESSURE					
Amlodipine 10 mg Tablet	30 Tablets	90 Tablets	Lisinopril 2.5 mg Tablet	30 Tablets	90 Tablets
Amlodipine 2.5 mg Tablet	30 Tablets	90 Tablets	Lisinopril 20 mg Tablet	30 Tablets	90 Tablets
Amlodipine 5 mg Tablet	30 Tablets	90 Tablets	Lisinopril 30 mg Tablet	30 Tablets	90 Tablets
Amlodipine/Benazepril 10-20 mg Capsule	30 Capsules	90 Capsules	Lisinopril 40 mg Tablet	30 Tablets	90 Tablets
Amlodipine/Benazepril 2.5-10 mg Capsule	30 Capsules	90 Capsules	Lisinopril 5 mg Tablet	30 Tablets	90 Tablets
Amlodipine/Benazepril 5-40 mg Capsule	30 Capsules	90 Capsules	Lisinopril/HCTZ 20-12.5 mg Tablet	30 Tablets	90 Tablets
Atenolol 25 mg Tablet	30 Tablets	90 Tablets	Lisinopril/HCTZ 20-25 mg Tablet	30 Tablets	90 Tablets
Atenolol 50 mg Tablet	30 Tablets	90 Tablets	Metoprolol Tartrate 25 mg Tablet	30 Tablets	90 Tablets
Carvedilol 12.5 mg Tablet	30 Tablets	90 Tablets	Metoprolol Tartrate 75 mg Tablet	30 Tablets	90 Tablets
Carvedilol 25 mg Tablet	30 Tablets	90 Tablets	Olmesartan Medoxomil 20 mg Tablet	30 Tablets	90 Tablets
Carvedilol 3.125 mg Tablet	30 Tablets	90 Tablets	Olmesartan Medoxomil 40 mg Tablet	30 Tablets	90 Tablets
Clonidine 0.1 mg Tablet	30 Tablets	90 Tablets	Spirolactone 25 mg Tablet	30 Tablets	90 Tablets
Clonidine 0.2 mg Tablet	30 Tablets	90 Tablets	Terazosin 10 mg Capsule	30 Capsules	90 Capsules
Furosemide 10 mg/mL Solution (Oral)	60 mLs	120 mLs	Terazosin 1 mg Capsule	30 Capsules	90 Capsules
Hydralazine 10 mg Tablet	30 Tablets	90 Tablets	Terazosin 2 mg Capsule	30 Capsules	90 Capsules
Hydralazine 25 mg Tablet	30 Tablets	90 Tablets	Terazosin 5 mg Capsule	30 Capsules	90 Capsules
Hydralazine 50 mg Tablet	30 Tablets	90 Tablets	Triamterene/Hydrochlorothiazide 37.5-25 mg Tablet	30 Tablets	90 Tablets
Hydrochlorothiazide 25 mg Tablet	30 Tablets	90 Tablets	Verapamil 120 mg Tablet	30 Tablets	90 Tablets
Hydrochlorothiazide 50 mg Tablet	30 Tablets	90 Tablets	Verapamil 40 mg Tablet	30 Tablets	90 Tablets
Lisinopril 10 mg Tablet	30 Tablets	90 Tablets			
CHOLESTEROL					
Atorvastatin 10 mg Tablet	30 Tablets	90 Tablets	Simvastatin 10 mg Tablet	30 Tablets	90 Tablets
Atorvastatin 20 mg Tablet	30 Tablets	90 Tablets	Simvastatin 20 mg Tablet	30 Tablets	90 Tablets
Pravastatin 10 mg Tablets	30 Tablets	90 Tablets	Simvastatin 40 mg Tablet	30 Tablets	90 Tablets
Rosuvastatin 10 mg Tablet	30 Tablets	90 Tablets			
COLD					
Albuterol Sulfate Syrup 2 mg/5mL 2 mg/5 mL Syrup	473 mLs	473 mLs	Amoxicillin 400 mg/5 mL Suspension	200 mLs	N/A
Amoxicillin 125 mg/5 mL Suspension	200 mLs	N/A	Amoxicillin 500 mg Capsule	30 Capsules	N/A
Amoxicillin 200 mg/5 mL Suspension	200 mLs	N/A	Amoxicillin/Potassium Clav 200-28.5 mg/5mL Suspension	50 mLs	N/A
Amoxicillin 250 mg Capsule	30 Capsules	N/A	Amoxicillin/Potassium Clav 400-57 mg/5mL Suspension	50 mLs	N/A
Amoxicillin 250 mg/5 mL Suspension	200 mLs	N/A	Azithromycin 250 mg Tablet	6 Tablets	N/A



Brand Dosage Form	Max Retail	Max HD	Brand Dosage Form	Max Retail	Max HD
COLD					
Azithromycin 500 mg Tablet	6 Tablets	N/A	Promethazine w/ Dextromethorphan 6.25-15 mg/5 mL Syrup	118 mLs	354 mLs
Guaifenesin 200 mg Tablet	10 Tablets	N/A	Tessalon Perle 100 mg Capsule	30 Capsules	90 Capsules
Promethazine w/ Codeine 10-6.25 mg/5mL Syrup	200 mLs	N/A	Tessalon Perle 200 mg Capsule	15 Capsules	45 Capsules
COPD					
Ipratropium/Albuterol Sulfate 0.5-3 mg/3 - Sol for Nebulization	90 mLs	270 mLs			
CORTICOSTEROID					
Dexamethasone 0.5 mg Tablet	30 Tablets	90 Tablets	Hydrocortisone 5 mg Tablet	30 Tablets	90 Tablets
Dexamethasone 0.5 mg/5 mL Elixir	237 mLs	237 mLs	Medrol Dose Pack 4 mg - Generic	21 Tablets	21 Tablets
Hydrocortisone 2.5% Cream	28 Grams	84 Grams	Triamcinolone 0.1% Ointment	15 Grams	45 Grams
DIABETES					
Glimepiride 2 mg Tablet	30 Tablets	90 Tablets	Glyburide Micronized 1.5 mg Tablet	15 Tablets	45 Tablets
Glimepiride 4 mg Tablet	30 Tablets	90 Tablets	Glyburide Micronized 3 mg Tablet	15 Tablets	45 Tablets
Glipizide 5 mg Tablet	30 Tablets	90 Tablets	Metformin 1000 mg Tablet	30 Tablets	90 Tablets
Glipizide ER 2.5 mg Tablet	30 Tablets	90 Tablets	Metformin 500 mg Tablet	30 Tablets	90 Tablets
Glipizide ER 5 mg Tablet	30 Tablets	90 Tablets	Metformin ER 500 mg Tablet	30 Tablets	90 Tablets
Glyburide 1.25 mg Tablet	30 Tablets	90 Tablets	Metformin ER 750mg Tablet	30 Tablets	90 Tablets
DIURETIC					
Furosemide 20 mg Tablet	30 Tablets	90 Tablets	Torsemide 20 mg Tablet	30 Tablets	90 Tablets
Furosemide 40 mg Tablet	30 Tablets	90 Tablets	Torsemide 5 mg Tablet	30 Tablets	90 Tablets
Torsemide 10 mg Tablet	30 Tablets	90 Tablets			
GASTROINTESTINAL					
Dicyclomine 10 mg Capsule	30 Capsules	90 Capsules	Omeprazole 40 mg Capsule DR/EC	30 Capsules	90 Capsules
Dicyclomine 20 mg Tablet	30 Tablets	90 Tablets	Pantoprazole Sodium 20 mg Tablet DR/EC	30 Tablets	90 Tablets
Omeprazole 10 mg Capsule DR/EC	30 Capsules	90 Capsules	Pantoprazole Sodium 40 mg Tablet DR/EC	30 Tablets	90 Tablets
Omeprazole 20 mg Capsule DR/EC	30 Capsules	90 Capsules	Promethazine 6.25 mg/5 mL Syrup	200 mLs	473 mLs
GOUT					
Allopurinol 100 mg Tablet	30 Tablets	90 Tablets	Allopurinol 300 mg Tablet	30 Tablets	90 Tablets
INSOMNIA					
Doxepin 10 mg/mL Concentrate	120 mLs	120 mLs	Triazolam 0.25 mg Tablet	30 Tablets	N/A
Trazodone 50 mg Tablet	30 Tablets	90 Tablets			
LAXATIVE					
Gavilyte-C Powder Solution	1 Kit	1 Kit	Lactulose 10 Gram/15 mL Solution	473 mLs	946 mLs
MEN'S HEALTH					
Cialis 10 mg Tablet - Generic	HD Only	50 Tablets	Viagra 100 mg Tablet -Generic	HD Only	72 Tablets
Cialis 20 mg Tablet - Generic	HD Only	50 Tablets	Viagra 50 mg Tablet - Generic	HD Only	72 Tablets
MENTAL HEALTH					
Alprazolam 0.5 mg Tablet	30 Tablets	N/A	Diazepam 2 mg Tablet	30 Tablets	N/A
Alprazolam 1 mg Tablet	30 Tablets	N/A	Diazepam 5 mg Tablet	30 Tablets	N/A
Bupropion 75 mg Tablet	30 Tablets	90 Tablets	Duloxetine 20 mg Capsule	30 Capsules	90 Capsules
Carbamazepine 100 mg/5 mL Suspension	150 mLs	450 mLs	Escitalopram 10 mg Tablet	30 Tablets	90 Tablets
Chlordiazepoxide 10 mg Capsule	15 Capsules	N/A	Escitalopram 5 mg Tablet	30 Tablets	90 Tablets
Chlordiazepoxide 5 mg Capsule	15 Capsules	N/A	Fluoxetine 20 mg Capsule	30 Capsules	90 Capsules
Citalopram 20 mg Tablet	30 Tablets	90 Tablets	Hydroxyzine Pamoate 25 mg Capsule	20 Capsules	60 Capsules
Citalopram 40 mg Tablet	30 Tablets	90 Tablets	Hydroxyzine Pamoate 50 mg Capsule	20 Capsules	60 Capsules
Clonazepam 0.5 mg Tablet	30 Tablets	N/A	Imipramine 10 mg Tablet	30 Tablets	90 Tablets
Clonazepam 1 mg Tablet	30 Tablets	N/A	Lamotrigine 200 mg Tablet	30 Tablets	90 Tablets
Clonazepam 2 mg Tablet	30 Tablets	N/A	Lamotrigine 25 mg Tablet	30 Tablets	90 Tablets
Diazepam 10 mg Tablet	30 Tablets	N/A	Levetiracetam 250 mg Tablet	30 Tablets	90 Tablets



Brand Dosage Form	Max Retail	Max HD	Brand Dosage Form	Max Retail	Max HD
MENTAL HEALTH					
Lithium Carbonate 150 mg Capsule	30 Capsules	90 Capsules	Nortriptyline 75 mg Capsule	30 Capsules	90 Capsules
Lithium Carbonate 300 mg Capsule	30 Capsules	90 Capsules	Paroxetine 10 mg Tablet	30 Tablets	90 Tablets
Lithium Carbonate 600mg Capsule	30 Capsules	90 Capsules	Paroxetine 20 mg Tablet	30 Tablets	90 Tablets
Lithium Carbonate ER 300 mg Tablet	30 Tablets	90 Tablets	Paroxetine 30 mg Tablet	30 Tablets	90 Tablets
Lorazepam 0.5 mg Tablet	30 Tablets	N/A	Sertraline 100 mg Tablet	30 Tablets	90 Tablets
Lorazepam 1 mg Tablet	30 Tablets	N/A	Sertraline 25 mg Tablet	30 Tablets	90 Tablets
Methadone 10 mg Tablet	30 Tablets	N/A	Sertraline 50 mg Tablet	30 Tablets	90 Tablets
Nortriptyline 25 mg Capsule	30 Capsules	90 Capsules			
NAUSEA/VOMITING					
Meclizine Hcl 12.5 mg Tablet	20 Tablets	60 Tablets	Promethazine 12.5 mg Tablet	30 Tablets	90 Tablets
Meclizine Hcl 25 mg Tablet	20 Tablets	60 Tablets	Promethazine 25 mg Tablet	30 Tablets	90 Tablets
PAIN					
Acetaminophen w/ Codeine 120-12 mg/5mL Solution	473 mLs	N/A	Naproxen 220 mg Tablet	30 Tablets	90 Tablets
Baclofen 20 mg Tablet	30 Tablets	90 Tablets	Oxycodone 10 mg Tablet	30 Tablets	N/A
Carisoprodol 350 mg Tablet	30 Tablets	N/A	Prednisone 1 mg Tablet	30 Tablets	90 Tablets
Cyclobenzaprine 10 mg Tablet	30 Tablets	90 Tablets	Prednisone 2.5 mg Tablet	30 Tablets	90 Tablets
Gabapentin 100 mg Capsule	30 Capsules	90 Capsules	Prednisone 20 mg Tablet	30 Tablets	90 Tablets
Gabapentin 300 mg Capsule	30 Capsules	90 Capsules	Prednisone 5 mg Tablet	30 Tablets	90 Tablets
Ibuprofen 400 mg Tablet	20 Tablets	60 Tablets	Tizanidine Hcl 2 mg Tablet	30 Tablets	90 Tablets
Indomethacin 25 mg Capsule	20 Capsules	Capsules	Tizanidine Hcl 4 mg Tablet	30 Tablets	90 Tablets
Meloxicam 15 mg Tablet	30 Tablets	90 Tablets	Tramadol Hcl 50 mg Tablet	30 Tablets	N/A
Meloxicam 7.5 mg Tablet	30 Tablets	90 Tablets			
THYROID					
Levothyroxine 175 Mcg Tablet	30 Tablets	90 Tablets	Levothyroxine 25 Mcg Tablet	30 Tablets	90 Tablets
WEIGHT LOSS					
Phendimetrazine Tartrate 35mg Tablet	30 Tablets	N/A			
WOMEN'S HEALTH					
Alendronate Sodium 35mg Tablet	4 Tablets	12 Tablets	Loestrin-21 1-20 Mcg - Generic	21 Tablets	84 Tablets
Alyacen 1 mg/35 Mcg Tablet - Generic	28 Tablets	84 Tablets	Medroxyprogesterone 2.5 mg Tablet	30 Tablets	90 Tablets
Anastrozole 1 mg Tablet	30 Tablets	90 Tablets	Sprintec Tablet - Generic	28 Tablets	84 Tablets
Folic Acid 1 mg Tablet	30 Tablets	90 Tablets	Tri-Lo Marzia Tablet - Generic	28 Tablets	84 Tablets
Heather Tablet - Generic	28 Tablets	84 Tablets	Tri-Sprintec Tablet - Generic	28 Tablets	84 Tablets

**PROGRAM DETAILS:**

1. Your One-dollar Medication Program provides 200 common acute and chronic medications for \$1.00 per medication.
2. You may pick-up your prescription medication at the retail pharmacy of your choice (70,000 in our network).
3. Only certain doses and quantities for each medication are offered through this program.
4. After your first retail purchase, all CHRONIC medications must be filled through our mail-order service.
5. Men's Health: generic Viagra® and Cialis® can be purchased exclusively via mail-order and limited to 72 generic Viagra 50/100 mg pills or 48 generic Cialis 5/20 mg pills per year.
6. Drugs not on the formulary can be purchased at a discount using our Prescription Discount Card

HOW THIS PROGRAM WORKS:

1. For drugs that are not covered under the formulary, the pharmacy will receive a message telling them to use the discount card for your program. You may also look up non-covered drugs for an approximate price by going to www.singlecare.com and entering in your prescription information.
2. If you are needing a medication immediately, utilize our retail pickup. Over 70,000 pharmacies are in our network. The site will prompt you through your order.
3. If you can wait up to 10 days, mail-order is your most cost-effective option. Click on mail-order and the site will prompt you through your order.
4. You will need to contact the mail order pharmacy for reorders.

A valid prescription is required for all medications. Mail-order is fulfilled by our partner pharmacies and is subject to change without notice.

Your Rx Card is NOT Insurance. Discount Only – Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This part of the program does not make payments directly to pharmacies. Members are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Verus Rx, Dallas, TX.

Pricing, program details and formularies are subject to change without notice. Always visit website for current pricing.

8150 N. Central Expressway Suite 1700
Dallas, TX 75206
1-800-838-0007
VERUS-RX.COM



Get ready to save with the VerusRx Pharmacy Discount Card!

Here is the new FREE savings card for you. Your family and friends can visit verus-rx.com to get theirs!

This FREE card can reduce prescription costs by \$300 annually for the average family. Make sure to keep it in your wallet and share with a family member.

Do you have other friends or neighbors who might also benefit from the VerusRx Pharmacy Discount Card? Tell them to visit verus-rx.com.



- ✓ Here is your new **VerusRx** Pharmacy Discount Card. This card is pre-activated and ready to use immediately. It entitles you and every member of your family to discounts on FDA-APPROVED PRESCRIPTION MEDICATIONS available at the LARGEST PHARMACY CHAINS in the United States.
- ✓ When you use this card, you can save up to 80% on prescriptions (an average of \$150 annually per card user), regardless of your medical history.
- ✓ Every time you fill a prescription, bring your **VerusRx** Pharmacy Discount Card to any of our partner pharmacies (shown above) and their respective subsidiaries.
- ✓ The **VerusRx** Pharmacy Discount Card is not insurance. You won't need to fuss with claim forms –no deductibles– no limitations or maximums, plus no pre-existing condition exclusions or care-outs. There is no fine print to scour, and no hassles. No kidding. Use it for up to 80% savings on your medication.

The VerusRx Pharmacy Discount Card is accepted at these preferred pharmacies:





What to Expect Next

Will I get a physical ID card?

You will not receive a physical card, but an electronic ID card will be emailed and text directly to you! You will receive these once your coverage starts and you can print them off or store them on your phone!

How can I speak to someone about my benefits or ID card quickly?

For the fastest service, you can text us at 918-876-5015. You can also call our Concierge Team at 888-820-5687 and select Option #2. We provide temporary ID cards, Employee Guides, and much more! We will email or text you the information that you need!

What is HealthWallet and how do I get it?

The HealthWallet App stores your medical information, ID card, and prescription information in one secure location: your phone! You must be enrolled in a medical benefit to have access to the HealthWallet App. You can download the app from the Apple App Store or the Google Play Store. It is simple and easy to use, we guarantee it!

Concierge is About Responsive Services

If this doesn't answer your questions, then please text us at 918-876-5015 or call our Concierge Team at 888-820-5687



dean's professional services - Smith & Dean, Inc.

Concierge Customer Service

888-820-5687, Option 2

eligibility@ctpa.com

Employer: Smith & Dean, Inc. dba Dean's Professional Services

Enrollment Link: www.mybenefitservices.com/SmithDean