

Benefits for
your life.



Employee Enrollment Guide

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

Employer: Smith & Dean Staffing

Benefit Period: January 1st, 2022 - December 31st, 2022

Not Currently Enrolled: www.mybenefitservices.com/SmithDean

Currently Enrolled: www.mybenefitservices.com/SmithDean-self-enroll



2022

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

Healthcare Benefits Plans

Eligibility Requirements: 30 days of employment with an average of 30 hours per week.
Coverage Options include the following (see below).

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, 2022, and will continue, December 31, 2022, unless you experience a qualifying event that will allow you to terminate coverage. Please note the Your HIPAA Rights Notice from your human resource office 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 your human resource office 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 your human resource office 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 your human resource office.

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	\$20.77	\$34.62
Employee + Spouse	\$34.62	\$54.46
Employee + Childr(en)	\$32.08	\$49.85
Family	\$51.92	\$84.46

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 + Rx Valet
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
Rx Valet 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 Rx Valet questions, please call:	12 Max for Retail 4 Max for Mail-Order
855-798-2538	
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 Covered 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 providers 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 their 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 + Rx Valet
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	After Max Visits above, PPO discounts still apply
Rx Valet 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 Rx Valet questions, please call:	12 Max for Retail 4 Max for Mail-Order
855-798-2538	
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	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 Covered 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.firsthealthlbp.com or call 1-800-226-5116 for a list of in network participating providers 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 their Plan. **Out-of-Network Pharmacies are not covered by the Plan.**

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 chemoprevention 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 children

- Alcohol and drug use assessments
- Autism screening
- Behavioral assessments
- Blood pressure screening
- Cervical dysplasia screening
- Depression screening
- Developmental screening
- Dyslipidemia screening
- Fluoride chemoprevention supplements
- Gonorrhea preventive medication
- Hearing screening
- Height, weight and 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 sections 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	\$15.12
Employee + Child(ren)	\$13.14
Family	\$20.93

Concierge Dental 1000

Dental Plan 1000

Deductibles & Benefit Year Maximums

Benefit Year Deductible
(Deductible is waived for Preventive Services)
Benefit Year Maximum for Preventive, Basic and
Major Procedure Categories Combined

\$50 Individual
\$150 Family
\$1,000 per Plan Member

Dental Services

Preventive Services

Deductible Applied

Waiting Period

- Routine exams & cleanings twice per Benefit Year
- Fluoride treatments for Dependents under age 18 twice per Benefit Year
- Sealants up to age 16
- One bitewing x-ray series per Benefit Year
- One full mouth or panorex x-ray every three years
- Palliative emergency treatment
- Other x-rays

Plan Pays 100%

No

No

Included

Included

Included

Included

Included

Included

Included

Basic Services

Deductible Applied

Waiting Period

- Oral Surgery
- Periodontics
- Endodontics
- Extractions and Fillings
- Recementing and repair of bridges, crowns, removal dentures or inlays
- General anesthesia
- Antibiotic drugs
- Space maintainers for Dependents under the age of 16 to replace primary teeth

Plan Pays 80%

Yes

90 days

Included

Included

Included

Included

Included

Included

Included

Included

Major

Deductible Applied

Waiting Period

- Installing partials, full or removable dentures
- Installation of fixed bridges
- Inlays, Onlays, Crowns (not a part of bridge)
- Gold Restorations

Plan Pays 50%

Yes

180 days

Included

Included

Included

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 maybe 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 Covered 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	Included
• Visual acuity test	Included
• Glaucoma test	Included
• Refraction	Included
• Other medically necessary testing performed in the Physician's office	Included
Hardware & Other Services	Plan Pays 100% after 90-day waiting period
Plan Member Pays	\$0 Co-pay
Plan Pays	100%
Applies Annual Max	Yes
Includes:	
• Frames	Included
• Single lenses	Included
• Bifocal lenses	Included
• Trifocal lenses	Included
• Progressive lenses	Included
• Lenticular lenses	Included
• Contacts (conventional or disposable)	Included
• Anti-Scratch Coating	Included
• Anti-Reflective Coating	Included

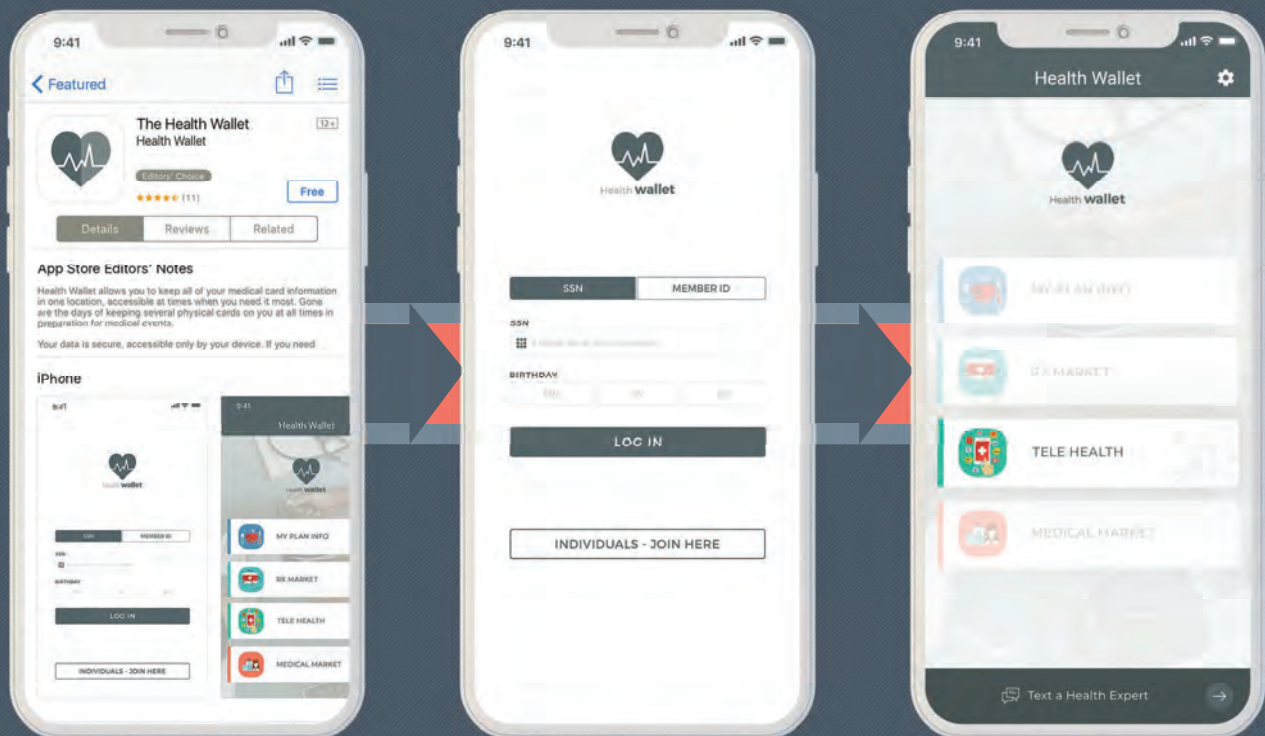
The policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms maybe different if required by state law.



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 four options: My Plan Info, Telehealth, Rx Market and Medical Market.
- Click on "My Plan Info" to access your ID card and other lines of coverage information.
- To connect to MDLIVE for Telemedicine, click on "Telehealth" and it will automatically dial MDLIVE so you can request a consult.
- If it is your first time requesting a consult, you must register yourself first by providing personal information to MDLIVE.
- A licensed physician will call you back within 16 minutes on average.



Brand Dosage Form	Max Retail	Brand Dosage Form	Max Retail
ASPRIN			
Aspirin 81 MG Chewable Tablet	30 Tablets	Aspirin 81 MG Tablet DR/EC	30 Tablets
BOWEL PREPARATION			
BISAC/NaCl/NaHCO ₃ /KCL/Peg 3350 5 MG-210 G Kit	1 Kit		
BREAST CANCER PREVENTION			
Tamoxifen Citrate 10 MG Tablet	30 Tablets	Tamoxifen Citrate 20 MG Tablet	30 Tablets
CONTRACEPTIVES			
Apri .15/.03 MG Tablet	28 Tablets	Norethindrone 0.35 MG Tablet	28 Tablets
Desog-E.estradiol/E.estradiol 21-5 Tablet	28 Tablets	Norethindrone Ac-Eth Estradiol 1 MG-20 MCG Tablet	21 Tablets
Desogestrel-Ethinyl Estradiol 0.15-0.03 Tablet	28 Tablets	Norethindrone Ac-Eth Estradiol 1.5-0.03 MG Tablet	21 Tablets
Desogestrel-Ethinyl Estradiol 7 Days x3 Tablet	28 Tablets	Norethindrone-E.estradiol-Iron 1 MG-20 (21) Tablet	28 Tablets
Ethinyl Estradiol/Drospirenone 0.02-3 (24) Tablet	28 Tablets	Norethindrone-E.estradiol-Iron 1 MG-20 (24) Tablet	28 Tablets
Ethinyl Estradiol/Drospirenone 0.03 MG-3 MG Tablet	28 Tablets	Norethindrone-E.estradiol-Iron 1.5-30 (21) Tablet	28 Tablets
Ethinodiol D-Ethinyl Estradiol 1 MG-35 MCG Tablet	28 Tablets	Norethindrone-E.estradiol-Iron 5-7-9-7 Tablet	28 Tablets
Ethinodiol D-Ethinyl Estradiol 1 MG-50 MCG Tablet	28 Tablets	Norethindrone-Ethinyl Estrad 0.4-0.035 Tablet	28 Tablets
Junel FE 1/20 1 MG-20 MCG Tablet	28 Tablets	Norethindrone-Ethinyl Estrad 0.5-0.035 Tablet	28 Tablets
Levonorgestrel 1.5 MG Tablet	28 Tablets	Norethindrone-Ethinyl Estrad 1 MG-35 MCG Tablet	28 Tablets
Levonorgestrel-Ethin Estradiol 0.1-0.02 Tablet	28 Tablets	Norethindrone-Ethinyl Estrad 7 Days x3 Tablet	28 Tablets
Levonorgestrel-Ethin Estradiol 0.15-0.03 3 Mo. Tablet Dose Pack	91 Tablets	Norethindrone-Ethinyl Estrad 7-9-5 Tablet	28 Tablets
Levonorgestrel-Ethin Estradiol 0.15-0.03 Tablet	28 Tablets	Norgestimate-Ethinyl Estradiol .18-.215-.25-.025 7 Days x3 LO Tab	28 Tablets
Levonorgestrel-Ethin Estradiol 6-5-10 Tablet	28 Tablets	Norgestimate-Ethinyl Estradiol .18-.215-.25-.035 7 Days x3 28 Tab	28 Tablets
L-Norgest/E.estradiol-E.estrad 100-20 (84) 3 Mo. Tablet Dose Pack	91 Tablets	Norgestimate-Ethinyl Estradiol 0.25-0.035 Tablet	28 Tablets
L-Norgest/E.estradiol-E.estrad 150-30 (84) 3 Mo. Tablet Dose Pack	91 Tablets	Norgestimate-Ethinyl Estradiol 7 Days x3 28 Tablet	28 Tablets
Medroxyprogesterone Acetate 10 MG Tablet	28 Tablets	Norgestimate-Ethinyl Estradiol 7 Days x3 LO Tablet	28 Tablets
Medroxyprogesterone Acetate 150 MG/ML Suspension	1 ML	Norgestrel-Ethinyl Estradiol 0.3-0.03 MG Tablet	28 Tablets
Medroxyprogesterone Acetate 2.5 MG Tablet	28 Tablets	Norgestrel-Ethinyl Estradiol 0.5 MG-50 Tablet	28 Tablets
Nonoxynol 9 3% Gel	30 Grams	Viorele .15/.02/.01 MG Blister Card	28 Tablets
Noreth-Ethinyl Estradiol/Iron 0.4-35 (28) Chewable Tablet	28 Tablets		
FLUORIDE SUPPLEMENTS			
Multivitamins w/Fluoride Drops 0.25 MG/ML Drops	10 ML	Sodium Fluoride 0.25 (0.55) Chewable Tablet	15 Tablets
Pedi MVI No. 12/Sodium Fluoride 0.25 MG Chewable Tablet	30 Tablets	Sodium Fluoride 0.25 MG/ML Drops	60 ML
Pedi MVI No. 12/Sodium Fluoride 0.5 MG Chewable Tablet	30 Tablets	Sodium Fluoride 0.4% Gel	122 G
Pedi MVI No. 16 with Fluoride 0.25 MG Chewable Tablet	30 Tablets	Sodium Fluoride 0.5 (1.1) MG Chewable Tablet	30 Tablets
Pedi MVI No. 16 with Fluoride 0.5 MG Chewable Tablet	30 Tablets	Sodium Fluoride 0.5 MG/ML Drops	50 ML
Sodium Fluoride 0.125/Drop Drops	30 ML	Sodium Fluoride 1.1% Gel	56 Grams
Sodium Fluoride 0.2% Solution	473 ML		
FOLIC ACID SUPPLEMENTS			
Folic Acid 0.8 MG Capsule	30 Capsules	Folic Acid 0.8 MG Tablet	30 Tablets
STATINS			
Atorvastatin Calcium 10 MG Tablet	30 Tablets	Pravastatin Sodium 80 MG Tablet	30 Tablets
Atorvastatin Calcium 20 MG Tablet	30 Tablets	Rosuvastatin Calcium 5 MG Tablet	30 Tablets
Lovastatin 10 MG Tablet	30 Tablets	Rosuvastatin Calcium 10 MG Tablet	30 Tablets
Lovastatin 20 MG Tablet	30 Tablets	Simvastatin 5 MG Tablet	30 Tablets
Lovastatin 40 MG Tablet	30 Tablets	Simvastatin 10 MG Tablet	30 Tablets
Pravastatin Sodium 10 MG Tablet	30 Tablets	Simvastatin 20 MG Tablet	30 Tablets
Pravastatin Sodium 20 MG Tablet	30 Tablets	Simvastatin 40 MG Tablet	30 Tablets
Pravastatin Sodium 40 MG Tablet	30 Tablets		



\$0 ACA MEC FORMULARY

[Click here to return to the \\$0 ACA MEC Formulary medications.](#)

Brand Dosage Form	Max Retail	Brand Dosage Form	Max Retail
TOBACCO CESSATION			
Bupropion 75 MG Tablet	30 Tablets	Nicotine 7 MG/24 Hr. Patches	14 Patches
Bupropion 100 MG Tablet	30 Tablets	Nicotine 14 MG/24 Hr. Patches	21 Patches
Bupropion HCL SR 100 MG Tablet 12-Hr. SR	60 Tablets	Nicotine 21 MG/24 Hr. Patches	7 Patches
Bupropion HCL SR 150 MG Tablet 12-Hr. SR	60 Tablets	Nicotine Polacrilex 2 MG Gum	100 Gum
Bupropion HCL SR 200 MG Tablet 12-Hr. SR	60 Tablets	Nicotine Polacrilex 2 MG Lozenge	72 Lozenge
Bupropion XL 150 MG Tablet 24-Hr. ER	30 Tablets	Nicotine Polacrilex 4 MG Gum	100 Gum
Bupropion XL 300 MG Tablet 24-Hr. ER	30 Tablets	Nicotine Polacrilex 4 MG Lozenge	72 Lozenge
Bupropion ER 150 MG/12 Hr. Tablets	60 Tablets		
VITAMIN D SUPPLEMENTS			
Cholecalciferol (Vitamin D3) 400 Unit Tablet	28 Tablets	Cholecalciferol (Vitamin D3) 1000 Unit Tablet	30 Tablets
Cholecalciferol (Vitamin D3) 400/ML Drops	50 ML		

PROGRAM DETAILS:

1. Your No-cost MEC (Minimal Essential Coverage) Medication Program includes all ACA (Affordable Care Act) drugs 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 HealthWallet products and discounts!

HOW THIS PROGRAM WORKS:

1. Search for medications by entering drug name in search bar. If a medication is not on the No-cost MEC Medication Program, a price will be displayed.
2. Present your Rx Card to the pharmacy of your choice. Your Rx Card will display your BIN, Group Number and PCN to present to the pharmacist. *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. Your Rx Card offers solutions for high-priced specialty medications via an International Pharmacy or PAP service. In addition, a discount pharmacy solution is available, where you search discount options and are directed to a specific pharmacy for super-low pricing. Sometimes, this can be your lowest price option. Only certain doses and quantities for each medication are offered through this program.

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

Most pharmacies will accept Your Rx Card but it is not guaranteed. The final price is determined by your local pharmacy. Prices and formulary are subject to change without notice. Please see website for current pricing.

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Antibiotics – UTI

Brand Dosage Form	Max Retail	Brand Dosage Form	Max Retail
ANTIBIOTICS			
Amoxicillin 250 MG Capsule	30 Capsules	Bacitracin 500 Unit/G	30 Grams
Amoxicillin 500 MG Capsule	30 Capsules	Bactrim DS Tablet	28 Tablets
Amoxicillin 400 MG/5 ML Susp	100 Mil	Ciprofloxacin HCL 500 MG Tab	10 Tablets
Augmentin 875-125 Tablet	14 Tablets	Zithromax 250 MG Capsule	6 Tablets
Azithromycin 500 MG Tablet	6 Tablets		
BRONCHITIS / ASTHMA			
Prednisone 5 MG Tablet	30 Tablets	Prednisone 20 MG Tablet	10 Tablets
Prednisone 10 MG Tablet	30 Tablets	Prednisone 50 MG Tablet	3 Tablets
COUGH			
Tessalon Perle 100 MG Cap	30 Capsules	Tessalon Perle 200 MG Cap	15 Capsules
EAR INFECTION			
Amoxicillin 250 MG Capsule	30 Capsules	Amoxicillin 500 MG Capsule	30 Capsules
Amoxicillin 400 MG/5 ML Susp	100 Mil		
EYE INFECTION / PINK EYE			
Polymyxin B-Tmp Eye Drops	10 Mil		
FEVER			
Ibuprofen 400 MG	20 Tablets	Ibuprofen 800 MG	20 Tablets
Ibuprofen 600 MG	20 Tablets		
HEADACHE / MIGRAINE			
Naproxen 250 MG	30 Tablets	Naproxen 500 MG	20 Tablets
Naproxen 375 MG	20 Tablets		
NAUSEA / VOMITING			
Meclizine 12.5/25 MG	20 Tablets	Promethazine VC Syrup	120 Mil
PAIN MANAGEMENT			
Ibuprofen 400 MG	20 Tablets	Naproxen 250 MG	30 Tablets
Ibuprofen 600 MG	20 Tablets	Naproxen 375 MG	20 Tablets
Ibuprofen 800 MG	20 Tablets	Naproxen 500 MG	20 Tablets
POISON IVY			
Hydrocortisone 1%	28 Grams	Prednisone 20 MG Tablet	10 Tablets
Prednisone 5 MG Tablet	30 Tablets	Prednisone 50 MG Tablet	3 Tablets
Prednisone 10 MG Tablet	30 Tablets	Triamcinolone Ointment .025%	15 Grams
RASH			
Hydrocortisone 1%	28 Grams	Triamcinolone Ointment .025%	15 Grams
SORE THROAT / STREP			
Amoxicillin 250 MG Capsule	30 Capsules	Bactrim DS Tablet	28 Tablets
Amoxicillin 400 MG/5 ML Susp	100 Mil	Ciprofloxacin HCL 500 MG Tab	10 Tablets
Amoxicillin 500 MG Capsule	30 Capsules	Promethazine VC Syrup	120 Mil
Augmentin 875-125 Tablet	14 Tablets	Zithromax 250 MG Capsule	6 Tablets
Azithromycin 500 MG Tablet	6 Tablets		
UTI			
Ciprofloxacin HCL 500 MG Tab	10 Tablets		



PROGRAM DETAILS:

1. Your No-cost Acute Medication Program includes 37 acute drugs 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 HealthWallet products and discounts!

HOW THIS PROGRAM WORKS:

1. Search for medications by entering drug name in search bar. If a medication is not on the No-cost Acute Medication Program, a price will be displayed.
2. Present your Rx Card to the pharmacy of your choice. Your Rx Card will display your BIN, Group Number and PCN to present to the pharmacist. *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 Service. THIS IS NOT INSURANCE. We provide you direct access to medications at negotiated PBM pricing, and Home Delivery Pharmacy pricing on a pre-paid basis. Your Rx Card offers solutions for high-priced specialty medications via an International Pharmacy or PAP service. In addition, a discount pharmacy solution is available, where you search discount options and are directed to a specific pharmacy for super-low pricing. Sometimes, this can be your lowest price option. Only certain doses and quantities for each medication are offered through this program.

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

Most pharmacies will accept Your Rx Card but it is not guaranteed. The final price is determined by your local pharmacy. Prices and formulary are subject to change without notice. Please see website for current pricing.

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Allergy - Cholesterol

Brand Dosage Form	Max Retail	Brand Dosage Form	Max Retail
ALLERGY			
Carbinoxamine Maleate 4 MG/5 ML Liquid	90 ML	Hydroxyzine HCL 10 MG/5 ML Solution	150 ML
Cetirizine HCL 1 MG/ML Solution	150 ML	Hydroxyzine HCL 50 MG Tablet	20 Tabs
Cetirizine HCL 10 MG Tablet	30 Tabs	Hydroxyzine Pamoate 25 MG Capsule	20 Caps
Cyproheptadine HCL 2 MG/5 ML Syrup	30 ML	Hydroxyzine Pamoate 50 MG Capsule	20 Caps
Diphenhydramine HCL 50 MG Capsule	30 Caps	Montelukast Sodium 10 MG Tablet	30 Tabs
ANEMIA			
Iron PS Cmplx/Vit B12/FA 150-25-1 Capsule	30 Caps		
ANTIBIOTICS			
Augmentin 875-125 Tablet	14 Tabs	Cephalexin 500 MG Capsule	40 Caps
Cephalexin 250 MG Capsule	40 Caps	Polymyxin B-Tmp Eye Drops	10 ML
ANTIFUNGAL			
Ketoconazole 200 MG Tablet	20 Tabs		
ASTHMA			
Acyclovir 200 MG Capsule	25 Caps		
BLOOD PRESSURE			
Amlodipine 10 MG Tablet	30 Tabs	Lisinopril 5 MG Tablet	30 Tabs
Amlodipine 2.5 MG Tablet	30 Tabs	Lisinopril/Hydrochlorothiazide 20 MG-25 MG Tablet	30 Tabs
Amlodipine 5 MG Tablet	30 Tabs	Lisinopril/Hydrochlorothiazide 20-12.5 MG Tablet	30 Tabs
Amlodipine Besylate/Benazepril 10 MG-20 MG Capsule	30 Caps	Losartan Potassium 100 MG Tablet	30 Tabs
Amlodipine Besylate/Benazepril 2.5 MG-10 MG Capsule	30 Caps	Losartan Potassium 25 MG Tablet	30 Tabs
Amlodipine Besylate/Benazepril 5 MG-40 MG Capsule	30 Caps	Losartan Potassium 50 MG Tablet	30 Tabs
Atenolol 25 MG Tablet	30 Tabs	Losartan/Hydrochlorothiazide 100 MG-25 MG Tablet	30 Tabs
Atenolol 50 MG Tablet	30 Tabs	Losartan/Hydrochlorothiazide 100-12.5 MG Tablet	30 Tabs
Carvedilol 12.5 MG Tabs	30 Tabs	Losartan/Hydrochlorothiazide 50-12.5 MG Tablet	30 Tabs
Carvedilol 25 MG Tablet	30 Tabs	Metoprolol Tartrate 25 MG Tablet	30 Tabs
Carvedilol 3.125 MG Tabs	30 Tabs	Olmesartan Medoxomil 20 MG Tablet	30 Tabs
Clonidine HCL 0.1 MG Tablet	30 Tabs	Olmesartan Medoxomil 40 MG Tablet	30 Tabs
Clonidine HCL 0.2 MG Tablet	30 Tabs	Spironolactone 25 MG Tablet	30 Tabs
Clopidogrel Bi-sulfate 75 MG Tablet	30 Tabs	Terazosin HCL 1 MG Capsule	30 Tabs
Furosemide 10 MG/ML Solution (Oral)	30 ML	Terazosin HCL 10 MG Capsule	30 Tabs
Furosemide 20 MG Tablet	30 Tabs	Terazosin HCL 2 MG Capsule	30 Tabs
Furosemide 40 MG Tablet	30 Tabs	Terazosin HCL 5 MG Capsule	30 Tabs
Hydralazine HCL 10 MG Tablet	30 Tabs	Triamterene/Hydrochlorothiazid 37.5-25 MG Tablet	30 Tabs
Hydralazine HCL 25 MG Tablet	30 Tabs	Valsartan 40 MG Tablet	30 Tabs
Hydralazine HCL 50 MG Tablet	30 Tabs	Valsartan/Hydrochlorothiazide 160-12.5 MG Tablet	30 Tabs
Hydrochlorothiazide 25 MG Tablet	30 Tabs	Valsartan/Hydrochlorothiazide 160-25 MG Tablet	30 Tabs
Hydrochlorothiazide 50 MG Tablet	30 Tabs	Valsartan/Hydrochlorothiazide 320 MG-25 MG Tablet	30 Tabs
Lisinopril 10 MG Tablet	30 Tabs	Valsartan/Hydrochlorothiazide 80-12.5 MG Tablet	30 Tabs
Lisinopril 2.5 MG Tablet	30 Tabs	Verapamil HCL 120 MG Tablet	30 Tabs
Lisinopril 20 MG Tablet	30 Tabs	Verapamil HCL 40 MG Tablet	30 Tabs
Lisinopril 30 MG Tablet	30 Tabs	Warfarin Sodium 1 MG Tablet	30 Tabs
Lisinopril 40 MG Tablet	30 Tabs	Warfarin Sodium 3 MG Tablet	15 Tabs
CHOLESTEROL			
Atorvastatin Calcium 10 MG Tablet	30 Tabs	Simvastatin 10 MG Tablet	30 Tabs
Atorvastatin Calcium 20 MG Tablet	30 Tabs	Simvastatin 20 MG Tablet	30 Tabs
Pravastatin 10 MG Tabs	30 Tabs	Simvastatin 40 MG Tablet	30 Tabs
Rosuvastatin Calcium 10 MG Tablet	30 Tabs		

Cold – Mental Health

Brand Dosage Form	Max Retail	Brand Dosage Form	Max Retail
COLD			
Acetaminophen w/ Codeine 120-12 MG/5 Solution	6 ML	Amoxicillin/Potassium Clav 400-57 MG/5 Suspension for Reconstitution	50 ML
Albuterol Sulfate Syrup 2 MG/5 ML 2 MG/5 ML Syrup	120 ML	Azithromycin 250 MG Tablet	6 Tabs
Amoxicillin 125 MG/5 ML Suspension for Reconstitution	80 ML	Azithromycin 500 MG Tablet	6 Tabs
Amoxicillin 200 MG/5 ML Suspension for Reconstitution	75 ML	Guaifenesin 200 MG Tablet	10 Tabs
Amoxicillin 250 MG Caps	10 Caps	Meclizine HCL 12.5 MG Tablet	20 Tabs
Amoxicillin 250 MG/5 ML Suspension for Reconstitution	75 ML	Meclizine HCL 25 MG Tablet	20 Tabs
Amoxicillin 400 MG/5 ML Suspension for Reconstitution	75 ML	Sulfamethoxazole/Trimethoprim 800-160 MG Tablet	30 Tabs
Amoxicillin 500 MG Caps	30 Caps	Tessalon Perle 100 MG Cap	30 Caps
Amoxicillin/Potassium Clav 200-28.5/5 Suspension for Reconstitution	50 ML	Tessalon Perle 200 MG Cap	15 Caps
COPD			
Ipratropium/Albuterol Sulfate 0.5-3 MG/3 Solution for Nebulization	90 ML		
CORTICOSTEROID			
Dexamethasone 0.5 MG Tablet	30 Tabs	Dexamethasone 0.5 MG/5 ML Elixir	30 ML
DIABETES			
Carbamazepine 100 MG/5 ML Suspension	150 ML	Glyburide Micronized 1.5 MG Tablet	15 Tabs
Glimepiride 2 MG Tablet	30 Tabs	Glyburide Micronized 3 MG Tablet	15 Tabs
Glimepiride 4 MG Tablet	30 Tabs	Metformin HCL 1000 MG Tabs	30 Tabs
Glipizide 2.5 MG Tablet 24-Hr ER	30 Tabs	Metformin HCL 500 MG Tablet	30 Tabs
Glipizide 5 MG Tablet	30 Tabs	Metformin HCL ER 500 MG Tablet 24-Hr ER	30 Tabs
Glipizide 5 MG Tablet 24-Hr ER	30 Tabs	Metformin HCL ER 750 MG Tablet 24-Hr ER	30 Tabs
Glyburide 1.25 MG Tablet	30 Tabs		
EYE			
Brimonidine 0.2% Opth Solution 5 ML	5 ML		
GASTROINTESTINAL			
Dicyclomine HCL 10 MG Capsule	30 Caps	Pantoprazole Sodium 20 MG Tablet DR/EC	30 Tabs
Dicyclomine HCL 20 MG Tablet	30 Tabs	Pantoprazole Sodium 40 MG Tablet DR/EC	30 Tabs
Omeprazole 10 MG Capsule DR/EC	30 Caps	Promethazine HCL 6.25 MG/5 ML Syrup	240 ML
Omeprazole 20 MG Capsule DR/EC	30 Caps	Promethazine HCL/Codeine 6.25-10/5 Syrup	240 ML
Omeprazole 40 MG Capsule DR/EC	30 Caps	Promethazine/Dextromethorphan 6.25-15 MG/5 ML Syrup	240 ML
GOUT			
Allopurinol 100 MG Tablet	30 Tabs	Allopurinol 300 MG Tablet	30 Tabs
INSOMNIA			
Doxepin HCL 10 MG/ML Concentrate	30 ML	Trazodone HCL 50 MG Tablet	30 Tabs
LAXATIVE			
Lactulose 10 G/15 ML (15 ML) Solution	15 ML		
MEN'S HEALTH			
Sildenafil Citrate (Viagra Generic) 100 MG Tablet – NO RETAIL	72 MAIL ONLY	Tadalafil (Cialis Generic) 20 MG Tablet – NO RETAIL	50 MAIL ONLY
Sildenafil Citrate (Viagra Generic) 50 MG Tablet – NO RETAIL	72 MAIL ONLY	Tadalafil (Cialis Generic) 5 MG Tablet – NO RETAIL	50 MAIL ONLY
MENTAL HEALTH			
Alprazolam 0.5 MG Tablet	30 Tabs	Diazepam 10 MG Tablet	30 Tabs
Alprazolam 1 MG Tablet	30 Tabs	Diazepam 2 MG Tablet	30 Tabs
Chlordiazepoxide HCL 10 MG Capsule	15 Caps	Diazepam 5 MG Tablet	30 Tabs
Chlordiazepoxide HCL 5 MG Capsule	15 Caps	Escitalopram Oxalate 10 MG Tabs	30 Tabs
Citalopram Hydrobromide 20 MG Tablet	30 Tabs	Fluoxetine HCL 20 MG Capsule	30 Caps
Clonazepam 0.5 MG Tablet	30 Tabs	Imipramine HCL 10 MG Tablet	30 Tabs
Clonazepam 1 MG Tablet	30 Tabs	Lamotrigine 200 MG Tablet	30 Tabs
Clonazepam 2 MG Tablet	30 Tabs	Lamotrigine 25 MG Tablet	30 Tabs

Mental Health – Women's Health

Brand Dosage Form	Max Retail	Brand Dosage Form	Max Retail
MENTAL HEALTH			
Levetiracetam 250 MG Tablet	30 Tabs	Nortriptyline HCL 75 MG Capsule	30 Caps
Lithium Carbonate 150 MG Capsule	30 Caps	Paroxetine HCL 10 MG Tablet	30 Tabs
Lithium Carbonate 300 MG Capsule	30 Caps	Paroxetine HCL 20 MG Tablet	30 Tabs
Lithium Carbonate 300 MG Tablet ER	30 Tabs	Paroxetine HCL 30 MG Tablet	30 Tabs
Lithium Carbonate 600 MG Capsule	30 Caps	Paroxetine HCL 40 MG Tablet	30 Tabs
Lorazepam 0.5 MG Tablet	30 Tabs	Sertraline HCL 100 MG Tablet	30 Tabs
Lorazepam 1 MG Tablet	30 Tabs	Sertraline HCL 25 MG Tablet	30 Tabs
Methadone HCL 10 MG Tablet	30 Tabs	Sertraline HCL 50 MG Tablet	30 Tabs
Nortriptyline HCL 25 MG Capsule	30 Caps		
PAIN			
Baclofen 20 MG Tablet	30 Tabs	Meloxicam 7.5 MG Tablet	30 Tabs
Bupropion 75 MG Tablet	30 Tabs	Methylprednisone 4 MG Tablets (Medrol Dose Pack)	21 Tabs
Carisoprodol 350 MG Tablet	30 Tabs	Naproxen Sodium 220 MG Tablet	30 Tabs
Cyclobenzaprine HCL 10 MG Tablet	30 Tabs	Oxycodone HCL 10 MG Tablet	30 Tabs
Gabapentin 100 MG Capsule	30 Caps	Prednisone 1 MG Tablet	30 Tabs
Gabapentin 300 MG Capsule	30 Caps	Prednisone 2.5 MG Tablet	30 Tabs
Hydrocortisone 2.5% Cream	30 G	Prednisone 20 MG Tablet	30 Tabs
Hydrocortisone 5 MG Tablet	30 Tabs	Prednisone 5 MG Tablet	30 Tabs
Ibuprofen 400 MG Tablet	20 Tabs	Tizanidine HCL 2 MG Tablet	30 Tabs
Indomethacin 25 MG Capsule	20 Caps	Tizanidine HCL 4 MG Tablet	30 Tabs
Meloxicam 15 MG Tablet	30 Tabs	Tramadol HCL 50 MG Tablet	30 Tabs
PSORIASIS			
Triamcinolone Acetonide 0.5% Ointment	15 G		
SLEEP			
Triazolam 0.25 MG Tablet	30 Tabs		
THYROID			
Levothyroxine Sodium 175 MCG Tablet	30 Tabs	Levothyroxine Sodium 25 MCG Tablet	30 Tabs
WEIGHT LOSS			
Phendimetrazine Tartrate 35 MG Tablet	30 Tabs		
WOMEN'S HEALTH			
Alendronate Sodium 35 MG Tablet	4 Tabs	Medroxyprogesterone Acetate 2.5 MG Tablet	30 Tabs
Alyacen 1 MG/35 MCG Tabs	28 Tabs	Norethin 1 MG – 35 MCG Tablet	21 Tabs
Anastrozole 1 MG Tablet	30 Tabs	Sprintec Estradiol .25 – .035 Tablet	28 Tabs
Folic Acid 1 MG Tablet	30 Tabs	Tri-Lo Estarylla Tablet	28 Tabs
Loestrin 211-20 MCG	21 Tabs	Tri-Sprintec Tablet	28 Tabs

MEMBERSHIPS:**1. Individual Membership:**

Up to 12 retail and four (4) mail-order medications in one calendar year.

2. Individual Membership Plus One – Member Plus Spouse or Member Plus Child:

Up to 18 retail and seven (7) mail-order medications in one calendar year.

3. Family Membership – Two Adults Plus Child(ren):

Up to 24 retail and 10 mail-order medications in one calendar year.

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. Our team will contact and work with you to transfer your prescription.
5. Men's Health: generic Viagra® and Cialis® can be purchased exclusively via mail-order and limited to 72 generic Viagra 50/100mg pills or 48 generic Cialis 5/20mg pills per year.
6. Your subscription also provides access to 1000's of other medications starting at just \$10.00.
7. Access to our Diabetic Supply, International Pharmacy and Prescription Assistance Programs.
8. A valid prescription is required for all medications.

HOW THIS PROGRAM WORKS:

1. Search for medications by entering drug name in search bar. The price will be displayed.
2. If you are needing a medication immediately, utilize our retail pickup. Over 70,000 pharmacies are in our network. The site will prompt you through your order.
3. If you can wait up to 10 days, mail-order is your most cost-effective option. Click on mail-order and the site will prompt you through your order.

Mail-order is fulfilled by our partner pharmacies and is subject to change without notice.

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. Your Rx Card offers solutions for high-priced specialty medications via an International Pharmacy or PAP service. In addition, a discount pharmacy solution is available, where you search discount options and are directed to a specific pharmacy for super-low pricing. Sometimes, this can be your lowest price option. Only certain doses and quantities for each medication are offered through this program.

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

Most pharmacies will accept Your Rx Card but it is not guaranteed. The final price is determined by your local pharmacy. Prices and formulary are subject to change without notice. Please see website for current pricing.