

# Coverage Highlights

Traditional Blue Point of Service (POS) is ideal for individuals who want a combination of HMO and traditional indemnity plans. It has quality assurance, lower cost and coordinated care, combined with the freedom of choice to see any doctor without a referral.

## With Traditional Blue POS you'll enjoy:

- **\$0 copay** for generic formulary oral contraceptives
- The freedom to **see any medical provider** out of the network
- **Worldwide coverage** for emergency and urgent care through the BlueCard program, a network of BlueShield providers across the country and around the world
- **Guest membership** which allows you to join a participating Blue HMO and enjoy benefits similar to those you receive at home, when you're traveling or away at school
- **Low copayments** for primary care and specialty care visits
- Innovative wellness and health **management programs**
- **Vision benefits** including eye exams for each family member and discounts on eyeglass frames, lenses and accessories
- **No referrals**

Traditional Blue POS offers you out-of-network coverage that gives you the flexibility of seeing any doctor - regardless of whether or not he or she participates in the Traditional Blue network.



# Benefit Summary

Traditional Blue POS 7100	In-Network Copay/Coinsurance \$0*	Out-of-Network Copay/Coinsurance*
<b>Doctor Visits</b>		
PCP Office Visits	Covered in Full*	30%*
Office Visits for Dependents Under Age 19	Covered in Full*	30%*
Specialist Visits	Covered in Full*	30%*
Routine Physicals (1 per year)	Covered in Full	Not Covered
Well Child Visits & Immunizations (up to age 19)	Covered in Full	30%*
Allergy Immunotherapy	Covered in Full*	30%*
<b>Diagnostic Testing</b>		
Diagnostic X-rays	Covered in Full*	30%*
Laboratory Testing	Covered in Full*	30%*
MRI	Covered in Full*	30%*
<b>Women's Services</b>		
Gynecological Office Visits (Routine)	Covered in Full	30%*
Mammograms (Routine)	Covered in Full	30%*
Maternity Care (prenatal & post-natal care)	Covered in Full*	30%*
Inpatient Maternity Stay	Covered in Full*	30%*
Pap Smears (Routine)	Covered in Full	30%*
<b>Management and Treatment</b>		
Alcohol & Substance Abuse (outpatient) 60 aggregate visits	Covered in Full*	30%*
Cardiac Rehabilitation (24 visits)	Covered in Full*	30%*
Chemotherapy, Radiation, Hemodialysis	Covered in Full*	30%*
Chiropractic Care	Covered in Full*	30%*
Diabetic Equipment & Supplies (glucagon, insulin and blood sugar pills RX copay, if less)	Covered in Full*	30%*
Durable Medical Equipment (\$1,000 maximum)	Covered in Full*	30%*
Mental Health (outpatient) 20 visits	Covered in Full*	30%*
Occupational, Speech & Physical Therapy (30 aggregate visits)	Covered in Full*	30%*
Post-Mastectomy Prosthetics	Covered in Full*	30%*
Prosthetics & Orthotics (\$1,000 maximum)	Covered in Full*	30%*

# Benefit Summary

Traditional Blue POS 7100	In-Network Copay/Coinsurance \$0*	Out-of-Network Copay/Coinsurance*
<b>Hospital, Facility and Home Services</b>		
Alcohol & Substance Abuse (inpatient) 7 days detox, rehab not covered	Covered in Full*	30%*
Emergency		
Ambulance (medically necessary)	Covered in Full*	Covered in Full*
Air Ambulance	Covered in Full*	Covered in Full*
Emergency Room (copay waived if admitted to hospital)	Covered in Full*	Covered in Full*
Home Care (40 aggregate visits)	Covered in Full*	30%*
Hospice (Unlimited)	Covered in Full*	30%*
Hospital Stay (semi-private room)	Covered in Full*	30%*
Mental Health (inpatient hospital or facility stay) 30 aggregate days	Covered in Full*	30%*
Skilled Nursing Facility (non-custodial) Unlimited	Covered in Full*	30%*
Surgery (outpatient facility)	Covered in Full*	30%*
Urgent Care	Covered in Full*	Covered in Full*
<b>Dependent Coverage</b>		
Dependent/Student Age to	19/25	19/25
<b>Extras</b>		
Routine Vision Exam (1 every 2 yrs; children under age 14 with refractive error 1 per yr)	Covered in Full	Not Covered
Benefit Administration	Calendar year	Calendar year
<b>Out-of-Network</b>		
Annual Deductible	\$1,500/\$3,000	\$1,500/\$3,000
Coinsurance	None	30%
Annual Out-of-Pocket Maximum	\$5,000/\$10,000	\$10,000/\$20,000
Annual Maximum Benefit	Unlimited	Unlimited
Lifetime Maximum Benefit	Unlimited	Unlimited

**\*Subject to deductible**

**Deductible Information - The In-Network deductible applies to all in-network services except Preventative services.**

**Deductible Information - The Out-of-Network deductible applies to all out-of-network services.**

**Family Deductible - No payments are made until the entire family deductible has been met.**

**Deductible - Deductible applies to the out-of-pocket maximum.**




This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations, and exclusions that may apply. A complete contract or group plan will be issued upon enrollment. Please check the contract or group plan for final information on your benefits and exclusions.

Both In-Network and Out-of-Network providers are reimbursed at Fee Schedule for eligible Hospital and Medical services. For Out-of-Network services, in addition to any applicable deductible and coinsurance, the patient is responsible for any amounts that exceed the Fee Schedule allowance. In-Network and Out-of-Network day limits and visits are aggregate. Out-of-Network benefits are not in addition to the benefits provided In-Network.

All indicated benefits assume the member has appropriate authorization. No Referrals are required on this contract. Maximum benefits are obtained when rendered by an In-Network provider. Some services may require pre-authorization from BlueShield. Routine physical examinations and routine eye examinations are not covered when services are rendered by an Out-of-Network provider.



# Prescription Drugs

Prescription Drug	 Best Value <b>Formulary Generic Drug</b>	 More Choice More Cost <b>Formulary Brand Name Drug</b>	 Most Choice Most Expensive <b>Non-Formulary Generic &amp; Brand Name Drug</b>	Limits and Requirements
Pharmacy Costs*	\$15	\$50	50%	Up to a 30 calendar day supply of drugs is provided on each occasion the prescription is filled or refilled.
Mail Order Costs*	\$15	\$50	50%	Custom Home Delivery 2 Fills at Retail/mo = 2.5 copays per 90 day supply  Up to a 90 calendar day supply of drugs is provided on each occasion the prescription is filled or refilled

\*Prescription Drug and Mail Order - Copay only applies once deductible has been met.

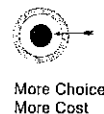
Prescription Drug - For options with 50% in the 3rd tier, there is a minimum member responsibility of 2nd tier copay.

### How can I reduce my prescription costs?

Your pharmacy benefit offers you the flexibility of choosing generic or brand name drugs. You can significantly reduce your prescription drug expenses by asking your physician to prescribe generic drugs instead of brand name drugs, when available. Generic drugs are safe, effective medication that cost less than equivalent brand name drugs.

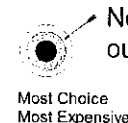


If you and your doctor agree that a generic drug on the formulary is the best for you, you will pay your first-tier copay. Generics provide you with the best value and lowest out-of-pocket cost.



If you receive a prescription for a brand name drug on the formulary you will pay your second-tier copay.

- Lower your cost: Talk to your physician to see if a generic medication is available for the prescribed brand name drug.



Non-formulary drugs require you to pay the third-tier copay, your highest out-of-pocket cost.

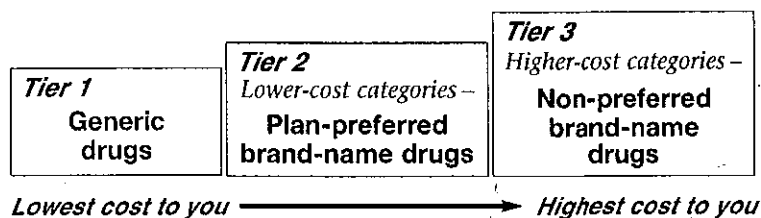
- Lower your cost: Talk to your physician to see if a formulary brand name or generic medication is available.

The BlueShield of Northeastern New York Medication Guide is a list of drugs to help guide physicians and pharmacists to select the medication that provides the appropriate treatment for the best price.

## Save Money on Your Prescription Drugs

Here's what you can do to save money:

1. **Bring** this member guide to your doctor and review the cost-saving information below.
2. **Ask** your doctor whether a generic or plan-preferred brand-name drug listed in this guide is right for you.\*



The amount you pay for a drug is determined by which medication you purchase and where it appears on the guide. Your specific drug plan may cover medications on all three tiers of the guide, or you may have coverage for medications on Tier 1 and Tier 2 only. Some drug plans also exclude certain drugs or classes of drugs from coverage. Please check your contract or other plan documents if you have a question about your specific drug coverage.

## Finding Medications on the Guide

This guide lists medications two different ways:

Section 1: Alphabetically by Drug Category (such as Diabetes, Heart or Pain/Arthritis)

Locate a category and drug on the guide and you will see the tier and copayment for that drug—Tier 1, Tier 2 or Tier 3—which determines your copayment. Most generic medications are Tier 1; preferred brand-name medications are Tier 2; nonpreferred generic and brand-name drugs are Tier 3. To determine if a drug is a generic or brand-name medication, look at the name of the drug. Generic medications are lower case (e.g., amoxicillin), and brand-name medications are capitalized (e.g., Zithromax).

**Questions?** Please call Medco Member Services at 1-800-939-3751 if you have any questions about the BlueShield of Northeastern New York Medication Guide. For the most up-to-date version of the Guide, visit the Medco Pharmacy section of our web site at [www.bsneny.com](http://www.bsneny.com).

\* Some plan designs require that you use a Tier 1 generic drug if a generic is available.

Disclaimer: The BlueShield of Northeastern New York Medication Guide is subject to change, as we regularly review medications and existing therapies for inclusion in the BlueShield of Northeastern New York Medication Guide. The tier that a medication is currently in may change during the effective dates of the guides due to generic availability.

Effective 7/2008

## SECTION I — THERAPEUTIC DRUG CATEGORIES

TIER	TIER	TIER	TIER
<b>Allergy/Cough &amp; Cold</b>			
<b>Antihistamines &amp; Decongestants</b>			
brompheniramine/phenylephrine	1		
brompheniramine/pseudoephedrine	1		
chlorpheniramine/pseudoephedrine	1		
clemastine-OTC	1		
cyproheptadine	1		
dexchlorpheniramine	1		
diphenhydramine-OTC	1		
extrendryl SR	1		
hydroxyzine HCL	1		
hydroxyzine pamoate	1		
loratadine - OTC ONLY	1		
loratadine-D - OTC ONLY	1		
phenylephrine/pyrilamine/chlorpheniramine	1		
promethazine	1		
promethazine/phenylephrine	1		
promethazine/pyrilamine	1		
pseudoephedrine 30/60mg-OTC	1		
pseudoephedrine syr - OTC	1		
Histex IE	2		
Semprex-D	2		
Allegria	3		
Allegria-D	3		
Bromfed	3		
Clarinet/D	3		
Durahist/PE	3		
Ilexofenadine	3		
Phenergan	3		
Rondec	3		
Rynatan/Ped. Susp	3		
Vistaril	3		
<b>Expectorant &amp; Cough Products</b>			
benzonate	1		
brompheniramine/pseud/DM	1		
carbinoxamine/DM/pseudoephedrine	1		
cardec/DM	1		
chlorphen/hydrocodone/phenylephrine	1		
chlorphen/hydrocodone/pseudoephedrine	1		
chlorphen/pseudo/codeine	1		
guaifenesin 1200/DM	1		
guaifenesin/codeine	1		
guaifenesin/codeine/pseudoephedrine	1		
guaifenesin/hydrocodone	1		
guaifenesin/pseudoephedrine	1		
guaifenesin/pseudoephedrine/DM	1		
hydrocodone/homatropine	1		
promethazine/codeine	1		
promethazine/codeine/DM	1		
promethazine/DM	1		
promethazine/phenylephrine/codeine	1		
pseudoephedrine/codeine	1		
Tussionex susp	2		
Duratuss	3		
Entex LA	3		
Humibid DM/LA	3		
Hycodan	3		
Rondec DM/TR	3		
Tessalon Perles	3		
<b>Mucolytic Agents</b>			
acetylcysteine inh soln.	1		
Mucomyst inh soln.	3		
<b>Nasal Medications</b>			
flunisolide spray	1		
fluticasone nasal spray	1		
ipratropium nasal spray	1		
Astelin	2		
Nasacort AQ	2		
Nasonex	2		
Rhinocort AQ	2		
Atrovent Nasal Spray	3		
Baconase AQ	3		
Flonase	3		
Nasarel	3		
<b>Alzheimer Agents</b>			
ergoloid mesylates	1		
Aricept/ODT	2		
Exelon	2		
Namenda	2		
Cognex	3		
Razadyne/ER	3		
<b>Bladder/Kidney</b>			
<b>Acidifiers</b>			
K-Phos Original	2		
<b>Alkalinizers</b>			
citric acid/sod citrate	1		
generic Polycitra/LC/K	1		
Bicitra	3		
Oracit	3		
Polycitra ALL	3		
Urocit-K	3		
<b>Analgesics</b>			
phenazopyridine	1		
Pyridium	3		
<b>Anticholinergics</b>			
oxybutynin	1		
oxybutynin ER	1		
Detrol	2		
Detrol LA	2		
Ditropan	3		
Ditropan XL	3		
Enablex	3		
Oxytrol	3		
Sanctura	3		
Vesicare	3		
<b>Cholinergic Agents</b>			
bethanechol	1		
Urecholine	3		
<b>Other urinary agents</b>			
Elmiron	2		
<b>Blood</b>			
<b>Anticoagulants/antithrombotics</b>			
dipyridamole	1		
heparin	1		
ticlopidine	1		
warfarin	1		
Aggrenox	2		
Coumadin	2		
Fragmin	2		
Lovenox	2		
Plavix	2		
Arixtra	3		
Innohep	3		
Pessaline	3		
Ticlid	3		
<b>Antiheparin Agents (hemostatic)</b>			
aminocaproic acid	1		
Amicar	3		
<b>Other Blood Modifiers</b>			
cilostazol	1		
pentoxifylline	1		
Actimmune	2		
Aranesp	2		
Leukine	2		
Miacalcin inj.	2		
Neulasta	2		
Neupogen	2		
Procrit	2		
Revlimid	2		
Epogen	3		
Pletal	3		
Trental	3		
<b>Cancer Drugs</b>			
<b>Alkylating Agents</b>			
cyclophosphamide	1		
Alkeran	2		
CeeNu	2		
Emcyt	2		
Hexalen	2		
Leukeran	2		
Myleran	2		
Cytosan	3		
<b>Antimetabolites</b>			
mercaptopurine	1		
methotrexate	1		
Thioguanine	2		
Xeloda	2		
Putinethol	3		
Trexall	3		
<b>Hormones</b>			
flutamide	1		
megestrol	1		
tamoxifen	1		
Arimidex	2		
Aromasin	2		
Casodex	2		
Fareston	2		
Femara	2		
Eulexin	3		
Megace sol.	3		
Nolvadex	3		
<b>Miscellaneous</b>			
etoposide	1		
hydroxyurea	1		
Gleevec	2		
Hycamtin	2		
Intron A	2		
Iressa	2		
Lysodren	2		
Matulane	2		
Mesnex	2		
Nexavar	2		
Sprycel	2		
Sutent	2		
Tarceva	2		
Temodar	2		
Thalomid	2		
Tykerb	2		
Vesanoid	2		
Hydrea	3		
Vepesid	3		
<b>Rexinoids</b>			
Targetin	2		
<b>Diabetes</b>			
<b>Antidiabetic Agents, Injectable</b>			
Apidra	2		
Byetta	2		
Humalog insulin	2		
Humulin (all types)	2		
lietin	2		
Lantus	2		
Levemir	2		
Novolin	2		
Novolog	2		
Symlin	2		
<b>Antidiabetic Agents, Oral &amp; Glucose Elevating agents</b>			
acarbose	1		
chlorpropamide	1		
glimepiride	1		
glipizide	1		
glipizide ER	1		
glipizide/metformin	1		
glyburide	1		
glyburide micronized	1		
metformin	1		
metformin ER	1		
metformin/glyburide	1		
tolazamide	1		
tolbutamide	1		
ActoPLUS Met	2		
Actos	2		
Avandamet	2		
Avandaryl	2		
Avandia	2		
Duetact	2		
Glucagon	2		
Janumet	2		
Januvia	2		
Metaglip	2		
Prandin	2		
Amaryl	3		
Diabeta	3		
Diabinese	3		
Fortamet	3		
Glucophage/XR	3		
Glucotrol/XL	3		
Glucovance	3		
Glyxase	3		
Glyset	3		
Micronase	3		
Precoase	3		
Riomet solution	3		
Starlix	3		
<b>Diabetic Supplies (Diabetic Benefit Applies)</b>			
Accu-Chek Compact	2		
Accu-Chek Active	2		
Accu-Chek Advantage	2		
ChemStrip BG	2		
FastTake	2		
One Touch Ultra	2		
One Touch UltraSmart	2		
SoftClix Device	2		
Surestep	2		
<b>Ear</b>			
<b>Anti-infective Agents</b>			
acetic acid otic	1		
acetic acid/aluminum acetate	1		
ofloxacin otic	1		
Domeboro	3		
Floxin otic	3		
<b>Anti-infective/Anti-inflammatory combinations</b>			
acetic acid HC otic	1		
neomycin/polymyxin/HC otic	1		
Ciprodex	2		
Cipro HC	2		
Cortisporin otic	3		
VoSol HC otic	3		
<b>Local Anesthetic &amp; Analgesic</b>			
antipyrine/benzocaine/glycerin	1		
<b>Eye</b>			
<b>Anesthetics</b>			
proparacaine	1		
tetracaine	1		
Alcaine	3		
Pontocaine	3		
<b>Antiallergy Agents (Eye)</b>			
cromolyn ophth	1		
ketotifen ophthalmic solution	1		
Alomide	2		
Optivar	2		
Patanol	2		
Pataday	3		
Zaditor	3		
<b>Anti-infective Agents</b>			
bacitracin ophth	1		
bacitracin/polymyxin	1		
ciprofloxacin ophth	1		
erythromycin ophth	1		
gentamicin ophth	1		
neomycin/bacitracin/poly B	1		
ofloxacin ophth	1		
polymyxin B/TMP	1		
sulfacetamide 10%	1		
tobramycin soln	1		
Tobrex ointment	2		
Vigamox	2		
Zymar	2		
Chloroptic	3		
Ciloxan	3		
Ocuflax	3		
Polytrim	3		
Tobrex solution	3		

**KEY:** ▽ = A step edit applies to this drug.  
 ■ = Specific Quantity Limits Apply.  
 ↓ = Prior Authorization Required.  
 ◆ = Included in Tablet-Splitting Program  
 ~ = Approved for Males only.  
 u = Approved for Females only.  
 + = Access restricted to specialty pharmacy.  
 & = Age requirement.

**Note:** 1. \* Please note that medications listed in the 3rd tier are considered non-formulary and are not all-inclusive.  
 2. \* All branded self-injectables are subject to prior authorization.  
 3. \* Some drugs are limited to 1 unit of use package per dispensing.

## SECTION I — THERAPEUTIC DRUG CATEGORIES (CONT'D)

TIER	TIER	TIER	TIER
<b>Anti-inflammatory</b>	Alphagan P 2	Rythmol SR 2	Dilacor XR 3
dexamethasone ophth 1	Alphagan 3	Betapace/AF 3	Dynacirc/CR 3
eflone 1	Propine 3	Cordarone 3	Nimotop 3
fluorometholone ophth 1	<b>Vasoconstrictors</b>	Norpace/CR 3	Norvasc 3
prednisolone acetate 1	naphazoline 1	Procanbid 3	Plendil 3
prednisolone sod acetate 1	phenylephrine ophth 1	Pronestyl 3	Procardia/XL 3
FML Forte 2	Neo-Synephrine 3	Rythmol 3	Sular 3
FML S.O.P. 2		Tambocor 3	Tiazac 3
Pred Mild 2	<b>Gout</b>	Tikosyn 3	Verelan/PM 3
Decadron 2	allopurinol 1	<b>Antilipemics</b>	<b>Combination Anti-Hypertensive</b>
Flarex 3	colchicine 1	cholestyramine 1	amlodipine/benazepril 1
FML/S 3	colchicine/probenecid 1	colestipol 1	atenolol/chlorthalidone 1
Inflamase Forte 3	indomethacin 1	gemfibrozil 1	benazepril/HCTZ 1
Inflamase Mild 3	probenecid 1	lovastatin 1	bisoprolol/HCTZ 1
Maxidex 3	sulfapyrazone 1	pravastatin 1	captopril/HCTZ 1
Pred Forte 3	Indocin 3	simvastatin 1	enalapril/HCTZ 1
<b>Anti-inflammatory/Anti-infective combinations</b>	Zyloprim 3	Advicor 2	hydralazine/reserpine/HCTZ 1
dexameth/neoamycin 1	<b>Heart</b>	Crestor 2	lisinopril/HCTZ 1
dexameth/neoamycin/poly B 1	<b>Angiotensin Converting Enzyme inhibitors</b>	Lipitor 2	methyl dopa/HCTZ 1
neomycin/bacitracin/poly B/HC 1	benazepril 1	Niaspan 2	metoprolol/HCTZ 1
sulfacetamide/prednisolone ophth 1	captopril 1	Tricor 2	propranolol/HCTZ 1
Tobradex 2	enalapril 1	Vytorin 2	quinagril/HCTZ 1
Cortisporin oint ophth 3	fosinopril 1	Zetia 2	Avalide 2
Maxitrol ophth 3	lisinopril 1	Altoprev 3	Clorpres 2
Pred-G 3	quinapril 1	Anlara 3	Diovan HCT 2
Vasocidin 3	ramipril 1	Colestid 3	Hydra-zide 2
Zylet 3	Altace 2	Lescol/XL 3	Micardis HCT 2
<b>Antiviral</b>	Accupril 3	Lofibra 3	Accuretic 3
famciclovir 1	Aceon 3	Lopid 3	Aldoril 3
trifluridine 1	Capoten 3	Lovaza 3	Atacand HCT 3
Viroptic 3	Lotensin 3	Mevacor 3	Benicar HCT 3
<b>Beta-Blockers (Eye)</b>	Mavik 3	Pravachol 3	Caduet 3
betaxolol HCL eye drops 1	Monopril 3	Questran 3	Capozide 3
carteolol 1	Prinivil 3	Welchol 3	fosinopril/HCTZ 3
levobunolol 1	Univas 3	Zacor 3	Hyzaar 3
metipranolol 1	Vasotec 3	<b>Beta Blockers</b>	Inderide 3
timolol 1	Zestril 3	acebutolol 1	Lopressor HCT 3
timolol XE 1	<b>Angiotensin II Antagonists</b>	atenolol 1	Lotensin HCT 3
Betoptic-S 2	Avapro 2	betaxolol 1	Lotrei 3
Betagan 3	Diovan 2	bisoprolol 1	Monopril HCT 3
Istalol 3	Micardis 2	labetalol 1	Prinzide 3
Optipranolol 3	Atacand 3	metoprolol 1	Tarka 3
Timoptic/XE 3	Benicar 3	metoprolol ER 1	Tenoretic 3
<b>Carbonic Anhydrase Inhibitors</b>	Cozaar 3	nadolol 1	Teveten HCT 3
Azopt 2	Teveten 3	pindolol 1	Vaseretic 3
Cosopt 2	<b>Anti-Adrenergic Blockers Centrally acting</b>	propranolol 1	Zestoretic 3
Trusopt 2	clonidine 1	timolol 1	Ziac 3
<b>Miotics</b>	guanabenz 1	Carvedilol 2	<b>Diuretics</b>
carboptic 1	guanfacine 1	Coreg 2	acelazolamide 1
pilocarpine 1	methyl dopa 1	Coreg CR 2	amilofide 1
Isopto Carbachol 1.5% 2	midodrine 1	Inderal LA 2	amilofide/HCTZ 1
Phospholine Iodide 2	Catapres TTS patch 2	Innopran XL 2	bumetanide 1
Isopto Carbachol 3% 3	Dibenzylamine 2	Blocadren 3	chlorothiazide 1
Isopto Carpine 3	Aldomet 3	Coreg 3	chlorthalidone 1
<b>Miscellaneous</b>	Catapres oral 3	Corgard 3	furosemide 1
Restasis 2	<b>Anti-Adrenergic Blockers Peripheral</b>	Inderal 3	hydrochlorothiazide 1
<b>Mydriatics</b>	doxazosin 1	Kerlone 3	indapamide 1
atropine sulfate ophth 1	prazosin 1	Lopressor 3	methazolamide 1
homatropine 1	terazosin 2	Tenormin 3	Toprol XL 1
tropicamide 1	Flomax 3	Toprol XL 3	Trandate 3
Isopto Atropine 3	Cardura 3	<b>Calcium Channel Blockers</b>	amlodipine 1
Mydracyl 3	Hytrin 3	amlodipine 1	cartia XT 1
<b>NSAIDs</b>	Mimipress 3	diltia XT 1	diltiazem 1
flurbiprofen ophth 1	<b>Antiarrhythmics</b>	diltiazem CD/SR/ER/XR 1	felodipine 1
Acular LS 2	amiodarone 1	felodipine 1	isradipine 1
Nevanac 2	digoxin 1	isradipine 1	nicardipine 1
Acular 3	disopyramide 1	nifediac CC 1	nifediac XL 1
Acular PF 3	disopyramide CR 1	nifedipine 1	nifedipine SR 1
Ocufen 3	flecainide 1	nifedipine 1	nimodipine 1
Voltaren 3	mexiletine 1	verapamil 1	verapamil SR 1
<b>Prostaglandin Analogues/Prostamines</b>	procainamide 1	verapamil SR pellet 1	Adalat CC 1
Lumigan 2	procainamide SR 1	Adalat CC 1	Calanz/SR 3
Travatan 2	propafenone 1	Cardene/SR 3	Cardizem/CD/SR/LA 3
Travatan Z 2	quinidine gluconate 1	Cardizem/CD/SR/LA 3	Covera HS 3
Xalatan 2	quinidine sulfate SR 1	<b>Miscellaneous Anti-hypertensives</b>	
<b>Sympathomimetics</b>	sotalol 1	midodrine 1	
brimonidine 1	Ethmozine 2	Ranexa 2	
dipivefrin 1	Lanoxin 2	Tekturna 2	
		Tekturna HCT 2	
		Inspira 3	
		ProAmatine 3	

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## SECTION I — THERAPEUTIC DRUG CATEGORIES (CONT'D)

TIER	TIER	TIER	TIER
<b>Pulmonary Arterial hypertension</b>		<b>Infection</b>	
+ Letairis	2	<b>Amebicides</b>	
+ Revatio	3	metronidazole 1	
+ Tracleer	2	Yodoxin 2	
+ Ventavis	3	Flagyl/ER 3	
<b>Vasodilators</b>		Tindamax 3	
hydralazine	1	<b>Anthelmintics</b>	
isosorbide dinitrate	1	mebendazole chew tab 1	
isosorbide mononitrate	1	Vermox chew tab 3	
isosorbide mononitrate SA	1	<b>Antibacterial agents/Antibiotics</b>	
isoxsuprine	1	amoxicillin 1	
minoxidil oral	1	amoxicillin/clavulanate 1	
Nitrek nitroglycerin patch	1	ampicillin 1	
nitroglycerin oint	1	azithromycin suspension 1	
nitroglycerin SR	1	azithromycin tablets 1	
nitroglycerin sublingual	1	cefaclor 1	
nitroglycerin transdermal patch	1	cefadroxil 1	
Dilatrate SR	2	cefdinir 1	
Nitrolingual pump	2	cefepodoxime 1	
Nitrolingual spray	2	cefprozil 1	
Imdur	3	cefuroxime 1	
Isordil	3	cephalexin 1	
Minitran	3	cephradine 1	
NitroDur patches	3	ciprofloxacin 1	
Nitrostat SL tabs	3	clarithromycin susp 1	
<b>HIV - Antivirals</b>		clarithromycin tabs 1	
<b>Non-Nucleoside Reverse Transcriptase Inhibitor</b>		clindamycin HCL 1	
Intelligence	2	dicloxacillin 1	
Rescriptor	2	doxycycline 1	
Sustiva	2	erythromycin base 1	
Viramune	2	erythromycin estolate 1	
<b>Nucleoside Analog Reverse Transcriptase Inhibitor Combination</b>		erythromycin ethylsuccinate (E.E.S.) 1	
Combivir	2	erythromycin stearate 1	
Trizivir	2	erythromycin/sulfisoxazole 1	
Truvada	2	minocycline 1	
Viread	2	ofloxacin 1	
<b>Nucleoside Reverse Transcriptase Inhibitors</b>		penicillin VK 1	
didanosine	1	sulfamethoxazole/trimethoprim 1	
zidovudine	1	sulfisoxazole tabs 1	
Emtriva	2	tetracycline 1	
Epivir	2	Augmentin XR 2	
Epzicom	2	Ery-Tab 2	
Hivid	2	Ketek 2	
Videx	2	Levaquin 2	
Zerit	2	Lorabid Caps 2	
Ziagen	2	Lorabid Susp 2	
Retrovir	3	Vanin susp 2	
Videx EC	3	Zmax 2	
<b>Other</b>		Augmentin/ES 2	
Isentress	2	Avelox 3	
↓ Selzentry	2	Bactrim/DS 3	
<b>Protease Inhibitors</b>		Biaxin suspension 3	
Agenerase	2	Biaxin tabs 3	
Crixivan	2	Biaxin XL 3	
Fortovase	2	Ceclor 3	
Invirase	2	Ceftin 3	
Lexiva	2	Ceftzil 3	
Norvir	2	↓ Cipro/XR 3	
Prezista	2	Cleocin 3	
Reyataz	2	Dispermox 3	
Viracept	2	Doryx 3	
<b>Protease Inhibitors Combinations</b>		doxycycline 20mg tab 3	
Kaletra	2	Duricef 3	
<b>Immunosuppressants</b>		Dynacin 3	
azathioprine	1	Eryc 3	
cyclosporine	1	Factive 3	
ganciclovir	1	Floxin oral 3	
generol	1	Furadantin 3	
Cellcept	2	Gantrisin Susp 3	
Neoral	2	Maxaquin 3	
Prograf	2	Minocin 3	
Rapamune	2	Myrac 3	
Sandimmune	2	Noroxin 3	
Cytovene	3	Omnicef 3	
Imuran	3	PCE 3	
		Pediazole 3	
		Periostat 3	
		Septtra/DS 3	
		Spectracef 3	
		Suprax 3	
		Tequin 3	
		Vantin 3	
		Vibramycin 3	
		Zithromax susp. 3	
		Zithromax tablets 3	
		<b>Antifungals</b>	
		fluconazole 1	
		fluconazole 150 mg tab 1	
		griseofulvin 1	
		itraconazole 1	
		ketoconazole 1	
		nystatin 1	
		terbinafine 1	
		Ancobon 2	
		Grispeg 2	
		Vfend 2	
		Diflucan 3	
		Diflucan 150mg 3	
		Grifulvin V susp 3	
		Lamisil Oral 3	
		Nizoral tablets 3	
		Sporanox 3	
		<b>Antimalarials</b>	
		chloroquine phosphate 1	
		hydroxychloroquine 1	
		mefloquine 1	
		quinine sulfate 1	
		Daraprim 2	
		Malarone 2	
		Primaquine 2	
		Aralen 3	
		Lariam 3	
		Plaquenil 3	
		<b>Antituberculosis</b>	
		ethambutol 1	
		isoniazid 1	
		pyrazinamide 1	
		rifampin 1	
		Mycobutin 2	
		Rilater 2	
		Myambutol 3	
		Rifadin 3	
		Rilamate 3	
		<b>Antivirals</b>	
		acyclovir oral 1	
		amantadine 1	
		ganciclovir 1	
		↓ ribapap 1	
		↓ ribasphere 1	
		↓ ribavirin 1	
		rimantadine 1	
		Epivir-HBV 2	
		Hepsera 2	
		↓ Pegasys 2	
		Relenza 2	
		↓ Ribatab 2	
		Tamiflu 2	
		Valcyle 2	
		Valtrex 2	
		Baraclude 3	
		↓ Copegus 3	
		Cytovene 3	
		Famvir 3	
		Flumadine 3	
		↓ PegIntron 3	
		↓ Rebetol 3	
		↓ Rebetron 3	
		Symmetrel 3	
		Zovirax 3	
		<b>Other Anti-Infectives</b>	
		methenamine combination 1	
		metronidazole 1	
		neomycin 1	
		nitrofurantoin 1	
		paromomycin 1	
		trimethoprim 1	
		Dapsone 2	
		Mepron 2	
		Nabupent 2	
		Tobi 2	
		Vancocin 2	
		↓ Zyvox 2	
		Flagyl/ER 3	
		Humatin 3	
		Macrobid 3	
		Macrochantin 3	
		Urised 3	
		Xifaxan 3	
		<b>Men's Health</b>	
		Impotence^ - possible contract exclusion; refer to individual contract	
		^ yohimbine 1	
		Caverject 2	
		MUSE 2	
		Viagra 2	
		Cialis 3	
		Edex 3	
		Levitra 3	
		<b>Male Hormones</b>	
		Androderm patch 2	
		Androgel 2	
		Android 3	
		fluoxymesterone 3	
		Striant 3	
		Testim 3	
		<b>Prostate Health</b>	
		^ finasteride 1	
		^ Avodart 2	
		Flomax 2	
		^ Uroxatral 2	
		^ Proscar 3	
		<b>Mental Health</b>	
		<b>Antidepressants</b>	
		amitriptyline 1	
		amitriptyline/chloridiazepoxide 1	
		amitriptyline/perphenazine 1	
		amoxapine 1	
		bupropion 1	
		bupropion ER 1	
		bupropion XL 1	
		♦ citalopram 1	
		clomipramine 1	
		desipramine 1	
		doxepin 1	
		♦ fluoxetine 10mg tablet 1	
		fluoxetine capsule 1	
		♦ fluvoxamine 25mg, 50mg 1	
		fluvoxamine 100mg 1	
		imipramine 1	
		maprotiline 1	
		♦ mirtazapine 15mg 1	
		mirtazapine 30mg, 45mg 1	
		mirtazapine sol tab 1	
		netazodone 1	
		nortriptyline 1	
		♦ paroxetine HCL 1	
		♦ sertraline 1	
		tranylcypromine 1	
		trazodone 1	
		♦ venlafaxine 2	
		Cymbalta 1	
		Effexor XR 2	
		♦ Lexapro 2	
		Nardil 2	
		Anaftranil 3	
		♦ Celexa 3	
		Desyrel 3	
		♦ Effexor tabs 3	
		Elavil 3	
		Norpramin 3	
		Pamelor 3	
		Parnate 3	
		♦ Paxil 3	
		Paxil CR 3	
		Prozac 3	
		Prozac Weekly 3	
		♦ Remeron 3	
		Remeron Sol Tab 3	
		Sarafem 3	
		Sinequan 3	
		♦ Symbyax 3	
		Tofranil/PM 3	
		Vivactil 3	
		Wellbutrin/SR 3	
		Wellbutrin XL 3	
		♦ Zoloft 3	
		Zoloft Elixir 3	

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TIER	TIER	TIER	TIER
potassium chloride K-Dur K-lor powder K-Lyte/DS Micro-K	1 3 3 3 3	primidone valproic acid ↓ zonisamide Carbatrol Depakote Depakote ER Diastat Gabitril Felbatol Keppra Lamictal Tegretol Tegretol XR ↓ Topamax Trileptal ↓ Zonegran Depakene Klonopin Lyrica Mysoline Neurontin	<b>Fungicides</b> ciclopirox cream/lotion econazole ketoconazole nystatin nystatin/triamcinolone nystop Exelderin Oxistat Loprox cr/gel/lot/shampoo Lotrisone Mycostatin Nafin Nizoral 2% shampoo ↓ Pentac Speclazole
<b>Potassium Removing agent</b> sod. polystyrene sulfonate Kayexalate	1 3		<b>Topical Antipruritics/Anesthetics</b> Topicort Ultravate Westcort lidocaine 2% viscous lidocaine 5% oint. lidocaine gel, soln selenium sulf 2.5% shampoo Lidoderm Selsun Rx Xylocaine viscous, gel, soln.
<b>Respiratory/Asthma</b>			<b>Topical Antivirals</b> Zovirax ointment Denavir
<b>Adrenergic</b> epinephrine inj. Epi EZ Jr. Epipen/Jr. Twinject	1 2 2 2		<b>Smoking Cessation</b> Members coverage varies by plan. Patient should be in a smoking cessation program. Nicotine patches various Chantix Commit Nicorette Nicotine Gum Nicotrol Inhaler
<b>Corticosteroids</b> ■ Asmanex ■ Flovent/HFA ■ Flovent Rotadisk ■ Pulmicort ■ Pulmicort respules ■ Ovar ■ Symbicort ■ Aerobid/M ■ Azmacort	2 2 2 2 2 2 3 3 3	<b>Succinimides</b> ethosuximide Celontin Zarontin	
<b>Leukotrienes</b> ■ Accolate ■ Singulair	2 2	<b>Skin</b>	<b>Other Topicals</b> aluminum chloride 20% fluorouracil podofolex sodium chloride irrigating soln Aldara Carac Efudex cr. Panretin Phisohex ↓ Regranex Condylox Drysol Efudex sol. Fluoroplex Regenecare
<b>Other Agents</b> cromolyn inh. soln. ipratropium inh. soln. ■ Advair diskus ■ Atrovent inhaler/HFA Combivent ■ Intal Inhaler ■ Pulmozyme ■ Spiriva ■ Tilade Duoneb	1 1 2 2 2 2 2 2 3	<b>Acne</b> amnestem avita benzoyl peroxide claravis erythromycin/benz peroxide prascion RA sod.sulfacetamide/sulfur emulsion cleanser sod.sulfacetamide/sulfur lot sortret tretinoin cr/gel Benzacilin & Differin Duac Klaron lotion Soriatane CK Tazorac cream Accutane Benzamycin gel/pckts Evoclin Retin A cr/oint Retin A gel Retin A liquid Retin A micro Rosac	<b>Psoralens</b> 8-MOP Oxsoalene Oxsoalene Ultra
<b>Sympathomimetics</b> albuterol sulfate ER albuterol tab,syr,inhaler metaproterenol syr terbutaline tab ■ Alupent inhaler ■ Maxair Autohaler ■ Proventil HFA ■ Serevent ■ Serevent Diskus ■ Accuneb Brethine tabs ■ Foradil Proventil inh/Sol ■ Ventolin HFA Vospire ER Xopenex/HFA	1 1 1 1 2 2 2 2 2 3 3 3 3 3 3	<b>Antibiotics (Topical)</b> clindamycin sol/swabs/gel/ lotion erythromycin sol/swabs/gel gentamicin cr/oint metronidazole cream metronidazole lotion mupirocin Bactroban cream Centany Finacea Metrogel topical Noritate Bactroban oint. Cleocin-T sol/swabs/gel/lotion Clindamax MetroCream Metrolotion	<b>Scabicides &amp; Pediculicides</b> acticin Lindane Elimite Eurax
<b>Xanthine Derivatives</b> aminophylline theochron theophylline/SR tabs, liquid Theo-24 Elixophyllin Uniphyll	1 1 1 2 3 3		<b>Topical Anti-Inflammatory Agents</b> alclometasone aminonide 2 aug. betamethasone diprop betamethasone dipropionate betamethasone valerate clobetasol propionate desonide desoximetasone diltiazem flucocinone acetamide flucocinone fluticasone propionate halobetasol hydrocortisone 2.5% hydrocortisone valerate hydrocortisone/iodoquinol hydrocortisone/urea mometasone cr/oint triamcinolone acetonide Cordran tape Derma-Smothe FS Aclovate Aristocort Capex Shampoo Cordran SP Cutivate Cyclocort Dermatop Desowen Diprolene/AF Diprosone Elocon cr/oint Elocon lot Halog Hytone Kenalog/aerosol Lidex Luxiq foam Olux Psorcon E Synalar Temovate
<b>Seizures</b>			<b>Scabicides &amp; Pediculicides</b> acticin Lindane Elimite Eurax
<b>Barbiturates</b> phenobarbital Mebaral	1 2		<b>Topical Anti-Inflammatory Agents</b> alclometasone aminonide 2 aug. betamethasone diprop betamethasone dipropionate betamethasone valerate clobetasol propionate desonide desoximetasone diltiazem flucocinone acetamide flucocinone fluticasone propionate halobetasol hydrocortisone 2.5% hydrocortisone valerate hydrocortisone/iodoquinol hydrocortisone/urea mometasone cr/oint triamcinolone acetonide Cordran tape Derma-Smothe FS Aclovate Aristocort Capex Shampoo Cordran SP Cutivate Cyclocort Dermatop Desowen Diprolene/AF Diprosone Elocon cr/oint Elocon lot Halog Hytone Kenalog/aerosol Lidex Luxiq foam Olux Psorcon E Synalar Temovate
<b>Hydantoins</b> phenytoin Dilantin Phenytek Peganone	1 2 2 3	<b>Antipsoriatics</b> Dovonex Dritho-Scalp Elidel + ↓ Enbrel Protopic + ↓ Rapliva Tazorac gel	<b>Scabicides &amp; Pediculicides</b> acticin Lindane Elimite Eurax
<b>Miscellaneous</b> carbamazepine clonazepam gabapentin lamotrigine	1 1 1 1	<b>Burn preparation</b> silver sulfadiazine Silvadene cream	<b>Scabicides &amp; Pediculicides</b> acticin Lindane Elimite Eurax

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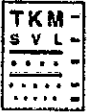
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TIER	TIER	TIER	TIER
Antivert 50mg	2	Rowasa	3
■ Anzemet	2	<b>Proton Pump Inhibitors</b>	
■↓ Emend	2	■ omeprazole	1
Transderm Scop	2	■ Prilosec-OTC	1
Compozine syr.	3	■ Nexium/susp	2
■↓ Kytril	3	■ Aciphex	3
Phenergan	3	■ Prevacid/susp	3
Tigan cap/supp	3	■ Prilosec	3
■↓ Zofran	3	■ Protonix	3
■↓ Zofran ODT	3	■ Zegerid	3
<b>Bowel Evacuants</b>		<b>Thyroid</b>	
peg 3350/electrolyte	1	<b>Antithyroid</b>	
Halflytely	2	methimazole	1
CoLyte	3	propylthiouracil	1
Miralax	3	Tapazole	3
Nulytely	3	<b>Thyroid</b>	
Trilyte	3	levothyroid	1
<b>Digestants</b>		levothyroxine	1
dygase	1	thyroid	1
enzycap	1	unithroid	1
lipram (all)	1	Cytomel	2
palipase	1	Levoxyl	2
pancrelipase	1	Synthroid	2
pangestyme (all)	1	Thyroid (Armour)	2
panokase	1	Thyrolar	2
plarelate 8000	1	<b>Vitamins</b>	
Creon	2	calcitriol	1
Ku-Zyme	2	cyanocobalamin inj.	1
Ku-Zyme HP	2	folic acid	1
Kultrase	2	leucovorin	1
Pancrease (all)	2	multivitamin + fluoride	1
Ultrase (all)	2	phytonadione	1
Viokase	2	potassium aminobenzoate	1
<b>Gallstone Solubilizing Agents</b>		pre-natal vitamins	1
ursodiol	1	sodium fluoride chewable tab & drops	1
Urso	2	vit A,D,C + fluoride	1
Urso Forte	2	vit A,D,C + fluoride and iron	1
Actigali	3	Calcitriol inj	2
<b>H<sub>2</sub> Antagonists</b>		Carnitor	2
cimetidine	1	DHT Intensol drops	2
famotidine	1	DHT tablets	2
nizatidine	1	Didronel	2
ranitidine (all)	1	Gatzin	2
Axid	3	Nascobal	2
Peppid	3	+ Orfadin	2
Tagamet	3	Phosfo	2
Zantac (all)	3	Prenate Elite	2
<b>Other Antulcer</b>		Renagel	2
misoprostol	1	Calcicex	3
sucralate	1	Orisdol caps	3
Proprantheline Bromide	2	Fosrenol	3
Carafate	3	Maphyton	3
Cytotec	3	Poly-Vi-Flor	3
Helidac	3	Poly-Vi-Flor + Iron	3
Prevpac	3	Rocaltrol	3
<b>Other GI Products</b>		Tri-Vi-Flor	3
balasalazide	1	Tri-Vi-Flor + Iron	3
lactulose	1	<b>Weight Loss - possible contract exclusion; refer to individual contract</b>	
masalamine enema	1	↓ Adipex	3
sulfasalazine	1	↓ diethylpropion	3
sulfasalazine EC	1	↓ Meridia	3
Asacol	2	↓ phentermine	3
Canasa supp.	2	↓ Tenuate	3
Colazal	2	↓ Xenical	3
Dipentum	2		
Entocort EC	2	<b>Women's Health</b>	
Gastrocrom	2	<b>Contraceptives - Other</b>	
Pentasa	2	■ NuvaRing	2
↓ Amitiza	3	■ Ortho Evra	2
Azulidine	3	■ Depo-SubQ Provera	3
Enulose	3	<b>Fertility Induction Agents - possible contract exclusion; refer to individual contract</b>	
u Lotronex	3	↓ chorionic gonadotropin	1
		clomiphene	1
		serophene	1
		+↓ Bravelle	2
		+↓ Cetrotide	2
		+↓ Fertinex	2
		+↓ Follistim AQ	2
		+↓ Gonal F	2
		↓ Novarel	2
		↓ Profasi	2
		+↓ Repronex	2
		+↓ Antagon	3
		↓ Clomid	3
		+↓ Luveris	3
		↓ Ovidrel	3
		↓ Pregnyl	3
		<b>Hormones</b>	
		■ estradiol oral	1
		■ estradiol patches	1
		■ estropipate	1
		■ generic Estratest/HS	1
		medroxyprogesterone	1
		norethindrone	1
		■ Activella	2
		■ Alora	2
		■ Cenestin	2
		■ Climara 0.0375,0.06	2
		■ Combipatch	2
		Estrace vag. Cream	2
		■ Estraderm	2
		■ Estratest/HS	2
		■ Estring	2
		■ Femhrt	2
		■ Menest	2
		■ Premarin	2
		■ Premphase	2
		■ Prempro	2
		Progesterone	2
		Prometrium	2
		■ Syntest D.S./H.S.	2
		Vagifem	2
		■ Vivelle	2
		■ Vivelle-ODT	2
		Aggestin	3
		■ Climara 0.025,0.05mg, 0.075mg, 0.1mg	3
		Crinone 8%	3
		■ Enjuvia	3
		■ Esclim	3
		■ Estrace tab	3
		■ Estrasorb packet	3
		■ Estrogel	3
		■ Femring	3
		■ Menostar	3
		■ Ogen	3
		■ Ortho-Est	3
		■ Prefest	3
		Provera	3
		<b>Oral Contraceptives</b>	
		apri	1
		aranelle	1
		aviane	1
		camila	1
		cesa	1
		crystelle	1
		enpresse	1
		errin	1
		jolissa	1
		jolivette	1
		junel/FE	1
		kariva	1
		lessina	1
		levora	1
		low-ogestrel	1
		lutera	1
		microgestin/FE	1
		mononessa	1
		necon	1
		nora-BE	1
		norethindrone a-e estradiol/ferrous fumarate	1
		nortrel	1
		ogestrel	1
		portia	1
		previfem	1
		quasense	1
		solia	1
		sprintec	1
		tri-sprintec	1
		trinessa	1
		triprevifem	1
		trivora	1
		velivet	1
		zovia	1
		Modicon	2
		Ortho Micronor	2
		Ortho Tri-Cyclen/Lo	2
		Ortho-Cept	2
		Ortho-Cyclen	2
		Ortho-Novum	2
		Ovcon-35	2
		Ovcon-50	2
		Yaz	2
		Alesse	3
		Brevicon	3
		Cyclessa	3
		Demulen	3
		Desogen	3
		Estrostep FE	3
		Levlen	3
		Levite	3
		Lo/Ovral	3
		Loestrin/Loestrin FE	3
		Mircette	3
		Nor Q-D	3
		Nordette	3
		Norinyl	3
		Ovral	3
		Seasonale	3
		Tri-Norinyl	3
		Tri-Levlen	3
		Triphasil	3
		Yasmin	3
		<b>Oxytocic Agents</b>	
		Methergine	2
		<b>Vaginal Preparations</b>	
		miconazole vag supp	1
		nystatin vag tab	1
		terconazole	1
		vandazole vag	1
		Premarin vag cream	2
		Cleocin Vag/Ovules	3
		Clindamax	3
		Clindesse	3
		Gynazole-1	3
		MetroGel vag	3
		Monistat supp	3
		Terazol	3

**KEY:** ▢ = A step edit applies to this drug.  
 ■ = Specific Quantity Limits Apply.  
 ↓ = Prior Authorization Required.  
 ◆ = Included in Tablet-Splitting Program  
 ^ = Approved for Males only.  
 u = Approved for Females only.  
 + = Access restricted to specialty pharmacy.  
 & = Age requirement.

**Note:** 1. \* Please note that medications listed in the 3rd tier are considered non-formulary and are not all-inclusive.  
 2. \* All branded self-injectables are subject to prior authorization.  
 3. \* Some drugs are limited to 1 unit of use package per dispensing.



# Vision Benefits

You are able to access vision care discounts through Davis Visions Affinity Program. The program provides high quality professional services and ophthalmic materials such as frames, corrective eyeglasses and contact lenses at significant cost reductions. Simply show your ID card to a participating provider and they will apply the appropriate discount at the time of purchase.

Once a member receives an eye exam from a participating Davis Vision provider, Optometrist or Ophthalmologist (see our provider directory or use the *Find a Provider* feature on our web site [www.bsny.com](http://www.bsny.com)), he or she is eligible for the discount program. A member must obtain services for their materials coverage through a Davis Provider. Most Davis providers will honor prescriptions from participating Optometrists or Ophthalmologists. A member is eligible for the discount program on an unlimited basis for the rest of the plan year.

	<b>Member Cost</b>
<b>Routine Refractive Eye Exam</b>	One exam every two years; Children under age 14 with refractive error can receive one exam every year
<b>Frames</b>	
Priced up to \$70 retail	\$40
Priced over \$70 retail	\$40 plus 10% off the amount over \$70
<b>Lenses (Uncoated Plastic)</b>	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
<b>Lens Option (add to above lens price)</b>	
Standard Progressive (no-line bifocals)	\$75
Premium Progressive	\$125
Glass Lenses	\$18
Polycarbonate Lenses	\$30
Blended Invisible Bifocals	\$20
Intermediate Vision Lenses	\$30
Scratch Resistant Coating	\$15
Standard Anti-Reflective Coating	\$45
Ultraviolet Coating	\$15
Solid Tint	\$10
Gradient Tint	\$12
Photogrey Tint	\$35
Plastic Photosensitive	\$65
High Index Lenses	\$55
Polarized Lenses	\$75
<b>Contact Lenses</b>	20% off retail prices
<i>Free membership in Lens 123® replacement contact lens by mail program.</i>	
<b>Disposable Contact Lenses</b>	10% discount from retail prices <i>Contact lens fitting fee may not be covered</i>
<b>Non-Prescription Sunglasses</b>	20% discount from retail prices
<b>Accessories and Contact Lens Solution</b>	10% discount from retail prices
<b>Laser Vision Correction</b>	Up to 25% off retail <i>or receive an additional 5% discount on any advertised specials--whichever is lowest</i>

*Discounts subject to change*

Benefits may not duplicate those already provided through your group plan or those that may be provided by any vision rider added to your group plan.

# How to Maximize Your Benefits



## How to maximize your benefits and reduce your out-of-pocket costs

Traditional Blue POS offers you the cost savings of a managed care product while still giving you the freedom to choose your own providers. Our POS product requires you to choose a Primary Care Physician (PCP) to assist you in coordinating your care. However, you can decide whether to go to an in-network provider and pay the lowest copay amounts, or to an out-of-network provider and pay a deductible and coinsurance. A network is a group of physicians and other providers in the BlueShield of Northeastern New York operating area that have a contract with us to provide services to our members. When you use one of the physicians or providers in our network, you are considered "in-network" and you will receive the best value and reduce your out-of-pocket costs.

## Use In-Network Services



Utilizing your PCP offers you the lowest personal out-of-pocket cost for medical care. Your PCP is a family practitioner, general practitioner, internist or pediatrician that you have chosen to coordinate your health care. Your PCP evaluates and coordinates any care you need. You are only responsible for a small copay when you obtain medical services from your PCP, a referred provider, or other in-network provider.

When traveling outside of our service area you are still afforded the opportunity to receive urgent care services with the savings of in-network provider services. Please call your PCP to arrange for care. If treatment is advised, call 1-800-810-2583 to locate a participating provider in the BlueCross BlueShield national network.

## Or Use Self Referrals/Out-of-Network Services

Our POS product offers you the flexibility to obtain medical services without a referral or from providers that are not part of your Traditional Blue POS network. Medical services received without a referral or from providers outside of your network will result in greater out-of-pocket costs to you. When you obtain these services you will be responsible to pay an annual deductible. After the deductible is paid you are responsible for your coinsurance for the medical service from an out-of-network provider.



If you utilize a provider who does not participate in any of our networks, the fee charged by the physician for a service may be higher than our allowance for that service. If the provider fee is higher than our allowance, you will be responsible for the difference between what the provider bills and our payment.