

Titus County Cost Comparison

Medical			
2016		2017 YTD 8mos	
UMR Self Funded	Fully Insured	UMR Self Funded	Fully Insured
\$1,673,316	\$1,756,850	\$1,142,345	\$1,135,885

These Fully Insured totals are based on the 4 tier rates illustrated in the TAC proposal. Self Funded totals are less the stop loss reimbursement.

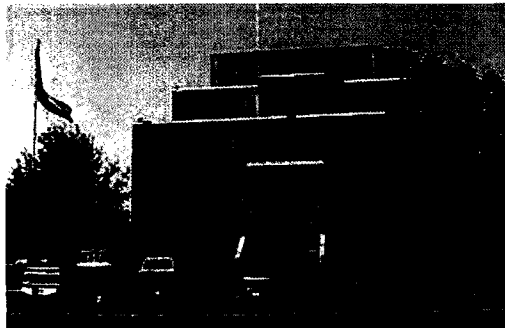
Dental			
2016		2017 YTD 8mos	
UMR Self Funded	Fully Insured	UMR Self Funded	Fully Insured
\$64,587	\$76,435	\$39,919	\$50,105

These Fully Insured totals are based on the 4 tier rates illustrated in the TAC proposal.



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

A Proposal For TITUS COUNTY



January 2018

Rameshea Brandon
Employee Benefits Consultant





The mission of the Texas Association of Counties is
to unite counties to achieve better solutions.

July 31, 2017



Honorable Brian Lee
Titus County Judge
100 W First Street Suite 200
Mt Pleasant, TX 75455

Dear Judge Lee:

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP), is pleased to provide a quote for Medical, Prescription and Dental benefits for Titus County for a January 1, 2018 effective date. We are proposing a single, fully-insured PPO plan option with benefits similar to your current plans.

TAC HEBP is a non-profit entity owned by our 214 member counties and districts, who have chosen the Pool to provide employee benefits for their employees. We are governed by an eleven member board consisting of county officials, which gives us a unique, county-centric perspective. Membership in our Pool is a long-term investment for counties and districts seeking stable rates, excellent networks, and exceptional customer service.

Key benefits for Titus County include:

- Titus County employees will have no trouble accessing care: the Blue Cross Blue Shield of Texas (BCBSTX) BlueChoice PPO Network offers a best-in-Texas statewide range of providers, as well as in-network providers across the U.S. The CVS Caremark network includes over 65,000 chain and independent pharmacies, as well as an industry-leading mail order program.
- Healthy County, a comprehensive wellness program developed specifically for our members, would be an excellent addition to Titus County's benefits package. Healthy County offers an online/mobile portal and physical activity challenges, including a subsidy for tracking devices. You will have a designated Wellness Consultant who will assist in strategic planning, consulting and implementing best practice program and services.
- Titus County staff and employees will receive outstanding service and support from TAC HEBP and our partner vendors, BCBSTX and Caremark. An assigned Employee Benefits Consultant, an Employee Benefits Specialist, and a Wellness Consultant will be at the ready to guide the county through the transition to new benefits and educate your employees on how best to use them.

TAC HEBP understands how valuable medical coverage is for your employees and their families, and we are committed to providing the highest quality benefits at the best long term cost possible. Please contact me at 800-456-5974 or by email at ramesheab@county.org for any additional information you need as you continue the selection process.

Sincerely,

Rameshea Brandon
Employee Benefits Consultant

We adhere to the Local Government Code's fair bid practices. This quote may not be copied or shared with any other carrier or broker.



TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

Titus County

January 2018

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I

INTRODUCTION



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Why Counties Choose TAC HEBP

COUNTY-OWNED AND COUNTY-GOVERNED

- We're for counties, not for profit. We are member-driven and there are no stockholders to satisfy.
- Year-to-year risk is spread among Pool members, providing greater financial stability.
- County-focused customer service focused on the unique needs and challenges of county government.

STRENGTH IN NUMBERS KEEPS COSTS LOW

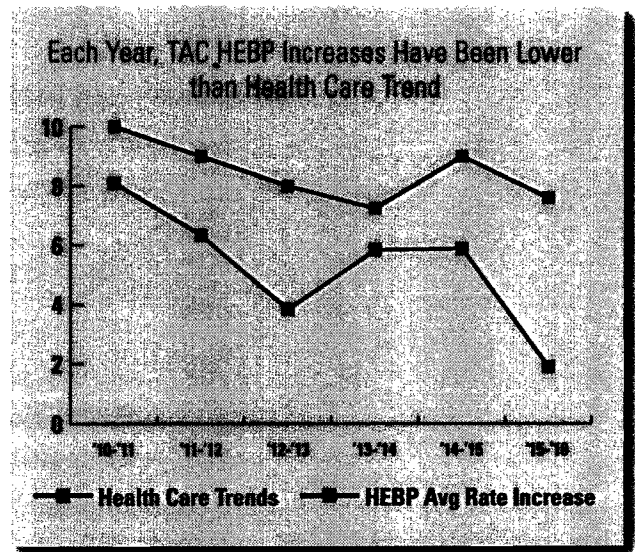
- With more than 45,000 members, TAC HEBP obtains volume purchasing discounts not available to individual counties.
- Year after year, TAC HEBP renewal rates have been well below health care trend.
- Statewide provider networks with favorable experience and pricing.

HEALTHY COUNTY WELLNESS PROGRAM CONTROLS LOSSES

- Condition management and wellness coaching programs.
- Multiple programs available to keep prescription copays in check.
- No-cost colonoscopies and other preventative screenings after office visit copay.
- Tobacco cessation program helps members kick the habit.
- No-cost allergy shots let members breathe easy.
- Wellness activity programs and health risk assessments with participation incentives get members moving.
- Monthly *Healthy Byte* e-newsletter.

TRUSTED VENDOR PARTNERSHIPS

- Medical network – Blue Cross Blue Shield of Texas.
- Pharmacy network – CVS Caremark®.
- Eligibility and billing system – Willis Towers Watson.
- Life insurance – Voya, formerly ING.



TAC HEBP BASICS

- Operates as a self-insured pool.
- Pooled (fully-funded) and partially self-funded financial arrangements are available.
- Stable membership – with a retention rate of more than 99 percent since 1992, the choice for counties is clear.
- Medical, dental and life coverages are available for both active employees and retirees.
- Custom-built Online Administrative System (OASys), makes internal eligibility and billing easy.
- No state premium tax benefits your bottom line.
- Experienced with local government code, and contracts through interlocal agreement.

The TAC HEBP goal is to provide the highest quality health care coverage at the best longterm cost possible to Texas counties.

Aug 2016

TEXAS ASSOCIATION *of* COUNTIES

P.O. Box 2131, Austin, TX 78768 • (512) 478-8753 • (800) 456-5974 • (512) 481-8481 FAX • www.county.org



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

EXECUTIVE SUMMARY

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP or Pool) enables counties and county-related entities to combine, or pool, their purchasing power, increasing contract control and decreasing the costs of reliable and affordable benefits for employees. We can provide you with medical, prescription, Medicare Supplement (for post-65 retirees), dental, life, and accident coverages for your officials, employees, retirees, and their dependents.

You have ownership

Unlike an insurance company, the Pool exists only to serve its members and protect your interests. TAC HEBP offers its members:

- **Sound county leadership** — TAC HEBP is governed by an eleven member board consisting of county officials, which gives us a unique, county-centric perspective. These county leaders drive policy development, negotiations with providers and other program enhancements.
- **County-focused customer service** — County-owned and managed, we understand the unique needs and challenges of county government and tailor our approach and services to them.
- **Not for profit** — TAC HEBP is responsible to our county members, not to shareholders. Our Board reviews financial performance annually, and determines what to do with any surplus revenues. In 2016, the Board voted to make a surplus distribution to Pool members of \$13.5 million from fiscal year 2015 operations. Over the past 3 years, the Pool has returned in excess of \$19.8 million in surplus to our members. The distributions are allocated based on longevity with the Pool and loss experience.
- **Broad Networks with competitive discounts** — The Pool is 48,000+ members strong, giving us negotiating and purchasing power not available to individual counties. Our current provider networks are Blue Cross and Blue Shield of Texas (BCBSTX) and CVS Caremark, chosen for their favorable experience, competitive pricing, and “best in Texas” plus nationwide network provider availability. We share a common goal with our vendor partners in delivering excellent customer service, which we demonstrate through our high retention rates, positive service interactions with our members, and our ability to consistently keep annual increases below the national health care trend.
- **Long-term stability of rates** — Volume purchasing gives us the ability to stabilize rates from year to year and pass the savings along to you.
- **A streamlined purchasing process** — The TAC HEBP Interlocal Agreement eliminates the hassles of the annual health care proposal process, and user-friendly and secure online administration makes employee eligibility determinations and billing easy.
- **Variety of benefit plan options** — Choose from 11 standard PPO medical plan designs, 10 HRA or HSA plan designs, and 6 prescription copay structures. We also offer our own



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Private Exchange, which allows counties to set a defined contribution amount that employees apply toward the medical coverage that best suits their health and financial needs.

- **Value-added services** — TAC HEBP offers a number of programs and services to members at no additional cost to fully-insured groups (programs are optional for self-insured groups and charged on a Per Employee Per Month basis). These programs work to increase the quality of health care, help members live healthier lifestyles and help control costs. **Value added programs include:**
 - "Healthy County", a comprehensive and results-oriented wellness program, developed for our members. Using tools and programs chosen specifically to meet the needs of your county, your employees will be an empowered part of your county's plan to keep health care costs down and preserve the high quality benefits you are able to offer for many years to come. Each county has an assigned Wellness Consultant who will assist in strategic planning, consulting and implementing best practice programs and services that address all points of the health continuum by catching catastrophic cases before they happen, helping your ill employees reverse or better manage their disease states and by keeping healthy employees healthy.
 - Medicine Match, a benefit which pays ½ the member's prescription copay for specified chronic conditions and connects the member with a Registered Nurse to help in controlling their medical condition. We do not want cost to be a barrier to affording the maintenance medications needed for managing diabetes, hypertension, high cholesterol or asthma.
 - Blue Care Connections, a BCBSTX condition management program, which includes lifestyle management programs for the above conditions as well as tobacco cessation, weight loss, chronic migraines, and lower back issues.
- **Compliance with Affordable Care Act (ACA)** — There's no need to worry if your county's benefits comply with ACA regulations. All TAC HEBP health coverage plans meet the requirements of the Act.
- **Affordable Care Act (ACA) Fees** — Since the inception of the ACA, the HEBP Board has voted to pay over \$3.2 million dollars in ACA fees imposed on our groups, and will pay another \$64,000 in the coming year. We also provide a service which produces annual ACA 1095C forms for our groups and files them with the IRS, at no charge. TAC HEBP and our Board of Directors are proud that we have been able to provide this benefit to our members without impacting rates. In addition, we provide ongoing education and assistance to our groups at no charge, in order to help them with ACA compliance.
- **The right choice for Texas counties** — 214 county entities strong, with a retention rate of more than 99 percent since 1992, the choice for counties is clear. When they join the Pool, they stay.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

RATING PHILOSOPHY

The Texas Association of Counties has decades of experience managing self-insured pools for county government. Because we are county-owned and county-operated, we have a different approach to rating than what you might find at your typical insurance company.

To protect the financial integrity of the pool and its members, we must set rates that are adequate to cover the actual costs plus the required reserves. At TAC we consider several factors when setting rates, including your group's size, demographics and past claims history. Our rates reflect a combination of pure experience rating and pooling with the other members of TAC HEBP. This offers our members the protection they need when an inevitable "bad year" hits. TAC HEBP uses a consistent rating approach that results in the best and most stable rating over the long haul. Even in this era of steadily rising health care costs, TAC HEBP has stayed below the national average for health plan rate increases for the past twelve years.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

HISTORY

In 1969, the Texas Association of Counties was formed to create a unified voice to represent county interests in the legislative process and inform counties of issues that affected them. Services expanded in 1974 when TAC created its Workers' Compensation Self-Insurance Pool. It not only provided an important service to Texas counties in a time of need, it saved them money through increased purchasing power brought about by pooling county resources. This success opened the door for other self-insurance coverage programs.

Since the early 1980s, TAC has partnered with insurance companies and other organizations to provide customized employee health benefits through TAC's Insurance Trust Fund. In 2001, TAC HEBP was established as a self-funded pool, gaining market advantages through high-value combined purchasing power and increased contract control.

TAC HEBP has undergone extensive searches for the most effective, cost-efficient providers available statewide. The Pool now takes some risks as a self-funded plan for the control and flexibility our members want. For more than a decade, TAC HEBP has consistently provided renewal rates well below national inflation of medical costs (trend) and can proudly state that it is one of the largest public entity health risk pools in the nation.

The TAC HEBP program has been developed exclusively for the counties of the State of Texas. There is no other like it.



TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

CURRENT HEBP BOARD MEMBERS

Honorable Benny Wilson, Chairman
Hansford County Judge
16 Northwest Court St.
Spearman, Texas 79081
Phone: 806-659-4100

Honorable Donna Kelly
Erath County Treasurer
100 W. Washington St.
Stephenville, Texas 76401
Phone: 254-965-1483

Honorable Mary Horton
Jackson County Treasurer
411 N. Wells, Room 208
Edna, Texas 77957
Phone: 361-782-3402

Honorable Charles Bradley
Schleicher County Judge
P.O. Box 741
Eldorado, Texas 76936-0741
Phone: 325-853-2766, ext 1

Mr. Rick Dollahan
Gaines County Auditor
101 S. Main St., Room 208
Seminole, Texas 79360
Phone: 432-758-4002

Honorable Donna Eccleston
Comal County Commissioner
150 N. Seguin Ave., Suite 201
New Braunfels, Texas 78130
Phone: 830-221-1106

Honorable Margie H. Gonzalez
Jim Wells County Commissioner
1203 S US Highway 281
Alice, TX 78332-4845
Phone: 361-668-5763

Honorable Ronnie J. Gordon
Hartley County Judge
P. O. Box 69
Channing, TX 79018-0069
Phone: 806-235-3442

Honorable Jay Mayden
Childress County Judge
100 Ave. E. Northwest
Childress, Texas 79201
Phone: 940-937-2221

Honorable Terrie Neuville
Marion County Treasurer
102 W. Austin St., Suite 101
Jefferson, Texas 75657
Phone: 903-665-2472

Honorable Joshua Tackett
Navarro County District Clerk
P.O. Box 1439
Corsicana, Texas 75151
Phone: 903-654-3040



FINANCIAL QUOTE



TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

Group Health Quote for:

Titus County

Effective Date:

January 1, 2018

Plan 1100-NGS (Non-Grandfathered with Specialist Copay)

Employee Only	\$855.00
Employee & Children	\$1,250.00
Employee & Spouse	\$1,450.00
Employee & Family	\$1,600.00

Benefit Highlights

Office Visit Co-Pay	\$25
Office Visit Co-Pay Specialist	\$35
Office Visit Preventive Care	100%
Individual Deductible In/Out Network	\$750/1,000
Co-Insurance % In/Out Network	80/60
Individual Co-Insurance Maximum In/Out Network	\$3,000/6,000
Emergency Room Co-pay	\$150
Prescription Card Co-pays	\$10/30/50

Proposal rates are based on the following:

- Rates effective from 1/1/2018 through 12/31/2018.
- Offer guaranteed until 1/1/2018.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Enrollment dates and schedule to be determined jointly by group and TAC HEBP.
- Enrollments scheduled less than 30 days prior to the effective date may result in a delay in implementation of benefits and ID Cards.
- Retirees pay the same premium as active employees for medical or dental regardless of age.
- Rates quoted are for the benefits submitted in this proposal. Modifications may be considered during the negotiation phase with TAC HEBP and according to the Local Government Code. Adjustments after final approval and/or effective date will not be considered without TAC HEBP approval and may involve system programming charges from our vendors.



TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

Group Health Quote for:
Effective Date:

Titus County
January 1, 2018

Plan 1100-NGS (Non-Grandfathered with Specialist Copay)
5 Tier Rates

Employee Only	\$900.00
Employee & Child	\$1,040.00
Employee & Children	\$1,230.00
Employee & Spouse	\$1,337.04
Employee & Family	\$1,466.14

Benefit Highlights

Office Visit Co-Pay	\$25
Office Visit Co-Pay Specialist	\$35
Office Visit Preventive Care	100%
Individual Deductible In/Out Network	\$750/1,000
Co-Insurance % In/Out Network	80/60
Individual Co-Insurance Maximum In/Out Network	\$3,000/6,000
Emergency Room Co-pay	\$150
Prescription Card Co-pays	\$10/30/50

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TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

Group Health Quote for:
Effective Date:

Titus County
January 1, 2018

Plan 1200-NGS (Non-Grandfathered with Specialist Copay)

5 Tier Rates

Employee Only	\$868.50
Employee & Child	\$1,003.60
Employee & Children	\$1,186.96
Employee & Spouse	\$1,290.24
Employee & Family	\$1,414.82

Benefit Highlights

Office Visit Co-Pay	\$30
Office Visit Co-Pay Specialist	\$40
Office Visit Preventive Care	100%
Individual Deductible In/Out Network	\$1,000/3,000
Co-Insurance % In/Out Network	80/60
Individual Co-Insurance Maximum In/Out Network	\$3,000/6,000
Emergency Room Co-pay	\$150
Prescription Card Co-pays	\$10/30/50

Proposal rates are based on the following:

- Rates effective from 1/1/2018 through 12/31/2018.
- Offer guaranteed until 1/1/2018.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
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TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Dental Plan Quote For:
Effective Date:

Titus County
January 1, 2018

Plan II with Ortho

Employee Only	\$30.00
Employee & Spouse	\$55.00
Employee & Child(ren)	\$55.00
Employee & Family	\$75.00

Benefits

Plan Year Maximum Benefit	\$1500.00
Plan Year Deductible (<i>waived for preventive care</i>)	\$50.00
Preventive Care	100%
Basic Care	80%
Major Services	50%
Orthodontic Lifetime Maximum (<i>up to age 26</i>)	50% up to \$1500.00

Annual Open Enrollment Not Available

Proposal rates are based on the following:

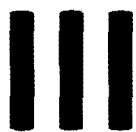
- Rates effective from 1/01/2018 through 12/31/2018.
- Offer guaranteed until 1/01/2018.
- Orthodontic coverage is optional per group, not per individual family.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Enrollment dates and schedule to be determined jointly by group and TAC HEBP.
- Enrollments scheduled less than 30 days prior to the effective date may result in a delay in implementation of benefits and ID Cards.
- Retirees pay the same premium as active employees for dental regardless of age.
- Rates quoted are for the benefits submitted in this proposal. Modifications may be considered during the negotiation phase with TAC HEBP and according to the Local Government Code. Adjustments after final approval and/or effective date will not be considered without TAC HEBP approval and may involve system programming charges from our vendors.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

PLAN ASSUMPTIONS

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10 percent over 30 days or 30 percent over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100 percent of the employee only rate or current funding level.
- Enrollment dates and schedule to be determined jointly by group and TAC HEBP.
- Enrollments scheduled less than 30 days prior to the effective date may result in a delay in implementation of benefits and ID cards.
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- Rates quoted are for the benefits submitted in this proposal. Modifications may be considered during the negotiation phase with TAC HEBP and according to the Local Government Code. Adjustments after final approval and/or effective date will require TAC HEBP approval and may involve system programming charges from our vendors.



BENEFIT DETAILS



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

BENEFIT HIGHLIGHTS Plan 1100-NGS (Non-Grandfathered ACA)

BlueChoice Network

This is a general summary of your benefits. Please refer to your benefit booklet for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Upon receipt of your benefit booklet, carefully review the plan's limitations and exclusions.

Deductibles

Per-admission Deductible	\$0	\$0
Deductible	\$750 Individual / \$2,250 Family	\$1,000 Individual / \$3,000 Family
<i>Applies to all Eligible Expenses except Inpatient Hospital Expenses (unless otherwise indicated)</i>		

CoShare Stoploss Maximum

Deductibles are not applied to CoShare Stoploss Maximum. Copayment Amounts will apply and will not be required after CoShare Stoploss Maximum has been satisfied. Your benefit booklet will provide more details.	\$3,000 Individual / \$9,000 Family	\$6,000 Individual / \$18,000 Family
	<i>Network Deductible & CoShare Stoploss Maximum will only apply toward Network Deductible & CoShare Stoploss Maximum</i>	<i>Out-of-Network Deductible & CoShare Stoploss Maximum do not apply toward Network Deductible & CoShare Stoploss Maximum</i>
Credit for Coshare Stoploss Maximum from prior carrier (Applied on initial group enrollment only)	Yes	Yes

Copayment Amounts Required

Physician office visit/consultation <i>Refer to Medical/Surgical Expenses section for more information</i>	\$25 Copayment Amount	N/A-Refer to Medical/Surgical Expense section for benefits
Specialty Care Copayment Amount for office visit/consultation when services rendered by a Specialty Care Provider	\$35 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
Urgent Care	\$25 / \$35 Copayment Amount	70% of Allowable Amount
Outpatient Hospital Emergency Room/Treatment Room <i>Refer to Emergency Room/Treatment Room section for more information</i>	\$150 Copayment Amount	\$150 Copayment Amount

Maximum Lifetime Benefits

Per Participant	Unlimited
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Inpatient Hospital Expenses

<i>All services must be preauthorized</i> All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units	80% of Allowable Amount	60% of Allowable Amount
Penalty for failure to preauthorize services	None	\$250



**BlueCross BlueShield
of Texas**



TEXAS ASSOCIATION of COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

Medical / Surgical Expenses

Services performed during the Physician's office visit/consultation, including lab & x-ray (does not include Certain Diagnostic Procedures and surgical services)

100% of Allowable Amount after \$25 Copayment Amount

70% of Allowable Amount after Plan Year Deductible

Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)

100% of Allowable Amount

70% of Allowable Amount after Plan Year Deductible

Allergy Injections

100% of Allowable Amount

70% of Allowable Amount after Plan Year Deductible

Colonoscopy (All places of treatment and diagnoses)

100% of Allowable Amount

70% of Allowable Amount after Plan Year Deductible

Physician surgical services performed in any setting

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT -Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan.

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

Home Infusion Therapy (Services must be preauthorized)

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

Organ Transplants

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

All other outpatient services and supplies

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

In Vitro Fertilization Services

Declined

Extended Care Expenses

All services must be preauthorized

Skilled Nursing Facility
Home Health Care
Hospice Care

100% of Allowable Amount

70% of Allowable Amount after Plan Year Deductible

25 day maximum each Plan Year*
60 visit maximum each Plan Year*
Unlimited

Serious Mental Illness

All services must be preauthorized

Inpatient Services

-Hospital services (facility)

80% of Allowable Amount

60% of Allowable Amount

-Physician services

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

Outpatient Services

-Services performed during Physician office visit/consultation (does not include psychological testing)

100% of Allowable Amount after \$25 Copayment Amount

70% of Allowable Amount after Plan Year Deductible

-All outpatient services and psychological testing

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated



TEXAS ASSOCIATION of COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

Mental Health Care/Chemical Dependency

All services must be preauthorized

Inpatient Services -Hospital services (facility) -Physician services Plan Year Maximum	80% of Allowable Amount 80% of Allowable Amount after Plan Year Deductible 30 inpatient days/30 inpatient Physician visits each Plan Year*	60% of Allowable Amount 60% of Allowable Amount after Plan Year Deductible 30 inpatient days/30 inpatient Physician visits each Plan Year*
Outpatient Services -Services performed during Physician office visit/consultation (does not include psychological testing) -Emergency Room/Treatment Room -Other Outpatient Services and psychological testing Plan Year Maximum	100% of Allowable Amount after \$25 Copayment Amount 80% of Allowable Amount after \$150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply) 80% of Allowable Amount after Plan Year Deductible 30 outpatient visits each Plan Year*	70% of Allowable Amount after Plan Year Deductible 60% of Allowable Amount after \$150 Copayment Amount & Plan Year Deductible (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply) 60% of Allowable Amount after Plan Year Deductible
Chemical Dependency Maximum (Inpatient treatment must be provided in a Chemical Dependency Treatment Center)	Limited to three separate series of treatments for each covered individual per lifetime *	

Emergency Room/Treatment Room

Accidental Injury & Emergency Care -Facility charges (outpatient Hospital emergency treatment room charges) -Physician charges	80% of Allowable Amount after \$150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply) 80% of Allowable Amount after Plan Year Deductible	
Non-Emergency Care -Facility charges (outpatient Hospital emergency treatment room charges) -Physician charges	80% of Allowable Amount after \$150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply) 80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after \$150 Copayment Amount & Plan Year Deductible (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply) 60% of Allowable Amount after Plan Year Deductible

Ground and Air Ambulance Services

	80% of Allowable Amount after Plan Year Deductible	
--	--	--

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated



TEXAS ASSOCIATION of COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

Preventive Care

Routine annual physical examinations, well-baby care exams, immunizations 6 years of age & over, vision exams, hearing exams, and any other preventive health services as determined by USPSTF	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Immunizations for Dependent children through the date of the child's 6 th birthday	100% of Allowable Amount	100% of Allowable Amount

Speech and Hearing Services

Services to restore loss of or correct an impaired speech or hearing function without hearing aids	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
--	--	--

Physical Medicine Services

Chiropractic Care-Office Services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Plan Year Maximum	35 visit maximum each Plan Year*	
	All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.	

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated

EMPLOYEE INFORMATION

This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.

The following benefits apply to dependent coverage:

- Dependent children are covered to age 26.
- Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.

Payments: Network providers agree to accept amounts negotiated with BCBSTX and are paid according to this BCBSTX-determined Allowable Amount. Covered individuals are responsible for any required Deductibles, Coinsurance Amounts, and Copayments. Plan benefits paid to Out-of-Network providers are based on the BCBSTX-determined Allowable Amount, except in the event of Emergency Care received in an outpatient hospital emergency treatment room within 48 hours of the incident. For all other services received by an Out-of-Network Provider, the covered individual will be responsible for charges in excess of the Allowable Amount in addition to any applicable Deductibles, Coinsurance Amounts, and Copayments. For cost savings information, refer to the section on ParPlan Providers and the definition of Allowable Amount in the benefit booklet.

Replacement of Medical Coverage: In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):

- Benefits for eligible expenses incurred for any service or supplies prior to the contract date, are not covered under the contract.
- Eligible expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.

RX Plan 5A-NG

Benefit Highlights



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Prescription Drug Plan Option 5A-NG No Deductible

Participating CVS Caremark Network Retail Pharmacy

Plan Year Deductible	<i>\$0 Individual / \$0 Family</i>
Non-Preferred Brand Name Drug	<i>\$50 Copayment Amount (When no generic is available or Rx is prescribed Dispense as Written-DAW)</i>
Brand Name Drug	<i>\$30 Copayment Amount (When no generic is available or Rx is prescribed Dispense as Written-DAW)</i>
Generic Drug	<i>Lesser of \$10 Copayment Amount OR Actual Cost</i>

ATTENTION: Please note the following guidelines regarding your Prescription benefits:

- 1) Members who choose to refill prescriptions for maintenance drugs at a retail pharmacy will be required to pay 1.5 times copayment shown above after the second refill of the plan year. Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines.
- 2) Members electing to purchase brand name drugs when "Dispense as Written" (DAW) is not indicated will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name Copayment.
- 3) Specialty and biotech medications are available only through mail order unless purchased and administered through the doctor's office.

Mail Service Pharmacy or CVS Retail Pharmacy-up to a 90-day supply

Non-Preferred Brand Name Drug	<i>\$100 Copayment Amount</i>
Brand Name Drug	<i>\$60 Copayment Amount</i>
Generic Drug	<i>\$20 Copayment Amount</i>

Note: Prescription Drug Benefits are provided by CVS Caremark through a master contract with the Texas Association of Counties Health and Employee Benefits Pool. Prescription Drugs are not administered by Blue Cross and Blue Shield of Texas



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Medical / Surgical Expenses

Services performed during the Physician's office visit/consultation, including lab & x-ray (does not include Certain Diagnostic Procedures and surgical services)	100% of Allowable Amount after \$30 Copayment	70% of Allowable Amount after Plan Year Deductible
Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Allergy Injections	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Colonoscopy (All places of treatment and diagnoses)	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Physician surgical services performed in any setting	60% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT -Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan.	60% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Home Infusion Therapy (Services must be preauthorized)	60% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Organ Transplants	60% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
All other outpatient services and supplies	60% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
In Vitro Fertilization Services	Declined	

Extended Care Expenses

All services must be preauthorized

	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Skilled Nursing Facility Home Health Care Hospice Care	25 day maximum each Plan Year* 60 visit maximum each Plan Year* Unlimited	

Serious Mental Illness

All services must be preauthorized

Inpatient Services		
-Hospital services (facility)	80% of Allowable Amount	60% of Allowable Amount
-Physician services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Outpatient Services		
-Services performed during Physician office visit/consultation (does not include psychological testing)	100% of Allowable Amount after \$30 Copayment	70% of Allowable Amount after Plan Year Deductible
-All outpatient services and psychological testing	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated

Initials _____ Date _____



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Mental Health Care/Chemical Dependency

All services must be preauthorized

Inpatient Services
-Hospital services (facility)

-Physician services

Plan Year Maximum

80% of Allowable Amount	60% of Allowable Amount
80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
30 inpatient days/30 inpatient Physician visits each Plan Year*	30 inpatient days/30 inpatient Physician visits each Plan Year*

Outpatient Services
-Services performed during Physician office visit/consultation (does not include psychological testing)

-Emergency Room/Treatment Room

-Other Outpatient Services and psychological testing

Plan Year Maximum

100% of Allowable Amount after \$30 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
80% of Allowable Amount after \$150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)	60% of Allowable Amount after \$150 Copayment Amount & Plan Year Deductible (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)
60% of Allowable Amount after Plan Year Deductible 30 outpatient visits each Plan Year*	60% of Allowable Amount after Plan Year Deductible

Chemical Dependency Maximum
(Inpatient treatment must be provided in a Chemical Dependency Treatment Center)

Limited to three separate series of treatments for each covered individual per lifetime *

Emergency Room/Treatment Room

Accidental Injury & Emergency Care
-Facility charges (outpatient Hospital emergency treatment room charges)

-Physician charges

80% of Allowable Amount after \$150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)
80% of Allowable Amount after Plan Year Deductible

Non-Emergency Care
-Facility charges (outpatient Hospital emergency treatment room charges)

-Physician charges

80% of Allowable Amount after \$150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)	60% of Allowable Amount after \$150 Copayment Amount & Plan Year Deductible (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)
60% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible

Ground and Air Ambulance Services

60% of Allowable Amount after Plan Year Deductible

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated

Initials _____ Date _____



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Preventive Care

Routine annual physical examinations, well-baby care exams, immunizations 6 years of age & over, vision exams, hearing exams, and any other preventive health services as determined by USPSTF	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Immunizations for Dependent children through the date of the child's 6 th birthday	100% of Allowable Amount	100% of Allowable Amount

Speech and Hearing Services

Services to restore loss of or correct an impaired speech or hearing function without hearing aids	50% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
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Physical Medicine Services

Chiropractic Care-Office Services	50% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Plan Year Maximum	35 visit maximum each Plan Year*	
	All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.	

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EMPLOYEE INFORMATION

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Replacement of Medical Coverage: In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):

- Benefits for eligible expenses incurred for any service or supplies prior to the contract date, are not covered under the contract.
- Eligible expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.

Initials _____ Date _____

Dental Plan II with Orthodontia Benefit Highlights



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Dental Option II-with orthodontics

Type of Service	Benefit**
General Provisions	
Plan Year Deductible	\$50 Individual / \$150 Family
Plan Year Maximum per Participant	\$1,500
Diagnostic and Preventive Care Benefits (deductible waived)	
Oral Examinations (twice per Plan Year) Prophylaxis (two cleanings per Plan Year) Fluoride Treatment (to age 19; twice per Plan Year) Dental X-rays -Full Mouth/Panoramic X-rays (once every 36 months) Bitewing X-ray Series (twice per Plan Year) Labs and Tests Sealants up to age 14, permanent molars, one time per lifetime	100%
Miscellaneous Services	
Space Maintainers Palliative Care	80%
Restorative Services	
Amalgams and Composites(once per surface on the indicated tooth per Plan Year) Simple Extractions Pin Retention	80%
General Services	
Anesthesia Stainless Steel Crowns Recementation of crowns, inlays/onlays Crown repair Reline/Rebase Recementation and repair of bridges/denture repair Diagnostic Casts (once per Plan Year)	80%
Endodontic Services	
Root canal therapy Direct pulp cap Apicoectomy/Apexification Retrograde filling Root amputation/hemisection Therapeutic pulpotomy Gross pulpal debridement	80%
Periodontal Services	
Periodontal scaling and root planning Full mouth debridement Gingivectomy/gingivoplasty Gingival flap procedure / Osseous surgery and grafts / Soft tissue grafts	80%
Oral Surgery Services	
Surgical tooth extractions Alveoloplasty Vestibuloplasty	80%
Crowns, Inlays/Onlays Services	
Prefabricated post and cores	50%
Prosthodontic Services	
Bridges and dentures	50%
Orthodontic Benefits	
Orthodontic Diagnostic Procedures and Treatment (Available only to participants under age 26) Lifetime Maximum per Participant	50% \$1,500



TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

****Each time you need dental care, you can choose to:**

See a Contracting Dentist	See a Non-Contracting Dentist
<ul style="list-style-type: none">• Your out-of-pocket cost will generally be the least amount because BlueCare Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses• You are not required to file claim forms• You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists	<ul style="list-style-type: none">• Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses• You are required to file claim forms• You are balance billed for costs exceeding the BCBSTX Allowable Amount

EMPLOYEE INFORMATION

This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions. The following eligibility provisions apply:

- Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
- Retirees may be eligible, depending on employer contract.
- Employees may enroll dependent children up to age 5, on the first of the month following application with no late enrollment penalty.

An exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. All other benefits will begin on the first day of coverage. This exclusion will not apply to:

- Any participant who becomes effective on the dental contract date who was covered under a previous group dental care contract by the Employer.
- Any participant who has been continuously covered for 24 months under a group dental care contract with BCBSTX which included prosthetic benefits.
- A partial or full denture or fixed bridge which includes replacement of a missing tooth which was extracted after coverage becomes effective.

When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL



BlueCross BlueShield
of Texas

CVS/caremark

PROVIDER DIRECTORY INFORMATION

A separate file containing a sample regional directory of medical and pharmacy providers has been included with this proposal.

IMPORTANT NOTE:

Printed directory information is subject to change, we strongly recommend that members utilize online search tools to locate and verify network providers at the time they are seeking services through the health plan. Instructions for finding providers are included on the following pages of this proposal.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

To find a specific doctor or health care facility in the network:

Go to <http://www.bcbstx.com/find-a-doctor-or-hospital>, then click on the window that says "Find a Doctor With Provider Finder". Next, follow the steps below:

Step 1) Select the state in which you wish to search for a provider (default is Texas), then click "Start Search", and proceed to Step 2:

Step 2) Select the BCBSTX network for your plan (TAC HEBP plans use the Blue Choice PPO network). Locate this in the dropdown list, then the Search Criteria window will appear:

Step 3) Enter your specific search criteria here. You can search by location and distance range, or search for a specific doctor or facility. You may also select a provider type or specialty. Once you have entered the search parameters, click on "Search". A new window will appear with a list of providers matching your criteria.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

To locate a pharmacy within the CVS/Caremark network:

Go to: <http://www.cvs.com/store-locator/landing>

The window below will appear:

Pharmacy

MinuteClinic[®]

Shop

ExtraCare[®]

Optical

Photo

Easy Reorder

Basket

[Home](#) | [Store Locator](#)

Store Locator

Browse by State >

☐ 24-Hour Pharmacy

☐ Drive-Thru Pharmacy

☐ MinuteClinic

☐ Pharmacy

☐ Home Health Center

☐ Accepts SNAP

☐ 24-Hour Store

☐ Photo

☐ Accepts WIC

☐ Optical Center

☐ Hearing Center

☐ Immunizations

Enter your search criteria here.

You must enter either a zip code or a city and state. You can add other search filters as needed.

Click on the 'Search' button. A list of pharmacies near your selection will appear, with map links.

IV

TAC HEBP PARTNERS



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

BLUE CROSS BLUE SHIELD OF TEXAS

Blue Cross and Blue Shield of Texas knows health care coverage in Texas; we invented it. We're Texas born and bred, and this is the only place we do business. Our mission since our founding more than 80 years ago has been to provide financially sound health care coverage to as many Texans as possible.

- We serve more than 5 million members and cover all 254 Texas counties.
- We serve some of the best known Texas companies, a great number of public entities, and The Texas Association of Counties.

We grew up in local Texas communities, and we've stayed there.

- We have more than 6,200 employees in 16 cities across the state, from Amarillo to Richardson, Beaumont to Midland, and Marshall to El Paso.
- In 2014, Health Care Service Corporation, of which Blue Cross and Blue Shield of Texas is an operating division, employees contributed time, effort and funding to support more than 492 community-based charitable organizations where we do business.
- Since 1997, our statewide Care Van Program has given more than one million immunizations to nearly 704,000 uninsured and medically underserved children in Texas.

We have a special relationship with physicians and hospitals that dates back to 1929. We remain committed to partnering with physicians and hospitals to provide access to affordable, quality health care, and we are a collaborative partner seeking solutions to joint concerns with employers, physicians, hospitals and governmental bodies.

- Our health care provider network is the largest in the state, with more than 85,000 physicians and 684 hospitals across Texas.
- We have eight full-time physicians on staff combining more than 200 years of experience in medicine.
- We have an established Office of Physician Advocacy dedicated to addressing network physician concerns and fostering robust communication with the physician community.

As an operating division of Health Care Service Corporation (HCSC), Blue Cross and Blue Shield of Texas is among the financially strongest health insurers in the nation, providing our members with a high level of confidence and security. Financial information and statistics for HCSC can be viewed here:

http://www.hcsc.com/pdf/2015_HCSC_By_The_Numbers.pdf.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

BCBSTX/HCSC Fact Sheet

Discount Information

Average Provider Savings

	PPO/POS/CDHP	Traditional	HMO
Inpatient Hospital	59%	23.6%	66.4%
Outpatient Hospital	63.2%	24.9%	67.3%
Physician	59.2%	56.1%	61.1%

As of January 2016 (claims incurred July 2014 through June 2015; paid through September 2015)

Membership Overview

	PPO/POS/CDHP	HMO	Total BCBSTX
Membership*	4.3 million	477,700	4.8 million

* Membership numbers are as of June 30, 2016.

Market Share

The Texas market share in the commercial non-elderly market for the Blues in 2014 was 32.9%.

Location Overview

Number of FSUs in Texas	5*
Number of Offices in Texas	16 regional offices

*Abilene (large Government programs), San Angelo (HMO and PPO) Wichita Falls, Marshall, and Amarillo (dental).

Employees

Texas	6,200
HCSC	20,400

Numbers as of June 2016.

Financial Information

2016	HCSC
Total Premium Revenue	Audited Financial Report Available upon request
Net Assets (Capital and Surplus)	Audited Financial Report Available upon request



TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

HCSC/BCBSTX Financial Ratings

Agency	Rating
Moody's	A1 (August 2016)
Standard & Poor's	A+ (May 2016)
A.M. Best	A+ (July 2016)

Network Highlights

	PPO/POS/CDHP	Par/Traditional	HMO
Network Name	BlueChoice®	PAR Plan	Blue Essentials
Service Area	Statewide***	Statewide	Statewide
PCPs	18,101	18,564	16,313
Specialists	55,436	55,848	48,746
Hospitals*	501	509	478
Pharmacies	4,950	Not applicable	4,738
Percent of All Available Physicians**	82%	82%	68%
Percent of All Available Hospitals	84%	86%	74%
<i>Nationwide:</i>			
Network Access (also D.C. and Puerto Rico)	50 States	49 States	Guest memberships are available in 32 states and the District of Columbia****
Physicians	More than a million	More than a million	
Hospitals	6,053	6,097	
Pharmacies	66,900	Not applicable	

* Hospital and provider numbers no longer include behavioral health facilities/providers.

** Percentages are now updated three times a year. (January, May, and September)

*** Statewide represents all 254 counties.

**** Away from Home Care® is not available in the following states: Alabama, Alaska, Idaho, Iowa, Kansas, Maryland, Mississippi, Montana, Nebraska, North Dakota, Oregon, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia, and Wyoming.



TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

Satisfaction Rates (Updated Yearly)

Member Continuous Tracking Survey Results

*Overall Satisfaction with Health Plan (Top 3 Box)**

	2016	2015	2014	2013
BCBSTX	87%	87%	90%	88%

*As defined by the respondent's response to this question: "All things considered, how would you rate your health plan, including your benefits, the care you've received from your doctors, and your contact with health plan representatives?"

*Overall Value of Health Plan (Top 3 Box)**

	2016	2015	2014	2013
BCBSTX	83%	85%	87%	85%

*As defined by the respondent's response to this question: "Using the rating scale of Excellent, Very Good, Good, Fair, and Poor, how would you rate the overall value of your health plan?"



BlueCross BlueShield of Texas

Experience. Wellness. Everywhere.®



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

CVS CAREMARK

The Pool utilizes a separately contracted prescription drug program to provide excellent services and keep drug costs in check. CVS Caremark has several features designed to help contain costs for members and improve patient prescription drug access. Our plans include \$0, \$100, and \$250 deductible options. Prescription deductibles can help offset the rapidly escalating costs of prescription medication and discourage over-utilization.

Maintenance Choice — Through CVS Caremark, TAC HEBP offers mail-order service to all groups, regardless of size. Our mail-order program offers members a savings of one-third of the co-pay for a 90-day prescription, either through CVS Caremark's mail order pharmacy or at CVS retail pharmacies. This is offset in cost because of the increased drug discount and decreased administration fee. The mail-order benefit can greatly reduce out-of-pocket costs for you and your employees. Members who choose to refill maintenance medications at a non-CVS retail pharmacy will pay 1.5x the retail copay after the second refill in a plan year.

Dispense As Written (DAW) — With this program, if a physician allows a generic to be substituted for a brand drug but the patient chooses the more expensive brand drug, they will pay the difference between the actual costs of the two drugs in addition to their co-pay.

Specialty Guideline Management and Advanced Control Specialty Formulary™ (ACSF) — These programs help ensure that members meet the appropriate criteria before specialty medication is first dispensed, experience the expected therapeutic outcomes while on therapy, and discontinue unsafe or ineffective therapy. The Specialty Preferred Drug Strategy encourages providers to prescribe clinically-effective therapies at the lowest net cost via step therapy. CVS Caremark considers current evidence-based guidelines, drug efficacy, FDA-approved indications, safety profile and prescribing patterns. ACSF expands control for specialty medications and provides another level of control for these high-cost medications in 13 specialty classes.

Drug Savings Review - The Drug Savings Review solution identifies members who might be at risk for drug-induced conditions or have opportunities for more cost-effective therapy, and identifies appropriate opportunities to help reduce unnecessary prescriptions or simplify a member's therapy.

Pharmacy Benefit Manager Services — At CVS Caremark, teams of skilled physicians, researchers and analysts work together to find new and better ways to optimize the delivery of patient care. The services include enhancing drug therapy protocols, creating physician education models, forecasting therapeutic impacts of drugs and finding better ways to address the health needs of specific populations.

Caremark Performance Drug List

The medications listed on the Performance Drug List are the most common preferred drugs that are prescribed through TAC HEBP. They do not include all of the drugs covered by our formulary.



PLAN MEMBER

Please note:

- HEALTH CARE PROVIDER**

Please note:

- ## ANALGESICS

§ NSAIDs

diclofenac sodium
meloxicam
naproxen

8 NSAIDs, COMBINATIONS

diclofenac sodium-
misoprostol

§ NSAIDs, TOPICAL

diclofenac sodium solution
VOLTAREN GEL

8 COX-2 INHIBITORS

celecoxib

8 GOUT

allopurinol
colchicine tablet
probenecid

COLCRYS
ULORIC

8 OPIOID ANALGESICS

codeine-acetaminophen
fentanyl transdermal
fentanyl transmucosal
lozenge
hydrocodone-acetaminophen
hydromorphone
hydromorphone ext-rel
methadone
morphine
morphine ext-rel
morphine suppository
oxycodone
oxycodone-acetaminophen
tramadol
tramadol ext-rel
BUTRANS
FENTORA

HYSINGLA ER
NUCYNTA
NUCYNTA ER
OPANA ER
OXYCONTIN
SUBSYS

ANTI-INFECTIVES

ANTIBACTERIALS

8 CEPHALOSPORINS

cefdinir
cefprozil
cefuroxime axetil
cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel

erythromycins
DIFICID

8 FLUOROQUINOLONES

ciprofloxacin
ciprofloxacin ext-rel
levofloxacin
moxifloxacin

& PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

8 TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

8 ANTIFUNGALS

fluconazole

itraconazole
terbinafine tablet

ANTIVIRALS

§ CYTOMEGALOVIRUS AGENTS

valganciclovir

§ HERPES AGENTS

acyclovir
valacyclovir

§ INFLUENZA AGENTS

RELENZA
TAMIFLU

§ MISCELLANEOUS

clindamycin
ivermectin
metronidazole
nitrofurantoin



sulfamethoxazole-
trimethoprim
EMVERM
SIVEXTRO
XIFAXAN 550 MG

ANTINEOPLASTIC AGENTS

**HORMONAL
ANTINEOPLASTIC AGENTS**
§ ANTIANDROGENS
bicalutamide

§ MISCELLANEOUS
VISTOGARD

CARDIOVASCULAR

§ ACE INHIBITORS
fosinopril
lisinopril
quinapril
ramipril

**§ ACE INHIBITOR /
DIURETIC COMBINATIONS**
fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

**§ ANGIOTENSIN II
RECEPTOR ANTAGONISTS /
DIURETIC COMBINATIONS**
candesartan / candesartan-
hydrochlorothiazide
eprosartan
irbesartan / irbesartan-
hydrochlorothiazide
losartan / losartan-
hydrochlorothiazide
telmisartan / telmisartan-
hydrochlorothiazide
valsartan / valsartan-
hydrochlorothiazide
BENICAR / BENICAR HCT

**§ ANGIOTENSIN II
RECEPTOR ANTAGONIST /
CALCIUM CHANNEL
BLOCKER COMBINATIONS**
amlodipine-telmisartan
amlodipine-valsartan
AZOR

**§ ANGIOTENSIN II
RECEPTOR ANTAGONIST /
CALCIUM CHANNEL
BLOCKER / DIURETIC
COMBINATIONS**
amlodipine-valsartan-
hydrochlorothiazide
TRIBENZOR

§ ANTIARRHYTHMICS
sotalol
MULTAQ

ANTILIPEMICS
§ BILE ACID RESINS
cholestyramine
WELCHOL

**§ CHOLESTEROL
ABSORPTION INHIBITORS**
ezetimibe

§ FIBRATES
fenofibrate
fenofibric acid

**§ HMG-CoA REDUCTASE
INHIBITORS /
COMBINATIONS**
atorvastatin
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin
VYTORIN

§ NIACINS
niacin ext-rel

§ OMEGA-3 FATTY ACIDS
omega-3 acid ethyl esters
VASCEPA

§ BETA-BLOCKERS
atenolol
carvedilol
metoprolol succinate ext-rel
metoprolol tartrate
nadolol
pindolol
propranolol
propranolol ext-rel
BYSTOLIC
COREG CR

**§ CALCIUM CHANNEL
BLOCKERS**
amlodipine
diltiazem ext-rel²
nifedipine ext-rel
verapamil ext-rel

**§ CALCIUM CHANNEL
BLOCKER / ANTILIPEMIC
COMBINATIONS**
amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES
digoxin

**DIRECT RENIN INHIBITORS /
DIURETIC COMBINATIONS**
TEKTURN /
TEKTURN HCT

§ DIURETICS
amiloride
furosemide
hydrochlorothiazide
metolazone

spironolactone-
hydrochlorothiazide
torsemide
triamterene-
hydrochlorothiazide

HEART FAILURE
BIDIL
CORLANOR
ENTRESTO

§ NITRATES
nitroglycerin lingual spray
nitroglycerin sublingual
NITROLINGUAL

§ MISCELLANEOUS
RANEXA

CENTRAL NERVOUS SYSTEM

§ ANTICONSULSANTS
carbamazepine
carbamazepine ext-rel
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
ethosuximide
gabapentin
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
tiagabine
topiramate
valproic acid
zonisamide
FYCOMPA
OXTELLAR XR
QUDEXY XR
TROKENDI XR
VIMPAT

§ ANTIDEMENTIA
donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMENDA XR
NAMZARIC

ANTIDEPRESSANTS
**§ SELECTIVE SEROTONIN
REUPTAKE INHIBITORS
(SSRIs)**
citalopram
escitalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline

FLUOXETINE 60 MG
TRINTELLIX
VIBRYD

**§ SEROTONIN
NOREPINEPHRINE
REUPTAKE INHIBITORS
(SNRIs)**
duloxetine
venlafaxine
venlafaxine ext-rel capsule
PRISTIQ

**§ MISCELLANEOUS
AGENTS**
bupropion
bupropion ext-rel
mirtazapine
trazodone

**§ ANTIPARKINSONIAN
AGENTS**
amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
entacapone
pramipexole
ropinirole
ropinirole ext-rel
selegiline
AZILECT
MIRAPEX ER
NEUPRO

ANTIPSYCHOTICS

§ ATYPICALS
aripiprazole
clozapine
olanzapine
quetiapine
risperidone
ziprasidone
ABILIFY MAINTENA
ARISTADA
LATUDA
SEROQUEL XR

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-
dextroamphetamine
mixed salts
amphetamine-
dextroamphetamine
mixed salts ext-rel
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel
APTENSIO XR
QUILLIVANT XR
STRATTERA
VYVANSE

FIBROMYALGIA
LYRICA
SAVELLA

HYPNOTICS
§ NONBENZODIAZEPINES
eszopiclone
zolpidem
zolpidem ext-rel
zolpidem sublingual
BELSOMRA

TRICYCLICS
SILENOR

MIGRAINE
**§ SELECTIVE SEROTONIN
AGONISTS**
naratriptan
rizatriptan
sumatriptan
zolmitriptan
ONZETRA XSAIL
RELPAK
ZEMBRACE SYMTOUCH
ZOMIG NASAL SPRAY

**SELECTIVE SEROTONIN
AGONIST / NONSTEROIDAL
ANTI-INFLAMMATORY
DRUG (NSAID)
COMBINATIONS**
TREXIMET

**§ MUSCULOSKELETAL
THERAPY AGENTS**
cyclobenzaprine

§ NARCOLEPSY
armodafinil

**POSTHERPETIC
NEURALGIA (PHN)**
GRALISE
HORIZANT

**PSYCHOTHERAPEUTIC -
MISCELLANEOUS**
§ OPIOID ANTAGONISTS
naloxone injection
NARCAN NASAL SPRAY

**§ PARTIAL OPIOID AGONIST /
OPIOID ANTAGONIST
COMBINATIONS**
buprenorphine-naloxone
sublingual tablet
SUBOXONE FILM

**PSEUDOBULBAR AFFECT
AGENTS**
NUEDEXTA

**VASOMOTOR SYMPTOM
AGENTS**
BRISDELLE

ENDOCRINE AND METABOLIC

§ ANDROGENS

testosterone gel 2%
ANDRODERM
AXIRON

ANTIDIABETICS

AMYLIN ANALOGS
SYMLINPEN

§ BIGUANIDES

metformin
metformin ext-rel

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA
TRADJENTA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS

JANUMET
JANUMET XR
JENTADUETO
JENTADUETO XR

INCRETIN MIMETIC AGENTS

TRULICITY
VICTOZA

INSULINS

BASAGLAR
HUMULIN R U-500
LEVEMIR
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
TRESIBA

§ INSULIN SENSITIZERS

pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

pioglitazone-metformin

§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

pioglitazone-glimepiride

§ MEGLITINIDES

nateglinide
repaglinide

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA
JARDIANCE

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS

XIGDUO XR

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

BD ULTRAFINE
INSULIN SYRINGES
AND NEEDLES
DEXCOM CONTINUOUS
GLUCOSE MONITORING
SYSTEM
ONETOUCH ULTRA
STRIPS AND KITS ³
ONETOUCH VERIO
STRIPS AND KITS ³

ANTIOBESITY INJECTABLE

SAXENDA

ORAL

BELVIQ
BELVIQ XR
CONTRAVE

CALCIUM REGULATORS

§ BISPHOSPHONATES

alendronate
ibandronate
risedronate
ATELVIA

§ CALCITONINS

calcitonin-salmon

§ CARNITINE DEFICIENCY AGENTS

levocarnitine

CONTRACEPTIVES

§ MONOPHASIC

*ethinyl estradiol-
drospirenone*
*ethinyl estradiol-
norethindrone acetate*
BEYAZ
LO LOESTRIN FE
MINASTRIN 24 FE
SAFYRAL

§ TRIPHASIC

ethinyl estradiol-norgestimate

FOUR PHASE

NATAZIA

§ EXTENDED CYCLE

*ethinyl estradiol-
levonorgestrel*

§ TRANSDERMAL

*ethinyl estradiol-
norelgestromin*

VAGINAL

NUVARING

ESTROGENS

§ ORAL

estradiol
estropipate
PREMARIN

§ TRANSDERMAL

estradiol
DIVIGEL
EVAMIST
MINIVELLE

§ VAGINAL

ESTRACE CREAM
PREMARIN CREAM
VAGIFEM

ESTROGEN / PROGESTINS

§ ORAL

estradiol-norethindrone
PREMPHASE
PREMPRO

TRANSDERMAL

CLIMARA PRO
COMBIPATCH

ESTROGEN / SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS

DUAVEE

§ GLUCOCORTICOIDS

dexamethasone
methylprednisolone
prednisone

GLUCOSE ELEVATING AGENTS

GLUCAGEN HYPOKIT
GLUCAGON
EMERGENCY KIT

§ PHOSPHATE BINDER AGENTS

calcium acetate
PHOSLYRA
REVELA
VELPHORO

POTASSIUM-REMOVING AGENTS

VELTASSA

PROGESTINS

§ ORAL

medroxyprogesterone
progesterone, micronized
MEGACE ES

VAGINAL

CRINONE
ENDOMETRIN

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene
OSPHENA

§ THYROID SUPPLEMENTS

levothyroxine
SYNTHROID

GASTROINTESTINAL

§ ANTIEMETICS

dronabinol
granisetron
meclizine
metoclopramide
ondansetron
prochlorperazine
promethazine
trimethobenzamide
DICLEGIS
SANCUSO
VARUBI

§ H₂ RECEPTOR ANTAGONISTS

ranitidine

INFLAMMATORY BOWEL DISEASE

§ ORAL AGENTS

balsalazide
budesonide capsule
sulfasalazine
sulfasalazine delayed-rel
APRISO
LIALDA
PENTASA
UCERIS

§ RECTAL AGENTS

hydrocortisone enema
mesalamine rectal
suspension
CANASA
CORTIFOAM

§ IRRITABLE BOWEL SYNDROME

AMITIZA
LINZESS
LOTRONEX
VIBERZI

§ LAXATIVES

lactulose
peg 3350-electrolytes
SUPREP

OPIOID-INDUCED CONSTIPATION

MOVANTIK

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

§ PROTON PUMP INHIBITORS

esomeprazole
lansoprazole
omeprazole
pantoprazole
DEXILANT

§ STEROIDS, RECTAL PROCTOFOAM-HC

§ ULCER THERAPY COMBINATIONS

PYLERA

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel
doxazosin
dutasteride
dutasteride-tamsulosin
finasteride
tamsulosin
terazosin
CARDURA XL
RAPAFLO

ERECTILE DYSFUNCTION ALPROSTADIL AGENTS

MUSE

PHOSPHODIESTERASE INHIBITORS

CIALIS

§ URINARY ANTISPASMODICS

darifenacin ext-rel
oxybutynin
oxybutynin ext-rel
tolterodine
tolterodine ext-rel
tropium
tropium ext-rel
MYRBETRIQ
TOVIAZ
VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS

warfarin
ELIQUIS
XARELTO

§ PLATELET AGGREGATION INHIBITORS

clopidogrel
dipyridamole ext-rel-aspirin
BRILINTA
EFFIENT

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS
GRASTEK
RAGWITEK

NUTRITIONAL / SUPPLEMENTS

§ ELECTROLYTES
potassium chloride liquid

VITAMINS AND MINERALS
§ PRENATAL VITAMINS
prenatal vitamins
CITRANATAL

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS
epinephrine auto-injector
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS
ipratropium inhalation solution
SPIRIVA

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS
§ SHORT ACTING
ipratropium-albuterol inhalation solution
COMBIVENT RESPIMAT

LONG ACTING
ANORO ELLIPTA
BEVESPI AEROSPHERE

BETA AGONISTS, INHALANTS
§ SHORT ACTING
albuterol inhalation solution
PROAIR HFA
PROAIR RESPICLICK

LONG ACTING
Hand-held Active Inhalation
SEREVENT
STRIVERDI RESPIMAT

Nebulized Passive Inhalation
PERFORMIST

§ LEUKOTRIENE RECEPTOR ANTAGONISTS
montelukast
zafirlukast

§ NASAL ANTIHISTAMINES
azelastine
olopatadine

§ NASAL STEROIDS / COMBINATIONS
flunisolide
fluticasone
mometasone
triamcinolone
DYMISTA

PHOSPHODIESTERASE-4 INHIBITORS
DALIRESP

STEROID / BETA AGONIST COMBINATIONS
ADVAIR
BREO ELLIPTA
DULERA

§ STEROID INHALANTS
budesonide inhalation suspension
ASMANEX
FLOVENT DISKUS
FLOVENT HFA
PULMICORT FLEXHALER
QVAR

TOPICAL

DERMATOLOGY
§ ACNE
adapalene
benzoyl peroxide
clindamycin solution
clindamycin-benzoyl peroxide
erythromycin solution
erythromycin-benzoyl peroxide
tretinoin
ACANYA

ATRALIN
BENZACLIN
DIFFERIN
EPIDUO
RETIN-A MICRO
TAZORAC

§ ACTINIC KERATOSIS
fluorouracil cream 5%
fluorouracil solution
imiquimod
PICATO
ZYCLARA

§ ANTIFUNGALS
ciclopirox
clotrimazole
econazole
ketoconazole
nystatin
JUBLIA
LUZU
NAFTIN

§ ANTIPSORIATICS
acitretin
calcipotriene
methoxsalen

§ ATOPIC DERMATITIS
tacrolimus
ELIDEL

CORTICOSTEROIDS
§ Low Potency
desonide
hydrocortisone

§ Medium Potency
hydrocortisone butyrate
mometasone
triamcinolone
CLODERM
LOCOID LOTION

§ High Potency
desoximetasone
fluocinonide

§ Very High Potency
clobetasol cream, foam, gel, lotion, ointment, shampoo

§ ROSACEA
metronidazole
FINACEA
ORACEA
SOOLANTRA

MOUTH / THROAT / DENTAL AGENTS
PROTECTANTS
EPISIL

OPHTHALMIC
§ ANTIALLERGICS
azelastine
cromolyn sodium
olopatadine
PATADAY
PAZEO

§ ANTI-INFECTIVES
ciprofloxacin
erythromycin
gentamicin
levofloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE
MOXEZA
VIGAMOX

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS
neomycin-polymyxin B-bacitracin-hydrocortisone
neomycin-polymyxin B-dexamethasone
tobramycin-dexamethasone
TOBRADEX OINTMENT
TOBRADEX ST
ZYLET

ANTI-INFLAMMATORIES
§ Nonsteroidal
bromfenac
diclofenac
ketorolac
PROLENSA

§ Steroidal
dexamethasone
prednisolone acetate 1%

ALREX
DUREZOL
LOTEMAX

BETA-BLOCKERS
§ Nonselective
timolol maleate solution
BETIMOL

Selective
BETOPTIC S

§ CARBONIC ANHYDRASE INHIBITORS
dorzolamide
AZOPT

§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS
dorzolamide-timolol
COSOPT PF

CARBONIC ANHYDRASE INHIBITOR / SYMPATHOMIMETIC COMBINATIONS
SIMBRINZA

DRY EYE DISEASE
RESTASIS
XIIDRA

§ PROSTAGLANDINS
latanoprost
TRAVATAN Z
ZIOPTAN

§ SYMPATHOMIMETICS
brimonidine
ALPHAGAN P

SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS
COMBIGAN

OTIC
§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS
CIPRODEX

QUICK REFERENCE DRUG LIST

A
ABILIFY MAINTENA
ACANYA
acitretin
acyclovir
adapalene
ADVAIR
albuterol inhalation solution
alendronate
alfuzosin ext-rel
allopurinol
ALPHAGAN P

ALREX
amantadine
amiloride
AMITIZA
amlodipine
amlodipine-atorvastatin
amlodipine-telmisartan
amlodipine-valsartan
amlodipine-valsartan-hydrochlorothiazide
amoxicillin
amoxicillin-clavulanate

amphetamine-dextroamphetamine mixed salts
amphetamine-dextroamphetamine mixed salts ext-rel
ANDRODERM
ANORO ELLIPTA
APRISO
APTENSIO XR
aripiprazole
ARISTADA

amodafinil
ASMANEX
ATELVIA
atenolol
atorvastatin
ATRALIN
AXIRON
azelastine
AZILECT
azithromycin
AZOPT
AZOR

B
balsalazide
BASAGLAR
BD ULTRAFINE
INSULIN SYRINGES AND NEEDLES
BELSOMRA
BELVIQ
BELVIQ XR
BENICAR
BENICAR HCT

BENZACLIN
benzoyl peroxide
BESIVANCE
BETIMOL
BETOPTIC S
BEVESPI AEROSPHERE
BEYAZ
bicalutamide
BIDIL
BREO ELLIPTA
BRILINTA
brimonidine
BRISDELLE
bromfenac
budesonide capsule
budesonide inhalation
suspension
buprenorphine-naloxone
sublingual tablet
bupropion
bupropion ext-rel
BUTRANS
BYSTOLIC

C
calcipotriene
calcitonin-salmon
calcium acetate
CANASA
candesartan
candesartan-
hydrochlorothiazide
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
CARDURA XL
carvedilol
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
cholestyramine
CIALIS
ciclopirox
CIPRODEX
ciprofloxacin
ciprofloxacin ext-rel
citalopram
CITRANATAL
clarithromycin
clarithromycin ext-rel
CLIMARA PRO
clindamycin
clindamycin solution
clindamycin-benzoyl
peroxide
clobetasol cream, foam, gel,
lotion, ointment, shampoo
CLODERM
clopidogrel
clotrimazole
clozapine
codeine-acetaminophen
colchicine tablet

COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
CONTRACE
COREG CR
CORLANOR
CORTIFOAM
COSOPT PF
CREON
CRINONE
cromolyn sodium
cyclobenzaprine

D
DALIRESP
darifenacin ext-rel
desonide
desoximetasone
dexamethasone
DEXCOM CONTINUOUS
GLUCOSE
MONITORING SYSTEM
DEXILANT
diazepam rectal gel
DICLEGIS
diclofenac
diclofenac sodium
diclofenac sodium solution
diclofenac sodium-
misoprostol
dicloxacillin
DIFFERIN
DIFICID
digoxin
diltiazem ext-rel²
dipyridamole ext-rel-aspirin
divalproex sodium
divalproex sodium ext-rel
DIVIGEL
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxycycline hyclate
dronabinol
DUAVEE
DULERA
duloxetine
DUREZOL
dutasteride
dutasteride-tamsulosin
DYMISTA

E
econazole
EFFIENT
ELIDEL
ELIQUIS
EMVERM
ENDOMETRIN
entacapone
ENTRESTO
EPIDUO
epinephrine auto-injector
EPIPEN
EPIPEN JR
EPISIL

eprosartan
erythromycin
erythromycin solution
erythromycin-benzoyl
peroxide
erythromycins
escitalopram
esomeprazole
ESTRACE CREAM
estradiol
estradiol-norethindrone
estropipate
eszopiclone
ethinyl estradiol-
drospirenone
ethinyl estradiol-
levonorgestrel
ethinyl estradiol-
norelgestromin
ethinyl estradiol-
norethindrone acetate
ethinyl estradiol-norgestimate
ethosuximide
EVAMIST
ezetimibe

F
FARXIGA
fenofibrate
fenofibric acid
fentanyl transdermal
fentanyl transmucosal
lozenge
FENTORA
FINACEA
finasteride
FLOVENT DISKUS
FLOVENT HFA
fluconazole
flunisolide
fluocinonide
fluorouracil cream 5%
fluorouracil solution
fluoxetine
FLUOXETINE 60 MG
fluticasone
fluvastatin
fosinopril
fosinopril-hydrochlorothiazide
furosemide
FYCOMPA

G
gabapentin
galantamine
galantamine ext-rel
gentamicin
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
GLUCAGEN HYPOKIT
GLUCAGON
EMERGENCY KIT
GRALISE
granisetron
GRASTEK
guanfacine ext-rel

H
HORIZANT
HUMULIN R U-500
hydrochlorothiazide
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone butyrate
hydrocortisone enema
hydromorphone
hydromorphone ext-rel
HYSINGLA ER

I
ibandronate
imiquimod
ipratropium
inhalation solution
ipratropium-albuterol
inhalation solution
irbesartan
irbesartan-
hydrochlorothiazide
itraconazole
ivermectin

J
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
JUBLIA

K
ketoconazole
ketorolac

L
lactulose
lamotrigine
lamotrigine ext-rel
lansoprazole
latanoprost
LATUDA
LEVEMIR
levetiracetam
levetiracetam ext-rel
levocarnitine
levofloxacin
levothyroxine
LIALDA
LINZESS
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
LOCOID LOTION
losartan
losartan-hydrochlorothiazide
LOTEMAX
LOTRONEX
lovastatin
LUZU
LYRICA

M
meclizine
medroxyprogesterone
MEGACE ES
meloxicam
memantine
mesalamine rectal
suspension
metformin
metformin ext-rel
methadone
methoxsalen
methylphenidate
methylphenidate ext-rel
methylprednisolone
metoclopramide
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metronidazole
MINASTRIN 24 FE
MINIVELLE
minocycline
MIRAPEX ER
mirtazapine
mometasone
montelukast
morphine
morphine ext-rel
morphine suppository
MOVANTIK
MOXEZA
moxifloxacin
MULTAQ
MUSE
MYRBETRIQ

N
nadolol
NAFTIN
naloxone injection
NAMENDA XR
NAMZARIC
naproxen
naratriptan
NARCAN NASAL SPRAY
NATAZIA
nateglinide
neomycin-polymyxin B-
bacitracin-hydrocortisone
neomycin-polymyxin B-
dexamethasone
NEUPRO
niacin ext-rel
nifedipine ext-rel
nitrofurantoin
nitroglycerin lingual spray
nitroglycerin sublingual
NITROLINGUAL
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NUCYNTA
NUCYNTA ER

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative.



NUEDEXTA	<i>pramipexole</i>	<i>rivastigmine</i>	<i>telmisartan</i>	<i>valsartan-hydrochlorothiazide</i>
NUVARING	<i>pravastatin</i>	<i>rivastigmine transdermal</i>	<i>telmisartan-</i>	VARUBI
<i>nystatin</i>	<i>prednisolone acetate 1%</i>	<i>rizatriptan</i>	<i>hydrochlorothiazide</i>	VASCEPA
O	<i>prednisone</i>	<i>ropinirole</i>	<i>terazosin</i>	VELPHORO
<i>ofloxacin</i>	PREMARIN	<i>ropinirole ext-rel</i>	<i>terbinafine tablet</i>	VELTASSA
<i>olanzapine</i>	PREMARIN CREAM	<i>rosuvastatin</i>	<i>testosterone gel 2%</i>	<i>venlafaxine</i>
<i>olopatadine</i>	PREMPHASE		<i>tetracycline</i>	<i>venlafaxine ext-rel capsule</i>
<i>omega-3 acid ethyl esters</i>	PREMPRO	S	<i>tiagabine</i>	<i>verapamil ext-rel</i>
<i>omeprazole</i>	<i>prenatal vitamins</i>	SAFYRAL	<i>timolol maleate solution</i>	VESICARE
<i>ondansetron</i>	<i>primidone</i>	SANCUSO	TOBRADEX OINTMENT	VIBERZI
ONETOUCH ULTRA	PRISTIQ	SAVELLA	TOBRADEX ST	VICTOZA
STRIPS AND KITS ³	PROAIR HFA	SAXENDA	<i>tobramycin</i>	VIGAMOX
ONETOUCH VERIO	PROAIR RESPICLIK	<i>selegiline</i>	<i>tobramycin-dexamethasone</i>	VIIBRYD
STRIPS AND KITS ³	<i>probenecid</i>	SEREVENT	<i>tolterodine</i>	VIMPAT
ONZETRA XSAIL	<i>prochlorperazine</i>	SEROQUEL XR	<i>tolterodine ext-rel</i>	VIOKACE
OPANA ER	PROCTOFOAM-HC	<i>sertraline</i>	<i>topiramate</i>	VISTOGARD
ORACEA	<i>progesterone, micronized</i>	SILENOR	<i>torsemide</i>	VOLTAREN GEL
OSPHENA	PROLENSA	SIMBRINZA	TOVIAZ	VYTORIN
<i>oxcarbazepine</i>	<i>promethazine</i>	<i>simvastatin</i>	TRADJENTA	VYVANSE
OXTELLAR XR	<i>propranolol</i>	SIVEXTRO	<i>tramadol</i>	
<i>oxybutynin</i>	<i>propranolol ext-rel</i>	SOOLANTRA	<i>tramadol ext-rel</i>	W
<i>oxybutynin ext-rel</i>	PULMICORT FLEXHALER	<i>sotalol</i>	TRAVATAN Z	<i>warfarin</i>
<i>oxycodone</i>	PYLERA	SPIRIVA	<i>trazodone</i>	WELCHOL
<i>oxycodone-acetaminophen</i>		<i>spironolactone-</i>	TRESIBA	
OXYCONTIN	Q	<i>hydrochlorothiazide</i>	<i>tretinoin</i>	X
	QUDEXY XR	STRATTERA	TREXIMET	XARELTO
P	<i>quetiapine</i>	STRIVERDI RESPIMAT	<i>triamcinolone</i>	XIFAXAN 550 MG
<i>pantoprazole</i>	QUILLIVANT XR	SUBOXONE FILM	<i>triamterene-</i>	XIGDUO XR
<i>paroxetine</i>	<i>quinapril</i>	SUBSYS	<i>hydrochlorothiazide</i>	XIIDRA
<i>paroxetine ext-rel</i>	quinapril-hydrochlorothiazide	<i>sulfacetamide</i>	TRIBENZOR	
PATADAY	QVAR	<i>sulfamethoxazole-</i>	<i>trimethobenzamide</i>	Z
PAZEO		<i>trimethoprim</i>	TRINTELLIX	<i>zafirlukast</i>
<i>peg 3350-electrolytes</i>	R	<i>sulfasalazine</i>	TROKENDI XR	ZEMBRACE SYMTOUCH
<i>penicillin VK</i>	RAGWITEK	<i>sulfasalazine delayed-rel</i>	<i>trospium</i>	ZENPEP
PENTASA	<i>raxoxifene</i>	<i>sumatriptan</i>	<i>trospium ext-rel</i>	ZIOPTAN
PERFOROMIST	<i>ramipril</i>	SUPRAX	TRULICITY	<i>ziprasidone</i>
<i>phenobarbital</i>	RANEXA	SUPREP		<i>zolmitriptan</i>
<i>phenytoin</i>	<i>ranitidine</i>	SYMLINPEN	U	<i>zolpidem</i>
<i>phenytoin sodium extended</i>	RAPAFLO	SYNTHROID	UCERIS	<i>zolpidem ext-rel</i>
PHOSLYRA	RELENZA		ULORIC	<i>zolpidem sublingual</i>
PICATO	RELPAx	T		ZOMIG NASAL SPRAY
<i>pindolol</i>	RENVELA	<i>tacrolimus</i>	V	<i>zonisamide</i>
<i>pioglitazone</i>	<i>repaglinide</i>	TAMIFLU	VAGIFEM	ZYCLARA
<i>pioglitazone-glimepiride</i>	RESTASIS	<i>tamsulosin</i>	<i>valacyclovir</i>	ZYLET
<i>pioglitazone-metformin</i>	RETIN-A MICRO	TAZORAC	<i>valganciclovir</i>	
<i>potassium chloride liquid</i>	<i>risedronate</i>	TEKTURNA	<i>valproic acid</i>	
	<i>risperidone</i>	TEKTURNA HCT	<i>valsartan</i>	

PREFERRED OPTIONS LIST			
DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i>	AEROSPAN	ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR
ABSTRAL	<i>fentanyl transmucosal lozenge, FENTORA, SUBSYS</i>	ALCORTIN A	<i>hydrocortisone</i>
ACCU-CHEK STRIPS AND KITS ⁴	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³	ALLISON MEDICAL INSULIN SYRINGES ⁵	BD ULTRAFINE INSULIN SYRINGES
ACTOS	<i>pioglitazone</i>	ALOQUIN	<i>hydrocortisone</i>
ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, STRATTERA, VYVANSE</i>	ALORA	<i>estradiol, DIVIGEL, EVAMIST, MINIVELLE</i>
ADRENACLICK	<i>epinephrine auto-injector, EPIPEN, EPIPEN JR</i>	ALTOPREV	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, VYTORIN</i>
		ALVESCO	ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR
		AMRIX	<i>cyclobenzaprine</i>

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ANDROGEL	testosterone gel 2%, ANDRODERM, AXIRON	CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, ZYCLARA
ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO	CARDIZEM	diltiazem ext-rel (except generic CARDIZEM LA)
ANTARA	fenofibrate, fenofibric acid	CARDIZEM CD	diltiazem ext-rel (except generic CARDIZEM LA)
APEXICON E	desoximetasone, fluocinonide	CARDIZEM LA (and its generics)	diltiazem ext-rel (except generic CARDIZEM LA)
APIDRA	NOVOLOG	CARNITOR	levocarnitine
ARMOUR THYROID	levothyroxine, SYNTHROID	CARNITOR SF	levocarnitine
ARTHROTEC	celecoxib or diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT	CLINDAGEL	erythromycin solution
ASACOL HD	balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA	clobetasol spray	clobetasol foam
ASCENSIA STRIPS AND KITS ⁴	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³	CLOBEX SPRAY	clobetasol foam
ATACAND, ATACAND HCT	candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide, BENICAR, BENICAR HCT	COLAZAL	balsalazide
ATROVENT HFA	ipratropium inhalation solution, SPIRIVA	CONTOUR NEXT STRIPS AND KITS ⁴	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
AXERT	naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, RELPAX, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY	CONTOUR STRIPS AND KITS ⁴	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
AZELEX	adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC	CRESTOR	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, VYTORIN
BECONASE AQ	flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA	CYMBALTA	duloxetine, venlafaxine, venlafaxine ext-rel capsule, PRISTIQ
BENSAL HP	desonide, hydrocortisone	DELZICOL	balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA
BENZAC AC, BENZAC W	adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC	DETROL LA	darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE
BENZIQ	adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC	DEXTAK	dexamethasone, methylprednisolone, prednisone
BETAPACE, BETAPACE AF	sotalol	DIOVAN, DIOVAN HCT	candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide, BENICAR, BENICAR HCT
BREEZE 2 STRIPS AND KITS ⁴	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³	DORAL	eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR
butalbital-acetaminophen-caffeine capsule	naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, RELPAX, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY	DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide
BYDUREON	TRULICITY, VICTOZA	DYRENIUM	amiloride
BYETTA	TRULICITY, VICTOZA	EDARBI, EDARBYCLOR	candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide, BENICAR, BENICAR HCT
CAFERGOT	naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, RELPAX, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY	EDLUAR	eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR

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DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ESTRING	ESTRACE CREAM, PREMARIN CREAM, VAGIFEM	INVOKANA	FARXIGA, JARDIANCE
EVZIO	<i>naloxone injection</i> , NARCAN NASAL SPRAY	ISTALOL	<i>timolol maleate solution</i> , BETIMOL
EXFORGE	<i>amlodipine-telmisartan</i> , <i>amlodipine-valsartan</i> , AZOR	JALYN	<i>dutasteride-tamsulosin</i>
EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , TRIBENZOR	KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
FANAPT	<i>aripiprazole</i> , <i>clozapine</i> , <i>olanzapine</i> , <i>quetiapine</i> , <i>risperidone</i> , <i>ziprasidone</i> , LATUDA, SEROQUEL XR	KLOR-CON/25	<i>potassium chloride liquid</i>
FEMRING	ESTRACE CREAM, PREMARIN CREAM, VAGIFEM	KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
FETZIMA	<i>duloxetine</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule</i> , PRISTIQ	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
FIORICET CAPSULE	<i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , ONZETRA XSAIL, RELPAX, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY	LANTUS	BASAGLAR, LEVEMIR, TRESIBA
FIRST TESTOSTERONE	<i>testosterone gel 2%</i> , ANDRODERM, AXIRON	LASTACRAFT	<i>azelastine</i> , <i>cromolyn sodium</i> , <i>olopatadine</i> , PATADAY, PAZEO
<i>fluorouracil cream 0.5%</i>	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , PICATO, ZYCLARA	LESCOL XL	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i> , VYTORIN
FML	<i>dexamethasone</i> , <i>prednisolone acetate 1%</i> , DUREZOL, LOTEMAX	LEVITRA	CIALIS
FORTAMET	<i>metformin</i> , <i>metformin ext-rel</i>	LIPITOR	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i> , VYTORIN
FORTESTA	<i>testosterone gel 2%</i> , ANDRODERM, AXIRON	LIVALO	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i> , VYTORIN
FOSAMAX PLUS D	<i>alendronate</i> , <i>ibandronate</i> , <i>risedronate</i> , ATELVIA	LUMIGAN	<i>latanoprost</i> , TRAVATAN Z, ZIOPTAN
FOSRENOL	<i>calcium acetate</i> , PHOSLYRA, RENVELA, VELPHORO	LUNESTA	<i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA, SILENOR
FREESTYLE STRIPS AND KITS ⁴	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³	MACRODANTIN	<i>nitrofurantoin</i>
FROVA	<i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , ONZETRA XSAIL, RELPAX, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY	<i>Matzim LA</i>	<i>diltiazem ext-rel</i> (except generic CARDIZEM LA)
GELNIQUE	<i>darifenacin ext-rel</i> , <i>oxybutynin ext-rel</i> , <i>tolterodine</i> , <i>tolterodine ext-rel</i> , <i>trospium</i> , <i>trospium ext-rel</i> , MYRBETRIQ, TOVIAZ, VESICARE	MENEST	<i>estradiol</i> , <i>estropipate</i> , PREMARIN
GLUMETZA	<i>metformin</i> , <i>metformin ext-rel</i>	MENOSTAR	<i>estradiol</i>
HUMALOG	NOVOLOG	MIACALCIN INJECTION	<i>alendronate</i> , <i>calcitonin-salmon</i> , <i>ibandronate</i> , <i>risedronate</i> , ATELVIA, FORTEO
HUMALOG MIX 50/50	NOVOLOG MIX 70/30	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	MICARDIS, MICARDIS HCT	<i>candesartan</i> , <i>candesartan-hydrochlorothiazide</i> , <i>eprosartan</i> , <i>irbesartan</i> , <i>irbesartan-hydrochlorothiazide</i> , <i>losartan</i> , <i>losartan-hydrochlorothiazide</i> , <i>telmisartan</i> , <i>telmisartan-hydrochlorothiazide</i> , <i>valsartan</i> , <i>valsartan-hydrochlorothiazide</i> , BENICAR, BENICAR HCT
HUMULIN	NOVOLIN	MILLIPRED	<i>dexamethasone</i> , <i>methylprednisolone</i> , <i>prednisone</i>
INCRUSE ELLIPTA	SPIRIVA	MINOCIN	<i>minocycline</i>
INNOPRAN XL	<i>atenolol</i> , <i>carvedilol</i> , <i>metoprolol succinate ext-rel</i> , <i>metoprolol tartrate</i> , <i>nadolol</i> , <i>pindolol</i> , <i>propranolol</i> , <i>propranolol ext-rel</i> , BYSTOLIC, COREG CR	NAPRELAN	<i>celecoxib</i> , <i>diclofenac sodium</i> , <i>meloxicam</i> , <i>naproxen</i>
INTERMEZZO	<i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA, SILENOR	NATESTO	<i>testosterone gel 2%</i> , ANDRODERM, AXIRON
INTUNIV	<i>amphetamine-dextroamphetamine mixed salts</i> , <i>amphetamine-dextroamphetamine mixed salts ext-rel</i> , <i>guanfacine ext-rel</i> , <i>methylphenidate</i> , <i>methylphenidate ext-rel</i> , APTENSIO XR, QUILLIVANT XR, STRATTERA, VYVANSE	NESINA	JANUVIA, TRADJENTA
INVOKAMET	XIGDUO XR	NEXIUM	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , DEXILANT
		NILANDRON	<i>bicalutamide</i> , ZYTIGA
		NITROMIST	<i>nitroglycerin lingual spray</i> , <i>nitroglycerin sublingual</i> , NITROLINGUAL
		NORITATE	<i>metronidazole</i> , FINACEA, SOOLANTRA
		NORVASC	<i>amlodipine</i>
		NOVACORT	<i>hydrocortisone</i>
		NOVO NORDISK NEEDLES ⁵	BD ULTRAFINE NEEDLES

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DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
OLEPTRO	<i>trazodone</i>	RIOMET	<i>metformin, metformin ext-rel</i>
OLUX-E	<i>clobetasol foam</i>	ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
OMNARIS	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>	STRIANT	<i>testosterone gel 2%, ANDRODERM, AXIRON</i>
ONGLYZA	JANUVIA, TRADJENTA	SURE-TEST STRIPS AND KITS ⁴	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
OSENI	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR	SYMBICORT	ADVAIR, BREO ELLIPTA, DULERA
OWEN MUMFORD NEEDLES ⁵	BD ULTRAFINE NEEDLES	TANZEUM	TRULICITY, VICTOZA
OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>	TESTIM	<i>testosterone gel 2%, ANDRODERM, AXIRON</i>
PANCREAZE	CREON, VIOKACE, ZENPEP	<i>testosterone gel 1% ⁶</i>	<i>testosterone gel 2%, ANDRODERM, AXIRON</i>
PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>	TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
PERRIGO NEEDLES ⁵	BD ULTRAFINE NEEDLES	TRICOR	<i>fenofibrate, fenofibric acid</i>
PERTZYE	CREON, VIOKACE, ZENPEP	TRIGLIDE	<i>fenofibrate, fenofibric acid</i>
PEXEVA	<i>citapram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, FLUOXETINE 60 MG, TRINTELLIX, VIIBRYD</i>	TRILIPIX	<i>fenofibrate, fenofibric acid</i>
PLAVIX	<i>clopidogrel, BRILINTA, EFFIENT</i>	TRIVIDIA INSULIN SYRINGES ⁵	BD ULTRAFINE INSULIN SYRINGES
PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>	TRUETEST STRIPS AND KITS ⁴	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
PRECISION XTRA STRIPS AND KITS ⁴	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³	TRUETRACK STRIPS AND KITS ⁴	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, LOTEMAX</i>	TUDORZA	SPIRIVA
PRED MILD	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, LOTEMAX</i>	ULTIMED INSULIN SYRINGES ⁵	BD ULTRAFINE INSULIN SYRINGES
PREFERAOB	<i>generic prenatal vitamins, CITRANATAL</i>	ULTIMED NEEDLES ⁵	BD ULTRAFINE NEEDLES
PREFEST	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>	UROXATRAL	<i>alfuzosin ext-rel, tamsulosin</i>
PRENATAL PLUS	<i>generic prenatal vitamins, CITRANATAL</i>	VALCYTE	<i>valganciclovir</i>
PREVACID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>	VALTREX	<i>acyclovir, valacyclovir</i>
PROTONIX	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>	VANOXIDE-HC	<i>benzoyl peroxide</i>
PROTOPIC	<i>tacrolimus, ELIDEL</i>	<i>venlafaxine ext-rel tablet (except 225 MG)</i>	<i>duloxetine, venlafaxine, venlafaxine ext-rel capsule, PRISTIQ</i>
PROVENTIL HFA	PROAIR HFA, PROAIR RESPICLICK	VENLAFAXINE EXT-REL TABLET (except 225 MG)	<i>duloxetine, venlafaxine, venlafaxine ext-rel capsule, PRISTIQ</i>
QNASL	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>	VENTOLIN HFA	PROAIR HFA, PROAIR RESPICLICK
QSYMIA	BELVIQ, BELVIQ XR, CONTRAVE, SAXENDA	VIAGRA	CIALIS
RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>	VITAFOL-ONE	<i>generic prenatal vitamins, CITRANATAL</i>
RELION INSULIN	NOVOLIN INSULIN	VOGELXO	<i>testosterone gel 2%, ANDRODERM, AXIRON</i>
RELISTOR	MOVANTIK	XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK
RHINOCORT AQUA	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>	ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
RIMSO-50	Consult doctor	ZETONNA	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>
		ZONEGRAN	<i>zonisamide</i>
		ZUBSOLV	<i>buprenorphine-naloxone sublingual tablet, SUBOXONE FILM</i>
		ZYFLO, ZYFLO CR	<i>montelukast, zafirlukast</i>

You may be responsible for the full cost of certain non-formulary products that are removed from coverage. Please check with your plan sponsor for more information.

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An exception process may exist for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

* The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

§ Generics are available in this class and should be considered the first line of prescribing.

¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² Listing does not include generic CARDIZEM LA.

³ A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-800-588-4456.

⁴ ONETOUCH brand test strips are the only preferred options.

⁵ BD ULTRAFINE syringes and needles are the only preferred options.

⁶ Listing reflects the authorized generics for TESTIM and VOGELXO.

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

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www.caremark.com

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Advanced Control Specialty Formulary™

The CVS Caremark® Advanced Control Specialty Formulary™ is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

Please note:

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary copay ¹ amounts based on the condition being treated.
- You may be responsible for the full cost of non-formulary products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay ¹ information, please visit www.caremark.com or contact a CVS Caremark Customer Care representative.
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

Please note:

- Generics should be considered the first line of prescribing.
- The member's prescription benefit plan design may alter coverage of certain products or vary copay ¹ amounts based on the condition being treated.
- This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered upon release to the market.
- The member's prescription benefit plan may have a different copay ¹ for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to www.caremark.com to check coverage and copay ¹ information for a specific medicine.

ANALGESICS	TRIUMEQ TRUVADA	§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS <i>abacavir tablet</i> <i>didanosine</i> <i>lamivudine</i> <i>stavudine</i> <i>zidovudine</i> EMTRIVA	ANTIVIRALS § HEPATITIS B AGENTS <i>entecavir tablet</i> <i>lamivudine</i> BARACLUDE SOLUTION VELMIDY	HORMONAL ANTINEOPLASTIC AGENTS ANTIANDROGENS ZYTIGA
VISCOSUPPLEMENTS GEL-ONE HYALGAN SUPARTZ FX	FUSION INHIBITORS FUZEON	NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS VIREAD	§ HEPATITIS C AGENTS <i>ribavirin</i> EPCLUSA (genotypes 2, 3) HARVONI (genotypes 1, 4, 5, 6)	§ LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS <i>leuprolide acetate</i> LUPRON DEPOT TRELSTAR ZOLADEX
ANTI-INFECTIVES ANTIRETROVIRAL AGENTS § ANTIRETROVIRAL COMBINATIONS <i>abacavir-lamivudine</i> <i>lamivudine-zidovudine</i> ATRIPLA COMPLERA DESCOVY EVOTAZ GENVOYA ODEFSEY PREZCOBIX STRIBILD	INTEGRASE INHIBITORS ISENTRESS TIVICAY	§ PROTEASE INHIBITORS <i>lopinavir-ritonavir solution</i> KALETRA TABLET NORVIR PREZISTA REYATAZ	ANTINEOPLASTIC AGENTS § ALKYLATING AGENTS <i>temozolomide</i>	IMMUNOMODULATORS REVLIMID THALOMID
	§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS <i>nevirapine</i> <i>nevirapine ext-rel</i> EDURANT INTELENCE SUSTIVA		§ ANTIMETABOLITES <i>capecitabine</i>	§ KINASE INHIBITORS <i>imatinib mesylate</i> AFINITOR BOSULIF

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CABOMETYX
NEXAVAR
SPRYCEL
SUTENT
TARCEVA
TYKERB
VOTRIENT

§ MISCELLANEOUS
bexarotene capsule
ZOLINZA

CARDIOVASCULAR

ANTIPEMICS
MICROSOMAL
TRIGLYCERIDE TRANSFER
PROTEIN INHIBITORS
JUXTAPID

PCSK9 INHIBITORS
REPATHA

PULMONARY ARTERIAL
HYPERTENSION
ENDOTHELIN RECEPTOR
ANTAGONISTS
LETAIRIS
TRACLEER

§ PHOSPHODIESTERASE
INHIBITORS
sildenafil

PROSTAGLANDIN
VASODILATORS
ORENITRAM

CENTRAL NERVOUS
SYSTEM

§ HUNTINGTON'S DISEASE
AGENTS
tetrabenazine

§ MULTIPLE SCLEROSIS
AGENTS
glatiramer
AUBAGIO
BETASERON
COPAXONE 40 MG
GILENYA
REBIF
TECFIDERA

ENDOCRINE AND
METABOLIC

ACROMEGALY
SOMATULINE DEPOT
SOMAVERT

CALCIUM REGULATORS
PARATHYROID HORMONES
FORTEO

FERTILITY REGULATORS
GNRH / LHRH
ANTAGONISTS
CETROTIDE

§ OVULATION STIMULANTS,
GONADOTROPINS
*chorionic gonadotropin -
Novarel*
FOLLISTIM AQ
OVIDREL

HUMAN GROWTH
HORMONES
HUMATROPE

HEMATOLOGIC

HEMATOPOIETIC GROWTH
FACTORS
ARANESP
ZARXIO

HEMOPHILIA AGENTS
KOGENATE FS
KOVALTRY

NOVOEIGHT
NUWIQ

HEREDITARY ANGIOEDEMA
RUCONEST

IMMUNOLOGIC
AGENTS

ALLERGENIC EXTRACTS
ORALAIR

BIOLOGIC DISEASE-
MODIFYING AGENTS
PSORIASIS
HUMIRA
STELARA (after failure of HUMIRA)
TALTZ (after failure of HUMIRA)

ALL OTHER CONDITIONS
ENBREL
HUMIRA

DISEASE-MODIFYING
ANTIRHEUMATIC DRUGS
(DMARDs)
RASUVO

IMMUNOSUPPRESSANTS
§ ANTIMETABOLITES
mycophenolate mofetil
mycophenolate sodium

§ CALCINEURIN INHIBITORS
cyclosporine
cyclosporine, modified
tacrolimus

§ RAPAMYCIN DERIVATIVES
sirolimus tablet
RAPAMUNE SOLUTION

RESPIRATORY

§ CYSTIC FIBROSIS
*tobramycin inhalation
solution*
BETHKIS

PULMONARY FIBROSIS
AGENTS
ESBRIET
OFEV

TOPICAL

DERMATOLOGY
ATOPIC DERMATITIS
DUPIXENT

MOUTH / THROAT /
DENTAL AGENTS
PROTECTANTS
MUGARD

QUICK REFERENCE DRUG LIST

A <i>abacavir tablet</i> <i>abacavir-lamivudine</i> AFINITOR ARANESP ATRIPLA AUBAGIO	E EDURANT EMTRIVA ENBREL <i>entecavir tablet</i> EPCLUSA ESBRIET EVOTAZ	J JUXTAPID	O ODEFSEY OFEV ORALAIR ORENITRAM OVIDREL	SUSTIVA SUTENT
B BARACLUDE SOLUTION BETASERON BETHKIS <i>bexarotene capsule</i> BOSULIF	F FOLLISTIM AQ FORTEO FUZEON	K KALETRA TABLET KOGENATE FS KOVALTRY	P PREZCOBIX PREZISTA	T <i>tacrolimus</i> TALTZ TARCEVA TECFIDERA <i>temozolomide</i> <i>tetrabenazine</i> THALOMID TIVICAY <i>tobramycin inhalation solution</i> TRACLEER TRELSTAR TRIUMEQ TRUVADA TYKERB
C CABOMETYX <i>capecitabine</i> CETROTIDE <i>chorionic gonadotropin - Novarel</i> COMPLERA COPAXONE 40 MG <i>cyclosporine</i> <i>cyclosporine, modified</i>	G GEL-ONE GENVOYA GILENYA <i>glatiramer</i>	L <i>lamivudine</i> <i>lamivudine-zidovudine</i> LETAIRIS <i>leuprolide acetate</i> <i>lopinavir-ritonavir solution</i> LUPRON DEPOT	R RAPAMUNE SOLUTION RASUVO REBIF REPATHA REVLIMID REYATAZ <i>ribavirin</i> RUCONEST	V VEMLIDY VIREAD VOTRIENT
D DESCOVY <i>didanosine</i> DUPIXENT	H HARVONI HUMATROPE HUMIRA HYALGAN	M MUGARD <i>mycophenolate mofetil</i> <i>mycophenolate sodium</i>	S <i>sildenafil</i> <i>sirolimus tablet</i> SOMATULINE DEPOT SOMAVERT SPRYCEL <i>stavudine</i> STELARA STRIBILD SUPARTZ FX	Z ZARXIO <i>zidovudine</i> ZOLADEX ZOLINZA ZYTIGA
I <i>imatinib mesylate</i> INTELENCE ISENTRESS	H HARVONI HUMATROPE HUMIRA HYALGAN	N <i>nevirapine</i> <i>nevirapine ext-rel</i> NEXAVAR NORVIR NOVOEIGHT NUWIQ		

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PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS ²

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ACTEMRA	ENBREL, HUMIRA	OTREXUP	RASUVO
ADCIRCA	<i>sildenafil</i>	PEGASYS	Consult doctor
AVONEX	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA	PLEGRIDY	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA
BERINERT	RUCONEST	PRALUENT	REPATHA
BRAVELLE	FOLLISTIM AQ	PROCRT	ARANESP
CIMZIA	ENBREL, HUMIRA	PROGRAF	<i>tacrolimus</i>
COSENTYX	ENBREL (for non-psoriasis conditions), HUMIRA, STELARA (psoriasis, after failure of HUMIRA), TALTZ (psoriasis, after failure of HUMIRA)	PROLIA	<i>alendronate</i> , <i>calcitonin-salmon</i> , <i>ibandronate</i> , <i>risedronate</i> , ATELVIA, FORTEO
DAKLINZA	EPCLUSA (genotypes 2, 3), HARVONI (genotypes 1, 4, 5, 6)	REMICADE	ENBREL (for non-psoriasis conditions), HUMIRA, STELARA (psoriasis, after failure of HUMIRA), TALTZ (psoriasis, after failure of HUMIRA)
EUFLEXXA	GEL-ONE, HYALGAN, SUPARTZ FX	REVATIO	<i>sildenafil</i>
EXTAVIA	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA	SAIZEN	HUMATROPE
GENOTROPIN	HUMATROPE	SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT
GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	SIMPONI	ENBREL, HUMIRA
GONAL-F	FOLLISTIM AQ	SYNVISC, SYNVISC-ONE	GEL-ONE, HYALGAN, SUPARTZ FX
HELIXATE FS	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ	TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
KINERET	ENBREL, HUMIRA	TECHNIVIE	HARVONI (genotypes 1, 4, 5, 6)
MONOVISC	GEL-ONE, HYALGAN, SUPARTZ FX	TOBI	<i>tobramycin inhalation solution</i> , BETHKIS
NEUPOGEN	ZARXIO	TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
NORDITROPIN	HUMATROPE	VIEKIRA PAK	HARVONI (genotypes 1, 4, 5, 6)
NUTROPIN AQ	HUMATROPE	VIEKIRA XR	HARVONI (genotypes 1, 4, 5, 6)
OLYSIO	HARVONI (genotypes 1, 4, 5, 6)	XELJANZ	ENBREL, HUMIRA
OMNITROPE	HUMATROPE	XENAZINE	<i>tetrabenazine</i>
OPSUMIT	LETAIRIS, TRACLEER	XTANDI	ZYTIGA
ORENCIA	ENBREL, HUMIRA	ZEPATIER	HARVONI (genotypes 1, 4, 5, 6)
ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX		
OTEZLA	ENBREL (for non-psoriasis conditions), HUMIRA, STELARA (psoriasis, after failure of HUMIRA), TALTZ (psoriasis, after failure of HUMIRA)		

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V

SERVICES, POLICIES AND PROCEDURES



TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY

Healthy County, TAC HEBP's comprehensive and results-oriented wellness program, takes a shared-responsibility approach to reducing health risks and decreasing costs of preventable illness. Created just for Texas counties and their employees, Healthy County offers a variety of ways for your employees to get – and stay – healthy. Using tools and programs chosen specifically to meet the needs of your county, your employees will be an empowered part of your county's plan to keep health care costs down and preserve the high quality benefits you are able to offer for many years to come.

TAC HEBP assists counties in strategically planning and implementing best practice programs and services that address all points of the health continuum by catching catastrophic cases before they happen, helping your ill employees reverse or manage their disease and by keeping healthy employees healthy.

Key Services Provided:

- **Strategic Planning:** Wellness Consultants will assess member county's health needs, budget and culture to determine the most effective course of action. They support counties by analyzing specific population needs, collection of employee feedback, soliciting senior management support and input, setting short-term goals and measuring outcomes.
- **Engagement and Incentive Design:** Consultants help drive employee engagement in wellness and disease management programs by working with counties to design creative, high-value incentives that are cost neutral and by working to create a culture of wellness within the workplace.
- **Programs and Interventions:** A wide variety of wellness, clinical and health management consulting and program resources are available through TAC HEBP in order to access and meet the specific needs of your county.
- **Health Education and Communication:** Consultants specialize in preventive and educational outreach initiatives to promote overall wellbeing through seminars, campaigns, newsletters and social media.
- **Evaluation:** TAC HEBP believes in making data-based decisions and creating results-oriented programs. Wellness consultants will work with your county and BCBSTX to track the success of programs by measuring levels of engagement, changes in health risk and claims data.



TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

Worksite Wellness Consulting

TAC HEBP's Healthy County team can provide worksite wellness consulting as a critical first step in developing a successful wellness program designed to improve the health of your employees and mediate rising health care costs. We assist counties in strategically planning and implementing results oriented best practice programs and services based on gathered data. Using tools and programs tailored to meet your county's specific needs, we work closely with you to develop a custom wellness plan to keep health care costs down and preserve the high quality benefits you offer for many years to come. Our worksite wellness consulting services include:

Assessment

Understanding the needs, interests and challenges of your employees allows your leadership and TAC to tailor a wellness approach that best meet the needs of your employee population. We may conduct focus groups, a needs and interest survey, environmental and culture assessments. A needs and interest survey is an effective tool to assess what health initiatives and information your employees are most interested in. We can administer the survey to your employees, provide data analysis of the results and offer recommendations for key health initiatives based on the feedback provided by your employees.

Strategic Planning

A strategic plan will take into account available data such as health assessment aggregate data, claims data, wellness consulting assessment, environmental assessment and employee needs and interests. Depending on county specifics, delivery may include a timeline, reporting and recommendations.

Program Planning and Support

From initial concept development to developing a detailed program plan, TAC Wellness Consultants can help identify specific programs and interventions to inspire participation, target key health risks, and influence positive lifestyle change. If a program is already in place, we can analyze, support and enhance your current efforts with customized services.



TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

Engagement and Incentive Design

High engagement is critical to bottom line impact. We drive employee engagement in wellness programs by working with your county to design a wellness incentive program to meet your organizational needs and budget, improve leadership support, and help create policies that encourage employee wellbeing. Wellness incentive programs aim to reduce the overall cost of providing medical benefits by giving covered employees incentives to follow healthy lifestyle habits and participate in specific wellness activities. We work with various models including incentives that:

- Are linked with the health benefits plan;
- Create significant value to the employee yet are cost neutral to the county;
- Allow the health plan to remain HIPAA compliant;
- Are simple to track and administer.
- Reduce insurance premiums; and
- Avoid a tobacco surcharge.

Actual programs would be specifically tailored to your county, your employee population, and your plan. For grandfathered plans there are guidelines and regulations mandated by the Affordable Care Act. For more information contact your Wellness Consultant to discuss options available.

Evaluation

A wellness program evaluation can demonstrate the efficacy and success of the county's wellness programming efforts. During the planning phase and continuing throughout the life of the program, we will identify and gather appropriate data to:

- Improve existing programs;
- Plan future health initiatives; and
- Demonstrate the results of your county's investment in wellness.

Strategic Wellness Plan & Report

Following the consulting process, Healthy County may deliver a Strategic Wellness Plan and Report, which may provide programming, leadership, environmental, policy and incentive recommendations and detailed findings. The Wellness Plan and Report can be delivered to the court, or in a special workshop, and can be used as a guide, resource and plan by the court, your HR department and your onsite wellness coordinator.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Wellness Consulting Services

Services	Cost
Fast Track Assessment and Strategic Wellness Plan Taking 6 months, this service utilizes primarily existing data rather than conducting surveys and capturing new data, greatly accelerating the timeline. Consulting includes: <ul style="list-style-type: none">• Several planning meetings• Time Line• Analysis of data from medical claims, health assessment, Blue Insights• Leadership interviews• Environmental assessment• 3-Year Strategic Wellness Plan	Pool Members- No Charge ASO Pool Members <100 Employees: \$1,000 100-500 Employees: \$1,500 >500 Employees: \$2,000 Non-Pooled Counties <100 Employees: \$2,500 100-500 Employees: \$3,000 >500 Employees: \$3,500
Full Assessment and Detailed Strategic Wellness Plan This service takes 12 months to complete. <ul style="list-style-type: none">• Multiple planning meetings• Time Line• Analysis of data from medical claims, health assessment, Blue Insights• Leadership interviews• Focus groups• Employee interest survey• Environmental assessment• 3-Year Strategic Wellness Plan	Pool Members- No Charge ASO Pool Members <100 Employees: \$2,500 100-500 Employees: \$3,000 >500 Employees: \$5,000 Non-Pooled Counties <100 Employees: \$4,000 100-500 Employees: \$5,000 >500 Employees: \$6,000

**Timeline and services are subject to change*

For more information, please contact your Wellness Consultant.

Worksite Screenings and Physicals

In the following section, you will find an overview of biometric and preventive screening services provided by our preferred vendors, Catapult Health and Interactive Health, Inc. Catapult will be processed as a claim through BCBSTX (counties will be invoiced for office co-pays, if applicable) and Interactive Health will be processed as a service fee. A description for each service is provided below. Your Healthy County consultant can assist in scheduling the screening events for the county.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Catapult Health

Catapult provides preventive checkups at your worksites in order to focus on the most common and costly chronic diseases. These 30-minute checkups include diagnostic blood work, a fully tailored Personal Health Report and a private session with a licensed Nurse Practitioner. TAC HEBP would recommend the services provided by Catapult for the following reasons: 1) lab accurate, diagnostic blood work; 2) immediate results; 3) ease of billing services to BCBSTX. Pricing for preventive screening services offered by Catapult Health are processed as a claim, ranging from \$130 per participant (variance depends on over/under 40 years of age).

During the screening process, a Personal Health Questionnaire (including health history) is administered on a touch-screen tablet PC allowing for all data points to be entered into the Catapult Electronic Medical Record (EMR). Since all data is instantly fed into the EMR, it allows Catapult to provide each patient with a 15-page, full color Personal Health Report (English or Spanish) immediately onsite. Once the participant receives their report, they then meet with a Catapult licensed Nurse Practitioner. The Nurse Practitioner will spend at least 10-minutes to review their results, focusing on their highest areas of risk. The Nurse Practitioner will also ask the patient who their Primary Care Physician (PCP) or obstetrician is, and locate this physician in the National Provider database. Catapult will then securely e-fax the patient's results to their PCP within one hour of their visit. If the patient does not have a PCP, Catapult will identify 2-3 in-network BCBSTX physicians and provide the patient with this information. The Nurse Practitioners will also discuss prescriptions and educate the patient on available generics, as well as any age/gender appropriate exams needed. At the end of the consult, the Nurse Practitioner will print out the patient's customized action plan.

Catapult Health Nurse Practitioners will follow-up with high and critical risk participants via telephone and/or secure email at 48-hour, 72-hour, 2-week or 3-month intervals, depending on the condition and severity.

Catapult strives to deliver preventive checkups to every patient in 45 minutes or less. Catapult provides electronic, telephonic and/or paper scheduling tools for every event. Since employees will have a scheduled time, this ensures the flow of the event and timing of checkups stay on track for all patients. Those that arrive on time for their scheduled appointment will receive first priority. Catapult will accept late arrivals and walk-ins as time allows or will work to reschedule their appointment for another time or date.



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Your primary point of contact will be a Catapult Account Manager who will be available to respond to logistical and administrative questions including clinic logistics, marketing, scheduling and event day details. Your dedicated Catapult Account Manager, assigned specifically to your county, will oversee and manage the entire implementation process 6-8 weeks prior to the first scheduled event. Your Catapult Account Manager will work directly your county representative(s) to coordinate all clinic logistics. Your county will simply be asked to assist with the following:

- Work with your Catapult Account Manager to promptly finalize clinic schedule. Catapult will coordinate the development of the clinic schedule, based on the needs of your county, with Catapult Health;
- Coordinate with your TAC Wellness Consultant and Catapult Account Manager for any additional programs the Catapult Nurse Practitioners will promote during the participant consult accordingly;
- Reserve space needed for events on all day's events will be held;
- Communicate events (Catapult will provide custom materials, as well as onsite promotion/sign up to assist);
- Ensure Catapult has access to rooms where events will be held each day of the events; and
- Enjoy the experience and let Catapult and TAC do the work.



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HEALTH AND EMPLOYEE BENEFITS POOL

Interactive Health, Inc. Biometric Screenings

Biometric Screening	Description of Event	Participation Requirements	Price	Payment Type
Standard	<p>Each Biometric Screening event includes the following package of screenings:</p> <ul style="list-style-type: none">• Blood Pressure• Height, Weight, Waist Circumference, Body Mass Index (BMI)• Total Cholesterol, HDL and Glucose <p>> Tests use finger-stick method</p> <ul style="list-style-type: none">> Fasting optional• Immediate Personal Coaching (advice on results from screenings)• Employer receives aggregate summary report of event results for sites with 30+ and an aggregate of all sites if 30+total participants	12 minimum participants or 80% of anticipated, whichever is greater; minimum duration is three hours	\$52.00	Per Person <i>Biometric Screening cost are billed to county directly and not processed as a claim. Results will be fed into Condition Management system to prompt outreach and will also be uploaded onto the BCBSTX Well onTarget Wellness Portal.</i>
Expanded Panel	<p>Includes the above, plus:</p> <ul style="list-style-type: none">• LDL and Triglycerides <p>> Tests use finger-stick method</p> <ul style="list-style-type: none">> Fasting required	12 minimum participants or 80% of anticipated, whichever is greater; minimum duration is three hours	\$54.00	Per Person <i>Biometric Screening cost are billed to county directly and not processed as a claim. Results will be fed into Condition Management system to prompt outreach and will also be uploaded onto the BCBSTX Well onTarget Wellness Portal.</i>
Voucher	<p>Packet designating national lab and voucher includes the following:</p> <p>Blood Glucose and Lipid Panel, including triglycerides, HDL, LDL, total cholesterol and ratio;</p> <ul style="list-style-type: none">• Advice on results	No minimum; aggregate report for 30+	\$28.00	Per Voucher



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Programs and Interventions

Naturally Slim

Naturally Slim is a clinical weight loss curriculum available to benefit-eligible employees at 100 percent. The program is billed as a preventive care medical claim with a maximum cost of \$385 per individual. This 10-week program has been proven successful with measurable and sustainable metabolic syndrome reversal and weight-loss results. Naturally Slim uses an eLearning Management System that is customized to fit the needs for your county employees. A communication strategy will be determined during the implementation call. All communication material can be themed and co-branded specifically for your county. For more information about Naturally Slim, contact your Wellness Consultant.

Blue Care Connections

Blue Care Connection[®] is a program that integrates traditional elements of medical care management (utilization and care management) with advanced technological support, educational resources, outreach and health advocacy, giving members resources and guidance to help them be healthier and more productive. Members have access to online health information and tools, to help them take charge of their health and make informed health care decisions.

Health Assessments

Health Assessments are offered online through TAC's single sign-on portal. Through our partnership with BCBSTX, your employees and covered dependents will have access to an interactive health assessment that captures vital information about the health and lifestyle of each participant.

The health assessment includes a combination of quantitative and qualitative analyses, which allows the assessment to clearly identify prevalent health risks and offer valuable feedback regarding both individual and population health. The tool is designed with a full set of risk calculations and basic clinical measures. This assessment incorporates innovative new methodology for estimating life expectancy, as well as life years gainable, which the individual can attain by making recommended lifestyle changes. The tool undergoes continuous reassessment and updates based on current guidelines. A comparable paper version is also available for an additional charge to meet the needs of clients whose employees may have limited computer access.

Our health assessment goes beyond the basics to offer state-of-the-art features, including branching technology that allows the question set to adapt based on the respondents' answers, so each participant is presented with a question set that is tailored to their specific needs. For example, all questions about readiness to change are personalized to reflect the participant's actual behavior. In addition, the text of the questions and responses is individualized based on previous answers. For example, if an individual has a BMI in the healthy range, they are asked follow-up questions that include their specific range: *For your height, your weight of 160 is within the recommended range of 118 to 164. Are you confident that your weight will remain within the recommended range?*



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This adaptive technology makes the experience of the taking the health assessment:

- **Richer:** because it allows a larger question set to be accessed and permits deeper questioning into select areas.
- **Personalized:** because questions and responses are tailored specifically for the respondent.
- **Easier:** because this technology allows for simpler question forms and only questions relevant to the respondent are viewed.
- **Friendlier:** because personalizing the question set creates a more conversational tone.

Your employees and covered dependents can complete a health assessment online twice a year. They can complete one health assessment from January 1 - June 30 and another one between July 1 and December 31.

Condition Management

The Condition Management Program offered through BCBSTX's Blue Care Connection® program. The county has the opportunity to elect this program in their benefits plan design. This program conducts identification, targeted outreach, and engagement interventions for moderate and high severity members diagnosed with diabetes, coronary artery disease (CAD), cardiovascular cluster (angina, peripheral arterial disease atherosclerosis), congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), asthma, and low back pain.

BCBSTX has experience and processes in place to manage chronic conditions, such as hypertension, cancer, migraine headaches, gastro esophageal reflux disease (GERD), arthritis and other complex impact conditions. Impact conditions are low in prevalence; however, they are potentially high in cost. Comorbid conditions are managed secondary to a core condition, for example, a member with diabetes who is also suffering from fibromyalgia would be managed in the Diabetes Management Program. In addition, complex case management administers the Special Beginnings® Program, cancer, high-risk obstetrics, transplant, end stage renal disease (ESRD), hepatitis, rare, and other impact diseases.

The Condition Management Program focuses on identifying and managing gaps in care by utilizing evidence-based guidelines. Without these intervention(s) members are at-risk of developing complications and development of other comorbid conditions. Our program utilizes risk stratification and modeling, which generates a unique member status allowing us to offer members a highly personalized care management experience and options that motivate engagement and support behavior change.



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The Condition Management program is integrated within the Blue Care Connection® program in which Condition Management coaching is performed by the Blue Care Advisors for the moderate- and high-acuity population using the milestone tools as guidance. Blue Care Connection is an integrated suite of programs and services designed to support healthy behaviors and outcomes. This suite of programs and services is designed to engage members across the health care continuum – from wellness and prevention through chronic conditions to complex and catastrophic care. Members will be supported by traditional care/utilization, case and condition management combined with technology, consumer resources, personal assistance, education and health advocacy.

Medicine Match

The benefit is designed to make treating asthma, diabetes, cholesterol and high blood pressure more affordable. When members enroll in a condition management program, they become eligible to receive a 50 percent reduction in co-pay for maintenance medications. The end result – better health and lower long term cost for the county and participant.

Program Highlights:

- Member must be enrolled in Condition Management;
- 50 percent reduction in co-pay for medications treating asthma, diabetes, cholesterol and high blood pressure only;
- Deductible waived for groups with Rx deductibles; and
- Drug must be listed on our performance drug list.

Tobacco Cessation

A multi-step approach that includes developing a personal quit plan to help employees become and remain tobacco free. The program also provides resources to assist in becoming a non-smoker for good, including:

- Personal coaching;
- Online tools;
- Audio health library; and
- Discounts on programs that support tobacco cessation.

Tobacco Cessation Prescription Benefit

Benefit highlights:

- Prescription medication covered at 100%;
- Deductible waived for groups with Rx deductibles; and
- No over-the-counter drugs are covered.

Colonoscopy Benefit

In-network benefits for colorectal cancer tests are covered at 100 percent of allowable amount with deductible waived if applicable. This benefit includes all places of treatment and diagnoses.



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24/7 NurseLine

The 24/7 NurseLine is a phone-based general health information and triage service available 24 hours a day, 365 days a year. As part of the Blue Care Connection Program, trained and experienced RNs interact with members and provide information in a style adapted to the caller's educational level and emotional state. A nurse works individually with each caller until an appropriate resolution is reached. The RN provides general health information, symptom assessment for medical complaints, appropriate care advice, follow-up as necessary, and self-care instructions on more than 1,200 topics. In addition, members can listen to audio topics such as exercise and health, general health, and behavioral health. The 24/7 NurseLine also has a navigation and referral service that can explicitly screen for and refer qualified members who would benefit from additional Disease Management and/or Care Management Programs within our Blue Care Connection Program. Upon identifying appropriate candidates, the 24/7 NurseLine Program can facilitate service referrals through an online system integrated with our Disease Management and Care Management Departments.

Additional wellness services are available through BCBSTX Blue Care Connection program that enable maximum engagement in healthy programs and services. Below are a few of the highlights of the Well onTargetSM Program:

- An engaging new member wellness portal that uses the latest technology to provide an interactive experience and a host of wellness tools, resources, and interactive assessments;
- Coaching services for weight management, tobacco cessation, stress management, nutrition, and physical activity;
- Targeted wellness outreach;
- eCards for Health campaign is a fun way to encourage employees to stay well or get that needed check-up; and
- Fitness program is an exclusive membership program that offers unlimited access to a nationwide network of fitness centers for a low monthly membership fee.

Special Beginnings Maternity Management

Establish ongoing contact with obstetric nurses who provide prenatal risk assessment and coordination with providers. This voluntary program offers expectant mothers confidential support through every stage of pregnancy.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

BCBSTX Fitness Discount Program

Regular exercise is an essential part of healthier living, and in a world where life is constantly on the move, people need solutions to fit into their ever-changing fitness schedule.

All Blue Cross and Blue Shield of Texas members and their covered dependents (age 18 and older) are eligible to participate and receive:

- Flexible membership, no long-term contracts required (there is a one-time enrollment fee of \$25). Low monthly membership rate of \$25 per month;
- Easy online enrollment; automatic monthly payments;
- Fitness center visits posted online; and
- Unlimited access to a nationwide network of participating fitness centers and select YMCA locations.

Healthy County Portal *powered by Provant*

All TAC HEBP member employees have access to Healthy County's new, integrated health and physical activity portal. TAC offers the Healthy County portal because we are committed to the health and well-being of our members. Staying healthy and having fun are important for your life - and for your job. Our portal provides 24/7 access to a variety of tools and resources designed to help improve the overall health and wellness of county employees. Through the Healthy County portal, employees will be able to create an account, order a new wearable fitness device using a \$30 device subsidy and begin participating.

The new platform and wearable device program is offered at no charge to employees enrolled in the county's medical plan administered by the Texas Association of Counties (TAC) Health and Employee Benefits Pool (HEBP). This includes self-insured ASO counties as well as fully-insured counties. As a participant in Healthy County, you will have access to many resources and tools through this portal, including:

- Wearable fitness and physical activity tracking;
- Device Storefront;
- Wellness Challenges;
- Online health coaching and education;
- Nutrition and other lifestyle trackers and tools; and
- Incentive tracking redemption (participating counties only).

Challenges

Healthy County offers a fun and interactive menu of wellness related fitness, weight loss and other challenges or contests throughout the year. Menu may vary each year. Employees can sign up for each challenge on the portal and begin tracking their progress. Eligible employees can earn Healthy County Rewards for completing a minimum number of Challenges throughout the year.



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2017 Healthy County Portal Pricing

Products and Services	Cost to Pool Counties
Monthly User Fee: \$1.77/ Per Eligible Employee:	No Charge
Fitness Device Subsidy: \$30	No Charge
Healthy Lifestyle Rewards Amazon Gift Card: \$50.00/per employee earning reward	No Charge

Weight Watchers

This program emphasizes behavior modification, healthy eating and increased physical activity, which are needed to successfully manage weight. Members and dependents enrolled in TAC HEBP health coverage are offered an 80% reimbursement once a year for a 12 or 17 week At Work series when a minimum number of meetings are met.

BCBSTX Life Points Rewards

Employees are eligible to receive Life Points Rewards from BCBSTX/Well onTarget. With the Life Points program, you can earn points by regularly participating in healthy activities. You can then redeem your hard earned points for clothing, books, health and personal care, jewelry, electronics, music, sporting goods and more.



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Employee Education and Communication

Employee Presentations

Your county's wellness consultant is available to provide educational workshops that are designed to create informed consumers of health care and will further reiterate the importance and value of the county's wellness and incentive program. We are committed to providing ongoing support to help sustain engagement and momentum at your county.

Incentive Program Brochure Design

Our team can customize and print communication materials tailored to your county's specific Incentive Program.

Healthy Byte Monthly Email

Employees can subscribe to our monthly email that will inspire them with ideas for incorporating wellness into their daily lives, plus give them exclusive access to Healthy County news and upcoming program announcements.

New Hire Postcard

On a quarterly basis, postcards are mailed to the homes of new employees introducing them to the Healthy County program.

Wellness Program and Challenge Fliers

Promotional program fliers and posters are created and available to your county both digitally and in paper. Counties also have access to a wide variety of BCBSTX Blue Access for Employers communication materials on a variety of topics through their Healthy County Wellness Consultant.

****Please see enclosed Wellness Program Communication examples.***

Annual Healthy County Training

Join your colleagues for the annual Healthy County Boot Camp to discover the latest wellness trends and best practices and meet with your peers from across the state to share powerful tips, strategies and resources you can use to help county employees lead healthier lives. To learn more, please go to www.county.org/HCBootCamp.



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Healthy County Team Contacts

The primary goal of our consulting team is to assist Texas counties with the many challenges they face in engaging their employees and covered spouses in leading healthier and more productive lives. We understand the health risks specific to your employee population and work to build a wellness program that will benefit all of your employees – even the healthy ones.

Your TAC Wellness Consultant will encourage and support the County in building and executing a long-term strategy, from garnering leadership support for employee wellness to developing objectives and recommending evidence-based solutions. Throughout the process, your Consultant will periodically evaluate the degree to which the chosen interventions have had a material impact on your employees.

You can expect your Consultant to focus on developing a partnership and promoting process improvements. Employee health meets with success as a result of thoughtful process and a considerable time investment. You can expect this long-term commitment and strategic approach from your TAC Healthy County Wellness Consultant.

YOUR HEALTHY COUNTY WELLNESS TEAM	
Carrye Chen – Northeast Territory	carryec@county.org
Ashley Cureton – Northwest Territory	ashleyc@county.org
Vacant – Southeast Territory	
Mark Zollitsch – Southwest Territory	markz@county.org





TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

SERVICES

OASys (On-line Administrative System)

For counties, the business of administering their employees' health care benefits has traditionally been a time-consuming and sometimes frustrating process. *Not any longer.* Through TAC HEBP's online administrative system, you have direct access to all the tools you need to administer your employees' health benefits efficiently and accurately.

OASys provides online, real-time access to membership and billing. There is no need to buy expensive software or hardware. It is provided on a secure Internet connection that allows this confidential information to be quickly exchanged in a protected environment. Designated staff will undergo a short training session to be able to administer the program.

TAC HEBP's eligibility system saves time and money – \$2 per member per month – and we pass those savings on to you.

ARTS (ACA Reporting and Tracking Service)

TAC HEBP partners with Equifax to provide this service, which tracks employee hours against the county/district's measurement period to determine eligibility for health benefits, as well as calculating affordability. This service also produces the annual 1095C form, which is required for groups with 50 or more employees. The 1095C forms are provided to the county/district for distribution to employees, and are filed with the IRS on your behalf. This service is provided at no cost to HEBP participating counties and districts (there is a per-form charge if TAC HEBP mails forms directly to employees).



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COBRA ADMINISTRATIVE SERVICES

BCBSTX offers COBRA services – both full service administration and a billing-only service – to meet the needs of our customers.

Under the full service administration program, when informed of a qualifying event, BCBSTX notifies members of their rights under COBRA and provides an application for continuing coverage. Under the billing-only service, the employer notifies members of their rights under COBRA, collects the completed application and initial premium, and sends them to BCBSTX.

Upon receipt of the completed application and initial premium, BCBSTX mails identification cards directly to the member. A monthly billing statement is also mailed to the member approximately 15 days before the premium due date, and an accounts receivable record is created to monitor receipt and proper allocation of the billed premium. BCBSTX communicates any changes in group benefits and rates directly to each COBRA member.

Premium Follow-Up

Past-due notices are mailed approximately 15 days after the due date. Claims are processed after the payment has been received and allocated. If the premium is not mailed within 30 days of due date, the membership is cancelled, and a cancellation notice is mailed to the member's home address. Six months prior to the calculated COBRA end date, a notification informing the member of the coverage cancellation is mailed. Another notification is mailed two months prior to the coverage end date.

Cost of Administering COBRA

A one-time cost for our full-service administrative program is \$150 per continuing member. For the billing-only service, the fee is \$100 per continuing member. There is no charge until a participant enrolls in COBRA.

Each COBRA member is billed the agreed-upon premium rate plus a 2 percent administration fee, which is retained by BCBSTX. (Qualified disabled members are billed the agreed-upon premium rate plus 50 percent). For new groups, BCBSTX will assume responsibility for existing COBRA participants for \$100 per participant when the notification and billing service is purchased and \$75 for the billing-only service.



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POLICIES AND PROCEDURES

Coverage Termination Policy

TAC HEBP Board of Directors voted to adopt Texas Senate Bill 51 (SB 51) provisions, which are standard in the industry and will reinforce best practices at the employer level. SB 51 requires health insurance carriers to maintain coverage for participants through the end of the month in which the termination is reported. It affects the way coverage is extended and invoiced when employees or dependents terminate coverage. Pooled group employers are responsible for all premiums through the end of the month in which the termination is reported to the carrier.

This legislation is designed to reduce retroactive terminations. When a termination is not reported in a timely manner, the member still has access to benefits and services. Claims paid on members who are no longer eligible drive up the cost of health care and often times the providers are left with unpaid claims. SB 51 was passed to reduce these situations.

Spouse Eligibility Verification Policy

Dependent spouses who are eligible for group health coverage through his/her own employer must provide proof of that coverage and complete a Spouse Eligibility Verification form in order to enroll in the TAC HEBP plan.

This rule does not apply during the initial enrollment of a new group. It will apply to all employees hired after the group's effective date. This policy protects the members of TAC HEBP and their taxpayers from private employers transferring liability (inadvertently or not) onto the county plan. Therefore, this liability which ultimately increases costs for both the taxpayers and county employees is limited.

Eligibility Procedures

New Enrollees –

- Enrollees who become effective the 1st through the 15th of the month will be invoiced for contributions for the full month.
- Enrollees who become effective the 16th through the end of the month will not be invoiced for contributions for the partial month



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Termination Reporting

Employers are liable for all contributions through the end of the month in which the termination is reported. This policy will apply to both employee and dependent terminations.

- A pre-invoice is provided each month to ensure that eligibility is accurate and will help minimize unnecessary expenses.
- The final invoice is then generated and payment is due the 1st of each month.
- Employees will be liable for the appropriate dependent costs through the month in which he/she notifies the employer and TAC HEBP is notified appropriately. This does not change the enrollment rules for qualifying events (list available upon request).
- Employees are required to report changes such as marriage, divorce, etc. within 31 days.

Enrollment Procedures

Enrollment Schedules

The dates and times of enrollment will be determined jointly by TAC HEBP and the group in accordance with the deadlines set forth in the proposal.

Enrollments scheduled less than 30 days prior to the effective date may result in a delay in implementation of benefits.

Electronic Enrollment

Electronic enrollment is an option in conjunction with certain guidelines:

- Enrollment data must be formatted to meet TAC HEBP programming parameters;
- Data must be received 60 days prior to effective date (less than 60 days must be approved) and;
- Group must review enrollment data for accuracy prior to sending to TAC HEBP.



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TAC HEBP PROGRAMS

TAC HEBP offers the following benefits that may be added to our group health and prescription plans. Information about any of our programs can be obtained from a Health and Employee Benefits Consultant.

Dental Coverage

TAC HEBP offers four standardized group dental plans of which a group may choose one for their employees. Orthodontic coverage may be included for participants under age 26.

Group Term Life and Accidental Death & Dismemberment

There are many options available for group term life and AD&D. The program is offered through TAC HEBP, but it is underwritten by VOYA Financial, Inc. We will work with you to provide a group benefit that suits the needs of your employees.

Voluntary Term Life

TAC HEBP voluntary term life is underwritten by VOYA Financial, Inc. This product is an employee-paid voluntary benefit. This benefit is portable upon retirement or termination for the employee and insured spouse.

Retiree Medical Program

There are various options for retiree medical coverage. We have benefit plans available for Medicare eligible retirees and their spouses that are enrolled in Medicare A and B. Groups also have the option of including retirees under age 65 on their group medical plan.