

# **2021 BENEFITS GUIDE**

## SCRANTON SCHOOL DISTRICT

## **Millennium Administrators**

Sara B. Picardo, President www.millennium-tpa.com 1-866-MHG-2489



YOUR BENEFITS ADMINISTRATOR

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Dear District Employee,

Congratulations on your professional opportunity with the Scranton School District, and thank you for entrusting Millennium Administrators with the management of your benefits. It is a privilege to serve you. Our goal at Millennium is to provide each and every employee of the Scranton School District with the highest possible level of service. Whether that takes the form of educating employees about their benefits package, discussing specific policy questions, or providing counsel on maximizing your benefits, **we are available to you 24 hours a day, seven days a week.** There is a Millennium representative on site at the School District at least one day per week, who is knowledgeable about your benefits and available to meet face-to-face.

Please take a moment to familiarize yourself with our partner in delivering maximum value to you and your employer, ELAP Services. ELAP's role is to audit every single claim filed on your behalf to ensure providers are billing customary and reasonable rates for services provided. By engaging ELAP and Millennium Administrators, the Scranton School District has ensured it can ensure significant cost savings without any sacrifice whatever to the level or quality of your benefits.

If I can leave you with one thought in closing this note, it is that Millennium is here to help you. We will investigate that bill you got that you did not expect; we will advocate on your behalf against large medical corporations, and we will sit with you one-on-one to address your concerns.

Yours in good health,

Sara B. Picard President Millennium Administrators, Inc.

## **ELAP Services**

ELAP services works alongside Millennium Administrators to ensure that neither the District nor its employees overpay for medical services. By engaging ELAP, the Scranton School District can cut costs while continuing to offer the same high-quality benefits it has always offered. Below is an overview of what ELAP does and how it benefits you, the employee, and your family.



## Advocating for Members and Their Families



Personal and proactive outreach is the hallmark of the **Member Services team**. When you work with our team, you'll never stand alone in the face of resolving a bill for healthcare services that exceed your responsibility.

#### How will you know if you're being charged too much?

After receiving medical care, you will get an Explanation of Benefits (EOB) from your plan administrator specifying what you owe for services. If you receive a bill for more than this amount, immediately contact ELAP.





#### What will ELAP do for you?

Once ELAP receives your bill, you and your family are assigned a personal Member Services Advocate who will provide you with support every step of the way. After you give us written permission to advocate on your behalf, our team begins working to resolve the claim with your healthcare provider.

#### Who can you call with questions?

Your dedicated Advocate is your main line of support, continually monitoring the progress of your account while proactively keeping you up to date.

Have a question? Call or email your Advocate at any time. You'll get a response within 24 hours. We are always here to help you better understand your plan benefits.





#### Keep an Eye on Your Mail

If it sounds easy, it's because it is. If you receive any billing correspondence in the mail, send it to us right away.

Your Advocate will take it from there, keeping you in the loop throughout the process.

#### Our Motto: Advocate, Engage, Empower.



Members and their families are at the center of all we do. Phone: 1-800-977-7381 | Email: bb@elapservices.com Fax: 1-888-560-2447 | Mail: 1550 Liberty Ridge Drive Ste. 330 Wayne, PA 19087

# Understanding Your Benefits ID Card



Your benefits ID card may look different from other cards you've had, but it has all the information you'll need about your plan.

## Your card includes the contact information for your TPA (Third-Party Administrator), the main point of contact for your health plan. They handle it all!

- Answer all your questions just call the phone number on the card
- ✓ Direct you to the right medical provider
- ✓ Send you an Explanation of Benefits (EOB) that detail your plan coverage for each claim

#### When you go to a healthcare provider for care, there are a few "rules of the road."

- At check-in or registration, provide your benefits ID Card.
- If they have questions, tell them to call the provider phone number on the card.
- If they indicate that they don't accept your insurance, encourage them to call the provider phone
  number to verify your eligibility for benefits.
- At any time, if you are asked to pay up front, immediately call your TPA to speak to someone who will work through the issue right away.

#### Have questions about your coverage? Call the number on your benefits ID Card.

Your TPA works closely with ELAP Services. We are also here for you: Phone: 1-800-977-7381 | Fax: 1-888-560-2447



# **Medical Benefits**

Your employer strives to offer you the most competitive benefits available in our area. Your health benefits enable you to seek medical service wherever you choose; you are NOT subject to network limitations. Simply present your medical ID card at your provider's office the same way you always have. Direct any questions from providers' staffs to the appropriate phone number on the back of your card. If at ANY time you face resistance from your provider or their staff, call your Millennium Administrators representative IMMEDIATELY. Our top priority is to see you get the care you need. We will ensure you can be seen that day and work out any billing issues on the back end. You will never be responsible for any billed amount beyond what is listed on your Explanation of Benefits.

\*\*Please note that the correct copay for an office visit to your primary care physician is \$0, regardless of whether your PCP is a member of the Commonwealth Health network.





#### Scranton School District - ELAP Benefit Summary 1/15/2021

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providers)     30 onpayment     50 oppayment       Baroandiant Services (FT Scan, NR), PET & Nuclear     S0 capayment     100% after deductible       Surgical Services (Procedure and Asenthesia)     S0 capayment     100% after deductible       Standard Imaging (e-ray, Utva Sound)     S0 capayment     100% after deductible       Laboratory Services     S0 capayment     100% after deductible       Urgent Care is an Urgent Care Facility     S0 capayment     50 capayment       Drespecty Ream Services     S0 capayment     100% after deductible	Allergy Testing and Treatment	S0 capayment	100% after deductible
Diagnostic Services (CT Scan, MR, PTT & Nuclear Medicine)         SD copayment         10001 after deductible           Surgical Services (Procedure and Assochesia)         SD copayment         10001 after deductible           Standard Imaging (e-ray, Uhra Sound)         SD copayment         10001 after deductible           Laboratory Services         SD copayment         10001 after deductible           Urgent Care in an Urgent Care Facility         SD copayment         \$15 copayment per visit           Drespency Ream Services         SD copayment         \$15 copayment per visit	providers)		50 copagement
Medicinal         SD capayment         10005 after deductible           Surgical Services (Procedure and Asserthesia)         SB capayment         10005 after deductible           Standard Imaging (e-ray, Utra Sound)         SB capayment         10005 after deductible           Laboratory Services         SB capayment         10005 after deductible           Laboratory Services         SB capayment         10005 after deductible           Urgent Care in an Urgent Care Facility         SB capayment         \$15 capayment per visit           Deservices         SB capayment         \$73 capayment per visit		e outputient Sacility	
Standard Imaging (e-ray, Uhra Sound)         S0 capayment         100% after deductible           Laboratory Services         S0 capayment         100% after deductible           Imaging (e-ray, Uhra Sound)         S0 capayment         100% after deductible           Imaging (e-ray, Uhra Sound)         S0 capayment         100% after deductible           Imaging (e-ray, Uhra Sound)         S0 capayment         100% after deductible           Imaging (e-ray, Uhra Sound)         S0 capayment         100% after deductible           Imaging (e-ray, Uhra Sound)         S0 capayment         515 capayment per vibit           Imaging (e-ray, Uhra Sound)         S0 capayment         \$175 capayment per vibit		SD capayweet	100% after deductible
Laboratory Services         S0 copayment         1000i after deductible           Imagent Care is as Urgent Care Facility         \$0 copayment         \$15 copayment per visit           Imagency Ream Services         \$10 copayment         \$17 copayment per visit leadved if admitted	Surgical Services (Procedure and Assochesia)	\$0 capayweet	1006 after deckuctible
Envergency Room Services         S8 capayment         S73 capayment per visit           Envergency Room Services         S8 capayment         S73 capayment per visit	Standard Imaging (s-ray, Ultra Sound)	\$0 сарауны на	100% after deductible
Urgent Care in an Urgent Care Facility SB capayment S15 copayment per visit Descriptory Room Services SB capayment S175 capayment per visit invalved if admitted	Laboratory Services	\$8 сараутиет	1006 after deckactible
Emergency Room Services S9 copayment S75 copayment per vibit levalved if admitted	Emergency/Urgent Care:		
	Urgent Care is an Urgent Care Facility	Ső capayment	\$15 copayment per vikit
Emergency Ambulance Services SD copsyment 198%	Emergency Room Services	50 copeywent	\$75 copayment per visit lowived if admitted
	Emergency Ambulance Services	50 capayment	102%
Emergency Ambulance Services - Non-Emergency S0 capayment 8d% after deductible	Emergency Ambulance Services - Non-Emergency	S0 cogayers et	80% after deductible
Inputient Hospital Services:			
Room and Board (Paid at the facility's private room SD on payment 100% after deductible		30 capityment	100% after deductible
Intersive Care Unit (Paid at hospitals ICU charge) 50 copayment 100% after deductible	Intensive Care Unit Paid at hospitals ICU charge)	50 copiegnicati	100K after deductible





#### Scranton School District - ELAP Benefit Summary 1/15/2021

Benefit Period, Annual Deductible, and Annual Co-	All Providers			
insurance Maximum: Benefit Period	Calendar Year			
Plan Year Deductible <b>(medical)</b>	\$5,000 Individual \$10,000 Family			
Co-insurance (Amount plan pays)	80%			
Annual Out-Of-Pocket (Out of Pocket maximums include deductibles, copays and coinsurance for both medical and pharmacy)	\$6,850 Individual \$13,700 Family			
limitations. For additional preventive services and im-	ductible does not apply to in-network services: see Plan Document for coverage for age restrictions and benefit nunizations with no member copay, please refer to plan document			
Copayments: Office Visits (Family and General Practitioner, Internist, and Nurse Practitioner)	\$30 copayment per visit			
Specialist Office Visit	\$50 copayment per visit			
Medical Emergency - Emergency Room	\$150 copayment per visit (after deductible)			
Medical Non-Emergency - Emergency Room	\$150 copayment per visit (after deductible)			
Urgent Care	\$50 copayment per visit			
Diagnostic Services (CT Scan, MRI, PET & Nuclear Medicine)	\$100 copayment per visit (after deductible)			
Preventive Services:	to recover			
Annual Adult Physical Adult Immunizations: Flu vaccine, Shingles,	\$0 copayment			
Adult Immunizations: Flu vaccine, Sningles, Pneumonia vaccine, Tetanus/Diphtheria	\$0 copayment			
Adult Annual Preventative Lab Work for Diabetes and Cholesterol	\$0 copayment			
Mammogram - Screening and Diagnostic	\$0 copayment			
Gynecological Services - screening exam and Pap Smear	\$0 copayment			
Well Child Care / Newborn Care	\$0 copayment			
Physician Services: When performed and billed in a physician's office				
Physician Office Visit	\$30 copayment			
Specialist Physician Visit	\$50 copayment			
Allergy Testing and Treatment	80% after deductible			
Laboratory Services (performed and billed by providers)	\$0 copayment			
Outpatient Services: When performed and billed in an Diagnostic Services (CT Scan, MRI, PET & Nuclear				
Medicine)	100% after \$100 copayment after deductible			
Surgical Services (Procedure and Anesthesia)	80% after deductible			
Standard Imaging (x-ray, Ultra Sound)	80% after deductible			
Laboratory Services	80% after deductible			
Emergency/Urgent Care:				
Urgent Care in an Urgent Care Facility	\$50 copayment per visit			
Emergency Room Services	100% after \$150 copayment after deductible (copayment waived if admitted)			
Emergency Ambulance Services	100%			
Emergency Ambulance Services - Non-Emergency	80% after deductible			
Inpatient Hospital Services:				
Room and Board (Paid at the facility's private room rate)	80% after deductible			
Intensive Care Unit (Paid at hospitals ICU charge)	80% after deductible			
Maternity Services:				
	Nurse Midwife Covered if he/she provides services under the direction of a physician; no home birth coverage			
Physician Services:	80% after deductible			
Inpatient Maternity Care	80% after deductible			

ONLY. THE CONTENTS ARE NOT TO BE ACCEPTE		ROVISIONS OF THE PLAN DOCUMENT OR SUMMAI	
		ENTED AS A MATTER OF GENERAL INFORMATION	
supply) Once the plan out of pock	Not ( ket maximum has been met, benefits are payal	Covered	
Specialty Medication (Limited to a 30 day	Non-Preferred Brand	Na 20	
supply)	Generic Preferred Brand	\$10 Copayment \$100 Copayment \$150 Copayment	
Mail or Retail Pharmacy Copayments (90-day	Non-Preferred Brand	\$75 Copayment	
supply)	Generic Preferred Brand	\$5 Copayment \$50 Copayment	
<b>Rx Deductible</b> Retail Pharmacy Copayments (up to a 30-day	\$500 deductible per member on BRAND Only medications		
RX Copayments			
PHONE#         866-475-056           WEBSITE         www.cvscaremark.com			
RX COMPANY:			
EMAIL: RX Benefit Highlights	service@mill	ennium-tpa.com	
Millennium Administrators PHIONE:	866-6	644-8489	
document for a complete list of all serv	admissions, chemotherapy, dialysis, prosthetics ices that require precertification under your plar precertification.**		
Plan Features: Precert ification	Preauthorization is a clinical program in which c monitor certain health care services prior to the Preauthorization is to ensure all members recei individual needs.	e delivery of services. The purpose of	
	a physical or medical problem associated with infertilit depending on your group's prescription drug program		
fertility Counseling, Testing and Treatment 80% after deductible Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered			
Prosthetics	80% after deductible		
Durable Medical Equipment	80% after deductible		
a 8	80% after deductible		
Skilled Nursing Care (Limited to 60 days)			
Hospice Care (Limited to 180 days)		r deductible	
Home Health Care	80% afte	r deductible	
Substance Abuse Rehabilitation - Outpatient Other Services:	80% afte	r deductible	
Substance Abuse Rehabilitation - Inpatient	80% afte	r deductible	
Substance Abuse Services:			
Outpatient Mental Health Care Services	80% afte	r deductible	
Inpatient/Partial Hospitalization Mental Health Care Services	80% afte	r deductible	
Dialysis Mental Health Care Services:	80% afte	r deductible	
Radiation Therapy	80% afte	r deductible	
Chemotherapy	80% afte	r deductible	
nfusion Therapy	80% afte	r deductible	
Chiropractic Services	Not	Covered	
Speech Therapy (Limited to 12 visits per calendar Year)	80% after deductible		
Occupational Therapy (Limited to 12 visits per calendar Year)	80% after deductible		
ear)	AL-PLANE A		

## **Dental Benefits**

Your dental benefits are provided by Guardian. You can seek care from any dentist, but seeing innetwork dentists will be most cost effective. Contact Guardian directly or Millennium Administrators for questions related to your dental network. Millennium Administrators will also help with any potential billing or eligibility issues you may face.

#### Summary of Benefits

Dental Benefit Summary			
Group ID:	00476674	Coverage Type:	Contributory
Group Name:	SCHOOL DISTRICT OF CITY OF SCRANTON	Class:	0002 ALL ELIGIBLE NON INSTRUCTIONAL STAFF
Waiting Period:	None	As of Date:	08/17/2021

#### Plan Information

Your dental networks is: Dental - Alliance - Philadelphia and Dental - DentalGuard Pref - Philadelphia, Pa

#### Coverage Information

		DENTAL CLASS 2 Dental - DentalGuard Pref - Philadelphia, Pa	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - Alliance - Philadelphia and/or Dental - DentalGuard Pref - Philadelphia, Pa will be most cost effective.		
	DG Alliance	DentalGuard Preferred	Out of Network
Calendar year deductible	None	None	None
Preventive	None		
Basic	None		
Major	None		
Calendar Year Maximum Benefit	\$5,000	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$5,000
Maximum rollover	Not Available	Not Available	Not Available
Monthly Switch	Not Available	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one	None	None	None

#### DENTAL CLASS 2 Dental - DentalGuard Pref - Philadelphia, Pa

What's the most cost-effective way to use dental insurance? You may go to any dentist, however those who belong to the Dental - Alliance -

Philadelphia and/or Dental - DentalGuard Pref - Philadelphia, Pa will be most cost effective

use dental insurance?	effective.		
	DG Alliance	DentalGuard Preferred	Out of Network
office visit may cover multiple services)			
Preventive Care:	100%	100%	100%
Bitewing X-Rays	100%	100%	100%
Full Mouth X-Rays	100%	100%	100%
Cleaning	100%	100%	100%
Oral Exams	100%	100%	100%
Sealants (per tooth)	100%	100%	100%
Basic Care:	100%	100%	100%
Fillings (one surface)	100%	100%	100%
General Anesthesia <sup>1</sup>	100%	100%	100%
Scaling & Root Planing (per quadrant)	100%	100%	100%
Simple Extractions	100%	100%	100%
Single Crowns	100%	100%	100%
Major Care:	100%	100%	100%
Dentures	100%	100%	100%
Orthodontia	Not Available	Not Available	Not Available

#### **General Exclusions**

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- · Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),

Produced on 08/17/2021 at 15:36:51 EDT

- · Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic
  devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

1 Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.

## **Guardian Vision Access Program**



#### Vision Access Program (VSP)

#### Vision Access \*

An eligible person can receive discounts on vision care services or supplies from a vision provider that is under contract with Vision Service Plan's (VSP's) Preferred Provider Organization (PPO) network. The eligible person must pay the entire discounted fee directly to the VSP network doctor.

Discounts are not available from providers who are not members of VSP's network.

#### DISCOUNTS:

- Eye Exams 20% off of the VSP doctor's usual charge.
- Frames, Standard Lenses and Lens Options 20% off the VSP doctor's usual charge, when a complete pair of prescription glasses is purchased.
- Contact Lens Professional Services 15% off the VSP doctor's usual charge for professional services. The lenses are not discounted.
- Laser Surgery -- an average of 15% off the laser surgeon's usual charge.

No ID cards are required, but the patient must notify the VSP network doctor that they have Guardian VSP Access Plan coverage at the time of service to receive their discount.

Discounts are only available from the VSP network doctor that provided the eye exam to the patient within the last 12 months.

#### NOTES:

- There is no charge for Discount Vision Access.
- To find a VSP network doctor, visit www.vsp.com or call 1-800-877-7195.
- A person must be enrolled for dental coverage in order to be eligible for Discount Vision Access.
- When a person is no longer enrolled for dental coverage, access to the network discounts ends.
- \* This is not insurance. The eligible person must pay the entire discounted fee directly to the VSP network doctor.

This handout is for illustrative purposes. You will receive benefit booklets when your enrollment application is processed. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.

> The Guardian Life Insurance of America 7 Hanover Square, New York, New York 10004

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# **Prescription Benefits**

You have two choices for your prescription coverage: deductible (ACA) plan, and nondeductible. Both are through CVS Caremark.

Contact your HR representative or Millennium Administrators with questions. Millennium is available to assist 24/7, 365 days out of the year with a customer service agent on-call.





Administrator Information:

PO Box 419 Lederach PA 19450 (866) 644-2489

#### BENEFIT SUMMARY DESCRIPTION Scranton School District EFFECTIVE: January 1, 2021

If you are one of your eligible dependents\*, incurs expenses for charges made by a pharmacy for covered prescription drugs for non-work related injury or sickness, payment for these drugs will be provided based on the following schedule:

payment for these drugs will be provided based on the	following schedule:	B of L of MAR CORD	
Particinant's RETAIL Consymption		Particinant's MAIL ORDER or CVS Pharmacy Conavment	
Generic Drugs: \$8			Generic Drugs: \$16
Preferred Brand Drugs: \$18			ferred Brand Drugs: \$36
Non-Preferred Brand Drugs: \$38		Non-Pre	ferred Brand Drugs: \$76
Out of Pocket Maximum: \$6,850/\$13,700 (combined w	dimension di	Out of Pocket Maximum:	\$6,850/\$13,700 (combined with medical)
Maximum Day Supply: 30 (at all retail pharmacles except		Maximum Day Supply:	90
	if their medication at the retail	Plaxing on pay supply.	50
pharmany)			
	G CATEGORIES		EXCLUDED DRUG CATAGORIES
ADD & Narcolepsy Drugs		Supplies (Amylin Analogs	Anabolic Steroids
		etics (Byetta, Victoza),	
		Syringes, Insulin Injection	
		Supplies, Lancets, Lancet	
		, Blood Testing Strips:	
		Strips: Glucose, Acetone	
		Testing Strips, Glucagon	
	Emergency Injection Kit, (		
Acne Medicines (Tretinoin (Retin-A, Retin- A Micro,		tion Kits (Bee Sting Kits,	Anorexients (Diet Aids)
Avita, Ziana, Atralin), Diffrin, Tazorac) - <u>To Age 35</u>		vinject, Epinephrine Inj,	
	Adrenaclick)		
Anti-Rejection Drugs (Immunosuppressants)	Fluoride (Topical Fluor	ride dental products -	Cosmetic Drugs - including hair loss drugs, anti-
	requiring a prescription)		wrinkle creams, hair removal creams and others
			(requiring a prescription)
Anti-Smoking Aids (Requiring a prescription)	Growth Hormone		PRE-AUTHORIZATION DRUG CATAGORIES
Blood Glucose, Monitoring Units, Monitoring Units			Fertility Agents - Oral & Injectable (limited to one
Disposable, Monitoring Units Continuous,	Kits		<ol><li>cycle of treatment per calendar period)</li></ol>
Monitoring Watch			
Compounds	Migraine Medicines (kit, nasal spray, tablet,		
-	injectables]		
Contraceptives Oral, Devices (i.e., IUD, Diaphragm),	Multiple Sclerosis Med	s (examples Betaseron,	
Implants, Transdermal (i.e., Ortho-Evra), Vaginal	Avonex, Copaxone, Rebif, Novantrone)		
Ring (i.e., Nuvaring)			
Extended Cycle Contraceptives Oral (Seasonale,	Multiple & Pediatric Vitamins (that require a		
Seasonique, Loseasonique, Quasense, Jolessa) - The	prescription)		
minimum number of days supply per fill will be 84-			
days with maximum of 91-days supply			
3 consyments apply			
Contraceptives Injectable (i.e., Depo Provera) -	Prenatal Vitamins (that re	squire a prescription)	
3 copayments apply			
Contraceptive Emergency (i.e., Levonorgestrel, Plan	Specialty Medication inclu	uding Injectables	
B One-Step, My Way, Next Choice One Dose, Ella] -			
See Provisions regarding possible coverage			

For clarification, the following ARE COVERED, unless specified otherwise:

- All legend drugs are covered unless specified otherwise in this Drug Coverage Options section.
- DESI drugs These drugs are determined by the FSA as lacking substantial evidence of effectiveness. The DESI drugs do not have studies to back up the
  drugs' uses, but since they have been used and accepted for many years without any safety problems, they continue to be used in today's market place.
- Controlled substance 5 (CV) OTC's are covered. (Examples: Robitussin AC syrup and Naldecon-CX) Federal law designates these medicines as OTC. However, depending on certain state pharmacy laws, the medicines may be considered legend prescription medicines and are, therefore, all covered.
- Single entity vitamins These vitamins have indications in addition to their use as nutritional supplements. For this reason, we recommend covering these
  medicines. Single entity vitamins are used for the treatment of specific vitamin deficiency diseases. Some examples include: vitamin B12 (cyanocobalamin)
  for the treatment of pernicious anemia and degeneration of the nervous system, vitamin K (phytonadione) for the treatment of hypoprothrombinema or
  hemoerhage, and folic acid for the treatment of megaloblastic and macrocytic anemias.

For clarification, the following are NOT COVERED:

- Therapeutic devices or appliances, including hypodermic needles, syringes, support garments, ostomy supplies, durable medical equipment, and nonmedical substances regardless of intended use.
- Any over-the-counter medicine, unless specified otherwise.
- Blood products, blood serum.
- Experimental medicines do not have NDC numbers and therefore, are not covered.

#### Plan Provisions:

- 1) Specialty Drugs: Must be Filled through CVS Caremark Specialty Pharmacy ONLY
- Generic Mandate: When a generic is available but the pharmacy dispenses the brand per the member's request or the physician's request, the plan member will pay the difference between the brand discount and the generic discount. The plan member will also be charged the applicable Brand copay.
- Termination of coverage shall occur the first of the month after 30 days from the last day of work. Continuation of Coverage shall occur if COBRA is elected.



PD Box 419 Lederach, PA 19450 (866) 644-2489



#### BENEFIT SUMMARY DESCRIPTION Scranton School District SSD-ACA RX PLAN

EFFECTIVE: January 1, 2021

If you are one of your eligible dependants, incurs expenses for charges made by a pharmacy for covered prescription drugs for non-work related injury or sickness, payment for these drugs will be provided based on the following schedule: Participant's RETAIL Copayment Particinant's MAIL ORDER or CVS Pharmacy Copayment Generic Drugs: \$5 Generic Drugs: \$10 Preferred Brand Drugs: \$50 Preferred Brand Drugs: \$100 Non-Preferred Brand Drugs: \$75 Non-Preferred Brand Drugs: \$150 Specialty Drugs (Injectable & Non-Injectable): NOT COVERED Specialty Drugs (Injectable &Non-Injectable): NOT COVERED Deductible: \$500 per member on BRAND Medications Only Deductible: \$500 per member on BRAND Medications Only Maximum Day Supply: 30 (stall retail pharmacies encept the CVS pharmacy is used members can get a 90 day supply of their medication at the retail Maximum Day Supply: obarmacy1 COVERED DRUG CATEGORIES EXCLUDED DRUG CATAGORIES ADD & Narcolepsy Drugs Anabolic Steroids Emergency Allergic Reaction Kits (Bee Sting Kits, Epi-pen, Epi-pen Jr, Twinject, Epinephrine Inj, Adrenaclick) Acne Medicines (Tretinoin (Retin-A, Retin- A Micro, Fluoride (Topical Fluoride dental products Anorexients (Diet Aids) requiring a prescription) Avita, Ziana, Atralin], Diffrin, Tazorac) - To Age 35 Anti-Rejection Drugs (Immunosuppressants) Anti-Smoking Aids (Requiring a prescription) Growth Hormone Impotency Drugs - Injectable, Oral, Suppository, Blood Glucose, Monitoring Units, Monitoring Units Compounds Disposable, Monitoring Units Continuous Kits Monitoring Watch Contraceptives Oral, Devices (i.e., IUD, Diaphragm), Migraine Medicines (kit, nasal spray, tablet, Cosmetic Drugs - including hair loss drugs, anti-Implants, Transdermal (i.e., Ortho-Evra), Vaginal injectables) wrinkle creams, hair removal creams and others Ring (i.e., Nuvaring) (requiring a prescription) Extended Cycle Contraceptives Oral [Seasonale, Multiple & Pediatric Vitamins [that require a Fertility Agents - Oral & Injectable Seasonique, Loseasonique, Quasense, Jolessa) - The prescription] minimum number of days supply per fill will be 84days with maximum of 91-days supply. 3 copayments apply Contraceptives Injectable (i.e., Depo Provera) -Prenatal Vitamins [that require a prescription] Multiple Sclerosis Meds (examples Betaseron, Avonex, Copaxone, Rebif, Novantrone] 3 copayments apply Contraceptive Emergency (i.e., Levonorgestrel, Plan OTC Coverage Plan - PPI (Proton Pump Inhibitor) Specialty Medication including Injectables B One-Step, My Way, Next Choice One Dose, Ella) -See Provisions regarding possible coverage Diabetic Medicines and Supplies (Amylin Analogs OTC Coverage Plan -NSA. (non-sedating (Symlin), Incretin Mimetics (Byetta, Victoza), antihistamine) Insulin, Insulin Needles & Syringes, Insulin Injection Devices, Inhaled Insulin Supplies, Lancets, Lancet Devices, Alcohol Swahs, Blood Testing Strips: Glucose, Urine Testing Strips: Glucose, Acetone Testing Strips, Ketone Testing Strips, Glucagon Emergency Injection Kit, Glucose [Oral])

For clarification, the following ARE COVERED, unless specified otherwise:

All legend drugs are covered unless specified otherwise in this Drug Coverage Options section.

 DESI drugs – These drugs are determined by the FSA as lacking substantial evidence of effectiveness. The DESI drugs do not have studies to back up the drugs' uses, but since they have been used and accepted for many years without any safety problems, they continue to be used in today's market place.

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for the treatment of pernicious anemia and degeneration of the nervous system, vitamin K (phytonadione) for the treatment of hypoprothrombinema or
hemorrhage, and folic acid for the treatment of megaloblastic and macrocytic anemias.

For clarification, the following are NOT COVERED:

Therapeutic devices or appliances, including hypodermic needles, syringes, support garments, ostomy supplies, durable medical equipment, and non-medical substances regardless of intended use.

- Any over-the-counter medicine, unless specified otherwise.
- Blood products, blood serum.
- Experimental medicines do not have NDC numbers and therefore, are not covered.

\*Termination of coverage shall occur the first of the month after 30 days from the last day of work. Continuation of Coverage shall occur if COBRA is elected.

## **Important Contact Information**

Scranton School District

C/O Human Resources 425 N Washington Ave Scranton, PA 18503 Human Resources Contact: Bernice Badner Phone: (570) 348-3474 Email: bernie.badner@ssdedu.org

**Millennium Administrators** 

509 Salfordville Rd, Unit 4 Lederach, PA 19105 P.O. Box 419 24/7 Contact: 610-222-9400 | Fax 610-222-9448 | service@millennium-tpa.com

> On Site: Every Wednesday from 9:00am -4:00pm 425 North Washington Ave Scranton, PA 18503 570-335-6705 | Tmay@millennium-tpa.com

**Performance Health** 

Member Customer Service: 1-877-585-8480 PHCS Provider Network: 1-877-952-7427 Guardian Life (Dental and Vision): 1-888-GUARDIAN

### BALANCE BILL EMAIL ADDRESS: BB@ELAPSERVICES.COM