

FOR NEGOTIATIONS BETWEEN  
THE CITY OF SCRANTON  
("Employer")

- and -

Local Lodge 2462, affiliated with District 1 of the  
Intl. Assn. of Machinists and Aerospace Workers, AFL-CIO  
("Union")

regarding City's Clerical Workers

February 10, 2021, ratifying Parties' Complete TA entered into January 26, 2021

**PARTIES' COMPLETE TENTATIVE AGREEMENT**

**ARTICLE I - BARGAINING UNIT**

**Section 1:** Delete positions no longer in existence; add any bargaining unit positions not listed. [Note: Parties will, in preparing the final CBA, delete outdated, unnecessary provisions and make any corrections to current contract so it reads as it should].

**ARTICLE III - UNION SECURITY**

- Delete Section 2. (Janus)

**ARTICLE V - DISCRIMINATION**

- Section 1: Modify as follows (Janus):
  - Section 1: Neither the City nor the Union will interfere with, restrain or coerce the Employees covered by this Agreement because of membership in, or activity on behalf of, the Union. Neither the City nor the Union will discriminate in respect to hire, tenure of employment or any terms or condition of employment against any Employee covered by this Agreement because of membership in, or activity on behalf of, the Union; nor will either entity discourage or attempt to discourage, membership in the Union or encourage membership in another Union.

**ARTICLE VIII - WAGES AND CLASSIFICATION:**

- Section 1: Bargaining unit employees who have completed their probationary periods will receive increases to their then-current pay beginning with the first full payroll after the following dates:

- <u>April 1, 2021:</u>	<u>One (1%) percent</u>
- <u>July 1, 2021 (retro to Jan 1, 2021):</u>	<u>One (1%) percent</u>
- <u>January 1, 2022:</u>	<u>Two (2%) percent</u>
- <u>January 1, 2023:</u>	<u>Two (2%) percent</u>

- Section 4: Employee Performance; Cross-Training; Performance-Related Bonuses and Incentives [NEW]

1. Employees are encouraged to discuss their performances with their immediate supervisors and department managers throughout the year, rather than waiting for a performance review.

2. The City will formalize and implement a cross-training program for departments in which it determines such a program is necessary and feasible, to enhance effectiveness, efficiency and customer satisfaction. Before finalizing and implementing any such program the City will first, at least 30 days in advance, offer to meet with the Union, review the intended plan and offer it the opportunity for input and suggestions.

3. If the City emerges from its 'Recovery Plan' status during the term of this Agreement, it may establish a performance-based bonus or incentive program for employees in any department, provided that it will not finalize or implement such a program until it has offered informed the Union in writing about the intended program and offered a 30 calendar day period to meet with it to review and discuss the proposed program(s), and to offer any proposed modifications and/or alternatives before any such program would be finalized and implemented.

#### **ARTICLE X - EMPLOYEE CERTIFICATION:**

- Modify Sections 1 and 2, to read as follows:

- **Section 1:** As of the date of this Agreement, the following Bargaining Unit positions and the certifications listed thereafter shall be covered by this Article:

- (A) Building Inspector - Certified Building Code Official, State Mandated
- (B) Plumbing Inspector - Certified Plumbing Code Official, State Mandated
- (C) Mechanical Inspector- Certified Mechanical Code Official, State Mandated
- (D) Electrical Inspector - Certified Electrical Code Official, State Mandated
- (E) Health Inspector - PA Dept of Health and/or Sanitation certification
- (F) Housing Inspector

**Note:** City will inform Union if any Bargaining Unit positions must be added to or removed from the above list.

**Section 2:** Pursuant to the conditions and limitations as more fully set forth hereinafter, all Employees currently within or subsequently awarded the ~~above-listed~~ positions which include certifications shall be required as a condition of continued employment in that position to obtain and thereafter possess the listed certifications.

#### **ARTICLE XXIII - STRIKE AND LOCKOUT**

**Section 1:** Add sympathy strikes,

#### **ARTICLE XXIV – METHOD OF WAGE PAYMENT**

- Modify Section 1 as follows:

**Section 1:** The City will pay all Employees covered by this Agreement ~~by check~~ biweekly. Upon completion of probation an employee shall complete all necessary forms, including providing the Human Resources and Payroll offices with her/his bank information, as applicable. Both parties agree that it is preferred for all employees to be paid by direct deposit.

#### **ARTICLE XXVII - LEAVE OF ABSENCE**

**Section 3 (a):** For employees who complete their probationary period with the City on or after January 1, 2021; A request for time off due to the birth of a child shall be regarded and treated as a request for unpaid FMLA leave under and in accordance with Section 1, above.

Section 3 (b): For employees who completed their probationary period with the City prior to December 31, 2020: The City shall grant a maternity leave of twelve weeks of paid leave with benefits to an eligible bargaining unit member who so requests, commencing from the date the bargaining unit member delivers her child.

**ARTICLE XXVIII - SICK LEAVE**

- **Modify 1st paragraph of Section 1 to read as follows:**

Section 1 (a): For employees who complete their probationary period with the City on or after January 1, 2021: Such employees will, upon completion of probation, earn up to eight (8) sick days annually, at the rate of .667 days' sick leave for each calendar month in which the employee works at least eighty (80) hours.

Section 1 (b): For employees who completed their probationary period with the City prior to December 31, 2020: Incorporate language of current Section 1.

- **Modify Section 3 as follows:**

Section 3: Any employee who is off work as a result of any illness or injury for ~~more than~~ three or more consecutive days or who exhibits sick leave abuse shall be required to furnish a doctor's certificate concerning the illness or injury. In addition, the City may, at its discretion, order an evaluation of the employee's condition by medical personnel of the City's choosing at the City's expense.

Side Agreement: An employee who promptly presents medical documentation satisfactory to the City that s/he could not notify them of his/her absence at the time due to a bona fide medical condition (e.g., needed emergency medical treatment when scheduled to report to work or could not communicate due to hospitalization/incapacity) will be excused from it.

**Article XXIX - INSURANCE**

- **Modify Section 2 as follows:**

**Section 2: Healthcare**

1. Subject to the provisions and conditions of this Article, the City shall provide all active and eligible retired members of this bargaining unit, their spouse and dependents with Medical, Dental, Vision and Rx coverage. A Summary of Plan Benefits for 2021 is appended to this Agreement as Attachment A.
2. During calendar years 2021 through 2023 the employees of this bargaining unit shall pay the following payroll deductions as their share of their healthcare premiums during those years:

	<u>2021</u>	<u>2022</u>	<u>2023</u>
Single	\$1,148.16	\$1,260	\$1,560
Parent + Child	\$1,267.80	\$1,440	\$1,860
Parent + Children	\$1,339.56	\$1,560	\$1,980
Husband & Wife	\$1,387.32	\$1,560	\$1,980
Family	\$1,506.96	\$1,800	\$2,280

3. The bargaining unit employees' payroll deductions, noted above in #2, shall be divided equally among the paychecks for the year and only one single payment by the employee shall be deducted from each paycheck.
4. During calendar years 2021 through 2023 the employees of this bargaining unit

shall pay the following co-payments for primary physician and specialist physician visits:

Physician Co-Pays	2021	2022	2023
Primary - Per Visit	\$25.00	\$25.00	\$25.00
Specialist – Per Visit	\$50.00	\$50.00	\$50.00

5. During calendar years 2021 through 2023 the employees of this bargaining unit shall pay the following co-payments for prescription medication:

RX Tier	2021	2022	2023
Tier 1	\$8.00	\$8.00	\$8.00
Tier 2	\$40.00	\$40.00	\$40.00
Tier 3	\$80.00	\$80.00	\$80.00

f. and g. As per current CBA.

h. To read as follow:

An employee may elect to waive his/her health insurance coverage as provided hereinbefore under the following conditions:

- i. The election that shall be in writing shall be effective as of the first day of the month next following the City's receipt of the notice; and
- ii. The election may be revoked at any time in writing with such revocation becoming effective as of the first day of the month next following the City's receipt of that notice; and
- iii. For each full month that the revocation is in effect the employee shall monthly receive \$100. The money shall be paid to the employee in the paycheck next following the completion of the month for which the revocation was in effect.
- iv. An employee cannot maintain health insurance with the City if his/her spouse/significant other is also employed by the City and has health insurance with the City.

Side Agreement: An employee who, as of December 31, 2020, was eligible for retirement and could have retired then with health care benefits specified under the terms of the parties' last prior CBA (see Article XXIX, Section 2 (f) and (g)), or under a Side Agreement thereto, may, at his/her sole option, retire on or before February 28, 2021, and if so he/she will be accorded retiree health care benefits as if he/she had retired under the health care provisions of the parties' last prior CBA that expired December 31, 2020.

#### ARTICLE XXXIX - PENSION – RETIREMENT BENEFITS

Section 6. Add the following at the end of the clause:

NOTE: The foregoing provision applies only to employees who completed their probationary period with the City prior to December 31, 2020. It has no application to employees who complete their probationary period with the City after that date.

Section 7. Reproduce/add chart showing that the pension for the duration of the CBA (Jan 1, 2021 through Dec 31, 2023) will continue to be \$14.40/day worked.

Section 8 [NEW]. The City reserves the right to establish and offer from time to time termination incentives for employees who, upon acceptance in accordance with the terms of the offer, will voluntarily terminate their employment with the City.

ARTICLE XL - TERMINATION, CHANGE OR AMENDMENT: Three (3) years, through 12/31/23.

### City of Scranton Actives PPO \$25 Copay 10207386, 10207387

On the chart below, you'll see what your plan pays for specific services. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

Benefit	In Network	Out of Network
<b>General Provisions</b>		
Effective Date	April 1, 2021	
Benefit Period(1)	Calendar Year	
Deductible (per benefit period)		
Individual	\$500	\$1,000
Family(aggregate)	\$1,000	\$2,000
Plan Pays – payment based on the plan allowance	80% after deductible	60% after deductible
Out-of-Pocket Limit ( Once met, plan pays 100% coinsurance for the rest of the benefit period)		
Individual	\$2,500	\$5,000
Family(aggregate)	\$5,000	\$10,000
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period.		
Individual	\$6,850	not applicable
Family	\$13,700	not applicable
<b>Office/Clinic/Urgent Care Visits</b>		
Retail Clinic Visits & Virtual Visits	100% after \$25 copay	60% after deductible
Primary Care Provider Office Visits & Virtual Visits	100% after \$25 copay	60% after deductible
Specialist Office Visits & Virtual Visits	100% after \$50 copay	60% after deductible
Virtual Visit Originating Site Fee	100% (deductible does not apply)	60% after deductible
Urgent Care Center Visits	100% after \$50 copay	60% after deductible
Telemedicine Services (3)	100% (deductible does not apply)	not covered
<b>Preventive Care (4)</b>		
Routine Adult Physical Exams	100% (deductible does not apply)	60% after deductible
Adult Immunizations	100% (deductible does not apply)	60% after deductible
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)	60% (deductible does not apply)
Mammograms, Annual Routine	100% (deductible does not apply)	60% (deductible does not apply)
Mammograms, Medically Necessary	100% (deductible does not apply)	60% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)	60% after deductible
Nutritional Counseling	Limit: 6 visits per benefit period	
Routine Pediatric Physical Exams	100% (deductible does not apply)	60% after deductible
Pediatric Immunizations	100% (deductible does not apply)	60% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)	60% after deductible
<b>Emergency Services</b>		
Emergency Room Services	100% after \$150 copay (waived if admitted)	
Ambulance (emergency)	80% (deductible does not apply)	60% (deductible does not apply)
Ambulance (non-emergency)	80% after deductible	60% after deductible
<b>Hospital and Medical / Surgical Expenses (including maternity)</b>		
Hospital Inpatient	80% after deductible	60% after deductible
Hospital Outpatient	80% after deductible	60% after deductible
Maternity (non-preventive facility & professional services) including dependent daughter	80% after deductible	60% after deductible
Medical Care (including inpatient visits and consultations)/Surgical Expenses	80% after deductible	60% after deductible

Attachment "A"

Benefit	In Network	Out of Network
<b>Therapy and Rehabilitation Services</b>		
Physical Medicine	100% after \$25 copayment (deductible does not apply) limit: 36 visits/benefit period	60% after deductible
Respiratory Therapy	100% after \$25 copayment (deductible does not apply) limit: 36 visits/benefit period	60% after deductible
Speech Therapy	100% after \$25 copayment (deductible does not apply) limit: 36 visits/benefit period	60% after deductible
Occupational Therapy	100% after \$25 copayment (deductible does not apply) limit: 36 visits/benefit period	60% after deductible
Spinal Manipulations	100% after \$25 copayment (deductible does not apply) limit: 18 visits/benefit period	60% after deductible
Cardiac Rehabilitation Therapy	80% (deductible does not apply) limit: 36 visits/benefit period	60% after deductible
Infusion Therapy	80% (deductible does not apply)	60% after deductible
Chemotherapy	80% (deductible does not apply)	60% after deductible
Radiation Therapy	80% (deductible does not apply)	60% after deductible
Dialysis	80% (deductible does not apply)	60% after deductible
<b>Mental Health / Substance Abuse</b>		
Inpatient Mental Health Services	80% after deductible	60% after deductible
Inpatient Detoxification / Rehabilitation	80% after deductible	60% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	100% after \$25 copayment (deductible does not apply)	60% after deductible
Outpatient Substance Abuse Services	100% after \$25 copayment (deductible does not apply)	60% after deductible
<b>Other Services</b>		
Allergy Extracts and Injections	100% after \$25 copayment (deductible does not apply)	60% after deductible
Autism Spectrum Disorder Including Applied Behavior Analysis (5)	80% (deductible does not apply) Limit: no dollar limit	60% after deductible
Assisted Fertilization Procedures (Limited to Artificial Insemination - 6 attempts per lifetime)	80% after deductible	60% after deductible
Dental Services Related to Accidental Injury	80% (deductible does not apply)	60% after deductible
Diagnostic Services	80% after deductible	60% after deductible
Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after \$25 copayment (deductible does not apply)	60% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	80% after deductible	60% after deductible
Durable Medical Equipment, Orthotics, and Prosthetics	80% (deductible does not apply)	60% after deductible
Home Health Care	80% (deductible does not apply) limit: 280 visits/benefit period	60% after deductible
Hospice	80% (deductible does not apply) limit: 180 days/ lifetime maximum of 30 days can be used for continuous or inpatient care 10 days/ lifetime can be used for respite care	60% after deductible
Infertility Counseling, Testing and Treatment (6)	80% (deductible does not apply)	60% after deductible
Private Duty Nursing	80% (deductible does not apply) limit: 560 hours/benefit period	60% after deductible
Skilled Nursing Facility Care	80% (deductible does not apply) limit: 60 days/benefit period	60% after deductible
Transplant Services	80% (deductible does not apply)	60% after deductible
Prerecertification Requirements (7)	Yes	Yes

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.

- (1) Your group's benefit period is based on a Calendar Year which runs from January 1 to December 31.
- (2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays and any qualified medical expense. Prescription drug expenses are subject to a separate prescription drug TMOOP.
- (3) Services are provided for acute care for minor illnesses. Services must be performed by a Highmark approved telemedicine provider. Virtual Behavioral Health visits provided by a Highmark approved telemedicine provider are eligible under the Outpatient Mental Health benefit.
- (4) Services are limited to those listed on the Highmark Preventive Schedule with enhancements (Women's Health Preventive Schedule may apply).

(5) Coverage for eligible members to age 21. Services will be paid according to the benefit category (e.g. speech therapy). Treatment for autism spectrum disorders does not reduce visit/day limits.

(6) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.

(7) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, First Priority Health or First Priority Life, all of which are independent licensees of the Blue Cross Blue Shield Association.







## PHARMACY BENEFIT PLAN

Elixir:			
	Name	Phone	Email
Vice President, Sales	Joe McCormack	267.221.1120	jmccormack@elixirsolutions.com
Account Executive	Kim Smith	916.939.2872	ksmith@elixirsolutions.com
Account Manager	Trina Nicholas	800.894.0794 ext. 8168	tnicholas@elixirsolutions.com

Organization:	
Org. Type:	<input checked="" type="checkbox"/> Third Party Administrator <input type="checkbox"/> Health Insurance Carrier <input type="checkbox"/> Other
Org. ID:	SCR00000
Org. Name:	City of Scranton, PA.
Primary Contact:	Carl Deeley
Title:	Business Administrator
Address:	340 N Washington Avenue
City, State Zip:	Scranton, PA 18503
Email:	cdeeley@scrantonpa.gov
Phone:	573-348-4246
Day-to-Day Contact:	Deborah Torba
Day-to-Day Contact's Phone:	570-348-4246
Day-to-Day Contact's Email:	dtorba@scrantonpa.gov

Carrier/Billing:	
Carrier Type:	<input checked="" type="checkbox"/> ELXR <input type="checkbox"/> SMP <input type="checkbox"/> MAG
Carrier ID:	SCR00TON
Carrier:	City of Scranton, PA.
Group Name:	City of Scranton, PA.
Primary Contact:	Andrew Marichak
Title:	
Address:	340 N Washington Avenue
City, State, Zip:	Scranton, PA 18503
Email:	amarichak@scrantonpa.gov
Phone:	570-348-4345
Day-to-Day Contact:	Deborah Torba
Day-to-Day Contact's Phone:	570-348-4246
Day-to-Day Contact's Email:	dtorba@scrantonpa.gov
Billing Type:	<input checked="" type="checkbox"/> Billing to match current TPA or Group set-up
(Box #1)	<input type="checkbox"/> New billing set-up to be established, proceed to Box #2
PHI Method:	<input type="checkbox"/> Yes -- Contains PHI <input checked="" type="checkbox"/> No -- Does not contain PHI
(Box #2)	<input type="checkbox"/> FTP <input type="checkbox"/> Secure Email <input type="checkbox"/> Mail <input type="checkbox"/> FTP <input checked="" type="checkbox"/> Secure Email <input type="checkbox"/> Mail

Agent:	
Agency:	Willis Towers Watson
Contact:	150 John F. Kennedy Parkway, Suite 520
Title:	Senior Director, H & B Brokerage & Advisory
Address:	150 John F. Kennedy Parkway, Suite 520
City, State, Zip:	Short Hills NJ 07078-5002
Email:	Charles.walter@willistowerswatson.com
Phone:	973-401-7469

Carrier ID	SCROOTON	Group Name	City of Scranton, PA Clerical Active and Clerical Active Cobra
Eff Date	4/1/2021	Group ID	10003288 and 10003289

<b>Group:</b>		
Group ID:	10003288	
Group Name:	City of Scranton, PA -- Clerical Active	
Group ID:	10003289	
Group Name:	City of Scranton, PA -- Clerical Active Cobra	
NAICS Code:	9211	
Tax ID:	24-6000704	Submitting Support Act/Section 111 Reporting: <input type="checkbox"/> Elixir or <input type="checkbox"/> TPA <i>*Unique cardholder and dependent SSN required in eligibility feed to Elixir.</i>
<b>Address/Contact Information:</b>		
Address:	340 N Washington Avenue	
City, State, Zip:	Scranton, PA 18503	
Contact:	Deborah Torba	
Title:	Benefit Coordinator	
Phone:	570-348-4246	
E-Mail:	dtorba@scrantonpa.gov	
Day-to-Day Contact:	Same as Above	
Day-to-Day Contact's Email:		
Day-to-Day Contact's Phone:		
Plan Effective Date:	4/1/2021	Plan Renewal Date: 1/1

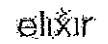
<b>New Group or Renewal:</b>
<input type="checkbox"/> New Group <input checked="" type="checkbox"/> Renewal

<b>Eligibility (Check one in each category):</b>			
Number of Employees:	Number of Lives:		
In which of the following formats will member eligibility be provided?			
<input type="checkbox"/> Email (encrypted)	<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> FTP	<input type="checkbox"/> Client Access
How often will eligibility be sent?			
<input type="checkbox"/> Daily	<input checked="" type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-monthly
<input type="checkbox"/> Other			
Eligibility will be sent from:			
<input type="checkbox"/> TPA	<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Other	
Eligibility Day-to-Day Contact Person:		Eligibility File Contact Person:	
Contact Name:		Contact Name:	
Contact Phone:		Contact Phone:	

<b>Unique Member ID Numbers:</b>			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, assigned by: <input checked="" type="checkbox"/> Elixir <input type="checkbox"/> TPA <input type="checkbox"/> Other	Sample ID#

<b>Age and Rx Limits:</b>			
Depend Look-up:	<input checked="" type="checkbox"/> DOB Required Otherwise Reject		
Rely on Eligibility File for Term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, what is the Cut-off Age? (Complete the following.)			
Child: yrs. old	Student: yrs. old	Other: yrs. old	
Coverage:	<input type="checkbox"/> Up to Date of Birth	<input type="checkbox"/> Through Birth Month	
	<input type="checkbox"/> Through Birth Date	<input type="checkbox"/> Through Birth Year	
	<input type="checkbox"/> Through Birth Week	<input type="checkbox"/> Other	

Carrier ID: SCROOTON      Group Name: City of Scranton, PA Clerical Active and Clerical Active Cobra  
 Eff Date: 4/1/2021      Group ID: 10003288 and 10003289



<b>Cards:</b>		<input checked="" type="checkbox"/> Elixir or	<input type="checkbox"/> TPA or	<input type="checkbox"/> Other
Who Produces Cards:	<input type="checkbox"/> Laser	or	<input type="checkbox"/> Plastic	
<b>Booklets:</b>				
	<input type="checkbox"/> Booklets w/ Cards or	<input type="checkbox"/> Booklets w/o cards (How many requested?)		
Mail Booklets/Cards to:	<input type="checkbox"/> Cardholder or	<input type="checkbox"/> Group or	<input type="checkbox"/> TPA	
Company:				
Address:				
City, State, Zip:				
Contact:				
Title:				
Phone:				

<b>Company Sales Tax Status:</b>		(If Not for Profit, provide the Tax Exempt number: 24-6000704)
<input type="checkbox"/> For Profit	<input checked="" type="checkbox"/> Not for Profit	

<b>Maximum Dollar per Rx (Mandatory review for high cost medications)</b>		
	Retail Max	Mail and/or 90ds at Retail Max
<input type="checkbox"/> Elixir Default (May be amended from time to time.)	\$1,250	\$2,500
<input checked="" type="checkbox"/> Other (Transaction Message needed if under Default Max)	\$1,500	\$3,000
<input checked="" type="checkbox"/> Compound - Elixir Default	\$300	\$300

	Deductible	Out-of-Pocket
Individual:	\$	\$
Family:	\$	\$
Mark 'X' in the box below if the option should NOT be applied		
Generics		
Brands		
Retail		
Mail		
Specialty Drugs		
Benefit Rollover Date (Mo.):		
	*NOTES:	

Is this a Qualified High Deductible Health Plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Out-of-Pocket Max:	<input type="checkbox"/> Rx Only OR <input type="checkbox"/> Medical / Rx Combined
	<input type="checkbox"/> Deductible + Copays OR <input type="checkbox"/> Copays Only
Deductible Type:	Is Medical Deductible Included in OOP accumulation? <input type="checkbox"/> Yes OR <input type="checkbox"/> No
	<input type="checkbox"/> Rx Only OR <input type="checkbox"/> Medical / Rx Combined
<b>Deductible Satisfaction:</b>	
	<input type="checkbox"/> Lesser of Individual or Family (Embedded)
	<input type="checkbox"/> Coverage Type Determines Family/Individual Only (Aggregate)
	<input type="checkbox"/> Family Only
	<input type="checkbox"/> Individual Only
	<input type="checkbox"/> Other
<b>Cap Satisfaction for Out-of-Pocket Maximum:</b>	
	<input type="checkbox"/> Both Family and Individual Maximums Apply (Embedded)
	<input type="checkbox"/> Coverage Type Determines Family/Individual Only (Aggregate)
	<input type="checkbox"/> Family Only
	<input type="checkbox"/> Individual Only

Carrier ID	SCROOTON	Group Name	City of Scranton, PA Clerical Active and Clerical Active Cobra
Eff Date	4/1/2021	Group ID	10003288 and 10003289



**Generics Plus: (Check one of the following options)**

- Generic Incentive** – Member pays brand Copay plus the difference in cost between the brand and generic.  
 If Generic Incentive is checked:
  - DAW (*Dispense as Written*) Policy – Do not penalize member if doctor mandates brand.
  - If applicable: DAW difference should NOT be applied towards Deductible.
  - If applicable: DAW difference should NOT be applied towards Out of Pocket Maximum.
- Standard** – Member will pay appropriate Copay; no additional cost when generic is available.
- Generic Required** – Only generic and single-source brands may be purchased.  
 If Generic Required is checked:
  - DAW (*Dispense as Written*) Policy – Allow brand-equivalent to be filled if mandated by doctor.
- Workers Compensation** – No brand restrictions, only covered drugs may be purchased.

**\*Copay Method:**

- 1 – Use Dollar Copay ONLY (e.g. \$5)
- 2 – Use Percentage Copay ONLY (e.g. 20%)
- 3 – Use Dollar PLUS Percentage Copay (e.g. \$5 + 20%)
- 4 – Use GREATER OF Dollar or Percentage Copay, without Max Copay (e.g. > \$5 or 20%)
- 5 – Use GREATER OF Dollar or Percentage Copay, with Max Copay (e.g. >\$5 or 20%, up to \$100)
- 6 – Use LESSER OF Dollar or Percentage Copay (e.g. <\$5 or 20%)
- 7 – Other: \_\_\_\_\_

Other Copay Rules: \_\_\_\_\_

Plan Design – Copayments:						
	Retail/ Acute			Retail/Maintenance		
Day Supply Limits:	<input type="checkbox"/> 30	<input checked="" type="checkbox"/> 34	<input type="checkbox"/> Other _____	<input type="checkbox"/> 30	<input checked="" type="checkbox"/> 34	<input type="checkbox"/> Other _____
Copay Structure:	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Copay Method*	1	1	1	1	1	1
Copay \$	\$8	\$40	\$80	\$8	\$40	\$80
Copay %						
Max Copay						

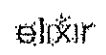
	Retail/90			Mail Order		
Day Supply Limits:	<input checked="" type="checkbox"/> 90	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> 90	<input type="checkbox"/> Other _____	
Copay Structure:	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Copay Method*	1	1	1	1	1	1
Copay \$	\$16	\$80	\$160	\$16	\$80	\$160
Copay %						
Max Copay						

	Specialty Medications			90/91 Day Packaged Products at Retail (ie 91 day Contraceptives & 90 day Estrogen)		
Day Supply Limits:	<input checked="" type="checkbox"/> 30	<input type="checkbox"/> 90		<input checked="" type="checkbox"/> 90/91		
Copay Structure:	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Copay Method*	1	1	1	1	1	1
Copay \$	\$8	\$40	\$80	\$16	\$80	\$160
Copay %						
Max Copay						

Carrier ID: SCROOTON      Group Name: \_\_\_\_\_  
 Eff Date: 4/1/2021      Group ID: \_\_\_\_\_

City of Scranton, PA Clerical Active and Clerical Active Cobra  
 10003288 and 10003289



Refills: (Select appropriate percentage that must be used before member can refill medication)		
<input checked="" type="checkbox"/> Elixir Default	Retail:	75% of Rx used
	Mail:	60% of Rx used
<input type="checkbox"/> Other	Retail:	____% of Rx used
	Mail:	____% of Rx used
Maximum # of refills per Rx:	12 - Acute	12 - Maintenance

**Plan Design - Pharmacy Network:**

Preferred     Retail90     Mail Order Elixir     Other \_\_\_\_\_

**Plan Design - Formulary:**

Select     National     None     Other \_\_\_\_\_

**Specialty Pharmacy Network:**

<input checked="" type="checkbox"/> Mandatory Best-In-Class Specialty Pharmacy Network (Mandatory - Limited to BIC Pharmacies)	<input type="checkbox"/> Optional Best-In-Class Specialty Pharmacy Network (Optional - Limited to In-House or BIC Pharmacies) [In-House NAPB #(s): ]
<input type="checkbox"/> In-House Mandatory/LDD Wrap [NAPB #(s): ] [Limited to the In-House Pharmacy(s)]	<input type="checkbox"/> Opt-Out (Any contracted Retail or Specialty Pharmacy)

**Do you want to allow Secondary Coverage?**     Yes     No

If "Yes" to Secondary Coverage:	Other Coverage Code of 2 or 8 is submitted (Primary Paid claim)	Should Elixir pay as Secondary: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Coverage Code of 4 is submitted (Primary accepted claim, but did not pay on claim)	Should Elixir pay as Secondary: <input type="checkbox"/> Yes <input type="checkbox"/> No

Direct Member Reimbursement	Process Members Manual Claims?	Penalize Members Reimbursement?
In-Network Manual Claims	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Out-of-Network Manual Claims	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Compound Claims	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Max. # days allowed from fill date for Member to submit manual claims*:		<input checked="" type="checkbox"/> 365 <input type="checkbox"/> Other _____

\* Note that this period may necessarily be extended due to applicable federal or state laws.

**Division Reporting Required (Location Codes):**

Yes     No

**Who should receive correspondence?**

Quarterly Report Notification	<input checked="" type="checkbox"/> Group <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Agent
Elixir Newsletter & Other Notifications	<input checked="" type="checkbox"/> Group <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Agent

**Starter Dose Program:**

Implement on:  Group Start Date: \_\_\_\_\_ (mm/dd/yyyy)

Starter Dose Limit: \_\_\_\_\_ Days' Supply    Look-back Period: \_\_\_\_\_ Days from Fill Date

Note: A Starter Dose will apply when the generic drug name, strength, and dosage form of the submitted drug has not been filled within the Look-Back Period.

**Elixir RightChoice Programs:**

\*eScriptChoices<sup>SM</sup>  
(Online Resource: Educates member on lower costing alternatives.)

\*Fees may apply

Carrier ID	SCROOTON	Group Name	City of Scranton, PA Clerical Active and Clerical Active Cobra
Eff Date	4/1/2021	Group ID	10003288 and 10003289

**Step Therapy Programs: (Check all options that apply)**

Implement on:  Group Start Date  January 1<sup>st</sup>  April 1<sup>st</sup>  July 1<sup>st</sup>  October 1<sup>st</sup>

(Note: Requires, at minimum, 3 months notification if not implementing on Group's start date.)

Step Therapy Election:  Full Suite of Step Therapies (15+ selected)  Select Step Therapies

Note: Election of Full Suite of Step Therapies includes those listed below, with the "Look Back" recommendations marked below, plus any new Step Therapies as added by Elixir's Clinical Department going forward. Elixir may also discontinue an individual Step Therapy if determined to be not in the Plans' best interest.

**For Select Step Therapies:**

Select individual Step Therapies below and choose "Allow Look Back" or "No Look Back"

<input type="checkbox"/> Acid Reflux (Proton-Pump Inhibitors) <i>(Note: If electing "Rx to OTC Program", this ST is N/A.)</i>	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Acne (Isotretinoin) <i>(Note: If electing "Generics Only" coverage, this ST is N/A.)</i>	<input checked="" type="checkbox"/> Allow Look Back (GF)	<input type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Acne (Oral)	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> ADHD (Amphetamines, Misc. stimulants)	<input checked="" type="checkbox"/> Allow Look Back (GF)	<input type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Allergic Conjunctivitis (Ophthalmic Antihistamines)	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Blood Pressure (ARB/Combinations, Calcium Channel Blockers, Cardio Beta Blockers, ACE/CCB Combinations)	<input checked="" type="checkbox"/> Allow Look Back (GF)	<input type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Depression (Anti-Depressant SSRIs, SNRIs)	<input checked="" type="checkbox"/> Allow Look Back (GF)	<input type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Diabetes (Metformin ER)	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Fibromyalgia	<input checked="" type="checkbox"/> Allow Look Back (GF)	<input type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Glaucoma (Ophthalmic Prost Analogs)	<input checked="" type="checkbox"/> Allow Look Back (GF)	<input type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Gout (Antigout Agents)	<input checked="" type="checkbox"/> Allow Look Back (GF)	<input type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Hay Fever (Nasal Steroids) <i>(Note: If electing "Rx to OTC Program", this ST is N/A.)</i>	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> High Cholesterol (Lipid, Fenofibrates)	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Hyperphosphatemia (Phosphate Binders)	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Inflammatory Bowel Diseases (GI Glucocorticoids)	<input checked="" type="checkbox"/> Allow Look Back (GF)	<input type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Insomnia (Sedatives)	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Mental Health (Atypical Antipsychotics)	<input checked="" type="checkbox"/> Allow Look Back (GF)	<input type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Migraines (Oral /Spray Triptans)	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Muscle Spasms (Muscle Relaxants)	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Osteoporosis (Bisphosphonates)	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Overactive Bladder (Bladder Antispasmodics)	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Pain (Tramadol)	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)
<input type="checkbox"/> Prostate (Alpha 1 Blockers)	<input type="checkbox"/> Allow Look Back (GF)	<input checked="" type="checkbox"/> No Look Back (NGF)

\*Fees may apply

Carrier ID  
Eff Date

SCROOTON  
4/1/2021

Group Name  
Group ID

City of Scranton, PA Clerical Active and Clerical Active Cobra  
10003288 and 10003289

Elixir Clinical Programs:	
Indicate which of the following Clinical Programs should be applied:	
<input type="checkbox"/>	<b>Enhanced Management Program</b> <i>(Prior authorization process for select non-specialty medication therapies.)</i> Implement on: <input type="checkbox"/> Group Start Date <input type="checkbox"/> January 1 <sup>st</sup> <input type="checkbox"/> April 1 <sup>st</sup> <input type="checkbox"/> July 1 <sup>st</sup> <input type="checkbox"/> October 1 <sup>st</sup>
<input type="checkbox"/>	<b>Non-Essential Drug Program</b> <i>(Exclusion of select medication therapies for which lower-costing, near-equivalent therapies exist.)</i> Implement on: <input type="checkbox"/> Group Start Date <input type="checkbox"/> January 1 <sup>st</sup> <input type="checkbox"/> April 1 <sup>st</sup> <input type="checkbox"/> July 1 <sup>st</sup> <input type="checkbox"/> October 1 <sup>st</sup>
<input type="checkbox"/>	<b>*Rx to OTC Program</b> <i>(Inclusion of OTC products within select therapeutic categories where cost savings opportunities exist.)</i> Note: If electing Rx to OTC Program, Acid Reflux and Hay Fever Step Therapies are not applicable. Implement on: <input type="checkbox"/> January 1 <sup>st</sup> <input type="checkbox"/> April 1 <sup>st</sup> <input type="checkbox"/> July 1 <sup>st</sup> <input type="checkbox"/> October 1 <sup>st</sup> <i>(Must start at least 3 months post group start date; requires six weeks prior notification.)</i>

CareTrakRx Programs:	
Indicate which of the following Clinical Programs should be applied:	
<input type="checkbox"/>	<b>*CareTrakRx - Pain</b> <i>(Comprehensive utilization management strategy designed to promote the safe and effective use of opioid medications.)</i> Implement on: <input type="checkbox"/> January 1 <sup>st</sup> <input type="checkbox"/> April 1 <sup>st</sup> <input type="checkbox"/> July 1 <sup>st</sup> <input type="checkbox"/> October 1 <sup>st</sup> <i>(Must start at least 3 months post group start date; requires six weeks prior notification.)</i>
<input type="checkbox"/>	<b>CareTrakRx – Diabetes</b> <i>(Suite of clinical programs and member educational opportunities designed to enhance savings within this therapeutic category. Requires utilization of Select Formulary.)</i> Implement on: <input type="checkbox"/> Group Start Date <input type="checkbox"/> January 1 <sup>st</sup> <input type="checkbox"/> April 1 <sup>st</sup> <input type="checkbox"/> July 1 <sup>st</sup> <input type="checkbox"/> October 1 <sup>st</sup> <i>(If implementing post Group Start Date, requires six weeks prior notification &amp; 3 months of claims data.)</i>
<input type="checkbox"/>	<b>*CareTrakRx MTM – Diabetes</b> <i>(Comprehensive medication therapy management for members taking diabetes medications.)</i> Implement on: <input type="checkbox"/> January 1 <sup>st</sup> <input type="checkbox"/> April 1 <sup>st</sup> <input type="checkbox"/> July 1 <sup>st</sup> <input type="checkbox"/> October 1 <sup>st</sup> <i>(Must start at least 6 months post group start date; requires six weeks prior notification.)</i>
<input type="checkbox"/>	<b>CareTrakRx – Topical</b> <i>(Comprehensive utilization management strategy designed to enhance savings within this therapeutic category.)</i> Implement on: <input type="checkbox"/> Group Start Date <input type="checkbox"/> January 1 <sup>st</sup> <input type="checkbox"/> April 1 <sup>st</sup> <input type="checkbox"/> July 1 <sup>st</sup> <input type="checkbox"/> October 1 <sup>st</sup> <i>(If implementing post Group Start Date, requires six weeks prior notification.)</i>

Specialty Medication Management:	
Indicate which of the following Clinical Programs should be applied:	
<input checked="" type="checkbox"/>	<b>BIC SpecialtyRx Precision PA</b> <i>(Prior authorization of impactful specialty therapies managed and administered through Elixir Clinical Care Center.)</i>
<input type="checkbox"/>	<b>BIC Optimizer – Specialty Generics</b> <i>(Targeted brand specialty drugs are blocked &amp; members are directed to generic equivalents at a \$0 copay. Not applicable on HDHPs.)</i> Implement on: <input type="checkbox"/> Group Start Date <input type="checkbox"/> January 1 <sup>st</sup> <input type="checkbox"/> April 1 <sup>st</sup> <input type="checkbox"/> July 1 <sup>st</sup> <input type="checkbox"/> October 1 <sup>st</sup>
<input type="checkbox"/>	<b>*BIC Align</b> <i>(Specialty copay tier aligning with copay assistance programs to maximize plan savings. Applicable to Plans offering a flat dollar specialty copay of \$500 or less. Not applicable on HDHPs.)</i> Implement on: <input type="checkbox"/> Group Start Date <input type="checkbox"/> January 1 <sup>st</sup> <input type="checkbox"/> April 1 <sup>st</sup> <input type="checkbox"/> July 1 <sup>st</sup> <input type="checkbox"/> October 1 <sup>st</sup>
<input type="checkbox"/>	<b>For Renewals only (N/A during implementation process):</b> <b>*Medical Drug Channel Management (J-Code Block)</b> <i>(Channeling select specialty drugs to Rx benefit for medication management and optimal discounts; Adoption requires prospective analysis of medical drug claims file.)</i> Implement on: <input type="checkbox"/> January 1 <sup>st</sup> <input type="checkbox"/> April 1 <sup>st</sup> <input type="checkbox"/> July 1 <sup>st</sup> <input type="checkbox"/> October 1 <sup>st</sup> <i>(Must start at least 3 months post group start date; requires six weeks prior notification.)</i>

\*Fees may apply

Carrier ID	SCROOTON	Group Name	City of Scranton, PA Clerical Active and Clerical Active Cobra
Eff Date	4/1/2021	Group ID	10003288 and 10003289

### Drug Inclusions/Exclusions

DIRECTIONS: Please check the appropriate boxes below (INCL. to include; EXCL. to exclude; PA to require prior authorization, which are excluded unless Elixir's coverage criteria are met). Indicate any limits on day supply, quantity, sex or age in the adjacent box. Please note that additional programs and/or coverage criteria for prior authorizations may be created and/or updated from time to time and are available upon request from Elixir.

Regarding Patient Protection and Affordable Care Act (PPACA), this plan design is considered:

Grandfathered                       Non-Grandfathered

Gender Dysphoria Coverage: (Check one of the following options)

Gender Dysphoria Coverage: For all therapies subject to prior authorization, cover those with an indication of gender dysphoria.

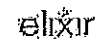
Gender Dysphoria Exclusion: For all therapies subject to prior authorization, exclude those with an indication of gender dysphoria.

Patient Protection and Affordable Care Act (PPACA) Drugs (Complete section below if plan design is considered Non-Grandfathered.)				
Therapeutic Drug or Drug Class	INCL.	EXCL.	PA	DS, Quantity, Sex and Age Limits
<b>KEY: PPACA - CONTRACEPTIVES (Process Modifier):</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<i>If Yes: All Generics, \$0 Member Copay. If No: Describe coverage desired in this column under each section.</i>				
<b>Hormonal Contraceptives</b>				
Oral (Including 91-day packaging)				
Injectable (90 DS only)				
Patches (e.g. Ortho Evra)				
Rings (e.g. Nuvaring)				
<b>Barrier Contraceptives</b>				
Diaphragms, female condoms, spermicides, cervical caps, and sponges				
<b>Emergency Contraceptives</b>				
Emergency Contraceptives				
<b>IUD/implant Contraceptives</b>				
IUDs and Implants				
<b>KEY: PPACA - OTC (Process Modifier):</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<i>If Yes: N/A towards Deductible (if applicable), \$0 Member Copay. If No: Describe coverage desired in this column under each section.</i>				
Aspirin				Male – Covered ages 45 through 78 Female – Covered ages 11 through 78
Fluoride Supplements				Covered ages 6 months through age 6
Folic Acid (400 mcg and 800 mcg only)				Covered only for Females age 11 through 48
Iron Supplements				Covered ages 6 through 12 months
Smoking Deterrents				Limit 2 Treatment Cycle / Calendar Year
Bowel Preps (Bisacodyl, Mag Citrate, Milk of Magnesia, PEG 3350-Electrolyte)				Age 50 through 75 Limit 2 prescriptions / Calendar Year
Breast Cancer Prevention				Covered for Females only ages 35 or older (for qualified preventive use only)
<b>KEY: PPACA - STATINS (Process Modifier):</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<i>If Yes: N/A towards Deductible (if applicable), \$0 Member Copay.</i>				
Cardiovascular Disease Prevention (Statins)				Covered age 40 through 75 Single-entity generics only
<b>KEY: PPACA - VACCINES (Process Modifier):</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<i>If Yes: N/A towards Deductible (if applicable), \$0 Member Copay. Allow up to a \$25 administration fee.</i>				
CDC Scheduled Vaccines				Does <u>not</u> include travel vaccines (e.g. Typhoid, Yellow Fever)
<b>KEY: PPACA - PREP (Process Modifier):</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<i>If Yes: N/A towards Deductible (if applicable), \$0 Member Copay.</i>				
Pre-Exposure Prophylaxis (PREP)				Covered at \$0 copay for qualified preventive use only

Carrier ID    **SCROOTON**  
Eff Date    **4/1/2021**

Group Name  
Group ID

City of Scranton, PA Clerical Active and Clerical Active Cobra  
10003288 and 10003289





Therapeutic Drug or Drug Class	INCL	EXCL	PA	DS, Quantity, Sex and Age Limits
<b>Common Inclusions</b>				
FDA Approved Legend	X			
Injectable Anti-Diabetes (e.g. Insulin-OTC*)	X			
Compounds	X			
<b>Common Exclusions</b>				
Abortifacients		X		
Anabolic Steroids		X		
Testosterone (For Male Hypogonadism)			X	
Anti-Obesity/ Anorexiant Drugs			X	(Note: If electing the Diabetic Program, this category will be PA'd automatically.)
Cosmetic Drugs (i.e. Rogaine, Propecia)		X		
Diagnostic Test Supplies		X		
Erectile Dysfunction Drugs (ED)		X		<input type="checkbox"/> PRN Dosing: Limit _ per month <input type="checkbox"/> Allow Daily Dosing
Experimental/Investigational Drugs		X		
Fertility Agents		X		
Fluoride (Topical Dental Preps)		X		
Homeopathic Drugs		X		
Inhaler Devices (i.e. Nebulizers & Supplies)		X		
Spacers & Peak Flow Meters	X			
Non-Legend Drugs (OTC*)		X		
Ostomy Supplies		X		
Therapeutic Devices & Appliances (OTC*)		X		
CDC Scheduled Vaccines (Complete if Plan is Grandfathered)	X			Does not include travel vaccines (e.g. Typhoid, Yellow Fever) (Allow up to a \$25 administration fee)
<b>Other Categories</b>				
Acne (Oral & Topical)	X			<input type="checkbox"/> Cover Generics Only (MONY: Y) (Note: If electing "Generics Only" coverage, Isotretinoin Step Therapy is not applicable.) <input checked="" type="checkbox"/> Covered up to age 35; then Exclude
Anti-Migraine Medications -- ALL	X			
Oral				<input checked="" type="checkbox"/> Limit 9/30 DS; 27/90 DS
Spray				<input checked="" type="checkbox"/> Limit 6/30 DS; 18/90 DS
Injectable				<input checked="" type="checkbox"/> Limit 3/30 DS; 9/90 DS
Contraceptives -- ALL (Complete below if Plan is Grandfathered)	X			
Oral (including 91 day packaging)				
Injectable (90 DS only)				
Patches (Ortho Evra)				
Rings (Nuvaring)				
Diaphragms				
Emergency Contraceptives				
IUDs and implants				

Carrier ID  
Eff Date

SCROOTON  
4/1/2021

Group Name  
Group ID

City of Scranton, PA Clerical Active and Clerical Active Cobra  
10003288 and 10003289

Therapeutic Drug or Drug Class	INCL	EXCL	PA	DS, Quantity, Sex and Age Limits
<b>Diabetic Administration Supplies</b>				
Syringes/Needles, Insulin Only (OTC*)	X			
Other (i.e. Pumps/Supplies)		X		
<b>Diabetic Test Supplies – ALL</b>	X			
Lancets				
Monitors				
Strips				
Other				
<b>Schedule V Cough Syrups (OTC*)</b>	X			
<b>Smoking Deterrents</b> (Complete If Plan Is considered Grandfathered)	X			<input type="checkbox"/> Include OTC smoking deterrents
<b>Vitamins – ALL</b>	X			
Prenatal				
Vitamin K			X	
<b>Miscellaneous</b>				
Vaginal Estrogen (90-day packaging)	X			GPI: 55350020009020 & 5535002010
Botox			X	Include only if medically necessary.
Growth Stimulating Products			X	
Familial Short-Stature		X		

\*OTC=Over-The-Counter

**Pharmacy Claims Appeals Process**

**Elixir as Named Fiduciary solely related to Appeals**

- 1<sup>st</sup> Level Appeal: Elixir reviews
  - Following an adverse benefit determination, a 1<sup>st</sup> level appeal is reviewed by two pharmacists not involved in the initial determination
  - Members have 180 days from an initial adverse benefit determination to submit an appeal request in writing
- External Appeal Request: Elixir facilitates federal external review with IRO
  - If eligible for a Federal External Review, Members have 120 days from the 1<sup>st</sup> level appeal determination to submit a request in writing

The undersigned hereby attests that the elections made herein fully represent the prescription drug benefits offered by the Plan, are accurately set forth in plan documents (including the summary plan description), and have been or will be communicated to the members of the Plan by Plan Sponsor in compliance with all applicable laws.

\_\_\_\_\_  
Plan Sponsor's Approval

\_\_\_\_\_  
Date

Carrier ID  
Eff Date

SCROOTON  
4/1/2021

Group Name  
Group ID

City of Scranton, PA Clerical Active and Clerical Active Cobra  
10003288 and 10003289