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-ClO ("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

<u>Section 1</u>: 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 [Note: Parties will, In preparing the final CBA, delete outdated, unnecessary provisions and make any corrections to current contract so it reads as it should].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):
- 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:

- <u>Section 1</u>: 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:

- April 1, 2021:

- July 1, 2021 (retro to Jan 1, 2021):

- January 1, 2022:

- January 1, 2023:

One (1%) percent
One (1%) percent
Two (2%) percent
Two (2%) percent

- Section 4: Employee Performance; Cross-Training; Performance-Related Bonuses and Incentives [NEW]
- 1. <u>Employees are encouraged to discuss their performances with their immediate supervisors and department managers throughout the year, rather than waiting for a performance review.</u> **EXHIBIT**

- 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:
- <u>Section 1</u>: As of the date of this Agreement, the following Bargaining Unit positions and the certifications listed thereafter shall be <u>covered</u> 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.

<u>Section 2</u>: 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:

<u>Section 3</u>: Any employee who is off work as a result of any illness or injury for more than three <u>or more</u> 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:

	2021	2022	<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 <u>2021 through 2023</u> 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
Tler 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.

<u>Section 8 [NEW]</u>. 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.

tellite building of a hospital. enefit	In Network	Out of Network
enem Gen	eral Provisions	
ffective Date	April 1,2	
enefit Period(1)	Calendai	r Year
		44.550
peductible (per benefit period)	\$500	\$1,000
ndividual . amily(aggregate)	\$1,000	\$2,000
attily(aggregate)	80% after deductible	60% after deductible
Plan Pays – payment based on the plan allowance Out-of-Pocket Limit (Once met, plan pays 100%		
oinsurance for the rest of the benefit period)		ቀ ደ ዕርስ
ndividual	\$2,500	\$5,000 \$10,000
amily/aggregate)	\$5,000	φιο,υου
the transfer of Pocket (includes deductible.		
interior of an averand other district medical expenses,		
Jehvork only) (2) Once met, the plan pays 100% of covered		
ervices for the rest of the benefit period.		
ndividual	\$6,850	not applicable
amily	\$13,700	not applicable
All miles	inic/Urgent Care Visits	
	100% after \$25 copay	60% after deductible
Retail Clinic Visits & Virtual Visits	100% after \$25 copay	60% after deductible
Primary Care Provider Office Visits & Virtual Visits	100% after \$50 copay	60% after deductible
Specialist Office Visits & Virtual Visits	100% (deductible does not apply)	60% after deductible
Virtual Visit Originating Site Fee	100% after \$50 copay	60% after deductible
Urgent Care Center Visits	100% (deductible does not apply)	not covered
Telemedicine Services (3)	eventive Care (4)	
Routine Adult	100% (deductible does not apply)	60% after deductible
Physical Exams	100% (deductible does not apply)	60% after deductible
Adult Immunizations 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) 60% after deductible
Diagnostic Services and Procedures	100% (deductible does not apply)	60% after deductible
	100% (deductible does not apply)	
Nutritional Counseling	Limit: 6 visits p	er benefit period
Routine Pediatric	100% (deductible does not apply)	60% after deductible
Physical Exams	100% (deductible does not apply)	60% (deductible does not apply)
Pediatric Immunizations	100% (deductible does not apply)	60% after deductible
Diagnostic Services and Procedures		
The state of the s		(to all if admitted)
Emergency Room Services		pay (walved if admitted)
Ambulance (emergency)	80% (deductible does not apply)	60% (deductible does not apply) 60% after deductible
	80% after deductible	
Hospital and Medical /	Surgical Expenses (including matern)	00N () 1 () () ()
Hospital Inpatient	80% after deductible	OU /G BITCH GEGGGGENE
Hospital Outnatient	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
Therapyan	d Rehabilitation Services	
	100% after \$25 copayment	60% after deductible
hysical Medicine	(deductible does not apply)	nefit period
		- L
	100% after \$25 copayment	60% after deductible
espiratory Therapy	(deductible does not apply)	nefit period
	100% after \$25 copayment	
Thoragu	(deductible does not apply)	60% after deductible
speech Therapy	limit: 36 visits/be	nefit period
	100% after \$25 copayment	60% after deductible
Occupational Therapy	(deductible does not apply)	
Modpardonal 102.24)	limit: 36 visits/be	enefit period
	100% after \$25 copayment	60% after deductible
Spinal Manipulations	(deductible does not apply)	
	limit: 18 visits/be	enefit period
Cardiac Rehabilitation Therapy	80% (deductible does not apply)	60% after deductible
Jardiac Renaphiliation Thorup)	limit: 36 visits/b	enetit period 60% after deductible
Infusion Therapy	80% (deductible does not apply)	
Infusion Therapy Chemotherapy	80% (deductible does not apply)	60% after deductible 60% after deductible
Radiation Therapy	80% (deductible does not apply)	60% after deductible
nt back	80% (deductible does not apply)	00% alter decochore
Mental	dealth / Substance Abuse	
	80% after deductible	60% after deductible
Inpatient Mental Health Services	80% after deductible	60% after deductible
Inpatient Detoxification / Rehabilitation Outpatient Mental Health Services (includes virtual	100% after \$25 copayment	60% after deductible
Outpatient Mental Health Services (Hickord Virial) behavioral health visits)	(deductible does not apply)	
	100% after \$25 copayment	60% after deductible
Outpatient Substance Abuse Services	(deductible does not apply)	
	Other Services	
	100% after \$25 copayment	60% after deductible
Allergy Extracts and Injections	(deductible does not apply)	cont a 1 total
Autism Spectrum Disorder Including Applied Behavior	80% (deductible does not apply)	60% after deductible
Autism Spectrum Disorder molidating reprint 2	Limit: no c	lollar limit
Analysis (5) Assisted Fertilization Procedures (Limited to Artificial	80% after deductible	60% after deductible
Insemination - 6 attempts per lifetime)		60% after deductible
Dental Services Related to Accidental Injury	80% (deductible does not apply)	00% allei deductible
Diagnostic Services		60% after deductible
Advisored Imaging (MRI-CAT, PEI) scan, etc.)	80% after deductible	
Basic Diagnostic Services (standard Imaging, diagnostic	100% after \$25 copayment	60% after deductible
medical, lab/pathology, allergy testing)	(deductible does not apply)	
Durable Medical Equipment, Orthotics, and Prosthetics	80% after deductible	60% after deductible
Durable Medical Equipment, Officials, and Frontier	80% (deductible does not apply)	60% after deductible
Home Health Care	limit: 280 visits	/benefit period
	and (1. Juntible door not apply)	1 60% after deductible
Hospice	timely 400 days/lifetime maximum of	30 days can be used for continuous or
	innatient care 10 days/ lifetim	le can be used for respire care
	80% (deductible does not apply)	60% after deductible
Infertility Counseling, Testing and Treatment (6)	80% (deductible does not apply)	60% after deductible
Private Duty Nursing	limit: 560 hour	s/benefit period
	80% (deductible does not apply)	60% after deductible
Skilled Nursing Facility Care	limit: 60 days	/benefit period
Transplant Services	80% (deductible does not apply)	60% after deductible
I Transplant SAMICAS	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

(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 (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, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission. 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.

Discrimination is Against the Law

The claims administrator compiles with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The claims administrator does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The claims administrator:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the claims administrator has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S., Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HFIH Building Washington, D.C., 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/Index.html.

Please note that your employer – and not the cialms administrator – is entirely responsible for determining member eligibility and for the design of your plan/program; including, any exclusion or limitation described in the benefit Booklet.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted había español, servicios de asistencia lingüística, de forma gratulta, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

谐注意:如果您说中文,可向您提供免费语言协助服务。 博救打您的身份证背面的号码(TTY:711)。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tòi cung cấp dịch vụ hỏ trợ ngôn ngữ miền phí cho quý vị. Xin gọi số điện thoại ở mặt sau thệ ID của quý vị (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (ТТҮ): 711).

Geb Acht: Wann du Deitsch schwetzscht, kannscht du en Dolmetscher griege, un iss die Hilf Koschdefrei, Kannscht du die Nummer an deinre ID Kard dahinner uffrufe (TTY: 711).

알립: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. IO 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identifà (TTY: 711).

تثبيه؛ إذا كنت تتحدث اللغة العربية، لحيلاك عدمات المسئولة في اللغة العجائية متاحة الله. اتصـل بالرقم العوجود خلاء بطاقة هويتك (جهاز الاتعمال الموي صعوبات العمع واللطق؛ 711).

ATTENTION: 51 vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (ITY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht ihnen unsere fremdsprachliche Unterstützung kostenios zur Verfügung. Rufen Sie dazu die auf der Rückseite ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an,

ધ્યાન આપશ્રાઃ જો તમે ગુજરાતી ભાષા બોલતા છે, તો ભાષા શહાયતા સેવાએ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રના પાછળના ભાગે આવેલા નેબર પર શ્રેન કરો (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpiatna pomoc językowa: Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale; gen sèvis entèprèt, gratis-ticheri, ki la pou ede w, Rele nan rimewo ki nan do kat idantite w la (TTY: 711).

ប្រការចង់ចាំ ៖ បើលោកអ្នកនិយាយ កាសាខ្មែរ ហើយត្រូវការសេវកម្មជំនួយផ្នែកកាសា ដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិកថ្លៃ ។ សូមទូរស័ព្ទទៅលេខដែលមាននៅលើខ្នង ភាគសម្គាល់របស់វបស់លោកអ្នក (TTY:711) ។

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idloma. Ligue para o número no verso da sua identidade (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

注: 日本語が母国語の方は言語アシスタンス・サービスを無料でご利用 いただけます。ID カードの裏に明記されている番号に電話をおかけくだ さい (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به ممورت رایدگان، در دسترین شماست. با شماره راقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

BAA ÁKONINIZIN: Diné k'chgo yánlíti'go, languago ussistance services, éí t'án níik'ch, bec níká a'doowol, él bec ná'ahóót'i'. 1D bec nééhózingo nanitinigií blue'déé' (TTY: 711) ji' hodilinih.

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए निश्चित्क भाषा सहायता सेवा उपलब्ध है। आपके सदस्य पहचान (ID) कार्ड के पीछे दिए गए नंबर पर फोन करें। (TTY: 711).

تُوجہ اُر مائیں; اگر آپ اردر بولتے ہیں، زبان سعارنت سروس، ملت میں آپ کے لیے تعقیاب ہے۔ اپنے شالمنٹ کارڈ کی پندٹ پر درج شدہ نمبر پر کال کریں (TTY: 711)۔

గమసిక: మీరు రెలుగు మాటిలాడెత, లాగేవేజ్ అనినేటెనేన్, సరేపినిన్, ధారేజ్ లేకుండా, మీకు అందుడాటులే ఉననాయే. మే మెంబర్ ఐడెంటిఫికేషన్ కారడు (ఐడ్ల) వెనుక ఉనన నంబరుకు కాల్ డేయండ్ (TTY: 711).

โปรดุทราน หากกุณทุด ไทย, มีบริการช่วยเหลือด้วนภาษาให้กุณโดยไม่มีค่าใช้ง่าย โทรไปยัง หมายเลขที่อยู่ด้านหลังมัดรประจำตัวประชาชนของกุณ (TTY: 711)

ध्यान दिनिहोसः यदि तपाई नेपाली भाषा बोल्नुहुन्छ धने, तपाईका लागि भाषा सहायता सेवाहरू निशुल्क उपलब्ध हुन्छन्। तपाईको आइडी कार्डको पछाङी भागमा रहेको नम्बर (TTY: 711) मा फोन गर्नुहोस्।

Aandacht: Indien u Nederlands spreekt, is de taaladviesdienst grafis beschikbaar voor u. Bei het nummer op de achterkant van uw identificatie (ID) kaart (TTY: 711).



PHARMACY BENEFIT PLAN

Elixiv:		and the second second	woman reconstruction from the reconstruction of the reconstructio				
	Name	Phone	Emall				
Vice President, Sales	Joe McCormack	267,221,1120	jmccormack@elixirsolutions.com				
Account Executive	Kim Smith	916.939.2872	ksmith@elixirsolutions.com				
	Trina Nicholas	800,894,0794 ext. 816	tnicholas@elixirsolutions.com				
Account Manager	THIR PRODUCE						
Organization: Org, Type;	□ Third Party Admini	strator 🔲 Health Ins	urance Carrier				
Org. ID:	SCR00000						
Org. Name:	City of Scranton, PA.						
Primary Contact:	Carl Deeley						
Title:	Business Administrate	OF					
Address:	340 N Washington Av						
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					
Day-10-Day contact							
Carrier/Billing:							
Carrier Type:	⊠ ELXR □ SMF	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@scranto	npa.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	A				
Billing Type:	Billing to match	current TPA or Group se	end to Boy #2				
(Box #1)	New billing set-u	p to be established, pro	No - Does not contain PHI				
PHI Method:	Yes - Contains	1 7 1	FTP Secure Email Mail				
(Box #2)	☐ FTP ☐ Secure	Email Iviail L	THE MODULO LINEAR CO. ST.				
Agenti							
Аделсу:	Willis Towers Wats	on de Deslavari Suita 520					
Contact:	150 John F. Kenne	dy Parkway, Suite 520	V				
Title:	Senior Director, H	&B Brokerage & Advisor	<u>y</u>				
Address:	150 John F. Kenne	dy Parkway, Suite 520					
City, State, Zip:	Short Hills NJ 0707	llistowerswatson.com					
Email:		III PIOM RIP MAISON I'CON					
Phone:	973-401-7469		A. Clarical Active and Clarical Active Cohra				
Carrier ID SCROOTON	Group Name	City of Scranton, P	A Clerical Active and Clerical Active Cobra				
Eff Date 4/1/2021	Group ID	10003288 and 100	N3709				

Group		
Group ID:	100003288	
	City of Scranton, PA~	- Clerical Active
Group Name:	10003289	
Group ID:		- Clerical Active Cobra
Group Name:	9211	
NAICS Code:		Submitting Support Act/Section 111 Reporting: Elixir or TPA
Tax ID:	24-6000704	*Unique cardholder and dependent SSN required in eligibility lead to Elixin.
Address/Contact Information		
Address:	340 N Washington A	venue
City, State, Zip:	Scranton, PA 18503 Deborah Torba	
Contact:	Benefit Coordinator	
Title:	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:	\$741Z021	Plan Renewal Date: 1/1
Plan Effective Date		[9].040.044.45.55.7
New Group of Renewals		
☐ New Group	⊠ Renewal	
LI NOW Closp		
Eligibility (Check one in each c	ategory):	
		Number of Lives:
In which of the following formats	will member eligibility.	DE Provident Screens
[] [mail (anominted)	i i Manuai	A FIP
How often will eligibility be sent	Weekly We	☐ Monthly ☐ Semi-monthly
Dally	⊠ Meevil	
☐ Other Eligibility will be sent from:		1000年 -
ПТРА		Other
Eligibility Day-to-Day Contact P	erson://	FIT: Eligibility File. Contact Person
Contact Name:		Contact Name: Contact Phone:
Contact Phone:		Confact Friories
AUG - De Propertie Was	and the second	
Unique Member, ID Numbers	。 前的是是在他们的一种,但是是是一种的一种。	01-10#
⊠ Yes ☐ No If yes	, assigned by: 🛛 Elb	31
Age and Px Limits.		
Depend Look-up: Rely on Eligibility File for Term	2 DYes	LI No
If no, what is the Cut-off Age?	Complete the following	1g.)
Child: yrs. old	Stagettr A	13. Old
Coverage:	Up to Date of E	To an a set of Management
	☐ Through Birth I ☐ Through Birth \	P 200
	[] Illiogdi pira	1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
Tagree Toll	Group Name	City of Scranton, PA Clerical Active and Clerical Active Cobra
Carrier ID SCROOTON 4/1/2021	Group ID	10003288 and 10003289
Eff Date 4/1/2021		elixir
		- Σiγπ

Cards:		Elixir or	☐ TPA or		Other	
Who Produces Cards:		Laser or	Plastic			
If Elixir:						ESTATE OF THE SECOND SE
Booklets;	(B) (B) (B)	Booklets w/ Cards or	☐ Booklets	w/o cards (Ho	w many reques	ited?
	岗	Cardholder or	☐ Group or		☐ TPA	, , , , , , , , , , , , , , , , , , , ,
Mail Booklets/Cards to						
Company:	<u> </u>					
Address:						
City, State, Zip: Contact:						
Title:	1					
Phone:						
Filorio.	.1					
CompanySales Tax Status: For Profit Not for	r Pro	ofit (If Not for Prof	it, provide the	Tax Exempt n	umber: 24-600	00704)
Maximum Dollar per Rxs (Mar	表 身	orv review for high cost	medications)		n ere mereng generative	energy and the second of the second
Maximum Dalur per AX (1/4)	400		Reta	ii Max	Mail and/	n 90ds at Retall Max
Elixir Default (May be amende	ed fo	om lime to time.)		,250		\$2,500
Other (Transaction Message n	eed	ed if under Default Max)		,500		\$3,000 \$300
Compound - Elixir Default			\$	300	1	 \$300
M Compound Zim Zim			area was a superior and the superior and		StornO	
		Deductible			(a) (15) O.A.	itatta
Individual:	\$			\$		
Family:	\$		emorogeorangia.	A NOT NO	SAN SAUS PR	
	Me	irk."X" in the box below it	the options.	Onid-Mo Proces	applied to the state of the sta	1.1 45-7-1-7-7-1
Generics	_				····	
Brands	_					
Retail	_					
Maíl	+					
Specialty Drugs	121					
Benefit Rollover Date (Mo.).	*	NOTES:				
t e		1101101				
Is this a Qualified High Deduc	tible	Health Plan? ☐ Y€		No	edical / Rx Con	obligad
10 0110 0 900		KX OHY	OR			IIDINGG
Out-of-Pocket Max:		Deductible + Copays	OR		pays Only ☐ Yes(OR [] No
	1	s Medical Deductible incl	uded in OOP	accumulation	edical / Rx Cor	· · · · · · · · · · · · · · · · · · ·
Deductible Type;		Rx Only	OR		edical / TX Cor	
Deductible Satisfaction					enemental Mandalatan e	Halpania and the same and and a transmit
25-2-3		Lesser of Individual or	reamily (Emb	eaaea) Hadisidaal Onk	ı (Adaredate)	
		Coverage Type Deter	mines rainiyi	maryada om	(7.99.09)	
	!	Family Only				
1		Individual Only				
25/4/64 2 45	300 000	☐ Other	西西南西州东	eta diversión	regular transco	
Cap Satisfaction for Out-of-R	ock	et Maximum. ☐ Both Family and Indiv	idual Mayimu	ms Apply (Em	bedded)	
		☐ Coverage Type Deter	mines Family	Individual Onl	y (Aggregate)	
		☐ Coverage Type Deter	mmee i anni			
		Individual Only				
		LI HIGHWIGGE OFFIN				
				na ot it	al Anthus and C	Serical Active Cohra
Carrier ID SCROOTON		Group Name	City of Scran	ton, PA Gleric	at Motive and C	Clerical Active Cobra
Eff Date 4/1/2021		Group ID	10003288 an	a 10003289		**************************************

Genérics Plus: (Check o	ne of the follows	ig options)					
Generics: This repeat one to me to make pays brand Copay plus the difference in cost between the brand and generic. ☐ Generic Incentive – Member pays brand Copay plus the difference in cost between the brand and generic.							
If Generic Incentive is checked: ☐ DAW (<i>Dispense</i> as <i>Written</i>) Policy – <u>Do not penalize member</u> if doctor mandates brand.							
	DAW (Dispense	as Written) Polic	cy – <u>Do not penalize</u>	e member if doc	tor mandates c), and,	
	If applicable: D	AW difference sh	ould NOT be applie	ed towards Dedu	ictible.	wai tha	
] If applicable: D	AW difference sh	ould NOT be applie	ed towards Out	of Pocket Iviaxi	HUH.	
🛛 Standard	 Member will pay 	y appropriate Co	pay; no additional c	ost when gener	ic is available.		
☐ Generic R	equired — Only g	eneric and single	e-source brands ma	y ne pulcitased	•		
If	Generic Required	d is checked:	cy – <u>Allow brand-ec</u>	univalent to be	filled if mandat	ed by doctor.	
∐ Workers (] DAW (<i>Disperise</i> Compensation –	No brand restric	tions, only covered	drugs may be p	urchased.	······································	
*Copay Method:		***			i		
1 – Use Dollar C	Copay ONLY (e.g. lage Copay ONL)	, \$5) / (e.n. 20%)					
A Use Deliar D	ILLIC Darcontage	Consyle d \$5 -	+ 20%)		0000		
(U ODEAT	TED OF Dollar ar l	Darcentage Con:	av withniji iviax coi	pay (e.g. > \$5 0)	r 20%) % un to \$100\		
5 Use GREAT	ER OF Dollar or P	Percentage Copa ∍rcentage Copav	ay, with Max Copay (e.g. <\$5 or 20%)	(a,g. > φυ οι 20	70, up to 4.00)	•	
7 – Other:	(C) Donai or i v	Jioonnago ospaj	(3-)				
Other Copay Rules:							
Olifor Copa y vice							
Plan Design = Copayn	ientsi		nere engineracine announce	over any a reason and			
	Retall Acute	元件2号E0V		Retall Mainte			
Day Supply Limits:	□ 30	⊠ 34	Other	□ 30	☑ 34	Other	
Copay Structure:	Tier1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3 a. a. Sa	
Copay Method*	1	1	1	1	1	1	
Copay \$	\$8	\$40	\$80	\$8	\$40	\$80	
	<u> </u>						
Copay %							
Max Copay				Victoria.	Section Control to Control Control		
	Retail90			Mail Order			
Day Supply Limits:	⊠ 90	Other		⊠ 90	Other		
Copay Structure:	Tier 1	Tier 2	Tier 3	Natjer1	Tier 2	Tier 3	
7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	1	1	1	1	1	1	
Copay Method*	\$16	\$80	\$160	\$16	\$80	\$160	
Copay \$	ψισ	4.4					
Copay %							
Max Copay	<u></u>					The state of the s	
	Specialty Med	cations 2.5		90/91 Day Pa (ie 91 day Co	ickaged Prodi Intraceptives	ucts af Retail & 90 day Estrogen)	
Day Supply Limits:	⊠ 30	□ 90	7,777	⊠ 90/91			
Copay Structure:		_ Tier2	Tier 3	Tierd	Tier 2	Tier 0	
243 64 64 64 64 64 64 64 64 64 64 64 64 64	1	1	1	1	1	1	
Copay Method*	\$8	\$40	\$80	\$16	\$80	\$160	
Copay \$	φo	φ-+υ	+	l	<u> </u>		
Copay %		<u> </u>					
Max Copay	L			<u> </u>	<u> </u>		
Carrier ID SCROOTO		up Name	City of Scranton, F	PA Clerical Acti	ive and Clerica	Active Cobra	
Eff Date 4/1/2021	Gro	iup ID	10003288 and 10	003289			
		1	1			and British was	

Refills: (Se	lect appropriate percei		before	member can refill me	edication)湯	· · · · · · · · · · · · · · · · · · ·
⊠ Elixir Delixir Delixir		Retall:		75% of Rx (60% of Rx (usea	
		Mail:			Rx used	
☐ Other		Retail: Mall:			Rx used	
	u c su De	12 - Acute	4	12 - Mainte		
Maximum	# of refills per Rx:	12 - Acute				
	gn – Pharmacy Networ	i _c				
⊠ Prefem		⊠ Mail Order	Elixir		Other	
	gn – Formulary:					
CONTRACTOR AND SOME	m = vormulary. ☐ National	☐ None			Other	
⊠ Select	Pharmacy Networks	= 1,010				
	· ·			☐ Optional Rest-In-	Class Spec	cialty Pharmacy Network
	tory Best-In-Class Spe ry – Limited to BIC Pha	clalty Pharmacy Networl rmacies)	K	(Optional – Limited t [In-House NAPB #(s	to In-House	or BIC Pharmacles)
☐ In-Hou [Limited to	se Mandatory/LDD Wr the In-House Pharma	ap [NAPB #(s):] cy(s)]		☐ Opt-Out (Any contracted Ref	iall or Speci	ialty Pharmacy)
Investment and		7-15-16/16/14/16/16/16/16/16/16/16/16			態数 口 Ye	es 🛛 No
-Do-you w	ant to allow Secondary	Coverager Other Coverage Co	de of 2	or 8 le submitted		ild Elixir pay as Secondary:
If "Yes"	to Secondary Coverage:	(Primary Paid claim))		□ Y	es 🗆 No
		Other Coverage Co	de of 4	is submitted		ıld Elixir pay as Secondary: 'es
		(Primary accepted of	ciaim, c	out did not pay on clair	<u> </u>	00 1.03
II7/2/19/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/		Process Membe	. Na	ual Claims?	Penalize V	Nembers Relmbursement?
A 4 1 / 10 2 / 10 Production of the	mber Reimbursement	Martin Carlotte Contract Contr	□ No		⊠ Yes	□ No
	rk Manual Claims				⊠ Yes	□No
	etwork Manual Claims		No No		☐ Yes	⊠ No
Compou	nd Claims		□ No	-1 -1-1 *:	⊠ 365	☐ Other
Max, # d	ays allowed from fill da	te for Member to submit	manua	al Glatilis .		
* Note th	at this period may nece	essarily be extended due	to ap	Direable rederal of stat	e laws.	
WEST 188		a salah cahasi	nelli (
	Reporting Required	<u> </u>	STATES OF	A CANADA CAN	printing, the large field at	Advisor Security Control of the Cont
☐ Yes		The second secon				
	ould receive correspo		1 KZ	Group 🔲 0	rganization	⊠ Agent
	uarterly Report Notifica				rganization	
E	lxir Newsletter & Other	Notifications	<u> </u>	310up 🗀 🔾	rgarna a c	
0.632.232	Dose Program:		No.		eriigile VIII Bartonia	
Solarier	Dose Flogram	Group Start Date		(mm/dd/yyyy)		
54.4.1	2 I blk.	Dave! Supply		Look-back Period:	Days	s from Fill Date
Starter	Dose Limit:	when the generic drug I	name.	strength, and dosage	form of the	submitted drug has not been
filled wi	thin the Look-Back Peri	od.				
Elixir: Right Choice: Programs:						
⊠ *e (C	ScriptCholcesм Inline Resource: Educat	es member on lower cost	ing alte	ernatives.)		
*Fees ma						
Carrier ID	SCROOTON	Group Name	City	of Scranton, PA_Cler	ical Active a	and Clerical Active Cobra
Eff Date	4/1/2021	Group ID	1000	03288 and 10003289		

	Therapy Programs: (Check all options that apply)					
	。					
Imple	Implement on 🔟 Group Start Date: 🔲 January (% 💹 April 15 🔛 July 15 🚨 October 15 (Note: Requires, at minimum, 3 months notification if not implementing on Group's start date).					
120 H	EUR ute of Step Therapies (15t s	elected) Select S	Step Therapies			
	The second secon	alow with the Track mack let	108111110110080110 11101NOO 1			
halas	u, nlug any new Stan Theranies as added by Elixir's Cillical Del	patiment going rotward, when	may aiso discondinue an			
indiv	dual Step Therapy if determined to be not in the Plans' best inte		House Stranger and Education of Stranger Stranger			
For Sele	Select Step Theraples; ct individual Step Theraples below and choose:"Allow Look	(Back" or "No Look Back"				
	Acid Reflux (Proton-Pump Inhibitors) (Note: If electing "Rx to OTC Program", this ST is N/A.)	Allow Look Back (GF)	☑ No Look Back (NGF)			
	Acne (Isotretinoin)	Allow Look Back (GF)	☐ No Look Back (NGF)			
	(Note: If electing "Generics Only" coverage, this ST is N/A.) Acne (Oral)	☐ Allow Look Back (GF)	☑ No Look Back (NGF)			
ᆸ	ADHD (Amphetamines, Misc. stimulants)	Allow Look Back (GF)	☐ No Look Back (NGF)			
	Allergic Conjunctivitis (Ophthalmic Antihistamines)	☐ Allow Look Back (GF)	No Look Back (NGF)			
	Blood Pressure (ARB/Combinations, Calcium Channel Blockers, Cardio Beta Blockers, ACE/CCB Combinations)	☑ Allow Look Back (GF)	☐ No Look Back (NGF)			
	Depression (Anti-Depressant SSRIs, SNRIs)	Allow Look Back (GF)	☐ No Look Back (NGF)			
	Diabetes (Metformin ER)	☐ Allow Look Back (GF)	☑ No Look Back (NGF)			
盲	Fibromyalgia	Allow Look Back (GF)	☐ No Look Back (NGF)			
盲	Glaucoma (Ophthalmic Prost Analogs)	Allow Look Back (GF)	☐ No Look Back (NGF)			
	Gout (Antigout Agents)	Allow Look Back (GF)	☐ No Look Back (NGF)			
	Hay Fever (Nasal Sterolds) (Note: If electing "Fx to OTC Program", this ST is N/A.)	☐ Allow Look Back (GF)	☑ No Look Back (NGF)			
	High Cholesterol (Lipid, Fenofibrates)	☐ Allow Look Back (GF)	No Look Back (NGF)			
F	Hyperphosphatemia (Phosphate Binders)	☐ Allow Look Back (GF)	No Look Back (NGF)			
	Inflammatory Bowel Diseases (GI Glucocorticolds)	Allow Look Back (GF)	☐ No Look Back (NGF)			
	Insomnia (Sedatives)	☐ Allow Look Back (GF)	No Look Back (NGF)			
	Mental Health (Atypical Antipsychotics)	Allow Look Back (GF)	☐ No Look Back (NGF)			
	Migraines (Oral /Spray Triptans)	☐ Allow Look Back (GF)	No Look Back (NGF)			
	Muscle Spasms (Muscle Relaxants)	☐ Allow Look Back (GF)	No Look Back (NGF)			
	Osteoporosis (Bisphosphonates)	☐ Allow Look Back (GF)	No Look Back (NGF)			
	Overactive Bladder (Bladder Antispasmodics)	☐ Allow Look Back (GF)	No Look Back (NGF)			
盲	Pain (Tramadol)	☐ Allow Look Back (GF)	No Look Back (NGF)			
	Prostate (Alpha 1 Blockers)	☐ Allow Look Back (GF)	☑ No Look Back (NGF)			

*Fees may apply

Carrier ID Eff Date

SCROOTON	Group Name
4/1/2021	Group ID

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

		Programs:						
Indicate		of the following Clinical P		blied				
	(Diene	nced Management Prog authorization process for sele	ect non-specially medica	ation theraples.)				
	Imple	ment on: 🔲 Group Sta	rt Date 🖟 🗌 Januar	y 1% April 19 Dully 19 Doctober 19				
	Non-E	Essential Drug Program	ranies for which lower-o	osling, near-equivalent therapies exist.)				
	mple	ment on: Group Sta	rt Date 🗆 🗆 Januar	y 19 April 18 UVUIV 18 COctober 18				
	*Rx to	OTC Program	caled thereneutic defen	ories where cost savings opportunities exist.)				
	Note:	If electing Ry to OTC Progra	m. Acid Reflux and Hav	Fever Step Therapies are not applicable.				
<u> -</u> 	imple	ment on: 🗌 January 1	新原国 April 19	☑ July 14				
	(Mus	(start at least 3 months)	oosrgroup starcuate,	Vedantes Sivites ann en transferance ann ann ann ann ann ann ann ann ann an				
(Cated by	alcRec P	rograms:		。 1987年 - 1988年 -				
Indicate	which	of the following Clinical F	rograms should be a	ppl[ed]				
	/Com	eTrakRx - Pain prehensive utilization maneg	ement stralegy designe	d to promote the safe and effective use of opioid medications.)				
	全(型型)	ment on Elizablehicani	sta Williabril 19	☐ July 1-1 ☐ October 1-1				
	2315 = 1212	Turk Diabatas		; requires six weeks prior notification)				
	/Suite	of clinical programs and me	ember educational oppo	rtunities designed to enhance savings within this therapeutic category.				
	Requ	Requires utilization of Select Formulary.) Implement on: Group Start Date: January 1st April 1st Duly 1st Coctober 1st Date: January 1st April 1st Duly 1st Coctober 1st Duly 1st Du						
	lmpl (If in	ement on: Group St iplementing post Group	art Date :requires s	ix weeks prior notification & 3 months of claims data.)				
	*Car	eTrakRx MTM – Diabete	es	the state of the s				
	(Com	prehensive medication them	npy management for me	mbers taking diabetes medications.)				
	lmpl (Mus	ement on: Uanuary it start at least 6 months	post group start date	; requires six weeks prior not fication)				
	Care	TrakRx - Topical	aamani etrotomi deslani	ed to enhance savings within this therapeutic category.)				
	(Con	iprenensive utilization mana	ort Date	ary 1# □ April 1# □ July 1# □ October 1#				
		nplementing post Group	Start Date, requires s	ix weeks prior notification.)				
No.								
		lication Management:		philed				
		SpecialtyRx Precision		AND BELLEVING AND				
×	(Pric	or authorization of impactfu	I specialty therapies m	anaged and administered through Elixir Clinical Care Center.)				
	BIC	Optimizer - Specialty 0	Benerics	are directed to generic equivalents at a \$0 copay. Not applicable on HDHPs.)				
	(Targ	geted brand specially drugs	are plocked a members	are directed to generic equivalent and a series of the ser				
	*1010	Implemention: ☐ Group Start Date: ☐ Candary 1st ☐ April 1st ☐ Duly 1st ☐ October 1st						
	1906	cielly coney fier alloning wit	h copay assistance prog	rrams to maximize plan savings. Applicable to Plans offering a flat dollar				
	-	specialty copary of \$500 or less. Not applicable on HDHPs.)						
	135 11.50	Implement on: 回 Group Start Date。国 January 18 ,回 April 15 。回 July 15 ,回 October 15						
	2.3.5	Renewals only (N/A during	annomant / L Cada E	llock)				
F~-1	(Cha	*Medical Drug Channel Management (J-Code Block) (Channeling select specially drugs to Rx benefit for medication management and optimal discounts; Adoption requires prospective						
	enalysis of medical drug claims file.) Implement on \[\subseteq \text{Uanuary} file \] \[\subseteq \text{April} file \] \[\subseteq \subseteq \text{Uany} file \] Implement on \[\subseteq \text{Uanuary} file \] \[\subseteq \text{April} file \] Implement on \[\subseteq \text{Uanuary} file \] Implement on \[\subseteq \subseteq \text{Uanuary} file \] Implement on \[\subseteq Uan							
	(Must start at least 3 months post group start date; requires six weeks prior notification:)							
*Fe	es ma	y apply	•					
Carrie	ır ID	SCROOTON	Group Name	City of Scranton, PA_Clerical Active and Clerical Active Cobra				
Eff Da		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 Afford	(able Care Act (PPACA).	thia plan desi	m is consid	ered:
	Non-Grandfathered			
Gender Dysphoria Coverage: (Check one ☐ Gender Dysphoria Coverage: For all t ☐ Gender Dysphoria Exclusion: For all	beranles subject to prior a	ulhorization, co	ver those wit	th an Indication of gender dysphoria. with an Indication of gender dysphoria.
		H A Bardabla	Syn Art (PP	PAGA Drugs
	Complete section helow if	olan design is C	onsidered N	on Grandaluered). DS; Quantity, Sex and Age Limits
Therapeutic Drug or Drug Class	INCL INCL	DX(d)	表的形态性 位	6Ves-All Generics: \$0 Member Gop av
KEY PPACA ContraceDDAW (Proces	resY⊆⊈ : : ('(ei)ibòN:s	⊠ No		If No Describe coverage desired in this column under each section.
— Hormonal Contraceptives				
Oral (including 91-day packaging)				
Injectable (90 DS only)		+		
Patches (e.g. Orlho Evra)				
Rings (e.g. Nuvaring)				
Barrier Contraceptives. Diaphragms, female condoms, spencervical caps, and sponges	micides,			
Emergency Contraceptives		is knowe personal		
Emergency Contraceptives				
JUD/ implant Contraceptives	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	10.57		
KEY: PPACACOTIC: (Process Modifier (Proventive Medications)	∫ Yes	No.		If Yes N/A (owards Deductible (if applicable) \$0 Member Gopay; If No Describe obverage desired in this continued active active and the continued active ac
Aspirin				Male - Covered ages 45 through 78 Female - Covered ages 11 through 78
Fluoride Supplements				Covered ages 6 months through age 6
Folic Acld (400 mcg and 800 mcg on	ly)			Covered only for Females age 11 through 48
Iron Supplements				Covered ages 6 through 12 months
Smoking Deterrents				Llmit 2 Treatment Cycle / Calendar Year
Bowel Preps (Bisacodyl, Mag Citrate of Magnesia, PEG 3350-Electrolyte)	, Milk			Age 50 through 75 Limit 2 prescriptions / Calendar Year
Breast Cancer Prevention			was vie Dates au	Covered for Females only ages 35 or older (for qualified preventive use only)
KEY PPACA STATING (Process Mo	d(fier): :。。。 Li li l'yes	⊠ iNo		iliyes WA towards Deducible ((Lappicable) ; \$0 Member Copay = 2 c.s. service (1997)
Cardiovascular Disease Prevention (1			Single-entity generics only
KEY FPACA VACCINES (Fraces)	nod/fjer). □ ¥ ⊠ Yes	E∐ No		ir Yes N/A towards Deductible ((tappilcable)); 253, 253, 253, 253, 253, 253, 253, 253,
CDC Scheduled Vaccines				Fever)
KEY PPACA PrEP (Process Modific	// I Yes	⊠ No ×/		IT:Xes*N/A towards Deductible (trapplicable); \$0!Member Copay
Pro-Evangure Prophylaxis (PrEP)	j	[Covered at \$0 copay for qualified preventive use only

Carrier ID Eff Date

SCROOTON	Group	Name
4/1/2021	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
	Comi	mon Inclu	sions	
FDA Approved Legend	X	e metadoses metados	AS CERTISALES	Section 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Injectable Anti-Diabetes (e.g. Insulin-	<u> </u>	<u> </u>		
OTC*)	X			
Compounds	X	tarangan	Contraction of the	OTE CONTROL HITCHING ON SECTION CONTROL FOR THE CONTROL OF THE SECTION OF THE SEC
	Comi	non Exclu	isions 🧠	
Abortifacients		Х		
Anabolic Steroids		Х		
Testosterone (For Male Hypogonadism)			Х	
Anti-Obesity/ Anorexiant Drugs			Х	(Note: If electing the Diabetic Program, this category will be PA'd autometically.)
Cosmetic Drugs (i.e. Rogalne, Propecia)		Х]	
Diagnostic Test Supplies		Х		
Erectile Dysfunction Drugs (ED)		Х		PRN Dosing: Limit _ per month Allow Daily Dosing
Experimental/Investigational Drugs		X		
Fertility Agents		X		
Fluoride (Topical Dental Preps)		Х		
Homeopathic Drugs		Х		
Inhaler Devices (i.e. Nebulizers & Supplies)		X	1	
Spacers & Peak Flow Meters	Х	1		
Non-Legend Drugs (OTC*)		X	1	
Ostomy Supplies	 	X	 	
		$\frac{x}{x}$		
Therapeutic Devices & Appliances (OTC*)		1 ^-		Does not include travel vaccines
CDC Scheduled Vaccines	X			(e.g. Typhold, Yellow Fever)
(Complete if Plan is Grandfathered)	CONTRACTOR OFFICE	NOTES EN EN ENGLES	। व्यक्तिकारम्	(Allow up to a \$25 administration fee)
	or ∃eot	her Categ	ories :	Cover Generics Only (MONY: Y)
Acne (Oral & Topical)	Х			(Note: If electing "Generics Only" coverage, Isotretinoin Step Therapy is not applicable.) Covered up to age 35; then Exclude
Anti-Migraine Medications ALL	Х			
Oral				☐ Limit 9/30 DS; 27/90 DS
Spray				☑ Limit 6/30 DS; 18/90 DS
Injectable		_		☑ Limit 3/30 DS; 9/90 DS
Contraceptives – ALL (Complete below if Plan is Grandfathered)	Х			
Oral (including 91 day packaging)				
Injectable (90 DS only)				
Patches (Ortho Evra)				
Rings (Nuvaring)				
Diaphragms				
Emergency Contraceptives		1		
IUDs and implants				

Carrier ID Eff Date

SCROOTON	Group Name
4/1/2021	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
Diabetic Administration Supplies	•			
Syringes/Needles, Insulin Only (OTC*)	X			
Other (i.e. Pumps/Supplies)		X		
Diabetic Test Supplies – ALL	X			
Lancets				}
Monitors				
Strips				
Other				
Schedule V Cough Syrups (OTC*)	X	ļ <u> </u>		
Smoking Deterrents (Complete if Plan is considered Grandfathered)	Х			☐ Include OTC smoking deterrents
Vitamins – ALL	X			
Prenatal				
Vitamin K			X	
	M .	iscellane	ρμs; 📲	
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

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17	mait	HACY	1613310	m_{HHM}		

Elixir as Named Fiduciary solely related to Appeals

1st Level Appeal: Elixir reviews

- o Following an adverse benefit determination, a 1st 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
 - o If eligible for a Federal External Review, Members have 120 days from the 1st 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	Group	Name
4/1/2021	Group	ID .

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