Millennium ADMINISTRATORS

YOUR BENEFITS ADMINISTRATOR

AC 93 of Scranton School District

2021 BENEFITS GUIDE

SCRANTON SCHOOL DISTRICT

Millennium Administrators

www.millennium-tpa.com

Contact: **(610) 222 - 9400**

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August 17th, 2021

Dear District Employee,

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

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

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

Yours in good health,

Sara B. Picard
President
Millennium Administrators, Inc.

ELAP Services

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

ELAP SERVICES AUDIT PROGRAM

Reducing costs through fair and accurate claims payment

When claims come into your plan, ELAP audits them to ensure that payments do not exceed your health plan's limits and are accurate based on the services rendered.
With the support of ELAP Services, you can be assured that your company is taking a proactive approach to manage high healthcare costs.

How It Works

Your plan's Third-Party Administrator (TPA) sends a provider's claims to ELAP

- When your member receives care, the provider sends a claim to the TPA
- TPA sends eligible claims to ELAP for auditing.

ELAP audits/reviews the bill against your plan's allowable claim limits

- We also look for errors or questionable charges
- When finished, we notify the TPA and member of our audit findings

TPA processes the claim and notifies the plan member

- Whether a claim is adjusted or not, your plan's TPA will send out an Explanation of Benefits which shows what was paid by your plan and any amount owed by the member (deductible, coinsurance, copayments, etc.)
- If ELAP has adjusted the claim, your member will receive a notice with their EOB that we have reduced payment to the provider.

What happens when ELAP adjusts a claim?

The majority of the time providers accept the adjusted reimbursement. In the event the provider doesn't accept payment, they will appeal to the plan or balance bill the member. ELAP Service's expert Advocacy and Representation is available to all plan members. It's important ELAP is notified right away of any excess billing (balance billing).

Note: Your member will also receive a mailing from ELAP informing him/her to look out for balance billing from the provider (see balance bill resolution on the next page) and what to do next.

Advocating for Members and Their Families

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

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

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

What will ELAP do for you?

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

Who can you call with questions?

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

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

Keep an Eye on Your Mail

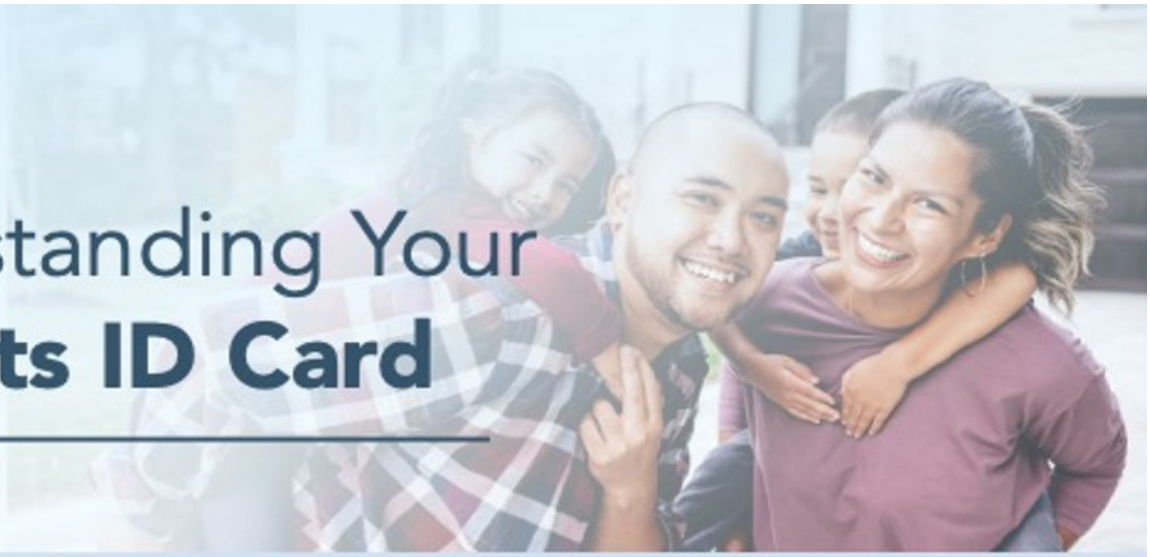
If it sounds easy, it's because it is. If you receive any billing correspondence in the mail, send it to us right away.

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

Our Motto: Advocate, Engage, Empower.

Members and their families are at the center of all we do.

Phone: 1-800-977-7381 | **Email:** bb@elapservices.com
Fax: 1-888-560-2447 | **Mail:** 1550 Liberty Ridge Drive Ste. 330 Wayne, PA 19087



Understanding Your **Benefits ID Card**

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

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

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

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

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

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

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

Medical Benefits

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

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

Performance Health
TOTAL HEALTH PLAN SOLUTIONS

Millennium ADMINISTRATORS

Scranton School District - PH/ELAP
2021 Benefit Summary

Benefit Period, Annual Deductible, and Annual Co-insurance Maximum:	Commonwealth Providers	All Other Providers
Benefit Period	Calendar Year	Calendar Year
Plan Year Deductible **(medical)**	$0 Individual $0 Family	$500 Individual $500 Family
Co-insurance (Amount plan pays)	100%	100%
Annual Out-Of-Pocket **(Out of Pocket maximums include deductibles, copays and coinsurance for both medical and pharmacy)**	$0 Individual $0 Family	$6,850 Individual $13,700 Family
Routine Immunizations and Preventive Services *Deductible does not apply to in-network services: see Plan Document for coverage for age restrictions and benefit limitations. For additional preventive services and immunizations with no member copay, please refer to plan document*		
Copayments:		
Office Visits (Family and General Practitioner, Internist, and Nurse Practitioner)	$0 copayment	$0 copayment
Specialist Office Visit	$0 copayment	$15 copayment per visit
Medical Emergency - Emergency Room	$0 copayment	$75 copayment per visit
Medical Non-Emergency - Emergency Room	$0 copayment	$75 copayment per visit
Urgent Care	$0 copayment	$15 copayment per visit
Physical, Occupational & Speech Therapy	$0 copayment	N/A
Preventive Services:		
Annual Adult Physical	$0 copayment	$0 copayment
Adult Immunizations: Flu vaccine, Shingles, Pneumonia vaccine, Tetanus/Diphtheria	$0 copayment	100% after deductible
Adult Annual Preventative Lab Work for Diabetes and Cholesterol	$0 copayment	$0 copayment
Mammogram - Screening and Diagnostic	$0 copayment	$0 copayment
Gynecological Services - screening exam and Pap Smear	$0 copayment	$15 copayment
Well Child Care / Newborn Care	$0 copayment	$0 copayment
Physician Services: *When performed and billed in a physician's office*		
Physician Office Visit	$0 copayment	$0 copayment
Specialist Physician Visit	$0 copayment	$15 copayment
Allergy Testing and Treatment	$0 copayment	100% after deductible
Laboratory Services (performed and billed by providers)	$0 copayment	$0 copayment
Outpatient Services: *When performed and billed in an outpatient facility*		
Diagnostic Services (CT Scan, MRI, PET & Nuclear Medicine)	$0 copayment	100% after deductible
Surgical Services (Procedure and Anesthesia)	$0 copayment	100% after deductible
Standard Imaging (x-ray, Ultra Sound)	$0 copayment	100% after deductible
Laboratory Services (freestanding facilities)	$0 copayment	$0 copayment
Emergency/Urgent Care:		
Urgent Care in an Urgent Care Facility	$0 copayment	$15 copayment per visit
Emergency Room Services	$0 copayment	$75 copayment per visit (waived if admitted)
Emergency Ambulance Services	$0 copayment	$0 copayment
Emergency Ambulance Services - Non-Emergency	$0 copayment	80% after deductible
Inpatient Hospital Services:		
Room and Board (Paid at the facility's private room rate)	$0 copayment	100% after deductible
Intensive Care Unit (Paid at hospitals ICU charge)	$0 copayment	100% after deductible
Maternity Services:		
Maternity Services Provided By a Physician *Certified Nurse Midwife Covered if he/she provides services under the direction of a physician; no home birth coverage*		
Physician Services:	$0 copayment	100% after deductible
Inpatient Maternity Care	$0 copayment	100% after deductible

Therapies:		
Physical Therapy	$0 copayment	100% after deductible
Occupational Therapy	$0 copayment	100% after deductible
Speech Therapy	$0 copayment	100% after deductible
Limited to 36 combined visits for physicial, occupational and speech therapy - per Calendar Year		
Chiropractic Services (Limited to 18 visits per calendar year)	$0 copayment	100% after deductible
Infusion Therapy	$0 copayment	100% after deductible
Chemotherapy	$0 copayment	100% after deductible
Radiation Therapy	$0 copayment	100% after deductible
Dialysis	$0 copayment	100% after deductible
Mental Health Care Services:		
Inpatient/Partial Hospitalization Mental Health Care Services	$0 copayment	100% after deductible
Outpatient Mental Health Care Services	$0 copayment	100% after $15 copayment
Substance Abuse Services:		
Substance Abuse Rehabilitation - Inpatient	$0 copayment	100% after deductible
Substance Abuse Rehabilitation - Outpatient	$0 copayment	$15 copayment
Other Services:		
Home Health Care	$0 copayment	100% after deductible
Hospice Care (Limited to 180 days)	$0 copayment	100% after deductible
Skilled Nursing Care (Limited to 100 days)	$0 copayment	100% after deductible
Durable Medical Equipment	$0 copayment	100% after deductible
Prosthetics	$0 copayment	100% after deductible
Infertility Counseling, Testing and Treatment	$0 copayment	100% after deductible
Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.		
Plan Features:		
Precertification	Preauthorization is a clinical program in which our nurses work with physicians to approve and monitor certain health care services prior to the delivery of services. The purpose of Preauthorization is to ensure all members receive medically appropriate treatment to meet their individual needs.	
Precertification is required for all in-hospital admissions, chemotherapy, dialysis, prosthetics and outpatient surgery. Please refer to the plan document for a complete list of all services that require precertification under your plan. **A penalty may apply for not obtaining precertification.**		
Millennium Administrators		
PHIONE:	866-644-8489	
EMAIL:	service@millennium-tpa.com	
RX Benefit Highlights		
RX COMPANY:	CVS Caremark	
PHONE#:	866-475-056	
WEBSITE:	www.cvscaremark.com	
RX Copayments		
Retail Pharmacy Copayments (up to a 30-day supply)	Generic	$8 Copayment
	Preferred Brand	$18 Copayment
	Non-Preferred Brand	$38 Copayment
Mail or Retail Pharmacy Copayments (90-day supply)	Generic	$16 Copayment
	Preferred Brand	$36 Copayment
	Non-Preferred Brand	$76 Copayment
Specialty Medication (Limited to a 30 day supply)	Follows Formulary Copays	
Once the plan out of pocket maximum has been met, benefits are payable at 100% of the allowable		
**** THIS ILLUSTRATION DESCRIBES THE PLAN IN AN EASILY UNDERSTOOD MANNER AND IS PRESENTED AS A MATTER OF GENERAL INFORMATION ONLY. THE CONTENTS ARE NOT TO BE ACCEPTED OR CONSTRUED AS A SUBSTITUTE FOR THE PROVISIONS OF THE PLAN DOCUMENT OR SUMMARY PLAN DESCRIPTION, WHICH CONTAINS MORE EXACT TERMS AND DETAILED PROVISIONS OF THE PLAN; AND IT, IS NOT TO BE CONSIDERED A POLICY OF INSURANCE*		

Performance Health
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Millennium
ADMINISTRATORS

Scranton School District - ELAP
2021 ACA Benefit Summary

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

Therapies:		
Physical Therapy (Limted to 20 visits per calendar year)	80% after deductible	
Occupational Therapy (Limited to 12 visits per calendar Year)	80% after deductible	
Speech Therapy (Limited to 12 visits per calendar Year)	80% after deductible	
Chiropractic Services	Not Covered	
Infusion Therapy	80% after deductible	
Chemotherapy	80% after deductible	
Radiation Therapy	80% after deductible	
Dialysis	80% after deductible	
Mental Health Care Services:		
Inpatient/Partial Hospitalization Mental Health Care Services	80% after deductible	
Outpatient Mental Health Care Services	80% after deductible	
Substance Abuse Services:		
Substance Abuse Rehabilitation - Inpatient	80% after deductible	
Substance Abuse Rehabilitation - Outpatient	80% after deductible	
Other Services:		
Home Health Care	80% after deductible	
Hospice Care (Limited to 180 days)	80% after deductible	
Skilled Nursing Care (Limited to 60 days)	80% after deductible	
Durable Medical Equipment	80% after deductible	
Prosthetics	80% after deductible	
Infertility Counseling, Testing and Treatment	80% after deductible	
Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.		
Plan Features:		
Precertification	Preauthorization is a clinical program in which our nurses work with physicians to approve and monitor certain health care services prior to the delivery of services. The purpose of Preauthorization is to ensure all members receive medically appropriate treatment to meet their individual needs.	
Precertification is required for all in-hospital admissions, chemotherapy, dialysis, prosthetics and outpatient surgery. Please refer to the plan document for a complete list of all services that require precertification under your plan. **A penalty may apply for not obtaining precertification.**		
Millennium Administrators		
PHIONE:	866-644-8489	
EMAIL:	service@millennium-tpa.com	
RX Benefit Highlights		
RX COMPANY:	CVS Caremark	
PHONE#:	866-475-056	
WEBSITE:	www.cvscaremark.com	
RX Copayments		
Rx Deductible	**$500 deductible per member on BRAND Only medications**	
Retail Pharmacy Copayments (up to a 30-day supply)	Generic	$5 Copayment
	Preferred Brand	$50 Copayment
	Non-Preferred Brand	$75 Copayment
Mail or Retail Pharmacy Copayments (90-day supply)	Generic	$10 Copayment
	Preferred Brand	$100 Copayment
	Non-Preferred Brand	$150 Copayment
Specialty Medication (Limited to a 30 day supply)	Not Covered	
Once the plan out of pocket maximum has been met, benefits are payable at 100% of the allowable		
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Prescription Benefits

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

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

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

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

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

Participant's RETAIL Copayment	**Participant's MAIL ORDER or CVS Pharmacy Copayment**
Generic Drugs: $8 Preferred Brand Drugs: $18 Non-Preferred Brand Drugs: $38	Generic Drugs: $16 Preferred Brand Drugs: $36 Non-Preferred Brand Drugs: $76
Out of Pocket Maximum: $6,850/$13,700 (combined with medical) Maximum Day Supply: 30 (at all retail pharmacies except if a CVS pharmacy is used members can get a 90 day supply of their medication at the retail pharmacy)	Out of Pocket Maximum: $6,850/$13,700 (combined with medical) Maximum Day Supply: 90

COVERED DRUG CATEGORIES		**EXCLUDED DRUG CATAGORIES**
ADD & Narcolepsy Drugs	Diabetic Medicines and Supplies (Amylin Analogs (Symlin), Incretin Mimetics (Byetta, Victoza), Insulin, Insulin Needles & Syringes, Insulin Injection Devices, Inhaled Insulin Supplies, Lancets, Lancet Devices, Alcohol Swabs, Blood Testing Strips: Glucose, Urine Testing Strips: Glucose, Acetone Testing Strips, Ketone Testing Strips, Glucagon Emergency Injection Kit, Glucose (Oral))	Anabolic Steroids
Acne Medicines (Tretinoin (Retin-A, Retin- A Micro, Avita, Ziana, Atralin), Diffrin, Tazorac) – To Age 35	Emergency Allergic Reaction Kits (Bee Sting Kits, Epi-pen, Epi-pen Jr, Twinject, Epinephrine Inj, Adrenaclick)	Anorexients (Diet Aids)
Anti-Rejection Drugs (Immunosuppressants)	Fluoride (Topical Fluoride dental products – requiring a prescription)	Cosmetic Drugs – including hair loss drugs, anti-wrinkle creams, hair removal creams and others (requiring a prescription)
Anti-Smoking Aids (Requiring a prescription)	Growth Hormone	**PRE-AUTHORIZATION DRUG CATAGORIES**
Blood Glucose, Monitoring Units, Monitoring Units Disposable, Monitoring Units Continuous, Monitoring Watch	Impotency Drugs – Injectable, Oral, Suppository, Kits	Fertility Agents – Oral & Injectable (limited to one (1) cycle of treatment per calendar period)
Compounds	Migraine Medicines (kit, nasal spray, tablet, injectables)	
Contraceptives Oral, Devices (i.e., IUD, Diaphragm), Implants, Transdermal (i.e., Ortho-Evra), Vaginal Ring (i.e., Nuvaring)	Multiple Sclerosis Meds (examples Betaseron, Avonex, Copaxone, Rebif, Novantrone)	
Extended Cycle Contraceptives Oral (Seasonale, Seasonique, Loseasonique, Quasense, Jolessa) – The minimum number of days supply per fill will be 84-days with maximum of 91-days supply. – **3 copayments apply**	Multiple & Pediatric Vitamins (that require a prescription)	
Contraceptives Injectable (i.e., Depo Provera) – **3 copayments apply**	Prenatal Vitamins (that require a prescription)	
Contraceptive Emergency (i.e., Levonorgestrel, Plan B One-Step, My Way, Next Choice One Dose, Ella) – See Provisions regarding possible coverage	Specialty Medication including Injectables	

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

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

For clarification, the following are NOT COVERED:

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

Plan Provisions:

1) Specialty Drugs: Must be Filled through CVS Caremark Specialty Pharmacy ONLY
2) Generic Mandate: When a generic is available but the pharmacy dispenses the brand per the member's request or the physician's request, the plan member will pay the difference between the brand discount and the generic discount. The plan member will also be charged the applicable Brand copay.

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

Administrator Information: PO Box 419
Lederach, PA 19450
(866) 644-2489

BENEFIT SUMMARY DESCRIPTION
Scranton School District
SSD-ACA RX PLAN
EFFECTIVE: January 1, 2021

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

Participant's RETAIL Copayment	**Participant's MAIL ORDER or CVS Pharmacy Copayment**
Generic Drugs: $5 Preferred Brand Drugs: $50 Non-Preferred Brand Drugs: $75 Specialty Drugs (Injectable & Non-Injectable): NOT COVERED	Generic Drugs: $10 Preferred Brand Drugs: $100 Non-Preferred Brand Drugs: $150 Specialty Drugs (Injectable &Non-Injectable): NOT COVERED
Deductible: $500 per member on BRAND Medications Only	Deductible: $500 per member on BRAND Medications Only
Maximum Day Supply: 30 (at all retail pharmacies except if a CVS pharmacy is used members can get a 90 day supply of their medication at the retail pharmacy)	Maximum Day Supply: 90

COVERED DRUG CATEGORIES		**EXCLUDED DRUG CATAGORIES**
ADD & Narcolepsy Drugs	Emergency Allergic Reaction Kits (Bee Sting Kits, Epi-pen, Epi-pen Jr, Twinject, Epinephrine Inj, Adrenaclick)	Anabolic Steroids
Acne Medicines (Tretinoin (Retin-A, Retin- A Micro, Avita, Ziana, Atralin), Diffrin, Tazorac) – To Age 35	Fluoride (Topical Fluoride dental products – requiring a prescription)	Anorexients (Diet Aids)
Anti-Smoking Aids (Requiring a prescription)	Growth Hormone	Anti-Rejection Drugs (Immunosuppressants)
Blood Glucose, Monitoring Units, Monitoring Units Disposable, Monitoring Units Continuous, Monitoring Watch	Impotency Drugs – Injectable, Oral, Suppository, Kits	Compounds
Contraceptives Oral, Devices (i.e., IUD, Diaphragm), Implants, Transdermal (i.e., Ortho-Evra), Vaginal Ring (i.e., Nuvaring)	Migraine Medicines (kit, nasal spray, tablet, injectables)	Cosmetic Drugs – including hair loss drugs, anti-wrinkle creams, hair removal creams and others (requiring a prescription)
Extended Cycle Contraceptives Oral (Seasonale, Seasonique, Loseasonique, Quasense, Jolessa) – The minimum number of days supply per fill will be 84-days with maximum of 91-days supply. – **3 copayments apply**	Multiple & Pediatric Vitamins (that require a prescription)	Fertility Agents – Oral & Injectable
Contraceptives Injectable (i.e., Depo Provera) – **3 copayments apply**	Prenatal Vitamins (that require a prescription)	Multiple Sclerosis Meds (examples Betaseron, Avonex, Copaxone, Rebif, Novantrone)
Contraceptive Emergency (i.e., Levonorgestrel, Plan B One-Step, My Way, Next Choice One Dose, Ella) – See Provisions regarding possible coverage	OTC Coverage Plan – PPI (Proton Pump Inhibitor)	Specialty Medication including Injectables
Diabetic Medicines and Supplies (Amylin Analogs (Symlin), Incretin Mimetics (Byetta, Victoza), Insulin, Insulin Needles & Syringes, Insulin Injection Devices, Inhaled Insulin Supplies, Lancets, Lancet Devices, Alcohol Swabs, Blood Testing Strips: Glucose, Urine Testing Strips: Glucose, Acetone Testing Strips, Ketone Testing Strips, Glucagon Emergency Injection Kit, Glucose (Oral))	OTC Coverage Plan – NSA (non-sedating antihistamine)	

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

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

For clarification, the following are NOT COVERED:

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

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

Dental Benefits

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

Summary of Benefits

Dental Benefit Summary

Group ID:	00476674	Coverage Type:	Contributory
Group Name:	SCHOOL DISTRICT OF CITY OF SCRANTON	Class:	0001 ALL ELIGIBLE PROFESSIONALS
Waiting Period:	None	As of Date:	08/24/2021

Plan Information

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

Coverage Information

	DENTAL CLASS 1 **Dental - DentalGuard Pref - Philadelphia, Pa**		
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the **Dental - Alliance - Philadelphia** and/or **Dental - DentalGuard Pref - Philadelphia, Pa** will be most cost effective.		
	DG Alliance	DentalGuard Preferred	Out of Network
Calendar year deductible	None	None	None
Preventive	None		
Basic	None		
Major	None		
Calendar Year Maximum Benefit	$5,000	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	$5,000
Lifetime Orthodontia Maximum	$800	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	$800
Maximum rollover	Not Available	Not Available	Not Available
Monthly Switch	Not Available	Not Available	Not Available
	How much	How much does the plan pay?	How much

	DENTAL CLASS 1 Dental - DentalGuard Pref - Philadelphia, Pa		
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the **Dental - Alliance - Philadelphia** and/or **Dental - DentalGuard Pref - Philadelphia, Pa** will be most cost effective.		
	DG Alliance	DentalGuard Preferred	Out of Network
	does the plan pay?		does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None	None
Preventive Care:	100%	100%	100%
Bitewing X-Rays	100%	100%	100%
Full Mouth X-Rays	100%	100%	100%
Cleaning	100%	100%	100%
Oral Exams	100%	100%	100%
Sealants (per tooth)	100%	100%	100%
Basic Care:	100%	100%	100%
Fillings (one surface)	100%	100%	100%
General Anesthesia[1]	100%	100%	100%
Scaling & Root Planing (per quadrant)	100%	100%	100%
Simple Extractions	100%	100%	100%
Major Care:	100%	100%	100%
Dentures	100%	100%	100%
Single Crowns	100%	100%	100%
Orthodontia	50%	50%	50%

General Exclusions

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

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

Deductibles apply.

The plan does not pay for:

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

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

1 Restrictions apply and may be subject to medical necessity.

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

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

Guardian Vision Access Program

GUARDIAN®

Vision Access Program (VSP)

Vision Access *

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

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

DISCOUNTS:

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

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

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

NOTES:

- There is no charge for Discount Vision Access.
- To find a VSP network doctor, visit www.vsp.com or call 1-800-877-7195.
- A person must be enrolled for dental coverage in order to be eligible for Discount Vision Access.
- When a person is no longer enrolled for dental coverage, access to the network discounts ends.

* This is not insurance. The eligible person must pay the entire discounted fee directly to the VSP network doctor.

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

Important Contact Information

Scranton School District

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

Millennium Administrators

Physical Address:
509 Salfordville Rd, Unit 4
Lederach, PA 19105

Mailing Address:
P.O. Box 419
24/7 Contact: 610-222-9400 | Fax 610-222-9448 | service@millennium-tpa.com

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

Performance Health

Member Customer Service: 1-877-585-8480
PHCS Provider Network: 1-877-952-7427

Guardian Life

(Dental and Vision): 1-888-GUARDIAN

BALANCE BILL EMAIL ADDRESS:
BB@ELAPSERVICES.COM