

# 2023 BENEFITS GUIDE



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*Harbor Valley*  
HEALTH & REHABILITATION

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This Benefits Guide is an overview of the benefits provided by your employer. It is not a Summary Plan Description or Certificate of Insurance. If a question arises about the nature and extent of your benefits under the plans and policies, or if there is a conflict between the informal language of this Benefits Guide and the contracts, the Summary Plan Description and Certificates of Insurance will govern. Please note that the benefits in your Benefits Guide are subject to change at any time. The Benefits Guide does not represent a contractual obligation on the part of your employer.

# ENROLLMENT GUIDELINES

Welcome to the 2023 Benefits Guide through your employer. This Guide provides a quick overview of the benefits program and helps to remove confusion that sometimes surrounds Employee benefits. The benefits program was structured to provide comprehensive coverage for you and your family. Benefit programs provide a financial safety net in the event of unexpected and potentially catastrophic events.

## ELIGIBILITY

You are eligible to enroll in the medical benefits program if you are a full-time employee working 30 or more hours per week. Benefits for newly hired employees will take effect the first day of the month following 60 days of qualified employment. For all other programs, eligible employees must be scheduled to work, and regularly work, 40 hours per week.

Your legally recognized spouse and your married or unmarried dependent children are eligible for medical coverage if less than 26 years of age. Disabled unmarried children over age 26 may be eligible to continue benefits after approval of necessary applications.

## OPEN ENROLLMENT

You are being offered a one time special enrollment period for health coverage only to be effective September 1<sup>st</sup>. Your annual Open enrollment for health, dental, vision and ancillary benefits is once a year and benefit elections will take effect January 1<sup>st</sup>. Participants may add or drop coverage or make changes to their coverage at this time. Late entrants (employees or dependents who apply for coverage more than 30 days after the date of individual eligibility) are also provided an opportunity to enroll for coverage during the plan's open enrollment. The elections you make stay in effect the entire plan year, unless a qualifying life event occurs.

## QUALIFYING LIFE EVENTS

Generally, you can only change your benefit elections during the annual Open Enrollment period. However, you may make changes during the plan year if you have a qualifying event.

Qualifying events include:

- Marriage
- Divorce
- Birth
- Adoption
- Death
- Loss of Coverage

Under the medical plan, Open Enrollment under your spouse's group plan will also be considered a qualifying event.

When you have a qualifying event, you have 30 days to complete and return a new enrollment/change form for health, dental, and/or vision coverage. You may be asked to provide proof of the change and/or proof of eligibility. (You have 60 days to complete and return a new enrollment/change form after coverage under Medicaid or CHIP terminates.)

# GLOSSARY OF TERMS

The following terms will help you better understand your benefits.

**Co-pay:** A Copay is the portion of the Covered Expense that is your responsibility, as shown in the Medical Schedule of Benefits. A Copay is applied for each occurrence of such covered medical service and is not applied toward satisfaction of the Deductible.

**Deductible:** A Deductible is the total amount of eligible expenses as shown in the Medical Schedule of Benefits, which must be Incurred by you during any Calendar Year before Covered Expenses are payable under the Plan.

**Coinsurance:** Coinsurance is the percentage of eligible expenses the Plan and the Covered Person are required to pay.

**Out-of-Pocket Maximum (OOPM):** An Out-of-Pocket Maximum is the maximum amount you and/or all of your family members will pay for eligible expenses Incurred during a Calendar Year before the percentage payable under the Plan increases to 100%.



**UNDERSTANDING YOUR  
BENEFITS CAN BE EASY**

# WHAT CAN THE APTA CASH CONCIERGE TEAM DO FOR YOU?



We believe no one should have to navigate the cost & complexity of healthcare alone

That's why we have one phone number to call

## FOR ALL YOUR HEALTHCARE NEEDS

Need help finding the right doctor? **We can help.**

Need a medical procedure and want to save money? **We can help.**

Need help with an unexpected balance bill after a procedure? **We can help.**

Need direction with pre-certification or have questions about your benefits? **We can help.**

Apta Cash Concierge is with you every step of the way. From choosing a quality doctor to coordinating your healthcare procedure, we are there to provide you with peace of mind — all while saving you time and money.



Call today and save!  
**844-335-0166**

# Welcome to ReviveHealth!

We are pleased to offer you an exceptional healthcare benefit designed to simplify your access to health care while offering convenience, quality care, and medications. ReviveHealth Solutions were designed with flexibility in mind to help meet the busy demands of your life. You now have control over when and where you receive care. When you need assistance, we have a team there to support you every step of the way. This document provides information about all the great benefits ReviveHealth has to offer.

## What is Revive?

ReviveHealth brings you easy access to virtual primary, urgent and pediatric care, mental health therapy, and prescription medications using your member portal.

[Member Portal](#)

# Membership Services

As a ReviveHealth member, you have access to the following services with no copays, no deductibles, and no out of pocket costs.

## Concierge Support Services

For any questions about your membership or benefits:



888-220-6650



customer@revive.health

## Virtual Primary Care

You have 12 virtual primary care visits per member per year as well as, 12 care visits per covered child per year.

- Care is available for children ages 2+
- Appointments can be scheduled and in some instances are available as early as the same day
- Primary Care appointments are available Monday - Friday from 8 AM - 5 PM EST
- You have the option to see the same providers every time

## Virtual Urgent Care

You have 12 virtual urgent care visits per member per year.

- Appointments are available within less than 20 minutes
- Appointments are available 24 hours a day, 7 days a week, 365 days a year



## Prescription + Pharmacy Care

Over 425 generic medications are included and available with your membership. A list of these medications can be found by accessing your ReviveHealth member portal.

- If your virtual doctor prescribes you an included medication, it will be processed via our mail order pharmacy and delivered to your home within 3-5 days.
- Your membership covers one free shipment per month. If an additional order is needed within the month, there is a low shipment fee of \$5.
- If you are currently taking a medication that is on our list, you can transfer it to our mail order pharmacy to receive the medication at no charge.
- If your provider orders an urgent medication or a medication that is not included in your membership it will be sent to your local pharmacy. You can then use your member prescription card to receive discounts of up to 80% off. The card is available to print or download in your ReviveHealth member portal under the “My Medications” section.
- If you see a doctor outside of the Revive platform and are recommended a covered maintenance medication let them know the medication is covered by Revive so they can process the prescription through Revive’s Pharmacy Subsidiary Manifest Rx. If it is a covered urgent medication your doctor can send the prescription to your local pharmacy where you can use your member prescription card to pick it up free of charge.
- A Pharmacist is available at 888-770-4009, Monday-Friday from 8 AM - 5 PM EST or via email at [revive@manifestrx.com](mailto:revive@manifestrx.com).

Your membership covers 40 urgent medications which can be found in your member portal.

- If you have an virtual urgent care visit and your provider prescribes an urgent medication, you can pick it up at your local retail pharmacy at no added cost.

## **Virtual Mental Health Therapy**

You have 12 Mental Health therapy visits per member per year.

- Mental Health therapy is available for adults & covered adolescents ages 12+
- Appointments can be scheduled within 1-3 days
- Appointments are available Monday - Friday from 9 AM – 5 PM EST
- Behavioral Health Therapists are available 24/7 for urgent needs

## **Additional Health Support**

If you have other challenges or need assistance and support accessing things like food, shelter, transportation, childcare, job training etc., call our Customer Care team at 888-220-6650 for help finding the resources and support that you need.

## **Lab Testing**

If your doctor orders lab work, orders will be sent to the nearest Quest or LabCorp facility where you can have the lab work completed. Discounted pricing will apply with discounts of up to 80%. You can pay for the lab directly, use your HSA or FSA card, or submit the claim to your major medical insurance provider.

## FREE HOME DELIVERY MEDICATIONS (CHRONIC NEED)



For your medications that you take on a daily basis, get **FREE** home delivery of over 1000 quality generic medications. Enjoy the convenience of a 90-day supply for your maintenance medications. Our medication list contains over 95% of the top prescribed generic medications in the US for conditions such as:

- High Cholesterol
- Diabetes
- Mental Health
- Allergy
- Thyroid
- Asthma
- Men's Health
- Women's Health
- High Blood Pressure
- And more...

### FILLING MEDICATIONS WITH US IS EASY!

Your medications will be delivered to your home for **FREE**. Our nationally accredited pharmacy, Manifest Pharmacy, will work with your current pharmacy or your doctor to obtain your prescriptions. Your medications will be shipped for **FREE** via USPS priority mail. We will then follow-up with you for your refills, so you never run out of medication. Skip the pharmacy lines and get the best prices for your medications:

**FREE!**

## FREE URGENT CARE MEDICATIONS (IMMEDIATE NEED)

For your urgent care medications that need to be filled quickly, you'll have access to over 70,000 retail pharmacies to get urgent care medications filled for **FREE**. Just present your membership savings card and you'll pay nothing for some of the most common urgent care medications for conditions such as:

- Upper Respiratory Infections (URI)
- Urinary Tract Infections (UTI)
- Allergic Reactions
- Ear Infections
- Eye Infections
- Skin Infections
- Yeast Infections
- And More...



This is not insurance and not regulated as such. Limitations apply: Mail-Order: 6 free shipments per year. Urgent Care: \$250 max/person/year

## ANTI-INFECTIVE

ACYCLOVIR  
AMANTADINE  
AMOXICILLIN  
AMOXICILLIN-CLAVULANATE  
AMPICILLIN  
AZITHROMYCIN  
CEFADROXIL  
CEFDINIR  
CEFPROZIL  
CEFUROXIME AXETIL  
CEPHELEXIN  
CHLORHEXIDINE  
CIPROFLOXACIN  
CLARITHROMYCIN  
CLINDAMYCIN  
DAPSONE  
DICLOXACILLIN  
ENTECAVIR  
ERYTHROMYCIN  
FAMCICLOVIR  
FLUCONAZOLE  
ISONIAZID  
LAMIVUDINE  
LEVOFLOXACIN  
METHENAMINE  
METRONIDAZOLE  
NEVIRAPINE  
NITROFURANTOIN  
SMZ/TMP DS  
TENOFIVIR  
TERBINAFINE  
TETRACYCLINE  
VALACYCLOVIR

## CARDIOVASCULAR

ACEBUTOLOL  
ACETAZOLAMIDE  
AMLODIPINE/BENAZEPRIL  
AMLODIPINE/OLMESARTAN  
AMLODIPINE/VALSARTAN  
AMILORIDE  
AMILORIDE/HCTZ  
AMIODARONE

AMLODIPINE  
ATENOLOL  
ATENOLOL/CHLOROTHALIDONE  
ATORVASTATIN  
BENAZEPRIL  
BENAZEPRIL/HCTZ  
BETAXOLOL  
BISOPROLOL FUMARATE  
BISOPROLOL/HCTZ  
BUMETANIDE  
CAPTOPRIL  
CAPTOPRIL/HCTZ  
CARVEDILOL  
CHLOROTHIAZIDE  
CHLOROTHALIDONE  
CHOLINE FENOFIBRATE  
CILOSTAZOL  
CLONIDINE  
CLOPIDOGREL  
DIGOXIN  
DILTIAZEM  
DILTIAZEM (COATED BEADS)  
DIPYRIDAMOLE  
DOXAZOSIN  
DOFETILIDE  
ENALAPRIL  
ENALAPRIL/HCTZ  
EPLERENONE  
EZETIMIBE  
EZETIMIBE/SIMVASTATIN  
FELODIPINE ER  
FLECAINIDE  
FENOFIBRATE  
FENOFIBRATE (MICRONIZED)  
FOSINOPRIL  
FUROSEMIDE  
GEMFIBROZIL  
GUANFACINE  
HCTZ  
HYDRALAZINE  
HYDRALAZINE/HCTZ  
INDAPAMIDE  
IRBESARTAN  
IRBESARTAN/HCTZ

ISOSORBIDE MONONITRATE  
JANTOVEN  
LISINAPRIL  
LISINAPRIL/HCTZ  
LOSARTAN  
LOSARTAN/HCTZ  
LOVASTATIN  
METHYLDOPA  
METOPROLOL SUCCINATE  
METOPROLOL TARTRATE  
MIDODRINE  
MINOXIDIL  
NADOLOL  
NEBIVOLOL  
NIACIN ER  
NIFEDIPINE  
NITROGLYCERIN  
NITROGLYCERIN PATCH  
OLMESARTAN  
OLMESARTAN/HCTZ  
OMEGA 3 ETHYL ESTERS  
PINDOLOL  
POTASSIUM CHLORIDE  
PRASUGREL  
PRAVASTATIN  
PRAZOSIN  
PROCAINAMIDE  
PROCAINAMIDE SR  
PROPAFENONE  
PROPRANOLOL  
PROPRANOLOL ER  
PROPRANOLOL/HCTZ  
QUINAPRIL/HCTZ  
QUINAPRIL  
QUINIDINE SULFATE  
RAMIPRIL  
RANOLAZINE ER  
ROSUVASTATIN  
SIMVASTATIN  
SOTALOL  
SOTALOL AF  
TELMISARTAN  
TERAZOSIN  
TICLOPIDINE

TORSEMIDE  
TRANDOLAPRIL  
TRIAMTERENE/HCTZ  
VALSARTAN  
VALSARTAN/HCTZ  
VERAPAMIL  
VERAPAMIL ER  
WARFARIN

## DERMATOLOGY

ADAPALENE  
ADAPALENE/BENZOYL PEROXIDE  
AMINOBENZOATE POT  
BENZOYL PEROXIDE WASH  
CICLOPIROX  
CLOBETASOL  
CLINDAMYCIN PHOSPHATE  
CLINDAMYCIN/BENZOYL PEROXIDE  
DESONIDE  
DEXAMETHASONE  
DOXYCYCLINE HYCLATE  
DOXYCYCLINE MONOHYDRATE  
ECONAZOLE NITRATE  
FLUOCINONIDE  
HYDROCORTISONE  
HYDROQUINONE  
HYDROXYZINE HCL  
IMIQUIMOD  
KETOCONAZOLE  
KETOCONAZOLE SHAMPOO  
MINOCYCLINE  
MUPIROCIN  
NYSTATIN  
NYSTATIN/TRIAMCINOLONE  
SILVER SULFADIAZINE  
SPIRONOLACTONE  
SULFACETAMIDE/SULFUR  
TRIAMCINOLONE

## DIABETES

ACARBOSE  
CHLORPROPAMIDE  
GLIMEPIRIDE  
GLIPIZIDE

GLIPIZIDE/METFORMIN  
GLYBURIDE  
GLYBURIDE/METFORMIN  
METFORMIN  
METFORMIN ER  
NATEGLINIDE  
PIOGLITAZONE  
PIOGLITAZONE/METFORMIN  
PRODIGY DIABETIC TEST STRIPS  
PRODIGY GLUCOSE METER  
PRODIGY LANCETS  
REPAGLINIDE

## ENDOCRINOLOGY

CALCITRIOL  
CINACALCET  
DESMOPRESSIN  
LEVOTHYROXINE  
LIOTHYRONINE  
METHIMAZOLE

## GASTROINTESTINAL

CIMETIDINE  
DICYCLOMINE  
DOCUSATE SODIUM  
ESOMEPRAZOLE  
FAMOTIDINE  
GLYCOPYRRROLATE  
HYOSCYAMINE  
HYOSCYAMINE ER  
LANSOPRAZOLE  
LOPERAMIDE  
METOCLOPRAMIDE  
OMEPRAZOLE  
ONDANSETRON  
PANTOPRAZOLE  
PILOCARPINE  
POLYETHYLENE GLYCOL  
PROCHLORPERAZINE  
PROMETHAZINE  
RABEPRAZOLE  
SUCRALFATE

## MEN'S HEALTH

ALFUZOSIN  
BETHANECHOL  
BICALUTAMIDE  
DANTROLENE  
DUTASTERIDE  
EMTRICITABINE/TENOFOVIR  
FINASTERIDE  
OXYBUTYNIN  
SILDENAFIL  
SILODOSIN  
SOLIFENACIN  
TADALAFIL  
TAMSULOSIN  
TOLTERODINE ER  
TROSPIDIUM

## MENTAL HEALTH

AMITRIPTYLINE  
ARIPIPRAZOLE  
ATOMOXETINE  
BENZTROPINE  
BUPROPION  
BUSPIRONE  
CARBAMAZEPINE  
CARBIDOPA  
CARBIDOPA/LEVODOPA  
CHLORPROMAZINE  
CITALOPRAM  
CLOMIPRAMINE  
DESIPRAMINE  
DESVENLAFAXINE ER  
DIVALPROEX  
DONEPEZIL  
DOXEPIN  
DULOXETINE  
ESCITALOPRAM  
ETHOSUXIMIDE  
FLUOXETINE  
FLUPHENAZINE  
FLUVOXAMINE  
GALANTAMINE  
HALOPERIDOL

## HYDROXYZINE PAMOATE

IMIPRAMINE  
LAMOTRIGINE  
LAMOTRIGINE ER  
LEVETIRACETAM  
LEVETIRACETAM XR  
LITHIUM  
LOXAPINE  
MEMANTINE  
MIRTAZAPINE  
NEFAZODONE  
NORTRIPTYLINE  
OLANZAPINE  
OXCARBAZEPINE  
PAROXETINE  
PERPHENAZINE  
PHENYTOIN ER  
PRAMIPEXOLE  
PRIMIDONE  
QUETIAPINE  
RILUZOLE  
RISPERIDONE  
RIVASTIGMINE  
ROPINIROLE  
SELEGILINE  
SERTRALINE  
THIORIDAZINE  
THIOTHIXENE  
TOPIRAMATE  
TRAZODONE  
TRIHENXYPHENIDYL  
VALPROIC ACID  
VENLAFAXINE HCL  
ZONISAMIDE  
ZIPRASIDONE

## MIGRAINE

NARATRIPTAN  
RIZATRIPTAN  
SUMATRIPTAN

## ONCOLOGY

CAPECITABINE  
HYDROXYUREA

## OPHTHALMIC

BRIMONIDINE TARTRATE  
DORZOLAMIDE  
DORZOLAMIDE/TIMOLOL  
GENTAMICIN  
LATANOPROST  
METHAZOLAMIDE  
MOXIFLOXACIN  
NEO/POLY/DEX OINT  
OFLOXACIN  
OLOPATADINE  
SULFACETAMIDE/PREDNISOLONE  
TIMOLOL  
TOBRAMYCIN

## PAIN MANAGEMENT

ASPIRIN  
BACLOFEN  
CELECOXIB  
CHLORZOXAZONE  
CHOLINE MAG TRISAL  
CYCLOBENZAPRINE  
DICLOFENAC  
ETODOLAC  
FENOPROFEN  
FLURBIPROFEN  
IBUPROFEN  
INDOMETHACIN  
KETOROLAC  
LIDOCAINE  
LIDOCAINE/PRILOCAINE  
MELOXICAM  
METAXALONE  
METHOCARBAMOL  
NABUMETONE  
NAPROXEN  
ORPHENADRINE ER  
OXAPROZIN  
PHENAZOPYRIDINE  
PIROXICAM  
SALSALATE  
SULFASALAZINE  
SULINDAC

## RESPIRATORY/ALLERGY

ALBUTEROL HFA  
ALBUTEROL INH SOLN  
AMINOPHYLLINE  
AZELASTINE NASAL SPRAY  
BENZONATATE  
BUDESONIDE NASAL SPRAY  
CARBINOXAMINE MAL  
CETIRIZINE  
CHLORPHENIRAMINE  
CLEMASTINE  
CYPROHEPTADINE  
DESLORATIDINE  
DESOXIMETASONE  
DEXCHLORPHENIRAMINE  
DIMENHYDRINATE  
DIPHENHYDRAMINE  
FEXOFENADINE  
FLUTICASON NASAL SPRAY  
GUAIFENESIN-DM  
GUAIFENESIN ER  
IPRATROPIUM  
IPRATROPIUM/ALBUTEROL  
INH SOLN  
LEVALBUTEROL INH SOLN  
LEVOCETIRIZINE  
LORATIDINE  
MECLIZINE  
METHYLPREDNISOLONE  
MONTELUKAST  
PREDNISONE  
THEOPHYLLINE ER

## RHEUMATOLOGY

ALLOPURINOL  
AZATHIOPRINE  
COLCHICINE  
FEBUXOSTAT  
LEFLUNOMIDE  
HYDROXYCHLOROQUINE  
METHOTREXATE  
PYRIDOSTIGMINE

## VITAMIN

CHOLECALCIFEROL (Vit D3)  
CYANOCOBALAMIN  
ERGOCALCIFEROL (VIT D2)  
FABB  
FEROCOIN  
FERROUS SULFATE  
FOLBIC  
FOLIC ACID  
FOLIVANE-F  
FOLIVANE-PLUS  
HEMATINIC F  
MAGNESIUM  
NIVA-FOL  
ZINC SULFATE

## WOMEN'S HEALTH

ALENDRONATE  
ANASTROZOLE  
DESOGESTREL-ETH ESTRADIOL  
DROSPIRENONE-ETH ESTRADIOL  
ESTRADIOL  
ESTRADIOL VAGINAL  
IBANDRONATE  
LETROZOLE  
MEDROXYPROGESTERONE  
MEDROXYPROGESTERONE DEPOT  
NORETHINDRONE  
NORETHINDRONE-ETH ESTRADIOL  
NORGESTIMATE-ETH ESTRADIOL  
PRENATAL VITAMIN PLUS IRON  
PROGESTERONE  
RALOXIFENE  
TAMOXIFEN

**OUR FREE  
URGENT CARE  
@ RETAIL  
FORMULARY**



**URGENT CARE @ RETAIL**

**ANTIBIOTIC**

AMOXICILLIN, 250 MG, CAP, Max Qty: 60, (Amoxicil)  
 AMOXICILLIN, 500 MG, CAP, Max Qty: 30, (Amoxicil)  
 AMOXICILLIN, 875 MG, TAB, Max Qty: 28, (Amoxicil)  
 AMOXICILLIN, 250 MG/5ML, SUSP, Max Qty: 200, (Amoxicil)  
 AMOXICILLIN, 400 MG/5ML, SUSP, Max Qty: 200, (Amoxicil)  
 AMOXICILLIN/CLAVULANIC ACID, 500-125 MG, TAB, Max Qty: 28, (Augmentin)  
 AMOXICILLIN/CLAVULANIC ACID, 875-125 MG, TAB, Max Qty: 28, (Augmentin)  
 AMOXICILLIN/CLAVULANIC ACID, 400-57 MG/5ML, SUSP, Max Qty: 200, (Augmentin)  
 AMOXICILLIN/CLAVULANIC ACID, 600-42.9 MG/5ML, SUSP, Max Qty: 200, (Augmentin)  
 AZITHROMYCIN, 250 MG, TAB, Max Qty: 6, (Zithromax)  
 AZITHROMYCIN, 500 MG, TAB, Max Qty: 3, (Zithromax)  
 AZITHROMYCIN, 100 MG/5ML, SUSP, Max Qty: 15, (Zithromax)  
 AZITHROMYCIN, 200 MG/5ML, SUSP, Max Qty: 30, (Zithromax)  
 CEFDINIR, 300 MG, CAP, Max Qty: 14, (Omnicef)  
 CEPHALEXIN, 250 MG, CAP, Max Qty: 56, (Keflex)  
 CEPHALEXIN, 500 MG, CAP, Max Qty: 28, (Keflex)  
 CEPHALEXIN, 250 MG/5ML, SUSP, Max Qty: 200, (Keflex)  
 CIPROFLOXACIN, 250 MG, TAB, Max Qty: 28, (Cipro)  
 CIPROFLOXACIN, 500 MG, TAB, Max Qty: 28, (Cipro)  
 CLINDAMYCIN, 150 MG, CAP, Max Qty: 28, (Cleocin)  
 CLINDAMYCIN, 300 MG, CAP, Max Qty: 28, (Cleocin)  
 DOXYCYCLINE HYCLATE, 100 MG, TAB, Max Qty: 28, (Vibramycin)  
 LEVOFLOXACIN, 250 MG, TAB, Max Qty: 21, (Levaquin)  
 LEVOFLOXACIN, 500 MG, TAB, Max Qty: 21, (Levaquin)  
 METRONIDAZOLE, 500 MG, TAB, Max Qty: 28, (Flagyl)  
 NITROFURANTOIN, 100 MG CAP, Max Qty: 28 (Macrodoid)  
 PENICILLIN VK, 500MG, TAB, Max Qty: 28, (Veetids)  
 PENICILLIN VK, 250 MG/5ML, SUSP, Max Qty: 200, (Veetids)  
 SMZ/TMP DS, 800-160 MG, TAB, Max Qty: 28, (Bactrim)  
 SMZ/TMP, 200-40 MG/5ML, SUSP, Max Qty: 120, (Bactrim)

**ANTIBIOTIC TOPICAL**

ERYTHROMYCIN, 0.5%, OPTH OINT, Max Qty: 3.5, (Ilotycin)  
 MUPIROCI, 2%, OINT, Max Qty: 22, (Bactroban)  
 NEO/POLY/HC, OTC SOLN, Max Qty: 10, (Cortisporh)  
 POLYMYXIN B/TRIMETH, OPTH SOLN, Max Qty: 10, (Polytrim)  
 SILVER SULFADIAZINE, 1%, CREAM, Max Qty: 50, (Silvadene)  
 TOBRAMYCIN, 0.3%, OPTH SUSP, Max Qty: 5, (Tobrex)

**ANTIFUNGAL**

FLUCONAZOLE, 150 MG, TAB, Max Qty: 1, (Diffucan)  
 NYSTATIN, 100,000 USP, CREAM, Max Qty: 30, (Mycostatin)  
 NYSTATIN, 100,000 USP, OINT, Max Qty: 30, (Mycostatin)

**ANTIHISTAMINE**

HYDROXYZINE, 25 MG, TAB, Max Qty: 30, (Aтарax)

**CARDIOVASCULAR**

NITROGLYCERIN, 0.4 MG, SL TAB, Max Qty: 25, (Nitrostat)

**CORTICOSTEROID**

METHYLPREDNISOLONE, 4 MG, PACK, Max Qty: 21, (Medrol Dosepak)  
 PREDNISONE, 10 MG, TAB, Max Qty: 20, (Deltasone)  
 PREDNISONE, 20 MG, TAB, Max Qty: 20, (Deltasone)  
 PREDNISOLONE, 15 MG/5ML, SOLN, Max Qty: 120, (Orapred)

**CORTICOSTEROID TOPICAL**

HYDROCORTISONE, 2.5%, CREAM, Max Qty: 30, (Hytone)  
 PREDNISOLONE, 1%, OPTH SOLN, Max Qty: 5, (Pred Forte)  
 TRIAMCINOLONE, 0.1%, CREAM, Max Qty: 30, (Kenalog)  
 TRIAMCINOLONE, 0.1%, OINT, Max Qty: 30, (Kenalog)

**COUGH SUPPRESSANT**

BENZONATATE, 100 MG, CAP, Max Qty: 20, (Tessalon Perles)  
 BENZONATATE, 200 MG, CAP, Max Qty: 20, (Tessalon Perles)

**GASTROINTESTINAL**

DICYCLIMINE, 20 MG, TAB, Max Qty: 60, (Bentyl)  
 DIPHENOX-ATROPINE, 2.5-0.025 MG, TAB, Max Qty: 30, (Lomotil)  
 PANTOPROZOLE, 40 MG, TAB, Max Qty: 21, (Protonix)  
 PROMETHAZINE, 25 MG, TAB, Max Qty: 30, (Phenergan)

**GOUT**

ALLOPURINOL, 100 MG, TAB, Max Qty: 21, (Zyloprim)  
 ALLOPURINOL, 300 MG, TAB, Max Qty: 21, (Zyloprim)

**MIGRAINE**

SUMATRIPTAN, 50 MG, TAB, Max Qty: 9, (Imitrex)  
 SUMATRIPTAN, 100 MG, TAB, Max Qty: 9, (Imitrex)

**MUSCLE RELAXANT**

CYCLOBENZAPRINE, 10 MG, TAB, Max Qty: 30, (Flexeril)

**PAIN MANAGEMENT**

IBUPROFEN, 800 MG, TAB, Max Qty: 60, (Motrin)  
 NAPROXEN, 500 MG, TAB, Max Qty: 30, (Naprosyn)  
 TRAMADOL, 50 MG, TAB, Max Qty: 30, (Ultram)

This is not insurance and not regulated as such. Limitations apply: Mail-Or-der: 6 free shipments per year. Urgent Care: \$250 max/person/year

# STEPS TO TAKE

- Contact Apta Cash Concierge to coordinate any referral or procedure needs. They will then work with you on details so you can make your appointment.
- Apta Cash Concierge will provide you with instructions about how to register as self-pay and use your credit card to pay for services.
- Apta Cash Concierge will also provide instructions about any additional services you might need, such as where to get laboratory tests or diagnostic imaging.
- Once you have paid for your visit with the specialist, you will submit the receipt for proof of payment to Apta Cash within 24 hours of the visit.
- If the specialist says you need a procedure, surgery or additional services, you should contact Apta Cash Concierge to coordinate and pay for the needed care.
- Any time you have any questions what-so-ever, contact Apta Cash Concierge at 844-335-0166.



## WHAT IF YOU NEED URGENT OR EMERGENT CARE?

If you need Urgent Care (non-life threatening) that Revive Health can't provide -

- Contact Apta Cash Concierge
- If Apta Cash Concierge is closed, go to your local Urgent Care
  - Register as self-pay.
  - Your Health Care Credit Card is enabled to work at Urgent Care facilities, up to \$200.
    - Most urgent care visits are under \$200, if it is more than \$200, ask them to send you a bill for the remainder and contact AptaCash.

If you have an Emergency (life-threatening) -

- Register as self-pay.
- Contact Apta Cash Concierge as soon as reasonably possible.



# MEDICAL BENEFITS

Your employer offers medical benefits through Apta Cash with Virtual Care provided by Revive Health. This medical plan balances affordability with the freedom of choice without utilizing network providers.

BENEFIT	Good Plan	
	Cash Pay	Health Plan Coverage
Deductible	N/A	\$7,000/single \$14,000/family
Out-of-Pocket Max (Includes deductible and copays)	N/A	\$7,000/single \$14,000/family
Preventive Care	Not applicable	\$0 copay
Office Visit (PCP)	Not applicable; utilize Revive Health for \$0 copay	0% after deductible
Revive Health (Virtual Care) • Medications dispensed through Revive Health	\$0 copay \$0 copay	N/A
Specialist Office Visit	\$0 copay – Credit Card Eligible	0% after deductible
Chiropractic Services	\$0 copay – Credit Card Eligible	0% After Deductible
Diagnostic Lab/X-ray	\$0 copay – Credit Card Eligible	0% After Deductible
Imaging (CT/PET scans: MRI's)	\$0 copay	0% After Deductible
Inpatient Hospital	\$0 copay	0% After Deductible
Outpatient Hospital	\$0 copay	0% After Deductible
Maternity Prenatal Delivery and All Inpatient Services	\$0 copay \$0 copay	\$0 copay 0% After Deductible
Mental Health/Substance Abuse Office	\$0 copay – Credit Card Eligible	0% After Deductible

Family deductible and out-of-pocket amounts are embedded. This means that an individual would not pay more than the individual deductible/out-of-pocket amounts.



# MEDICAL BENEFITS (CONTINUED)

BENEFIT	Good Plan	
	Cash Pay	Health Plan Coverage
Emergency Room	Not applicable	\$250 copay, waived if admitted
Emergency Transport/Ambulance	Not applicable	0% After Deductible
Urgent Care	\$0 copay through Revive Health; 24/7 availability. Medications may be available at no cost for Urgent needs through a local pharmacy	0% After Deductible
Prescriptions – through MagellanRX		
Retail – 30-day supply Generic Preferred Non-Preferred Specialty	Not applicable	0% After Deductible 0% After Deductible 0% After Deductible 0% After Deductible
Mail Order – 90-day supply Generic Preferred Non-Preferred Specialty	Medications available through Revive Health are covered at No Cost!	0% After Deductible 0% After Deductible 0% After Deductible n/a
<p>What you pay and what the plan pays</p> <p>The above Summary of Benefits shows how much you pay for care, and how much the plan pays. It's a brief listing of what is included in your benefits plan. For more detailed information, see your summary plan description.</p>		
<p>Pre-Certification Requirement: A \$500 penalty will apply for failure to obtain pre-certification.</p>	<ul style="list-style-type: none"> <li>• Inpatient Hospitalizations</li> <li>• Skilled Nursing</li> <li>• Facility Admissions</li> <li>• Home Health Care &amp; Services</li> <li>• Oncology Care &amp; Services</li> <li>• MRI's, MRA's &amp; PET Scans</li> <li>• Hospice Care</li> <li>• Outpatient Surgeries (including Colonoscopies)</li> <li>• DME over \$1500</li> <li>• Dialysis</li> <li>• Transplants - Organ &amp; Bone Marrow</li> <li>• Genetic Testing (optional)</li> </ul>	

# MEDICAL BENEFITS

Your employer offers medical benefits through Apta Cash with Virtual Care provided by Revive Health. This medical plan balances affordability with the freedom of choice without utilizing network providers.

BENEFIT	Better Plan	
	Cash Pay	Health Plan Coverage
Deductible	N/A	\$6,250/single \$12,500/family
Out-of-Pocket Max (Includes deductible and copays)	N/A	\$7,150/single \$14,300/family
Preventive Care	Not applicable	\$0 copay
Office Visit (PCP)	Not applicable; utilize Revive Health for \$0 copay	\$40 copay
Revive Health (Virtual Care) • Medications dispensed through Revive Health	\$0 copay \$0 copay	N/A
Specialist Office Visit	\$0 copay – Credit Card Eligible	20% after deductible
Chiropractic Services	\$0 copay – Credit Card Eligible	20% After Deductible
Diagnostic Lab/X-ray	\$0 copay – Credit Card Eligible	20% After Deductible
Imaging (CT/PET scans: MRI's)	\$0 copay	20% After Deductible
Inpatient Hospital	\$0 copay	20% After Deductible
Outpatient Hospital	\$0 copay	20% After Deductible
Maternity Prenatal Delivery and All Inpatient Services	\$0 copay \$0 copay	\$0 copay 20% After Deductible
Mental Health/Substance Abuse Office	\$0 copay – Credit Card Eligible	20% After Deductible

Family deductible and out-of-pocket amounts are embedded. This means that an individual would not pay more than the individual deductible/out-of-pocket amounts.



# MEDICAL BENEFITS (CONTINUED)

BENEFIT	Better Plan	
	Cash Pay	Health Plan Coverage
Emergency Room	Not applicable	\$250 copay, waived if admitted
Emergency Transport/Ambulance	Not applicable	20% After Deductible
Urgent Care	\$0 copay through Revive Health; 24/7 availability. Medications may be available at no cost for Urgent needs through a local pharmacy	20% After Deductible
Prescriptions – through MagellanRX		
Retail – 30-day supply	Not applicable	
Generic		\$20 copay
Preferred		\$50 copay
Non-Preferred		\$70 copay
Specialty		\$70 copay
Mail Order – 90-day supply	Medications available through Revive Health are covered at No Cost!	
Generic		\$40 copay
Preferred		\$100 copay
Non-Preferred		\$140 copay
Specialty		n/a
<p>What you pay and what the plan pays</p> <p>The above Summary of Benefits shows how much you pay for care, and how much the plan pays. It's a brief listing of what is included in your benefits plan. For more detailed information, see your summary plan description.</p>		
<p>Pre-Certification Requirement:</p> <p>A \$500 penalty will apply for failure to obtain pre-certification.</p>	<ul style="list-style-type: none"> <li>• Inpatient Hospitalizations</li> <li>• Skilled Nursing</li> <li>• Facility Admissions</li> <li>• Home Health Care &amp; Services</li> <li>• Oncology Care &amp; Services</li> <li>• MRI's, MRA's &amp; PET Scans</li> <li>• Hospice Care</li> <li>• Outpatient Surgeries (including Colonoscopies)</li> <li>• DME over \$1500</li> <li>• Dialysis</li> <li>• Transplants - Organ &amp; Bone Marrow</li> <li>• Genetic Testing (optional)</li> </ul>	

# MEDICAL BENEFITS

Your employer offers medical benefits through Apta Cash with Virtual Care provided by Revive Health. This medical plan balances affordability with the freedom of choice without utilizing network providers.

BENEFIT	Best Plan	
	Cash Pay	Health Plan Coverage
Deductible	N/A	\$2,500/single \$5,000/family
Out-of-Pocket Max (Includes deductible and copays)	N/A	\$4,500/single \$9,000/family
Preventive Care	Not applicable	\$0 copay
Office Visit (PCP)	Not applicable; utilize Revive Health for \$0 copay	\$30 copay
Revive Health (Virtual Care) • Medications dispensed through Revive Health	\$0 copay \$0 copay	N/A
Specialist Office Visit	\$0 copay – Credit Card Eligible	\$50 copay
Chiropractic Services	\$0 copay – Credit Card Eligible	\$30 copay
Diagnostic Lab/X-ray	\$0 copay – Credit Card Eligible	20% After Deductible
Imaging (CT/PET scans: MRI's)	\$0 copay	20% After Deductible
Inpatient Hospital	\$0 copay	20% After Deductible
Outpatient Hospital	\$0 copay	20% After Deductible
Maternity Prenatal Delivery and All Inpatient Services	\$0 copay \$0 copay	\$0 copay 20% After Deductible
Mental Health/Substance Abuse Office	\$0 copay – Credit Card Eligible	\$30 copay

Family deductible and out-of-pocket amounts are embedded. This means that an individual would not pay more than the individual deductible/out-of-pocket amounts.



# MEDICAL BENEFITS (CONTINUED)

BENEFIT	Best Plan	
	Cash Pay	Health Plan Coverage
Emergency Room	Not applicable	\$250 copay, waived if admitted
Emergency Transport/Ambulance	Not applicable	20% After Deductible
Urgent Care	\$0 copay through Revive Health; 24/7 availability. Medications may be available at no cost for Urgent needs through a local pharmacy	\$50 copay
Prescriptions – through MagellanRX		
Retail – 30-day supply Generic Preferred Non-Preferred Specialty	Not applicable	\$10 copay \$40 copay \$60 copay \$60 copay
Mail Order – 90-day supply Generic Preferred Non-Preferred Specialty	Medications available through Revive Health are covered at No Cost!	\$20 copay \$80 copay \$120 copay n/a
<p>What you pay and what the plan pays</p> <p>The above Summary of Benefits shows how much you pay for care, and how much the plan pays. It's a brief listing of what is included in your benefits plan. For more detailed information, see your summary plan description.</p>		
<p>Pre-Certification Requirement: A \$500 penalty will apply for failure to obtain pre-certification.</p>	<ul style="list-style-type: none"> <li>• Inpatient Hospitalizations</li> <li>• Skilled Nursing</li> <li>• Facility Admissions</li> <li>• Home Health Care &amp; Services</li> <li>• Oncology Care &amp; Services</li> <li>• MRI's, MRA's &amp; PET Scans</li> <li>• Hospice Care</li> <li>• Outpatient Surgeries (including Colonoscopies)</li> <li>• DME over \$1500</li> <li>• Dialysis</li> <li>• Transplants - Organ &amp; Bone Marrow</li> <li>• Genetic Testing (optional)</li> </ul>	

# BENEFIT CONTACTS

## PRIMARY POINT OF CONTACT

Apta Cash Concierge	Personal Healthcare Advocacy Team	844-335-0166 <a href="https://www.aptahealth.com/stein">https://www.aptahealth.com/stein</a>
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## OTHER CONTACTS

Revive Health	Virtual Primary Care	(888) 220-6650 <a href="http://www.revive.health">www.revive.health</a>
Magellan Rx	Prescription Benefit Manager	(800) 424-6817 <a href="http://www.magellanrx.com">www.magellanrx.com</a>
Apta Cash Concierge	Pre-Certification and Case Management	844-335-0166
Bluebonnet Therapy Services Harbor Valley Health and Rehabilitation Prairie Grove Health and Rehabilitation Promenade Health and Rehabilitation True Care Living Centers – Selma True Care Living Centers – Palestine True Care Living Centers – Columbus True Care Pharmacy Van Buren Health and Rehabilitation		Please contact your Facility Administrator or Business Office Manager
Relation Insurance Services Employee Benefits Insurance Broker	Account Executive Crystal Black	918-921-5635



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