

**COMMONWEALTH OF KENTUCKY
BEFORE THE
KENTUCKY PUBLIC SERVICE COMMISSION**

In the Matter of:

Electronic Application of Licking Valley)	
Rural Electric Cooperative Corporation for)	
a General Adjustment of Rates and Other)	Case No. 2024-00211
General Relief)	

LICKING VALLEY RURAL ELECTRIC COOPERATIVE CORPORATION'S
VERIFIED RESPONSE TO
COMMISSION STAFF'S FIRST REQUESTS FOR INFORMATION
ENTERED JULY 30, 2024

Comes now Licking Valley Rural Electric Cooperative Corporation (Licking Valley), by counsel, and does hereby tender its Verified Response to Commission Staff's First Request for Information entered July 30, 2024.

Entered August 22, 2024



JONATHAN TRAVIS STACY
NOTARY PUBLIC
STATE AT LARGE
KENTUCKY
COMMISSION # KYNP86494
MY COMMISSION EXPIRES 3-11-2028

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 1: Provide the following expense account data:

a. A schedule, in comparative form showing the operating expense account balance for the test year and each of the three most recent calendar years for each account or subaccount in Licking Valley Energy's annual report. Show the percentage of increase or decrease of each year over the prior year.

b. A listing, with descriptions, of all activities, initiatives, or programs undertaken by Licking Valley Energy since its last general rate case for the purpose of minimizing costs or improving the efficiency of its operations or maintenance activities. Include all quantifiable realized and projected savings.

Response 1(a): Please see the Excel files provided separately.

Response 1(b): Licking Valley has undertaken activities and initiatives to reduce costs. However, it is not possible to reasonably estimate the dollar impact of such actions. One such activity is that Licking Valley operates on a very lean workforce for both inside and outside employees.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 2: Provide the capital structure at the end of the five most recent calendar years and each of the other periods shown in Schedule A1 and Schedule A2.

Response 2: Please see the Excel spreadsheets filed separately.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 3: Provide the following:

- a. A list of all outstanding issues of long-term debt as of the end of the latest calendar year together with the related information as shown in Schedule B1.
- b. An analysis of short-term debt as shown in Schedule B2 as of the end of the latest calendar year.

Response 3a: Please see the Excel file provided separately.

Response 3b: Please see the Excel file provided separately.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 4: Provide Licking Valley Energy's internal accounting manuals, directives, and policies and procedures.

Response 4: Please see attached RUS Form 1717-b2 "Guide for Preparing Financial and Statistical Reports for Electric Distribution Borrowers". Also reference the Audited Financial Statements provided in Exhibit 17 of the Application for a summary of significant accounting policies.

ATTACHMENT 1-4

UNITED STATES DEPARTMENT OF AGRICULTURE
Rural Utilities Service

BULLETIN 1717B-2

RD-GD-2002-45

SUBJECT: Guide for Preparing Financial and Statistical Reports for Electric Distribution Borrowers

TO: All Electric Distribution Borrowers

EFFECTIVE DATE: Date of approval.

OFFICE OF PRIMARY INTEREST: Assistant Administrator, Electric Program.

FILING INSTRUCTIONS: This bulletin replaces RUS Bulletin 1717B-2, "Guide for Preparing Financial and Statistical Reports for Electric Distribution Borrowers," dated December 31, 1993. Suggestion to borrowers: Distribute copies of this bulletin to all units responsible for elements of the report.

This Bulletin is also available on the RUS Data Collection System Website at <http://dcs.usda.gov>.

PURPOSE: To provide instructions to all electric distribution borrowers required to submit operating reports to RUS. These instructions implement reporting requirements in the borrower's loan contract with RUS and the laws and regulations that authorize RUS to collect this information. The guidance provided in this bulletin corresponds to the completion of a paper Form 7 and 7a. The RUS Data Collection System Website contains instructions for completion of the electronic form.



Blaine D. Stockton
Assistant Administrator
Electric Program

2/14/02

Date

**INSTRUCTIONS FOR THE PREPARATION OF THE
FINANCIAL AND STATISTICAL REPORT**

TABLE OF CONTENTS

	Page
1 REQUIREMENTS	4
2 REPORTS	4
3 GENERAL	4
4 SPECIFIC INSTRUCTIONS	5

LIST OF EXHIBITS:

Exhibit A Specific Instructions for RUS Form 7	7
Exhibit B Specific Instructions for RUS Form 7a	29
Exhibit C Investments Under the 15 Percent Rule	35
Exhibit D Investment Descriptions	37

ATTACHMENTS:

Attachment 1	RUS Form 7
Attachment 2	RUS Form 7a

INDEX:

Financial and Statistical Reports
Financial Statements
Operating Reports
Reports

ACRONYMS

CBO	Certificates of Beneficial Ownership
CD	Certificate of Deposit
CFC	National Rural Utilities Cooperative Finance Corporation
CL	Capital Leases
CATS	Certificates of Accrual on Treasury Securities
CTC	Capital Term Certificates
DCS	Data Collection System
ERC	Energy Resources Conservation
FCSFAC	Farm Credit System Finance Assistance Corporation
FDIC	Federal Deposit Insurance Corporation

ACRONYMS
(continued)

FERC	Federal Energy Regulatory Commission
FFB	Federal Financing Bank
FICO	Financing Corporation
FHLB	Federal Home Loan Banks
FHLMC	Federal Home Loan Mortgage Corporation or Freddie Mac
FmHA	Farmers Home Administration
FNMA	Federal National Mortgage Association or Fannie Mae
G&T	Generation and Transmission borrower
GNMA	Government National Mortgage Association, Ginnie Mae, or Ginnies
GSA	General Services Administration
NOW	Negotiable Order of Withdrawal
NRUCFC	National Rural Utilities Cooperative Finance Corporation
REFCORP	Resolution Funding Corporation
REIT	Real Estate Investment Trusts
RUS	Rural Utilities Service
SBA	Small Business Administration
Sallie Mae	Student Loan Marketing Association
TIGERS	Training Investment Growth Receipts
TVA	Tennessee Valley Authority
WMATA	Washington Metropolitan Area Transit Authority

Bulletin 1717B-2

Page 4

1. REQUIREMENTS

The Rural Utilities Service's (RUS) requirements regarding the submission of financial and statistical reports by electric distribution borrowers are contained in the loan contract. Also, RUS's reporting requirements are codified in 7 CFR Parts 1710 and 1717.

2. REPORTS

2.1 The preparation of a monthly financial and statistical report aids a borrower's management in effectively operating and controlling the business.

2.2 As an aid to borrowers in developing and submitting operating information on a uniform basis, RUS furnishes a prescribed report form to be used by electric distribution borrowers. An original and one copy of RUS Form 7, pages 1 through 5, and Form 7a, Pages 1 and 2, should be submitted to RUS annually by March 1 for the period ending December 31. Quarterly reports (RUS Form 7, pages 1 and 2) are requested when a deficit exists in the prior year's operations. In addition, individual borrowers may be requested by RUS to submit RUS Form 7 (pages 1 and 2) monthly.

2.3 If after the filing of RUS Form 7 and 7a for December 31, major adjustments in the accounts are made which significantly affect the operating statement for the year, the balance sheet, or key financial ratios, revised reports reflecting these adjustments should be submitted to RUS promptly.

2.4 Sample copies of the revised report forms are attached to this guide. A supply of these forms will be furnished to borrowers not using the Data Collection System (DCS) system, upon request.

2.5 Distribution borrowers having generating facilities shall continue to submit reports on the operation of such facilities in accordance with the current instructions set forth in RUS Bulletin 1717B-3, in addition to the RUS Form 7 and 7a.

2.6 Timely reporting not only permits RUS to fulfill its reporting obligations, but helps the borrower have data promptly for effective management. It is strongly urged that attention be given to organizing your operations so that required reports will be submitted on time.

3. GENERAL

The "Financial and Statistical Report" makes available to RUS information for analyses in connection with the security of Government loan funds. It is believed that this report, when supplemented by such additional information as may be desired by an individual borrower, will also be of great assistance to boards of directors and managers of the system in successfully coping with various management problems.

Bulletin 1717B-2

Page 5

The report provides RUS with sufficient information to prepare an annual financial and statistical report of all RUS borrowers' electric operations. RUS provides the Federal Energy Regulatory Commission (FERC) with a copy of the RUS statistical report. Thus, most borrowers are not required to submit individual reports to FERC.

The reports prepared by borrowers must accurately reflect the financial data as shown by the books of account, and should be prepared in accordance with the detailed instructions contained in this manual. Maximum benefits can be derived from the monthly and annual report only when they are correctly prepared. Careful preparation of the report also eliminates additional correspondence. After the report has been prepared and typed, it should be carefully reviewed and verified for both clerical and/or typographical errors. Accounts referenced: RUS Uniform System of Accounts - Electric (7 CFR 1767, subpart B, and RUS Bulletin 1767B-1).

These instructions and report forms do not apply to power supply borrowers.

4. SPECIFIC INSTRUCTIONS

4.1 The "Financial and Statistical Report," RUS Form 7, Pages 1 through 5, and Form 7a, "Investments, Loan Guarantees and Loans - Distribution," are composed as follows:

Form 7

Part A.	Statement of Operations
Part B.	Data on Transmission and Distribution Plant
Part C.	Balance Sheet
Part D.	Notes to Financial Statements
Part E.	Changes in Utility Plant
Part F.	Materials and Supplies
Part G.	Service Interruptions
Part H.	Employee - Hour and Payroll Statistics
Part I.	Patronage Capital
Part J.	Due From Consumers for Electric Service
Part K.	kWh Purchased and Total Cost
Part L.	Long-Term Leases
Part M.	Annual Meeting and Board Data
Part N.	Long-Term Debt and Debt Service Requirements
Part O.	Power Requirements Data Base – Annual Summary

Bulletin 1717B-2

Page 6

Form 7a

Part I. Investments
Part II. Loan Guarantees
Part III. Ratio
Part IV. Loans

4.2 The following system is used in this guide for reference to items reported on RUS Forms 7 and 7a:

A capital letter designates the part, a number designates the item or line number, and a lower case letter designates the column. Example: A15d indicates Part A, Item 15, Column d.

4.3 "Red" (or negative) figures on the report should be indicated by enclosing the amount in parentheses (--). Do not use parentheses to indicate that an amount is to be deducted when the format provides for the deduction to be made. Example: The entry for Form 7 - C4 should not be enclosed with parentheses as Net Utility Plant is to be determined by subtracting line 4 from line 3.

4.4 A column for "Budget" has been provided on RUS Form 7, Page 1, Part A, "Statement of Operations," for the convenience of borrowers. When used, this should consist of the cumulative monthly figures taken from the previously prepared annual budget. A budget is a plan for future guidance of the business in which probable revenue and expense is estimated and allocated. If there is a substantial difference between the budget item and the actual, it would be appropriate to make an analysis of operations to determine if remedial action is needed. While reporting of the "Budget" information is optional, RUS may require borrowers to report budget information on a case-by-case basis.

4.5 Much care should be exercised in the insertion of the statistical data required by the report, particularly that which cannot be verified on the report.

4.6 Borrowers should report all amounts to the "nearest dollar" and eliminate the cents. All totals and subtotals should be the sums of the rounded figures used.

EXHIBIT A
SPECIFIC INSTRUCTIONS FOR RUS FORM 7
FINANCIAL AND STATISTICAL REPORT

PART A, STATEMENT OF OPERATIONS

Column

- a Last Year**
This column reflects cumulative annual totals through the month covered by the report, entries for which should be obtained from Column b of this same part (RUS Form 7, Part A) of the operating report for the corresponding month of the prior year.
- b This Year**
Cumulative annual totals are also reflected in this column, entries for which should be obtained from the year-to-date totals of the general ledger trial balance for the corresponding month.
- c Budget (Optional)**
Entries for this column should be obtained from the operating budget using cumulative annual totals for the corresponding month.
- d This Month**
Entries for this column should be obtained from the monthly totals of the general ledger trial balance of the appropriate accounts for the month involved.

Item No.

- 1 Operating Revenue and Patronage Capital**
The entry for Column b is obtained by adding Part O, Items 12 and 13 of the "Total Year to Date" column.
- 2 Power Production Expense**
Accounts 500 through 554
- 3 Cost of Purchased Power**
Accounts 555, 556, and 557
- 4 Transmission Expense**
Accounts 560 through 573
- 5 Distribution Expense - Operation**
Accounts 580 through 589

Bulletin 1717B-2

Exhibit A

Page 8

Item No. (continued)

- 6 Distribution Expense - Maintenance**
Accounts 590 through 598
- 7 Customer Accounts Expense**
Accounts 901 through 905
- 8 Customer Service and Informational Expense**
Accounts 907 through 910
- 9 Sales Expense**
Accounts 911 through 916
- 10 Administrative and General Expense**
Accounts 920 through 931 and 935
- 11 Total Operation and Maintenance Expense**
Total of Items 2 through 10
- 12 Depreciation and Amortization Expense**
Accounts 403.1 through 403.7 and 404 through 407 (including 407.3 & 407.4)
- 13 Tax Expense - Property and Gross Receipts**
Account 408.1 and 408.6. Some States have enacted laws providing for payments in lieu of property taxes. These taxes should be reported as "Tax Expense - Property and Gross Receipts."
- 14 Tax Expense - Other**
All subaccounts of Accounts 408, except 408.1 and 408.6 plus Accounts 409.1, 410.1, 411.1, 411.4 and 420
- 15 Interest on Long-Term Debt**
Account 427. Do not include any interest earned on Balance of Advance Payments. It is non-operating income, item 21.
- 16 Interest Charged to Construction - Credit**
Account 427.3
- 17 Interest Expense - Other**
Account 431
- 18 Other Deductions**
Accounts 409.2, 410.2, 411.2, 411.5, 411.6, 411.7, 411.8, 411.9, 425, 426.1 through 426.5, 428, 428.1, 429, 429.1 and 430

Bulletin 1717B-2

Exhibit A

Page 9

Item No. (continued)

- 19 Total Cost of Electric Service**
Total of Items 11 through 18
- 20 Patronage Capital and Operating Margins**
Item 1 minus Item 19
- 21 Non-Operating Margins - Interest**
Account 419 and 432. Include interest earned on Balance of Advance Payments, if any.
- 22 Allowance for Funds Used During Construction**
Account 419.1
- 23 Income (Loss) from Equity Investment**
Account 418.1 plus the amounts recorded in Account 421 relating to the income or loss from investments recorded on the equity method of accounting for investments.
- 24 Non-Operating Margins - Other**
Net total of Accounts 415, 417, 418, 421, 421.1, less Accounts 416, 417.1, 421.2, and 422
- 25 Generation and Transmission Capital Credits**
Account 423
- 26 Other Capital Credits and Patronage Dividends**
Account 424
- 27 Extraordinary Items**
Net total of Accounts 409.3 plus 434 minus 435 plus or minus 435.1
- 28 Patronage Capital or Margins**
Total of Items 20 through 27

PART B, DATA ON TRANSMISSION AND DISTRIBUTION PLANT

All entries for Column a should be obtained from Column b of this part of the Operating Report for the prior year.

Bulletin 1717B-2

Exhibit A

Page 10

Item No.

1 New Services Connected

In Column b insert the total of all new individual services connected this year to date. The data should include new construction and exclude connections to new consumers on previously connected services.

2 Services Retired

In Column b place the number of all individual service installations physically removed during the year.

3 Total Services in Place

In Column b insert the number of services as of the end of the reporting period. (Report all services in place whether or not they are in use.)

4 Idle Services (Exclude Seasonals)

The number of idle services in Column b should be the total number of delivery points to which service wires remain physically in place but for which no bill is being rendered. Seasonal consumers or patrons paying a nominal sum for the retention in place of idle facilities should be excluded from the count of idle services.

5 Miles Transmission

Mileage in Column b represents the total pole line miles of transmission line that have been energized. A transmission line is a line serving as a source of supply to a point where the voltage is transformed to a voltage used for distribution purposes.

6 Miles Distribution - Overhead

Mileage in Column b represents the present total overhead pole line miles that have been energized. Distribution lines are those which deliver electric energy from the substation or metering point to the point of attachment to the consumers' wiring and include primary, secondary, and service facilities.

7 Miles Distribution - Underground

Mileage in Column b represents the total underground line miles of distribution lines (primary, secondary, and services) that have been energized.

8 Total Miles Energized

Sum of Items 5, 6, and 7

Note: (1) Underbuild in overhead lines or joint runs in underground installations do not increase the number of line miles except for distribution underbuild on transmission poles. In such cases, distribution pole line miles would be increased by the number of underbuild miles involved.

Bulletin 1717B-2

Exhibit A

Page 11

PART C, BALANCE SHEET

Assets and Other Debits

Item No.

- 1 Total Utility Plant in Service**
Accounts 101 (total of Accounts 301 through 399), 101.1, 102 through 106, 114, 116, 118, and 120.1 through 120.6
- 2 Construction Work in Progress**
All subaccounts of Account 107
- 3 Total Utility Plant**
Sum of Items 1 and 2
- 4 Accumulated Provision for Depreciation and Amortization**
All subaccounts of Account 108, and Accounts 111, 115, and 119
- 5 Net Utility Plant**
Item 3 less Item 4
- 6 Non-Utility Property (Net)**
Account 121 less Account 122
- 7 Investments in Subsidiary Companies**
Account 123.11
- 8 Investments in Associated Organizations - Patronage Capital**
Account 123.1
- 9 Investments in Associated Organizations - Other - General Funds**
The amount of the investments recorded in Accounts 123.22 and 123.23 as provided for in 7 CFR 1717, Subpart N, Investments, Loans, and Guarantees by Electric Borrowers.

Bulletin 1717B-2

Exhibit A

Page 12

Item No. (continued)

10 Investments in Associated Organizations - Other - Nongeneral Funds

The amount of the investments in Accounts 123.22 and 123.23. The following are classified as such investments:

(1) All National Rural Cooperative Finance Corporation (CFC) – Capital Term Certificates (CTC) except those purchased more than 24 months in advance of their due date.

(2) Investments which have been specifically excluded by the Administrator or his designated representative.

(Note: The above investments are nongeneral fund items regardless of the account in which they are reported. However, the only excludable investments to be reported, for Item 10 are those which are reported in Accounts 123.22 or 123.23. The sum of the amounts reported for Items 9 and 10 should equal the sum of the balances in Accounts 123.22 and 123.23.)

11 Investments In Economic Development Projects

Report investments in Economic Development Projects recorded in accounts 123, Investments in Associated Organizations, and 124, Other Investments. (Note: These Economic Development investment amounts should not be reported on any other line of the Balance Sheet.)

12 Other Investments

Report amount in Account 124 not related to Economic Development Projects included in Item 11.

13 Special Funds

Accounts 125 through 128

14 Total Other Property and Investments

Total of Items 6 through 13

15 Cash - General Funds

Accounts 131.1, 131.12, 131.13, 131.14, and 135. Item 46, "Accounts Payable," should be utilized for checks written and not paid as of the date of this report.

16 Cash - Construction Funds - Trustee

Accounts 131.2 and 131.3. Item 46, "Accounts Payable," must be credited for checks written and not paid as of the date of this report.

17 Special Deposits

Accounts 132 through 134

Bulletin 1717B-2

Exhibit A

Page 13

Item No. (continued)

- 18 **Temporary Investments**
Account 136
- 19 **Notes Receivable (Net)**
Account 141 and 145 less Account 141.1
- 20 **Accounts Receivable - Sales of Energy (Net)**
Account 142.1 less Account 144.1
- 21 **Accounts Receivable - Other (Net)**
Accounts 142.2, 143 and 146 less Accounts 144.2 through 144.4
- 22 **Materials and Supplies - Electric and Other**
Accounts 151 through 157, 158.1, 158.2 and 163
- 23 **Prepayments**
Accounts 165.1 and 165.2
- 24 **Other Current and Accrued Assets**
Accounts 171 through 174
- 25 **Total Current and Accrued Assets**
Total of Items 15 through 24
- 26 **Regulatory Assets**
Accounts 182.2 and 182.3
- 27 **Other Deferred Debits**
Accounts 181 through 190, except 182.2 and 182.3
- 28 **Total Assets and Other Debits**
Total of Items 5, 14, 25 through 27

Liabilities and Other Credits

Item No.

- 29 **Memberships**
Accounts 200.1 and 200.2
- 30 **Patronage Capital**
Accounts 201.1 and 201.2

Bulletin 1717B-2

Exhibit A

Page 14

Item No. (continued)

31 **Operating Margins - Prior Years**

Account 219.1 and Account 219.4 when it applies to operating margins.

32 **Operating Margins - Current Year**

Total of Items 20, 25, 26, and the portion of Line 27 that relates to operating margins of the current RUS Form 7, Part A, Column b less that portion of current year margins transferred from Account 219.1 to Account 201.2 and included in the amount reported for Line 28, "Patronage Capital or Margins."

33 **Non-Operating Margins**

Total of Account 219.2 plus Account 219.4 when it applies to non-operating margins, and Items 21, 22, 23, 24, and the portion of Line 27 that relates to non-operating margins, of the current RUS Form 7, Part A, Column b.

34 **Other Margins and Equities**

Total of Accounts 208, 211, 215, 216.1, 217, 218, and 219.3

35 **Total Margins and Equities**

Total of Items 29 through 34.

36 **Long-Term Debt - RUS (Net)**

Accounts 224.1, 224.3, 224.5, 224.7 and 224.9 less Accounts 224.2, 224.4, 224.6, 224.8, and 224.10; also enter the amount of Account 224.6 in the space for "Payments-Unapplied." Report only the long-term portion of the debt under this item. The current portion of the debt (due within one year) should be reported on item 48.

37 **Long-Term Debt - RUS - Economic Development (Net)**

Report amounts recorded in accounts 224.16, Long-Term Debt - Economic Development Notes Executed, less 224.17, RUS Notes Executed - Economic Development - Debit. Report only the long-term portion of the debt under this item. The current portion of the debt (due within one year) should be reported on item 49.

38 **Long-Term Debt – FFB – RUS Guaranteed**

Report amounts recorded in accounts 224.14 less 224.15 that relate to FFB loans. Report only the long-term portion of the debt under this item. The current portion of the debt (due within one year) should be reported on item 48.

39 **Long-Term Debt - Other - RUS Guaranteed**

Report amounts recorded in accounts 224.11, 224.12, 224.14, 225, 226 less Accounts 123.21, 224.13 and 224.15 pertaining to Non-FFB debt whose repayment is guaranteed by RUS. Report only the long-term portion of the debt under this item. The current portion of the debt (due within one year) should be reported on item 48.

Bulletin 1717B-2

Exhibit A

Page 15

Item No. (continued)

40 Long-Term Debt - Other (Net)

Report amounts in Accounts 221, 222, 223, 224.11, 224.12, 224.14, 225, 226 less 123.21, 224.13 and 224.15 pertaining to debt whose repayment is NOT guaranteed by RUS. Report only the long-term portion of the debt under this item. The current portion of the debt (due within one year) should be reported on item 48.

41 Total Long-Term Debt

Total of Items 36 through 40.

42 Obligations Under Capital Leases - Noncurrent

Account 227

43 Accumulated Operating Provisions

Accounts 228.1 through 228.4, and 229. Note: If the cumulative amount recorded in Account 228 is a debit balance, the amount should be reported on Line 12, Other Investments.

44 Total Other Noncurrent Liabilities

Sum of items 42 and 43

45 Notes Payable

Accounts 231 and 233

46 Accounts Payable

Accounts 232.1, 232.2, 232.3 and 234.

47 Consumers Deposits

Account 235

48 Current Maturities Long-Term Debt

Report amounts due within one year of the obligations reported on items 36, 38, 39 and 40.

49 Current Maturities Long-Term Debt – Economic Development

Report amounts due within one year of the obligations reported on item 37.

50 Current Maturities – Capital Leases

Account 243

51 Other Current and Accrued Liabilities

Accounts 236.1 through 236.7, 237, 238.1, 238.2, 239, 240, 241, and 242.1 through 242.5

Bulletin 1717B-2

Exhibit A

Page 16

52 Total Current and Accrued Liabilities

Total of Items 45 through 51

53 Regulatory Liabilities

Account 254

54 Other Deferred Credits

Accounts 252, 253, 253.1, 255, 256, 257, 281, 282, and 283

55 Total Liabilities and Other Credits

Total of Items 35, 41, 44, and 52 through 54

PARTS D, NOTES TO FINANCIAL STATEMENTS

Part D provides space for important disclosure notes to the financial statements not included in other parts of this form.

A partial checklist of these disclosure notes is as follows:

Prepaid or deferred charges that are being amortized for a period exceeding 12 months.

Capital leases for lessee; sales or financing leases for lessor.

Unbilled revenue -- Report of the amount not billed to consumers for which kWhs have been consumed. Please state if this amount is or is not included in Part C, line 20.

Accounting changes.

Contingent Assets and Liabilities

Deferred compensation\Pension plans -- employers.

Deferred Debits or Credits, and Extraordinary Items.

Margin Stabilization Plans.

Short-term obligations expected to be refinanced.

Deferred credits that are being amortized for a period exceeding 12 months.

Related party transactions.

Bulletin 1717B-2

Exhibit A

Page 17

PART E, CHANGES IN UTILITY PLANT

Item No.

- 1 Distribution Plant**
Accounts 360 through 373
- 2 General Plant**
Accounts 391 through 399.
- 3 Headquarters Plant**
Accounts 389 through 390.
- 4 Intangibles**
Accounts 301, 302, and 303
- 5 Transmission Plant**
Accounts 350 through 359
- 6 All Other Utility Plant**
Accounts 101.1, 102 through 106, 114, 116, 118, 120.1 through 120.6, and 310 through 346.
- 7 Total Utility Plant in Service**
Total of Items 1 through 6. Amount in column e should agree with Part C, Item 1.
- 8 Construction Work in Progress**
Account 107. Amount in column e should agree with Part C, Item 2.
- 9 TOTAL UTILITY PLANT**
Total of Items 7 and 8. Amount in column e should agree with Part C, Item 3.

Column

- a Balance Beginning of Year**
The balances in this column for each item should be the same as shown in "Balance End of Year" column of the previous years' report.

Bulletin 1717B-2

Exhibit A

Page 18

Column (continued)

b Additions

This column should show the additions to plant during the year including any corrections for additions for the current or preceding year for each item. The amount of the additions should be net cost (gross cost less contributions in aid of construction credited to the plant accounts). Include in this column transfers involving Account 103, "Experimental Electric Plant Unclassified," Account 106, "Completed Construction Not Classified - Electric," and Account 107, "Construction Work in Progress - Electric," made to close the record for items in these accounts. A credit will be shown in this column for Accounts 103, 106, and 107 if the "Balance End of Year" in either Accounts 103, 106, or 107 is less than "Balance Beginning of Year." Any amount paid for electric plant purchased during the year should be shown in Column b.

c Retirements

This column should show the value of physical retirements for each item of plant made during the year including any corrections for retirements for the current or preceding year. Any amount received during the year for electric plant sold should be shown in Column c. Do not include contributions in aid of construction in this account. See instructions for Column b above.

d Adjustments and Transfers

Include in this column:

1. Transfers between utility plant purchased or sold and the utility plant in service accounts.
2. Transfers between utility plant in service accounts and utility plant leased to others.
3. Transfers between utility plant in service accounts and utility plant held for future use.
4. Reclassifications or transfers within the utility plant in service accounts.

Do not include corrections of additions and retirements for the current or preceding year in this column. (These should be shown in Column b or Column c, respectively.) Do not include transfers from Account 107 to 106, or 106 to the electric plant in service accounts. (These are to be shown in Column b.)

Ordinarily, this column should total to zero. However, when utility plant purchased is transferred to the utility plant in service accounts, a difference will occur because of the accumulated provision for depreciation. When the utility plant in service accounts are credited with utility plant sold, a difference will develop. This is because of the adjustment to the accumulated provision for depreciation and the gain or loss.

Bulletin 1717B-2

Exhibit A

Page 19

Column (continued)

e Balance End of Year

These balances should be determined at year-end directly from the accounts. Each item and column total should be verified to see that "Balance Beginning of Year" plus "Additions" minus "Retirements" and plus or minus "Adjustments and Transfers" equal "Balance End of Year." The amount for Item 8 should agree with RUS Form 7, Part C, Item 2. The amount for Item 9 should agree with RUS Form 7, Part C, Item 3.

PART F, MATERIALS AND SUPPLIES

Item No.

1 Electric

Column a: Enter the total of the balances in Accounts 151 through 154 and 163 at the end of the previous year.

Column b: Enter the total of materials purchased during the year and recorded in Accounts 151, 152, and 154, plus net additions to Accounts 153 and 163 excluding inventory adjustments which are to be reported in Column f.

Column c: Enter the amount of the materials returned to stores from retirement of plant during the year.

Column d: Enter the net amount of materials used during the year (materials charged out less materials returned to stores). Include stores expense assigned to those materials. Do not include credits for inventory adjustments that are to be reported in Column f.

Column e: Enter the amount of all materials and supplies sold during the year.

Column f: Enter the net amount of inventory adjustments (shortages, overages, and breakage) made during the year.

Column g: Enter the total of the balances in Accounts 151 through 154 and 163 as of the end of the year.

2 Other

Enter in Column a the total of Accounts 155, 156, 157, 158.1, and 158.2 at the end of the previous year. Enter in Column b the amount of other purchases (at cost) for the year. Enter in Column c any trade-in merchandise or other material put into stock. Enter in Column d any merchandise or other materials taken from stock for the cooperative's use. Enter in Column e all merchandise and other material sold during the year. Enter in Column f any adjustments (net) for shortages, overages, breakage, etc. Enter in

Bulletin 1717B-2

Exhibit A

Page 20

Column g the total of the balances in Accounts 155, 156, 157, 158.1, and 158.2 on December 31 (Note: Columns a plus b and c, less d and e, plus or minus f, as appropriate, equal Column g).

PART G, SERVICE INTERRUPTIONS

The importance and manner of measuring and reporting continuity of service is described in RUS Bulletin 161-1. This bulletin provides for coding of causes that fit the four classifications shown in this part.

Average hours interruptions per consumer are obtained by multiplying the time of each interruption by the number of consumers affected and dividing by the average number of consumers receiving service.

Column

a Power Supplier

Enter in this column the average interruption hours per consumer resulting from failure of the power supplier's facilities.

b Extreme Storm

It is intended that this column exclude common or expected weather conditions and include extreme weather conditions resulting in extraordinary interruption time and equipment damage. Usually there is a series of concurrent interruptions resulting from conditions that exceed design assumptions.

c Prearranged

This column includes service interruptions caused by a decision to de-energize all or part of the system.

d All Other

Include in this column all service interruptions not included in Columns a, b, and c.

e Total

This column represents the sum of all causes, and represents either the average interruption hours per consumer for the current year (Item 1), or the average for 5 years (Item 2).

Item No.

1 Present Year

Enter data for the current year in the appropriate column.

2 Five Year Average

Bulletin 1717B-2

Exhibit A

Page 21

Enter data for the most recent 5 years including the current year. In the event that statistics are not available for a full previous 5 years, use the best estimate possible until actual figures become available

PART H, EMPLOYEE - HOUR AND PAYROLL STATISTICS

The object of this part is to obtain statistics on all work performed for the borrower by the cooperative's employees based on payroll records.

Item No.

1 Number of Full-Time Employees

The number reported should be the number of employees hired full-time for normal operations of the system. It should not include employees added to do emergency work, employees added for seasonal employment, or for special assignments. If an employee works for the first 6 months of the year, quits in July, and is replaced immediately or later by another employee, these two employees should be reported as one full-time employee.

2 Employee-Hours Worked - Regular Time

Report the total number of employee-hours worked for which the employees received a regular rate of pay. Include all employees both salaried and those paid by the hour. All leave with pay is to be counted as hours worked. All leave without pay is not to be counted.

3 Employee-Hours Worked - Overtime

Report the total number of employee-hours worked for which a premium rate of pay was received by the employee.

4 Payroll - Expensed

Enter the amount of payroll that was charged to the operation and maintenance expense accounts (Accounts 500 through 598 and 901 through 931 and 935) during the year.

5 Payroll - Capitalized

Enter the amount of payroll that was used in construction and retirement work (all payroll charged to Accounts 107.1 through 107.3, 108.8, plus all payroll directly charged to the plant Accounts 301 through 399).

6 Payroll - Other

Enter the amount of payroll that was not included in Items 4 and 5.

Bulletin 1717B-2

Exhibit A

Page 22

PART I, PATRONAGE CAPITAL

Item No.

1 Capital Credits Distributions

a. General Retirements

Column (a) - This Year

Enter the total of those retirements made during the current year that covered a specific period or a specific percentage of a period. See Item 1b(a) for additional instructions.

Column (b) - Cumulative

This entry should be determined in accordance with the instructions from Item 1a except that the period covered is from inception through and including the current year. It also may be determined by using the balance for this item for the prior year and adding the entry in Item 1a(a) for the current year.

b. Special Retirements

Column (a) - This Year

Enter the total of those retirements made during the current (reported) year, such as estate settlements (Note: The total of the entries in Items 1 and 2 in column a should equal total patronage capital retirements for the year).

Column (b) - Cumulative

The entry should be determined in accordance with the instructions for Item 2a except the period covered is from inception through and including the current year. It also may be determined by using the balances for this item for the prior year and adding the entry in Item 2a for the current year.

c. Total Retirements

Column (a) - This Year

Enter total of 1a and 2a

Column (b) - Cumulative

Enter total of 1b and 2b

2 Capital Credits Received

a. Cash Received From Retirement of Patronage Capital by Suppliers of Electric Power

Column (a) - This Year

Self-explanatory

Bulletin 1717B-2

Exhibit A

Page 23

**b. Cash Received From Retirement of Patronage Capital by Lenders for Credit
Extended to the Electric System**

Column (a) - This Year

Self-explanatory

c. Total Cash Received

Column (a) - This Year

Enter total of 2a and 2b

PART J, DUE FROM CONSUMERS FOR ELECTRIC SERVICE

Item No.

1 Amount Due Over 60 Days

Include both connected and disconnected consumers.

2 Amount Written Off During Year

Include total charges during the current year to Account 144.1 representing the write-off of uncollectible accounts.

PART K, kWh PURCHASED AND TOTAL COST

Enter in Column a the name of each wholesale power supplier from which power was purchased for resale. Column b is for RUS use only. Enter in Column c the total kWh purchased from each supplier. Enter in Column d the total cost of power from each supplier. This shall include energy, demand, wheeling and other charges associated with the power purchased from each supplier. Enter in Column e the average cost per kWh purchased (in cents). This calculation is made by dividing Column d by Column c.

When the power bill includes charges or credits for items other than charges for demand and energy, such as fuel cost adjustments, wheeling, equipment rentals, taxes, etc., the amounts thereof should be determined and entered in Column f or g as appropriate.

PART L, LONG-TERM LEASES

Report in this part by lessor, the type of property, and the amount of rental for the year (accrued or paid) on all restricted property that the borrower holds under long-term lease from other parties.

Restricted Rentals as defined in 7 CFR Part 1718, Subpart B, "Mortgage for Distribution Borrowers," shall mean all rentals required to be paid under finance leases and charged to income, exclusive of any amounts paid under any such lease (whether or not designated therein as rental or additional rental) for maintenance or repairs, insurance, taxes, assessments, water

Bulletin 1717B-2

Exhibit A

Page 24

rates or similar charges. For the purpose of this definition the term “finance lease” shall mean any lease having a rental term (including the term for which such lease may be renewed or extended at the option of the lessee) in excess of 3 years and covering property having an initial cost in excess of \$250,000 other than aircraft, ships, barges, automobiles, trucks, trailers, rolling stock and vehicles; office, garage and warehouse space; office equipment and computers. Long-Term Lease as defined in 7 CFR Part 1718, Subpart B, “Mortgage for Distribution Borrowers,” shall mean a lease having an unexpired term (taking into account terms of renewal at the option of the lessor, whether or not such lease has previously been renewed) of more than 12 months.

General plant is not to be included in the data to be reported in this part. Leases accounted for as capital leases (CL), the cost of which is included in utility (or non-utility) plant, should also be disclosed here with proper additional information included in Part D, "Notes to Financial Statements," and Part N, "Long-Term Debt and Debt Service Requirements." Identify these leases by placing "(CL)" following the name of the lessor.

PART M, ANNUAL MEETING AND BOARD DATA

Item No.

1 Date of Last Annual Meeting

Use date scheduled even if no legal meeting was held. If such is the case, so state.

2 Total Number of Members

The number of members in the cooperative that are eligible to vote is to be reported in this block. This number is to be determined on the basis of one vote to one member. It will customarily be less than the number of billed consumers as usually some members are billed for more than one account. If exact figures are not available, enter best estimate and use asterisk (*) to show the figure is an estimate.

3 Number of Members Present at Meeting

Report number of members present in person as determined by registration or votes cast. Only report persons eligible to vote. Do not report total number of persons in attendance.

4 Was Quorum Present?

A "yes" or "no" answer is sufficient.

5 Number of Members Voting by Proxy or Mail

Report the number of absentee ballots cast. Include both proxy votes and absentee votes. If none, so state.

6 Total Number of Board Members

List number on board when all vacancies are filled.

Bulletin 1717B-2

Exhibit A

Page 25

Item No. (continued)

7 Total Amount of Fees and Expenses for Board Members

Include all fees, expenses, and per diem paid to board members for all purposes during the current year, including attendance at board meetings, training seminars, delegated board business, association meetings, amounts paid for insurance, and other expenses directly associated with individual board members.

8 Does Manager Have Written Contract?

A "yes" or "no" answer is requested.

PART N, LONG-TERM DEBT AND DEBT SERVICE REQUIREMENTS

This section is to be prepared by all borrowers that list an amount on line 36 through 40 plus line 42 of Part C, RUS Form 7. Report all loans made to the utility system here. Loans made by the reporting utility system to others (e.g., economic development loans to finance local projects) should not be reported in this part of the report. Part N, line 12a, Total, should match the sum of the amount reported on line 41, "Total Long-Term Debt," plus the sum of the amount reported on line 42, "Obligations Under Capital Leases - Noncurrent, Part C, Balance Sheet.

Item No.

1-11 Enter required data for each lender. List each lender separately. Include all types of long-term obligations including long-term lease obligations (capital) as reported on lines 36, 37, 38, 39, 40, and 42, Part C, Balance Sheet.

12 Enter the total of Items 1 through 11 for each column.

Column

a Balance End of Year

Enter the outstanding long-term debt balance for each lender.

b Interest

Enter the sum of the amount for current interest billed during the year by each lender. This amount includes interest charged to construction as well as interest charged to expense. Do not deduct the interest earned on Balance of Advance Payments accounts.

c Principal

Enter the sum of the amounts billed for principal during the year by each lender. If a portion of the principal amount is being refinanced (e.g., the proceeds from a RUS or RUS-guaranteed loan are used to pay off a CFC intermediate-term construction loan), that amount should not be included in this column as part of the principal billed. The

Bulletin 1717B-2

Exhibit A

Page 26

principal amount being refinanced, however, should be asterisked and the refinanced portion should be shown under Part D, "Notes to Financial Statements."

Do not include in Columns b and c amounts billed that are applicable to another year's transaction such as billings for past due accounts, note assumptions, etc.

Amounts reported in Columns b and c should include billings due for payment by the end of the year. If a billing was not received for such a payment, the amount that will be billed should be estimated and included as part of the amounts reported in these columns.

d Total

Enter the total of amounts in Columns b and c for each lender.

PART O. POWER REQUIREMENTS DATA BASE – ANNUAL SUMMARY

All revenue from operating electric plant including kWh sales, penalties, income from utility property, and miscellaneous items is to be reported in this part. Please note that if unbilled revenue is estimated (accrued) and reported in Form 7, Part A, Item 1, then the unbilled revenue must be included in the applicable classes on this form in Part O, also. It must be added to the billed revenue for Residential Sales, Residential Sales - Seasonal, etc. It should not be reported as Sales for Resales - Other.

Item No.

1 - 9 Line a

Number Consumers Served

Enter the number of consumers, by classification, having a current service connection in December in Column a. Enter the average number of consumers served based on the number of months that revenue is reported in Column b.

Special Circumstances for Number Consumers Served

Residential consumers (seasonal and non-seasonal) should be counted on the basis of the number of residences served. If one meter serves two residences, then two consumers should be counted. If a water heater is metered separately from other appliances on the same premises, do not count the water heater load as a separate consumer.

Security or safety lights, billed to a residential customer, should not be counted as an additional consumer, nor should they be included in the Public Street and Highway Lighting Classification.

Seasonal consumers expected to resume service during the next seasonal period should be counted during off-season periods as well.

Bulletin 1717B-2

Exhibit A

Page 27

A residence and commercial establishment on the same premises, receiving service through the same meter and being billed under the same rate schedule, would be classified as one consumer based on the rate schedule. If the same rate schedule applies to both the residential and the commercial class, the consumer should be classified according to principal use.

Consumers for Public Street and Highway Lighting should be counted by the number of billings, regardless of the number of lights per billing.

Installations erected for billboards or advertising purposes should be counted by billing and included in the appropriate commercial classification.

1 - 9 Line b
kWh Sold

Enter the number of kWh sold during the year for each consumer classification in Column c, Total Year to Date.

1 - 9 Line c
Revenue

Enter the dollar value of billings for the year for each consumer classification in Column c, Total Year to Date.

10 Total Number of Consumers

Enter the total of Lines 1a through 9a, Column a, December, and Column b, Average No. Consumers Served.

11 Total kWh Sold

Enter the total of Lines 1b through 9b, Column c, Total Year to Date.

12 Total Revenue Received from Sales of Electric Energy

Enter the total of Lines 1c through 9c, Column c, Total Year to Date.

13 Other Electric Revenue

Report amounts in accounts 412, 414, 449.1, 450, 451, and 453 through 456 less account 413. Enter the total in column c, Total Year to Date. Check: Line 12 total plus Line 13 total must agree with Part A, Line 1, Column b.

14 kWh - Own Use

Enter the total of the kWh consumed for corporate purposes in Column c, Total Year to Date. Show only kWh purchases under wholesale power contract for resale or self-generated and used for this purpose. Do not report energy purchased directly from a supplier solely for corporate purposes.

Bulletin 1717B-2

Exhibit A

Page 28

15 Total kWh Purchased

Enter the total of the kWh delivered by the power suppliers in the Column c, Total Year to Date. Transformer loss adjustments for low or high side delivery, if any, should be reported as kWh delivered.

16 Total kWh Generated

Enter the total of the net generation in Column c, Total Year to Date. Check: These figures should agree with those reported in RUS Form 12d, 12e, 12f, and 12g.

17 Cost of Purchases and Generation

Enter the total of Part A, Column b, Lines 2, 3, and 4, in Column c, Total Year to Date.

18 Interchange - kWh - Net

Energy flow between two electric systems, but not included in power billings is to be entered on this line. Energy received into the systems should be reported as a positive figure and energy delivered out of the system should be reported as a negative number. When the flow is both "in" and "out", the difference should be reported. Enter the total in Column c, Total Year to Date.

19 Peak - Sum All kW Input (Metered)

Please check the appropriate box indicating coincident or non-coincident peak.

Enter the highest monthly demand reported in Column c, Total Year to Date.

Include both generated and purchased power. For purchased power, use metered demand plus adjustments for transformer losses. Do not include adjustments made for billing purposes.

EXHIBIT B
SPECIFIC INSTRUCTIONS FOR RUS FORM 7a
INVESTMENTS, LOAN GUARANTEES AND LOANS - DISTRIBUTION

This form implements the reporting requirements placed on RUS borrowers in 7 CFR 1717, Subpart N.

General Instructions

1. RUS Form 7a, Investments, correspond to those reported in the Balance Sheet (RUS Form 7, Page 2, Part C, Balance Sheet). Also, all investment items summarized on the Balance Sheet are also reported here and classified as either included, that is subject to the 15% Rule*, or excluded.

*The 15 percent Rule states: "A Borrower in compliance with all provisions of its RUS mortgage, RUS loan contract, and any other agreements with RUS may, without prior written approval of the Administrator, invest its own funds or make loans or guarantees not in excess of 15 percent of its total utility plant without regard to any provisions contained in any RUS mortgage or RUS loan contract to the effect that the borrower must obtain prior approval from RUS, ..." [Reference 7 CFR 1717.654, "Transactions below the 15 percent level," 1717.655, "Exclusion of certain investments, loans, and guarantees," and 1717.656, "Exemption of certain borrowers from controls."]

2. *Please cross check each item listed in PART I. INVESTMENTS, to ensure that the total of each category on the Form 7a (e.g., 1. Non-Utility Property (Net)) matches the balance sheet amount on Form 7.*

3. Exhibit C of this bulletin classifies most investments as either Included or Excluded. In developing our guidelines, we referred to 7 CFR 1717.655, "Exclusion of certain investments, loans, and guarantees." If you need further clarification, contact your RUS Regional Division office for assistance. Exhibit D of this bulletin describes each type of investment in greater detail and classifies it as included or excluded.

4. Almost all investments must be reported separately, however, there are exceptions: Energy Resources Conservation (ERC) loans, and Loans to Employees, Officers, and Directors, each of these types of investments should be combined and reported as a total. A full description of each investment is needed by RUS to verify its proper classification as included or excluded.

5. Loan guarantees that a RUS borrower makes (e.g. member guarantees of its power supplier's loan from RUS) in conformance with the terms of a formal agreement with RUS are excludable.

6. If you need more space than the printed forms provide, please show the remainder of your investments, separately, on a continuation page with headings like the Form 7a, keyed to the report name, item name, and number. A continuation form is enclosed.

Please review the following material carefully.

ITEMS INCLUDED IN 15% RULE CALCULATION:

All items properly reported in the Balance Sheet, RUS Form 7, Part C. Balance Sheet, items: 6 through 13, 15, 17 through 19, plus 21 must be reported as Included, or Excluded items, as defined below. The sum of the Included items, plus the sum of the borrower's commitments to invest in the 12 months following the reporting period, plus the sum of loans (the balances of loans outstanding) which the borrower has guaranteed, except those amounts excluded, added together, may not exceed 15% of Total Utility Plant to comply with the 15% Rule. [Reference 7 CFR 1717.655, "Exclusion of certain investments, loans, and guarantees."]

EXCLUDED INVESTMENTS:

The following list includes nearly all Approved Exclusions [Reference 7 CFR 1717.655]

1. Patronage Capital allocated from a power supply cooperative of which the borrower is a member.
2. Loans, investments, security, obligations entered into prior to the date of the borrower's initial RUS Mortgage.
3. Securities or deposits issued, guaranteed or fully insured as to payment by the U.S. Government or any agency thereof. Though not an exhaustive list, this includes:
 - (a) U.S. Savings Bonds
 - (b) U.S. Treasury Bonds, Notes, Bills, Certificates
 - (c) Checking, Savings, and Certificates of Deposit, up to the limit of the amount insured by an instrumentality of the U.S. Government. [However, the amount exceeding \$100,000 (in any single institution) insured by the Federal Deposit Insurance Corporation (FDIC) should be reported on Form 7a, Part I, as an Included item.]
 - (d) Securities issued by the following Federal agencies and guaranteed as to payment by the full faith and credit of the U.S. Government (payable from the U.S. Treasury):
Farm Credit System Financial Assistance Corporation (FCSFAC),
Farmers Home Administration (FmHA),
Federal Financing Bank (FFB),
General Services Administration (GSA),
Government National Mortgage Assoc. (GNMA),
Maritime Administration Guaranteed Ship Financing Bonds issued after 1972,
Small Business Administration (SBA),
Washington Metropolitan Area Transit Authority (WMATA) Bonds.
 - (e) Other securities or deposits issued, guaranteed or fully insured as to payment by any agency of the United States Government. Unlike those listed above, these instruments may not be guaranteed by the full faith and credit of the U.S. Government, but are excludable.

Bulletin 1717B-2

Exhibit B

Page 31

4. Capital term certificates, bank stock, or similar securities of the supplemental lender which have been purchased as a condition of membership in the supplemental lender, or as a condition of receiving financial assistance from such lender, i.e., subscription or loan related capital term certificates from CFC, or stock from CoBank or Banks for Cooperatives.
5. Capital Credits issued by the supplemental lender received as an outcome of receiving financial assistance from that lender.
6. CFC Commercial Paper, CoBank Cash Investment Service, and Surplus Funds Program (St. Paul Bank for Cooperatives).
7. Any other investment that has been given formal written approval by the Administrator of RUS as an exclusion from the 15% Rule should be shown in Excluded column. For clarity, footnote such investments, and explain their special exemptions, otherwise the reviewer will assume they are classified improperly.
8. Investments funding post-retirement benefits are an excluded investment. [Reference Financial Accounting Standards Board Statement 106]
9. Reserves, if required by Revenue Bond Agreement; or amounts set aside to ensure prompt payment of loans made, guaranteed, or secured by a lien accommodated by RUS are excluded. However, only funds required for payments due within a three-month period after the report date may be excluded unless the "Agreement" requires a larger fund.

PART I. INVESTMENTS

Report all items in the following Balance Sheet categories on Form 7, Part C:

1. Non-Utility Property (Net):
Report items summarized as Balance Sheet item 6.
2. Investments in Associated Organizations:
Report items summarized as Balance Sheet items 7, 8, 9 and 10.
3. Investments in Economic Development Projects:
Report items summarized as Balance Sheet item 11.
4. Other Investments:
Report items summarized as Balance Sheet item 12.
5. Special Funds:
Report items summarized as Balance Sheet item 13.

6. Cash-General:
Report items summarized as Balance Sheet item 15.
7. Special Deposits:
Report items summarized as Balance Sheet item 17.
8. Temporary Investments:
Report items summarized as Balance Sheet item 18.
9. Notes and Accounts Receivable (Net):
Report items summarized as Balance Sheet item 19 and 21.
10. Commitments To Invest Within 12 Months:
These items do not appear on the RUS Form 7, Part C, Balance Sheet. Report any legally binding commitments to invest within the 12 months following the reporting period.

Column headings:

Column (a), Investment Description, giving issuer's name e.g. C.D. 1st National Bank, Omaha NE, or US Treasury Certificates, other investments, giving the name, the city and state of their address, type of investment.

Column (b), Included Amount: See Exhibit C of this bulletin.

Column (c), Excluded Amount: See Exhibit C of this bulletin.

Column (d), Income or Loss: For each investment that is accounted for under the equity method of accounting and reported in Section 2, Investments in Associated Organizations, 3, Investments in Economic Development Projects, and 4, Other Investments, indicate the amount of income or loss recognized during the reporting period. If there were no investments to account for under the equity method of accounting, please enter zero. For each receivable reported in section 9, Accounts & Notes Receivable (Net), indicate the amounts, if any, charged to the provision for uncollectible notes receivable. If there were no charges for uncollectible notes receivable, please enter zero.

Column (e), Rural Development: Identify investments in rural economic development by placing an "X" in column e. Include investments in any/all types of projects or products that were made to improve the economy and/or quality of life in your area.

Examples of Rural Economic Development Investments include (but are not limited to): energy resources and conservation loans, rural development loans/grants, water/wastewater, satellite/cable TV, natural/propane gas, telephone/Internet, power quality, load management, agricultural services, housing, industrial parks/organizations, incubator buildings, public health/safety, financing/revolving loan funds, security services, etc.

PART II. LOAN GUARANTEES

In this part, the reporting RUS borrower should list each loan guarantee they have given. They should not list those they receive from RUS or any other source. For example, a reporting borrower's guarantee of a bank's loan to a local rural development project should be reported here. By contrast, a Federal Financing Bank loan to your organization, the reporting RUS borrower, the repayment of which is guaranteed by RUS, should not be reported here.

List each loan your organization has guaranteed. This includes but is not limited to guarantees of loans to rural development projects, subsidiary organizations, associated/nonassociated organizations, power supply organizations.

Excluded Guarantees: Guarantees that a borrower makes in conformance with the terms of a formal agreement with RUS are excludable. For example, if a reporting RUS borrower guarantees the repayment of a loan made by a bank to a subsidiary of the power supplier, but the terms of that loan were not specifically agreed to by RUS, the guarantee is Includable. By contrast, a member's guarantee of its power supplier's loan, made as required by RUS, is Excludable.

Column (a), Organization: Identify the legal person, or entity whose loan is guaranteed, giving the name, the city and state of their address.

Column (b), Maturity Date: This is the date when the final payment on the loan guarantee by your organization is payable. If the final date has been extended, the new final date payment should be furnished here.

Column (c), Original Amount: The original loan amount owed upon execution of the note, usually the face amount, or a portion thereof, if it is a partial guarantee.

Column (d), Loan Balance: The remaining balance of the original loan amount that is outstanding, or portion thereof if it is a partial guarantee.

Column (e), Rural Development: Identify loan guarantees in rural economic development by placing an "X" in column e. Include loan guarantees in any/all types of projects or products that were made to improve the economy and/or quality of life in your area.

Examples of Rural Economic Development Investments include (but are not limited to): energy resources and conservation loans, rural development loans/grants, water/wastewater, satellite/cable TV, natural/propane gas, telephone/Internet, power quality, load management, agricultural services, housing, industrial parks/organizations, incubator buildings, public health/safety, financing/revolving loan funds, security services, etc.

Line 4, Totals, report the totals of Original Amounts and Loan Balances for all guarantees.

Line 5, Total - Included Loan Guarantees, report the sums of the Original Amounts and remaining Loan Balances or portion of the loan balances (shown in column d) that your

organization guaranteed, which are not excludable, that is, those which are subject to the 15% Rule limitation.

PART III, RATIO OF INVESTMENTS AND LOAN GUARANTEES TO TOTAL UTILITY PLANT

Divide the sum of the Included Investments (Part I, item 11, Total of Investments, column (b)) plus Included Loan Guarantees (Part II, Totals, Column (d)) by the Total Utility Plant (Form 7, Part C, Balance Sheet, item 3). This percentage should be expressed as a whole number with one decimal digit, e.g. 12.9%. Note: the balance of the "Loans" Part IV is not included.

PART IV, LOANS

List each note receivable, draft, demand loan, time loan, and similar evidence of indebtedness for each loan made by your organization. However, loans to your Employees, Officers, and Directors, and Energy Resources Conservation Loans (both items printed on the form) should be reported as totals.

Column (a) Name of the debtor organization

Column (b) Final maturity date

Column (c) Original loan amount

Column (d) Outstanding loan balance, or carrying value

Column (e) "X" for loans made for Rural Development purposes

EXHIBIT C

INVESTMENTS UNDER THE 15 PERCENT RULE

Investments to be INCLUDED in the 15 Percent Calculation

Annuity-type investments	Money market mutual funds
Asset management accounts	Mortgage-backed securities (unless
Brokerage Accounts (non-FDIC)	backed by full faith and credit
Cash and CD's* (uninsured part)	of a U.S. Government Agency)
Commercial paper (except NRUCFC)	Municipal bonds
Common stock	Mutual funds
Convertible certificates (bonds,	Options (stock)
debentures, preference stock)	Patronage capital, other than that
Corporate bonds	from power suppliers
Energy resources conservation loans	and supplemental lenders
Futures contracts	Preferred stock
Lines of credit (to others,	Real Estate Investment Trusts
including G&T's)	Repurchase agreements
Loan guarantees NOT required by RUS	Unit investment trusts
Loans - personal	Warrants
Membership certificates	Zero coupon bonds

Investments to be EXCLUDED from 15 Percent Calculation

Capital term certificates, bank	Patronage capital,
stocks, etc., purchases as	from power supply cooperative
condition of supplemental lender	from supplemental lenders
membership or financing	Post Retirement Benefits - Funded
CoBank cash investment services	Revenue Bond (Debt Service) Reserves
certificates	Surplus Funds Program (St. Paul
Commercial paper issued by NRUCFC	Bank for Cooperatives)
Deferred compensation (including	U.S. Savings Bonds
MINT)	U.S. Treasury Bills
Loan guarantees required by RUS	U.S. Treasury Bonds
Mortgage backed securities backed	U.S. Treasury Notes
by full faith and credit of a	U.S. Governments backed by full
U.S. Government agency	faith and credit, U.S. Treasury:
(e.g., Ginnies, FCSFAC,	e.g., Maritime Administration
FmHA CBO's, Frannies, FFB,	Guaranteed Ship Financing Bonds
GSA, and TVA)	(issued after 1972)
NRUCFC membership certificates	Farm Credit System Financial
NRUCFC securities (debt)	Assistance Corporation
	FmHA, SBA, and WMATA

Investments Which May Be EXCLUDED Within Certain Limits

* Several forms of investment may be excluded from the 15 percent calculation to the extent that they are insured by U.S. Government agencies, such as FDIC, etc. However, any such investments in excess of the insured amount (typically \$100,000) are Included in the 15 percent calculation.

EXHIBIT D INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Annuity	Provides regular, guaranteed income payments for life or set time period.	Includable
Asset Management Account	One-stop financial plan that included brokerage account, checking, debit and credit card, money market fund.	Includable
Brokerage Accounts	Stock Brokers, banks, other agents providing investment services	Includable
Capital term certificates, bank stock, or similar securities	Securities of the supplemental lender which have been purchased as a condition of membership in the supplemental lender, or as a condition of receiving financial assistance from such lender.	Excludable
Cash, Uninsured	See U.S. Government issued, guaranteed, or fully insured securities or deposits.	Includable
Certificate of Deposit (CD) (Less than \$100,000) In FDIC Bank	Receipt for set sum of money left in bank for set period of time at an agreed-upon interest rate; at end of period, bank pays deposit plus interest.	Excludable
CoBank Cash Investment Services	Short-term unsecured notes sold by the CoBank.	Excludable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Commercial Paper	Short-term unsecured notes sold by large corporations.	Includable
Commercial Paper, NRUCFC	Short-term unsecured notes sold by NRUCFC.	Excludable
Common Stock	Security that represents ownership in a company.	Includable
Convertible	Bond, debenture, or preferred share of stock which may be exchanged by owner for common stock, usually of same company.	Includable
Corporate Bond	Debt obligation of corporation.	Includable
Debt Service Reserve	Cash set aside to ensure prompt payment of (1) Revenue Bonds, or (2) RUS: Loans, Guarantees, or RUS Lien Accommodated Loans	Excludable: AMT. DUE IN THE 3 MONTHS FOLLOWING REPORT DATE
Deferred Compensation	Periodic payments made to an employee after retirement, either for the employee's life or for a specified number of years, for specific duties performed during periods of active employment.	Excludable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Energy Resources Conservation (ERC) Loans	Loans made by RUS borrower to its consumers for the cost of labor and materials for the following energy conservation measures: <ol style="list-style-type: none"> 1. Caulking 2. Weather-stripping 3. Ceiling insulation 4. Wall insulation 5. Floor insulation 6. Duct insulation 7. Pipe insulation 8. Water heater insulation 9. Storm windows 10. Thermal windows 11. Storm or thermal doors 12. Clock thermostats 13. Attic ventilation fans 	Includable
Futures contracts	Contracts covering sale of financial instruments or physical commodities for future delivery; includes agricultural products, metals, Treasury bills, foreign currencies, and stock index futures (i.e., Standard and Poor's 500).	Includable
Line of Credit	Bank's moral commitment to make loans to a company for a specific maximum amount for a given period of time, typically 1-year. There is usually no commitment fee charged on the unused line. However, a compensating balance requirement often exists.	Includable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Loan Guarantee	Guarantees for the payment of debt obligations of others; i.e., including but not limited to rural development projects, subsidiary organizations, associated/nonassociated organizations, power supply organizations, etc.	Includable Excludable if formally approved by RUS/ or required by RUS loan contract.
Loans - Employees, Directors, Officers, and Others	Agreement by which an owner of property (the lender) allows another party (the borrower) to use the property for a specified time period, and in return the borrower will pay the lender a payment (usually interest), and return the property (usually cash) at the end of the time period. A loan is usually evidenced by a Promissory Note. Loans to a power supply cooperative, G&T, of which the cooperative is a member, are excludable, if these loans have been given specific RUS approval for exclusion or are required by RUS.	Includable
Membership Certificate	Security that represents ownership in a company.	Includable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Money market deposit account (if FDIC insured and Under \$100,000)	A type of money market fund at a bank or savings and loan association with limited checking privileges.	Excludable
Money market mutual fund	An investment company which buys short-term money market instruments.	Includable
Mortgage-backed securities	Securities representing a share ownership of mortgages guaranteed as to payment by an Agency of the Federal governments; includes Ginnie Maes, Fannie Maes, Freddie Macs, etc.	Excludable
Mortgage-Backed securities	Not guaranteed as to payment by an agency of the Federal Government.	Includable
Municipal bond	Debt obligation of state, city, town or their agencies.	Includable
Municipal bond Public Utility Cooperative (Municipalities)	Debt obligation of public utility cooperative that is required by law to obtain financing through bonds.	Includable
Mutual fund	Investment trust in which your dollars are pooled with those of hundreds of others and invested by professional managers in stocks or bonds.	Includable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
National Rural Utilities Coopera- tive Finance Corporation (NRUCFC) membership certificate	Security that represents ownership in NRUCFC.	Excludable
NRUCFC Patronage Capital	Amounts paid or payable by NRUCFC arising from its furnishing credit services to member cooperatives, i.e., the refund of excess of its charges over its actual cost of service.	Excludable
NRUCFC Securities, Other	All securities issued by NRUCFC, except patronage capital, are excludable investments.	Excludable
Negotiable order of withdrawal (NOW) account	NOW interest-bearing checking account.	Excludable if FDIC & under \$100,000
Options	The right to buy (call) or sell (put) a stock at a given price (strike price) for a given period of time.	Includable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Patronage Capital, other than power suppliers and supplemental lenders	Amounts paid or payable by the other associated companies in connection with the furnishing of supplies, etc., which are in excess of the cost of service and all other amounts which the associated companies are obligated to credit to the cooperative as patronage capital.	Includable
Patronage Capital, G&T Power Suppliers	Amounts paid or payable by the cooperative in connection with the furnishing of electric energy which are in excess of the cost of service and all other amounts which the G&T power supplier is obligated to credit to the cooperative as patronage capital.	Excludable
Preferred stock	Stock sold with a fixed dividend; if company is liquidated, has priority over common stock.	Includable
Real estate investment trusts (REIT)	Corporation or trust that invests in or finances real estate: offices, shopping centers, apartments, hotels, etc.; sold as securities.	Includable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Repurchase Agreement	Short-term buy/sell deal involving any money market instruments (but usually Treasury bills, notes, and bonds) in which there is an agreement that securities will be resold to the seller on an agreed-upon date, often the next day. The money market fund holds the securities as collateral and charges interest for the loan.	Includable
Savings account	Account in which money deposited earns interest.	Excludable if FDIC insured & less than \$100,000
SuperNOW account	Interest-bearing bank account.	Excludable if FDIC insured & less than \$100,000
Surplus Funds Program, (St. Paul Bank for Cooperatives)	Short-term unsecured notes sold by the Banks of Cooperatives. (St. Paul, Springfield, and CoBank).	Excludable
Treasury bills	Short-term U.S. Treasury securities; maturities: 13, 26, 52 weeks.	Excludable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Treasury bonds	Long-term U.S. Treasury securities; maturities: 10 years or more.	Excludable
Treasury notes	Medium-term securities of U.S. Treasury, maturities: not less than 1 year and not more than 10 years.	Excludable
Unit investment trust	Fixed portfolio of securities deposited with a trustee; offered to public in units; categories include municipal bonds, corporate bonds, public utility common stocks, etc.	Includable
U.S. Savings Bonds	Debt obligations of U.S. Treasury designed for small investor.	Excludable
U.S. Government issued, guaranteed, or fully insured, securities or deposits	Securities or deposits issued, guaranteed, or fully insured, as to payment by the U.S. Government, or any agency thereof.	Excludable
	Deposits are fully insured, up to a \$100,000 limit, by the following agencies: 1. Federal Deposit Insurance Corporation (FDIC) 2. National Credit Union Share Insurance Fund	Excludable

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
U.S. Government issued, guaranteed, or fully insured, securities or deposits (continued)	<p>Securities fully backed with the full faith and credit of the U.S. Government are as follows:</p> <ol style="list-style-type: none"> 1. Farm Credit System Financial Assistance Corporation (FCSFAC) 2. Farmers Home Administration (FmHA) Certificates of Beneficial Ownership (CBO) 3. Federal Financing Bank (FFB) 4. General Services Administration (GSA) 5. Government National Mortgage Association (GNMA), also known as Ginnie Mae 6. Maritime Administration Guaranteed Ship Financing Bonds, issued after 1972 7. Small Business Administration (SBA) 8. Washington Metropolitan Area Transit Authority (WMATA) Bonds 	Excludable
	<p>The following investments are securities backed by the full faith and credit of U.S. Government agencies and are Excludable Investments:</p> <ol style="list-style-type: none"> 1. Farm Credit System 2. Federal Home Loan Banks (FHLB) 3. Federal Home Loan Mortgage Corporation (FHLMC) (Freddie Mac) 	Excludable

Bulletin 1717B-2
Exhibit D
Page 47

U.S. Government
issued, guaranteed,
or fully insured,
securities or deposits
(continued)

4. Federal National Mortgage
Association (FNMA)
(Fannie Mae)
5. Financing Corporation
(FICO)
6. Resolution Funding
Corporation (REFCORP)
7. Student Loan Marketing
Association (Sallie Mae)
8. Tennessee Valley Authority
(TVA)
9. United States Postal
Service

Warrant

Gives holder right to
purchase a given stock at
a stipulated price over
a fixed number of years.

Includable

Zero coupon bond

Debt instruments; sold at
discount from face value
with no annual interest
paid out; capital appreciation
realized upon maturity;
includes Training Investment
Growth Receipts (TIGERS),
and Certificates of Accrual
on Treasury Securities (CATS).

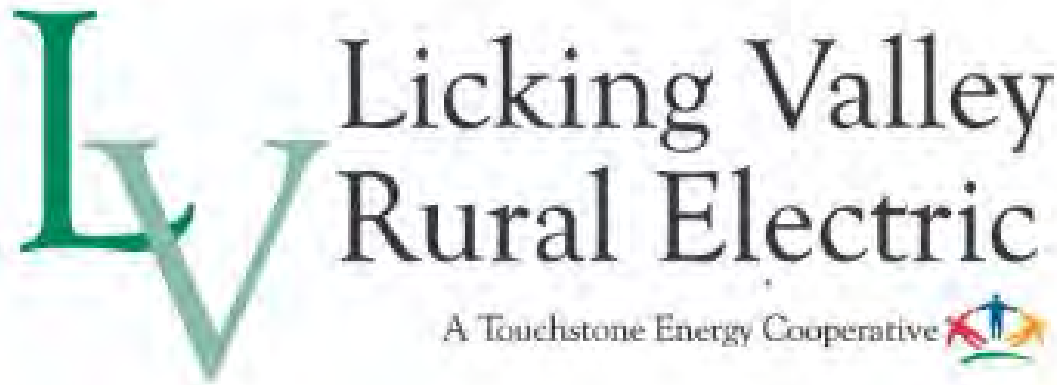
Includable

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 5: Provide Licking Valley's long-term construction planning program.

Response 5: Please see attached Construction Work Plan.

ATTACHMENT 1-5



2019-2022 Construction Work Plan

Kentucky 56 Morgan

West Liberty, Kentucky

January 2019

Distribution System Solutions, Inc.
Union, Kentucky

LICKING VALLEY RURAL ELECTRIC COOPERATIVE CORPORATION

2019 – 2022 CONSTRUCTION WORK PLAN REPORT

Kentucky 56 Morgan

TABLE OF CONTENTS

SECTION NUMBER

TITLE

I. EXECUTIVE SUMMARY

- A. Purpose, General Basis of Study, and Results.
- B. Service Area and Power Supplier.
- C. Summary of Construction Program and Costs.

II. STUDY GUIDELINES AND ANALYSIS OF SYSTEM

- A. Distribution System Design Criteria.
- B. Distribution Line and Equipment Costs.
- C. Status of Previous CWP Items.
- D. Analysis of Long Range Plan, O&M Survey, and Sectionalizing Study.
- E. Analysis of Substation Loading and Service Reliability.

III. DATA RESOURCES

- A. Data Resources.
- B. Basic Data and Assumptions, Financial Data, and Historical/Projected Data.

IV. PROPOSED CONSTRUCTION ITEMS

- A. New Construction.
- B. System Improvements.
- C. Miscellaneous Distribution Equipment.
- D. Other Distribution Items.

Professional Engineering Certification

Borrower's Environmental Report

PURPOSE OF REPORT

This report documents the engineering analysis of, and summarizes the proposed construction for, the Licking Valley Rural Electric Cooperative Corporation (LVRECC) electric distribution system for the four-year planning period of 2019-2022.

The report also provides engineering support in the form of descriptions, costs and justifications of the required new facilities for a loan application to RUS in order to finance the proposed construction program.

GENERAL BASIS OF STUDY

The winter 2022/2023 projected total peak system load was based on the East Kentucky Power Cooperative, Inc. (EKPC) 2018 Load Forecast (LF) and approved by RUS. EKPC is the wholesale transmission and generation supplier for LVRECC.

From the LF Residential Summary Sheet, the 2019-2022 compound growth rates for the system are: flat for consumer increase and -0.25% for energy. System analysis models are based on the 2015 non-coincident (NC) system peak (89.3 MW) which is higher than projections in the 2018 LF. In January 2015, an extreme winter temperature event occurred which set an all-time, system NC peak for LVRECC. A projected winter 2022/2023 NC peak of 85 MW was selected from the LF information.

The current LVRECC 2002 Long Range Plan (LRP) load projections and improvement recommendations were reviewed. A new Ten-Year System Study will be performed at the completion of the CWP. The 2019-2022 CWP will represent the first four years of this new 10-Year System Study.

A system analysis using RUS guidelines and the LVRECC Design Criteria was performed on all of the substations and distribution lines of the system. Milsoft Integrated Solutions' PC-Based Distribution Analysis Program - "Windmil" version 8 - was used to analyze the existing system configuration that was modeled with the projected load growth. For each deficiency that was found, alternate solutions were considered and economically evaluated.

SUMMARY - RESULTS OF PROPOSED CONSTRUCTION

Upon completion of the proposed construction, the system will provide adequate and dependable service to 16,250 residential customers as well as 8 large commercial loads and 1,110 commercial loads. Average monthly residential usage is projected to be 1,000 kWh. It is estimated that there will be 4,200 idle services.

8.6 miles of site specific conductor conversion will take place in the four-year plan period. Additionally, an estimated 60 miles of conductor will be selected for replacement. These conductor replacement line sections will be selected based on conductor condition, operational experience and the number of customers served.

SERVICE AREA

LVRECC is a RUS-funded electric distribution cooperative. LVRECC is located in eastern Kentucky. LVRECC serves portions of Breathitt, Lee, Magoffin, Menifee, Morgan, and Wolfe Counties. The headquarters is located in West Liberty, Kentucky (Morgan County). *See map (highlighted in gray) on the following page.*

The principal counties served by LVRECC are rural with residents relying on agricultural enterprises, education, retail/manufacturing, and state government for income.

A number of commercial and industrial loads are in the service territory. Slow growth is projected for new commercial, small manufacturing and residential customers in all areas of the system. LVRECC has 10 distribution substations - all operating at 12,470/7,200 V.

The following data is from LVRECC's 12/17 RUS Form 7:

<i>Total Services in Place</i>	<i>21,659</i>
<i>MWH Purchases</i>	<i>247,024</i>
<i>MWH Sold</i>	<i>234,176</i>
<i>Maximum MW Non-Coincident Demand</i>	<i>89.3*</i>
<i>Total Utility Plant</i>	<i>\$74,522,491</i>
<i>Plant Dollars Per Active Member</i>	<i>\$4,297</i>
<i>Active Consumers/Mile</i>	<i>8.40</i>

* 2015 Polar Vortex

LICKING VALLEY RECC SERVICE TERRITORY (GRAY)



GENERATION and TRANSMISSION POWER SUPPLIER

EKPC provides all power and energy needs to LVRECC. EKPC provides service to sixteen distribution cooperatives. EKPC is located in Winchester, Kentucky.

The 2018 LF was a joint effort between LVRECC and EKPC. LVRECC provides loading data and system growth predictions to EKPC for use in the LF growth models.

All new distribution, transmission, and substation construction requirements are considered as a “one system” concept - between LVRECC & EKPC - for the orderly and economical development of the total system. All of the recommendations relative to power supply and delivery, for LVRECC, are discussed with EKPC.

SUMMARY OF CONSTRUCTION PROGRAM AND COSTS

LVRECC's distribution system was analyzed in order to identify the construction requirements needed to adequately serve the projected CWP load of 85 MW. Improvements were identified based on voltage drop, conductor loading, system reliability improvements, economic conductor analysis and operational experience. A narrative list of system improvements is located in Section IV.

A breakdown of proposed construction projects by RUS 740C codes is listed below in Table I-C-1.

**Table I-C-1
System Additions and Improvements Summary**

RUS Form 740C Category	Category Name	Estimated Cost
100	New Construction	\$3,097,715
300	System Improvements	\$1,588,172
600	Miscellaneous Distribution Equipment	\$14,039,769
700	Other Dist. Items	\$965,859
	2019-2022 CWP TOTAL	\$19,691,515

100 – New Construction planned to serve 1,200 new services.

300 – 8.6 miles of site-specific conductor conversion/system improvements.

600 - Miscellaneous distribution equipment, pole changes, equipment replacement, and communications. Included are a projected 60 miles of ordinary conductor replacement, as well as sectionalizing, automated meters, transformers, pole changes, communications and service capacity upgrades.

700 – Other Distribution Items - Outdoor Lights and SCADA equipment.

LICKING VALLEY RECC 2019-2022 CWP
COST SUMMARY SPREADSHEET

NEW CONSTRUCTION -- RUS CODE 100

ITEM	RUS CODE	AVE. \$/CONSUMER	# CONS.	2019	2020	2021	2022	TOTAL
New Construction	100	\$2,581	1,200	\$729,481	\$758,660	\$789,007	\$820,567	\$3,097,715
		TOTAL CODE 100:	1,200	\$729,481	\$758,660	\$789,007	\$820,567	\$3,097,715

SYSTEM IMPROVEMENTS - RUS CODE 300

SUB - POLE	RUS CODE	Original Conductor	Proposed Conductor	\$/MILES	# OF MILES	2019	2020	2021	2022	TOTAL
Hot Mix 3-69-6 to 3-69-36	309	1 ph 6A CWC	3 ph #2 ACSR	\$140,000	0.5	\$70,000	\$0	\$0	\$0	\$70,000
Index 10-84-11 to 10-43-42	310	3ph #2 ACSR	3 ph 336 ACSR	\$206,000	4.1	\$0	\$878,384	\$0	\$0	\$878,384
Hot Mix 10-44-31 to 10-55-9	351	1 ph #2 ACSR	3 ph 1/0 ACSR	\$167,500	0.8	\$0	\$0	\$144,934	\$0	\$144,934
Hot Mix 4-76-6 to 4-66-23	352	1 ph 6A CWC	3 ph #2 ACSR	\$140,000	1.5	\$0	\$0	\$227,136	\$0	\$227,136
Maggard 17-43-64 to 17-23-3	353	1 ph 6A CWC	3 ph #2 ACSR	\$140,000	1.7	\$0	\$0	\$0	\$267,718	\$267,718
			TOTAL CODE 300:		8.6	\$70,000	\$878,384	\$372,070	\$267,718	\$1,588,172

CARRYOVERS are in **BOLD**

MISCELLANEOUS DISTRIBUTION EQUIPMENT -- RUS CODE 600's

ITEM	RUS CODE	4 YR. AVE. COST	# ITEMS	2019	2020	2021	2022	TOTAL
New Transformers	601	\$1,528	600	\$215,865	\$224,500	\$233,480	\$242,819	\$916,664
New Meters	601	\$225	1,200	\$49,920	\$51,917	\$53,993	\$56,153	\$211,983
Service Upgrades	602	\$4,246	600	\$600,000	\$624,000	\$648,960	\$674,918	\$2,547,878
Sectionalizing	603			\$75,000	\$78,000	\$81,120	\$84,365	\$318,485
Voltage Regulators	604			\$116,000	\$145,560	\$89,500	\$49,500	\$400,560
Pole Changes	606	\$3,108	1,300	\$951,335	\$989,388	\$1,028,964	\$1,070,122	\$4,039,809
Misc. Replacements	607			\$100,000	\$104,000	\$108,160	\$112,486	\$424,646
Conductor Replacement OH	608		60 miles	\$1,288,636	\$1,288,636	\$1,288,636	\$1,288,636	\$5,154,544
Communications	615			\$0	\$10,200	\$15,000	\$0	\$25,200
		TOTAL						
		MISC. CODE 600'S:		\$3,396,756	\$3,516,201	\$3,547,813	\$3,578,999	\$14,039,769

OTHER DIST. ITEMS - RUS CODE 700

ITEM	RUS CODE	4 YR. AVE. COST	# ITEMS	2019	2020	2021	2022	TOTAL
Outdoor Lighting	702	\$722	1,200	\$203,901	\$212,057	\$220,540	\$229,361	\$865,859
SCADA Index Substation Pilot	704			\$0	\$100,000	\$0	\$0	\$100,000
		TOTAL CODE 700:		\$203,901	\$312,057	\$220,540	\$229,361	\$965,859

CONSTRUCTION WORK PLAN TOTAL:

2019-2022 Kentucky 56 - Morgan

\$19,691,515

DISTRIBUTION SYSTEM DESIGN CRITERIA

Each of the following criteria items was reviewed and accepted by the RUS General Field Representative on October 11, 2018.

- 1) The minimum voltage on primary distribution lines is 118 volts (120 volt base, 126 volts at source) after re-regulation.
- 2) Primary conductors are to be investigated at 70% of their thermal rating.
- 3) The following equipment will be investigated if loaded by more than the percentage shown:
 - a) Distribution Transformers 130% winter; 100% summer
 - b) Voltage Regulators 130% winter; 100% summer
 - c) Reclosers and Fuses 70% winter; 70% summer
- 4) Conversions to multiphase are to correct voltage drop and phase balance. Line sections with load current exceeding 45 amps will be considered for multiphasing.
- 5) The standard Overhead conductor sizes are #2 ACSR (6/1), 1/0 ACSR (6/1), and 336.4 ACSR (18/1). The standard Underground conductor size is 1/0 ALUG.
- 6) Aged Conductor will be replaced based on the following:
 - Conductor type
 - Location
 - Number of customers served
 - Outage report data/operational experience.

DISTRIBUTION LINE AND EQUIPMENT COSTS

Construction cost estimates for the four year planning period are shown in Table II-B-1.
Cost summaries for distribution equipment are shown in Table II-B-2.

Table II-B-1
Line Construction Cost Estimates
Annual Projected Dollars/Mile

SIZE	TYPE	2019	2020	2021	2022
1/0 ACSR	CONV 3-PH	\$167,500	\$174,200	\$181,170	\$188,400
336.4 ACSR	CONV 3-PH	\$206,000	\$214,250	\$222,820	\$231,700
#2 ACSR	CONV 3-PH	\$140,000	\$145,600	\$151,425	\$157,480
#2 ACSR	REPL 1-PH	\$75,000	\$78,750	\$81,900	\$85,180
1/0 ALUG	REPL 3-PH	\$330,000	\$343,200	\$356,930	\$371,200

Table II-B-2
Distribution Equipment Cost Estimates
Annual Projected Unit Costs

DEVICE	TYPE	2019	2020	2021	2022
V.Regulators (3)	150 amp	\$48,000	\$49,900	\$51,920	\$54,000
V.Regulators (3)	100 amp	\$44,000	\$45,760	\$47,590	\$49,500
V.Regulators (3)	219 amp	\$55,000	\$57,200	\$59,500	\$61,870
V.Regulators (1)	50 amp	\$13,000	\$14,000	\$15,000	\$16,000

STATUS OF PREVIOUS CWP ITEMS

All projects from the 2012-2015 CWP have been completed except the following items.

740 C #	Project Description	Status
304	Carty Branch Sub Feeder Getaways	CANCELLED
305	Carty Branch Sub to 92767	CANCELLED
306	Carty Branch 92766 to 93441	CANCELLED
309	Hot Mix 72728 to 72748	CARRYOVER
310	Index 67269 to 68033	CARRYOVER
313	Sublett 94037 to 94132	CANCELLED
314	Sublett 92557 to 92619	CANCELLED
315	Sublett 93907 to 93945	CANCELLED

ANALYSIS OF 1998 LONG RANGE PLAN

The 1998 Long Range Plan (LRP) projects a 2018 NCP winter load of 107.5 MW. None of the five proposed substations have been constructed. In 2012, the Hot Mix Substation replaced the West Liberty Substation. Hot Mix was constructed west of the now-retired West Liberty Substation. West Liberty Substation was prone to flooding and was well east of the modern growth areas. Commercial development, westward along HWY 519 and north toward Wrigley, necessitated the need for Hot Mix.

A revised LRP, the *2019-2028 10-Year System Study*, will be developed after this CWP is approved by RUS. The 4-year model of the CWP will be grown out two additional load levels. These load levels will each be three years of additional, projected growth. The system will be examined and corrections will be recommended at each load level. New substation sites, including the Bear Branch, Vancleve, Cannel City and Ezel locations, will be evaluated.

The 2019-2022 CWP is in basic agreement with the current LRP.

OPERATIONS & MAINTENANCE SURVEY

The current O&M Survey ("Review Rating Summary") was completed in April 2015.

- 3b. LVRECC has an ongoing effort to enforce joint-use agreements. Transfers and pole attachments require continuous monitoring and qualify as full-time duties.
- 3c. While LVRECC has an ongoing right-of-way program, yard trees will always be an obstacle. There is greater challenge to member relations than that of trimming and cutting yard trees.
- 6b. LVRECC has worked to reconcile the reporting of idle services with the billing department.

SECTIONALIZING STUDY

A sectionalizing study analyzes the existing overcurrent protection scheme and proposes changes to improve the overall effectiveness of the scheme.

Sectionalizing studies take place on a substation-by-substation basis.

The four main goals of a sectionalizing study are Safety, Reliability, Coordination, and Protection.

1. Safety – Sectionalizing devices should be able to detect and interrupt the full range of fault currents available in their zone of protection coverage. Calculated minimum fault current values should be detected and cleared by the protective device.
2. Reliability – Limit the outage hours per consumer by isolating or "sectionalizing" faulted portions of the circuit so that the minimum number of

SECTIONALIZING STUDY - continued

customers are interrupted. Additional devices – where needed – will further limit the overall outage hours.

3. Coordination – Good protective device coordination will ensure that the closest device to the fault opens. Fault locating is also enhanced. Miscoordination of protective devices can cause confusion and ultimately add to outage times.
4. Protection – A well-designed protection scheme will minimize damage to the distribution system by limiting the time that damaging overcurrent is present on the faulted portion of the system.

Changes that can affect the coordination scheme include: load growth; substation transformer capacity increases; reconductoring distribution lines; single-phase to three-phase conversions; changes in the system's circuit configuration; and the addition of loads in specific locations.

The substation-by-substation sectionalizing study is ongoing. General sectionalizing device cost projections will be listed in the “603” category in this report.

SERVICE RELIABILITY

The record of LVRECC's service interruptions for the past five years is shown in Table II-E-2. The five-year average outage minute per consumer is **338.1**. LVRECC's typical average outage hours are near the minimum level recommended by RUS. Ongoing system improvements and concerted feeder sectionalizing studies will help to reduce this value.

TABLE II-E-2

	Power Supplier	Extreme Storm	P rearranged	All Other	Total
2013					
OUTAGE MINS/CONS	43.6	144.2	20.4	138.9	347.1
2014					
OUTAGE MINS/CONS	2.7	203.3	23.7	123.5	353.2
2015					
OUTAGE MINS/CONS	11.8	220.0	61.3	143.8	436.9
2016					
OUTAGE MINS/CONS	9.0	69.7	27.5	102.5	208.7
2017					
OUTAGE MINS/CONS	56.4	150.6	13.8	123.6	344.4
FIVE YEAR AVE.	24.7	157.6	29.3	126.5	338.1
OUTAGE MINS/CONS					

DATA RESOURCES

The following is a list of the basic data used for this analysis and report.

1. Monthly substation non-coincident peak (NCP) demands.
2. Billing system kW and kWh sales for last winter and summer peaks.
3. 2018 East Kentucky Power Cooperative *Load Forecast*.
4. Five Year Outage Summary.
5. RUS Form 7 data.
6. Substation transformer ratings.
7. Load projections for each existing substation.
8. Computerized circuit model databases with voltage drop calculations for each line element.

BASIC DATA AND ASSUMPTIONS

Design Load – The construction program in the CWP covers a four-year period to serve the 85 MW, January 2023 winter peak. The design load was derived after reviewing the 2018 *LF* with the GFR and discussion with LVRECC staff.

Load Allocation – The total system design load was attained by allocating each substation's load to its individual line section or consumer node proportional to the kWh consumption on each of the line sections/consumers. Grown peak winter loading was modeled and analyzed. The system is decidedly winter peaking.

Voltage Drop – For the design load, an eight volt drop past one set of downline voltage regulators was assumed to be the maximum allowable end-of-line voltage drop.

Substation Voltage Regulation – Voltage regulation was assumed for each substation such that a 10% voltage drop could be experienced on the transmission system at peak load and 126 volts could still be supplied to the substation bus.

System Power Factor – System power factor values were assumed to coincide with the levels listed on the substation load data sheet.

Single-Phase Loading – On taps where more than 45 amps are served from a single-phase line, conversion to three-phase was considered in order to provide greater system reliability. Three-phase conversions were chosen for the more heavily loaded taps and when the single- phase tap split into more than two directions.

Inflation – An annual inflation rate of 4% was used in this CWP.

Construction Cost Estimates – Cost estimates for the various distribution equipment and conductor sizes are presented in Tables II-B-1 and II-B-2.

Computer Model of Distribution System – The system is modeled on Milsoft Integrated Solution's Windmil v. 8 analysis software. Downloading monthly billing computer data into the Windmil billing file directory was the framework for building the winter model. Residential and commercial loads were allocated by peak month kWh. The projected model was analyzed for Design Criteria violations using an unbalanced voltage drop calculation.

FINANCIAL DATA

- ***Cost of Capital = 4.0%***
- ***Inflation = 4.0%***
- ***Present Worth Discount Factor = 4.0%***
- ***Depreciation = 3.25%***
- ***O&M = 6.46%***
- ***Tax & Ins = 0.2%***
- ***TOTAL ANNUAL FIXED CHARGE RATE = 13.91%***

LICKING VALLEY RECC						
TABLE III-B-1					Inflation = 4%	
HISTORICAL AND PROJECTED DATA						
DESCRIPTION	Sep 2016 - Aug 2018	2019	2020	2021	2022	CWP TOTAL
New Construction (100)						
1. New services constructed	492	300	300	300	300	1,200
2. Cost per Customer	\$2,338	\$2,432	\$2,529	\$2,630	\$2,735	
3. Cost of New Customers	\$1,150,335	\$729,481	\$758,660	\$789,007	\$820,567	\$3,097,715
4. Total Wire Footage	32,208	19,500	19,500	19,500	19,500	78,000
New Transformers (601)						
1. New transformers added	180	150	150	150	150	600
2. Cost per transformer	\$1,384	\$1,439	\$1,497	\$1,557	\$1,619	
3. Cost of New transformers	\$249,075	\$215,865	\$224,500	\$233,480	\$242,819	\$916,664
New Meters (601)						
1. New meters added	14,229	300	300	300	300	1,200
2. Cost per meter	\$160	\$166	\$173	\$180	\$187	
3. Cost of New meters	\$2,276,640	\$49,920	\$51,917	\$53,993	\$56,153	\$211,983
Service Upgrades (602)						
1. Number of Service Upgrades	223	150	150	150	150	600
2. Cost per Service Upgrade	\$2,560	\$4,000	\$4,160	\$4,326	\$4,499	
3. Cost of Service Upgrades	\$570,813	\$600,000	\$624,000	\$648,960	\$674,918	\$2,547,878
Sectionalizing (603)						
1. Cost of Sectionalizing	\$154,288	\$75,000	\$78,000	\$81,120	\$84,365	\$318,485
Pole Changes - Replacement (606)						
1. Poles Changed	434	325	325	325	325	1,300
2. Cost per Pole Change	\$2,815	\$2,927	\$3,044	\$3,166	\$3,293	
3. Cost of Pole Changes	\$1,221,536	\$951,335	\$989,388	\$1,028,964	\$1,070,122	\$4,039,809
Miscellaneous - Replacement (607)						
1. Cost of miscellaneous		\$100,000	\$104,000	\$108,160	\$112,486	\$424,646
Conductor Replacement (608)						
1. Miles of conductor to be replaced		15	15	15	15	60
2. Total cost of conductor replacement		\$1,288,636	\$1,288,636	\$1,288,636	\$1,288,636	\$5,154,544
Communications (615)						
1. Two-way Radio System Upgrade		\$0	\$10,200	\$0	\$0	\$10,200
2. Index Substation SCADA Communications		\$0	\$0	\$15,000	\$0	\$15,000
Outdoor Lights (702)						
1. New Outdoor Lights Added	271	300	300	300	300	1,200
2. Cost per Outdoor Light	\$654	\$680	\$707	\$735	\$765	
3. Cost of Outdoor Lights	\$177,107	\$203,901	\$212,057	\$220,540	\$229,361	\$865,859

NEW CONSTRUCTION – RUS CODE 100

A total of 1,200 new services is anticipated. The total projected cost for new service construction is \$3,097,715.

The average length of service per customer is 65 feet. The total projected length for the work plan period is 14.8 miles.

SYSTEM IMPROVEMENTS – RUS CODE 300***LINE CONVERSION NARRATIVES*****Hot Mix Substation (CARRYOVER)****Code 309**

Estimated Cost: \$70,000

Year: 2019

Description of Proposed Construction

Pole 3-69-6 to 3-69-36 – Convert 0.5 mile of single-phase 6A CWC to three-phase #2 ACSR along Ditney Ridge Road.

Reason For Proposed Construction

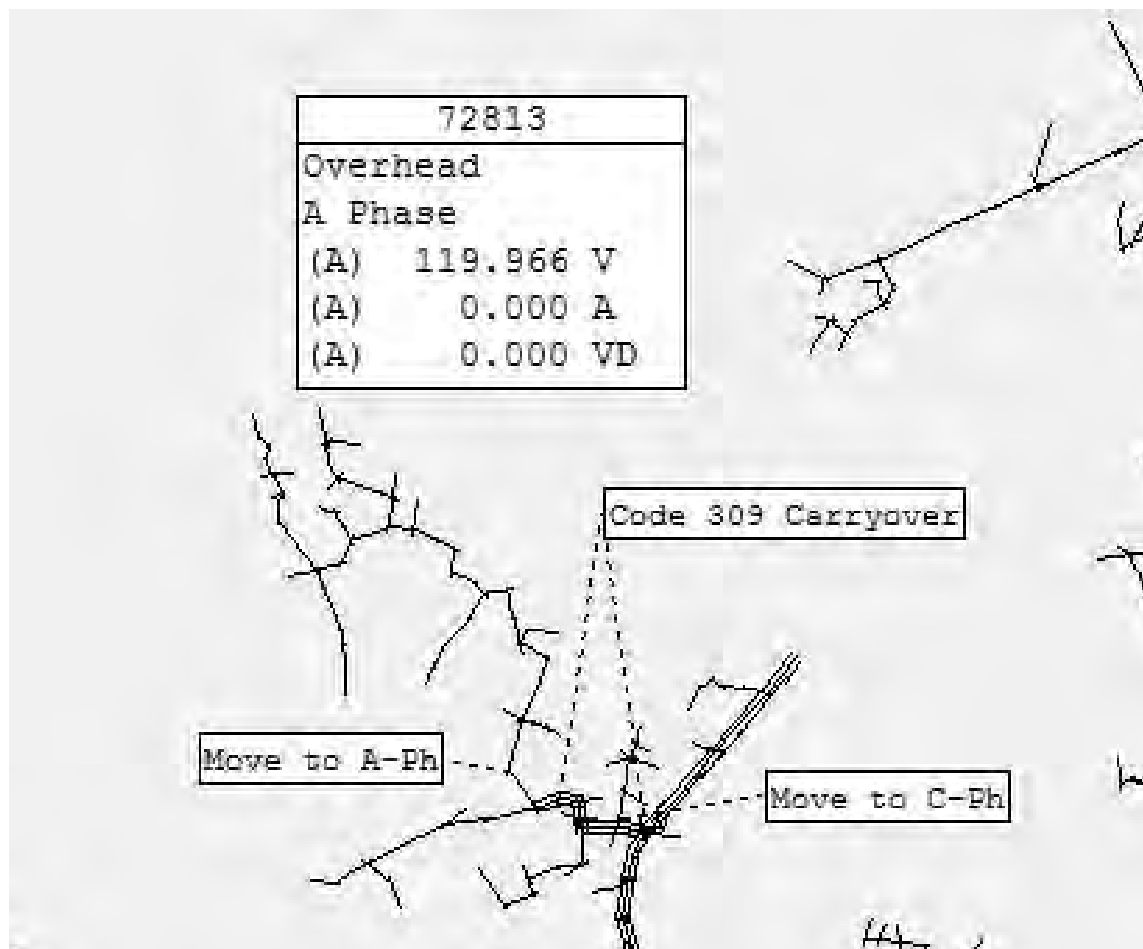
Design Criteria (DC) Items 1 & 4 are being violated.

Results of Proposed Construction

DC Items 1 & 4 will be met.

Alternative Corrective Plan Investigated

This is a radial feed, no viable alternatives are available.



SYSTEM IMPROVEMENTS – RUS CODE 300**Index Substation (CARRYOVER)****Code 310**

Estimated Cost: \$878,384

Year: 2020

Description of Proposed Construction

Pole 10-84-11 to 10-43-42 – Convert 4.1 miles of three-phase #2 ACSR to three-phase 336.4 ACSR north along Liberty Road.

Reason For Proposed Construction

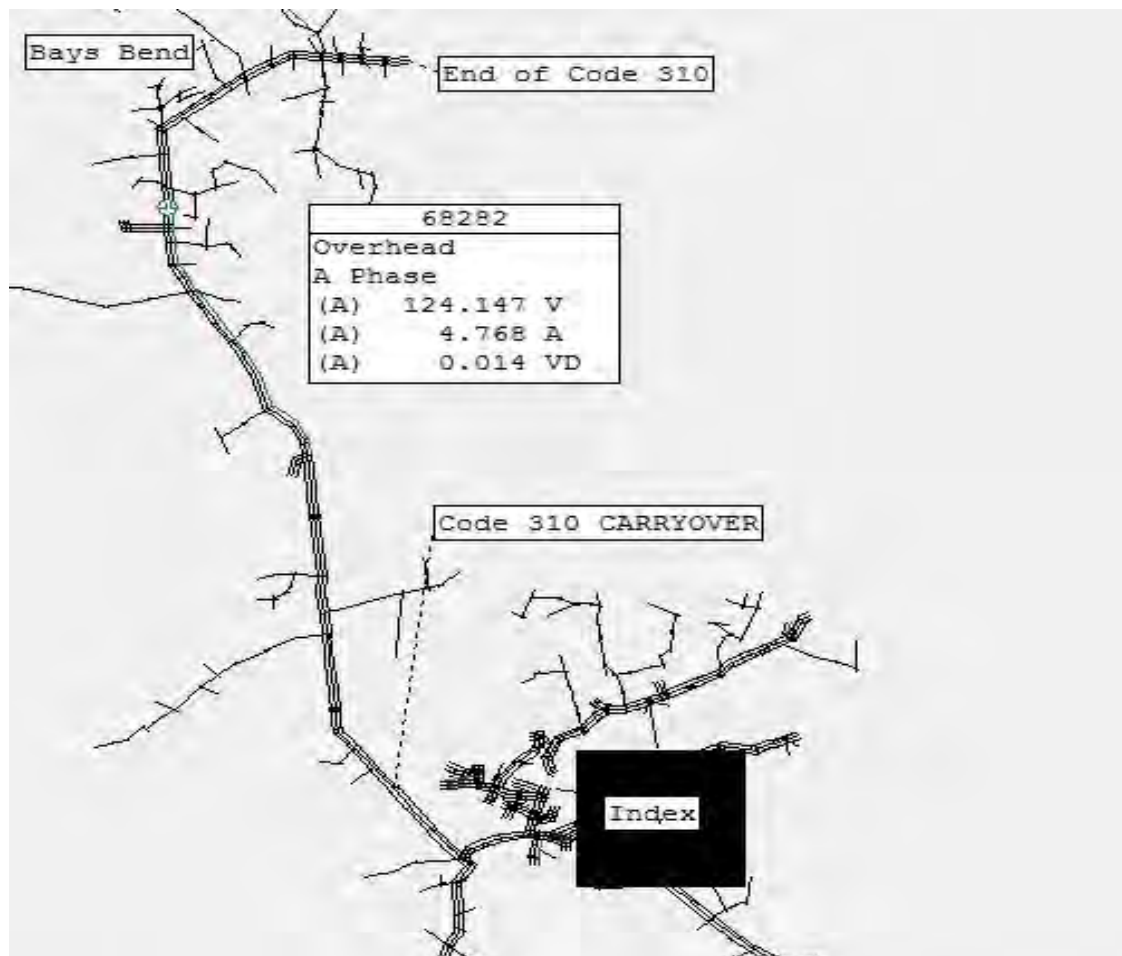
Design Criteria (DC) Item 1 is being violated.

Results of Proposed Construction

DC Item 1 will be met.

Alternative Corrective Plan Investigated

This connects the Index and Hot Mix Substations. This project improves the overall reliability in this area, including a contingency feed to a recently-constructed school. No alternatives were considered.



SYSTEM IMPROVEMENTS – RUS CODE 300**Hot Mix Substation****Code 351**

Estimated Cost: \$144,934

Year: 2021

Description of Proposed Construction

Pole 10-44-31 to 10-55-9 – Convert 0.8 mile of single-phase #2 ACSR to three-phase 1/0 ACSR along Liberty Road.

Reason For Proposed Construction

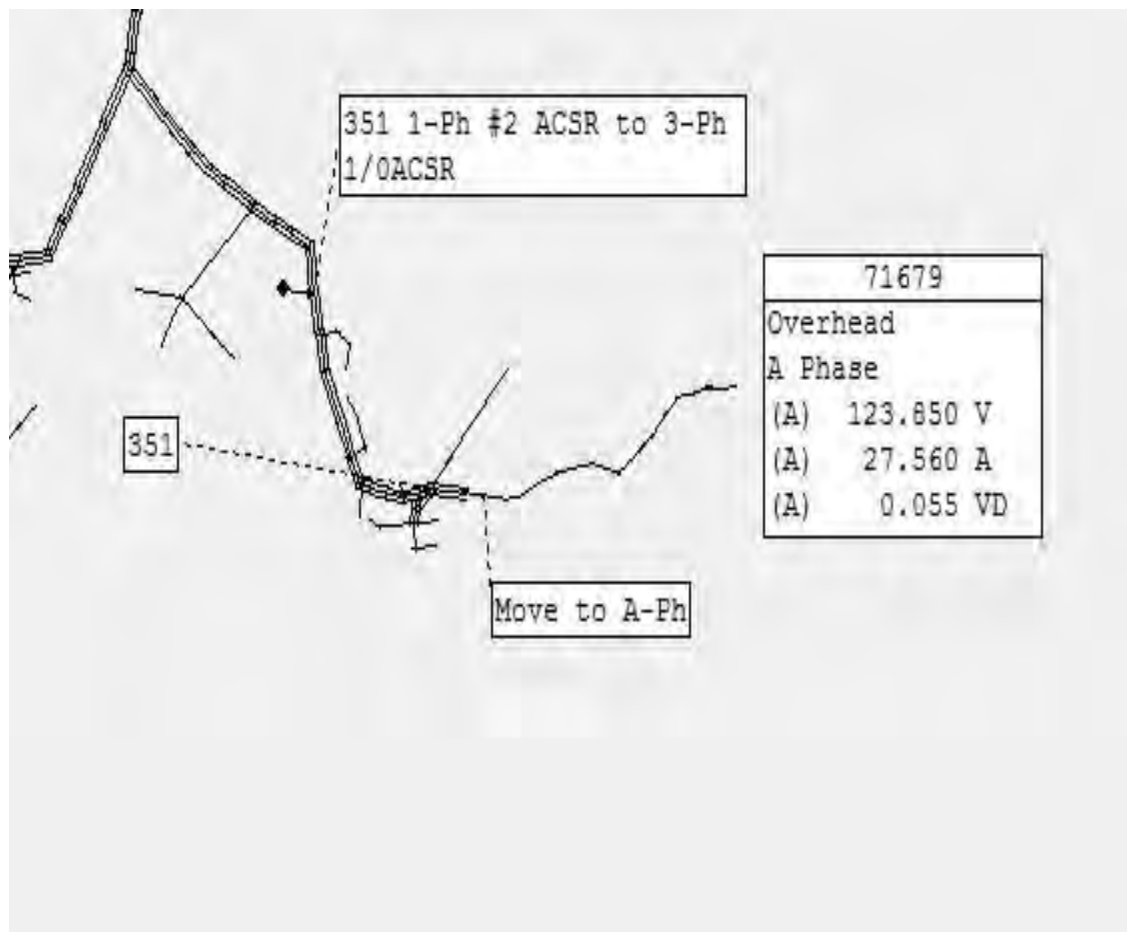
Design Criteria (DC) Item 4 is being violated.

Results of Proposed Construction

DC Item 4 will be met.

Alternative Corrective Plan Investigated

This is a radial feed, no viable alternatives are available.



SYSTEM IMPROVEMENTS – RUS CODE 300**Hot Mix Substation****Code 352**

Estimated Cost: \$227,136

Year: 2021

Description of Proposed Construction

Pole 4-76-6 to 4-66-23 – Convert 1.5 miles of single-phase 6 ACWC to three-phase #2 ACSR from Wrigley to Hollow Poplar Road.

Reason For Proposed Construction

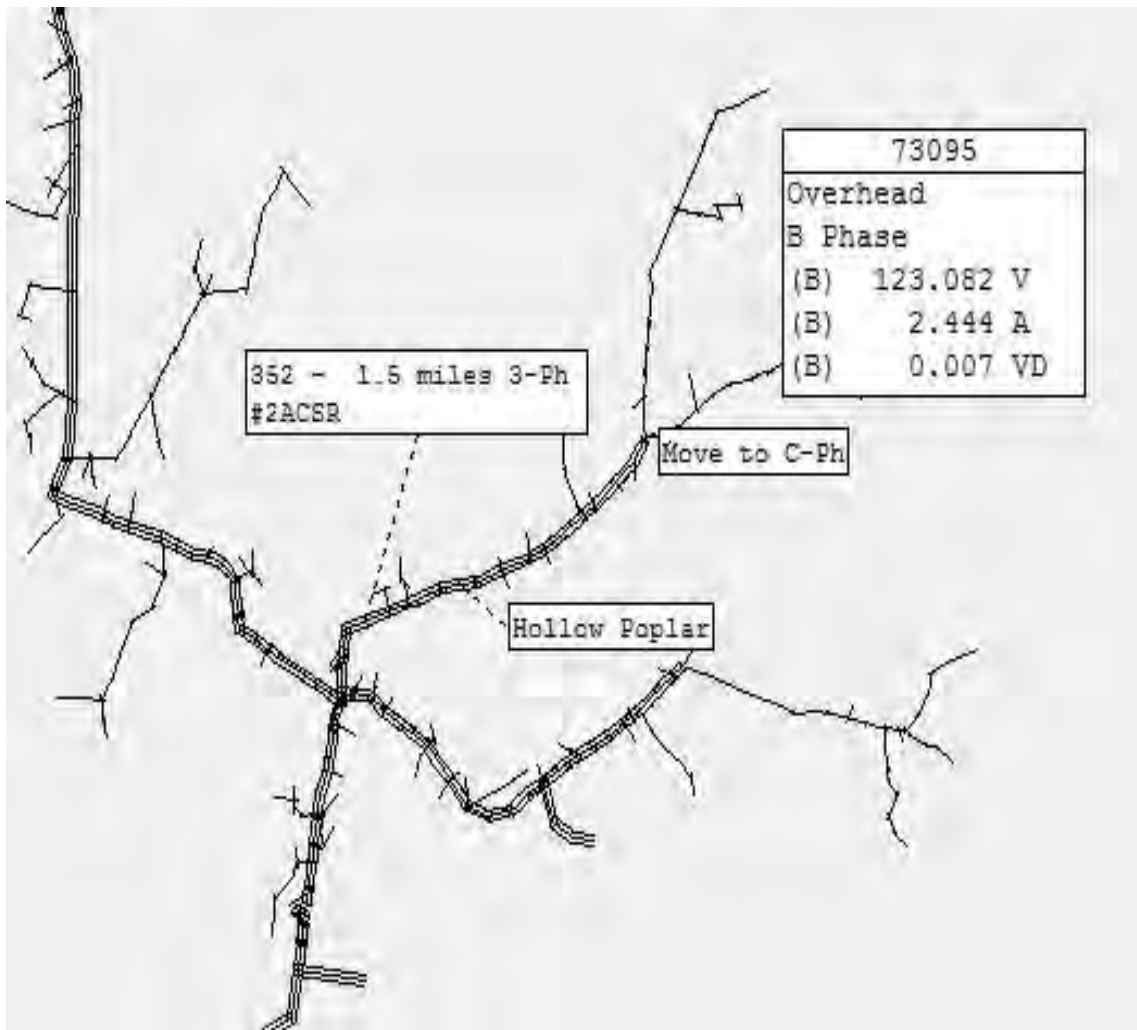
Design Criteria (DC) Item 4 is being violated.

Results of Proposed Construction

DC Item 4 will be met.

Alternative Corrective Plan Investigated

This is a radial tap from the main three-phase feeder. No alternatives were considered.



SYSTEM IMPROVEMENTS – RUS CODE 300**Maggard Substation****Code 353**

Estimated Cost: \$267,718

Year: 2022

Description of Proposed Construction

Pole 17-43-64 to 17-23-3 – Convert 1.7 miles of single-phase 6 ACWC to three-phase #2 ACSR along Pricy Creek Road.

Reason For Proposed Construction

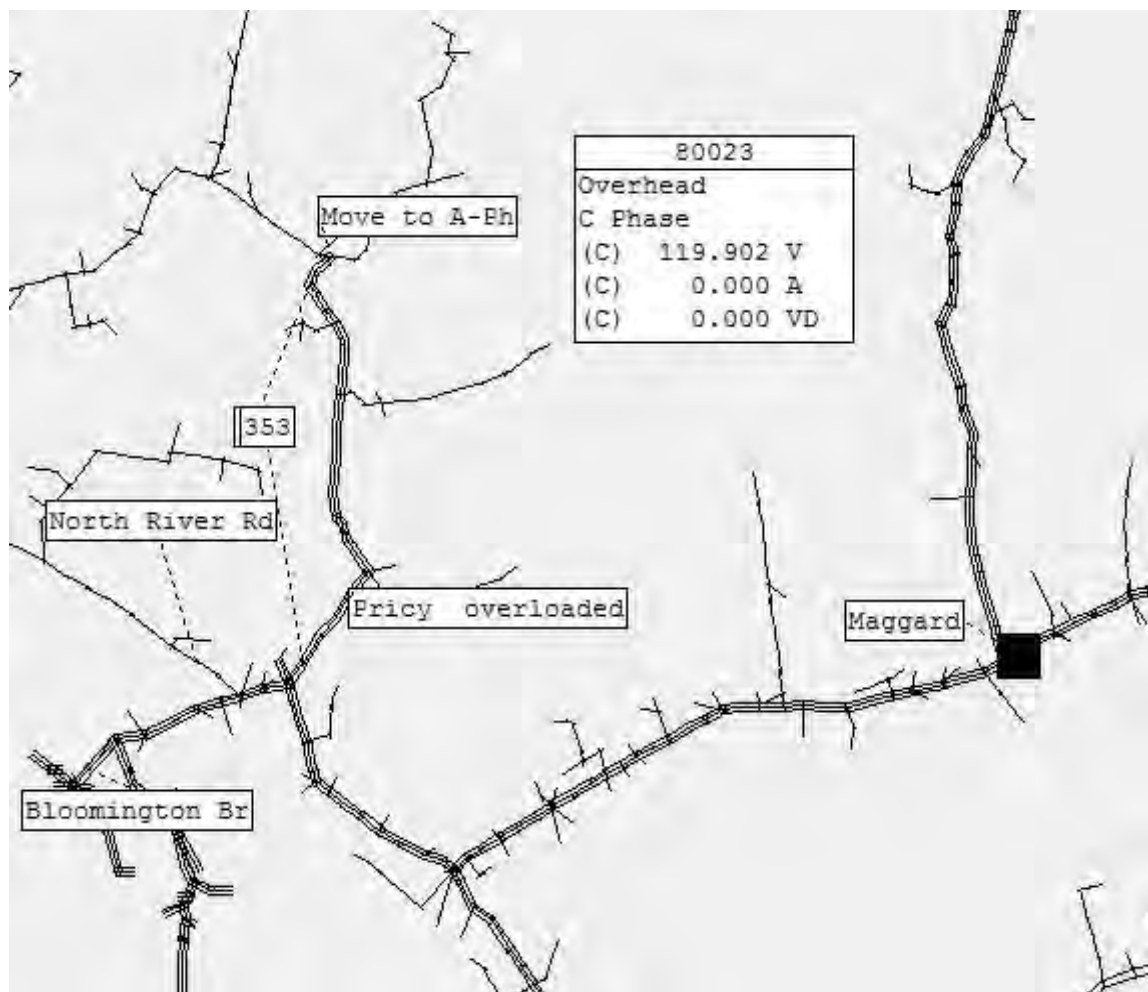
Design Criteria (DC) Item 4 is being violated.

Results of Proposed Construction

DC Item 4 will be met.

Alternative Corrective Plan Investigated

This is a radial tap from the main three-phase feeder, and is nearest to the source at Maggard. No alternatives were considered.



MISCELLANEOUS DISTRIBUTION EQUIPMENT – RUS CODE 600's

Meters and Transformers – RUS Code 601

600 new transformers are projected at a cost of \$916,664.

1,200 single-phase meters are projected at a cost of \$211,983.

Service Upgrades – RUS Code 602

There are 600 service upgrades projected at a total cost of \$2,547,878.

Sectionalizing – RUS Code 603

Overcurrent analysis is performed on an ongoing basis as system load and alterations occur. Device replacements or upgrades, additional substation feeders, conductor multiphasing and load shifts all require overcurrent device purchases.

Reclosers, fuses and switches are included in this category. A 2019 cost of \$75,000 for each of the four years has been allocated. LVRECC is continuing a system-wide sectionalizing study of four substations per year. This will result in the implementation of additional overcurrent protective devices. The projected, inflated, total cost for sectionalizing is \$318,485.

Voltage Regulators – RUS Code 604

There are several locations where voltage regulators will be added or removed in the CWP. The total cost for regulators is projected to be \$400,560.

CFR CODE	SUBSTATION	LOCATION/RATING	YEAR	COST
604.1	CAMPTON	20-8-4 / (3)-219 A	2019	\$55,000
604.2	CAMPTON	20-49-3 / (3)-150A	2020	\$49,900
604.3	HELECHAWA	22-18-7 / (1)-50A	2021	\$15,000
604.4	HELECHAWA	27-18-29 / (1)-50A	2019	\$13,000
604.5	HOT MIX	10-12-26 / (1)-50A	2021	\$15,000
604.6	OAKDALE	27-55-16 / (3)-219A	2021	\$59,500
604.7	OAKDALE	27-82-5 / (3)-150A	2020	\$49,900
604.8	OAKDALE	33-2-23 / (3)-100A	2020	\$45,760
604.9	OAKDALE	27-33-27 / (3)-150A	2019	\$48,000
604.10	SUBLETT	24-82-63 / (3)-100A	2022	\$49,500

MISCELLANEOUS DISTRIBUTION EQUIPMENT – RUS CODE 600

Pole Changes – RUS Code 606 Including Clearance Poles

There are 1,300 projected pole changes in the CWP. This includes all maintenance and clearance poles. The cost for the pole changes is projected to be \$4,039,809.

Miscellaneous Replacements – RUS Code 607

An amount of \$424,646 is projected in the CWP for miscellaneous replacements. This includes cross arms, insulators, guys, etc.

Conductor Replacements – RUS Code 608

An amount of \$5,154,544 is projected in the CWP for aged conductor replacements. This includes replacement of conductor due to age, deterioration, and operation and maintenance recommendations.

Communications – RUS Code 615

An amount of \$25,200 is projected in the CWP for communications. LVRECC will operate a fiber optic communication circuit from Operations Control to Index substation. This will provide the necessary bandwidth to employ SCADA at the substation. The estimated cost is \$15,000.

LVRECC will be upgrading its two-way radio system. 6 handheld and 30 truck units will require programming. Two new handheld units will be purchased. The projected cost is \$10,200.

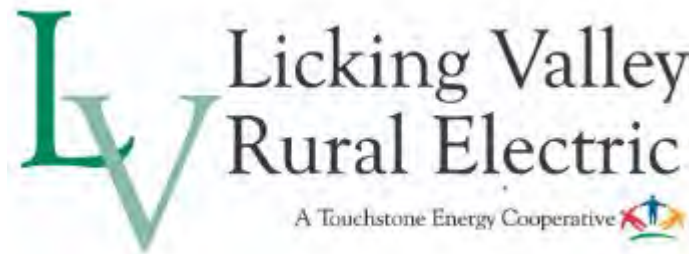
OTHER DISTRIBUTION ITEMS - RUS CODE 700

Outdoor Lights – RUS Code 702

A total of 1,200 outdoor lights are anticipated. The projected cost is \$865,859.

SCADA – RUS Code 704

LVRECC will be adding SCADA (Substation Control and Data Acquisition) in the Index Substation in a pilot program. This will provide the capability to monitor feeder data, operate and program protective devices, and control voltage regulation. The system will communicate via fiber optic technology. The projected cost is \$100,000.



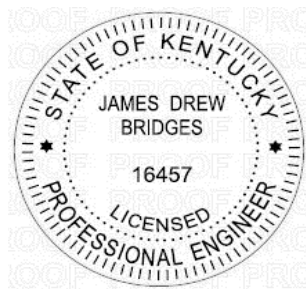
2019-2022 Construction Work Plan

Kentucky 56 Morgan

West Liberty, Kentucky

**Prepared by:
Distribution System Solutions, Inc.
Union, Kentucky**

I hereby certify that this 2019-2022 CWP Report was prepared by me or under my direct supervision and that I am a duly registered professional engineer under the laws of the State of Kentucky. Registration No. 16457



James Bridges, P.E.

January 9, 2019

**By: _____
James D. Bridges, P.E.**

KY 56 – Licking Valley RECC

Code 200 Projects

The proposed construction includes **N/A** miles of overhead tie-lines and **N/A** miles of line relocations that will be sited in existing utility right-of-way (ROW) and/or parallel public road ROW. In general, new lines would be installed within a public easement. Access to construct these projects would be from public and private roads and through utility ROW. No additional easements or tree clearing are needed to perform this work. The attached 740c environmental worksheet provides more site specific information about each project. The cooperative understands that new lines sited outside of utility or road ROW require a site-specific environmental report (ER).

Code 300 Projects

The proposed construction will consist of approximately **8.6** miles of overhead line conversions. Line conversions include line re-conductors, phase changes, etc. All line conversions will be performed within existing utility ROW (which is 40 feet in width). Access would be from public and private roads and through utility ROW. No additional easements or tree clearing are needed to perform this work. The attached 740c environmental worksheet provides more site specific information about each project.

Environmental Commitments

Any streams and/or wetlands located in the right-of-way of new lines, relocations, or line conversions, will be spanned or avoided entirely. Unless authorized by state and/or federal permits or licenses, vehicles will not traverse these water features. The cooperative has reviewed the most recent species list from the U.S. Fish and Wildlife Service, covering portions of Breathitt, Elliot, Lee, Magoffin, Menifee, Morgan, and Wolf Counties. The proposed project areas (i.e., utility and road ROW) are not suitable habitat for the listed species; therefore, no effects to listed species are expected. No additional easements or tree clearing are needed to perform this work. No work will occur around dunes or shoreline. The Short's Goldenrod does not exist in the Cooperative's service territory.

**KY 56 2019-2022 WORK PLAN
FORM 740c - ENVIRONMENTAL CHECKLIST**

1. DISTRIBUTION					Was project approved in a previous CWP or Amendment? If yes: provide status. If no: provide anticipated classification (per 7CFR1794)	Will work be entirely within existing ROW, generating station, industrial park, or substation fencing? If no: see next column. If yes: (1) is there new land disturbance? has SHPO provided feedback? (2) Are T&E species occurrences or habitat in/near project area? (3) Are federal/state lands (including wildlife refuges), floodplains or wetlands crossed?	For substations: will new land disturbance be <1 acre, 1-5 acres, or >5 acres? For lines: provide the voltage, length, ROW width, & ROW type (road vs private; if road, distance from road).	Does the project require preparation of an Environmental Assessment or Environmental Impact Statement? If yes, the environmental work must be approved before the application submittal or removed from loan.
100	a. New Line: (Excluding Tie-Lines)							
	Construction	Consumers	Miles					
	New Construction	1200	14.8	NA	NA	NA	NA	NA
	Total	1200	14.8	NA	NA	NA	NA	NA
200	b. New Tie-Lines							
	Line Designation		Miles					
	N/A		N/A	N/A	NA	NA	NA	NA
300	c. Conversion and Line Changes							
	Line Designation		Miles					
309	1-Ph to #2 ACSR 3-Ph		0.5	YES-CARRYOVER	Existing ROW - Yes No Tree Clearing Required SHPO - NA T&E Species - NA Federal/State lands, floodplains, wetlands - NA	NA	NA	NA
310	3-Ph to 336.4 ACSR 3-Ph		4.1	YES-CARRYOVER	Existing ROW - Yes No Tree Clearing Required SHPO - NA T&E Species - NA Federal/State lands, floodplains, wetlands - NA	NA	NA	NA
351	1-Ph to 1/0 ACSR 3-Ph		0.8	No	Existing ROW - Yes No Tree Clearing Required SHPO - NA T&E Species - NA Federal/State lands, floodplains, wetlands - NA	NA	NA	NA
352	1-Ph to #2 ACSR 3-Ph		1.5	No	Existing ROW - Yes No Tree Clearing Required SHPO - NA T&E Species - NA Federal/State lands, floodplains, wetlands - NA	NA	NA	NA
353	1-Ph to #2 ACSR 3-Ph		1.7	No	Existing ROW - Yes No Tree Clearing Required SHPO - NA T&E Species - NA Federal/State lands, floodplains, wetlands - NA	NA	NA	NA

Total Code 300 project miles

8.6

600 f. Miscellaneous Distribution Equipment
601 (1) Transformers & Meters
Transformers & Meters

Trans	600
Meters	1200

Subtotal code 601 . . . (included in total of all 600 codes below)

602 (2) Sets of Service Wires to increase Capacity	600
603 (3) Sectionalizing Equipment	\$318,485
604 (4) Regulators	\$400,560
605 (5) Capacitors	0
606 (6) Pole Replacement	1300
607 (7) Miscellaneous Replacement	\$424,646

608 (8) Conductor Replacement	60 miles
-------------------------------	----------

615 (9) Communications	1 Substation will be equipped with fiber communications
------------------------	---

700 g. Other Distribution Items

702 (1) Outdoor Lighting	1200
704 (2) SCADA Equipment	\$100,000

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
No - 1970.53(d)(4)	Existing ROW - Yes No Tree Clearing Required SHPO - NA T&E Species - NA Federal/State lands, floodplains, wetlands - NA	NA	NA
NA	Existing ROW - Yes No Tree Clearing Required SHPO - NA T&E Species - NA Federal/State lands, floodplains, wetlands - NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 6: Concerning Licking Valley Energy's construction projects, for each project started during the last five calendar years, provide the information requested in the format contained in Schedule C. For each project, include the amount of any cost variance and delay encountered, and explain in detail the reasons for such variances and delays.

Request 6: Please see the Excel file provided separately.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 7: Provide the information shown in Schedule D for each construction project in progress, or planned to be in progress, during the 12 months preceding the test year.

Response 7: All planned projects were completed during the 12 months proceeding the historical test year and during the historical test year.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 8: Provide, in the format provided in Schedule E, an analysis of Licking Valley Energy's Construction Work in Progress (CWP) as defined in the Uniform System of Accounts for each project identified in Schedule D.

Response 8: Please see the response to Item 7. There were no active projects during the 12 months preceding the test year.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 9: Provide a calculation of the rate or rates used to capitalize interest during construction for the three most recent calendar years. Explain each component entering into the calculation of the rate(s).

Response 9: Licking Valley does not typically capitalize interest on construction since the projects are generally short-term in nature and do not qualify under generally accepted accounting principles (GAAP).

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 10: Provide the following monthly account balances for the test year for the total company and Kentucky jurisdiction operations:

- a. Plant in service (Account No. 101);
 - b. Plant purchased or sold (Account No. 102);
 - c. Property held for future use (Account No. 105);
 - d. Completed construction not classified (Account No. 106);
 - e. Construction work in progress (Account No. 107);
 - f. Depreciation reserve (Account No. 108);
 - g. Materials and supplies (include all accounts and subaccounts);
 - h. Computation and development of minimum cash requirements;
 - i. Balance in accounts payable applicable to amounts included in utility plant in service;
 - j. Balance in accounts payable applicable to amounts included in plant under construction;
- and:
- k. Balance in accounts payable applicable to prepayments by major category or subaccount.

Response 10(a-g) & (i-k): Licking Valley does not operate in jurisdictions other than Kentucky. Please see attachments for (a)-(g). There were no balances applicable to (i), (j), or (k). The attachments are Excel files provided separately.

Response 10(h): Minimum cash balance is determined on a weekly basis depending on the

needs of the Cooperative. When needed, Licking Valley utilizes its lines of credit with CFC and/or CoBank for additional liquidity.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 11: Provide the journal entries relating to the purchase of utility plant acquired as an operating unit or system by purchase, merger, consolidation, liquidation, or otherwise currently included in rate base. Also provide a schedule showing the calculation of the acquisition adjustment at the date of purchase or each item of utility plant, the amortization period, and the unamortized balance at the end of the test year.

Response 11: No acquisitions of an operating unit or system have occurred since the last rate case.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 12: Provide a copy of Licking Valley Energy's most recent depreciation study. If no such study exists, provide a copy of Licking Valley Energy's most recent depreciation schedule. The schedule should include a list of all facilities by account number, service life, and accrual rate for each plant item, the methodology that supports the schedule, and the date of schedule was last updated.

Response 12: Please see the Application, Exhibit 20. Licking Valley's most recent depreciation study was approved by the Commission in Case No. 2009-00016, *Application of Licking Valley Rural Electric Cooperative Corporation for an Adjustment of Rates*.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 13: Provide Licking Valley Energy's cash account balances at the beginning of the test year and at the end of each month during the test year for total company and Kentucky jurisdictional operations.

Response 13: Please see the Excel file provided separately.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 14: Provide the average number of customers on Licking Valley's system by rate schedule for the test year and two most recent calendar years.

Response 14: Please see the Excel file provided separately.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 15: Provide a schedule, in the format provided in Schedule F, of electric operations net income, per kWh sold, per company books for the test year and three calendar years preceding the test year.

Response 15: Please see the Excel file provided separately.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 16: Provide the comparative operating statistics as shown in Schedule G.

Response 16: Please see the Excel file provided separately.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 17: Provide the information requested in Schedule H1 for budgeted and actual numbers of full- and part-time employees by employee group, by month, and by year; and regular wages, overtime wages, and total wages by employee group, by month, for the test year and three most recent calendar years preceding the test year. Explain any variance exceeding 5 percent. Complete the information requested in Schedule H1.

Response 17: Please see the Excel file provided separately.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 18: State whether Licking Valley, through an outside consultant or otherwise, performed a study or survey to compare its wages, salaries, benefits, and other compensation to those of other utilities in the region, or to other local or regional enterprises since Licking Valley's last base rate case.

a. If comparisons were performed, provide the results of the study or survey, including all workpapers and discuss the results of such comparisons. State whether any adjustments to wages, salaries, benefits, and other compensation in the rate application are consistent with the results of such comparisons.

b. If comparisons were not performed, explain why not.

Response 18(a): The last wage and salary survey was conducted in 2020 and was evaluated by the Commission in Case No. 2020-00338, *Electronic Application of Licking Valley Rural Electric Cooperative Corporation for a General Adjustment of Rates Pursuant to Streamlined Procedure Pilot Program Established in Case No. 2018-00407*, April 8 2021 Order at 17 (Ky. PSC Apr. 8, 2021).

Response 18(b): Licking Valley believes the 2020 wage and salary survey is still valid and continues to base its wages and salaries on the survey.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 19: Provide the most recent wage, compensation, and employee benefits studies, analyses, or surveys conducted since Licking Valley Energy's last base rate case or that are currently utilized by Licking Valley Energy.

Response 19: Please see the response to Item 18.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 20: For each employee group, state the amount, percentage increase, and effective dates for general wage increases and, separately, for merit increases granted in the past three calendar years.

Response 20: Licking Valley's board of directors voted to give raises to all employees up to the amount of the percentage shown in the table below for the past three calendar years. These percentages were the "up to" percentages that each employee could receive, based on the results of each employee's evaluation.

Employee Group	Amount of Increase	Effective Date
All Employees	3.00% (of hourly wage or salary)	1/1/2021
All Employees	7.50% (of hourly wage or salary)	1/1/2022
All Employees	5.00%	1/1/2023

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 21: Provide a schedule reflecting the salaries and other compensation of each executive officer for the test year and three most recent calendar years. Include the percentage annual increase and the effective date of each increase, the job title, duty and responsibility of each officer, the number of employees who report to each officer, and to whom each officer reports. For employees elected to executive office status since the test year in Licking Valley Energy's most recent rate case, provide the salaries for the persons they replaced.

Response 21: Please see the Excel file provided separately.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 22: Provide a listing of all health care plan categories, dental plan categories, and vision plan categories available to corporate officers individually and to groups defined as Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly employees (e.g., single, family). Include the associated employee contribution rates and employer contribution rates of the total premium cost for each category, and each plan's deductible(s) amounts.

Response 22: Licking Valley employees are eligible for health insurance with no waiting period. Beginning September 1, 2020, the cooperative pays 89.63% of the full premiums for coverage level for all employees. Retirees at age fifty-five (55) and twenty-five (25) years of service will have medical coverage paid at 100%. Retirees with fifteen (15) through twenty-four (24) years of service will have medical coverage paid at 75%. Retirees with five (5) through fourteen (14) years of service will have medical coverage paid at 50%. Please see the response to Item 24 for a copy of the health insurance plan.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 23: Provide all current labor contracts and the most recent labor contracts previously in effect.

Response 23: Licking Valley does not have any employees with negotiated labor contracts.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 24: Provide each medical insurance policy that Licking Valley Energy currently maintains.

Response 24: Please see attached.

ATTACHMENT 1-24

NRECA Medical Plan

SUMMARY PLAN DESCRIPTION (BENEFITS BOOKLET)

PPO Plan

**LICKING VALLEY RURAL ELECT CO-OP CORP
01-18056-001**

EFFECTIVE DATE: January 1, 2021



Introduction

Summary Plan Description

This summary plan description (SPD), also known as the *Benefits Booklet*, describes the benefits provided to Participants by the National Rural Electric Cooperative Association (NRECA) Medical PPO Plan (the Plan).

Your Responsibilities

You are responsible for reading the SPD and related Plan materials distributed by NRECA or by your Employer such as, premium contribution notices, summary of material modifications, and employer benefits eligibility rules, completely and complying with the rules and Plan provisions described herein. The provisions applicable to the specific benefit options under this benefit Plan determine what services and supplies are eligible for benefits; however, you and your provider are ultimately responsible for determining what services you will receive.

While reading this SPD be aware that:

- The Plan is provided as a benefit to persons who are eligible to participate, as defined in the *Eligibility and Participation Information* chapter. Plan participation is not a guarantee or contract of employment with NRECA or with member cooperatives. Plan benefits depend on continued eligibility; and
- Frequently used and Plan-specific terms are capitalized and defined in *Appendix A: Key Terms*.

In case of a conflict between this SPD (or any information provided) and the official Plan document, the official Plan document governs.

Table of Contents

Plan Information.....	7
Chapter 1: Contact Information.....	9
Chapter 2: PPO Plan Highlights	11
Overview of Your Cost-sharing.....	11
Medical Benefit Highlights	12
Prescription Drug Benefit Highlights	13
Chapter 3: Eligibility and Participation Information	15
Eligibility to Participate	15
Hours of Service Requirement for Active Employees	15
Coverage for Your Dependents	16
You and Your Spouse or Child Work for Participating Employers	17
Eligibility Waiting Period	18
Health ID Card	18
When Coverage Begins (Participation Date)	19
Cost of Coverage.....	19
Making Changes During the Year and Special Enrollment.....	19
When Coverage Ends.....	21
Rescission of Coverage	22
Continuation of Coverage	23
The Plan's Right to Audit	23
Chapter 4: Your Benefits During a Leave of Absence	24
General Information	24
Compensated and Uncompensated Leave of Absence	24
Eligibility to Participate During Your Leave of Absence	24
Annual Benefits Enrollment	25
Paying for Benefits During Your Leave of Absence.....	25
Returning from a Leave of Absence	25
If You Terminate Employment While on a Leave of Absence	25
Workers' Compensation	25
Family and Medical Leave Act (FMLA).....	26
Uniformed Services Employment and Reemployment Rights Act (USERRA)	26

Chapter 5: Medical Plan Benefits	28
How the Plan Works	28
Provider Networks and Reimbursement Rates.....	29
Preferred Provider Organization (PPO) Network Discounts	30
When In-network Benefits Are Paid for Out-of-Network Providers	30
Coverage While Traveling Outside the United States	32
The Simplified Hospital Admission Review (SHARE) Program	32
Centers of Excellence (COE) Programs and Services	35
What the Plan Covers.....	40
Preventive Care	40
Physician Services.....	45
Teladoc Consultations	46
Diagnostic Lab and X-ray Services.....	47
Hospital and Surgical Services	47
Ambulance Services	49
Emergency Room Services	49
Mental Health and Substance Abuse Benefits	49
Convalescent Nursing Home Care	49
Hospice Care	50
Outpatient Rehabilitation Services.....	51
Habilitation Services	51
Custodial Care Services	51
Other Medical Services.....	52
General Exclusions.....	55
Specific Exclusions	55
Coordinating Benefits with Other Plans	57
Chapter 6: Prescription Drug Benefits	60
How the Benefit Works	60
What the Plan Covers	72
Coverage Under Medicare.....	74
Coordination of Benefits	75
Chapter 7: Medical Claims and Appeals.....	76
General Information	76

Authorizing a Representative.....	77
Claims	77
Filing a Claim	78
Appealing an Adverse Benefit Determination	80
External Review	82
Legal Action	85
Appealing an Adverse Benefit Determination: Rescission of Coverage	85
Chapter 8: Prescription Drug Claims and Appeals	86
General Information	86
Prior Authorization	87
Claims	88
Appealing an Adverse Benefit Determination	89
External Review (Standard and Expedited)	93
Legal Action	96
Appealing an Adverse Benefit Determination: Rescission of Coverage	96
Chapter 9: Well-being Benefits and Resources.....	97
NRECA Well-being Program	97
Life Strategy Counseling Program	97
Life Strategy Counseling Services	97
MyHealth Coaches®	98
Important: Release of Liability for the NRECA Well-being Program	99
Chapter 10: Continuing Coverage Under COBRA.....	100
General Information	100
Qualified Beneficiary	100
Qualifying Events	100
Initial Qualifying Events	101
Second Qualifying Events	102
Social Security Disability Extension	103
Electing COBRA Continuation Coverage	103
Cost of COBRA Continuation Coverage	104
Changing COBRA Continuation Coverage	104
Coordination of COBRA Continuation Coverage	105
End of COBRA Continuation Coverage	105

For More Information	106
Changing Your Address.....	106
Transitioning to Medicare Using COBRA	106
Chapter 11: Important Notifications and Disclosures.....	107
Not a Contract of Employment.....	107
Non-assignment of Benefits.....	107
Third-party Liability	107
Mistakes in Payment.....	108
Healthcare Audit Reward Program	108
Right of Recovery of Overpayment.....	108
Changing or Terminating the Plan	108
Severability	109
Statement of ERISA Rights	109
Women’s Health and Cancer Rights Act (WHCRA)	110
HIPAA Privacy Rights	110
Appendix A: Key Terms	111
Appendix B: Preventive Drugs and Services	123
Appendix C: Performance Drug List – Standard Control	136
Appendix D: Medications Requiring Prior Authorization for Medical Necessity.....	167

Plan Information

Plan Name

The NRECA Medical Plan, which is a component Plan of the NRECA Group Benefits Program.

Plan Number:	501
Plan Type:	Medical PPO Plan
Year End:	December 31
Plan Effective Date:	January 1, 2021

Plan Funding

Plan coverage is self-insured and funded in whole or in part through contributions made by participating Employers or Participants to the:

NRECA Group Benefits Trust
National Rural Electric Cooperative Association
4301 Wilson Boulevard
Arlington, VA 22203-1860

Plan Administration

Except where pre-empted by ERISA or other U.S. laws, the Plan's validity and any other provisions will be determined under the laws of the Commonwealth of Virginia. The Plan administration type is sponsor administration. Plan records are kept on a calendar-year basis.

Named Fiduciary

The named fiduciary of the NRECA Group Benefits Program (Program) is the Insurance and Financial Services Committee (I&FS Committee) of the NRECA Board of Directors (Board), whose members are appointed by the president of the Board from members of the Board. The I&FS Committee has both the central fiduciary responsibility for the Program, and is vested with the discretion to select providers for the Program, including the Plan Administrator, investment managers, and trustee. It is charged with management of the Program and the NRECA Group Benefits Trust. The I&FS Committee delegates authority to various entities and individuals to carry out required Plan operations and then actively monitors its delegates to help ensure compliance with complex federal laws and regulations governing employee benefit plans.

Plan Sponsor

National Rural Electric Cooperative Association
4301 Wilson Boulevard
Arlington, VA 22203-1860

Plan Sponsor's Employer Identification Number: 53-0116145

NRECA, as the Plan Sponsor, must abide by Plan rules when making decisions about how the Plan operates and how benefits are paid.

Plan Administrator

Senior Vice-President, Insurance and Financial Services
National Rural Electric Cooperative Association
4301 Wilson Boulevard, Mailstop IFS7-355
Arlington, VA 22203-1860

703.907.5500

The Plan Administrator has discretionary and final authority to interpret and implement Plan terms, resolve ambiguities and inconsistencies, and make all decisions about eligibility and entitlement to coverage or benefits.

In addition to the Senior Vice-President of the Insurance and Financial Services department, the person listed below has certain administration responsibilities for your Employer:

Benefits Administrator
LICKING VALLEY RURAL ELECT CO-OP CORP
PO Box 605
West Liberty, KY 41472

Plan Trustee

State Street Bank and Trust Company
1200 Crown Colony Drive, 5th Floor
Quincy, MA 02169

Agent for Service of Legal Process

The agent of service of legal process is the Plan Administrator. The Plan Administrator receives all legal notices on behalf of the Plan Sponsor regarding claims or suits filed with respect to this Plan. Such legal process may also be served upon the Plan Trustee.

Claims Administrator (Medical Benefits)

Cooperative Benefit Administrators, Inc. (CBA)
P.O. Box 6249
Lincoln, NE 68506

Claims Administrator (Prescription Drug Benefits)

CVS Caremark
P.O. Box 686005
San Antonio, TX 78268-6005

Chapter 1: Contact Information

For Information About	Contact				
Preauthorization for medical procedures and services	Simplified Hospital Admissions Review (SHARE) UMR P.O. Box 8042 Wausau, WI 54402-8042 Medical Review Coordinators 800.526.7322 (8 am to 7 pm ET Monday through Friday)				
Medical claims and provider information	United Medical Resources (UMR) P.O. Box 30515 Salt Lake City, UT 84130-7105				
Teladoc Consultations	800.Teladoc (800.835.2362) Teladoc.com/NRECA				
<ul style="list-style-type: none"> Clinical policy guidelines Explanation of benefits (EOB) General medical Plan questions 	<table> <tr> <th>Participants</th><th>Providers</th></tr> <tr> <td> Cooperative Benefit Administrators, Inc. (CBA) 866.673.2299, Option 1 contactcenter@nreca.coop cooperative.com </td><td> UMR 877.233.1800 </td></tr> </table>	Participants	Providers	Cooperative Benefit Administrators, Inc. (CBA) 866.673.2299, Option 1 contactcenter@nreca.coop cooperative.com	UMR 877.233.1800
Participants	Providers				
Cooperative Benefit Administrators, Inc. (CBA) 866.673.2299, Option 1 contactcenter@nreca.coop cooperative.com	UMR 877.233.1800				
Prescription drug benefits	CVS Caremark P.O. Box 686005 San Antonio, TX 78268-6005 888.796.7322 customerservice@caremark.com (available 24/7) caremark.com				
General benefit questions <ul style="list-style-type: none"> Eligibility Enrollment When coverage begins or ends Cost of coverage Family and Medical Leave Act (FMLA) 	Benefits Administrator LICKING VALLEY RURAL ELECT CO-OP CORP PO Box 605 West Liberty, KY 41472				
COBRA administrator	UMR COBRA Administration P.O. BOX 1246 Wausau, WI 54402				

Benefits questions, including creditable coverage for Medicare	Member Contact Center P.O. Box 6007 Lincoln, NE 68506 866.673.2299 Fax: 402.483.9300 contactcenter@nreca.coop
Transplant and cancer treatment programs	Centers of Excellence (COE) 800.526.7322
Bariatric program	Centers of Excellence (COE) 888.936.7246
Health and lifestyle issues and concerns	MyHealth Coaches 866.696.7322
Joint and spine surgery program	Centers of Excellence (COE) BridgeHealth 855.435.5790
Personal life concerns	Life Strategy Counseling Program 888.225.4289
Pregnancy support and resources	First Steps Maternity 800.526.7322
Designating a personal representative	NRECA Privacy Officer 4301 Wilson Boulevard Arlington, VA 22203-1860 Telephone: 703.907.6601 Fax: 703.907.6602 privacyofficer@nreca.coop

Chapter 2: PPO Plan Highlights

This chapter summarizes the Plan's medical and prescription drug benefits. Full details, including coverage amounts, limitations, and exclusions, appear in the chapters that follow.

Retirees and their dependents who are 65 or older are not eligible to participate in the Medical Plan (including prescription drug benefits). For details, read the *Coverage Under Medicare* section in the *Prescription Drug Benefits* chapter.

Overview of Your Cost-sharing

Deductible ^{1,2}	
Individual Annual Deductible (in-network)	\$300
Individual Annual Deductible (out-of-network)	\$900
Family Aggregate Deductible (in-network/out-of-network)	\$900 / \$2,700
Coinsurance	
Coinsurance Level (in-network/out-of-network)	100% / 80%
Individual Annual Out-of-pocket Coinsurance Maximum (in-network)	\$0
Individual Annual Out-of-pocket Coinsurance Maximum (out-of-network)	\$1,200
Family Aggregate Out-of-pocket Coinsurance Maximum (in-network/out-of-network)	\$0 / \$2,400
Copayment	
Physician's Office Visit	None
Teladoc Consultation	\$0 per consultation.
Laboratory Coverage	Preventive laboratory services are paid at 100%. Laboratory services charges are paid as part of the medical benefit and are subject to your annual Deductible, Coinsurance, and Copayments.
Emergency Room Copayment or Coinsurance	None, after Deductible and Coinsurance.
Prescription Drugs	Waived for covered generic drugs filled at an Exclusive Choice pharmacy (including CVS Caremark Mail Service). See the <i>Prescription Drug Benefit Cost-sharing</i> chart in this chapter.

Total Cost-sharing Out-of-Pocket Limit

In-network: There is a combined in-network total cost-sharing out-of-pocket limit for medical and prescription drug expenses (Deductibles and Copayments).

Effective January 1, 2021, the Plan's total cost-sharing out-of-pocket limits are **\$7,150** for individual coverage and **\$14,300** for family coverage. Also, the individual limit of **\$7,150** will apply to each covered person, whether enrolled for individual or family coverage.

Medical and Prescription
Drug Expenses

Out-of-network: There is no out-of-network total cost-sharing out-of-pocket limit.

¹The Deductible does not apply to charges for preventive services.

²Under this Plan, covered services are not reimbursed for you and your covered dependents until the family Deductible is met (if applicable). Amounts that count toward satisfying an in-network Deductible also count toward satisfying an out-of-network Deductible and vice versa.

Medical Benefit Highlights

Medical Service	Coinsurance ^{1,2} Level	
	In-network	Out-of-Network
Preventive Care for Adults	100%	80%
Well-child Care	100%	80%
Physician Services (includes services for Mental Health and Substance-related Disorders)	Office visits, second surgical opinions, outpatient mental health services	100% after Deductible 80% after Deductible
	Surgeon and anesthesiologist services	
	Inpatient, outpatient, and emergency room Physician services	100% after Deductible 80% after Deductible
	Allergy Immunization shots	
Diagnostic Lab & X-ray	Diagnostic services	100% after Deductible 80% after Deductible
	Preventive tests and screenings	100% 80% after Deductible

Medical Service	Coinsurance ^{1,2} Level	
	In-network	Out-of-Network
Hospital Services (includes services for Mental Health and Substance-related Disorders)	100% after Deductible	80% after Deductible
Emergency Room Services (includes services for Mental Health and Substance Related Disorders) ³	100% after Deductible	100% after Deductible
Ambulance Services	100% after Deductible	100% after Deductible
Convalescent Nursing Home Care	100% after Deductible	80% after Deductible
Hospice Care	100% after Deductible	100% after Deductible
Rehabilitation Services and Other Medical Services	100% after Deductible	80% after Deductible

¹Eligible expenses may be subject to Reasonable and Customary (R&C) Rates, Coinsurance maximum, total cost-sharing limits, and other service and/or benefit maximums. Please review the remainder of this SPD for full details about cost-sharing and maximums in this Plan.

²The Plan pays eligible expenses for covered services at the Coinsurance level.

³For emergency room charges only (excludes Hospital charges. Emergency room visits for actual emergencies are paid at the in-network benefit level.

Prescription Drug Benefit Highlights

Prescription Drug Benefit Cost-sharing ²		
Traditional Prescription Drug Benefit Option		You Pay...
Network ³ Pharmacies	Generic drugs at an Exclusive Choice ¹ pharmacy	\$0
	Generic drug at other in-network retail pharmacies	\$15
	Preferred brand-name ⁵ drug	\$30
	Non-preferred brand-name ⁵ drug	\$50
CVS Caremark Mail Service	Generic drug	\$0
	Preferred brand-name ⁵ drug	\$60
	Non-preferred brand-name ⁵ drug	\$100
	Specialty drugs: Maximum 30-day supply (must be ordered through CVS Caremark Specialty Pharmacy Mail	\$100

Prescription Drug Benefit Cost-sharing².

Traditional Prescription Drug Benefit Option

You Pay...

Service)

¹Exclusive Choice is a pharmacy network designed to help lower your prescription costs. For additional information, see the Prescription Drug Benefits chapter.

²Subject to the Dispense as Written feature (see the Prescription Drug Benefits chapter).

³"Network" means any participating retail network pharmacy. Contact CVS Caremark at the website address listed in the Contact Information chapter to find a participating retail network. If you go "out-of-network," must pay your portion of the cost-sharing plus any amount exceeding the cost at a participating retail network pharmacy.

⁵You pay less for brand-name drugs included on the preferred drug list.

Chapter 3: Eligibility and Participation Information

Eligibility to Participate

To be eligible to participate in this Plan, you must:

- Be part of a benefits-eligible classification;
- If you are an Active Employee, satisfy one of the Hours of Service Requirements for Active Employees described in the section below; and
- Have satisfied the Eligibility Waiting Period, if applicable.

Listed below are the Plan's eligible and excluded classes. See your benefits administrator if you have specific questions about eligibility.

Benefits-eligible Classifications

These Employee classifications are eligible to participate in this Plan:

- Active Employees;
- Dependents of Employees;
- Disabled Employees receiving Employer-sponsored long-term disability (LTD) benefits;
- Dependents of disabled Employees receiving Employer-sponsored LTD benefits;
- Under age 65 retired Employees (if covered by the Plan at the time of retirement);
- Under age 65 dependents of retired Employees (if covered by the Plan at the time of retirement);
- Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) beneficiaries; and
- Employees on approved leave of absence (see *Your Benefits During a Leave of Absence* chapter for details).

Your Employer treats Employees who are on long-term disability (LTD) (as defined by your Employer's LTD plan) as active Employees for purposes of eligibility to participate in this Plan.

For purposes of Plan eligibility, your Employer defines "retiree" as a former Employee who is under age 65 and has met the following criteria:

- A person who retires at or after age 55, regardless of years of service

These Employee classifications are not eligible to participate in this Plan:

- Intern (including student intern, work-study student)
- Part-time employee
- Seasonal worker
- Temporary employee

Hours of Service Requirement for Active Employees

As a **full-time Active Employee**, you must satisfy one of these Hours of Service Requirements:

- Upon hire (or status change), you are expected to work at least 1,000 hours for your Employer as an Active Employee during your first 12 months of employment;
- Upon hire (or status change), you had worked at another participating Employer within the past six months and had met the eligibility requirements at the prior participating Employer; or
- At the time of annual enrollment, you had worked at least 1,000 hours for your Employer in the preceding calendar year.

Coverage for Your Dependents

If you are eligible to participate, then each of your dependents who individually satisfies one of the following requirements may also participate in the Plan. For certain dependents, you may be required to provide documentation to NRECA to support eligibility (see *The Plan's Right to Audit* section in this chapter).

Eligible dependent(s) must be:

- Your spouse. Spouse means the person to whom a Participant is legally married under applicable state law, provided that such marriage is recognized as a legal marriage by the state in which the Participant's Employer has its principal place of business.
- Your child¹ (married or unmarried), up to age 26 who is:
 - Your biological child;
 - Your stepchild by marriage;
 - A child adopted by you (or placed for adoption with you); or
 - A child for whom you have legal guardianship;
- Your child¹ who is recognized under a Qualified Medical Child Support Order (QMCSO) as having a right to enrollment under your group health plan (if the child is eligible as stated above); or
- Your incapacitated adult child¹.

¹A dependent child's coverage ends at 11:59 pm on the last day of the month in which he or she reaches age 26.

Eligibility Requirements for Incapacitated Adult Children

Coverage for a child may continue past the age limit if the child is incapable of self-sustaining employment because of a mental or physical disability, and if your child:

- Is at least 26 years of age;
- Is unmarried;
- Qualifies as your tax dependent on an annual basis because he or she is permanently and totally disabled (as defined by the Internal Revenue Service [IRS] in Publication 501); **and**
- Has been continually covered as your eligible dependent under the NRECA Medical Plan or another insurer since becoming an incapacitated adult child.

If all above criteria are met, then you may enroll your incapacitated adult child at one of the following times:

- During your designated enrollment period for newly hired and newly eligible Employees;
- During annual benefits enrollment; or
- Within 31 days of a life or employment event.

When you initially request dependent coverage for an incapacitated adult child (and each year thereafter during annual enrollment), you must fill out the *NRECA Statement of Dependency (SOD)* form. This form provides proof of the dependent's incapacity, prior coverage, and tax dependency. NRECA reviews the form and approves or denies coverage. At any time, the plan may ask for additional documentation to verify one or more of your dependents' eligibility.

Subject to the *Date Your Insurance for Your Spouse and Child Ends* section, your child's coverage continues:

- While such child remains incapable of self-sustaining employment because of a mental or physical disability;

- If the SOD form is completed and approved when required; and
- While such child continues to qualify as a child, except for the age limit.

You and Your Spouse or Child Work for Participating Employers

One person cannot be simultaneously covered by the Plan as 1) an Employee, Director, or retiree and 2) a spouse or child. Also, the same individual may not be covered under more than one NRECA group Medical Plan at one time.

Current Spouse

If both you and your current spouse work for a participating co-op and are eligible for coverage separately (as an Employee, Director, or Retained Attorney), you will each be covered individually at your respective Employers. However, if you wish to cover eligible dependent children, **four** options are available:

- You enroll in individual coverage while your spouse and dependent children enroll in Employee plus child(ren) or family coverage;
- Your spouse enroll in individual coverage while you and your dependent children enroll in Employee plus child(ren) or family coverage;
- You enroll in family coverage (including your spouse and eligible-dependent children), and your spouse has no coverage under his or her own employment record; or
- Your spouse enrolls in family coverage (including you and your eligible dependent children), and you have no coverage under your own employment record.

Former Spouse

If both you and your former spouse work for a participating Employer and are eligible for coverage separately (as an Employee, Director, or Retained Attorney), you will each be covered individually at your respective Employer. However, if you wish to cover eligible dependent children, **two** options are available:

- **Your** enrollment election includes your jointly eligible dependent children. Therefore, your former spouse's enrollment election must **exclude** your jointly eligible dependent children; or
- Your **former spouse's** enrollment election includes your jointly eligible dependent children. Therefore, your enrollment election must **exclude** your jointly eligible dependent children.

If You Are Both a Retiree and an Employee

If you are a retiree **and** an Employee of a participating Employer and are eligible for coverage separately (as an Employee, retiree, Director, or Retained Attorney), you are not permitted to be covered under more than one NRECA Group Medical Plan at a time. Rather, you must choose to be covered as an Employee, retiree, Director, or Retained Attorney.

If both you and your spouse (or former spouse) work for or are retired from a participating Employer and are eligible for coverage separately (as an Employee, retiree, Director, or Retained Attorney), you each must choose whether to be covered as an Employee or retiree at your respective Employer. If you wish to cover eligible dependent children, **two** options are available:

- **Your** enrollment election includes your jointly eligible dependent children. Therefore, your former spouse's enrollment election must **exclude** your jointly eligible dependent children; or
- Your **former spouse's** enrollment election includes your jointly eligible dependent children. Therefore, your enrollment election must **exclude** your jointly eligible dependent children.

If Your Dependent Child Is Also an Employee

If your child is employed by a participating Employer and is also eligible for coverage as your dependent, then he or she must choose to:

- Be covered as your dependent;

- Be covered as your former spouse's dependent; or
- Enroll in coverage as an individual Employee.

Eligibility Waiting Period

Upon meeting the requirements described in the *Eligibility to Participate* section of this chapter, you must satisfy your Employer's Eligibility Waiting Period.

The Eligibility Waiting Period is the length of time you must have worked for your Employer before you may enroll in the Plan. Day one of your Eligibility Waiting Period corresponds with the first day you are Actively at Work in a benefits-eligible status.

If you contribute any portion of the premium for coverage, you may enroll in insurance coverage by enrolling in benefits with your Employer using their enrollment process or completing and returning the *NRECA Employee Worksheet* form to your benefits administrator within **31 days** of satisfying your Employer's eligibility waiting period. The form is available from your benefits administrator.

Your Plan's Eligibility Waiting Period

No Waiting Period is required by this Plan.

Moving from Part-time to Full-time Employment Status During the Year

If you move from part-time to full-time status during the calendar year and:

- If your Employer **excludes** part-time Employees from eligibility for benefits, then your Eligibility Waiting Period begins the date you move into an eligible status; or
- If your Employer **includes** part-time Employees in eligibility for benefits, then your Eligibility Waiting Period began the first day you were Actively at Work in a benefits-eligible status. If you have already met the Eligibility Waiting Period, then you are eligible for coverage immediately.

Rehired Former Employees and Rehired Retirees

A retiree who is rehired into a full-time position is eligible to participate in the Plan on the **date of rehire** if he or she:

- Was continuously enrolled in the Plan as a retiree since retirement;
- Maintained COBRA continuation coverage for the duration of the break in service; or
- Incurred a break in service immediately preceding rehire of six months or less.

A former Employee (or retiree) who is rehired into a full-time position **must satisfy the Employer's Eligibility Waiting Period** if he or she:

- Has not been continuously enrolled in the Plan as a retiree since retirement;
- Has not maintained COBRA continuation coverage for the entire break in service; or
- Incurred a break in service immediately preceding rehire of six months or longer.

Note: If part-time employment is a benefits-eligible status at your Employer and you are rehired into a part-time position, then you must also satisfy the 1,000 Hours of Service Requirement as a part-time Active Employee.

Health ID Card

After you enroll in this Plan, you will receive a health identification (ID) card. You can also go to cooperative.com > My Benefits > My Insurance to print a health ID card or order a new health ID card. Present your card each time you visit a provider.

When Coverage Begins (Participation Date)

You are covered under this Plan on either the Plan's effective date or the date you meet the eligibility criteria, whichever is later. See the *Eligibility to Participate* and *Eligibility Waiting Period* sections in this chapter.

Cost of Coverage

You and your Employer share the cost of your coverage and, if applicable, your dependents' coverage as follows:

- **Active Employees:** The employer pays 100% of the cost of your coverage.
- **Dependents of Employees:** You and the employer share in the cost of the coverage.
- **Disabled Employees:** You and the employer share in the cost of the coverage.
- **Dependents of disabled Employees:** You and the employer share in the cost of the coverage.
- **Under age 65 retired Employees:** You and the employer share in the cost of the coverage.
- **Under age 65 dependents of retired Employees:** You and the employer share in the cost of the coverage.

Your Employer will give you specific information about the cost of your coverage before you enroll in the Plan, whether at your initial enrollment, annual enrollment, or special enrollment. The cost of this coverage is subject to your Employer's policies and can change at any time.

Making Changes During the Year and Special Enrollment

If you experience one of the events listed below, you may be able to add, change, or drop coverage for yourself or your dependents. Also, if you decline coverage during your initial enrollment period and later experience one of the events listed here, you may qualify to add coverage for yourself and your eligible dependents. If you experience a qualifying event, you have 31 days from the date of the event to request enrollment or disenrollment. You may enroll new dependents as indicated if they satisfy the requirements for Plan eligibility.

Events include:

- Marriage;
- Divorce or annulment;
- Birth, adoption, placement for adoption, or court-appointed legal guardianship of your dependent child;
- Death of your spouse or dependent child;
- Loss of or enrollment in other group or individual health plan coverage (see *Losing Other Coverage* below); or
- Changes in your employment status (e.g., part-time to full-time, completion of an Employer trial work period or Waiting Period, going on or returning from an Employer-approved leave of absence, going on or returning from long-term disability leave, termination of employment, or retirement) that would make you eligible to participate in the Plan or to make a change to your Plan elections.

If you use your Employer's IRC Section 125 plan to make premium payments for coverage on a pre-tax basis, the requested election change must be consistent with one of the change-in-status events listed above. For example, if an employee divorces, the employee may drop coverage for the spouse and stepchildren, if applicable, but not for themselves or other covered dependents.

Coverage changes in this Plan, if elected on a timely basis, are effective retroactively to the date of the divorce, marriage, birth, adoption, placement for adoption, or legal guardianship. If you (as an

Employee) or your spouse are not currently enrolled, you may enroll yourself and your spouse when you enroll a new dependent child.

If you do not enroll new dependents within **31 days**, you must wait until the next event in the list above, change in employment status, or annual enrollment to obtain coverage for the new dependent.

Effective from March 1, 2020 until the extended due date defined below. Notwithstanding the foregoing, the deadline for the special enrollment period for enrolling in a health plan after a loss of coverage or acquiring a new dependent due to birth, marriage, adoption, or placement of adoption shall be extended without regard to the Outbreak Period. The "Outbreak Period" runs from March 1, 2020 until sixty (60) days after the COVID-19 National Emergency ends.

Contact your benefits administrator if you have questions about qualifying events.

Note: If you are an Active Employee (or the dependent of an Active Employee) who is covered under this Plan and you become eligible for Medicare but this Plan does not provide creditable prescription drug coverage, you may be eligible to elect an alternate NRECA Medical Plan (if your Employer offers one). Mid-year changes from a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) to a non-HDHP may result in excess HSA contributions. The excess HSA contributions may result in imputed income on your personal federal income tax return. You must elect coverage under the alternate Plan within 31 days of Medicare eligibility. If you believe you qualify, contact NRECA Employee Benefit Services at 866.673.2299 for further information and eligibility requirements.

Losing Other Coverage

If you 1) declined medical coverage for yourself or your dependents because you have other medical coverage and 2) either you or your dependents later lose the other medical coverage, those who lost coverage may qualify for **special enrollment** in this Plan. Your new enrollment form must be completed within 31 days of the date medical coverage was lost.

A loss of other medical coverage qualifies for special enrollment treatment **only** if **one** of the following conditions is met:

- You, as an Active Employee, or your dependents were covered under another group or individual medical plan or another group or individual medical insurance policy (through or outside of a Health Insurance Marketplace) at the time you were eligible for medical coverage under this Plan, and you or your dependents lose such coverage through no fault of your/their own; or
- You, as an Active Employee, or your dependents lost the other group medical coverage because you exhausted COBRA continuation coverage, and you were either no longer eligible under that plan or an Employer's contributions under that plan stopped.

Note: You and your spouse do not have special enrollment rights if your coverage ended either because you failed to pay premiums on time or because your coverage was terminated for cause, such as making a fraudulent claim or an intentional misrepresentation of a material fact.

Special Rules for Retirees and Their Covered Dependents

If you are a covered retiree, you may drop your coverage or your dependents' coverage at any time during the year without a life or employment event. To do so, you must notify your benefits administrator within **31 days** of the requested date of coverage change. However, if you drop your coverage or your dependents' coverage, you are not permitted to re-enroll yourself or your dependents in such coverage.

If you are the covered dependent of a retiree who is currently enrolled in the Plan and you are under age 65, you are eligible for special enrollment upon marriage or acquisition of a new dependent by marriage, adoption, birth, placement for adoption, or legal guardianship.

Note: Retirees and dependents of retirees are not eligible for special enrollment opportunities that arise from their loss of other coverage.

Special Enrollment Rights Under CHIP

Under the Children's Health Insurance Program (CHIP) Reauthorization Act of 2009, you and your dependents who are covered by this Plan may be eligible for a special opportunity to enroll in (or withdraw from) the Plan, as applicable, under the following conditions:

- If you or your dependents lose coverage under your state's CHIP or Medicaid program, you may be able to enroll yourself and your dependents in this Plan, provided that you request enrollment within 60 days after the termination of your state's CHIP or Medicaid coverage;
- If you or your dependents become eligible for a premium assistance subsidy under your state's CHIP or Medicaid coverage, you may be able to enroll yourself and your dependents in this Plan, provided that you request enrollment within 60 days after eligibility is determined; or
- If you or your dependents become eligible for coverage under your state's CHIP or Medicaid program, you and your dependents have the right to withdraw from this Plan the first day of the month after you give notice to your Employer.

Qualified Medical Child Support Order (QMCSO)

The Plan extends benefits to an Employee's noncustodial child, as required by any QMCSO, under the Employee Retirement Income Security Act of 1974 (ERISA) §609(a), to the extent such child is otherwise eligible to be covered under the Plan. The Plan has procedures for determining whether an order qualifies as a QMCSO. Participants and beneficiaries can obtain, without charge, a copy of such procedures from the Plan Administrator.

When Coverage Ends

Your coverage ends at termination of employment.

Your coverage (and your dependents' coverage) ends if:

- You fail to pay your share of the premium;
- Your hours worked drop below the required eligibility threshold;
- You are no longer in a status that is eligible to participate in the Plan;
- You or your dependents submit false claims or misuse health ID cards;
- You or your dependents 1) intentionally misrepresent a material fact concerning eligibility for Plan coverage or benefits or 2) commit fraud to obtain Plan coverage or benefits. In either case, coverage termination will be retroactive to the date of ineligibility and you (or your dependents) will receive 30 days' advance written notice of coverage termination. See the *Rescission of Coverage* section below. An intentional misrepresentation of fact includes, but is not limited to, your failure to report a divorce, a change in your dependent's eligibility status, or any other change in eligibility status in accordance with Plan terms; and
- Your uncompensated leave of absence exceeds the thresholds outlined in the *Your Benefits During a Leave of Absence* chapter.
- **If you retire after age 65**, your coverage ends on your last day of employment if you do not elect retiree coverage. If you elect retiree coverage, your coverage will end on the last day of the month.
- **If you retired prior to age 65**, coverage ends on the last day of the month prior to when you turn 65 unless your birthday falls on the first day of the month. In that case, your coverage ends on the last day of the second month prior to your 65th birthday.
- **If you are the dependent spouse of a retiree**, your coverage ends the last day of the month prior to when you turn 65 unless your 65th birthday falls on the first day of the month. In that case, your coverage ends on the last day of the second month prior to your 65th birthday.
- **If you are the dependent child of a retiree**, your coverage ends when you no longer meet the Plan's dependent child eligibility requirements.
- **If you are either a Medicare-disabled Employee or the Medicare-eligible spouse of a Medicare-disabled Employee** for whom Medicare is the primary payer, you are no longer

eligible for prescription drug coverage under the Plan unless suitable replacement Medicare prescription drug coverage is not available. You will have no form of creditable prescription drug coverage as defined under Medicare.

Your coverage ends on the date your Employer no longer offers the Plan. Your coverage also ends if:

- The Plan terminates;
- The Employer terminates its participation in the Plan;
- You voluntarily make a permitted election to drop coverage; or
- You die.

In all of the above cases, coverage for your spouse and children ends when your coverage ends. Dependent coverage also ends:

- For a spouse, upon divorce;
- For any dependent, when he or she no longer meets dependent eligibility requirements;
- When you voluntarily make a permitted election to drop a dependent's coverage; or
- When your covered dependent dies.

Rescission of Coverage

Rescission of Coverage means cancellation, termination, or discontinuance of coverage effective as of a past date on which you became ineligible. The Plan will rescind your (or your dependents') coverage with 30 days' advance written notice if, in its sole discretion, the Plan determines that your fraud against the Plan or your intentional misrepresentation of a material fact resulted in eligibility for you or your dependents when in fact you (or your dependents) were not eligible.

An *intentional misrepresentation of fact* includes, but is not limited to, your failure to report a divorce, a change in your dependent's eligibility status, or any other change in eligibility status in accordance with Plan terms. Enrolling an ineligible individual or failure otherwise to comply with the Plan's eligibility requirements constitutes fraud or an *intentional misrepresentation of material fact*.

The following coverage terminations are **not** Rescissions of Coverage and do not require the Plan to give you 30 days' advance written notice of coverage termination:

- The Plan terminates your (and your dependents') coverage retroactive to your employment termination date or the date you made a change in coverage election when 1) there is a delay in your Employer's administrative recordkeeping that results in your Employer's failure to notify the Plan of your termination of employment or of a change in coverage election in a timely manner, 2) you paid no Plan premiums or contributions after your employment termination date or the date you made a change in coverage election and 3) no claims have been paid by the Plan;
- You failed to pay timely, required premiums or contributions for Plan coverage and, as a result, the Plan terminates your (and your dependents') coverage as of the last coverage date for which you did pay required Plan premiums or contributions on time; or
- The Plan retroactively terminates coverage for either your former spouse or your stepchildren, as of your divorce date, when 1) the Plan is not notified of the divorce in a timely manner, and 2) the full COBRA premium has not been paid by your former spouse.

When the Plan's coverage of you (or your dependents) should not have occurred because of an unintentional mistake or error, the Plan will terminate that coverage prospectively—going forward—once the mistake or error is identified. Because such termination is not a Rescission of Coverage, the Plan will not give you 30 days' advance written notice.

Moving from Full-time to Part-time Employment Status During the Year

If you move from full-time to part-time status during the calendar year and:

- If your Employer **excludes part-time Employees** from benefits eligibility, then your coverage will end at 11:59 pm on the last day you are considered full-time; or
- If your Employer **includes part-time Employees** in benefits eligibility, then coverage for you and your enrolled dependents continues through the end of the first calendar year in which you do not work 1,000 hours.

Misuse of Plan Health ID Card

The health ID card issued by the Plan to you and your dependents is for identification purposes only and must be used only by you and your covered dependents. Possession of a health ID card confers no right to services or benefits under this Plan. Misuse of the card is grounds for termination of your coverage, as described above.

Continuation of Coverage

You must be covered on your last day of employment to be eligible to continue coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). For details, see the *Continuing Coverage Under COBRA* chapter.

Note: If you are covered by this Plan as an Active Employee, Director, or Retained Attorney and you voluntarily drop coverage because you become eligible for Medicare, you and your dependents cannot elect COBRA coverage to continue coverage under this Plan.

Continuation and reinstatement rights may be available if you are absent from employment to perform uniformed service governed by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). For details, review the section about USERRA in the *Your Benefits During a Leave of Absence* chapter.

The Plan's Right to Audit

The Plan reserves the right to audit your eligibility (and your dependents' eligibility) by requesting substantiating documentation. In the event either you or your dependent(s) are later found to be ineligible for coverage, coverage may be canceled retroactively to the date of ineligibility and the Plan will seek to recover any claims paid on your behalf or on behalf of the ineligible dependent(s). Enrollment of an ineligible individual, whether yourself or your dependent, will be treated by the Plan as an intentional misrepresentation of material fact or fraud.

Chapter 4: Your Benefits During a Leave of Absence

General Information

A leave of absence means time away from work, as permitted by your Employer, for reasons such as military duty, family care, disability, or personal needs. **Time away from work does not include time off as a result of disciplinary suspension.**

Depending on the types of leaves your Employer offers, you may remain eligible to participate in this Plan while you are on leave of absence. How you (or your Employer) pay for your Plan premiums during a leave of absence may vary. **Remember that the specific Plan provisions described in the individual chapters of this SPD continue to govern the administration of benefits during your leave of absence.**

Your leave of absence may be protected under either the **Family and Medical Leave Act (FMLA)** or the **Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)**. Specific sections later in this chapter describe each of these leave types in more detail.

If you have questions about your own leave of absence, contact your benefits administrator.

Compensated and Uncompensated Leave of Absence

Your approved leave of absence may be **compensated** or **uncompensated** based on the sources of income you receive during your leave of absence.

Compensated leave means the period of time that you are **not** Actively at Work and you **are** receiving one or more of the following sources of income:

- Base wages (pay) for time worked;
- Accrued, unused paid time off (such as sick leave, vacation leave, or personal leave);
- Holiday pay (including pay for floating or variable holidays);
- Pay by your Employer for other time away from work (e.g., bereavement, community service, general election voting, jury duty, weather closings);
- Short-term Disability benefits from your Employer;
- Long-term Disability benefits from your Employer;
- Military supplement pay; or
- Salary continuation programs and extended illness benefits.

Uncompensated leave means the period of time that you **are not** Actively at Work and **are not** receiving one or more of the income sources listed above.

Eligibility to Participate During Your Leave of Absence

If your employment continues and you are on an Employer-approved **compensated** leave of absence, eligibility to participate in this Plan generally continues as long as the required applicable premium is paid.

If you are on an Employer-approved **uncompensated** leave of absence, eligibility to participate in this Plan may continue for up to 90 calendar days as long as the required applicable premium is paid. If you obtain other employment during your uncompensated leave of absence, your eligibility to participate may end before 90 calendar days.

Note: If you participate in your Employer's long-term disability (LTD) plan and either you have a claim pending with that plan (an initial claim, a claim for which an appeal is pending, or a claim for which the appeals filing deadline has not expired) or you are waiting for the LTD plan's Benefit Waiting Period to end, then your eligibility to participate in this Plan continues as long as the required premium is paid. If your LTD claim is approved, continued eligibility to participate in this Plan depends on your Employer's policy. If your LTD claim is denied, then your eligibility to

participate in this Plan ends on either the date your initial claim is denied or the date your claim is denied on appeal.

Annual Benefits Enrollment

When you are on a leave of absence and are eligible to continue to participate in this Plan, you may generally make benefit elections (subject to all Plan enrollment provisions) during the annual benefits enrollment period for the upcoming Plan year. Benefits elected during the annual benefits enrollment period and corresponding costs for coverage become effective January 1 of the following year. However, if during the annual benefits enrollment period you elect a benefit option with an Actively at Work requirement and then, on the following January 1, you are on a leave of absence, your coverage effective date will be delayed until you return to work in a benefits-eligible position.

Paying for Benefits During Your Leave of Absence

You or your Employer must make the required premium payments for your benefits coverage while you are on a leave of absence. If your benefits coverage terminates due to nonpayment of premiums, reinstatement or re-enrollment options will vary when you return to work in a benefits-eligible position immediately following your leave. See the *Returning from a Leave of Absence* section in this chapter for details.

Returning from a Leave of Absence

If your premiums were paid while you were on a leave of absence and you return to work in a benefits-eligible position immediately afterward, then your benefit elections will continue on your return.

If you return to work immediately following the end of your approved leave, you are eligible to re-enroll in this Plan. Your coverage is effective on the date you return to work. For additional information, contact your benefits administrator or see the *When You Can Enroll (or Make Changes)* section in the *Eligibility and Participation* chapter.

Different requirements may apply when you return from a leave of absence that is protected under FMLA or USERRA. For additional information, see the sections in this chapter about FMLA and USERRA.

If You Terminate Employment While on a Leave of Absence

If your employment ends either during or at the end of your leave of absence and your benefits coverage was not terminated during the leave, you or your Employer must make any required premium payments that did not occur. If you do not pay for all elected benefit coverages by the due date, your coverage will end **on the date of termination**. If your coverage terminates due to premium nonpayment, you may lose eligibility for COBRA continuation coverage.

Workers' Compensation

Your period of workers' compensation may be either compensated (paid) or uncompensated (unpaid), depending on whether you receive income from any source listed in the *Compensated and Uncompensated Leave of Absence* section in this chapter. If you receive one of these income types, then you are eligible to continue your benefits until your compensated leave ends. If your workers' compensation is considered an uncompensated leave, your coverage will end on the last day worked.

Family and Medical Leave Act (FMLA)

Basic Leave Entitlement

FMLA requires covered Employers to provide up to 12 weeks of unpaid, job-protected leave to eligible Employees. The following leaves of absence are protected under FMLA:

- Incapacity due to pregnancy, prenatal medical care, or childbirth;
- To care for the Employee's child after birth or placement for adoption or foster care;
- To care for the Employee's spouse, son, daughter, or parent who has a serious health condition; or
- A serious health condition that makes the Employee unable to perform his or her job.

If your leave is protected under FMLA, then until you return to work your Employer will continue to maintain your benefits if you elect to continue coverage and make the required premiums. If you do not choose to continue coverage during your FMLA leave, when you return to work your Employer will reinstate your coverage to the extent required by FMLA.

If you and your Employer are covered by FMLA and you do not return to work at the end of your FMLA leave of absence, you may be entitled to elect COBRA, even if you withdrew from coverage under this Plan during the leave.

Military Family Leave Entitlements

Eligible Employees whose spouse, son, daughter, or parent is on (or called to) covered active duty may use their 12-week FMLA entitlement for certain related purposes. Examples include attending certain military events, arranging for alternative Child Care, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Under FMLA, eligible Employees may also take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is:

- A current member of the armed forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy; is otherwise in outpatient status; or is otherwise on the temporary disability retired list for a serious injury or illness; or
- A veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible Employee takes FMLA leave to care for the covered veteran and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

For specific information about your co-op's benefits during an FMLA-covered leave, contact your benefits administrator.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

Under USERRA, if you begin an authorized military leave of absence to serve on active duty in 1) the U.S. Armed Forces or 2) the National Guard of a state that is called to federal service, you have certain employment and Employee benefit rights during and after your duty.

Military Leave of 31 or Fewer Days

There is no impact to this Plan's benefits coverage for you or your covered dependents.

Military Leave Longer Than 31 Days

Your Plan coverage can continue through the first 24 months of an approved military leave to the extent required by USERRA, as long as you do not voluntarily drop coverage and continue to pay your portion of the premiums.

You may drop your Plan coverage when you begin military leave. Coverage stops if you stop paying your contributions or portion of the premiums or if you cancel coverage, as allowed under USERRA. The change in coverage will generally be effective the date your military leave begins.

If you drop your coverage when you start military leave, or if your coverage lapses or terminates due to nonpayment, and you later return to work in a benefits-eligible position within the applicable job reinstatement period, then your coverage and contributions can be reinstated to the extent required by USERRA. Coverage is effective upon your reemployment. If you do not reinstate your coverage within 31 days of your reemployment, then you may not re-enroll until the next annual enrollment period, unless you have an applicable special enrollment right, life event, or employment event. For more information, see the *Special Enrollment Rights Under CHIP* and *Making Changes During the Year and Special Enrollment* sections in the *Eligibility and Participation Information* chapter.

For specific information about your co-op's benefits and premium requirements during military leave, contact your benefits administrator.

Chapter 5: Medical Plan Benefits

How the Plan Works

This Plan provides medical benefits and services to eligible Employees and their covered dependents. Your Plan benefits include medical and surgical services and supplies, medications, mental health, and substance abuse benefits, along with certain other services and programs (such as chiropractic care) as elected by your Employer and described in detail later in this chapter.

Medical benefits are administered by Cooperative Benefit Administrators (CBA) and prescription drug claims by CVS Caremark.

Cost-sharing

You will share in your health care costs through certain cost-sharing features that are described in detail in this chapter and defined in *Appendix A: Key Terms*.

- A **Deductible** is the amount of eligible health care expenses that you must pay in a calendar year before the Plan begins to pay benefits. The annual Deductible counts toward your annual out-of-pocket maximum.
- A **Copayment** is a flat dollar amount that you must pay for a specific covered service, such as a Physician's office visit.
- **Coinsurance** is a percentage of an eligible expense that you pay for covered health services, generally after you have met your Deductible. Your Coinsurance amount may vary depending on the provider you visit; and
- **Eligible expenses** (or covered charges) are the charges for services that are covered and provided by the Plan, subject to the claims administrator's guidelines.

The Deductible

All services except preventive services count toward the annual Deductible. Copayments (for office visits, prescription drugs, etc.) do not count toward your Deductible.

Your in-network and out-of-network Deductibles (see the *Plan Highlights* chapter) are actually a combined Deductible. Amounts that count toward the in-network Deductible also count toward the out-of-network Deductible and vice versa.

Each individual covered under the Plan must satisfy his or her annual Deductible (or contribute to the family Deductible) before the Plan will begin to pay benefits for that person in a calendar year.

If you are enrolled in family coverage, then you will have a **family Deductible**. Eligible expenses for all family members count toward the family aggregate Deductible. For each family member, the maximum applied is the individual annual Deductible.

Here is an example of how Michelle and her family can meet their family Deductible. In this example, Michelle's individual Deductible is \$800 and her family Deductible is \$1,600. The family Deductible could be met as shown below. **Once the family Deductible is met, individual family members are no longer subject to the individual Deductible amounts.**

Family Member	Deductible Paid
Michelle	\$800
	(meets individual Deductible)
Michelle's Spouse	\$550
Michelle's Child	\$250
Total	\$1,600
	(meets family Deductible)

Coinsurance and Copayments

For most covered medical treatments and services, you and the Plan will share the cost of medical expenses once your Deductible is satisfied. You will pay a percentage, and the Plan will pay the remaining percentage. This is called Coinsurance.

Generally, in-network providers are reimbursed for covered services at a higher Coinsurance level than out-of-network providers.

In other cases (such as for Physician's office visits), you may need to pay a specific-dollar amount toward the cost. This is known as a Copayment.

See the *Plan Highlights* for a list of the Coinsurance percentages and applicable Copayment amounts for the medical treatments and services covered under the Plan.

Annual Out-of-Pocket Coinsurance Maximum

The limit on how much you and your family must pay toward covered medical treatments and services each calendar year is called the annual Out-of-Pocket (OOP) Coinsurance Maximum.

The following amounts do not count toward the annual OOP Coinsurance Maximum:

- Amounts above R&C rates;
- Any 20% reduction in eligible expenses for failure to Preauthorize through SHARE (see the *Services and Supplies Requiring Preauthorization by SHARE* section for details); and
- Expenses for services not covered by the Plan.

If you are enrolled in family coverage and you have reached the family OOP Coinsurance Maximum, the Plan will pay covered expenses at 100% for all covered family members for the remainder of the calendar year. Amounts that count toward the in-network OOP Coinsurance Maximum also count toward the out-of-network OOP Coinsurance Maximum and vice versa.

Note: The family annual OOP Coinsurance Maximum equals the total out-of-pocket expenses incurred by all family members. Each family member never has to meet more than the individual annual OOP Coinsurance Maximum.

Total Cost-sharing Out-of-Pocket Maximum

The limit to how much you and your family must pay toward covered medical treatments and services in a calendar year is called the total Cost-sharing Out-of-Pocket (OOP) Maximum.

Once you have reached your total Cost-sharing Out-of-Pocket Maximum for medical and prescription drug expenses, the Plan pays your eligible expenses for the remainder of the calendar year as outlined in the *Overview of Your Cost-sharing* chart.

Because medical claims are processed by Cooperative Benefit Administrators (CBA) and prescription drug claims by CVS Caremark, the Plan's records may not immediately reflect your total cost-sharing out-of-pocket expenses. For this reason, you may need to pay for a medical or a prescription drug expense even though you have met the annual OOP Coinsurance Maximum. If this occurs, CBA will issue you a refund.

Provider Networks and Reimbursement Rates

The Plan will pay covered charges for Physician's visits and for Hospital, surgical, and other medical services and supplies (including prescription drugs) at the Coinsurance level listed in the *Overview of Your Cost-sharing* chart (located in the *Plan Highlights* chapter). Under the Plan, you may choose to visit any Physician; however, visiting preferred providers may mean lower costs for you because those providers have agreed to accept set fees for their services.

Reasonable and Customary (R&C) Rates

The R&C Rate for any service or supply is the amount usually charged by providers in the same general area for the same service or supply. R&C Rates do not apply to services you receive from providers in your primary Preferred Provider Organization (PPO) network because in-network providers have pre-negotiated contracted fees for their services. Charges from providers who are not in your primary PPO network(s) (also called non-participating providers) are subject to R&C rates. If your provider charges more than the R&C Rates, you must pay any amounts over those limits. In addition, the Plan may require a Copayment when you visit a Physician or an emergency room. See *Appendix A: Key Terms* for the definition of R&C Rates.

Evaluation of Services

When evaluating submitted or billed charges to determine which are eligible, the Plan also reviews how each procedure or service is coded. The Plan will pay benefits based on industry coding standards when procedures and services commonly considered to be incidental or combined are instead billed or listed separately. Although each Physician has a right to determine how much to charge for his or her services, the Plan will cover the industry standard valuation for the services provided.

Preferred Provider Organization (PPO) Network Discounts

This Plan provides a discount to Participants who use PPO network medical services. Although you may visit any health care provider, you will receive greater discounts when you see providers who are in the Plan's PPO network (known as preferred providers). When you visit preferred providers, you also do not have to fill out claim forms.

Your Plan's PPO network(s) are shown on the front of your health ID card. In some cases, you will have a local PPO and an out-of-area PPO network.

You can find providers who participate in the Plan's local or out-of-area PPO networks in these ways:

- Refer to the logo(s) on the front of your health ID card;
- Log in to cooperative.com and go to My Benefits > Find a Doctor; or
- Call CBA (see the *Contacts Information* chapter) for assistance.

The list of preferred providers changes frequently. Call ahead to verify that your provider or facility still participates in the network.

Remember these facts about primary PPO networks:

- The medical Plan pays 100% of eligible preventive care services received from in-network providers (there is no annual Deductible to satisfy);
- PPO in-network Physicians and Hospitals are not affiliated with, and have not been selected, by your Employer. In-network providers have no contract with your Employer. The Plan pays PPO in-network providers according to contracted rates that apply only to such in-network providers;
- Neither the Plan nor your Employer provides or guarantees the quality of the health care that you or a covered dependent receive under the Plan;
- You always have the choice of what services you receive and who provides your care, regardless of what the Plan covers or pays; and
- Even if a Hospital is a PPO in-network provider, some Physicians and other health care providers who practice in that Hospital may not be PPO in-network providers, and vice versa. Services provided by out-of-network providers are not covered at the in-network benefit level except in the situations discussed in the section below.

When In-network Benefits Are Paid for Out-of-Network Providers

The Plan covers eligible inpatient or outpatient Hospital services rendered by ancillary providers (such as surgical assistants, anesthesiologists, hospitalists, and radiologists) at the in-network

benefit level. Benefits for covered services from all other specialists (such as cardiologists and oncologists) are paid based on their participation status with the PPO network.

Eligible emergency room charges for an actual Medical Emergency are covered at the in-network benefit level. Emergency surgery or procedure(s) directly related to an emergency room episode of care are covered at the in-network benefit level.

All eligible expenses are subject to possible reduction due to R&C rates.

When Medicare is your primary plan (and this Plan is secondary), for purposes of coordinating benefits with Medicare, medical charges covered under this Plan are always covered at the in-network benefit level. In all other cases, the benefit level is determined by the PPO network participation status of the provider rendering the service.

Even if a Hospital is a PPO in-network provider, the Physicians and other health care providers who practice at that Hospital may not be, and vice-versa. This Plan covers services provided by out-of-network providers at the out-of-network benefit level, except in the situations discussed in the section above.

If your PPO provider network changes, you can apply for a Transition of Care exception if you have certain medical conditions. If approved by CBA (in its sole discretion), the Plan will provide continued in-network coverage with your current provider for up to six months. A Transition of Care exception will be granted only if:

- Your local PPO network was discontinued or changed; or
- Your employer transferred from another health insurer to the NRECA group medical plan.

Medical conditions or treatments that may be eligible for a Transition of Care exception include, but are not limited to:

- Second or third trimester of pregnancy (up to eight weeks postpartum);
 - Moderate or high-risk pregnancies;
 - Active courses of cancer treatment (e.g., Chemotherapy, radiation);
 - Organ transplant patients awaiting a donor or under active treatment; or
 - In-patient Hospital admission at the time of the network change.
- Treatment of stable conditions, minor illnesses, routine procedures, and elective surgical procedures are not eligible for a Transition of Care exception.
- To apply for a Transition of Care exception, contact CBA for a *Transition of Care Request* form. Complete the form and return it to CBA. CBA will review the request and approve or deny it based on the Plan's criteria for Transition of Care. If you have questions, contact the Member Contact Center (MCC) at 866.673.2299.

Secondary Networks

NRECA partners with selected medical provider networks to help you obtain discounted medical services from certain providers who are not in the primary provider network. These additional networks are known as secondary networks.

Each secondary network has a group of participating acute-care Hospitals, ancillary providers, and practitioners. The secondary network logo that appears on the back of your health ID card lets the provider know that you qualify for a discount. Secondary network providers agree to accept the discounted amount as the total eligible charge. Benefits for visits to secondary network providers are paid at the out-of-network level. You are not responsible for balances more than the discounted charge for covered services; however, you must pay any part of the discounted amount that is applied to your out-of-network Deductible and Coinsurance.

Note: The Plan will pay the lesser of the secondary network discounted amount or the R&C rate. If the Plan pays the R&C rate, the provider may bill you for the amount more than the R&C rate in addition to your out-of-network Deductible and Coinsurance. The EOB you receive from CBA will show either the secondary network discount or the R&C rate.

Negotiated Discounts

NRECA may also negotiate directly with an out-of-network provider to obtain a discount on the provider's standard billed charge. Providers must agree to accept the negotiated amount as payment in full. You are not responsible for balances more than the negotiated discounted charge for covered services; however, you are responsible to pay any part of the discounted amount that is applied to your out-of-network Deductible and Coinsurance.

Note: The Plan will pay the lesser of the negotiated discounted amount or the R&C rate. If the Plan pays the R&C rate, the provider may bill you for the amount more than the R&C rate in addition to your out-of-network Deductible and Coinsurance. The EOB you receive from CBA will reflect either the negotiated discount or the R&C rate.

Important Facts About Secondary Networks and Negotiated Discounts

- Providers who agree to provide a negotiated discount are not affiliated with and have not been selected by your Employer. These providers have no contract with your Employer. The Plan pays providers the lesser of the negotiated rate or the R&C rate;
- Secondary network providers are not affiliated with, have not been selected by, and have no contract with your Employer. The Plan pays network providers according to contracted rates and these rates apply only to secondary network providers;
- Neither the Plan nor your Employer provides or guarantees the quality of the medical care that you or a covered dependent receive under the Plan;
- You always have the choice of the services you receive or who provides your care, regardless of what the Plan covers or pays; and
- To identify which providers participate in the secondary network, call the contact number for the secondary network on the back of your health ID card.

Coverage While Traveling Outside the United States

For the Plan to cover services obtained outside the United States, these requirements must be met:

- The service must be a recognized service in the United States;
- All provider billings and records must be translated into English;
- Bills must clearly show the patient's name, provider's name, date of service, diagnosis, and a description of the services rendered; and
- The current currency exchange rate must be provided with the bill, showing the daily exchange rate for the dates the services were rendered. If you pay for services using a credit card, the card service will automatically translate the expenses into U.S. currency at the prevailing rate.

Benefits for covered services received outside of the United States will always be paid to the Plan Participant. Participants must pay for all foreign services up front before submitting a claim for charges to the Plan.

The Simplified Hospital Admission Review (SHARE) Program

Coping with an illness or Injury that requires hospitalization can be stressful, confusing, and costly. Understanding your treatment options and which expenses your insurance will cover is important. To help reduce the confusion and costs associated with hospitalization and other medical services, the Plan includes the SHARE program. SHARE is responsible for preauthorizing certain services and supplies for Medical Necessity. Specific services for which you must contact SHARE are listed in the section of this *What the Plan Covers* chapter.

Four Benefits of SHARE

The SHARE program offers the following four medical review services to help you make informed health care decisions:

Hospital Confinement Review

The SHARE program will contact your Physician to perform a Hospital Confinement review as soon as it is notified that a hospitalization has been prescribed.

The SHARE medical review coordinator will discuss with your Physician the reason for your hospitalization and an appropriate length of confinement. The coordinator will evaluate the proposed treatment plan to be sure that the length of your Hospital stay and any recommended convalescent treatments or facility stays are medically appropriate. The coordinator will then mail a Hospital admission confirmation to both you and your Physician.

Although the Hospital admission confirmation approves the medical appropriateness of the proposed hospitalization, it does not guarantee either the payment or amount of benefits. Eligibility for and payment of benefits are subject to all Plan terms. A Hospital admission confirmation is binding, unless the information furnished to the SHARE medical review coordinator was incorrect.

Under the Plan terms, expenses for services or supplies that are not Medically Necessary and days of inpatient Hospital Confinement that are not Medically Necessary are not eligible expenses. For this reason, all or some days of inpatient Hospital Confinement may not be eligible expenses.

If needed for your condition, SHARE may extend the approved number of days of inpatient Hospital Confinement. To arrange for your Physician to request an extension, you must call the SHARE medical review coordinator before the previously approved length of stay is over. Once you request an extension, the SHARE medical review coordinator determines the need based on the Physician's information. The coordinator then tells the Physician how many days, if any, are approved and sends a written notice to you, the Physician, and the Hospital.

If your Preauthorization review for Medical Necessity or determination of need is not approved by SHARE, you have a right to appeal the decision. See the *Medical Claims and Appeals* chapter for more about the appeals process.

Medical Case Management

If a Hospital admission could require long-term care, a SHARE case manager will be assigned to provide guidance and information about available resources. The patient and family select the most appropriate treatment plan and the SHARE case manager coordinates and implements the Plan.

Medical case management is a voluntary service. Your benefits are not reduced and you are not penalized if you choose not to participate. Medical decisions are made by you and your Physician and do not involve the Plan.

Discharge Planning

SHARE monitors your progress in the Hospital and, through discharge planning, monitors your treatment and progress throughout recovery. When you need continuing care after your release, SHARE works with the Hospital to arrange your transfer to an extended-care facility, a nursing home, or your own home. For the Plan to cover transportation services, CBA must determine that transportation to one of the previously listed destinations is Medically Necessary. SHARE also arranges for wheelchairs, Hospital beds, home care nurses, pharmaceuticals, and other health aids.

First Steps Maternity Program

The Plan's First Steps Maternity Program is a highly specialized program designed to monitor low-risk pregnancies and to identify complications early so Plan participants can locate and receive proper prenatal care to identify a high-risk pregnancy.

The First Steps Maternity Program also provides expectant mothers and fathers with access to experienced OB/GYN nurses who can provide individualized one-on-one telephone consultations and act as a trusted resource for pregnancy-related questions and support. As an incentive to enroll, mothers-to-be may receive:

- Up to \$150 in MasterCard gift cards (dependent on the trimester enrolled);
- Prescription prenatal vitamins (with a doctor's prescription) at no cost for up to 12 months after enrollment;

- Choice of a free pregnancy book from a number of best-selling titles;
- Access to online educational content; and
- A NRECA Willie Wiredhand baby blanket.

These and more free items are included in the First Steps Maternity Welcome Package. To enroll in the confidential First Steps Maternity Program at no additional cost, call 800.526.7322.

Services and Supplies that Require Preauthorization by SHARE

As described earlier, the SHARE program reviews and coordinates medical treatment, helping Plan Participants make informed decisions about both treatment and Plan use. SHARE must Preauthorize these services and supplies for **Medical Necessity**:

- All inpatient Hospital admissions (emergency or non-emergency), including behavioral health admissions, skilled nursing facilities, and extended care stays;
- All outpatient, non-emergency high-end radiology (e.g., CT, MRI, MRA, PET, and nuclear cardiology scans);
- Home health care;
- Durable Medical Equipment (not braces and orthotics), including equipment purchases over \$1,500, prosthetics over \$1,000, and Equipment rentals over \$500;
- Clinical trials; and
- Maternity services if the Hospital stay exceeds the 48-hour or 96-hour guidelines (including stays for a newborn that continues after the mother has been discharged).

SHARE helps you reduce the risks and costs of unnecessary hospitalization and medical care by choosing the safest, most appropriate course of treatment. However, medical decisions do not involve the Plan and are ultimately made by each patient with his or her Physician. When planning and coordinating your care, remember:

- If SHARE does not Preauthorize services or supplies for Medical Necessity when required, the amount of your eligible expenses that the Plan would normally cover will be reduced by 20%. You will be responsible for these ineligible expenses. **For example**, if you incur \$10,000 in Hospital charges that would normally be eligible expenses under the Plan but you failed to call SHARE, then those eligible expenses would be reduced by 20% (\$2,000), making your eligible expenses for the Hospital stay \$8,000 (\$10,000 minus \$2,000). You would have to pay the \$2,000 in uncovered Hospital expenses out-of-pocket. In addition, that \$2,000 would not be applied to your annual OOP Coinsurance Maximum or Deductible.
- If services or supplies are not preauthorized and the Plan later finds that they were not Medically Necessary, the Plan will not cover those services or supplies. You will be responsible for the entire cost of the service or supply.

Clinical Trials

Participation in a clinical trial must be Preauthorized for Medical Necessity. Once Preauthorized, the Plan covers Routine Patient Costs for items and services furnished in conjunction with participation in the Approved Clinical Trial. If a covered individual is accepted in a Preauthorized clinical trial, the Plan requires all items and services related to the clinical trial to be provided by participating in-network providers.

Clinical Policy Guidelines

The Plan determines whether services, supplies, tests, or procedures are Medically Necessary (and thus covered) using a foundation of evidence-based medicine and generally accepted standards of good practice in the medical community. See *Appendix A: Key Terms* for a full definition of Medical Necessity.

To help determine Medical Necessity, the Plan may consult a number of industry resources, including Aetna Clinical Policy Bulletins, UnitedHealthcare Medical Policies and Coverage Determination Guidelines, Centers for Disease Control and Prevention (CDC) Guidelines, U.S.

Preventive Services Task Force (UPSTF) Guidelines, and NRECA Plan Clinical Policy Guidelines. The Plan may consult additional resources at any time. Any such resources consulted by the Plan are intended solely to help administer Plan benefits and are not intended to constitute a description of Plan benefits.

How and When to Contact SHARE

For services within the Choice Plus network, the provider or facility must obtain Preauthorization for an inpatient admission. When using facilities that aren't part of the Choice Plus network, the patient or a member of the patient's family must notify SHARE.

Contact SHARE during normal business hours (8 am to 7 pm ET Monday through Friday) to speak with a SHARE medical review coordinator. Use the phone number provided in the *Contact Information* chapter or call the Preauthorization contact number on the back of your health ID card. Outside of normal business hours, callers with urgent or life-threatening situations have the option to speak to a live representative. All others will be asked to call back on the next business day. The SHARE medical review coordinator will ask for the:

- Patient's name;
- Attending Physician's name, address, and phone number;
- Group insurance coverage number; and
- Member ID number

In non-emergency situations, call SHARE about two weeks prior to a scheduled admission or procedure.

In emergency situations, notify SHARE within two business days after a Hospital admission. This includes non-business hours but excludes weekends and U.S. government holidays. For example, if you are admitted to a Hospital for an emergency at 7 pm on Friday, you must call SHARE by 7 pm on Tuesday.

Predetermination of Services

For services that do not require Preauthorization, you and your provider may instead request a Predetermination. A Predetermination is a request for the Plan to review planned services in advance to determine Medical Necessity and to verify that the charges for such services are eligible for coverage. Predetermination helps avoid any misunderstanding about what the Plan will cover.

The Predetermination request must be submitted by a provider to CBA in writing. It must include:

- The provider's recommended services, including billing codes; and
- Medical records that support the Medical Necessity of the services.

CBA will review the submission and respond in writing to you and your provider with the Plan's Predetermination in advance of the services. Any payment for an expense that is not covered under the Plan is the patient's responsibility.

Centers of Excellence (COE) Programs and Services

Transplant Centers of Excellence Program

If you are a transplant candidate or need Ventricular Assist Device (VAD) services, you are required to use the NRECA Transplant Centers of Excellence (COE) program. **If you choose not to use the COE Program, the Plan will not cover the cost of the services.**

As soon as a medical practitioner indicates that you or your covered dependent needs a transplant, an implantation, or an evaluation, contact CBA. CBA will put you in contact with a dedicated case manager at the Plan's contracted vendor for these services.

The Plan will cover solid organ, bone marrow, peripheral stem cell transplants, and implantation (when used as a bridge-to-transplant) provided these charges are deemed Medically Necessary and you use the Transplant COE Program. The Plan will cover charges for implantation used as a lifesaving or life-prolonging treatment (destination therapy) for persons who are not viable

candidates for heart transplantation, provided these charges are deemed Medically Necessary and you use the COE Program.

When a live donor is used, the Plan will cover health services associated with removal of the organ, tissue, or both when performed at the recipient's selected Transplant COE facility. Donor expenses may be subject to coordination of benefits with the donor's primary medical plan.

Deductible, Copayment, and Coinsurance provisions (if applicable to your Plan) also apply to transplant services. The Plan covers charges for services provided by a Transplant COE facility, subject to all other Plan limitations and provisions. Benefits for transplants and implantations, regardless of whether the Plan is the primary or secondary payer, are available only from practitioners within the Transplant or COE Program's designated COE network with case management by the Plan's contracted vendor for these services.

COEs are state-of-the-art medical facilities. The Transplant and COE networks include Hospitals and other medical centers that specialize in solid organ and tissue transplants or implantations and post-surgical maintenance. Some facilities specialize in one kind of transplant procedure, while others have multiple specialties. The Plan will cover Medically Necessary transplants or services only when provided by facilities that are designated by the Plan's contracted vendor as COEs for the applicable transplant procedure. The practitioners within the Transplant and COE Programs emphasize quality and improved outcomes for transplant procedures. These programs include dedicated case managers who serve as patient advocates throughout the process and work with the patient to determine the most appropriate COE facility. Prescription drugs provided in connection with the Transplant COE Programs are managed through your prescription drug benefits outside the Plan's medical benefits.

The Transplant COE will register the patient with United Network for Organ Sharing (UNOS), which places the patient on the UNOS regional transplant list. If the needed organ is rarely donated or difficult to procure or if the patient has a critical need for an organ to sustain life, the Transplant COE Program case manager may refer the patient to a COE facility in a second UNOS region to be placed on the transplant list.

The transplantation period begins the day of transplantation and ends 365 days following the surgery. When CBA deems that a transplant is Medically Necessary (and the Transplant COE Program is used), transplant benefits begin with the first appointment with the Physician or COE facility and continue through the transplantation period.

Note that patients must not have used drugs or alcohol for a minimum of six months before the Plan will begin covering transplant-related expenses. The Plan will not cover transplant-related expenses during the six-month period prior to drug or alcohol sobriety.

If the patient is referred to a facility that loses its COE status for any reason prior to or during the benefit period, the patient will be directed to another facility that is in the COE network. This means that the patient may need to relocate to be near the COE facility.

The Plan's transplant travel benefits begin when the patient is referred to a COE facility for evaluation and ends 365 days after the surgery. In the case of an implantation (including any future heart transplant), the lifetime travel benefit is \$10,000.

If the transplant recipient travels more than 50 miles from home for care at a COE facility, the patient and one companion traveling on the same day and time to and from the facility (two companions if the patient is a minor) are eligible for travel benefits of up to a maximum of \$10,000 for the benefit period. This benefit is subject to reimbursement limitations described in the *Centers of Excellence Travel Benefits* section of this chapter.

A live transplant donor and one companion traveling on the same day and time to and from the Transplant COE (two companions if the donor is a minor) are eligible for travel benefits. These travel benefits will be deducted from the transplant recipient's maximum \$10,000 travel benefit for the Benefit Period and are subject to the reimbursement limitations described in the *Centers of Excellence Travel Benefits* section of this chapter.

Bariatric Centers of Excellence Program

The NRECA Bariatric Centers of Excellence (COE) Program is a designated COE program provided by the Plan's contracted vendor. The Bariatric COE Program is **mandatory** for Plan Participants who obtain bariatric surgery. Benefits for bariatric surgery are available **only** for charges from practitioners and facilities within the Bariatric COE Program's designated COE network with case management provided by the Plan's contracted vendor. The Plan will cover charges for services provided by a Bariatric COE practitioner or facility, subject to all other applicable Plan limitations and provisions, including Deductible, Copayment, and Coinsurance.

To inquire about the NRECA Bariatric COE Program, contact the contracted vendor, OptumHealth Bariatric Resource Services (BRS), at 888.936.7246. The Bariatric COE Program case manager's role is to discuss the bariatric surgery process, answer questions about COE referrals, and outline the specific criteria and requirements for program eligibility. Only the COE surgeon determines whether a patient is a surgical candidate.

Once the decision is made to pursue bariatric surgery, OptumHealth BRS will begin coordinating pre-surgery and case management services.

Once a Participant has been approved for bariatric surgery, the vendor will provide:

- A choice of credentialed facilities across the country in which the bariatric surgery may be performed;
- Personalized case management support before and during surgery; and
- Continued support during the post-surgical recovery period.

The Plan may also cover meals, lodging, and transportation for the patient and one companion during the patient's evaluation, surgery, and follow-up care when traveling a distance of more than 50 miles from the patient's home to the facility. The travel benefit period begins once the patient is referred to a COE facility. **The lifetime maximum travel benefit is \$2,500, subject to expense reimbursement limitations** (see the *Centers of Excellence Travel Benefits* section in this chapter).

The Plan does not cover these services at any time:

- Services for surgical follow-up care for a bariatric surgery not covered by the Plan;
- Bariatric surgery for a patient who has had previous bariatric surgery, whether or not the previous bariatric surgery was covered by the Plan;
- Bariatric surgery for a patient under the age of 18;
- Unapproved bariatric surgeries;
- Surgeries performed at facilities other than those designated as COEs by the Plan's contracted vendor; and
- Surgeries that are not coordinated or managed by the Plan's contracted vendor.

Cancer Centers of Excellence Program

The Cancer Centers of Excellence (COE) Program is an **optional** program provided to Plan Participants by the Plan's contracted vendor(s). The Cancer COE Program covers all cancer diagnoses and is strongly recommended for Participants who have complex or rare types of cancer. Treatment that is experimental, investigational, or both will not be covered under the Plan unless it is part of the COE.

To be eligible for the Cancer COE Program, your primary insurance plan must be the NRECA Medical Plan. If Medicare or another insurance carrier is your primary plan, then the coverage of cancer care and treatments will be managed either by Medicare or by your primary insurance carrier.

When a Participant has been approved for cancer treatment, the Plan's contracted vendor will provide personalized case management support during a 365-day continuous treatment period. As part of the case management services, the Plan's contracted vendor will provide the opportunity for the patient to enroll in the Cancer COE Program and information about the many Cancer COE

Program-credentialed medical centers across the country at which cancer treatments may be performed.

The Plan covers charges for services provided by a Cancer COE facility at the in-network level, subject to all other Plan limitations and provisions. Coverage for charges incurred at facilities other than a Cancer COE is subject to the Plan's otherwise applicable in-network and out-of-network provisions. The benefit period begins when the patient is enrolled in the Cancer COE Program and continues for up to 365 days, until the patient goes into remission, or until the patient ceases active treatment, whichever occurs first. When active treatment continues beyond 365 days, the Plan will consider continuing benefits on a case-by-case basis.

If traveling more than 50 miles from the patient's home for care at a Cancer COE, the patient and one companion (two companions if the patient is a minor) who are traveling on the same day and time to or from the Cancer COE will be eligible for travel benefits of up to a lifetime maximum of \$5,000, subject to guidelines and reimbursement limitations described in the *Centers of Excellence Travel Benefits* section of this chapter. Travel benefits require all of the following:

- Active participation in the case management services provided by SHARE;
- Use of a Cancer COE to initiate and develop a cancer treatment plan; and
- That the patient be newly diagnosed or in active treatment, which includes:
 - Diagnosis/evaluation visit;
 - Active cancer treatments at a Cancer COE facility; and
 - Follow-up visits to the treating Physician during the course of cancer treatment.

Joint and Spine Surgery Centers of Excellence Program

The Joint and Spine Surgery Centers of Excellence (COE) program is an **optional** program provided to Plan participants by the Plan's contracted vendor BridgeHealth. The COE program covers most types of joint and spine surgery, such as a knee and hip replacement, carpal tunnel release, spinal fusion and shoulder and ankle repair for both inpatient and outpatient procedures. If participants do not use the program, they will still have access to NRECA Medical Plan benefits for covered expenses related to joint and spine surgery.

To be eligible for the Joint and Spine Surgery COE, your primary insurance plan must be the NRECA Medical Plan. If Medicare or another insurance carrier is your primary plan, then the coverage and treatments will be managed either by Medicare or by your primary insurance carrier.

When a participant has been approved for treatment, NRECA's Centers of Excellence vendor, BridgeHealth, will administer the Joint and Spine Surgery COE program and provide a dedicated Care Coordinator to:

- Answer questions related to the program
- Help participants select the right facility for treatment
- Make travel and lodging arrangements
- Obtain medical records and release forms

The Plan covers charges for services provided by the Joint and Spine Surgery COE at 100% once the Deductible is met, subject to all other Plan limitations and provisions. Coverage for charges incurred at facilities other than a Joint and Spine Surgery COE are subject to the Plan's otherwise applicable in-network and out-of-network provisions. The benefit period begins when the patient is referred to a Joint and Spine Surgery COE and continues for up to 365 days after the surgery or until the patient has transitioned to local care. When active treatment continues beyond 365 days, the Plan will consider continuing benefits on a case-by-case basis.

The travel, meal and lodging benefit for the Joint and Spine Surgery COE program is administered by the Plan's contracted vendor BridgeHealth.

Travel expenses, including transportation and lodging, are covered at 100% if traveling more than 50 miles from the patient's home for care at a Joint and Spine Surgery COE. The patient and one

companion (two companions if the patient is a minor) who are traveling on the same day and time to or from the Joint and Spine Surgery COE will be eligible for travel benefits. Additionally, patients who drive to a facility for care receive mileage reimbursement as allowed by the IRS guidelines. The travel benefit period begins once the patient travels to a COE facility.

A meals and incidental benefit are included with the Joint and Spine Surgery COE. BridgeHealth will provide the benefit with a debit card issued to the patient in advance of the surgery. The maximum reimbursement for the patient when not admitted as an inpatient for meals and incidentals is \$50/day. The maximum reimbursement for the companion is \$50/per day. If the patient is admitted longer than 15 days, the maximum reimbursement for the companion for meals and incidentals is \$125 per week.

To inquire about the Joint and Spine Surgery (COE) program or to enroll, contact BridgeHealth at 855.435.5790.

Centers of Excellence Travel Benefits: Bariatric, Organ and Transplant, Ventricular Assist Device and Cancer Services and Treatment

The Plan pays travel benefits for bariatric services, organ and tissue transplant services, ventricular assist device implantation services or treatment at a Cancer COE. The travel benefit covers round-trip transportation expenses for the evaluation, COE procedure, and follow-up visits to the treatment facility that are completed within the applicable benefit period, subject to the Deductible and Coinsurance.

The travel benefit also covers reasonable and necessary expenses for lodging and meals for the patient (while not confined) and one companion (two if the patient is a minor) during the applicable benefit period subject to the Deductible and Coinsurance. Follow-up care and medical appointments after the benefit period has ended are not included in COE benefits.

Travel benefits are not applicable unless the patient is actively participating in the travel, meals, and lodging. Expenses for companion(s) traveling separately or alone are ineligible for reimbursement.

Travel benefits are limited in the following ways:

- If traveling to the COE treatment location **by automobile**, the patient will be reimbursed for the actual mileage completed from the patient's home to and from the COE treatment location at a rate per mile equal to the then-current IRS standard mileage allowance for medical reimbursement. Tolls, parking, gas, car rental, and tips will not be reimbursed. Mileage will be reimbursed only for the most direct route between the patient's home and the COE treatment location.
- When traveling by **airplane or train**, the patient and one companion (two if the patient is a minor) who is traveling to and from treatment on the same day and time with the patient should request coach (economy) seating. If the patient and companion(s) wish to upgrade, the Plan will not cover the cost difference between the economy and upgraded fares. The Plan will reimburse fees for up to two checked bags. Personal amusement expenses during air or train travel (e.g., reading materials, in-flight movies, games) will not be reimbursed. Travel also includes taxi or ground transportation to and from the airport or train station to the COE location. To be reimbursed, you must submit original (or legible copies) of itemized receipts with the transportation expense report.
- The maximum combined reimbursement for the patient and companion(s) meals and lodging is \$200 per day.
- The lodging benefit for a patient and one companion covers hotel, motel, campgrounds, extended-stay residences, and Hospital-affiliated residences. Lodging is limited to one room, double occupancy. The Plan does not reimburse for personal expenses. The original or a legible copy of the lodging receipt must be attached to the expense report to be reimbursed.
- The meals benefit covers food and non-alcoholic beverages for the patient and one companion (two companions if the patient is a minor) on the days that the patient is traveling to and from treatment and on the days that the patient is receiving treatment at the COE treatment location.

If the patient chooses lodging with facilities for self-preparation of meals, the benefit will pay for groceries from the following food groups: meat, dairy, grain, and fruits and vegetables. Original or legible copies of itemized meal receipts must be attached to the expense report to be reimbursed.

- Examples of personal expenses that are not covered as meal and lodging expenses include alcoholic beverages, snack foods (sports drinks, bottled soft drinks, candy, desserts), haircuts, movies, internet access, massages, laundry, tips, toothbrushes, toothpaste, cleaning supplies, personal hygiene supplies, **and** health club access.

The travel, meal and lodging benefit for these three programs is administered by CBA.

What the Plan Covers

The Plan covers eligible expenses for the categories of medical services and supplies listed in the *Plan Highlights* chapter. Each category is subject to varying cost-sharing amounts that you pay out of your own pocket. These categories include:

- Preventive services, including well-child care;
- Physician services;
- Teladoc Consultations;
- Diagnostic lab and x-ray services;
- Hospital services;
- Emergency room and ambulance services;
- Convalescent Nursing Home and hospice services;
- Rehabilitation Services; and
- Other miscellaneous medical services and supplies.

The remainder of this chapter describes in detail the specific services within each of these categories.

Preventive Care

The Affordable Care Act requires the Plan to cover a range of preventive services. A Plan may not impose cost-sharing (such as Copayments, Deductibles, or Coinsurance) for preventive services **if they are administered by an in-network provider**.

This Plan covers adult physical examinations; well-child care; women's preventive services; and screenings, tests, and Immunizations that are age- and gender-appropriate. Preventive medical care benefits and screenings from in-network providers are covered by the Plan at 100%. All out-of-network preventive medical care benefits and screenings are subject to Coinsurance and R&C rates. *Appendix B: Preventive Services* has a detailed list of this Plan's covered and excluded preventive services.

Adult Physical Examinations and Well-child Care

The Plan covers at 100% one physical exam every calendar year for you, your spouse, and your eligible dependents ages 19 and older. For women, this benefit covers both an annual physical and a well-woman exam.

The preventive benefit also covers standard preventive screenings, tests, and Immunizations that are considered appropriate for the patient's age and gender. These services must be done on an outpatient basis and may be performed at the same time as an annual physical exam.

Well-child (or baby) examinations include, but are not limited to, establishing and maintaining medical history; height, weight, and body mass index measurements; developmental screenings (including autism); behavioral assessments; and Immunizations. The Plan does not cover physical exams (including Department of Transportation exams) that are a condition of employment for

aviation or for certain other situations. The Adult Physical Examination benefit covers comprehensive checkups for the purpose of monitoring your health.

Women's Preventive Services

The Plan covers certain preventive services for women's health and well-being at 100% when they are provided by in-network providers.

In-network Women's Preventive Services Covered at 100%		
Service ¹	Coverage	Frequency and Limitations
Well-woman visits	Covered annually for adult women to obtain age and developmentally appropriate services, including preconception and prenatal care	Annually. Several visits may be needed to obtain all necessary recommended preventive services, depending on health status, needs, and other risk factors.
Gestational diabetes screening	Screening for gestational diabetes	In all pregnant women at 24 to 28 weeks of gestation and at first prenatal visit for pregnant women at high risk for diabetes
Human papillomavirus testing	High-risk human papillomavirus DNA testing in women with normal cytology results	Once every three years at age 30 and older
Counseling for sexually transmitted infections	Counseling for all sexually active women	Annually. Must be provided by an in-network trained provider licensed in the state where provided.
Counseling and screening for human immunodeficiency virus	Counseling and screening for all sexually active women	Annually. Must be provided by an in-network trained provider licensed in the state where provided.
Counseling and screening for preeclampsia	Counseling and screening for pregnant women	Screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.

In-network Women's Preventive Services Covered at 100%

Service ¹	Coverage	Frequency and Limitations
Contraceptive methods and counseling	All Food and Drug Administration (FDA)-approved contraceptive methods, sterilization procedures, patient education, and counseling for all women with reproductive capacity	<p>As prescribed.</p> <ul style="list-style-type: none"> • Oral generic contraceptives covered at 100% under the Plan's prescription drug benefit • Brand-name oral contraceptives subject to brand-name prescription drug Copayment and Coinsurance, as applicable • Over-the-counter methods and supplies not covered • Services for male contraceptive methods (e.g., vasectomy) covered based on normal coverage provisions and subject to applicable Copayments and cost-sharing provisions
Breastfeeding support, supplies, and counseling	Comprehensive lactation support and counseling by a trained provider during pregnancy or in the postpartum period; costs for renting breastfeeding equipment	<p>For each birth:</p> <ul style="list-style-type: none"> • Breast pump and supplies must be purchased at an in-network Durable Medical Equipment supplier. One manual or electric-grade breast pump per pregnancy. • Other breastfeeding supplies (e.g., maternity bras, nursing pads, bottles) are not covered • Lactation counseling and classes must be provided by an in-network, licensed International Board-certified Lactation Consultant (IBCLC)
Screening and counseling for interpersonal and domestic violence	Screening and counseling for interpersonal and domestic violence	Annually. Counseling must be provided by an in-network trained provider licensed in the state where provided.

¹All services in this table should be included with the well-woman visit where appropriate.

This Plan's medical benefit covers some in-network preventive benefits and your prescription drug benefit covers others. The Plan's **prescription drug benefits** cover birth control pills, patches, and rings. The Plan's **medical benefit** covers:

- Physician visits and follow-up care;
- Counseling for natural family planning services;
- Screening and counseling for interpersonal and domestic violence;
- Counseling for breastfeeding and contraceptive methods;
- Counseling and screening for human immunodeficiency virus;
- Counseling for sexually transmitted infections;

- Diaphragms and cervical caps (device and fitting);
- Implants, such as implanon (drugs, insertion and removal);
- Injections, such as depo-provera (drug and administration);
- Intrauterine device (device, insertion and removal); and
- Tubal ligation (surgical procedure and related services when performed as the primary procedure).

Age- and Gender-appropriate Screenings, Tests, and Immunizations

Certain screenings, tests, and Immunizations are covered by the Plan if they are recommended based on age and gender, if they are preventive in nature and if they are coded appropriately by the billing provider. Examples include colon cancer screening for Participants ages 50 to 75 and mammograms, including 3-D mammography, for women 40 and older. In some cases, where family history warrants a screening earlier than recommended for a particular health problem, an eligible screening may be covered. Call CBA to verify.

Some preventive screenings are not covered due to the lack of clinical evidence for effectiveness (e.g., routine chest x-rays, full-body x-rays). Details about the Plan's preventive benefits, including charts listing key recommended preventive services based on age and gender, are located on the Employee Benefits website.

Preventive Services Excluded from Coverage

Some services are not recommended or covered either for the general population or for those who do not exhibit symptoms that demonstrate need. Diagnostic testing may be appropriate and covered, but not under the Plan's preventive care provisions.

The following screenings, tests, and Immunization services are **not covered** under the Plan. This list is not all-inclusive and may change based on evidence and recommendations of the USPSTF and ACIP of the Centers for Disease Control and Prevention (CDC). If you have questions about coverage for these or other preventive services, call CBA.

Excluded Preventive Services			
Service	Gender	Age	Policy
Abdominal Aortic Aneurysm (routine radiology procedure for detection)	Female	All	Not covered
Abdominal Aortic Aneurysm (routine radiology procedure for detection)	Male	0 to 64 65 to 75 76 and older	Not covered One per lifetime Not covered
Breast Cancer Gene Test (BRCA)	Both	All	Covered subject to Medical Necessity and the Clinical Policy Bulletin
Carotid Artery Stenosis (CAS) (stroke-screening using duplex ultrasonography, digital subtraction angiography, or magnetic resonance angiography)	Both	All	Not covered

Excluded Preventive Services			
Service	Gender	Age	Policy
Chronic Obstructive Pulmonary Disease (COPD) screening using spirometry	Both	All	Not covered
Employment-related physical exams such as Department of Transportation	Both	All	Not covered
Executive physicals (often includes multiple high-dollar tests that are not age or gender appropriate)	Both	All	Not covered
Peripheral Artery Disease (screening using ankle brachial index)	Both	All	Not covered
Synagis¹ shot to prevent Respiratory Syncytial Virus (RSV) infection	Both	Infants under age 2	Not covered under medical benefits unless billed by the Hospital during a premature infant's initial inpatient confinement May be covered under the prescription drug benefit, subject to Medical Necessity review by CVS Caremark

¹Synagis, a special Immunization occasionally given to premature babies, is not covered under the medical benefits of this Plan unless the Plan is billed by the Hospital during the initial inpatient confinement for a premature newborn. In certain other situations, the drug will be covered if it is Preauthorized by the Plan and filled through CVS Caremark Specialty Pharmacy Services. Synagis is not included in the American Academy of Pediatrics' recommended childhood Immunization schedule.

Preventive Services with Coverage Limitations

The following screenings, tests, and Immunization services are **covered only under certain circumstances**. This list is not all-inclusive and is subject to change. If you have questions about coverage for any preventive service, call CBA.

Preventive Procedures with Policy Limitations			
Service	Gender	Age	Policy (age limit applies)
Colonoscopy (including prescribed preparations)	Both	50 to 75	Every 10 years
Double contrast barium enema	Both	50 and older	Every five years

Preventive Procedures with Policy Limitations			
Service	Gender	Age	Policy (age limit applies)
Flexible sigmoidoscopy and sigmoidoscopy	Both	50 to 75	Every five years
Herpes Zoster (shingles) vaccination	Both	50 and older	Once per lifetime
Human papillomavirus vaccination	Both	9 to 45	Three doses total
Mammogram (including 3-D Mammography)	Women	40 and older; under 40 with risk factors such as a certain family history of breast cancer	Every year
Osteoporosis	Women	60 and older	Every year
Prostate-specific Antigen (PSA) blood test	Men	50 and older	Every year

The Plan includes the following services and supplies as preventive care **only** when prescribed to an individual diagnosed with a listed chronic condition.

Preventive Care Condition	Required Diagnosis
Blood pressure monitor	Hypertension
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International Normalized Ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density Lipoprotein (LDL) testing	Heart disease

Physician Services

The Plan covers Physician services in a variety of settings to evaluate and manage health conditions, including charges for Physician services rendered during:

- **Office visits:** Visits to a Physician's office or an Urgent Care Clinic. Covered charges include evaluation, x-ray and laboratory charges billed by the same Physician or the Urgent Care Clinic on the same day of service;

- **Surgery, Hospital visits, and Hospital services:** The Plan will pay benefits toward surgeon and anesthesiologist fees (inpatient or outpatient); inpatient, outpatient, and emergency room and urgent care Physician charges; and second surgical opinions; and
- **Allergy Immunizations:** Physician's charges for allergy Immunization shots.

Teladoc Consultations

The Plan covers medical consultations provided by a Teladoc Physician for evaluating and treating health conditions. Teladoc provides telephone or online video medical consultations for acute non-emergency medical issues such as:

- Sinus infections;
- Cold and flu symptoms;
- Allergies;
- Bronchitis; and
- Minor eye, ear, skin, and respiratory infections.

Teladoc is available 24 hours a day, 7 days a week, 365 days a year, and provides access to a national network of U.S. board-certified Physicians who can resolve many acute non-emergency medical issues via telephone or online video consultations. Regulations in the state where the patient is located at the time of the Teladoc Consultation determine the availability and the delivery method (phone, video, or both). Teladoc Physicians can prescribe drugs to treat a variety of acute non-Emergency Medical Conditions by calling in a prescription for pickup from the pharmacy you choose. Prescription drugs prescribed by a Teladoc Physician are subject to the Plan's prescription drug Copayment and Coinsurance provisions. All consultation fees you pay to Teladoc count toward your annual out-of-pocket maximum.

To use the consultation services, eligible Participants must register with Teladoc either online or by calling 800.Teladoc (800.835.2362). You must then provide a brief medical history. To set up an account online, go to Benefits.cooperative.com/Teladoc or Teladoc.com/NRECA, click "Set up account," and then provide the requested information.

Teladoc Restrictions (Subject to State Regulations):

- Arkansas law requires video consultation for the first Teladoc Consultation.
- Delaware law requires video consultation for the first Teladoc Consultation.
- Idaho state laws prohibit phone consultations. Only video consultations are available in Idaho.
- These state restrictions are subject to change.

Treatment of Complications from Non-covered Procedures

Treatment for complications from medical or surgical interventions is a covered expense subject to benefit levels for Physician services (for surgery, Hospital visits, and services) and subject to the following coverage rules:

- The treatment itself must be a service that the Plan covers;
- If the original medical or surgical intervention was not (or would not have been) a covered service under the Plan, benefits are limited to treatment of the complication only, if such treatment is a service that is covered under the Plan;
- Treatment for complications resulting from experimental or investigational medications or procedures is a covered benefit; however, the cost of administration or use of an investigational drug or procedure is not a covered charge under the Plan; and
- The Plan may require a full medical review of the non-covered procedure, the complications, and the subsequent treatment before claims may be paid for treatment of the complications.

Diagnostic Lab and X-ray Services

The Plan covers the cost of diagnostic x-ray and laboratory services that are Medically Necessary for the treatment of Sickness or Injury. However, you must call SHARE for Preauthorization before obtaining all non-emergency, outpatient CT, MRI, MRA, PET, and nuclear cardiology scans. When you call, SHARE will need a diagnosis code and procedure code(s) for any radiological procedure, along with the patient's name, member number, group number, Employer name, and the provider's contact information.

Preauthorization for Medical Necessity is required for the Plan to cover the following high-end Radiology services on a non-emergency, outpatient basis:

- Computed tomography (CT);
- Magnetic resonance imaging (MRI);
- Magnetic resonance angiogram (MRA);
- Positron emission tomography (PET); and
- Nuclear cardiology scans.

For additional information about Preauthorization through SHARE, review the *Services and Supplies Requiring Preauthorization by SHARE* section in this chapter.

Hospital and Surgical Services

All Hospital admissions require Preauthorization for Medical Necessity. For additional information, review the section titled *Services and Supplies Requiring Preauthorization by SHARE* in this chapter. If you access the Choice Plus network, the provider or facility is responsible for Preauthorization of an inpatient admission. The Plan covers a variety of treatments that you or a covered dependent may receive in the Hospital, including:

- Inpatient care and surgical expenses;
- Outpatient surgical expenses; and
- Outpatient services.

The Plan may cover additional expenses you or a covered dependent incur during a Hospital Confinement, subject to the following:

- The Plan covers payment for room and board only up to the Hospital's standard rate for a semi-private room;
- An emergency admission means an admission to the Hospital for a condition that, unless promptly treated on an inpatient basis, would put the patient's life in danger or cause serious damage to a bodily function of the patient; and
- The Partial Hospitalization Program (PHP) provides a short-term, intermediate level of care for the treatment of mental health and substance-related disorders. PHPs are typically offered within a psychiatric Hospital or behavioral health department of a Hospital. Patients generally participate on weekdays for six to eight hours at a time as prescribed by their Physician. The Plan counts a partial day as one inpatient day.

Inpatient Care and Surgical Expenses

Inpatient Hospital care requires Preauthorization for Medical Necessity. The Plan covers the following for inpatient Hospital care:

- **Room and board:** The Plan will cover eligible charges for room and board in a semi-private room. Any charges more than the semi-private room rate will not be paid by the Plan. If the Hospital does not have semi-private rooms, the limit will be the daily charge for its lowest-rate private room;
- **Other Hospital services:** The Plan covers these services in the same manner as room and board charges:

- Services and supplies that are furnished by the Hospital, such as operating room, x-rays, laboratory tests, and medicines (not services such as Physician's visits and second opinions, which are covered as Physician charges);
- Ambulance service to the nearest appropriate facility; and
- Pre-admission x-ray and laboratory tests.

Eligible Surgical Expenses

The Plan covers a wide variety of Physicians' surgical services. For example, the following surgical procedures are covered (excluding oral surgery):

- Incision, excision, or electro-cauterization of any organ or body part;
- Reconstruction of any organ or body part or the suture repair of lacerations;
- Reduction of a fracture or dislocation by manipulation under general anesthesia;
- Use of endoscope to explore for or to remove a stone or other object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or ureter;
- Puncture and aspiration;
- Injection for contrast media testing;
- Laser surgery;
- Treatment of burns; and
- Application of casts.

The Plan also covers assistance for surgical procedures when Medically Necessary. Coverage of surgical assistants' charges are limited to 20% of the surgeon's rate allowance.

Outpatient Surgical Expenses

Outpatient surgical procedures may be performed in a Hospital, a freestanding surgical facility, or an Ambulatory Surgical Center. The Plan covers outpatient facility fees when a surgical procedure is performed by a Physician on an outpatient basis. The Plan will consider benefits as described in the *Plan Highlights* chapter toward the cost of the facility's fees.

Childbirth Services

Charges for childbirth services must be Preauthorized by SHARE for Medical Necessity. The Plan pays Hospital and surgical benefits for a pregnant mother in the same way that it pays any non-maternity benefits. The Plan also covers Birthing Center expenses, provided the services and supplies you receive at a Birthing Center would have been covered if furnished in a Hospital.

Hospital charges for a newborn baby are separate from the mother's expenses. The Plan covers charges for the newborn only if the newborn is an eligible dependent. You have 31 days following the birth of the child to add the newborn to your coverage. If you request coverage for a newborn (whether your natural child or one for whom adoption is being processed) within 31 days of the child's birth, coverage will automatically be effective on the date of birth provided that you have met any Eligibility Waiting Period.

Length of Maternity Hospital Stay

Group health plans and health insurance issuers generally may not, under the Newborn and Mother's Health Protection Act of 1996 (NMHPA), restrict a mother or newborn child's benefits for any childbirth-related Hospital stay to less than 48 hours following a vaginal delivery or less than 96 hours following a caesarean section. However, federal law generally does not prohibit an attending provider, after consulting with the mother, from discharging the mother or her newborn earlier. Under federal law, plans and issuers cannot require providers to obtain Plan or insurer authorization for a length of stay that is shorter than 48 hours (or 96 hours as applicable). This Plan conforms to the requirements of the NMHPA. However, to avoid a possible reduction in benefits, the provider should get approval from SHARE in advance for the patient to stay beyond the 48-hour and 96-hour limits.

Mastectomy Expenses

For more information about the mastectomy expenses that the Plan must cover, see the *Women's Health and Cancer Rights Act (WHCRA)* section of the *Important Notifications and Disclosures* chapter.

Ambulance Services

The Plan covers ambulance services subject to the Deductible and Coinsurance. Ambulance service must provide transportation to the nearest appropriate medical facility qualified to treat the covered patient's Sickness or Injury. Use of the ambulance must be Medically Necessary and must be the most reasonable method of transportation available, as determined by CBA. This includes air ambulance service to facilitate immediate admission to a medical facility for a Life-threatening Condition.

Emergency Room Services

The Plan provides benefits (as described in the *Plan Highlights* chapter) for the use of a Hospital's emergency room. Emergency room services, however, are very expensive and should be used only in a Medical Emergency. Any Copayment required by the Plan for an emergency room visit will be waived if the covered individual is later admitted to the Hospital.

Emergency Services extend to medical screening examinations and further medical treatment required to stabilize a patient, provided that those further services are within the capabilities of the staff and facilities available at the Hospital.

Mental Health and Substance Abuse Benefits

Mental health and substance abuse benefits are designed to help you and your covered dependents receive the appropriate care for mental health, substance-related disorders, and chemical dependency problems. The Plan covers charges you incur to treat mental disorders, psychoneurotic and personality disorders, and substance-related disorders, subject to Physician, Hospital, or emergency room benefit levels (see the *Plan Highlights* chapter).

The Partial Hospitalization Program (PHP) provides a short-term, intermediate level of care to treat mental health and substance-related disorders. PHPs are typically offered at a psychiatric Hospital or within the behavioral health department of a Hospital. Patients typically participate on weekdays for six to eight hours at a time as prescribed by their Physician. The Plan considers a partial day to be one inpatient day, subject to the Plan's inpatient Hospital benefit limitations.

Hospital admissions under the Plan's mental health and substance abuse benefits must be Preauthorized by SHARE for Medical Necessity, as described in *The Simplified Hospital Admission Review (SHARE) Program* section in this chapter. You can read about mental health and substance abuse appeals in the *Medical Claims and Appeals* chapter.

Convalescent Nursing Home Care

The Plan covers Convalescent Nursing Home care following certain hospitalizations. Convalescent Nursing Home care must be Preauthorized by SHARE for Medical Necessity. A 90-day limit applies to coverage for all Convalescent Nursing Home care due to the same or related causes. The Plan does not cover Custodial Care.

The Plan covers eligible expenses incurred during a covered Convalescent Nursing Home care confinement that follows a covered inpatient Hospital stay lasting at least one day. The confinement must start within 15 days after release from the Hospital and must be recommended by the Physician who attended the condition that caused the hospitalization. The Plan covers two types of expenses:

- **Room and board:** charges for Convalescent Nursing Home room and board, but not more than 80% of the standard (most common) semi-private room rate of the Hospital stay that immediately preceded transfer to skilled nursing care; and
- **Ancillary services and supplies:** services and supplies (other than personal items) furnished by a Convalescent Nursing Home for Medically Necessary care while the patient is under the continuous care of a Physician and requires 24-hour skilled nursing care.

Hospice Care

A Hospice Care Program is a formal program directed by a Physician to help care for a terminally ill person. The Plan provides both hospice and bereavement benefits (see the *Plan Highlights* chapter for coverage details).

A hospice team is a group of professionals and volunteer workers who provide care to:

- Reduce or abate pain or other symptoms of physical or mental distress; and
- Meet the special needs caused by Terminal Illness, death, and bereavement.

The team includes at least a Physician and registered nurse and may also include a social worker, a clergy member or counselor, volunteers, a clinical psychologist, a physiotherapist, and an occupational therapist.

Covered Hospice Services

The Plan covers a hospice stay or hospice services if they are:

- Provided while the terminally ill person is covered under the Plan;
- Ordered by the supervising Physician as part of a Hospice Care Program;
- Billed by the Hospice Care Program; and
- Provided within six months of the terminally ill person's entry or re-entry (after a remission period) into the Hospice Care Program.

The Plan pays Hospice Care benefits as outlined in the *Plan Highlights* chapter, up to a lifetime maximum of \$50,000. Eligible hospice charges may be for either inpatient and outpatient care.

The Plan will cover bereavement counseling services (up to a maximum of \$200) for the family unit, if:

- Ordered and received under the Hospice Care Program, and
- Incurred within three months after the terminally ill patient's date of death.

A family unit consists of the terminally ill person and other covered dependents. Bereavement benefits will be paid if, on the day prior to his or her death, the terminally ill person was in the Hospice Care Program, was a member of the family unit, and was a covered individual.

Excluded Hospice Services

The Plan does not cover these services:

- Charges for the treatment of a diagnosed Sickness or Injury for you or your dependent when the benefits are payable under another benefit of the Plan. If benefits for such coverage are expressed as a percentage of charges, this exclusion applies at a rate of 100%;
- Charges for services provided by you (or your spouse or someone related to you or your spouse by blood or marriage); and
- Charges incurred during a remission period. This applies if, during remission, the terminally ill person is discharged from the Hospice Care Program.

Outpatient Rehabilitation Services

Outpatient Rehabilitation Services must be Medically Necessary and are subject to a 25-visit annual limit. **In addition, CBA must Preauthorize these services for Medical Necessity once the 25-visit limit has been reached:**

- Physical therapy, occupational therapy, massage therapy, and acupuncture;
- Restorative Speech Therapy; and
- Chiropractic care.

Physical Therapy (PT), Occupational Therapy (OT), Massage Therapy, and Acupuncture Services

PT, OT, massage therapy, and acupuncture services are covered only when they are Medically Necessary and when the practitioner is licensed in your state. CBA requires you to provide a Physician's written prescription for massage therapy with your first claim and again annually if the massage therapy treatment is ongoing.

The 25-visit limit applies to a combination of all PT, OT, massage therapy, and acupuncture visits for the same or unrelated conditions. If a covered individual has more than 25 combined PT, OT, massage therapy, and acupuncture visits within a calendar year, any additional visits must be Preauthorized by CBA to ensure Medical Necessity. Failure to obtain Preauthorization will result in denial of services.

Restorative Speech Therapy

The Plan covers eligible charges for Restorative Speech Therapy. If a covered individual has more than 25 visits within a calendar year, additional visits must be Preauthorized by CBA to ensure appropriate Medical Necessity. Failure to obtain Preauthorization will result in denial of services.

Chiropractic Care

Chiropractic services are covered only if they are Medically Necessary and the practitioner is licensed in your state. If a covered individual has more than 25 visits within a calendar year, any additional visits for that individual must be Preauthorized by CBA to ensure appropriate Medical Necessity. Failure to Preauthorize chiropractic services will result in denial of services.

Habilitation Services

Habilitation Services are health care services delivered by a licensed or certified provider to help a person learn, improve or maintain skills that were never previously learned or acquired and are necessary for daily living. Habilitation and Rehabilitation Services can be similar but are performed for different purposes. While Rehabilitation Services help a patient regain function that he or she has lost, **Habilitation Services** help someone learn skills they need to perform daily living functions but did not learn or acquire (often in childhood) due to a developmental, cognitive, or other condition. See the definitions for both Habilitation and Rehabilitation Services in *Appendix A: Key Terms*. Examples include therapy for a child who is not walking or talking at the expected age. Other services may include physical and occupational therapy, speech-language therapy, and services for people with disabilities in a variety of inpatient and outpatient settings.

The Plan will cover Habilitation Services if those services are both Preauthorized by CBA and found to be Medically Necessary. Failure to obtain Preauthorization will result in a denial of services.

Custodial Care Services

Custodial Care services are not covered under this Plan. This type of care does not require the continuing attention and assistance of licensed medical or trained paramedical personnel. Custodial Care helps people perform daily living activities such as walking, getting in and out of bed, bathing, dressing, eating, and performing normal bodily functions. Other examples include preparation of special diets and help taking medication that can usually be self-administered.

Other Medical Services

The Plan will cover the following services as specified in the *Other Medical Services* section of the *Medical Benefit Highlights* table, which is located in the *Plan Highlights* chapter.

Chemotherapy and Radiation Therapy

The Plan covers eligible charges for Chemotherapy and Radiation Therapy. Oral drugs purchased at a pharmacy are not covered under medical benefits. However, they may be covered under the Plan's prescription drug benefits (see the *Prescription Drug Benefits* chapter for details).

Dental Anesthesia Services and Facility Charges

Under specific circumstances and subject to prior review by CBA, the Plan may cover deep sedation or general anesthesia for oral and maxillofacial surgery along with dental services provided either in an office or in a Hospital-based environment. This includes oral rehabilitation in toddlers with baby bottle syndrome, as well as treatment for children, adolescents, or adults with severe physical or behavioral disabilities who require sedation for dental care. When required, the use of a short procedure unit or a Hospital stay for such procedures may also be covered under the medical plan, subject to Preauthorization. Anesthesia for any dental Cosmetic Procedure is not covered. The Plan may cover anesthesia and facility charges even when the dental procedure itself is not covered; however, such coverage is subject to all the Plan's usual coverage requirements, including Preauthorization.

The Plan covers deep sedation or general anesthesia under the following circumstances:

- Radical excision of lesions in excess of 1.25 cm (1/2 in.);
- Radical resection or ostectomy with or without bone graft;
- Patients who exhibit physical, psychological, intellectual, or medical conditions and for whom dental treatment under local anesthesia (with or without additional adjunctive techniques and modalities) cannot be expected to provide a successful result and for whom treatment under anesthesia can be expected to produce a superior result. Such conditions include, but are not limited to, cerebral palsy, epilepsy, cardiac problems, and hyperactivity (as verified by appropriate medical documentation);
- Patients with a chronic disability that 1) is attributable to a mental or physical impairment or combination of both; 2) is likely to continue indefinitely; and 3) results in substantial functional limitations in one or more of the following: self-care, receptive and expressive language, learning, mobility, capacity for independent living, or economic self-sufficiency (as verified by appropriate medical documentation);
- Patients who have sustained extensive oral-facial or dental trauma, for whom treatment under local anesthesia would be ineffective or compromised;
- A child 6 years old or younger who has a dental condition (such as baby bottle syndrome) that requires repairs of significant complexity (e.g., multiple amalgam or resin-based composite restorations, pulpal therapy, extractions, or combinations of these or other dental procedures); or
- When local anesthesia is ineffective because of acute infection, anatomic variation (e.g., due to previous surgery, trauma, or congenital anomaly), or an allergy to local anesthesia.

Diabetic Retinopathy Screening

The Plan covers a diabetic retinopathy exam, diagnostic diabetic retinopathy testing, or both to monitor the eye health of a person diagnosed with diabetes.

Diabetes Self-care Programs

Participation in a diabetes outpatient medical self-care program is a covered expense under the Plan (subject to the frequency, duration, and coverage limitations described in this section) when the program satisfies the following criteria:

- The program is specifically ordered by the Physician treating the Participant's diabetes;

- The program's services are provided by health care professionals who are licensed, certified, or qualified by professional credentials or degrees (e.g., Physicians, registered nurses, registered pharmacists, registered dieticians); and
- The program is designed to educate the Participant about Medically Necessary aspects of diabetes self-care.

To be covered, the expense for participation in a diabetes outpatient medical self-care program must be incurred:

- When the patient has been newly diagnosed with diabetes;
- Once every three years after initial diagnosis; or
- When a change in the patient's condition warrants a significant adjustment in treatment modality. Such changes may include:
 - Introducing new medications that may affect blood glucose levels, including medications used to treat other conditions (e.g., corticosteroids);
 - Introducing a new class of anti-diabetic medications (e.g., adding insulin to oral anti-diabetic medications);
 - Diagnosis with a separate chronic condition that may affect blood glucose levels;
 - Stress;
 - Hospitalization or acute illness;
 - Gestational diabetes;
 - Surgery; or
 - Significant change in body mass index (BMI).

The Medically Necessary portion of a diabetes outpatient medical self-care program will vary depending on the program's goals and objectives, but may not exceed 10 visits within a 12-month period, up to a yearly maximum of \$1,000 in eligible charges. After the initial training year, a maximum of one day of follow-up training with not more than \$250 in eligible charges is allowed annually when recommended by a Physician. Covered charges for diabetes outpatient medical self-care programs are subject to both the annual Deductible and the in-network and out-of-network benefit levels for Physician benefits for this Plan.

Participants are strongly encouraged to contact MyHealth Coaches for help managing their diabetes (for details, see the *MyHealth Coaches®* section of the *Well-being Resources* chapter).

Durable Medical Equipment

The Plan will cover charges for eligible Durable Medical Equipment. Purchases over \$1,500 and equipment rentals over \$500 per month must be Preauthorized.

Hearing Aids

Hearing aids are medical equipment, subject to Plan requirements such as Medical Necessity, Deductible(s), and cost-sharing. The Plan will cover a lifetime maximum of \$10,000 in eligible hearing aid expenses for each covered person for wearable hearing aids and hearing aid maintenance. Hearing aid maintenance includes ongoing fitting, orientation, checking, repair, and modification but does not include replacement batteries. Hearing aid exams are covered under the Plan as an office visit for a non-preventive service and are not subject to the hearing aid maximum benefit.

Hearing aids that are not wearable (such as implanted hearing aids) are subject to the Plan's Medical Necessity requirement and are not covered under the hearing aid maximum benefit. Assistive listening devices are considered Durable Medical Equipment, not hearing aids, and are covered only when Medically Necessary.

Home Health Care Agency Benefits

The Plan covers home health care services if those services are both Preauthorized and Medically Necessary. The Plan does not cover home health care services that are:

- Rendered by you, your spouse, or someone related to you or your spouse by blood or marriage;
- Provided by home health aides; or
- Considered to be Custodial Care.

The following limits apply to eligible charges from a Home Health Care Agency:

- Benefits will be paid for up to 100 visits in one calendar year furnished directly to a person during Home Health Care Agency visits;
- A visit of four hours or less counts as one visit. Each four hours of service (or fraction thereof) is counted as a separate visit; and
- For other services and supplies, the benefit cannot exceed the amount that would have been paid had they been furnished by a Hospital during an inpatient confinement. For this purpose, a Hospital Confinement is considered a continuous period during which inpatient care in a Hospital, Convalescent Nursing Home, or skilled nursing facility would be required were it not for the home care.

Miscellaneous Benefits

The Plan also provides benefits for the following miscellaneous medical treatments, services, and supplies:

- **Blood and blood plasma** not replaced by or for the patient;
- **Medical devices** such as artificial limbs, eyes, and larynx; electronic heart pacemaker; and surgical dressings, casts, splints, trusses, braces, prosthetics, crutches, oxygen, and rental of equipment for its administration. Medical devices costing over \$1,000 during one calendar year must be Preauthorized. Failure to Preauthorize medical devices costing more than \$1,000 will result in denial of coverage;
- **Contact lenses or eyeglasses** needed because of and obtained immediately after a cataract operation. Benefits will not exceed the R&C rate and no benefit will be payable unless Medically Necessary. No benefits will be paid to replace contact lenses or eyeglasses due to loss, breakage, or prescription change; and
- **Implantable contraceptive devices**, including their insertion and removal.

Private Duty Nursing

The Plan will cover a maximum of \$10,000 in eligible private duty nursing charges for any covered individual in a calendar year. The following conditions must also be met:

- The patient cannot be in a Hospital or other institution that provides nursing services;
- The services must be required to treat an acute illness or injury; and
- The nursing services must be provided by a registered graduate nurse and cannot be provided by you, your spouse, or anyone related to you or your spouse by blood or marriage.

This benefit covers professional nursing care for persons whose health and welfare would be endangered without the skill and training of a registered graduate nurse.

Benefits will not be paid for any services that are primarily Custodial Care or for services that:

- Are mainly to assist the patient with the functions of daily living or to dispense oral medication; and
- Could properly be furnished by someone without the professional qualifications of a registered graduate nurse.

Travel Vaccinations

If you or your dependents plan to travel to a country outside the United States where certain vaccinations, consistent with current CDC guidelines (cdc.gov/travel), are recommended by your Physician, any such vaccinations are covered at 100% if provided in-network (if applicable). If the

vaccinations are provided out-of-network (if applicable), the Plan will pay the Coinsurance level specified in the *Overview of Your Cost-sharing* chart in the *Plan Highlights* chapter.

General Exclusions

The Plan does not provide benefits for services or supplies that are:

- Not Medically Necessary, including tests or checkup exams that are not Medically Necessary;
- Cosmetic Procedures;
- Covered under another benefit plan for which your Employer pays all or part of the cost;
- For a supply that your Employer is required to furnish;
- For the treatment of Injury or illness incurred as a result of declared or undeclared war, an act of war, or resistance to armed aggression;
- For the treatment of Injury or illness incurred in the commission of an assault, felony, strike, civil disorder, or riot. However, this exclusion does not apply to otherwise eligible charges to treat Injury or illness incurred by victims of domestic violence;
- For treatment while you are confined to jail, prison, or another house of correction as a result of conviction for a criminal or other public offense;
- For services or supplies that the covered person would not otherwise have the responsibility to pay. For example, for coordination of benefit purposes, this Plan, as the secondary payer, will not cover charges that have been denied by the primary plan and for which the patient is not responsible;
- For the charges and all supporting materials for a claim received more than 12 months after the services or supplies are provided;
- Higher than R&C Rates; or
- For services rendered by yourself or by anyone related to you or your dependents by blood or marriage.

Specific Exclusions

Blood

The Plan will not cover charges for blood or blood plasma that is replaced by or for the patient.

Dental Expenses

The Plan does not cover dental expenses, including charges for Physician's services or x-ray exams involving one or more teeth, the tissue or the structure around teeth, or the gums. This exclusion for dental expenses applies even if a condition requiring any of these services involves a part of the body other than the mouth, such as the treatment of temporomandibular joint disorders (TMJD) or malocclusion involving joints or muscles by methods including, but not limited to, crowning, wiring, or repositioning teeth.

The Plan's dental expense exclusion does not apply to charges for:

- TMJD when the Plan determines that internal derangement or degeneration exists, that treatment is appropriate for the existing condition, that a suitable long-term prognosis can be achieved by TMJD treatment, and that there is no alternative, less-invasive treatment;
- Treatment by a Physician, Dentist, or dental surgeon of injuries (except injuries that result from chewing) to sound natural teeth, including replacement of such teeth and related x-rays received within 12 months after an Accident; and
- Removal of un-erupted impacted teeth, or removal of a tumor, cyst, or incision, and drainage of an abscess or cyst.

Elective Abortions

Elective abortions are not covered under the Plan unless Medically Necessary.

Eye Care

Eye care charges (such as radial keratotomy or similar procedures such as LASIK) not specifically outlined in the Plan will not be covered by the Plan.

Foot Conditions

The Plan does not cover charges for Physician's services in connection with weak, strained, or flat feet; instability or imbalance of the foot; or any metatarsalgia or bunion, unless the charges are for an open cutting operation that is otherwise covered. Further, the Plan will not cover charges for treating corns, calluses, or toenails unless the charges are for removal of nail roots or unless the services are reasonably necessary to treat a metabolic or peripheral-vascular disease.

Government Plan Charges

In most cases, the Plan will not cover charges for a service or supply that is furnished under any government program. Contact CBA for more information.

Impregnation or Fertilization

The Plan will not cover charges related to or for actual or attempted impregnation or fertilization that involves either a covered person or a surrogate as a donor or recipient.

Manipulation Therapy

The Plan will not cover charges incurred in connection with treatment of a chronic maintenance condition by manipulation therapy.

Occupational Injury, Sickness, or Disease

In most cases, the Plan does not cover charges incurred in connection with:

- Injury, Sickness, or disease that arises out of or in the course of any employment for wage or profit; or
- Injury, Sickness, or disease that is covered by any workers' compensation law, occupational disease law, or similar law.

Charges for occupational Injury, Sickness, or disease that would otherwise be excluded from Plan coverage may be, in CBA's sole discretion, advanced by the Plan, if:

- The party responsible for paying occupational Injury, Sickness, or disease charges has not made payment;
- There is a dispute between you and the party responsible for paying occupational Injury, Sickness, or disease charges as to 1) whether the charges are payable by such party or 2) the amount that should be paid by such party;
- You have exhausted your administrative remedies under applicable workers' compensation law, occupational disease law, or similar law by requesting every available claim denial review or appeal; and
- You (or, if incapable, your legal representative) agree in writing on forms provided by CBA to repay to the Plan any benefits advanced to you by the Plan within 30 days after you receive any future payments made by or on behalf of the party responsible for paying occupational Injury, Sickness, or disease benefits. If you do not repay the Plan within 30 days of your receipt of such benefits, the Plan may take legal action to pursue repayment plus interest on any unpaid principal amount of the advance that is not repaid within 30 days of your receipt of the other benefits. Interest will be calculated at a rate equal to the prime rate plus 3% (compounded annually from the date that is 30 days after you receive the other benefits). The Plan may also seek to recover its costs and attorney's fees incurred to enforce this repayment provision.

For purposes of this provision, “you” includes Participants, their covered dependents, COBRA beneficiaries, and any other person who may recover under this Plan on your behalf (e.g., your estate).

Prescription Drugs and Diabetic Supplies

Outpatient prescription and non-prescription drugs are not covered under the Plan’s medical benefit. Outpatient prescriptions should be filled through CVS Caremark (the Plan’s Pharmacy Benefit Manager, described in the *Prescription Drug Benefits* chapter). Diabetic supplies are not covered under the Plan’s medical benefit. These supplies may be obtained through CVS Caremark.

Infusion nursing services for select specialty medications that are administered in the home or in an ambulatory infusion center are covered through the pharmacy benefit and are coordinated through and dispensed by the CVS Caremark Specialty Pharmacy. For non-oncology infused specialty medications that require administration by a medical professional, a CareTeam nurse will work with you and your provider to assess your clinical history and determine clinically appropriate options for clinician-infused specialty medications, such as a location for your infusion. Options may include home care, an ambulatory infusion center, a Physician’s office, and so on. CareTeam nurses will contact all affected members to provide assistance and guidance.

Generally, specialty drugs are **not covered** under the medical benefit and will not be filled by any pharmacy except for CVS Caremark Specialty Pharmacy, regardless of Medical Necessity. Prior Authorization of specialty drugs may be required regardless of the benefit that covers the drug or the identity of the Provider who administers the drug.

However, specialty drugs **may be covered** under the medical benefit in these limited circumstances:

- When billed by a facility as part of an inpatient Hospital stay or an emergency room visit. Preauthorization by CVS Caremark is not required.
- When Medicare or a non-NRECA provider is the primary carrier. Preauthorization by CVS Caremark is not required.
- When home care is not clinically appropriate and an alternative infusion site qualified to administer the drug is not available within a reasonable proximity (30 miles or less) to coordinate services. This may be due to the patient’s clinical history or because the drug’s characteristics require special handling. These situations will be evaluated by CVS Caremark clinical staff.

When the treating Physician provides written documentation 1) outlining the clinical rationale for requiring the patient to be treated at the designated facility and 2) confirming that the designated facility is unable to accept drugs dispensed by CVS Caremark. Such written documentation will be reviewed and approved by CVS Caremark clinical personnel **before** allowing coverage for the requested drugs under the medical benefit.

Sterilization Reversal

The Plan will not cover charges incurred in connection with a surgical procedure to reverse a vasectomy or a sterilization tubal ligation.

Surgical Expenses Not Covered by the Plan

Surgical expenses for 1) surgeries that are investigational or experimental or 2) Cosmetic Procedures (unless due to either a congenital defect that impairs the function of a body organ or an Accident) are not covered by the Plan.

Coordinating Benefits with Other Plans

This Plan contains a coordination of benefits provision that applies whenever an allowable expense is also covered under one or more other plans. The term “other plans” means:

- Other group plans, whether fully insured or self-insured;

- Governmental plans (except Medicaid); and
- Medical insurance as provided by a motor vehicle insurance contract.

Participants are required to notify the Plan if they are personally covered under any other medical Plan by calling NRECA's Member Contact Center (MCC) at 866.673.2299 or by emailing MCC at ContactCenter@nreca.coop. Under the general coordination of benefits rule, the total benefits paid by all plans will not exceed 100% of allowable expenses. An allowable expense for coordination of benefits means any necessary expense covered at least in part by the NRECA Medical Plan.

Primary and Secondary Plans

When a claim is made, the primary plan pays benefits without regard to any other plans. The secondary plan adjusts benefits so that the total benefits payable do not exceed the allowable expenses. No plan pays more than it would without the coordination provision.

A plan without a coordination of benefits provision is always the primary plan. If all plans have such a provision, then to determine which plan is primary, the following rules apply in the order listed:

- **Employee and dependent coverage:** The plan covering an individual, other than as a dependent, is primary to the plan covering an individual as a dependent;
- **Dependent child coverage when parents are not separated or divorced:** The plan of the parent whose birthday falls earlier in the calendar year will be primary. If both parents have the same birthday, the plan that has covered the parent the longest is primary;
- **Dependent child coverage when parents are separated or divorced:** The parents' plans pay in this order:
 1. The responsible parent's plan, if a court decree has established financial responsibility for the child's health care expenses;
 2. The custodial parent's plan;
 3. The stepparent's (i.e., the custodial parent's spouse's) plan; or
 4. The non-custodial parent's plan;
- **Active and inactive employment:** The plan covering an individual through active employment is primary to the plan covering the individual through retirement or layoff status; or
- **Longer or shorter length of coverage:** If none of the above applies, then the plan covering the individual for the longest period is primary.

When it provides secondary coverage, this Plan's benefit is adjusted to account for the primary plan's payment and to exclude any charges that have been disallowed by the primary plan and for which the patient is not responsible. In this way the total benefits available under both plans will not exceed the allowable expenses. This Plan never pays more than it would have paid without the coordination provision.

To receive payment on a claim when this Plan is secondary, you must attach an EOB from the primary plan to the itemized bill when you submit the claim. See the *Claims and Appeals* chapter for detailed instructions.

Coordination with Medicare

If you and any of your covered dependents are eligible for Medicare benefits, the benefits payable under this Plan will be coordinated with the benefits payable under Medicare. In some cases, this Plan will be the primary plan and will pay benefits without regard to your Medicare benefits. In other cases, this Plan will be the secondary plan and your benefits under the Plan will be reduced by your Medicare benefits. Here's how to determine if this Plan is primary or secondary:

- This Plan is the primary plan (and Medicare is secondary) if you are:
 - Actively at Work (e.g., if you have not yet retired);
 - Disabled and have not yet qualified for Medicare coverage; or
 - Within the first 30 months of your Medicare coverage for kidney dialysis treatment or a kidney transplant.

- **This Plan is the primary plan (and Medicare is secondary)** if you are an Active Employee who has a Medicare-eligible dependent enrolled in the Plan, unless your dependent is qualified for Medicare coverage after the first 30 months of his or her Medicare coverage for kidney dialysis treatment or a kidney transplant; and
- **Medicare is the primary plan (and this Plan is secondary)** after the first 30 months of your Medicare coverage for kidney dialysis treatment or a kidney transplant.
- **Medicare is the primary plan (and this Plan is secondary)** if you are approved for long-term disability and are covered by Medicare (for a reason other than kidney dialysis or kidney transplant); and
- **Medicare is the primary plan for a covered dependent (and this Plan is secondary)** if you are approved for long-term disability and your dependent is covered by Medicare for a reason other than kidney dialysis or kidney transplant.

When this Plan is the primary plan, your benefits will be determined independently of any Medicare benefits you may receive. When Medicare is primary, the medical benefits under this Plan are reduced by the Medicare benefits available under Medicare Parts A and B, whether or not you have enrolled in both programs. The specific amount of the reduction will be determined by CBA and reflected on your EOB. If you anticipate that Medicare will be your primary plan, you should apply for full Medicare coverage under Medicare Parts A and B to ensure that you receive the maximum combined benefits available under Medicare and this Plan.

Occasionally, you or your dependents may have coverage under this Plan, Medicare, and a third plan, such as when you are covered as a dependent under a plan sponsored by your spouse's Employer. In this case, the benefits payable under this Plan will be determined by first applying these Medicare coordination rules and then applying the rules listed in the *Primary and Secondary Plans* section.

Chapter 6: Prescription Drug Benefits

The prescription drug benefit is a key element of your health care benefits package under the Plan. This chapter describes how the prescription drug benefit works; explains its unique features; and outlines the prescription drugs that are covered, limited, and excluded.

How the Benefit Works

CVS Caremark is the Plan's Pharmacy Benefit Manager (PBM). The role of the PBM is to:

- Provide the Exclusive Choice Network of over 24,000 preferred retail, mail order, and specialty pharmacies;
- Manage the Plan's Formulary, which is the list of drugs that the Plan covers; and
- Provide a dedicated customer service team for Plan Participants and their covered dependents.

Exclusive Choice Network

The Exclusive Choice Network is the Plan's preferred group of pharmacy providers. It includes CVS Pharmacy, Walmart, Sam's Club, Cardinal Health (Leader Drugs, Medicine Shoppe, Brookshire Drugs, and BI-LO Pharmacy), and the CVS Caremark Mail Order Pharmacy. You can fill prescriptions at any pharmacy, but you will receive a deeper discount by using a pharmacy in the Exclusive Choice Network. To find a participating retail network pharmacy, contact CVS Caremark.

Performance Drug List

Because there are thousands of prescription drugs on the market with similar therapeutic effects at varying costs, CVS Caremark developed a Performance Drug List. The Performance Drug List contains brand-name prescription drugs for which no generic equivalent is available and generic prescription drugs. The list is updated each quarter, taking into account therapeutic factors and price.

Under the Plan's three-tier design, Participants pay a lower Copayment or Coinsurance amount when they use a preferred brand-name drug on the list compared with a non-preferred brand-name drug that is not on the list. This helps control costs by encouraging Participants to choose quality drugs that usually have the best price. In a three-tier prescription drug plan, Participants have a choice to:

- Pay the lowest Copayment or Coinsurance for a generic drug;
- Pay a higher Copayment or Coinsurance for a brand-name drug on the list; or
- Pay the highest Copayment or Coinsurance for a non-preferred brand-name drug not on the list.

You can find a current copy of this Plan's Formulary on cooperative.com at My Benefits > Education & Resources > Insurance Plan Documents. Select "Prescription Drugs" under the filter dropdown to display the list. If you are unable to access the Employee Benefits website, call NRECA's MCC to request a copy.

Performance Drug List Updates

A new-to-market product or a new variation of a product already on the market will not be added to the Formulary until that product has been evaluated, determined to be clinically appropriate and cost-effective, and approved by the CVS Caremark Pharmacy and Therapeutics Committee or other appropriate reviewing body. For example, as new specialty and hepatitis C products launch, all existing products in the class will be re-evaluated to determine appropriate Formulary placement and whether they will be excluded, added back, or not listed.

Coinsurance and Copayments (if Applicable)

You pay less when you use a participating (in-network) retail network pharmacy. If you use a non-participating retail network pharmacy (out-of-network), you must pay any difference between the in-network cost and the actual cost of the prescription.

For most prescription drugs, you must pay a specific-dollar amount (known as a Copayment) or a percentage (known as Coinsurance) toward the cost.

If you fill your prescriptions for covered generic drugs by mail order or at an Exclusive Choice pharmacy your Copayments are waived.

See the *Plan Highlights* chapter to check Coinsurance percentages and applicable Copayment amounts for the various types of prescription drugs provided under the Plan.

Maintenance Medications

Maintenance medications are prescription drugs taken for longer than 30 days for a chronic condition. By using mail-order service for long-term maintenance drugs, you can save money. You have two options for filling 90-day maintenance medication prescriptions: either the CVS Caremark Mail Order Pharmacy or an Exclusive Choice pharmacy. To find a participating retail network pharmacy, contact CVS Caremark. Note that the Plan has special rules for opioid maintenance medications. These are described in the *Coverage of Opioid Pain Management Medication* section below.

Coverage of Opioid Pain Management Medication

To help ensure the safe use of opioid pain management medications, the Plan has set coverage limits for opioid medications. These limits align with CVS Health's enterprise-wide opioid medication prescription fill policy and with the Centers for Disease Control and Prevention's latest guidelines, which are based on prescription prescribing limits up to 90 morphine milligram equivalents (MME) per day. The Plan limits coverage of opioid medications as follows:

- Limits the first fill of an opioid medication to **seven days' supply** for Participants who have not used opioid medication in the past 90 days. A Physician can submit a Prior Authorization request by calling CVS Caremark at 855.240.0536 if the Participant needs opioid medication for longer than seven days.
- Limits the quantity of opioid products prescribed to 90 MME per day. Opioid products containing acetaminophen or aspirin will be limited to four grams of acetaminophen or aspirin per day and products containing ibuprofen will be limited to 3.2 grams of ibuprofen per day.
- Requires the use of an immediate-release formulation of the opioid medication (e.g., generic Ultram or Lortab) before moving to an extended-release formulation of the opioid medication (e.g., Methadone or MS Contin).

Opioid medications that are prescribed to treat cancer-related pain are not subject to the Plan's coverage limits.

These opioid medications are subject to the seven-day initial fill limit. Note that CVS Caremark may update this list quarterly; Call CVS Caremark Customer Care at 888.796.7322 if you have questions about opioid prescriptions. Lowercase drug names listed below are generic drugs:

- acetaminophen and benzhydrocodone
- acetaminophen and codeine
- acetaminophen and hydrocodone
- acetaminophen and oxycodone
- acetaminophen and tramadol
- acetaminophen, caffeine, and dihydrocodeine
- aspirin and oxycodone
- aspirin, caffeine, and dihydrocodeine
- buprenorphine buccal film
- buprenorphine transdermal system
- codeine sulfate oral solution, tablets
- fentanyl transdermal system
- hydrocodone bitartrate extended-release capsules

- hydrocodone bitartrate extended-release tablets
- hydrocodone bitartrate extended-release tablets
- hydromorphone hydrochloride extended-release
- hydromorphone hydrochloride oral liquid, suppositories, tablets
- ibuprofen and hydrocodone
- ibuprofen and oxycodone
- levorphanol tartrate tablets
- meperidine hydrochloride oral solution, tablets
- methadone hydrochloride injection; oral solution
- methadone hydrochloride tablets
- methadone hydrochloride tablets
- methadone oral concentrate
- morphine extended-release capsules
- morphine extended-release capsules
- morphine extended-release tablets
- morphine sulfate and naltrexone hydrochloride extended-release
- morphine sulfate extended-release tablets
- morphine sulfate oral soln, oral soln concentrate, suppositories, tablets
- oxycodone extended-release capsules
- oxycodone HCL/naloxone HCL extended-release tablets
- oxycodone hydrochloride capsules, oral soln, oral soln concentrate, tabs
- oxycodone hydrochloride extended-release tablets
- oxycodone hydrochloride/acetaminophen extended-release
- oxycodone hydrochloride/naltrexone extended-release capsules
- oxymorphone hydrochloride extended-release tablets
- oxymorphone hydrochloride tablets
- pentazocine/naloxone tablets
- tapentadol extended-release tablets
- tapentadol oral solution, tablets
- tramadol hydrochloride extended release
- tramadol hydrochloride extended release tablets
- tramadol hydrochloride extended-release
- tramadol hydrochloride tablets

CVS Caremark Mail Order Pharmacy

Your prescription drug Plan offers mail order as an alternative to retail. Filling prescriptions by mail has three distinct cost-saving advantages over using a retail pharmacy:

- You can order up to a 90-day supply for a lower Copayment than three separate 30-day prescriptions at a retail pharmacy. At a non-Exclusive Choice pharmacy, the most you can order is a 30-day supply;
- Ingredient costs are lower and drug discounts are greater than at a retail pharmacy; and
- There is no dispensing fee, which lowers the prescription price (retail pharmacies charge a dispensing fee).

The CVS Caremark Mail Order Pharmacy provides a convenient and cost-effective way for you to order maintenance or long-term medication for direct delivery to your home. Mailing cost is included when drugs are obtained through the CVS Caremark Mail-order Pharmacy, unless you request a special shipping method (e.g., UPS, FedEx), in which case you must pay for the extra shipping charges.

If you take a maintenance medication, ask your Physician to write a prescription for 90 days with three refills (total of one year). Complete the mail service order form and send it to CVS Caremark with your original prescription. Credit card is the preferred payment method. You can expect to receive your prescription approximately 10 to 14 days after CVS Caremark receives your order. You

will receive a new pre-printed order form and a return envelope with each shipment. When re-ordering, verify that your pre-printed name, identification number, and mailing address are all correct on the order form. Send the form to the pre-printed CVS Caremark mailing address on the order form.

You can choose to pay the cost-sharing amount when your mail order is delivered. However, to avoid future order delays or canceled orders, Participants are encouraged to pre-pay the cost-sharing amount when they place the initial phone, mail, or online order. You can pre-pay by personal check, money order, debit card, or credit card. CVS Caremark permits a maximum outstanding mail-order account balance of \$200 per family. If your family balance exceeds that limit, CVS Caremark contacts the Plan Participant to request payment by bank card or credit card before releasing the order.

Once you have processed a prescription through CVS Caremark, you can obtain refills:

- Online: Visit caremark.com to order prescription refills or inquire about the status of your order. You will need to register on the site and log in.
- Through the CVS Caremark mobile app: Select "Refill Options."
- By phone: Call 888.796.7322 for CVS Caremark's fully automated refill phone service.
- By mail: Attach the refill label provided with your prescription order to a mail-service order form. Enclose your payment and mail the order form to the pre-printed mailing address on the form.

CVS Caremark Specialty Pharmacy

Specialty medications are specialized, often expensive medications that are used to treat and manage chronic or complex conditions. Specialty and biotech drugs are not eligible for coverage through retail pharmacies. All specialty or biotech drug prescriptions must be filled by mail using CVS Caremark Specialty Pharmacy mail service. The Plan limits specialty drugs to a 30-day supply at one time. This allows a dedicated CVS CareTeam to work closely with patients and Physicians to encourage patient treatment adherence, achieve better outcomes, and reduce medical costs.

You or your dependents must enroll before using CVS Caremark Specialty Pharmacy mail service to fill and refill both biotech and specialty drug prescriptions. Enroll by calling CVS Specialty Connect® at 800.237.2767 or online through caremark.com. After you enroll, a CareTeam specialist will work with you, your Physician, and the Plan to confirm coverage and conduct a clinical review of the needed medicines. Thereafter, you can refill prescriptions online, by phone, or by mail.

Some specialty medications may qualify for a manufacturer Copayment assistance program, which could lower your out-of-pocket costs for those medications. When a Participant uses Copayment assistance for any such specialty medication, the Copayment assistance amount is not credited toward the Deductible or Coinsurance maximum. For this reason, if you participate in a high-deductible health plan and receive Copayment assistance for a specialty drug, you may not satisfy your Deductible as quickly compared with prior years.

You may see differences in your Deductible or Coinsurance totals when your specialty medication ships at a later date. Your Deductible and Coinsurance maximums may temporarily reflect the Copayment assistance amount but will be adjusted after your medication is shipped.

Also, when using Copayment assistance for specialty drugs, the Copayment assistance itself does not qualify for reimbursement from your tax-advantaged side account (e.g., HRA and health care FSA) because it is not a qualified out-of-pocket expense.

Prescription Drug Discount Programs

Notwithstanding anything in the Plan to the contrary, the Plan will not cover any prescription drug that you purchase using prescription drug discount programs, including, but not limited to, GoodRx and WellRx. If you use a discount program to purchase a prescription drug, the Plan will not credit your Deductible or Coinsurance maximum either for the cost that is covered by the discount program or for any related out-of-pocket costs. Note that prescription drug discount programs are

not valid with other insurance plans, including Medicare, Medicaid, and any state or federal prescription insurance.

Choosing a Brand When There's a Generic

Dispense as Written (DAW) is another important, standard feature of the Plan's prescription drug benefit. DAW applies to prescription drugs that have a generic equivalent. This feature encourages generic drug use while still giving you a choice.

When a generic equivalent is available and you choose a brand-name drug instead, you are responsible for the generic Copayment or Coinsurance plus the difference between the cost of the brand-name drug and the cost of the generic. This provision remains in effect even if the prescribing doctor notes or checks "dispense as written" or "do not substitute" on the prescription. For a generic drug, you pay only the generic Copayment or Coinsurance.

In the example below, DAW applies if you want Lipitor, but the generic version Atorvastatin is available. You would pay the generic Copayment plus the difference between the brand-name and the generic costs.

Drug Name	Cost
Lipitor	\$183
Atorvastatin	\$56
Cost Difference	\$127
Generic Copayment	\$10
Patient Responsibility (cost difference plus generic Copayment)	\$137

Prior Authorization

Certain prescription drugs or drug categories require Prior Authorization to ensure their safe, effective, and appropriate use. The Plan's Prior Authorization requirements are based on FDA-approved uses of the medication and FDA medication labeling. Prior Authorization means that your Physician must call CVS Caremark at 855.240.0536 to confirm, as applicable, that the prescribed medication is being appropriately used or is Medically Necessary. The Plan requires Prior Authorization for:

- Drugs that have significant safety concerns or are subject to overuse or misuse;
- Specific diagnoses or conditions;
- Drugs that require additional criteria requirements or documentation to approve coverage;
- Drugs that are subject to Plan quantity limitations when a Physician determines that a larger quantity is needed;
- Certain non-preferred brands;
- All specialty and biotech prescription drugs;
- Certain ingredients (e.g., bulk powders or agents, compounding kits, and proprietary bases) present in compounded drugs;
- Compounded drugs with a total cost of \$300 or more;
- Drugs that are not on the Formulary;
- Prescription Dietary Supplements, Prescription MultiVitamins, Prescription Probiotics;
- Testosterone Replacement;
- Topical Acne Products;
- Brand Glumetza, Fortamet and Metformin ER;

- Solaraze 3% Topical Gel; and
- Transmucosal Immediate Release Fentanyl.

The criteria for Medical Necessity include not only the drug and diagnosis but also the clinical appropriateness of a medication in terms of the condition being treated, severity of condition, medication type, frequency of use, and duration of therapy. When the Plan denies coverage at a retail pharmacy because a drug has not been Preauthorized, the denial message from the Pharmacy Benefit Manager to the pharmacist explains where the prescriber must call to obtain Prior Authorization.

The following drugs require Prior Authorization by the CBA Nurse's Unit (at 866.673.2299) before they can be dispensed:

Drugs Requiring Prior Authorization by CBA Nurse's Unit

Obesity or weight-loss drugs; appetite suppressants; and anorexiant such as Xenical, Phentermine, Meridia, and Lonamin

Drugs Requiring Prior Authorization by CVS Caremark

Medications Requiring Prior Authorization for Medical Necessity lists medicines, by drug class, not covered without Prior Authorization for Medical Necessity. CVS Caremark maintains this list and updates it quarterly. See *Appendix D* or access the list on cooperative.com at My Benefits > Education & Resources > Insurance Plan Documents (click "Prescription Drugs" under the filter dropdown). If you are unable to access this website, call NRECA's Member Contact Center (MCC) for a copy of the list.

If you continue to use one of these drugs without prior approval for Medical Necessity, you may be required to pay the full cost. If your doctor believes you have a specific clinical need for one of these drugs, your doctor should contact the CVS Caremark Prior Authorization Department toll-free at 855.240.0536. If you have any questions you may call CVS Caremark Customer Care at 888.796.7322.

Multi-ingredient Compounded Prescriptions and Bulk-compounding Powders

A compounded drug is one that is made by combining, mixing, or altering ingredients, according to a prescription, to create a customized drug that is not otherwise commercially available.

The Plan covers compounded drugs when they are used for FDA-approved indications, for uses and routes of administration supported by or found in medical compendia, or for other currently accepted practice guidelines. All other Plan provisions apply. To be covered, all ingredients in the compounded medication and the compounded formulation itself must be covered. If the medication is reformulated, it must meet FDA-approved guidelines for the treated condition.

All compounded drugs with a total cost of \$300 or greater require Prior Authorization. The main or most expensive ingredient determines your Copayment or Coinsurance (as applicable). All compounded drugs that contain one or more specialty pharmacy ingredient must be filled and dispensed by CVS Caremark Specialty Pharmacy. Applicable specialty drug copays apply.

The following table lists bulk powders, proprietary bases, and various topical products that may be marketed contrary to FDA-approved indications. Note that this table is not an all-inclusive list and is subject to change.

Drugs or Products Requiring Prior Authorization for Medical Necessity by CVS Caremark (when present in a compound drug)

Category	Examples
----------	----------

**Drugs or Products Requiring Prior Authorization for
Medical Necessity by CVS Caremark (when present in a compound drug)**

Category	Examples	
Proprietary Bases	PCCA LIPODERM BASE	VERSATILE CREAM BASE
	PCCA CUSTOM LIPO-MAX CREAM	PLO TRANSDERMAL CREAM
	VERSABASE CREAM	TRANSDERMAL PAIN BASE CREAM
Proprietary Bases	VERSAPRO CREAM	PCCA EMOLLIENT CREAM BASE
	PCCA PRACASIL PLUS BASE	PENDERM
	SPIRAWASH GEL BASE	SALT STABLE LS ADVANCED CREAM
Proprietary Bases	VERSABASE GEL	ULTRADERM CREAM
	LIOPEN ULTRA CREAM	
	LIPO CREAM BASE	BASE CREAM LIPOSOME
Proprietary Bases	PENTRAVAN CREAM/CREAM PLUS	MEDIDERM CREAM BASE
	VERSAPRO GEL	SALT STABLE CREAM
Drug-specific Bulk Powders	MUSCLE RELAXANTS	OPIOIDS
	ANALGESICS	NEUROPATHIC AGENTS
	ANTI-INFLAMMATORY AGENTS	ANTIADRENERGICS
	ANTI-INFECTIVES	ANTIDEPRESSANTS
Bulk Nutrients	VITAMINS	ELECTROLYTES
	MINERALS	AMINO ACIDS
	ALTERNATIVE MEDICINES	
Bulk-compounding Agents	SURFACTANTS	ANTISEPTICS, DISINFECTANTS
	VEHICLES	PIGMENTS
	ALKALIZING AGENTS	
Miscellaneous Bulk Ingredients	CHELATING AGENTS	ANESTHETICS
	DIGESTIVE ENZYMES	NEUROPATHIC AGENTS
	KERATOLYTICS	
Hormone & Adrenal Bulk Powders	ANDROGENS (e.g., danazol, methyltestosterone)	ESTROGENS (e.g., estriol micronized, estradiol)
	CORTICOSTEROIDS (e.g., betamethasone sodium phosphate, cortisone acetate)	PROGESTINS (e.g., norethindrone acetate, progesterone)

**Drugs or Products Requiring Prior Authorization for
Medical Necessity by CVS Caremark (when present in a compound drug)**

Category	Examples
Compounding Kits	<p>AMANTADINE-GABAPENTIN-DICLOFENAC-LIDOCAINE CREAM Diclofenac sodium cream 1% Estradiol-estriol cream FLURBIPROFEN-CYCLOBENZAPRINE CREAM 20 MG/GM ITRACONAZOLE-PHENYTOIN SODIUM CREAM LANSOPRAZOLE SUSP 3MG/ML OMEPRazole SUSP 2MG/ML PROGESTERONE SUPP TRAMADOL HYDROCHLORIDE ORAL SUSP 10MG/ML Lidocaine-tetracaine-epinephrine</p> <p>AMITRIPTYLINE HYDROCHLORIDE CREAM 2% DIPHENHYDRAMINE HYDROCHLORIDE FOR ORAL SUSP 5 MG/ML HYDROCORTISONE GEL 10% KETOPROFEN CREAM 5% LIDOCAINE CREAM 10% PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10% Sodium hyaluronate-fluoroacil 2-4% TESTOSTERONE OINT 2%</p>
Topical Analgesics Patches	<p>LEVATIO, RELEEVIa, RENOVO (capsaicin-menthol) LIDENZA, LIDOTHOL, LORENZA, SYNVEIXIA, ZERUVIA (lidocaine-menthol) MEDI-PATCH RX, SOOTHEE (lidocaine-capsaicin-menthol-methyl salicylate) PERMAVAN (lidocaine-dextromethorphan-trolamine salicylate) RENUU (allantoin-lidocaine-petrolatum) DERMACINRX ANALGESIC KIT (diclofenac sodium tab/lidocaine-menthol-methyl salicylate)</p>
Topical Analgesics	<p>SYNVEIXIA TC, VELTRIX (lidocaine-menthol cream) LIDOCAINE (cream, lotion) LIDOCAINE-HYDROCORTISONE (cream) LIDORX (lidocaine HCL gel 3%) MEDI-DERM, REMATEX (capsaicin-menthol-methyl salicylate) MEDROX-RX (capsaicin-menthol salicylate ointment) MENTHO-CAINE KIT (lidocaine oint/menthol spray) ACTIVE-PAC/GABAPENTIN, SMARTRX PAK GABA (gabapentin caps/lidocaine-menthol gel) LIVIXIL PAK KIT (lidocaine-prilocaine crm/occlusive dressings) XRYLIX PAK (diclofenac sodium solution /adhesive sheets)</p>
Scar Products	<p>RENUU NL (allantoin-petrolatum patch)</p>

**Drugs or Products Requiring Prior Authorization for
Medical Necessity by CVS Caremark (when present in a compound drug)**

Category	Examples
Convenience Multi-product Kits	CYCLO/GABA PAK (cyclobenzaprine tab/gabapentin cap) CYCLOTENS KIT (cyclobenzaprine HCL tab 10mg/electrode device/pads) DNA COLLECTION KIT, DYNAMIC KIT, ORAGENOMIC MEDICATE KIT (lidocaine oral sol/glycerin swab/buccal swab) NEUAC KIT (clindamycin-benzoyl peroxide gel/moisturizer cream) ULTRAVATE X KIT (halobetasol propionate/lactic acid cream) DERMACINRX KIT SILAPAK, NUTRIARX KIT, SANADERMRX KIT (triamcinolone acetate cream/DermacinRx Skin repair Complex [dimethicone cream]/silicone tape)
	TICANASE (fluticasone nasal suspension/sodium chloride spray) MORGIDOX KIT (doxycycline hyclate cap/cleanser) OMEGA-3/D-3 KIT WELLNESS, SURE RESULT KIT 03D3 (omega-3-acid ethyl esters cap/vitamin D3 cap)
	MLK F KIT, MLP A KIT (triamcinolone injection/bupivacaine injection/lidocaine HCL injection/povidone-iodine swabsticks) B-12 COMP KIT (cyanocobalamin injection/steril isopropyl alcohol prep pad) DOLOTRANZ KIT (lidocaine-prilocaine cream/lidocaine gel) GENADUR KIT (hydrosoluble nail lacquer/dietary supplement)
Otic Analgesics and Combinations	PRAMOTIC (chloroxylenol-pramoxine) CORTANE-B, OTICIN (chloroxylenol-pramoxine-hydrocortisone)
Other Products	NOVACORT (pramoxine-hydrocortisone gel) ALOQUIN (iodoquinol-aloe polysaccharides gel) RESVERATROL (caps, tabs plus) UREA (foam, gel, lotion) HYDRO (urea in lactic acid) Hyaluronate-lidocaine injection Methylprednisolone acetate-lidocaine injection Papaverine-phentolamine injection

Step Therapy

Step Therapy is an automated form of prior authorization that occurs at the point-of-sale to encourage the use of less costly, but similarly effective medications before more costly medications are approved for coverage. Step therapy requires participants to try a lower-cost medication (known as step 1) before progressing to a higher-cost alternative (known as step 2). Certain medications such as extended release opioids and agents to treat migraines require step therapy.

Quantity Limits

Quantity limits for covered prescription drugs are based on several factors, including, but not limited to, FDA-approved dosing, medical literature, and other supportive and analytic data.

Quantity duration limits define the maximum medication quantity that the Plan will cover in a specific time (e.g., 30 units or 1,000 mg per month).

Quantity level limits define the maximum medication quantity that the Plan will cover per prescription or Copayment (e.g., 30 units per prescription). If a patient's condition warrants additional quantities of a medication beyond the Plan maximum, the prescriber can contact CVS Caremark at 855.240.0536.

The following lists of Specialty and Non-specialty prescription drugs are subject to quantity level limits. CVS Caremark may update this list on a quarterly basis. Generic drugs are in lower case; brand-name drugs are in ALL CAPS.

Specialty Drugs Subject to Quantity Limits

ACTEMRA	CAYSTON	EMTRIVA	GLATOPA
ACTEMRA PEN	CERDELGA	ENBREL	GLEEVEC
ACTHAR HP	CEREZYME	ENDARI	GONAL-F
ADCIRCA	CIMDUO	ENSPRYNG	HAEGARDA
ADEMPAS	CIMZIA	ENTYVIO	HARVONI
AFINITOR	CINQAIR	EPCLUSA	HETLIOZ
AFINITOR DIS	CINRYZE	EPIDIOLEX	HUMIRA
ALECENSA	COMBIVIR	EPIVIR	IBRANCE
ALUNBRIG	COMETRIQ	EPZICOM	ICLUSIG
AMPYRA	COMPLERA	ERIVEDGE	IDHIFA
APTIVUS	COPAXONE	ERLEADA	ILUMYA
ARCALYST	COPIKTRA	ESBRIET	IMBRUVICA
ATRIPLA	COSENTYX	EVENITY	INBRIJA
AUBAGIO	COTELLIC	EVOTAZ	INFLECTRA
AUSTEDO	CRIXIVAN	EVRYSDI	INGREZZA
AVONEX	CRYSVITA	EXTAVIA	INLYTA
BALVERSA	CYSTADROPS	FASENRA	INQOVI
BERINERT	DAKLINZA	FINTEPLA	INREBIC
BETASERON	DAURISMO	FIRDAPSE	INTELENCE
BETHKIS	DELSTRIGO	FOLLISTIM AQ	INVIRASE
BIKTARVY	DESCOVY	FORTEO	IRESSA
BOSULIF	DIACOMIT	FULPHILA	ISENTRESS
BRAFTOVI	DOPTelet	FUZEON	ISENTRESS HD
BRAVELLE	DOVATO	GALAFOLD	JAKAFI
BRINEURA	DUPIXENT	GATTEX	JULUCA
CABOMETYX	EDURANT	GENVOYA	JUXTAPID
CALQUENCE	ELELYSO	GILENYA	JYNARQUE
CAPRELSA	EMFLAZA	GILOTRIF	

Specialty Drugs Subject to Quantity Limits

KALBITOR	OTREXUP	SOVALDI	VENTAVIS
KALETRA	PALYNZIQ	SPINRAZA	VERZENIO
KALYDECO	PEGASYS	SPRYCEL	VICTRELIS
KEVEYIS	PIFELTRO	STELARA	VIDEX
KEVZARA	PIQAY	STIVARGA	VIDEX EC
KINERET	PLEGRIDY	STRIBILD	VIEKIRA
KISQALI	POMALYST	SUSTIVA	VIEKIRA XR
KISQALI FEMARA	PRALUENT	SUTENT	VIGADRONE
KITABIS PAK	PREZCOBIX	SYLATRON	VILTEPSO
KORLYM	PREZISTA	SYMDEKO	VIRACEPT
KYNAMRO	PROLIA	SYMFI	VIRAMUNE
LEMTRADA	PROMACTA	SYMFI LO	VIREAD
LENVIMA	PULMOZYME	SYMTUZO	VITRAKVI
LETAIRIS	RADICAVA	TAFINLAR	VIVITROL
LEXIVA	RASUVO	TAGRISSO	VIZIMPRO
LORBRENA	REBIF	TAKHZYRO	VOSEVI
LYNPARZA	REMICADE	TALTZ	VOTRIENT
MAKENA	RENFLEXIS	TALZENNA	VPRIV
MAVENCLAD	REPATHA	TARCEVA	VYNDAMAX
MAVYRET	RESCRIPTOR	TASIGNA	VYNDAQEL
MAYZENT	RETROVIR	TAVALISSE	WAKIX
MEKINIST	REVATIO	TECFIDERA	XALKORI
MEKTOVI	REVLIMID	TECHNIVIE	XELJANZ
MUPLETA	REYATAZ	TEGSEDI	XELODA
MYALEPT	RINVOQ	THALOMID	XENAZINE
MYCAPSSA	ROZLYTREK	TIBSOVO	XERMELO
NATPARA	RUBRACA	TIVICAY	XOLAIR
NERLYNX	RUCONEST	TOBI	XOSPATA
NEULASTA	RUZURGI	TOBI PODHALR	XPOVIO
NEXAVAR	RYDAPT	TOBRAMYCIN	XTANDI
NORTHERA	SABRIL	TRACLEER	XYWAV
NORVIR	SANDOSTATIN	TREMFYA	YONSA
NUBEQA	SANDOSTATIN LAR	TRIUMEQ	ZAVESCA
NUCALA	DEPOT	TRIZIVIR	ZEJULA
OCALIVA	SELZENTRY	TRUVADA	ZELBORAF
OCREVUS	SENSIPAR	TURALIO	ZEPATIER
ODEFSEY	SIGNIFOR	TYBOST	ZERIT
ODOMZO	SIGNIFOR LAR	TYKERB	ZIAGEN
OFEV	SILDENAFIL	TYMLOS	ZINBRYTA
OLUMIANT	SILIQ	TYSABRI	ZOLINZA
OLYSIO	SIMPONI	TYVASO	ZYDELIG
ONPATTRO	SIMPONI ARIA	UDENYCA	ZYKADIA
OPSUMIT	SKYRIZI	UPTRAVI	ZYTIGA
ORENCIA	SOMATULINE		
ORKAMBI	DEPOT		
OTEZLA	SOMAVERT		

Non-specialty Drugs Subject to Quantity Limits

AMERGE	Folic acid	QSYMIA
Amphetamines	FROVA	RELPAX
Aspirin	IMITREX	Retinoids
AXERT	INFLUENZA - RELENZA	SUMAVEL DOSEPRO
BELVIQ	INFLUENZA - TAMIFLU	TADALAFIL
Cervical Caps	INJECTIBLE	Test Strips
Compound Drugs	CONTRACEPTIVE	THALOMID
CONTRACE	IRON SUPPLEMENTS	TRANSDERMAL PATCH
DELATESTRYL	IUD Contraceptives	TREXIMET
DEPOTEST/TESTOPEL IJ	LEVITRA	Vaccines for Adults
Diaphragms	MAXALT MLT	Vaccines for Children
ED ALPROSTADILS POST PA	MIGRANAL NASAL SPRAY	Vaginal Ring
EMERGENCY	NICOTROL INHALER	VITAMIN D
CONTRACEPTIVE	NICOTROL NASAL SPRAY	ZOMIG
FLUORIDE SUPPLEMENT	Opioids	
	ORAL CONTRACEPTIVE	

Medication Monitoring Program

To encourage the safe and appropriate use of prescription drugs, the Plan participates in a monitoring program through its prescription benefit manager, CVS Caremark. This program proactively identifies potential cases of fraud, waste, or abuse by flagging Participant behaviors of concern related to controlled substances and drugs with potential for misuse. Such behaviors include, but are not limited to, frequent claims, use of multiple prescribers, use of multiple pharmacies, and excessive medication use or claim costs. A pharmacist reviews the flagged situations and may contact prescribers to gather more information and determine the need for intervention, if any. To support safe and appropriate medication use, the Plan reserves the right to limit a Participant (or a covered spouse or dependent) indefinitely to one pharmacy for all that individual's prescriptions. In this case the Plan will send a letter notifying the Participant.

Prescription Drug Support Online

The CVS Caremark website allows you and your dependents to review your prescription drug benefits, cost-sharing, benefits coverage, general health, and drug information. You can order refills for mail-order prescriptions and check your personal prescription history. You can also set up an email alert that will prompt you when it is time to refill a prescription. All personal and prescription drug information is password protected.

Chronic Condition Management

If you or your dependent(s) have a chronic condition, you will receive occasional mailings to help use medications appropriately and improve the quality of your life. For example, diabetes-related mailings offer free blood glucose monitors to Participants living with diabetes.

Pharmacy Clinical Support

Pharmacy clinical support, also known as cost containment, is part of the Plan. Pharmacy clinical support helps manage costs and adds another level of quality review by encouraging drug therapy compliance and proper use of the prescription drug benefit. Under this program, CVS Caremark reviews retail prescription claims and, in some cases, contacts the prescribing Physician to suggest drug therapy changes based on national clinical guidelines and standards of care. The Physician decides whether to follow the recommendations and approve the suggested changes for future prescriptions. For example, a medication will be reviewed when it is prescribed for longer than recommended for its particular drug class. Examples include muscle relaxants and gastrointestinal (GI) medications (e.g., Nexium, Aciphex, Omeprazole). Excessive refills of medications like these may be removed from a prescription if your Physician agrees. Every effort is made to ensure minimal disruption to you and your dependents. If you disagree with a Physician-approved change,

you can request to have the refill reinstated by having your medical provider call CVS Caremark at 888.796.7322.

If cost containment changes are made to mail-order prescriptions, you or your dependent will receive a letter with your filled order to notify you of the change. A short delay may occur while CVS Caremark attempts to contact your Physician to discuss potential changes.

What the Plan Covers

Diabetic Supplies

Diabetic supplies include, but may not be limited to, insulin, needles, clinitests, syringes, test strips, alcohol swabs, lancets, and select insulin pump supplies such as infusion sets, reservoir tips, and Polyskin.

Specialty and Biotech Drugs

Specialty and biotech drugs are used to treat a variety of serious and complex medical conditions, such as multiple sclerosis, certain cancers, growth hormone disorders, hemophilia, rheumatoid arthritis, Crohn's disease, cystic fibrosis, and hepatitis C. These drugs are derived from biological processes and are considered specialty drugs. Biotech drugs are generally single-source brand-name medications, meaning there is no generic equivalent available. Many are administered via injection rather than taken orally and require special shipping, storage, and administration.

Specialty and biotech drugs have a 30-day supply limit.

Because there are thousands of prescription drugs on the market with similar therapeutic effects at varying costs, CVS Caremark developed the Advance Control Specialty Formulary List. This list contains brand-name prescription drugs for which no generic equivalent is available and generic prescription drugs. The list is updated each quarter, taking into account therapeutic factors and price.

The CVS Caremark Specialty Pharmacy service helps Participants safely use specialty and biotech drugs and effectively adhere to the challenging treatment regimens associated with taking a specialty medication. You will have access to educational materials, phone consultations, and refill reminders to help with specific treatments.

CVS Caremark's Specialty Pharmacy Services also dispenses specialty drugs used to treat conditions related to:

- Asthma;
- Cancer;
- Crohn's disease;
- Enzyme replacement for lysosomal storage disorders;
- Growth hormone disorders;
- Hematopoiesis disorders;
- Hemophilia and Von Willebrand disease;
- Hepatitis C;
- Immune disorders;
- Multiple sclerosis;
- Psoriasis;
- Pulmonary Arterial Hypertension (PAH);
- Pulmonary disorders;
- Respiratory Syncytial Virus (RSV); and
- Rheumatoid arthritis.

A complete list of specialty drugs can be found on cooperative.com at My Benefits > Education & Resources > Insurance Plan Documents (select the filter for "Prescription Drugs"). If you are unable to access the Employee Benefits website, call NRECA's MCC at 866.673.2299 for a copy of the list.

Vaccines

Coverage for Flu, Zostavax, and Pneumonia vaccines is available through the vaccine network, which consists of retail pharmacies that offer vaccines and are part of the national CVS Caremark retail pharmacy network. There is no cost and no Copayment because the Plan covers these vaccines at 100%. Call ahead for availability or to make an appointment, if required. Take your Health ID card and a valid photo ID. Inform the provider that vaccines are covered at 100% under your prescription drug benefit. Visit caremark.com to find a network pharmacy in your area or call CVS Caremark Customer Care toll-free at 888.796.7322.

Specific Exclusions

These drugs are not covered under the Plan's prescription drug benefit:

- Allergy serums;
- Anabolic steroids;
- Blood or plasma;
- Charges for the administration or injection of any drug, unless related to specialty pharmacy administration or injection;
- Compounded drugs marketed contrary to FDA-approved indications, for uses and routes of administration not supported by or found in medical compendia or for other currently accepted practice guidelines;
- Dietary (nutritional) supplements such as Ensure, Limbrel, and Vanachol or specialized infant formula;
- Drugs administered in and billed by a Physician's office;
- Drugs prescribed, filled, or obtained by a Physician, pharmacist, or pharmacy that is not licensed in the United States;
- Drugs purchased outside of the United States (see the *Coverage While Traveling Outside the United States* section in the *Medical Plan Benefits* chapter);
- Drugs that do not require a prescription (over-the-counter drugs unless listed in the *Prescription Drugs and Supplies Covered Under the Plan* section);
- Drugs administered to a patient by a Hospital, nursing home, extended-care facility, or similar institution that operates a pharmacy on its premises;
- Biological sera (drugs that are obtained, purified, and standardized from human serum or plasma);
- Infertility drugs;
- Insulin pumps and blood glucose monitors (unless covered under the medical Plan benefits);
- Investigational or experimental drugs;
- Non-prescription vitamins and minerals;
- Ostomy supplies (unless covered under the medical Plan benefits);
- Avage;
- Therapeutic devices or appliances, support garments, and other non-medical substances;
- Topical fluoride preparations;
- Topical Minoxidil (such as Rogaine);
- Vaccines other than Flu, Zostavax, Pneumonia, and COVID-19;
- Depigmenting agents;
- Brand and generic versions of Duexis and Vimovo;

- 510K artificial saliva products; and
- 510K medical device products.

Coverage Under Medicare

Retirees and their dependents age 65 and older are not eligible to participate in the Medical Plan, including prescription drug benefits, unless they enrolled in Medicare before retirement and elected COBRA Continuation of Coverage instead of the Plan's retiree benefits. For details, review the *Continuing Coverage Under COBRA* chapter. Note that if you are eligible for Medicare but your covered dependents are not Medicare eligible, then your dependents remain covered under the Plan's prescription drug benefit until Medicare becomes their primary insurer.

Medicare-disabled Participants and Participants with end-stage renal disease (ESRD) will no longer be covered under the Plan's prescription drug benefit if they:

- Have been totally disabled for at least six months;
- Are not currently working; and
- Are receiving disability payments from your Employer beyond the first six months of disability.

If you are a Medicare-disabled Participant for whom Medicare is the primary payer, you are no longer eligible for the Plan's prescription drug coverage unless suitable replacement Medicare prescription drug coverage is not available to you. If suitable prescription drug coverage is unavailable, you may enroll in the Plan's prescription drug coverage during annual enrollment.

Participants with ESRD remain covered under the Plan's prescription drug benefit for the first 30 months of ESRD disability as long as they are under age 65 and not retired. After 30 months of ESRD disability, when Medicare becomes the primary insurer, the Participant will no longer be covered under the Plan's prescription drug benefit and must enroll in a Medicare Part D prescription drug plan or another creditable plan. If suitable prescription drug coverage is unavailable, you may enroll in the Plan's prescription drug coverage during annual enrollment.

For Medicare-disabled Participants, preventive drugs are covered under the Medical Plan at 100%. These individuals must submit paper claims to the address located on the back of their Health ID card.

COBRA Participants age 65 or older are not eligible to participate in the Medical Plan, including the prescription drug benefit, unless they were enrolled in Medicare prior to their COBRA qualifying event. For details, review the *Continuing Coverage Under COBRA* chapter.

Creditable Coverage for Medicare

Creditable prescription drug coverage means coverage that is expected to pay at least as much as the standard Medicare Part D prescription drug plan pays. Many of the NRECA prescription drug plans are considered creditable prescription drug coverage; however, prescription drug plans associated with high-Deductible medical plans are not.

It is important to note that an individual does not need to sign up for Medicare at age 65 (and will not incur a penalty) if he or she 1) has not yet signed up for Social Security or Railroad Retirement income benefits, and 2) has Employer-sponsored medical coverage based on his or her own (or a spouse's) Active Work status.

All Participants who are enrolled in Medicare should consider enrolling in a creditable prescription drug plan to avoid paying higher premium charges when they do enroll in a Medicare Part D prescription drug plan. If you or a dependent become eligible and enroll in Medicare and also have an employment status of Active or Disabled, check with your Employer or contact NRECA's MCC to verify whether your Employer's prescription drug Plan is considered creditable coverage. This is important because if you have a break in creditable coverage of 63 continuous days or longer before enrolling in a Medicare Part D prescription drug plan, you may have to pay a higher premium when you do enroll. If you need one, call the MCC to request a Certificate of Creditable Drug Coverage from the Plan. Use the number listed in the *Contact Information* chapter.

Note: If you are an Active Employee (or the dependent of an Active Employee) covered under this Plan and you become eligible for Medicare, but this Plan does not provide creditable drug coverage, you may be eligible to switch to coverage under another NRECA Plan (if offered by your Employer). You must make this change within 31 days of Medicare eligibility. If you believe you qualify, contact NRECA Employee Benefit Services at 866.673.2299 for further information and eligibility requirements.

Coordination of Benefits

The Plan does not have a coordination of benefits provision for prescription drug benefits. This means that the Plan will pay only for drug charges that are first submitted to this Plan. If the Participant first submits drug charges to another plan and then later submits them to the NRECA Plan as a secondary payer, the Plan will not consider those drug charges for payment.

Chapter 7: Medical Claims and Appeals

General Information

This chapter describes the steps you must take to file a claim for Plan benefits and to seek an appeal if benefits are denied.

Certain benefits under the terms of this Plan are deemed “medical care” for purposes of ERISA and are eligible for the claims and appeals process described in this chapter. This means that you or your Authorized Representative may file a claim for those benefits and may appeal adverse claim decisions. An Authorized Representative is a person you authorize in writing to act on your behalf. You also may provide Cooperative Benefit Administrators (CBA) your written authorization to have a doctor or other health provider request appeals of benefit denials on your behalf.

The following is applicable only if the Plan benefit at issue is considered “medical care” for purposes of ERISA, as noted in the benefit descriptions in previous chapters. If the Plan benefit at issue is not considered “medical care” for purposes of ERISA, then there is no claims and appeals process for that benefit under the Plan.

When you receive services or supplies from a provider, you (or your provider) must file a **claim**. A claim means a request for plan benefits. This chapter describes each claim type available under this Plan, along with the applicable filing procedures, responsibilities, and time limits for each.

After you or your provider file a claim, the claims administrator reviews the documentation and notifies you of a decision in writing. If all or part of your claim is denied, it is known as an **Adverse Benefit Determination** (see the full definition in *Appendix A: Key Terms*).

If you receive an Adverse Benefit Determination, you have the right to ask the appeals administrator to review that decision through what is called an **internal appeal**. If your internal appeal is denied, you may request a second-level appeal review of your denied internal appeal.

The claims and appeals procedures in this chapter are intended to comply with applicable regulations by providing reasonable procedures for filing claims, notifying Participants of benefit decisions, and appealing Adverse Benefit Determinations. Follow these procedures for all claims for benefits under the Medical PPO Plan. An issue or dispute solely regarding your eligibility for coverage or participation in this Plan is not considered a claim for benefits and is not governed by the claims and appeals procedures described in this chapter. For more information, please contact your benefits administrator.

Claims & Appeals Contacts	
Type	Name and Address
Authorizing a representative	NRECA Privacy Officer National Rural Electric Cooperative Association 4301 Wilson Boulevard, Arlington, VA 22203-1860 703.907.6601 (phone) 703.907.6602 (fax) privacyofficer@nreca.coop
	UMR P.O. Box 30515 Salt Lake City, UT 84130-0515 877.233.1800

Claims & Appeals Contacts	
Type	Name and Address
Filing a pre-service appeal for services that require Prior Authorization through SHARE	UHC Appeals—UMR P.O. Box 400046 San Antonio, TX 78229 800.808.4424, ext 15227 (phone) 888.615.6584 (fax)
Filing an expedited pre-service appeal for services that require Prior Authorization through SHARE	UHC Appeals—UMR 800.808.4424, ext 15227 (phone) 888.615.6584 (fax)
Filing an internal appeal	CBA—Appeals Administrator P.O. Box 6249 Lincoln, NE 68506 866.673.2299 (phone) 402.483.9201 (fax)
Requesting an External Review or an expedited External Review	CBA—Appeals Committee (External 9222) P.O. Box 6249 Lincoln, NE 68506 866.673.2299 (phone) 402.483.9201 (fax)

Authorizing a Representative

An Authorized Representative is an individual you have designated in writing to represent you in the claims or appeals process. Once designated, an Authorized Representative (including your Physician) may then file a claim or appeal on your behalf or represent you in the appeal process. Within this chapter, references to “you” include your Authorized Representative or your provider if your provider is submitting a claim on your behalf.

To appoint an Authorized Representative, you must complete, sign, and submit a copy of the *Authorization to Use and Disclose Protected Health Information (PHI)* form to the NRECA Privacy Officer. The form is available on the Employee Benefits website at cooperative.com > My Benefits > Education & Resources > Insurance Plan Documents. After processing your form, the Privacy Officer will provide you with a copy for your records.

Contact the NRECA Privacy Officer if you have questions about authorizing a representative or about the use and disclosure of your protected health information. For Urgent Care Claims, a health care professional with knowledge of your medical condition will be permitted to act as your Authorized Representative.

Note: Neither the insurer, NRECA, nor any participating Employers are responsible for how your Authorized Representative discloses your protected information or for his or her failure to protect such information.

Claims

Your provider must submit a claim for benefits under this Plan in writing or electronically to the claims administrator. If your provider does not submit the claim on your behalf, you are responsible for submitting it to the claims administrator. Claim forms are available on the NRECA Employee Benefits website at cooperative.com > My Benefits. Ask your benefits administrator if you need help obtaining a claim form.

There are four types of claims under this Plan:

- Pre-service Claim;
- Post-service Claim;
- Concurrent Care Claim; and
- Urgent Care Claim.

These claim types are defined in *Appendix A: Key Terms*.

A claim is considered filed when it is received by the claims administrator in accordance with these procedures. The time frame to provide you with a determination notice starts when the claim is filed. However, if your Pre- or Post-service Claim (other than Urgent Care) is incomplete, the Plan may suspend its decision by providing you written notice and an opportunity to complete your claim. In such event, the period for making a determination will be suspended from the date written notice is sent by the Plan until the date your response is received. The notice will specifically describe the information required to complete your claim. Upon receipt of your response, the calculated time period begins, even if your response is insufficient. In any event, the Plan must make a claim determination within the statutory time frame (see the *Claims Review Timeline* table later in this chapter). Your claim may be denied in whole or in part.

Filing a Claim

You are responsible for ensuring that your claim is filed correctly and that the services have been authorized by the claims administrator beforehand, even if the provider offers to file the claim on your behalf. You can get a claim form directly from the claims administrator (see the *Contacts* table at the start of this chapter). **You have 12 months from the date you received a service or purchased a supply to file a claim for benefits for that service supply.**

Depending on the claim type, some or all of the following information may be required:

- Patient's name, date of birth, and relationship to the Participant;
- Group number and individual member number;
- Condition (diagnosis) and the treatment or service for which approval is being requested;
- Service provider's name, address, and tax identification number;
- Records or other documentation to support the request for approval;
- Date(s) service was rendered or purchase was made;
- Diagnosis code, procedure codes, and descriptions of each service or supply; and
- Original copies of the itemized charge(s) for each service or supply. Photocopies are acceptable only if you are covered by two plans and you sent the original bill to the primary payer. Note that monthly statements, balance due bills, and credit card receipts are not acceptable documentation for itemized charges.

If you have other coverage that pays benefits before this Plan (e.g., another Employer's plan), you must first submit your claim to the primary payer before submitting a claim to this Plan. Once the primary payer has adjudicated the claim, you should submit a paper claim to the claims administrator within the applicable time frame described in the *Claims Review Timeline* table. When you file your claim under this Plan, you must attach your *Explanation of Benefits* notice from your primary payer.

Submit claims for each family member separately. It is important to keep copies of every claim because the documentation you submit will not be returned to you.

Once received by the claims administrator, your claim will be processed according to the Plan provisions, the guidelines used by the claims administrator, and the claim coding submitted by the provider.

Effective from March 1, 2020 until the extended due date defined below. Notwithstanding the foregoing, the deadline for when a participant may file or perfect a benefit claim shall be extended

without regard to the Outbreak Period. The “Outbreak Period” runs from March 1, 2020 until sixty (60) days after the COVID-19 National Emergency ends.

Claim Review Timeline			
Claim Type ¹	When you will be notified of a determination	Determination extension period	Deadline to supply more information
Pre-service	Within 15 calendar days of claim receipt (unless the claims administrator requests an extension or further information)	One period of up to 15 calendar days	45 calendar days from the date you receive the request notice
Pre-service (Urgent Care)	<ol style="list-style-type: none"> 1. Within 72 hours of claim receipt; or 2. If more information is needed, within 48 hours of the earlier of: <ol style="list-style-type: none"> (a) the date the claims administrator receives the requested information, or (b) your original deadline to provide more information 	None permitted	48 hours from the time of request (Note: The claims administrator has 24 hours after receiving your claim to request more information.)
Concurrent Care (extension of treatment)	Within 15 calendar days of claim receipt (unless the administrator requests an extension or more information)	One period of up to 15 calendar days	45 calendar days from the date you receive the request notice
Concurrent Care (Urgent Care)	Within 24 hours (if your claim is received 24 hours before the prescribed treatment period or number of treatments expires)	None permitted	48 hours from the time of request (Note: The claims administrator has 24 hours after receiving your claim to request more information.)
Post-service	Within 30 calendar days of claim receipt (unless the claims administrator needs an extension or more information)	One period of up to 15 calendar days	45 calendar days from the request notice receipt date

¹You have 12 months from the date you received a service or purchased a supply to file a claim for benefits for that service or supply.

Claim Determinations, Extensions, and Requests for Additional Information

If you have properly followed the claims procedure, the claims administrator will issue a written determination within the time frames listed in the *Claims Review Timeline* table.

If your claim cannot be processed because you did not provide sufficient information, the claims administrator will notify you about what additional information is missing and when you must submit

it. If you do not provide the necessary information within the required time frame, your claim may be denied in whole or in part.

If the claims administrator needs an extension of time to evaluate your claim, you will be notified of why the extension is needed and when a decision will be rendered.

Content of the Determination Notice

Regardless of the claim type, you will be notified of an Adverse Benefit Determination in writing. The notice will include:

- The specific reason(s) for the adverse determination;
- The specific Plan provisions on which the determination is based;
- If applicable, a description of any additional information necessary to perfect the claim and an explanation of why such information is necessary;
- If applicable, a statement citing the internal rule, guideline, or protocol that was used to make the adverse determination, plus a statement that a copy of such rule will be provided free of charge to you upon request;
- If the adverse determination is based on Medical Necessity, experimental treatment, or similar exclusion or limit, a statement that an explanation of the scientific or clinical judgment will be provided to you free of charge upon request;
- If the claim is for Urgent Care, a description of the expedited review process;
- For medical claims, information that identifies the related claim; and
- Any additional information required under applicable law.

Further, the notice will contain the procedures you must follow to appeal the denial, the time limits applicable to such procedures and a statement indicating your right to file suit under Section 502(a) of ERISA following a denial of your claim on final appeal.

Appealing an Adverse Benefit Determination

If you disagree with an Adverse Benefit Determination on a claim, you have the right to have your Adverse Benefit Determination reviewed on appeal. This Plan has both an Internal Appeal Process and an External Review process that applies to certain Adverse Benefit Determinations. Generally, you must exhaust the Internal Appeal Process before seeking an External Review or bringing a civil action under Section 502(a) of ERISA.

Regardless of any verbal discussions that you have had about your claim, you have **180 calendar days** from the date you receive an Adverse Benefit Determination to file a written internal appeal with the claims administrator.

Effective from March 1, 2020 until the extended due date defined below. Notwithstanding the foregoing, the deadline for when a participant may file an appeal of an adverse benefit determination under the Plan's claims procedure shall be extended without regard to the Outbreak Period. The "Outbreak Period" runs from March 1, 2020 until sixty (60) days after the COVID-19 National Emergency ends.

Documenting Your Appeal

The information in this section applies to both internal and external appeals. For purposes of this explanation, "reviewer" means the CBA Appeals Administrator (for internal appeals) and the Independent Review Organization (IRO) (for External Reviews).

All appeals must be submitted in writing (unless noted otherwise) and must include **at least** the following information:

- Your name;
- Plan name (i.e., the Medical PPO Plan);
- Reference to the initial decision; and

- An explanation of why you are appealing the decision.

Your appeal may also include any additional written comments, documents (including additional medical information), records, or other information that supports your request for benefits.

The reviewer will look at the claim without considering the prior denial. The review on appeal will consider all comments, documents, records, and other information that you submit relating to your claim regardless of whether that information was part of the initial claim determination and (if applicable) your internal appeal.

In addition, the person who reviews your appeal will not be a subordinate of the person who made the initial decision to deny your claim or, if applicable, your appeal. If the denial is based, in whole or in part, on a Medical Judgment, the reviewer will consult a health care professional who has appropriate training and experience in the appropriate medical field. This health care professional will not be someone who consulted on the previous determination(s) and will not be a subordinate of any person who was consulted on the previous determination or determinations.

Note: Include all information that you want the reviewer to consider at the time you file your appeal. Remember that the date the appeal is filed is the date it is received by either the CBA Appeals Administrator, the CBA Appeals Committee or the Independent Review Organization. The reviewers must render a determination within the time frames described in this chapter regardless of whether you indicate more information to be forthcoming.

Filing an Internal Appeal

If the claims administrator denies your claim (an Adverse Benefit Determination), you have the right to file a written appeal within **180 calendar days** of the date you receive the Adverse Benefit Determination notice. The CBA Appeals Administrator (the reviewer) has full and discretionary authority to administer and interpret the Plan for all internal appeals.

Appeals for Urgent Care Claims may be filed verbally. All others must be filed in writing with the appeals administrator (by either U.S. mail or overnight delivery) to the address listed in the *Contacts* table.

Internal Appeal Timeline		
Filing deadline		Within 180 calendar days of the date you receive the written Adverse Benefit Determination from the claims administrator
When you will be notified of a determination	Urgent Care	Within 72 hours from receipt of the appeal
	Pre-service	Within 30 calendar days from receipt of the appeal
	Concurrent Care	In the appeal time frame for pre-service, Urgent Care, or Post-Service Claims as appropriate to the request
	Post-service	Within 60 calendar days from receipt of the appeal

The review period begins when your appeal is received, regardless of whether the reviewer has all the information necessary to decide the appeal. If you want to grant the reviewer more than the stated time to make a determination, you may voluntarily agree to an extension by notifying the reviewer in writing.

To help prepare your appeal, you have the right to request, free of charge, access to and copies of all documents, records, and other information relevant to your initial claim, as noted below. However, a request for documentation does not extend the time period allowed for you to file an appeal.

To obtain a copy of the claim file and other documents or records the reviewer may have related to your claim, send your written request to the reviewer. Your request must include your name, the patient's name (if different), the group policy number, the individual member ID number, date of

service, service provider, and what documents you are requesting. Send your request to the internal appeals administrator, at the address noted in the *Contacts* table in this chapter.

You may also ask your state's consumer assistance program or ombudsman for help filing your appeal. To determine if your state has such resources, refer to the U.S. Department of Labor (DOL) website at dol.gov/ebsa/ or call the DOL Employee Benefits Security Administration (EBSA) at 866.444.EBSA (3272).

Internal Appeal Review and Determination

The reviewer will notify you of the decision in writing. If your Urgent Care Claim is denied in whole or in part, you may also receive a verbal notice followed by a written notice within three days.

Regardless of the claim type, if your appeal is denied, you will be notified in writing. The notice will include the following information:

- The specific reason(s) for the denial;
- The specific Plan provisions on which the determination is based;
- If applicable, a description of any additional information necessary to perfect the claim and an explanation of why such information is necessary;
- If applicable, a statement citing the internal rule, guideline, or protocol that was used to make the determination, plus a statement that a copy of such rule will be provided free of charge to you upon request;
- If the denial is based on Medical Necessity, experimental treatment, or similar exclusion or limit, a statement that an explanation of the scientific or clinical judgment will be provided to you free of charge upon request;
- If the claim is for Urgent Care, a description of the expedited review process;
- For medical claims, information that identifies the related claim; and
- Any additional information required under applicable law.

Further, the notice will contain the procedures you must follow to appeal the denial, the time limits applicable to such procedures and a statement describing your right to file suit under Section 502(a) of ERISA following a denial of your claim on final appeal.

External Review

If the CBA Appeals Administrator denied your internal appeal based on Medical Judgment, or if you have otherwise exhausted the internal appeals process for a claim involving Medical Judgment, you have the right to request an External Review. All other Adverse Benefit Determinations (including a denial, reduction, or nonpayment of benefits because you do not meet the Plan's eligibility requirements) are not eligible for this Plan's External Review process.

The denial notice you receive from the internal appeals administrator will describe the Plan's External Review procedures.

For information about Adverse Benefit Determinations that involve Rescission of Coverage (without respect to the rescission's effect on past, present, or future benefits claims), see the *Appealing an Adverse Benefit Determination: Rescission of Coverage* section of this chapter.

External Review Types

The difference between a **standard** and an **expedited** External Review is the time frame for making a determination.

You may request an **expedited** External Review if:

- Your denied claim involves a medical condition for which the time frame to complete an Urgent Care internal appeal would seriously jeopardize your life or health (or would jeopardize your ability to regain maximum function) and you have filed a request for an Urgent Care internal appeal;

- Your denied internal appeal involves a medical condition for which the time frame to complete a standard External Review would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function; or
- Your denied internal appeal concerns an admission, availability of care, continued stay, or health care service for which you received Emergency Services but have not been discharged from the facility.

External Review Timeline	
Filing deadline	Within four months of the date you receive the written Adverse Benefit Determination for your internal appeal
Preliminary review by CBA	<ul style="list-style-type: none"> • Within five calendar days after receipt of your External Review request (standard review) • Immediately (expedited review)
Preliminary review notification	<ul style="list-style-type: none"> • In writing, within one calendar day after completion of the preliminary review (standard review) • Immediately (expedited review)
If incomplete	Re-file with complete information within the original four-month filing period or 48 hours after receiving the request for additional information
If eligible for review	CBA–Appeals Administrator will assign your appeal to an Independent Review Organization (IRO) and provide a full External Review file to the IRO within five calendar days
If ineligible for review	No further reviews are available
Deadline to supply additional information	Within 10 calendar days after you receive notice that the IRO has accepted your claim
IRO notifies you of a determination	<ul style="list-style-type: none"> • In writing, within 45 calendar days after the IRO receives the request (standard reviews) • Within 72 hours (expedited reviews)

Effective from March 1, 2020 until the extended due date defined below. Notwithstanding the foregoing, the deadline for when a participant may file a request for an external review after receipt of a final internal adverse benefit determination shall be extended without regard to the Outbreak Period. The “Outbreak Period” runs from March 1, 2020 until sixty (60) days after the COVID-19 National Emergency ends.

Preliminary Review of Your External Review Request

The Plan has **five calendar days** to complete a preliminary review of your External Review request. This review confirms that:

- You are (or were) covered under the Plan at the time the service or supply was requested or provided;
- The Adverse Benefit Determination did not occur because you failed to meet the Plan’s eligibility requirements;
- The Adverse Benefit Determination was based on Medical Judgment;
- You have exhausted the Plan’s Internal Appeal Process (unless you were not otherwise required to exhaust the process before requesting External Review); and
- You have provided all the information and forms required to process the External Review.

Preliminary Review Results Notification

The Plan will send an acknowledgment notice to you within **one calendar day** after completing the preliminary review.

- If your request is incomplete, the notice will describe the information or materials needed to make the request complete. You must re-file your External Review request with complete information within either the original **four-month** filing period or **48 hours** after receiving the request for additional information;
- If your request is not eligible for External Review, the notice will describe the reasons why it was not eligible and will explain your right to contact the Department of Labor's Employee Benefits Security Administration regarding such matters; or
- If your request is eligible for External Review, the Plan must assign it to an IRO accredited by URAC (formerly known as the Utilization Review Accreditation Commission) or other similar nationally recognized accrediting organization. The Affordable Care Act and other applicable regulations require this referral.

Appeal Assignment to an Independent Review Organization (IRO)

The Plan will provide the full External Review file to the IRO within **five calendar days** of assigning the case to it.

- The IRO will notify you that it has been assigned to review your external appeal and may offer you the opportunity to present additional information; and
- The IRO will review the following items (if they are received by the applicable deadline) without regard to any previous decisions or conclusions:
 - Your medical records;
 - Your attending health care professional's recommendation;
 - Reports from appropriate health care professionals and other documents submitted by the Plan, Claimant, or provider;
 - The terms of the Plan under which you have coverage;
 - Appropriate practice guidelines, which must include applicable evidence-based standards and may include any other practice guidelines developed by the federal government or national or professional medical societies, boards, and associations;
 - The IRO's clinical reviewer's opinion; and
 - The Plan's applicable clinical review criteria, unless the criteria are inconsistent with the Plan terms or with applicable law.

External Review Determination Notification

The IRO will notify both you and the Plan of the External Review decision within the required time frame described in this section. The determination will contain:

- A general description of the reason for the request;
- Information sufficient to identify the claim at issue;
- The date the IRO received the assignment to conduct the review;
- The date of the IRO's decision;
- The principal reason(s) for the decision, including references to the evidence, documentation, specific Plan provisions, and evidence-based standards used to reach the decision;
- A statement that the determination is binding on all parties except to the extent that other remedies may be available under state or federal law;
- A statement that judicial review may be available to the Claimant; and
- Current contact information, including the phone number, for any applicable office of health insurance consumer assistance or ombudsman established under Public Health Service (PHS) Act section 2793.

If the Determination Is Favorable

- For pre-service appeals, the claims administrator will immediately authorize the service;
- For post-service appeals, the claims administrator will promptly process the claim for benefits;
- For services rendered by a network provider, any benefit payment due will be made to the network provider directly; and
- You remain responsible for any applicable Copayment, Deductible, and Coinsurance under the Plan.

If the Determination Is Unfavorable

- No additional benefits are due from the Plan. You are responsible for any charges you incurred for the services received;
- The determination notice is binding on all parties; and
- No further review is available under the appeal process. However, you may have other remedies available under state or federal law, such as filing a lawsuit under Section 502(a) of ERISA.

Legal Action

You must complete the procedures described in both the *Claims* and the *Appealing an Adverse Benefit Determination* sections of this chapter before you can take legal action regarding benefits under this Plan. Any suit for benefits must be brought within **12 months** from the date of the internal appeal denial.

Appealing an Adverse Benefit Determination: Rescission of Coverage

Your (or your dependents') medical Plan benefits coverage will be terminated retroactively if you:

- Perform an act, practice, or omission that constitutes fraud against the Plan or
- Make an intentional misrepresentation of material fact

that resulted in your (or your dependents') eligibility for Plan coverage when you (or your dependents) in fact were not eligible for Plan coverage.

Retroactive termination of coverage due to these circumstances is considered a **Rescission of Coverage** as outlined in the *Rescission of Coverage* section of Chapter 3.

If your (or your dependents') coverage is terminated retroactively, you may appeal the decision in accordance with the rescission appeal procedures described in the advance written notice of coverage termination sent to you by the Plan. For purposes of these rescission appeal procedures, NRECA will be the named fiduciary and will have discretionary authority to resolve factual issues and make final determinations with regard to appeals related to rescissions.

Chapter 8: Prescription Drug Claims and Appeals

General Information

This chapter describes the steps you must take to file a claim for Plan benefits and to seek an appeal if you receive an Adverse Benefit Determination. An Adverse Benefit Determination occurs when your claim for reimbursement, request for benefit exception, or Preauthorization for Medical Necessity is denied. You have the right to ask for a review of that decision through what is called an internal appeal (first level and second level). If both your first- and second-level internal appeals are denied, in whole or in part, then you may request an External Review.

An issue or dispute related solely to your eligibility for coverage or participation in this Plan is not considered a claim for benefits and is not governed by the claims and appeals procedures described in this chapter. For more information, please contact your benefits administrator.

The steps in this chapter are intended to comply with applicable regulations by providing reasonable procedures for filing claims, notifying Participants of benefit decisions, and appealing Adverse Benefit Determinations. Be sure to follow these procedures for all claim and benefit appeals under this Plan.

When you receive prescription drugs or supplies from a participating network pharmacy, the pharmacy verifies your eligibility and coverage and, if required, may contact your provider to request Preauthorization from CVS Caremark or CBA. As the Participant, you are responsible for ensuring Preauthorization is obtained from CVS Caremark or CBA. CVS Caremark will directly reimburse the network provider for covered prescription drugs or supplies if your Preauthorization is approved.

If you obtain prescription drugs or supplies from a non-network retail pharmacy or from a non-CVS Caremark mail-order pharmacy, you must pay the provider in full and then submit a claim for reimbursement. A **claim for reimbursement** means a request for Plan benefits that is made in accordance with the procedures outlined in this chapter. After you submit a claim for reimbursement, CVS Caremark processes the claim against your Plan provisions to determine coverage. If your claim is approved, you will receive a reimbursement check in the mail from CVS Caremark. If your claim is denied, you have the right to request either a benefit exception or Preauthorization for Medical Necessity from CVS Caremark or CBA. See the *Prior Authorization* section later in this chapter.

Prescription Drug Claims & Appeals Contacts ¹		
Type	CVS Caremark	CBA
Authorizing a representative	CVS Caremark Research Department P.O. Box 832407 Richardson, TX 75083 888.796.7322	NRECA Privacy Officer 4301 Wilson Boulevard Arlington, VA 22203-1860 703.907.6601 or 703.907.6602 privacyofficer@nreca.coop
Prior Authorization (when required)	CVS Caremark P.O. Box 686005 San Antonio, TX 78268-6005 888.796.7322	CBA P.O. Box 6249 Lincoln, NE 68506 402.483.9200
Filing a claim for reimbursement	CVS Caremark P.O. Box 52136 Phoenix, AZ 85072 888.796.7322	All claims must be filed with CVS Caremark.

Prescription Drug Claims & Appeals Contacts ¹		
Type	CVS Caremark	CBA
Filing a first-level Internal Appeal	CVS Caremark Prescription Claim Appeals (MC 109) P.O. Box 52084 Phoenix, AZ 85072-2084 Fax: 866.689.3092	CBA–Appeals Administrator P.O. Box 6249 Lincoln, NE 68506
Filing a second-level Internal Appeal	CVS Caremark Prescription Claim Appeals (MC 109) P.O. Box 52084 Phoenix, AZ 85072-2084 Fax: 866.689.3092	Not applicable
Filing a request for External Review	CVS Caremark External Review Appeals Department MC109 P.O. Box 52084 Phoenix, AZ 85072-2084 Fax: 866.443.1172	CBA–Appeals Committee (External 9222) P.O. Box 6249 Lincoln, NE 68506

¹If no Prior Authorization was required or if CVS Caremark provided Preauthorization, file your appeal with CVS Caremark. If CBA was responsible for Prior Authorization, file your appeal with CBA.

Authorizing a Representative

An Authorized Representative is someone (including your Physician) who you designate in writing to file a claim or an appeal on your behalf or to represent you in the claims or appeals process. For purposes of this chapter, references to “you” may include your Authorized Representative or provider if your provider is submitting a claim or appeal on your behalf. For Urgent Care Claims, a health care professional with knowledge of your medical condition will be permitted to act as your Authorized Representative.

To appoint an Authorized Representative, you must complete, sign, and submit a copy of the *Authorization to Use and Disclose Protected Health Information (PHI)* form to the NRECA Privacy Officer. The form is available on the Employee Benefits website at cooperative.com > My Benefits > Education & Resources > Insurance Plan Documents. After processing your form, the Privacy Officer will provide you with a copy for your records. Contact the NRECA Privacy Officer if you have questions about authorizing a representative or about the use and disclosure of your protected health information. Note that neither the insurer, NRECA, nor any participating Employers are responsible for how your Authorized Representative discloses your protected information or for his or her failure to protect such information.

Prior Authorization

The Plan contains specific criteria that must be met for certain prescriptions to be covered. The Plan requires Prior Authorization review to ensure these drugs meet the Plan's coverage criteria. You must file all appeals with the entity (CBA or CVS Caremark) originally responsible for Preauthorizing the drug or supply.

- If no Prior Authorization was required or if CVS Caremark provided Preauthorization, file your appeal with CVS Caremark or

- If CBA was responsible for Prior Authorization, file your appeal with CBA. See the addresses listed in the *Contacts* table. See the *Appealing an Adverse Benefits Determination* and *External Review* sections for specific appeals procedures.

For additional information about Prior Authorization, refer to the *Medications Requiring Prior Authorization* section in the *Prescription Drug Benefits* chapter.

Claims

Your provider must submit a claim for reimbursement for benefits under this Plan to CVS Caremark. If your provider does not submit the claim on your behalf, you must send a claim for reimbursement in writing to CVS Caremark. Reimbursement claim forms are available in the *My Benefits* section of cooperative.com. Ask your benefits administrator if you need help obtaining a reimbursement claim form.

This Plan has four types of claims, which are defined in *Appendix A: Key Terms*:

- Pre-service;
- Post-service;
- Concurrent Care; and
- Urgent Care.

A claim for reimbursement is considered filed when it is received by CVS Caremark in accordance with these claims procedures. CVS Caremark's time period to provide you with a determination notice starts when the claim for reimbursement is filed, even if the information necessary to decide the claim is incomplete when it was first filed.

If your claim for reimbursement does not include sufficient information for CVS Caremark to make an initial benefit determination, you may need to provide additional information. If you do not provide the requested information within the time period described in the *Claims Review Timeline* table, your claim for reimbursement may be denied in whole or in part.

Note: This Plan does not provide for coordination of pharmacy benefits. This means the Plan will cover prescription drug claims (medicines, drugs, or supplies) only as a primary (not as a secondary) payer.

Filing a Claim for Reimbursement

When you receive prescriptions, you are responsible for filing the claim for reimbursement correctly. You are also responsible for obtaining Prior Authorization, if required, **before** you receive services or purchase supplies. Contact CVS Caremark or CBA if you have questions about filing your claim (see the *Contacts* table at the beginning of this chapter). **You have 24 months from the prescription fill date to file a claim for reimbursement for benefits for that drug or supply.** You will receive a benefit determination within 30 calendar days of the date your claim was received.

Depending on the claim type, some or all of the following information is required:

- Participant (Health ID cardholder) name and complete address;
- Group and individual member number;
- Patient's name, date of birth, gender, relationship to the Participant, and phone number; and
- Original copies of the itemized charge for each service or supply. Pharmacy receipts must include the patient name, prescription number, medicine National Drug Code (NDC) number from your prescription label or receipt, fill date, metric quantity, total charge, days' supply for your prescription, pharmacy name, and address or pharmacy National Association of Boards of Pharmacy (NABP) number. If available, you must also provide the prescribing Physician's National Provider Identification number. Monthly statements, balance due bills, and credit card receipts are not acceptable documentation for itemized charges. Cash register receipts are accepted only for diabetic supplies, if itemized.

Submit claims for reimbursement for each family member separately. It is important to keep copies of every claim because the documentation you submit will not be returned to you.

Once received by the claims administrator, your claim for reimbursement will be processed according to the Plan provisions, the guidelines used by the claims administrator, and reimbursed at the contracted rate less any applicable copay or coinsurance.

Claim Determinations, Extensions, and Requests for Additional Information

If your claim cannot be processed because you did not provide sufficient information, the claims administrator will tell you what additional information is required. If you do not provide the necessary information by the deadline, your claim may be denied.

If the claims administrator needs an extension of time to evaluate your claim for reimbursement, you will be notified of why the extension is needed and when a decision will be rendered.

Claim Determination Notice Content

Regardless of the claim type, you will be notified of an Adverse Benefit Determination in writing. The notice will include:

- The specific reason(s) for the adverse determination;
- For Prior Authorization claims only, the specific Plan provisions on which the determination is based;
- If applicable to Prior Authorization claims only, a description of any additional information necessary to perfect the claim and an explanation of why such information is necessary;
- If applicable, a statement citing the internal rule, guideline, or protocol used to make the Adverse Determination, plus a statement that a copy of such rule will be provided free of charge to you upon request;
- If the Adverse Determination is based on Medical Necessity, experimental treatment, or similar exclusion or limit, a statement that an explanation of the scientific or clinical judgment will be provided to you free of charge upon request; and
- Any additional information required under applicable law.

The notice will also contain the procedures you must follow to appeal your claim denial decision, the time limits applicable to such procedures, and a statement indicating your right to file suit under Section 502(a) of ERISA following a denial of your claim on final appeal.

Appealing an Adverse Benefit Determination

If you disagree with an Adverse Benefit Determination on a claim, you have the right to have the decision reviewed on appeal. This Plan has both Internal Appeal and External Review processes for certain Adverse Benefit Determinations. Generally, you must exhaust the Internal Appeal Process before seeking an External Review or bringing a civil action under Section 502(a) of ERISA.

Regardless of any verbal discussions you have had about your claim, you have **180 calendar days** from the date you receive an Adverse Benefit Determination to file a written internal appeal with either CVS Caremark or CBA.

The information in this section applies to both internal and external appeals. As mentioned at the beginning of this chapter, references within this section to “you” include your provider (if your provider is authorized to appeal on your behalf) or another Authorized Representative.

Within this explanation, “reviewer” means:

- For first-level Internal Appeals, the CVS Caremark Prescription Claim Appeals Administrator, or the CBA Appeals Administrator;
- For second-level Internal Appeals, the CVS Caremark Prescription Claim Appeals Administrator; and

For External Reviews, the CVS Caremark External Review Appeals Department or the CBA Appeals Committee.

Documentation to Include With Your Appeal

All appeals must be submitted in writing (unless otherwise noted) and must include:

- Your name;
- Plan name (i.e., the Medical PPO Plan);
- Reference to the initial decision; and
- An explanation of why you are appealing the decision.

Your appeal may also include any additional written comments, documents (including additional medical information), records, or other information that supports your request for benefits.

Appeal Review Information

The reviewer will conduct a full and fair review of your appeal if you have submitted it by the proper deadline. The reviewer will look at the claim anew, without considering the prior denial. The review on appeal will consider all comments, documents, records, and other information you submit relating to your claim, regardless of whether that information was part of the initial claim determination or, if applicable, your internal appeal.

In addition, the person who reviews your appeal will not be a subordinate of the person who made the initial decision to deny your claim or, if applicable, your appeal. If the denial is based, in whole or in part, on a Medical Judgment, the reviewer will consult a health care professional who has appropriate training and experience in the appropriate medical field. This health care professional will not be someone who consulted on the previous determination (or determinations) and will not be a subordinate of any person who was consulted on the previous determination (or determinations).

Note: At the time you file your appeal, it is very important to include all information you want the reviewer to consider. The date the reviewer receives your appeal is considered to be the date the appeal is filed. The reviewer must then render a determination within the time frame described in this chapter regardless of whether you indicate that more information is forthcoming.

First-level Internal Appeal

If CVS Caremark denied your claim (an Adverse Benefit Determination) based on administrative or clinical terms as defined in *Appendix A: Key Terms*, then you have the right to request a first-level internal appeal within **180 calendar days** of the date you receive the Adverse Benefit Determination notice. The reviewer has full and discretionary authority to administer and interpret the Plan for all first-level internal appeals.

Where to Send Your Internal Appeal

First-level internal appeals for Urgent Care Claims may be filed verbally. All others must be filed in writing with the reviewer (by either U.S. mail or overnight delivery) to the address listed in the *Prescription Drug Claims & Appeals Contacts* table.

- Submit your first-level and subsequent appeals to CBA if your claim is denied and the drug or supply required Prior Authorization by CBA.
- Submit your first-level and subsequent appeals to CVS Caremark if your claim is denied and the drug or supply either required Prior Authorization by CVS Caremark or did not require Prior Authorization.

First-level Internal Appeal Timeline

Filing deadline	Within 180 calendar days of the date you receive the written Adverse Benefit Determination	
When you will	Urgent Care	Within 72 hours after the reviewer receives the appeal

First-level Internal Appeal Timeline

be notified of a determination	Pre-service	Within 30 calendar days from the reviewer's receipt of the appeal
	Concurrent care	Within the appeal time frames listed in this table for pre-service, Urgent Care, or Post-service Claims as appropriate to the request
	Post-service	Within 60 calendar days after the reviewer receives the appeal
Determination extension period		None permitted

The review period begins when your internal appeal is received, regardless of whether the reviewer has all the information necessary to decide the appeal.

To help prepare your internal appeal, you have the right to request, free of charge, access to and copies of all documents, records, and other information relevant to your initial claim. However, a request for documentation does not extend the time period allowed for you to file an appeal. Send a written request to the reviewer to obtain a copy of your claim file and other documents or records the reviewer may have related to your claim. Your request must include your name, the patient's name (if different), group policy number, individual member ID number, date of service, service provider, and a description of which items you are requesting. Send your request to the reviewer, at the address noted in the *Contacts* table.

You may also ask your state's consumer assistance program or ombudsman for help filing your appeal. To determine if your state has such resources, refer to the U.S. Department of Labor (DOL) website at dol.gov/ebsa/consumer_info_health.html or call the DOL Employee Benefits Security Administration (EBSA) at 866.444.EBSA (3272).

First-level Internal Appeal Review and Determination

The reviewer will notify you of the decision in writing. If your Urgent Care Claim is approved or denied in whole or in part you will receive a verbal notice followed by a written notice within three days. Regardless of the claim type, if your first-level internal appeal receives an Adverse Benefit Determination you will be notified in writing or electronically. The notice will include:

- The specific reason(s) for the adverse determination;
- The specific Plan provisions on which the determination is based;
- If applicable, a description of any additional information necessary to perfect the claim and an explanation of why such information is necessary;
- If applicable, a statement citing the internal rule, guideline, or protocol used to make the Adverse Determination, plus a statement that a copy of such rule will be provided free of charge to you upon request;
- If the adverse determination is based on Medical Necessity, experimental treatment, or similar exclusion or limit, a statement that an explanation of the scientific or clinical judgment will be provided to you free of charge upon request; and
- Any additional information required under applicable law.

Further, the notice will contain the procedures you must follow to appeal the Adverse Benefit Determination, the time limits applicable to such procedures, and a statement describing your right to file suit under Section 502(a) of ERISA following a denial of your claim on final appeal.

Second-level Internal Appeal (CVS Caremark Appeals Only)

If the CVS Caremark Prescription Claim Appeals Administrator issued an Adverse Benefit Determination for your first-level internal appeal based on Medical Judgment as defined in *Appendix A: Key Terms*, then you have the right to request a second-level internal appeal within **180 calendar days** of the date you receive the Adverse Benefit Determination notice. The reviewer

has full and discretionary authority to administer and interpret the Plan for all second-level internal appeals.

Second-level internal appeals for Urgent Care Claims may be filed verbally. All others must be filed in writing with the reviewer (by either U.S. mail or overnight delivery) to the address listed in the *Prescription Drug Claims & Appeals Contacts* table.

Second-level Internal Appeal Timeline		
Filing deadline		Within 180 calendar days of the date you receive the written Adverse Benefit Determination
When you will be notified of a determination	Urgent care	Within 72 hours after the reviewer receives the appeal
	Pre-service	Within 30 calendar days from the reviewer's receipt of the appeal
	Concurrent Care	Within the appeal time frames for pre-service, urgent care, or Post-service Claims as appropriate to the request
	Post-service	Within 60 calendar days after the reviewer receives the appeal
Determination extension period		None permitted

The review period begins when your internal appeal is received, regardless of whether the reviewer has all the information necessary to decide the appeal.

To help prepare your internal appeal, you have the right to request, free of charge, access to and copies of all documents, records, and other information relevant to your initial claim. However, a request for documentation does not extend the time period allowed for you to file an appeal. To obtain a copy of the claim file and other documents or records the reviewer may have related to your claim, send your written request to the reviewer. Your request must include your name, the patient's name (if different), group policy number, individual member ID number, date of service, service provider, and what documents you are requesting. Send your request to the reviewer at the address noted in the *Contacts* table.

You may also ask your state's consumer assistance program or ombudsman for help filing your appeal. To determine if your state has such resources, refer to the U.S. Department of Labor website at dol.gov/ebsa/consumer_info_health.html or call the DOL Employee Benefits Security Administration (EBSA) at 866.444.EBSA (3272).

Second-level Internal Appeal Review and Determination

The reviewer will notify you of the decision in writing. If your Urgent Care Claim is approved or denied in whole or in part you will receive a verbal notice, followed by a written notice within three days. Regardless of the claim type, if your second-level internal appeal receives an Adverse Benefit Determination, you will be notified in writing or electronically. The notice will include:

- The specific reason(s) for the adverse determination;
- The specific Plan provisions on which the determination is based;
- If applicable, a description of any additional information necessary to perfect the claim and an explanation of why such information is necessary;
- If applicable, a statement citing the internal rule, guideline, or protocol used to make the adverse determination, plus a statement that a copy of such rule will be provided free of charge to you upon request;
- If the adverse determination is based on Medical Necessity, experimental treatment, or similar exclusion or limit, a statement that an explanation of the scientific or clinical judgment will be provided to you free of charge upon request; and

- Any additional information required under applicable law.

Further, the notice will contain the procedures you must follow to appeal the Adverse Benefit Determination, the time limits applicable to such procedures, and a statement describing your right to file suit under Section 502(a) of ERISA following a denial of your claim on final appeal.

External Review (Standard and Expedited)

The Adverse Benefit Determination notice you receive from the previous reviewer will describe the Plan's External Review procedure. You have the right to request an External Review of your Adverse Benefit Determination if the:

- CVS Caremark Prescription Claim Appeals Administrator issued an Adverse Benefit Determination for your second-level internal appeal and you have otherwise exhausted the internal appeals process for a claim involving Medical Judgment or
- CBA Appeals Administrator issued an internal Adverse Benefit Determination in response to your internal appeal and that determination was based on Medical Judgment or if you have otherwise exhausted the internal appeals process for a claim involving Medical Judgment.

For information about Adverse Benefit Determinations that involve Rescission of Coverage (whether or not the rescission has any effect on benefits at that time), see the *Appealing an Adverse Benefit Determination: Rescission of Coverage* section of this chapter.

External Review Types

The difference between a standard External Review and an expedited External Review is the time frame allowed for making a determination. You may request an expedited External Review if:

- Your Adverse Benefit Determination involves a medical condition for which 1) the time frame to complete an urgent care internal appeal would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function and 2) you have filed a request for an urgent care internal appeal;
- Your final internal Adverse Benefit Determination involves a medical condition where the time frame to complete a standard External Review would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function; or
- Your final internal Adverse Benefit Determination concerns an admission, availability of care, continued stay, or health care service for which you received Emergency Services but have not been discharged from the facility.

The table below summarizes the External Review timeline. Details about each step appear in the following sections.

External Review Timeline	
Filing deadline	Within four months of the date you receive the written Adverse Benefit Determination of your internal appeal
Preliminary review by CVS Caremark or CBA	<ul style="list-style-type: none"> • Within five calendar days after receipt of your External Review request (standard review) • Immediately (expedited review)
Preliminary review notification	<ul style="list-style-type: none"> • In writing, within one calendar day after the preliminary review is complete (standard review) • Immediately (expedited review)
If incomplete	Re-file with your appeal with complete information within either the original four-month filing period or 48 hours after receiving the request for additional information

External Review Timeline	
If eligible for review	Within five calendar days , CVS Caremark or CBA assigns your appeal to an Independent Review Organization (IRO) and provides the full External Review file to the IRO
If ineligible for review	No further reviews are available.
Deadline to supply additional information	Within 10 calendar days after you receive notice that the IRO has accepted your claim for review
IRO notifies you of a determination	In writing, within 45 calendar days after the IRO receives the request (standard reviews) Within 72 hours (expedited review)

Preliminary Review

The CVS Caremark External Review Appeal team or the CBA Appeals Committee has **five calendar days** to complete a preliminary review of your External Review request. This review confirms that:

- You are (or were) covered under the Plan when the prescription drug benefit was requested or provided;
- The Adverse Benefit Determination did not occur because you failed to meet the Plan's eligibility requirements;
- The Adverse Benefit Determination was based on Medical Judgment;
- You have exhausted the Plan's Internal Appeal Process (unless you were not otherwise required to do so before requesting External Review); and
- You have provided all the information and forms required to process the External Review.

Preliminary Review Results Notification

The CVS Caremark External Review Appeal team or the CBA Appeals Committee will send an acknowledgment notice to you within **one calendar day** of the preliminary review.

- **If your External Review request is incomplete**, the notice will describe the information or materials needed to make the request complete. You must re-file your External Review request with complete information either within the original **four month** filing period or within **48 hours** after receiving the request for additional information, whichever occurs first;
- **If your request is not eligible for External Review**, the notice will describe why it was not eligible and explain your right to contact the Department of Labor's Employee Benefits Security Administration regarding such matters; or
- **If your appeal is eligible for External Review**, the CVS Caremark External Review Appeal team or the CBA Appeals Committee must assign it to an Independent Review Organization accredited by URAC (formerly known as the Utilization Review Accreditation Commission) or other similar nationally recognized accrediting organization. The Affordable Care Act and other applicable regulations require this referral.

Assignment to an Independent Review Organization (IRO)

- The CVS Caremark External Review Appeal team or the CBA Appeals Committee will provide the full External Review file to the IRO within **five calendar days** of assigning the case to it;
- The IRO will notify you that it has been assigned to review your external appeal and may offer you the opportunity to present additional information; and
- The IRO will review the following items (if they are received by the applicable deadline) without regard to any previous decisions or conclusions:

- Your medical records;
- Your attending health care professional's recommendation;
- Reports from appropriate health care professionals and other documents submitted by the plan, Claimant, or provider;
- The terms of the plan under which you have coverage;
- Appropriate practice guidelines, which must include applicable evidence-based standards and may include any other practice guidelines developed by the federal government or national or professional medical societies, boards, and associations;
- The IRO's clinical reviewer's opinion; and
- The Plan's applicable clinical review criteria, unless the criteria are inconsistent with the Plan terms or with applicable law.

External Review Determination Notification

The IRO will notify both you and the CVS Caremark External Review Appeal team (or the CBA Appeals Committee) of the External Review decision within the time frame described in the *External Review Timeline* table. The determination will contain:

- A general description of the reason for the request;
- Information sufficient to identify the claim at issue;
- The date the IRO received the assignment to conduct the review;
- The date of the IRO's decision;
- The principal reason(s) for the decision, including references to the evidence, documentation, specific Plan provisions, and evidence-based standards used to reach the decision;
- A statement that the determination is binding on all parties except to the extent that other remedies may be available under state or federal law;
- A statement that judicial review may be available to the Claimant; and
- Contact information, including the phone number, for any applicable office of health insurance consumer assistance or ombudsman established under Public Health Service (PHS) Act section 2793.

If the Determination Is Favorable

- For **pre-service** appeals, the claims administrator will immediately issue the necessary authorization for the service upon receipt of the approval letter;
- For **post-service** appeals, the claims administrator will process the claim for benefits upon request from the member;
- For services rendered by a network provider, any benefit payment due will be made to the network provider directly; and
- You remain responsible for any applicable Copayment, Deductible, and Coinsurance under the Plan.

If the Determination Is Unfavorable

- No additional benefits are due from the Plan and you are responsible for any charges you incurred;
- No further review is available under the appeal process. However, you may have other remedies available under state or federal law, such as filing a lawsuit under section 502(a) of ERISA; and
- The determination notice is binding on all parties.

Legal Action

You must complete the procedures described in the *Claims* and the *Appealing an Adverse Benefit Determination* sections of this chapter before you can take legal action regarding benefits under this Plan. Any suit for benefits must be brought within 12 months of the date of the final denial, whether from the internal appeal or the External Review. Refer to the *Agent for Service* section under *Plan Information* and to the *Legal Action* section of the *Medical Claims and Appeals* chapter for more information about legal action.

Appealing an Adverse Benefit Determination: Rescission of Coverage

Your (or your dependents') medical Plan benefits coverage will be terminated retroactively if you:

- Perform an act, practice, or omission that constitutes fraud against the Plan or
- Make an intentional misrepresentation of material fact

that resulted in your (or your dependents') eligibility for Plan coverage when you (or your dependents) in fact were not eligible for Plan coverage.

Retroactive termination of coverage due to these circumstances is considered a **Rescission of Coverage** as outlined in the *Rescission of Coverage* section of Chapter 3.

If your (or your dependents') coverage is terminated retroactively, you may appeal the decision in accordance with the rescission appeal procedures described in the advance written notice of coverage termination sent to you by the Plan. For purposes of these rescission appeal procedures, NRECA will be the named fiduciary and will have discretionary authority to resolve factual issues and make final determinations with regard to appeals related to rescissions.

Chapter 9: Well-being Benefits and Resources

NRECA Well-being Program

This Plan gives you access to the NRECA Well-being Program. The Program's resources, described in this chapter, are designed to encourage your health and well-being. The Plan's approach to well-being is about more than just physical fitness or losing weight. It's about taking a comprehensive approach toward physical, mental, and financial well-being to achieve a long, fulfilled, and prosperous life.

Information about all the NRECA well-being programs, including services, resources, educational materials, tools, and more, can be found by visiting cooperative.com > My Benefits > My Insurance > Health & Well-being

MyHealth Manager Powered by WebMD

MyHealth Manager is an interactive, online portal that provides you with access to the information you need to make better choices about your health. The site includes a variety of resources and easy-to-use tools developed by one of the most trusted sources of health and medical information: **WebMD**. However, medical decisions are ultimately made by you and your Physician and do not involve the Plan. Key features of MyHealth Manager are:

- **MyHealth Survey:** a brief, confidential questionnaire that helps you understand your health risks based on your screening results and lifestyle habits; and
- **Daily Habits:** online health coaching modules where you can select activities to meet your short- and long-term health and well-being goals.

To access MyHealth Manager, visit cooperative.com > My Benefits > My Insurance > WebMD MyHealth Manager.

In addition to the benefits offered as part of the NRECA Well-being Program, your Employer may also offer a separate well-being program. Check with your benefits administrator to learn about your Employer's additional well-being offerings.

Life Strategy Counseling Program

The NRECA Life Strategy Counseling Program (LSC) is separate from the NRECA Well-being Program. LSC offers confidential, professional support for personal life issues or concerns. It is available to all Employees, along with their dependent spouses and children over age 18, whose co-op participates in the Plan.

Life Strategy Counseling Services

The program offers counseling by phone, or in-person up to five (5) visits for issues such as:

- Family or relationship problems;
- Parenting difficulties;
- Anxiety and depression;
- Stress management;
- Work-related problems;
- Substance use and abuse;
- Grief and loss;
- Emotional and physical abuse; and
- Suicidal thoughts.

Additional services are available to assist Participants with work-life balance issues, such as:

- Childcare: parenting and childcare resources, local children's programs, tutoring resources, and selecting a college.
- Adult care: locating an elder care facility; aging issues; Medicare and Medicaid information; and long-term care evaluation.
- Convenience: real estate and relocation services, home or appliance repairs, and pet services.
- Financial: basic personal financial resources, access to information and educational materials, educational materials in electronic format.
- Legal: access to qualified consultants for information and consultation, up to thirty (30) minutes of consultation by phone or in person per legal issue, discount of up to 25% off standard legal fees as offered by network of attorneys after initial consultation, resources and personalized researched referrals, identity theft recovery services - telephonic consultation up to sixty (60) minutes in length with a financial counselor.

LSC will put you in touch with a dedicated master's-level counselor from LifeWorks who will work with you. You will have access to telephonic counseling and support 24 hours a day, 7 days a week, 365 days a year. These calls are confidential. You can also obtain information through online chat.

At your request, the LSC can refer you to further professional assistance in your area as appropriate.

Access to online resources like webinars, articles, and skill builders is also available through [cooperative.com > My Benefits > My Insurance > Life Strategy Counseling](#). To watch a helpful video about the program or to access online services and resources through the LifeWorks website.

Note: Fees charged by agencies outside LSC are not included in this coverage. You are responsible for paying any fees incurred outside of the program.

MyHealth Coaches®

Health Dialog provides telephonic coaching through NRECA's MyHealth Coaches® program and provides Plan Participants with medical information and coaching either by phone or online. The professional staff of Health Coaches, including nurses, dietitians, and respiratory therapists, are available to answer questions and address concerns about your health. Medical Plan Participants and their dependents who are 18 or older can contact MyHealth Coaches 24 hours a day, seven days a week.

Coaches work with people who live with chronic conditions, including asthma, diabetes, coronary artery disease, chronic obstructive pulmonary disease, and congestive heart failure. They also assist with medical decisions such as having surgery, quitting tobacco, and losing weight. All conversations with MyHealth Coaches are confidential. You can locate a coach, find information about health topics and conditions, view decision aids, and access tools and resources to help make informed decisions about what treatment and care is right for you through the Health Information Center portal on the NRECA Employee Benefits website on [cooperative.com](#). Or call 800.696.7322.

Diabetes Management Program

Identified type 2 diabetics who are 18 or older may also receive an invitation to join the voluntary MyHealth Coaches Diabetes program. The MyHealth Coaches Diabetes program is a 12-month program that provides incentives for Participants to build healthier habits and better manage their diabetes. Personal health coaches (nurses and dietitians) provide support. Participants can participate in monthly step challenges and have access to a mobile app packed with health trackers and other resources. Contact the MyHealth Coaches Diabetes program at 800.848.9332 between 9 am and 9 pm ET Monday through Friday.

Tobacco Cessation Program

Studies show that tobacco users have a better chance of quitting when they participate in a counseling program. You and your covered dependents who are 18 or older may access a tobacco cessation program through MyHealth Coaches. The program is designed to help individuals stop using tobacco products, including cigarettes and smokeless tobacco, through phone counseling and mailed materials.

Program Participants may be eligible to receive either nicotine replacement therapy (e.g., patch, gum, lozenge) directly (if medically appropriate) or coverage for tobacco cessation prescription medications (e.g., Chantix, Zyban). Program Participants who chew tobacco are not eligible for prescription medications because tobacco cessation prescription drugs are not approved by the FDA for use with chewing tobacco. Call MyHealth Coaches at 866.696.7322 to reach the Tobacco Cessation Program.

Weight Management Program

MyHealth Coaches staff members also help Participants manage their weight. The program explains BMI and disease risk, helps Participants set weight-loss goals and track their health behaviors, and teaches tips for managing portion sizes. Coaches can also help individuals start an exercise program. The program includes an intake assessment for those at high BMI risk, a review of goals and healthy eating plans, and regular phone calls with a health coach. Participants receive a weight management toolkit upon joining the program. Program Participants can call 866.696.7322 (24 hours a day, 7 days a week) to speak with a coach about weight management.

Important: Release of Liability for the NRECA Well-being Program

By participating in the NRECA Well-being Program, you (and your spouse, if applicable) acknowledge that you are not aware of any physical, mental, or emotional disability or any medical condition that would preclude you from safely participating in the events, programs, or activities of the NRECA Well-being Program. You and your health care provider are ultimately responsible for determining appropriate treatment and care and for deciding whether you are able to participate in these events, programs, or activities. You recognize that your participation in these events, programs, or activities may have certain benefits, but that the possibility also exists that you could sustain a serious permanent injury or an injury resulting in death, including, but not limited to, those caused by your own negligence or the negligence of others. By participating in the events, programs, or activities of the NRECA Well-being Program, you (and your spouse, if applicable) hereby elect to assume those risks and acknowledge that your participation is voluntary.

In consideration for being allowed to participate in the NRECA Well-being Program events, programs, and activities, you (and your spouse, if applicable) do hereby release, waive, indemnify/hold harmless, forever discharge, and covenant not to sue NRECA, the NRECA Group Benefits Program, and your Employer, together with their Directors, officers, agents, Employees, successors, and assigns from any and all liability for any and all claims, demands, actions, or causes of action relating to loss, damage, or destruction of personal property or to personal, bodily, emotional, or mental injuries, including death, sustained as a result of your participation in the events, programs, and activities of the NRECA Well-being Program. This release of liability will be binding on your personal representatives, heirs, estate, next-of-kin, executors, and assigns. This release of liability will remain in effect so long as you (and your spouse, if applicable) participate in any events, programs or activities of the NRECA Well-being Program. The foregoing does not impact your coverage (and your spouse's coverage, if applicable) under this Plan or the NRECA, dental, vision, disability and life, and accidental death and disability insurance Plans.

Chapter 10: Continuing Coverage Under COBRA

General Information

Federal law requires the Medical PPO Plan (the Plan) to offer eligible individuals and their families the opportunity to continue their coverage when they have a qualifying event that results in a loss of Plan coverage.

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) continuation coverage is the same coverage that the Plan offers to other similarly situated Participants and beneficiaries. Each qualified beneficiary who elects COBRA continuation coverage has the same rights under the Plan as other Participants, including annual enrollment and special enrollment rights.

You and your family may also have coverage options through the Health Insurance Marketplace, Medicaid, or other group health plans (such as a spouse's plan), some of which may cost less than COBRA continuation coverage. You can learn more about the Marketplace and Medicaid options at healthcare.gov.

For questions or information not covered in this chapter, contact your COBRA administrator using one of the methods in the *Contact Information* chapter.

Qualified Beneficiary

Generally, a qualified beneficiary (also referred to in this chapter as “you” or “Participant”) is an individual who will lose coverage under a group health plan because of a qualifying event. Depending on the type of qualifying event, qualified beneficiaries can include:

- Eligible individuals (Employees, retirees,);
- An eligible individual's spouse;
- Dependent children of eligible individuals;
- Children of eligible individuals who are covered by the Plan pursuant to a Qualified Medical Child Support Order (QMCSO); and
- In certain cases involving bankruptcy of the cooperative, a pre-65 retired Employee, the pre-65 retired Employee's spouse (or former spouse), and his or her dependent children.

Qualifying Events

A qualifying event is an event that causes an eligible individual to lose group health coverage. Qualifying events are either initial or secondary. The type of qualifying event determines who the qualified beneficiaries are for that event and the period of time that the Plan must offer continuation coverage.

Depending on the qualifying event, your COBRA administrator may require additional information or documentation.

Note: If you are covered by this Plan as an Active Employee, Director or Retained Attorney and you voluntarily drop coverage because you become eligible for Medicare, you and your dependents cannot elect COBRA coverage to continue coverage under this Plan.

Initial Qualifying Events

The following events may allow a qualified beneficiary to continue coverage that would otherwise end. **Eligible individuals who have terminated coverage under this Plan because they have other coverage are not considered qualified beneficiaries for purposes of COBRA continuation coverage.**

You (Eligible Individual)	Your Spouse	Your Dependent Children
<ul style="list-style-type: none">• Reduction in hours that results in ineligibility• Employment ends for any reason other than gross misconduct	<ul style="list-style-type: none">• Eligible individual's reduction in hours that results in ineligibility• Eligible individual's employment ends for any reason other than gross misconduct• Divorce• Eligible individual's death	<ul style="list-style-type: none">• Eligible individual's reduction in hours that results in ineligibility• Eligible individual's employment ends for any reason other than gross misconduct• Divorce• Eligible individual's death• Loss of dependent status

Your Notification Responsibilities for Initial Qualifying Events

The COBRA administrator will offer COBRA continuation coverage to all qualified beneficiaries once they receive notice that a qualifying event has occurred. Your Employer will notify the COBRA administrator of your termination of employment, reduction of hours, retirement, or death. However, you or your covered dependents **must** notify the COBRA administrator by the specified deadline when one of these qualifying events occurs:

- A divorce. Notify the COBRA administrator within **60 days** of the divorce. Notify the COBRA administrator of a divorce separately from any qualified domestic relations order that you may submit for retirement plans; and
- A dependent child loses dependent status. Notify the COBRA administrator within **60 days** of the date the dependent child no longer meets the Plan's dependent child eligibility requirements as described in the *Coverage for Your Dependents* section of the *Eligibility and Participation Information* chapter. The COBRA administrator knows when a dependent child reaches age 26 and becomes ineligible for coverage; however, you must notify the administrator of all other dependent status changes. Coverage ends at the end of the month in which the child reaches age 26 regardless of any separate notification requirements for which you are responsible.

If you or your covered dependents do not notify the COBRA administrator **within 60 days** of the qualifying events listed above, the covered dependent's COBRA rights will expire.

Once the COBRA administrator is notified that one of these events has occurred and you have confirmed the mailing address of the qualified beneficiary, the COBRA administrator will notify the appropriate parties of their COBRA continuation coverage rights.

Note that notice to your spouse is treated as notice to any dependent children who reside with your spouse.

Length of COBRA Continuation Coverage

The period of COBRA continuation coverage for qualified beneficiaries for each qualifying event is:

Initial Qualifying Event	Coverage Period
Your reduction in hours, resulting in loss of benefits eligibility ¹	18 months
Your employment termination ¹	18 months

Initial Qualifying Event	Coverage Period
Your dependent child no longer meets eligibility requirements (e.g., he or she reaches age 26 or is over age 26 and ceases to be disabled)	36 months
Your divorce (coverage extends to former spouse and to dependent children)	36 months
Your death (coverage extends to eligible spouse, and dependent children)	36 months <i>See Special Rule for Surviving Spouse and Dependents</i>

¹When the qualifying event is your termination or reduction in hours and you became entitled to Medicare less than 18 months before the qualifying event, COBRA coverage for your spouse and dependents can last until 36 months after the date you became entitled to Medicare.

Special Rule for Surviving Spouse and Dependents

If you die, your surviving spouse and dependent children are eligible to continue coverage beyond the required 36-month COBRA period. Your benefits administrator, not the COBRA administrator, coordinates coverage continuation in the event of your death. Such coverage for each surviving spouse and dependent will end independently on the earliest of:

- The date required contributions are not made;
- The date the surviving spouse reaches age 65;
- The date each covered dependent no longer qualifies as a dependent child; or
- The date the surviving spouse remarries, dies, or registers as a partner in a new domestic or civil union partnership in any state, except as provided by federal law for any longer period (applicable to both the surviving spouse and dependent children).

Second Qualifying Events

An 18-month extension of COBRA coverage may be available to your spouse and dependent children who elected COBRA continuation coverage if a second qualifying event occurs during their first 18 months of COBRA continuation coverage. When a second qualifying event occurs, coverage may be extended for an additional 18 months for a maximum duration of 36 months. These second qualifying events include:

Second Qualifying Event ²	Maximum Duration for Covered Spouse, or Dependents
Your divorce after the initial qualifying event	Additional 18 months (for a total of 36 months)
Your Medicare entitlement	Additional 18 months (for a total of 36 months)
Your death	Additional 18 months (for a total of 36 months)
Your dependent child no longer meets the dependent eligibility requirements (e.g., reaches age 26, or, if over 26, ceases to be disabled)	Additional 18 months (for a total of 36 months)

²The second event is a second qualifying event only if it would have caused you to lose coverage under the Plan in the absence of the first qualifying event. Notify your COBRA administrator if you experience a second qualifying event.

To receive this extension of coverage, qualified beneficiaries must notify the COBRA administrator about the second qualifying event within **60 days** after it occurs. Failure to notify the COBRA administrator within **60 days** of the second qualifying event means that the qualified beneficiary is ineligible for extension rights under COBRA. If your COBRA continuation coverage period is extended, your COBRA administrator will notify you of the coverage extension period.

Note: The COBRA administrator will know when a dependent child reaches age 26 and becomes ineligible for coverage. Coverage ends at the end of the month during which the child reaches age 26. As a result of this second qualifying event, the COBRA administrator will send the applicable COBRA information to the child at his or her address of record so that he or she may independently elect the COBRA extension.

Social Security Disability Extension

An 11-month extension of COBRA coverage may be available if a qualified beneficiary meets the following criteria:

- The qualified beneficiary is determined to be disabled by the Social Security Administration at some time before the 60th day of COBRA continuation coverage; and
- The qualified beneficiary notifies the COBRA administrator of the Social Security Administration's Disability determination and provides a copy of the determination to the COBRA administrator before the end of the initial 18-month COBRA continuation period and within **60 days** of the latest of:
 - The date on which the qualifying event (i.e., termination of employment or reduction of hours) occurs;
 - The date coverage is lost (or would be lost) as a result of the qualifying event;
 - The date of the Disability determination by the Social Security Administration; or
 - The date that the qualified beneficiary receives (or is deemed to have received) the initial COBRA notice or SPD that describes the notice procedures.

If one qualified beneficiary is disabled and meets the above criteria, all qualified beneficiaries in that family are entitled to the 11-month Disability extension. If the COBRA continuation coverage period is extended, the COBRA administrator will notify each family member of the coverage extension period. Conversely, if the qualified beneficiary is determined to no longer be disabled, coverage will end for all family members.

Electing COBRA Continuation Coverage

To elect COBRA continuation coverage, contact your COBRA administrator within the COBRA election period outlined in the COBRA enrollment notice. If you do not elect COBRA continuation coverage during the election period, all rights to elect COBRA continuation coverage will end.

Each qualified beneficiary has a separate right to elect COBRA continuation coverage. For example, your spouse may elect COBRA continuation coverage even if you do not.

A designated representative acting on behalf of you, your spouse, or your dependent children may also make the election(s). You or your spouse can elect COBRA continuation coverage for one, several, or all dependent children who are qualified beneficiaries.

COBRA Election Period

You and your covered dependents have **60 days** from the date of the COBRA enrollment notice or from the date coverage terminates (whichever is later) to elect COBRA continuation coverage. Your specific COBRA enrollment deadline will appear in your COBRA enrollment notice. If mailed, election forms must be postmarked no later than the deadline listed on the COBRA enrollment notice. If hand delivered, the COBRA administrator must receive the election forms no later than the deadline as shown on the COBRA enrollment notice.

A qualified beneficiary who waives COBRA continuation coverage may change his or her mind and enroll in coverage by returning the completed enrollment forms to the COBRA administrator before the original deadline. In this case, COBRA continuation coverage will begin on the date the completed election form is signed. Qualified beneficiaries who do not elect COBRA continuation coverage by the enrollment deadline lose all rights to elect COBRA continuation coverage.

Effective from March 1, 2020 until the extended due date defined below. Notwithstanding the foregoing, the deadline for the period to elect COBRA coverage shall be extended without regard to the Outbreak Period. The "Outbreak Period" runs from March 1, 2020 until sixty (60) days after the COVID-19 National Emergency ends.

Cost of COBRA Continuation Coverage

Qualified beneficiaries must pay the entire cost of their COBRA continuation coverage. Costs and payment procedures for each coverage option are explained in the COBRA enrollment notice sent to each qualified beneficiary.

The cost cannot exceed 102% of the group health plan's cost (Employer plus eligible individual contributions) for coverage of a similarly situated Plan Participant or beneficiary who is not receiving COBRA continuation coverage. The additional 2% is an administration fee permitted by law.

During an 11-month Disability extension described in the *Social Security Disability Extension* section of this chapter, the qualified beneficiary's cost may not exceed 150% of the cost to the group health plan (Employer plus eligible individual contributions) for coverage of a similarly situated Plan Participant or beneficiary who is not receiving COBRA continuation coverage.

Making Payments for COBRA Continuation Coverage

You do not have to send your first payment with your COBRA continuation coverage election form. However, benefits will not be available and claims will not be paid until the first premium payment is received. The due date and mailing address for your payments will be listed on your first billing notice. You must make your first payment no later than **45 days** after the date you elect coverage. All subsequent payments have a 30-day grace period. Your first payment will be for the time period between your coverage termination date and the end of the current month. COBRA continuation coverage is effective (retroactive to the date active coverage ended) only when you enroll by the COBRA enrollment deadline and make your first payment within **45 days** of your COBRA election date.

If you do not make a COBRA payment on time, you will lose COBRA continuation coverage rights under the NRECA group health Plans.

Effective from March 1, 2020 until the extended due date defined below. Notwithstanding the foregoing, the deadline to pay COBRA premiums shall be extended without regard to the Outbreak Period. The "Outbreak Period" runs from March 1, 2020 until sixty (60) days after the COVID-19 National Emergency ends.

Changing COBRA Continuation Coverage

Whenever your status or that of a dependent changes, you must notify the COBRA administrator **within 60 days**. COBRA continuation coverage may be modified based on Plan rules if you experience a qualifying event (e.g., birth, marriage, divorce, change in dependent eligibility). Refer to the *Eligibility and Participation Information* chapter for a list of life and employment events. Premiums may be adjusted if your coverage changes.

Adding a New Dependent

You may add coverage for a newly eligible dependent after the initial COBRA qualifying event if the dependent meets eligibility requirements and is enrolled **within 60 days** of becoming eligible. Except for newborn or newly adopted children, only a qualified beneficiary may cover dependents added after the initial qualifying event and added dependents may not extend coverage individually.

In contrast, newly born or adopted children who become dependents after the initial qualifying event have individual continuation rights.

To enroll newly eligible dependents in COBRA, you must contact your COBRA administrator **within 60 days** of the dependent becoming eligible. Most coverage changes are effective on the date of the event or the date you call your COBRA administrator, whichever is later. **Note:** The timely medical Plan enrollment of your dependent gained through birth, adoption, or placement for adoption will be made retroactively to the date of birth, adoption, or placement for adoption.

Discontinuing Your Coverage or Removing a Dependent from Coverage

To discontinue your COBRA continuation coverage, you must notify the COBRA administrator. Coverage will be terminated as of either the event date or the date you call your COBRA administrator, whichever is later. Premiums will continue to be billed and claims will be processed until you notify the COBRA administrator and provide any required documentation. Claims that you or your dependents incur after your coverage ends will be denied. If you do not supply the required documentation, you will receive a notice from the COBRA administrator, after which coverage will terminate as of the date of loss of eligibility.

Coordination of COBRA Continuation Coverage

If you already have other group insurance (or Medicare) and elect COBRA continuation coverage under an NRECA Plan, your coverage must be **coordinated**. This means that one plan will be considered primary and the other plan will be secondary. To determine which plan is primary, refer to the provisions described in the *Coordinating Benefits with Other Plans* section of the *Medical Plan Benefits* chapter. If you have other coverage, you must notify the COBRA administrator for each plan in which you are enrolled.

End of COBRA Continuation Coverage

If you or your dependents elect COBRA continuation coverage, that coverage can continue for the time period indicated in the *Length of COBRA Continuation Coverage* section of this chapter. Whenever your status (or a dependent's status) changes, you must notify the COBRA administrator within **60 days**. For details, see the *Changing COBRA Continuation Coverage* and *Second Qualifying Events* sections in this chapter.

Coverage will end when a qualified beneficiary exhausts the maximum period of COBRA continuation coverage. Coverage may also end **before** the maximum extension date if:

- Any required premium or contribution is not paid in full. Coverage will be terminated retroactively as of the end of the month for which the last full payment was made;
- Your Employer no longer provides coverage to any eligible individuals. Coverage terminates on the date the coverage is no longer offered;
- A qualified beneficiary obtains coverage after his or her COBRA qualifying event under another group plan that does not impose any exclusions for pre-existing conditions that you or your dependents may have. Coverage terminates on the date the qualified beneficiary obtains coverage under the other group plan or the date you contact the COBRA administrator, whichever is later;
- A qualified beneficiary engages in conduct (such as fraud) that would justify the Plan's termination of coverage for a similarly situated Participant or beneficiary not receiving continuation coverage. Coverage will terminate on the date of the event;
- A qualified beneficiary is determined by the Social Security Administration to no longer be disabled. A qualified beneficiary (or Authorized Representative) must notify the COBRA administrator within **60 days** of the Social Security Administration's determination. For details, see the *Social Security Disability Extension* section earlier in this chapter; or
- A qualified beneficiary becomes entitled to Medicare Part A, Part B, or both. The qualified beneficiary must notify the COBRA administrator in writing within 60 days of Medicare

entitlement. Coverage will terminate on the effective date of the entitlement. All other family members who are qualified beneficiaries remain eligible to participate in COBRA.

The COBRA administrator will continue to bill you for coverage and process claims until you notify him or her to terminate coverage and provide any required documentation. Claims for expenses that you or your dependents incur after coverage ends will be denied. If you do not provide documentation when required, the COBRA administrator will notify you, after which coverage will terminate as of the date of loss of eligibility.

For More Information

For questions or information not covered in this chapter, contact your COBRA administrator using one of the methods in the *Contact Information* chapter.

Changing Your Address

To protect your (and your family's) rights, keep the COBRA administrator informed of any address changes for you and your family members. Keep copies of all correspondence with the COBRA administrator for your records.

Transitioning to Medicare Using COBRA

COBRA continuation coverage may be used to bridge the gap in health coverage as you transition to Medicare. This is important because if you experience a gap in health coverage that exceeds 63 days, you will lose the guaranteed right to purchase an individual Medicare supplemental insurance policy that does not impose pre-existing condition exclusions. For details, visit [medicare.gov](https://www.medicare.gov).

Chapter 11: Important Notifications and Disclosures

Not a Contract of Employment

This Plan must not be construed as a contract of employment and does not give any Employee a right of continued employment, nor may the Plan be construed as a guarantee of other benefits from your Employer.

Non-assignment of Benefits

You and your covered dependents, if any, cannot assign, pledge, borrow against, or otherwise promise any benefit payable under the Plan to a third party before you receive it. A benefit payment made by the Plan to a provider of health care services or supplies does not make such provider an assignee of benefits or otherwise confer on such provider any rights under the Plan or ERISA. An Authorized Representative designation made by you or a covered dependent is not an assignment of benefits with respect to the Plan. An attorney-in-fact designation made by you or a covered dependent pursuant to a power of attorney document is not an assignment of benefits with respect to the Plan.

Third-party Liability

The Plan does not cover expenses that you incur as a result of an Injury or Sickness caused by a third party (such as in an automobile Accident). The Plan's third-party liability provision allows you to receive benefits and, at the same time, places the expense of coverage with the person or entity that may be liable for the Injury or Sickness. If a covered individual receives any settlement or otherwise is compensated by a third party as a result of an Injury or Sickness, the Plan has the right to recover from, and be reimbursed by, the covered individual for all amounts this Plan has paid and will pay as a result of that Injury or Sickness, up to and including the full amount the covered person receives from third parties.

As a condition of receiving benefits under this Plan, you are expected to cooperate with CBA in its recovery of any amounts for which the Plan is entitled to be reimbursed. Your cooperation may include completing any forms or repaying to the Plan any amounts you receive for benefits paid by the Plan. The Plan's right to reimbursement comes first, even if the covered individual is not paid for all the claims for damages **or if the payment received is for damages other than medical expenses**. The Plan will seek recovery for payment of benefits through subrogation or reimbursement, and the Plan's right of full recovery may be from any source of payment, including, but not limited to: 1) any judgment, settlement, or other payment made or to be made by or on behalf of a third party; 2) any liability or other insurance coverage, workers' compensation, you or your covered dependent's own uninsured or underinsured motorist coverage, any medical payments, any "no-fault," or school insurance coverage paid or payable; and 3) automobile medical payments or recovery from any identifiable fund. For purposes of this provision, "you" includes Participants, their covered dependents, COBRA beneficiaries, and any other person who may recover under this Plan on your behalf (e.g., your estate).

Subrogation

Immediately upon paying any benefits to you, the Plan will be subrogated (i.e., substituted for) all rights or recovery that you have against any third party for benefits paid under the Plan. This means that if you receive a settlement, judgment, or compensation from a third party as a result of an Injury or Sickness, this Plan has the independent right to recover from, and be reimbursed by you for all amounts the Plan has paid and will pay as a result of that Injury or Sickness, up to and including the full amount you receive from third parties. The Plan's right to reimbursement comes first, even if you are not paid for all the claims for damages **or if the payment received is for damages other than medical expenses**. You must notify the Plan within 45 days of the date when notice is given to any third party of your intention to recover damages due to your Injury or Sickness. If you enter into litigation for payment of your Injury or Sickness, you must not prejudice, in any way, the Plan's

subrogation rights. The Plan will pay for any costs it incurs in matters related to subrogation. Any costs you incur for legal representation will be your responsibility.

Your Duty of Reimbursement

In most cases, the Plan will not be reimbursed directly by the third party. Normally, your claim against the third party will be settled with the third party. Therefore, if the Plan pays your benefits and you then receive settlement from the third party (or the third party's insurer) to compensate you for benefits paid under this Plan, you must reimburse the Plan for the benefits it paid to you—up to the amount of such compensation. This Plan's right of reimbursement is a first-priority right, to be satisfied before payment of any other claims, including attorney's fees and costs, and regardless of any state's make-whole doctrine.

If you fail to repay the Plan any amounts you receive for benefits paid under this Plan, the Plan reserves the right to bring legal action against you for amounts owed to the Plan and/or to suspend payment(s) for any future Plan benefits until it has recovered such amounts.

If you do not repay the Plan within 30 days of your receipt of third-party benefits, the Plan may take legal action to pursue repayment plus interest. Such interest is calculated on the principal amount of the advance that is not repaid within 30 days of your receipt of the other benefits, using a rate equal to the prime rate plus 3% (compounded annually from the date that is 30 days after your receipt of the other benefits). The Plan may also recover from your reimbursement the Plan's costs and attorney's fees it incurs to enforce this repayment provision.

Mistakes in Payment

Although every effort is made to pay your benefits from the Plan accurately, mistakes can occur. If a mistake is discovered, the Plan Administrator will make corrections that are deemed appropriate. You will be notified if a mistake is found.

Healthcare Audit Reward Program

The Healthcare Audit Reward Program (HARP) encourages Participants to check their family's health care bills. If you find a billing error of at least \$100 and the error is verified by Cooperative Benefit Administrators, Inc. (CBA), you may receive 10% of the error amount, subject to a \$5,000 maximum HARP reimbursement. Contact CBA at 866.673.2299, Option 1, and ask the HARP specialist for more information.

Right of Recovery of Overpayment

If it is later determined that either the Plan made an overpayment or the Plan made a payment in error, either to you or on your behalf, then the Plan has a right, at any time, to recover that payment from the person to whom or on whose behalf the overpayment or erroneous payment was made. The Plan has the right to recover overpayments as a result of, but not limited to:

- Fraud;
- Any error the Plan makes in processing a claim; or
- Benefits paid after the death of the Employee.

If the overpayment is not refunded to the Plan, the Plan reserves the right to bring a legal action to recover the overpayment, to offset future benefit payments until the overpayment is recovered, or both. You will be notified if a mistake is found.

Changing or Terminating the Plan

This Plan may be amended or terminated at any time, for any reason, by action of the Plan Administrator or your Employer. This includes the right to change the cost of coverage. These changes may be made with or without advance notice to Plan Participants. However, your rights to

claim benefits for the period prior to the termination or amendment will not be affected if such benefit is payable under the Plan as in effect before the Plan is terminated or amended.

Severability

If any provision of this Plan is held invalid, the invalid provision does not affect the remaining parts of this Plan. The Plan is construed and enforced as if the invalid provision had never been included.

Statement of ERISA Rights

Your Rights

As a Participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan Participants will be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites, all documents governing the Plan, including insurance contracts, and a copy of the latest annual report (Form 5500 series), if any, filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon request to the Plan Administrator, copies of documents governing the Plan's operation, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated SPD. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual Form 5500, if any is required by ERISA to be prepared, in which case the Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the Employee benefit plan. The people who operate your Plan, called Plan "fiduciaries," have a duty to do so prudently and in the interest of you and other Plan Participants and Beneficiaries. No one, including your Employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps that you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report (Form 5500), if any, from the Plan and do not receive them within 30 days, you may file suit in federal court. In such case, the court may require NRECA, as Plan Administrator, to provide the materials and pay you up to \$159 a day, not to exceed \$1,594 per request (2020 limit, as may be indexed annually) until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits that is denied or ignored in whole or in part, and if you have exhausted the claims procedures available to you under the Plan, you may file suit in a state or federal court.

If it should happen that Plan fiduciaries misuse the Plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees: for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor (listed in your telephone directory), or contact the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Women's Health and Cancer Rights Act (WHCRA)

Covered individuals who had or are going to have a mastectomy are entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). If you receive mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending Physician and patient for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications at all stages of a mastectomy, including swelling associated with the removal of lymph nodes (lymphedemas).

These benefits will be provided subject to the same Coinsurance applicable to other medical and surgical benefits provided under this Plan. See the *Plan Highlights* chapter for specific Coinsurance applicable to these benefits.

Contact your benefits administrator for more information about WHCRA.

HIPAA Privacy Rights

Availability of HIPAA Notice of Privacy Practices

The privacy rules under Health Insurance Portability and Accountability Act (HIPAA) govern how health information about you may be used and disclosed by the Plan and provide you with certain rights with respect to your health information. The Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan and describes the Plan's legal duties and privacy practices relative to such information.

If you would like a copy of the Plan's Notice of Privacy Practices, please contact NRECA's Privacy Officer as indicated in the *Contact Information* chapter. The Plan's Notice of Privacy Practices is also available electronically on the NRECA Employee Benefits website. Log in to cooperative.com > My Benefits. A link to the Notice of Privacy Practices is located at the bottom of the page ("HIPAA Notice").

Appendix A: Key Terms

Accident

A non-occupational injury caused by a sudden and unforeseen event that occurred at an exact time and place.

Actively at Work or Active Work

Means that an Employee must be present at work at the business establishment of the Employer or at other locations to which the Employer's business requires the Employee to travel on a day that is one of the Employer's scheduled work days and must be performing, in the usual way, all regular duties of the Employee's job on a full-time basis on that day.

An Employee will be deemed to be Actively at Work on a day that is not one of the Employer's regularly scheduled workdays only if the Employee was Actively at Work on the preceding scheduled workday. An Employee will be deemed to satisfy the Active Work Requirement if he or she is on an Employer-approved leave of absence (e.g., FMLA absence, jury duty, bereavement leave, vacation), but does not include time off as a result of Injury or Sickness.

In no event will an Employee be deemed to be on an Employer-approved leave of absence for any absence that continues longer than 12 weeks, except for an FMLA leave of absence to care for family members who are injured while on active duty in the armed forces, including the National Guard or Reserves, which provides the Employee with a leave up to 26 weeks.

If an Employee is confined for medical care or treatment in a Hospital, at any institution, or at home on the date coverage would otherwise become effective, then the effective date of his or her eligibility to participate in the Plan will be postponed until he or she receives final medical release from the medical confinement and satisfies the Active Work Requirement.

Adverse Benefit Determination

A denial, reduction, termination of, or failure to make full or partial payment for a benefit, including any such denial, reduction, or failure to provide or make payment that is based on a determination of your eligibility to participate in a benefit option under the Medical PPO Plan.

An Adverse Benefit Determination also occurs when the Plan does not cover an item or service for which benefits are otherwise provided because the item or service is determined to be experimental, unproven, investigational, or not Medically Necessary or appropriate.

Note: A Rescission of Coverage, as defined under applicable law, is any Adverse Benefit Determination, regardless of whether the rescission has an adverse effect on any particular benefit at that time a determination is made. For additional details, see the *Appealing an Adverse Benefit Determination: Rescission of Coverage* section in the *Medical Claims and Appeals* chapter.

Ambulatory Surgical Center

Any public or private institution that:

- Is licensed as an Ambulatory Surgical Center by the state in which the center is located; or
- Is established, equipped, and operated primarily as a facility for performing surgical procedures and meets all the following requirements:
 - Is operated under the supervision of a staff of Physicians, maintains adequate medical records for each patient, and provides for periodic review of the facility and its operation by a utilization or tissue committee composed of Physicians other than those who own or supervise the facility
 - Permits a surgical procedure to be performed only by a Physician privileged to perform such procedure in a Hospital in its area and requires that a licensed anesthesiologist administer the anesthetics and be present during the surgical procedure, unless only local infiltration anesthetics are used

- Provides no overnight accommodations for patients and has at least two operating rooms, one post-anesthesia recovery room, and full-time service from registered nurses for patient care in all operating and post-anesthesia recovery rooms
- Is equipped to perform diagnostic x-ray and laboratory examinations required in connection with the surgery to be performed and has the necessary equipment and trained personnel to handle foreseeable emergencies including, but not limited to, a defibrillator for cardiac arrest, a tracheotomy set for airway obstruction, and a blood bank or other supply for hemorrhaging.
- Maintains written agreements with one or more Hospitals in its area for immediate acceptance of patients who develop complications or require postoperative confinement.

The surgical suite or facility must be accredited by either the Accreditation for Ambulatory Health Care or the American Association of Accreditation Plastic Surgery Facilities.

Approved Clinical Trial

A phase I, phase II, phase III, or phase IV clinical trial that is 1) conducted in connection with the prevention, detection, or treatment of cancer (or other Life-threatening Disease or Condition) and is federally funded through a variety of entities or departments of the federal government; 2) is conducted in connection with an investigational new drug application reviewed by the Food and Drug Administration; or 3) is exempt from investigational new drug application requirements.

Authorized Representative

A person who you have authorized in writing to represent you in the claims process, the appeals process, or both.

Birth Center

A facility that can be used instead of a Hospital setting for the birth of a child. A Birth Center must:

- Be certified or approved by a state department of health or other legally constituted regulatory state authority;
- Be equipped and operated primarily for the purpose of providing an alternative method of childbirth (this does not include an abortion center or clinic);
- Operate under the direction of a Physician;
- Permit a surgical procedure to be performed only by a Physician;
- Require an examination by an obstetrician at least once prior to delivery (to identify high-risk pregnancies);
- Offer prenatal and postpartum care;
- Provide at least two birth rooms;
- Have available the necessary equipment—including a fetal monitor, incubator and resuscitator—and trained personnel to handle foreseeable emergencies;
- Provide the services of registered graduate nurses for patient care;
- Not provide beds or other accommodations for patients to stay more than 48 hours;
- Maintain written agreements with one or more Hospitals in the area for immediate acceptance of patients who develop complications or who require post-delivery confinement;
- Provide for periodic review by an outside agency; and
- Maintain adequate medical records for each patient.

Chemotherapy

Outpatient treatment of disease using chemical agents.

Children's Health Insurance Program (CHIP)

Provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid. In some states, CHIP covers pregnant women. Each state offers CHIP coverage and works closely with its state Medicaid program.

Claimant

A Participant who is making a claim for Plan benefits.

Coinsurance

Your share of the costs for a covered health care service, calculated as a percentage of the allowed amount. For example, if the plan's allowed amount for an office visit is \$100 and you have met your Deductible, your Coinsurance payment of 20% would be \$20. The health insurance or Plan pays the rest of the allowed amount.

Concurrent Care Claim

A claim for which the claims administrator has approved an ongoing course of treatment to be provided over a period of time or for a certain number of treatments where one of the following is also true:

- The claims administrator determines that the approved course of treatment should be reduced or terminated before the end of such period of time or number of treatments has been completed. **Note:** This does not apply where the reduction or termination is due to Plan amendment or termination; or
- You must request an extension of the course of treatment or number of treatments beyond what the claims administrator has approved (when pre-service approval is required and the continuing services have not yet been provided).

Consolidated Omnibus Budget Reconciliation Act (COBRA)

Gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102% of the cost to the plan.

Convalescent Nursing Home

A legally operated institution that:

- For a fee, provides room, board, and 24-hour care by one or more professional nurses and other nursing personnel needed to provide adequate medical care;
- Is under full-time supervision of a Physician or registered nurse;
- Keeps adequate medical records;
- If not operated by a Physician, has the services of one available under an established agreement;
- Is not an institution, or part of one, used mainly as a rest facility or a facility for the aged; and
- Is licensed for skilled nursing care.

Copayment

A fixed amount (e.g., \$15) that you pay for a covered health care service, usually at the time when you receive the service. Copayments may vary based on the type of covered health care service.

Cosmetic Procedure

A treatment or surgery that is intended to improve the patient's physical appearance, that is not Medically Necessary and from which no significant improvement in physiologic function can be expected (regardless of emotional or psychological factors).

COVID-19 Outbreak Period

The period from March 1, 2020 until sixty (60) days after the COVID-19 National Emergency ends.

Custodial Care

Care that helps you with your daily living activities. Custodial Care is not covered under this Plan. Examples include assistance with walking, getting in and out of bed, bathing, dressing, eating, and performing normal bodily functions. Other examples include preparation of special diets and help taking medication that can usually be self-administered. This type of care does not require the continuing attention and assistance of licensed medical or trained paramedical personnel.

Deductible

The amount that you must pay toward covered expenses for covered health services or supplies before the medical Plan begins to pay any portion of the cost of covered expenses for those covered services or supplies. In-network and out-of-network annual Deductibles and annual out-of-pocket maximums accumulate jointly. For example, if you use an in-network provider, the amount applied to your in-network annual Deductible also counts toward your out-of-network annual Deductible, and vice versa.

Director

Means you are a Director in a participating cooperative and includes:

- Advisory Directors;
- Alternate Directors; and
- Director Emeritus, up to a maximum of three.

Your Employer may or may not elect to provide coverage for the above-listed classes (see the *Eligibility and Participation Information* chapter for details).

Durable Medical Equipment

Equipment and supplies ordered by a Physician for everyday or extended use. Examples include wheelchairs, Hospital beds, and respirators. Air conditioners, humidifiers, air purifiers, and other similar convenience items are **not** considered Durable Medical Equipment.

Durable Medical Equipment is equipment that is recognized as such by Medicare Part B and meets all the following criteria:

- It can stand repeated use;
- It is primarily and customarily used to serve a medical purpose rather than being primarily for comfort or convenience;
- It is usually not useful to a person in the absence of Sickness or Injury;
- It is appropriate for home use;
- It is related to the patient's physical disorder;
- It is for temporary use only;
- It is certified, in writing by a Physician, as being Medically Necessary;
- It is the standard, basic model rather than a deluxe, luxury model;
- It is not more costly than alternative services that would be effective for diagnosis and treatment of the condition; and

It enables a patient to make reasonable progress in treatment.

Eligibility Waiting Period

The period, if any, chosen by the Employer, that is required before participation in the Plan is available to an Employee.

Emergency Medical Condition

A medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- A serious threat to the individual's health;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Employee

A person who is actively working for the Employer.

Employer

The organization, cooperative, association, system, or entity from which you receive a salary for performing your job responsibilities and through which you receive benefits under the Plan.

ERISA

The Employee Retirement Income Security Act of 1974, as amended.

External Review

An appeal option available for certain medical claims after the internal claims and appeals review process has been exhausted and the Adverse Benefit Determination has been upheld. The External Review is conducted by an Independent Review Organization (IRO).

Family and Medical Leave Act (FMLA)

Provides certain employees with up to 12 weeks of unpaid, job-protected leave per year.

Formulary

A list of prescription drugs, both generic and brand-name, used by practitioners to identify drugs that offer the greatest overall value. A committee of Physicians, nurse practitioners, and pharmacists maintain the Formulary.

Habilitation Services

Health care services delivered by a licensed or certified provider to help a person learn, improve, or maintain skills that were never previously learned or acquired and are necessary for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language therapy, and other services for people with disabilities in a variety of inpatient and outpatient settings.

Habilitation Services and *Rehabilitation Services* can be similar but are performed for different purposes. While Rehabilitation Services help a patient regain function that they have lost, Habilitation Services help someone maintain, learn, or improve skills they need for daily living functions but did not learn or acquire (often in childhood) due to a developmental, cognitive, or other condition.

Healthcare Audit Reward Program

The Healthcare Audit Reward Program (HARP) encourages Participants to check their family's health care bills and rewards them if they find a billing error of at least \$100. The error must be verified by Cooperative Benefit Administrators, Inc. (CBA).

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Is a federal law which created national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. The law also provides security provisions and data privacy to keep a patients' medical information protected.

Home Health Care Agency

Considered to be one of the following:

- A Hospital that provides a program of home health care;
- A home health agency as defined by Medicare; or
- An organization that is certified by the patient's Physician as an appropriate provider of home health services, is licensed or certified as a Home Health Care Agency if the state or local jurisdiction in which it is located requires such licensing or certification, has a full-time administrator, keeps written records of services provided to the patient, and has at least one registered nurse (RN) or the care of an RN available.

Benefits for services provided by home health care agencies are subject to the following conditions:

- The services and supplies must be ordered by a Physician as a part of the home health care plan;
- The patient must be under the care of a Physician who submits the home health care plan. This Plan is a written program for the care and treatment of a Sickness or Injury in the patient's home. It must certify that inpatient confinement in a Hospital, Convalescent Nursing Home, or skilled nursing facility would be required if the home care weren't provided; and
- The home health care benefit will not exceed the amount that would have been paid had the services and supplies been furnished by a Hospital during an inpatient confinement. For this purpose, a Hospital Confinement is considered a continuous period during which inpatient care in a Hospital, Convalescent Nursing Home, or skilled nursing facility would be required were it not for the home care.

Hospice Care Program

A program directed by a Physician to help care for a terminally ill person through either:

- A centrally administered, medically directed, and nurse-coordinated program that provides a coherent system of primarily home care, uses a hospice team, and is available 24 hours a day, seven days a week; or
- Confinement in a hospice. A hospice is a facility that provides short periods of stay for a terminally ill person in a homelike setting for either direct care or respite. This facility may be either freestanding or affiliated with a Hospital. It must operate as an integral part of the Hospice Care Program. If such a facility is required by a state to be licensed, certified, or registered, it must also meet that requirement to be considered a hospice.

A Hospice Care Program must meet standards set by the National Hospice Organization and be approved by the Plan. If such a program is required by a state to be licensed, certified, or registered, it must also meet that requirement to be considered a Hospice Care Program.

Hospital

An institution that is:

- Accredited as a Hospital under the Hospital Accreditation Program of the Joint Commission on the Accreditation of Hospitals; or
- Operated in accordance with the law under the supervision of a staff of Physicians and with 24-hour-a-day nursing service, and that is primarily engaged in providing:
 - General inpatient medical care and treatment of sick and injured persons through medical, diagnostic, and major surgical facilities, all of which facilities must be provided on its premises or under its control; or
 - Specialized inpatient medical care and treatment of sick or injured persons through medical and diagnostic facilities (including x-ray and laboratory) on its premises, under its control, or through a written agreement with a Hospital or with a specialized provider of those facilities.

An institution that does not meet the tests of the above items but is state licensed and accredited by the Joint Commission for Accreditation of Hospitals as a community mental health center and residential treatment facility for alcoholism and drug abuse or as an Ambulatory Surgical Center.

In no case will the term Hospital include a Convalescent Nursing Home or an institution that:

- Is used principally as a convalescent facility, rest facility, nursing facility, or facility for the aged;
- Furnishes primarily domiciliary or Custodial Care, including training in the routines of daily living; or
- Is operated primarily as a school.

For institutions that care for alcoholism, mental illness, and substance abuse, the term "Hospital" also means (respectively) an alcohol dependency treatment center, a psychiatric day treatment facility, and a drug dependency treatment center.

Hospital Confinement

A covered person is considered confined when he or she is a registered patient in a Hospital and a room and board charge is made. A Hospital Confinement for more than 24 hours is considered an inpatient expense regardless of whether a room and board charge is incurred: for example, observation charges for a period of more than 24 hours.

Hours of Service

An hour of service is an hour for which employees receive direct or indirect compensation from your co-op. This includes:

- Hours worked, including overtime
- Paid vacation
- Holidays
- Sick leave
- Leave under the Family Medical Leave Act (FMLA)
- Jury duty
- Military training or service
- Disability

Injury

Bodily harm that is the direct result of an Accident and not related to any other cause. This Accident must not be employment-related.

Immunization

An injection with a specific antigen to promote antibody formation. It is used to make a person immune to a disease or less susceptible to a contagious disease.

Internal Appeal Process

A review of an Adverse Benefit Determination conducted by the applicable claims administrator upon request by the Plan Participant.

Life-threatening Disease or Condition

A disease or condition that is likely to result in death unless the disease or condition is interrupted.

Medical Emergency

A sudden and unexpected physical condition for which immediate services, diagnoses, or treatment are required to avoid threat to life or limb. Emergency medical treatments or services must be determined to be Medically Necessary to be covered under the Plan.

Medical Judgment

A coverage decision that is based on the medical plan's (or claims administrator's) requirements for the Medical Necessity, appropriateness, health care setting, level of care, or effectiveness of a

covered benefit. A determination that a treatment is experimental or investigational, or as otherwise defined by applicable law.

In connection with the External Review process, the External Reviewer is generally responsible for determining whether an Adverse Benefit Determination involves Medical Judgment.

Medically Necessary, Medical Necessity, or Medically Necessary Services and Supplies

To be considered Medically Necessary, medical services or supplies must meet all the following criteria:

- Ordered by a Physician;
- Consistent with the symptom or diagnosis and treatment of the Sickness or Injury;
- Appropriate within the standards of good medical practice;
- The most appropriate supply or level of service that can be safely provided to the patient in the appropriate setting;
- Not solely for the convenience of the patient, a Physician, a Hospital, or another medical care facility;
- Not for educational, investigational, or experimental services;
- Not for services that are mainly for the purpose of medical or other research; and
- Not for Cosmetic Procedures provided solely to improve appearance unless due to either a congenital defect that impairs function or an Accident.

For Hospital inpatient care to be considered Medically Necessary, the patient's symptoms or medical condition must be such that the services cannot be safely provided on an outpatient basis. The length of a Hospital Confinement and Hospital services and supplies will be considered Medically Necessary only to the extent that they are determined to be both related to the treatment of the Sickness or Injury and not provided for the scholastic education or vocational training of the patient.

In addition to the criteria listed above, the Medical Necessity criteria for prescription drugs include not only the drug and diagnosis but also an evaluation of the clinical appropriateness of a medication in terms of the condition being treated, severity of condition, medication type, frequency of use, and duration of therapy.

Out-of-Pocket (OOP) Coinsurance Maximum

The limit on the amount you pay for covered health services after you have paid your Deductible and excluding any Copayments. Plans generally pay all covered costs (except Copayments) for the rest of the year after you reach this limit. This limit includes only amounts paid for covered services. For example, out-of-network reductions or claims for cosmetic treatment do not count toward the OOP Coinsurance Maximum. Amounts in excess of the non-network reimbursement amount also do not apply to the OOP Coinsurance Maximum.

Partial Hospitalization Program (PHP)

Either a full or partial day in a psychiatric Hospital or in the behavioral health department of a Hospital. The Plan treats both a full and a partial day of treatment as one inpatient day that is subject to the Plan's inpatient benefit provisions.

Participant

A person who is defined as eligible to receive health benefits and enrolled in this benefit plan.

Performance Drug List

A Performance Drug List is a guide within select therapeutic categories for Plan members and health care providers. Generics should be considered the first line of prescribing. If there is no

generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost effective.

Physician

A legally qualified medical doctor or practitioner who is licensed in the governing jurisdiction and practicing within the scope of the license. The Physician (or doctor) must not be related to the covered Participant or patient by blood, marriage, or adoption.

Plan Administrator

The person or entity responsible for keeping an employee benefit plan in compliance and managing the plan for the exclusive benefit of Plan participants as stated in the Plan Information section of this Summary Plan Description.

Plan Sponsor

An employer or organization that offers a group health plan to its employees or other eligible members as stated in the Plan Information section of this Summary Plan Description.

Post-service Claim

All claims that are not Pre-service Claims; for example, a claim for benefits that you make after receiving health care services.

Pre-service Claim

Any claim for a benefit for which, in order to pay benefits, the Plan specifically requires the Participant or provider to receive approval (called Preauthorization) from the claims administrator before obtaining medical services, such as in the case of Preauthorization or Prior Authorization of health care items or services.

If a Participant or provider calls the Plan for the sole purpose of learning whether a charge will be covered, that call is not considered a Pre-service Claim, unless the Plan specifically requires the Participant to call for Prior Authorization. The fact that the Plan may grant Prior Authorization does not guarantee that the Plan will ultimately pay the claim.

If you receive services that require Preauthorization or Prior Authorization without receiving Prior Authorization or approval from the claims administrator, the claim will be reviewed as a Post-service Claim.

Preauthorization (Preauthorize, Prior Authorization, or Predetermination of Medical Services)

A decision by the Plan about whether a health care service, treatment plan, prescription drug, or Durable Medical Equipment is Medically Necessary. Sometimes Preauthorization is also called Prior Authorization, prior approval, or precertification. The Plan may require Preauthorization for certain services before you receive them, except in an emergency. Preauthorization is not a promise that your Plan will cover the cost.

Qualified Medical Child Support Order (QMCSO)

Generally, a state court or agency may issue a medical child support order requiring an ERISA-covered health plan to provide health benefits coverage to a child or children. The group health plan must determine whether such medical child support order is qualified. An order that is determined to be qualified is called a Qualified Medical Child Support Order (QMCSO). A state child support enforcement agency may also obtain group health coverage for a child by issuing a National Medical Support Notice that the group health plan determines to be qualified. For further information about QMCSOs, call the Member Contact Center at 866.673.2299.

Radiation Therapy

Outpatient treatment of disease through high-energy x-rays or radioactive substances.

Reasonable and Customary (R&C) Rates

R&C means “Reasonable and Customary,” which is the current, most common fee charged in a geographic area for a particular treatment or service. The R&C Rate for any service or supply is the usual charge for the service or supply in the absence of insurance, but not more than the prevailing charge for a like service or supply in the geographic area.

A **like service** is a service of the same nature and duration that requires the same skill and is performed by a provider of similar training and experience.

A **like supply** is a supply that is identical or substantially equivalent.

Area means the municipality (or, in the case of a large city, the subdivision of it) in which the service or supply is actually provided or such greater area as is necessary to obtain a representative cross section of charges for a like service or supply.

When determining applicable R&C Rates, CBA consults industry-wide databases, including, but not limited, to Fair Health and a factor of Medicare rates. CBA also considers factors such as:

- The nature and duration of the service;
- The skills required to perform that service;
- The training and experience of the provider who performs the service; and
- The medical supplies necessary for the treatment or service.

Rehabilitation Services

Health care services that help a person maintain, restore, or improve skills and functioning for daily living that have been lost or impaired because that person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric Rehabilitation Services in a variety of inpatient or outpatient settings.

Rescission of Coverage

A cancellation, termination, or discontinuance of coverage that has retroactive effect, meaning that it will be effective as of the date on which you were ineligible for Plan coverage.

Restorative Speech Therapy

Therapy by a qualified Speech Therapist to restore speech loss or correct impairment due to:

- A congenital defect for which corrective surgery has been performed; or
- An Injury or Sickness.

Retained Attorney

One attorney retained as outside counsel by the participating cooperative on an ongoing basis. Your Employer may or may not elect to provide coverage for the above-listed classes (see the *Eligibility and Participation Information* chapter for details).

Routine Patient Costs

Items and services typically provided under the Plan for a Participant not enrolled in a clinical trial. Routine Patient Costs exclude:

- Investigational items, devices, or related services;
- Items and services that are not included in the patient’s direct clinical management but instead are provided in conjunction with data collection and analysis; or
- A service clearly not consistent with widely accepted and established standards of care for a particular diagnosis.

SHARE Program

NRECA Medical Plan participants use the SHARE program to preauthorize health care services and benefits. The program also provides services to help participants manage their health care

better and get the most from their benefits.

Services provided by SHARE include:

- Inpatient hospital stay evaluations and treatment
- Medical case management
- Discharge planning
- Outpatient nursing care and medical equipment coordination
- Medical facility transfers and evaluations

Sickness

Any disease or illness that is not employment-related. Sickness must begin while the Employee is covered under the Plan. The term also includes:

- Pregnancy; or
- Any medical complications of pregnancy.

Speech Therapist

A provider who meets all these conditions:

- Has a master's degree in speech pathology;
- Has completed an internship;
- Is licensed by the state where the Speech Therapist performs services (if that state requires licensing); and
- Is not related to you or your dependent by blood or marriage.

Teladoc Consultation

A visit with Teladoc, a company that provides telehealth medical consultations. Teladoc is available 24 hours a day, seven days a week, 365 days a year, and provides access to a national network of U.S. board-certified Physicians who can resolve many acute non-emergency medical issues and prescribe prescription drugs for a variety of acute-care conditions via phone or online video consultations.

Teladoc Consultations are subject to all the Plan's limitations and provisions, including requirements such as Medical Necessity, Deductible(s), and cost-sharing requirements.

Terminal Illness

A condition that limits a person's life expectancy to six months or less.

Transition of Care

A period of time permitted under the Plan to continue your care if there is a change in the Plan provisions while you are in the middle of care, such as a provider no longer is participating in the Plan's provider network or a prescription drug is no longer covered. Transition of Care also means the movement of a patient from one setting of care to another. Settings of care may include hospitals, ambulatory primary care practices, ambulatory specialty care practices, long-term care facilities, home health, and rehabilitation facilities.

Urgent Care Claim

Any Pre-service Claim for medical care or treatment for which the typical non-urgent care determination time periods could:

- Seriously jeopardize a patient's life, health, or ability to regain maximum function; or
- In the opinion of a Physician with knowledge of the patient's medical condition, would subject that patient to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.

The attending provider who files the claim decides whether a Pre-service Claim is an Urgent Care Claim. The claims administrator defers to the attending provider's judgment. When the attending provider does not define the claim as an Urgent Care Claim, an individual acting on behalf of the claims administrator will apply the judgment of a prudent layperson with average knowledge of health and medicine to decide whether the claim is an Urgent Care Claim.

Note: If you need care for a condition that could seriously jeopardize your life, you should obtain such care without delay. Benefits will be determined when the claim is processed.

Urgent Care Clinic

Also known as urgent care, walk-in care, immediate care, or convenient care, a clinic focused on delivering ambulatory care in a dedicated medical facility outside of a traditional emergency room. Urgent Care Clinics primarily treat injuries or illnesses that require immediate care but are not serious enough to require an emergency room visit.

USERRA

The Uniformed Services Employment and Reemployment Rights Act of 1994. Signed into law on October 13, 1994, USERRA clarifies and strengthens the Veterans' Reemployment Rights (VRR) Statute. USERRA is intended to minimize the disadvantages to an individual that can occur when that person needs to be absent from his or her civilian employment in order to serve in the uniformed services.

Waiting Period

The period, if any, chosen by the Employer, that is required before participation in the Plan is available to an Employee.

Appendix B: Preventive Drugs and Services

Plan must cover the following preventive services and may not impose cost-sharing (such as Copayments, Deductibles, or Coinsurance) on Participants receiving these services **when the services are administered by an in-network provider**.

Evidence-based Screenings and Counseling

The Plan must cover evidence-based services for adults that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (USPSTF), an independent panel of clinicians and scientists commissioned by the Agency for Healthcare Research and Quality. An “A” or “B” letter grade indicates that the panel finds there is high certainty that the service has a substantial or moderate net benefit. Services required to be covered without cost-sharing include screening for depression, diabetes, cholesterol, obesity, various cancers, human immunodeficiency virus, and sexually transmitted infections, as well as counseling for drug and tobacco use, healthy eating, and other common health concerns.

For additional information, visit the USPSTF website at uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/.

Routine Immunizations

The Plan must cover, without cost-sharing, Immunizations that are recommended and determined to be for routine use by the Advisory Committee on Immunization Practices (ACIP), a federal committee comprising Immunization experts that is convened by the CDC. These guidelines require coverage for adults and children and include Immunizations such as influenza, meningitis, tetanus, Human Papillomavirus (HPV), hepatitis A and B, measles, mumps, rubella, and varicella.

For additional information, visit the vaccine recommendation on the ACIP page of the CDC website at cdc.gov/vaccines/hcp/acip-recs/index.html.

Preventive Services for Children and Youth

The Plan must cover without cost-sharing the preventive services recommended by the Health Resources and Services Administration’s Bright Futures Project, which provides evidence-informed recommendations to improve the health and well-being of infants, children, and adolescents. The preventive services to be covered for children and adolescents include some of the Immunization and screening services described in the previous two categories, behavioral and developmental assessments, iron and fluoride supplements, and screening for autism, vision impairment, lipid disorders, tuberculosis, and certain genetic diseases. For additional information, view:

- Recommendations for Preventive Pediatric Health Care:
aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf
- Recommended Immunization Schedule for Persons Aged 0 Through 18 Years:
cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html
- Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind: cdc.gov/vaccines/schedules/hcp/imz/catchup.html
- Recommended Adult Immunization Schedule:
cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf

Preventive Services for Women

In addition to the screenings, Immunizations, and preventive services described above, the Affordable Care Act authorized the federal Health Resources and Services Administration to make additional coverage requirements for women. Based on recommendations by the Institute of Medicine’s Committee on Women’s Clinical Preventive Services, federal regulations require the Plan to cover additional women’s preventive services without cost-sharing, including well-woman visits, all U.S. Food and Drug Administration-approved contraceptives and related services, broader

screening and counseling for sexually transmitted infections and HIV, breastfeeding support and supplies, and domestic violence screening.

Other Diagnostic Testing or Services

Other services may be appropriate and may be covered by the Plan, subject to cost-sharing (such as Copayments, Deductibles, or Coinsurance). This list is not exhaustive and is subject to change based on evidence and recommendations of the appropriate recommending medical and scientific bodies. As a result, Plan benefits will change accordingly. Some preventive screenings are not covered due to the lack of clinical evidence for effectiveness (e.g., routine chest x-rays, full-body x-rays).

If you have questions about coverage for a service that is not listed in this appendix or about any other recommended preventive service listed here, please call CBA.

Preventive Service <i>(100% covered if administered by an in-network provider. Services administered by an out-of-network provider are subject to the Deductible and Coinsurance.)</i>	Adult (19+)		Child
	Male	Female	(0 to 18)
Abdominal Aortic Aneurysm: Screening Clinicians should conduct a one-time screening for abdominal aortic aneurysm with ultrasonography in men ages 65 to 75 who have ever smoked.	X		
Alcohol and Drug Misuse: Screening and Behavioral Counseling Interventions Clinicians should screen adolescents and adults for alcohol or drug misuse (or both) and provide persons engaged in risky or hazardous behavior with brief behavioral counseling interventions to reduce misuse.	X	X	X
Aspirin for the Prevention of Cardiovascular Disease: Preventive Medication Clinicians should prescribe aspirin for men ages 45 to 79 when the potential benefit of a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. Clinicians should prescribe aspirin for women ages 55 to 79 when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. Clinicians should prescribe low-dose aspirin (81 mg/d) as a preventive medication after 12 weeks of gestation for women who are at high risk for preeclampsia.	X	X	
Asymptomatic Bacteriuria in Adults: Screening Clinicians should screen for asymptomatic bacteriuria with urine culture for pregnant women at either 12 to 16 weeks' gestation or at their first prenatal visit, if later.		X	X

Preventive Service <i>(100% covered if administered by an in-network provider. Services administered by an out-of-network provider are subject to the Deductible and Coinsurance.)</i>	Adult (19+)		Child
	Male	Female	(0 to 18)
BRCA-related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing Clinicians should screen women who have family members with breast, ovarian, tubal, or peritoneal cancer using one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing. Note: Prior Authorization requirements apply to BRCA lab screening.		X	
Breast Cancer: Medications for Risk Reduction Clinicians should engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.		X	
Breast Cancer: Screening Clinicians should conduct one mammography screening (including 3-D mammography) per year for women ages 40 and older (or under 40 with a family history that may indicate increased risk for breast cancer), with or without clinical breast examination (CBE).		X	

Preventive Service <i>(100% covered if administered by an in-network provider. Services administered by an out-of-network provider are subject to the Deductible and Coinsurance.)</i>	Adult (19+)		Child
	Male	Female	(0 to 18)
Breastfeeding: Support, Supplies, and Counseling Comprehensive lactation support and counseling should be given by a trained provider (defined below) during pregnancy or in the postpartum period. Costs for renting breastfeeding equipment should be covered for each birth. The trained provider must be an International Board-certified Lactation Consultant (IBCLC) designee. Covered services include counseling and lactation classes by an in-network IBCLC provider. The breast pump and related supplies must be purchased at an in-network Durable Medical Equipment provider and are limited to one manual or electric breast pump per pregnancy. Other breastfeeding supplies such as maternity bras, nursing pads, and additional bottles are excluded.		X	X
Cervical Cancer: Screening Clinicians should screen for cervical cancer in women ages 21 to 65 using cytology (pap smear) every three years. Women ages 30 to 65 who want a longer screening interval can be screened using a combination of pap smear and HPV testing every five years. High-risk HPV DNA testing in women ages 30 and older with normal pap smear results should be given every three years. Cervical dysplasia screening is covered for all sexually active females under age 18.		X	X
Colorectal Cancer: Screening Clinicians should screen for colorectal cancer in adults ages 50 to 75 using fecal occult blood testing, sigmoidoscopy or flexible sigmoidoscopy (once every five years), colonoscopy (once every 10 years), or double-contrast barium enema (once every five years). The risks and benefits of these screening methods vary.	X	X	

Preventive Service <i>(100% covered if administered by an in-network provider. Services administered by an out-of-network provider are subject to the Deductible and Coinsurance.)</i>	Adult (19+)		Child
	Male	Female	(0 to 18)
Contraceptive Methods and Counseling			
The Plan covers FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.			
Birth control pills, patches, and rings for women are covered under the prescription drug benefit. Birth control methods administered by a doctor (e.g., diaphragm, implants, or injections) are covered under the medical benefit and may be subject to Deductible, Copayment, or Coinsurance.	X	X	X
Surgical birth control methods for both men and women are covered under the medical benefit and may be subject to Deductible, Copayment, or Coinsurance.			
Over-the-counter contraceptive methods and supplies for both men and women are not covered unless prescribed by a Physician and approved by the FDA.			
Congenital Hypothyroidism: Screening			
Clinicians should screen for congenital hypothyroidism in newborns ages 0 to 90 days.			X
Dental Care in Children: Screening			
Clinicians should prescribe oral fluoride supplementation starting from ages 6 months through 5 years, for children whose water supply is fluoride deficient.			X
Clinicians should apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.			
Depression: Screening			
Clinicians should screen for depression in adults ages 18 and older when staff-assisted depression care supports are in place to ensure accurate diagnosis, effective treatment, and follow-up.	X	X	X
Clinicians should screen adolescents ages 12 to 18 years for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.			

Preventive Service <i>(100% covered if administered by an in-network provider. Services administered by an out-of-network provider are subject to the Deductible and Coinsurance.)</i>	Adult (19+)		Child
	Male	Female	(0 to 18)
Diabetes Mellitus (Gestational): Screening Clinicians should screen for gestational diabetes mellitus (GDM) in asymptomatic pregnant women at 24 to 28 weeks of gestation and at the first prenatal visit for those who are at high risk of developing gestational diabetes.		X	X
Diabetes Mellitus (Type 2) in Adults: Screening Clinicians should screen for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	X	X	
Falls Prevention in Older Adults: Counseling and Preventive Medication Clinicians should recommend exercise or physical therapy and prescribe vitamin D supplementation to prevent falls in community-dwelling adults ages 65 and older who are at increased risk for falls.	X	X	
Folic Acid to Prevent Neural Tube Defects: Preventive Medication Clinicians should prescribe all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.		X	X
Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Clinicians should offer or refer adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.	X	X	
Hemoglobinopathies (Sickle Cell): Screening Clinicians should screen for sickle cell disease in all newborns ages 0 to 90 days.			X
Hearing Loss in Newborns: Screening Clinicians should screen for hearing loss in all newborns ages 0 to 90 days.			X

Preventive Service <i>(100% covered if administered by an in-network provider. Services administered by an out-of-network provider are subject to the Deductible and Coinsurance.)</i>	Adult (19+)		Child
	Male	Female	(0 to 18)
Hypertension (Blood Pressure): Screening Clinicians should screen for high blood pressure in all adults, adolescents, and children.	X	X	X
Immunization for Adults Doses, recommended ages, and recommended populations vary for the following Immunizations:			
<ul style="list-style-type: none"> • Influenza; • Tetanus, diphtheria, pertussis; • Varicella; • Human papillomavirus (ages 19 to 45; three doses total); • Herpes Zoster (ages 50 and older; limited to one per lifetime); • Measles, mumps, rubella; • Pneumococcal conjugate; • Pneumococcal polysaccharide; • Meningococcal; • Hepatitis A; • Hepatitis B; and • Haemophilus influenzae type b. 	X	X	
Note 1: Travel Immunizations are covered, if recommended and administered by your in-network provider and if such Immunizations meet the requirements in Note 2.			
Note 2: Certain Immunizations are covered, subject to 1) FDA approval and 2) explicit ACIP recommendation published in the CDC's Morbidity and Mortality Weekly Report (MMWR). New recommendations will typically be implemented within 60 days of publication in the MMWR.			
Note 3: Certain vaccinations are available on-site at Exclusive Choice pharmacies. Contact CVS Caremark Customer Care for more information.			

Preventive Service

(100% covered if administered by an in-network provider. Services administered by an out-of-network provider are subject to the Deductible and Coinsurance.)

Adult (19+)**Child****Male****Female****(0 to 18)****Immunization for Children**

Doses, recommended ages, and recommended populations vary for:

- Influenza;
- Tetanus, diphtheria, acellular pertussis;
- Varicella;
- Human papillomavirus (ages 9 to 18; three doses total);
- Measles, mumps, rubella;
- Pneumococcal conjugate;
- Pneumococcal polysaccharide;
- Meningococcal;
- Hepatitis A;
- Hepatitis B;
- Rotavirus;
- Haemophilus influenzae type b; and
- Inactivated poliovirus.

X

Note 1: Travel Immunizations are covered, if recommended and administered by your in-network provider and if such Immunizations meet the requirements in Note 2.

Note 2: Certain Immunizations are covered, subject to: 1) FDA approval and 2) explicit ACIP recommendation published in the Morbidity and Mortality Weekly Report (MMWR) of the CDC. New recommendations will typically be implemented within 60 days of publication in the MMWR.

Note 3: Certain vaccinations are available on-site at Exclusive Choice pharmacies. Contact CVS Caremark Customer Care for more information.

Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: Screening

Clinicians should screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and should provide or refer women who screen positive to intervention services.

X**X**

Preventive Service <i>(100% covered if administered by an in-network provider. Services administered by an out-of-network provider are subject to the Deductible and Coinsurance.)</i>	Adult (19+)		Child
	Male	Female	(0 to 18)
Iron Deficiency Anemia: Screening and Preventive Medication (Ages 6 to 12 Months) Clinicians should routinely screen for iron deficiency anemia in asymptomatic pregnant women. Hematocrit or hemoglobin screening is covered for children under age 18. Clinicians should routinely screen for iron supplementation in asymptomatic children ages 6 to 12 months who are at increased risk for iron deficiency anemia. Iron supplements should be recommended for children ages 6 to 12 months who are at increased risk for iron deficiency anemia.		X	X
Lead Levels in Childhood: Screening Clinicians should routinely screen for elevated blood lead levels in asymptomatic children ages 1 to 5 years who are at increased risk. Clinicians should routinely screen for elevated blood lead levels in asymptomatic children ages 1 to 5 years who are at average risk.			X
Lipid Disorders (Cholesterol, Dyslipidemia): Screening Clinicians should screen all men ages 35 and older for lipid disorders and recommend screening for men ages 20 to 35 who are at increased risk for coronary heart disease. Clinicians should screen all women ages 20 and older for lipid disorders if they are at increased risk for coronary heart disease. Clinicians should routinely screen all children at higher risk for lipid disorders.	X	X	X
Lung Cancer: Screening Clinicians should screen annually for lung cancer with low-dose computed tomography in adults ages 55 to 80 who have a 30-pack-per-year smoking history and who currently smoke or have quit within the past 15 years. Discontinue screening once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	X	X	

Preventive Service <i>(100% covered if administered by an in-network provider. Services administered by an out-of-network provider are subject to the Deductible and Coinsurance.)</i>	Adult (19+)		Child
	Male	Female	(0 to 18)
Obesity: Screening and Management Clinicians should screen all adults for obesity and offer or refer patients with BMI of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions. Clinicians should screen all children (ages 6 and older) for obesity and offer or refer them to comprehensive, intensive behavioral intervention to promote improvement in weight status.	X	X	X
Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication Clinicians should prescribe prophylactic ocular topical medication for all newborns (ages 0 to 90 days) to prevent gonococcal ophthalmia neonatorum.			X
Oral Health Assessment in Children: Screening Clinicians should complete an oral health risk assessment for all young children (birth to age 10).			
Osteoporosis: Screening Clinicians should screen for osteoporosis in women ages 60 and older and for women under 60 whose fracture risk is equal to or greater than that of a 60-year-old white woman with no additional risk factors. Limited to one screening per year.		X	
Palivizumab Prophylaxis to Prevent Respiratory Syncytial Virus (RSV): Vaccine This vaccine is limited to infants born before 29 weeks' gestation and to infants with certain chronic illnesses, like congenital heart disease or chronic lung disease. Note: To be covered under the prescription drug benefit, Prior Authorization requirements apply. To be covered under the medical benefit, it must be billed by the provider during the initial inpatient confinement for a premature infant.			X
Phenylketonuria in Newborns: Screening Clinicians should routinely screen for Phenylketonuria (PKU), a genetic disorder, in newborns (ages 0 to 90 days).			X

Preventive Service <i>(100% covered if administered by an in-network provider. Services administered by an out-of-network provider are subject to the Deductible and Coinsurance.)</i>	Adult (19+)		Child
	Male	Female	(0 to 18)
Prostate Cancer: Screening This screening is limited to one Prostate-specific Antigen (PSA) blood test per year for men at or after age 50. Note: While not recommended by the USPSTF, the American Urological Association recommends PSA screening, together with digital rectal examination, only after explanation of the possible advantages and harms of such screening.	X		
Rh (D) Incompatibility: Screening Clinicians should conduct Rh (D) blood typing and antibody testing for all pregnant women during their first prenatal care visit and repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.		X	X
Sexually Transmitted Infections (STIs): Behavioral Counseling Clinicians should routinely screen (and provide intensive behavioral counseling) to all sexually active women, men, and adolescents who are at increased risk for STIs.	X	X	X
STIs (Chlamydia and Gonorrhea): Screening Clinicians should screen for infection for all sexually active non-pregnant women ages 24 and younger and for older non-pregnant women who are at increased risk. Clinicians should screen for infection for all pregnant women ages 24 and younger and for older pregnant women who are at increased risk.		X	X
STI (Hepatitis B): Screening Clinicians should screen for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. Clinicians should screen for HBV infection in persons at high risk for infection.	X	X	X
STI (Hepatitis C): Screening Clinicians should screen for hepatitis C virus (HCV) infection in persons at high risk for infection. Clinicians should offer one-time screening for HCV infection to adults born between 1945 and 1965.	X	X	

Preventive Service <i>(100% covered if administered by an in-network provider. Services administered by an out-of-network provider are subject to the Deductible and Coinsurance.)</i>	Adult (19+)		Child
	Male	Female	(0 to 18)
STI (HIV): Screening Clinicians should screen for HIV infection in adolescents and adults ages 15 to 65. Younger adolescents and older adults who are at increased risk should also be screened. Clinicians should screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.	X	X	X
STI (Syphilis): Screening Clinicians should screen all pregnant women and persons at increased risk for syphilis infection.	X	X	X
Skin Cancer: Counseling Clinicians should routinely counsel fair-skinned children, adolescents, and young adults ages 10 to 24 about minimizing their ultraviolet radiation exposure to reduce skin cancer risk.	X	X	X
Tobacco Use: Screening and Behavioral Counseling Interventions Clinicians should ask all adults (including pregnant women) about tobacco use and provide tobacco cessation interventions for those who use tobacco products. Clinicians should provide interventions, including education or brief counseling, to prevent tobacco use among school-aged children and adolescents.	X	X	X
Tuberculin: Screening Clinicians should conduct tuberculin testing for children ages 0 to 17 who are at higher risk for tuberculosis.			X
Visual Impairment in Children: Screening Clinicians should screen all children at least once between ages 1 and 5 years to detect amblyopia or its risk factors.			X

Preventive Service <i>(100% covered if administered by an in-network provider. Services administered by an out-of-network provider are subject to the Deductible and Coinsurance.)</i>	Adult (19+)		Child
	Male	Female	(0 to 18)
Wellness Examinations (Well-adult, Well-woman, Well-child, or Well-baby)			
Examinations are subject to age-, gender-, and frequency-appropriate limitations.			
Well-adult preventive services include annual screenings and assessment for overall health and well-being. One well-adult physical examination is covered at no cost per year.			
Well-woman preventive services include preconception care and many prenatal care services. One well-woman examination is covered at no cost per year.	X	X	X
Well-child (or -baby) examinations include, but are not limited to, the establishment and maintenance of a medical history; height, weight, and body mass index measurements; developmental screenings (including autism); behavioral assessments; and Immunizations.			
Executive- and employment-related physical examinations are excluded.			

Appendix C: Performance Drug List – Standard Control

Your benefit plan includes a prescription benefit administered by CVS Caremark. The plan covers different types of prescription drugs—generics, brand drugs, preventive and specialty—at different benefit levels. The Performance Drug List below is a guide for participants and health care providers. It is not an all-inclusive list. Preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective.

Generics should be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name medicine to treat a condition. The preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list.

Within this list, brand products are in CAPS, branded generics are in *UPPER* and *lowercase* Italics, and generic products are in *lowercase italics*. For specific information regarding your prescription drug benefit coverage, Copayments¹ and Coinsurance¹, see Chapter 2 and Chapter 6 of this Summary Plan Description.

Access the most recent Performance Drug List on cooperative.com at My Benefits > Education & Resources > Insurance Plan Documents (check Prescription Drugs under the Filter dropdown). If you are unable to access this website, call NRECA's Member Contact Center (MCC) for a copy of the list.

ANALGESICS

§ NSAIDs

diclofenac sodium

ibuprofen

meloxicam

naproxen (except naproxen CR or

naproxen suspension)

§ NSAIDs, COMBINATIONS

diclofenac sodium misoprostol

§ NSAIDs, TOPICAL

diclofenac sodium gel 1%

diclofenac sodium solution

§ COX-2 INHIBITORS

celecoxib

§ GOUT

Allopurinol

colchicine tablet
probenecid

§ OPIOID ANALGESICS

buprenorphine transdermal codeine-

acetaminophen fentanyl transdermal

fentanyl transmucosal

lozenge

hydrocodone ext-rel hydrocodone-

acetaminophen hydromorphone

hydromorphone ext-rel methadone

morphine

morphine ext-rel

morphine suppository oxycodone

oxycodone-acetaminophen tramadol

(except NDC[^] 52817019610) tramadol

ext-rel

BELBUCA

NUCYNTA

NUCYNTA ER

SUBSYS

XTAMPZA ER

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefdinir

cefprozil

cefuroxime axetil

cephalexin

SUPRAX

§ ERYTHROMYCINS / MACROLIDES

azithromycin

clarithromycin

clarithromycin ext-rel

erythromycins

DIFICID

§ FLUOROQUINOLONES

ciprofloxacin
levofloxacin
moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

§ CYTOMEGALOVIRUS AGENTS

Valganciclovir

ANTINEOPLASTIC AGENTS

HORMONAL

ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

bicalutamide

§ MISCELLANEOUS

VISTOGARD

CARDIOVASCULAR

§ ACE INHIBITORS

fosinopril
lisinopril

quinapril
ramipril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

*candesartan / candesartan-
hydrochlorothiazide*
eprosartan
*irbesartan / irbesartan-
hydrochlorothiazide*
*losartan / losartan-
hydrochlorothiazide*
*olmesartan / olmesartan-
hydrochlorothiazide*
*telmisartan / telmisartan-
hydrochlorothiazide*
*valsartan / valsartan-
hydrochlorothiazide*

§ ANTIARRHYTHMICS

sotalol
MULTAQ

ANTILIPEMICS

ACL INHIBITORS / COMBINATIONS

NEXLETOL
NEXLIZET

§ BILE ACID RESINS

cholestyramine
colesevelam

§ CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe

§ FIBRATES

*fenofibrate (except fenofibrate tablet
120 mg)*
fenofibric acid delayed-rel

§ HMG-CoA REDUCTASE INHIBITORS / COMBINATIONS

atorvastatin
ezetimibe-simvastatin
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

§ NIACINS

niacin ext-rel

§ OMEGA-3 FATTY ACIDS

omega-3 acid ethyl esters
VASCEPA

§ BETA-BLOCKERS

atenolol
carvedilol
carvedilol phosphate ext-rel
metoprolol succinate ext-rel
metoprolol tartrate
nadolol
pindolol
propranolol
propranolol ext-rel
BYSTOLIC

**§ CALCIUM CHANNEL
BLOCKERS**

amlodipine
*diltiazem ext-rel (except generics or
CARDIZEM LA)*
nifedipine ext-rel
verapamil ext-rel

**§ CALCIUM CHANNEL
BLOCKER / ANTILIPEMIC
COMBINATIONS**

amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES
digoxin

**DIRECT RENIN INHIBITORS /
DIURETIC COMBINATIONS**

aliskiren
TEKTURNA HCT

§ DIURETICS

amiloride
furosemide
hydrochlorothiazide
metolazone
spironolactone-hydrochlorothiazide
torsemide
triamterene-hydrochlorothiazide

HEART FAILURE

BIDIL
CORLANOR
ENTRESTO

§ NITRATES

*isosorbide dinitrate (except isosorbide
dinitrate 40 mg)*
isosorbide mononitrate
nitroglycerin lingual spray
nitroglycerin sublingual

§ MISCELLANEOUS

ranolazine ext-rel

**CENTRAL NERVOUS
SYSTEM**

ANTIANKXIETY

§ BENZODIAZEPINES

alprazolam
clonazepam
diazepam
lorazepam
oxazepam

§ ANTICONVULSANTS

carbamazepine
carbamazepine ext-rel
clobazam
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
ethosuximide
gabapentin
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
tiagabine
topiramate
valproic acid
zonisamide
FYCOMPA
OXTELLAR XR
TROKENDI XR
VALTOCO
VIMPAT
XCOPRI

§ ANTIDEMENTIA

donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMZARIC

ANTIDEPRESSANTS
**§ SELECTIVE SEROTONIN
REUPTAKE INHIBITORS
(SSRIs)**

citalopram
escitalopram
*fluoxetine (except fluoxetine tablet 60
mg, fluoxetine tablet [generics for
SARAFEM])*
paroxetine HCl
paroxetine HCl ext-rel
sertraline
TRINTELLIX

**§ SEROTONIN
NOREPINEPHRINE
REUPTAKE INHIBITORS
(SNRIs)**

desvenlafaxine ext-rel
duloxetine
venlafaxine
venlafaxine ext-rel capsule

**§ MISCELLANEOUS
AGENTS**

bupropion
*bupropion ext-rel (except bupropion
ext-rel tablet 450 mg)*
mirtazapine
trazodone

**§ ANTIPARKINSONIAN
AGENTS**

amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopaentacapone
entacapone
pramipexole
pramipexole ext-rel
rasagiline
ropinirole
ropinirole ext-rel
selegiline
NEUPRO

ANTIPSYCHOTICS**§ ATYPICALS**

aripiprazole
clozapine
olanzapine
quetiapine
quetiapine ext-rel
risperidone
ziprasidone
ABILIFY MAINTENA
LATUDA
PERSERIS
VRAYLAR

**§ ATTENTION DEFICIT
HYPERACTIVITY DISORDER**

amphetamine-dextroamphetamine
mixed salts
amphetamine-
dextroamphetamine
mixed salts ext-rel †
atomoxetine
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel
MYDAYIS
VYVANSE

FIBROMYALGIA

LYRICA

HYPNOTICS**§ NONBENZODIAZEPINES**

eszopiclone
ramelteon
zolpidem
zolpidem ext-rel
zolpidem sublingual
BELSOMRA

TRICYCLICS

SILENOR

MIGRAINE**ACUTE MIGRAINE AGENTS**

Newer Agents

NURTEC ODT**REYVOW****UBRELVY****§ Triptans**

eletriptan
naratriptan
rizatriptan
sumatriptan
zolmitriptan
ONZETRA XSAIL
ZEMBRACE SYMTOUCH
ZOMIG NASAL SPRAY

PREVENTIVE MIGRAINE AGENTS**Monoclonal Antibodies**

AIMOVIG
AJOVY
EMGALITY

**§ MUSCULOSKELETAL
THERAPY AGENTS**

*cyclobenzaprine*⁷

§ NARCOLEPSY

armodafinil
SUNOSI

POSTHERPETIC**NEURALGIA (PHN)**

GRALISE

PSYCHOTHERAPEUTIC—**MISCELLANEOUS****§ OPIOID ANTAGONISTS**

naloxone injection
NARCAN NASAL SPRAY

**§ PARTIAL OPIOID AGONIST/OPIOID
ANTAGONIST****COMBINATIONS**

buprenorphine-naloxone
sublingual tablet
ZUBSOLV

**PSEUDOBULBAR AFFECT
AGENTS**

NUEDEXTA

**§ VASOMOTOR SYMPTOM
AGENTS**

paroxetine mesylate

**ENDOCRINE AND
METABOLIC****§ ANDROGENS**

*testosterone gel (except authorized
generics for TESTIM and VOGELXO)*
testosterone solution
ANDRODERM

ANTIDIABETICS

AMYLIN ANALOGS
SYMLINPEN

§ BIGUANIDES

metformin
*metformin ext-rel (except generics for
FORTAMET and GLUMETZA)*

**§ BIGUANIDE/SULFONYLUREA
COMBINATIONS**

glipizide-metformin

**DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITORS**

JANUVIA

**DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITOR/BIGUANIDE****COMBINATIONS**

JANUMET
JANUMET XR

INCRETIN MIMETIC AGENTS

OZEMPIC
RYBELSUS
TRULICITY
VICTOZA

**INCRETIN MIMETIC AGENT /
INSULIN COMBINATIONS**
SOLIQUA
XULTOPHY

INSULINS
BASAGLAR
FIASP
HUMULIN R U-500
LEVEMIR
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
TOUJEO
TRESIBA

§ INSULIN SENSITIZERS
pioglitazone

**§ INSULIN SENSITIZER /
BIGUANIDE COMBINATIONS**
pioglitazone-metformin

**§ INSULIN SENSITIZER /
SULFONYLUREA
COMBINATIONS**
pioglitazone-glimepiride

§ MEGLITINIDES
nateglinide
repaglinide

**SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITORS**
FARXIGA
JARDANCE

**SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITOR /
BIGUANIDE COMBINATIONS**
SYNJARDY
SYNJARDY XR
XIGDUO XR

**SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITOR /
DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITOR
COMBINATIONS**
GLYXAMBI

**SODIUM-GLUCOSE CO-
TRANSPORTER 2 (SGLT2)
INHIBITOR / DIPEPTIDYL
PEPTIDASE-4 (DPP-4) INHIBITOR /
BIGUANIDE COMBINATIONS**
TRIJARDY XR

§ SULFONYLUREAS
glimepiride
glipizide
glipizide ext-rel

SUPPLIES
BD ULTRAFINE INSULIN SYRINGES
AND NEEDLES
DEXCOM CONTINUOUS GLUCOSE
MONITORING SYSTEM
OMNIPOD DASH INSULIN INFUSION
PUMP
OMNIPOD INSULIN INFUSION PUMP
ONETOUCH ULTRA STRIPS AND
KITS³
ONETOUCH VERIO STRIPS AND
KITS³
V-GO INSULIN INFUSION PUMP
ANTI OBESITY
SAXENDA

CALCIUM REGULATORS
§ BISPHOSPHONATES
alendronate
ibandronate
risedronate

§ CALCITONINS
calcitonin-salmon

**§ CARNITINE DEFICIENCY
AGENTS**
levocarnitine

CONTRACEPTIVES
§ MONOPHASIC
ethinyl estradiol-drospirenone
*ethinyl estradiol-drospirenone-
levomefolate*
*ethinyl estradiol-norethindrone
acetate*
*ethinyl estradiol-norethindrone
acetate-iron*

BIPHASIC
LO LOESTRIN FE

§ TRIPHASIC
ethinyl estradiol-norgestimate

§ EXTENDED CYCLE
ethinyl estradiol-levonorgestrel

§ TRANSDERMAL
ethinyl estradiol-norelgestromin

§ VAGINAL
ethinyl estradiol-etonogestrel
ANNOVERA

ENDOMETRIOSIS
ORILISSA

§ GLUCOCORTICOIDS
dexamethasone
fludrocortisone
hydrocortisone
methylprednisolone
prednisolone solution
prednisone

GLUCOSE ELEVATING AGENTS
BAQSIMI
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT
GVOKE

MENOPAUSAL SYMPTOM AGENTS

§ ORAL

estradiol
estradiol-norethindrone

DUAVEE

PREMPHASE

PREMPRO

§ TRANSDERMAL

estradiol
CLIMARA PRO
COMBIPATCH
DIVIGEL
EVAMIST

§ VAGINAL

estradiol
IMVEXXY

§ PHOSPHATE BINDER AGENTS

calcium acetate
sevelamer carbonate
PHOSLYRA
VELPHORO

POTASSIUM-REMOVING AGENTS

LOKELMA
VELTASSA

PROGESTINS

§ ORAL

medroxyprogesterone
megestrol acetate
progesterone, micronized

VAGINAL

CRINONE
ENDOMETRIN

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

Raloxifene

§ THYROID SUPPLEMENTS

levothyroxine
liothyronine

SYNTHROID

GASTROINTESTINAL

§ ANTIDIARRHEALS

diphenoxylate-atropine
loperamide

§ ANTIEMETICS

doxylamine-pyridoxine delayed rel
dronabinol
granisetron
meclizine
metoclopramide
ondansetron
prochlorperazine
promethazine
scopolamine transdermal
trimethobenzamide
SANCUSO

§ ANTISPASMODICS

dicyclomine

§ H₂ RECEPTOR ANTAGONISTS

famotidine

INFLAMMATORY BOWEL DISEASE

§ ORAL AGENTS

balsalazide
budesonide capsule
budesonide ext-rel
mesalamine delayed-rel
mesalamine ext-rel
sulfasalazine
sulfasalazine delayed-rel
PENTASA

§ RECTAL AGENTS

hydrocortisone enema
mesalamine suppository
mesalamine suspension
CORTIFOAM

§ IRRITABLE BOWEL SYNDROME

alosetron
LINZESS
VIBERZI

§ LAXATIVES

lactulose solution
peg 3350-electrolytes
CLENPIQ

OPIOID-INDUCED CONSTIPATION

MOVANTIK
SYMPROIC

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

§ PROTON PUMP INHIBITORS

esomeprazole
lansoprazole
omeprazole
pantoprazole
DEXILANT

§ STEROIDS, RECTAL PROCTOFOAM-HC

§ ULCER THERAPY COMBINATIONS

PYLERA

§ MISCELLANEOUS

sucralafte tablet

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel

doxazosin

dutasteride

dutasteride-tamsulosin

finasteride

silodosin

tamsulosin

terazosin

ERECTILE DYSFUNCTION

ALPROSTADIL AGENTS

MUSE

§ PHOSPHODIESTERASE INHIBITORS

sildenafil

tadalafil

§ URINARY

ANTISPASMODICS

darifenacin ext-rel

oxybutynin

oxybutynin ext-rel

solifenacin

tolterodine

tolterodine ext-rel

trospium

trospium ext-rel

MYRBETRIQ

TOVIAZ

HEMATOLOGIC

§ ANTICOAGULANTS

warfarin

ELIQUIS

XARELTO

§ PLATELET AGGREGATION INHIBITORS

clopidogrel

dipyridamole ext-rel-aspirin

prasugrel

BRILINTA

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

GRASTEK

RAGWITEK

NUTRITIONAL/SUPPLEMENTS

§ ELECTROLYTES

potassium chloride liquid

VITAMINS AND MINERALS

§ FOLIC ACID/ COMBINATIONS

folic acid

§ PRENATAL VITAMINS

prenatal vitamins

CITRANATAL

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS

epinephrine auto-injector

EPIPEN

EPIPEN JR

SYMJEPI

§ ANTICHOLINERGICS

ipratropium inhalation solution

SPIRIVA

YUPELRI

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

§ SHORT ACTING

ipratropium-albuterol

inhalation solution

LONG ACTING

ANORO ELLIPTA

STIOLTO RESPIMAT

ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS

BREZTRI AEROSPHERE

TRELEGY ELLIPTA

§ ANTIHISTAMINES, LOW SEDATING

levocetirizine

§ ANTITUSSIVES

benzonatate (except NDC[^]

69336012615,69499032915)

BETA AGONISTS, INHALANTS

§ SHORT ACTING

albuterol inhalation solution

albuterol sulfate CFC-free aerosol

levalbuterol tartrate

CFC-free aerosol

LONG ACTING

Hand-held Active Inhalation

SEREVENT

STRIVERDI RESPIMAT

Nebulized Passive Inhalation

PERFOROMIST

§ LEUKOTRIENE MODULATORS

montelukast

zafirlukast

zileuton ext-rel

§ NASAL ANTIHISTAMINES

azelastine

olopatadine

§ NASAL STEROIDS/ COMBINATIONS

flunisolide

fluticasone

mometasone

DYMISTA

PHOSPHODIESTERASE-4 INHIBITORS

DALIRESP

STEROID/BETA AGONIST COMBINATIONS

ADVAIR DISKUS

ADVAIR HFA

BREO ELLIPTA

SYMBICORT

§ STEROID INHALANTS

budesonide

inhalation suspension

ARNUITY ELLIPTA

FLOVENT DISKUS

FLOVENT HFA

PULMICORT FLEXHALER
QVAR REDIHALER

TOPICAL

DERMATOLOGY

ACNE

§ Topical

adapalene

benzoyl peroxide

clindamycin gel (except NDC[^]
68682046275)

clindamycin solution

clindamycin-benzoyl
peroxide

erythromycin solution

erythromycin-benzoyl peroxide

tretinoin

EPIDUO

ONEXTON

§ ACTINIC KERATOSIS

fluorouracil cream 5%

fluorouracil solution

imiquimod

PICATO

TOLAK

ZYCLARA

§ ANTIBIOTICS

gentamicin

mupirocin ointment

§ ANTIFUNGALS

ciclopirox

clotrimazole

econazole

ketoconazole

luliconazole

nystatin

NAFTIN

§ ANTIPSORIATICS

acitretin

calcipotriene ointment, solution

methoxsalen

§ ANTISEBORRHEICS

ketoconazole shampoo 2%

selenium sulfide lotion 2.5%

§ ATOPIC DERMATITIS

pimecrolimus

tacrolimus

EUCRISA

CORTICOSTEROIDS

§ Low Potency

desonide

hydrocortisone

§ Medium Potency

hydrocortisone butyrate cream, lotion,
ointment, solution

mometasone

triamcinolone cream, lotion, ointment,
solution

§ High Potency

desoximetasone

fluocinonide(except fluocinonide cream
0.1%)

BRYHALI

§ Very High Potency

clobetasol cream, foam, gel,
lotion, ointment, shampoo

§ LOCAL ANESTHETICS

lidocaine-prilocaine

§ ROSACEA

azelaic acid gel

doxycycline monohydrate delayed-rel
capsule

metronidazole

FINACEA

ORACEA

SOOLANTRA

**MOUTH/THROAT/
DENTAL AGENTS
PROTECTANTS
EPISIL**

**OPHTHALMIC
§ ANTIALLERGICS**

azelastine
cromolyn sodium
olopatadine
LASTACFT
PAZEO

§ ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE
CILOXAN OINTMENT

**§ ANTI-INFECTIVE/
ANTI-INFLAMMATORY
COMBINATIONS**

*neomycin-polymyxin B-bacitracin-
hydrocortisone*
*neomycin-polymyxin B-
dexamethasone*
tobramycin-dexamethasone
TOBRADEX OINTMENT
TOBRADEX ST

ANTI-INFLAMMATORIES

§ Nonsteroidal

bromfenac
diclofenac
ketorolac
ACUVAIL
ILEVRO
NEVANAC

§ Steroidal

dexamethasone
loteprednol
prednisolone acetate 1%
DUREZOL
FML FORTE
FML S.O.P.
MAXIDEX
PRED MILD

§ ANTIVIRALS

trifluridine

BETA-BLOCKERS

§ Nonselective

timolol maleate solution
BETIMOL

Selective

BETOPTIC S

**§ CARBONIC ANHYDRASE
INHIBITORS**

dorzolamide
AZOPT

**§ CARBONIC ANHYDRASE
INHIBITOR / BETABLOCKER
COMBINATIONS**

dorzolamide-timolol

**CARBONIC ANHYDRASE
INHIBITOR /
SYMPATHOMIMETIC
COMBINATIONS**
SIMBRINZA

DRY EYE DISEASE

RESTASIS
XIIDRA

§ PROSTAGLANDINS

latanoprost
LUMIGAN
ZIOPTAN

RHO KINASE INHIBITORS

RHOPRESSA

**RHO KINASE INHIBITOR /
PROSTAGLANDIN COMBINATIONS**
ROCKLATAN

§ SYMPATHOMIMETICS

brimonidine
ALPHAGAN P

**SYMPATHOMIMETIC /BETA
BLOCKER COMBINATIONS**
COMBIGAN

OTIC

§ ANTI-INFECTIVES

acetic acid
ofloxacin otic

**§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS**

ciprofloxacin-dexamethasone
neomycin-polymyxin B-hydrocortisone

QUICK REFERENCE PERFORMANCE DRUG LIST

A

ABILIFY MAINTENA
acetic acid
acitretin
ACUVAIL
Acyclovir capsule, tablet
adapalene
ADVAIR DISKUS
ADVAIR HFA
AIMOVIG
AJOVY
albuterol inhalation solution
albuterol sulfate CFC-free aerosol
alendronate
alfuzosin ext-rel
aliskiren
allopurinol
alosectron
ALPHAGAN P
amantadine
amiloride
AMITIZA
amlodipine
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan
amlodipine-valsartan-hydrochlorothiazide
amoxicillin
amoxicillin-clavulanate
amphetamine- dextroamphetamine mixed salts
amphetamine-dextroamphetamine mixed salts ext-rel†
ANDRODERM
ANORO ELLIPTA
aripiprazole
ARISTADA
ARISTADA INITIO
armodafinil
ARNUITY ELLIPTA
atenolol
atomoxetine
atorvastatin
azelaic acid gel

azelastine
azithromycin
AZOPT

B

Balsalazide
BAQSIMI
BASAGLAR
BD ULTRAFINE INSULIN SYRINGES AND NEEDLES
BELBUCA
BELSOMRA
BELVIQ
BELVIQ XR
benzonatate (except NDC^ 69499032915)
benzoyl peroxide
BESIVANCE
BETIMOL
BETOPTIC S
BEVESPI AEROSPHERE
bicalutamide
BIDIL
BREO ELLIPTA
BREZTRI AEROSPHERE
BRILINTA
brimonidine
bromfenac
budesonide capsule
budesonide ext-rel
budesonide inhalation suspension
buprenorphine-naloxone sublingual tablet
bupropion
bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
BYSTOLIC

C

calcipotriene ointment, solution
calcitonin-salmon
calcium acetate
candesartan
candesartan-hydrochlorothiazide
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa

carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
carvedilol
carvedilol phosphate ext-rel
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
cholestyramine
ciclopirox
CILOXAN OINTMENT
CIPRODEX
ciprofloxacin
citalopram
CITRANATAL
clarithromycin
clarithromycin ext-rel
CLENPIQ
CLIMARA PRO
clindamycin
clindamycin gel, solution
clindamycin-benzoyl peroxide
clobetasol cream, foam, gel, lotion, ointment, shampoo
clonazepam
clopidogrel
clotrimazole
clozapine
codeine-acetaminophen
colchicine tablet
colesevelam
COMBIGAN
COMBIPATCH
CORLANOR
CORTIFOAM
CREON
CRINONE
cromolyn sodium
cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)

D

DALIRES
darifenacin ext-rel
desonide
desoximetasone
desvenlafaxine ext-rel

QUICK REFERENCE PERFORMANCE DRUG LIST

dexamethasone
 DEXCOM CONTINUOUS GLUCOSE
 MONITORING SYSTEM
 DEXILANT
diazepam
diazepam rectal gel
 DICLEGIS
diclofenac
diclofenac sodium
diclofenac sodium gel 1%
diclofenac sodium solution
diclofenac sodium misoprostol
dicloxacillin
dicyclomine
 DIFICID
digoxin
diltiazem ext-rel (except generics for
 CARDIZEM LA)
diphenoxylate-atropine
dipyridamole ext-rel-aspirin
divalproex sodium
divalproex sodium ext-rel
 DIVIGEL
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxepin
doxycycline hyclate 20 mg
doxycycline hyclate capsule
doxylamine-pyridoxine delayed-rel
dronabinol
 DUAVEE
duloxetine
 DUREZOL
dutasteride
dutasteride-tamsulosin
 DYMISTA

E

econazole
eletriptan
 ELIQUIS
 EMGALITY

EMVERM
 ENDOMETRIN
entacapone
 ENTRESTO
 EPIDUO
epinephrine auto-injector
 EPIPEN
 EPIPEN JR
 EPISIL
erythromycin
erythromycin solution
erythromycin-benzoyl
peroxide
erythromycins
escitalopram
esomeprazole
estradiol
estradiol-norethindrone
eszopiclone
ethinyl estradiol-drospirenone
ethinyl estradiol-drospirenone-
levomefolate
ethinyl estradiol-levonorgestrel-ethinyl
estradiol-norelgestromin
ethinyl estradiol-norethindrone
acetate
ethinyl estradiol-norethindrone
acetate-iron
ethinyl estradiol-norgestimate
ethosuximide
 EUCRISA
 EVAMIST
ezetimibe
ezetimibe-simvastatin

F

famotidine
 FARXIGA
Fenofibrate (except *fenofibrate tablet*
120 mg)
fenofibric acid delayed-rel
fentanyl transdermal
fentanyl transmucosal
lozenge
 FIASP

FINACEA FOAM
finasteride
 FLAREX
 FLOVENT DISKUS
 FLOVENT HFA
fluconazole
fludrocortisone
flunisolide
fluocinonide (except *fluocinonide cream*
0.1%)
fluorouracil cream 5%
fluorouracil solution
fluoxetine (except *fluoxetine tablet 60*
mg, fluoxetine tablet [generics for
SARAFEM])
fluticasone
fluvastatin
 FML FORTE
 FML S.O.P.
folic acid
fosinopril
fosinopril-hydrochlorothiazide
furosemide
 FYCOMPA

G

gabapentin
galantamine
galantamine ext-rel
gentamicin
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
 GLUCAGEN HYPOKIT
 GLUCAGON
 EMERGENCY KIT
 GLYXAMBI
 GRALISE
granisetron
 GRASTEK
guanfacine ext-rel
 GVOKE

QUICK REFERENCE PERFORMANCE DRUG LIST

H

HUMULIN R U-500
hydrochlorothiazide
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone butyrate
hydrocortisone enema
hydromorphone
hydromorphone ext-rel

I

ibandronate
ibuprofen
ILEVRO
imiquimod
IMVEXXY
ipratropium inhalation solution
ipratropium-albuterol inhalation solution
irbesartan
irbesartan hydrochlorothiazide
isosorbide dinitrate (except isosorbide dinitrate 40 mg)
isosorbide mononitrate
itraconazole
ivermectin

J

JANUMET
JANUMET XR
JANUVIA
JARDIANCE

K

ketoconazole cream 2%
ketoconazole shampoo 2%
ketorolac

L

lactulose solution
lamotrigine
lamotrigine ext-rel
lansoprazole

LASTACRAFT

latanoprost
LATUDA
levallbuterol tartrate
CFC-free aerosol
LEVEMIR
levetiracetam
levetiracetam ext-rel
levocarnitine
levocetirizine
levofloxacin
levothyroxine
lidocaine-prilocaine
linezolid
LINZESS
liothyronine
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
LOKELMA
losartan
losartan-hydrochlorothiazide
loteprednol
lovastatin
LUCENTIS
luliconazole
LUMIGAN

M

MAXIDEX
meclizine
medroxyprogesterone
megestrol acetate
meloxicam
memantine
mesalamine suppository
mesalamine suspension
metformin
metformin ext-rel (except generics for FORTAMET and GLUMETZA)
methadone
methoxsalen
methylphenidate
methylphenidate ext-rel †
methylprednisolone
metoclopramide
metolazone

metoprolol succinate ext-rel
metoprolol tartrate
metronidazole
minocycline
mirtazapine
mometasone
montelukast
morphine
morphine ext-rel
morphine suppository
MOVANTIK
moxifloxacin
MULTAQ
MUSE
MYDAYIS
MYRBETRIQ

N

nadolol
NAFTIN
naloxone injection
NAMZARIC
naproxen (except naproxen CR or naproxen suspension)
naratriptan
NARCAN NASAL SPRAY
nateglinide
NAYZILAM
neomycin-polymyxin B-bacitracin-hydrocortisone
neomycin-polymyxin B
dexamethasone
neomycin-polymyxin B-hydrocortisone
NEUPRO
NEVANAC
NEXLETOL
NEXLIZET
niacin ext-rel
nifedipine ext-rel
nitrofurantoin
nitroglycerin lingual spray
nitroglycerin sublingual
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R

QUICK REFERENCE PERFORMANCE DRUG LIST

NOVOLOG
NOVOLOG MIX 70/30
NUCYNTA
NUCYNTA ER
NUEDEXTA
NURTEC ODT
nystatin

O

ofloxacin
olanzapine
olmesartan
*olmesartan-amlodipine-
hydrochlorothiazide*
olmesartan-hydrochlorothiazide
olopatadine
omega-3 acid ethyl esters
omeprazole
OMNIPOD DASH INSULIN INFUSION
PUMP
OMNIPOD INSULIN
INFUSION PUMP
ondansetron
ONETOUCH ULTRA
STRIPS AND KITS²
ONETOUCH VERIO
STRIPS AND KITS²
ONEXTON
ONZETRA XSAIL
oseltamivir
oxazepam
OSPHENA
oxcarbazepine
OXTELLAR XR
oxybutynin
oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
OZEMPIC

P

pantoprazole
paroxetine HCl
paroxetine HCl ext-rel
paroxetine mesylate

PAZEO
peg 3350-electrolytes
penicillin VK
PENTASA
PERFOROMIST
PERSERIS
phenobarbital
phenytoin
phenytoin sodium extended
PHOSLYRA
PICATO
pimecrolimus
pindolol
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
potassium chloride liquid
pramipexole
pramipexole ext-rel
prasugrel
pravastatin
PRED MILD
prednisolone acetate 1%
prednisolone solution
prednisone
pregabalin
PREMPHASE
PREMPRO
prenatal vitamins
primidone
probenecid
prochlorperazine
PROCTOFOAM-HC
progesterone, micronized
promethazine
propranolol
propranolol ext-rel
PULMICORT FLEXHALER
PYLERA
pyrimethamine

Q

quetiapine
quetiapine ext-rel

quinapril
quinapril-hydrochlorothiazide
QVAR REDHALER

R

RAGWITEK
raloxifene
ramipril
ranitidine
rasagiline
RELENZA
repaglinide
RESTASIS
REYVOW
RHOPRESSA
risedronate
risperidone
rivastigmine
rivastigmine transdermal
rizatriptan
ROCKLATAN
ropinirole
ropinirole ext-rel
rosuvastatin
RYBELSUS

S

SANCUSO
SAXENDA
scopolamine transdermal
selegiline
SEREVENT
sertraline
sevelamer carbonate
sildenafil
silodosin
SIMBRINZA
simvastatin

QUICK REFERENCE PERFORMANCE DRUG LIST

Solifenacin
SOLQUA
SOOLANTRA
sotalol
SPIRIVA
spironolactone hydrochlorothiazide
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SUBSYS
sulfacetamide
sulfamethoxazole trimethoprim
sulfasalazine
sulfasalazine delayed-rel
sumatriptan
SUNOSI
SUPRAX
SYMBICORT
SYMJEPI
SYMLINPEN
SYMPROIC
SYNJARDY
SYNJARDY XR
SYNTHROID

T

tacrolimus
tadalafil
tamsulosin
TEKURNA HCT
telmisartan
telmisartan-hydrochlorothiazide
terazosin
terbinafine tablet
testosterone gel (except authorized
generics for TESTIM and VOGELXO)
testosterone solution
tetracycline
tiagabine
timolol maleate solution

TOBRADEX OINTMENT
TOBRADEX ST
tobramycin
tobramycin dexamethasone
TOLAK
tolterodine
tolterodine ext-rel
topiramate
torsemide
TOUJEO
TOVIAZ
Tramadol (except NDC^ 52817019610)
tramadol ext-rel
travoprost
trazodone
TRELEGY ELLIPTA
TRESIBA
tretinoin
triamcinolone cream, lotion, ointment
triamterene
triamterene-hydrochlorothiazide
trifluridine
TRIJARDY XR
trimethobenzamide
TRINTELLIX
TROKENDI XR
trospium
trospium ext-rel
TRULICITY

U

UBRELVY

V

valacyclovir
valganciclovir
valproic acid
valsartan
valsartan-hydrochlorothiazide
VALTOCO
vancomycin capsule
VASCEPA
VELPHORO

VELTASSA
venlafaxine
venlafaxine ext-rel capsule
verapamil ext-rel
V-GO INSULIN INFUSION PUMP
VIBERZI
VICTOZA
VIMPAT
VIOKACE
VISTOGARD
VRAYLAR
VYVANSE

W

warfarin

X

XARELTO
XCOPRI
XIFAXAN 550 MG
XIGDUO XR
XIIDRA
XTAMPZA ER
XULTOPHY

Y

YUPELRI

Z

zafirlukast
ZEMBRACE SYMTOUCH
ZENPEP
zileuton ext-rel
ZIOPTAN
zolmitriptan
zolpidem
zolpidem ext-rel
zolpidem sublingual
ZOMIG NASAL SPRAY
zonisamide
ZUBSOLV
ZYCLARA

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
ACANYA	<i>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON TAZORAC</i>
ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
ACCU-CHEK GUIDE STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
ACCU-CHEK SMARTVIEW STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
ACIPHEX, ACIPHEX SPRINKLE	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
ACTICLATE	<i>doxycycline hyclate, minocycline 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>Activite</i>	<i>folic acid</i>
ACTOS	<i>pioglitazone</i>
<i>acyclovir cream</i>	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
ADZENYS ER, ADZENYS XR-ODT	<i>amphetamine-dextroamphetamine mixed salts ext-rel[†], methylphenidate ext-rel[†], MYDAYIS, VYVANSE</i>
ALCORTIN A	<i>desonide, hydrocortisone</i>
ALEVICYN GEL, ALEVICYN KIT, ALEVICYN SG, ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
ALLISON MEDICAL INSULIN SYRINGES ⁴	BD ULTRAFINE INSULIN SYRINGES
ALORA	<i>estradiol, DIVIGEL, EVAMIST</i>
ALREX	<i>azelastine, cromolyn sodium, olopatadine, LASTACFT, PAZEO</i>
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
ALVESCO	ARNUITY ELLIPTA, ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR, QVAR REDHALER
AMITIZA	LINZESS, MOVANTIK, SYMPROIC
AMRIX	<i>Cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
ANDROGEL 1%	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
ANGELIQ	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
ANTARA	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid</i>
APEXICON E	<i>desoximetasone, fluocinonide</i>

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
	(except fluocinonide cream 0.1%) BRYHALI
APIDRA	FIASP, NOVOLOG
APLENZIN	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
APTENSIO XR	amphetamine-dextroamphetamine mixed salts ext-rel †, methylphenidate ext-rel †, MYDAYIS, VYVANSE
ARMOUR THYROID	levothyroxine, liothyronine, SYNTHROID
ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
ASACOL HD	balsalazide, sulfasalazine, sulfasalazine delayed-rel, PENTASA
ASCENSIA STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
ASMANEX, ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER
ATACAND, ATACAND HCT	candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
ATOPADERM	desonide, hydrocortisone
ATROVENT HFA	ipratropium inhalation solution, SPIRIVA, YUPELRI
AVENOVA	Consult doctor
AZELEX	adapalene, benzoyl peroxide, clindamycin gel and solution, clindamycin- benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
AZESCO	prenatal vitamins, CITRANATAL
BEAU RX	Consult doctor
BECONASE AQ	flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA
BENICAR, BENICAR HCT	candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
BENSAL HP	desonide, hydrocortisone
BENZAC AC	adapalene, benzoyl peroxide, clindamycin gel and solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
BENZACLIN	adapalene, benzoyl peroxide, clindamycin gel and solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
BENZIQ	adapalene, benzoyl peroxide, clindamycin gel and solution, clindamycin- benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
benzonatate (NDCs^ 69336012615, 69499032915 only)	benzonatate (except NDCs^ 69336012615, 69499032915)
BEPREVE	azelastine, cromolyn sodium, olopatadine, LASTACRAFT, PAZEO
BETAPACE, BETAPACE AF	sotalol
BEYAZ	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
bimatoprost solution 0.03%	latanoprost, travoprost, LUMIGAN, ZIOPTAN
BREEZE 2 STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
Bupap	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
bupropion ext-rel tablet 450 mg	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
butalbital-acetaminophen tablet 50-300 mg, BUTALBITAL-ACETAMINOPHEN (NDC^ 69499034230 only)	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
butalbital-acetaminophen-caffeine capsule	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
BUTRANS	buprenorphine transdermal, BELBUCA
BYDUREON	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
CAFERGOT	eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
calcipotriene cream	calcipotriene ointment, calcipotriene solution
calcipotriene-betamethasone	calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI
calcitriol ointment	calcipotriene ointment, calcipotriene solution
CAMBIA	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA
CARAFATE	sucralfate tablet
CARBINOXAMINE TABLET 6 MG	levocetirizine
CARDIZEM, CARDIZEM CD, CARDIZEM LA	diltiazem ext-rel (except generic CARDIZEM LA)
CARNITOR, CARNITOR SF	levocarnitine
chlordiazepoxide-clidinium (NDC^	dicyclomine

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
42494040901 only)	
chlorzoxazone 375 mg, chlorzoxazone 750 mg, CHLORZOXAZONE 250 MG	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
CIALIS	sildenafil, tadalafil
CICATRACE	Consult doctor
CIPRO HC	ciprofloxacin-dexamethasone, ofloxacin otic
CIPRODEX	ciprofloxacin-dexamethasone, ofloxacin otic
CLINDAGEL	erythromycin solution
clindamycin gel (NDC [^] 68682046275 only)	adapalene, benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin- benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
clobetasol spray	clobetasol foam
CLOBEX SPRAY	clobetasol foam
COLAZAL	balsalazide
COLCRYS	colchicine tablet
CONSENSI	amlodipine WITH celecoxib
CONTOUR NEXT STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
CONTOUR STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
CONTRACE	SAXENDA
CORDRAN OINTMENT	hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment
CoreMino	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
CRESTOR	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
CYMBALTA	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
DELZICOL	balsalazide, sulfasalazine, sulfasalazine delayed-rel, LIALDA, PENTASA
DARAPRIM	pyrimethamine
DaVite	folic acid
DAYTRANA	amphetamine-dextroamphetamine mixed salts ext-rel [†] , methylphenidate ext-rel [†] , MYDAYIS, VYVANSE
DELZICOL	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
DETROL LA	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
<i>dexchlorpheniramine</i>	<i>levocetirizine</i>
<i>Dexifol</i>	<i>folic acid</i>
<i>Diclofex DC (NDC^ 51021037201 only)</i>	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC^ 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<i>Diclosaicin</i>	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC^ 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<i>diflorasone cream, diflorasone ointment</i>	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>dihydroergotamine spray</i>	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
DIOVAN, DIOVAN HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
<i>Diphen Elixir</i>	<i>levocetirizine</i>
DORAL	<i>doxepin, eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
DORYX MPC	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
<i>doxycycline hyclate delayed-rel tablet 200 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>doxycycline hyclate tablet 50 mg (NDC^ 72143021160 only), doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
DYRENIUM	<i>amiloride, triamterene</i>
EDARBI, EDARBYCLOR	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
EDLUAR	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
E.E.S. GRANULES	<i>erythromycins</i>
EFFEXOR XR	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
ENABLEX	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
EPICERAM	<i>desonide, hydrocortisone</i>
<i>ergotamine-caffeine</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
ERYPED	<i>erythromycins</i>
ESTRING	<i>estradiol, IMVEXXY</i>
EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
FABIOR	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
FEMRING	<i>estradiol, IMVEXXY</i>
<i>fenofibrate tablet 120 mg</i>	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>
FENOGLIDE TABLET 120 MG	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>
<i>fenopropfen, FENOPROPFEN CAPSULE</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
FERIVA 21/7	<i>folic acid</i>
FETZIMA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
<i>Fexmid</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
FINACEA GEL	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
<i>fluorouracil cream 0.5%</i>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline</i>
<i>fluoxetine tablet 60 mg</i>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
<i>flurandrenolide lotion (NDC^ 24470092112 only)</i>	<i>desonide, hydrocortisone</i>
<i>flurandrenolide ointment</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
FML LIQUIFILM	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
FOLIC-K	<i>folic acid</i>
<i>Folvik-D</i>	<i>folic acid</i>
<i>Folvite-D</i>	<i>folic acid</i>
FORTAMET	<i>metformin, metformin ext-rel (except generic FORTAMET)</i>
FORTESTA	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
FOSAMAX PLUS D	<i>alendronate, ibandronate, risedronate</i>
FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
FOSTEUM, FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
FROVA	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
Genicin Vita-S	folic acid
GLUMETZA	metformin, metformin ext-rel (except generic FORTAMET and GLUMETZA)
GLYCOPYRROLATE TABLET 1.5 MG	dicyclomine
GOLYTELY	peg 3350-electrolytes, CLENPIQ
GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
HORIZANT	gabapentin, GRALISE
HUMALOG	FIASP, NOVOLOG
HUMALOG MIX 50/50	NOVOLOG MIX 70/30
HUMALOG MIX 75/25	NOVOLOG MIX 70/30
HUMULIN 70/30	NOVOLIN 70/30
HUMULIN N	NOVOLIN N
HUMULIN R	NOVOLIN R
hydrocortisone butyrate lipophilic cream 0.1%	hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment
HylaVite	folic acid
HYSINGLA ER	fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDA, NUCYNTA ER, XTAMPZA ER
INCRUSE ELLIPTA	SPIRIVA, YUPELRI
INDERAL LA, INDERAL XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC
INDOCIN	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
indomethacin capsule 20 mg	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
Inflammacin	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
INNOPRAN XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC
INTERMEZZO	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA
INTRAROSA	estradiol, IMVEXXY
INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKANA	FARXIGA, JARDIANCE
ISTALOL	<i>timolol maleate solution</i> , BETIMOL, BETOPTIC S
JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin</i>
JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR
KAMDOY	<i>desonide, hydrocortisone</i>
KAZANO	JANUMET, JANUMET XR
<i>ketoconazole foam 2%</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
<i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
<i>ketoprofen capsule 25 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<i>ketoprofen ext-rel capsule</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
KOMBIGLYZE XR	JANUMET, JANUMET XR
LACRISERT	RESTASIS, XIIDRA
LACTULOSE PAK	<i>lactulose solution</i>
LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>lanthanum carbonate</i>	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
LANTUS ⁵	BASAGLAR, LEVEMIR
LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
LESCOL XL	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>levorphanol</i>	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
LEXAPRO	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
LIALDA	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only)	<i>lidocaine-prilocaine</i>
LIDOTREX	<i>lidocaine-prilocaine</i>
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Lorid</i>	<i>folic acid</i>
LOTEMAX, LOTEMAX SM	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML</i>

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
	FORTE, FML S.O.P., MAXIDEX, PRED MILD
LUNESTA	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
MACRODANTIN	<i>nitrofurantoin</i>
Matzim LA	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>
MENEST	<i>estradiol</i>
MENOSTAR	<i>estradiol</i>
<i>metaxalone 400 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only)	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<i>methocarbamol 500 mg</i> (NDC [^] 69036091010 only), <i>methocarbamol 750 mg</i> (NDCs [^] 69036093090, 70868090190 only)	<i>cyclobenzaprine</i> (except cyclobenzaprine tablet 7.5 mg)
MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
MICARDIS, MICARDIS HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
<i>Migergot</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
MILLIPRED	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
MINISTRIN 24 FE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
MINIVELLE	<i>estradiol, DIVIGEL, EVAMIST</i>
MINOCIN	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
minocycline ext-rel	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
MIRVASO	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
Mondoxyme NL capsule 75 mg	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
MOVIPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
MultiPro	Consult doctor

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
MYTESI	<i>diphenoxylate-atropine, loperamide</i>
NAPRELAN	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
<i>naproxen CR</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<i>naproxen suspension</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
NATAZIA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE</i>
NATESTO	<i>testosterone gel, (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
NESINA	JANUVIA
NEXIUM	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>niacin tablet 500 mg</i>	<i>niacin ext-rel</i>
<i>Niacor</i>	<i>niacin ext-rel</i>
NICADAN	<i>folic acid</i>
NICAPRIN	<i>folic acid</i>
NICAZEL, NICAZEL FORTE	<i>folic acid</i>
NILANDRON	<i>abiraterone, bicalutamide, XTANDI, YONSA</i>
NITROMIST	<i>nitroglycerin lingual spray, nitroglycerin sublingual</i>
NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
NORVASC	<i>amlodipine</i>
NOVACORT	<i>desonide, hydrocortisone</i>
NOVO NORDISK NEEDLES ⁴	BD ULTRAFINE NEEDLES
<i>NuDiclo SoluPak, NuDiclo TabPak</i>	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC[^] 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
NUVIGIL	<i>armodafinil, SUNOSI</i>
OLEPTRO	<i>trazodone</i>

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
OLUX-E	<i>clobetasol foam</i>
<i>omeprazole-sodium bicarbonate</i>	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
OMNARIS	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>
OMNIVEX	<i>folic acid</i>
ONFI	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
ONGLYZA	JANUVIA
<i>orphenadrine-aspirin-caffeine</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Orphengesic Forte</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
ORTHO D	<i>folic acid</i>
ORTHO DF	<i>folic acid</i>
OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
OSMOPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
OSPHENA	<i>estradiol</i>
OWEN MUMFORD NEEDLES ⁴	BD ULTRAFINE NEEDLES
oxiconazole (NDCs [^] 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole</i>
OXYCONTIN	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDA, NUCYNTA ER, XTAMPZA ER</i>
OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
PANCREAZE	CREON, VIOKACE, ZENPEP
PAXIL, PAXIL CR	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC[^] 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
PERCOCET	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
PERRIGO NEEDLES ⁴	BD ULTRAFINE NEEDLES
PERTZYE	CREON, VIOKACE, ZENPEP
PEXEVA	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
POLYTOZA	Consult doctor
<i>posaconazole delayed-rel tablet</i>	<i>luconazole, itraconazole</i>

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
PRECISION XTRA STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
PRED FORTE	<i>dexamethasone</i> , <i>loteprednol</i> , <i>prednisolone acetate 1%</i> , DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
PREMARIN	<i>estradiol</i>
PREMARIN CREAM	<i>estradiol</i> , IMVEXXY
PRENATAL PLUS	<i>prenatal vitamins</i> , CITRANATAL
PREVACID	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , DEXILANT
PREVIDENT	Consult doctor
PRIMLEV	<i>hydrocodone-acetaminophen</i> , <i>hydromorphone</i> , <i>morphine</i> , <i>oxycodone-acetaminophen</i> , NUCYNTA
PRISTIQ	<i>desvenlafaxine ext-rel</i> , <i>duloxetine</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule</i>
PROAIR HFA, PROAIR RESPICLICK	<i>albuterol sulfate CFC-free aerosol</i> , <i>levalbuterol tartrate CFC-free aerosol</i>
PRODIGEN	Consult doctor
PROLENSA	<i>bromfenac</i> , <i>diclofenac</i> , <i>ketorolac</i> , ACUVAIL, ILEVRO, NEVANAC
PROTONIX	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , DEXILANT
PROTOPIC	<i>pimecrolimus</i> , <i>tacrolimus</i> , EUCRISA
PROVAD	Consult doctor
PROVENTIL HFA	<i>albuterol sulfate CFC-free aerosol</i> , <i>levalbuterol tartrate CFC-free aerosol</i>
PROZAC	<i>citalopram</i> , <i>escitalopram</i> , <i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM])</i> , <i>paroxetine HCl</i> , <i>paroxetine HCl ext-rel</i> , <i>sertraline</i> , TRINTELLIX
PSORCON	<i>desoximetasone</i> , <i>fluocinonide (except fluocinonide cream 0.1%)</i> , BRYHALI
QNASL	<i>flunisolide</i> , <i>fluticasone</i> , <i>mometasone</i> , <i>triamcinolone</i> , DYMISTA
QSYMIA	SAXENDA
QTERN	GLYXAMBI
<i>quazepam</i>	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA
RAPAFLO	<i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> , <i>terazosin</i>
RAYOS	<i>dexamethasone</i> , <i>hydrocortisone</i> , <i>methylprednisolone</i> , <i>prednisolone solution</i> , <i>prednisone</i>
RECEDO	Consult doctor
RELION INSULIN	NOVOLIN INSULIN
RHEUMATE	<i>folic acid</i>
RIBOZEL	<i>folic acid</i>

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
RIMSO-50	Consult doctor
RIOMET	<i>metformin, metformin ext-rel</i> (except generic FORTAMET or GLUMETZA)
ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
<i>RyClora</i>	<i>levocetirizine</i>
SCARSILK PAD	Consult doctor
SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
SIL-K PAD	Consult doctor
SILIVEX	Consult doctor
SILTREX	Consult doctor
SINGULAIR	<i>montelukast, zafirlukast, zileuton ext-rel</i>
SORILUX	<i>calcipotriene ointment and solution</i>
SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
STENDRA	<i>sildenafil, tadalafil</i>
SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<i>sucrafate suspension</i>	<i>sucrafate tablet</i>
<i>sumatriptan-naproxen</i>	<i>diclofenac sodium, ibuprofen or naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) WITH <i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
SUPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
SURE-TEST STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
SYNERDERM	<i>desonide, hydrocortisone</i>
TALIVA	<i>folic acid</i>
TARGADOX	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
TAYTULLA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
TAZORAC	<i>adapalene, benzoyl peroxide, clindamycin gel</i> (except NDC [^] 68682046275), <i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON; calcipotriene ointment, calcipotriene solution</i>
TESTIM	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution, ANDRODERM</i>
<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i>	<i>testosterone gel, (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
TIROSINT	levothyroxine, SYNTHROID
TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC
TRADJENTA	JANUVIA
tramadol (NDC^ 52817019610 only)	tramadol (except NDC^ 52817019610), tramadol ext-rel
TRANSDERM SCOP	meclizine, scopolamine transdermal
TREXIMET	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY
triamcinolone acetonide aerosol 0.2%	hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment
TRICOR	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel
TRIGLIDE	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel
TRILIPIX	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel
TRIVIDIA INSULIN SYRINGES ⁴	BD ULTRAFINE INSULIN SYRINGES
TronVite	folic acid
TRUETEST STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
TRUETRACK STRIPS AND KIT ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
TRULANCE	LINZESS
TUDORZA	SPIRIVA, YUPELRI
ULTIMED INSULIN SYRINGES ⁴	BD ULTRAFINE INSULIN SYRINGES
ULTIMED NEEDLES ⁴	BD ULTRAFINE NEEDLES
UROXATRAL	alfuzosin ext-rel, doxazosin, tamsulosin, terazosin
VALCYTE	valganciclovir
VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
Vanatol LQ, Vanatol S	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
Vanoxide-HC	adapalene, benzoyl peroxide, clindamycin solution and gel, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
VASCULERA	Consult doctor
VECTICAL	calcipotriene ointment, calcipotriene solution

PREFERRED OPTIONS DRUG LIST

DRUG NAME(S)	PREFERRED OPTION(S)*
VELTIN	<i>adapalene, benzoyl peroxide, clindamycin solution and gel, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
<i>venlafaxine ext-rel tablet (except 225 mg)</i>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
VENTOLIN HFA	<i>venlafaxine ext-rel capsule albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
VEREGEN	<i>imiquimod</i>
VIAGRA	<i>sildenafil, tadalafil</i>
VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
VITAFOL-ONE	<i>generic prenatal vitamins, CITRANATAL</i>
<i>Vitasure</i>	<i>folic acid</i>
VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
XANAX, XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
<i>Xvite</i>	<i>folic acid</i>
XYZBAC	<i>folic acid</i>
YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
ZALVIT	<i>prenatal vitamins, CITRANATAL</i>
ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
ZETIA	<i>ezetimibe</i>
ZETONNA	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>
ZIANA	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
ZIRGAN	<i>trifluridine</i>
ZOXYDRO ER	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDA, NUCYNTA ER, XTAMPZA ER</i>
ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide,</i>

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
	FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
ZONTIVITY	Consult doctor
ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
ZYFLO	<i>montelukast, zafirlukast, zileuton ext-rel</i>
ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST</i>
ZYVIT	<i>folic acid</i>

FOR YOUR INFORMATION: This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed.

An exception process may exist for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

§ Generics are available in this class and should be considered the first line of prescribing.

^ Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

† Listing does not include certain NDCs^.

* The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

³ ONETOUCH brand test strips are the only preferred options.

⁴ BD ULTRAFINE syringes and needles are the only preferred options.

Appendix D: Medications Requiring Prior Authorization for Medical Necessity

Below is a list of medicines by drug class that will not be covered without a Prior Authorization for medical necessity. If you continue using one of these drugs without prior approval for medical necessity, you may be required to pay the full cost.

If you are currently using one of the drugs requiring Prior Authorization for medical necessity, ask your doctor to choose one of the generic or brand Formulary options listed below.

Within this list, brand products are in CAPS, branded generics are in *UPPER* and *lowercase* Italics, and generic products are in *lowercase italics*.

Access the most recent Medications Requiring Prior Authorization for Medical Necessity List on cooperative.com at My Benefits > Education & Resources > Insurance Plan Documents (check Prescription Drugs under the Filter dropdown). If you are unable to access this website, call NRECA's Member Contact Center (MCC) for a copy of the list.

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Acromegaly	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT, SOMAVERT
Allergies Antihistamines	<i>dexchlorpheniramine</i> <i>Diphen Elixir</i> <i>RyClora</i> CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
Allergies Nasal Steroids/Combinations	BECONSE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
Anticonvulsants	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext- rel, gabapentin, lamotrigine, lamotrigine ext- rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
	ONFI	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S. GRANULES ERYPED	<i>Erythromycins</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Anti-infectives, Antibacterials Tetracyclines	CoreMino doxycycline hyclate delayed-rel tablet 200 mg doxycycline hyclate tablet 50 mg (NDC [^] 72143021160 only) doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel tablet Mondoxyme NL capsule 75 mg Okebo ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN	nitrofurantoin
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet	fluconazole, itraconazole
Anti-infectives, Antivirals Cytomegalovirus*	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B*	BARACLUDE TABLET EPIVIR HBV HEPSERA	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY
Anti-infectives, Antivirals Hepatitis C*	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes*	acyclovir cream VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
Anti-infectives, Antivirals HIV	COMPLERA STRIBILD	ATRIPLA, BIKTARVY, GENOYA, ODEFSEY, SYMFI, SYMFILO, TRIUMEQ
Anti-infectives Miscellaneous Antiobesity	DARAPRIM	pyrimethamine
	CONTRACE QSYMIA	SAXENDA
Anxiety* Benzodiazepines	XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Asthma* Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol,

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Asthma* <i>Leukotriene Modulators</i>	SINGULAIR	<i>montelukast, zafirlukast, zileuton ext-rel</i>
Asthma* <i>Steroid Inhalants</i>	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
Asthma* or Chronic Obstructive Pulmonary Disease (COPD)*	DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
Steroid/Beta Agonist Combinations	ADZENYS ER ADZENYS XR-ODT ADZENYS XR-ODT ADZENYS XR-ODT	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>
Attention Deficit Hyperactivity Disorder*	EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext- rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
Autoimmune Agents <i>Ankylosing Spondylitis*</i>	CIMZIA SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents <i>Crohn's Disease*</i>	CIMZIA, ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS # # After failure of HUMIRA
Autoimmune Agents <i>Psoriasis*</i>	CIMZIA COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents <i>Psoriatic Arthritis*</i>	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA
Autoimmune Agents <i>Rheumatoid Arthritis*</i>	ACTERMA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL, HUMIRA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
Autoimmune Agents <i>Ulcerative Colitis*</i>	ENTYVIO SIMPONI	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR # # After failure of HUMIRA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Autoimmune Agents All Other Conditions*	ACTERMA KINERET ORENCIA CLICKJET ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
Cancer Chronic Myelogenous Leukemia*	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE
Cancer PI3K Inhibitors for Follicular Lymphoma *	ALIQUA ZYDELIG	COPIKTRA
Cancer Prostate* Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone</i> , <i>bicalutamide</i> , XTANDI, YONSA
Cancer Prostate* Hormone Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate 120 mg tablet), fenofibric acid delayed-rel</i>
Cardiovascular Antilipemics Fibrates		
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin</i> , <i>ezetimibe-simvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity¹	Formulary Options
(HMGs or Statins)/Combinations ³	<i>niacin tablet 500 mg niacor</i>	<i>niacin ext-rel</i>
Cardiovascular Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride</i>
Cardiovascular Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
Cardiovascular Pulmonary Arterial Hypertension* Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>Sildenafil, tadalafil</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA, YUPELRI
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergics / Beta Agonist Combinations Long Acting	INCRUSE ELLIPTA TUDORZA BEVESPI AEROSPHERE	SPIRIVA, YUPELRI ANORO ELLIPTA, STIOLTO RESPIMAT
Contraceptives Monophasic	BEYAZ MINASTRIN 24 FE TAYTULLA YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
Contraceptives Four Phase	NATAZIA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol- norethindrone acetate, ethinyl estradiol- norethindrone acetate-iron, ethinyl estradiol-</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
		<i>norgestimate, LO LOESTRIN FE</i>
Contraceptives Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
Contraceptives Vaginal	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
Cystic Fibrosis* Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
Dental Cavity/Caries Prevention	PREVIDENT	<i>Consult doctor</i>
Depression* Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
Depression* Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
Depression* Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i> OLEPTRO	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i> <i>trazodone</i>
Depression and/or Schizophrenia* Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
Dermatology Acne*	<i>clindamycin gel (NDC^A 68682046275 only)</i> Vanoxide-HC ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC^A 68682046275, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
Dermatology Actinic Keratosis*	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Dermatology Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Antipsoriatics	<i>calcipotriene cream</i> <i>calcitriol ointment</i> SORILUX TAZORAC VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI</i>
Dermatology Atopic Dermatitis*	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
Dermatology Rosacea*	FINACEA GEL MIRVASO NORITATE	<i>azelaic acid, metronidazole, FINACEA FOAM, SOOLANTRA</i>
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILIVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis*	<i>ketoconazole foam 2%</i> Ketodan	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
Dermatology Skin Inflammation and Hives* Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
	<i>flurandrenolide lotion (NDC[^] 24470092112 only)</i>	<i>desonide, hydrocortisone</i>
	<i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>triamcinolone acetonide aerosol 0.2%</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
Dermatology Warts	<i>diflorasone cream</i> <i>diflorasone ointment</i> APEXICON E PSORCON	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%)</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	VEREGEN	<i>imiquimod</i>
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
Dermatology Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP EPICERAM KAMODY NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
Diabetes* Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA)</i>
Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
Diabetes* Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, TRULICITY, VICTOZA
Diabetes* Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: <i>Humulin R U-500 concentrate will not be subject to Prior Authorization and will continue to be covered.</i>	

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Diabetes* Long Acting Insulins	LANTUS	BASAGLAR, LEVEMIR, TRESIBA
Diabetes* Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor/ Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor/ Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYZAMBI
Diabetes* Supplies, Needles ⁶	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
Diabetes* Supplies, Syringes ⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
Diabetes* Supplies, Test Strips, and Kits ^{7, 8}	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ACCU-CHEK COMPACT PLUS STRIPS AND KITS ACCU-CHEK GUIDE STRIPS AND KITS ACCU-CHEK SMARTVIEW STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS ⁷ ONETOUCH VERIO STRIPS AND KITS ⁷

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
Dietary Supplements	<i>Activite</i> <i>Dexifol</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K FOLIKA-D MEBOLIC NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	<i>MultiPro</i> PRODIGEN VASCULERA	Consult doctor
Erectile Dysfunction* Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
Estrogen Replacement*	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
Fertility*	FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDC^ 42494040901 only) GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
Gastrointestinal Antiemetics	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
	AMITIZA	LINZESS, MOVANTIK, SYMPROIC
Gastrointestinal Irritable Bowel Syndrome	TRULANCE	LINZESS
	LACTULOSE PAK	<i>lactulose solution</i>
Gastrointestinal Laxatives	GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
Gastrointestinal Probiotics	PROVAD ZELAC	Consult doctor
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
Gastrointestinal Ulcer Treatment	<i>ucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
Gaucher Disease	ELELYSO	CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	RIMSO-50	Consult doctor
Gout*	COLCRYS	<i>colchicine tablet</i>
Growth Hormones	GENOTROPIN HUMATROPE NORDITROPIN	NORDITROPIN
Hematologic Anticoagulants (oral)	NUTROPIN AQ OMNITROPE SAIZEN	

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
Hematologic Erythropoiesis-stimulating Agents	EPOGEN PROCRIT	ARANESP, RETACRIT
Hematologic Hemophilia A	ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Hematologic Hemophilia B	ALPROLIX	Consult doctor
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel</i> , <i>prasugrel</i> , BRILINTA
	ZONTIVITY	Consult doctor
High Blood Pressure* Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan</i> , <i>eprosartan</i> , <i>irbesartan</i> , <i>losartan</i> , <i>olmesartan</i> , <i>telmisartan</i> , <i>valsartan</i>
High Blood Pressure* Angiotensin II Receptor Antagonist/Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide</i> , <i>irbesartan-</i> <i>hydrochlorothiazide</i> , <i>losartan-</i> <i>hydrochlorothiazide</i> , <i>olmesartan -</i> <i>hydrochlorothiazide</i> , <i>telmisartan-</i> <i>hydrochlorothiazide</i> , <i>valsartan-</i> <i>hydrochlorothiazide</i>
High Blood Pressure* Angiotensin II Receptor Antagonist/Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan</i> , <i>amlodipine-</i> <i>telmisartan</i> , <i>amlodipine-valsartan</i>
High Blood Pressure* Angiotensin II Receptor Antagonist/Calcium Channel Blocker/Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , <i>olmesartan-amlodipine-hydrochlorothiazide</i>
High Blood Pressure* Beta-blockers	INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol</i> , <i>carvedilol</i> , <i>carvedilol phosphate ext-</i> <i>rel</i> , <i>metoprolol succinate ext-rel</i> , <i>metoprolol</i> <i>tartrate</i> , <i>nadolol</i> , <i>pindolol</i> , <i>propranolol</i> , <i>propranolol ext-rel</i> , BYSTOLIC

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity¹	Formulary Options
High Blood Pressure* Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel</i> WITH <i>hydrochlorothiazide</i>
High Blood Pressure*	NORVASC	<i>amlodipine</i>
Calcium Channel Blockers/ Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	<i>diltiazem ext-rel (generic CARDIZEM LA only)</i> <i>Matzim LA</i> CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
Huntington's Disease	CONSENSI	<i>amlodipine</i> WITH <i>celecoxib</i>
	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
Immunology Antimetabolites	CELLCEPT MYFORTIC	<i>mycophenolate mofetil</i> , <i>mycophenolate sodium</i>
Immunology Calcineurin Inhibitors	ASTAGRAF XL ENVARUS XR	<i>tacrolimus</i>
Immunology Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
	BERINERT	FIRAZYR, RUCONEST
Immunology Hereditary Angioedema*	RAPAMUNE ZORTRESS	<i>everolimus</i> , <i>sirolimus</i>
Immunology Rapamycin Derivatives		
Inflammatory Bowel Disease (IBD)	ASACOL HD DELZICOL LIALDA	<i>balsalazide</i> , <i>sulfasalazine</i> , <i>sulfasalazine delayed-rel</i> , PENTASA
Ulcerative Colitis* Aminosalicylates	COLAZAL	<i>balsalazide</i>
Interferons*	PEGASYS	<i>Consult doctor</i>
Kidney Disease* Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate</i> , <i>lanthanum carbonate</i> , <i>sevelamer carbonate</i> , PHOSLYRA, VELPHORO
Multiple Sclerosis	AVONEX EXTAVIA PLEGRIDY TECFIDERA	<i>dimethyl fumarate delayed-rel</i> , <i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Musculoskeletal	chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC [^] 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg Fexmid Lorzone metaxalone 400 mg methocarbamol 500 mg (NDC [^] 69036091010 only) methocarbamol 750 mg (NDCs [^] 69036093090, 70868090190 only) orphenadrine- aspirin-caffeine Orphengesic Forte AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy Wakefulness Promoters	NUVIGIL	armodafinil, SUNOSI
Nephropathic Cystinosis	PROCYSBI	CYSTAGON
Ophthalmic Allergies	ALREX BEPREVE	azelastine, cromolyn sodium, LASTCAFT, PAZEO
	ZYLET	neomycin-polymyxin B-bactracin- hydrocortisone, neomycin-polymyxin B- dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST
Ophthalmic Anti-infectives / Anti-inflammatory	PROLENSA	bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC
Ophthalmic Anti-inflammatory, Steroidal	FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
Ophthalmic Antivirals	ZIRGAN	trifluridine
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA
Ophthalmic Glaucoma	bimatoprost solution 0.03%	latanoprost, LUMIGAN, ZIOPTAN
	TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
	AVENOVA	Consult doctor

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Miscellaneous		
Opioid Dependency	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
Opioid Reversal	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
Osteoarthritis* Viscosupplements	GEL-ONE HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
Osteoporosis*	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
	CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
Overactive Bladder/Incontinence* Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
Pain Headache*	<i>Bupap</i> <i>butalbital-acetaminophen tablet 50-300 mg butalbital-acetaminophen-caffeine capsule</i> <i>Vanatol LQ</i> <i>Vanatol S</i> BUTALBITAL-ACETAMINOPHEN (NDC [^] 69499034230 only) FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
Pain Opioid Analgesics	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> <i>Migergot</i> CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	sumatriptan-naproxen TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
Pain	BUTRANS	BELBUCA
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Topical Local Anesthetics	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDIA, HYSINGLA ER, NUCYNTA ER, XTAMPZA ER</i>
Pain Topical Local Anesthetics		
Pain and Inflammation*	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
Corticosteroids	<i>tramadol (NDC^A 52817019610 only)</i>	<i>tramadol (except NDC^A 52817019610), tramadol ext-rel</i>
Pain and Inflammation*	LIDOCAINE-TETRACAINE CREAM (NDC ^A 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>
Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/Combinations	MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
	ARTHROTEC	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>Dicloflex DC (NDC^A 51021037201 only) Diclosaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak PENNSAID</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC^A 69336012830 only) naproxen CR naproxen suspension FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
Postherpetic Neuralgia	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
Parkinson's Disease	APOKYN	INBRIJA
Postherpetic Neuralgia	HORIZANT	<i>gabapentin, GRALISE</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Prostate Condition Benign Prostatic Hyperplasia*	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin</i>
Respiratory Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
Respiratory Cough	<i>benzonatate</i> (NDC ^A 69336012615, 69499032915 only)	<i>benzonatate (except NDCs^A 69336012615, 69499032915)</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam</i> INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
Testosterone Replacement* Androgens	<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel, testosterone solution, ANDRODERM</i>
Thyroid Supplements	TIROSINT	<i>levothyroxime, SYTHROID</i>
Transplant* Immunosuppressants, Calcineurin Inhibitors	PROGRAF	<i>tacrolimus</i>
Urea Cycle Disorders	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>
Women's Health Menopausal Symptom Agents Oral	MENEST OSPHENA PREMARIN	<i>estradiol</i>
Women's Health Menopausal Symptom Agents Vaginal	ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol, IMVEXXY</i>
Women's Health Premenstrual Dysphoric Disorder (PMDD)	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline</i>
(PMDD) Prenatal Vitamins	AZESCO ZALVIT	<i>prenatal vitamins, CITRANATAL</i>

Category Drug Class	Other Considerations
All Drugs	On a quarterly basis, new and existing products—including limited source generics, products with significant cost inflation, and specialty and non-specialty products—may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in additional products not covered without a medical exception, addition, or deletion of a product.
Autoimmune and Hepatitis C*	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional products not covered for certain conditions without a medical exception.
Drugs for Infusion into Spaces Other than the Blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
New-to-Market Agents¹	New-to-market products and new variations of products already on the market will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.
The listed Formulary options are subject to change.	

List of Drugs Requiring Prior Authorization for Medical Necessity

<p> ABILIFY ACANYA ACCU-CHEK AVIVA PLUS STRIPS AND KITS⁸ ACCU CHEK COMPACT PLUS STRIPS AND KITS⁸ ACCU-CHEK GUIDE STRIPS AND KITS⁸ ACCU-CHEK SMARTVIEW STRIPS AND KITS⁸ ACIPHEX ACIPHEX SPRINKLE ACTEMRA ACTICLATE <i>Activite</i> ACTOS <i>acyclovir cream</i> ADCIRCA ADZENYS ER ADZENYS XR-ODT ALCORTIN A ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION ALIQOPA ALLISON MEDICAL INSULIN SYRINGES⁶ ALPROLIX ALREX ALTOPREV ALVESCO AMITIZA AMRIX ANDROGEL 1% APEXICON E APIDRA APLENZIN APOKYN APTENSIO XR ARALAST NP ARTHROTEC ASACOL HD ASMANEX ASMANEX HFA ASTAGRAF XL ATACAND ATACAND HCT ATOPADERM AVENOVA AVONEX AZELEX AZESCO </p>	<p> BARACLUDE TABLET BEAU RX BECONASE AQ BENICAR BENICAR HCT BENSAL HP BENZACLIN <i>benzonatate</i> (NDCs[^] 69336012615, 69499032915 only) BEPREVE BERINERT BETAPACE BETAPACE AF BEVESPI AEROSPHERE BEYAZ <i>bimatoprost solution 0.03%</i> BORTEZOMIB BREEZE 2 STRIPS AND KITS⁸ <i>Bupap</i> BUPHENYL <i>bupropion ext-rel tablet 450 mg</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> BUTALBITAL-ACETAMINOPHEN (NDC[^] 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> BUTRANS BYDUREON BYETTA CAFERGOT <i>calcipotriene cream</i> <i>calcipotriene-betamethasone</i> <i>calcitriol ointment</i> CAMBIA CARAC CARAFATE CARBINOXAMINE TABLET 6 MG CARDIZEM CARDIZEM CD CARDIZEM LA CARNITOR CARNITOR SF CELLCEPT <i>chlordiazepoxide-clidinium</i> (NDC[^] 42494040901 only) CHLORZOXAZONE 250 MG </p>	<p> <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg</i> (NDC[^] 73007001303 only) <i>chlorzoxazone 750 mg</i> CHORIONIC GONADOTROPIN CIALIS CICATRACE CIMZIA CIPRO HC CIPRODEX <i>clindamycin gel</i> (NDC[^] 68682046275 only) <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL COLCRYS COMPLERA CONSENSI CONTOUR NEXT STRIPS AND KITS⁸ CONTOUR STRIPS AND KITS⁸ CONTRAVE CORDRAN OINTMENT <i>CoreMino</i> CRESTOR <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> CYMBALTA DARAPRIM <i>DaVite</i> DAYTRANA DELZICOL DETROL LA <i>dexchlorpheniramine</i> <i>Dexifol</i> <i>Diclofex DC</i> (NDC[^] 51021037201 only) <i>Diclosaicin</i> DIFFERIN LOTION <i>difflorasone cream</i> <i>difflorasone ointment</i> <i>dihydroergotamine spray</i> <i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) DIOVAN DIOVAN HCT <i>Diphen Elixir</i> DORYX DORYX MPC doxepin cream </p>
--	---	---

List of Drugs Requiring Prior Authorization for Medical Necessity

doxycycline hyclate delayed-rel
 tablet 200 mg doxycycline
 hyclate tablet 50 mg
 (NDC^ 72143021160 only)
doxycycline hyclate tablet 75 mg
doxycycline hyclate tablet 150 mg
doxycycline monohydrate capsule
75 mg doxycycline monohydrate
capsule 150 mg doxycycline
monohydrate delayed-rel capsule
 DULERA
 DUTOPROL
 DYRENIUM
 EDARBI
 EDARBYCLOR
 E.E.S. GRANULES
 EFFEXOR XR
 ELELYSO
 ELOCTATE
 ENABLEX
 ENLITE CONTINUOUS
 GLUCOSE MONITORING
 SYSTEM
 ENTERAGAM
 ENTYVIO
 ENVARUS XR
 EPICERAM
 EPIVIR HBV
 EPOGEN
ergotamine-caffeine
 ERYPED
 ESTRING
 EVEKEO
 EVERSENSE CONTINUOUS
 GLUCOSE MONITORING
 SYSTEM
 EVZIO
 EXFORGE
 EXFORGE HCT
 EXTAVIA
 FABIOR
 FANAPT
 FEMRING
fenofibrate tablet 120 mg

FENOGLIDE TABLET 120 MG
fenoprofen
 FENOPROFEN CAPSULE
 FERIVA 21/7
Fexmid
 FINACEA GEL
 FIORICET CAPSULE
flucytosine capsule 500 mg
fluocinonide cream 0.1%
fluorouracil cream 0.5%
fluoxetine tablet (generics for
SARAFEM only) fluoxetine tablet
60 mg
flurandrenolide lotion (NDC^
24470092112 only) flurandrenolide
ointment
 FML LIQUIFILM
 FOLIC-K
 FOLLISTIM AQ
Folvik-D
Folvite-D
 FORTAMET
 FORTESTA
 FOSRENOL
 FOSTEUM
 FOSTEUM PLUS
 FREESTYLE LIBRE
 CONTINUOUS GLUCOSE
 MONITORING SYSTEM
 FREESTYLE STRIPS AND KITS®
 FULPHILA
 GEL-ONE
Genicin Vita-S
 GENOTROPIN
 GLASSIA
 GLEEVEC
 GLUMETZA
 GLYCOPYRROLATE TABLET 1.5
 MG GOLYTELY
 GRANIX
 GUARDIAN CONNECT
 CONTINUOUS GLUCOSE
 MONITORING SYSTEM
 HEPSERA

HORIZANT
 HUMALOG
 HUMALOG MIX 50/50
 HUMALOG MIX 75/25
 HUMATROPE
 HUMULIN 70/30⁴
 HUMULIN N⁴
 HUMULIN R⁴
 HYALGAN
hydrocortisone butyrate lipophilic
cream 0.1%
HylaVite
 HYSINGLA ER
 INCRUSE ELLIPTA
 INDERAL LA
 INDERAL XL
 INDOCIN
indomethacin capsule 20 mg
nflammasin
 INNOPRAN XL
 INTERMEZZO
 INTRAROSA
 INTUNIV
 INVOKAMET
 INVOKAMET XR
 INVOKANA
isosorbide dinitrate 40 mg
 JALYN
 JENTADUETO
 JENTADUETO XR
 KAMDOY
 KAZANO
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
 KINERET
 KOMBIGLYZE XR
 KYPROLIS

List of Drugs Requiring Prior Authorization for Medical Necessity

LACRISERT
 LACTULOSE PAK
 LANOXIN TABLET (125 MCG and 250 MCG only)
lanthanum carbonate
 LANTUS
 LAZANDA
 LESCOL XL
 LETAIRIS
levorphanol
 LEXAPRO
 LIALDA
 LIDOCAINE-TETRACAINE CREAM
 (NDC[^] 71800063115 only)
 LIDOTREX
 LILETTA
 LIPITOR
 LIVALO
Lorid
Lorzone
 LOTEMAX
 LOTEMAX SM
 LUNESTA
 LUPRON DEPOT
 MACRODANTIN
 Matzim LA
 MAVYRET
mefenamic acid (NDC[^] 69336012830 only)
 MENEST
metaxalone 400 mg
metformin ext-rel (generics for FORTAMET and GLUMETZA only)
methocarbamol 500 mg (NDC[^] 69036091010 only)
methocarbamol 750 mg (NDCs[^] 69036093090, 70868090190 only)
 MIACALCIN INJECTION
 MIACALCIN NASAL SPRAY
Migergot
 MILLIPRED
 MINASTRIN 24 FE
 MINIVELLE
 MINOCIN
minocycline ext-rel
 MIRVASO

Mondoxylene NL capsule 75 mg
 MONOVISC
 MOVIPREP
MultiPro
mupirocin cream
 MYFORTIC
 MYTESI
 NAPRELAN
naproxen-esomeprazole
naproxen CR
naproxen suspension
 NATAZIA
 NATESTO
 NESINA
 NEULASTA
 NEULASTA ONPRO
 NEUPOGEN
 NEXIUM
niacin tablet 500 mg
Niacor
 NICADAN
 NICAPRIN
 NICAZEL
 NICAZEL FORTE
 NICOMIDE
 NILANDRON
 NORGESIC FORTE
 NORITATE
 NORVASC
 NOVACORT
 NOVAREL
 NOVO NORDISK NEEDLES⁶
NuDiclo SoluPak
NuDiclo TabPak
 NUTROPIN AQ
 NUVARING
 NUVIGIL
 OLEPTRO
 OLUX-E
omeprazole-sodium bicarbonate
 OMNARIS
 OMNITROPE
 OMNIVEX
 ONFI
 ONGLYZA
 ORENCIA INTRAVENOUS

orphenadrine-aspirin-caffeine
Orphengesic Forte
 ORTHO D
 ORTHO DF
 ORTHOVISC
 OSENI
 OSMOPREP
 OSPHENA
 OTREXUP
 OWEN MUMFORD NEEDLES⁶
oxiconazole (NDCs[^] 00168035830, 51672135902 only)
 OXYCONTIN
oxymorphone ext-rel
 OXYTROL
 PAXIL
 PAXIL CR
 PEGASYS
 PENNSAID
 PERCOCET
 PERRIGO NEEDLES⁶
 PEXEVA
 PLAVIX
 PLEGRIDY
 POLYTOZA
posaconazole delayed-rel tablet
 PRADAXA
 PRED FORTE
 PREGNYL
 PREMARIN
 PREMARIN CREAM
 PREVACID
 PREVIDENT
 PRIMLEV
 PRISTIQ
 PROAIR HFA
 PROAIR RESPICLICK
 PROCRIT
 PROCYSBI
 PRODIGEN
 PROGRAF
 PROLENSA
 PROTONIX
 PROVAD
 PROVENTIL HFA

List of Drugs Requiring Prior Authorization for Medical Necessity

ROZAC
 PSORCON
 QNASL
 QSYMIA
 QTERN
 quazepam
 RAPAFLO
 RAPAMUNE
 RAVICTI
 RAYOS
 RECEDO
 REPATHA
 REVATIO
 RHEUMATE
 RIBOZEL
 RIMSO-50
 RIOMET
 ROZEREM
RyClora
 SABRIL
 SAIZEN
 SANDOSTATIN LAR
 SCARSILK PAD
 SEROQUEL XR
 SIGNIFOR LAR
 SIL-K PAD
 SILIVEX
 SILTREX
 SIMPONI
 SINGULAIR
 SOMAVERT
 SORILUX
 SPRIX
 STENDRA
 STRIBILD
 SUBOXONE
sucralfate suspension
sumatriptan-naproxen
 SUPREP
 SYNERDERM
 SYNVISC
 SYNVISC-ONE

TALIVA
 TARGADOX
 TASIGNA
 TAYTULLA
 TAZORAC
 TECFIDERA
 TESTIM
testosterone gel 1%
(authorized generics for TESTIM
and VOGELXO only)
 TIMOPTIC OCUDOSE
 TIROSINT
 TOBI
 TOBI PODHALER
 TOPROL-XL
 TRACLEER
 TRADJENTA
tramadol (NDC^ 52817019610
only)
 TRANSDERM SCOP
 TREXIMET
triamcinolone acetonide aerosol
0.2%
 TRICOR
 TRIVIDIA INSULIN SYRINGES⁶
TronVite
 TRULANCE
 TUDORZA
 UDENYCA
 ULTIMED INSULIN SYRINGES⁶
 ULTIMED NEEDLES⁶
 UROXATRAL
 VALCYTE
 VALTREX
Vanatol LQ
Vanatol S
Vanoxide-HC
 VASCULERA
 VECTICAL
 VELTIN
venlafaxine ext-rel tablet (except
225 mg)
 VENTOLIN HFA
 VEREGEN
 VIAGRA
 VIEKIRA PAK
 VIIBRYD

VISCO-3
Vitasure
 VIVELLE-DOT
 VOGELXO
 XANAX
 XANAX XR
 XENAZINE
 XOLEGEL
 XOPENEX HFA
Xvite
 XYZBAC
 YAZ
 ZALVIT
 ZARXIO
 ZEGERID
 ZELAC
 ZEMAIRA
 ZEPATIER
 ZETIA
 ZETONNA
 ZIANA
 ZIRGAN
 ZOHYDRO ER
 ZOLPIMIST
 ZONEGRAN
 ZONTIVITY
 ZORTRESS
 ZORVOLEX
 ZUPLENZ
 ZYDELIG
 ZYLET
 ZYTIGA
 ZYVIT

There may be additional drugs subject to Prior Authorization or other plan design restrictions. See Chapter 2 and Chapter 6 of this SPD.

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. This list is subject to change.

Subject to applicable laws and regulations.

* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

† Listing does not include certain NDCs[^]

[^] Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

¹ If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at: 1-855-240-0536.

² For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

³ If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process

⁴ Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).

⁵ Long Acting Insulins - First Generation.

⁶ BD ULTRAFINE syringes and needles are the only preferred options.

⁷ A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

⁸ ONETOUCH brand test strips are the only preferred options.

Your privacy is important to us. NRECA and CVS Caremark employees are trained regarding the appropriate way to handle your private information.

CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes and are not intended to replace the clinical judgement of the doctor.

NRECA GROUP BENEFITS PROGRAM SUMMARY OF MATERIAL MODIFICATIONS

For

NRECA PPO Medical Plan

EFFECTIVE: January 1, 2022

**System name: LICKING VALLEY RURAL ELECT CO-OP CORP
RUS/Subgroup Number: 01-18056-001**

This Summary of Material Modifications (SMM) describes changes to the National Rural Electric Cooperative Association (NRECA) Medical Plan (the Plan) and supplements the Plan's Summary Plan Description (SPD), also known as the Benefits Booklet. The effective date of these changes is noted above. You should read this SMM carefully and keep this SMM with your SPD for future reference. If you have questions about these changes, please see your benefits administrator.

Summary of Changes for your Medical Plan SPD:

Chapter 1: Contact Information

The section titled "Contact Information" has been updated as follows:

For Information About	Contact
Teladoc General Medical Consultations	800.Teladoc (800.835.2362) Teladoc.com/NRECA or Teledoc App
Teladoc Mental Health Consultations	Teladoc.com/NRECA or Teladoc App

For Information About	Contact
Find Care & Costs	Cooperative.com > My Benefits > My Insurance > Find Care & Costs

Chapter 2: Medical Plan Highlights

The subsection titled "Copayments" under "Overview of Your Cost-sharing" has been updated as follows:

Copayment	
Teladoc General Medical Consultation	\$0 per consultation

Teladoc Mental Health
Consultation

If you consult with a Teladoc psychiatrist, you pay \$220 for the initial consultation and \$100 for each follow-up consultation until the deductible is met.

If you consult with a Teladoc mental health, or substance abuse provider other than a psychiatrist, you pay \$90 per consultation until the deductible is met.

Teladoc is paid at the in-network coinsurance after your deductible is met.

Chapter 3: Eligibility and Participation Information

The subsection titled “When Coverage Ends” under “Eligibility and Participation Information” has been updated as follows:

- **You retire after age 65** your coverage ends on your last day of employment if you do not elect retiree coverage. If you elect retiree coverage, your coverage will end on the last day of the month;
- **You retired prior to age 65**, coverage ends on the last day of the month prior to when you turn 65 unless your birthday falls on the first day of the month. In that case, your coverage ends on the last day of the second month prior to your 65th birthday. If Medicare becomes your primary payer prior to age 65, you are no longer eligible for prescription drug coverage under the Plan unless the Plan, in its sole discretion, determines that comparable Medicare Part D prescription drug plan coverage is not available. If you are not able to obtain comparable replacement Medicare Part D prescription drug coverage, you must contact your benefits administrator or the Member Contact Center so that they can contact the Plan to request your continued prescription drug coverage under the Plan;
- **You are the dependent spouse of a retiree**, your coverage ends the last day of the month prior to when you turn 65 unless your 65th birthday falls on the first day of the month. In that case, your coverage ends on the last day of the second month prior to your 65th birthday. If Medicare becomes your primary payer prior to age 65, you are no longer eligible for prescription drug coverage under the Plan unless the Plan, in its sole discretion, determines that comparable Medicare Part D prescription drug plan coverage is not available. If you are not able to obtain comparable replacement Medicare Part D prescription drug coverage, you must contact your benefits administrator or the Member Contact Center so that they can contact the Plan to request your continued prescription drug coverage under the Plan;
- **You are the dependent child of a retiree**, your coverage ends when you no longer meet the Plan’s dependent child eligibility requirements. If Medicare becomes your primary payer, then you are no longer eligible for prescription drug coverage under the Plan unless the Plan, in its sole discretion, determines that comparable Medicare Part D prescription drug plan coverage is not available. If you are not able to obtain comparable replacement Medicare Part D prescription drug coverage, you must contact your benefits administrator or the Member Contact Center so that they can

contact the Plan to request your continued prescription drug coverage under the Plan;

- **You are a Medicare-disabled Employee** for whom Medicare becomes the primary payer, you are no longer eligible for prescription drug coverage under the Plan unless the Plan, in its sole discretion, determines that comparable Medicare Part D prescription drug coverage is not available. If you are not able to obtain comparable replacement Medicare Part D prescription drug coverage, you must contact your benefits administrator or the Member Contact Center so that they can contact the Plan to request your continued prescription drug coverage under the Plan;
- **You are the Medicare-eligible dependent spouse or a Medicare-eligible dependent child of an active Employee** for whom Medicare becomes the primary payer, then you are still eligible for prescription drug coverage under the Plan. You will be eligible to enroll in a Medicare Part D prescription drug plan at the time that Medicare becomes the primary payer and your Medicare prescription drug coverage will be the primary payer for your prescription drugs. The NRECA medical plan will be the secondary payer;

The section titled “When Coverage Ends” has been updated as follows:

Dependent coverage also ends:

- For any dependent, when he or she no longer meets dependent eligibility requirements (i.e., a step-child in the event of a divorce or death of the natural parent);

The subsection titled “Moving from Full-time to Part-time Employment Status During the Year” under “When Coverage Ends” has been updated as follows:

Your Employer **excludes part-time Employees** from benefits eligibility. If you move from full-time to part-time status during the calendar year:

- Coverage will end at 11:59 pm on the last day you are considered full-time.

Chapter 5: Medical Plan Benefits

The section titled “Find Cost Estimates” has been added as follows:

Find Cost Estimates

The Find Costs Estimates tool is an interactive, online resource that provides you the ability to create health cost estimates for healthcare services. The tool will assist you in making more informed decisions by showing estimated procedure and/or care path (more complex, multi-step procedure) costs.

Find Cost Estimates is designed to provide you information that you need to make more optimal choices when purchasing care for you and your family, and to help provide cost transparency so that you know what to expect before making an appointment. It is important to understand that both cost and quality may vary widely across the providers, facilities, and clinics you have access to when pursuing care.

The search results provide a range of the average costs for medical procedures in your area. You can search using simple, intuitive terms like 'knee pain' or 'baby' and see a list of shoppable services/care paths that you can select from and drill down for further details.

NRECA Medical Plan participants can access Find Care & Costs on the NRECA Employee Benefits website by going to cooperative.com > My Benefits > My Insurance > Find Care & Costs. Once there, they will see links for Find Care (current Find a Doctor tool) and Find Cost Estimates.

The subsection titled “Reasonable and Customary (R&C) Rates” under “Provider Networks and Reimbursement Rates” has been updated as follows:

Reasonable and Customary (R&C) Rates

The R&C Rate for any service or supply is the amount usually charged by providers in the same general area for the same service or supply. The R&C Rate for any service or supply is the usual charge for the service or supply in the absence of insurance, but not more than the prevailing charge for a like service or supply in the geographic area.

A **like service** is a service of the same nature and duration that requires the same skill and is performed by a provider of similar training and experience.

A **like supply** is a supply that is identical or substantially equivalent.

Area means the municipality (or, in the case of a large city, the subdivision of it) in which the service or supply is actually provided or such greater area as is necessary to obtain a representative cross section of charges for a like service or supply.

When determining applicable R&C Rates, CBA in its sole discretion consults industry-wide databases, which may include, without limitation, Fair Health and a factor of Medicare rates, and relies on the methodologies of third parties, whether or not such databases and third parties are listed in the Plan. CBA may also consider factors such as:

- The nature and duration of the service;
- The skills required to perform that service;
- The training and experience of the provider who performs the service; and
- The medical supplies necessary for the treatment or service.

R&C Rates do not apply to services you receive from providers in your primary Preferred Provider Organization (PPO) network because in-network providers have pre-negotiated contracted fees for their services. Charges from providers who are not in your primary PPO network(s) (also called non-participating providers) are subject to R&C Rates. If your provider charges more than the R&C Rates, you must pay any amounts over those limits. In addition, the Plan may require a Copayment when you visit a Physician or an emergency room. See *Appendix A: Key Terms* for the definition of *R&C Rates*.

The subsection titled “Age- and Gender-appropriate Screenings, Tests, and Immunization” under “Preventive Care” has been updated as follows:

Age- and Gender-appropriate Screenings, Tests, and Immunizations

Certain screenings, tests, and Immunizations are covered by the Plan if they are recommended based on age and gender, if they are preventive in nature and if they are coded appropriately by the billing provider. Examples include colon cancer screening for Participants ages 45 to 75 and mammograms, including 3-D mammography, for women ages 40 and older. In some cases, where family history warrants a screening earlier than recommended for a particular health problem, an eligible screening may be covered. Call CBA to verify.

The subsection titled “Preventive Services with Coverage Limitations” under “Preventive Care” has been updated as follows:

Preventive Services with Coverage Limitations

The following screenings, tests, and Immunization services are **covered only under certain circumstances**. This list is not all-inclusive and is subject to change. If you have questions about coverage for any preventive service, call CBA.

Preventive Procedures with Policy Limitations			
Service	Gender	Age	Policy (age limit applies)
Colonoscopy (including prescribed preparations)	Both	45 to 75	Every 10 years

The section titled “Teladoc Mental Health Consultations” has been added as follows:

Teladoc Mental Health Consultations

The Plan covers mental health consultations provided by Teladoc for Plan participants 18 and older. Teladoc Mental Health providers (licensed psychiatrists and therapists) can help support a wide range of short-term and long-term needs such as:

- Depression;
- Anxiety;
- Stress;
- Family or Work Relationships; and
- Substance Abuse.

Mental health appointments are available seven days a week by phone or video, 7 am to 9 pm local time, but are not available on-demand. The first available visit time will always be no less than 72 hours from the current day/time. Appointments are scheduled online and cannot be scheduled by telephone.

To use the Teladoc Mental Health services you must be 18 years old or older, registered with Teladoc and have completed a brief medical history. To register you can go online or call 1-800-Teladoc (800.835.2362). To register online go to Benefits.cooperative.com/Teladoc or Teladoc.com/NRECA or use the Teladoc app and click “set up account” and then provide the requested information.

To schedule an appointment with a mental health provider, go online via Benefits.cooperative.com/Teladoc or Teladoc.com/NRECA or the Teladoc app and select Mental Health. Scheduling an appointment will require completion of a brief online mental health assessment questionnaire.

A Teladoc psychiatrist can prescribe a limited Formulary of medications if medically necessary to treat non-emergency mental health conditions. Medications can only be prescribed by a psychiatrist. Prescriptions are sent electronically to the pharmacy of your choice. Prescription drugs prescribed by a Teladoc psychiatrist are subject to the Plan’s prescription drug Formulary and Copayment and Coinsurance provisions.

The subsection titled “Prescription Digital Therapeutics” under “Specific Exclusions” has been added as follows:

Prescription Digital Therapeutics

Prescription Digital Therapeutics (PDTs) are not covered under the Plan. PDTs include prescription-only software that is intended to prevent, manage, or treat mental or physical conditions.

Chapter 6: Prescription Drug Benefits

The subsection titled “Prior Authorization” under “How the Benefit Works” has been updated to add the following:

- Ivermectin;
- Medications to treat attention deficit and hyperactivity disorder in patients in patients 19 years and older;
- Voriconazole.

The subsection titled “Prior Authorization” under “How the Benefit Works” has been updated to remove the following:

- Brand Glumetza, Fortamet and Metformin ER;

The subsection titled “Quantity Limits” under “How the Benefit Works” has been updated to include the following prescription drugs:

Specialty Drugs Subject to Quantity Limits		
• AYVAKIT	• EMPAVELI	• TRIKAFTA
• BARACLUDE	• REZUROCK	• VALCYTE

The subsection titled “Vaccines” under “What the Plan Covers” has been updated as follows:

COVID-19 vaccines are available through the vaccine network, which consists of retail pharmacies that offer vaccines and are part of the national CVS Caremark retail pharmacy network. Administration costs associated with COVID-19 immunizations are covered by the Plan at no cost to Participants.

The subsection titled “Specific Exclusions” under “What the Plan Covers” has been updated to add the following:

- Glumtza, Fortamet and their generics;
- Prescription Digital Therapeutics (PDT)
- Zetonna, Beconase AQ, Tivorbex, Yosprala, Durlaza, Ketoprofen ER, Zolpimist, Gimoti, Roszet, Trokendi XR, Qudexy XR;

The section titled “Coverage Under Medicare” has been updated as follows:

Retirees and their dependents age 65 and older are not eligible to participate in the Medical Plan, including prescription drug benefits, unless they enrolled in Medicare before retirement and elected COBRA Continuation of Coverage instead of

the Plan's retiree benefits. For details, review the *Continuing Coverage Under COBRA* chapter. Note that if you are eligible for Medicare but your covered dependents are not Medicare eligible, then your dependents remain covered under the Plan's prescription drug benefit until Medicare becomes their primary insurer.

Medicare-disabled Participants and Participants with end-stage renal disease (ESRD) will no longer be covered under the Plan's prescription drug benefit if they:

- Have been totally disabled for at least six months;
- Are not currently working; and
- Are receiving disability payments from your Employer beyond the first six months of disability.

If you are a Medicare-disabled Employee, an under age 65 retiree or a dependent of an under age 65 retiree for whom Medicare is the primary payer, you are no longer eligible for prescription drug coverage under the Plan unless the Plan, in its sole discretion, determines that comparable Medicare prescription drug coverage is not available. If you are not able to obtain comparable replacement Medicare Part D prescription drug coverage, you must contact your benefits administrator or the Member Contact Center so that they can contact the Plan to request your continued prescription drug coverage under the Plan.

- **Participants with ESRD** remain covered under the Plan's prescription drug benefit for the first 30 months of ESRD disability as long as they are under age 65 and not retired. After 30 months of ESRD disability, when Medicare becomes the primary insurer, the Participant will no longer be covered under the Plan's prescription drug benefit and must enroll in a Medicare Part D prescription drug plan or another creditable plan. If the Participant is not able to obtain comparable replacement Medicare Part D prescription drug coverage, the Participant must contact your benefits administrator or the Member Contact Center so that they can contact the Plan to request your continued prescription drug coverage under the Plan.
- **If you are the Medicare-eligible dependent spouse or a Medicare-eligible dependent child of an active Employee with ESRD,** you are eligible to remain covered under the Plan's prescription drug benefit as long as the Participant is still actively employed. The Participant will be eligible to enroll in a Medicare Part D prescription drug plan at the time that Medicare becomes the primary payer and the Medicare prescription drug coverage will be the primary payer for their prescription drugs. The NRECA medical plan will be the secondary payer.

For Medicare-disabled Participants, preventive drugs are covered under the Medical Plan at 100%. These individuals must submit paper claims to the address located on the back of their Health ID card.

COBRA Participants age 65 or older are not eligible to participate in the Medical Plan, including the prescription drug benefit, unless they were enrolled in Medicare prior to their COBRA qualifying event. For details, review the *Continuing Coverage Under COBRA* chapter.

The subsection titled "Creditable Coverage for Medicare" under "Coverage Under Medicare" has been updated as follows:

Creditable prescription drug coverage means coverage that is expected to pay at least as much as the standard Medicare Part D prescription drug plan pays. All of the NRECA medical plans with prescription drug plans are considered creditable prescription drug coverage.

It is important to note that an individual does not need to sign up for Medicare at age 65 (and will not incur a penalty) if he or she 1) has not yet signed up for Social Security or Railroad Retirement income benefits, and 2) has Employer-sponsored medical coverage based on his or her own (or a spouse's) Active Work status.

All Participants who are enrolled in Medicare should maintain creditable prescription drug coverage to avoid paying higher premium charges when they do enroll in a Medicare Part D prescription drug plan. This is important because if you have a break in creditable coverage of 63 continuous days or longer before enrolling in a Medicare Part D prescription drug plan, you may have to pay a higher premium when you do enroll. If you need one, call the MCC to request a Certificate of Creditable Drug Coverage from the Plan. Use the number listed in the *Contact Information* chapter.

Note: If you are an active Employee (or the dependent of an active Employee) covered under this Plan and you become eligible for Medicare, but this Plan does not provide creditable drug coverage, you may be eligible to switch to coverage under another NRECA Plan (if offered by your Employer). You must make this change within 31 days of Medicare eligibility. If you believe you qualify, contact NRECA Employee Benefit Services at 866.673.2299 for further information and eligibility requirements.

Chapter 10: Continuing Coverage Under COBRA

The section titled “Qualifying Events” has been updated as follows:

Note: If you are covered by this Plan as an active Employee, Director or Retained Attorney and you voluntarily drop coverage because you become eligible for Medicare, you and your dependents cannot elect COBRA coverage to continue coverage under this Plan. Additionally, if you experience a change in job position or union membership that causes you to lose coverage, this is not a COBRA qualifying event, and COBRA continuation coverage will not be available.

The section titled “Electing COBRA Continuation Coverage” has been updated as follows:

If you elect COBRA, your COBRA coverage will be the same coverage you had immediately before the qualifying event, unless at the time of COBRA enrollment you choose another available coverage option offered by your Employer.

Each qualified beneficiary who elects COBRA continuation coverage has the same benefits, choices, and services that a similarly situated participant or beneficiary currently receives under the Plan, such as the right during an open enrollment season to choose among available coverage options. COBRA participants are also subject to the same rules and limits that would apply to a similarly situated participant or beneficiary, such as co-payment requirements, deductibles, and coverage limits. The Plan's rules for filing benefit claims and appealing any claims denials also apply.

Chapter 11: Important Notifications and Disclosures

The subsection titled “Enforce Your Rights” under “Statement of ERISA Rights” has been updated as follows:

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the

decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps that you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report (Form 5500), if any, from the Plan and do not receive them within 30 days, you may file suit in federal court. In such case, the court may require NRECA, as Plan Administrator, to provide the materials and pay you up to \$161 a day, not to exceed \$1,613 per request (2021 limit, as may be indexed annually) until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits that is denied or ignored in whole or in part, and if you have exhausted the claims procedures available to you under the Plan, you may file suit in a state or federal court.

Appendix A: Key Terms

The “Appendix A: Key Terms” has been updated as follows:

Prescription Digital Therapeutics

A prescription-only software that is intended to prevent, manage or treat mental or physical conditions.

Reasonable and Customary (R&C) Rates

R&C means “Reasonable and Customary,” which is the current, most common fee charged in a geographic area for a particular treatment or service. The R&C Rate for any service or supply is the usual charge for the service or supply in the absence of insurance, but not more than the prevailing charge for a like service or supply in the geographic area.

A **like service** is a service of the same nature and duration that requires the same skill and is performed by a provider of similar training and experience.

A **like supply** is a supply that is identical or substantially equivalent.

Area means the municipality (or, in the case of a large city, the subdivision of it) in which the service or supply is actually provided or such greater area as is necessary to obtain a representative cross section of charges for a like service or supply.

When determining applicable R&C Rates, CBA in its sole discretion consults industry-wide databases, which may include, without limitation, Fair Health and a factor of Medicare rates, and relies on the methodologies of third parties, whether or not such databases and third parties are listed in the Plan. CBA may also consider factors such as:

- The nature and duration of the service;
- The skills required to perform that service;
- The training and experience of the provider who performs the service; and
- The medical supplies necessary for the treatment or service.

Teladoc General Medical and Mental Health Consultation

A visit arranged through Teladoc, a company that provides telehealth general medical and mental health consultations.

Charges for General Medical and Mental Health consultations are subject to all the Plan’s limitations and provisions, including requirements such as Medical Necessity, Deductible(s), and cost-sharing requirements.

Appendix B: Preventive Drugs and Services

The “Appendix B: Colorectal Cancer: Screening” section has been updated as follows:

Preventive Service	Adult (19+)		Child
	Male	Female	(0 to 18)
Colorectal Cancer: Screening Clinicians should screen for colorectal cancer in adults ages 45 to 75 using fecal occult blood testing, sigmoidoscopy or flexible sigmoidoscopy (once every five years), colonoscopy (once every 10 years), or double-contrast barium enema (once every five years). The risks and benefits of these screening methods vary.	X	X	

The “Appendix B: Lung Cancer: Screening” section has been updated as follows:

Preventive Service	Adult (19+)		Child
	Male	Female	(0 to 18)
Lung Cancer: Screening Clinicians should screen annually for lung cancer with low-dose computed tomography in adults ages 50 to 80 who have a 30-pack-per-year smoking history and who currently smoke or have quit within the past 15 years. Discontinue screening once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	X	X	

Appendix C: Performance Drug List—Standard Control

The “Appendix C: Performance Drug List—Standard Control” has been updated to **include** the following prescription drugs:

- AUVI-Q
- AVONEX
- BRUKINSA
- ENSPRYNG
- NATAZIA
- NOVOSEVEN RT
- ORLADEYO
- PROMACTA
- TAVALISSE
- UCERIS (Tier 1 Brand)
- VITRAKVI
- WAKIX

- IMBRUVICA
- KERENDIA
- LUPR DEP-PED
- MYFEMBREE
- QELBREE
- ROZLYTREK
- SEVENFACT
- SOOLANTRA CREAM
1% (Tier 1 Brand)
- WEGOVY
- XYWAV
- ZYKADIA

The “Appendix C: Performance Drug List—Standard Control” has been updated to exclude the following prescription drugs:

- DOPTLET
- REYVOW

These prescription drugs (above) are now on the Plan’s list of non-preferred brand name prescription drugs (Tier 3).

Appendix D: Medications Requiring Prior Authorization for Medical Necessity

The “Appendix D: Medications Requiring Prior Authorization for Medical Necessity” has been updated to include the following prescription drugs:

- ADRENALIN
- AFINITOR
- AIMOVIG
- ARANESP
- ATRIPLA
- BALCOLTRA
- BOTOX
- *budesonide 9mg tab*
- CINRYZE
- ELIQUIS
- FEIBA
- HAEGARDA
- ICLUSIG
- *ivermectin 1% cream*
- LEUKINE
- MULPLETA
- NPLATE
- SYMJEPI
- *tavaborole*
- TRUVADA
- XALKORI

The “Appendix D: Medications Requiring Prior Authorization for Medical Necessity” has been updated to exclude the following prescription drugs:

- PELGRIDY

All prescription drug lists that make up the Plan’s formulary are subject to change from time to time by CVS Caremark.

The January 1, 2022 drug lists are attached to the end of this SMM. The full lists are also on cooperative.com at My Benefits > Education & Resources > Insurance Plan Documents (check Prescription Drugs under the Filter dropdown). If you are unable to access this website, call NRECA’s Member Contact Center (MCC) for a copy of the list.

No further changes have been made to your Plan’s SPD.

All other rules, provisions, definitions and benefit amounts of the Plan SPD remain the same. If the terms of this SMM and the SPD conflict with any terms of the governing Plan document, then the terms of the governing Plan document will control in all cases.

Plan Sponsor: National Rural Electric Cooperative Association
4301 Wilson Boulevard, Arlington, VA 22203-1860
Plan Sponsor's Employer Identification Number: 53-0116145
Plan Number: 501

Appendix C: Performance Drug List – Standard Control

Your benefit plan includes a prescription benefit administered by CVS Caremark. The plan covers different types of prescription drugs—generics, brand drugs, preventive and specialty—at different benefit levels. The Performance Drug List below is a guide for participants and health care providers. It is not an all-inclusive list. Preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective.

Generics should be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name medicine to treat a condition. The preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list.

Within this list, brand products are in CAPS, branded generics are in *UPPER* and *lowercase* Italics, and generic products are in *lowercase italics*. For specific information regarding your prescription drug benefit coverage, Copayments¹ and Coinsurance¹, see Chapter 2 and Chapter 6 of this Summary Plan Description.

Access the most recent Performance Drug List on cooperative.com at My Benefits > Education & Resources > Insurance Plan Documents (check Prescription Drugs under the Filter dropdown). If you are unable to access this website, call NRECA's Member Contact Center (MCC) for a copy of the list.

ANALGESICS

§ COX-2 INHIBITORS

celecoxib

§ GOUT

allopurinol

colchicine tablet probenecid

MITIGARE

§ NSAIDs

diclofenac sodium

ibuprofen

meloxicam tablet

naproxen (except naproxen CR or

naproxen suspension)

§ NSAIDs, COMBINATIONS

diclofenac sodium-misoprostol

§ NSAIDs, TOPICAL

diclofenac sodium gel 1%

diclofenac sodium solution

§ OPIOID ANALGESICS

buprenorphine transdermal

codeine-acetaminophen

fentanyl transdermal

fentanyl transmucosal

lozenge

hydrocodone ext-rel

hydrocodone-acetaminophen

hydromorphone

hydromorphone ext-rel

methadone

morphine

morphine ext-rel

morphine suppository

oxycodone

oxycodone-acetaminophen

tramadol (except NDC[^] 52817019610)

tramadol ext-rel

BELBUCA

NUCYNTA

NUCYNTA ER

SUBSYS

XTAMPZA ER

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefdinir

cefprozil

cefuroxime axetil

cephalexin

SUPRAX

§ ERYTHROMYCINS /

MACROLIDES

azithromycin

clarithromycin

clarithromycin ext-rel

erythromycins

DIFICID

§ FLUOROQUINOLONES

ciprofloxacin

levofloxacin

moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate 20 mg
doxycycline hyclate capsule
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS**§ CYTOMEGALOVIRUS AGENTS**

valganciclovir

§ HERPES AGENTS

acyclovir capsule, tablet
valacyclovir

§ INFLUENZA AGENTS

oseltamivir
RELENZA

§ MISCELLANEOUS

clindamycin
ivermectin
linezolid
metronidazole
nitrofurantoin (except NDC[^] 70408023932)
pyrimethamine
sulfamethoxazole-trimethoprim
vancomycin capsule
EMVERM
XIFAXAN 550 MG

ANTINEOPLASTIC AGENTS**HORMONAL****ANTINEOPLASTIC AGENTS****§ ANTIANDROGENS**

bicalutamide

CARDIOVASCULAR**§ ACE INHIBITORS**

fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

candesartan / candesartan-hydrochlorothiazide
irbesartan / irbesartan-hydrochlorothiazide
losartan / losartan-hydrochlorothiazide
olmesartan / olmesartan-hydrochlorothiazide
telmisartan / telmisartan-hydrochlorothiazide
valsartan / valsartan-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS

amlodipine-valsartan-hydrochlorothiazide
olmesartan-amlodipine-hydrochlorothiazide

§ ANTIARRHYTHMICS

sotalol
MULTAQ

ANTILIPEMICS**ACL INHIBITORS / COMBINATIONS**

NEXLETOL
NEXLIZET

§ BILE ACID RESINS

cholestyramine
colesevelam

§ CHOLESTEROL**ABSORPTION INHIBITORS**

ezetimibe

§ FIBRATES

fenofibrate (fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg)
fenofibric acid delayed-rel

§ HMG-CoA REDUCTASE**INHIBITORS /****COMBINATIONS**

atorvastatin
ezetimibe-simvastatin
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin
§ NIACINS
niacin ext-rel

§ OMEGA-3 FATTY ACIDS

omega-3 acid ethyl esters
VASCEPA

§ BETA-BLOCKERS

atenolol
carvedilol
carvedilol phosphate ext-rel
metoprolol succinate ext-rel
metoprolol tartrate
nadolol
pindolol
propranolol
propranolol ext-rel
BYSTOLIC

§ CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem ext-rel (except generics or CARDIZEM LA)
nifedipine ext-rel
verapamil ext-rel

§ CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS

amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES

digoxin

DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS

aliskiren

TEKTURNA HCT

§ DIURETICS

amiloride
furosemide
hydrochlorothiazide
metolazone
spironolactone-hydrochlorothiazide
torsemide
triamterene
triamterene-hydrochlorothiazide

HEART FAILURE

BIDIL

CORLANOR

ENTRESTO

§ NITRATES

isosorbide dinitrate (except isosorbide dinitrate 40 mg)
isosorbide mononitrate
nitroglycerin lingual spray
nitroglycerin sublingual

§ MISCELLANEOUS

ranolazine ext-rel

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

§ BENZODIAZEPINES

alprazolam
clonazepam
diazepam
lorazepam
oxazepam

§ ANTICONVULSANTS

carbamazepine
carbamazepine ext-rel
clobazam
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
ethosuximide
gabapentin
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
tiagabine
topiramate
valproic acid
zonisamide
FYCOMPA
NAYZILAM
OXTELLAR XR
TROKENDI XR
VALTOCO
VIMPAT
XCOPRI

§ ANTIDEMENTIA

donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMZARIC

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
escitalopram
fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM])
paroxetine HCl
paroxetine HCl ext-rel
sertraline
TRINTELLIX

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

desvenlafaxine ext-rel
duloxetine
venlafaxine
venlafaxine ext-rel capsule

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
mirtazapine
trazodone

§ ANTIPARKINSONIAN AGENTS

amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
entacapone

pramipexole
pramipexole ext-rel
rasagiline
ropinirole
ropinirole ext-rel
selegiline
 NEUPRO

ANTIPSYCHOTICS

§ ATYPICALS

aripiprazole
clozapine
olanzapine
quetiapine
quetiapine ext-rel
risperidone
ziprasidone
 ABILIFY MAINTENA
 LATUDA
 PERSERIS
 VRAYLAR

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine
mixed salts
amphetamine-
dextroamphetamine
mixed salts ext-rel †
atomoxetine
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel †
 MYDAYIS
 QELBREE
 VYVANSE

FIBROMYALGIA

pregabalin

HYPNOTICS

§ NONBENZODIAZEPINES

eszopiclone
ramelteon
zolpidem
zolpidem ext-rel
zolpidem sublingual
 BELSOMRA

TRICYCLICS

doxepin

MIGRAINE

ACUTE MIGRAINE AGENTS

§ Triptans

eletriptan
naratriptan
rizatriptan
sumatriptan
zolmitriptan
 ONZETRA XSAIL
 ZEMBRACE SYMTOUCH
 ZOMIG NASAL SPRAY

Miscellaneous

NURTEC ODT
 UBRELVY

PREVENTIVE MIGRAINE AGENTS

Monoclonal Antibodies

AIMOVIG
 AJOVY
 EMGALITY

§ MUSCULOSKELETAL THERAPY AGENTS

cyclobenzaprine (except
cyclobenzaprine tablet 7.5 mg)

§ NARCOLEPSY

armodafinil
 SUNOSI

POSTHERPETIC

NEURALGIA (PHN)

GRALISE

PSYCHOTHERAPEUTIC -

MISCELLANEOUS

§ OPIOID ANTAGONISTS

naloxone injection
 NARCAN NASAL SPRAY

§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS

buprenorphine-naloxone
sublingual
 ZUBSOLV

PSEUDOBULBAR AFFECT AGENTS

NUEDEXTA

ENDOCRINE AND METABOLIC

§ ANDROGENS

testosterone gel (except authorized
generics for TESTIM and VOGELXO)
testosterone solution
 ANDRODERM
 NATESTO

ANTIDIABETICS

AMYLIN ANALOGS

SYMLINPEN

§ BIGUANIDES

metformin
metformin ext-rel (except generics for
FORTAMET and GLUMETZA)

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE

COMBINATIONS

JANUMET
 JANUMET XR

INCRETIN MIMETIC AGENTS
OZEMPIC
RYBELSUS
TRULICITY
VICTOZA

INCRETIN MIMETIC AGENT /
INSULIN COMBINATIONS
SOLIQUA
XULTOPHY

INSULINS
BASAGLAR
FIASP
HUMULIN R U-500
LEVEMIR
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
TOUJEO
TRESIBA

§ INSULIN SENSITIZERS
pioglitazone

§ INSULIN SENSITIZER /
BIGUANIDE COMBINATIONS
pioglitazone-metformin

§ INSULIN SENSITIZER /
SULFONYLUREA
COMBINATIONS
pioglitazone-glimepiride

§ MEGLITINIDES
nateglinide
repaglinide

SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITORS
FARXIGA
JARDIANCE

SODIUM-GLUCOSE
CO-TRANSPORTER 2

(SGLT2) INHIBITOR /
BIGUANIDE COMBINATIONS
SYNJARDY

SYNJARDY XR
XIGDUO XR

SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITOR /
DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITOR
COMBINATIONS
GLYXAMBI

SODIUM-GLUCOSE CO-
TRANSPORTER 2 (SGLT2)
INHIBITOR / DIPEPTIDYL
PEPTIDASE-4 (DPP-4) INHIBITOR /
BIGUANIDE COMBINATIONS
TRIJARDY XR

§ SULFONYLUREAS
glimepiride
glipizide
glipizide ext-rel

SUPPLIES
ACCU-CHEK AVIVA PLUS STRIPS
AND KITS²
ACCU-CHEK COMPACT PLUS
STRIPS AND KITS²
ACCU-CHEK GUIDE STRIPS AND
KITS²
ACCU-CHEK SMARTVIEW STRIPS
AND KITS²

BD ULTRAFINE INSULIN SYRINGES
AND NEEDLES
DEXCOM CONTINUOUS GLUCOSE
MONITORING SYSTEM
OMNIPOD DASH INSULIN INFUSION
PUMP
OMNIPOD INSULIN INFUSION PUMP
ONETOUCH ULTRA STRIPS AND
KITS²
ONETOUCH VERIO STRIPS AND
KITS²
V-GO INSULIN INFUSION PUMP

ANTIOBESITY
INJECTABLE
SAXENDA
WEGOVY

ORAL
QSYMIA

CALCIUM REGULATORS
§ BISPHOSPHONATES
alendronate
ibandronate
risedronate

§ CALCITONINS
calcitonin-salmon
§ CARNITINE DEFICIENCY
AGENTS
levocarnitine

CONTRACEPTIVES
§ MONOPHASIC
ethinyl estradiol-drospirenone
*ethinyl estradiol-drospirenone-
levomefolate*
*ethinyl estradiol-norethindrone
acetate*
*ethinyl estradiol-norethindrone
acetate-iron*

BIPHASIC
LO LOESTRIN FE

§ TRIPHASIC
ethinyl estradiol-norgestimate

FOUR PHASE
NATAZIA

§ EXTENDED CYCLE
ethinyl estradiol-levonorgestrel

§ TRANSDERMAL
ethinyl estradiol-norelgestromin

§ VAGINAL
ethinyl estradiol-etonogestrel
ANNOVERA

DIABETIC KIDNEY DISEASE
KERENDIA

ENDOMETRIOSIS
ORILISSA

§ GLUCOCORTICOIDS
dexamethasone
fludrocortisone

hydrocortisone
methylprednisolone
prednisolone solution
prednisone

GLUCOSE ELEVATING AGENTS

BAQSIMI
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT
GVOKE

MENOPAUSAL SYMPTOM AGENTS

§ ORAL
estradiol
estradiol-norethindrone

DUAVEE
PREMPHASE
PREMPRO

§ TRANSDERMAL

estradiol
CLIMARA PRO
COMBIPATCH
DIVIGEL
EVAMIST

§ VAGINAL

estradiol
IMVEXXY
VAGIFEM

§ PHOSPHATE BINDER AGENTS

calcium acetate
sevelamer carbonate
PHOSLYRA
VELPHORO

POTASSIUM-REMOVING AGENTS

LOKELMA
VELTASSA

PROGESTINS

§ ORAL
medroxyprogesterone
megestrol acetate
progesterone, micronized

VAGINAL
CRINONE
ENDOMETRIN

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene

§ THYROID SUPPLEMENTS

levothyroxine
liothyronine
SYNTHROID

UTERINE FIBROIDS

MYFEMBREE
ORIAHNN

GASTROINTESTINAL

§ ANTIDIARRHEALS

diphenoxylate-atropine
loperamide

§ ANTIEMETICS

aprepitant
doxylamine-pyridoxine delayed-rel
dronabinol
granisetron
meclizine
metoclopramide
ondansetron
prochlorperazine
promethazine
scopolamine transdermal
trimethobenzamide
SANCUSO

§ ANTISPASMODICS

dicyclomine

§ H₂ RECEPTOR ANTAGONISTS

famotidine

INFLAMMATORY BOWEL DISEASE

§ ORAL AGENTS

balsalazide
budesonide capsule
budesonide ext-rel
mesalamine delayed-rel
mesalamine ext-rel
sulfasalazine

sulfasalazine delayed-rel
ASACOL HD
PENTASA

§ RECTAL AGENTS

hydrocortisone enema
mesalamine suppository
mesalamine suspension
CORTIFOAM

§ IRRITABLE BOWEL SYNDROME

alosetron
LINZESS
VIBERZI

§ LAXATIVES

lactulose solution
peg 3350-electrolytes
CLENPIQ

OPIOID-INDUCED CONSTIPATION

MOVANTIK
SYMPROIC

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

§ PROTON PUMP INHIBITORS

Esomeprazole delayed-rel
Lansoprazole delayed-rel
Omeprazole delayed-rel
Pantoprazole delayed-rel tablet
DEXILANT

§ STEROIDS, RECTAL
PROCTOFOAM-HC

§ ULCER THERAPY COMBINATIONS
PYLERA

§ MISCELLANEOUS
sucralafte tablet

GENITOURINARY**§ BENIGN PROSTATIC
HYPERPLASIA**

alfuzosin ext-rel
doxazosin
dutasteride
dutasteride-tamsulosin
finasteride
silodosin
tamsulosin
terazosin

**ERECTILE DYSFUNCTION
ALPROSTADIL AGENTS
MUSE****§ PHOSPHODIESTERASE
INHIBITORS**

sildenafil
tadalafil

**§ URINARY
ANTISPASMODICS**

darifenacin ext-rel
oxybutynin
oxybutynin ext-rel
solifenacin
tolterodine
tolterodine ext-rel
trospium
trospium ext-rel
MYRBETRIQ
TOVIAZ

HEMATOLOGIC**§ ANTICOAGULANTS**

warfarin
ELIQUIS
XARELTO

**§ PLATELET AGGREGATION
INHIBITORS**

clopidogrel
dipyridamole ext-rel-aspirin
prasugrel
BRILINTA

IMMUNOLOGIC AGENTS**ALLERGENIC EXTRACTS**

GRASTEK
RAGWITEK

NUTRITIONAL / SUPPLEMENTS**§ ELECTROLYTES**

potassium chloride liquid

VITAMINS AND MINERALS

**§ FOLIC ACID /
COMBINATIONS**
folic acid

§ PRENATAL VITAMINS

prenatal vitamins
CITRANATAL

RESPIRATORY**§ ANAPHYLAXIS****TREATMENT AGENTS**

epinephrine auto-injector
AUVI-Q
EPIPEN
EPIPEN JR
SYMJEPI

§ ANTICHOLINERGICS

ipratropium inhalation solution
SPIRIVA
YUPELRI

**ANTICHOLINERGIC / BETA
AGONIST COMBINATIONS****§ SHORT ACTING**

*ipratropium-albuterol
inhalation solution*

LONG ACTING
ANORO ELLIPTA
STIOLTO RESPIMAT

**ANTICHOLINERGIC / BETA
AGONIST / STEROID
INHALANT COMBINATIONS**
BREZTRI AEROSPHERE
TRELEGY ELLIPTA

**§ ANTIHISTAMINES, LOW
SEDATING**

levocetirizine

§ ANTITUSSIVES

*benzonatate (except NDCs^A
69336012615, 69499032915)*

**BETA AGONISTS,
INHALANTS****§ SHORT ACTING**

albuterol inhalation solution
albuterol sulfate CFC-free aerosol
levalbuterol tartrate CFC-free aerosol

LONG ACTING

Hand-held Active Inhalation
SEREVENT
STRIVERDI RESPIMAT

Nebulized Passive Inhalation
PERFORMOMIST**§ LEUKOTRIENE
MODULATORS**

montelukast
zafirlukast

§ NASAL ANTIHISTAMINES

azelastine
olopatadine

**§ NASAL STEROIDS /
COMBINATIONS**

azelastine-fluticasone
flunisolide
fluticasone
mometasone

**PHOSPHODIESTERASE-4
INHIBITORS**
DALIRESP

**STEROID / BETA AGONIST
COMBINATIONS**
ADVAIR DISKUS
ADVAIR HFA†
BREO ELLIPTA†
SYMBICORT

§ STEROID INHALANTS

budesonide
inhalation suspension
ARNUITY ELLIPTA
FLOVENT DISKUS
FLOVENT HFA
PULMICORT FLEXHALER
QVAR REDHALER

**TOPICAL
DERMATOLOGY**

ACNE

§ Topical

adapalene
benzoyl peroxide
clindamycin gel (except NDC^
68682046275)
clindamycin solution
clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl peroxide
tretinoin
EPIDUO
ONEXTON

§ ACTINIC KERATOSIS

fluorouracil cream 5%
fluorouracil solution
imiquimod
PICATO
TOLAK
ZYCLARA

§ ANTIBIOTICS

gentamicin
mupirocin ointment

§ ANTIFUNGALS

ciclopirox
clotrimazole
econazole
ketconazole cream 2%
luliconazole
nystatin
NAFTIN

§ ANTIPSORIATICS

acitretin
calcipotriene ointment, solution
methoxsalen

§ ANTISEBORRHEICS

ketconazole shampoo 2%
selenium sulfide lotion 2.5%

§ ATOPIC DERMATITIS

pimecrolimus
tacrolimus
EUCRISA

CORTICOSTEROIDS

§ Low Potency

desonide
hydrocortisone

§ Medium Potency

hydrocortisone butyrate cream, lotion,
ointment, solution
mometasone
triamcinolone cream, lotion, ointment,
solution

§ High Potency

desoximetasone
fluocinonide (except fluocinonide cream
0.1%)
BRYHALI

§ Very High Potency

clobetasol cream, foam, gel,
lotion, ointment, shampoo

§ LOCAL ANESTHETICS

lidocaine-prilocaine

§ ROSACEA

azelaic acid gel
metronidazole
FINACEA FOAM
ORACEA
SOOLANTRA

MOUTH / THROAT /

DENTAL AGENTS

PROTECTANTS

EPISIL

OPHTHALMIC

§ ANTIALLERGICS

azelastine
cromolyn sodium
olopatadine

§ ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE

§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS
*neomycin-polymyxin B-bacitracin-
hydrocortisone*
*neomycin-polymyxin B-
dexamethasone*
tobramycin-dexamethasone
TOBRADEX OINTMENT

ANTI-INFLAMMATORIES
§ **Nonsteroidal**
bromfenac
diclofenac
ketorolac
ACUVAIL
ILEVRO
PROLENSA

CARBONIC ANHYDRASE
INHIBITOR /
SYMPATHOMIMETIC
COMBINATIONS
SIMBRINZA

§ **Steroidal**
dexamethasone
loteprednol
prednisolone acetate 1%
DUREZOL

§ ANTIVIRALS
trifluridine

BETA-BLOCKERS
§ **Nonselective**
timolol maleate solution

Selective
BETOPTIC S

§ CARBONIC ANHYDRASE
INHIBITORS
Dorzolamide
dorzolamide

§ CARBONIC ANHYDRASE
INHIBITOR / BETABLOCKER
COMBINATIONS
dorzolamide-timolol

DRY EYE DISEASE
RESTASIS
XIIDRA
§ PROSTAGLANDINS
latanoprost
travoprost
LUMIGAN
ZIOPTAN

RHO KINASE INHIBITORS
RHOPRESSA

RHO KINASE INHIBITOR /
PROSTAGLANDIN
COMBINATIONS
ROCKLATAN

§ SYMPATHOMIMETICS
brimonidine
ALPHAGAN P

SYMPATHOMIMETIC / BETA
BLOCKER COMBINATIONS
COMBIGAN

OTIC
§ **ANTI-INFECTIVES**
acetic acid
ofloxacin otic

§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS
ciprofloxacin-dexamethasone
*neomycin-polymyxin B-
hydrocortisone*

QUICK REFERENCE PERFORMANCE DRUG LIST

A

ACCU-CHEK AVIVA PLUS STRIPS
AND KITS²

ACCU-CHEK COMPACT PLUS
STRIPS AND KITS²

ACCU-CHEK GUIDE STRIPS AND
KITS²

ACCU-CHEK SMARTVIEW STRIPS
AND KITS²

acetic acid

acitretin

ACUVAIL

acyclovir capsule, tablet

adapalene

ADVAIR DISKUS

ADVAIR HFA

AIMOVIG

AJOVY

albuterol inhalation solution

albuterol sulfate CFC-free aerosol

alendronate

alfuzosin ext-rel

aliskiren

allopurinol

alosetron

ALPHAGAN P

alprazolam

amantadine

amiloride

amlodipine

amlodipine-atorvastatin

amlodipine-olmesartan

amlodipine-telmisartan

amlodipine-valsartan

amlodipine-valsartan-
hydrochlorothiazide

amoxicillin

amoxicillin-clavulanate

amphetamine- dextroamphetamine
mixed salts

amphetamine-dextroamphetamine
mixed salts ext-rel[†]

ANDRODERM

ANNOVERA

ANORO ELLIPTA

aprepitant

aripiprazole

armodafinil

ARNUIITY ELLIPTA

ASACOL HD

atenolol

atomoxetine

atorvastatin

AUVI-Q

azelaic acid gel

azelastine

azithromycin

B

balsalazide

BAQSIMI

BASAGLAR

BD ULTRAFINE INSULIN
SYRINGES AND NEEDLES

BELBUCA

BELSOMRA

benzonatate (except NDCs[^]
69336012615, 69499032915)

benzoyl peroxide

BESIVANCE

BETIMOL

BETOPTIC S

bicalutamide

BIDIL

BREO ELLIPTA[†]

BREZTRI AEROSPHERE

BRILINTA

Brimonidine

brinzolamide

bromfenac

BRYHALI

budesonide capsule

budesonide ext-rel

budesonide

inhalation suspension

buprenorphine transdermal

buprenorphine-naloxone
sublingual

bupropion

bupropion ext-rel (except
bupropion ext-rel tablet 450 mg)

BYSTOLIC

C

calcipotriene ointment, solution

calcitonin-salmon

calcium acetate

candesartan

candesartan-hydrochlorothiazide

carbamazepine

carbamazepine ext-rel

carbidopa-levodopa

carbidopa-levodopa ext-rel

carbidopa-levodopa-entacapone

carvedilol

carvedilol phosphate ext-rel

cefdinir

cefprozil

cefuroxime axetil

celecoxib

cephalexin

cholestyramine

ciclopirox

CILOXAN OINTMENT

ciprofloxacin

ciprofloxacin-dexamthasone

citalopram

CITRANATAL

clarithromycin

clarithromycin ext-rel

CLENPIQ

CLIMARA PRO

clindamycin

clindamycin gel (except NDC[^]
68682046275)

clindamycin solution

clindamycin-benzoyl peroxide

clobazam

clobetasol cream, foam, gel,
lotion, ointment, shampoo

clonazepam

clopidogrel

clotrimazole

clozapine

codeine-acetaminophen

colchicine tablet

colesevelam

QUICK REFERENCE PERFORMANCE DRUG LIST

COMBIGAN
COMBIPATCH
CORLANOR
CORTIFOAM
CREON
CRINONE
cromolyn sodium
cyclobenzaprine (except
cyclobenzaprine tablet 7.5 mg)

D

DALIRESP
darifenacin ext-rel
desonide
desoximetasone
desvenlafaxine ext-rel
dexamethasone
DEXCOM CONTINUOUS GLUCOSE
MONITORING SYSTEM
DEXILANT
diazepam
diazepam rectal gel
diclofenac
diclofenac sodium
diclofenac sodium gel 1%
diclofenac sodium solution
diclofenac sodium-misoprostol
dicloxacillin
dicyclomine
DIFICID
digoxin
diltiazem ext-rel (except generics for
CARDIZEM LA)
diphenoxylate-atropine
dipyridamole ext-rel-aspirin
divalproex sodium
divalproex sodium ext-rel
DIVIGEL
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxepin
doxycycline hyclate 20 mg
doxycycline hyclate capsule
doxylamine-pyridoxine delayed-rel
dronabinol
DUAVEE

duloxetine
DUREZOL
dutasteride
dutasteride-tamsulosin

E

econazole
eletriptan
ELIQUIS
EMGALITY
EMVERM
ENDOMETRIN
entacapone
ENTRESTO
EPIDUO
epinephrine auto-injector
EPIPEN
EPIPEN JR
EPISIL
erythromycin
erythromycin solution
erythromycin-benzoyl
peroxide
erythromycins
escitalopram
esomeprazole
estradiol
estradiol-norethindrone
eszopiclone
ethinyl estradiol-drospirenone
ethinyl estradiol-drospirenone-
levomefolate
ethinyl estradiol-etonogestrel
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norelgestromin
ethinyl estradiol-norethindrone
acetate
ethinyl estradiol-norethindrone
acetate-iron
ethinyl estradiol-norgestimate
ethosuximide
EUCRISA
EVAMIST
ezetimibe
ezetimibe-simvastatin

F

famotidine
FARXIGA
fenofibrate (except fenofibrate
tablet 120 mg)
fenofibric acid delayed-rel
fentanyl transdermal
fentanyl transmucosal
lozenge
FIASP
FINACEA FOAM
finasteride
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fludrocortisone
flunisolide
fluocinonide (except fluocinonide
cream 0.1%)
fluorouracil cream 5%
fluorouracil solution
fluoxetine (except fluoxetine tablet
60 mg, fluoxetine tablet [generics
for SARAFEM])
fluticasone
fluvastatin
FML FORTE
FML S.O.P.
folic acid
fosinopril
fosinopril-hydrochlorothiazide
furosemide
FYCOMPA

G

gabapentin
galantamine
galantamine ext-rel
gentamicin
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
GLUCAGEN HYPOKIT
GLUCAGON
EMERGENCY KIT

QUICK REFERENCE PERFORMANCE DRUG LIST

GLYXAMBI
GRALISE
granisetron
GRASTEK
guanfacine ext-rel
GVOKE

H

HUMULIN R U-500
hydrochlorothiazide
hydrocodone ext-rel
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone butyrate cream, lotion,
ointment, solution
hydrocortisone enema
hydromorphone
hydromorphone ext-rel

I

ibandronate
ibuprofen
ILEVRO
imiquimod
IMVEXXY
lpratropium inhalation solution
ipratropium-albuterol inhalation solution
irbesartan
irbesartan hydrochlorothiazide
isosorbide dinitrate (except isosorbide
dinitrate 40 mg)
isosorbide mononitrate
itraconazole
ivermectin

J

JANUMET
JANUMET XR
JANUVIA
JARDIANCE

K

KERENDIA
ketoconazole cream 2%
ketoconazole shampoo 2%
ketorolac

L

lactulose solution

lamotrigine
lamotrigine ext-rel
lansoprazole
LASTACFT
latanoprost
LATUDA
levalbuterol tartrate
CFC-free aerosol
LEVEMIR
levetiracetam
levetiracetam ext-rel
levocarnitine
levocetirizine
levofloxacin
levothyroxine
lidocaine-prilocaine
linezolid
LINZESS
liothyronine
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
LOKELMA
loperamide
lorazepam
losartan
losartan-hydrochlorothiazide
loteprednol
lovastatin
luliconazole
LUMIGAN

M

meclizine
medroxyprogesterone
megestrol acetate
meloxicam
memantine
mesalamine delayed-rel
mesalamine ext-rel
mesalamine suppository
mesalamine suspension
metformin
metformin ext-rel (except generics for
FORTAMET and GLUMETZA)

methadone
methoxsalen
methylphenidate
methylphenidate ext-rel †
methylprednisolone
metoclopramide
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metronidazole
minocycline
mirtazapine
MITIGARE
mometasone
montelukast
morphine
morphine ext-rel
morphine suppository
MOVANTIK
moxifloxacin
MULTAQ
mupirocin ointment
MUSE
MYDAYIS
MYFEMBREE
MYRBETRIQ

N

nadolol
NAFTIN
naloxone injection
NAMZARIC
naproxen (except naproxen CR or
naproxen suspension)
naratriptan
NARCAN NASAL
SPRAY
NATAZIA
nateglinide
NATESTO
NAYZILAM
neomycin-polymyxin B-bacitracin-
hydrocortisone
neomycin-polymyxin
dexamethasone
neomycin-polymyxin B-
hydrocortisone
NEUPRO
NEXLETOL
NEXLIZET
niacin ext-rel
nifedipine ext-rel
nitrofurantoin

QUICK REFERENCE PERFORMANCE DRUG LIST

nitroglycerin lingual spray
nitroglycerin sublingual
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30 NUCYNTA
NUCYNTA ER NUEDEXTA
NURTEC ODT
nystatin

O

ofloxacin
ofloxacin otic
olanzapine
olmesartan
olmesartan-amlodipine-
hydrochlorothiazide
olmesartan-hydrochlorothiazide
olopatadine
omega-3 acid ethyl esters
omeprazole
OMNIPOD DASH INSULIN INFUSION
PUMP
OMNIPOD INSULIN
INFUSION PUMP
ondansetron
ONETOUCH ULTRA
STRIPS AND KITS²
ONETOUCH VERIO
STRIPS AND KITS²
ONEXTON
ONZETRA XSAIL
ORACEA
ORIAHNN
ORILISSA
oseltamivir
oxazepam
oxcarbazepine
OXTELLAR XR
oxybutynin
oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
OZEMPIC

P

pantoprazole
paroxetine HCl

paroxetine HCl ext-rel
paroxetine mesylate
PAZEO
peg 3350-electrolytes
penicillin VK
PENTASA
PERFORMIST
PERSERIS
phenobarbital
phenytoin
phenytoin sodium extended
PHOSLYRA
PICATO
pimecrolimus
pindolol
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
potassium chloride liquid
pramipexole
pramipexole ext-rel
prasugrel
pravastatin
prednisolone acetate 1%
prednisolone solution
prednisone
pregabalin
PREMPHASE
PREMPRO
prenatal vitamins
primidone
probenecid
prochlorperazine
PROCTOFOAM-HC
progesterone, micronized
PROLENSA
promethazine
propranolol
propranolol ext-rel
PULMICORT FLEXHALER
PYLERA
pyrimethamine

Q

QELBREE
QSYMIA
quetiapine
quetiapine ext-rel

quinapril
quinapril-hydrochlorothiazide
QVAR REDHALER

R

RAGWITEK
raloxifene
ramelteon
ramipril
ranolazine ext-rel
rasagiline
RELENZA
repaglinide
RESTASIS
RHOPRESSA
risedronate
risperidone
rivastigmine
rivastigmine transdermal
rizatriptan
ROCKLATAN
ropinirole
ropinirole ext-rel
rosuvastatin
RYBELSUS

S

SANCUSO
SAXENDA
scopolamine transdermal
selegiline
selenium, sulfide lotion 2.5%
SEREVENT
sertraline
sevelamer carbonate
sildenafil
silodosin
SIMBRINZA
simvastatin
solifenacin
SOLQUA
SOOLANTRA
sotalol
SPIRIVA
spironolactone hydrochlorothiazide
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SUBSYS

QUICK REFERENCE PERFORMANCE DRUG LIST

sucralfate tablet
sulfacetamide
sulfamethoxazole trimethoprim
sulfasalazine
sulfasalazine delayed-rel
sumatriptan
 SUNOSI
 SUPRAX
 SYMBICORT
 SYMJEPI
 SYMLINPEN
 SYMPROIC
 SYNJARDY
 SYNJARDY XR
 SYNTHROID
 SYMJEPI
 SYMLINPEN
 SYMPROIC
 SYNJARDY
 SYNJARDY XR
 SYNTHROID

T

tacrolimus
tadalafil
tamsulosin
 TEKTRNA HCT
telmisartan
telmisartan-hydrochlorothiazide
terazosin
terbinafine tablet
testosterone gel (except authorized generics for TESTIM and VOGELXO)
testosterone solution
tetracycline
tiagabine
timolol maleate solution
 TOBRADEX OINTMENT
tobramycin
tobramycin-dexamethasone
 TOLAK
tolterodine
tolterodine ext-rel
topiramate
toremide
 TOUJEO
 TOVIAZ

Tramadol (except NDC^ 52817019610)
tramadol ext-rel
travoprost
trazodone
 TRELEGY ELLIPTA
 TRESIBA
tretinoin
triamcinolone cream, lotion, ointment
triamterene
triamterene-hydrochlorothiazide
trifluridine
 TRIJARDY XR
trimethobenzamide
 TRINTELLIX
 TROKENDI XR
tropium
tropium ext-rel
 TRULICITY

U

UBRELVY

V

VAGIFEM
valacyclovir
valganciclovir
valproic acid
valsartan
valsartan-hydrochlorothiazide
 VALTOCO
vancomycin capsule
 VASCEPA
 VELPHORO
 VELTASSA
venlafaxine
venlafaxine ext-rel capsule
verapamil ext-rel
 V-GO INSULIN INFUSION PUMP
 VIBERZI
 VICTOZA
 VIMPAT
 VIOKACE
 VISTOGARD
 VRAYLAR
 VYVANSE

W

Warfarin
 WEGOVY

X

XARELTO
 XCOPRI
 XIFAXAN 550 MG
 XIGDUO XR
 XIIDRA
 XTAMPZA ER
 XULTOPHY

Y

YUPELRI

Z

zafirlukast
 ZEMBRACE SYMTOUCH
 ZENPEP
 ZIOPTAN
ziprasidone
zolmitriptan
zolpidem
zolpidem ext-rel
zolpidem sublingual
 ZOMIG NASAL SPRAY
zonisamide
 ZUBSOLV
 ZYCLARA

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
ACANYA	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin- benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
ACIPHEX, ACIPHEX SPRINKLE	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
ACTICLATE	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
Activite	<i>folic acid</i>
ACTOS	<i>pioglitazone</i>
ACUVAIL	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<i>acyclovir cream</i>	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
ADDERALL	<i>epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR</i>
ADZENYS ER, ADZENYS XR-ODT	<i>amphetamine-dextroamphetamine mixed salts ext-rel [†], methylphenidate ext-rel [†], MYDAYIS, VYVANSE</i>
ALCORTIN A	<i>desonide, hydrocortisone</i>
ALEVICYN GEL, ALEVICYN SG, ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
ALLISON MEDICAL INSULIN SYRINGES ³	BD ULTRAFINE INSULIN SYRINGES
ALORA	<i>estradiol, DIVIGEL, EVAMIST</i>
ALREX	<i>azelastine, cromolyn sodium, olopatadine, LASTACFT, PAZEO</i>
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
ALVESCO	<i>ARNUITY ELLIPTA, ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR, QVAR REDHALER</i>
AMITIZA	LINZESS, MOVANTIK, SYMPROIC
AMRIX	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
ANDROGEL	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
ANGELIQ	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
ANTARA	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid</i>
APEXICON E	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%) BRYHALI</i>
APIDRA	FIASP, NOVOLOG
APLENZIN	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
APTENSIO XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel [†], methylphenidate ext-rel [†], MYDAYIS, VYVANSE</i>
ARMOUR THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
ASCENSIA STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
ASMANEX, ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
ATACAND, ATACAND HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
ATIVAN	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
ATOPADERM	<i>desonide, hydrocortisone</i>
ATROVENT HFA	<i>ipratropium inhalation solution, SPIRIVA, YUPELRI</i>
AVENOVA	Consult doctor
AZASITE	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
AZELEX	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC⁶68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
AZESCO ⁵	<i>prenatal vitamins, CITRANATAL</i>
AZOR	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
BALCOLTRA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
BANZEL SUSPENSION	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
BEAU RX	Consult doctor
BECONASE AQ	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>
BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
BENSAL HP	<i>desonide, hydrocortisone</i>
BENZAC AC	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC⁶68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
BENZACLIN	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^]68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
<i>benzonatate (NDCs[^] 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs[^] 69336012615, 69499032915)</i>
BEPREVE	<i>azelastine, cromolyn sodium, olopatadine, LASTACFT, PAZEO</i>
<i>betamethasone acetate-betamethasone sodium phosphate (NDC[^] 71283062002 only), BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE</i>	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
BETAPACE, BETAPACE AF	<i>sotalol</i>
BETIMOL	<i>timolol maleate solution, BETOPTIC S</i>
BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
BEYAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
<i>bimatoprost solution 0.03%</i>	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
BREEZE 2 STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
BROMSITE	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<i>Bupap</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
<i>butalbital-acetaminophen tablet 50-300 mg, BUTALBITAL-ACETAMINOPHEN (NDC[^] 69499034230 only)</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
<i>butalbital-acetaminophen-caffeine capsule</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
BYDUREON BCISE	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
CAFERGOT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
<i>calcipotriene cream</i>	<i>calcipotriene ointment, calcipotriene solution</i>
<i>calcipotriene cream, calcipotriene foam,</i> CALCIPOTRIENE FOAM	<i>calcipotriene ointment, calcipotriene solution</i>
<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI</i>
<i>calcitriol ointment</i>	<i>calcipotriene ointment, calcipotriene solution</i>
CAMBIA	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
CARAFATE	<i>sucralfate tablet</i>
CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
CARDIZEM, CARDIZEM CD, CARDIZEM LA	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>
<i>carisoprodol 250 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
CARNITOR, CARNITOR SF	<i>levocarnitine</i>
CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>chlordiazepoxide-clidinium</i> (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)	<i>dicyclomine</i>
<i>chlorzoxazone 375 mg, chlorzaxone 500 mg</i> (NDC^73007001303 only) <i>chlorzoxazone 750 mg,</i> CHLORZOXAZONE 250 MG	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
CIALIS	<i>sildenafil, tadalafil</i>
CICATRACE	Consult doctor
CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
CIPRO HC	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
CLINDAGEL	<i>erythromycin solution</i>
<i>clindamycin gel</i> (NDC^ 68682046275 only)	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
<i>clobetasol spray</i>	<i>clobetasol foam</i>
CLOBEX SPRAY	<i>clobetasol foam</i>

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
<i>clocortolone cream</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
COLAZAL	<i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i>
<i>colchicine capsule</i>	<i>colchicine tablet, MITIGARE</i>
COLCRYS	<i>colchicine tablet, MITIGARE</i>
CONSENSI	<i>amlodipine WITH celecoxib</i>
CONTOUR NEXT STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
CONTOUR STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
CONTRACE	QSYMIA, SAXENDA, WEGOVY
CORDRAN CREAM, CORDRAN LOTION	<i>desonide, hydrocortisone</i>
CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
CORDRAN TAPE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment</i>
COREG CR	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel,</i> <i>metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
CoreMino	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
COZAAR	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
CRESEMBA	<i>itraconazole</i>
CRESTOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
CYMBALTA	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
DARAPRIM	pyrimethamine
DAYTRANA	amphetamine-dextroamphetamine mixed salts ext-rel †, methylphenidate ext-rel †, MYDAYIS, VYVANSE
DELZICOL	balsalazide, mesalamine delayed-rel, (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA
desoximetasone ointment 0.05%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
DETROL LA	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
dexchlorpheniramine	levocetirizine
Dexifol	folic acid
Diclofex DC (NDC [^] 51021037201 only)	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
Diclosaicin	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
DIFFERIN LOTION	adapalene, benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
diflorasone cream, diflorasone ointment	desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI
dihydroergotamine spray	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
diltiazem ext-rel (generics for CARDIZEM LA only)	diltiazem ext-rel (except generics for CARDIZEM LA)
DIOVAN, DIOVAN HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
Diphen Elixir	levocetirizine
DORAL	doxepin, eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA
DORYX, DORYX MPC	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
<i>doxycycline hyclate delayed-rel tablet 50 mg, 100 mg, 200 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>doxycycline hyclate tablet 50 mg (NDC^ 72143021160 only), doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
DULERA	ADVAIR DISKUS, ADVAIR HFA †, BREO ELLIPTA †, SYMBICORT
DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
DYRENIUM	<i>amiloride, triamterene</i>
EDARBI, EDARBYCLOR	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
EDLUAR	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
E.E.S. GRANULES	<i>erythromycins</i>
EFFEXOR XR	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>
ELMIRON	Consult doctor
ENABLEX	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
EPICERAM	<i>desonide, hydrocortisone</i>
<i>ergotamine-cafeine</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
ERYPED	<i>erythromycins</i>
<i>estradiol vaginal tablet</i>	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
ESTRING	<i>estradiol, vaginal cream, IMVEXXY, VAGIFEM</i>
EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide
FABIOR	adapalene, benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
FANAPT	aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR
FEMRING	estradiol, VAGINAL CREAM, IMVEXXY, VAGIFEM
fenofibrate capsule 50 mg, 130 mg; 120 mg; fenofibrate tablet 40 mg, 120 mg	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
FENOGLIDE TABLET 120 MG	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
fenoprofen, FENOPROFEN CAPSULE	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
FERIVA 21/7	folic acid
FETZIMA	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
Fexmid	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
FINACEA GEL	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
FIORICET CAPSULE	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
FLAREX	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
flucytosine capsule 500 mg	fluconazole
fluocinonide cream 0.1%	clobetasol cream
fluorouracil cream 0.5%	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA
fluoxetine tablet (generics for SARAFEM only)	fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline
fluoxetine tablet 60 mg	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
flurandrenolide lotion (NDC [^] 24470092112 only)	desonide, hydrocortisone
flurandrenolide cream, flurandrenolide lotion	desonide, hydrocortisone
flurandrenolide ointment	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
FML FORTE, FML LIQUIFILM, FML S.O.P	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL</i>
FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, dexamethylphenidate ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>
FOLIC-K	<i>folic acid</i>
<i>Folvik-D</i>	<i>folic acid</i>
<i>Folvite-D</i>	<i>folic acid</i>
FORTAMET	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
FORTESTA	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution, ANDRODERM, NATESTO</i>
FOSAMAX PLUS D	<i>alendronate, ibandronate, risedronate</i>
FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
FOSTEUM, FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
FROVA	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
<i>Genicin Vita-S</i>	<i>folic acid</i>
GLUMETZA	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
GOLYTELY	<i>peg 3350-electrolytes, CLENPIQ</i>
GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>halcinonide cream</i>	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>), BRYHALI
HALOG	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>), BRYHALI
<i>heparin sodium in 5% dextrose,</i>	Consult doctor

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
HEPARIN SODIUM IN 5% DEXTROSE	
HORIZANT	<i>gabapentin</i> , GRALISE
HUMALOG	FIASP, NOVOLOG
HUMALOG MIX 50/50	NOVOLOG MIX 70/30
HUMALOG MIX 75/25	NOVOLOG MIX 70/30
HUMULIN 70/30	NOVOLIN 70/30
HUMULIN N	NOVOLIN N
HUMULIN R	NOVOLIN R
<i>hydrocortisone butyrate lipophilic cream 0.1%</i>	<i>hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<i>hydrocortisone butyrate lotion</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<i>HylaVite</i>	<i>folic acid</i>
<i>hyoscyamine sulfate ext-rel</i>	<i>dicyclomine</i>
HYSINGLA ER	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDA, NUCYNTA ER, XTAMPZA ER</i>
HYZAAR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
INCRUSE ELLIPTA	SPIRIVA, YUPELRI
INDERAL LA, INDERAL XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<i>indomethacin capsule 20 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<i>Inflammacin</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
INNOPRAN XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
INTERMEZZO	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
INTRAROSA	estradiol, vaginal cream, IMVEXXY, VAGIFEM
INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, QELBREE, VYVANSE
INVELTYS	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKANA	FARXIGA, JARDIANCE
isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
ISTALOL	timolol maleate solution, BETOPTIC S
ivermectin cream	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, or terazosin
JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR
KAMDOY	desonide, hydrocortisone
KAZANO	JANUMET, JANUMET XR
ketoconazole foam 2%	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
ketoprofen capsule 25 mg	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
ketoprofen ext-rel capsule	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
KOMBIGLYZE XR	JANUMET, JANUMET XR
LACRISERT	RESTASIS, XIIDRA
Lactojen	Consult doctor
LACTULOSE PAK	lactulose solution
LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
lanthanum carbonate	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
LANTUS ⁶	BASAGLAR, LEVEMIR
LASTACAPT	azelastine, cromolyn sodium, olopatadine
LAZANDA	fentanyl transmucosal lozenge, SUBSYS
LESCOL XL	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
levorphanol	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
LEXAPRO	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
LIALDA	<i>balsalazide, mesalamine delayed-rel, (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD PENTASA</i>
LIBRAX	<i>dicyclomine</i>
LIDOCAINE-TETRACAINE CREAM (NDC^ 71800063115 only)	<i>lidocaine-prilocaine</i>
LIDOTREX	<i>lidocaine-prilocaine</i>
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
LITHOSTAT	Consult doctor
LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Lorid</i>	<i>folic acid</i>
<i>Lorzone</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
LOTEMAX, LOTEMAX SM	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>luliconazole</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
LUNESTA	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
LYRICA	<i>duloxetine, pregabalin</i>
MACRODANTIN	<i>nitrofurantoin (except NDC^ 70408023932)</i>
<i>Matzim LA</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
MAXALT, MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
<i>mefenamic acid (NDC^ 69336012830 only)</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
MENEST	<i>estradiol</i>
MENOSTAR	<i>estradiol</i>
<i>mesalamine delayed-rel tablet 800 mg</i>	<i>balsalazide, mesalamine delayed-rel, (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i>
<i>metaxalone 400 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only)	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<i>methocarbamol 500 mg</i> (NDC^ 69036091010 only), <i>methocarbamol 750 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
(NDCs^ 69036093090, 70868090190 only)	
MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
MIACALCIN NASAL SPRAY	calcitonin-salmon
MICARDIS, MICARDIS HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
Migergot	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
MILLIPRED	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone
MINASTRIN 24 FE	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA
MINIVELLE	estradiol, DIVIGEL, EVAMIST
MINOCIN	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
minocycline ext-rel	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
MIRVASO	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
Mondoxyme NL capsule 75 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
MOVIPREP	peg 3350-electrolytes, CLENPIQ
MultiPro	Consult doctor
mupirocin cream	gentamicin, mupirocin ointment
MYTESI	diphenoxylate-atropine, loperamide
NAPRELAN	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
naproxen CR	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
naproxen suspension	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT
NATAZIA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate,

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
	LO LOESTRIN FE
NATURE-THROID	levothyroxine, liothyronine, SYNTHROID
NEO-SYNALAR	desonide or hydrocortisone WITH gentamicin
NESINA	JANUVIA
NEVANAC	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
NEXIUM	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
niacin tablet 500 mg	niacin ext-rel
Niacor	niacin ext-rel
NICADAN	folic acid
NICAPRIN	folic acid
NICAZEL, NICAZEL FORTE	folic acid
NICOMIDE	folic acid
NILANDRON	abiraterone, bicalutamide, XTANDI, YONSA
nitrofurantoin (NDC [^] 70408023932 only)	abiraterone, bicalutamide, XTANDI, YONSA nitrofurantoin (except NDC [^] 70408023932)
NITROMIST	nitroglycerin lingual spray, nitroglycerin sublingual
Nolix	desonide, hydrocortisone
NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
NORPACE	disopyramide
NOURIANZ	amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
NOVACORT	desonide, hydrocortisone
NOVO NORDISK NEEDLES ³	BD ULTRAFINE NEEDLES
NuDiclo SoluPak, NuDiclo TabPak	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
NUVARING	ethinyl estradiol-etonogestrel, ANNOVERA
NUVIGIL	armodafinil, SUNOSI
OLEPTRO	trazodone
OLUX-E	clobetasol foam
omeprazole-sodium bicarbonate	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
OMNARIS	flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA
OMNIVEX	folic acid
ONFI	clobazam, lamotrigine, topiramate, TROKENDI XR
ONGLYZA	JANUVIA
orphenadrine-aspirin-caffeine	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
Orphengesic Forte	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
ORTHO D	folic acid
ORTHO DF	folic acid
OSENI	JANUMET, JANUMET XR; JANUVIA WITH pioglitazone
OSMOPREP	peg 3350-electrolytes, CLENPIQ
OSPHENA	estradiol
OWEN MUMFORD NEEDLES ³	BD ULTRAFINE NEEDLES
oxiconazole (NDCs^ 00168035830, 51672135902 only)	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole
OXYCONTIN	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
oxymorphone ext-rel	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
PANCREAZE	CREON, VIOKACE, ZENPEP
pantoprazole delayed-rel suspension	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT
paroxetine HCl ext-rel (NDC^ 60505367503 only)	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC^ 60505367503), sertraline, TRINTELLIX
paroxetine mesylate capsule 7.5 mg	paroxetine HCl
PAXIL, PAXIL CR	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
PERCOCET	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA
PERRIGO NEEDLES ³	BD ULTRAFINE NEEDLES
PERTZYE	CREON, VIOKACE, ZENPEP
PEXEVA	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
PLAVIX	clopidogrel, prasugrel, BRILINTA
POLYTOZA	Consult doctor
posaconazole delayed-rel tablet	fluconazole, itraconazole

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
PRECISION XTRA STRIPS AND KITS ⁴	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS², ACCU-CHEK COMPACT PLUS STRIPS AND KITS², ACCU-CHEK GUIDE STRIPS AND KITS², ACCU-CHEK SMARTVIEW STRIPS AND KITS², ONETOUCH ULTRA STRIPS AND KITS², ONETOUCH VERIO STRIPS AND KITS²</i>
PRED FORTE, PRED MILD	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
PREFEST	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
PREMARIN	<i>estradiol</i>
PREMARIN CREAM	<i>estradiol, vaginal cream, IMVEXXY VAGIFEM</i>
PRENATAL PLUS ⁵	<i>prenatal vitamins, CITRANATAL</i>
PREVACID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
PREVIDENT	Consult doctor
PRILOSEC	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>
PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
PROAIR HFA, PROAIR RESPICLICK	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
PRODIGEN	Consult doctor <i>bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC</i>
PROMETRIUM	<i>Medroxyprogesterone, progesterone, micronized</i>
PROTONIX	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
PROTOPIC	<i>pimecrolimus, tacrolimus, EUCRISA</i>
PROVAD	Consult doctor
PROVENTIL HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
PROVIGIL	<i>armodafinil, modafinil, SUNOSI</i>
PROZAC	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
PSORCON	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
QNASL	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>
QSYMIA	SAXENDA
QTERN	GLYXAMBI
<i>quazepam</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
RAPAFLO	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
RECEDO	Consult doctor
RELION INSULIN	NOVOLIN INSULIN
RHEUMATE	<i>folic acid</i>
RIBOZEL	<i>folic acid</i>
RIMSO-50	Consult doctor
RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET or GLUMETZA)</i>
ROZEREM	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
RyClora	<i>levocetirizine</i>
SCARSILK PAD	Consult doctor
SEASONIQUE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
SIL-K PAD	Consult doctor
SILIVEX	Consult doctor
SILTREX	Consult doctor
SINGULAIR	<i>montelukast, zafirlukast, zileuton ext-rel</i>
SORILUX	<i>calcipotriene ointment, calcipotriene solution</i>
SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
STENDRA	sildenafil, tadalafil
SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
sucrafate suspension	<i>sucrafate tablet</i>
sumatriptan-naproxen	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
SUPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
SURE-TEST STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
Symax-SR	dicyclomine
SYMJEPI	epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR
SYNERDERM	desonide, hydrocortisone
TALIVA	folic acid
TARGADOX	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
TAYTULLA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA
TAZORAC	adapalene, benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON; calcipotriene ointment, calcipotriene solution
TESTIM	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO
testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)	testosterone gel, (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
THEO-24	ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
TIMOPTIC OCUDOSE	timolol maleate solution, BETOPTIC S
TIROSINT	levothyroxine, SYNTHROID
TOBRADEX ST	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT
topiramate ext-rel capsule (generics for QUDEXY XR only)	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC
TRADJENTA	JANUVIA
tramadol (NDC [^] 52817019610 only), tramadol ext-rel capsule	tramadol (except NDC [^] 52817019610), tramadol ext-rel tablet

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
<i>triamcinolone acetonide aerosol 0.2%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
<i>triamcinolone ointment 0.05%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<i>Trianex</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
TRICOR	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
TRILIPIX	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
TRINAZ ⁵	<i>prenatal vitamins, CITRANATAL</i>
TRIVIDIA INSULIN SYRINGES ³	BD ULTRAFINE INSULIN SYRINGES
<i>TronVite</i>	<i>folic acid</i>
TRUETEST STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
TRUETRACK STRIPS AND KIT ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
TUDORZA	SPIRIVA, YUPELRI
ULORIC	<i>allopurinol</i>
ULTIMED INSULIN SYRINGES ³	BD ULTRAFINE INSULIN SYRINGES
ULTIMED NEEDLES ³	BD ULTRAFINE NEEDLES

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment</i>
UROXATRAL	<i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin</i>
VALCYTE	<i>valganciclovir</i>
VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
Vanoxide-HC	<i>adapalene, benzoyl peroxide, clindamycin gel (except NSC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
VASCULERA	<i>Consult doctor</i>
VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
VELTIN	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
<i>venlafaxine ext-rel tablet (except 225 mg)</i>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
VENTOLIN HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
VEREGEN	<i>imiquimod</i>
VIAGRA	<i>sildenafil, tadalafil</i>
VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
VITAFOL-ONE ⁵	<i>prenatal vitamins, CITRANATAL</i>
<i>Vitasure</i>	<i>folic acid</i>
VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM. NATESTO</i>
WESTHROID	<i>levothyroxine, liothyronine, SYNTHROID</i>
WP THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>
XANAX, XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
XENICAL	<i>QSYMIA, SAXENDA, WEGOVY</i>
XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
<i>Xvite</i>	<i>folic acid</i>
XYZBAC	<i>folic acid</i>

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
YASMIN	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
Yuvaferm	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
ZALVIT ⁵	<i>prenatal vitamins, CITRANATAL</i>
ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
ZELAC	Consult doctor
ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
ZETIA	<i>ezetimibe</i>
ZETONNA	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>
ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275) clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
<i>zileuton ext-rel</i>	<i>montelukast, zafirlukast</i>
ZIRGAN	<i>trifluridine</i>
ZOHYDRO ER	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC[^] 60505367503), sertraline, TRINTELLIX</i>
<i>zolpidem sublingual</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
ZONTIVITY	Consult doctor
ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
ZYFLO	<i>montelukast, zafirlukast, zileuton ext-rel</i>
ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-</i>

PREFERRED OPTIONS DRUG LIST	
DRUG NAME(S)	PREFERRED OPTION(S)*
	<i>dexamethasone, tobramycin-dexamethasone</i> , TOBRADEX OINTMENT, TOBRADEX ST
ZYVIT	<i>folic acid</i>

FOR YOUR INFORMATION: This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed.

An exception process may exist for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

- § Generics are available in this class and should be considered the first line of prescribing.
- ^ Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.
- † Listing does not include certain NDCs^.
- * The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.
- ¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.
- ² A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.
- ³ ONETOUCH brand test strips are the only preferred options.
- ⁴ BD ULTRAFINE syringes and needles are the only preferred options.
- ⁵ Long Acting Insulins - First Generation.

Appendix D: Medications Requiring Prior Authorization for Medical Necessity

Below is a list of medicines by drug class that will not be covered without a Prior Authorization for medical necessity. If you continue using one of these drugs without prior approval for medical necessity, you may be required to pay the full cost.

If you are currently using one of the drugs requiring Prior Authorization for medical necessity, ask your doctor to choose one of the generic or brand Formulary options listed below.

Within this list, brand products are in CAPS, branded generics are in *UPPER* and *lowercase* Italics, and generic products are in *lowercase italics*.

Access the most recent Medications Requiring Prior Authorization for Medical Necessity List on cooperative.com at My Benefits > Education & Resources > Insurance Plan Documents (check Prescription Drugs under the Filter dropdown). If you are unable to access this website, call NRECA's Member Contact Center (MCC) for a copy of the list.

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Acromegaly	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
Allergies Antihistamines	<i>dexchlorpheniramine</i> <i>Diphen Elixir</i> <i>RyClora</i> CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
Allergies Nasal Steroids / Combinations	BECONSE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, DYMISTA</i>
Anticonvulsants	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only)	<i>carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
	BANZEL SUSPENSION	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	ONFI	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	SABRIL	<i>vigabatrin</i>
	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
Anti-infectives, Antibacterials Tetracyclines	<i>doxycycline hyclate delayed-rel tablet 50 mg doxycycline hyclate delayed-rel tablet 100 mg doxycycline hyclate delayed-rel tablet 200 mg doxycycline hyclate tablet 50 mg (NDC^ 72143021160 only) doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel CoreMino Mondoxyme NL capsule 75 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
Anti-infectives, Antibacterials Miscellaneous	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Anti-infectives, Antifungals	nitrofurantoin (NDC [^] 70408023932 only) MACRODANTIN	nitrofurantoin (except NDC [^] 70408023932)
	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet NOXAFIL	fluconazole, itraconazole
Anti-infectives, Antivirals	CRESEMBA	itraconazole
	tavorole	terbinafine tablet
	ATRIPLA COMPLERA STRIBILD	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz- lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYM TUZA, TRIUMEQ
Anti-infectives, Antivirals Cytomegalovirus*	TRUVADA	abacavir-lamivudine, emtricitabine- tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS
Anti-infectives, Antivirals Hepatitis B*	APTIVUS	Consult doctor
	INVIRASE LEXIVA VIRACEPT	atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA
	VALCYTE	valganciclovir
	BARACLUDE TABLET EPIVIR HBV HEPSERA	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY
Anti-infectives, Antivirals Hepatitis C*	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes*	acyclovir cream VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
Anti-infectives, Antivirals HIV		
Anti-infectives Miscellaneous	DARAPRIM	pyrimethamine

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Antiobesity	CONTRACE	QSYMIA, SAXENDA
Anxiety* Benzodiazepines	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
Asthma* Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol,</i>
Asthma* Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast, zileuton ext- rel</i>
Asthma* Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
Asthma* or Chronic Obstructive Pulmonary Disease (COPD)* Steroid/Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA [†] , SYMBICORT
Attention Deficit Hyperactivity Disorder*	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
Autoimmune Agents Physician-Administered Agents	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel[†], methylphenidate ext-rel[†], MYDAYIS, VYVANSE</i>
Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis*	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel[†], atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel[†], MYDAYIS, VYVANSE</i>
Autoimmune Agents Self-Administered Agents Crohn's Disease*	ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
Autoimmune Agents Self-Administered Agents Crohn's Disease*	AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLEXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
Autoimmune Agents Self-Administered Agents	ENTYVIO (For Crohn's Disease Only) LUMYA	REMICADE, STELARA INTRAVENOUS REMICADE

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity¹	Formulary Options
Psoriasis*	CIMZIA PREFILLED SYRINGE SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA
	CIMZIA PREFILLED SYRINGE	HUMIRA, STELARA SUBCUTANEOUS # # After failure of HUMIRA
	CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents Self-Administered Agents Psoriatic Arthritis*	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMFYA XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA
Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis*	ACTERMA ACTPEN ACTEMRA SUBCUTANEOUS CIMZIA PREFILLED SYRINGE KINERET SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
	SIMPONI	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR # # After failure of HUMIRA
Autoimmune Agents Self-Administered Agents Ulcerative Colitis*	ENTYVIO SIMPONI	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR # # After failure of HUMIRA
Autoimmune Agents Self-Administered Agents All Other Conditions*	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJET ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Botulinum Toxins	BOTOX	Consult doctor
Cancer Biosimilars	RIABNI TRUXIMA	RUXIENCE
Cancer Chronic Myelogenous Leukemia*	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Follicular Lymphoma *	ALIQUOPA ZYDELIG	COPIKTRA
PI3K Inhibitors	AVASTIN	ZIRABEV
Cancer Monoclonal Antibodies	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR	<i>everolimus</i> , AFINITOR DISPERZ
Cancer Multiple Myeloma* Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE
Cancer Non-Small Cell Lung Cancer* ALK Inhibitors		
Cancer Prostate* Antiandrogens	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
Cancer Prostate* Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	NILANDRON ZYTIGA	<i>abiraterone</i> , <i>bicalutamide</i> , XTANDI, YONSA
	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
Cardiovascular Antilipemics	NORPACE	<i>disopyramide</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
Cardiovascular Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
Cardiovascular Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
Cardiovascular Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil, tadalafil</i>
	REMODULIN	<i>treprostinil</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Carnitine Deficiency	LUPRON DEPOT-PED	SUPPRELIN LA, TRIPTODUR
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergics / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
Contraceptives Oral	BALCOLTRA BEYAZ MINASTRIN 24 FE TAYTULLA YASMIN YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone- levomefolate, ethinyl estradiol- norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
Contraceptives Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
Contraceptives Vaginal	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
Cystic Fibrosis* Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
Dental Cavity/Caries Prevention	PREVIDENT	Consult doctor
Depression* Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC[^] 60505367503 only)</i> LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC[^] 60505367503), sertraline, TRINTELLIX</i>
Depression* Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	EFFEXOR XR PRISTIQ	
Depression* Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet</i> 450 mg APLENZIN	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
	OLEPTRO	<i>trazodone</i>
Depression and/or Schizophrenia* Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
Dermatology Acne*	<i>clindamycin gel (NDC[^] 68682046275 only)</i> <i>Vanoxide-HC</i> ACANYA AZELEX BENZACLIN	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
Dermatology Actinic Keratosis*	DIFFERIN LOTION FABIOR TAZORAC	
Dermatology Anti-infective / Anti-inflammatory	VELTIN ZIANA	
Dermatology Antibiotics	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
	NEO-SYNALAR	<i>desonide or hydrocortisone WITH gentamicin</i>
	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Antipsoriatics	<i>calcipotriene cream</i> <i>calcipotriene foam</i> <i>calcitriol ointment</i> CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI</i>
Dermatology	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Atopic Dermatitis*	ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>
Dermatology Rosacea*	<i>doxycycline monohydrate delayed- rel capsule</i>	ORACEA
	<i>ivermectin cream</i> FINACEA GEL MIRVASO NORITATE	<i>azelaic acid, metronidazole, FINACEA FOAM, SOOLANTRA</i>
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis*	<i>ketoconazole foam 2%</i> Ketodan	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
Dermatology Skin Inflammation and Hives* Corticosteroids	<i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> Nolix CORDRAN CREAM CORDRAN LOTION	<i>desonide, hydrocortisone</i>
	<i>clocortolone cream</i> <i>desoximetasone ointment 0.05%</i> <i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>triamcinolone acetonide aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> Trianex CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
Dermatology Warts	<i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
	CORDRAN TAPE ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment</i>
	VEREGEN	<i>imiquimod</i>
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
Dermatology Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP EPICERAM KAMODY NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs^ 00168035830, 51672135920 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole</i>
Diabetes* Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET or GLUMETZA)
Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
Diabetes* Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
Diabetes* Insulins	APIDRA HUMALOG	FIASP, NOVOLOG

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.	
Diabetes* Long Acting Insulins	LANTUS	BASAGLAR, LEVEMIR
Diabetes* Insulin Sensitizers	ACTOS	pioglitazone
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor/ Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYZAMBI
Diabetes* Supplies, Needles ⁶	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Diabetes* Supplies, Syringes⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
Diabetes* Supplies, Test Strips, and Kits^{7, 8}	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ACCU-CHEK COMPACT PLUS STRIPS AND KITS ACCU-CHEK GUIDE STRIPS AND KITS ACCU-CHEK SMARTVIEW STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS ⁷ ONETOUCH VERIO STRIPS AND KITS ⁷
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> <i>DaVite</i> <i>Dexifol</i> <i>Folvik-D</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	<i>MultiPro</i> PRODIGEN VASCULERA	Consult doctor
Endocrine and Metabolic Progestins	betamethasone acetate- betamethasone sodium phosphate (NDC ^A 71283062002 only)	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
Endocrine and Metabolic Progestins	BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE	
Endometriosis *	MILLIPRED RAYOS	

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Erectile Dysfunction* Phosphodiesterase Inhibitors	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Fertility*	LUPRON DEPOT ZOLADEX	ORILISSA
	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
	FOLLISTIM AQ	GONAL-F
Gastrointestinal Anticholinergics	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL
	<i>chlordiazepoxide- (NDCs[^] 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</i> <i>hyoscyamine sulfate ext-rel</i> Oscimin SR Symax-SR GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
	LIBRAX	
	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
Gastrointestinal Antidiarrheals	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
	AMITIZA	LINZESS, MOVANTIK, SYMPROIC
	LACTULOSE PAK	<i>lactulose solution</i>
Gastrointestinal Irritable Bowel Syndrome	GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
Gastrointestinal Laxatives		
Gastrointestinal		

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Probiotics	<i>Lactogen</i>	Consult doctor
Gastrointestinal	PROVAD ZELAC	
Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel</i> <i>suspension</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel,</i> <i>lansoprazole delayed-rel, omeprazole</i> <i>delayed-rel, pantoprazole delayed-rel</i> <i>tablet, DEXILANT</i>
Gastrointestinal	<i>sucralfate suspension</i>	<i>sucralfate tablet</i>
Ulcer Treatment	CARAFATE	
	ELELYSO	CERDELGA, CEREZYME
Gaucher Disease	ELMIRON RIMSO-50	Consult doctor
Genitourinary	LITHOSTAT	
Interstitial Cystitis	THIOLA THIOLA EC	
Genitourinary	<i>colchicine capsule</i>	<i>colchicine tablet, MITIGARE</i>
Miscellaneous	COLCRYS	
Gout*	ULORIC	<i>allopurinol</i>
Growth Hormones	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	NORDITROPIN
Hematologic	<i>heparin sodium in 5% dextrose</i>	
Anticoagulants	HEPARIN SODIUM IN 5%	Consult doctor
Injectable	DEXTROSE	
Hematologic	ELIQUIS	<i>warfarin, XARELTO</i>
Anticoagulants	PRADAXA	
Oral	CUPRIMINE	<i>penicillamine capsule</i>
Hematologic	DESFERAL	
Chelating Agents	EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone,</i> <i>deferoxamine</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Hematologic Erythropoiesis-Stimulating Agents	SYPRINE	<i>trientine</i>
	ARANESP EPOGEN PROCRT	RETACRIT
	ALPROLIX	Consult doctor
Hematologic Hemophilia B	FEIBA	NOVOSEVEN RT, SEVENFACT
Hematologic Miscellaneous Bleeding Disorders Agents	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
Hematologic Neutropenia Colony Stimulating Factors	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
Hematologic Thrombocytopenia Agents	ZONTIVITY	Consult doctor
High Blood Pressure* ACE Inhibitor / Diuretic Combinations	MULPLETA	Consult doctor
	NPLATE	PROMACTA, TAVALISSE
	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
High Blood Pressure* Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
High Blood Pressure* Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan -hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
High Blood Pressure* Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
High Blood Pressure* Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan- hydrochlorothiazide, olmesartan- amlodipine-hydrochlorothiazide</i>
High Blood Pressure* Beta-blockers	COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
High Blood Pressure* Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
High Blood Pressure* Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
High Blood Pressure* Calcium Channel Blockers / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i> <i>Matzim LA</i> CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
	CONSENSI	<i>amlodipine WITH celecoxib</i>
Huntington's Disease	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
Immunology Antimetabolites	CELLCEPT MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
Immunology Calcineurin Inhibitors	ASTAGRAF XL ENVARUS XR	<i>tacrolimus</i>
Immunology Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
	BERINERT	<i>icatibant, RUCONEST</i>
Immunology Hereditary Angioedema*	CINRYZE HAEGARDA	ORLADEYO, TAKHZYRO
Immunology Rapamycin Derivatives	RAPAMUNE ZORTRESS	<i>everolimus, sirolimus</i>
Inflammatory Bowel Disease (IBD) Ulcerative Colitis*	<i>budesonide ext-rel mesalamine delayed-rel tablet 800 mg</i> COLAZAL DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed- rel, ASACOL HD, PENTASA</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Interferons*	PEGASYS	Consult doctor
	lanthanum carbonate FOSRENOL	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
	paroxetine mesylate capsule 7.5 mg	paroxetine HCl
Kidney Disease*	MENEST	estradiol
Phosphate Binders	OSPHENA PREMARIN	
Menopausal Symptom Agents Oral	MINIVELLE VIVELLE-DOT	estradiol, DIVIGEL, EVAMIST
Menopausal Symptom Agents Transdermal	estradiol vaginal tablet Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM
Multiple Sclerosis	AVONEX EXTAVIA TECFIDERA	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
Musculoskeletal	carisoprodol 250 mg chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC^ 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg Fexmid Lorzone metaxalone 400 mg methocarbamol 500 mg (NDC^ 69036091010 only) methocarbamol 750 mg (NDCs^ 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Orphengesic Forte AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy	NUVIGIL	armodafinil, SUNOSI

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Wakefulness Promoters	PROVIGIL	
	PROCYSBI	CYSTAGON
	ALREX BEPREVE LASTACFT ZERVIAE	azelastine, cromolyn sodium, LASTCFT, PAZEO
Nephropathic Cystinosis	AZASITE CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
Ophthalmic Allergies		
Ophthalmic Anti-infectives	TOBRADEX ST ZYLET	neomycin-polymyxin B-bactracin- hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin- dexamethasone, TOBRADEX OINTMENT
Ophthalmic Anti-infective / Anti-inflammatory	ACUVAIL BROMSITE NEVANAC	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
Ophthalmic Anti-inflammatory, Nonsteroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
Ophthalmic Antivirals	ZIRGAN	trifluridine
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA
Ophthalmic Glaucoma	bimatoprost solution 0.03% TRAVATAN Z	latanoprost, travoprost, LUMIGAN, ZIOPTAN
	BETIMOL TIMOPTIC OCUDOSE	timolol maleate solution, BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Opioid Dependency	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
Osteoarthritis* Viscosupplements	GEL-ONE HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
Osteoporosis* Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
Otic Anti-infective / Anti-inflammatory	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
Otic Anti-infective / Anti-inflammatory	CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
Overactive Bladder / Incontinence* Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
Pain Headache*	<i>butalbital-acetaminophen tablet 50-300 mg butalbital-acetaminophen-caffeine capsule</i> Bupap Vanatol LQ Vanatol S BUTALBITAL-ACETAMINOPHEN (NDC [^] 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> Migergot CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	sumatriptan-naproxen TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
		SYMTOUCH or ZOMIG NASAL SPRAY
Pain Migraine CGRP Inhibitors	AIMOVIG	AJOVY, EMGALITY
Pain Neuropathic Pain*	LYRICA	<i>duloxetine, pregabalin</i>
	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
Pain Opioid Anesthetics	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
	PERCOCET	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
Pain Topical Local Anesthetics	<i>tramadol (NDC[^] 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC[^] 52817019610), tramadol ext-rel tablet</i>
	LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>
Pain and Inflammation* Corticosteroids	MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
Pain and Inflammation* Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>
	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>Inflammasin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet,</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
		<i>naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen</i> <i>indomethacin capsule 20 mg</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> <i>mefenamic acid (NDC[^] 69336012830 only)</i> <i>meloxicam capsule</i> <i>naproxen CR</i> <i>naproxen suspension</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>
Parkinson's Disease	APOKYN	INBRIJA, KYNMOBI
Phenylketonuria	NOURIANZ	<i>amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
Postherpetic Neuralgia		
Premenstrual Dysphoric Disorder (PMDD)	RYTARY	<i>carbidopa-levodopa, carbidopa-levodopa ext-rel</i>
	KUVAN	<i>sapropterin</i>
	HORIZANT	<i>gabapentin, GRALISE</i>
Prenatal Vitamins⁹	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, (except NDC[^] 60505367503), sertraline</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Prostate Condition Benign Prostatic Hyperplasia*	AZESCO PRENATAL PLUS TRINAZ VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	<i>prenatal vitamins, CITRANATAL</i>
	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin</i>
Respiratory Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
Respiratory Anaphylaxis Treatment Agents	ADRENALIN SYMJEPI	<i>epinephrine auto-injector, AUVI- Q, EPIPEN, EPIPEN JR</i>
Respiratory Cough	<i>benzonatate (NDC^A 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs^A 69336012615, 69499032915)</i>
Respiratory Xanthines	THEO-24	<i>ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam</i> <i>zolpidem sublingual</i> LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
Testosterone Replacement* Androgens	<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i> ANDROGEL FORTESTA TESTIM VOGELXO	<i>testosterone gel, (except authorized for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
Thyroid Supplements		
Transplant* Immunosuppressants, Calcineurin Inhibitors	CYTOMEL NATURE-THROID WESTHROID Zetia	<i>levothyroxine, liothyronine, SYNTHROID</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Urea Cycle Disorders	TIROSINT	levothyroxime, SYTHROID
	PROGRAF	tacrolimus
	BUPHENYL RAVICTI	sodium phenylbutyrate
	LUPRON DEPOT	ORIAHNN

Category Drug Class	Other Considerations
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product.
Autoimmune and Hepatitis C*	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional products not covered for certain conditions without a medical exception.
Drugs for Infusion into Spaces Other than the Blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
New-to-Market Agents ¹	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.
The listed Formulary options are subject to change.	

List of Drugs Requiring Prior Authorization for Medical Necessity

<p> ABILIFY ACANYA ACCU-CHEK AVIVA PLUS STRIPS AND KITS⁸ ACCU CHEK COMPACT PLUS STRIPS AND KITS⁸ ACCU-CHEK GUIDE STRIPS AND KITS⁸ ACCU-CHEK SMARTVIEW STRIPS AND KITS⁸ ACIPHEX ACIPHEX SPRINKLE ACTEMRA ACTICLATE <i>Activite</i> ACTOS ACUVAIL <i>acyclovir cream</i> ADCIRCA ADDERALL ADZENYS ER ADZENYS XR-ODT ALCORTIN A ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION ALIQOPA ALLISON MEDICAL INSULIN SYRINGES⁶ ALPROLIX ALREX ALTOPREV ALVESCO AMITIZA AMRIX ANDROGEL APEXICON E APIDRA APLENZIN APOKYN APTENSIO XR APTIVUS ARALAST NP </p>	<p> ARTHROTEC ASMANEX ASMANEX HFA ASTAGRAF XL ATACAND ATACAND HCT ATIVAN ATOPADERM AVASTIN AVENOVA AVONEX AVSOLA AZASITE AZELEX AZESCO AZOR BANZEL SUSPENSION BARACLUDE TABLET BEAU RX BECONASE AQ BENICAR BENICAR HCT BENSAL HP BENZACLIN <i>benzonatate</i> (NDCs[^] 69336012615, 69499032915 only) BEPREVE BERINERT <i>betamethasone acetate-</i> <i>betamethasone sodium</i> <i>phosphate</i> (NDC[^] 71283062002 only) BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE BETAPACE BETAPACE AF BETIMOL BEVESPI AEROSPHERE BEYAZ <i>bimatoprost solution 0.03%</i> BORTEZOMIB BREEZE 2 STRIPS AND KITS⁸ BROMSITE <i>Bupap</i> BUPHENYL </p>	<p> <i>bupropion ext-rel tablet 450 mg</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> BUTALBITAL-ACETAMINOPHEN (NDC[^] 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> BUTRANS BYDUREON BYETTA CAFERGOT <i>calcipotriene cream</i> <i>calcipotriene foam</i> CALCIPOTRIENE FOAM <i>calcipotriene-betamethasone</i> <i>calcitriol ointment</i> CAMBIA CARAC CARAFATE CARBINOXAMINE TABLET 6 MG CARDIZEM CARDIZEM CD CARDIZEM LA <i>carisoprodol 250 mg</i> CARNITOR CARNITOR SF CELEBREX CELLCEPT <i>chlordiazepoxide-clidinium</i> (NDCs[^] 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) CHLORZOXAZONE 250 MG <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg</i> (NDC[^] 73007001303 only) <i>chlorzoxazone 750 mg</i> CHORIONIC GONADOTROPIN CIALIS CICATRACE CILOXAN CIMZIA LYOPHILIZED POWDER CIMZIA PREFILLED SYRINGE CIPRO HC CIPRODEX <i>clindamycin gel</i> </p>
--	---	--

List of Drugs Requiring Prior Authorization for Medical Necessity

<p>clobetasol spray CLOBEX SPRAY clocortolone cream COLAZAL COLCRYS COMPLERA CONSENSI CONTOUR NEXT STRIPS AND KITS⁸ CONTOUR STRIPS AND KITS⁸ CONTRACE CORDRAN CREAM CORDRAN LOTION CORDRAN OINTMENT CORDRAN TAPE COREG CR CoreMino COZAAR CRESEMBA CRESTOR CUPRIMINE cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg CYMBALTA CYTOMEL DARAPRIM DaVite DAYTRANA DELZICOL DESFERAL desoximetasone ointment 0.05% DETROL LA dexchlorpheniramine Dexifol Diclofex DC (NDC[^] 51021037201 only) Diclosaicin DIFFERIN LOTION diflorasone cream diflorasone ointment dihydroergotamine spray diltiazem ext-rel (generics for CARDIZEM LA only) DIOVAN DIOVAN HCT Diphen Elixir DORYX DORYX MPC doxepin cream</p>	<p>doxycycline hyclate delayed-rel tablet 50 mg doxycycline hyclate delayed-rel tablet 100 mg doxycycline hyclate delayed-rel tablet 200 mg doxycycline hyclate tablet 50 mg (NDC[^] 72143021160 only) doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg doxycycline monohydrate delayed-rel capsule DULERA DUTOPROL DYRENIUM EDARBI EDARBYCLOR E.E.S. GRANULES EFFEXOR XR ELELYSO ELIDEL ELMIRON ELOCTATE ENABLEX ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM ENTERAGAM ENTYVIO ENVARUS XR EPICERAM EPIVIR HBV EPOGEN ergotamine-caffeine ERYPED ESTRING EVEKEO EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM EVZIO EXFORGE EXFORGE HCT EXJADE</p>	<p>EXTAVIA FABIOR FANAPT FEMRING fenofibrate capsule 50 mg fenofibrate capsule 130 mg fenofibrate tablet 40 mg fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG fenoprofen FENOPROFEN CAPSULE FERIVA 21/7 FERRIPROX Fexmid FINACEA GEL FIORICET CAPSULE FLAREX flucytosine capsule 500 mg fluocinonide cream 0.1% fluorouracil cream 0.5% fluoxetine tablet (generics for SARAFEM only) fluoxetine tablet 60 mg flurandrenolide cream flurandrenolide lotion flurandrenolide ointment ointment FML FORTE FML LIQUIFILM FML S.O.P. FOCALIN XR FOLIC-K FOLLISTIM AQ Folvite-D FORTAMET FORTESTA FOSRENOL FOSTEUM FOSTEUM PLUS FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE STRIPS AND KITS⁸ FULPHILA GEL-ONE Genicin Vita-S GENOTROPIN GLASSIA GLEEVEC GLUMETZA</p>
--	---	---

List of Drugs Requiring Prior Authorization for Medical Necessity

<p>GLYCOPYRROLATE TABLET 1.5 MG GOLYTELY GRANIX GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM <i>halcinonide cream</i> HALOG <i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE HEPSERA HERCEPTIN HERCEPTIN HYLECTA HORIZANT HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMATROPE HUMULIN 70/30⁴ HUMULIN N⁴ HUMULIN R⁴ HYALGAN <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> HylaVite <i>hyoscyamine sulfate ext-rel</i> HYSINGLA ER HYZAAR <i>icosapent ethyl</i> ILUMYA INCRUSE ELLIPTA INDERAL LA INDERAL XL INDOCIN <i>indomethacin capsule 20 mg</i> <i>inflammacin</i> INNOPRAN XL INTERMEZZO INTRAROSA INTUNIV INVELTYS</p>	<p>INVIRASE INVOKAMET INVOKAMET XR INVOKANA <i>isosorbide dinitrate 40 mg</i> JADENU JALYN JENTADUETO JENTADUETO XR KAMDOY KAZANO <i>ketoconazole foam 2%</i> <i>Ketodan</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> KINERET KOMBIGLYZE XR KUVAN KYPROLIS LACRISERT <i>Lactojen</i> LACTULOSE PAK LANOXIN TABLET (125 MCG and 250 MCG only) <i>lanthanum carbonate</i> LANTUS LASTACAST LAZANDA LESCOL XL LETAIRIS <i>levorphanol</i> LEXAPRO LEXIVA LIALDA LIBRAX LIDOCAINE-TETRACAINE CREAM (NDC[^] 71800063115 only) LIDOTREX LILETTA LIPITOR LITHOSTAT LIVALO <i>Lorid</i> <i>Lorzone</i> LOTEMAX</p>	<p>LOTEMAX SM <i>luliconazole</i> LUNESTA LUPRON DEPOT LUPRON DEPOT-PED LYRICA MACRODANTIN <i>Matzim LA</i> MAVYRET MAXALT MAXALT-MLT MAXIDEX <i>mefenamic acid (NDC[^] 69336012830 only)</i> <i>meloxicam capsule</i> MENEST <i>mesalamine delayed-rel tablet 800 mg</i> <i>metaxalone 400 mg</i> <i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i> <i>methocarbamol 500 mg (NDC[^] 69036091010 only)</i> <i>methocarbamol 750 mg (NDCs[^] 69036093090, 70868090190 only)</i> MIACALCIN INJECTION MIACALCIN NASAL SPRAY MICARDIS MICARDIS HCT <i>Migergot</i> MILLIPRED MINASTRIN 24 FE MINIVELLE MINOCIN <i>minocycline ext-rel</i> MIRVASO <i>Mondoxyn NL capsule 75 mg</i> MONOVISC MOVIPREP <i>MultiPro</i> <i>mupirocin cream</i> MYFORTIC MYTESI</p>
--	--	--

List of Drugs Requiring Prior Authorization for Medical Necessity		
NAPRELAN <i>naproxen-esomeprazole</i> <i>naproxen CR</i> <i>naproxen suspension</i> NATAZIA NATURE-THROID NATESTO NESINA NEULASTA NEULASTA ONPRO NEUPOGEN NEVANAC NEXIUM <i>niacin tablet 500 mg</i> <i>Niacor</i> NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE NILANDRON <i>nitrofurantoin (NDC^ 70408023932 only)</i> <i>Nolix</i> NORGESIC FORTE NORITATE NORPACE NORVASC NOURIANZ NOVACORT NOVAREL NOVO NORDISK NEEDLES ⁶ NOXAFIL <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> NUTROPIN AQ NUVARING NUVIGIL	OLEPTRO OLUX-E <i>omeprazole-sodium bicarbonate</i> OMNARIS OMNITROPE OMNIVEX ONFI ONGLYZA ORENCIA INTRAVENOUS <i>orphenadrine-aspirin-caffeine</i> <i>Orphengesic Forte</i> ORTHO D ORTHO DF ORTHOVISC <i>Oscimin SR</i> OSENI OSMOPREP OSPHERA OTREXUP OWEN MUMFORD NEEDLES ⁶ <i>oxiconazole (NDCs^ 00168035830, 51672135902 only)</i> OXYCONTIN <i>oxymorphone ext-rel</i> OXYTROL <i>pantoprazole delayed-rel suspension</i> <i>paroxetine HCl ext-rel (NDC^ 60505367503 only)</i> <i>paroxetine mesylate capsule 7.5 mg</i> PAXIL PAXIL CR PEGASYS PENNSAID PERCOCET PERRIGO NEEDLES ⁶ PEXEVA PLAVIX PLEGRIDY POLYTOZA <i>posaconazole delayed-rel tablet</i> PRADAXA PRED FORTE PRED MILD PREGNYL	PREMARIN PREMARIN CREAM PRENATAL PLUS PREVACID PREVIDENT PRILOSEC PRISTIQ PROAIR HFA PROAIR RESPICLICK PROCRIT PROCYSBI PRODIGEN PROGRAF PROMETRIUM PROTONIX PROVAD PROVENTIL HFA PROVIGIL PROZAC PSORCON QNASL QSYMIA QTERN <i>quazepam</i> RAPAFLO RAPAMUNE RAVICTI RAYOS RECEDO REMODULIN REPATHA REVATIO RHEUMATE RIABNI RIBOZEL RIMSO-50 RIOMET RITUXAN ROZEREM <i>RyClora</i> RYTARY SABRIL SAIZEN

List of Drugs Requiring Prior Authorization for Medical Necessity		
SANDOSTATIN LAR SCARSILK PAD SEASONIQUE SEROQUEL XR SIGNIFOR LAR SIL-K PAD SILENOR SILVEX SILTREX SIMPONI SINGULAIR SOMAVERT SORILUX SPRIX STENDRA STRIBILD SUBOXONE <i>sucralfate suspension</i> <i>sumatriptan-naproxen</i> SUPREP <i>Symax-SR</i> SYNERDERM SYNVISC SYNVISC-ONE SYPRINE TALIVA TARGADOX TASIGNA TAYTULLA TAZORAC TECFIDERA TESTIM <i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) THEO-24 THIOLA THIOLA EC TIMOPTIC OCUDOSE TIROSINT TOBI TOBI PODHALER TOBRADEX ST <i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only)	TOPROL-XL TRACLEER TRADJENTA <i>tramadol</i> (NDC^ 52817019610 only) <i>tramadol ext-rel capsule</i> TRANSDERM SCOP TRAVATAN Z TRELSTAR MIXJECT TREXIMET <i>triamcinolone aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> <i>Trianex</i> TRICOR TRINAZ TRIVIDIA INSULIN SYRINGES ⁶ <i>TronVite</i> TRUXIMA TUDORZA UDENYCA ULORIC ULTIMED INSULIN SYRINGES ⁶ ULTIMED NEEDLES ⁶ ULTRAVATE UROXATRAL VALCYTE VALTREX <i>Vanatol LQ</i> <i>Vanatol S</i> <i>Vanoxide-HC</i> VASCULERA VECTICAL VELTIN <i>venlafaxine ext-rel tablet</i> (except 225 mg) VENTOLIN HFA VEREGEN VIAGRA VIEKIRA PAK VIIBRYD VIRACEPT VISCO-3 <i>Vitasure</i> VIVELLE-DOT VOGELXO	WESTHROID WP THYROID XANAX XANAX XR XENAZINE XOLEGEL XOPENEX HFA <i>Xvite</i> XYZBAC YASMIN YAZ ZALVIT ZARXIO ZEGERID ZELAC ZEMAIRA ZEPATIER ZERVIAE ZESTORETIC ZETIA ZETONNA ZIANA <i>zileuton ext-rel</i> ZIRGAN ZOHYDRO ER ZOLADEX ZOLOFT <i>zolpidem sublingual</i> ZOLPIMIST ZONEGRAN ZONTIVITY ZORTRESS ZORVOLEX ZUPLENZ ZYDELIG ZYLET ZYTIGA ZVIT

There may be additional drugs subject to Prior Authorization or other plan design restrictions. See Chapter 2 and Chapter 6 of this SPD.

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic

products in lowercase *italics*. This is not an all-inclusive list of available drug options. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. This list is subject to change.

Subject to applicable laws and regulations.

* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

† Listing does not include certain NDCs[^].

[^] Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

¹ If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at: 1-855-240-0536.

² For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

³ If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process

⁴ Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).

⁵ Long Acting Insulins - First Generation.

⁶ BD ULTRAFINE syringes and needles are the only preferred options.

⁷ A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

⁸ ONETOUCH brand test strips are the only preferred options.

Your privacy is important to us. NRECA and CVS Caremark employees are trained regarding the appropriate way to handle your private information.

CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes and are not intended to replace the clinical judgement of the doctor.

NRECA GROUP BENEFITS PROGRAM SUMMARY OF MATERIAL MODIFICATIONS

For

NRECA Group Term Life and AD&D Insurance Plan

EFFECTIVE: January 1, 2023

System name: LICKING VALLEY RURAL ELECT CO-OP CORP

RUS/Subgroup Number: 01-18056-001

This Summary of Material Modifications (SMM) describes changes to the National Rural Electric Cooperative Association (NRECA) Group Term Life and AD&D Insurance Plan (the Plan) and supplements the Plan's Summary Plan Description (SPD), also known as the Benefits Booklet. The effective date of these changes is noted above. You should read this SMM carefully and keep this SMM with your SPD for future reference. If you have questions about these changes, please see your benefits administrator.

Summary of Changes for your Group Term Life and AD&D Insurance Plan SPD:

Chapter 2: Group Term Life and AD&D Plan Highlights

The subsection titled "Reduction in Insurance at Age 70" has been updated as follows:

Example after January 1, 2018 with a Plan change: Mike has Spouse life coverage of \$75,000 which was reduced in 2016 to \$45,000 due to age. During annual enrollment he makes a plan change to \$50,000, the full amount of \$50,000 will be available with no future reductions.

Chapter 3: Eligibility and Participation Information

The subsection titled "If You Become a Director" has been updated as follows:

If You Become a Director or Retire

If you become a Director, you may choose to enroll in either the Director's Life and AD&D Insurance Plan, the Director's AD&D Only Insurance Plan, or both, provided your Employer participates in such plans and you are eligible to participate in them.

If you enroll in the Director's Life and AD&D Insurance Plan, coverage under this Plan will end. If you choose the Director's AD&D Only Insurance Plan, you may continue Basic Life Insurance coverage under this Plan as an Employee.

Note: If you enroll in the NRECA Directors Life and AD&D Insurance Plan, or the Retired Life Plan, you will not be eligible for coverage under this Plan.

Chapter 6: AD&D Insurance Benefits

The section titled “If Your Base Annual Pay is More Than \$330,000” has been updated as follows:

If Your Base Annual Pay is More Than \$330,000

Due to the compensation limit imposed by the Internal Revenue Code, effective January 1, 1994, no more than \$330,000 of Base Annual Earnings (in 2022 and until such time as the annual limit is again revised by the IRS) may be considered when the Plan calculates your AD&D Insurance benefit.

However, a separate administrative arrangement has been established with MetLife to provide benefits to the extent an employee’s salary exceeds the \$330,000 (in 2022) compensation limit. This arrangement ensures that the employee will receive one check for the full amount of your benefit.

The section titled “Additional AD&D Insurance Features” has been as follows:

Rehabilitative Physical Therapy Benefit

Subject to the terms of your AD&D Insurance, MetLife will pay an additional rehabilitative physical therapy benefit to you if:

- MetLife receives Proof that rehabilitative physical therapy has been prescribed within 90 days of the accidental injury by the attending Physician as necessary to treat a physical condition resulting from the accidental injury; and
- This benefit is in effect on the date of the injury.

Such rehabilitative physical therapy must be provided within one year of the prescription by a Physician or therapist licensed to provide the therapy in the jurisdiction where such services are performed.

Benefit Amount

MetLife will pay an amount equal to the least of:

- The actual charges incurred;
- 10% of the Full Amount of AD&D Insurance coverage shown in the *Group Term Life and AD&D Plan Highlights* chapter; or
- \$25,000.

Benefit Payment

MetLife will pay this rehabilitative physical therapy benefit quarterly when MetLife receives Proof that charges for rehabilitative physical therapy have been paid. Payment will be made to you.

Chapter 7: Accelerated Benefit Option (ABO)

The section titled “Proof of Your, Your Spouse’s, or Your Child’s Terminal Illness” has been updated as follows:

Proof of Terminal Illness

MetLife will require the following Proof of terminal illness:

- A completed accelerated benefit claim form;

- A Signed Physician's certification of terminal illness; and
- An examination by a Physician of MetLife's choice, at MetLife's expense, if MetLife requests it.

When MetLife receives your request to accelerate benefits, MetLife will send you a letter with information about the accelerated benefit payment including the accelerated benefit payment amount and the remaining amount of life insurance after the accelerated benefit is paid. The remaining benefit will be paid to your Beneficiary upon your death.

Chapter 9: Porting or Converting Coverage

The subsection titled "Maximum Amount of the New Policy" has been updated as follows:

If your life insurance ends due to the end of the Plan or the amendment of the Plan to end life insurance for an eligible class of which you are a member, the maximum amount of insurance that you may elect for the new policy is the lesser of:

The amount of your life insurance that ends under the Plan less the amount of life insurance for which you become eligible under any Plan within 31 calendar days after the date insurance ends under the Plan; or

\$10,000.

The subsection titled "If You Die Within 31 days After Your Life Insurance Ends" has been updated as follows:

If you die within 31 calendar days after your life insurance ends, Proof of your death must be sent to MetLife. When MetLife receives such Proof with the claim, MetLife will review the claim and, if MetLife approves it, MetLife will pay the Beneficiary the amount of life insurance you were entitled to convert. If you had elected retired life prior to your death but within 31 days, the retired life benefit will not be paid to your beneficiary. You cannot have both Retired and Basic life coverage at the same time.

Chapter 10: General Information

The section titled "State Notices" has been updated as follows:

The "Notice for Residents of California" has been updated to remove the following:

FOR CALIFORNIA RESIDENTS: REVIEW THIS CERTIFICATE CAREFULLY. IF YOU ARE 65 OR OLDER ON YOUR EFFECTIVE DATE OF THIS CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS FROM THE DATE YOU RECEIVE IT AND WE WILL REFUND ANY PREMIUM YOU PAID. IN THIS CASE, THIS CERTIFICATE WILL BE CONSIDERED TO NEVER HAVE BEEN ISSUED.

Chapter 11: Important Notifications and Disclosures

The subsection titled "Enforce Your Rights" under "Statement of ERISA Rights" has been updated as follows:

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps that you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report (Form 5500), if any, from the Plan and do not receive them within 30 days, you may file suit in federal court. In such case, the court may

require NRECA, as Plan Administrator, to provide the materials and pay you up to \$171 a day, not to exceed \$1,713 per request (2022 limit, as may be indexed annually) until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits that is denied or ignored in whole or in part, and if you have exhausted the claims procedures available to you under the Plan, you may file suit in a state or federal court.

No further changes have been made to your Plan's SPD.

All other rules, provisions, definitions and benefit amounts of the SPD and Plan remain the same. If the terms of this SMM and the SPD conflict with any terms of the governing Plan document, then the terms of the governing Plan document will control in all cases.

Plan Sponsor: National Rural Electric Cooperative Association
4301 Wilson Boulevard, Arlington, VA 22203-1860
Plan Sponsor's Employer Identification Number: 53-0116145
Plan Number: 501

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 25: Provide detailed descriptions of all early retirement plans or other staff reduction programs Licking Valley Energy has offered or intends to offer its employees during the test year. Include all cost-benefit analyses associated with these programs.

Response 25: Licking Valley does not offer, nor does it intend to offer, an early retirement plan or staff reduction plan in the test period or going forward.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 26: Provide a complete description of Licking Valley's other post-employment benefit package(s) provided to its employees.

Response 26: Retirees at age fifty-five (55) and twenty-five (25) years of service will have medical coverage paid at 100%. Retirees with fifteen (15) through twenty-four (24) years of service will have medical coverage paid at 75%. Retirees with five (5) through fourteen (14) years of service will have medical coverage paid at 50%. Please see the response to Item 24 for the health insurance plan.

All employees are eligible for a 401k savings plan. Licking Valley requires the employee to contribute 4% of their base salary and Licking Valley contributes 11% of the employee's base salary. Please also see the response to Item 34 for the 401(k)-retirement plan.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 27: Provide a complete description of the financial reporting and ratemaking treatment of Licking Valley's pension costs.

Response 27: Utility pension costs incurred are spread to the general ledger accounts charged with labor. These expense accounts would directly impact the ratemaking revenue requirement.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 28: Regarding Licking Valley's employee compensation policy:

- a. Provide Licking Valley's written compensation policy as approved by the board of directors.
- b. Provide a narrative description of the compensation policy, including the reasons for establishing the policy and Licking Valley's objectives for the policy.
- c. Explain whether the compensation policy was developed with the assistance of an outside consultant. If the compensation policy was developed or reviewed by a consultant, provide any study or report provided by the consultant.
- d. Explain when Licking Valley's compensation policy was last reviewed or given consideration by the board of directors.

Response 28(a)-(b): Licking Valley does not have a written compensation policy. The compensation is managed by the CEO through consultation with the board.

Response 28(c): The last wage and salary survey was conducted in 2020 and was evaluated by the Commission in Case No. 2020-00338, *Electronic Application of Licking Valley Rural Electric Cooperative Corporation for a General Adjustment of Rates Pursuant to Streamlined Procedure Pilot Program Established in Case No. 2018-00407*, April 8 2021 Order at 17 (Ky. PSC Apr. 8, 2021). Licking Valley continues to use that wage and salary study for guidance on annual raises.

Response 28(d): Licking Valley does not have a compensation policy that has been considered by the board.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 29: State whether Licking Valley's expenses for wages, salaries, benefits, and other compensation included in the test year, and any adjustments to the test year, are compliant with the board of director's compensation policy.

Response 29: The utility's expenses for wage, salaries, benefits and other compensation are compliant with the policies and procedures of Licking Valley and its board of directors. The board delegates authority to the CEO to make hiring and salary decisions while following the guidelines for wage and salaries.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 30: Provide, in the format provided in Schedule I, the following information for Licking Valley's compensation and benefits for the test year and the three most recent calendar years preceding the test year. Provide information individually for each corporate officer and by category for Directors, Managers, Supervisors, Exempt, Non-Exempt, Union and Non-Union hourly employees. Provide the amounts, in gross dollars, separately for total company operations and jurisdictional operations.

- a. Regular salary or wages.
- b. Overtime pay.
- c. Excess vacation payout.
- d. Standby/Dispatch pay.
- e. Bonus and incentive pay.
- f. Any other forms of incentives, including stock options or forms or deferred compensation.
- g. Other amounts paid and reported on the employees' W-2 (specify).
- h. Healthcare benefit cost.
 - (1) Amount paid by Licking Valley Energy.
 - (2) Amount paid by employee
- i. Dental benefits cost.
 - (1) Amount paid by Licking Valley Energy.
 - (2) Amount paid by employee.
- j. Vision benefit cost.
 - (1) Amount paid by Licking Valley Energy.
 - (2) Amount paid by employee.
- k. Life insurance cost.
 - (1) Amount paid by Licking Valley Energy.

- (2) Amount paid by employee.
- l. Accidental death and disability benefits.
 - (1) Amount paid by Licking Valley Energy.
 - (2) Amount paid by employee.
- m. Defined Benefit Retirement.
 - (1) Amount paid by Licking Valley Energy.
 - (2) Amount paid by employee.
- n. Defined Contribution – 401(k) or similar plan cost. Provide the amount paid by Licking Valley Energy.
- o. Cost of any other benefit available to an employee (specify).

Response 30a. through 30o: Please see the Excel spreadsheets filed separately.

Please note – the 2023 compensation for the CEO appears much higher than other years. This is due to a draw down from Mr. Howard’s Homestead Account that is required to go through his employer’s payroll system. Licking Valley was not the source of the additional funds in 2023.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 31: For each item of benefits listed in Item 30 above for which an employee is required to pay part of the cost, provide a detailed explanation as to how the employee contribution rate was determined.

Response 31: Licking Valley employees are eligible for health insurance. Beginning September 1, 2020, the cooperative pays 89.63% of the full premiums for coverage level for all employees. All full-time employees of Licking Valley are eligible for the 401k savings plan. Licking Valley contributes 11% of the employee's base salary. Licking Valley requires the employee to contribute 4% of their base salary to participate in the program after one full month of employment.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 32: Provide a listing of all healthcare plan categories, dental plan categories, and vision plan categories available to corporate officers individually and to groups defined as Corporate Officers, Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly employees (e.g., single, family, etc.). Include the associated employee contribution rates and employer contribution rates of the total premium cost for each category, and each plan's deductible(s) amounts.

Response 32: Please refer to Licking Valley's responses to Requests 22 and 31.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 33: Provide a listing of all life insurance plan categories available to corporate officers individually and to groups defined as Directors, Managers, Supervisors, Exempt, Non-Exempt, Union and Non-Union Hourly employees. Include the associated employee contribution rates and employer contribution rates of the total premium cost for each plan category.

Response 33: Group Term Life Insurance. Licking Valley pays 100% of the premium for Basic Life. This coverage is capped at \$50,000.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 34: Provide a listing of all retirement plans available to corporate officers individually, and to groups defined as Directors, Managers, Supervisors, Exempt, Non-Exempt, Union and Non-Union Hourly employees. Include the associated employee contribution rates, if any, and employer contribution rates of the total premium cost for each plan category.

Response 34: All full-time employees of Licking Valley are eligible for the 401k savings plan. Licking Valley contributes 11% of the employee's base salary. Licking Valley requires the employee to contribute 4% of their base salary to participate in the program after one full month of employment. Please see the attached 401(k) Pension Plan.

ATTACHMENT 1-34

National Rural Electric Cooperative Association
Adoption Agreement "A"
401(k) Pension Plan
For Use Only by Rural Electric Cooperatives

LICKING VALLEY RECC (hereinafter referred to as the Participating System) hereby adopts for its Employees the 401(k) Pension Plan (Plan) and the Trust under which it is administered, sponsored by the National Rural Electric Cooperative Association (NRECA), effective the first day of May, 1985, and amended effective the first day of July, 2017. The Participating System is bound by all terms and conditions included herein, which are construed in accordance with the Plan and any amendments thereto. The Participating System adopts the following elective Plan provisions:

1. Eligibility Requirements

A. Employer Contributions

An Employee shall become a Participant in the Plan on the first day of the month coincident with or next following (only one applies):

- a. ☒ The date on which the Employee completes X one/ three/ six Full Month(s) of Employment or, if earlier, a Year of Eligibility Service.
- b. ☐ The date on which the Employee completes a Year of Eligibility Service.
- c. ☐ The date on which the Employee completes one/ three/ six Full Month(s) of Employment or, if earlier, a Year of Eligibility Service and attains age 21.
- d. ☐ The date on which the Employee completes a Year of Eligibility Service and attains age 21.
- e. ☐ No Employer Contributions.

B. Employee Contributions

An Employee shall become a Participant in the Plan on the first day of the month coincident with or next following (only one applies):

- a. ☒ The date on which the Employee completes X one/ three / six Full Month(s) of Employment or, if earlier, a Year of Eligibility Service.
- b. ☐ The date on which the Employee completes a Year of Eligibility Service.
- c. ☐ The date on which the Employee completes one/ three / six Full Month(s) of Employment or, if earlier, a Year of Eligibility Service, and attains age 21.
- d. ☐ The date on which the Employee completes a Year of Eligibility Service and attains age 21.

For purposes of Sections A. and B., an Employee completes the Full Month of Employment requirement when he or she works 84 hours in each month during a one, three or six full calendar month(s) period, as elected, which do not need to be consecutive. An Employee completes a Year of Eligibility Service when he or she works 1,000 hours for a Participating System or a related Employer (as defined in Paragraph 5.4 of the Plan) during the first 12 months of employment (or subsequent Calendar Year).

An Employee who was a Participant in the Plan upon termination of employment shall become a Participant on the date of his or her reemployment with the same or another Participating System adopting the Plan if the employee meets the Eligibility Requirements and is part of an Eligible Class of Employees as defined by the subsequent Participating System's Plan Adoption Agreement.

2. Eligible Class of Employees

The provisions of the Plan and the Adoption Agreement are applicable to the following class of Employees of the Participating System (only one applies):

- a. ☒ All Employees of the Participating System.
- b. ☐ Employees of the Participating System covered by an agreement which is the subject of good faith bargaining between the Participating System and _____ Union which makes the Plan and any amendments thereto available to such Employees.
- c. ☐ Employees of the Participating System not covered by a collective bargaining agreement.
- d. ☐ Other: _____

An Employee who transfers from the class of Employees specified above to another class of Employees within the Participating System shall, as of the date of transfer, become subject to the provisions of the Adoption Agreement applicable to such other class.

3. Excluded Class of Employees

Employees of the Participating System described in the following classification(s) shall not be eligible to participate in the Plan (one or more options may apply):

- a. ☐ Part-time, Temporary, Seasonal Employees who have not completed a Year of Eligibility Service (not permitted if option b. or d. under Section 1.A. or 1.B. is elected).
- b. ☐ Part-time, Temporary, Seasonal Employees who have not completed a Year of Eligibility Service and attained age 21 (not permitted if option b. or d. under Section 1.A. or 1.B. is elected).
- c. ☐ Other job classifications. The excluded classifications should be definitely determinable and should not be based on age or length of service.
- d. ☐ Highly Compensated Employees are excluded from receiving the following contributions (one or both options may apply).
 - i. ☐ Employer Base contributions
 - ii. ☐ Employer Matching contributions

4. Years of Eligibility Service Relating to a Merger, Consolidation or Acquisition

This election is needed only if Paragraph 5.4(e) of the Plan is applicable.

If Paragraph 5.4(e) of the Plan applies, an Employee

- a. ☐ Shall
- b. ☐ Shall Not

receive credit for any period the Employee is employed by any entity merged, consolidated or liquidated into a System or any entity, substantially all of the assets of which have been acquired by a System, or which is otherwise considered a predecessor employer under Section 414(a) of the Internal Revenue Code of 1986 (the Code).

5. Normal Retirement Date

Normal Retirement Date under the Plan shall be (only one applies):

- a. ☒ Age 65: The first day of the month coincident with or next following a Participant's attainment of age 65.
- b. ☐ Age 62: The first day of the month coincident with or next following a Participant's attainment of age 62.
- c. ☐ Age 60: The first day of the month coincident with or next following a Participant's attainment of age 60.
- d. ☐ 30-Year: The first day of the month coincident with or next following the earlier of Participant's attainment of age 62 or the completion of 30 years of service. In conjunction with this option, contributions will be discontinued on (only one applies):
 - i. ☐ All Employer and all Employee Contributions shall be discontinued on the last day of the month in which the Participant completes 30 years of service under this Plan.
 - ii. ☐ All Employer and all Employee Contributions shall be discontinued on the first day of the month in which a Participant's actual retirement date occurs.
 - iii. ☐ All Employee Contributions shall be discontinued on the last day of the month in which the Participant completes 30 years of service under this plan.
 - iv. ☐ All Employee Contributions shall be discontinued on the first day of the month in which a Participant's actual retirement date occurs.
 - v. ☐ All Employer Contributions shall be discontinued on the last day of the month in which the Participant completes 30 years of service under this Plan. (Under this option, all Employee Contributions may continue until the first day of the month in which a Participant's actual retirement date occurs.)

For purposes of Section 5, Employer and Employee Contributions for a Participant who postpones retirement beyond his or her Normal Retirement Date shall not be discontinued because of attainment of any age.

6. Compensation

The Compensation on which Employer Contributions and Employee Contributions to this Plan are based shall be the Participant's current Full Salary or current Base Salary as limited under Paragraph 2.8 of the Plan.

Full Salary is a Participant's current wages from a Participating System subject to federal income tax withholding plus any amount deferred under a qualified salary reduction arrangement under Sections 125 and 401(k) of the Code and under Section 457(b) of the Code and including elective amounts that are not includible in the Participant's gross income by reason of Section 132(f) of the Code, but excluding reimbursements or other expense allowances; fringe benefits; moving expenses; welfare benefits; pension, deferred compensation or retirement allowances; or any amount deferred under a nonqualified, defined benefit deferred compensation arrangement.

Base Salary is the Participant's Full Salary, but excluding any extra or overtime compensation and bonuses received in the Calendar Year. The definition of Compensation for contributions to this Plan shall be Compensation as elected by the Participating System below.

Under either definition, only amounts that are actually paid to the Participant during periods while eligible to participate within the Calendar Year shall be taken into account.

A. Employer Contributions (only one applies):

- a. ☐ Full Salary
- b. ☒ Base Salary
- c. ☐ No Employer Contributions

B. Employee Elective Contributions and/or Roth Elective Contributions (only one applies):

- a. ☐ Full Salary
- b. ☒ Base Salary

C. After-tax Voluntary Employee Contributions (only one applies):

- a. ☐ Full Salary
- b. ☒ Base Salary
- c. ☐ No Voluntary Employee Contributions

7. Contributions (one or more options may apply)

A. Safe Harbor Provision

☐ The Participating System has adopted the Safe Harbor provision (only one matching formula applies):

- a. ☐ Employer Base Contribution Formula: _____% (at least 3%).
- b. ☐ Basic Employer Matching Contribution Formula.
 - i. The Participating System shall contribute to each Participant's account an Employer Matching Contribution equal to 100% of Employee Elective Contributions of 0% to 3% of the Participant's Compensation; and
 - ii. The Participating System shall contribute to each Participant's account an Employer Matching Contribution equal to 50% of Employee Elective Contributions in excess of 3% and no greater than 5% of the Participant's Compensation.
- c. ☐ Enhanced Employer Matching Contribution Formula.
 - i. The Participating System shall contribute to each Participant's account an Employer Matching Contribution equal to _____% of Employee Elective Contributions from 0% to _____% (cannot exceed 6%) of the Participant's Compensation; and if applicable
 - ii. The Participating System shall contribute to each Participant's account an Employer Matching Contribution equal to _____% of Employee Elective Contributions from _____% to _____% (cannot exceed 6% total for i and ii) of the Participant's Compensation.

B. Employer Base Contribution

- a. ☐ The Participating System shall contribute to each Participant's account an Employer Base Contribution equal to _____% of the Participant's Compensation.
- b. ☒ The Participating System shall contribute to each Participant's account an Employer Base Contribution equal to 11 % of the Participant's Compensation. A Participant shall be required to contribute an Employee Elective Contribution equal to 4% of his or her Compensation in order to receive the Employer Base Contribution.

C. Employer Matching Contribution

- a. ☐ The Participating System shall contribute to each Participant's account an Employer Matching Contribution equal to ____% (up to 500%) of Employee Elective Contributions from ____% to ____% of the Participant's Compensation.
- b. ☐ In addition to the Employer Contribution(s) specified in B.b. and C.a., the Participating System shall further contribute to each Participant's account an Employer Contribution equal to ____% (up to 500%) of Employee Elective Contributions from ____% to ____% of the Participant's Compensation **above** the Employee Elective Contributions in B.b. and C.a.
- c. ☐ The Participating System shall contribute to each Participant's account an Employer Matching Contribution equal to ____% (up to 500%) of Employee Elective Contributions from ____% to ____% of the Participant's Compensation, in an amount:
- i. ☐ not more than \$ ____.
- ii. ☐ not less than \$ ____.

D. ☐ Other – See Addendum

E. ☐ Enhanced Employer Contribution

The Participating System shall contribute to each participant's account an Employer Contribution equal to a percentage of Employee Elective Contributions up to ____ of the Participant's Compensation. The Contribution is ____.

F. ☐ There shall be **no** Employer Base Contribution or Employer Matching Contribution.

G. Roth Elective Contributions

☐ Roth Elective Contributions are adopted by the Participating System.

H. Voluntary Employee Contributions (only one applies):

- a. ☒ A Participant may elect to make after-tax Voluntary Employee Contributions (VEC) to his or her account, subject to the limitations and conditions provided in Sections 6 and 8 of the Plan. A Participant's VECs are not eligible for any Employer Base or Employer Matching Contributions specified above.
- b. ☐ There shall be no VEC.

8. Participant Loans

- a. ☐ Participant loans are allowed, subject to the terms and conditions of the loan provisions in Section 15 of the Plan. A Participant may have a maximum of ☐ one, ☐ two, ☐ three, ☐ four loans.
- b. ☒ The Participating System elects **not** to allow Participant loans.

9. In-Service Withdrawals

- a. ☐ In-service Withdrawals following Normal Retirement Date (NRD) and age 59½: A one-time withdrawal upon the attainment of the later of age 59½ or a Participant's NRD shall be available to a Participant prior to retirement or other termination of employment.
- b. ☐ In-service Withdrawals upon Financial Hardship of the Participant: Withdrawal upon financial hardship (as defined in Paragraph 14.17 of the Plan) shall be available to a Participant prior to actual retirement or other termination of employment.
- c. ☒ There shall be **no** In-service Withdrawals.

10. Contributions During Short-term Disability

A Participant who is receiving Compensation from a Participating System and making any Required Employee Contributions shall receive Employer Contributions (as provided in Paragraph 6.8 of the Plan) for the period elected by the Participating System only from the onset of the disability period. Notwithstanding this, a Participant who is receiving Compensation from a Participating System may continue to make Employee Elective Contributions and Required Employee Contributions until the Participant begins to receive payments due to disability. The number of weeks in this election must not be greater than the Participating System's Long-term Disability elimination period (only one applies):

- a. ☒ For 13 weeks
- b. ☐ For 26 weeks
- c. ☐ For ____ weeks (from 1 to 25)
- d. ☐ No Employer Contributions

11. Investment of Contributions

The Participant shall designate the Investment Fund or Funds in which Employee Contributions and Employer Contributions allocated to the Participant shall be invested. Employee Contributions and Employer Contributions, if any, shall be invested in the same Investment Fund or Funds and in the same proportions. Participants shall be permitted to invest the contributions on a daily basis only by telephone or internet notice to the I&FS Committee or its authorized agent in accordance with procedures established by the I&FS Committee. The Investment Funds are described in the Participant Fees Annual Disclosure Statement provided to Participants upon enrollment and once a year thereafter.

SELF-DIRECTED BROKERAGE ACCOUNT

☐ The Self-Directed Brokerage Account is an additional investment option in the Plan, specifically acting as a discount brokerage account within the Plan. All investments are made upon the direction of the Participant at the Participant's risk. Securities purchased through the Self-Directed Brokerage Account, including mutual funds, are not bank deposits and are not insured by the FDIC or guaranteed by the Self-Directed Brokerage Account Trustee. Upon adopting the Self-Directed Brokerage Account, a Participant must be permitted to invest contributions on a daily basis by telephone or internet notice to the I&FS Committee or its authorized agent in accordance with procedures established by the I&FS Committee.

12. Non-Discrimination Testing Elections

A. Top Paid Group

Highly Compensated Employees are defined in Paragraph 2.14 of the Plan. If the Participating System has multiple Highly Compensated Employees, the Participating System may limit the number of employees considered to be Highly Compensated Employees to those employees in the top paid group. This group consists of the top 20% of the Participating System's and its Affiliate's Employees, when ranked on the basis of compensation for the preceding Calendar Year.

☐ Elect Top Paid Group

B. Prior/Current Year Election

Code sections 401(k) and 401(m) plan testing may be performed using either prior year or current year data. A prior year election may be changed to a current year election for any Calendar Year. However, once elected, a current year election must remain in effect for five Calendar Years (except under certain circumstances).

- a. ☒ Prior Year
- b. ☐ Current Year

13. Top-Heavy Adjustment

If the Participating System's Plan is determined to be top-heavy due to the required aggregation of multiple plans, Section 416 of the Code and Section 22 of the Plan will apply.

14. Limitations on Annual Additions

If the Participating System maintains one or more qualified defined contribution plans in addition to this Plan, Annual Additions that may be credited to any Participant's account under this Plan for any Limitation Year shall be limited in accordance with Section 11 of the Plan.

15. Hold Harmless and Indemnification Agreement

This section applies only if the Participating System participated in another plan qualified under Section 401(a) of the Code (the "Prior Plan"), and assets and liabilities of the Prior Plan are transferred to the Plan pursuant to the merger of the Prior Plan and the Plan.

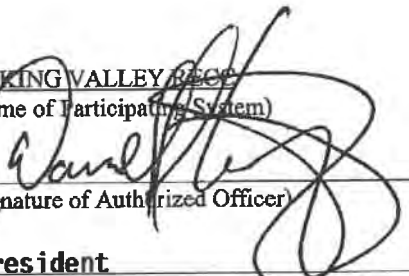
Upon the effective date of the merger, the Participating System agrees to hold harmless and to indemnify NRECA, its officers and directors, the Plan and the I&FS Committee from any and all liability, fines, penalties, loss, damage or expense, including all costs to correct any disqualifying defect or practice, imposed or arising under the Code and from any and all liability, fines, penalties, loss, damage or expense imposed or claim arising under the Employee Retirement Income Security Act of 1974 with respect to the Participating System's participation in the Prior Plan. This Hold Harmless and Indemnification Agreement shall continue in full force and effect without regard to changes or modifications by the Participating System to its Adoption Agreement in the Plan and without regard to the Participating System's termination of participation in the Plan in the future. This Agreement shall inure to the benefit of the Plan, the I&FS Committee and NRECA and its officers, directors and employees and their respective heirs, estates and assigns. This Adoption Agreement incorporates the Merger Agreement between the Plan and the Participating System, effective the date of this Adoption Agreement.

THIS PAGE INTENTIONALLY LEFT BLANK

16. Signatures

IN WITNESS WHEREOF, the Participating System, by its duly authorized officers, has caused this Agreement to be executed as of the date below.

LICKING VALLEY RECC
(Name of Participating System)

By: 
(Signature of Authorized Officer)

President
(Title of Officer)

Date: August 17, 2017

NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION

By: 

Date: 9/27/17



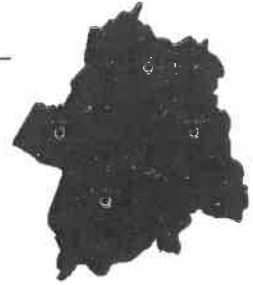
LICKING VALLEY

RURAL ELECTRIC COOPERATIVE CORPORATION

P. O. Box 605 • 271 Main Street

West Liberty, KY 41472-0605

(606) 743-3179



KERRY K. HOWARD
General Manager/CEO

**RESOLUTION OF THE BOARD OF DIRECTORS
AUTHORIZING THE
AMENDMENT and RESTATEMENT OF
THE 401(K) PENSION PLAN FOR
LICKING VALLEY RURAL ELECTRIC COOPERATIVE CORPORATION
RUS #18056-001**

WHEREAS Licking Valley Rural Electric Cooperative Corporation is a participating employer in the NRECA-sponsored 401(k) Pension (401(k)) Plan; and

WHEREAS the Board of Directors of Licking Valley Rural Electric Cooperative Corporation is aware that the Plan must periodically be amended to comply with new regulations, rulings, other legislation and operational changes, and that these amendments must be filed with the Internal Revenue Service as a restatement of the Plan and that this restatement will be effective July 01, 2017.

THEREFORE BE IT RESOLVED that this Board authorizes the July 01, 2017 amendment, restatement and continuance of the 401(k) Pension Plan to conform in its entirety with all the provisions of the Plan document of the 401 (k) Pension Plan, through the execution of the Adoption Agreement, which includes all of the provisions of the Cooperative's most recently executed Adoption Agreements and any compliance clarifications needed to conform with Plan operations; and

BE IT FURTHER RESOLVED that this Board is aware that the timing of the restatement may not correspond with regularly scheduled meetings of the Board of Directors, therefore the Board does hereby authorize and direct Kerry K. Howard, General Manager/CEO, to execute all necessary documents and to take any and all further actions necessary to carry out the July 01, 2017 amendment and restatement of the 401(k) Plan.


BE IT, FURTHER RESOLVED that the LVRECC Board hereby approves and adopts this resolution during the monthly Board Meeting held at the West Liberty Headquarters Office on Thursday, August 17, 2017.

Corporate Seal



DARRELL CUNDIFF
President

ATTEST:



TOMMY HILL
Secretary/Treasurer



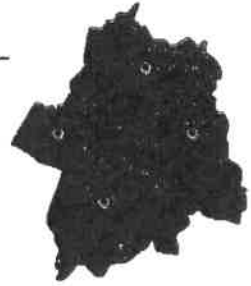
LICKING VALLEY

RURAL ELECTRIC COOPERATIVE CORPORATION

P. O. Box 605 • 271 Main Street

West Liberty, KY 41472-0605

(606) 743-3179



KERRY K. HOWARD
General Manager/CEO

**RESOLUTION OF THE BOARD OF DIRECTORS
AUTHORIZING THE
AMENDMENT and RESTATEMENT OF
THE 401(K) PENSION PLAN FOR
LICKING VALLEY RURAL ELECTRIC COOPERATIVE CORPORATION
RUS #18056-001**

WHEREAS Licking Valley Rural Electric Cooperative Corporation is a participating employer in the NRECA-sponsored 401(k) Pension (401(k)) Plan; and


WHEREAS the Board of Directors of Licking Valley Rural Electric Cooperative Corporation is aware that the Plan must periodically be amended to comply with new regulations, rulings, other legislation and operational changes, and that these amendments must be filed with the Internal Revenue Service as a restatement of the Plan and that this restatement will be effective July 01, 2017.

THEREFORE BE IT RESOLVED that this Board authorizes the July 01, 2017 amendment, restatement and continuance of the 401(k) Pension Plan to conform in its entirety with all the provisions of the Plan document of the 401 (k) Pension Plan, through the execution of the Adoption Agreement, which includes all of the provisions of the Cooperative's most recently executed Adoption Agreements and any compliance clarifications needed to conform with Plan operations; and

BE IT FURTHER RESOLVED that this Board is aware that the timing of the restatement may not correspond with regularly scheduled meetings of the Board of Directors, therefore the Board does hereby authorize and direct Kerry K. Howard, General Manager/CEO, to execute all necessary documents and to take any and all further actions necessary to carry out the July 01, 2017 amendment and restatement of the 401(k) Plan.

Signature of Secretary

I, Tommy Hill, certify that I am the Secretary/Treasurer of the Licking Valley Rural Electric Cooperative Corporation Board of Directors. I further certify that the above is a true excerpt from the minutes of a board meeting of this Board of Directors on the 17th day of August, 2017, at which a quorum was present and that the above portion of the minutes has not been modified or rescinded.


TOMMY HILL
Secretary/Treasurer

August 17, 2017
Date



401(k) Pension Plan

SUMMARY PLAN DESCRIPTION

as adopted by

LICKING VALLEY RECC

18-056-001

Effective Date: July 01, 2022

Introduction

This document is a Summary Plan Description (SPD) of the 401(k) Pension Plan ("401(k) Plan" or "Plan") sponsored by NRECA. The purpose of this SPD is to summarize the key provisions of the 401(k) Plan. Each participant in the 401(k) Plan is responsible for reading this SPD and related materials completely and for complying with all rules and Plan provisions.

The Federal laws governing the operation of retirement plans are complex. This document is only a summary of the most important provisions of the Plan. It does not discuss some of the more technical aspects of the Plan's operation that may affect you, your right to participate or the amount of benefits available to you. The Plan is operated according to the provisions of the Plan and amendments.

If the terms of this SPD conflict with the terms of the 401(k) Plan document, the Plan document will govern in all cases. In addition, the language in the Plan document gives the I&FS Committee and its delegates (as defined in the section titled *Administrative and Contact Information*) discretionary authority to determine eligibility for benefits or to interpret the terms of the Plan.

If you have questions or you do not understand any part of this SPD, contact your local benefits administrator (BA) or the plan administrator. The plan administrator's name and address can be found in the section titled *Administrative and Contact Information*.

Table of Contents

Introduction	1
Administrative and Contact Information	1
General Plan Information	3
General Plan Contributions	3
Employer Contributions	3
Voluntary Employee Contributions	3
For More Information	3
Summary of Plan Benefits	4
Eligibility, Participation and Vesting	6
Eligibility	6
Age and Service Requirements	6
Additional Eligibility Issues	7
Vesting	8
Contributions To Your Account	9
Compensation (Salary)	9
Contribution Types	9
Contributions After Your Normal Retirement Date	10
Contributions From Other Sources	10
Contribution Limits	12
All Employees	12
Highly Compensated Employees	12
Top Heavy Plans	12
Leaves Of Absence	14
Military Leave	14
Disability Leave	15
Investments	16
Investment Options	16
Qualified Default Investment Alternative	17
Giving Investment Instructions	18
Share Value and the Dollar Value of Your Account	18
Account Statements	19

Payment Events.....	20
Termination of Employment.....	20
Normal Retirement.....	20
Required Minimum Distributions	20
Death.....	20
Disability	21
Voluntary Employee Contribution Withdrawals.....	21
General Beneficiary Information.....	22
Assignment of Benefits	22
Power of Attorney	23
Payment Options	24
Forms of Payment.....	24
Automatic Form of Payment if You Are Married	24
Automatic Form of Payment if You Are Unmarried	24
Other Forms of Payment	24
Making Your Election.....	26
Impact of Your Account Balance on Your Payment Choices.....	27
Receiving Your Payment	28
Re-employment.....	28
Deferring Payments	28
General Tax Information	28
Overpayments	29
Procedure For Claiming Benefits	31
Submitting a Claim.....	31
Claim Determination	31
Claim Denial	31
Claim Review (Appeal).....	32
Statement of ERISA Rights.....	34
Receive Information About Your Plan and Benefits	34
Prudent Actions by Plan Fiduciaries	34
Enforce Your Rights	34
Assistance with Your Questions.....	35
Amendment and Termination of Your Plan.....	36

Administrative and Contact Information

Benefits Administrator

Your co-op's BA is the person who has on-site plan administrator responsibilities for your employer. Your BA is your primary point of contact for any questions concerning the operation and administration of the 401(k) Plan. However, it is recommended that you seek the advice of a qualified tax or financial professional before making decisions about your 401(k) Plan, particularly decisions about Plan distributions.

The BA of your 401(k) Plan is:

Benefits Administrator
LICKING VALLEY RECC
P.O. BOX 605,
WEST LIBERTY, KY 41472

Employer Identification Number: 61-0259922

Plan Sponsor

The plan sponsor is a designated party that sets up a retirement plan, such as the 401(k) Plan, for the benefit of the adopting employers and their eligible employees.

The plan sponsor of the 401(k) Plan is:

National Rural Electric Cooperative Association (NRECA)
4301 Wilson Boulevard
Arlington, VA 22203-1860

Employer Identification Number: 53-0116145

NRECA, as the 401(k) Pension Plan sponsor, is the only body authorized to voluntarily terminate the 401(k) Plan; however, your employer may cease participation in the Plan with appropriate advance notice to the plan administrator and employees. For more about these events, see the section titled *Amendment and Termination of Your Plan*.

Plan Administrator

The plan administrator is responsible for the administration and operation of the 401(k) Plan and acts in the interest of the Plan's participants. The plan administrator is designated as the agent for legal matters related to the 401(k) Plan and works with your co-op to ensure that the Plan meets all government regulations. Any action against or in connection with the Plan, NRECA, or any fiduciary or Named Fiduciary of the Plan must be filed exclusively in the United States District Court for the Eastern District of Virginia. Legal process may be served on the plan administrator at the following address.

The plan administrator of the 401(k) Plan is:

Senior Vice-President
Insurance and Financial Services
National Rural Electric Cooperative Association
4301 Wilson Boulevard
Arlington, VA 22203-1860
703.907.5743

Employer Identification Number: 54-2072724

Plan Trustee

The assets of the 401(k) Plan are held in trust by a trustee that has been designated to invest Plan assets, at the direction of investment managers, for the benefit of participants and their beneficiaries.

The trustee of the 401(k) Plan is:

State Street Bank and Trust Company
1200 Crown Colony Drive; 5th floor
Quincy, MA 02169

Insurance & Financial Services Committee

The named fiduciary of the 401(k) Plan is the Insurance and Financial Services Committee (the I&FS Committee), whose members are appointed by the president of the NRECA board of directors. This committee has the central fiduciary responsibility for the plan and is vested with the discretion to select providers for the plan, including the administrator, investment managers and trustee. The I&FS Committee delegates authority to various entities and individuals to carry out required plan operations and then actively monitors its delegates in order to help ensure compliance with complex federal laws and regulations governing employee benefit plans. The I&FS Committee has the exclusive discretion to interpret the terms of the plan and to determine eligibility for benefits.

Plan Number

The Plan number assigned by the Plan Sponsor is 444.

General Plan Information

Your employer, in cooperation with NRECA, has established the 401(k) Plan at your co-op to provide a retirement plan for the benefit of its employees and their beneficiaries. The 401(k) Plan is what is known as a defined contribution plan; it is qualified under all applicable sections of the Internal Revenue Code of 1986 (the Code) and Treasury Regulations. The 401(k) Plan operates on a calendar year basis during the 12-month period beginning on January 1 and ending on December 31.

General Plan Contributions

The Plan is a money purchase pension plan with a special salary deferral feature that allows you to contribute to your account on a pre-tax basis. This means that you will be able to make contributions before federal and, where applicable, state taxes are withheld. This will enable you to save more for retirement with minimal impact on your take-home pay. Contributions to the Plan will begin after you meet the eligibility requirements for participation. The contributions accumulate with investment earnings until you or your beneficiaries are eligible to withdraw your benefit (upon retirement, disability, termination or death).

The benefit available to you at retirement depends on the amount(s) contributed to the Plan and on the investment results obtained over the term of your investment. There is no guarantee as to the amount of your benefit available at retirement. When you receive your distribution(s), you may be liable for income tax on the taxable portion of your account.

The benefits available under the 401(k) Plan are designed to supplement any benefits available to you under Social Security and any other retirement plans in which you may participate. The Plan should be considered as one source of retirement security along with your other personal savings and investments.

Employer Contributions

Your employer will contribute to the Plan on your behalf after you meet the eligibility requirements for employer contributions. As with your own salary deferrals, your employer contributions will be held in an account under your name until you are eligible to withdraw your benefit. You do not pay income tax on these contributions when they are made, but you may be liable for income tax on the taxable portion of your account when the money is distributed to you.

Voluntary Employee Contributions

In addition to your pre-tax salary deferrals, you may make additional after-tax contributions to the Plan, known as voluntary employee contributions. Since these contributions are made on an after-tax basis, they are not taxed when they are distributed to you. Generally, however, earnings on voluntary employee contributions are taxed upon distribution. Your employer will not make a corresponding matching or base contribution for your voluntary contributions.

For More Information

A more thorough discussion of how your account is maintained and operated is provided in the sections to follow. If you have questions specific to your 401(k) Plan account or about the Plan in general, please contact your BA. See the section titled *Administrative and Contact Information* for details.

Summary of Plan Benefits

Effective date of plan	05/01/1985
Employer Plan amendment date	07/01/2022
Employer Identification Number (EIN)	61-0259922
Plan number	002
Eligible class of employees	All Employees
Excluded class of employees	None
Eligibility waiting period for employee contributions	1 month (First of the month on or next following)
Eligibility waiting period for employer contributions	1 month (First of the month on or next following)
Normal Retirement Date (NRD)	Age 65
Plan type	401(k) Plan
Compensation used for employer contributions	Base salary
Compensation used for employee elective contributions	Base salary
Compensation used for voluntary employee contributions	Base salary
Safe Harbor Plan design	No
Employer base contribution	11% of compensation
Employee required contribution for base contribution	4% of compensation
After-tax voluntary employee contributions allowed	Yes

Contributions during initial disability period	Yes for 13 week(s)
Investment of contributions	Employee designates
Frequency of investment changes	Daily

Eligibility, Participation and Vesting

This section contains general information about how you qualify to participate in the 401(k) Plan and when you can begin making and receiving contributions.

Eligibility

Eligible class of employees

To be eligible to participate in the 401(k) Plan, you must be in the following class of employees:

All employees of your employer who have met the age and service requirements

If you have questions about the eligible class(es) of employees, please see your BA.

Excluded class of employees

Your employer does not exclude any class of employees from participation in the Plan.

Age and Service Requirements

To become a participant in the Plan, you must meet certain minimum service requirements.

There are no minimum age requirements to participate in the Plan. This means that you must be a member of the group of eligible employees described above and you must work for a minimum length of time.

You become a participant on the first day of the month coincident with or next following the date on which you meet the minimum service requirements. The service requirements are based on either hours of service or one year of eligibility service (called the 1,000 hour rule). Your employer's specific service requirements are described later in this section.

Your employer will keep track of your service and will enter you into the Plan on the first of the month coincident with or next following the date you complete either the minimum hours of service (if applicable to your Plan) or 1,000 hours of service.

Hours of service

Hours of service are any hours for which you were paid your salary. This includes paid vacation, sick leave, holidays, jury duty and military service. You are also credited with hours of service for any uncompensated leave of absence, as long as you return to work at the end of such leave.

The 1,000 hour rule

Under the 1,000 hour rule, service is calculated during a computation period defined as either:

- Your first 12 consecutive months of employment, beginning on the date you complete an hour of service, or
- A subsequent calendar year (if you do not perform at least 1,000 hours of service during your first 12 consecutive months of employment).

Therefore, under this rule, if you do not work at least 1,000 hours in your first 12 months of employment, the next 12-month period used to determine your eligibility is the calendar year (January 1 through December 31) after the year in which you first began to work for your employer. It is not necessary to be employed each and every day of the eligibility computation period in order to satisfy the 1,000 hour requirement.

For example, if you began work on May 10, 2022 and you did not perform at least 1,000 hours of service by May 9, 2023, the measurement year changes to the calendar year from January 1, 2023 to December 31, 2023. If you perform at least 1,000 hours of service during 2023, you will

have one year of eligibility service on December 31, 2023 and would be eligible to participate in the Plan on January 1, 2024.

Employer contributions and employee contributions

You will meet the minimum service requirements on the first day of the month coincident with or next following the date you have performed at least 84 hours of service in one full calendar month.

***For example,** if you were hired on May 10, 2022, performed at least 84 hours of service between May 10, 2022 and May 30, 2022 and then performed at least 84 hours of service between June 1, 2022 and June 30, 2022, you would be eligible to participate in the Plan on July 1, 2022, because you must perform 84 hours of service during one full calendar month to be eligible to participate.*

On the other hand, you may be eligible to participate in the Plan if you meet the 1,000 hour requirement. The 1,000 hour requirement applies only if:

- You do not perform at least 84 hours of service in at least one full calendar month, and
- You perform at least 1,000 hours of service in the 12-month period beginning on the date you perform your first hour of service or in a subsequent calendar year.

***For example,** if you were hired on May 10, 2022 and you did not perform at least 84 hours of service in any full calendar month, but performed at least 1,000 hours of service by May 9, 2023, you would be eligible to participate in the Plan on June 1, 2023.*

Additional Eligibility Issues

Reemployment

For prior participants

If you are a participant in the Plan, terminate your employment, and are later rehired by an employer that participates in the Plan, you will become a participant either on the day you are rehired or when you begin making employee contributions, if applicable.

For previously non-participating employees

If you satisfied the 1,000 hour rule requirement but did not become a participant in the Plan, then terminate employment and are later rehired by an employer that participates in the Plan, you may be eligible to participate in the Plan on the first day of the month following the date you are rehired.

Employment with related employers

Employment with the following related employers counts toward eligibility service in this Plan:

- An employer that is a member of NRECA and does not participate in the NRECA pension programs;
- An employer that is an affiliate of an NRECA member employer that participates in the Plan;
- An employer that was not a member of NRECA and later became a member of NRECA;
- Any of the above entities of which an employee is a leased employee, if leased employees within the meaning of Section 414(n) of the Code are eligible to participate in an employer's plan.

Employment as part of an excluded class of employees

If you are in an excluded class of employees and later become part of an eligible class of employees, your employment as a member of the excluded group will count towards the service requirement for participation in this Plan.

Part-time, seasonal or temporary employees

Eligibility service for part-time, seasonal or temporary employees is credited in the same manner as service for full-time employees. If your employer has elected an eligibility period of one, three or six months and you work part time, you may not meet eligibility requirements on a monthly basis, but may still be eligible to participate in the Plan if you perform more than 1,000 hours of service in a year. Your employer will calculate your hours of service and will offer participation at the appropriate time.

Breaks in service

If, during your initial eligibility period, there is a calendar year in which you are credited with fewer than 501 hours of service, you will be deemed to have incurred a break in service. If you again perform service for a participating employer, then the day you begin working will be treated as the first day of a new eligibility computation period. Any service you had prior to the year in which you were credited with fewer than 501 hours of service will be disregarded for the purposes of meeting the service requirement for eligibility.

This break in service rule applies only during the initial eligibility period.

Vesting

The term “vested” refers to the percentage of your 401(k) account that you own. You are always 100% vested in your 401(k) Plan account; however, your account is subject to investment gains and losses, and there is no guarantee of what your account balance will be at any future date.

Contributions To Your Account

This section explains how contributions to your account are calculated using the Plan's salary definition and the contribution formula elected by your employer.

Compensation (Salary)

Your compensation, or salary, refers to the amount you earn in wages as an employee of LICKING VALLEY RECC during a plan year. This figure is used to determine permitted 401(k) Plan contributions. Salary includes amounts that are actually paid to you, except where certain deferred compensation amounts are included in your salary as required by the IRS. For 2022, compensation in excess of \$305,000 may not be used to calculate benefits under Federal regulations. The IRS reviews this figure annually and adjusts it periodically to reflect changes in the cost of living.

Your employer has elected **base salary** as the amount used to determine the permitted contribution under the Plan for the following contribution types:

- Employer contributions;
- Pre-tax employee contributions;
- After-tax voluntary employee contributions.

Your **base salary** is defined as your regular compensation, including:

- Wages from your employer subject to income tax withholding;
- Any amount deferred under a qualified salary reduction arrangement under Sections 125, 401(k) and 457(b) of the Code;
- Elective amounts that are not includible in your gross income by reason of Section 132(f)(4) of the Code;
- Differential wage payments defined under Section 3401 of the Code; and
- Wages paid by the later of two and a half months after your termination of employment or the end of the calendar year of your termination;

but excluding:

- Any extra, overtime or bonus compensation;
- Reimbursements or other expense allowances provided under an accountable plan;
- Fringe benefits;
- Moving expenses;
- Welfare benefits;
- A retainer or fee under a contract;
- Pension, deferred compensation or retirement allowances; and
- Any amount deferred under a nonqualified defined benefit deferred compensation plan.

Contribution Types

Employer Base Contributions (employee contribution required)

Your employer makes an **Employer Base Contribution** equal to 11% of your salary. However, in order to receive the Employer Base Contribution, you must first make a Required Employee Contribution in the amount of 4% of your salary. If you do not make the Required Employee Contribution, you will not receive the Employer Base Contribution. Amounts you contribute in excess of the required employee contribution do not affect the employer base contribution.

For example, if your salary is \$25,000 per year and you contribute 4% of your salary or \$1,000.00, your employer would contribute \$2,750.00 or 11% of your salary.

Voluntary employee contributions

You may make after-tax voluntary employee contributions, in addition to your other elective contributions, up to the limits imposed by the Code. Your employer does not make any employer contribution based on the amount you contribute in voluntary employee contributions.

True-up contributions

True-up contributions are employer contributions that were not fully contributed to a participant's account during the Plan year or period of participation, which must be funded to ensure that the participant receives the full employer contribution amount. True-up contributions must be made no later than the employer's annual federal tax return filing deadline (including extensions).

Contributions After Your Normal Retirement Date

Contributions to your account will continue as long as you are an eligible participant, regardless of your age.

Contributions From Other Sources

The 401(k) Plan will accept an eligible rollover distribution as a contribution to this Plan.

You may roll over an account from a former employer as long as the plan of your former employer is a qualified plan that has operated in compliance with all of the federal laws governing retirement plans. A rollover may come from your former employer's retirement plan that is qualified under sections 401(a), 403(a) or 403(b) of the Code or from a governmental 457(b) plan. In addition, you may roll over the taxable portion of an IRA, but not contributions that would not be otherwise taxable to you if distributed from your IRA. **It is recommended that you seek the advice of a qualified tax or financial professional before making a decision about rollovers.**

You may roll over a distribution from a qualified retirement plan into this Plan any time after you start to work, including before you meet the eligibility requirements for participation. There are three ways to roll your money into this Plan:

- A **direct rollover** from your former employer's plan to this Plan. A direct rollover occurs when your former plan forwards your distribution directly to this Plan. After-tax employee contributions can also be directly rolled over.
- A rollover from a **traditional IRA**. After-tax employee contributions from a traditional IRA or Roth IRA account cannot be rolled over into this Plan.
- An **indirect rollover**. If you receive a distribution from your former employer's plan or an IRA, as opposed to a direct rollover to this Plan from either your former employer's plan or your IRA, you may deposit the taxable portion of your distribution in this Plan, provided you do so within 60 days of receiving the money from your former plan. You must deposit the check from your former employer's plan or your IRA, not your personal check.

This Plan permits only **direct** rollovers from a former employer's Roth 401(k). Your employer is not required to offer the Roth option in this Plan in order for you to roll over your Roth 401(k) balance from a former employer's plan. You may not roll over a Roth IRA distribution into this Plan.

Rollovers do not count towards your annual contribution limit. See the section titled *Contribution Limits* for details about the contribution limits in this Plan.

If you are also a participant in the Retirement Security (RS) Plan and you terminate your employment, you may roll over your RS Plan benefit into this Plan.

In addition, if your 401(k) Plan account balance is at least \$5,000 and you terminate your employment, if you leave your account balance in the 401(k) Plan you are permitted to roll over a distribution from an eligible retirement plan.

Contribution Limits

This section summarizes the contribution limits specified by the Treasury Regulations and the Code. Several tests must be performed to make sure the deposits to your Plan account do not exceed these limits, which are periodically adjusted for inflation, usually annually.

All Employees

Salary deferrals

Under Section 402(g) of the Code, the maximum 401(k) contribution (pre-tax and Roth) that a participant can make is \$20,500 (the 2022 limit, indexed annually).

You can also make an additional catch-up contribution of \$6,500 (2022 limit, indexed annually) if at any time during the plan year you are at least 50 years old.

If you participate in more than one 401(k) plan during the plan year, all of your pre-tax and Roth contributions (if applicable) to all plans will be aggregated towards the limit.

Annual contribution limit

Under Section 415(c) of the Code, all employer and employee contributions made to your retirement plan accounts during a calendar year are limited to the lesser of 100% of your salary or \$61,000 (2022 limit, indexed annually). Employee required contributions to the Retirement Security (RS) Plan (or any other defined benefit plan) and contributions to any other defined contribution plan also apply toward this annual limit. Your annual contribution limit is the sum of:

- Current year contributions made by you or your employer to this Plan;
- Current year contributions to any other defined contribution plan in which you are a participant; and
- Your contributions to a defined benefit pension plan.

Your annual contribution limit is affected only by current year contributions made on your behalf by you or your employer to this Plan, to any other defined contribution plan and to a defined benefit pension plan. A rollover will not affect your annual contribution limit.

Highly Compensated Employees

You are a highly compensated employee for 2022 if you earned more than \$130,000 during 2021 or if you own at least 5% of your employer's business during the current or prior year. This amount is adjusted annually for inflation, if needed. Under the nondiscrimination rules of Section 401(k) and Section 401(m) of the Code, highly compensated employees may not contribute more than a certain percentage of the amount contributed by non-highly compensated employees.

To determine if this has occurred, your Plan will be tested annually using methods described by the IRS. If the highly compensated group's actual deferral percentage is greater than the maximum percentage allowed under IRS rules, the excess contributions must be refunded to highly compensated employee(s). If you are a highly compensated employee and you must receive a refund, you will be notified.

Top Heavy Plans

Your plan administrator is responsible for determining whether your Plan is top heavy for each Plan year. A plan is considered top heavy if more than 60% of the account balances are attributable to key employees. The term "key employee" generally refers to owners of the company and individuals who are corporate officers. If the Plan becomes top heavy, certain

requirements may apply (such as additional benefits for non-key employees). If this occurs and your employer participates in both the RS and 401(k) Plans, the top heavy minimum contribution will be provided to non-key employees through the RS Plan. You will be notified if this takes place.

The law requires specific vesting schedules to be applied to top heavy plans. Since all contributions under your Plan are always 100% vested, the top heavy vesting requirements are automatically satisfied.

Leaves Of Absence

This section contains general information about compensated and uncompensated leaves of absence and how they affect your participation in the 401(k) Plan.

If you take a leave of absence (such as vacation, holiday, sickness or jury duty) for which you are receiving any type of compensation, your leave of absence will have no effect on your participation in the Plan.

Generally, if you are on a leave of absence for which you are not receiving any type of compensation, you will be withdrawn from participation in the Plan for that leave period. Special rules apply to unpaid leaves of absence for purposes of uniformed service.

Military Leave

Military leave is any absence from employment because you are called to active duty, including active duty for training, full-time National Guard duty and inactive training. The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) gives individuals who must perform military service certain reemployment and benefit rights as outlined below. See your BA for information on plan participation during and after a period of military leave and to obtain information and instructions applicable to your individual circumstances.

Contributions during military leave

There is no effect on your 401(k) Plan benefits if you use paid leave. If your employer pays you differential pay, you can make up contributions for the difference between what your employer paid you while you were on military leave and what your salary would have been if you had not been on leave. If you take an unpaid leave of absence, contributions to your 401(k) Plan account will be suspended. Upon your return to employment, you and your employer are able to make up any contributions missed during this absence, if applicable.

Starting from your date of reemployment, the deadline for you to make up the elective deferrals or after-tax contributions is three times the period of uniformed service that gave rise to the USERRA rights, generally no more than five years. For example, if you served in the military for one year, you would have three years (three times the service period) in which to make up the deferrals or contributions. If your employment is terminated for any reason, voluntarily or involuntarily, the make-up period will end at the date of your termination.

Loans during military leave

If your employer's Plan permits loans and you have an outstanding loan during your military leave of absence, you may request a loan repayment grace period. This grace period can begin on the date you begin performing uniformed service. You will not be required to make loan repayments during the grace period, but interest will continue to accrue during your military leave of absence. When you return to work, a new repayment date will be determined using the repayment date under the original term of the loan plus the period of uniformed service. You must repay your loan no later than this new repayment date.

Distributions during military leave

Generally, military service is considered a leave of absence and not a termination of employment. Distributions cannot be made unless you terminate employment. If you terminate employment, receive a distribution and are then subsequently reemployed with the same employer, you may be able to roll your distribution back over to the 401(k) Plan, provided that all applicable rollover rules are satisfied. See the section of this SPD titled *Contributions From Other Sources* for a discussion of rollover rules.

Returning to work after military leave

To be entitled to reemployment following your completion of uniformed service, you must produce either your DD214 or a certificate of release. Your discharge papers should indicate that your discharge was honorable, general, under honorable conditions or uncharacterized. In addition, prior to your leave of absence, you must notify your employer of your intent to return to work following the leave.

If your period of service is 30 calendar days or less, you must report to work no later than the beginning of your first scheduled work period after completing your military service, allowing for safe travel home and an eight-hour rest period.

If your period of service is 31 through 180 calendar days, you must submit an application for reemployment (written or oral) no later than 14 calendar days after completing your military service.

If your period of service is 181 calendar days or more, you must submit an application for reemployment (written or oral) no later than 90 calendar days after completing your military service.

If you do not submit an application for reemployment with your former employer within the timeframes noted above, then you will be treated as having terminated employment on the last day worked before you left for uniformed service. Special rules apply if you incur or aggravate an illness or injury during the period of service.

Disability Leave

If your active employment stops as a result of your disability as defined under the NRECA Long-term Disability Plan, you are subject to certain contribution and withdrawal conditions under the 401(k) Plan.

Contributions while disabled

Generally, as long as you are receiving compensation through your employer, you can make salary deferrals to your 401(k) Plan. Salary deferrals must stop when you begin to receive long-term disability income.

If you become disabled, continue to receive compensation from your employer, and are otherwise eligible to receive them, your employer will make contributions to your account for 13 weeks after your last day worked.

Contributions during periods of rehabilitation

If you return to work on rehabilitative status, as approved by Cooperative Benefit Administrators, your employer and your physician, employer and employee contributions will be made during your period of rehabilitative status based on the compensation earned through your employer, subject to required or matching contributions, if applicable.

Disability withdrawals

If you should become disabled, you will be entitled to receive all or a portion of your Plan account balance. Please see the section titled *Payment Events* for details on disability withdrawals.

Investments

This section contains general information about the rules that govern the investment of your 401(k) Plan account.

The 401(k) Plan is a retirement plan as described in Section 404(c) of the Employee Retirement Income Security Act of 1974 (ERISA) and the regulations issued thereunder. Accordingly, any fiduciary within the meaning of Section 3(14) or 3(21) of ERISA shall not be liable for any loss or by reason of any loss or by reason of any breach, that results from a participant exercising control over investment of his or her account. This includes any investments made using the established procedures and based on instructions from you, via telephone, internet or other approved method, that are believed to be genuine, to the extent that you exercise control over the assets in your account as described in Section 404(c) of ERISA.

This Plan is an individual account plan. This means that all employer and employee contributions are maintained in separate accounts for each participant. Each account is credited with its share of contributions and investment gains and losses.

Your employer is responsible for submitting employee contributions to the Plan as soon as the contributions can be separated from their general assets. These contributions are credited to your account on the evening of the third business day after NRECA receives actual payment for the investment and all information required to process the deposit. Your employer and employee contributions to the Plan are invested in one or more of the available investment funds, as specified by you.

Investment Options

Once you enroll in the Plan, you may choose to invest your contributions and any contributions made by your employer (if applicable to your plan) in any of the available investment funds.

The Plan offers a variety of investment options. Investment and disclosure information, including detailed profiles of all investment options, can be found online at cooperative.com/401kInvestments and in the *Participant Fees Annual Disclosure Statement*, which is located on cooperative.com at *My Benefits > Education & Resources > Retirement Plan Documents*. These resources provide important information to help you compare and choose between the investment options in your Plan. They provide the name of the designated investment manager for each investment option, general information about operation of the Plan, expense information and a chart comparing the performance and other features of each investment option. In addition, the plan administrator will provide you with an update if, for example, investment options are added, removed or changed during the year.

To assist you, NRECA provides investment education and retirement planning on behalf of participants in the 401(k) Plan. Assistance is available from NRECA's Personal Investment & Retirement Consulting (PIRC) team, either by phone at 866.673.2299 (option 6), by email pirc@nreca.coop or in writing at:

NRECA PIRC; IFS 8-306
4301 Wilson Blvd
Arlington, VA 22203-1860

However, NRECA does not provide investment, legal or tax advice. It is recommended that you consult with your own legal, tax, or investment advisers before making specific decisions.

Investment performance: variable return investments

Each of the Plan's current investment options is a variable return investment, meaning it does not have a fixed or stated return. The table in the *Participant Fees Annual Disclosure Notice*

shows how these options have performed over time and allows you to compare them with an appropriate benchmark for the same time periods. An investment's past performance is not necessarily an indication of how it will perform in the future. Your investment in these options could lose money.

Commodity pool operator disclosure notice

The Commodity Exchange Act regulates financial futures, including futures contracts used by stock and bond funds for hedging purposes. Under the Commodity Futures Trading Commission (CFTC) regulations, any investment fund that invests in futures contracts is potentially classified as a commodity pool, and any person operating such a commodity pool could be required to register and be regulated as a commodity pool operator by the CFTC. However, statutory exclusions are available for certain entities.

Periodically, the NRECA Insurance & Financial Services Committee may pursue trades of futures or options on futures on behalf of the 401(k) Plan. Because the committee, as named fiduciary of the plan, has claimed an exclusion from the definition of a commodity pool operator under the Act, the committee is not subject to registration or regulation as a pool operator under the Act. This information is disclosed above is a requirement of the statutory exclusion pursuant to 17 CFR § 4.5(c)(2).

Valuation

All 401(k) Plan investment options are priced daily for each day in which the New York Stock Exchange (NYSE) is open for business. Each fund's share price is calculated at the close of business (usually 4 pm ET) on days when the NYSE is open. Valuations may not be performed on any business trading day that shares cannot be valued due to the inability of NRECA personnel to service the Plan because of circumstances beyond their control, such as severe weather or an Act of God, even if the NYSE is open for business.

Voting rights

The designated investment managers will exercise any voting or other rights associated with ownership of the investments held in your Plan account.

Expenses

The Plan is self-administered and does not charge participants or beneficiaries separately for administration services, including recordkeeping, legal and accounting services. Instead, the Plan charges expenses to your account through the annual operating expenses of each investment option as described in your *Participant Fees Annual Disclosure Notice*. The expense ratios therein are the total annual operating expenses for each investment option, which reduce the return of each option. There are no shareholder-type fees or Plan-level expenses other than the individual fees described in the disclosure and elsewhere in this document.

The cumulative effect of total annual operating expenses can substantially reduce the growth of your retirement savings. Visit the Department of Labor's website at www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/publications/understanding-your-retirement-plan-fees for an example showing the long-term effects of fees and expenses. This site also discusses the many factors to consider when choosing your investment options, including whether a given choice, along with your other investments, will help you achieve your retirement goals.

Qualified Default Investment Alternative

If you do not choose investment fund(s) when you enroll in the Plan, any contributions to your account will automatically be invested in the 401(k) Plan's Qualified Default Investment

Alternative (QDIA). The QDIA for the 401(k) Plan is the Target Date Portfolio (TDP) investment funds, a group of funds that invest in a mix of different asset classes. These funds serve as the default investment option for the 401(k) Plan in order to comply with federal regulations designed to foster retirement income security.

If you do not choose your own investment options from your Plan's line-up, contributions to your account will be invested in the TDP specific to your year of birth using the assumption that you will retire at age 65. If your assumed retirement date falls between the target year of two TDPs, then additions to your account will be divided equally between the two TDPs closest to your assumed retirement age of 65. NRECA will continue to direct your 401(k) Plan account investments to the TDP(s) selected for you until you make an investment election of your own. You may choose to leave your investments in the TDPs selected for you, or at any time you can make your own selection from the investment options available in your Plan's fund lineup.

Each year you will receive a notice that describes the Plan's QDIA investment options (in which you may be invested) and explains how to change your current account balance and future contribution allocations. Consult the detailed information about each of the TDP investment options at cooperative.com/401kInvestments or contact PIRC as described above before making decisions about how to invest.

Giving Investment Instructions

You can invest your contributions and any employer contributions (if your employer has elected to contribute and you are eligible to receive them) in any of the available investment funds. Your investment allocation may be in one fund or split among multiple funds; however, you may not allocate less than 1% of your entire contribution to any one fund.

To direct your Plan investments, including changing your existing account balance, choosing an allocation for future contributions or rebalancing your account, log in to cooperative.com or call NRECA at 866.673.2299 (option 5, then 1). Your elections will go into effect either the same day, or, if after 4 pm ET, on the next business trading day.

Limits on fund exchanges

Your instructions for an exchange will be implemented after 4 pm ET on any day the NYSE is open for business. However, due to market timing restrictions, if you sell shares from one fund (excluding the stable income/cash investment option), you will be prevented from moving existing money back into that fund for 30 days. This policy applies only to fund-to-fund exchanges, with certain exceptions that include new investments made from regular payroll contributions and mistakes made by you while requesting a transaction. These exceptions are described in detail in the QDIA notice sent to you annually and described above.

Share Value and the Dollar Value of Your Account

Contributions are used to purchase shares in the investment funds of your choice based on the share values in effect when the trustee receives the contributions. The share value is determined on a daily basis and reflects the value of each investment fund at the current market value.

Increases or decreases in the market value of a fund are reflected in the share price. By multiplying the number of shares in your account by the share price, you can determine the dollar value of your account.

For example, if the price per share in a particular fund is \$5 per share on June 30, 2022 and your account has 500 shares in this fund (450 shares plus an additional 50 purchased), the value of your account on June 30, 2022 is \$2,500 (\$5 x 500 shares).

Date	# of shares in account	Plus shares purchased (contribution)	Equals total # of shares in account	Times daily \$ price per share	Equals account value
June 30, 2022	450	+ 50	= 500	x \$5	= \$2,500

Account Statements

You will receive a statement of your account balance at the end of each calendar quarter. The statement will show the value of your account at the start of the quarter, your contributions and investment results, withdrawals and fees and the value of your account at the end of the quarter.

Payment Events

This section contains general information about how various events may affect your benefit payment.

You may receive a payment from the Plan if you terminate your employment, retire or die. In addition, you may also receive a benefit following certain corporate transactions or if the Plan is terminated.

Your beneficiaries may receive a payment from the Plan in the event of your death. Benefits also may be paid if a Qualified Domestic Relations Order (QDRO) exists that requires a part of your benefit be paid to an alternate payee (usually the participant's ex-spouse).

Under certain circumstances you may request a cash withdrawal from your account while you are still employed by your employer. If elected by your employer, these circumstances may include: financial hardship, disability, withdrawal of voluntary employee contributions and quasi-retirement. Other sections of this SPD describe these withdrawal types in further detail, if your employer has elected to offer them in this Plan.

For details about the forms of payment you may elect with regard to your Plan benefit, see the section of this SPD titled *Payment Options*.

Termination of Employment

You are entitled to receive your total account balance from this Plan if you either voluntarily or involuntarily terminate your employment with your employer.

Normal Retirement

Your Normal Retirement Date under this Plan is the first day of the month coinciding with or next following the day you reach age 65.

Required Minimum Distributions

IRS rules state that you must begin to receive at least a minimum benefit (called a required minimum distribution or RMD) from your 401(k) Plan account when you reach your required beginning date (RBD). If you were born on or before June 30, 1949, your RBD is April 1 of the year following the year you turn 70 1/2 or the year in which you retire, whichever is later. If you were born after June 30, 1949, your RBD is April 1 of the year following the year you turn 72 or the year in which you retire, whichever is later. If you reach your RBD, do not provide distribution instructions to NRECA, and are not already receiving benefit payments from your Plan account, your RMD for the year will automatically be sent to you.

Death

In the event of your death, your designated beneficiary(ies) will receive your undistributed Plan account balance. See the section titled *General Beneficiary Information* for details about the rules for designating your beneficiary.

The form of death benefit that your beneficiary (or beneficiaries) will receive depends upon both your marital status and whether you had begun to receive your Plan benefit at the time of your death.

Married participants

If you had not begun receiving your Plan benefit prior to your death, your spouse will receive a monthly annuity (called a pre-retirement survivor annuity) for his or her life, unless your spouse

had previously waived this form of payment in writing. If the value of your account is greater than \$5,000 at the time of your death, then your spouse may also be eligible to receive the benefit in another form, including a single cash payment or annual installments.

If you die after starting to receive your Plan benefit, your spouse will receive a monthly payment for the remainder of his or her life equal to 100% of the monthly amount you were receiving at the time of your death, unless your spouse had previously consented to your choice of another form of payment, in which case your spouse's options will depend on the form of payment you chose. Your spouse will be notified of the available payment options as needed.

Unmarried participants

If you are unmarried and die before beginning to receive your Plan benefit, your beneficiary will receive a life-only annuity (monthly payments that continue as long as your beneficiary is alive but stop immediately upon his or her death) unless he or she elects to receive the benefit in either a single cash payment or in annual installments.

Additional death benefit information

If you elect to terminate or retire, submit your distribution election and then die before your actual termination or retirement date, the Plan's death benefit will be paid (not the form of benefit you elected in writing). In addition, if you should die without having made your elections via a signed option form, the Plan's applicable form of death benefit will be paid. See the earlier information about the death benefits provided under this Plan.

Disability

If you become disabled, you are entitled to receive all or a portion of your Plan account balance. You may request a distribution no earlier than 26 weeks after you stop working due to your disability status. If you are married, you may withdraw your benefits only as a Joint and Spouse Annuity, unless your spouse consents, in writing, to an alternate form of payment.

If you previously quasi-retired in the Retirement Security (RS) Plan and transferred your accrued benefit from the RS Plan to your 401(k) Plan account, withdrawal of the RS Plan portion of your account will cause a reduction in your long-term disability benefit. However, you may withdraw all of the money attributable to contributions to your 401(k) Plan account without any reduction to your long-term disability benefit. It is recommended that you seek the advice of a qualified tax or financial professional before making a decision about Plan distributions.

Potential tax consequences of disability withdrawals

If your disability withdrawal is made before you are 59 1/2 years old, a 10% tax penalty may be assessed on the taxable portion of the withdrawal unless an exception applies. Exceptions are explained in the packet of withdrawal information that you receive when requesting a distribution. Also, if the distribution is not rolled over into an IRA, the taxable portion is subject to a 20% mandatory tax withholding.

Voluntary Employee Contribution Withdrawals

If you made voluntary employee contributions, you may withdraw them using the *Voluntary Employee Contribution Withdrawal Form*. These withdrawals may be made at any time. There is no minimum withdrawal amount and the maximum is limited to the total of your voluntary contribution balance. Your withdrawal may be made from both your contributions and associated earnings.

Voluntary contributions made before January 1, 1987 may be withdrawn tax-free. However, withdrawals of your voluntary contributions made after December 31, 1986 must include a

proportional share of taxable earnings on all employee contributions and are taxed as ordinary income.

General Beneficiary Information

When you enroll in the Plan, you are asked to designate a beneficiary.

If you are not married, you may designate any individual or trust as a beneficiary to receive payment from the Plan if you die before you receive your benefit. Unless you marry, your beneficiary will not change until you designate a new beneficiary.

If you are married, Federal law requires that your spouse automatically becomes the mandatory beneficiary of your Plan benefit. This is true even if you had previously designated someone else as beneficiary; thus, any beneficiary designations you may have made before you were married will be revoked. You may designate someone other than your spouse as a beneficiary only if your spouse agrees and the consent is in writing and is witnessed by a notary public. Your BA can provide you with the proper forms for this purpose.

The Plan will make payment upon your death to the person named as beneficiary on the latest beneficiary designation you made on the *Beneficiary Designation/Waiver of Qualified Pre-retirement Survivor Annuity Form*. To designate a beneficiary, complete this form and submit it to your BA, who will enter your election(s) in NRECA's system.

If you do not designate a proper beneficiary or if you designate no beneficiary, payments will be made to the first surviving person in the following order:

1. Your spouse;
2. Your children;
3. Your parents;
4. Your brothers and sisters;
5. The executors or administrators of your estate.

In the event you divorce, you should update your beneficiary information as soon as possible. Even if you divorce, remarry or rewrite your will, your former spouse may be entitled to benefits after your death unless you update your beneficiary designations.

We suggest that you review your beneficiary election annually at the time of your co-op's annual enrollment to ensure it reflects your most current designation.

Minor beneficiary designations

The Plan will not make a distribution to a minor beneficiary. If you wish to name a minor child as a beneficiary, we recommend that you establish the proper legal vehicle, such as a guardianship or conservatorship, as required by the laws of your state, so that the assets in your account can be paid as soon as possible to your child's designated guardian.

Assignment of Benefits

Qualified Domestic Relations Orders

A domestic relations order is a court order that provides for child support, alimony payments or marital property rights to an alternate payee. An alternate payee is your spouse, former spouse, child or other dependent, recognized in a domestic relations order as having a right to receive all or a portion of your 401(k) Plan benefit. If the court order allocates a portion of your benefits to an alternate payee, the domestic relations order must be submitted to the plan administrator for review. If the domestic relations order meets statutory requirements, it is considered a Qualified Domestic Relations Order (QDRO) and the plan administrator will be obligated by law to comply with its terms.

To meet the requirements, the order must contain the following information:

- Name, address, date of birth and social security number of both the participant and alternate payee;
- Correct name of the Plan from which a payment will be made;
- Amount or percentage of your benefit to be paid by the Plan or the manner that the amount or percentage is to be determined; and
- Timing of the payment.

A QDRO cannot require a type or form of benefit that the Plan does not otherwise provide. It cannot require the Plan to provide increased benefits and cannot require that benefits otherwise payable to an alternate payee under an earlier QDRO be paid to anyone else. An alternate payee may elect any payment option that the Plan allows, either immediately or at a later date, except a Joint and Spouse annuity or intermittent withdrawals (either unscheduled or as part of a series). If your account becomes subject to a QDRO, contact your BA and NRECA for further instructions and sample QDRO documents.

We strongly suggest that you submit an updated beneficiary designation as soon as possible if your account becomes subject to a QDRO.

Additional assignment information

You may not use this Plan or any other qualified plan as collateral for a loan.

As a general rule, your benefits may not be garnished, subject to certain exceptions (such as if the IRS places a levy on your retirement benefits).

Power of Attorney

The laws of your state govern any power of attorney that you execute for retirement plan payment purposes. Most states have a checklist document describing the steps you must follow in order to give your power of attorney authority over retirement benefits. It is a good idea to specifically reference your retirement plan benefits in your power of attorney if it is not otherwise part of state law. Once a legal power of attorney has been granted, that person may act on your behalf in the fashion you indicate, until it is revoked or you die.

Payment Options

This section explains the payment options permitted by the Plan. **Before making a decision about your distribution or choosing any of the options described here, it is recommended that you seek the advice of a qualified tax or financial professional.**

Forms of Payment

Benefits are paid from the 401(k) Plan in the following forms:

- Joint and (100%, 75%, 50%) Spouse Annuity without Cash Refund;
- Joint and (100%, 75%, 50%) Spouse Annuity with Cash Refund;
- Straight (Single) Life Annuity without Cash Refund;
- Straight (Single) Life Annuity with Cash Refund;
- Joint and (100%, 75%, 50%) Survivor Annuity without Cash Refund;
- Joint and (100%, 75%, 50%) Survivor Annuity with Cash Refund; and
- 10-Year Certain and Life Annuity.

Any of these annuities can be combined with the Individual Cost of Living Adjustment (Individual COLA) option. See the section titled *Individual Cost of Living Adjustment (Individual COLA) option* for details.

Other payment forms include:

- Intermittent withdrawals;
- Annual installments not to exceed 15 years; and
- Single cash payment.

Automatic Form of Payment if You Are Married

Your benefit will be paid as a Joint and 100% Spouse Annuity unless you make another choice in writing. A Joint and 100% Spouse Annuity provides you with a monthly payment for as long as you live. If you are survived by a spouse, your spouse will receive a monthly payment for the remainder of his or her life equal to 100% of the monthly amount you were receiving at the time of your death.

You may waive the Joint and 100% Spouse Annuity only if your spouse irrevocably consents in writing to the waiver. A notary public must witness your spouse's signature. You may revoke any waiver prior to the time benefit payments begin. **Because your spouse participates in these elections, it is important to inform the plan administrator immediately of any change in your marital status.**

Automatic Form of Payment if You Are Unmarried

Your benefit will be paid as a Straight (Single) Life Annuity, unless you make another choice in writing. This annuity provides a monthly payment to you for as long as you live. All payments stop when you die.

Other Forms of Payment

Whether you are married or unmarried, you may elect any other form of payment the Plan provides, subject to certain restrictions.

Annuity payments

An annuity is a periodic payment, usually monthly, providing equal payments for your life and, under certain annuity options, for the lifetime of your beneficiary. The amount of your annuity is

calculated using the value of your account balance at the time payments begin. The 401(k) Plan provides these annuity options:

Joint and (100%, 75%, 50%) Spouse Annuity without Cash Refund provides equal monthly payments for your life. After your death, your spouse will receive a percentage (100%, 75% or 50%) of this amount for life.

Joint and (100%, 75%, 50%) Spouse Annuity with Cash Refund provides equal monthly payments for your life. After your death, your spouse will receive a percentage (100%, 75% or 50%) of this amount for life. In addition, with this option, if there is any excess value to the annuity beyond the total amount of monthly payments actually received by you and your spouse, you can request that the excess value be paid as a single cash payment to an alternate beneficiary.

Straight (Single) Life Annuity without Cash Refund provides equal monthly payments for your life and terminates at your death.

Straight (Single) Life Annuity with Cash Refund provides equal monthly payments for your life and terminates at your death. After your death, if there is any excess value to the annuity beyond the total amount of monthly payments actually received by you, you can request that this be paid as a single cash payment to an alternate beneficiary.

Joint and (100%, 75%, 50%) Survivor Annuity without Cash Refund provides equal monthly payments for your life and then a percentage (100%, 75% or 50%) of those monthly payments to an alternate beneficiary (not your spouse) for their life.

Joint and (100%, 75%, 50%) Survivor Annuity with Cash Refund provides equal monthly payments for your life. After your death, your contingent annuitant will receive a percentage (100%, 75% or 50%) of this amount for life. In addition, with this option, if there is any excess value to the annuity beyond the total amount of monthly payments actually received by you and your contingent annuitant, you can request that this will be paid as a single cash payment to an alternate beneficiary.

10-Year Certain and Life Annuity provides equal monthly payments to you for life and in the event you die before the completion of 120 monthly payments (10 years), the balance is payable in monthly payments to your contingent annuitant. If both you and your contingent annuitant die before the completion of 120 monthly payments, then the balance is paid in a single cash payment to an alternate beneficiary.

Any of the foregoing annuity options may be taken as a partial annuity. A partial annuity provides you with a lifetime monthly payment using just part of your account balance, leaving you with additional options later. You may take a partial annuity upon your employment termination or quasi-retirement through the unscheduled intermittent withdrawal process.

Cash refund option

If you elect the cash refund option, if both you and your spouse (or contingent annuitant) die, and if the value of the single sum payment you would have received at retirement is more than the total amount of monthly payments that you and your spouse (or contingent annuitant) actually received, the difference will be paid as a single cash payment to your alternate beneficiary.

Individual Cost of Living Adjustment (Individual COLA) option

When you elect your 401(k) Plan benefit, you can also select the Individual COLA option along with any of the annuity options described in the *Annuity Payments* section of this SPD, including those with the cash refund feature.

Combined with one of the existing annuity options, the Individual COLA option provides inflation protection. The feature allows you (and your surviving beneficiary) to receive 100% annual cost-of-living adjustments after receiving your first annuity payment.

If you elect the Individual COLA option, your annuity payments will be automatically adjusted annually based on the consumer price index (CPI-U) measurements that are issued by the Bureau of Labor Statistics of the U.S. Department of Labor. The adjustments:

- Are based on the average monthly percentage change in the CPI-U for the one-year period ending three months before each payment anniversary;
- Begin one year after your first payment date and on each payment anniversary thereafter;
- Are based on contract terms set by the 401(k) Plan annuity provider; and
- Are paid for by you, rather than by your employer, through a lower starting monthly benefit (as compared to a similar type benefit without inflation protection).

If you are eligible to receive a distribution, you will be able to elect the Individual COLA option when you complete an option form. For details, refer to the section of this SPD titled *Making your Election*.

Intermittent withdrawals

If you terminate employment or retire and your account balance is greater than \$1,000, you can request an unscheduled cash withdrawal. The minimum amount that may be withdrawn on an unscheduled basis is \$1,000.

If your account balance remains above \$5,000, you can request both an unscheduled cash withdrawal and a partial annuity. You may request a partial annuity as either a percentage of your account balance (in 10% increments) or as a dollar amount. If you wish to take a total distribution as a combined cash and annuity payment, you must elect this on your option form.

If your employer has elected the feature and you are eligible to quasi-retire (for basic plans, at the Normal Retirement Date; or, for 401(k) Plans, at the later of either your Normal Retirement Date or age 59 1/2), then you may also elect to receive up to four unscheduled withdrawals a year as well as a partial annuity.

In addition, if you terminate your employment or retire (but not quasi-retire), then you may elect to receive a series of equal withdrawals, paid either monthly, quarterly, semi-annually or annually, for at least 12 months and up to 9 years and 11 months. The minimum amount that may be withdrawn as a series of equal withdrawals is \$500 per payment. At the time of your election, your account balance must be \$5,000 or more.

Installment payments

Installment payments are approximately equal annual payments made to you from your account for a specified number of years. You choose the number of years over which the payments will be made, up to a maximum of 15 installments (i.e., 15 years).

Single cash payments

A single cash payment is a distribution of your total account balance, valued as of the date the distribution is paid.

Making Your Election

If you are eligible to receive a distribution for any reason, information describing your distribution options will be sent to you, your beneficiary, or an alternate payee, depending on the reason for the distribution. If you do not request a distribution (except when your account balance is \$1,000 or less), then you will be deemed to have elected to defer receiving your benefit until the next

distributable event. If you later wish to request benefit payments, contact NRECA for an option form.

In addition, the NRECA Personal Investment & Retirement Consulting (PIRC) team is available to discuss your payment options. To contact a PIRC representative, please call 866.673.2299 (option 6).

Once you make a payment election, details about your distribution will be sent to you at least 30 days but not more than 90 days (the 30/90 day election period) before your payments are scheduled to begin. You may change or revoke your election at any time before payments begin. However, once you begin receiving benefits in the form you have elected, the election is irrevocable; neither you nor your spouse, if applicable, may change that election.

You may elect to waive the standard form of benefits (with the consent of your spouse, if you are married) and choose another form of payment during the 30/90 day election period. If you are married, the standard form of benefit is the 100% Joint and Spouse Annuity; if you are unmarried, the standard form of benefit is the Life Only Annuity. For more on the Plan's automatic form(s) of payment, see the sections on this topic earlier in this chapter.

If you want your benefit payments to begin before the end of the 30/90-day election period, then you may elect to waive the 30 day period. If you waive the 30 day period, payments may begin no sooner than the end of the seven day period beginning the day after you sign your option form.

Impact of Your Account Balance on Your Payment Choices

If your account balance is **less than \$200** following your termination of employment (and no amount has previously been paid to you as an annuity or in installments) you will receive your entire account balance in a single cash payment. If you are married, your spouse does not need to consent to the single cash payment distribution.

If your account balance is **more than \$200 but less than \$1,000** following your termination of employment and no amount has been previously been paid to you as an annuity or in installments, then you will receive distribution option forms to make a payment election. If you are married, your spouse does not need to consent to your election. If you do not make a payment election within 90 days of the option form event date or request date (whichever is later), then you will receive your entire account balance in a single cash payment.

If your account balance is **more than \$1,000 but less than \$5,000** following your termination of employment and no amount has previously been paid to you as an annuity or in installments, then you will receive an option form on which to make a payment election. If you are married, your spouse does not need to consent to your election. If you do not make a payment election within 90 days of the option form event date or the request date (whichever is later), then your account balance will not be paid until the later of your future election or the April 1 following the date you reach age 72 (age 70 1/2 if you were born on or before June 30, 1949).

If your account balance is **greater than \$5,000** following your termination of employment, you may elect any form of payment available under the Plan, subject to your spouse's consent, if applicable.

If you die while you are still working and your surviving spouse's pre-retirement survivor annuity is worth more than \$1,000 but less than \$5,000, your surviving spouse automatically will receive a single cash payment. If your account balance is greater than \$5,000, your surviving spouse may be eligible to receive a single cash payment or installments in lieu of the annuity.

Receiving Your Payment

The plan administrator will make payments as soon as administratively possible after receipt of your option forms, but not fewer than 30 days after the required explanation of payment options was provided to you, unless you elect to waive the 30-day period. The earliest date a distribution may be paid is seven days after the date you sign your option form (i.e., on the eighth day). The actual amount of the distribution will be based on current share prices at the time your payment is processed.

You will have up to 90 days to return your option form. During this 90-day period you may change your election; however, once payments begin, your election is then irrevocable. Intermittent withdrawals are the only form of payment that you may change or stop once they have begun. See the section titled *Other Forms of Payment* for more information.

If you do not return your option form before 90 days have elapsed from the later of the event date or the request date on the form, the form will no longer be valid. You may request another option form on which to make an election; however, if your account balance is \$1,000 or less and you do not elect another form of payment within 90 days, you will automatically receive a lump sum. In addition, you may not defer payments indefinitely. See the section titled *Deferring Payments* for information about your required beginning date under this Plan.

Re-employment

If you are re-employed **within 90 days** from the date your prior employment was terminated and you have elected your payment (i.e., you signed your distribution option forms), then you may receive your payment if you are re-employed with another employer.

If you are re-employed **more than 90 days** after the date your prior employment was terminated, you **did not** make a payment election (i.e., you did not sign your distribution option forms) and you become a participant in the 401(k) Plan, you may not receive a distribution. On the other hand, if you do not become a participant in the 401(k) Plan upon re-employment, you may receive a distribution by electing a payment (i.e., by signing your distribution option forms).

Deferring Payments

If you elect to defer receipt of your benefits to a later date (or if you do not make a distribution election) then your benefit payments must begin no later than April 1 of the calendar year following the later of the year you either terminate employment or turn 72 (age 70 1/2 if you were born on or before June 30, 1949).

You must maintain a current address in NRECA's system if you delay your benefit payment. Contact your benefits administrator promptly to update any personal information for benefits purposes, including primary address, mailing address, marital status or legal name.

General Tax Information

The taxable portion of your payment from the 401(k) Plan could be subject to a 20% tax withholding if you do not roll over the distribution to another qualified plan or an Individual Retirement Account (IRA). It is recommended that you seek the advice of a qualified tax or financial professional before making a decision about Plan distributions.

If you receive a single cash payment from the 401(k) Plan directly, 20% of the taxable portion will be withheld for income tax. You may subsequently elect to roll over your payment, but you must complete the rollover within 60 days of the day you received the payment. You will receive only 80% of your total distribution for rollover. You may add money from other sources (e.g.,

your own savings) to your distribution to replace the 20% withholding in order to roll over an amount equal to 100% of your benefit.

A distribution may be made directly from the 401(k) Plan to either an IRA or another qualified plan. This is called a direct rollover. Because the 20% tax withholding does not apply to a direct rollover, 100% of your payment will be transferred to your IRA or to the plan of your new employer.

Distributions from the 401(k) Plan that are eligible rollover distributions (and thus subject to 20% tax withholding) include:

- Any total cash distribution, including an outstanding loan;
- Disability withdrawals from the Plan;
- Earnings on voluntary employee contribution withdrawals;
- Installment payments for a period of fewer than 10 years;
- Any portion of a distribution that is greater than the required minimum distribution received after the later of age 72 (age 70 1/2 if you were born on or before June 30, 1949) or your actual retirement (although if rolled over to an IRA, such amount would be taken into account in determining the required minimum distribution from the IRA); and
- Eligible distributions to a surviving spouse or an ex-spouse under a QDRO.

Distributions that are not eligible for rollover (and not subject to 20% tax withholding) are:

- Any payment in a series of substantially equal periodic payments made over the life expectancy of the participant or joint life expectancies of the participant and beneficiary;
- Any payment in a series of substantially equal periodic payments over a period of ten years or more;
- A required minimum distribution (following the later of age 72 (age 70 1/2 if you were born on or before June 30, 1949) or actual retirement);
- A distribution to an alternate payee or a beneficiary who is not the spouse; and
- A hardship distribution (if permitted by your employer).

If you are under age 59 1/2, your payment may be subject to income tax and to an additional 10% penalty on the taxable portion of your distribution(s), unless an exception applies. The plan administrator does not withhold this 10% penalty from your distributions; you should speak with a tax professional to ensure that you properly report the 10% penalty on your tax return, if applicable.

If you receive your distribution as a series of substantially equal periodic payments (an annuity), there is an exception to the application of the 10% penalty. However, this exception only applies if your payment is the result of your retirement in the year you turn age 55. It does not apply if your payment is the result of quasi-retirement (if permitted by your employer) and you are under age 59 1/2, even if you are over age 55.

Overpayments

An overpayment occurs when you (or your contingent annuitant, your beneficiary or an alternate payee) are paid more than you (or he or she) are entitled to under the terms of the Plan. If an overpayment of retirement benefits is made from the Plan to any of these parties, the Plan is entitled to correct the overpayment or request that it be returned. The Plan may utilize any means that are necessary to ensure that the error (overpayment) is corrected and the Plan is made whole.

You, your contingent annuitant, your beneficiaries or an alternate payee are obligated to repay, immediately upon request by the Plan, any overpayments (plus interest and earnings from the

date of the distribution through the date of the request) stemming from mistakes, errors or corrections.

In the case of annuities, the Plan is entitled to offset the overpayment or error against ongoing annuity payments to you, your contingent annuitant, beneficiary or an alternate payee, as applicable. In the case of single cash payments, the recipient may repay the excess he or she received.

For single cash payments, if the Plan does not receive repayment, the plan administrator may take affirmative steps to collect the overpayment, plus interest and earnings, through any means at its disposal, up to and including reversal of rollovers, collections activity or legal action, in which case the Plan shall be entitled to collection of the overpayment in full, plus attorneys' fees and costs.

Procedure For Claiming Benefits

This section describes how you present a claim for your benefits.

Pursuant to federal authority related to the Novel Coronavirus Outbreak, the time to file or perfect benefit claims and to appeal a denied claim has been extended. Notwithstanding any other provisions in this chapter, the Plan will disregard the COVID-19 “Outbreak Period” for purposes of determining the deadline to file or perfect a benefit claim and to appeal an adverse benefit determination. The Outbreak Period begins March 1, 2020 and ends 60 days after the end date of the COVID-19 National Emergency. The National Emergency does not currently have an end date.

Benefits will be paid to participants and beneficiaries without a formal claim when a recognized distribution event occurs. As a general rule, a claim for a benefit occurs when there is a dispute with regards to the amount of a payment. All claims for Plan benefits will be subject to a full and fair review. You may appoint a duly authorized representative to assist you at any time, if you provide written notice of such authorization. All communications under this procedure must be sent to:

401(k) Pension Plan
c/o Plan Administrator
National Rural Electric Cooperative Association
4301 Wilson Boulevard
Mail Stop IFS 7-300
Arlington, VA 22203-1860

Submitting a Claim

If you feel you are entitled to a benefit you have not received or if you believe the amount of your benefit is wrong, you should submit your request for a claim review to the plan administrator in writing. You should explain the problem and include any information or documents you feel will assist in the review. Initial claims determinations are made by the plan administrator.

You (or your beneficiary) have three years to submit a claim review request, as measured from the earlier of the date that you knew (or had reason to know) that either:

- The benefit paid to you was incorrect; or
- Your claim for benefits would have been denied.

If you do not submit your claim within this three-year timeframe, your request for claim review will be denied.

Claim Determination

The plan administrator will, in most circumstances, provide a decision about your claim within 90 days of receipt. If circumstances require an extension, written notice will be given to you prior to the expiration of the initial 90 day period, along with:

- An explanation of the reason(s) for the extension; and
- The date when you will be notified of decision about the claim.

The plan administrator has discretion to determine whether an extension is necessary.

Claim Denial

If your claim is wholly or partially denied as a result of the claim determination process, the plan administrator will notify you in writing of this denial within the time periods described above.

The written explanation will contain:

- The specific reason or reasons for the denial;
- The specific reference to the Plan provisions on which the denial is based;
- A description of any additional information or material necessary to perfect your claim as well as an explanation of why such material or information is necessary; and
- A description of what steps are necessary to submit your claim for review.

If you are not notified of a claim denial as discussed above, the claim will be deemed denied on the 90th day after receipt. The plan administrator determines whether a claim has been submitted or received and, if so, the date on which it was sent or received.

If you wish to challenge the claim determination, you must proceed with the claim review (appeal) procedure described below.

Claim Review (Appeal)

If your claim has been denied, either in writing or because the 90th day following receipt of your claim has passed, you may submit your claim for review. The I&FS Committee (or their duly authorized delegate other than the individual or entity who performed the initial claim determination) reviews claim appeals. Your request for review must be in writing and must follow this procedure:

- File the request for review no later than 90 days after you receive written notification that your claim has been denied or, if there is no written decision, the 90th day following the date the Plan received your claim. If you or your representative fail to submit a written request for appeal in a timely fashion to the correct address listed in this procedure, this will bar review of your claim denial by the I&FS Committee, as well as any judicial review.
- Include any documents related to the denial of your claim and send any issues and comments in writing. The information you send will supplement the administrative record and should contain all the information you wish to be considered during the review, including relevant documents, records and correspondence. In preparing your appeal, you may request a copy of the pertinent documents, including claims records, that the plan administrator used to make the initial decision.
- Your appeal must be given a full and fair review. The I&FS Committee will evaluate claim review requests at its regularly scheduled meeting. Or, review will occur by telephone (if required to meet the applicable time periods), and this telephone review shall be as effective as if the review was conducted in person. If the review period is not within normal scheduled meeting times or a meeting cannot be held without undue cost and inconvenience, the review period will automatically be extended to 120 days. Claimants and their authorized representative may request an in-person review by the I&FS Committee at their regularly scheduled meeting, provided that the I&FS Committee has the sole and exclusive authority to approve or deny such request, in its discretion.
- The I&FS Committee's decision on appeal will be written. It will contain the specific reason(s) for the denial and the specific Plan provisions on which a denial is based. The I&FS Committee's decision on appeal is final.

Once the I&FS Committee or its delegate renders a final decision in writing, if you want the decision reviewed by a court, that review can only occur after this claims review procedure is complete and you have exhausted your administrative remedies. You must apply for judicial review of the I&FS Committee's decision within one year of the decision date and your review request must be filed in the United States District Court for the Eastern District of Virginia. A claimant or their representative's failure to seek judicial review in the required venue and within

one year of the date the I&FS Committee rendered its final decision bars judicial review of your claim, including the plan administrator's or the I&FS Committee's determinations.

Statement of ERISA Rights

This section explains your rights under the Employee Retirement Income Security Act of 1974 (ERISA).

As a participant in the Plan described in this Summary Plan Description (SPD), you are entitled to certain rights and protections under ERISA. ERISA provides that all plan participants are entitled to the rights and protections outlined below.

Receive Information About Your Plan and Benefits

You are entitled to examine, without charge, at the plan administrator's office and at other specified locations, such as work sites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

You are entitled to obtain, upon written request to the plan administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The plan administrator may require a reasonable fee for providing you with copies of these documents.

You are entitled to receive a summary of the Plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

You are entitled to obtain a statement containing your total account balance, the value of each investment to which assets in your account have been allocated, determined as of the most recent valuation date under the Plan, and an explanation of any limitations or restrictions on your right to direct an investment. This statement must be requested in writing and is not required to be given more frequently than quarterly. The Plan must provide the quarterly statements free of charge.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and their beneficiaries. No one, including your employer, your union or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a pension benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$171 a day, not to exceed \$1,713 (2022 limit, indexed annually) until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file suit in a Federal court. If it should happen that Plan Fiduciaries misuse the Plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a Federal court. The court will decide who should pay these costs and fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Amendment and Termination of Your Plan

Your employer has the right to amend or terminate its participation in the 401(k) Plan. This section discusses the rights and responsibilities of your employer if the board of directors elects to either amend or terminate your employer's participation in the Plan.

If the Plan is amended, no amendment will permit any part of the Plan assets to be used for any purpose other than to provide benefits for participants and their beneficiaries. No amendment may cause any reduction in your account balance or cause Plan assets to be turned over to your employer.

If your employer elects to withdraw from participation, your employer may make distributions to you only when permitted by the Plan. Your account will continue to receive investment gains, losses or both until you experience a distributable event. Your employer will provide further information and instructions in the event of a Plan termination.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 35: Provide an analysis of Licking Valley's expenses for research and development activities for the test year and the three preceding calendar years. For the test year, include the following:

- a. The basis of fees paid to research organizations and Licking Valley's portion of the total revenue of each organization, including where the contribution is monthly and provide the current rate and the effective date;
- b. Details of the research activities conducted by each organization;
- c. Details of services and other benefits provided to Licking Valley by each organization during the test year and the preceding calendar year;
- d. Total expenditures of each organization including the basic nature of costs incurred by the organization; and
- e. Details of the expected benefits to Licking Valley.

Response 35(a) through 35(e): Licking Valley did not have any research or development activities in the test year or the three preceding calendar years.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 36: Provide a running total for the following information concerning the cost of preparing the case:

a. A detailed schedule of expenses incurred to date for the following categories: For each category, the schedule should include the date of each transaction, check number or other document reference, the vendor, the hours worked, the rates per hour, amount, a description of the services performed, and the account number in which the expenditure was recorded. Provide copies of any invoices, contracts, or other documentation that support charges incurred in the preparation of this rate case. Indicate any costs incurred for this case that occurred during the test year.

- (1) Accounting;
- (2) Engineering;
- (3) Legal;
- (4) Consultants; and
- (5) Other Expenses (Identify separately).

b. An itemized estimate of the total cost to be incurred for this case. Expenses should be broken down into the same categories as identified in 37 a. above, with an estimate of the hours to be worked and the rates per hour. Include a detailed explanation of how the estimate was determined, along with all supporting work papers and calculations.

c. Provide monthly updates of the actual costs incurred in conjunction with this rate case, reported in the manner requested in 37.a. above. Updates will be due when Licking Valley files its monthly financial statements with the Commission, through the month of the public hearing.

Response 36(a) and 36(b): Please see attached.

Response 36(c): Licking Valley will provide the requested monthly updates of the actual costs incurred in conjunction with the rate case.

ATTACHMENT 1-36(c)



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

PLEASE DETACH AND RETAIN

No. 8145666

Date: 01/09/2024

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
12/01/2023	643	HONAKER LAW OFFICE	923.0	159.00
Totals:				159.00



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

GENERAL FUNDS

No. 8145666

73-1750/4210

BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY HONAKER LAW OFFICE
TO 1795 ALYSHEBA WAY, STE 6202
THE LEXINGTON KY 40509
ORDER
OF

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
01/09/2024	8145666	\$*****159.00

NON-NEGOTIABLE



L. Allyson Honaker
allyson@hloky.com
(859) 368-8803 (office)
(859)396-3172 (mobile)

1795 Alysheba Way, Ste 6202
Lexington, KY 40509

January 02, 2024

Invoice No. 643

Licking Valley RECC
Mr. Kerry Howard, President
271 W. Main Steet
West Liberty, KY 41472

Client Number: 04300 Licking Valley RECC
Matter 04300-0002 Licking Valley - 2024 Rate Case
For Services Rendered Through 12/31/2023.

Fees

<u>Date</u>	<u>Timekeeper</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
12/1/2023	LAH	Begin review of drafts provided by B. Koenig for upcoming rate case filing.	0.60	\$159.00
Billable Hours / Fees:			0.60	\$159.00

Timekeeper Summary

Timekeeper LAH worked 0.60 hours at \$265.00 per hour, totaling \$159.00.

Continued On Next Page

Client Number: 04300
Matter Number: 04300-0002


1/2/2024
Page: 2

Current Invoice Summary

Prior Balance:	\$0.00
Payments Received:	\$0.00
Unpaid Prior Balance:	\$0.00
Current Fees:	\$159.00
Advanced Costs:	\$0.00
TOTAL AMOUNT DUE:	\$159.00

Thank You for Letting Us Serve You.
Payment Due Upon Receipt.

By Purchase Order	_____
Price & Ext. Ok'd	_____
Posted	_____
Received	_____
Approved for Payment	_____





LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 805
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

PLEASE DETACH AND RETAIN

No. 8145522
Date: 12/19/2023

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
12/06/2023	602	HONAKER LAW OFFICE	928.0	1,026.00
Totals:				1,026.00



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 805
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

GENERAL FUNDS

No. 8145522
73-1750/4210
BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY HONAKER LAW OFFICE
TO 1795 ALYSHEBA WAY, STE 6202
THE LEXINGTON KY 40509
ORDER
OF

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
12/19/2023	8145522	\$*****1,026.00

NON-NEGOTIABLE

HONAKER
LAW
OFFICE

L. Allyson Honaker
allyson@hloky.com
(859) 368-8803 (office)
(859) 396-3172 (mobile)

1795 Alysheba Way, Ste 6202
Lexington, KY 40509

December 06, 2023

Invoice No. 602

Licking Valley RECC
Mr. Kerry Howard, President
271 W. Main Steet
West Liberty, KY 41472

Client Number: 04300 Licking Valley RECC
Matter 04300-0001 Licking Valley - General
For Services Rendered Through 12/6/2023.

Fees				
<u>Date</u>	<u>Timekeeper</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
11/6/2023	BHK	Discussion with A. Honaker re: case status and work plan.	0.20	\$51.00
11/6/2023	LAH	Conference with B. Koenig re rate case and timing of same.	0.20	\$53.00
11/28/2023	BHK	Draft portions of Rate Application and Table of Contents for rate application.	1.20	\$306.00
11/28/2023	BHK	Draft 32 exhibit cover sheets for rate application.	1.60	\$408.00
11/28/2023	BHK	Review email from J. Wolfram re: rate application.	0.20	\$51.00
11/28/2023	BHK	Discussion with A. Honaker re: rate application.	0.20	\$51.00
11/28/2023	LAH	Conference with B. Koenig re upcoming rate application; review email and attachment from J. Wolfram re same.	0.40	\$106.00
Billable Hours / Fees:			4.00	\$1,026.00

Continued On Next Page

Client Number: 04300
Matter Number: 04300-0001

12/6/2023
Page: 2

Timekeeper Summary

Timekeeper BHK worked 3.40 hours at \$255.00 per hour, totaling \$867.00.

Timekeeper LAH worked 0.60 hours at \$265.00 per hour, totaling \$159.00.

Payment Detail

<u>Date</u>	<u>Description</u>	<u>Amount</u>
11/7/2023	Check Number 8145198 against Inv# 504	(\$265.00)
11/15/2023	Check Number 8145305 against Inv# 550	(\$106.00)
Total Payments Received:		(\$371.00)

Current Invoice Summary

Prior Balance:	\$371.00	
Payments Received:	(\$371.00)	Last Payment: 11/15/2023
Unpaid Prior Balance:	\$0.00	
Current Fees:	\$1,026.00	
Advanced Costs:	\$0.00	
TOTAL AMOUNT DUE:	\$1,026.00	

Thank You For Your Prompt Payment.
If You Have Any Questions About This Bill,

By Purchase Order	_____
Price & Ext. Ok'd	_____
Posted	_____
Received	_____
Approved for Payment	_____



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

PLEASE DETACH AND RETAIN

No. 8145883

Date: 02/08/2024

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
01/31/2024	688	HONAKER LAW OFFICE	928.0	116.00
Totals:				116.00



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

GENERAL FUNDS

No. 8145883

73-1750/4210

BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY HONAKER LAW OFFICE
TO 1795 ALYSHEBA WAY, STE 6202
THE LEXINGTON KY 40509
ORDER
OF

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
02/08/2024	8145883	*****116.00

NON-NEGOTIABLE



L. Allyson Honaker
allyson@hloky.com
(859) 368-8803 (office)
(859)396-3172 (mobile)

757

1795 Alysheba Way, Ste 6202
Lexington, KY 40509

February 06, 2024

Invoice No. 688

Licking Valley RECC
Mr. Kerry Howard, President
271 W. Main Steet
West Liberty, KY 41472

Client Number: 04300 Licking Valley RECC
Matter 04300-0002 Licking Valley - 2024 Rate Case
For Services Rendered Through 1/31/2024.

Fees

<u>Date</u>	<u>Timekeeper</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
1/9/2024	LAH	Telephone conference with J. Wolfram re timing for COSS completion and tentative filing of notice of intent and application.	0.20	\$58.00
1/31/2024	LAH	Telephone conference with J. Wolfram re status of COSS and timing for filing.	0.20	\$58.00
Billable Hours / Fees:			0.40	\$116.00

Timekeeper Summary

Timekeeper LAH worked 0.40 hours at \$290.00 per hour, totaling \$116.00.

Continued On Next Page

Client Number: 04300
Matter Number: 04300-0002

2/6/2024
Page: 2


Payment Detail

<u>Date</u>	<u>Description</u>	<u>Amount</u>
1/22/2024	Check Number 1000201559 against Inv# 643	(\$159.00)
Total Payments Received:		(\$159.00)

Current Invoice Summary

Prior Balance:	\$159.00	
Payments Received:	(\$159.00)	Last Payment: 1/22/2024
Unpaid Prior Balance:	\$0.00	
Current Fees:	\$116.00	
Advanced Costs:	\$0.00	
TOTAL AMOUNT DUE:	\$116.00	

Thank You for Letting Us Serve You.
Payment Due Upon Receipt.

By Purchase Order	_____
Price & Ext. Ok'd	_____
Posted	_____
Received	_____
Approved for Payment	



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472



A Touchstone Energy Cooperative

PLEASE DETACH AND RETAIN

No. 8146071

Date: 03/07/2024

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
02/29/2024	728	HONAKER LAW OFFICE	928.0	3,348.00
Totals:				3,348.00



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472



A Touchstone Energy Cooperative

GENERAL FUNDS

No. 8146071

73-1750/4210

BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY HONAKER LAW OFFICE
TO 1795 ALYSHEBA WAY, STE 6202
THE LEXINGTON KY 40509
ORDER
OF

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
03/07/2024	8146071	*****3,348.00

NON-NEGOTIABLE



L. Allyson Honaker
allyson@hloky.com
(859) 368-8803 (office)
(859)396-3172 (mobile)

1795 Alysheba Way, Ste 1203
Lexington, KY 40509

March 05, 2024

Invoice No. 728

Licking Valley RECC
Mr. Kerry Howard, President
271 W. Main Steet
West Liberty, KY 41472

Client Number: 04300 Licking Valley RECC
Matter 04300-0002 Licking Valley - 2024 Rate Case
For Services Rendered Through 2/29/2024.

Fees				
<u>Date</u>	<u>Timekeeper</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
2/2/2024	HST	Review last rate case orders for prior issues. Emailed A. Honaker documents outlining issues.	0.70	\$185.50
2/2/2024	LAH	Review list of requirements from prior rate case order from H. Temple to make sure to include in this rate proceeding; forward list to J. Wolfram.	0.20	\$58.00
2/5/2024	BHK	Review past rate case information and drafting application.	0.70	\$192.50
2/5/2024	BHK	Review multiple emails from A. Honaker and J. Wolfram re: rate case application preparation.	0.30	\$82.50
2/5/2024	LAH	Exchange multiple emails with J. Wolfram, et.al. re rate application and timing.	0.30	\$87.00
2/6/2024	BHK	Email re: test year from. A. Honaker.	0.20	\$55.00
2/8/2024	BHK	Review and update draft Application, TOC, draft testimony for Howard and Bradley and sent to A. Honaker to review.	2.50	\$687.50

Continued On Next Page

Client Number: 04300
Matter Number: 04300-0002

3/5/2024
Page: 2

2/9/2024	BHK	Edit drafts of testimony for Howard, Bradley, draft of Application with emails from A. Honaker. Emails to T. Stacy and then emailed client drafts.	2.10	\$577.50
2/9/2024	LAH	Review and edit updated drafts of Application and testimony; email same to B. Koenig; review emails from B. Koenig and T. Stacy re same.	1.00	\$290.00
2/12/2024	BHK	Continue drafting documents: Notice of Intent, and application and testimony Verifications.	0.70	\$192.50
2/13/2024	BHK	Draft Customer Notice draft, revise templates for application prep for exhibits, testimony.	0.80	\$220.00
2/17/2024	BHK	Review, update and draft Exhibit Sheets for Rate Application for Exhibits 10-32.	1.60	\$440.00
2/19/2024	BHK	Email to A. Honaker re: rate case application case management.	0.20	\$55.00
2/26/2024	HST	Reviewed emails re: date of notice.	0.10	\$26.50
2/26/2024	LAH	Exchange emails with K. Howard, et. al. re timing for filing and other deadlines; telephone conference with J. Wolfram re same; office conference with B. Koenig.	0.30	\$87.00
2/26/2024	BHK	Review email from A. Honaker and discussion with A. Honaker re: rate case next steps.	0.30	\$82.50
2/29/2024	LAH	Exchange emails with J. Wolfram re availability for meeting; email to K. Howard, et. al. re same.	0.10	\$29.00

Billable Hours / Fees: 12.10 \$3,348.00

Timekeeper Summary

Timekeeper LAH worked 1.90 hours at \$290.00 per hour, totaling \$551.00.
Timekeeper HST worked 0.80 hours at \$265.00 per hour, totaling \$212.00.
Timekeeper BHK worked 9.40 hours at \$275.00 per hour, totaling \$2,585.00.

Payment Detail

<u>Date</u>	<u>Description</u>	<u>Amount</u>
2/14/2024	Check Number 8145883 against Inv# 688	(\$116.00)
Total Payments Received:		(\$116.00)

Continued On Next Page

Client Number: 04300
Matter Number: 04300-0002

Current Invoice Summary

Prior Balance:	\$116.00	
Payments Received:	(\$116.00)	Last Payment: 2/14/2024
Unpaid Prior Balance:	\$0.00	
Current Fees:	\$3,348.00	
Advanced Costs:	\$0.00	
TOTAL AMOUNT DUE:	\$3,348.00	

Thank You for Letting Us Serve You.
Payment Due Upon Receipt.

By Purchase Order _____
Price & Ext. Ok'd _____
Posted _____
Received _____
Approved for Payment _____



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

PLEASE DETACH AND RETAIN

No. 8146268

Date: 04/08/2024

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
03/31/2024	774	HONAKER LAW OFFICE	928.0	1,433.0
Totals:				1,433.0



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

GENERAL FUNDS

No. 8146268

73-1750/4210

BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY HONAKER LAW OFFICE
TO 1795 ALYSHEBA WAY, STE 6202
THE LEXINGTON KY 40509
ORDER
OF

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
04/08/2024	8146268	\$*****1,433.00

NON-NEGOTIABLE



L. Allyson Honaker
allyson@hloky.com
(859) 368-8803 (office)
(859)396-3172 (mobile)

157

1795 Alysheba Way, Ste 1203
Lexington, KY 40509

Licking Valley RECC
Mr. Kerry Howard, President
271 W. Main Steet
West Liberty, KY 41472

April 03, 2024
Invoice No. 774

Client Number: 04300 Licking Valley RECC
Matter 04300-0002 Licking Valley - 2024 Rate Case
For Services Rendered Through 3/31/2024.

Fees				
<u>Date</u>	<u>Timekeeper</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
3/4/2024	BHK	Review email update from A. Honaker, discussion re: rate case next steps.	0.20	\$55.00
3/4/2024	LAH	Participate in video conference with K. Howard, et. al. re upcoming case filing; review and edit motion for extension from B. Koenig; email edits to B. Koenig for review; finalize draft and forward to K. Howard, et. al. for review.	1.50	\$435.00
3/4/2024	BHK	Meeting with K. Howard, T.Stacy, A. Honaker, J. Wolfram, re: rate case.	1.00	\$275.00
3/4/2024	BHK	Conference with A. Honaker re: rate case management.	0.10	\$27.50
3/4/2024	BHK	Draft motion for extension for rate case. Sent to A. Honaker for review.	0.70	\$192.50
3/4/2024	HST	Discussed continuance of filing with B.Koenig	0.10	\$26.50
3/4/2024	BHK	Review edits made by A. Honaker to Motion for Extension and respond to email.	0.30	\$82.50

Continued On Next Page

4/3/2024

Page: 2

Client Number: 04300
Matter Number: 04300-0002

3/4/2024	LAH	Exchange emails with K. Howard, et. al. re meeting scheduling; create meeting invite and email same to team.	0.20	\$58.00
3/4/2024	LAH	Conference with A. Honaker re: rate case management.	0.10	\$29.00
3/5/2024	BHK	Format Motion for Extension for filing, draft cover letter, format letter for filing and filed Motion and Letter electronically with the Commission, follow-up email to filings and client to confirm.	0.60	\$165.00
3/5/2024	LAH	Final review of motion for extension; review emails re filing complete.	0.20	\$58.00
3/28/2024	LAH	Exchange emails with B. Koenig re not order issued on motion for extension.	0.10	\$29.00

Billable Hours / Fees: 5.10 \$1,433.00

Timekeeper Summary

Timekeeper BHK worked 2.90 hours at \$275.00 per hour, totaling \$797.50.
Timekeeper LAH worked 2.10 hours at \$290.00 per hour, totaling \$609.00.
Timekeeper HST worked 0.10 hours at \$265.00 per hour, totaling \$26.50.

Payment Detail

<u>Date</u>	<u>Description</u>	<u>Amount</u>
3/21/2024	Check Number 8146071 against Inv# 728	(\$3,348.00)
Total Payments Received:		(\$3,348.00)

By Purchase Order	_____
Price & Ext. Ok'd	_____
Posted	_____
Received	_____
Approved for Payment	

Continued On Next Page

Client Number: 04300
Matter Number: 04300-0002

4/3/2024
Page: 3

Current Invoice Summary

Prior Balance:	\$3,348.00	
Payments Received:	(\$3,348.00)	
Unpaid Prior Balance:	<u>\$0.00</u>	Last Payment: 3/21/2024
Current Fees:	\$1,433.00	
Advanced Costs:	<u>\$0.00</u>	
TOTAL AMOUNT DUE:	<u><u>\$1,433.00</u></u>	

Thank You for Letting Us Serve You.
Payment Due Upon Receipt.



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A TruistStone Energy® Cooperative

PLEASE DETACH AND RETAIN

No. 8146487

Date: 05/13/2024

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
04/19/2024	826	HONAKER LAW OFFICE	928.0	87.00
Totals:				87.00



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A TruistStone Energy® Cooperative

GENERAL FUNDS

No. 8146487

73-1750/4210

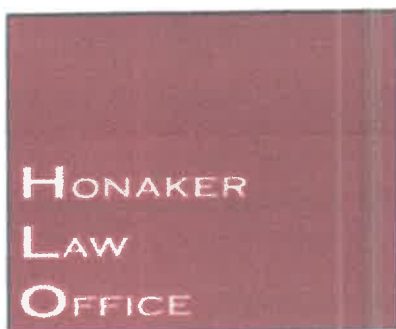
BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY HONAKER LAW OFFICE
TO 1795 ALYSHEBA WAY, STE 1203
THE LEXINGTON KY 40509
ORDER
OF

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
05/13/2024	8146487	\$*****87.00

NON-NEGOTIABLE



L. Allyson Honaker
allyson@hloky.com
(859) 368-8803 (office)
(859)396-3172 (mobile)

1795 Alysheba Way, Ste 1203
Lexington, KY 40509

May 09, 2024

Invoice No. 826

751
Licking Valley RECC
Mr. Kerry Howard, President
271 W. Main Steet
West Liberty, KY 41472

Client Number: 04300 Licking Valley RECC
Matter 04300-0002 Licking Valley - 2024 Rate Case
For Services Rendered Through 4/30/2024.

Fees				
<u>Date</u>	<u>Timekeeper</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
4/19/2024	LAH	Review Commission's Order granting extension to file rate case; forward same to team to review; exchange emails re same.	0.30	\$87.00
Billable Hours / Fees:			0.30	\$87.00

Timekeeper Summary

Timekeeper LAH worked 0.30 hours at \$290.00 per hour, totaling \$87.00.

Payment Detail

<u>Date</u>	<u>Description</u>	<u>Amount</u>
4/15/2024	Check Number 8146268 against Inv# 774	(\$1,433.00)
Total Payments Received:		(\$1,433.00)

Continued On Next Page

Client Number: 04300
Matter Number: 04300-0002

5/9/2024
Page: 2

Current Invoice Summary

Prior Balance:	\$1,433.00	
Payments Received:	(\$1,433.00)	Last Payment: 4/15/2024
Unpaid Prior Balance:	\$0.00	
Current Fees:	\$87.00	
Advanced Costs:	\$0.00	
TOTAL AMOUNT DUE:	\$87.00	

Thank You for Letting Us Serve You.
Payment Due Upon Receipt.

By Purchase Order	_____
Price & Ext. Ok'd	_____
Posted	_____
Received	_____
Approved for Payment	_____



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

PLEASE DETACH AND RETAIN

No. 8146677

Date: 06/11/2024

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
05/31/2024	887	HONAKER LAW OFFICE	928.0	283.50
Totals:				283.50



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

GENERAL FUNDS

No. 8146677

73-1750/4210

BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY HONAKER LAW OFFICE
TO 1795 ALYSHEBA WAY, STE 1203
THE LEXINGTON KY 40509
ORDER
OF

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
06/11/2024	8146677	\$*****283.50

NON-NEGOTIABLE



L. Allyson Honaker
allyson@hloky.com
(859) 368-8803 (office)
(859)396-3172 (mobile)

1795 Alysheba Way, Ste 1203
Lexington, KY 40509

June 06, 2024

Invoice No. 887

Licking Valley RECC
Mr. Kerry Howard, President
271 W. Main Steet
West Liberty, KY 41472

Client Number: 04300 Licking Valley RECC
Matter 04300-0002 Licking Valley - 2024 Rate Case
For Services Rendered Through 5/31/2024.

Fees				
<u>Date</u>	<u>Timekeeper</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
5/8/2024	BHK	Conference with A. Honaker and update re: checking for next steps on rate case preparation with A. Honaker.	0.10	\$27.50
5/8/2024	LAH	Conference with B. Konig re update on status and next steps; telephone conference with J. Wolfram re same.	0.20	\$58.00
5/28/2024	HST	Discuss timing of notice and filing with A.Honaker	0.20	\$53.00
5/28/2024	LAH	Telephone conference with J. Wolfram re status of COSS; exchange emails with T. Stacy re dates for board meetings; review COSS information and items needed email from J. Wolfram.	0.50	\$145.00
Billable Hours / Fees:			1.00	\$283.50

Continued On Next Page

Client Number: 04300
Matter Number: 04300-0002

6/6/2024
Page: 2

Timekeeper Summary

Timekeeper HST worked 0.20 hours at \$265.00 per hour, totaling \$53.00.
Timekeeper LAH worked 0.70 hours at \$290.00 per hour, totaling \$203.00.
Timekeeper BHK worked 0.10 hours at \$275.00 per hour, totaling \$27.50.


Payment Detail

<u>Date</u>	<u>Description</u>	<u>Amount</u>
5/22/2024	Check Number 8146487 against Inv# 826)	(\$87.00)
Total Payments Received:		(\$87.00)

Current Invoice Summary

Prior Balance:	\$87.00	
Payments Received:	(\$87.00)	Last Payment: 5/22/2024
Unpaid Prior Balance:	\$0.00	
Current Fees:	\$283.50	
Advanced Costs:	\$0.00	
TOTAL AMOUNT DUE:	\$283.50	

Thank You for Letting Us Serve You.
Payment Due Upon Receipt.

By Purchase Order _____
Price & Ext. Ok'd _____
Posted _____
Received _____
Approved for Payment 



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

PLEASE DETACH AND RETAIN

No. 8146954

Date: 07/15/2024

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
06/30/2024	933	HONAKER LAW OFFICE	928.0	3,234.00
Totals:				3,234.00



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

GENERAL FUNDS

No. 8146954

73-1750/4210

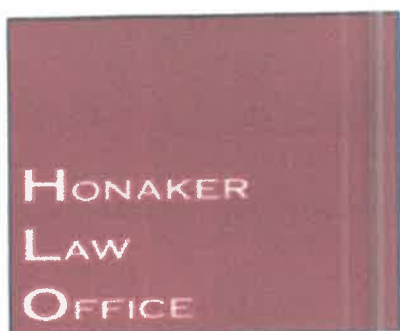
BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY HONAKER LAW OFFICE
TO 1795 ALYSHEBA WAY, STE 1203
THE LEXINGTON KY 40509
ORDER
OF

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
07/15/2024	8146954	\$*****3,234.00

NON-NEGOTIABLE



L. Allyson Honaker
allyson@hloky.com
(859) 368-8803 (office)
(859)396-3172 (mobile)

1795 Alysheba Way, Ste 1203
Lexington, KY 40509

July 08, 2024

Invoice No. 933

Licking Valley RECC
Mr. Kerry Howard, President
271 W. Main Steet
West Liberty, KY 41472

Client Number: 04300 Licking Valley RECC
Matter 04300-0002 Licking Valley - 2024 Rate Case
For Services Rendered Through 6/30/2024.

Fees				
<u>Date</u>	<u>Timekeeper</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
6/3/2024	LAH	Review email and attached COSS draft files from J. Wolfram.	0.90	\$261.00
6/3/2024	HST	Review multiple attachments for COSS.	0.70	\$185.50
6/17/2024	LAH	Review emails and attachments from J. Wolfram re COSS.	0.40	\$116.00
6/17/2024	HST	Review multiple emails and attachments re COSS; conferences re same.	0.60	\$159.00
6/18/2024	HST	Attend meeting re: customer notice timing. Draft board resolution. Sent board resolution to K.Howard and T.Stacy. Reviewed updated slides on COSS from J.Wolfram.	1.70	\$450.50
6/18/2024	BHK	Discuss rate case with H. Temple.	0.20	\$55.00
6/18/2024	LAH	Review email and attached draft board resolution from H. Temple.	0.20	\$58.00
6/19/2024	HST	Attend board meeting to discuss rate case filing and board resolution. Drafted customer notice. Sent to clients and J.Wolfram to review.	1.80	\$477.00

Continued On Next Page

Client Number: 04300
Matter Number: 04300-0002

7/8/2024
Page: 2

6/19/2024	LAH	Exchange texts with K. Howard re scheduling time to discuss rate case filing and customer notice; participate in virtual meeting re same; telephone conference with H. Temple re coverage at board meeting; review multiple emails and attachments from J. Wolfram re COSS for board meeting.	1.20	\$348.00
6/20/2024	HST	Review multiple emails re updating notice.	0.20	\$53.00
6/20/2024	LAH	Review emails and attached updated customer notice.	0.30	\$87.00
6/23/2024	HST	Review and update customer notice from J.Wolfram. Draft notice of intent. Sent documents to client for K.Howard and T.Stacy for review.	1.30	\$344.50
6/24/2024	LAH	Review emails re customer notice.	0.10	\$29.00
6/25/2024	HST	Review emails from T.Stacy re customer notice and NOI. Confirm with A.Honaker she would like to review. Sent drafts for her review.	0.30	\$79.50
6/25/2024	LAH	Review customer notice and notice of intent from H. Temple.	0.40	\$116.00
6/26/2024	HST	Discuss rate case issues with A.Honaker. Exchanged emails with T.Stacy and J.Wolfram re notice.	0.30	\$79.50
6/26/2024	LAH	Conference with H. Temple re rate case issues and timeline; review multiple emails from T. Stacy, et. al. re customer notice; exchange texts with J. Wolfram re same; review notice.	0.40	\$116.00
6/27/2024	HST	Draft notice of intent to use electronic filing and read first. Prepare document for filing. File document with PSC. Send email confirmation to T.Stacy.	0.50	\$132.50
6/27/2024	LAH	Review notice to use electronic procedures; telephone conference with H. Temple re filing same; review emails re case number assigned.	0.30	\$87.00
Billable Hours / Fees:			11.80	\$3,234.00

Timekeeper Summary

Timekeeper HST worked 7.40 hours at \$265.00 per hour, totaling \$1,961.00.

Timekeeper BHK worked 0.20 hours at \$275.00 per hour, totaling \$55.00.

Timekeeper LAH worked 4.20 hours at \$290.00 per hour, totaling \$1,218.00.

Continued On Next Page

Client Number: 04300
Matter Number: 04300-0002

7/8/2024
Page: 3

Payment Detail

<u>Date</u>	<u>Description</u>	<u>Amount</u>
6/25/2024	Check Number 8146677 against Inv# 887)	(\$283.50)
Total Payments Received:		(\$283.50)

Current Invoice Summary

Prior Balance:	\$283.50	
Payments Received:	(\$283.50)	Last Payment: 6/25/2024
Unpaid Prior Balance:	\$0.00	
Current Fees:	\$3,234.00	
Advanced Costs:	\$0.00	
TOTAL AMOUNT DUE:	<u>\$3,234.00</u>	

Thank You for Letting Us Serve You.
Payment Due Upon Receipt.

By Purchase Order	_____
Price & Ext. Ok'd	_____
Posted	_____
Received	_____
Approved for Payment	_____



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

PLEASE DETACH AND RETAIN

No. 8147100

Date: 08/06/2024

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
07/31/2024	941	HONAKER LAW OFFICE	928.0	9,011.0
Totals:				9,011.0



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

GENERAL FUNDS

No. 8147100

73-1750/4210

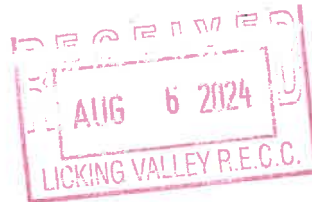
BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY HONAKER LAW OFFICE
TO 1795 ALYSHEBA WAY, STE 1203
THE LEXINGTON KY 40509
ORDER
OF

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
08/06/2024	8147100	\$*****9,011.00

NON-NEGOTIABLE



L. Allyson Honaker
allyson@hloky.com
(859) 368-8803 (office)
(859)396-3172 (mobile)

1795 Alysheba Way, Ste 1203
Lexington, KY 40509

August 06, 2024

Invoice No. 941

Licking Valley RECC
Mr. Kerry Howard, President
271 W. Main Steet
West Liberty, KY 41472

Client Number: 04300 Licking Valley RECC
Matter 04300-0002 Licking Valley - 2024 Rate Case
For Services Rendered Through 7/31/2024.

Fees				
<u>Date</u>	<u>Timekeeper</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
7/1/2024	HST	Finalized NOI. Sent to A.Honaker for review. Discussion with A.Honaker re date of filing NOI and first DR from PSC. Filed NOI with PSC. Sent email with confirmation to T.Stacy and confirmed next steps.	0.60	\$159.00
7/1/2024	LAH	Review email and attached Notice of Intent from H. Temple; conference with H. Temple re timing for filing same.	0.30	\$87.00
7/2/2024	HST	Drafted application and table of contents for rate case application. Discussed with A.Honaker.	1.10	\$291.50
7/2/2024	LAH	Exchange emails with J. Wolfram re status of case.	0.10	\$29.00
7/5/2024	HST	Drafted testimony and updated all exhibit pages for application. Compiled list of information needed to complete application. Sent information to LV.	3.20	\$848.00
7/5/2024	LAH	Review email and drafts from H. Temple to K. Howard, et. al; conference with H. Temple re same.	1.00	\$290.00

Continued On Next Page

Client Number: 04300
Matter Number: 04300-0002

8/6/2024
Page: 2

7/15/2024	HST	Review email from T.Stacy with customer notice. Review draft Kentucky Living notice. Note correction needs to be made. Sent email with information to S.Bradley, K.Howard, and T.Stacy to prepare for application. Discuss case status with A.Honaker. Review information sent by S.Bradley for application.	1.10	\$291.50
7/15/2024	LAH	Review email from T. Stacy re proof of notice to review for Kentucky Living; email same to H. Temple to review; compare to regulation; email edit to T. Stacy for notice; telephone conference with H. Temple re follow-up to testimony and application; review emails and information provided by T. Stacy, et. al. re same.	0.90	\$261.00
7/15/2024	LAH	Telephone conference with H. Temple re status of application and testimony; review email and current drafts from H Temple.	0.90	\$261.00
7/18/2024	HST	Exchange emails with S.Bradley re status of exhibits needed for application. Review exhibits sent from S.Bradley.	0.40	\$106.00
7/25/2024	HST	Pulled all documents from client. Began converting documents to pdf for preparation of documents. Do redline and new tariff additions for Exhibits 3 and 4.	2.80	\$742.00
7/25/2024	LAH	Telephone conference with H. Temple re status of application; review email and attached drafts from H. Temple.	0.30	\$87.00
7/26/2024	HST	Prepare additional documents for application. Review what items are still necessary. Draft lengthy email to S.Bradley outlining what additional information is needed.	1.30	\$344.50
7/29/2024	HST	Review drafts received from S.Bradley. Edit testimony. Send testimony for further edits. Conversation with J.Wolfram re TIER. Discussion with T.Stacy re customer notice affidavits and mailings.	1.90	\$503.50
7/29/2024	LAH	Review and exchange multiple emails re rate case filing and questions on same.	0.30	\$87.00
7/30/2024	HST	Review and edit testimony after draft response from K.Howard. Send new draft testimony to K.Howard and S.Bradley. Edit exhibits after confirmation of TIER from J.Wolfram.	1.10	\$291.50
7/30/2024	HST	Complete application. Send to A.Honaker for review with Exhibit 4. Discussion with J.Wolfram re his testimony and exhibits. Sent J.Wolfram information needed to complete his testimony and review.	1.40	\$371.00

Continued On Next Page

Client Number: 04300
Matter Number: 04300-0002

8/6/2024
Page: 3

7/30/2024	LAH	Multiple conferences with H. Temple re draft documents.	0.50	\$145.00
7/31/2024	HST	Updated testimony after revisions from K.Howard. Reviewed information from J.Wolfram for application and his attachments. Discussed case status with A.Honaker. Began template response for PSC DR1.	1.10	\$291.50
7/31/2024	LAH	Review multiple emails from H. Temple, et. al. re revised drafts; begin review of revised drafts.	1.00	\$290.00

Billable Hours / Fees: 21.30 \$5,777.00

Timekeeper Summary

Timekeeper LAH worked 5.30 hours at \$290.00 per hour, totaling \$1,537.00.

Timekeeper HST worked 16.00 hours at \$265.00 per hour, totaling \$4,240.00.

Current Invoice Summary

Prior Balance:	\$3,234.00
Payments Received:	\$0.00
Unpaid Prior Balance:	\$3,234.00
Current Fees:	\$5,777.00
Advanced Costs:	\$0.00
TOTAL AMOUNT DUE:	\$9,011.00

Thank You for Letting Us Serve You.
Payment Due Upon Receipt.





LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

PLEASE DETACH AND RETAIN

No. 8146051

Date: 03/04/2024

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
02/12/2024	240212	CATALYST CONSULTING LLC	928.0	1,380.00
Totals:				1,380.00



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

GENERAL FUNDS

No. 8146051

73-1750/4210

BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY CATALYST CONSULTING LLC
TO 3308 HADDON RD
THE LOUISVILLE KY 40241
ORDER
OF

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
03/04/2024	8146051	\$*****1,380.00

NON-NEGOTIABLE



INVOICE

Date: March 1, 2024	Invoice #: 240212
Client: Licking Valley R.E.C.C. 271 Main Street West Liberty, KY 41472	Project: Cost of Service & Rates Case No. 2024-_____ For Services Provided in February 2024

	Item	Description	Qty	Rate	Amt
1	Consulting Services	John Wolfram – consulting support. Initialize cost of service and rate models. Review prior order for requirements. Calls and emails with counsel and staff on same.	6.0 Hours	\$230.00	\$1,380.00
TOTAL					\$ 1,380.00

Please remit payment to Catalyst Consulting LLC at the address listed above. Thank you.

By Purchase Order	_____
Price & Ext. Ok'd	_____
Posted	_____
Received	_____
Approved for Payment	_____

LV LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

PLEASE DETACH AND RETAIN

No. 8146429
Date: 05/06/2024

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
04/30/2024	240413	CATALYST CONSULTING LLC	928.0	2,300.00
Totals:				2,300.00

LV LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

GENERAL FUNDS

No. 8146429
73-1750/4210
BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY CATALYST CONSULTING LLC
TO 3308 HADDON RD
THE LOUISVILLE KY 40241
ORDER
OF

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
05/06/2024	8146429	\$*****2,300.00

NON-NEGOTIABLE



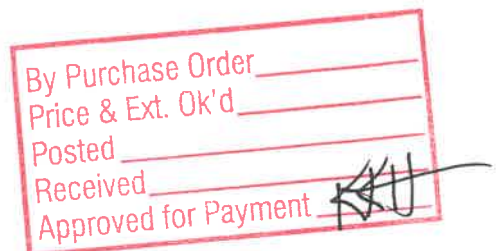
INVOICE

Date: May 1, 2024	Invoice #: 240413
Client: Licking Valley R.E.C.C. 271 Main Street West Liberty, KY 41472	Project: Cost of Service & Rates Case No. 2024-_____ For Services Provided in April 2024

	Item	Description	Qty	Rate	Amt
1	Consulting Services	John Wolfram – consulting support. Initialize cost of service and rate models. Review prior order for requirements. Calls and emails with counsel and staff on same.	10.0 Hours	\$230.00	\$2,300.00
TOTAL					\$ 2,300.00

Routing No.: 083000108
Account No.: 3026937313

Please remit payment to Catalyst Consulting LLC at the address listed above. Thank you.





LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

PLEASE DETACH AND RETAIN

No. 8146585

Date: 06/03/2024

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
05/31/2024	240511	CATALYST CONSULTING LLC	928.0	5,520.00
Totals:				5,520.00



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

GENERAL FUNDS

No. 8146585

73-1750/4210

BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY CATALYST CONSULTING LLC
TO 3308 HADDON RD
THE LOUISVILLE KY 40241
ORDER
OF

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
06/03/2024	8146585	\$*****5,520.00

NON-NEGOTIABLE



INVOICE

Date: June 1, 2024	Invoice #: 240511
Client: Licking Valley R.E.C.C. 271 Main Street West Liberty, KY 41472	Project: Cost of Service & Rates Case No. 2024-_____ For Services Provided in May 2024

	Item	Description	Qty	Rate	Amt
1	Consulting Services	John Wolfram – consulting support. Initialize cost of service and rate models. Review prior order for requirements. Calls and emails with counsel and staff on same.	24.0 Hours	\$230.00	\$5,520.00
TOTAL					\$ 5,520.00

Routing No.: 083000108
Account No.: 3026937313

Please remit payment to Catalyst Consulting LLC at the address listed above. Thank you.





LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

PLEASE DETACH AND RETAIN

No. 8146897

Date: 07/03/2024

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
06/30/2024	240611	CATALYST CONSULTING LLC	928.0	7,803.73
Totals:				7,803.73



LICKING VALLEY
RURAL ELECTRIC COOPERATIVE
P.O. BOX 605
WEST LIBERTY, KY 41472 A Touchstone Energy® Cooperative

GENERAL FUNDS

No. 8146897

73-1750/4210

BANK OF THE MOUNTAINS
WEST LIBERTY, KENTUCKY 41472

PAY
TO
THE
ORDER
OF
CATALYST CONSULTING LLC
3308 HADDON RD
LOUISVILLE KY 40241

VOID AFTER 120 DAYS

DATE	CHECK NO.	AMOUNT
07/03/2024	8146897	\$*****7,803.73

NON-NEGOTIABLE



CATALYST

CONSULTING LLC

3308 Haddon Road
Louisville, KY 40241
(502) 599-1739
johnwolfram@catalystcllc.com

INVOICE

Date: July 1, 2024	Invoice #: 240611
Client: Licking Valley R.E.C.C. 271 Main Street West Liberty, KY 41472	Project: Cost of Service & Rates Case No. 2024-00211 For Services Provided in June 2024

	Item	Description	Qty	Rate	Amt
1	Consulting Services	John Wolfram – consulting support. Complete models. Present results to Board. Calls and emails with counsel and staff on same.	33.0 Hours	\$230.00	\$7,590.00
2	Mileage	6/19 Travel to LVRECC BOD	319.0 miles	\$0.670	\$ 213.73
TOTAL					\$ 7,803.73

Routing No.: 083000108
Account No.: 3026937313

Please remit payment to Catalyst Consulting LLC at the address listed above. Thank you.

By Purchase Order	_____
Price & Ext. Ok'd	_____
Posted	_____
Received	_____
Approved for Payment	

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 37: Provide the following information for the most recent calendar year concerning Licking Valley and any affiliated service corporation or corporate service division/unit:

a. A schedule detailing the costs charged, either directly or allocated, by the service company to Licking Valley. Indicate Licking Valley's accounts where these costs were recorded. For costs that are allocated, include a description of the allocation factors utilized.

b. A schedule detailing the costs charged, either directly or allocated, by the service company to Licking Valley. Indicate Licking Valley's accounts where these costs were recorded. For costs that are allocated, include a description of the allocation factors utilized.

Response 37(a) and 37(b): Licking Valley had no amounts charged or allocated to it by an affiliate during the most recent calendar year.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 38: Provide the following information for the most recent calendar year concerning all affiliate-related activities not identified in response to Item 37:

- a. Provide the names of affiliates that provided some form of service to Licking Valley and the type of service Licking Valley received from each affiliate.
- b. Provide the names of affiliates to whom Licking Valley provided some form of service and the type of service Licking Valley provided to each affiliate.
- c. Identify the service agreement with each affiliate, state whether the service agreement has been previously filed with the Commission and identify the proceeding in which it was filed. Provide each service agreement that has not been previously filed with the Commission.

Response 38(a) through 38(c): Please refer to Licking Valley's Response to Request 37.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 39: Describe Licking Valley's lobbying activities and provide a schedule showing the name, salary, and job title of each individual whose job function involves lobbying on the local, state, or national level.

Response 39: Licking Valley does not engage in lobbying activities.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 40: Regarding demand-side management, conservation, and energy-efficiency programs, provide the following:

- a. A list of all programs currently offered by Licking Valley.
- b. The total cost incurred for these programs by Licking Valley in each of the three most recent calendar years.
- c. The total energy and demand reductions realized through these programs in each of the three most recent calendar years.
- d. The total cost for these programs included in the test year and expected energy reductions to be realized from these programs.

Response 40 (a): In coordination with East Kentucky Power Cooperative, Inc. ("EKPC"), Licking Valley offered the following DSM programs:

- (1) SimpleSave-AC and Water Heater – allows the installation of utility provided switches on air conditioners and water heaters that can be managed by the utility during peak usage to reduce load.
- (2) Touchstone Energy Home – The program allows for the installation of utility provided thermostats that can be managed by the utility during peak usage to reduce load.
- (3) Button-Up Weatherization Program – The program offers incentives to the retail members who add insulation in the attic and use weatherization techniques to reduce heat loss in the home.
- (4) Heat Pump Retrofit Program – The program provides an incentive to retail members to convert the home from less efficient resistive heat sources to more efficient air-to-air heat pumps, geothermal heat pumps, or mini-split heat pumps.
- (5) Energy Star Manufactured Home – The program provides an incentive to retail members to purchase a new manufactured home constructed to ENERGY STAR standards for manufactured homes.

Licking Valley continued to offer Demand-Side Management/Energy Efficiency programs to its members during the test year with the assistance of EKPC. In the test year, Licking Valley paid out \$39,006.00 to its members for these programs, but was reimbursed in full by EKPC, and thus, there was no impact to the test year expenses.

Response 40b Licking Valley was reimbursed by EKPC for amounts incurred.

Response 40c – 40d Please see attached.

ATTACHMENT 1-40

DSM Scorecard by Co-op

January 01, 2021 to December 31, 2021

Owner-Member	Licking Valley RECC	Totals YTD by Program	MWh / kWh and MW Saved through Dec 31, 2021			
			Qty	MWh	kWh	Winter MW
Group / Program						Summer MW
Residential	2,414	2,414	107	107,439	0.017	0.011
CARES HEAT PUMP ELIGIBLE	5	5	24	23,655	0.007	0.004
Heat Pump Retrofit (14 SEER)	2	2	15	15,066	0.000	0.001
Heat Pump Retrofit (15 SEER & up / Geo)	2	2	11	10,998	0.000	0.001
LED	2,400	2,400	58	57,600	0.010	0.006
LED-Promotional	5	5	0	120	0.000	0.000
Total	2,414	2,414	107	107,439	0.017	0.011
MWh	107					
Winter MW	0.017					
Summer MW	0.011					

DSM Scorecard by Co-op

January 01, 2022 to December 31, 2022

Owner-Member	Licking Valley RECC	Totals YTD by Program	MWh / kWh and MW Saved through Dec 31, 2022			
Group / Program		Qty	MWh	kWh	Winter MW	Summer MW
Residential	2,407	2,407	76	76,188	0.012	0.008
CARES HEAT PUMP ELIGIBLE	2	2	9	9,462	0.003	0.001
Energy Audit - Billing Insights Audit	3	3	2	1,569	0.000	0.000
Heat Pump Retrofit (14 SEER)	1	1	8	7,533	0.000	0.000
LED	2,400	2,400	58	57,600	0.010	0.006
LED-Promotional	1	1	0	24	0.000	0.000
Total	2,407	2,407	76	76,188	0.012	0.008
MWh	76					
Winter MW	0.012					
Summer MW	0.008					

DSM Scorecard by Co-op

January 01, 2023 to December 31, 2023

Owner-Member	Living Valley RECC	MWh / kWh and MW Saved through Dec. 31, 2023				
		Totals YTD by Program				
Group / Program		Qty	MWh	kWh	Winter MW	Summer MW
<input checked="" type="checkbox"/> Residential	2,529	2,529	69	69,251	0.010	0.007
CARES HEAT PUMP ELIGIBLE	6	6	28	28,398	0.009	0.004
CARES HEAT PUMP IN-ELIGIBLE	1	1	5	4,731	0.001	0.001
Energy Audit - Billing Insights Audit	8	8	2	2,092	0.000	0.000
Heat Pump Retrofit	1	1	6	7,978	0.000	0.000
Heat Pump Retrofit (14 SEER)	3	3	15	15,066	0.000	0.001
Heat Pump Retrofit (15 SEER & up / Geo)	2	2	11	10,998	0.000	0.001
LED	2,500	2,500	0	0	0.000	0.000
LED-Promotional	8	8	0	0	0.000	0.000
Total	2,529	2,529	69	69,251	0.010	0.007

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 41: Provide the following information with regard to uncollectible accounts for the test year and three preceding calendar years (taxable year acceptable):

- a. Reserve account balance at the beginning of the year;
- b. Charges to reserve account (accounts charged off);
- c. Credits to reserve account;
- d. Current year provision;
- e. Reserve account balance at the end of the year; and
- f. Percent of provision to total revenue.

Response 41(a) through 41(f): Please see the Excel spreadsheet provided separately.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 42: Provide an analysis of Other Operating Taxes as shown in Schedule J for the most recent calendar year.

Response 42: Please see the Excel file provided separately.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 43: Provide a detailed analysis of expenses incurred during the test year for professional services, as shown in Schedule K, and all workpapers supporting the analysis. At a minimum, the workpapers should show the payee, dollar amount, reference (i.e., voucher no. etc.) account charged, hourly rates and time charged to Licking Valley according to each invoice, and a description of the services performed.

Response 43: Please see the Excel spreadsheet provided separately.

**ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY**

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 44: Provide the following information for Licking Valley. If any amounts were allocated, show a calculation of the factor used to allocate each amount.

a. A detailed analysis of all charges booked during the test year for advertising expenditures. Include a complete breakdown of Account No. 913 – Advertising Expenses, and any other advertising expenditures included in any other expense accounts, as shown in Schedule L1. The analysis should specify the purpose of the expenditure and the expected benefit to be derived.

b. An analysis of Account No. 930 – Miscellaneous General expenses for the test year. Include a complete breakdown of this account as shown in Schedule L2 and provide detailed workpapers supporting this analysis. At a minimum, the workpapers should show the date, vendor, reference (i.e., voucher no., etc.), dollar amount, and brief description of each expenditure of \$500 or more, provided that lesser items are grouped by classes as shown in Schedule L2.

c. An analysis of Account No. 426 – Other Income Deductions for the test year. Include a complete breakdown of this account as shown in Schedule L3 and provide detailed workpapers supporting this analysis. At a minimum, the workpapers should show the date, vendor, reference (i.e., voucher no. etc.), dollar amount, and brief description of each expenditure of \$500 or more, provided that lesser items are grouped by classes as shown in Schedule L3.

Response 44(a) - (c): Please see attached summaries of Accounts 913, 930, and 426.

ATTACHMENT 1-44

Licking Valley RECC-913.00 Advertising Expenses

Date	Vendor Name	Reference	Check	Amount
01/20/23	YOUR NEWS TODAY	TV Advertising	8143087	125.00
01/30/23	KAESER & BLAIR INC	Ink Pens	8143173	398.80
01/31/23	MORTIMER MEDIA GROUP	TV & Newspaper	8143249	350.00
01/31/23	COURIER PUBLISHING COMPANY	Newspaper	8143269	200.00
02/23/23	YOUR NEWS TODAY	TV Advertising	8143373	125.00
02/23/23	LANDS' END BUSINESS OUTFITTERS	Shirts	8143371	52.72
02/28/23	LANDS' END BUSINESS OUTFITTERS	Shirts	8143454	81.47
02/28/23	LANDS' END BUSINESS OUTFITTERS	Shirts	8143454	100.45
02/28/23	COURIER PUBLISHING COMPANY	Newspaper	8143484	200.00
03/14/23	YOUR NEWS TODAY	TV Advertising	8143503	125.00
03/31/23	COURIER PUBLISHING COMPANY	Newspaper	8143734	250.00
04/13/23	YOUR NEWS TODAY	TV Advertising	8143744	125.00
04/30/23	RURAL COOPERATIVES CREDIT UNION	Career Day	8143992	91.29
04/30/23	RURAL COOPERATIVES CREDIT UNION	Career Day	8143995	36.31
05/17/23	YOUR NEWS TODAY	TV Advertising	8144055	125.00
05/31/23	PINNACLE MARKETING GROUP	Telephone Book	8144233	1,256.40
06/22/23	COURIER PUBLISHING COMPANY	Newspaper	8144284	400.00
06/26/23	YOUR NEWS TODAY	TV Advertising	8144349	125.00
06/30/23	KAESER & BLAIR INC	Handle Bags	8144489	724.12
07/12/23	YOUR NEWS TODAY	TV Advertising	8144480	125.00
07/27/23	KAESER & BLAIR INC	Pencils	8144552	851.63
07/31/23	KAESER & BLAIR INC	Crayons	8144630	607.80
07/31/23	LANDS' END BUSINESS OUTFITTERS	Shirts	8144679	106.11
07/31/23	COURIER PUBLISHING COMPANY	Newspaper	8144701	400.00
08/14/23	YOUR NEWS TODAY	TV Advertising	8144699	125.00
08/31/23	COURIER PUBLISHING COMPANY	Newspaper	8144915	200.00
09/14/23	YOUR NEWS TODAY	TV Advertising	8144926	125.00
09/21/23	TRAVIS STACY	Shirts	8144968	24.24
09/30/23	COURIER PUBLISHING COMPANY	Newspaper	8145107	250.00
10/19/23	YOUR NEWS TODAY	TV Advertising	8145136	125.00
10/31/23	LANDS' END BUSINESS OUTFITTERS	Shirts	8145272	258.21
10/31/23	COURIER PUBLISHING COMPANY	Newspaper	8145303	200.00
11/16/23	YOUR NEWS TODAY	TV Advertising	8145330	125.00
11/30/23	COURIER PUBLISHING COMPANY	Newspaper	8145502	250.00
12/14/23	YOUR NEWS TODAY	TV Advertising	8145510	125.00
12/31/23	COURIER PUBLISHING COMPANY	Newspaper	8145664	345.00
12/31/23	MORTIMER MEDIA GROUP	TV & Newspaper	8145671	350.00
				9,484.55

LICKING VALLEY RECC-930.20 DUES

Date	Vendor Name	Reference	Check	Amount
2/6/2023	KENTUCKY ELECTRIC COOPERATIVES	DUES	8143256	43456.80
2/13/2023	KENTUCKY ELECTRIC COOPERATIVES	DUES	8143284	300.00
5/31/2023	KENTUCKY ELECTRIC COOPERATIVES	DUES	8144204	223.18
10/26/2023	NATIONAL RURAL ELECTRIC COOP ASSN	DUES	8145197	24738.00
12/19/2023	KENTUCKY ELECTRIC COOPERATIVES	REFUND		-5639.00
				63078.98

LICKING VALLEY RECC-930.30 ANNUAL MEETING

Date	Vendor Name	Reference	Check	Amount
4/30/2023	CREEKSIDE STITCHIN & MORE	EMPLOYEE SHIRTS	8143997	3226.64
5/24/2023	CREEKSIDE STITCHIN & MORE	EMPLOYEE SHIRTS	8144082	42.40
5/31/2023	KENTUCKY ELECTRIC COOPERATIVES	BUCKETS & BULBS	8144204	10064.06
6/26/2023	RURAL COOPERATIVES CREDIT UNION	MISC SUPPLIES	8144354	258.88
6/30/2023	RURAL COOPERATIVES CREDIT UNION	MISC SUPPLIES	8144378	988.45
6/30/2023	RURAL COOPERATIVES CREDIT UNION	FOOD	8144382	1554.85
6/30/2023	LABOR AND SECONDARY SPREAD	LABOR DISTRIBUTION		15028.11
6/30/2023	WCBJ	ADVERTISING	8144467	180.00
6/30/2023	WRLV	ADVERTISING	8144468	237.60
6/30/2023	WLKS	ADVERTISING	8144469	194.40
7/31/2023	COURIER PUBLISHING COMPANY	ADVERTISING	0	806.98
11/15/2023	EAST KY POWER	REFUND	0	-1750.00
				30832.37

LICKING VALLEY RECC-930.40 MISC EXPENSES

Date	Vendor Name	Reference	Check	Amount
1/5/2023	LVRECC PETTY CASH	MISC	8143008	25.44
1/9/2023	ALL OCCASION FLOWERS	FLOWERS/DEATH	8143011	135.15
1/13/2023	KENTUCKY ELECTRIC COOPERATIVES	KENTUCKY LIVING	8143056	6887.87
1/20/2023	THE FLOWER POT	FLOWERS/DEATH	8143088	212.00
1/31/2023	INSURANCE	FEDERATED RURAL		453.79
1/31/2023	RURAL COOPERATIVES CREDIT UNION	FLOWERS/DEATH	8143239	242.24
1/31/2023	RURAL COOPERATIVES CREDIT UNION	FLOWERS/DEATH	8143241	216.13
2/9/2023	KENTUCKY ELECTRIC COOPERATIVES	KENTUCKY LIVING	8143267	6914.73
2/28/2023	INSURANCE	FEDERATED RURAL		453.79
2/28/2023	EAST KENTUCKY POWER COOPERATIVE INC	KEENLAND TICKETS	8143514	100.00
3/13/2023	KENTUCKY ELECTRIC COOPERATIVES	KENTUCKY LIVING	8143493	6927.07
3/23/2023	OLD GRASSY CHRISTIAN CHURCH	DONATION/DEATH	8143571	200.00
3/24/2023	TIM WEBB PHOTOGRAPHY	TIM WEBB PHOTOGRAPHY	8143584	424.00
3/31/2023	INSURANCE	FEDERATED RURAL		453.79
4/10/2023	KENTUCKY ELECTRIC COOPERATIVES	KENTUCKY LIVING	8143714	6927.07
4/30/2023	RURAL COOPERATIVES CREDIT UNION	KEY ACCOUNTS OUTING	8143994	201.00
4/30/2023	INSURANCE	FEDERATED RURAL		453.79
5/17/2023	UNIVERSITY OF KENTUCKY	SCHOLARSHIP	8144058	1000.00
5/18/2023	HAZARD COMMUNITY/TECHNICAL COLLEGE	SCHOLARSHIP	8144071	1000.00
5/24/2023	EASTERN KENTUCKY UNIVERSITY	SCHOLARSHIP	8144087	1000.00
5/24/2023	CORA BETH HAMMOMDS	SCHOLARSHIP	8144086	1000.00
5/31/2023	INSURANCE	FEDERATED RURAL		453.79
5/31/2023	MCTC	SCHOLARSHIP	8144212	1000.00
5/31/2023	UNIVERSITY OF KENTUCKY	SCHOLARSHIP	8144214	1000.00
5/31/2023	EAST KENTUCKY POWER COOPERATIVE INC	HONOR FLIGHT	8144220	2000.00
5/31/2023	MOREHEAD STATE UNIVERSITY	SCHOLARSHIP	8144232	1000.00
6/30/2023	INSURANCE	FEDERATED RURAL		453.79
6/30/2023	EASTERN KENTUCKY UNIVERSITY	SCHOLARSHIP	8144470	1000.00
7/31/2023	INSURANCE	FEDERATED RURAL		453.79
7/31/2023	KENTUCKY ELECTRIC COOPERATIVES	KENTUCKY LIVING	8144678	6932.64
7/31/2023	KENTUCKY ELECTRIC COOPERATIVES	KENTUCKY LIVING	8144678	8733.48
7/31/2023	KENTUCKY ELECTRIC COOPERATIVES	KENTUCKY LIVING	8144678	7177.39
8/11/2023	KENTUCKY ELECTRIC COOPERATIVES	KENTUCKY LIVING	8144678	7184.32
8/11/2023	KENTUCKY ELECTRIC COOPERATIVES	WASHINGTON YOUTH TOUR	8144678	3452.82
8/29/2023	RURAL COOPERATIVES CREDIT UNION	FLOWERS/DEATH	8144785	65.60
8/29/2023	TOWNSEND SORGHUM	HONOR FLIGHT	8144790	375.00
8/31/2023	INSURANCE	FEDERATED RURAL		453.79
9/14/2023	KENTUCKY ELECTRIC COOPERATIVES	KENTUCKY LIVING	8144924	7183.75
9/18/2023	TRAVIS STACY	WASHINGTON YOUTH TOUR	8144933	41.59
9/18/2023	TRAVIS STACY	HONOR FLIGHT	8144934	179.47
9/28/2023	RURAL COOPERATIVES CREDIT UNION	FLOWERS/DEATH	8144990	267.34
9/28/2023	RURAL COOPERATIVES CREDIT UNION	FISH FRY	8144992	189.62
9/28/2023	RURAL COOPERATIVES CREDIT UNION	FLOWERS/DEATH	8144992	107.78
9/28/2023	RURAL COOPERATIVES CREDIT UNION	FISH FRY	8144994	203.99
9/28/2023	RURAL COOPERATIVES CREDIT UNION	FLOWERS/DEATH	8144994	165.17
9/28/2023	RURAL COOPERATIVES CREDIT UNION	MISC	8144995	3.18

9/30/2023 EAST KENTUCKY POWER COOPERATIVE	KEENLAND TICKETS	8145083	120.00
9/30/2023 INSURANCE	FEDERATED RURAL		453.79
10/31/2023 INSURANCE	FEDERATED RURAL		453.79
10/31/2023 KENTUCKY ELECTRIC COOPERATIVES	KENTUCKY LIVING	8145270	7202.83
10/31/2023 RURAL COOPERATIVES CREDIT UNION	FLOWERS/DEATH	8145286	146.41
10/31/2023 RURAL COOPERATIVES CREDIT UNION	FLOWERS/DEATH	8145289	79.50
10/31/2023 RURAL COOPERATIVES CREDIT UNION	HALLOWEEN CANDY	8145294	103.75
11/30/2023 INSURANCE	FEDERATED RURAL		453.79
11/30/2023 KENTUCKY ELECTRIC COOPERATIVES	KENTUCKY LIVING	8145488	7205.70
12/14/2023 KENTUCKY ELECTRIC COOPERATIVES	KENTUCKY LIVING	8145501	7209.74
12/14/2023 TRAVIS STACY	FOOD	8145513	198.49
12/14/2023 LVRECC PETTY CASH	EMPLOYEE GIFTS	8145514	98.86
12/19/2023 KENTUCKY ELECTRIC COOPERATIVES	CALENDARS	8145521	1459.04
12/31/2023 INSURANCE	FEDERATED RURAL		453.81
12/31/2023 RURAL COOPERATIVES CREDIT UNION	FOOD	8145686	617.13
12/31/2023 RURAL COOPERATIVES CREDIT UNION	VENDOR GIFTS	8145687	116.55
			111679.34

LICKING VALLEY RECC-DIRECTORS EXPENSE

Account	Date	Vendor Name	Reference	Check	Amount
930.11	1/3/2023	NRECA	NRECA LIFE INSURANCE	8142992	1.08
930.11	1/3/2023	PHILIP WILLIAMS	FEE & MILEAGE	8143007	336.68
930.11	2/1/2023	PHILIP WILLIAMS	FEE & MILEAGE	8143223	336.68
930.11	2/1/2023	NRECA	NRECA LIFE INSURANCE	8143229	1.08
930.11	3/1/2023	PHILIP WILLIAMS	FEE & MILEAGE	8143412	336.68
930.11	3/1/2023	NRECA	NRECA LIFE INSURANCE	8143419	1.08
930.11	4/3/2023	NRECA	NRECA LIFE INSURANCE	8143649	1.08
930.11	4/3/2023	PHILIP WILLIAMS	FEE & MILEAGE	8143663	336.68
930.11	5/1/2023	PHILIP WILLIAMS	FEE & MILEAGE	8143946	336.68
930.11	5/1/2023	NRECA	NRECA LIFE INSURANCE	8143975	1.08
930.11	6/1/2023	PHILIP WILLIAMS	FEE & MILEAGE	8144165	336.68
930.11	6/1/2023	NRECA	NRECA LIFE INSURANCE	8144173	1.08
930.11	7/3/2023	PHILIP WILLIAMS	FEE & MILEAGE	8144415	336.68
930.11	7/3/2023	NRECA	NRECA LIFE INSURANCE	8144423	1.08
930.11	8/1/2023	PHILIP WILLIAMS	FEE & MILEAGE	8144589	336.68
930.11	8/1/2023	NRECA	NRECA LIFE INSURANCE	8144598	1.08
930.11	8/10/2023	PHILIP WILLIAMS	KEC ANNUAL MEETING	8144675	923.64
930.11	8/29/2023	RURAL COOP CREDIT UNION	KEC ANNUAL MEETING	8144785	325.45
930.11	8/29/2023	RURAL COOP CREDIT UNION	KEC ANNUAL MEETING	8144785	-240.81
930.11	9/1/2023	PHILIP WILLIAMS	FEE & MILEAGE	8144821	336.68
930.11	9/1/2023	NRECA	NRECA LIFE INSURANCE	8144828	1.08
930.11	10/3/2023	NRECA	NRECA LIFE INSURANCE	8145018	1.08
930.11	10/3/2023	PHILIP WILLIAMS	FEE & MILEAGE	8145034	336.68
930.11	10/31/2023	RURAL COOP CREDIT UNION	950.1 PRACTICAL COMM	8145289	1013.92
930.11	11/1/2023	PHILIP WILLIAMS	FEE & MILEAGE	8145234	336.68
930.11	11/3/2023	NRECA	NRECA LIFE INSURANCE	8145246	1.08
930.11	11/16/2023	NRECA	NRECA LIFE INSURANCE	8145323	43.00
930.11	11/30/2023	CREEKSIDE STITCHIN & MORE	CHRISTMAS GIFT	8145460	68.90
930.11	12/1/2023	PHILIP WILLIAMS	FEE & MILEAGE	8145432	336.68
930.11	12/1/2023	NRECA	NRECA LIFE INSURANCE	8145438	1.08
930.11	12/31/2023	RURAL COOP CREDIT UNION	REFUND WINTER SCHOOL	8145683	-955.07
930.14	1/3/2023	NRECA	NRECA LIFE INSURANCE	8142992	1.08
930.14	1/3/2023	DARRELL CUNDIFF	FEE & MILEAGE	8143000	345.85
930.14	2/1/2023	DARRELL CUNDIFF	FEE & MILEAGE	8143216	345.85
930.14	2/1/2023	NRECA	NRECA LIFE INSURANCE	8143229	1.08
930.14	3/1/2023	DARRELL CUNDIFF	FEE & MILEAGE	8143405	345.85
930.14	3/1/2023	NRECA	NRECA LIFE INSURANCE	8143419	1.08
930.14	4/3/2023	NRECA	NRECA LIFE INSURANCE	8143649	1.08
930.14	4/3/2023	DARRELL CUNDIFF	FEE & MILEAGE	8143656	345.85
930.14	5/1/2023	DARRELL CUNDIFF	FEE & MILEAGE	8143939	345.85
930.14	5/1/2023	NRECA	NRECA LIFE INSURANCE	8143975	1.08
930.14	6/1/2023	DARRELL CUNDIFF	FEE & MILEAGE	8144158	345.85
930.14	6/1/2023	NRECA	NRECA LIFE INSURANCE	8144173	1.08
930.14	7/3/2023	DARRELL CUNDIFF	FEE & MILEAGE	8144408	345.85

930.14	7/3/2023	NRECA	NRECA LIFE INSURANCE	8144423	1.08
930.14	8/1/2023	DARRELL CUNDIFF	FEE & MILEAGE	8144582	345.85
930.14	8/1/2023	NRECA	NRECA LIFE INSURANCE	8144598	1.08
930.14	9/1/2023	DARRELL CUNDIFF	FEE & MILEAGE	8144814	345.85
930.14	9/1/2023	NRECA	NRECA LIFE INSURANCE	8144828	1.08
930.14	10/3/2023	NRECA	NRECA LIFE INSURANCE	8145018	1.08
930.14	10/3/2023	DARRELL CUNDIFF	FEE & MILEAGE	8145027	345.85
930.14	11/1/2023	DARRELL CUNDIFF	FEE & MILEAGE	8145227	345.85
930.14	11/3/2023	NRECA	NRECA LIFE INSURANCE	8145246	1.08
930.14	11/16/2023	NRECA	NRECA LIFE INSURANCE	8145323	43.00
930.14	11/30/2023	CREEKSIDE STITCHIN & MORE	CHRISTMAS GIFT	8145460	68.90
930.14	12/1/2023	DARRELL CUNDIFF	FEE & MILEAGE	8145425	345.85
930.14	12/1/2023	NRECA	NRECA LIFE INSURANCE	8145438	1.08
930.14	12/31/2023	RURAL COOP CREDIT UNION	CHRISTMAS GIFT	8145683	58.85
930.18	1/3/2023	NRECA	NRECA LIFE INSURANCE	8142992	0.70
930.18	1/3/2023	TED A HOLBROOK	FEE & MILEAGE	8143001	336.68
930.18	2/1/2023	TED A HOLBROOK	FEE & MILEAGE	8143217	336.68
930.18	2/1/2023	NRECA	NRECA LIFE INSURANCE	8143229	0.70
930.18	3/1/2023	TED A HOLBROOK	FEE & MILEAGE	8143406	336.68
930.18	3/1/2023	NRECA	NRECA LIFE INSURANCE	8143419	0.70
930.18	4/3/2023	NRECA	NRECA LIFE INSURANCE	8143649	0.70
930.18	4/3/2023	TED A HOLBROOK	FEE & MILEAGE	8143657	336.68
930.18	4/30/2023	RURAL COOP CREDIT UNION	EKPC SPECIAL BD MEETING	8143993	9.84
930.18	5/1/2023	TED A HOLBROOK	FEE & MILEAGE	8143940	336.68
930.18	5/1/2023	NRECA	NRECA LIFE INSURANCE	8143975	0.70
930.18	6/1/2023	TED A HOLBROOK	FEE & MILEAGE	8144159	336.68
930.18	6/1/2023	NRECA	NRECA LIFE INSURANCE	8144173	0.70
930.18	7/3/2023	TED A HOLBROOK	FEE & MILEAGE	8144409	336.68
930.18	7/3/2023	NRECA	NRECA LIFE INSURANCE	8144423	1.08
930.18	8/1/2023	TED A HOLBROOK	FEE & MILEAGE	8144583	336.68
930.18	8/1/2023	NRECA	NRECA LIFE INSURANCE	8144598	0.70
930.18	9/1/2023	TED A HOLBROOK	FEE & MILEAGE	8144815	336.68
930.18	9/1/2023	NRECA	NRECA LIFE INSURANCE	8144828	0.70
930.18	10/3/2023	NRECA	NRECA LIFE INSURANCE	8145018	0.70
930.18	10/3/2023	TED A HOLBROOK	FEE & MILEAGE	8145028	336.68
930.18	11/1/2023	TED A HOLBROOK	FEE & MILEAGE	8145228	336.68
930.18	11/3/2023	NRECA	NRECA LIFE INSURANCE	8145246	0.70
930.18	11/16/2023	NRECA	RURAL ELECTRIC MAGAZINE	8145323	43.00
930.18	11/30/2023	CREEKSIDE STITCHIN & MORE	CHRISTMAS GIFT	8145460	68.90
930.18	12/1/2023	TED A HOLBROOK	FEE & MILEAGE	8145426	336.68
930.18	12/1/2023	NRECA	NRECA LIFE INSURANCE	8145438	0.70
930.18	12/31/2023	RURAL COOP CREDIT UNION	CHRISTMAS GIFT	8145683	58.85
930.21	1/3/2023	NRECA	NRECA LIFE INSURANCE	8142992	1.08
930.21	1/3/2023	C K STACY	FEE & MILEAGE	8143006	300.66
930.21	2/1/2023	C K STACY	FEE & MILEAGE	8143222	300.66
930.21	2/1/2023	NRECA	NRECA LIFE INSURANCE	8143229	1.08
930.21	3/1/2023	C K STACY	FEE & MILEAGE	8143411	300.66

930.21	3/1/2023	NRECA	NRECA LIFE INSURANCE	8143419	1.08
930.21	4/3/2023	NRECA	NRECA LIFE INSURANCE	8143649	1.08
930.21	4/3/2023	C K STACY	FEE & MILEAGE	8143662	300.66
930.21	5/1/2023	C K STACY	FEE & MILEAGE	8143945	300.66
930.21	5/1/2023	NRECA	NRECA LIFE INSURANCE	8143975	1.08
930.21	6/1/2023	C K STACY	FEE & MILEAGE	8144164	300.66
930.21	6/1/2023	NRECA	NRECA LIFE INSURANCE	8144173	1.08
930.21	7/3/2023	C K STACY	FEE & MILEAGE	8144414	300.66
930.21	7/3/2023	NRECA	NRECA LIFE INSURANCE	8144423	1.08
930.21	8/1/2023	C K STACY	FEE & MILEAGE	8144588	300.66
930.21	8/1/2023	NRECA	NRECA LIFE INSURANCE	8144598	1.08
930.21	9/1/2023	C K STACY	FEE & MILEAGE	8144820	300.66
930.21	9/1/2023	NRECA	NRECA LIFE INSURANCE	8144828	1.08
930.21	10/3/2023	NRECA	NRECA LIFE INSURANCE	8145018	1.08
930.21	10/3/2023	C K STACY	FEE & MILEAGE	8145033	300.66
930.21	11/1/2023	C K STACY	FEE & MILEAGE	8145233	300.66
930.21	11/3/2023	NRECA	NRECA LIFE INSURANCE	8145246	1.08
930.21	11/16/2023	NRECA	RURAL ELECTRIC MAGAZINE	8145323	43.00
930.21	11/30/2023	CREEKSIDE STITCHIN & MORE	CHRISTMAS GIFT	8145460	68.90
930.21	12/1/2023	C K STACY	FEE & MILEAGE	8145431	300.66
930.21	12/1/2023	NRECA	NRECA LIFE INSURANCE	8145438	1.08
930.21	12/31/2023	RURAL COOP CREDIT UNION	CHRISTMAS GIFT	8145683	58.85
930.22	1/3/2023	NRECA	NRECA LIFE INSURANCE	8142992	0.70
930.22	1/3/2023	TOMMY HILL	FEE & MILEAGE	8143002	607.86
930.22	1/25/2023	AMERICAN EXPRESS	KEC BOARD MEETING	8143156	495.37
930.22	2/1/2023	TOMMY HILL	FEE & MILEAGE	8143218	607.86
930.22	2/1/2023	NRECA	NRECA LIFE INSURANCE	8143229	0.70
930.22	3/1/2023	TOMMY HILL	FEE & MILEAGE	8143407	607.86
930.22	3/1/2023	NRECA	NRECA LIFE INSURANCE	8143419	0.70
930.22	4/3/2023	NRECA	NRECA LIFE INSURANCE	8143649	0.70
930.22	4/3/2023	TOMMY HILL	FEE & MILEAGE	8143658	607.86
930.22	5/1/2023	TOMMY HILL	FEE & MILEAGE	8143941	607.86
930.22	5/1/2023	NRECA	NRECA LIFE INSURANCE	8143975	0.70
930.22	5/18/2023	TOMMY HILL	KEC BOARD MEETING	8144065	275.43
930.22	5/31/2023	RURAL COOP CREDIT UNION	KEC BOARD MEETING	8144184	400.34
930.22	6/1/2023	TOMMY HILL	FEE & MILEAGE	8144160	607.86
930.22	6/1/2023	NRECA	NRECA LIFE INSURANCE	8144173	0.70
930.22	7/3/2023	TOMMY HILL	FEE & MILEAGE	8144410	607.86
930.22	7/3/2023	NRECA	NRECA LIFE INSURANCE	8144423	0.70
930.22	7/20/2023	TOMMY HILL	KEC BOARD MEETING	8144498	313.57
930.22	7/31/2023	RURAL COOP CREDIT UNION	KEC BOARD MEETING	8144569	132.28
930.22	8/1/2023	TOMMY HILL	FEE & MILEAGE	8144584	607.86
930.22	8/1/2023	NRECA	NRECA LIFE INSURANCE	8144598	0.70
930.22	8/17/2023	TOMMY HILL	KEC ANNUAL MEETING	8144707	208.31
930.22	8/17/2023	TOMMY HILL	KEC ANNUAL MEETING	8144709	275.43
930.22	8/29/2023	RURAL COOP CREDIT UNION	KEC BOARD MEETING	8144785	757.86
930.22	9/1/2023	TOMMY HILL	FEE & MILEAGE	8144816	607.86

930.22	9/1/2023	NRECA	NRECA LIFE INSURANCE	8144828	0.70
930.22	9/21/2023	TOMMY HILL	KEC BOARD MEETING	8144970	296.30
930.22	10/3/2023	NRECA	NRECA LIFE INSURANCE	8145018	0.70
930.22	10/3/2023	TOMMY HILL	FEE & MILEAGE	8145029	607.86
930.22	10/31/2023	RURAL COOP CREDIT UNION	KEC BOARD MEETING	8145289	1322.86
930.22	11/1/2023	TOMMY HILL	FEE & MILEAGE	8145229	607.86
930.22	11/3/2023	NRECA	NRECA LIFE INSURANCE	8145246	0.70
930.22	11/16/2023	NRECA	RURAL ELECTRIC MAGAZINE	8145323	43.00
930.22	11/30/2023	CREEKSIDE STITCHIN & MORE	CHRISTMAS GIFT	8145460	68.90
930.22	11/30/2023	RURAL COOP CREDIT UNION	KEC BOARD MEETING	8145482	252.69
930.22	12/1/2023	TOMMY HILL	FEE & MILEAGE	8145427	607.86
930.22	12/1/2023	NRECA	NRECA LIFE INSURANCE	8145438	0.70
930.22	12/19/2023	TOMMY HILL	KEC BOARD MEETING	8145527	242.35
930.22	12/21/2023	TOMMY HILL	KEC BOARD MEETING	8145561	144.82
930.22	12/31/2023	RURAL COOP CREDIT UNION	REFUND WINTER SCHOOL	8145683	-955.07
930.23	1/3/2023	NRECA	NRECA LIFE INSURANCE	8142992	1.08
930.23	1/3/2023	J FRANK PORTER	FEE & MILEAGE	8143005	332.75
930.23	2/1/2023	J FRANK PORTER	FEE & MILEAGE	8143221	332.75
930.23	2/1/2023	NRECA	NRECA LIFE INSURANCE	8143229	1.08
930.23	3/1/2023	J FRANK PORTER	FEE & MILEAGE	8143410	332.75
930.23	3/1/2023	NRECA	NRECA LIFE INSURANCE	8143419	1.08
930.23	4/3/2023	NRECA	NRECA LIFE INSURANCE	8143649	1.08
930.23	4/3/2023	J FRANK PORTER	FEE & MILEAGE	8143661	332.75
930.23	5/1/2023	J FRANK PORTER	FEE & MILEAGE	8143944	332.75
930.23	5/1/2023	NRECA	NRECA LIFE INSURANCE	8143975	1.08
930.23	6/1/2023	J FRANK PORTER	FEE & MILEAGE	8144163	332.75
930.23	6/1/2023	NRECA	NRECA LIFE INSURANCE	8144173	1.08
930.23	7/3/2023	J FRANK PORTER	FEE & MILEAGE	8144413	332.75
930.23	7/3/2023	NRECA	NRECA LIFE INSURANCE	8144423	1.08
930.23	8/1/2023	J FRANK PORTER	FEE & MILEAGE	8144587	332.75
930.23	8/1/2023	NRECA	NRECA LIFE INSURANCE	8144598	1.08
930.23	9/1/2023	J FRANK PORTER	FEE & MILEAGE	8144819	332.75
930.23	9/1/2023	NRECA	NRECA LIFE INSURANCE	8144828	1.08
930.23	10/3/2023	NRECA	NRECA LIFE INSURANCE	8145018	1.08
930.23	10/3/2023	J FRANK PORTER	FEE & MILEAGE	8145032	332.75
930.23	11/1/2023	J FRANK PORTER	FEE & MILEAGE	8145232	332.75
930.23	11/3/2023	NRECA	NRECA LIFE INSURANCE	8145246	1.08
930.23	11/16/2023	NRECA	RURAL ELECTRIC MAGAZINE	8145323	43.00
930.23	11/30/2023	CREEKSIDE STITCHIN & MORE	CHRISTMAS GIFT	8145460	68.90
930.23	12/1/2023	J FRANK PORTER	FEE & MILEAGE	8145430	332.75
930.23	12/1/2023	NRECA	NRECA LIFE INSURANCE	8145438	1.08
930.23	12/31/2023	RURAL COOP CREDIT UNION	CHRISTMAS GIFT	8145683	58.85
930.24	1/3/2023	NRECA	NRECA LIFE INSURANCE	8142992	1.08
930.24	1/3/2023	KEVIN HOWARD	FEE & MILEAGE	8143003	339.30
930.24	2/1/2023	KEVIN HOWARD	FEE & MILEAGE	8143219	339.30
930.24	2/1/2023	NRECA	NRECA LIFE INSURANCE	8143229	1.08
930.24	3/1/2023	KEVIN HOWARD	FEE & MILEAGE	8143408	339.30

930.24	3/1/2023	NRECA	NRECA LIFE INSURANCE	8143419	1.08
930.24	4/3/2023	NRECA	NRECA LIFE INSURANCE	8143649	1.08
930.24	4/3/2023	KEVIN HOWARD	FEE & MILEAGE	8143659	339.30
930.24	4/30/2023	RURAL COOP CREDIT UNION	SUMMER SCHOOL	8143993	1380.00
930.24	5/1/2023	KEVIN HOWARD	FEE & MILEAGE	8143942	339.30
930.24	5/1/2023	NRECA	NRECA LIFE INSURANCE	8143975	1.08
930.24	5/31/2023	HIRE RIGHT LLC	BACKGROUND REPORT	8144230	94.37
930.24	6/1/2023	KEVIN HOWARD	FEE & MILEAGE	8144161	339.30
930.24	6/1/2023	NRECA	NRECA LIFE INSURANCE	8144173	1.08
930.24	6/30/2023	KEVIN HOWARD	SUMMER SCHOOL	8144457	5843.14
930.24	7/3/2023	KEVIN HOWARD	FEE & MILEAGE	8144411	339.30
930.24	7/3/2023	NRECA	NRECA LIFE INSURANCE	8144423	1.08
930.24	8/1/2023	KEVIN HOWARD	FEE & MILEAGE	8144585	339.30
930.24	8/1/2023	NRECA	NRECA LIFE INSURANCE	8144598	1.08
930.24	8/29/2023	RURAL COOP CREDIT UNION	EKPC COMMITTEE MEETING	8144785	61.70
930.24	9/1/2023	KEVIN HOWARD	FEE & MILEAGE	8144817	339.30
930.24	9/1/2023	NRECA	NRECA LIFE INSURANCE	8144828	1.08
930.24	10/3/2023	NRECA	NRECA LIFE INSURANCE	8145018	1.08
930.24	10/3/2023	KEVIN HOWARD	FEE & MILEAGE	8145030	339.30
930.24	10/31/2023	RURAL COOP CREDIT UNION	WINTER SCHOOL	8145289	1763.92
930.24	11/1/2023	KEVIN HOWARD	FEE & MILEAGE	8145230	339.30
930.24	11/3/2023	NRECA	NRECA LIFE INSURANCE	8145246	1.08
930.24	11/16/2023	NRECA	RURAL ELECTRIC MAGAZINE	8145323	43.00
930.24	11/30/2023	CREEKSIDE STITCHIN & MORE	CHRISTMAS GIFT	8145460	68.90
930.24	12/1/2023	KEVIN HOWARD	FEE & MILEAGE	8145428	339.30
930.24	12/1/2023	NRECA	NRECA LIFE INSURANCE	8145438	1.08
930.24	12/31/2023	KEVIN HOWARD	WINTER SCHOOL	8145644	1116.70
930.24	12/31/2023	RURAL COOP CREDIT UNION	WINTER SCHOOL	8145683	2843.48
930.27	1/3/2023	NRECA	NRECA LIFE INSURANCE	8142992	1.08
930.27	1/3/2023	ALAN OLDFIELD	FEE & MILEAGE	8142999	313.10
930.27	2/1/2023	ALAN OLDFIELD	FEE & MILEAGE	8143215	313.10
930.27	2/1/2023	NRECA	NRECA LIFE INSURANCE	8143229	1.08
930.27	3/1/2023	ALAN OLDFIELD	FEE & MILEAGE	8143404	313.10
930.27	3/1/2023	NRECA	NRECA LIFE INSURANCE	8143419	1.08
930.27	4/3/2023	NRECA	NRECA LIFE INSURANCE	8143649	1.08
930.27	4/3/2023	ALAN OLDFIELD	FEE & MILEAGE	8143655	313.10
930.27	5/1/2023	ALAN OLDFIELD	FEE & MILEAGE	8143938	313.10
930.27	5/1/2023	NRECA	NRECA LIFE INSURANCE	8143975	1.08
930.27	6/1/2023	ALAN OLDFIELD	FEE & MILEAGE	8144157	313.10
930.27	6/1/2023	NRECA	NRECA LIFE INSURANCE	8144173	1.08
930.27	7/3/2023	ALAN OLDFIELD	FEE & MILEAGE	8144407	313.10
930.27	7/3/2023	NRECA	NRECA LIFE INSURANCE	8144423	1.08
930.27	8/1/2023	ALAN OLDFIELD	FEE & MILEAGE	8144581	313.10
930.27	8/1/2023	NRECA	NRECA LIFE INSURANCE	8144598	1.08
930.27	9/1/2023	ALAN OLDFIELD	FEE & MILEAGE	8144813	313.10
930.27	9/1/2023	NRECA	NRECA LIFE INSURANCE	8144828	1.08
930.27	10/3/2023	NRECA	NRECA LIFE INSURANCE	8145018	1.08

930.27	10/3/2023	ALAN OLDFIELD	FEE & MILEAGE	8145026	313.10
930.27	10/31/2023	RURAL COOP CREDIT UNION	WINTER SCHOOL	8145289	1643.82
930.27	11/1/2023	ALAN OLDFIELD	FEE & MILEAGE	8145226	313.10
930.27	11/3/2023	NRECA	NRECA LIFE INSURANCE	8145246	1.08
930.27	11/16/2023	NRECA	RURAL ELECTRIC MAGAZINE	8145323	43.00
930.27	11/30/2023	CREEKSIDE STITCHIN & MORE	CHRISTMAS GIFT	8145460	68.90
930.27	12/1/2023	ALAN OLDFIELD	FEE & MILEAGE	8145424	313.10
930.27	12/1/2023	NRECA	NRECA LIFE INSURANCE	8145438	1.08
930.27	12/31/2023	ALAN OLDFIELD	WINTER SCHOOL	8145643	545.99
930.27	12/31/2023	RURAL COOP CREDIT UNION	WINTER SCHOOL	8145683	1794.17
930.27	12/31/2023	ALAN OLDFIELD	WINTER SCHOOL	8145692	534.46

59041.36

LICKING VALLEY RECC-426.00 DONATIONS

Date	Vendor Name	Invoice	Check	Amount
1/10/2023	CASH REGISTER	EKP	0	-300.00
1/24/2023	MORGAN COUNTY HIGH SCHOOL CHEERLEADERS	DONATION	8143104	60.00
2/9/2023	MAGOFFIN COUNTY YOUTH BASEBALL/SOFTBALL	DONATION	8143273	200.00
2/14/2023	MORGAN COUNTY MIDDLE SCHOOL	DONATION	8143305	200.00
2/24/2023	ROYALTON COMMUNITY COUNCIL	DONATION	8143375	250.00
2/27/2023	MCBS LADY HORNET SOFTBALL TEAM	DONATION	8143380	150.00
2/27/2023	MAGOFFIN COUNTY HIGH SCHOOL	DONATION	8143379	300.00
3/7/2023	PLEASANT VALLEY COUNTRY CLUB	DONATION	8143468	500.00
3/13/2023	WOLFE COUNTY MIDDLE SCHOOL	DONATION	8143490	200.00
4/10/2023	MORGAN COUNTY JAG	DONATION	8143717	200.00
4/30/2023	RURAL COOP CREDIT UNION	DONATION	8143994	250.16
5/3/2023	MORGAN COUNTY HIGH SCHOOL	DONATION	8144000	300.00
5/23/2023	MAGOFFIN COUNTY HIGH SCHOOL	DONATION	8144078	200.00
5/24/2023	WOLFE COUNTY AGAINST DRUGS	DONATION	8144079	300.00
6/26/2023	WOLFE COUNTY HOMECOMING	DONATION	8144353	100.00
6/30/2023	JACKSON LIONS CLUB	AUCTION	8144450	200.00
7/14/2023	MAGOFFIN COUNTY COMMUNITY FOUNDATION	DONATION	8144490	500.00
7/26/2023	BRAXTON PATTERSON MEMORIAL FUND	DONATION	8144542	300.00
8/9/2023	MAGOFFIN COUNTY QUARTERBACK CLUB	DONATION	8144671	150.00
8/9/2023	MORGAN COUNTY QUARTERBACK CLUB	DONATION	8144672	150.00
8/11/2023	MENIFEE COUNTY HIGH SCHOOL	DONATION	8144682	150.00
9/13/2023	MORGAN COUNTY MIDDLE SCHOOL FOOTBALL	DONATION	8144916	300.00
9/13/2023	WRIGLEY ELEMENTARY KINDERGARTEN	DONATION	8144917	300.00
9/14/2023	KIWANIS MOUNTAIN HORSE CELEBRATION	DONATION	8144927	125.00
11/16/2023	STUDENT SANTA PROGRAM 2023	DONATION	8145333	200.00
11/30/2023	MORGAN COUNTY COPS FOR KIDS	DONATION	8145387	250.00
12/5/2023	WOLFE COUNTY FOSTER CARE CHRISTMAS FUND	DONATION	8145479	250.00
12/5/2023	CAMPTON ELEMENTARY	DONATION	8145478	250.00
12/11/2023	SHOP WITH A TROOPER	DONATION	8145493	250.00
				6285.16

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 45: Provide the name and personal mailing address of each member of Licking Valley's board of directors. Also identify the board members who are representatives to the Kentucky Association of Electric Cooperatives or the National Rural Electric Cooperative Association. If any changes occur in board membership during the course of this proceeding, update the response to this request.

Response 45: The name and mailing address for Licking Valley Board members are below:

Darrel Cundiff – President; 650 Kentucky Hwy 541, Jackson, KY 41339

Ted A. Holbrook – Vice-President; 4168 Kentucky 15 N, Campton, KY 41301

Tommy Hill – Secretary/Treasurer, **KEC Director**; 4991 Highway 172,
West Liberty, KY 41472

Kevin Howard – Director, **EKPC Rep**; 2972 Middle Fork Road, Salyersville, KY 4165

Alan Oldfield – Director; 8447 Highway 460 W, West Liberty, KY 41472

J. Frank Porter – Director; PO Box 476, Campton, KY 41301

Philip Williams – Director; 335 Brushy Fork Rd, Salyersville, KY 41465

C.K. Stacy – Director; PO Box 309, West Liberty, KY 41472

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 46: Provide a detailed analysis of the total compensation paid to each member of the board of directors during the test year, including all fees, fringe benefits, and expenses, with a description of the type of meetings, seminars, etc., attended by each member. If any of the listed expenses in this analysis include the costs for directors' spouses, list expenses for the directors' spouses separately.

Response 46: Please see attached.

ATTACHMENT 1-46

**Licking Valley R.E.C.C.
For the Test Year 2023**

Directors Expenses

#	Item	Williams	Cundiff	Holbrook	Oldfield	Hill	Porter	Howard	Stacy	Total
1	NRECA Director Training				\$ 4,459.59			\$ 12,888.39		\$ 17,347.98
2	EKPC Committee Meetings			\$ 9.84				\$ 156.07		\$ 165.91
3	R E Magazine	\$ 43.00	\$ 43.00	\$ 43.00	\$ 43.00	\$ 43.00	\$ 43.00	\$ 43.00	\$ 43.00	\$ 344.00
4	KEC Board & Committee Meetings					\$ 4,103.69				\$ 4,103.69
5	KEC Annual Meeting	\$ 1,008.28								\$ 1,008.28
6	Christmas Gifts	\$ 127.75	\$ 127.75	\$ 127.75	\$ 127.75	\$ 127.75	\$ 127.75	\$ 127.75	\$ 127.75	\$ 1,022.00
7	NRECA AD & D Insurance	\$ 12.96	\$ 12.96	\$ 8.78	\$ 12.96	\$ 8.40	\$ 12.96	\$ 12.96	\$ 12.96	\$ 94.94
8	Directors Fee & Mileage	\$ 4,040.16	\$ 4,150.20	\$ 4,040.16	\$ 3,757.20	\$ 7,294.32	\$ 3,993.00	\$ 4,071.60	\$ 3,607.92	\$ 34,954.56
9		\$ 5,232.15	\$ 4,333.91	\$ 4,229.53	\$ 8,400.50	\$ 11,577.16	\$ 4,176.71	\$ 17,299.77	\$ 3,791.63	\$ 59,041.36

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 47: Provide Licking Valley's written policies on the compensation of its attorneys, auditors, and all other professional service providers. Include a schedule of fees, per diems, and other compensation in effect during the test year. Include all agreements, contracts, memoranda of understanding, and any other documentation that explains the nature and type of reimbursement paid for professional services. If any changes occurred during the test year, indicate the effective date of these changes and the reason for these changes.

Response 47: Licking Valley's does not have a written policy on the compensation of its attorney, auditors, and all other professional service providers. Legal representation, auditing, and all other professional service providers are approved by the Board. Please see the attached accounting of all fees and compensation provided during the test year for professional services.

ATTACHMENT 1-47

Licking Valley RECC 923.00 Outside Services Employed

Date	Vendor Name	Reference	Check	Amount
1/3/2023	NRECA	AD&D	8142992	1.08
1/3/2023	MYLES L HOLBROOK	ATTORNEY FEE	8143004	350.00
1/31/2023	JONES, NALE & MATTINGLY PLC	990 & PROP TAX	8143283	1800.00
2/1/2023	MYLES L HOLBROOK	ATTORNEY FEE	8143220	350.00
2/1/2023	NRECA	AD&D	8143229	1.08
3/1/2023	MYLES L HOLBROOK	ATTORNEY FEE	8143409	350.00
3/1/2023	NRECA	AD&D	8143419	1.08
4/3/2023	NRECA	AD&D	8143649	1.08
4/3/2023	MYLES L HOLBROOK	ATTORNEY FEE	8143660	350.00
5/1/2023	MYLES L HOLBROOK	ATTORNEY FEE	8143943	350.00
5/1/2023	NRECA	AD&D	8143975	1.08
6/1/2023	MYLES L HOLBROOK	ATTORNEY FEE	8144162	350.00
6/1/2023	NRECA	AD&D	8144173	1.08
6/30/2023	JONES, NALE & MATTINGLY PLC	AUDIT	8144431	14750.00
6/30/2023	JONES, NALE & MATTINGLY PLC	990 & PROP TAX	8144431	1850.00
6/30/2023	JONES, NALE & MATTINGLY PLC	ASC-715	8144431	3000.00
7/3/2023	MYLES L HOLBROOK	ATTORNEY FEE	8144412	350.00
7/3/2023	NRECA	AD&D	8144423	1.08
7/31/2023	JONES, NALE & MATTINGLY PLC	SPECIFIC AUDIT	8144674	7000.00
8/1/2023	MYLES L HOLBROOK	ATTORNEY FEE	8144586	350.00
8/1/2023	NRECA	AD&D	8144598	1.08
9/1/2023	MYLES L HOLBROOK	ATTORNEY FEE	8144818	350.00
9/1/2023	NRECA	AD&D	8144828	1.08
10/3/2023	NRECA	AD&D	8145018	1.08
10/3/2023	MYLES L HOLBROOK	ATTORNEY FEE	8145031	350.00
10/26/2023	HONAKER LAW OFFICE	SERVICES	8145198	265.00
10/31/2023	CATALYST CONSULTING LLC	SERVICES	8145252	450.00
10/31/2023	HONAKER LAW OFFICE	SERVICES	8145305	106.00
11/1/2023	MYLES L HOLBROOK	ATTORNEY FEE	8145231	350.00
11/3/2023	NRECA	AD&D	8145246	1.08
11/16/2023	NATIONAL RURAL ELECTRIC COOP	RE MAGAZINE	8145323	43.00
11/30/2023	NATIONAL RURAL ELECTRIC COOP	LEGAL SERVICE	8145383	185.00
11/30/2023	CREEKSIDE STITCHIN & MORE	GIFT	8145460	68.90
12/1/2023	MYLES L HOLBROOK	ATTORNEY FEE	8145429	350.00
12/1/2023	NRECA	AD&D	8145438	1.08
12/31/2023	HONAKER LAW OFFICE	SERVICES	8145666	159.00
12/31/2023	HOLBROOK & BASS	SERVICES	8145676	2966.96
12/31/2023	RURAL COOP CREDIT UNION	GIFT	8145683	58.85
12/31/2023	JONES, NALE & MATTINGLY PLC	AUDIT	8145703	10000.00
				46915.67

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 48: Provide Licking Valley's policies, specifying the compensation of directors and a schedule of standard directors' fees, per diems, and other compensation in effect during the test year. If changes occurred during the test year, indicate the effective date and the reason for the changes.

Response 48: Please see the attached policy.

ATTACHMENT 1-48

LICKING VALLEY RURAL ELECTRIC COOPERATIVE CORPORATION

KENTUCKY 56 MORGAN

BOARD OF DIRECTORS POLICIES AND PROCEDURES MANUAL

Policy Number 108

Effective Date: 03/16/2023

SUBJECT: COMPENSATION OF DIRECTORS

Page 01 of 03

PURPOSE: To establish a statement of policy pertaining to compensation for the Board of Directors (Board) of Licking Valley Rural Electric Cooperative Corporation (LVRECC).

POLICY: To provide fair and equitable compensation for members of the Board of LVRECC for preparation for and attendance at Board, Committee, Member, and other approved meeting(s). Also, to encourage their attendance and participation as appropriate.

RESPONSIBILITIES: It shall be the responsibility of the President of the Board to see that the provisions of this policy are carried out.

PRACTICES:

1. Director per diem shall be established by the Board, plus travel from the Director's home and out-of-pocket expenses will be paid to Directors when attending or preparing for such meetings. [Effective June 20, 1996, Director's monthly per diem amount was set at three hundred dollars (\$300.00)]. However, notwithstanding anything stated herein to the contrary, a Director shall be compensated a minimum of three hundred dollars (\$300.00) per month plus expenses.
2. The Directors of the Cooperative shall be allowed their expenses that are incurred in the conduction of all official business, which shall include, but not limited to, attendance of and participation in meetings of various entities and associates whose intended function is to support and assist the Rural Electrification Program and of which the Cooperative is a member. Reimbursement of expenses shall be upon the basis of actual expenses or upon the basis of a certain Director Per Diem, which specific basis shall be determined by a proper resolution of the Board.
3. Directors and officers shall be reimbursed for all legitimate expenses for attendance at such meetings upon submission of a detailed expense account, with receipts attached as appropriate.

Such expense accounts as requested will be reviewed by the Secretary/Treasurer.

LICKING VALLEY RURAL ELECTRIC COOPERATIVE CORPORATION

KENTUCKY 56 MORGAN

BOARD OF DIRECTORS POLICIES AND PROCEDURES MANUAL

Policy Number 108

Effective Date: 03/16/2023

SUBJECT: COMPENSATION OF DIRECTORS

Page 02 of 03

4. Travel shall be reimbursed on the following basis:

- A. If commercial air travel is available, then without regard to the mode actually used, reimbursement shall be for the expenses actually incurred in an amount not to exceed round trip air coach fare, if the same is available; otherwise, first class fare, plus cost of transportation to and from airport and other expenses attendant to air travel.
- B. If commercial air travel is not available, then the Director or Officer shall select the means of travel which, in his/her judgment, is the most satisfactory under the circumstances, giving due consideration to factors of time and cost. Reimbursement shall be for actual expenses incurred.
- C. Mileage reimbursement, plus toll cost, for use of personal automobile shall be at the rate established by the Board. In those instances where Directors travel with others, only the Director or Officer actually using his/her automobile shall receive mileage and tolls paid.

5. The Secretary/Treasurer shall be paid (at least the equivalent to twelve (12) additional month's per diem of three hundred dollars (\$300.00) per month for time involved in carrying out official duties.

6. Compensation for Retired Directors: On October 15, 1987, the Board of LVRECC adopted a resolution (Board Policy Number 108, COMPENSATION OF DIRECTOR'S), directing that all retired/retiring Board Members who have served as a Director of LVRECC for a period of twenty five (25) years or longer shall be paid a one (1) time amount based on a formula of life expectancy and annuity table per diem monthly amount equal to, but not greater than amount the director was receiving at given date of retirement. This amount shall be calculated using above Ref: to determine life expected number of years. Month, multiplied by year, multiplied by the years of service, equals the total amount to be paid at time of retirement. This amount will be subject to all taxable laws and to be the responsibility of the retiring director receiving said amount.

LICKING VALLEY RURAL ELECTRIC COOPERATIVE CORPORATION

KENTUCKY 56 MORGAN

BOARD OF DIRECTORS POLICIES AND PROCEDURES MANUAL

Policy Number 108

Effective Date: 03/16/2023

SUBJECT: COMPENSATION OF DIRECTORS

Page 03 of 03

This Policy supersedes all prior policies with Number 108.

Board Approved March 16, 2023

Secretary _____

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 49: Provide the date, time, and a general description of the activities at the most recent annual members' meeting. Indicate the number of new board members elected. For the most recent meeting and the five previous annual members' meetings, provide the number of members in attendance, the number of members voting for new board members, and the total cost of the meeting.

Response 49

All annual meetings have been held at the Malone Warehouse, 537 Steele Road, West Liberty, Kentucky 41472. The annual meetings have all been drive throughs from 9:00 a.m. to 4:00 p.m. Members received buckets, lightbulbs, and food. There have been no new board members elected during the last five annual meetings. The attendance and cost of the annual meetings is as follows:

June 19, 2019 – 693	\$44,625.35
June 17, 2020 – 443	\$16,992.67
June 16, 2021 – 422	\$22,435.10
June 15, 2022 – 596	\$16,448.33
June 13, 2023 – 204	\$28,102.67
June 19, 2024 – 449	\$32,081.35

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 50: Provide any information, when known, that would have a material effect on net operating income, rate base, or cost of capital that have incurred after the test year but were not incorporated in the filed testimony and exhibits.

Response 50: Licking Valley knows of no material item that has occurred after the test year but will inform the Commission if and when any material item is identified.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 51: For the test year and the five preceding calendar years, provide a schedule detailing all nonrecurring charges by customer class which includes:

- a. Type of charge;
- b. Amount billed;
- c. Amount recovered;
- d. Number of times the charge was assessed; and
- e. Support for the nonrecurring charge.

Response 51: Please see the Excel spreadsheets provided separately.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 52: To the extent not already provided, provide a copy of each cost of service study, billing analysis, and all exhibits and schedules that were prepared in Licking Valley's rate application in Excel spreadsheet format with all formulas, columns, and rows unprotected and fully accessible.

Response 52: The Excel spreadsheet files responsive to this request were uploaded to the Commission website on August 8, 2024, concurrent with the filing of the Application in this docket.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 53: To the extent not already provided, provide all workpapers, calculations, and assumptions Licking Valley used to develop its test year financial information in Excel spreadsheet format with all formulas, columns, and rows unprotected and fully accessible.

Response 53: The Excel spreadsheet files responsive to this request were uploaded to the Commission website on August 8, 2024, concurrent with the filing of the Application in this docket.

Licking Valley Rural Electric Cooperative Corporation
Case No. 2024-00211
Commission Staff's First Request for Information

Request 54: State the credit metrics that are used in Licking Valley Energy's debt covenants.

Response 54: Along with reporting and other requirements, the general financial covenants that

Licking Valley is required to meet are as follows:

- RUS/FFB: The average Coverage Ratios in the 2 best years out of the 3 most recent calendar years must not be less than any of the following:

TIER = 1.25

DSC = 1.25

OTIER = 1.1

ODSC = 1.1

- CFC: Average MDSC ratio of 1.35 (based on the best 2 out of the last 3 calendar years)