# Your Guide

Available Services & Detailed Program Information for Access to Care Members

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You can find current versions of all Access to Care member documents, benefit information, and answers to Frequently Asked Questions (FAQs) on our website: <u>https://accesstocare.org/member-portal/benefits-documents-faqs/</u>

#### About the Access to Care Program

Access to Care (ATC) works with doctors across suburban Cook County. These doctors care for ATC members. Your ATC doctor will provide basic health care services, also called "primary care". Please read this "Your Guide" carefully to understand what is offered to you—as an Access to Care member. If you have questions after reading "Your Guide", call us at 708-531-0680 and we will help.

#### **Services Included for ATC Members:**

- Unlimited visits to your Access to Care doctor
- Most prescription drugs prescribed by your Access to Care doctor
- Laboratory tests, x-rays, breast ultrasounds, and mammograms ordered by your ATC doctor

Medical services, tests, x-rays, mammograms and/or prescriptions ordered by any doctor other than your assigned Access to Care doctor are not covered. Non-covered services or procedures <u>will not</u> <u>be paid</u> for by the program regardless of whether your Access to Care doctor performs or orders it.

#### Services Not Covered by the Access to Care Program:

- Emergency room care
- Hospital care
- Vision or dental services
- Care provided by non-primary care physician or specialist
- Well baby care and child care
- Physicals
- Family planning/birth control
- Care provided by an obstetrician or gynecologist

- Prenatal care
- Sexually transmitted disease diagnosis and treatment
- Ultrasounds and IVPs, except Breast Ultrasounds
- CT scans or MRI tests
- Over-the-counter drugs and equipment, except diabetic testing supplies
- Completion of disability, worker compensation, employment, or school forms

If you have questions about whether a procedure or service is covered by ATC, call 708-531-0680 **before** you have the procedure done. **You will be responsible to pay for non-covered procedures.** 

#### **Member Identification Card**

You can begin to use your Access to Care member identification (ID) card immediately after receiving it. Call your doctor's office (see "Physician Phone" and the arrow below) to make your first appointment. You will show your ID card to receive ATC services and prescriptions. <u>Only you</u> can use your ID card. If you need to replace your card, the cost is \$5 per card. Here is an example of how your ID card will look:

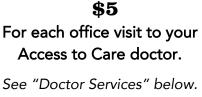
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#### **Enrollment Period**

Your enrollment in the Access to Care program will automatically expire on the expiration date shown on your ID card unless you have re-enrolled by that time. You should apply for re-enrollment one month before the expiration date. You can now re-enroll by mail or online. Go to: <u>www.accesstocare.org/application</u> and fill out the application. When you re-enroll, we will check to make sure you are still eligible.

#### Fees for ATC Program Services



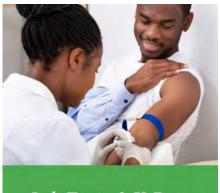




Prescriptions

**\$15 - \$40** For each prescription.

See "Pharmacy Services" below.



Lab Tests & X-Rays

**\$5** Each lab and/or x-ray procedure.

See "Lab and X-Ray Services" below.

#### You should be prepared to pay these fees in full at the time you receive services.

#### **Doctor Services**

We have a list of doctors who participate in the Access to Care program. Each member will be assigned a doctor or physician site. You can see any family medicine doctor at that site. Important to remember:

- Under certain circumstances, you may be transferred to another ATC doctor. If you or your doctor request a transfer to another doctor, it may take up to 60 days to provide you with a new Access to Care doctor.
- Your Access to Care doctor may not always be available. In order to receive ATC benefits, your doctor must refer you to another doctor in the ATC program. To make sure you are covered, before going to any other doctor, call us at 708-531-0680 to find out if he/she is an ATC doctor.

If you do not speak English, bring an adult with you who can translate when you go to the doctor's office. Translation services might not always be available.

• Physician services, tests or prescription medications provided at Cook County Health and Hospital System sites are not covered by the Access to Care program. These services are offered on a sliding fee scale based on your income and you are responsible for full payment. You will need to apply for the CareLink program on the day of your appointment. • Referrals made for specialty care by your ATC doctor are done as a courtesy and are not part of the program. Note: Access to Care does not schedule appointments with the Cook County Health and Hospital System.

#### **Pharmacy Services**

Access to Care is accepted at most pharmacies. You must show your member ID card. You will pay \$15 per prescription for generic drugs\*, \$30 per prescription for formulary brand drugs and \$40 for nonformulary brand drugs. You will be given generic medicine unless your Access to Care doctor makes a special request for a brand name drug. See "Your Medication Guide" for more information.

*IMPORTANT:* If you request a brand name drug without a special notation from your physician, you will be responsible for the full cost of the medication. Prescriptions are limited to 30-day doses without exception. Over-the-counter drugs and equipment (except diabetic testing supplies) are not covered by the program. Prescriptions from doctors other than your ATC doctor (except as indicated above) will not be covered through the program.

\*There are options, other than the ATC program, to get generic prescriptions at an even lower cost. For example, Walmart offers a low-cost prescription program. Some generic prescriptions are only \$4 for a 30-day supply. See additional information at the end of this Guide.

**Vaccinations for Flu and Pneumonia are covered at zero cost**. These are the ONLY vaccinations covered by the program. You do not need a prescription to request these vaccinations. However, flu and pneumonia vaccines must be provided by your local pharmacy. Bring your ATC ID card. These vaccines <u>will not</u> be covered if given at your doctor's office.

**Free diabetic test strips.** If you have diabetes and need to test your blood sugar, the ATC program covers diabetic test strips at zero cost. Simply take your ATC doctor's prescription for the diabetic test strips to your pharmacy. You'll receive a 30-day supply of the strips for FREE. We don't cover the testing device itself but call us at 708-531-0680 and we may be able to help.

#### Lab and X-ray Services

Basic lab and x-ray procedures are available through the program when ordered by your Access to Care doctor. This includes mammograms. You may have to go to a location other than your doctor's office for these procedures.

When you call for an appointment or go for lab or x-ray services, tell them you are an ATC member. You must show your Access to Care ID card and the order from your doctor. You will be required to pay \$5 for each ordered procedure.

Lab Services. For ATC members, lab services are available ONLY\* through Quest Diagnostics or LabCorp facilities. Both facilities have many locations. *To find a Quest near you:* call 1-866-697-8378 or go to: <u>questdiagnostics.com</u>. To find a LabCorp near you: call 1-888-522-2677 or go to: <u>labcorp.com</u>.

\*If your assigned ATC doctor/physician site is part of Advocate Health, he or she will send you to an ACL Lab site. Lab services will be covered at the ACL Lab, but only if your doctor is part of Advocate Health.

**X-ray and Mammography Services.** For Access to Care members, x-rays and mammograms are available ONLY at the following locations. Call ahead to confirm that they are open and available.

#### NORTH

Bright Light Radiology 31 S. Arlington Heights Rd; Elk Grove Village; 847-616-2000

*Glenbrook Hospital* 2100 Pfingsten Rd; Glenview 847-657-5860

Nesset Health Center Only if your doctor is on staff at Nesset Health Center 1775 Ballard Rd; Park Ridge 847-318-2000

North Shore University Health System 2650 Ridge Ave; Evanston 888-364-6400

Northwest Community Treatment Centers 15 S. McHenry Rd; Buffalo Grove; 847-459-6100

St. Alexius Medical Center 1555 Barrington Rd; Hoffman Estates; 847-843-2000

#### SOUTH

Chicago Ridge Medical Imaging 9830 S Ridgeland Ave; Chicago Ridge; 708-423-1819 \*Mammograms not available here.

Advocate Christ Hospital 4440 W 95th St; Oak Lawn 708-304-9500

Advocate Christ Center for Breast Care Mammography 4545 West 103rd St; Oak Lawn 708-684-1829

Little Company of Mary Hospital 2800 W. 95th St; Evergreen Park 708-422-6200

Little Company of Mary Care Stations 4901 W. 79th St; Burbank; 708-422-0300

6700 West 95th St; Oak Lawn 708-499-2273

Palos Community Hospital 12251 S. 80th Ave; Palos Heights 708-923-4000

Palos Primary Care Center Immediate Care Center South Bldg 15300 West Ave; Orland Park 708-460-5550

South Suburban Hospital 17850 S. Kedzie Ave; Hazel Crest 708-799-8000, ext. 3270

## If you receive lab, x-ray service, or mammogram at any facility or site other than the above, you will be responsible for the entire cost of these services.

#### WEST

Gottlieb Memorial Hospital 701 W North Ave; Melrose Park 708-216-1630

La Grange Memorial Hospital Only if your doctor is at La Grange Memorial Hospital 5101 S Willow Springs Rd. La Grange; 708-352-1200 \*Mammograms not available here.

West Suburban Hospital 3 Erie Ct; Oak Park 708-383-6200 \*Mammograms not available here.

#### **CHICAGO**

Resurrection Health Care 7435 W Talcott Ave Chicago; 773-774-8000

#### **Counseling/Behavioral Health Services**

Access to Care works with Ascension Illinois to offer behavioral health services. Sessions are available in-person, virtually, or over the phone. Access to Care members can receive an initial assessment visit plus up to 8 counseling sessions. There is a co-payment of \$5 per session and more sessions are available via sliding fee scale.

To schedule a session, call Ascension Illinois at 708-786-8505, say you are an Access to Care member and staff will set up your first session. Ascension Illinois' 24/7 Crisis Hotline: 708-681-HELP (4357) is always available. If you have an emergency or are in danger, go to an emergency room or call 911.

#### **Responsibilities of Members:**

1. You are responsible for making appointments with your Access to Care doctor. You should identify yourself as an Access to Care member when calling for an appointment.

**IMPORTANT:** If you have a private insurance with a high deductible, you MUST tell your Access to Care doctor's office to use your ATC ID card otherwise, they may bill your private insurance.

- 2. You are responsible for the full payment of visits to any doctor other than the one that appears on your ATC ID card and for the full payment of any medical tests ordered by other doctors.
- 3. You are responsible for presenting your ATC ID card whenever you go for medical, pharmacy, lab or x-ray services.
- 4. You are responsible for paying the appropriate co-payments to ATC doctors and pharmacies; and for each lab and x-ray. You are responsible for full payment of services not covered by ATC.
- 5. You are responsible for notifying the ATC program of changes in your name, address, phone number or if you become ineligible for the program during the enrollment period.
- 6. You are responsible for re-enrolling prior to the expiration date on your ATC ID card if you wish to remain in the program. You can enroll by mail or online: <u>accesstocare.org/application</u>.

#### Eligibility requirements are:

- Age 19 and older; and
- Live in suburban Cook County or in northwest Chicago. The only Chicago zip codes that are eligible for the ATC program are: 60630, 60631, 60634, 60639, 60641, 60646, or 60656.
- Family income less than 300% of the federal poverty level;\* and
- Ineligible for Medicaid (Public Aid) or Medicare; and
- No health insurance for doctor office visits (unless individual deductible is \$1500 or more)

\*Federal poverty levels are revised and published in the Federal Register in February of each year.

#### Other Health Care Services Available in the Community

The Access to Care program does not provide some basic health care services which may be available in your community for free or at a reduced cost. Contact the Cook County Department of Public Health (<u>www.cookcountypublichealth.org</u>; 708-836-8600; <u>healthycook@cookcountyhhs.org</u>). You can also contact your local health department, your city or township office, or other local social service agencies.

#### Access to Care Resource Desk



*If there's a service we don't offer we may be able to help you find one!* Since Access to Care has been part of your communities for over 30 years, we can help connect you with resources you need.

The Resource Desk can help with questions about food pantries, housing, mental health, COVID testing questions, employment, domestic violence, housing, and other services. *Our bilingual staff is here to help with your medical and non-medical needs!* 

Contact our Resource Desk at 708-531-0680 (Monday through Friday; 9 am to 5pm) or send an email with your name, ATC member number and what you need help with to <u>info@accesstocare.org</u>.

#### Access to Care enrollment and privileges will be terminated for:

- Lack of compliance with ATC program procedures, responsibilities, or eligibility requirements; or
- Repeated lack of compliance with your Access to Care physician's therapeutic direction or abusive behavior directed toward the physician or office staff; or
- Giving your identification card as an Access to Care enrollee to any other person to use; or
- Participating in Medicare, Medicaid or receiving health benefits for doctor office visits under any other program; or
- Deliberate omission or misrepresentation of any information provided to the Suburban Primary Health Care Council, the administrators of the Access to Care program.

#### **Members' Rights**

You may file a grievance if:

- 1. You believe you have been unfairly terminated or declared ineligible.
- 2. You believe you have been discriminated against based on of race, color, sex, national origin, age or handicap by an employee, agent or contractor of the ATC program other than a physician.
- 3. You believe that an employee, agent or contractor of the Council, other than a physician, has violated any established policy or procedure of the Access to Care program.

Grievances must be submitted in writing within 14 days of the event to: Access to Care; 2225 Enterprise Drive, Suite 2507; Westchester, Illinois 60154. A copy of the grievance procedure is available upon request from the Access to Care office.

**Disclaimer:** The doctors participating in the Access to Care program are not employees, agents, or partners of the Access to Care program. The program is not responsible in any way for the amount or quality of medical care services received from participating doctors. The program is not engaged in the practice of medicine and does not hold itself out as a medical facility. The Access to Care program will not function as a resource for medical advice with respect to medical diagnosis and/or medical treatment. Access to Care is charity care, not insurance.

If you have questions about the information in this Guide, please contact Access to Care at 708-531-0680. Or email us at <u>info@accesstocare.org</u> and include your name and member identification number.

The Access to Care (ATC) program is administered by the Suburban Primary Health Council. ATC is a non-profit primary health care program for residents of suburban Cook County and northwest Chicago who are lower-income, uninsured, and underinsured. ATC has proudly served our communities since 1988. Access to Care partners with physicians and hospitals all across suburban Cook County to offer health care services to our members.

Access to Care welcomes all residents in our service area regardless of their race, age, religion, country of origin, gender identity, orientation, physical and mental ability, or immigration status.

Facebook: <a href="http://www.facebook.com/AccesstoCare">www.facebook.com/AccesstoCare</a> Instagram: <a href="http://www.instagram.com/accesstocare1">www.instagram.com/accesstocare1</a>

### **Behavioral Health Services**

Access to Care works with Ascension Illinois to offer behavioral health services.

What's Available to ATC Members?	How to Schedule a Session?
<ul> <li>Sessions available in-person, virtually or by phone</li> <li>Initial assessment visit + up to 8 counseling sessions</li> <li>Co-payment of \$5 per session + more sessions available via sliding fee scale</li> </ul>	<ul> <li>Call Ascension Illinois at 708-786-8505; say you are an Access to Care member</li> <li>Staff will help set up your first session</li> </ul>

depression | anxiety | spouse/family issues | anger management | trauma | other issues Ascension Illinois 24/7 Crisis Hotline: 708-681-HELP (4357) is always available.

## Servicios de Salud del Comportamiento

Access to Care trabaja con Ascension Illinois para ofrecer servicios de salud del comportamiento.

ذQué Hay Disponible Para Miembros de	¿Como Programo Una
ATC?	Sesión?
<ul> <li>Sesiones están disponibles en persona, virtualmente, o por teléfono</li> <li>Visita de evaluación inicial y hasta 8 sesiones de asesoramiento.</li> </ul>	<ul> <li>Llame a Ascension Illinois al 708-786-8505; sigales que es un miembro de Access to Care</li> </ul>
<ul> <li>Copago de \$5 por sesión y mas sesiones</li></ul>	<ul> <li>El personal lo ayudará a</li></ul>
disponibles con una escala de tarifa variable	crear su primera sesión

depresión | ansiedad | problemas de matrimonio/familia | control de la ira | otros problemas

Ascension Illinois número de crisis: 708-681-HELP (4357) siempre está disponible.



2225 Enterprise Drive, Suite 2507 Westchester, IL 60145 708-531-0680 | accesstocare.org

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60         180         OMEPRAZOLE ZOMG CAP         30.           \$\$         \$24         OMEPRAZOLE DR 40MG         30.           90         270         EROMETHAZINE IZJMG, 28MG         30.           90         270         EROMETHAZINE ZUG, 28MG         30.           90         270         EROMETHAZINE ZUG, 28MG         30.           90         180         TZANIDINE ZWG, 4MG TAB         30.         90.           90         180         TAMETHOCARBAMOL 750MG 30.         30.         90.           90         90         TAMEG, SOMCG, 172MGG, 30.         30.         90.           90         90         TAMEG, SOMCG, 137MGG, 30.         30.         90.           90         90         TAMEG, SOMCG, 137MGG, 30.         30.         90.           90         90         175MGG, 137MGG, 130MGG, 30.         30.         90.	IRHEXYPHENDONL 2MC TAB         00         180         OMERPAZOLE 2MC CAP         30         90         90           RIMEXYPHENDONL 2MC TAB         60         180         274         30         90 <td>60 59 60 30 Day Gty 50 50 50 60 60</td> <td></td> <td>30-Day Qty</td> <td>90-Day Qty</td>	60 59 60 30 Day Gty 50 50 50 60 60		30-Day Qty	90-Day Qty
\$10         Display Club Biology 60         S24 80         Desplay Club Biology 80         Display Club Biology 80 <thdisplay biology<br="" club="">80         <thdisplay club<="" td=""><td>59         524         Conference of a content and a conten</td><td>\$9 30 Day Qty 90 60 60 60</td><td></td><td>30</td><td>06</td></thdisplay></thdisplay>	59         524         Conference of a content and a conten	\$9 30 Day Qty 90 60 60 60		30	06
Description         State         State <tt>State</tt> <tt>State</tt>	AMANTADINE TOMAG         an comparision         an other party (MAMTADINE TOMAG         an comparision         S24         S24           CARR LEVO TO/TOMAG         270         160         712         90         DWG	400 ACC 400 AC		30	90
90         270         Pain Managment         90 July City           80         90         11ZANIDINE 2/WG, 4//G TAB         90 July City           80         90         180         415           80         90         180         415           80         180         180         415           80         180         180         415           80         180         180         100 ML           90         180         100 ML         30 Day City           90         180         100 ML         30 Day City           90         180         180         100 ML           90         180         175MCG, 137MCG, 137MCG, 30 MCG, 30 City         30 Day City           90         180         175MCG, 200MCG, 30 MCG, 30 City         30 Day City           90         180         175MCG, 200MCG, 30 MCG, 30 City         30 Day City           915         90         90         744           916         180         175MCG, 137MCG, 130MCG, 30 City         30 Day City           917         90         90         90         90           91         90         90         90         90           91         91 <td>CARB ILE VO TO MONG. 25-ID ONG         270         770         Fain Management         20         270         700</td> <td>90 90 93 90 0</td> <td>1</td> <td>65</td> <td>\$24</td>	CARB ILE VO TO MONG. 25-ID ONG         270         770         Fain Management         20         270         700	90 90 93 90 0	1	65	\$24
60         180         11_2XMIDINE_ZMM_AIND_FAB         50	DIVALIPROEX DR 250MG TAB         60         180         LIEAVUDINE         30	6 6 9 9 9 6		30-Day City	90-Day Qt
30         90         Prin Managment         315           30         90         METHOCARBAMOL 750MG         30 Day GIY           60         180         METHOCARBAMOL 750MG         30 Day GIY           60         180         ULDOCAINE 2X VISC SOL         100 ML           60         180         ULDOCAINE 2X VISC SOL         30 Day GIY           60         180         Thyrid         \$44           75MCG, BBMCG, ISDMCG, ITZMCG, ISDMCG, 30 Day GIY         30 Day GIY         30 Day GIY           30         90         Thyrid         \$44           30         90         TSMCG, ISDMCG, ITZMCG, ISDMCG, 30 Day GIY         30 Day GIY           30         90         Yamin & Nutrition         30 Day GIY         30 Day GIY           30         90         Vitamin & Nutrition         30 Day GIY         30 Day GIY           45         33         90         Yamin & Nutrition         30 Day GIY           60         180         Vitamin & Nutrition         30 Day GIY         30 Day GIY           60         180         Yamin & Nutrition         30 Day GIY         30 Day GIY           60         180         Yamin & Nutrition         30 Day GIY         30 Day GIY           60         <	DONGFEEIL SMG, 10MG         30         90         Prim Amangement         315         338         338         338         338         338         338         338         338         338         338         338         338         338         338         338         300         30	60 00 30 30		00	04
30         90         Pein Managament MEHOCARBAMOL 750MG         30. Day QIV MEHOCARBAMOL 750MG         30. Day QIV MEHOCARBAMOL 750MG         30. Day QIV S44           60         160         Hono CAINE 22 NISC SOL         100 ML           30         90         Hannagament         30. Day QIV           30         90         Hannagament         30. Day QIV           30         90         TSMCG, SAMCG FOM/CG, TIZMCG, 30. Day QIV         54           30         90         TSMCG, SAMCG FOM/CG, TIZMCG, 30. Day QIV         30. Day QIV           30         90         TSMCG, SOMCG, 20MCG, 20MCG, 30. Day QIV         30. Day QIV           30         90         175MCG, 20MCG, 12MCG, 12MCG, 30. Day QIV         30. Day QIV           30         90         90         TMMIA Mutrition         30. Day QIV           30         90         90         FOLIC ACID M/G         30. Day QIV           30         90         90         FOLIC ACID M/G         30. Day QIV           60         180         Mutrition         30. Day QIV         30. Day QIV           60         180         FOLIC ACID M/G         30. Day QIV         30. Day QIV           60         180         FOLIC ACID M/G         30. Day QIV         30. Day QIV <t< td=""><td>AMOTIRGINE FOOMG         300 METHOR ProMise         Pain Managment         300 METHOR Provide         300 METHOR Pr</td><td>30 60</td><td></td><td>\$15</td><td>\$38</td></t<>	AMOTIRGINE FOOMG         300 METHOR ProMise         Pain Managment         300 METHOR Provide         300 METHOR Pr	30 60		\$15	\$38
60         180         merror/createment rooms         30           60         180         Hurocalle 22 VISC SOL         100 ML           60         180         Thyroid         30 Day Gry           30         90         Thronin & Mutrition         30 Day Gry           30         90         Thornin & Mutrition         30 Day Gry           30         90         FOLIC ACID IMG         30 Day Gry           60         180         FOLIC ACID IMG         30 Day Gry           60	LAMORIDIALINE 25MG, 150MG         60         180         Interrochementer 25MIG 25 OL         100 ML         300 ML           EVETIRACETEM         60         180         Interrochementer 25MIG 50L         100 ML         300 ML<	60	1	30-Day Qty	90-Day Qt
60         180         Thyroid         50         100           30         180         Thyroid         30         34           30         90         Thyroid         30         30         34           30         90         Thyroid         30         30         30           30         90         Tasmcc, Is7mcc, Is0mcc, 30         30         30         30           30         90         Fouries and Nutrition         30         30         30         30           30         90         Is0         Nutrition         30         30         30         30           60         180         Fouries TAB         Stanton         30	LEVETIRACETAM 300MG         60         180         HUMOL CARE RE 300MG, 450MG TAB         60         180         HUMOL CARE RE 300MG, 450MG TAB         60         90         70	60		100 401	IN VUC
00         100         Thyroid         5.44           30         90         180         LEVOTHYROXINE 25MCG, 50MCG, 30         30,44           30         90         75MCG, 13MCG, 13MCG, 12MCG, 30         30,94         30,15           60         180         75MCG, 13MCG, 13MCG, 12MCG, 30,04         30,04         30,04           30         90         175MCG, 20MCG, 30,04         30,04         30,04         30,04           30         90         175MCG, 20MCG, 30MCG, 30,04         30,04         30,04         30,04           30         90         90         Yitamin & Nutrition         30,04         30,04         30,04           60         180         90         Yitamin & Nutrition         30,04	Contraction Contraction Control         Dimond         Dimond         Stance, samce, standing, so         90         Dimond         90         Dimond         Stance, samce, standing, so         90         Dimond         90         Dimond <td>10</td> <td></td> <td>TIMO MIT</td> <td>2001/11</td>	10		TIMO MIT	2001/11
0         100         LEVYINE         300         90           30         90         75MCG, 88MCG 100MCG, 112MCG, 300         30         30           30         90         75MCG, 88MCG 100MCG, 112MCG, 300         30         30           30         90         75MCG, 200MCG         30         54           30         90         75MCG, 200MCG         30         94           30         90         75MCG, 200MCG         30         94           30         90         75MCG, 200MCG         30         90           30         90         75MCG, 200MCG         30         90           30         90         90         75MCG, 200MCG         30         90           30         90         90         75MUF         75MCG, 200MCG         30         90           30         90         90         75MUF         75MCG         30         90         90           60         180         180         Mutrition         30         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90	American Constraints and constranteconstraints and constraints and constraints and cons	00	1	54	015
30         90         75MCG, IBANCG ITANCG, ITANGG, ITANGG, ITANGG, ITANGG, ITANCG, I	PARAMETINE 40MG         30         90         75M.CG, 38M.CG, 16M.CG, 12M.CG, 12M.CG	60			No Ver
30         90         125MCG, 13/MCG, 150MCG, 50MCG, 50MCG, 50MCG, 50MCG, 50MCG, 50MCG, 50MCG, 30           60         180         90         175MCG, 20MCG, 50MCG, 544           30         90         Yumin & Nutrition         30 Day Oty           30         90         Vitamin & Nutrition         30 Day Oty           30         90         10         Yumin & Nutrition         30 Day Oty           30         90         180         POLICACID IMG         30 Day Oty           60         180         POLICACID IMG         30 Day Oty         59           60         180         POLICE TAB         30 Day Oty         50 Day Oty           60         180         POLINGT         30 Day Oty         59           60         180         FINIFIC 28 TAB 28 DAY         30 Day Oty         54           60         180         PRINTEC 78 BAY         30 Day Oty         54           60         90         90         PRINTEC TAB         28         28           70         90         90         PRINTEC TAB         28         28	PRAMIPEXOLE 0125MG, 023MG, 30         90         125MCG, 137MCG, 150MCG, 50MCG, 50MCG, 50MCG, 16M, 15MC         454         451           0.5MG, 1MG, 15MG         0.00         100         175MCG, 200MCG         30         90         90           0.5MG, 1MG, 15MG         30         90         100         175MCG, 200MCG         30         90         90           0.0MG, 300MG, 300MG, 300MG, 300MG, 300         90         90         1160         1160         90	30			2
130         135MCG, 200MCG           30         90           30         90           30         90           30         90           30         90           30         90           30         90           30         90           30         90           30         90           30         90           90         Numis & Numition           30         90           60         180           60         180           60         180           60         180           753         538           30.Day Gty         90           60         180           7         181 Planning           800 Day Gty         180           7         181 Planning           800 Day Gty         28           7         181 SPRINTEC TAB           7         181 SPRINTEC TAB           7         90           90         90           90         00 Day Gty           80         00 Day Gty	0.5MGL, IMGL         15/MGC, 200MCG         15/SMGC, 200MCG         15/SMGC, 200MCG         16/SMGC, 10/SMG         16/SMGC, 10/SMGC, 10				
60         180         70         74         44           30         90         7         7         54         4           30         90         7         7         30         30         54           30         90         7         7         30	PRIMIDONE SOMG TAB         60         180         PRIMIDONE SOMG TAB         50         90           DRINDONE SOMG TAB         30         90         70				
30         90         Ytamin & Mutritien         30 by dy           30         90         90         Ytamin & Mutritien         30 by dy           30         90         90         Ytamin & Mutritien         30 by dy           30         90         180         Ytamin & Mutritien         30 by dy           30         90         180         Ytamin & Mutritien         30 by dy           60         180         Fould Fails         515         538           30 by dy         90 by dy         Fould Fails         30 by dy           60         180         Fould Fails         30 by dy           60         180         Fould Fails         30 by dy           60         180         Note Fails         28           60         180         Note Fails         30 by dy           730         90         Mote Fails         53	PRIMIDONE SOMICIAB         30         90         Vitamin & Nutrition         5.4         \$10           QUETAPINE 25MG, 50MG, 100MG, 30         90         90         Vitamin & Nutrition         30         90<	60			
30         90         Vitamin & Mutrition         30 Day City           30         90         POLIC ACID M/G         30         30           30         90         POLIC ACID M/G         30         90           30         90         POLIC ACID M/G         30         90           30         90         180         FOLIC ACID M/G         30         90           60         180         FolleEE TAB         30         90         90           60         180         FolleEE TAB         30         90         90           60         180         FolleEE TAB         30         90         90         90         59           60         180         FolleEE TAB         30         90	QUET LAPINE 25MG, 100MG, 30         90         Yttamin & Nutritian         30 Day Ct         90 Day Ct           200M, 30/MG         90         90         FOLIC ACID M/G         30         90           200M, 30/MG         30         90         FOLIC ACID M/G         30         90           200K, 30/MG         30         90         FOLIC ACID M/G         30         90           200K, 30/MG         30         90         FOLIC ACID M/G         30         90           200K, 30/MG         30         90         FOLIC ACID M/G         30         90           200K, 30/MG         30         90         FOLIC ACID M/G         30         90           200K, 30/MG         60         180         FOLIC ACID M/G         30         90           200K, 30/MG         60         180         FOLIC ACID M/G         30         90           200K, 30/MG         60         180         FOLIC ACID M/G         30         90           200K, 30/MG         60         180         FOLIC ACID M/G         30         90           200K, 30/MG         60         180         FOLIC ACID M/G         30         90           200K, 30/MG         60         180         FOLIEET AB <td>30</td> <td>90</td> <td>\$4</td> <td>\$10</td>	30	90	\$4	\$10
30         90         FOLIC ACID IMG         30           30         90         90         \$9           30         90         180         \$9           00MG         60         180         \$0           60         180         FOLBEE TAB         30. by Cky           60         180         FOLBEE TAB         30. by Cky           60         180         FOLBEE TAB         30. by Cky           30 by Cky         90. by Cky         FAINTEC TAB         30. by Cky           60         180         NOFETHINDRONE TAB 0.35 MG         28           30         90         FAINTEC TAB         30. by Cky           30         90         ALBUTEC TAB         30. by Cky	ZODIMG         ZODIMG         ECUIC ACID IMG         30         90           RODINIPOLE 0.25MG, 100MG         30         90			30-Day Qty	90-Day Qty
30         90         Vitamin & Nutrition         \$9           30         90         180         50.0ay Gry           60         180         FOLBEE TAB         30.0ay Gry           60         180         FOLBEE TAB         30.0ay Gry           60         180         FOLBEE TAB         30.0ay Gry           60         180         Foundy Planning         30.0ay Gry           30 by Gry         90 by Gry         Family Planning         30.0ay Gry           60         180         Family Planning         30.0ay Gry           30         90         Respiratory Health         30.0ay Gry           30         90         ALBUTEC TAB         30.0ay Gry           30         90         ALBUTEC TAB         30.0ay Gry	Micro Landon Control         Sol			30	06
30         90         Vitamin & Nutrition         30         97           00MG         60         180         FOLBEE TAB         30         97           60         180         FOLBEE TAB         30         97         97           60         180         FOLBEE TAB         30         90         97         90           \$15         \$38         NOFETHINDRONE TAB 0.35 MG         28         90         90         90           60         180         Family Planning         20.55 MG         28         28         28           30         90         180         NOFETHINDRONE TAB 0.35 MG         28         28         28           30         90         180         NOFETHINDRONE TAB 0.35 MG         28         28           30         90         180         NOFETHINDRONE TAB 0.35 MG         28         28           30         90         180         NOFETHINEC TAB         30         90         524           30         90         ALBUTEC TAB         ALBUTEC TAB         30         90         90         90         90         90         90         90         90         90         90         90         90         90 <t< td=""><td>SERTRALINE 25MG, 100MG         30         90         Vitamin &amp; Nutrition         30, 24, 24, 30, 20, 24, 24, 30, 25, 30, 25, 30, 24, 30, 30, 30, 30, 30, 30, 30, 30, 30, 30</td><td></td><td></td><td>40</td><td>100</td></t<>	SERTRALINE 25MG, 100MG         30         90         Vitamin & Nutrition         30, 24, 24, 30, 20, 24, 24, 30, 25, 30, 25, 30, 24, 30, 30, 30, 30, 30, 30, 30, 30, 30, 30			40	100
00MG         60         180         FOLBEE TAB         30           60         180         60         180         30           60         180         53         53         53           30 Day Gty         90 Day Gty         90 Day Gty         28         28           30         190         180         73         28         28           60         180         78         74         28         28           60         180         78         78         28         28           60         180         78         78         28         28           70         90         180         78         28         28           60         180         78         78         28         28           70         90         90         78         28         28           70         90         78         78         28         28           70         90         78         78         28         28	TOPIRAMATE 25MG, 100MG, 200MG, 60         180         FOLBEE TAB         30         30         90           TRIHEXYPHENIDYL SMG TAB         60         180         180         \$90         30         200         30         200         30         200         30         200         30         200         30         200         30         200         30         200         30         30         200         30         200         30         200         30			30-Dav Qtv	90-Dav Qt
60         180         50         180         59         59         50         5	TRIHEXYPHENIDYL 5MG TAB         60         180         20NISAMIDE 50MG CAP         60         180         \$9         \$9         \$9         \$2           ZONISAMIDE 50MG CAP         60         180         18         538         \$9         \$9         \$9         \$24           ZONISAMIDE 50MG CAP         60         180         \$15         \$38         \$15         \$38         \$9         \$0         \$90 My C         \$0         \$90 My C         \$28         \$84         \$90 My C         \$26         \$84         \$90 My C         \$26         \$84         \$90 My C         \$15         \$90 My C         \$15         \$60         180         \$16         \$16         \$16         \$28         \$84	60		30	06
60         180         591         \$15         \$15         \$15         \$15         \$15         \$15         \$15         \$15         \$16         \$17         \$17         \$17         \$10	ZONISAMIDE 50/MG CAP         60         180         Family Planning         \$9         \$24           SONISAMIDE 50/MG CAP         60         180         Family Planning         30 Day CBy         20	60			
\$15         \$38         Family Planning         30 Day Gty           30 Day Gty         90 Day Gty         NORETHINCROME TAB 0.35 MG         20 Day Gty           60         180         RINIECC 28 TAB 28 DAY         28           60         180         RINIECC 28 TAB 28 DAY         28           60         180         RINIECC 748         28           70         90         RINIECC TAB         28           70         90         Respiratery Health         30 Day Gty           70         90         MEUTERCLEAR         524           70         90         MEUTERCLEAR         524	\$15         \$38         NORETHINDROM         30 Day Cby Color         30 Day Cby Co	60	180	\$9	\$24
3/15         338         NORETHINDROVE TAB 0.35 MG         28           30 Day Qay         90 Day Qay         SPRINTEC 28 TAB 28 DAY         28           60         180         TRI SPRINTEC TAB         28           60         180         TRI SPRINTEC TAB         28           30         90         ALBUTROL HEAL         30 Day Qty           30         90         ALBUTROL HEAL         11NHALER	\$15         \$38         NORETHINDROME TAB 0.35 MG         28         84           30 by Oty         20 by Oty			30-Day Qty	90-Day Qty
Jound May         Yu uay way         Sprintec 28 haile 28 DAY         28           60         180         TRi Sprintec TAB         28           60         180         TRi Sprintec TAB         28           30         90         Respiratory Health         30 Day Oty           30         90         ALBUTEROL HAAL         30 Day Oty	BUPROPION 75MG, 100MG         soluty very burropion (ER/SR100MG, 60         900         SRINTEC 28 LAB 28 DAY         28         84           BUPROPION ER/SR100MG, 60         180         180         TRI SPRINTEC AB         28         84           ISOMG, 200MG TAB         60         180         180         28         84           BUPROPION ER/SR100MG, 60         180         180         78         28         84           BUPROPION STISSOMG TAB         30         90         Repiratory Health         300-by CRY         824           BUPROPION STISSOMG 30         90         Repiratory Health         300-by CRY         824           ECITALOPRAM SMG, 10MG, 20MG 30         90         Repiratory Health         300-by CRY         824           ECITALOPRAM SMG, 10MG, 20MG 30         90         Repiratory Health         300-by CRY         80-by CRY	_		28	84
00         190         TRI SPRINTEC TAB         28           60         180         824         23           30         90         Respiratory Health         30. Day Gry           30         90         ALBUTEROL HFA         11NHALER	BUPROPION 75MG, 100MG 60 180 158 284 84 BUPROPION ERYS 100MG, 60 180 180 282 28 84 BUPROPION SI 150MG TAB 30 90 Respiratory Health 30 Day City BUPROPION XI 150MG 7AB 30 90 ALBUTEROL HFA 10 INHALER DULOXETINE 20MG, 30MG, 60MG 30 90 90 ALBUTEROL HFA 11 INHALER Respirator biogram reaular up to 370 Mg supply for 3 for 5 years and an of Phrownull HFA only INHALER Provident to a 30 Mg supply for 3 body supply f	30-Day Qty	1	28	84
60         180           30         90         Respiratory Health           30         90         ALBUTEROL HTA           30         90         ALBUTEROL HTA	BUPROPION ERXST 100MG, 60 180 150MG 200MG TAB 30 90 Respiratory Haalth 30 Day Qty 19ULOXETINE 20MG, 80MG, 80MG, 80MG 30 90 90 ALBUTEROL HFA 11NHALER DULOXETINE 20MG, 10MG, 20MG 30 99 90 ALBUTEROL HFA 11NHALER Restitued on the 30 day supply for 34 and 30 day supply for 310 of yeap for commany presented danage. Inflam danages continues for each of an interpret of the section of the commany presented danages. Inflam danages continues the section of the se	00		28	84
30 90 Respiratory Health 30 90 ALBUTEROL HFA	reprendent real control of the contr	60	180		
30 90 ALBUTEROL HFA	DULOXETINE 20MG, 30MG, 60MG 30 90 AN	30	1	30. Day Oto	
20 Deafforced and the Deaters of Decompetitive And to	ESCITALOPRAM SMG, IOMG, ZOMG and 90 Performed and Proventil IIFA only received warden of Proventil IIFA only received and an antipart received and antipart received and an antipart received and an antipart received and antipart received antipart received and antipart received antipart receive	30		1 INHALER	
30 10	tractifictor Picgram fredudes up to # 20 day upply for 54 and a 90 day upply for 500 of some covered generic drugs at community practified danages. Higher douges cost more, bites for some d	30			
fog win frictuarity the weekdelity of largeage interpretizes prease are the last page. Proversioned shows are solvened and indefined to the first scale. Other contributions have been and the fills or new Week are first interpretiations.	history in the second of a second of a second of the secon	responses of the second s	able in long is supplies from such minufesturers and in stock at the di-		- damentelat

hatas			prescriptions starting at: 30-day 1 90-day Circe phannes controp for details. 1	or details.	5/2023
	64	610	LISINOPRIL 2.5MG, 5MG, 10MG, 20MG, 30MG	30	06
(2)	30-Day Qty	90-Day Qty	LISINOPRIL/HCTZ 20/25MG	30	06
UMEPIRIDE 1MG, 2MG, 4MG	30	66	TAB	30	66
LIPIZIDE SMG, 10MG	60	180	5, 100MG	60	180
ETFORMIN SOOMG, 850MG, 1000MG	60	180		30	06
ETFORMIN ER 500MG TAB	120	360	TRIAMTERENE/HCTZ	30	60
	00 \$9	\$24	4MG, 5MG, 6MG, 75MG, 10MG	30	06
	30-Day Qty	90-Day Qty		\$0	\$24
JPIZIDE ER 2.5MG, 5MG, 10MG	30	06	Heart Health & Blood Pressure 30-E	Day Qty	30-Day Qty 90-Day Qty
TBURIDE/METFORMIN	00	180		30	06
			AMLODIPINE 2.5MG, 5MG, 10MG	30	60
art			BISOPROLOL 5MG	30	90
1 10			CILOSTAZOL SOMG, 100MG	60	180
	\$9	\$24	DIGOXIN 0,125MG, 0,25MG	30	90
alesterol	30-Day Qty	90-Day Qty	DILITAZEM ER IZOMG CAP (24 HOUR)	30	06
NOFIBRATE 145MG	30	66	DULITAZEM JOMG, BOMG, IZUMG	000	00
EMFIBROZIL 600MG	60	180	PUCARCUSIN IMG, ZMG, 4MG, 8MG	20	06
AVASTATIN 10MG, 20MG, 40MG	30	60	IDDESADTAN ISOMG, 200MG	20	06
		440	LOSARTAN 25MG, 50MG, 100MG	30	06
art Health & Blood Pressure	30-Dav Otv	90-Dav Otv	METOPROLOL ER 25MG, ER 50MG	30	06
MG	30	06	MINOXIDIL 10MG TAB	30	60
NAZEPRIL 20MG, 40MG	30	60	TORSEMIDE 20MG, 100MG	30	6
ARVEDILOL 3.125MG, 6.25MG,	60	180	VALSARTAN/HCT2 160/12.5MG. 160/25MG	30	06
SMG, 25MG	20	009		30	60
	00	00	SPIRONOLACTONE 50MG	30	06
PROSEMILE ZUMG, 40MG, 80MG	30	040	CHLORTHALIDONE 25MG, 50MG	30	90
	20	007	NITROGLYCERIN 0.4MG	25	75
MG, SOMG TAB	20	R		1	
/DROCHLOROTHIAZIDE 12.5MG CAP	30	60		\$15	\$38
DAPAMIDE 1.25MG, 2.5MG	30	6	Pressure	30-Day Qty	90-Day Qty
DSORBIDE MONONITRATE ER	30	60		30	66
MG, 60MG			SPIRONOLACTONE 100MG	30	06

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		2,3/ 300/MG, 3/ 300/MG
180	60	GLYBURIDE/METFORMIN
66	30	GLIPIZIDE ER 2.5MG, 5MG, 10MG
\$24 90-Day Qty	<b>\$9</b> 30-Day Qty.	
180	60	METFORMIN ER 750MG TAB
360	120	METFORMIN ER SOOMG TAB
180	60	METFORMIN SOOMG, 850MG, 1000MG
180	60	GLIPIZIDE SMG, 10MG
60	30	GLIMEPIRIDE 1MG, 2MG, 4MG
90-Day Qty	30-Day Qty	
\$10	\$4	

## Heart

Cholesterol

FENOFIBRATE 145MG	30	06
GEMFIBROZIL 600MG	60	180
SIMVASTATIN 10MG, 20MG, 40MG	30	66
Heart Health & Blood Pressure	\$4 30-Day Qty	\$4 30-Day Qty 90-Day Qty
ATENOLOL 25MG, 50MG, 100MG	30	66
BENAZEPRIL 20MG, 40MG	30	60
CARVEDILOL 3,125MG, 6.25MG,	60	180
12.5MG, 25MG		
CLONIDINE 0,1MG, 0,2MG, 0,3MG	60	180
FUROSEMIDE 20MG, 40MG, 80MG	30	60
HYDRALAZINE 10MG, 25MG, 50MG	60	270
HYDROCHLOROTHIAZIDE 12.5MG,	30	60
25MG, 50MG TAB		
HYDROCHLOROTHIAZIDE 12.5MG CAP	30	60
INDAPAMIDE 1.25MG, 2.5MG	30	60
ISOSORBIDE MONONITRATE ER	30	90
30MG, 60MG		

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