



2016 Benefits Guide

Take a Fresh Look at Your Benefits and Enroll



BNY MELLON

WELCOME TO OPEN ENROLLMENT 20165

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About this Guide

This document is a Summary of Material Modifications to the 2015 version intended to notify you of important changes made to BNY Mellon’s benefit plans for the plan year beginning on January 1, 2016. The information set forth in this guide is in summary form. In the event of any discrepancy between this information and the applicable summary plan descriptions (SPDs) or plan documents, the terms of the applicable plan documents control. BNY Mellon reserves the right to change or eliminate any of its benefit plans at any time for any reason, subject to the law.

If you have questions, call the BNY Mellon Benefit Solutions Service Center at 1-800-947-HR4U (4748), option 2, Monday through Friday between 8:30 a.m. and 8 p.m. Eastern Time.

Welcome to Open Enrollment 2016

BNY Mellon continues to offer a choice of two consumer-driven health plans with savings accounts: Plan HRA (which includes a Health Reimbursement Account) and Plan HSA (which includes a Health Savings Account). Even though your health plan options for 2016 aren't changing, be sure to take the time to review your current health plan to make sure it still meets your needs and the needs of your family members. Your decisions matter!

This guide explains BNY Mellon's health care benefits for 2016 and includes annual notices as required by law.

Be sure to read it carefully. It is designed to:

- help you know your benefits, understand your options and their costs, and make good choices;
- help you *Live Well* — when you complete simple, healthy steps;
- explain eligibility and other important benefit program provisions; and
- provide instructions on how to enroll for your 2016 benefits.

How to Enroll

- **At Work:** Go to MySource > MyReward > Log on to MyReward > Proceed to My Personal Total Reward Data > MyBenefit Solutions)
- **At Home:** Go to <http://mybenefits.bnymellon.com>. (If you have not already registered, you will need to create a username and password.)

You Must Actively Enroll To:

- ensure you receive the coverage that best fits your and your family's needs;
- make your annual flexible spending account and/or flex vacation decisions; and
- confirm that your other benefit elections continue to meet your needs.

If you have questions, call the BNY Mellon Benefit Solutions Service Center at 1-800-947-HR4U (4748), option 2, between 8:30 a.m. and 8 p.m. Eastern Time Monday through Friday.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see “Medicare Prescription Drug Notice” on page 81 for more details. Also, note that Medicare eligibility may impact your medical plan choices for 2016. Carefully review this document to ensure you make the right decision for 2016.

What's New for 2016

We're always looking for opportunities to enhance the value and quality of the health care and wellness services you may receive. This year, while your health plans will remain the same, we want you to be aware of several changes and enhancements that give you new options and can help you make informed choices based on quality and cost. The following changes will become effective January 1, 2016.

Medical

– Preferred Health Plan Carrier and Contributions

For 2016, the health plan contribution you pay will be based in part on the medical carrier you choose – Aetna or UnitedHealthcare. Depending on your state of residence, one medical carrier may be more cost-effective for you and BNY Mellon because one carrier may be able to negotiate greater discounts on average with local providers. Where this happens, the more cost-effective carrier will be designated as the preferred carrier.

2016 health plan contributions for preferred carriers will be lower than health plan contributions for non-preferred carriers. If you don't change your health plan coverage during Open Enrollment, your medical plan option and carrier election will remain in place for 2016.

Both Aetna and UnitedHealthcare have broad national networks, so, even if you switch carriers, you may not need to switch doctors. You can search for your doctor using the provider finder tools. See "Aetna and UHC Physician Finder" on page 18 for more information.

– New Coverage and Contribution Levels

For 2016, we're introducing new coverage levels with different contributions to help employees with families choose health care coverage that more closely meets their needs.

The pricing of the new Employee + Child(ren) and Employee + Spouse/Domestic Partner coverage levels aligns with the claims experience of our participants, which shows that costs vary by dependent. BNY Mellon claims data show that, on average, enrolled spouses/domestic partners have higher claims costs than enrolled children. The 2016 contribution rates for the new coverage tiers have been set to reflect this claims experience and will be reviewed annually. The table below summarizes the change in coverage levels.

YOUR 2015 HEALTH PLAN COVERAGE LEVEL	THOSE YOU PLAN TO COVER IN 2016	YOUR 2016 HEALTH PLAN COVERAGE LEVEL
<i>Employee</i>	You only	Employee
<i>Employee + 1</i>	You plus one child	Employee + Child(ren)
<i>Employee + 1</i>	You plus your spouse/domestic partner	Employee + Spouse/Domestic Partner
<i>Employee + Family</i>	You plus more than one child	Employee + Child(ren)
<i>Employee + Family</i>	You plus your spouse/domestic partner and child(ren)	Employee + Family

The Employee + 1 coverage level will be discontinued. If you're currently enrolled in Employee + 1 and you don't elect a new coverage level for 2016, you'll be enrolled automatically in the level that includes dependents currently enrolled under your medical plan. You will pay the 2016 contributions for that level.

– New Contribution Maximums for Your Health Savings Account

In 2016, maximum annual contributions to the Health Savings Account (HSA) will be \$3,350 if you cover only yourself (no change from 2015) and \$6,750 if you cover yourself and any dependents (increase of \$100 from 2015). If you are age 55 or older, you may make additional catch-up contributions of up to \$1,000 annually (no change from 2015). The maximum annual contribution amount includes contributions made by BNY Mellon, contributions made by you and any Live Well incentives you receive.

– **Simplified Out-of-Pocket Maximum for Plan HSA**

Plan HSA features an out-of-pocket maximum limiting what you pay out of pocket for medical expenses each year. Under the Affordable Care Act, if you cover any dependents under Plan HSA, you will pay no more than \$6,850 in in-network out-of-pocket expenses for any individual covered family member during the plan year, even if the family out-of-pocket maximum is more than \$6,850. The total family out-of-pocket maximum will remain the same as 2015 and will continue to be based on your base pay. For more information see “Plan HSA (Health Savings Account)” on page 44.

– **More Preventive Care Services Covered at 100%**

In accordance with the Affordable Care Act, at no additional cost to you, you will be able to access an expanded list of in-network preventive care services, including:

- More FDA-approved contraception options
- Preventive services related to pregnancy for dependent children
- Gender-based preventive services for transgender individuals
- Aspirin coverage for women of childbearing age who are at an increased risk of preeclampsia
- Anesthesia performed in connection with a preventive colonoscopy
- Genetic counseling and BRCA genetic testing for women who have had a non-BRCA-related breast or ovarian cancer

– **Infertility Services Centers of Excellence (COE) and Higher Lifetime Maximum Benefits**

Starting January 1, 2016, Aetna and UnitedHealthcare will cover infertility services only when the services are pre-authorized and you receive services at a Center of Excellence (COE). If a COE is available in your area (within 30 miles of your home address) and is not used, you will not receive infertility benefits under your medical plan. As authorized by your carrier, individuals in a current cycle of infertility treatment as of January 1, 2016, will have benefits paid for the current cycle, regardless of where the services are provided. After the current cycle is completed, if a COE is available, benefits will be paid only if the COE is used. If a COE is not available, approved treatment will be covered. The lifetime maximum benefits for medical services related to infertility services will increase to \$25,000; the lifetime maximum benefits for prescription drugs related to infertility services remains at \$10,000.

– **Applied Behavior Analysis Therapy Coverage**

Starting January 1, 2016, Aetna and UnitedHealthcare will cover Applied Behavior Analysis (ABA) therapy for individuals who have been diagnosed with autism spectrum disorder. Intensive behavioral therapies such as ABA therapy focus on building skills and capabilities in communication, social interaction and learning. Covered expenses include services and supplies for the diagnosis and treatment of autism spectrum disorder, which must be prescribed by a physician or other behavioral health provider. Prior benefits authorization is required under both Aetna and UnitedHealthcare for ABA therapy. For more information see “Applied Behavior Analysis Therapy” on page 33.

Flexible Spending Accounts (FSAs)

– **Higher maximum annual contribution**

The maximum annual contribution you can make to a Health Care FSA or a Limited Purpose FSA will be \$2,550.

Prescription Drugs

– Enhancements for Individuals with Serious or Chronic Medical Conditions

To help employees enrolled in Aetna or UnitedHealthcare health plans, as well as their covered dependents, who are dealing with serious or chronic, high cost health conditions, we're introducing enhancements to our Prescription Drug benefit:

- **The CVS Caremark AccordantCare™ Health Services:** A voluntary, no-cost service available to employees and their covered dependents enrolled in Aetna and UnitedHealthcare medical plans that offers individuals with one of 17 complex and chronic conditions the opportunity to work with CVS Health Care Management Nurses to pursue quality care and get answers to questions about health concerns. (This new program supplements, but does not replace, the Aetna and UnitedHealthcare Health Advantage Program.)
- **The CVS Health Pharmacy Advisor Counseling Program:** A voluntary, no-cost program that helps Aetna and UnitedHealthcare medical plan participants with chronic conditions improve their medication adherence and close gaps in care.

Live Well

– New, Convenient Ways to Get Affordable, High-Quality Care

For 2016, we're adding two new low-cost, high-quality services to help you get the care you need, when you need it.

- **Doctor On Demand telemedicine services** give you access to a national network of board-certified doctors and licensed professionals all day, every day. Through HIPAA-compliant video consultations using your computer or mobile device with a front-facing camera, you can contact board-certified doctors who can help diagnose your condition, treat it and write prescriptions to manage common health problems. In addition, behavioral health counseling and lactation counseling are available by appointment with licensed professionals.
- Available across the United States within CVS/pharmacy® stores, **CVS Health MinuteClinics®** make available the care you need at affordable prices. Clinics are staffed by nurse practitioners and physician's assistants who specialize in family care. If you are enrolled in either Aetna or UnitedHealthcare coverage, you will receive an average discount of 35% off standard MinuteClinic fees when you present your CVS ID card.

Long-Term Disability

- Long-Term Disability rates will be reduced. Based on favorable experience and a more competitive marketplace, we've been able to lower your 2016 premiums for LTD coverage.

Benefit Options at a Glance

BNY Mellon offers a comprehensive, competitive benefits program with the flexibility to help meet the needs of our diverse workforce. Review the benefits available to you, then choose the options that are the best fit for you and your family.

YOUR 2016 BENEFIT OPTIONS AT A GLANCE

Medical

- No coverage
- Both Aetna and UnitedHealthcare offer two plans:
- Plan HRA (Health Reimbursement Account)
- Plan HSA (Health Savings Account)
- Kaiser Permanente (Los Angeles and San Francisco only)
- HMSA (Hawaii only)
- Aetna International (international expatriates only)

YOUR 2016 BENEFIT OPTIONS AT A GLANCE

<i>Dental</i>	<ul style="list-style-type: none"> – No coverage – MetLife PDP Option 1 – MetLife PDP Option 2 – Aetna DMO (Dental Maintenance Organization) — only pays a benefit when you use participating providers
<i>Vision</i>	<ul style="list-style-type: none"> – No coverage – Vision Service Plan
<i>Long-Term Disability</i>	<ul style="list-style-type: none"> – 50% of base pay benefit (buy-down option for credit) – 60% of base pay benefit (BNY-Mellon-paid coverage) – 70% of base pay benefit (buy-up option)
<i>Basic Life Insurance</i>	<ul style="list-style-type: none"> – BNY Mellon-paid benefit equal to your base pay, up to \$500,000 – Elect to buy down to coverage of \$50,000 for credit (for employees with salaries greater than \$50,000)
<i>Supplemental Life Insurance</i>	<ul style="list-style-type: none"> – No coverage – Elect additional coverage of one to eight times your base pay (\$3 million maximum)
<i>Basic Accidental Death & Dismemberment (AD&D) Insurance</i>	<ul style="list-style-type: none"> – BNY Mellon-paid benefit equal to your base pay, up to \$500,000
<i>Supplemental AD&D Insurance</i>	<ul style="list-style-type: none"> – No coverage – Elect additional coverage of one to eight times your base pay (\$3 million maximum)
<i>Spouse/Domestic Partner Life Insurance</i>	<ul style="list-style-type: none"> – No coverage – \$25,000 benefit – \$50,000 benefit
<i>Child Life Insurance</i>	<ul style="list-style-type: none"> – No coverage – \$10,000 benefit – \$15,000 benefit
<i>Health Care Flexible Spending Account (FSA)</i>	<ul style="list-style-type: none"> – No contribution – Elect to contribute up to \$2,550 annually
<i>Limited Purpose Flexible Spending Account (FSA)</i>	<ul style="list-style-type: none"> – No contribution – Elect to contribute up to \$2,550 annually to a Limited Purpose FSA (if you enroll in Plan HSA)
<i>Dependent Care Flexible Spending Account (FSA)</i>	<ul style="list-style-type: none"> – No contribution – Elect to contribute up to \$5,000 annually
<i>Flex Vacation Purchase</i>	<ul style="list-style-type: none"> – No purchase – Elect to purchase up to five additional vacation days for 2016 if you were hired on or prior to November 30, 2015

Medical Option Highlights

For 2016, most employees will have a choice between the following two national health plan options, each offered by Aetna and UnitedHealthcare, with prescription drug coverage offered through CVS Caremark:

Option 1: Plan HRA
Health Reimbursement Account
 See details in “Plan HRA (Health Reimbursement Account)” on page 42

Option 2: Plan HSA
Health Savings Account
 See details in “Plan HSA (Health Savings Account)” on page 44

Choosing a Carrier

If you enroll in Plan HSA or Plan HRA, you will need to choose either the Aetna or UnitedHealthcare network at the time you enroll. **Keep in mind, the health plan contribution you pay will be based in part on the medical carrier you choose — Aetna or UnitedHealthcare.**

Depending on where you live, one medical carrier may have negotiated greater discounts on average with providers, making that carrier more cost-effective for you and BNY Mellon than the other in that area. Where this happens, the more cost-effective carrier is designated as the preferred carrier.

Your choice of a preferred or non-preferred carrier will affect your 2016 health plan contributions as explained below:

- When you choose the preferred carrier for your state of residence, your health plan contributions will be lower than if you choose the non-preferred carrier.
- If you don’t change your health plan coverage during Open Enrollment, your current medical plan option and carrier election will remain in place for 2016 and you will pay the applicable health plan contribution.
- If no preferred carrier has been identified in your state, you will be enrolled automatically in your current carrier (unless you actively change carriers) and will pay the 2016 preferred carrier contribution rate.

The table below shows the states that will have a preferred carrier in 2016. If you reside in a state that is not listed here, you will pay the same preferred carrier premium whether you choose Aetna or UnitedHealthcare.

STATE OF RESIDENCE	PREFERRED CARRIER
<i>California</i>	Aetna
<i>Connecticut</i>	Aetna
<i>Delaware</i>	Aetna
<i>Florida</i>	UnitedHealthcare
<i>Illinois</i>	UnitedHealthcare
<i>Massachusetts</i>	UnitedHealthcare
<i>New Jersey</i>	Aetna
<i>New York</i>	Aetna
<i>Pennsylvania</i>	Aetna
<i>Rhode Island</i>	UnitedHealthcare

Provider Networks

Both Aetna and UnitedHealthcare offer large, national provider networks. It is a good idea to think about the care you and your family may need in 2016 and consider the following:

- Do you live in a preferred carrier state where your contributions might be lower with the preferred carrier?
- Do the doctors and facilities you currently use belong to the Aetna or UnitedHealthcare network?
- If you will need more or different care in 2016, which carrier offers the network providers that best meet your needs?

To review the Aetna and UnitedHealthcare provider networks, see “Choosing a Carrier” on page 10.

Health Care Reform

Under the Affordable Care Act, nearly every American must have medical coverage in 2016 or pay a penalty. Here is what it means for you, as a BNY Mellon benefits-eligible employee:

- Our health plans offer affordable coverage with at least the minimum benefit value (called “minimum essential coverage”).
- Anyone can shop in the public health insurance marketplace. While some low-income individuals may qualify for subsidized coverage, BNY Mellon employees generally will not qualify because of the cost and benefit value of our health plans.
- Our health plans offer the level of coverage to satisfy the individual mandate.
- If you are benefits-eligible and enroll in a BNY Mellon health plan, you will comply with the individual mandate.

If you would like to learn more about health care reform, visit www.healthcare.gov, which is managed by the U.S. Department of Health & Human Services.

Choosing a Health Plan

To decide which health plan option is right for you:

- Review “How the Plans Work” on page 29 to become familiar with the details of Plan HRA and Plan HSA.
- Read “Comparing the Plans” on page 34 to compare Plan HRA’s and Plan HSA’s features.
- Understand how the health plans’ monthly medical contributions compare by reviewing the “2016 Monthly Medical Contributions” table on page 36.
- Use the “Illustrated Plan Comparisons” on page 54 and the cost profiles and personalized web modeling tools listed in “Tools to Help You Choose the Right Health Plan” on page 17, to make an informed decision based on your projected 2016 costs and needs.

Switching Between Plan HRA and Plan HSA

If you are enrolled in Plan HRA or Plan HSA and you decide to switch health plans for next year, it is important for you to understand how your health accounts and debit card accessibility will be affected. Please refer to the following chart for a summary of what will happen to health accounts and their balances on January 1, 2016.

	IF YOU SWITCH FROM PLAN HRA TO PLAN HSA	IF YOU SWITCH FROM PLAN HSA TO PLAN HRA
Health Savings Account (HSA)	BNY Mellon's contributions will be deposited to your HSA on or before your first pay following your coverage effective date, and you will become eligible to make pre-tax contributions to your HSA. You may use money in your HSA to cover qualified health care expenses.	You may use any remaining balances in your HSA to cover qualified health care expenses. Or, you may save the money for future qualified expenses. You may not contribute to the HSA again, unless and until you are covered by Plan HSA or another high-deductible health plan. Additionally, you will be charged a fee of \$3.25 per month to keep your HSA open and will continue to pay \$2.90 per month if you elected the HSA investment feature.
Health Reimbursement Account (HRA)	Any HRA balances will be converted to a Limited Purpose HRA for use in paying eligible dental, vision and preventive drug expenses. Once you meet your Plan HSA deductible, you can seek reimbursement for other qualified health care expenses. You will no longer be able to use your HRA debit card and must submit receipts for reimbursement.	An HRA will be opened in your name, and BNY Mellon's contributions will be deposited to your HRA on or before your first pay following your coverage effective date.
Health Care Flexible Spending Account (FSA) and Limited Purpose FSA	Any Health Care FSA balances will be converted to a Limited Purpose FSA for use in paying eligible dental, vision and preventive drug expenses. Once you meet your Plan HSA deductible, you can seek reimbursement for other qualified health care expenses. You will no longer be able to use your FSA debit card and must submit receipts for reimbursement.	Any amounts, up to \$500 remaining in your Limited Purpose FSA as of December 31, 2015, will be converted to a Health Care FSA.

Dental Option Highlights

- To find a network dentist, or if you have questions about your coverage, visit the plan carrier's website or call the member services number. See "Contact Information" on page 92 for website addresses and phone numbers.
- If you choose the Aetna DMO, you must elect a Primary Care Dentist.

Flexible Spending Accounts (FSAs) Highlights

- BNY Mellon offers three FSAs: Health Care, Limited Purpose Health Care and Dependent Care.
- Your 2016 health plan election determines whether you are eligible to enroll in the Health Care FSA or the Limited Purpose FSA.
- Your health plan election does not affect your participation in a Dependent Care FSA.

- For more information on the FSAs, including eligibility, contributions, tax benefits and other provisions, see “Flexible Spending Accounts” on page 58. To see how the Health Care and Limited Purpose FSAs compare with the Health Savings Account under Plan HSA, review “How the Health Accounts Compare” on page 52.
- Over-the-counter (OTC) drugs are not eligible for reimbursement from a Health Care or Limited Purpose Health Care FSA. Non-drug OTC purchases, such as bandages, are eligible for reimbursement, as well as insulin and any OTC drug for which you have a doctor’s prescription.
- The maximum you can contribute annually to a Health Care FSA or Limited Purpose Health Care FSA is \$2,550.
- If you have a balance remaining in your Health Care FSA or Limited Purpose Health Care FSA at year-end 2015, up to \$500 will be carried over for your use in 2016. (Any unused amounts over \$500 are subject to the IRS “use it or lose it” forfeiture rule unless submitted for reimbursement on or before June 30, 2016. Reimbursement is limited to expenses incurred in 2015.)
- Any carryover from 2015 to 2016 will not affect your contribution for 2016. You can contribute up to the allowable annual election amount for 2016 (\$2,550) plus any carryover from 2015 (up to \$500) for a total balance of up to \$3,050 in 2016.
- With the exception of the \$500 Health Care FSA carry-over, eligible 2016 expenses must be incurred during the plan year (January 1, 2016, through December 31, 2016) and submitted for reimbursement by June 30, 2017.

Flex Vacation Highlights

- Employees hired after November 30, 2015, are not eligible to purchase vacation for 2016.
- If you are a part-time employee, note that each flex vacation day you purchase is equal to $\frac{1}{5}$ of your weekly work hours. To see how this is calculated, refer to the “Flex Vacation Purchase” on page 76.

Benefits Eligibility

The Bank of New York Mellon Health and Welfare Plan (BNY Mellon’s Flexible Benefits Program) is available to all active full-time and part-time salaried employees, who are regularly scheduled to work at least 20 hours per week as determined by BNY Mellon.

In addition to yourself, you can also enroll your dependents for medical, dental, vision and dependent life insurance coverage.

Dependents include:

- your opposite-sex or same-sex spouse (unless you are divorced or legally separated);
- your domestic partner — a partner, of the opposite or same sex, with whom you share a committed and mutually dependent relationship, evidenced by a shared residence and record of financial interdependence (review the Domestic Partner Definition below for more information);
- your children up to age 26, regardless of full-time student status, residency, financial support, marital status or access to other employer-sponsored coverage;
- your unmarried, dependent children older than age 26 who are mentally or physically disabled and incapable of self-support and who became disabled before age 19;
- your grandchildren for dental coverage for Texas residents only (according to the terms of the covered benefit);
- your parents and parents-in-law (even if not members of your household) for Best Doctors only (according to the terms of the covered benefit); and
- all your household members (e.g., spouse, domestic partner, parents, grandparents) for AccessSolutions EAP only, according to the terms of the covered benefit.

For this definition, “child” means your natural child, stepchild, legally adopted child (including those placed with you for adoption), foster child placed with you, a child for whom you have legal guardianship and the duty of sole financial support by an order of the court (you must provide documentation verifying that a court order gives you both legal custody and the duty of sole financial support before you can enroll the child), or a “child” of your domestic partner.

You may add or remove a child from medical coverage at any time if a Qualified Medical Child Support Order (QMCSO) requires (or previously required) you or your former spouse to cover the child. You may be asked for documentation of eligibility at the time of enrollment or during any audit checks.

Domestic Partner Definition

BNY Mellon defines domestic partners as two same- or opposite-sex people in a spouse-like relationship who have each met each of the following requirements:

- are each other’s sole domestic partner and intend to remain so indefinitely;
- are at least age 18 and competent to enter into a legal contract;
- are not related in a way that would prohibit legal marriage;
- are not legally married to anyone else, and any prior marriages have been dissolved through death or divorce;
- are not domestic partners with anyone else, and any prior domestic partnerships have been terminated;
- share joint responsibility for each other’s welfare and financial obligations;
- have shared for at least the prior six months and continue to share a household that is the primary residence of both (although they may live apart for reasons of education, health care, work or military service); and
- are registered domestic partners with any state or local government domestic partnership registry, if residing in a state or locality that provides domestic partner registration.

You may be required to demonstrate proof of this relationship by submitting:

- a notarized Affidavit of Domestic Partnership (if residing in a state or locality that provides domestic partner registration); or
- two proofs of joint ownership in effect for at least the prior six months (including, but not limited to, joint bank account statements, joint credit card accounts, joint ownership or a common leasehold interest in real property).

How to Enroll

Enrollment Reminders

- Check your personal information, such as address and phone number, to ensure that all information is accurate and up to date.
- Designate or verify your beneficiaries for life, AD&D and travel accident insurance.

Enrolling on MyBenefit Solutions

Access the MyBenefit Solutions website at work or at home:

- At Work: MySource > MyReward > Log on to MyReward > Proceed to My Personal Total Reward Data > MyBenefit Solutions
- At Home: Go to <http://mybenefits.bnymellon.com>

If you have questions, call the BNY Mellon Benefit Solutions Service Center at 1-800-947-HR4U (4748), option 2, Monday through Friday between 8:30 a.m. and 8 p.m. Eastern Time.

If You Need to Choose a Primary Care Dentist (PCD)

If you enroll in the Aetna DMO, you will need to choose a primary care dentist (PCD). Here's how:

- If you are enrolling in the Aetna DMO using the online system, go to the secure member website at www.aetna.com and click Log In/Register. You will be prompted to enter your DMO primary care dentist's six-digit dental office number for each covered person. For information on the six-digit dental office number, go to www.aetna.com/docfind/custom/bnymellon or call 1-855-855-8112. No form is required.
- If you are enrolling in the Aetna DMO via the MyBenefit Solutions website, you will be prompted to enter your DMO PCD's six-digit dental office number for each covered person; the number can be found at www.aetna.com/docfind/custom/bnymellon, or call 1-855-855-8112. No form is required to enroll.
- When selecting a PCD, you must make your selection by the 15th of the month in order to use the provider as of the first of the following month.

Enrollment Deadline

- Continuing BNY Mellon employees (and their eligible dependents) must generally enroll during the Open Enrollment period from October 26, 2015 through November 13, 2015.
- Employees hired after October 1, 2015, and continuing BNY Mellon employees who become benefits-eligible after Open Enrollment (and their eligible dependents) must enroll by the deadline provided in their enrollment materials, generally within 31 days after the later of the date of hire or eligibility date.

If You Miss the Enrollment Deadline

The following chart shows the default coverage you will receive for 2016 if you do not enroll by the deadline provided with your enrollment information.

COVERAGE YOU WILL RECEIVE		
	<i>Newly Benefited Employees, Those Hired After October 1, 2015, or Those Without Applicable BNY Mellon Coverage for 2015</i>	<i>If You Have Applicable BNY Mellon Coverage for 2015</i>
Medical	No coverage	Your 2015 plan election and coverage level will remain in effect. If you have Employee + 1 coverage, you will be enrolled in the new coverage level (Employee + Child(ren) or Employee + Spouse/Domestic Partner) that includes those currently enrolled under your medical plan.
HSA (available only if you enroll in Plan HSA)	No employee contributions	2015 HSA contribution amounts are not carried over. You may change your HSA contribution amount monthly throughout the year.
Dental	No coverage	Your 2015 election will remain in effect.
Vision	No coverage	Your 2015 election will remain in effect.
LTD Insurance	BNY Mellon-paid coverage equal to 60% of base pay	Your 2015 election will remain in effect.
Life Insurance	BNY-Mellon-paid coverage equal to your base pay, up to \$500,000	Your 2015 election will remain in effect.
Spouse/Domestic Partner Life Insurance	No coverage	Your 2015 election will remain in effect.

COVERAGE YOU WILL RECEIVE		
	<i>Newly Benefited Employees, Those Hired After October 1, 2015, or Those Without Applicable BNY Mellon Coverage for 2015</i>	<i>If You Have Applicable BNY Mellon Coverage for 2015</i>
<i>Child Life Insurance</i>	No coverage	Your 2015 election will remain in effect.
<i>AD&D Insurance</i>	BNY Mellon-paid coverage equal to your base pay, up to \$500,000	Your 2015 election will remain in effect.
<i>Health Care FSA</i>	No participation	No participation
<i>Limited Purpose FSA</i>	No participation	No participation
<i>Dependent Care FSA</i>	No participation	No participation
<i>Flex Vacation</i>	No participation	No participation

If you do not enroll by the deadline and you are automatically re-enrolled in your 2015 elections, payroll deductions for coverage will be at the 2016 level. If you do not want to incur these deductions, be sure to change your elections by November 13, 2015.

When Coverage Becomes Effective and Terminates

The benefits you choose during Open Enrollment will become effective on January 1, 2016, and remain in effect through December 31, 2016, or until the last day of the month you transition to a status that is ineligible for benefit coverage.

If you are newly eligible for benefits during 2016, the choices you make when you enroll remain in effect from the date of your eligibility through December 31, 2016, or until the last day of the month you transition to a status that is ineligible for benefit coverage or until you leave BNY Mellon, if earlier (provided you enroll within 31 days of your benefit-eligibility date).

Coverage for children born, adopted or placed with you for adoption begins on the date of birth, adoption or placement. Coverage for other newly eligible dependents, such as a new spouse, will be covered on the first of the month following the date he/she became eligible (e.g., date of marriage). For new domestic partners, because of the six-month cohabitation/codependence requirement, the domestic partner will be covered on the first day of the month following the date on which he/she became eligible. See “Domestic Partner Definition” on page 14.

BNY Mellon holds an Open Enrollment period every year in the fall. After you enroll, except for changes in HSA contributions, you will be able to make changes to your benefit selections ONLY if you have a qualified life event during the year or one of the special enrollment rights applies. For more details, review “Changing Coverage” on page 22. Your next opportunity to make changes will be during Open Enrollment for the 2017 plan year.

Paying for Coverage

BNY Mellon pays the full cost of some of your benefits. These include:

- Life insurance coverage equal to your base pay (up to a maximum of \$500,000)
- Basic accidental death and dismemberment (AD&D) insurance coverage equal to your base pay (up to a maximum of \$500,000)
- Travel accident insurance coverage
- Long-term disability coverage equal to 60 percent of your base pay
- Short-term disability
- Live Well Program (except that charges may apply for Doctor on Demand, CVS Minute Clinics and certain services at Live Well Health Centers)
- Employee Assistance Program
- CVS Caremark AccordantCare™ Health Services
- CVS Health Pharmacy Advisor Counseling Program

You and BNY Mellon share the cost of some of your other benefit options, such as your medical and dental coverage. You pay the full cost of other benefits — vision, life (supplemental, spouse/domestic partner, child) insurance, supplemental AD&D insurance, long-term disability insurance, and flex vacation.

Your share of the cost of coverage will be made through convenient payroll deductions, unless you are in a job classification that requires you to make benefits payments directly to BNY Mellon. All of your contributions, except for spouse/domestic partner and child life insurance premiums, are deducted from your pay before taxes are deducted (unless your dependent does not meet tax dependents requirements). By contributing on a pre-tax basis, you lower your current taxable income.

For example, assume you earn \$30,000 a year and contribute \$1,000 toward the cost of your benefits. You pay no federal income, Social Security or Medicare taxes on that \$1,000. In this case, your taxable income for the year, before subtracting your personal exemptions and your standard deduction, would be \$29,000 instead of \$30,000. That means you pay about \$176* less in taxes for the year than if you spent that \$1,000 elsewhere.

For federal tax purposes, the full value of the health care benefits provided to your dependents (e.g., your domestic partner and his or her children) is taxable, unless such dependents qualify as your federal tax dependent(s) for health plan purposes or you claim a federal tax exemption for them.

* These numbers are just an illustration; your actual tax savings may vary. This example is based on tax rates for 2015. It assumes that you are a married employee, with total Adjusted Gross Income of \$30,000, filing jointly with four exemptions in 2016, and that you are taking the standard deduction.

Your Per-Pay Cost

The per-pay contributions for each benefit option and coverage level are shown online when you enroll. If you elect certain life insurance coverage or the 50 percent long-term disability option, you may receive a credit from BNY Mellon, as shown when you enroll online — the system will calculate your per-pay costs automatically.

You will pay for benefits through regular payroll deductions, generally on a pre-tax basis. (You pay for spouse and child life insurance coverage on an after-tax basis.)

Note: Certain coverage choices will result in imputed taxable income in addition to your regular coverage premiums. For more information on imputed income, see “Cost of Coverage” on page 73.

Pricing Structure for Medical Coverage

Health plan premiums are based on five criteria: your base pay, the plan option you choose, the carrier you choose, the number of eligible dependents you choose to cover and health plan premium savings earned by completing Live Well requirements. (Individuals who become new participants in a BNY Mellon health plan on or after August 1, 2015, as well as expats, and employees on long-term disability or on military leave will automatically receive health plan premium savings). The per-pay contributions are shown in “2016 Monthly Medical Contributions” on page 36. Generally, the lower your base pay, the more BNY Mellon contributes toward the cost of your coverage.

Tools to Help You Choose the Right Health Plan

BNY Mellon offers a variety of online resources and tools to help you choose your health plan, and then make more informed everyday decisions when using your benefits.

The following tools are available on MyBenefit Solutions. At work: MySource > MyReward > Logon to MyReward > Proceed to My Personal Total Reward Data > MyBenefit Solutions. From home: <http://mybenefits.bnymellon.com>.

HRA, HSA and FSA Overview

This brief recorded presentation explains the similarities and differences between Plan HRA (including Health Reimbursement Account), Plan HSA (including Health Savings Account) and FSA (Flexible Spending Account) options.

Health Care Cost Summary

To help you estimate your future health care costs, the Health Care Cost Summary allows you to view your past health care expenses.

Medical Expense Estimator

The Medical Expense Estimator is designed to help you estimate your 2016 health care expenses under both Plan HRA and Plan HSA.

Decision Direct

The Decision Direct tool is designed to help you more easily compare your health plan options. Decision Direct is an easy-to-use tool that offers you specific, personalized enrollment suggestions. By answering a few simple questions about your benefit needs and preferences, Decision Direct helps you compare the plans to determine the best option for you.

People Like Me

With People Like Me you can learn about enrollment decisions others have made in hypothetical scenarios and the reasons behind their decisions.

Flexible Spending Account Estimator

Estimate how much to contribute to the Health Care and Dependent Care Flexible Spending Accounts based on anticipated annual expenses.

Health Savings Account Estimator

Estimate how much to contribute to the Health Savings Account based on anticipated annual health care expenses.

Aetna and UHC Physician Finder

Use the links below to locate a physician, hospital or other provider participating in Aetna and/or UnitedHealthcare's national networks. Note the "Network Name" associated with the "Health Plan Carrier" options.

HEALTH PLAN CARRIER	NETWORK NAME	HOW TO ACCESS
<i>Aetna</i>	Choice POS II	www.aetna.com/docfind/custom/bnymellon
<i>UHC</i>	Choice Plus	www.bnym.welcometouhc.com/home

You can also contact Aetna at 1-855-855-8112 or UnitedHealthcare at 1-800-842-0750 (depending on the health plan carrier you select) to access health and wellness advocacy services. Your personal care nurse and the broader team are your advocates, and they can help you access the physicians that may best meet your needs.

Guide to Using Your Health Plan Benefits

This handy guide will help you navigate the day-to-day decisions and situations you'll encounter when you need medical care, such as:

- how to prepare for a doctor's visit;
- when and how to use your Health Savings Account or Health Reimbursement Account to pay for care; and
- the resources and tools available from the carriers and Live Well partners to help you make better-informed decisions.

You can find the Guide to using your health plan benefits on the Live Well site at www.livewell.bnymellon.com. Just select the version that's appropriate to your health plan (Plan HSA or Plan HRA).

Health and Wellbeing

Live Well

Live Well is a health management program sponsored by BNY Mellon for eligible employees and their eligible family members. The program is based on the concept that making small, healthier choices each day can help reduce the risk of developing serious medical conditions. Healthier choices can also help those living with chronic health challenges improve their conditions and quality of life.

Live Well program resources are delivered by leading health care companies, including Aetna, UnitedHealthcare, CVS, Doctor On Demand, WebMD, Best Doctors, AccessSolutions Employee Assistance & Work/Life program, and Premise Health. The program is confidential, voluntary and often offered at no additional cost to you.

Your Steps to Better Health and Savings

BNY Mellon employees and their covered spouses/domestic partners who are enrolled in a BNY Mellon health plan can earn Live Well savings by taking these simple steps by the applicable deadline:

What You Need to Do	What You Can Earn	When You Need to Do It
<p>+ Biometric Screenings</p> <p>=</p> <p>Wellbeing Assessment (WBA)</p> <p>+ Tobacco-Free or Tobacco Cessation Program Completion*</p>	<p>=</p> <p>\$400 2016 health plan premium savings</p> <p>=</p> <p>\$400 2016 health plan premium savings</p>	<p>August 1 through November 13, 2015</p> <p>Tobacco-Free Certification: August 1 – November 13, 2015, or Tobacco Cessation Program Completion: WBA + first coaching session by September 11, 2015, and fourth session by December 11, 2015</p>

Double these savings when your covered spouse/domestic partner completes these three steps.

- Spouses/domestic partners enrolling in a BNY Mellon health plan for the first time in 2016 will automatically receive health plan premium savings; however, in order to earn any Live Well incentives, they must first complete the WBA before enrolling in incentive-eligible programs. Spouses/domestic partners currently enrolled in a BNY Mellon health plan must create or log in to their own WebMD account to complete the WBA.

* If you are a tobacco user, you must participate in a tobacco cessation health coaching program to earn the Be Tobacco-Free savings. To receive the health plan premium savings beginning in January 2016, you must have completed your Wellbeing Assessment and first coaching session by September 11, 2015, and your fourth session by December 11, 2015. Those enrolled in the Kaiser, HMSA Hawaii, and Aetna International health plans will receive a \$150 gift card upon completion of four coaching sessions or the \$400 premium savings if they certify as tobacco-free. (Non-tobacco use is defined as being tobacco-free when you complete your Wellbeing Assessment. Tobacco is defined as any product made or derived from tobacco that is intended for human consumption, including cigarettes, cigarette tobacco, roll-your-own tobacco, cigars and smokeless tobacco.)

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees and spouses/domestic partners enrolled in a BNY Mellon health plan. If you think you might be unable to meet a standard for a reward under this program, you may qualify for an opportunity to earn the same reward by different means. Contact WebMD at 1-888-258-9275 and they will work with you (and your physician) to find an alternative means for you to earn the same reward in light of your health status.

Active employees who complete the above steps and enroll in a BNY Mellon health plan for 2016 will receive the health plan premium savings. Expats, employees on long-term disability or military leave, and individuals who become new participants in a BNY Mellon health plan on or after August 1, 2015, will automatically receive 2016 health plan premium savings.

Benefits-eligible employees who waive medical plan coverage may participate in these Live Well activities but will not be eligible to receive Live Well financial incentives.

Live Well Incentives

Work with a Health Coach

WebMD health coaching provides personalized, one-on-one, phone-based support from skilled health professionals. Your personal health coach will help you achieve a goal for better health and wellbeing based on the results of your Wellbeing Assessment.

Once you have completed the Wellbeing Assessment, you may be invited to enroll in WebMD health coaching while reviewing your results. You may also call WebMD at 1-888-258-9275 and ask to enroll in coaching.

You and your covered spouse/domestic partner can each earn a \$150 deposit (subject to the Live Well incentive maximum as described above) to your 2016 Health Reimbursement Account or Health Savings Account by completing four health coaching sessions by July 31, 2016. See "The Health Accounts" on page 29 for additional details regarding health accounts. If you complete four health coaching sessions after July 31, 2016, you will earn a \$150 deposit applied to your 2017 Health Reimbursement Account or Health Savings Account. (Those enrolled in the Kaiser, HMSA Hawaii and Aetna International health plans will receive a \$150 gift card upon completion of four coaching sessions.)

If you work at BNY Mellon in New York City or Pittsburgh, you can work on-site with a Health Coach at the Live Well Health Center in your building. If you complete four one-on-one on-site health coaching sessions, you will earn the \$150.

Only one health coaching incentive may be earned each year; you cannot earn both the WebMD health coaching and the Live Well Health Center health coaching incentive. You must complete all four coaching sessions with the same coaching organization in order to earn your \$150 incentive. In other words, you cannot earn your \$150 incentive by completing two sessions with a WebMD health coach and then two sessions with a Live Well Health Center coach.

Please note: While covered spouses/domestic partners are eligible to participate in WebMD health coaching, they are not eligible to participate in on-site health coaching at Live Well Health Centers.

Participate in the Health Advantage Program

While your primary care physician is responsible for your medical care, choosing Aetna or UnitedHealthcare as your health plan carrier will provide you with additional support from a specially trained, nurse-led Health Advantage team to help you and your covered family members address a range of chronic health issues.

If you complete an Aetna or UnitedHealthcare Health Advantage Program, or actively engage in and complete a minimum of four Health Advantage sessions with a Health Advantage nurse by July 31, 2016, \$150 will be deposited to your 2016 Health Reimbursement Account or Health Savings Account. Your covered spouse/domestic partner may also earn a \$150 incentive if he or she completes a program. The Wellbeing Assessment must be completed before you or your covered spouse/domestic partner can earn the incentive.

The Health Advantage Program incentive may be earned once per program year by you (and your covered spouse/domestic partner) in addition to the WebMD or Live Well health coaching incentive.

Those enrolled in the Kaiser Health Plan, HMSA Hawaii and Aetna International are not eligible to receive the Health Advantage incentive.

Obtain a Best Doctors InterConsultation for Selected Musculoskeletal Procedures

Surgical procedures related to cervical disc disease, lumbar disc disease, degenerative joint disease of the hip and degenerative joint disease of the knee often result in varying degrees of success. Best Doctors InterConsultation (second surgical opinion) service is available for those contemplating these procedures, providing an added level of treatment decision support and peace of mind.

If you or your covered spouse/domestic partner completes an InterConsultation for one of these selected musculoskeletal conditions, \$150 will be deposited to your 2016 Health Reimbursement Account or Health Savings Account. The Wellbeing Assessment must be completed before you or your covered spouse/domestic partner can earn the incentive. (Those enrolled in the Kaiser, HMSA Hawaii and Aetna International health plans will receive a \$150 gift card.)

The Best Doctors Musculoskeletal incentive may be earned more than once per program year by you (and your covered spouse/domestic partner) in addition to other Live Well incentives.

Special Information if You Are Covered by the Kaiser, HMSA Hawaii or Aetna International Health Plan

Those enrolled in the Kaiser, HMSA Hawaii or Aetna International Health Plan will receive a \$150 gift card upon completion of four health coaching sessions by July 31, 2016, and/or a \$150 gift card upon completion of a Best Doctors InterConsultation for selected musculoskeletal procedures (subject to the Live Well incentive maximum as explained above).

Those enrolled in the Kaiser, HMSA Hawaii or Aetna International Health Plan are not eligible for the Health Advantage Program incentive.

Manage Your Health through Doctor On Demand

Beginning January 1, 2016, you can access a national network of board-certified doctors and licensed professionals all day, every day. Through HIPAA-compliant video consultations using your computer or mobile device with a front-facing camera, you can contact board-certified doctors who can diagnose your condition, treat it and write prescriptions to manage common health problems. In addition, behavioral health counseling and lactation counseling are available by appointment with licensed professionals.

Use Doctor On Demand for non-emergency care when you need to see a physician, cannot get an appointment and do not need to use an emergency room. In a true emergency, seek the services of the nearest hospital emergency room and/or dial 911.

Get Quality Care Fast with a CVS Health MinuteClinic®

Beginning January 1, 2016, if you are enrolled in either Aetna or UnitedHealthcare coverage, you will receive an average discount of 35% off standard MinuteClinic fees when you present your CVS ID card. These walk-in medical centers are available across the United States, with on-staff nurse practitioners and physician assistants who specialize in family care (for patients who are 18 months or older).

2016 IRS Limits Impacting HSA Incentives

Due to IRS maximum limitations on annual contributions to HSAs, you are responsible for adjusting your HSA contributions if any of the incentives outlined above would cause your total contributions (including your own contributions, financial incentives earned and BNY Mellon contributions) to exceed the IRS limit (\$3,350 for single Employee coverage and \$6,750 for non-single coverage).

If your total contributions exceed the IRS limit, you may withdraw the excess without penalty until the deadline (including extensions) for filing your tax return for the tax year for which the excess contribution was made. After that time, the excess amounts are subject to both income taxes and an excise tax.

Changing Coverage

The BNY Mellon Flexible Benefits Program is regulated by Section 125 of the Internal Revenue Code, meaning you generally cannot change your benefits elections during the applicable plan year. However, if you experience one of the qualified life events described below as permitted by Section 125 and adopted by BNY Mellon, you may change your elections within 31 days from the date of the qualified event. You may also be permitted to change your benefits elections within 31 days (60 days if eligibility for coverage under a Medicaid or state children's health insurance program [CHIP] changes) if one of the other special enrollment events, described in "Special Health Coverage Enrollment" on page 25, applies.

What Is a Qualified Life Event?

You may change your elections during the year if you experience one of the following qualified life event changes:

- **Legal Marital Status** – Events that change your legal marital status, including marriage, death, divorce, legal separation (according to state law) or annulment
- **Number of Dependents** – Events that change the number of your eligible dependents, including birth, adoption, foster care, placement for adoption or death of a dependent
- **Employment Status** – Events that change your employment status, or the employment status of your spouse/domestic partner or dependent, including termination of employment; a strike or lockout; a start of or return from an unpaid leave of absence; a change in worksite; or any other employment status change that results in a gain or loss of eligibility under the relevant employer plan (for example, a switch from non-benefited to benefited). If your status changes from non-benefited to benefited or vice versa, your benefit costs will change.
- **Dependent Eligibility** – An event that causes the gain or loss of a dependent's eligibility for benefits
- **Residence** – A change in where you, your spouse/domestic partner or dependent lives

Consistency Rule

You may change your election because of a qualified life event if:

- the qualified life event affects eligibility for you, your spouse/domestic partner or your dependent under a BNY Mellon plan or a plan maintained by your spouse's/domestic partner's or dependent's employer; and
- the election change is on account of and corresponds to that qualified life event.

How to Report a Qualified Life Event Change

If you experience one of the events described in this section and wish to change certain elections, you may do so within 31 days (60 days if eligibility for coverage under a Medicaid or state children's health insurance program [CHIP] changes) from the date of the qualified event. You may report the event in the online benefits system from work through MyReward (MySource > MyReward > Log on to MyReward > Proceed to My Personal Total Reward Data > MyBenefit Solutions > Life Events), from home at <http://mybenefits.bnymellon.com> or by calling the BNY Mellon Benefit Solutions Service Center at 1-800-947-HR4U (4748), option 2. Customer Service hours are Monday through Friday 8:30 a.m. to 8 p.m. Eastern Time.

If you do not report the change, request a new election and provide supporting documentation within this 31-day period (or this 60-day period if eligibility for coverage under a Medicaid or state children's health insurance program [CHIP] changes), you may not change your elections until the next Open Enrollment period or other qualifying life or special enrollment event.

What You Can Change

Any election change you make must satisfy the “consistency rule” explained below, and you may be asked to provide supporting documentation for all life event changes.

The consistency rule means that you can only change benefits that are directly linked to the qualified change you experience. For example, if you move to a new zip code that does not allow coverage for your current health plan, you can change your health plan election. However, if you move from an apartment to a house in the same neighborhood, you cannot change your health plan election, because the life event does not have a direct impact on your medical benefits.

The following table lists some common life event changes and the types of benefit adjustments you may request in each situation.

LIFE EVENT CHANGES		
LIFE EVENT	BENEFIT	ALLOWABLE CHANGES
<i>Marriage or Domestic Partnership*</i>	Medical Dental Vision	Add or discontinue coverage for yourself, your spouse/domestic partner and/or new or existing dependents
	Spouse/Domestic Partner Life Child Life	Elect coverage
	Supplemental Life & Accidental Death and Dismemberment (AD&D)	Increase or decrease coverage by one level for yourself
	Health Care FSA Dependent Care FSA	Increase your contributions Elect, increase, decrease or discontinue your contributions
<i>Loss of Spouse or Domestic Partner (divorce, separation, annulment, loss of domestic partner status, death)</i>	Medical Dental Vision	Must discontinue coverage for your former spouse/domestic partner Elect coverage for yourself or dependents who lose coverage under your former spouse's/domestic partner's plan
	Supplemental Life & Accidental Death and Dismemberment (AD&D)	Increase or decrease coverage by one level for yourself
	Spouse/Domestic Partner Life	Discontinue spouse/domestic partner coverage
	Dependent Care FSA	Elect, increase, decrease or discontinue your contributions
<i>Add a New Dependent (birth, adoption, placement for adoption, foster care, legal guardianship)</i>	Medical Dental Vision	Elect coverage for yourself and new or existing dependents
	Spouse/Domestic Partner Life Child Life	Add coverage for dependents
	Health Care FSA Dependent Care FSA	Elect or increase your contributions Elect or increase your contributions
<i>Loss of Dependent (change in eligibility or death)</i>	Medical Dental Vision	Must discontinue coverage for the dependent who loses eligibility
	Dependent Life	Must discontinue coverage for the dependent that loses eligibility
	Dependent Care FSA	Decrease or discontinue your contributions

LIFE EVENT CHANGES		
Employee/Dependent Gains Eligibility for Other Coverage	Medical Dental Vision	Discontinue coverage for dependent or discontinue all coverage
	Supplemental Life & Accidental Death and Dismemberment (AD&D)	Elect, increase, decrease or discontinue your contributions
	Spouse/Domestic Partner Life Child Life	Discontinue coverage
	Employee/Dependent Loses Eligibility for Other Coverage	Medical Dental Vision
	Supplemental Life & Accidental Death and Dismemberment (AD&D)	Increase or decrease coverage by one level
	Spouse/Domestic Partner Life Child Life	Elect coverage
	Health Care FSA	Elect or increase contributions
	Dependent Care FSA	Elect, increase, decrease or discontinue your contributions

OTHER EVENTS	ALLOWABLE CHANGES
Certain Court Orders	You may elect medical coverage for your child if a qualified medical child support order (QMCSO) requires coverage under BNY Mellon's plan. You may cancel coverage for your child if your spouse, former spouse or other individual provides coverage for the child because he or she is required to do so due to a judgment, decree or order resulting from a divorce, legal separation, annulment or change in legal custody.
Changes Made Under Another Employer's Plan	You may change your election in response to a change made in your spouse's/domestic partner's employer's plan during that plan's enrollment period. This rule applies only if the other employer's plan has a different plan year.
Significant Change in Medical Provider Network	If there is a substantial decrease in the number of physicians participating in a provider network or an HMO, or if your health plan option is eliminated, you may switch to another health plan option or drop coverage if no other viable option is available. BNY Mellon will determine whether the number of physicians participating in an option has decreased substantially.
Changes in Entitlement for Medicare or Medicaid	If you, your spouse or dependent becomes entitled to coverage under Medicare or Medicaid (other than solely under the program for distribution of pediatric vaccines), you may elect to cancel coverage for the entitled person. Note: If you become entitled to Medicare or Medicaid and currently have a spouse or dependent(s) covered under the BNY Mellon plan, you may not cancel coverage for yourself only. If you cancel your coverage, coverage for your spouse and dependent(s) will end as well.
Loss of Medicare, Medicaid or Group Health Coverage Sponsored by an Educational or Government Institution	If you, your spouse or your eligible dependent loses eligibility for Medicare or Medicaid or loses group health coverage sponsored by an educational or government institution, you may add coverage for this person(s). This includes a state children's health insurance program (CHIP), a medical program of an Indian Tribal government or the Indian Health Service, a state benefits risk pool or a foreign government group health plan.

* Expenses for your domestic partner and your domestic partner's children are not eligible for reimbursement through either of the FSAs.

Special Health Coverage Enrollment

(Applies to Medical, Dental and Vision Coverage)

You may make a change to add medical, dental or vision coverage if Special Enrollment Rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) apply. In general, these Special Enrollment Rights apply under the following circumstances:

- **Loss of Other Coverage** — You declined coverage for yourself, your spouse or other eligible dependent because of other health coverage, and the other health coverage is lost. If the other health coverage was COBRA coverage, the full period of COBRA must be exhausted. If the other health coverage was not COBRA, you may change coverage only if the coverage was lost as a result of loss of eligibility or because employer contributions toward the coverage ended. You and your dependents are not eligible for Special Enrollment Rights, however, if you lost coverage because you did not pay premiums on time, voluntarily dropped coverage or are guilty of fraud.

Note: You may add coverage for yourself in order to cover an eligible dependent who loses coverage under these circumstances. You must notify the BNY Mellon Benefit Solutions Service Center within 31 days after the other health coverage is lost.

- **New Dependent** — You gain an eligible dependent (spouse or child) as a result of marriage, birth, adoption or placement for adoption. If you gain a new dependent, you may add coverage for yourself and your dependents (if you are not already covered) or, if you are already covered, you may add coverage for the new dependent and other eligible family members.

Note: To elect medical coverage, you must initiate a life event change online or notify the BNY Mellon Benefit Solutions Service Center within 31 days of the marriage, birth, adoption or placement for adoption. See “How to Report a Qualified Life Event Change” on page 22 for more information.

- **Medicaid/CHIP** — If you or your eligible dependent’s coverage under a Medicaid or state children’s health insurance program (CHIP) terminates due to loss of eligibility, or if you or your eligible dependent became eligible for premium assistance under a CHIP or Medicaid plan, you must notify the BNY Mellon Benefit Solutions Service Center within 60 days after such change.

When You Have Other Medical Coverage Available

If you enroll in Plan HRA (Health Reimbursement Account) and have other medical coverage available — for example, through your spouse’s employer — you should carefully consider your coverage options. It may not be cost-effective to carry coverage under more than one plan. Note: If you enroll in Plan HSA, which includes an HSA, you cannot have coverage under any other plan, such as your spouse’s, unless it also meets the IRS definition of a “high-deductible health plan.”

When you have other actual coverage available for yourself or your dependents, BNY Mellon benefits will be coordinated with your other plan’s benefits. Depending on the covered individual (you, your spouse, your domestic partner or your other dependent), one of the plans will be designated as the primary coverage and will be responsible for paying benefits first; the other plan will be considered secondary (which means it will only pay benefits after the primary plan has paid, and up to a maximum amount of the actual charge).

When your spouse or domestic partner has other coverage, this is how BNY Mellon determines which plan is primary:

- If you are the patient, BNY Mellon coverage is primary.
- If your spouse or domestic partner is the patient, your spouse’s or domestic partner’s coverage is primary.
- If your child is the patient and is covered by both parents’ plans, the birthday rule applies. This means that the plan of the parent with the earlier birthday in the calendar year (using month and date only, not year) will be considered primary.

When a child is claimed as a dependent by parents who are separated or divorced, the primary plan is the plan of the parent who has court-ordered financial responsibility for the dependent child's health care expenses. When a child's parents are separated or divorced and there is no court decree, then the primary plan will be determined in the following order:

- the plan of the parent with custody of the child;
- the plan of the spouse of the parent with custody of the child; and
- the plan of the parent not having custody of the child.

The birthday rule described above applies if a court decree awarding joint custody does not stipulate that one parent is responsible for the child's health care.

Note: if you enroll in other medical coverage, such as through your spouse's or domestic partner's plan, including a general-purpose health care flexible spending account or health reimbursement account, or are covered by Medicare or Tricare, by federal law, you are not eligible for the HSA. (While you can still enroll in Plan HSA, you will not be eligible to open the Health Savings Account.)

Coordination of Medicare and BNY Mellon Medical Coverage

If you or your covered dependent is enrolled in both Medicare and a BNY Mellon health plan, whether the BNY Mellon health plan or Medicare is the primary claims payer will generally depend upon your employment and domestic partner status.

If you are an active employee (regardless of age) and you or your eligible covered dependent (who is not a domestic partner) is enrolled in both Medicare and a BNY Mellon health plan, your BNY Mellon health plan will be the primary payer.

The only exception to this rule is if you or an eligible covered dependent (who is not a domestic partner) is eligible for Medicare coverage due to end-stage renal disease and is also covered by a BNY Mellon health plan. In this case, your BNY Mellon health plan will be the primary payer for the first 30 months of end-stage renal disease Medicare eligibility. After 30 months, Medicare will be the primary payer.

Medicare's rules for domestic partners with group health insurance coverage are:

- Medicare pays first if a domestic partner is entitled to Medicare on the basis of age and has group health plan coverage based on the current employment status of his/her domestic partner.
- Medicare generally pays second:
 - When the domestic partner is entitled to Medicare on the basis of disability and is covered by a large group health plan on the basis of his/her own current employment status or the status of a family member
 - For the 30-month coordination period when the domestic partner is eligible on the basis of end-stage renal disease, and is covered by a group health plan on any basis
 - When the domestic partner is entitled to Medicare on the basis of age and has group health plan coverage on the basis of his/her own current employment status.

BNY Mellon's plans follow the non-duplication method when coordinating benefits — in cases where a BNY Mellon plan is determined to be the secondary coverage, BNY Mellon will pay only the difference between the amount normally reimbursed by BNY Mellon and the amount reimbursed by the primary coverage. This means if you are covered under two plans, you may not necessarily receive more benefits than you would if BNY Mellon were your only coverage.

Changes to Dependent Care FSA Elections

You may make changes to your Dependent Care FSA election if you experience a qualified life event (as long as it adheres to the consistency rule) or in any of the following additional situations:

- **Provider Change.** If you switch to a new dependent care provider that charges a different rate than your previous provider, you may adjust your Dependent Care FSA contributions accordingly.
- **Provider Rate Change.** If your dependent care provider's rates change, you may adjust your FSA contributions accordingly. (Note: If your dependent care provider is a relative, you are not permitted to increase your contributions during the year, even if his or her rates increase.)

If You Leave BNY Mellon

If you leave BNY Mellon, your benefits coverage will continue through the end of the month in which you end employment or, if later, the last day of the month in which you are receiving supplemental unemployment benefit payments pursuant to the BNY Mellon Supplemental Unemployment Benefit plan or under a severance arrangement as determined by BNY Mellon. Under federal law, you and your eligible dependents may be entitled to continue your medical, dental, vision, HRA, and Health Care FSA coverage. Within three weeks of your termination, you should receive a termination packet describing this information in detail. For more information, or if you do not receive a termination packet, call the BNY Mellon Benefit Solutions Service Center at 1-800-947-HR4U (4748), option 2. Customer Service hours are Monday through Friday 8:30 a.m. to 8 p.m. Eastern Time

Medical and Prescription Drug

For 2016, most eligible employees have a choice between the following two national health plan options, each offered by our carriers, Aetna and UnitedHealthcare, with prescription drug coverage offered through CVS Caremark:

**Option 1: Plan HRA
Health Reimbursement Account**
See “Plan HRA (Health Reimbursement Account)” on page 42 for details

**Option 2: Plan HSA
Health Savings Account**
See “Plan HSA (Health Savings Account)” on page 44 for details

If you are eligible for a regional plan, you will receive more information at the time you enroll. Generally:

- Residents in Southern and Northern California are also eligible for coverage under the Kaiser Permanente California health plan. The Kaiser Plan deductible is \$500 for individual coverage/\$1,000 for family coverage. After you reach your annual deductible, BNY Mellon will pay 80 percent of the cost of eligible in-network care, and you will pay 20 percent of the cost for services subject to a deductible. The in-network out-of-pocket maximum is \$4,000 per person and \$8,000 per family. Details about this plan are available on the MyBenefit Solutions website under “Plan Information.”
- Hawaii residents will be eligible for coverage under HMSA.
- International expatriates will be eligible for coverage under Aetna International.

Your Medical Coverage Levels

You may select one of the following four levels of coverage:

- Employee Only
- Employee + Child(ren)
- Employee + Spouse/Domestic Partner
- Employee + Family (more than one eligible dependent)

Locating a Provider

Use the links below to locate a doctor, hospital or other provider in Aetna’s and UnitedHealthcare’s national networks. Note the network name associated with the health plan carrier.

HEALTH PLAN CARRIER	NETWORK NAME	HOW TO ACCESS
<i>Aetna</i>	Choice POS II	www.aetna.com/docfind/custom/bnymellon
<i>UHC</i>	Choice Plus	www.bnym.welcometouhc.com/home

How the Plans Work

Familiar Features

Plan HRA (Health Reimbursement Account) and Plan HSA (Health Savings Account) are both built on traditional health insurance plans with these features:

- You have access to national networks of doctors and hospitals provided by Aetna or UnitedHealthcare.
- You save through negotiated discounts when care is received in-network, while retaining the freedom to use out-of-network providers at a higher cost.
- After you reach your annual deductible, BNY Mellon pays 80 percent of the cost of most other care, and you pay 20 percent for in-network providers.
- Your out-of-pocket medical costs are limited to an annual maximum — including your deductible and coinsurance — which is the most you will pay in any year.
- Prescription coverage is provided through CVS Caremark with negotiated discounts.
- Preventive care is covered at 100 percent if you use in-network providers.

Higher Deductible

Both health plan options have a higher deductible than traditional health plans. High-deductible plans make it more important for you to figure out the price and value of medical services, with the aid of your physician and the price and quality comparison tools provided by your medical carrier. Some medical services are so important and so valuable that you and your physician will agree they should be obtained. You may find that other services have equally effective but less costly alternatives. Asking questions about quality, price and value can help you manage costs without sacrificing quality of care.

The Health Accounts

Whether you choose the Plan HSA or Plan HRA with Aetna or UnitedHealthcare, you'll have access to a personal health account. BNY Mellon will contribute to these accounts on or before your first pay following your plan effective date, to help you pay your share of eligible health care expenses. These health accounts reward you for effective long-term health care savings, even into retirement, because unused balances generally roll forward from year to year.

- A Health Reimbursement Account will be automatically opened for you if you newly enroll in Plan HRA. BNY Mellon contributes to your health account to help you pay your portion of eligible health care expenses.
- A Health Savings Account, regulated by IRS rules, will be automatically opened for you if you newly enroll in Plan HSA. BNY Mellon contributes to your health account to help you pay your portion of eligible health care expenses. In addition, from your pay, you can also contribute pre-tax dollars to your health account up to the annual IRS limits (Individual annual maximum: \$3,350; Employee + Child(ren), Employee + Spouse/Domestic Partner or Employee + Family annual maximum: \$6,750; Age 55 or older: additional catch-up contributions of up to \$1,000 annually). Health account earnings and distributions (for eligible expenses) are also tax-free.
- Your contributions to pay for your health coverage are paid on a “tax-free” basis. As used throughout this guide, “tax-free” means they are generally exempt from federal income and Social Security taxes, as well as many state income taxes.
- The amount BNY Mellon contributes on your behalf to either account is based upon your coverage level and your base pay. As used in this guide, “base pay” generally means your annualized base pay, or rate of pay based on a normal workweek not exceeding 40 hours, generally excluding commissions, overtime pay, bonuses, payments in lieu of vacation, all non-regular payments and any other special purpose payments. Salary reduction contributions, Code Section 132(f) transportation plan and similar salary reduction, as well as any deferred compensation contributions, are included in your base pay. In the event of any discrepancy between this information and the applicable plan documents, the terms of the applicable plan documents will apply.

Account Basics

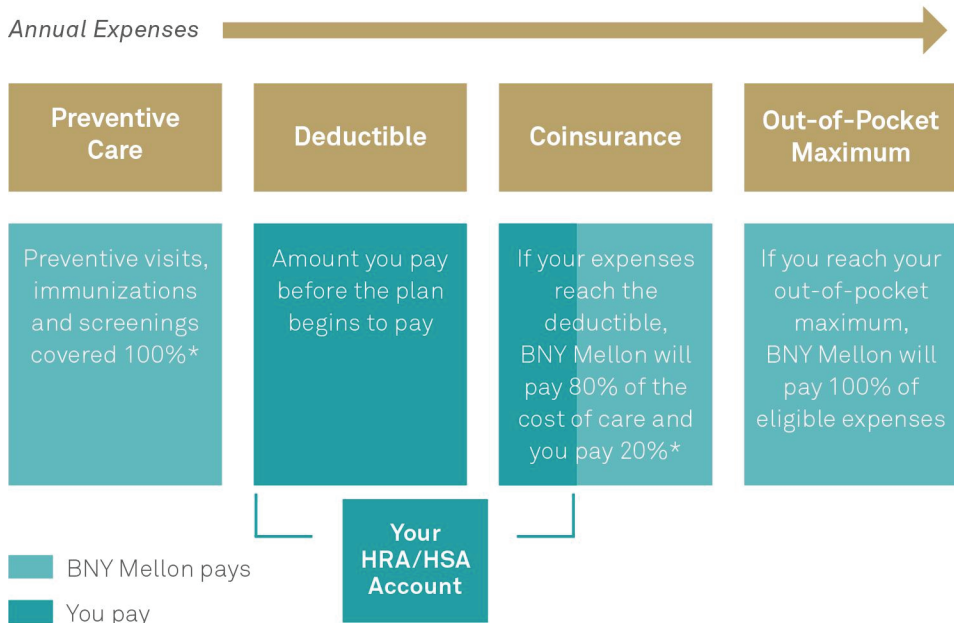
- If you newly enroll in Plan HRA or Plan HSA, your health account will be opened on your January 1, 2016, or your plan effective date.
- If you newly elect Plan HSA, you will be presented with the BenefitWallet HSA terms and conditions after you enroll. Once you agree to the terms and conditions, your electronic signature will be used to activate your HSA on your plan effective date.
- BNY Mellon will contribute to either your HRA or HSA in one lump sum on or before your first pay following your plan effective date. The BNY Mellon contribution deposited to your health account will be based on your base pay level.
- In addition to receiving BNY Mellon’s contribution, you can also make pre-tax contributions to your HSA, up to the annual IRS limits (see “Plan HSA (Health Savings Account)” on page 44 for more information). HSA contributions can only be used for qualified health care expenses, and contributions cannot be withdrawn from your health account to pay non-health-related expenses.
- You decide when to use your health account to pay for qualified health care expenses.
- Participation in the HSA is subject to IRS rules, including limits on other existing health care coverage and certain restrictions that may apply to adult dependents up to age 26.
- Unused balances roll forward from year to year.
- HSA contributions belong to you. If you leave BNY Mellon for any reason and at any age, HSA contributions remaining in your health account will continue to be available for your use.
- HRA contributions remaining in your health account will remain available for your use if you leave BNY Mellon at or following the attainment of age 55, but will be forfeited if you leave BNY Mellon prior to attaining age 55.

Important: If you are currently enrolled in Medicare or Tricare, you may participate in Plan HSA but you may not contribute to a Health Savings Account. See “Health Savings Account (HSA) Contributions” on page 44 for more information about IRS regulations on Health Savings Accounts.

You and BNY Mellon Share Costs

Both health accounts help you budget and save for your share of health care costs — like deductibles and coinsurance.

YOU AND BNY MELLON SHARE COSTS



*For in-network services

Cost of Coverage

Your cost of coverage, or your per-pay cost, is what you pay for medical coverage whether or not you use medical services. It is important to consider both your cost of coverage **and** your cost of care (i.e., deductible, coinsurance and out-of-pocket maximum) when comparing your health plan options. Review the “2016 Monthly Medical Contributions” on page 36.

Make sure your current health plan election still meets your needs for 2016. See “Tools to Help You Choose the Right Health Plan” on page 17 for interactive tools you can use to compare options more carefully.

PLAN HRA (HEALTH REIMBURSEMENT ACCOUNT) MAY BE RIGHT FOR YOU...	PLAN HSA (HEALTH SAVINGS ACCOUNT) MAY BE RIGHT FOR YOU...
<ul style="list-style-type: none"> – want a lower deductible and out-of-pocket maximum – want access to a traditional four-tier prescription drug schedule (generic/formulary/non-formulary/specialty) – want to contribute to a Flexible Spending Account – want the convenience of having the HRA and your Flexible Spending Account on the same debit card 	<ul style="list-style-type: none"> – want a lower per-pay cost – don’t mind a higher, “true family”* deductible and can budget for it – want the potential for tax benefits of the HSA, including tax-free contributions, tax-free earnings on accumulated balances and tax-free distributions if amounts are used for qualified health care expenses – want to contribute to a Limited Purpose Flexible Spending Account

* Under Plan HRA, individual deductibles apply to each family member until the family deductible is met. Under Plan HSA, if an employee elects coverage for dependents, the “true family” deductible must be met before the Plan reimburses for benefits, even if only one family member incurs expenses.

Precertification

You are required to contact Aetna or UnitedHealthcare before a planned inpatient admission or within 48 hours of an emergency admission. If you don’t call, and it is later determined that all or part of your stay was not medically necessary or appropriate, you will be responsible for payment of any costs not covered.

Coverage Includes Mastectomy Benefits

Under the Women’s Health and Cancer Rights Act (WHCRA), mastectomy benefits must cover certain reconstructive surgery. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- all stages of reconstruction of the breast on which a mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- the cost of prostheses; and
- the costs of treatment of physical complications at any stage of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For more information on mastectomy benefits, call your health plan carrier.

Healthy Pregnancy Programs

If you are an expectant mother covered under Plan HRA or Plan HSA and you complete either Aetna's or UnitedHealthcare's Healthy Pregnancy program (depending on the BNY Mellon health plan carrier you select) by July 31, 2016, you may earn a \$150 Live Well incentive. Visit www.livewell.bnymellon.com for more information about the incentive and requirements.

Aetna's Beginning Right Maternity Program

If you are an expectant mother or father, you can participate in the Beginning Right Maternity Program when you enroll in a health plan through Aetna. Use the program throughout your pregnancy and even after your baby is born. You'll receive:

- Information for a healthier pregnancy, including prenatal care, preterm labor symptoms, what to expect before and after delivery, newborn care and more.
- Special help for pregnancy risks. Some individuals have health conditions or other risk factors that could affect their pregnancy. If you do, you can work with a nurse case manager to help you lower those risks. If you're eligible, you also receive follow-up calls after your delivery, a screening for depression and extra support, if needed.
- Support to quit smoking. If you aren't smoking — wonderful! If you are, you'll lower your baby's risk for preterm delivery, low birth weight and sudden infant death syndrome (SIDS) by quitting. You're not in it alone. With the Beginning Right Smoke-Free Moms-to-Be® Program, you'll receive one-on-one nurse support to help you quit smoking for good.
- Counseling on lowering preterm labor risks. Some babies are born much sooner than expected. This can raise the risk for complications. If you're at risk of preterm labor, the Beginning Right Maternity Program can teach you the signs and symptoms of early labor. You'll also hear about new treatment options.

To enroll in the Beginning Right Maternity Program, call Aetna toll-free at 1-800-CRADLE-1 (1-800-272-3531), weekdays from 8 a.m. to 7 p.m. Eastern Time, or log in to the Aetna Navigator at www.aetna.com and look under Health Programs.

You can also visit Aetna Women's Health at www.womenshealth.aetna.com to learn about pregnancy and other women's health-related information, including reproductive health, menopause, depression, breast and heart health, baby care and more.

UnitedHealthcare Maternity Support Program

If you are enrolled in a UnitedHealthcare health plan and are pregnant or thinking about becoming pregnant, you can get valuable educational information, advice and comprehensive case management.

This program offers:

- enrollment by an OB nurse assigned to you;
- preconception health coaching;
- written and online educational resources covering a wide range of topics;
- first and second trimester risk screenings;
- identification and management of at-risk or high-risk conditions that may impact pregnancy;
- predelivery consultation;
- coordination with, and referrals to, other benefits and programs available under the health plan;
- a phone call from a nurse approximately two weeks after the birth of your child to provide information on postpartum and newborn care, feeding, nutrition, immunizations and more; and
- postpartum depression screening.

Participation is completely voluntary and at no extra charge. To take full advantage of the program, mothers and fathers are encouraged to enroll within the first trimester of pregnancy. You can enroll anytime, up to the 34th week of pregnancy.

To enroll in the UnitedHealthcare Maternity Support Program, call 1-800-842-0750.

Infertility Services

If you are dealing with an infertility issue, get the support you need to help you determine the course of action for diagnosis and treatment that best meets your needs by contacting your Aetna or UnitedHealthcare Health Advantage nurse. Before receiving treatment, you'll receive education and guidance with the help of specialized nurse consultants who work with you throughout the diagnostic and treatment process. These services also include access to infertility treatment providers through their Centers of Excellence (COE) network clinics. These facilities have passed the best practice evaluation criteria, developed by Aetna's and UnitedHealthcare's oversight and advisory committees of practicing clinical experts. The rigorous quality control metrics include high pregnancy rates, reduced risk of multiple births, and exceptional facility operations and staffing.

Starting January 1, 2016, Aetna and UnitedHealthcare will cover infertility services only when the services are pre-authorized and you receive services at a COE. As authorized by your carrier, individuals in a current cycle of infertility treatment as of January 1, 2016, will have benefits paid for the current cycle, regardless of where the services are provided. After the current cycle is completed, if a COE is available, benefits will be paid only if the COE is used. If a COE is not available, approved treatment will be covered.

Autism Spectrum Disorder Services

Starting January 1, 2016, Aetna and UnitedHealthcare will cover the following services for individuals who have been diagnosed with autism spectrum disorder, whether provided on an outpatient or inpatient basis:

Covered services include the following, whether provided on an outpatient or inpatient basis:

- Medically necessary diagnostic evaluations and assessment;
- Medication management;
- Individual, family, therapeutic group and provider-based case management services;
- Crisis intervention;
- Medically necessary partial hospitalization/day treatment;
- Medically necessary services at a residential treatment facility; and
- Medically necessary intensive outpatient treatment.

Applied Behavior Analysis Therapy

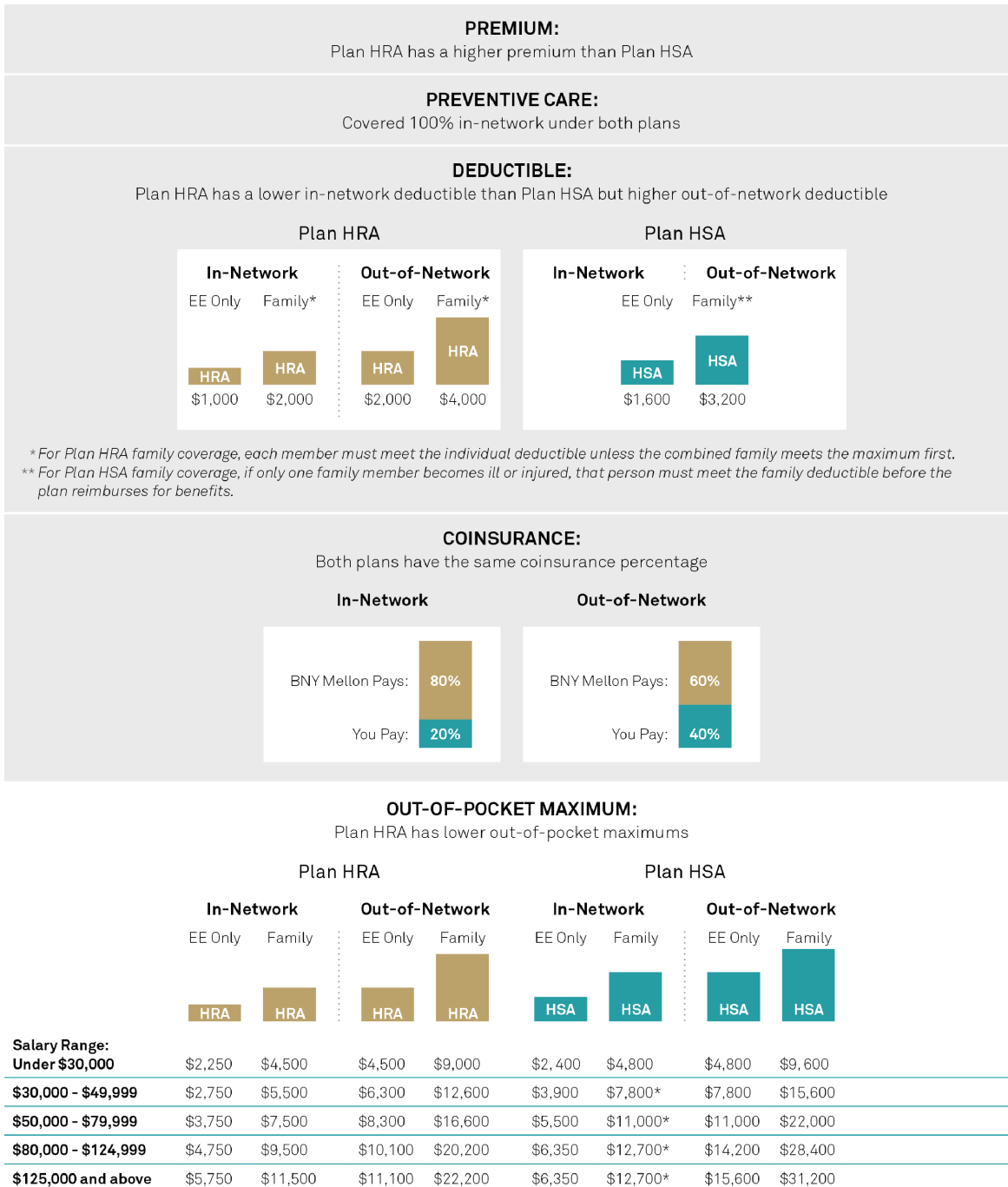
ABA is a service that uses intensive behavioral and educational therapies that:

- systematically change behavior; and
- are responsible for the observable improvement in behavior.

Prior authorization is required under both Aetna and UnitedHealthcare for ABA benefits, and services may be subject to ongoing reviews and authorization. To begin the authorization process, contact your health plan carrier.

Comparing the Plans

BNY Mellon offers two medical plans — Plan HRA and Plan HSA. Both plans are available through Aetna and UnitedHealthcare and each plan has a health account feature. They both provide comprehensive coverage, provider networks and an opportunity for you to control your health care spending.



PRESCRIPTION DRUGS¹:

PLAN HRA: Drugs are not subject to the deductible and coinsurance and follow the traditional 4-tier prescription drug schedule.

PLAN HSA: Non-preventive drugs are subject to the deductible/coinsurance. Preventive drugs are covered under the same traditional 4-tier prescription drug schedule as Plan HRA.

<i>Preventive²</i>	Same as Retail/Mail Order under Plan HRA	Same as Retail/Mail Order under Plan HRA (deductible does not apply)
<i>Retail</i>	<ul style="list-style-type: none"> • Generic: Lesser of \$10 or retailer's regular discount cost • Formulary (Preferred) Brand: 25% (\$35 minimum; \$70 maximum) • Non-Formulary (Non-Preferred) Brand: 40% (\$50 minimum; \$100 maximum) 	Non-preventive prescription drugs subject to deductible and coinsurance
<i>Mail-Order¹</i>	<ul style="list-style-type: none"> • Generic: Lesser of \$25 or regular discount cost • Formulary (Preferred) Brand: 25% (\$87.50 minimum; \$175 maximum) • Non-Formulary (Non-Preferred) Brand: 40% (\$125 minimum; \$250 maximum) 	Non-preventive prescription drugs subject to deductible and coinsurance
<i>Specialty</i>	Same as Retail/Mail Order; 30 days supply maximum at Retail	Deductible and coinsurance; 30 days supply maximum at Retail

¹ Chronic medications restricted to mandatory mail order or CVS pharmacy after the prescription is filled twice at the retail level; mandatory generic; step therapy programs.

² Examples of preventive drugs include diabetes medications, cholesterol medications, high blood pressure medication.

HEALTH REIMBURSEMENT ACCOUNT:
For qualified out-of-pocket medical and pharmacy expenses

Unused money rolls over from year to year as long as you remain employed by BNY Mellon or leave at or following age 55

BNY MELLON CONTRIBUTES:	<i>Employee Only</i>	<i>Family</i>
Salary Range: Under \$30,000	\$700	\$1,400
\$30,000 - \$39,999	\$600	\$1,200
\$40,000 - \$49,999	\$500	\$1,000
\$50,000 - \$79,999	\$400	\$800
\$80,000 and above	\$200	\$400

EMPLOYEE CONTRIBUTIONS:
Employees cannot contribute.

HEALTH SAVINGS ACCOUNT:
For qualified out-of-pocket medical and pharmacy expenses

Unused money rolls over from year to year even if you leave BNY Mellon for any reason and at any age

BNY MELLON CONTRIBUTES:	<i>Employee Only</i>	<i>Family</i>
Salary Range: Under \$30,000	\$700	\$1,400
\$30,000 - \$39,999	\$600	\$1,200
\$40,000 - \$49,999	\$500	\$1,000
\$50,000 - \$79,999	\$400	\$800
\$80,000 and above	\$200	\$400

EMPLOYEE CONTRIBUTIONS:
Maximum IRS annual contribution below includes employee and BNY Mellon contributions and account credits earned by completing a Live Well coaching program. No taxes on contributions, interest earned or withdrawals if used for eligible expenses. Employees age 55 or older may contribute an additional \$1,000 catch-up contribution annually.

EMPLOYEE: \$3,350 FAMILY: \$6,750

*BNY Mellon's HSA and HRA contributions will be pro-rated for those who become benefits eligible during 2018. An additional \$150 or \$300 is added to the HRA or HSA if an employee and/or spouse/domestic partner completes Live Well incentive activities.

2016 Monthly Medical Contributions

The table below shows 2016 monthly health plan contribution rates for eligible full-time and part-time employees, based on annual base pay and assuming the Live Well premium savings were earned. (Your base pay for the 2016 plan year is determined as of September 1, 2015, for existing employees or as of your date of hire, if later.) The rates shown include Live Well premium savings for newly eligible employees who automatically receive these savings during the first year of coverage. To verify your contribution rate after enrollment, go to MyBenefit Solutions. At work: MySource > MyReward > Log on to MyReward > Proceed to My Personal Total Reward Data > MyBenefit Solutions. From home: <http://mybenefits.bnymellon.com>.

2016 MONTHLY CONTRIBUTIONS						
(TO CALCULATE YOUR PER-PAY COST, DIVIDE THE NUMBER BELOW BY TWO)						
(FIGURES ASSUME EMPLOYEE/SPOUSE/DOMESTIC PARTNER LIVE WELL PREMIUM SAVINGS WERE EARNED)						
	PLAN HRA		PLAN HSA			
	PREFERRED CARRIER RATE	NON-PREFERRED CARRIER RATE	PREFERRED CARRIER RATE	NON-PREFERRED CARRIER RATE	KAISER PLAN	AETNA INTER-NATIONAL
Under \$30,000						
<i>Employee</i>	\$49	\$55	\$13	\$15	\$47	\$49
<i>Employee + Child(ren)</i>	\$98	\$110	\$26	\$29	\$94	\$98
<i>Employee + Spouse/Domestic Partner</i>	\$108	\$121	\$29	\$32	\$103	\$108
<i>Employee + Family</i>	\$167	\$187	\$44	\$49	\$160	\$167
\$30,000 - \$39,999						
<i>Employee</i>	\$76	\$85	\$20	\$22	\$77	\$80
<i>Employee + Child(ren)</i>	\$152	\$170	\$40	\$45	\$154	\$160
<i>Employee + Spouse/Domestic Partner</i>	\$167	\$187	\$44	\$49	\$169	\$176
<i>Employee + Family</i>	\$258	\$289	\$68	\$76	\$262	\$272
\$40,000 - \$49,999						
<i>Employee</i>	\$89	\$100	\$23	\$26	\$96	\$102
<i>Employee + Child(ren)</i>	\$178	\$199	\$46	\$52	\$192	\$204
<i>Employee + Spouse/Domestic partner</i>	\$196	\$220	\$51	\$57	\$211	\$224
<i>Employee + Family</i>	\$303	\$339	\$78	\$87	\$326	\$347
\$50,000 - \$79,999						
<i>Employee</i>	\$96	\$108	\$25	\$28	\$118	\$131
<i>Employee + Child(ren)</i>	\$192	\$215	\$50	\$56	\$236	\$262

2016 MONTHLY CONTRIBUTIONS
(TO CALCULATE YOUR PER-PAY COST, DIVIDE THE NUMBER BELOW BY TWO)
(FIGURES ASSUME EMPLOYEE/SPOUSE/DOMESTIC PARTNER LIVE WELL PREMIUM SAVINGS WERE EARNED)

	PLAN HRA		PLAN HSA		KAISER PLAN	AETNA INTER-NATIONAL
	PREFERRED CARRIER RATE	NON-PREFERRED CARRIER RATE	PREFERRED CARRIER RATE	NON-PREFERRED CARRIER RATE		
<i>Employee + Spouse/Domestic Partner</i>	\$211	\$236	\$55	\$62	\$260	\$288
<i>Employee + Family</i>	\$326	\$365	\$85	\$95	\$401	\$445
\$80,000 - \$99,999						
<i>Employee</i>	\$117	\$131	\$31	\$35	\$149	\$143
<i>Employee + Child(ren)</i>	\$234	\$262	\$62	\$69	\$298	\$286
<i>Employee + Spouse/Domestic Partner</i>	\$257	\$288	\$68	\$76	\$328	\$315
<i>Employee + Family</i>	\$398	\$446	\$105	\$118	\$507	\$486
\$100,000 - \$124,999						
<i>Employee</i>	\$161	\$180	\$42	\$47	\$173	\$214
<i>Employee + Child(ren)</i>	\$322	\$361	\$84	\$94	\$346	\$428
<i>Employee + Spouse/Domestic Partner</i>	\$354	\$396	\$92	\$103	\$381	\$471
<i>Employee + Family</i>	\$547	\$613	\$143	\$160	\$588	\$728
\$125,000 - \$149,999						
<i>Employee</i>	\$170	\$190	\$45	\$50	\$214	\$214
<i>Employee + Child(ren)</i>	\$340	\$381	\$90	\$101	\$428	\$428
<i>Employee + Spouse/Domestic Partner</i>	\$374	\$419	\$99	\$111	\$471	\$471
<i>Employee + Family</i>	\$578	\$647	\$153	\$171	\$728	\$728
\$150,000 - \$249,999						
<i>Employee</i>	\$190	\$213	\$50	\$56	\$225	\$246
<i>Employee + Child(ren)</i>	\$380	\$426	\$100	\$112	\$450	\$492
<i>Employee + Spouse/Domestic Partner</i>	\$418	\$468	\$110	\$123	\$495	\$541
<i>Employee + Family</i>	\$646	\$724	\$170	\$190	\$765	\$836

2016 MONTHLY CONTRIBUTIONS
(TO CALCULATE YOUR PER-PAY COST, DIVIDE THE NUMBER BELOW BY TWO)
(FIGURES ASSUME EMPLOYEE/SPOUSE/DOMESTIC PARTNER LIVE WELL PREMIUM SAVINGS WERE EARNED)

	PLAN HRA		PLAN HSA		KAISER PLAN	AETNA INTERNATIONAL
	PREFERRED CARRIER RATE	NON-PREFERRED CARRIER RATE	PREFERRED CARRIER RATE	NON-PREFERRED CARRIER RATE		
\$250,000 and above						
<i>Employee</i>	\$210	\$235	\$55	\$62	\$258	\$268
<i>Employee + Child(ren)</i>	\$420	\$470	\$110	\$123	\$516	\$536
<i>Employee + Spouse/Domestic Partner</i>	\$462	\$517	\$121	\$136	\$568	\$590
<i>Employee + Family</i>	\$714	\$800	\$187	\$209	\$877	\$911

Prescription Drug Benefits

If you elect medical coverage through Plan HRA (including Health Reimbursement Account) or Plan HSA (including Health Savings Account) with Aetna or UnitedHealthcare, you will automatically be enrolled for prescription drug coverage through CVS Caremark. (Those enrolled in the Kaiser Permanente, HMSA or Aetna International plans will receive prescription coverage through their medical carrier.) The CVS Caremark prescription plan offers lower prices for generic drugs, a mail order option for maintenance medications and coverage for specialty drugs. This prescription plan also requires mandatory generic substitution.

For maintenance drugs, you have the choice of CVS/pharmacy or CVS Caremark Mail Service. If you use maintenance drugs, you may fill a 30-day prescription twice at the retail level, then future fills must be completed through the mail order service in 90-day quantities. You also may pick up a 90-day supply through the Maintenance Choice program at any CVS pharmacy location.

Under Plan HRA, all covered prescription drugs are subject to the traditional four-tier prescription drug schedule (generic copayments, formulary, non-formulary and specialty drug coinsurance).

Under Plan HSA, non-preventive prescription drugs are subject to the deductible/coinsurance provisions, but preventive prescription drugs are covered under the traditional four-tier prescription drug schedule, offering low copayments for generic drugs and coinsurance for formulary, non-formulary and specialty drugs.

As required by the Affordable Care Act, prescription drug expenses under both health plans now count toward the out-of-pocket maximum.

PRESCRIPTION DRUGS¹		
	PLAN HRA	PLAN HSA
	Drugs are not subject to the deductible and coinsurance and follow the traditional 4-tier prescription drug schedule	Non-preventive drugs are subject to the deductible and coinsurance. Preventive drugs are covered under the same traditional 4-tier prescription drug schedule as Plan HRA
Preventive²	Same as Retail/Mail Order under Plan HRA	Same as Retail/Mail Order under Plan HRA (deductible does not apply)

PRESCRIPTION DRUGS¹

Retail	<ul style="list-style-type: none"> – Generic: Lesser of \$10 or retailer's regular cost – Formulary (Preferred) Brand: 25% (\$35 minimum; \$70 maximum) – Non-Formulary (or Non-Preferred) Brand: 40% (\$50 minimum; \$100 maximum) 	– Non-preventive prescription drugs subject to deductible and coinsurance
Mail Order	<ul style="list-style-type: none"> – Generic: Lesser of \$25 or regular discount cost – Formulary (Preferred) Brand: 25% (\$87.50 minimum; \$175 maximum) – Non-Formulary (or Non-Preferred) Brand: 40% (\$125 minimum; \$250 maximum) 	– Non-preventive prescription drugs subject to deductible and coinsurance
Specialty	Same as Retail/Mail Order; 30 days supply maximum at Retail	Deductible and coinsurance; 30 days supply maximum at Retail

¹ Chronic medications are restricted to mandatory mail order or CVS pharmacy after the prescription is filled twice at the retail level; mandatory generic; step therapy programs.

² Examples of preventive drugs include diabetes medications, cholesterol medications and high blood pressure medications.

Note: CVS Caremark requires prior authorization, quantity limits and/or specialty guideline management for selected medications, and these requirements may change from time to time. Current medications subject to these special guidelines are listed in the BNY Mellon Prescription Coverage section.

2016 CVS Caremark Advanced Control Drug Formulary

The Prescription Drug Formulary is updated for 2016 and can be accessed at www.caremark.com/acdruglist. If you currently take prescription drugs or need prescription drugs during 2016, it is important that you review this formulary list with your doctor. If your prescribed drug is not on the list, discuss with your doctor whether your treatment plan can include a generic alternative or, if not available or tolerated, a high-quality, preferred name-brand drug included in the new Advanced Control Drug Formulary.

Compound Prescriptions

Due to the lack of U.S. Food and Drug Administration (FDA) approval for many ingredients included in compounds and the high cost of these compounded medications, they may not be covered by your prescription plan or may require a prior authorization. If the compound ingredients are not covered, you will be responsible for the full cost of those ingredients. In situations where the compound ingredients are covered through prior authorization, you will pay the share of the cost specified by your prescription benefits.

Over-the-Counter Equivalentents

Prescription drugs that have an over-the-counter (OTC) equivalent are not covered by either of the BNY Mellon health plans.

Preventive Therapy Drugs

Preventive drugs are medications that can help prevent a health condition from developing. Examples include blood pressure and cholesterol-lowering medications that may prevent heart attacks and strokes; **see** the comprehensive Preventive Therapy Drug List. **Note:** Some strengths or dosage forms may not be included in the list. Please call CVS Caremark at 1-800-685-4130 if you have questions.

Diabetes Discount Program (Only for Participants in Plan HRA)

The Diabetes Discount Program provides a 50 percent discount on diabetes prescriptions and supplies. The discount is provided to eligible employees enrolled in Plan HRA who have completed an A1C test in the prior 12 months. You will be contacted if this program applies to you.

If you have questions regarding this program or the testing requirements, please call CVS Caremark at 1-800-685-4130.

Specialty Drug Services

Specialty drugs are prescriptions that are used for the treatment of complex, chronic conditions such as hepatitis, hemophilia, and cancer.

CVS Caremark offers a program for specialty injectable and oral drugs that can provide you with greater convenience, including express delivery, follow-up care calls, expert counseling and superior service. Specialty drug prescriptions can also be filled at CVS retail pharmacies. Also, CVS/pharmacy locations with a MinuteClinic® have a service that provides education regarding the medication or injectables you are taking.

Step Therapy Program

The prescription drug Step Therapy program helps ensure that you receive appropriate, safe and cost-effective drug therapy. Step Therapy encourages the use of therapies that should be tried first, before other treatments are covered, based on clinical practice guidelines and cost-effectiveness.

If your doctor prescribes a brand-name drug for the treatment of an ongoing condition, you will be required to try a medically equivalent but lower-cost alternative to the drug first. You will be contacted before implementation of Step Therapy with a list of the alternative drugs available. After you review the list, you or your pharmacist may contact your doctor to approve the change. If your doctor does not authorize the switch to the preferred drug, the request will be clinically reviewed and you will be informed of the outcome.

Review the 2016 CVS Caremark Advanced Control Drug Formulary with your doctor if you are being treated for an ongoing condition. Your doctor will help you determine whether your treatment plan can include a generic alternative or, if not available or tolerated, a high-quality preferred brand-name drug included in the 2016 Formulary. Please see “Brand Medications Requiring Use of Generic(s) First.”

Dispense as Written (DAW) Provision

Sometimes, your doctor may determine that it is medically necessary for you to take the brand-name version of a drug, even if a generic version is available. If so, your doctor would write “DAW” at the bottom of the prescription. This means that your prescription must be filled with the brand-name version of the medication.

If you use a DAW prescription and receive a drug’s brand-name version, you will be required to pay the brand copayment plus the cost difference between the brand and generic drug. If you are unable to take a generic equivalent drug for clinical reasons (e.g., you are allergic to the generic filler), your physician can appeal. If your appeal is approved, you can take the brand-name drug without paying the differential.

CVS Caremark Resources and Savings

CVS Caremark offers innovative online solutions at www.caremark.com, using a secure, encrypted web environment for transactions and information to empower you to make cost-effective and informed health care decisions. Online features include:

- fast and convenient mail service for new prescriptions and online refills;
- expedited new prescription mail service orders with Fast Start;
- your prescription history;
- tools that allow you to check for lowest-price options;
- Ask-a-Pharmacist and Customer Care to answer your questions;
- information about drug interactions with other drugs, vitamins and foods; and
- health information about specific conditions through Self-Care Centers.

Go to www.caremark.com/register to get started. It’s a fast, free and easy way to make the most of your prescription drug coverage.

Find the Right Help for Serious or Chronic Health Conditions

CVS Caremark AccordantCare™ Health Services and the CVS Health Pharmacy Advisor Counseling Program can help you, as well as your covered dependents, deal with serious or chronic, high-cost health conditions.

CVS Caremark AccordantCare Health Services

This program is a voluntary, no-cost service that offers covered employees and dependents with one of 17 complex and chronic conditions the opportunity to work with CVS Health Care Management Nurses to help obtain quality care and get answers to questions about health concerns. A team of nurses can answer your questions about special health concerns and help you notice health risks and concerns early, know when to call your doctor and understand your doctor's plan of care, get screenings, find reliable resources and keep motivated to stay well.

CVS CAREMARK ACCORDANTCARE™ HEALTH SERVICES COVERED CONDITIONS LIST

- | | |
|--|--------------------------------|
| – Amyotrophic lateral sclerosis (ALS) | – Multiple sclerosis |
| – Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) | – Myasthenia gravis |
| – Crohn's disease | – Parkinson's disease |
| – Cystic fibrosis | – Polymyositis |
| – Dermatomyositis | – Rheumatoid arthritis |
| – Epilepsy | – Scleroderma |
| – Gaucher disease | – Sickle cell disease |
| – Hemophilia | – Systemic lupus erythematosus |
| | – Ulcerative colitis |

CVS Health Pharmacy Advisor Counseling Program

This program helps individuals with chronic conditions improve their medication adherence and close gaps in care. You may consult a CVS pharmacist at a time that's convenient for you for quick, confidential advice, information about medications and their effects on your body and guidance to help you stay on track with your medications.

20 Percent Discount on CVS/Pharmacy Brand Products

CVS Caremark ExtraCare Health Care is an exclusive program that provides a 20 percent discount at any CVS/pharmacy store or online at www.cvs.com when you show your CVS Caremark card. The 20 percent discount applies to regularly-priced CVS/pharmacy Brand or CVS/pharmacy Exclusive Brand health-related items of \$1 or more. These items include glucose meters, blood pressure monitors, hearing aids, crutches, vitamins, nutritional supplements, sunscreen over 30 SPF and more.

New Prescription Drug Card

If you are new to the plan, you will receive a prescription drug card from CVS Caremark in late December. This card is separate from your medical card and should be used when you order prescriptions through either a retail pharmacy or mail order service.

Questions About Your Prescription Coverage?

Call CVS Caremark at 1-800-685-4130. Prospective members should use the following ID numbers for inquiries:

- About prescription drugs under Plan HRA: MELLONTEST01
- About prescription drugs under Plan HSA: 4BN0010544701

Plan HRA (Health Reimbursement Account)

HRA Contributions

The HRA feature includes a contribution from BNY Mellon to help you pay for qualified health care expenses. BNY Mellon contributions are tax-free. You cannot save your own money in the Health Reimbursement Account; only BNY Mellon can put money in your account. If you don't use all of the money in your HRA, your account balance rolls over from one year to the next.

If you leave BNY Mellon for any reason before the age of 55, your HRA balance is forfeited, unless you continue Plan HRA medical coverage under COBRA. (Your HRA balance remains available if you are at or over the age of 55 when you leave BNY Mellon.) In addition, if you change to a health plan that does not have the HRA, your HRA becomes a Limited Purpose HRA, which can only be used to pay dental, vision, preventive prescription drugs and out-of-network preventive care expenses. If you terminate employment with BNY Mellon and do not continue Plan HRA medical coverage under COBRA, or if you change health plans, you may submit claims for expenses incurred through the end of the month in which you left.

BNY MELLON'S ANNUAL CONTRIBUTION (AUTOMATIC)		
ANNUAL BASE PAY	EMPLOYEE ONLY*	EMPLOYEE + CHILD(REN), EMPLOYEE + SPOUSE/DOMESTIC PARTNER OR EMPLOYEE + FAMILY*
<i>Under \$30,000</i>	\$700	\$1,400
<i>\$30,000-\$39,999</i>	\$600	\$1,200
<i>\$40,000-\$49,999</i>	\$500	\$1,000
<i>\$50,000-\$79,999</i>	\$400	\$800
<i>\$80,000 and above</i>	\$200	\$400

* If you join BNY Mellon after the beginning of the 2016 plan year, BNY Mellon's contribution will be pro-rated.

Additionally, if you are enrolled in Plan HRA or Plan HSA in 2016, you and your covered spouse/domestic partner may each receive a \$150 deposit to your 2016 HRA or HSA by participating in certain Live Well incentive activities. See "Health and Wellbeing" on page 19 for more information.

HRA Debit Card Convenience

The HRA will be administered by Aon Hewitt and will be on the same debit card as your Health Care FSA (if you elect the Health Care FSA). When you elect to participate in Plan HRA, you can use Your Spending Account debit card to pay for qualified expenses at the point of purchase, or pay out-of-pocket and submit a claim for reimbursement. If you also have a Health Care FSA and you choose to pay from your account, your Health Care FSA will pay first.

Using the debit card saves you the inconvenience of paying for an expense out-of-pocket, filing a claim and waiting for reimbursement. Because all contributions to your HRA have been made on or before your first pay date following your plan effective date, you can begin using your card starting on your plan effective date.

How the HRA Works

It's easy to use an HRA:

- You enroll in Plan HRA.
- All contributions are made by BNY Mellon to your HRA on or before your first pay date following your plan effective date.
- You may use your HRA to reimburse yourself for qualified health care expenses, using tax-free dollars. **Note:** You may use your debit card to pay for qualified health care expenses, or pay out-of-pocket and submit a claim for reimbursement.
- Use MyBenefit Solutions to complete HRA reimbursement requests (via MyReward or <http://mybenefits.bnymellon.com>).

Keep Your Receipts

If you are asked for documentation for an expense and have no receipt, the claim will be denied.

If You Change Your Plan Option Later

If you select Plan HRA and decide the following year to change to Plan HSA, your HRA (to the extent it has any balance remaining) will become a **Limited Purpose HRA**. This means that only dental, vision, preventive drug and out-of-network preventive care expenses will be eligible for reimbursement. Other qualified health care expenses can only be submitted for reimbursement after you meet the Plan HSA deductible. Additionally, you will no longer be able to use your Plan HRA debit card; instead, you will have to submit receipts for reimbursement.

In the Event of Disability

If you become disabled and are receiving either Short-Term or Long-Term Disability benefits, you will continue to receive BNY Mellon's annual contribution to your HRA and amounts in your account will remain available for reimbursement of qualified health care expenses.

In the Event of Your Death

In the event of death, amounts remaining in the HRA are available for reimbursement of qualified health care expenses incurred through the date of death; any remaining amounts are forfeited. Reimbursement requests for 2016 qualified health care expenses must be submitted by the deadline of June 30, 2017.

Plan HRA Details

Plan HRA offers a lower deductible — \$1,000 for an individual or \$2,000 for a family in-network — and a lower out-of-pocket maximum than Plan HSA, in exchange for a higher per-pay cost.

PLAN HRA				
	IN-NETWORK		OUT-OF-NETWORK	
Deductible	\$1,000 individual; \$2,000 family		\$2,000 individual; \$4,000 family	
Annual Out-of-Pocket Maximum (Includes deductible and coinsurance for medical and prescription drugs. Excludes any amount over UCR¹, non-covered expenses and pre-certification penalties.)				
BASE PAY RANGE	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
\$0 – \$29,999	\$2,250	\$4,500	\$4,500	\$9,000
\$30,000 – \$49,999	\$2,750	\$5,500	\$6,300	\$12,600
\$50,000 – \$79,999	\$3,750	\$7,500	\$8,300	\$16,600
\$80,000 – \$124,999	\$4,750	\$9,500	\$10,100	\$20,200
\$125,000 and above	\$5,750	\$11,500	\$11,100	\$22,200
Services				
Office Visits (Family/General Practice, Internal Medicine, Pediatrician, Ob/Gyn)	80% ²		60% ²	
Preventive Care, Routine Physicals (Adult and Child), Mammograms, Well Childcare (immunizations)	100% (no deductible)		60% ²	
Mental Health, Behavioral Health and Substance Abuse (inpatient and outpatient services)	80% ²		60% ²	
Outpatient Surgery	80% ²		60% ²	
Hospital Care	80% ²		60% ²	

PLAN HRA		
	IN-NETWORK	OUT-OF-NETWORK
<i>Emergency Room</i>	80% ²	
<i>Physical, Speech and Occupational Therapy</i>	80% ² (Combined in- and out-of-network limit of 60 visits per calendar year for combined therapies)	60% ² (Combined in- and out-of-network limit of 60 visits per calendar year for combined therapies)
<i>Infertility</i>	Plan pays up to \$25,000 lifetime medical maximum benefit (in addition to \$10,000 lifetime drug maximum benefit) ^{3,6}	
<i>Hearing Aid (per member)</i>	Plan pays up to \$5,000 every two years	
<i>Bariatric Surgery</i>	80% ^{1,7}	
<i>Applied Behavior Analysis (ABA) Therapy</i>	80% ²	60% ²
<i>Lifetime Maximum Benefit (per member)</i>	Unlimited	
Prescription Drugs (In-Network Only)^{4,5}		
<i>Preventive Retail (30-day supply maximum)</i>	<ul style="list-style-type: none"> – Generic: \$10 (You pay the lesser of \$10 or the retailer's regular discount cost) – Formulary (or Preferred) Brand: 25% of medication cost (\$35 minimum/\$70 maximum) – Non-Formulary (or Non-Preferred) Brand: 40% of medication cost (\$50 minimum/\$100 maximum) 	
<i>Preventive Mail Order (90-day supply maximum)</i>	<ul style="list-style-type: none"> – Generic: \$25 (You pay the lesser of \$25 or the regular discount cost) – Formulary (or Preferred) Brand: 25% of medication cost (\$87.50 minimum/\$175 maximum) – Non-Formulary (or Non-Preferred) Brand: 40% of medication cost (\$125 minimum/\$250 maximum) 	
<i>Specialty</i>	30 days' supply max at Retail; required to use CVS Caremark Specialty pharmacies after initial fill.	

¹ Usual, customary and reasonable (UCR) limits

² After deductible

³ Any amounts applied toward this lifetime maximum under coverage with another carrier will be applied toward the \$25,000 lifetime medical maximum and/or the \$10,000 lifetime drug maximum under this plan.

⁴ Prescription drugs filled outside of the CVS Caremark network will initially be denied, and you will pay 100 percent of the cost. You will need to file an out-of-network paper claim to be reimbursed by the plan up to the out-of-network coinsurance, after deductible.

⁵ Mandatory mail order or CVS pharmacy applies after the prescription is filled twice at the retail level; mandatory generic and step therapy programs.

⁶ Both of the following conditions must be met before the plan will pay benefits: (i) prior authorization for infertility services must be obtained from your medical carrier, and (ii) services must be obtained from a recognized Center of Excellence, if one is available in your area.

⁷ Both of the following conditions must be met before the plan will pay benefits: (i) prior authorization for bariatric services must be obtained from your medical carrier, and (ii) services, including surgery, must be obtained from a recognized Center of Excellence.

Plan HSA (Health Savings Account)

Health Savings Account (HSA) Contributions

The HSA offers the following:

- **BNY Mellon contributes to your HSA.** BNY Mellon's contribution will be deposited to your HSA on or before your first pay following your plan effective date to help you pay for qualified health care expenses. If you enroll after January 1 as a new hire, a prorated BNY Mellon contribution will be made after you enroll.

- **You can budget and save.** You can also contribute to your HSA. Please keep in mind that you need to budget for the deductible. The amount you're saving on your premium cost is a great place to start. And, if you don't use all of the money in your HSA, your account balance rolls over from one year to the next.
- **No federal taxes.** You don't pay federal taxes on any money you and BNY Mellon put into your HSA or any money taken out — as long as it is used to pay for qualified health care expenses. In most states, HSA contributions and earnings may also be exempt from state income taxes.
- **It's your money.** The money in your HSA is yours — to pay for qualified health care expenses today or in the future, even if you leave BNY Mellon for any reason at any time.

Note: If you enroll for other medical coverage that is not a qualifying high-deductible health plan, such as through your spouse's or domestic partner's plan, including a general purpose Health Care FSA or HRA, or are covered by Medicare or Tricare, by federal law, you aren't eligible for the HSA. (This is an IRS rule.)

COVERAGE LEVEL	IRS COMBINED MAXIMUM ANNUAL CONTRIBUTION	BNY MELLON'S ANNUAL CONTRIBUTION (AUTOMATIC) ¹	YOUR MAXIMUM ANNUAL CONTRIBUTION (VOLUNTARY) ²
UNDER \$30,000			
<i>Employee Only</i>	\$3,350	\$700	\$2,650
<i>Employee + Spouse/Domestic Partner, Employee + Child(ren) or Employee + Family</i>	\$6,750	\$1,400	\$5,350
\$30,000 - \$39,999			
<i>Employee Only</i>	\$3,350	\$600	\$2,750
<i>Employee + Spouse/Domestic Partner, Employee + Child(ren) or Employee + Family</i>	\$6,750	\$1,200	\$5,550
\$40,000 - \$49,999			
<i>Employee Only</i>	\$3,350	\$500	\$2,850
<i>Employee + Spouse/Domestic Partner, Employee + Child(ren) or Employee + Family</i>	\$6,750	\$1,000	\$5,750
\$50,000 - \$79,999			
<i>Employee Only</i>	\$3,350	\$400	\$2,950
<i>Employee + Spouse/Domestic Partner, Employee + Child(ren) or Employee + Family</i>	\$6,750	\$800	\$5,950
\$80,000 AND ABOVE			
<i>Employee Only</i>	\$3,350	\$200	\$3,150
<i>Employee + Spouse/Domestic Partner, Employee + Child(ren) or Employee + Family</i>	\$6,750	\$400	\$6,350

¹ If you join BNY Mellon after the beginning of the 2016 plan year, BNY Mellon's HSA contribution will be pro-rated.

² Maximum contribution should be reduced by any account credits earned by completing Live Well incentive activities by July 31, 2016. Beginning in the year you attain age 55, you may make additional catch-up contributions of up to \$1,000 annually.

How the HSA Works

BenefitWallet™ is an independent administrator for your HSA. BenefitWallet allows HSA holders to invest their HSA dollars. BenefitWallet begins with an FDIC-insured, interest-bearing checking account where all HSA deposits are first credited. No minimum balance is required to open and maintain the BenefitWallet HSA Checking Account.

Your BenefitWallet HSA will not become active until after the date you have completed this enrollment process, your Plan HSA enrollment has been received and your Plan HSA coverage becomes effective. Unless your Plan HSA coverage begins on the first day of the month, your Health Savings Account will not be effective until the first day of the following month.

Once an HSA checking account balance reaches \$1,000, you generally may set up a BenefitWallet Investment Account and begin to diversify your accumulated HSA savings in excess of \$1,000 among a selection of investment funds. A minimum of \$1,000 must remain uninvested.

A fee of \$2.90 per month is charged to use the BenefitWallet HSA investment platform. There are no additional transaction fees, loads or commissions.

If you terminate coverage or no longer participate in Plan HSA, you will be charged \$3.25 per month as an account maintenance fee to keep your checking account open plus \$2.90 per month if you continue to invest your HSA.

You must be enrolled in Plan HSA to contribute to a Health Savings Account.

Federal law states that you cannot contribute to an HSA if you:

- are covered by any other health plan (as an individual, spouse or domestic partner) that is not a qualifying high-deductible health plan, including a general purpose Health Care FSA or HRA (Limited coverages, such as vision, dental or cancer plans, are permitted);
- are enrolled in Medicare or Tricare; or
- are claimed as a dependent on another individual's Federal tax return.

Note: Although you may elect health care coverage for eligible adult children up to age 26, this rule does not extend to HSAs. If your child does not meet the IRS definition of a "qualifying child" or "qualifying relative" (i.e., lives with you for more than half the year and provides less than half of his or her own support), any HSA amounts used to pay his or her medical expenses will be subject to taxes and IRS penalties.

If you choose to participate in both Plan HSA and BNY Mellon's Limited Purpose Flexible Spending Account for health care reimbursement, you may use the accounts for eligible dental and vision expenses. Also, once you meet the Plan HSA deductible, you may use the account for other eligible medical expenses.

Activating Your Account

If you elect Plan HSA, you will be given the BenefitWallet HSA terms and conditions. Once you agree to those terms and conditions, your electronic signature will be used to activate your HSA on your plan effective date. You should also receive a packet of information and a Master Signature Card in the mail, as well as additional information on how to use your HSA. To receive a checkbook and provide beneficiary information to BenefitWallet, you will need to sign and return the Master Signature Card by mail. Separately, you should be mailed two health care payment cards. Once you reach your plan effective date, as long as your HSA is activated, you can use your HSA checkbook and health care payment card to pay for prescription drugs or other qualified health care expenses up to your available account balance. (When you stay in-network, your provider will file claims for you to ensure that you receive the higher, in-network level of benefits.)

Contributing to Your Account

If you elect Plan HSA, BNY Mellon will contribute to your HSA on or before your first pay following your plan effective date and you can make your own pre-tax contributions through semi-monthly payroll deductions (which you can change monthly). Alternatively, you may make a lump-sum contribution (see "Lump-Sum Contribution" on page 48 for more information).

Additionally, if you are enrolled in a BNY Mellon health plan in 2016, you and/or your covered spouse/domestic partner can receive a \$150 deposit to your 2016 HSA (up to maximum annual limits) by participating in certain Live Well incentive activities. Consider this additional contribution when you determine your annual HSA contribution, as this additional amount is included when calculating to the IRS combined maximum annual contribution amount as outlined above. See “Payroll Deductions” on page 47 and “Live Well Incentives” on page 20 for more information

The maximum annual amount you can contribute to an HSA is shown in “Health Savings Account (HSA) Contributions” on page 44. This amount is determined by subtracting BNY Mellon’s contribution and any Live Well incentives you earn from the maximum annual contribution allowed by the IRS. Depending on how much you choose to contribute, your total annual contributions (plus BNY Mellon contributions) can cover the full cost of your annual deductible. This means you would be able to cover any qualified health care expenses leading up to your deductible using pre-tax money (based on federal taxes).

Using Your Account

You decide how to spend the money in your HSA. You can use your HSA to help meet your annual deductible or pay other qualified health care expenses that may not be covered by the Plan, such as dental and vision. You also can choose to pay expenses out of your own pocket and save your HSA balance for future expenses, including retiree medical premiums and other qualified health care expenses. For more information about qualified health care expenses, visit www.mybenefitwallet.com.

If you use all the money in your Health Savings Account before you meet the annual deductible, you’ll be responsible for paying additional health care costs — up to the annual out-of-pocket maximum — out of your own pocket.

If you do not use all the money in your HSA, you can leave it there for future use. After your account balance reaches \$1,000, you will generally have access to investment options offered through BenefitWallet. In the event the investment account falls below \$1,000, contributions will be deposited to the HSA checking account until the balance again reaches \$1,000. If you choose an automatic sweep of your contributions to your investment account, the automatic sweep will not occur unless the balance reaches \$1,000. For more information about HSA investment options, visit www.mybenefitwallet.com.

Making Your Elections

Here’s what you need to do to contribute to the HSA:

1. Choose a coverage level of Individual, Employee + Child(ren), Employee + Spouse/Domestic Partner or Employee + Family*
2. Decide how much to contribute to your account annually. You may supplement BNY Mellon’s HSA contributions with your own pre-tax contributions and earned Live Well account credits. See “Health Savings Account (HSA) Contributions” on page 44 for your maximum permitted contribution amount.
3. Choose how you will contribute to your HSA. You may contribute via pre-tax payroll deduction, in one or more after-tax lump sums, or a combination of the two.

* If you elect to cover adult children up to age 26, they may not be eligible for reimbursement from your HSA. See “How the HSA Works” on page 46 for details.

Payroll Deductions

Select an annual contribution amount, up to the maximum allowable. (If you elect to cover adult children up to age 26, they may not be eligible for reimbursement from your HSA. See “How the HSA Works” on page 46 for details.)

When you contribute by payroll deduction, your contributions are deducted from your pay before federal and Social Security taxes are deducted, to the extent such amounts do not exceed the maximum contribution limits permitted by the IRS. In most states, HSA contributions and earnings also are exempt from state income taxes. You can change the election monthly. The new amount (if your change election is received by the fifteenth of the month) will be effective on the first day of the following month.

While BNY Mellon monitors your HSA pre-tax payroll contributions and Live Well account credits to assist in ensuring that IRS contribution limits are not exceeded, please note that it is your responsibility to determine whether your total HSA contributions exceed the maximum IRS contribution limits in a particular year. If your total HSA contributions (including your own post-tax contributions, pre-tax payroll contributions, Live Well account credits and BNY Mellon contributions) exceed the applicable IRS limit, you may withdraw the excess without penalty until the deadline (including extensions) for filing your Federal tax return for the tax year for which the excess contribution was made. After that time, any excess contributions are subject to both income taxes and an excise tax.

Lump-Sum Contribution

If you wish, you may contribute to your HSA by lump-sum payment, using either a deposit slip from an HSA checkbook or by electronic funds transfer. Both methods will be described in the Welcome Kit you will receive after enrolling.

If you want to:

- make the entire contribution by lump-sum payment, enter \$0 for payroll deduction when you enroll. Then, make your lump-sum contribution at any time using the materials you'll receive from BenefitWallet.
- contribute through a combination of payroll deduction and lump-sum payment, enter the annual contribution amount for pre-tax payroll deductions when you enroll. Then, make your lump-sum contribution at any time using a deposit slip from your HSA checkbook.

Note: Lump-sum contributions are made using after-tax money, but you may deduct the after-tax HSA contributions on your 2016 federal income tax return. You also may delay making your lump-sum contribution up to the time you timely file your 2016 federal income tax return.

Roll-overs or Transfers

If you already have a Health Savings Account at another institution, you can roll over or transfer your funds to BenefitWallet HSA. More information will be provided in the Welcome Kit you will receive after enrolling.

After You Enroll

You will receive:

- an Aetna or UnitedHealthcare medical card(s) to use when you seek health care; you will show this card to get discounts from providers, including doctors and hospitals. (**Note:** If you don't change carriers and your health plan election for 2016, you will not receive a new medical ID card.);
- a CVS Caremark prescription drug card(s) to present when filling prescriptions at a participating pharmacy and when receiving discounted services at a CVS MinuteClinic®;
- an HSA Welcome Kit, which will include instructions on how to manage and use your HSA. Follow account activation instructions in the Welcome Kit to open your HSA and receive two debit cards. If you want to receive a checkbook and/or designate a beneficiary, you will need to fill out and return the signature card included in your Welcome Kit to BenefitWallet. The Welcome Kit also provides instructions on how to access the HSA website at www.mybenefitwallet.com, offering more information on how you can manage your HSA.

If You Change Your Plan Option in the Future

If you select Plan HSA and decide in a subsequent year to change to a non-HSA qualified plan, any remaining balance in the HSA continues to be available for your use in covering qualified health care expenses and/or can be saved.

The HSA will remain open. However, you will not be eligible to make contributions into it until you are again covered under Plan HSA or another high-deductible health plan. As long as amounts in the HSA were contributed while you were eligible, you can continue to use the HSA when you are covered by a non-HSA plan. Additionally, you will be charged \$3.25 per month as an account administrative fee to keep your health account open plus \$2.90 per month if you continue to invest your HSA.

In the Event of Disability

If you become disabled and are receiving Short-Term Disability benefits, you will remain eligible to receive BNY Mellon's annual contribution to your HSA and may continue to make pre-tax contributions to your HSA while receiving pay from BNY Mellon. If your pay ends, your payroll contributions to the HSA will cease at the same time. However, you may make after-tax contributions directly to your HSA. These after-tax contributions will be deductible on your 2016 federal income tax return.

If you transition to Long-Term Disability status, you will no longer be eligible to receive BNY Mellon contributions and can no longer make pre-tax payroll contributions to your HSA because your pay from BNY Mellon ends. However, you may make after-tax contributions directly to your HSA. These after-tax contributions will be deductible on your 2016 federal income tax return.

In the event that you transition to Long-Term Disability status and subsequently become enrolled in Medicare, you will no longer be eligible to contribute to your HSA. However, your HSA will remain available for your use in paying qualified health care expenses.

Since transition to Long-Term Disability status is considered a qualified life event, you may change your health plan coverage at the time of this status change. If, in doing so, you opt out of the Plan HSA, your HSA will remain open and any remaining balance in that account will continue to be available for your use in paying qualified health care expenses.

Note, however, even if you cease to be eligible to make contributions to your HSA, you will be charged \$3.25 per month as an account maintenance fee to keep your account open and \$2.90 per month if you elect to continue to invest your HSA.

In the Event of Your Death

In the event of your death, the disposition of amounts remaining in your HSA depends on whom you name as your beneficiary:

- **Spouse as designated beneficiary.** If your spouse is your designated beneficiary, the account will be treated as your spouse's HSA after your death. Qualified HSA distributions are not subject to federal income tax. If your spouse is covered by a qualified high-deductible health plan, contributions to the account may also not be subject to federal income tax, up to maximum annual contribution limits.
- **Non-spouse as designated beneficiary.** If you designate someone other than your spouse as the beneficiary of your HSA:
 - The savings account stops being an HSA on the date of your death;
 - The fair market value of the HSA becomes taxable (without penalties) to the beneficiary in the year in which you die; and
 - The amount taxable to a beneficiary (other than your estate) is reduced by any qualified health care expenses you incurred prior to your death that are paid from the HSA by the beneficiary within one year after the date of death.
- **Your estate as beneficiary.** If your estate is the beneficiary of your HSA, the value of your HSA is included on your final income tax return.
- **No designated beneficiary on file.** If you do not designate a beneficiary or if your existing beneficiary designation is invalid, your HSA will be paid to your spouse if he or she is living or, if you are not married or your spouse is not living, then your HSA will be paid out according to applicable law of your state of domicile at the time of your death or, if you have no heir then-living, your HSA will be paid to your estate.

Important Notice

The HSA is offered in conjunction with Plan HSA as a voluntary benefit directly by BenefitWallet. The HSA is not part of The Bank of New York Mellon Health and Welfare Plan and is not governed by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). BNY Mellon neither endorses BenefitWallet as the HSA vendor, nor is it sponsoring the HSA program. BNY Mellon's role with respect to the HSA is limited to permitting contributions to the HSA on your behalf. For more information about the HSA, we encourage you to contact the BenefitWallet Service Center at 1-877-472-4200 or www.mybenefitwallet.com. Please also note, the HSA is neither a COBRA-covered benefit, nor is it funded through a trust arrangement.

Your HSA, once established, will be a checking account and, if certain threshold limits are met, you may be eligible to invest your HSA in certain mutual funds. BenefitWallet determines whether you are eligible, and qualify, for investing your HSA in its pre-determined investment options. Please carefully review the agreement provided by BenefitWallet for your rights and responsibilities when participating in such an arrangement. Each fund has a particular investment objective and, accordingly, the degree of risk involved and the potential for long-term appreciation (or depreciation) will vary. You may call BenefitWallet at 1-877-472-4200 to request written materials, including a current prospectus, for each of the funds. You may also obtain written materials, including a current prospectus, by accessing the BenefitWallet website at www.mybenefitwallet.com. Please refer to the prospectus for each fund for detailed information and financial data pertaining to that fund. BenefitWallet, in its sole and absolute discretion, may in the future change the available funds and the procedures for investing your HSA in one or more of these funds.

Plan HSA Details

With Plan HSA, you pay a lower per-pay cost. In exchange, you have a higher deductible — \$1,600 for an individual or \$3,200 for a family in- and out-of-network — if you need care. Also, the out-of-pocket maximum is higher.

PLAN HSA				
	IN-NETWORK		OUT-OF-NETWORK	
Deductible	\$1,600 individual; \$3,200 family ¹ (applies to both in- and out-of-network; true family ² deductible)			
Annual Out-of-Pocket Maximum (Includes deductible and coinsurance for medical and prescription drugs. Excludes any amount over UCR³, non-covered expenses and pre-certification penalties.)				
BASE PAY RANGE	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
\$0 – \$29,999	\$2,400	\$4,800	\$4,800	\$9,600
\$30,000 – \$49,999	\$3,900	\$7,800 ⁴	\$7,800	\$15,600
\$50,000 – \$79,999	\$5,500	\$11,000 ⁴	\$11,000	\$22,000
\$80,000 – \$124,999	\$6,350	\$12,700 ⁴	\$14,200	\$28,400
\$125,000 and above	\$6,350	\$12,700 ⁴	\$15,600	\$31,200
Services				
Office Visits (Family/General Practice, Internal Medicine, Pediatrician, Ob/Gyn)	80% ⁵		60% ⁵	
Preventive Care, Routine Physicals (Adult and Child), Mammograms, Well Childcare (immunizations)	100% (no deductible)		60% ⁵	
Mental Health, Behavioral Health and Substance Abuse (inpatient and outpatient services)	80% ⁵		60% ⁵	
Outpatient Surgery	80% ⁵		60% ⁵	
Hospital Care	80% ⁵		60% ⁵	
Emergency Room	80% ⁵			
Physical, Speech and Occupational Therapy	80% ⁵ (Combined in- and out-of-network limit of 60 visits per calendar year for combined therapies)		60% ⁵ (Combined in- and out-of-network limit of 60 visits per calendar year for combined therapies)	
Infertility	Plan pays up to \$25,000 lifetime medical maximum benefit (in addition to \$10,000 lifetime drug maximum benefit) ^{6,9}			
Hearing Aid (per member)	Plan pays up to \$5,000 every two years			
Bariatric Services	80% ^{5,10}			

PLAN HSA		
Applied Behavior Analysis (ABA) Therapy	80% ⁵	60% ⁵
Lifetime Maximum Benefit (per member)	Unlimited	
Prescription Drugs (In-Network Only)		
Preventive Retail (deductible does not apply) (30-day supply maximum)	<ul style="list-style-type: none"> – Generic: \$10 (You pay the lesser of \$10 or the retailer's regular discount cost) – Formulary (or Preferred) Brand: 25% of medication cost (\$35 minimum/\$70 maximum) – Non-Formulary (or Non-Preferred) Brand: 40% of medication cost (\$50 minimum/\$100 maximum) 	
Preventive Mail Order ⁷ (deductible does not apply) (90-day supply maximum)	<ul style="list-style-type: none"> – Generic: \$25 (You pay the lesser of \$25 or the regular discount cost) – Formulary (or Preferred) Brand: 25% of medication cost (\$87.50 minimum/\$175 maximum) – Non-Formulary (or Non-Preferred) Brand: 40% of medication cost (\$125 minimum/\$250 maximum) 	
Non-Preventive Retail (30-day supply maximum)	Deductible and coinsurance (You will pay the full cost of the drug until you meet your deductible, then the plan will cover 80% of the cost of the drug.)	
Non-Preventive Mail Order ⁷ (90-day supply maximum)	Deductible and coinsurance (You will pay the full cost of the drug until you meet your deductible, then the plan will cover 80% of the cost of the drug.)	
Specialty	Deductible and coinsurance; required to use CVS Caremark Specialty pharmacies after initial fill. (You will pay the full cost of the drug until you meet your deductible, then the plan will cover 80% of the cost of the drug. ⁸)	

¹ Family applies to the Employee + Child(ren), Employee + Spouse,/Domestic Partner or Employee + Family levels of coverage

² Under a true family deductible, if only one family member becomes ill or injured, that person must meet the family deductible (rather than the individual deductible) before the plan reimburses for benefits. In this case, the plan requires satisfaction of a \$3,200 deductible before any coinsurance will be paid.

³ Usual, customary and reasonable (UCR) limits

⁴ Beginning January 1, 2016, the Plan HSA out-of-pocket expenses paid for an individual family member will be limited to no more than \$6,850 for in-network coverage before Plan HSA reimburses 100% of eligible expenses.

⁵ After deductible

⁶ Any amounts applied toward this lifetime maximum under coverage with another carrier will be applied toward the \$25,000 lifetime medical maximum and/or the \$10,000 lifetime drug maximum under this plan.

⁷ Medications for chronic conditions are restricted to mandatory mail order or CVS pharmacy after the prescription is filled twice at the retail level; mandatory generic; Step Therapy programs.

⁸ Drugs filled outside of the CVS Caremark network will initially be denied, and you will pay 100% of the cost. You will need to fill out an out-of-network paper claim to be reimbursed by the plan up to the out-of-network coinsurance, after deductible.

⁹ Both of the following conditions must be met before the plan will pay benefits: (i) prior authorization for infertility services must be obtained from your medical carrier, and (ii) services must be obtained from a recognized Center of Excellence, if one is available in your area.

¹⁰ Both of the following conditions must be met before the plan will pay benefits: (i) prior authorization for bariatric services must be obtained from your medical carrier, and (ii) services, including surgery, must be obtained from a recognized Center of Excellence.

How the Health Accounts Compare

	PLAN HSA (HEALTH SAVINGS ACCOUNT)	PLAN HRA (HEALTH REIMBURSEMENT ACCOUNT)	LIMITED PURPOSE REIMBURSEMENT ACCOUNT*	HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)	LIMITED PURPOSE FLEXIBLE ACCOUNT
<i>Who owns it?</i>	Employee	BNY Mellon	BNY Mellon	BNY Mellon	BNY Mellon
<i>Who contributes to the account?</i>	BNY Mellon and employee	BNY Mellon	BNY Mellon	Employee	Employee
<i>Can unused amounts carry over or roll over?</i>	Yes	Yes	Yes	Yes, up to \$500	Yes, up to \$500
<i>Is interest earned?</i>	Yes, interest-bearing checking account; once balance reaches \$1,000, the amount over \$1,000 may be invested	No	No	No	No
<i>Is the account subject to COBRA continuation?</i>	No	Yes	Yes	Yes	Yes
<i>How are contributions made?</i>	Through BNY Mellon and employee contributions	Through BNY Mellon contributions	Through BNY Mellon contributions while covered by Plan HRA	Employee contributions	Employee contributions
<i>Is there a contribution limit?</i>	Yes. The 2016 limits are \$3,350 for individual coverage and \$6,750 for dependent coverage, as established by the IRS.	BNY Mellon contributions based on base pay while covered under Plan HRA	BNY Mellon contributions based on base pay while covered under Plan HRA	Yes. The 2016 limit is \$2,550 for Health Care FSA as established by the IRS.	Yes. The 2016 limit is \$2,550, as established by the IRS.
<i>Is there a "catch-up" contribution provision for older workers?</i>	Yes. Employees age 55 or older may contribute an additional \$1,000 per year.	No	No	No	No
<i>What are the tax benefits for employees?</i>	BNY Mellon and employee contributions are tax-free. Withdrawals/reimbursements for qualified health care expenses are tax-free.	BNY Mellon contributions are tax-free. Reimbursements for qualified health care expenses are tax-free.	BNY Mellon contributions are tax-free. Reimbursements for qualified health care expenses are tax-free.	Employee contributions are tax-free, which reduces annual taxable income. Reimbursements for qualified health care expenses are tax-free.	Employee contributions are tax-free, which reduces annual taxable income. Reimbursements for qualified health care expenses are tax-free.

	PLAN HSA (HEALTH SAVINGS ACCOUNT)	PLAN HRA (HEALTH REIMBURSEMENT ACCOUNT)	LIMITED PURPOSE REIMBURSEMENT ACCOUNT*	HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)	LIMITED PURPOSE FLEXIBLE ACCOUNT
<i>What health care expenses can be paid from the account?</i>	Any qualified health care expense as defined under Section 213(d) of the federal tax code, except for health insurance premiums, with specific exceptions.	Any qualified medical expense as defined under Section 213(d) of the federal tax code, including health insurance and long-term care insurance premiums. Long-term care services and premiums under employer pre-tax plans are tax deductible, but not reimbursable.	Any eligible dental and vision expenses. In addition, qualified medical expenses as defined under Section 213(d) of the federal tax code once HRA deductible has been satisfied.	Any qualified medical expense as defined under Section 213(d) of the federal tax code, except for health insurance premiums. Long-term care services are tax deductible, but not reimbursable.	Any eligible dental and vision expenses. In addition, qualified medical expenses as defined under Section 213(d) of the federal tax code once HSA deductible has been satisfied.
<i>Can amounts in account be used for non-health care expenses for those over age 65?</i>	Yes. Non-health care distributions must be included in gross income, but are not subject to the additional 20% tax penalty.	No	No	No	No
<i>Can COBRA premiums be reimbursed from the account?</i>	Yes. Distributions to pay premiums reimbursed for COBRA are tax-free.	Yes. COBRA premiums may be reimbursed from the account.	Yes. COBRA premiums may be reimbursed from the account.	No	No
<i>Must a qualified health care expense occur during the plan year the contribution is made?</i>	No. You cannot use HSA contributions to pay for expenses incurred prior to establishing the HSA; however, you can use contributions to pay for eligible expenses incurred after establishing the HSA even if you are no longer covered under an HSA.	No. You cannot use HRA contributions to pay for expenses incurred prior to establishing the HRA; however, you can use contributions to pay for eligible expenses incurred after establishing the HRA even if you are no longer covered under the HRA.	No. You cannot use Limited Purpose HRA contributions to pay for expenses incurred prior to establishing the HRA; however, you can use contributions to pay for eligible expenses incurred after establishing the HRA even if you are no longer covered under the HRA.	In general, yes; however, you may carryover up to \$500 to the following plan year.	In general, yes; however, you may carryover up to \$500 to the following plan year.
<i>Is use of a debit card allowed?</i>	Yes	Yes	No	Yes	No
<i>Are other accounts available at the same time?</i>	Only with a Limited Purpose FSA	Only with a traditional FSA	Only with an HSA and Limited Purpose FSA	Only with an HRA	Only with an HSA

* If you select Plan HRA and decide the following year to change to Plan HSA, your Health Reimbursement Account will become a Limited Purpose Health Reimbursement Account.

New Health Plan ID Card

You will receive a new Aetna or UnitedHealthcare medical ID card when you first enroll and when you change plan options or carriers. Show this card to get discounts from providers, including doctors and hospitals. (Note: If you currently participate in Plan HSA and enroll in Plan HSA with the same insurance carrier for 2016, you will not receive a new medical ID card.)

Best Doctors: Get Help with Important Medical Decisions

Best Doctors is a confidential medical consultation service to help you make informed decisions about your medical care. Best Doctors offers three services at no cost to you:

- **InterConsultation** provides a comprehensive medical review and a detailed report, based on the information you provide, when you are faced with a difficult medical diagnosis or decision.
- **Find A Best Doctor™** helps you find a treating physician or specialist for your specific condition. From its database of U.S. physicians in their specialties, Best Doctors will take careful steps to recommend physicians for your situation. They will contact the physician's office, confirm health plan participation and appointment availability, and even prepare you for your visit with important questions to ask. You can use Best Doctors' Find A Best Doctor service in combination with its InterConsultation services, or independently.
- **Ask The Expert™** helps get you quick answers to basic health questions.

For more information, call Best Doctors at 1-866-904-0910 between Monday through Friday 8 a.m. and 9 p.m. Eastern Time.

Illustrated Plan Comparisons

Review the hypothetical examples to understand how these plans might work for your situation. You can review a year of health care plan use by:

- John, a relatively healthy 25-year-old who takes a daily medication to treat gastro esophageal reflux disease.
- Megan and Matt, a relatively healthy couple in their 50s. Matt takes a daily medication to treat his chronic thyroid condition.
- The Smiths have been a relatively healthy family, but now Alice has learned that she has breast cancer.

Review the hypothetical examples on the following pages to understand how these plans might work for your situation.



John is a relatively healthy 25 year old. He takes a daily medication to treat gastroesophageal reflux disease. John's annual salary is \$60,000 – see how both options work for him.

	Plan HRA (Health Reimbursement Account)			Plan HSA (Health Savings Account)																
	Cost of Coverage	Plan Coverage			Cost of Coverage	Plan Coverage														
2016 health plan premium ¹ :	\$1,952	<table border="1"> <thead> <tr> <th>DEDUCTIBLE</th> <th colspan="2">OUT-OF-POCKET MAXIMUM</th> </tr> </thead> <tbody> <tr> <td>John pays 100% of \$1,000 deductible²</td> <td>John pays 20% coinsurance² up to \$3,750 out-of-pocket maximum¹</td> <td>After out-of-pocket maximum is met, BNY Mellon covers 100%^{2,3}</td> </tr> </tbody> </table>			DEDUCTIBLE	OUT-OF-POCKET MAXIMUM		John pays 100% of \$1,000 deductible ²	John pays 20% coinsurance ² up to \$3,750 out-of-pocket maximum ¹	After out-of-pocket maximum is met, BNY Mellon covers 100% ^{2,3}	\$1,100	<table border="1"> <thead> <tr> <th>DEDUCTIBLE</th> <th colspan="2">OUT-OF-POCKET MAXIMUM</th> </tr> </thead> <tbody> <tr> <td>John pays 100% of \$1,600 deductible²</td> <td>John pays 20% coinsurance² up to \$5,500 out-of-pocket maximum¹</td> <td>After out-of-pocket max is met, BNY Mellon covers 100%^{2,3}</td> </tr> </tbody> </table>			DEDUCTIBLE	OUT-OF-POCKET MAXIMUM		John pays 100% of \$1,600 deductible ²	John pays 20% coinsurance ² up to \$5,500 out-of-pocket maximum ¹	After out-of-pocket max is met, BNY Mellon covers 100% ^{2,3}
DEDUCTIBLE	OUT-OF-POCKET MAXIMUM																			
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DEDUCTIBLE	OUT-OF-POCKET MAXIMUM																			
John pays 100% of \$1,600 deductible ²	John pays 20% coinsurance ² up to \$5,500 out-of-pocket maximum ¹	After out-of-pocket max is met, BNY Mellon covers 100% ^{2,3}																		
Biometric Screening & WBA Savings:	(\$400)				(\$400)															
Tobacco-Free Savings:	(\$400)				(\$400)															
TOTAL 2016 HEALTH PLAN PREMIUM:	\$1,152				\$300															
2016 Account contributions ¹ :	\$400				\$400															
Completed 2016 coaching incentive:	\$150	\$550 HRA			\$150	\$550 HSA														
TOTAL 2016 ACCOUNT:	\$550				\$550															

PAYING FOR CARE ²	From the HRA, John pays...	Out-of-pocket, John pays...	BNY Mellon pays...	From the HSA, John pays...	Out-of-pocket, John pays...	BNY Mellon pays...
1/1: John purchases 90-day mail order Omeprazole (non-preventive, generic) – \$30 (Caremark discount range is \$20-\$40)	\$25 generic mail order copay counts towards the out-of-pocket maximum \$525 HRA	\$0	the remaining \$5	\$30 toward the \$1,600 deductible \$520 HSA	\$0	\$0
3/13: John tears his ACL playing hockey. His treatment includes a visit to the ER, an MRI, surgery and physical therapy – \$6,570	\$525 toward the \$1,000 deductible \$0 HRA	\$1,589 (\$475 to meet the \$1,000 deductible and \$1,114 or 20% coinsurance on the remaining \$5,570)	the remaining \$4,456 (80% coinsurance, after deductible)	\$520 toward the \$1,600 deductible \$0 HSA	\$2,050 (\$1,050 to meet the \$1,600 deductible and \$1,000 or 20% coinsurance on the remaining \$5,000)	the remaining \$4,000 (80% coinsurance, after deductible)
4/1: John purchases 90-day mail order Omeprazole (non-preventive, generic) – \$30 (Caremark discount range is \$20-\$40)		the \$25 generic mail order copay counts towards the out-of-pocket maximum	the remaining \$5		\$6 (20% coinsurance)	the remaining \$24 (80% coinsurance, after deductible)
6/10: John gets a Preventive Care Physical – \$150		\$0	\$150		\$0	\$150
7/1: John purchases 90-day mail order Omeprazole (non-preventive, generic) – \$30 (Caremark discount range is \$20-\$40)		the \$25 generic mail order copay counts towards the out-of-pocket maximum	the remaining \$5		\$6 (20% coinsurance)	the remaining \$24 (80% coinsurance, after deductible)
10/1: John purchases 90-day mail order Omeprazole (non-preventive, generic) – \$30 (Caremark discount range is \$20-\$40)		the \$25 generic mail order copay counts towards the out-of-pocket maximum	the remaining \$5		\$6 (20% coinsurance)	the remaining \$24 (80% coinsurance, after deductible)
11/28: John gets a Preventive Care Flu Shot – \$15		\$0	\$15		\$0	\$15

For the year, John ...	spent \$2,816 on his total cost of care. <ul style="list-style-type: none"> \$1,152 health plan premium \$25 paid from HRA \$1,664 out-of-pocket medical and prescription drug expenses 	spent \$2,368 on their total cost of care. <ul style="list-style-type: none"> \$300 health plan premium \$30 paid from HSA \$2,068 out-of-pocket medical and prescription drug expenses
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¹ Based on salary and preferred carrier premium

² In-network only

³ Includes deductible

Note: The people and circumstances depicted in these example are fictional, not actual BNY Mellon employees or plan participants.



Megan and Matt Jones are a relatively healthy couple in their 50s. Matt takes a daily medication to treat his chronic thyroid condition. Megan's annual salary is \$120,000 — see how both options work for them.

	Plan HRA (Health Reimbursement Account)			Plan HSA (Health Savings Account)														
	Cost of Coverage	Plan Coverage		Cost of Coverage	Plan Coverage													
2016 health plan premium ¹ :	\$5,848	<table border="1"> <tr> <th>DEDUCTIBLE</th> <th>OUT-OF-POCKET MAXIMUM</th> </tr> <tr> <td>They pay 100% of \$2,000 deductible²</td> <td>They pay 20% coinsurance² up to \$9,500 out-of-pocket maximum¹</td> </tr> <tr> <td colspan="2">After out-of-pocket maximum is met, BNY Mellon covers 100%^{2,3}</td> </tr> </table>		DEDUCTIBLE	OUT-OF-POCKET MAXIMUM	They pay 100% of \$2,000 deductible ²	They pay 20% coinsurance ² up to \$9,500 out-of-pocket maximum ¹	After out-of-pocket maximum is met, BNY Mellon covers 100% ^{2,3}		\$2,704	<table border="1"> <tr> <th>DEDUCTIBLE</th> <th>OUT-OF-POCKET MAXIMUM</th> </tr> <tr> <td>They pay 100% of \$3,200 deductible^{2,4}</td> <td>They pay 20% coinsurance² up to \$12,700 out-of-pocket maximum¹ for the family, but \$6,850 per person</td> </tr> <tr> <td colspan="2">After out-of-pocket max is met, BNY Mellon covers 100%^{2,3}</td> </tr> </table>		DEDUCTIBLE	OUT-OF-POCKET MAXIMUM	They pay 100% of \$3,200 deductible ^{2,4}	They pay 20% coinsurance ² up to \$12,700 out-of-pocket maximum ¹ for the family, but \$6,850 per person	After out-of-pocket max is met, BNY Mellon covers 100% ^{2,3}	
DEDUCTIBLE	OUT-OF-POCKET MAXIMUM																	
They pay 100% of \$2,000 deductible ²	They pay 20% coinsurance ² up to \$9,500 out-of-pocket maximum ¹																	
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After out-of-pocket max is met, BNY Mellon covers 100% ^{2,3}																		
Biometric Screening & WBA Savings:	(\$800)		(\$800)															
Tobacco-Free Savings:	(\$800)		(\$800)															
TOTAL 2016 HEALTH PLAN PREMIUM:	\$4,248		\$1,104															
2016 Account contributions ¹ :	\$400		\$400															
Completed 2016 coaching incentive:	\$300	\$700 HRA		\$300	\$700 HSA													
TOTAL 2016 ACCOUNT:	\$700		\$700															

PAYING FOR CARE ²	From the HRA, the Joneses pay...	Out-of-pocket, the Joneses pay...	BNY Mellon pays...	From the HSA, the Joneses pay...	Out-of-pocket, the Joneses pay...	BNY Mellon pays...
1/1: Matt purchases 90-day mail order Levothyroxine (non-preventive, generic) – \$15 (Caremark discount range is \$10-\$20)	\$15 cost (lesser of drug cost or \$25 copay) counts towards the out-of-pocket maximum \$685 HRA	\$0	\$0	\$15 toward the \$3,200 deductible \$685 HSA	\$0	\$0
2/17: Megan gets Well Woman Exam, including mammogram – \$300	\$0	\$0	\$300	\$0	\$0	\$300
4/1: Matt purchases 90-day mail order Levothyroxine (non-preventive, generic) – \$15 (Caremark discount range is \$10-\$20)	\$15 cost (lesser of drug cost or \$25 copay) counts towards the out-of-pocket maximum \$670 HRA	\$0	\$0	\$15 toward the \$3,200 deductible \$670 HSA	\$0	\$0
4/11: Matt gets a Preventive Care Physical – \$150	\$0	\$0	\$150	\$0	\$0	\$150
7/1: Matt purchases 90-day mail order Levothyroxine (non-preventive, generic) – \$15 (Caremark discount range is \$10-\$20)	\$15 cost (lesser of drug cost or \$25 copay) counts towards the out-of-pocket maximum \$655 HRA	\$0	\$0	\$15 toward the \$3,200 deductible \$655 HSA	\$0	\$0
10/1: Matt purchases 90-day mail order Levothyroxine (non-preventive, generic) – \$15 (Caremark discount range is \$10-\$20)	\$15 cost (lesser of drug cost or \$25 copay) counts towards the out-of-pocket maximum \$640 HRA	\$0	\$0	\$15 toward the \$3,200 deductible \$640 HSA	\$0	\$0
11/28: Megan and Matt both have colonoscopies – \$5,000	\$0	\$0	\$5,000	\$0	\$0	\$5,000

For the year, Megan and Matt...	spent \$4,248 on their total cost of care. <ul style="list-style-type: none"> \$4,248 health plan premium \$60 paid from HRA \$0 out-of-pocket medical and prescription drug expenses 	spent \$1,104 on their total cost of care. <ul style="list-style-type: none"> \$1,104 health plan premium \$60 paid from HSA \$0 out-of-pocket medical and prescription drug expenses
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¹ Based on salary and preferred carrier premium

² In-network only

³ Includes deductible

⁴ Under a true family deductible, if only one family member becomes ill or injured, that person must meet the family deductible (rather than the individual deductible) before the plan reimburses for benefits. In this case, the plan requires satisfaction of a \$3,200 deductible before any coinsurance will be paid.

Note: The people and circumstances depicted in these example are fictional, not actual BNY Mellon employees or plan participants.



The Smiths have been a relatively healthy family, but now Alice has learned that she has breast cancer. Nick's annual salary is \$60,000 – see how both options work for them.

	Plan HRA (Health Reimbursement Account)			Plan HSA (Health Savings Account)																
	Cost of Coverage	Plan Coverage			Cost of Coverage	Plan Coverage														
2016 health plan premium ¹ :	\$5,512	<table border="1"> <thead> <tr> <th>DEDUCTIBLE</th> <th colspan="2">OUT-OF-POCKET MAXIMUM</th> </tr> </thead> <tbody> <tr> <td>They pay 100% of \$2,000 deductible²</td> <td>They pay 20% coinsurance² up to \$7,500 out-of-pocket maximum¹</td> <td>After out-of-pocket maximum is met, BNY Mellon covers 100%^{2,3}</td> </tr> </tbody> </table>			DEDUCTIBLE	OUT-OF-POCKET MAXIMUM		They pay 100% of \$2,000 deductible ²	They pay 20% coinsurance ² up to \$7,500 out-of-pocket maximum ¹	After out-of-pocket maximum is met, BNY Mellon covers 100% ^{2,3}	\$2,620	<table border="1"> <thead> <tr> <th>DEDUCTIBLE</th> <th colspan="2">OUT-OF-POCKET MAXIMUM</th> </tr> </thead> <tbody> <tr> <td>They pay 100% of \$3,200 deductible^{2,4}</td> <td>They pay 20% coinsurance² up to \$11,000 out-of-pocket maximum,¹ for the family, but \$6,850 per person</td> <td>After out-of-pocket max is met, BNY Mellon covers 100%^{2,3}</td> </tr> </tbody> </table>			DEDUCTIBLE	OUT-OF-POCKET MAXIMUM		They pay 100% of \$3,200 deductible ^{2,4}	They pay 20% coinsurance ² up to \$11,000 out-of-pocket maximum, ¹ for the family, but \$6,850 per person	After out-of-pocket max is met, BNY Mellon covers 100% ^{2,3}
DEDUCTIBLE	OUT-OF-POCKET MAXIMUM																			
They pay 100% of \$2,000 deductible ²	They pay 20% coinsurance ² up to \$7,500 out-of-pocket maximum ¹				After out-of-pocket maximum is met, BNY Mellon covers 100% ^{2,3}															
DEDUCTIBLE	OUT-OF-POCKET MAXIMUM																			
They pay 100% of \$3,200 deductible ^{2,4}	They pay 20% coinsurance ² up to \$11,000 out-of-pocket maximum, ¹ for the family, but \$6,850 per person				After out-of-pocket max is met, BNY Mellon covers 100% ^{2,3}															
Biometric Screening & WBA Savings:	(\$800)			(\$800)																
Tobacco-Free Savings:	(\$800)			(\$800)																
TOTAL 2016 HEALTH PLAN PREMIUM:	\$3,912			\$1,020																
2016 Account contributions ¹ :	\$800			\$800																
Completed 2016 coaching incentive:	\$300	\$1,100 HRA			\$300	\$1,100 HSA														
TOTAL 2016 ACCOUNT:	\$1,100			\$1,100																

PAYING FOR CARE ²	From the HRA, the Smiths pay...	Out-of-pocket, the Smiths pay...	BNY Mellon pays...	From the HSA, the Smiths pay...	Out-of-pocket, the Smiths pay...	BNY Mellon pays...
1/1: Nick and Alice get annual physicals – \$300	\$0	\$0	\$300	\$0	\$0	\$300
2/17: Alice gets a mammogram and discovers she has breast cancer. Her treatment includes chemotherapy – \$22,100 (including \$100 mammogram)	\$1,000 toward Alice's \$1,000 individual deductible and \$100 toward Alice's coinsurance liability \$0 HRA	\$2,650 toward Alice's coinsurance liability, capped at the \$3,750 individual out-of-pocket maximum	the remaining \$18,350 (\$100 for the mammogram and \$18,250 after Alice hits her individual out-of-pocket maximum)	\$1,100 toward the \$3,200 deductible ⁴ \$0 HSA	\$5,750 (\$2,100 to meet the \$3,200 deductible and \$3,650 coinsurance up to the individual out-of-pocket maximum, including deductible, or 20% coinsurance on the remaining \$18,800 up to the individual out-of-pocket maximum, including the deductible)	the remaining \$15,250 (80% coinsurance after deductible and \$100 for the mammogram and 100% coinsurance after the individual out-of-pocket maximum)
4/6: Nick is diagnosed with a bacterial sinus infection. The office visit costs \$150 , and amoxicillin (non-preventive, generic) costs \$10 (Caremark discount range is \$5-\$15)		\$150 toward Nick's \$1,000 individual deductible (or the Smiths \$2,000 family deductible) and the \$10 generic retail copay counts towards the out-of-pocket maximum	\$0		\$32 (20% coinsurance)	the remaining \$128 (80% coinsurance, after deductible)
7/10: Sally, Tim and Joe get Well-Child exams – \$600		\$0	\$600		\$0	\$600
10/15: Tim is diagnosed with strep throat. The office visit and lab work costs \$180 , and amoxicillin (non-preventive, generic) costs \$10 (Caremark discount range is \$5-\$15).		\$180 toward Tim's \$1,000 individual deductible (or the Smiths \$2,000 family deductible) and the \$10 generic retail copay counts towards the out-of-pocket maximum	\$0		\$38 (20% coinsurance)	the remaining \$152 (80% coinsurance, after deductible)

For the year, the Smiths...	spent \$6,912 on their total cost of care. <ul style="list-style-type: none"> \$3,912 health plan premium \$1,100 paid from HRA \$3,000 out-of-pocket medical and prescription drug expenses 	spent \$6,840 on their total cost of care. <ul style="list-style-type: none"> \$1,020 health plan premium \$1,100 paid from HSA \$5,820 out-of-pocket medical and prescription drug expenses
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¹ Based on salary and preferred carrier premium

² In-network only

³ Includes deductible

⁴ Under a true family deductible, if only one family member becomes ill or injured, that person must meet the family deductible (rather than the individual deductible) before the plan reimburses for benefits. In this case, the plan requires satisfaction of a \$3,200 deductible before any coinsurance will be paid.

Note: The people and circumstances depicted in these example are fictional, not actual BNY Mellon employees or plan participants.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside money from your pay before it is taxable to pay for certain health care and dependent care expenses. You benefit from planning for upcoming expenses, and you also save on your taxes.

YOUR FSA OPTIONS

Health Care FSA

No participation

Contribute up to \$2,550 a year

Dependent Care FSA

No participation

Contribute up to \$5,000 a year

You will elect an annual contribution amount when you enroll. To determine how much will be deducted each pay date, divide your annual contribution by 24; or, if you enroll mid-year as a newly hired employee or as a result of a qualified life event, divide by the number of pay periods remaining in the year.

The amounts in your FSA(s) can be used to reimburse you for qualified health care and eligible dependent care expenses that are incurred from January 1, 2016, through December 31, 2016, as an active employee. You must submit all claims by the reimbursement deadline of June 30, 2016. Please note that you may carry over \$500 from your 2016 Health Care FSA for use in the 2017,

Important Reminders

- You must re-enroll each year to participate in either of the FSAs.
- Expenses for your domestic partner and your domestic partner's children generally are not eligible for reimbursement through either of the FSAs.
- By law, if you enroll in Plan HSA, you may not participate in the Health Care FSA; however, you may participate in the Limited Purpose FSA that will allow you to pay for non-medical health care expenses, like dental, vision, preventive prescription drugs and out-of-network preventive care benefits.
- If you enroll in Plan HSA, you may submit medical expenses you incurred after satisfying the deductible for reimbursement from the Limited Purpose FSA, once the Plan HSA deductible has been met. You would then submit documentation showing that the deductible has been met, along with your first post-deductible expense reimbursement submission to Your Spending Account.
- Most over-the-counter (OTC) drug expenses are not eligible for reimbursement. Non-drug OTC health care expenses (such as bandages) are eligible for reimbursement. So are insulin, diabetic supplies and OTC drugs for which you have a doctor's prescription.

How FSAs Work

It's easy to use FSAs. Here's how they work:

1. You decide how much to contribute to each account annually, based on the eligible out-of-pocket expenses you anticipate during the upcoming calendar year. Remember, most over-the-counter drugs are not eligible for reimbursement. The contribution amount you choose must be in dollars and cents, and the number of cents must be an even number.
2. Contributions are deducted from your pay before federal, Social Security and most state taxes are calculated. (If you live in New Jersey or Pennsylvania, contributions to the Dependent Care FSA are not exempt from state taxes.)
3. You may use your FSA to reimburse yourself for eligible health care expenses and eligible dependent care expenses, using tax-free dollars. Except for the \$500 Health Care FSA carryover from your 2016 health care FSA for use in the 2017 plan year, claims against your 2016 FSAs must be submitted by the reimbursement deadline of June 30, 2017. Note: If you have a Health Care FSA, you may use your FSA debit card to pay for qualified health care expenses, or pay out-of-pocket and submit a claim for reimbursement.
4. Use MyBenefit Solutions (via MyReward or at <http://mybenefits.bnymellon.com>) to complete FSA reimbursement requests.

5. If you leave BNY Mellon or transition to a non-benefits-eligible position, you may file a claim for expenses incurred through the last day of the month in which your coverage ends subject to any COBRA rights that may apply

Keep Your Receipts

If you are asked for documentation for an expense and have no receipt, the claim will be denied.

Debit Card Convenience with Health Care FSA

When you elect to contribute to a Health Care FSA, you can use a debit card to pay for qualified health care expenses at the point of purchase. Your Spending Account debit card saves you the inconvenience of paying out-of-pocket for an expense, then filing for reimbursement. Your annual contribution is available to you as of your plan effective date, so you can begin using your card starting on that date. Here's how it works:

1. **You will receive a cardholder package in the mail** after you enroll; the package will contain a Your Spending Account FSA debit card and instructions for activating this card for use. Additional cards may be ordered online. Access Your Spending Account on the MyBenefit Solutions site (via MyReward or at <http://mybenefits.bnymellon.com>).
2. **Use the card to make qualified purchases** at pharmacies, grocery stores and discount stores. Note: The IRS only allows FSA debit card purchases at stores that comply with an Inventory Information Approval System (IIAS). To find a list of compliant stores in your area, go to www.sigis.com and click Resources, then SIGIS Merchant List. If you attempt to make a qualified purchase from a non-compliant store, your debit card may be rejected. However, you may still complete the purchase with out-of-pocket funds and submit a claim for reimbursement.
3. **Most eligible transactions will be approved automatically** by the FSA vendor. In some cases, however, you may receive a letter or email requesting documentation to support certain expenses.
4. **Keep your receipts**, because even if a transaction is automatically approved at the point of purchase, you may still be required to provide documentation. If you receive a request for additional documentation and do not respond within 30 days, your card will be suspended until you supply the requested information or submit another claim to cover that expense.
5. **Keep your debit card**, as it is intended to be used for up to three years. If you use your entire balance early in the year, do not throw your card(s) away. The card will be re-activated each year you participate in the Health Care FSA. If you lose your card, please call Aon Hewitt immediately to report your missing card and order a new one. You will be responsible for any charges until you report the card as lost or stolen. Fraudulent charges are handled per Visa's standard "fraud/dispute" process. Contact the phone number on the back of your debit card, or alternatively, 1-800-947-HR4U (4748), option 2, to report a missing card or fraudulent card activity.
6. **If you have a Limited Purpose FSA**, you will not be able to use your Health Care FSA debit card and must seek reimbursement for any eligible expenses through MyBenefit Solutions.

For more information, access YSA on the MyBenefit Solutions site (via MyReward, or at <http://mybenefits.bnymellon.com>).

Paying Online

You can pay many of your qualified health care expenses and eligible dependent care expenses directly from your applicable FSA with no need to complete paper forms*. It's quick, easy, secure and available online 24/7.

To pay a provider:

- Log in to your applicable FSA account at MyBenefit Solutions (via MyReward, or at <http://mybenefits.bnymellon.com>).
- Mouse over the Health Care or Dependent Care tab.
- Select Submit Health Care or Submit Dependent Care Claim. Then under "Enter Expenses" > Reimbursement Method, choose "Pay My Provider" and follow the instructions.
- If you pay for eligible recurring expenses, you even have the option to set up automatic payments.

* You must still provide documentation.

Access Your Health Account on the Your Spending Account Website

Sign up on the Your Spending Account website to receive text alerts that will provide information on your account balance and notify you when action is needed on a debit card claim. New participants will receive a Welcome Letter with instructions once enrollment is complete.

Filing a Claim

You also can file a claim online to request reimbursement for your eligible expenses:

- Go to MyBenefit Solutions (via MyReward, or at <http://mybenefits.bnymellon.com>) to log into your account, mouse over the Health Care or Dependent Care tab.
- Select “Submit Health Care Claim” or “Submit Dependent Care Claim.”
- Complete all the information requested on the form and submit.
- Scan receipts, Explanation of Benefits and other supporting documentation.
- Attach supporting documentation to your claim by clicking the upload button.
- To speed processing, remember to save receipts that show exactly what you paid for, the amount and date of service.
- Most claims are processed within one to two business days after they are received, and payments are sent soon thereafter.

If you prefer to submit a paper claim by fax or mail, you can go to MyBenefit Solutions (via MyReward, or at <http://mybenefits.bnymellon.com>) to download a claim form. Follow the instructions for submission, printing and then mailing or faxing that claim form along with your claim documentation.

When Your Coverage Ends

If you leave BNY Mellon or transition to a non-benefits-eligible position or otherwise stop participation in your FSA, you may file a claim for expenses incurred through the last day of the month in which your coverage ends. You may, however, be able to continue your Health Care Flexible Spending Account under COBRA.

Questions

If you have questions about either the Health Care or Dependent Care FSA, contact BNY Mellon Benefit Solutions at 1-800-947-HR4U (4748), option 2, Monday through Friday from 8:30 a.m. to 8 p.m. Eastern Time.

Health Care FSA Eligible Expenses

Expenses are eligible for reimbursement from the Health Care FSA if they:

- qualify for deduction on your federal income tax return; and
- are not reimbursable under any health care benefits covering you or your family members.

Examples of qualified health care expenses include deductibles, copayments, prescriptions and certain over-the-counter items (insulin, over-the-counter drugs for which you have a valid prescription and non-drug over-the-counter purchases, such as contact lens cleaner, bandages and blood pressure monitors only), costs for hearing exams and any costs above what your plan pays. IRS regulations do not allow reimbursement for dietary supplements, such as vitamins. You cannot use the health care FSA to reimburse yourself for premiums you pay for health care coverage. For a complete list of qualified health care expenses, consult a tax adviser. You can also see IRS Publication 502 (Medical and Dental Expenses), which is available on MySource or at www.irs.gov/Forms-&-Pubs.

Over-the-counter medicine (such as allergy, cold and pain medication) is only reimbursable under the Health Care FSA if you have a prescription from a physician.

Dependent Care FSA Eligible Expenses

This account can be used for eligible daycare expenses for your eligible dependents if:

- both you and your spouse work; or
- you are a single parent; or
- your spouse attends school full time.

For purposes of Dependent Care FSA, your eligible dependents are:

- your children under age 13;
- a disabled spouse who lives with you for more than half of the year; and
- any other relative or household member who receives more than half of his or her support from you, resides in your home, is physically or mentally unable to care for himself or herself, and who is not the qualifying child of the employee or any other individual.

You are required to notify Human Resources that your family member no longer meets the definition of an eligible dependent by calling 1-800-947-HR4U (4748), option 2, Monday through Friday from 8:30 a.m. to 8 p.m. Eastern Time.

Examples of eligible expenses include the cost of:

- daycare provided in your home, as long as the care provider is not a dependent under age 19;
- daycare provided outside your home, for example by a qualified daycare facility, day camp, preschool, before- or after-school program; and
- any other childcare or eldercare expense allowed by the IRS as a qualified expense. (See IRS Publication 503 (Child and Dependent Care Expenses), which is available on MySource or at www.irs.gov/Forms-&-Pubs.)

Health Care FSA During a Leave of Absence

If you take a paid leave of absence, you may continue to participate in the Health Care FSA.

If you take an unpaid leave of absence, your participation will be suspended until you return to active employment. However, you may submit claims for expenses incurred before your leave began. You will need to re-enroll in the FSA within 31 days of your return to work.

To receive a copy of BNY Mellon's Leave of Absence policy or provide the required notice to Human Resources that you are taking a leave of absence, call 1-800-947-HR4U (4748), option 2, Monday through Friday from 8:30 a.m. to 8 p.m. Eastern Time.

Dependent Care FSA During a Leave of Absence

If you take a leave of absence — whether paid or unpaid — expenses incurred during your leave are not eligible for reimbursement. To provide the required notice to Human Resources that you are taking a leave of absence, call 1-800-947-HR4U (4748), option 2, Monday through Friday from 8:30 a.m. to 8 p.m. Eastern Time.

Important FSA Rules

Because of the tax advantages they offer, FSAs must adhere to certain federal rules, including:

- You must decide how much to contribute before the year begins. Once you make your election, you cannot stop, start or change contributions unless you have a qualified life event. See "What Is a Qualified Life Event?" on page 22 for more details on qualified life events.
- You may carry over up to \$500 left in your Health Care FSA at the end of the year to the following year.

- “Use it or lose it.” You must use the full amount in your Dependent Care FSA, or you will forfeit any money left over. You will forfeit any amount greater than \$500 left in your Health Care FSA. You will have until June 30, 2017, to claim reimbursement for expenses incurred during 2016.
- You cannot transfer contributions between accounts, and (with the exception of the \$500 Health Care FSA carry-over) you cannot use contributions from one year to pay for any other year’s expenses.
- You cannot “double-dip.” If you are reimbursed from the Health Care FSA, you cannot receive reimbursement for these same expenses through an HRA or HSA, nor deduct those expenses on your federal income tax return. Similarly, you cannot claim childcare or eldercare expenses on both the Dependent Care FSA and the federal Dependent Care Tax Credit.

Should You Use the Dependent Care FSA or the Dependent Care Tax Credit?

The Dependent Care FSA is not for everyone. For some people, the Dependent Care Tax Credit is more worthwhile. However, tax rules are complex and change frequently. To determine which choice is better for you, you should consult a tax advisor.

Limited Purpose FSA

By law, if you participate in a high-deductible health plan like Plan HSA, you may not participate in a traditional Health Care FSA. Your HSA will help you pay for qualified health care expenses not covered by Plan HSA and for eligible dental and vision expenses not paid by your dental and vision plans.

To also help you pay eligible health care expenses, you can enroll in the Limited Purpose FSA. (Unlike the HSA, though, participation in the Limited Purpose FSA is not automatic when you enroll in Plan HSA). For 2016, you can contribute up to \$2,550 through convenient payroll deductions. If you switch from Plan HRA to Plan HSA, amounts up to \$500 remaining in your 2015 Health Care FSA as of December 31, 2015, will be carried over for use as a Limited Purpose Health Care FSA in the 2016 plan year.

Your contributions to the Limited Purpose FSA may only be used for the reimbursement of eligible dental, vision, and preventive drug expenses and, after you have met your Plan HSA annual deductible, other qualified health care expenses. The Limited Purpose FSA is subject to the same IRS rules that apply to flexible spending accounts. This means that (with the exception of the \$500 carry-over) you will lose any Limited Purpose FSA contributions you do not use — so plan carefully.

Things to Think About

Here are some things to consider as you make your Health Care FSA decision.

- How much do you think you (and your family) will spend out of pocket on medical and dental plan expenses?
- How much of your own money will you (and your family) be spending in 2016 on non-covered expenses like prescription sunglasses?
- Do you (and your family) regularly take medication for which you can predict costs for the year?
- How much have you (and your family) spent from your own pocket on health care needs in the past?

Here are some things to consider as you make your Dependent Care FSA decision.

- How much do you spend on childcare or eldercare during the year?
- Are there changes ahead that are likely to require daycare for a dependent?

Have you estimated your taxes using both the Dependent Care Tax Credit and the Dependent Care FSA to see which provides a better tax break for you?

Dental and Vision

BNY Mellon provides a choice of dental and vision plans. For 2016, you'll have a choice of three dental plans and one vision plan.

All of the dental options offer a variety of coverage levels, allowing you to choose the dental coverage that best meets the needs of you and your family.

Dental Coverage

Dental coverage helps with the cost of routine dental care and major services for you and your family. Your options include:

- MetLife Option 1 (Preferred Dental Provider without orthodontic coverage)
- MetLife Option 2 (Preferred Dental Provider with orthodontic coverage)
- Aetna DMO
- No coverage

Your dental coverage levels:

- Employee Only
- Employee + One (one eligible dependent)
- Employee + Family (more than one eligible dependent)

Please note that the dental coverage levels are different from the medical coverage levels.

2016 Monthly Dental Contributions

The table below shows 2016 monthly dental plan contribution rates for eligible full-time and part-time employees.

2016 MONTHLY CONTRIBUTIONS			
	<i>MetLife PDP Option 1</i>	<i>MetLife PDP Option 2</i>	<i>Aetna DMO</i>
Employee	\$20.75	\$37.08	\$10.42
Employee + One	\$40.42	\$73.17	\$16.67
Employee + Family	\$61.17	\$112.50	\$26.00

About ID Cards

Neither the MetLife options nor the Aetna DMO issue ID cards. For the MetLife options, just give your MetLife dentist your employee ID number, and he or she will submit your claim. Your group number is 116273. For the Aetna DMO, tell your dentist your name, date of birth and member ID number (available on the secure member website).

MetLife Options

The two MetLife options are Preferred Dental Provider (PDP) organizations. As with the health plans, you may visit any provider you choose, but the plan will pay a greater benefit when you stay within the network. Network providers will also file your claims for you. If you use an out-of-network provider, you will have to pay out-of-pocket at the time services are received, then submit your claim for reimbursement.

Out-of-network reimbursement is based on usual, reasonable and customary (URC) charges instead of the negotiated rate used for in-network claims. If you receive care from an out-of-network dentist, you pay your share of the URC charge, plus the difference between the URC charge and your dentist's actual fee. MetLife's negotiated fees with in-network dentists may extend to services not covered under your plan and services received after your plan maximum has been met, where permitted under state law. If you receive services from an in-network dentist that are a) not covered under the plan, or b) after you have reached the annual maximum, then you may be responsible for the in-network fee (where permitted by law). Using out-of-network dentists may result in higher out-of-pocket costs. If you use a network dentist, you will save more.

If you change your MetLife option from the MetLife PDP Option 2 (with orthodontia benefits) to the MetLife PDP Option 1, any orthodontia benefits previously approved but not yet received will be forfeited.

	METLIFE PDP OPTION 1		METLIFE PDP OPTION 2	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Annual Deductible	\$75 per individual \$150 per family ¹		\$50 per individual \$100 per family ¹	
Choice of Any Provider	Yes ²		Yes ²	
Plan Payments				
Diagnostic and Preventive Services	100% of PDP fee ²	80% of URC ²	100% of PDP fee ²	90% of URC ²
<ul style="list-style-type: none"> – Routine cleanings, routine exams (2 per calendar year) – Bitewing X-rays (1 per calendar year) – Full mouth or panoramic X-rays (once every 60 months) – Topical fluoride application (to age 19; 2 in a calendar year) – Sealants (to age 19; first and second permanent molars, once per tooth every 5 years) 				
Basic Services	80% of PDP fee ^{2,3} after deductible	60% of URC ² after deductible	90% of PDP fee ^{2,3} after deductible	80% of URC ² after deductible
<ul style="list-style-type: none"> – Fillings (silver) – Resin (white) fillings – Endodontics – Non-surgical periodontics and periodontal surgery – Simple extractions – Surgical periodontics – Complex oral surgery – Consultations (1 per calendar year) – Space maintainers 				

	METLIFE PDP OPTION 1		METLIFE PDP OPTION 2	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Major Services				
– Bridges	50% of PDP fee ^{2,3} after deductible	30% of URC ² after deductible	60% of PDP fee ^{2,3} after deductible	50% of URC ² after deductible
– Inlays				
– Onlays				
– Crowns				
– Dentures				
– Dental implants and preparation for the installation of implants				
– Extraction of impacted 3 rd molars (wisdom teeth)				
– General anesthesia				
– Bruxism				
Orthodontia Services⁴ (covered for dependents under age 19; lifetime maximum \$1,500 per child)	Not covered		50% up to \$1,500 ² (for children under age 19)	
Annual Maximum	\$1,500 per individual		\$1,500 per individual	
Lifetime Orthodontia Maximum	Not applicable		Up to \$1,500 per child under age 19	

¹ Family applies to the Employee + One and Employee + Family levels of coverage.

² If you use an out-of-network dentist, plan payments are based on usual, reasonable and customary (“URC”) charges.

³ The plan pays this percentage after you meet the annual deductible.

⁴ Orthodontia is eligible on a monthly basis only. So if treatment continues into the next plan year, you must elect the plan with the orthodontia coverage to continue to be reimbursed. Charges for services not yet rendered are not allowed. Upfront reimbursement for the entire procedure is prohibited unless treatment is complete and braces have been removed. You must remain covered under this plan to receive continued reimbursement for orthodontic services.

Age, frequency limitations or exclusions may apply to certain services. For specific details, please contact MetLife directly.

Aetna DMO

The Aetna DMO is a Dental Maintenance Organization. As with an HMO, you only receive a benefit when you use a participating provider. You must select a primary care dentist who will provide most of your dental care and provide referrals, if needed. If you elect coverage for any eligible dependents, each dependent must also select a primary dentist (you do not all have to select the same one). Here’s how:

- If you are enrolling in the Aetna DMO using the online system, go to the secure member website at www.aetna.com and click Log In/Register. You will be prompted to enter your DMO primary dentist’s six-digit dental office number for each covered person. For information on the six-digit dental office number, click here or call 1-855-855-8112. No form is required.
- When selecting a primary dentist, you must make your selection by the 15th of the month in order to use the provider as of the first of the following month.
- When you go to the dentist, tell the office your name, date of birth and member ID number (available on the secure member website).

- There are no deductibles or dollar maximums for covered services. You pay a set copayment for most services. Most diagnostic, preventive and basic services are covered in full at no out-of-pocket cost to you. There are some out-of-pocket costs associated with major services and orthodontic treatment as indicated in the table below. There is no annual or lifetime limit for orthodontics.
- You will not receive a member ID card when you enroll in the Aetna DMO. However, you can print a card for you and your dependents by going to the secure member website at www.aetna.com.
- If you elect Aetna DMO coverage, live in California or Arizona and do not select a primary care dentist, one may be selected for you. View your ID card online to determine if one was selected on your behalf.
- If you are re-enrolling in the Aetna DMO and want to change your primary dentist, contact the plan directly. Dental plan phone numbers and website addresses can be found in the Contact Information in this guide.

AETNA DMO¹	
Annual Deductible	None
Choice of Any Provider	No
Plan Payments	
Diagnostic and Preventive Services	100% of PCD fee Must use primary dentist or coordinated care
<ul style="list-style-type: none"> – Routine cleanings (2 per calendar year) – Routine exams (4 per calendar year) – Bitewing X-rays (2 sets per calendar year) – Full mouth X-rays (once every 3 years) – Emergency palliative treatment – Fluoride application (dependent children up to age 18; 1 per calendar year) – Sealants (1 every 3 rolling years on permanent molars only; no age limit) – Oral hygiene instruction 	
Basic Services	100% of PCD fee Must use PCD or coordinated care
<ul style="list-style-type: none"> – Amalgam (silver), anterior composite fillings – Root canal therapy – anterior and bicuspids – Apicoectomy – Simple extractions – Root planing and scaling 	
Major Services	60% of PCD fee Must use PCD or coordinated care
<ul style="list-style-type: none"> – Bridges – Inlays – Onlays – Root canal therapy – molars – Osseous surgery – Crowns – Crown lengthening – Dentures – Prosthetics – Full/Partial bony impactions 	

AETNA DMO¹

Orthodontia Services² (Adults and children covered with no lifetime maximum; charges for orthodontic services are based on procedures performed; contact Aetna for details)	50% of the participating provider contracted amount ³
Annual Maximum	None
Lifetime Orthodontia Maximum	None

- 1 Aetna covers services only when your primary dentist coordinates your coverage; no coverage is available out of network.
- 2 Orthodontia is eligible on a monthly basis only. Charges for services not yet rendered are not allowed. Upfront reimbursement for the entire procedure is prohibited unless treatment is complete and braces have been removed. You must remain covered under this plan to receive continued reimbursement for orthodontic services.
- 3 The plan pays this percentage after you meet the annual deductible.

Age, frequency limitations or exclusions may apply to certain services. For specific details, please contact Aetna directly.

Things to Think About

Here are some things to consider as you make your dental decision:

- Would your family members consistently use primary dentists? If so, consider the Aetna DMO option, which is less expensive because of the restriction to network coverage.
- Do you or your children need braces? If so, consider MetLife Option 2, which provides orthodontia coverage for children, or the Aetna DMO, which covers children and adults.
- How often do you receive dental care? If your usual expenses are lower than the dental plan premiums, you may want to use Health Care FSA pre-tax dollars (see “Flexible Spending Accounts” on page 58) to cover those expenses instead of choosing dental coverage. Even if you have dental coverage, you can still use the Health Care FSA to pay out-of-pocket dental expenses.

Vision Coverage

The Vision Service Plan (VSP) includes coverage for exams, glasses or contact lenses, and discounts for laser surgery.

Your Vision Coverage Choices

- Vision Service Plan
- No coverage

Your Vision Coverage Levels:

- Employee Only
- Employee + One (one eligible dependent)
- Employee + Family (more than one eligible dependent)

Please note that the vision coverage levels are different from the medical coverage levels.

2016 Monthly Vision Contributions

The table below shows 2016 monthly vision plan contribution rates for eligible full-time and part-time employees.

2016 MONTHLY CONTRIBUTIONS	
<i>Employee</i>	\$8.41
<i>Employee + One</i>	\$13.58
<i>Employee + Family</i>	\$22.12

About ID Cards

You will not receive an ID card for this plan. Once you enroll, simply call a VSP provider to schedule an appointment. Be sure to tell the provider's staff that you have VSP coverage when you call and be prepared to provide the last four digits of your Social Security number. The provider and VSP will handle the rest. Your group number is 12156679.

How the Plan Works

When you enroll in the plan, you have access to VSP's network of eye care doctors. Each time you need vision care, you decide whether to use an in-network provider or an out-of-network provider. You save money if you go through the VSP network for your services and supplies.

SERVICES	VSP NETWORK BENEFITS COVERAGE	FREQUENCY
<i>Exam</i>	Covered in full One \$10 copayment will be applied to the exam or eyewear purchased.	Every calendar year
<i>Prescription Glasses Lenses</i> – Single vision – Lined bifocal – Lined trifocal	Covered in full Polycarbonate lenses for dependent children covered in full	Every calendar year
<i>Frame</i>	Covered up to \$150 and 20% discount off any additional out-of-pocket expense	Every other calendar year

SERVICES	VSP NETWORK BENEFITS COVERAGE	FREQUENCY
Contacts	Covered up to \$130. This allowance applies to the cost of your contacts. The cost of the fitting and evaluation exam will be no more than \$60. This exam is in addition to your vision exam to ensure proper fit of contacts.	Every calendar year (Contact lenses are in lieu of glasses. When you choose contacts, you will be eligible for frames two calendar years after the contacts were obtained.)
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	Not applicable
SERVICES	NON-VSP NETWORK BENEFITS COVERAGE	FREQUENCY
Exam	Covered up to \$50 One \$10 copayment will be applied to the exam or eyewear purchased.	Every calendar year
Prescription Glasses Lenses: – Single vision – Lined bifocal – Lined trifocal – Lenticular	Single vision/covered up to \$50 Lined bifocal/covered up to \$75 Lined trifocal/covered up to \$100 Lenticular lenses/covered up to \$125	Every calendar year
Frame	Covered up to \$70	Every other calendar year
Contacts	Elective contact lens covered up to \$105 Medically necessary contact lens covered up to \$210 This allowance applies to the cost of your lenses and the fitting and evaluation exam. This exam is in addition to your vision exam to ensure proper fit of contacts.	Every calendar year (Contact lenses are in lieu of glasses. When you choose contacts you will be eligible for frames two calendar years after the contacts were obtained.)
Laser Vision Correction	None	Not applicable

EXTRA DISCOUNTS AND SAVINGS – WHEN VISITING A VSP NETWORK DOCTOR, YOU’LL RECEIVE

- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.
- Average 35% to 40% savings on all non-covered lens options
- 15% discount off the cost of contact lens exam (fitting and evaluation)

Finding a Network Provider

To obtain a list of network providers in your area, or to request a claim form for out-of-network providers, call VSP at 1-800-877-7195 or go to www.vsp.com.

If you are reviewing provider information online, you may see a disclaimer stating that VSP cannot guarantee that the doctors on the list participate in your plan. Disregard this statement, as the BNY Mellon plan allows you to use the full network of VSP doctors.

In-Network Benefits

When you go to a network provider, you pay a \$10 copayment. With in-network benefits, the plan covers the following:

- one pair of eyeglass lenses, or contact lenses up to \$130, each calendar year. Contact lenses can be delivered to your home. You pay the cost of any cosmetic features, such as bifocal lenses with no lines;
- one pair of frames every two years, up to \$150, with an additional 20 percent discount off any out-of-pocket expenses; and
- laser vision correction (discounts only).

Out-of-Network Benefits

You may use providers who do not participate in the VSP network, but you'll pay more if you do. In addition, you must pay the provider in full out-of-pocket, then submit a claim to VSP. The plan will reimburse you a set dollar amount toward the cost of exams, lenses and frames.

Paying for Vision Services

The way you pay for vision services depends on the type of provider you use:

- Network Provider – Contact your VSP provider to schedule an appointment. Let the provider know that you have VSP coverage, and ask the provider to obtain an authorization for you. At the time of your visit, pay the provider the required copayment and overages.
- Out-of-Network Provider – Pay the provider directly, and submit a claim for reimbursement. Claim forms are available at www.vsp.com or by calling 1-800-877-7195. You must file claims within six months of the date services are received. You will need to provide the following information on your VSP claim form:
 - your provider's bill, including a detailed list of the services you received;
 - your VSP identification number;
 - your name, phone number and address;
 - the company name: BNY Mellon Corporation;
 - the patient's name, date of birth, phone number and address (if different from yours); and
 - the patient's relationship to you (for example, self, spouse, child).

The Vision Service Plan (VSP) includes coverage for exams, glasses or contact lenses, and discounts for laser surgery.

Financial Protection

BNY Mellon offers a range of benefits that help safeguard you and your family in the event of an illness, injury or death.

This section describes the short-term disability (STD) and long-term disability (LTD) benefits, as well as the life and accidental death and dismemberment (AD&D) insurance coverage available to provide financial protection.

Disability Coverage

Disability coverage protects you and your family by continuing all or part of your base pay when an illness or injury prevents you from working.

Short-term Disability (STD)

BNY Mellon provides STD benefits through its salary continuance payroll practice at no cost to you; there is no need to enroll. This benefit generally replaces all or part of your base pay if an illness or injury keeps you away from work for more than seven consecutive days.

Long-term Disability (LTD)

BNY Mellon provides a core level of long-term disability coverage through Prudential to provide income for you if you are disabled longer than 26 weeks and meet the plan's definition of disability.

- Replace 50 percent of base pay (buy-down option for credit)
- Replace 60 percent of base pay (no cost to you)
- Replace 70 percent of base pay (buy-up option paid for through pre-tax payroll deductions)

Note: Any LTD income you receive from this plan will be reduced by benefits you or your family receive from other sources, such as Social Security or Worker's Compensation.

LTD payments are determined using a percentage of your base pay (not including overtime pay, bonuses or other special forms of pay). For commissioned employees, the LTD payment is determined using a percentage of your Annual Benefits Base Rate (ABBR). In addition, your base pay or ABBR used in determining LTD benefits will be capped at \$245,000.

Things to Think About

Here are some things to consider as you make your LTD coverage decision:

- How much money would it take to maintain your current lifestyle? If you were to become disabled, would 60 percent of your base pay be enough to meet your current expenses? Remember, your LTD benefit will be based on your base pay up to \$245,000 and does not consider any bonus compensation. Note that you pay for this coverage with pre-tax dollars, which means that any LTD payments you receive will be subject to federal (and, in most cases, state and local) income taxes.
- Does your spouse earn a steady income?

Life and Accident Coverage

Life and accident coverage, administered by Prudential, provides financial protection for your family in case of death or serious injury.

Three kinds of coverage are available to you:

- Life insurance
- Accidental death and dismemberment (AD&D) insurance
- Travel accident insurance

In addition, you may purchase dependent life insurance coverage for your spouse or domestic partner and eligible children.

Coverage Amounts

If one times your annual base pay results in a number that is not a multiple of \$1,000, your coverage will be rounded up to the next higher \$1,000. For example, if your annual base pay is \$27,750 and you have life insurance coverage of one times your base pay, your coverage amount would be \$28,000.

Things to Think About

Here are some things to consider as you make your life and accident coverage decisions:

- Would your family have other sources of income if you were unable to work?
- What predictable costs (such as college tuition or mortgage payments) would you like to see taken care of if something happened to you?
- Do you have a private source of insurance in addition to BNY Mellon coverage?
- Do you have enough protection for your family?
- Does your spouse work? If so, you may not need as much insurance coverage as you would if you were the sole wage earner.

Life and Accident Coverage at a Glance

DESCRIPTION AND CHOICES		
	EMPLOYEE COVERAGE	BENEFICIARY
Life Insurance	<ul style="list-style-type: none"> – Basic – You automatically receive BNY Mellon-paid coverage equal to your annual base pay, up to \$500,000. – Buy down – You may “buy down” to \$50,000 of coverage and receive a credit (if your base pay is greater than \$50,000). – Supplemental – You may purchase additional coverage of one to eight times your annual base pay, up to a \$3 million maximum. 	You must choose a primary beneficiary.
AD&D Insurance	<ul style="list-style-type: none"> – Basic – You automatically receive basic BNY Mellon-paid coverage equal to your annual base pay, up to \$500,000. – Supplemental – You may purchase additional coverage of one to eight times your annual base pay, up to a \$3 million maximum. 	You must choose a primary beneficiary.

DESCRIPTION AND CHOICES		
Travel Accident Insurance	<ul style="list-style-type: none"> – Basic – You automatically receive BNY Mellon-paid coverage equal to five times your annual base pay, with a minimum coverage amount of \$250,000 and a maximum coverage amount of \$4 million. – This coverage pays a benefit if you have a serious accident while traveling on company business (or commuting to or from work). – The plan pays a full benefit in the event of death and a partial benefit if you suffer certain serious injuries. 	Same as your basic life insurance beneficiary.
DEPENDENT COVERAGE		
Spouse/Domestic Partner Life Insurance	<ul style="list-style-type: none"> – No Coverage – \$25,000 – \$50,000 	You are automatically the beneficiary for this coverage.
Child Life Insurance	<ul style="list-style-type: none"> – No Coverage – \$10,000 – \$15,000 – If you elect coverage, it includes all of your dependent children — you do not elect separate coverage for each child. 	You are automatically the beneficiary for this coverage.

Cost of Coverage

Your cost for life and AD&D insurance coverage is based on your age as of January 1, 2016, the level of coverage you select and your base pay as of September 1, 2015, or your hire date, if later. Base pay does not include overtime pay, bonuses or other special forms of pay. Only the first \$500,000 of annual base pay is considered for this purpose.

If the combined total amount of basic life insurance and supplemental life insurance coverage exceeds \$50,000, federal tax law requires that the value of the coverage above \$50,000 (called “imputed income”) is taxable to you as Federal income and subject to Social Security. The amount on which you must pay taxes (usually a minimal amount, calculated using an age-related table published by the Internal Revenue Service) will be shown on your pay statement in the earnings column.

Extra Protection for Your Family

In the event of your death while an active employee, your covered dependents will be eligible to receive three months of extended medical coverage paid in full by BNY Mellon. This benefit is paid when your dependents elect COBRA (a plan to continue coverage under certain benefits for a specified period).

Evidence of Insurability

During the Open Enrollment period for 2016 benefits, you may increase your coverage by one level (up to the lesser of five times annual base pay or \$1 million) without providing proof of good health (also known as Evidence of Insurability or EOI).

If you purchase more than \$1 million of life insurance coverage, or coverage greater than five times your annual base pay, you will need to provide EOI to the insurance company. After you make an election requiring EOI, a link that will prompt you to complete the form electronically will appear under action items on the Benefits Enrollment site. If you do not enroll online, a form will be sent to you automatically if your coverage election requires EOI. Please note: Each time you increase your Supplemental Life Insurance by one level (either over five multiples of your annual base pay or any amount over \$1 million), an EOI is required. Prudential will notify you by email with an EOI form that must be completed and approved by Prudential. (The email will come from Prudential.gi.webei@Prudential.com with a subject line of “Action Required— Prudential Group Insurance Health Statement!”)

Employee Coverage

Life Insurance

BNY Mellon automatically provides you with coverage equal to your annual base pay. Additional benefits include but are not limited to:

- an accelerated death benefit; and
- portability and/or the ability to convert your policy.

Additional details about these benefits are available on MySource.

Your Life Insurance Coverage Choices

- Basic – You automatically receive BNY Mellon-paid coverage equal to your annual base pay, up to \$500,000.
- Buy down – You may “buy down” to \$50,000 of coverage and receive a credit (if your annual base pay is greater than \$50,000).
- Supplemental – You may purchase additional coverage of one to eight times your annual base pay, up to a \$3 million maximum.

AD&D Insurance

AD&D (accidental death and dismemberment) insurance provides financial protection for your family in the event of your death or serious injury in an accident. BNY Mellon automatically provides you with coverage equal to your annual base pay at no cost to you.

The plan pays the full coverage amount to your beneficiary in the event of your death as the result of an accident. For certain serious accidental injuries, the plan pays a portion of the coverage amount to you.

Your AD&D Insurance Coverage Choices

- Basic – You automatically receive basic BNY Mellon-paid coverage equal to your annual base pay, up to \$500,000.
- Supplemental – You may purchase additional coverage of one to eight times your annual base pay, up to a \$3 million maximum.

Travel Accident Insurance

In addition to AD&D insurance, BNY Mellon provides you with travel accident insurance that provides accident protection for you while you travel on company business or commute to and from work.

If you're on a company business trip and have an accident, travel accident insurance pays full benefits in the event of your death, or partial benefits if you suffer certain serious injuries. BNY Mellon provides you with coverage equal to five times your annual base pay, with a minimum coverage amount of \$250,000 and a maximum coverage amount of \$4 million. This coverage is provided automatically at no cost to you. There is no need to enroll.

Dependent Coverage

Spouse/Domestic Partner Life Insurance

This benefit provides life insurance coverage for your spouse or domestic partner. You are automatically the beneficiary for this coverage. You pay for this coverage with after-tax dollars.

You may choose from the following three options:

- No Coverage
- \$25,000
- \$50,000

During Open Enrollment (or if you make a mid-year change due to a Qualified Life Event), you may increase coverage by one level only. For more information, see “What Is a Qualified Life Event?” on page 22.

Child Life Insurance

This benefit provides life insurance coverage for one or more of your dependent children. If you elect this benefit, it covers all of your eligible dependent children* — you cannot elect separate coverage for each child. You are automatically the beneficiary for this coverage. You pay for this coverage with after-tax dollars.

You may choose from the following three options:

- No Coverage
- \$10,000
- \$15,000

* Eligibility: Your children up to age 26, regardless of full-time student status, residency, financial support, marital status or access to other employer-sponsored coverage. No person can be insured as a dependent of more than one employee under the Policy.

Time Off & Personal

BNY Mellon believes in a healthy balance of work and personal responsibilities.

The following section describes the flexible time off opportunities to support your and your family's needs.

Flex Vacation Purchase

BNY Mellon offers you the opportunity to purchase additional vacation time to give you greater flexibility.

Your flex vacation choices (if hired prior to November 30, 2015):

- No participation
- Buy one day
- Buy two days
- Buy three days
- Buy four days
- Buy five days

Your cost for each option depends on your base pay. The annual cost of each vacation day is your annual base pay (as of September 1, 2015, or your hire date, if later) divided by 260. That annual cost is then divided by 24 to determine your cost per-pay.

If you work part time, each vacation day you purchase is equal to $\frac{1}{5}$ of your weekly work hours. For example, if you work 25 hours a week, each vacation day you purchase would be equal to five work hours.

Something to Think About

Here is something to consider as you make your flex vacation decision. **Additional vacation days can be helpful if you know you'll definitely use them.** Perhaps you're getting married, expecting a child, attending a family reunion or planning to move. Consider whether you have an upcoming event that you know will take extra time away from work.

How Flex Vacation Works

Provided you are hired on or before November 30, 2015, you can purchase additional vacation days for 2016 prior to your enrollment deadline. If you choose to purchase additional vacation days, you cannot change your election following the enrollment deadline. Your cost depends on your annual base pay. You may use your purchased vacation days once you have used up your regular vacation allotment for 2016. Finally, like your regular vacation time, you must get your manager's approval when you are planning to take vacation.

As required by law, you can't give back the days you purchase or roll them over to the next year. If you do not use them during the calendar year, you will lose them.

If you terminate employment during the year, the costs for your regular vacation time and your flex vacation time are calculated together for final pay purposes.

Legal Notices

Federal laws covering medical, dental and/or vision coverage change often. To help keep you informed about changes that could affect you, we have provided a brief description of some recent changes below:

- **Additional Preventive Health In-Network Services Covered at 100 Percent** — Effective January 1, 2016, the following additional preventive health services are covered in full by group health plans:
 - More FDA-approved contraception options
 - Preventive services related to pregnancy for dependent children
 - Gender-based preventive services for transgender individuals
 - Aspirin coverage for women of childbearing age who are at an increased risk of preeclampsia
 - Anesthesia performed in connection with a preventive colonoscopy
 - Genetic counseling and BRCA genetic testing for women who have had a non-BRCA-related breast or ovarian cancer

The following notices are intended to be, and are, interpreted consistent with and not as an expansion of the applicable referenced law:

- **Mental Health Parity and Addiction Equity Act** — This law requires that annual or lifetime dollar limits on mental health benefits be at least as generous as any comparable dollar limits for medical and surgical benefits offered by a group health plan.
- **Summary of Benefits and Coverage** — Group health plans are required to provide participants and beneficiaries with uniform summaries of benefits and coverage (SBCs) during annual enrollments. This SBC will help you better understand your coverage by summarizing the key features of BNY Mellon's health care plans such as the covered benefits, cost-sharing provisions, coverage limitations and exceptions.

You can access the SBC through the MyBenefit Solutions website accessible via MyReward or at <http://mybenefits.bnymellon.com/> Knowledge Center > Plan Information. You may request a free paper copy by calling the BNY Mellon Benefit Solutions Service Center at 1-800-947-HR4U (4748), option 2, Monday through Friday between 8:30 a.m. and 8 p.m. Eastern Time.

- **Value of Health Care Benefits** — The value of your health care benefits received in the immediately preceding year will be reported on your 2016 W-2 statement. This reporting requirement will not affect your taxable income. The value of health insurance benefits reported on the W-2 statement you receive in January 2016 should not be included in your taxable income when you file your taxes. You will also not have to pay any FICA taxes on this amount.

Women's Health and Cancer Rights Act of 1998 (WHCRA) Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call the BNY Mellon Benefit Solutions Service Center at 1-800-947- HR4U (4748), option 2 (Monday through Friday 8 a.m. to 8 p.m.).

Newborns' and Mothers' Notice

Under federal law, group health plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from BNY Mellon, your state may have a premium assistance program that can help pay for coverage, using funds from its Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or visit www.insurekidsnow.gov to learn how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP and are eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance in paying your employer health plan premiums. The following list of states is current as of July 31, 2015. Contact your state for more eligibility information.

STATE	SERVICE	WEBSITE	PHONE NUMBER
<i>Alabama</i>	Medicaid	www.myalhipp.com	1-855-692-5447
<i>Alaska</i>	Medicaid	http://health.hss.state.ak.us/dpa/programs/medicaid/	1-888-318-8890 1-907-269-6529 (Anchorage)
<i>Colorado</i>	Medicaid	http://www.colorado.gov/hcpf	1-800-221-3943
<i>Florida</i>	Medicaid	https://www.flmedicaidprecovery.com/	1-877-357-3268
<i>Georgia</i>	Medicaid	http://dch.georgia.gov/ (click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP))	404-656-4507
<i>Indiana</i>	Medicaid	http://www.in.gov/fssa	1-800-889-9949
<i>Iowa</i>	Medicaid	www.dhs.state.ia.us/hipp/	1-888-346-9562
<i>Kansas</i>	Medicaid	http://www.kdheks.gov/hcf/	1-800-792-4884
<i>Kentucky</i>	Medicaid	http://chfs.ky.gov/dms/default.htm	1-800-635-2570
<i>Louisiana</i>	Medicaid	http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	1-888-695-2447
<i>Maine</i>	Medicaid	http://www.maine.gov/dhhs/ofl/public-assistance/index.html	1-800-977-6740 1-800-977-6741 (TTY)

STATE	SERVICE	WEBSITE	PHONE NUMBER
Massachusetts	Medicaid and CHIP	http://www.mass.gov/MassHealth	1-800-462-1120
Minnesota	Medicaid	http://www.dhs.state.mn.us/id_006254 (click on Health Care > Medical Assistance)	1-800-657-3629
Missouri	Medicaid	http://dss.mo.gov/mhd/participants/pages/hipp.htm	1-573-751-2005
Montana	Medicaid	http://medicaid.mt.gov/member	1-800-694-3084
Nebraska	Medicaid	www.ACCESSNebraska.ne.gov	1-855-632-7633
Nevada	Medicaid	http://dwss.nv.gov/	1-800-992-0900
New Hampshire	Medicaid	http://www.dhhs.nh.gov/oii/documents/hippapp.pdf	1-603-271-5218
New Jersey	Medicaid	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/	1-609-631-2392
	CHIP	http://www.njfamilycare.org/index.html	1-800-701-0710
New York	Medicaid	http://www.nyhealth.gov/health_care/medicaid/	1-800-541-2831
North Carolina	Medicaid	http://www.ncdhhs.gov/dma	1-919-855-4100
North Dakota	Medicaid	http://www.nd.gov/dhs/services/medicalserv/medicaid/	1-800-755-2604
Oklahoma	Medicaid and CHIP	http://www.insureoklahoma.org	1-888-365-3742
Oregon	Medicaid	http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov	1-800-699-9075
	Medicaid	http://www.dpw.state.pa.us/hipp	1-800-692-7462
Pennsylvania	Medicaid	http://www.dpw.state.pa.us/hipp	1-800-692-7462
Rhode Island	Medicaid	www.eohhs.ri.gov	1-401-462-5300
South Carolina	Medicaid	http://www.scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	http://dss.sd.gov	1-888-828-0059
Texas	Medicaid	http://www.gethipptexas.com/	1-800-440-0493
Utah	Medicaid	http://health.utah.gov/medicaid	1-866-435-7414
	CHIP	http://health.utah.gov/chip	1-866-435-7414
Vermont	Medicaid	http://www.greenmountaincare.org/	1-800-250-8427
Virginia	Medicaid	http://www.coverva.org/programs_premium_assistance.cfm	1-800-432-5924
	CHIP	http://www.coverva.org/programs_premium_assistance.cfm	1-855-242-8282
Washington	Medicaid	http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx	1-800-562-3022 Ext. 15473
West Virginia	Medicaid	www.dhhr.wv.gov/bms/	1-877-598-5820 (HMS Third Party Liability)
Wisconsin	Medicaid and CHIP	http://www.dhs.wisconsin.gov/badgercareplus/pubs/p-10095.htm	1-800-362-3002
Wyoming	Medicaid	https://wyequalitycare.acs-inc.com/	1-307-777-7531

To see if any more states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/ebsa 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565
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Key Things to Know About the Affordable Care Act (ACA)

- The ACA's individual mandate requires that nearly everyone have medical coverage or pay a penalty. If you are benefits-eligible and enroll in a BNY Mellon health plan, you will be in compliance with the individual mandate.
- Our health plans offer the level of coverage to satisfy the individual mandate.
- Our health plans offer affordable coverage with at least the minimum benefit value (called "minimum essential coverage") required under the ACA.
- Anyone can shop in the public health insurance marketplace. While some low-income individuals qualify for subsidized coverage, BNY Mellon employees generally will not qualify because of the cost and benefit value of our health plans.
- If you shop in the health insurance marketplace, you may find the options offered to be more expensive than BNY Mellon coverage because BNY Mellon pays a large part of the cost for your medical coverage. Generally, in the public marketplace, you will pay the entire cost of your coverage.
- For more information about the ACA, visit www.healthcare.gov.

Information Regarding Termination of Health Plan Coverage for Cause

Your (and/or your dependents') coverage under the medical plan may be rescinded (i.e., canceled or discontinued with a retroactive effective date) if you (and/or your dependent) performs an act, practice or omission that constitutes fraud, or makes an intentional misrepresentation of material fact as prohibited under the terms of this plan (i.e., in enrollment materials, a claim or appeal for benefits or in response to a question from the Plan Sponsor or Plan Administrator or its delegates). Failure to inform the Plan Sponsor or Plan Administrator that you or your dependent is covered under another group health plan or providing false information to obtain coverage for an ineligible dependent are examples of actions that constitute fraud or intentional misrepresentation of material facts.

You will receive a thirty (30) calendar-day written notice prior to any coverage being rescinded.

What Self-Insured Really Means

BNY Mellon's health plans are mostly self-insured, which generally means that BNY Mellon pays benefit claims rather than an insurance company. As health care costs continue to rise rapidly, every dollar we can save is one less dollar that you and BNY Mellon must spend for health care.

BNY Mellon national health plans are self-insured as described below.

- **Self-insured.** When a plan or plan option is self-insured, it means the sponsor (in this case, BNY Mellon) assumes the financial risk of the claims incurred by participants/employees and family members. Claims are paid from sponsor and participant contributions (premiums). A plan sponsor may also hire an administrator to process claims, manage provider networks and handle other administrative tasks.
- **Fully Insured.** When a plan or plan option is fully insured, the sponsor pays premiums (consisting of both sponsor and participant contributions) to an insurance carrier, which assumes the financial risk of paying for claims, as well as the responsibility for all of the administrative duties listed above. Fully insured health plans include Kaiser California, HMSA Hawaii and Aetna International.

Self-insured plans include the 2016 health plans available through Aetna and UnitedHealthcare, vision through VSP, the Flexible Spending Accounts, the Live Well programs (i.e., WebMD, Best Doctors, Live Well Health Centers and AccessSolutions EAP & Work/Life Program), and flex vacation purchase. Self-insured health plans give BNY Mellon the flexibility to create customized plan designs and benefits for our eligible employees and their family members and to help manage plan costs. Unlike fully insured health plans, self-insured health plans are not subject to state insurance laws, which typically govern fully insured health plans. State insurance laws may require fully insured plans to provide benefits that may not also be offered under the self-insured health plans.

For example, some state laws extend medical coverage for dependent children under certain fully insured plans. If you have a dependent age 26 or older and you have coverage in one of the fully insured plans listed above, you should contact that plan directly to find out if your dependent qualifies for the extended coverage. For more information, see "Contact Information" on page 92.

Medicare Prescription Drug Notice

Please read this Notice carefully, and keep it where you can find it. This Notice has information about your current prescription drug coverage under BNY Mellon-sponsored health plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you have or are eligible for Medicare, this Notice also tells you where to find more information to help you make decisions about your prescription drug coverage. At the end of this Notice is information about where you can get help to make decisions about prescription drug coverage. If you are not currently eligible for Medicare, the Notice may be helpful to you when you become eligible for Medicare.

BNY Mellon Creditable Coverage Plans

If you are Medicare eligible and participate in one of the plans listed under this section (referred to as "Creditable Coverage Plans"), the information contained in this section applies to you. BNY Mellon Creditable Coverage Plans include:

- Aetna Plan HRA (Health Reimbursement Account)
- Aetna Plan HSA (Health Savings Account)
- UnitedHealthcare Plan HRA (Health Reimbursement Account)
- UnitedHealthcare Plan HSA (Health Savings Account)
- Kaiser Permanente (Los Angeles)
- Kaiser Permanente (San Francisco)
- HMSA Hawaii
- Aetna International

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare prescription drug plan or a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also may offer more coverage for a higher monthly premium.
2. BNY Mellon has determined that the prescription drug coverage offered under the Creditable Coverage Plans listed above is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you are a participant in one of the Creditable Coverage Plans, because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this BNY Mellon plan coverage and not pay extra if you later decide to enroll in Medicare coverage.

Read this Notice carefully. If you are eligible for Medicare, it explains the options you have under Medicare prescription drug coverage and can help you decide whether you want to enroll.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Medicare-eligible individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year during the Medicare annual enrollment period (October 15 – December 7 in 2015). If you drop coverage under a BNY Mellon Creditable Coverage Plan, you may be eligible for a special enrollment period in which to sign up for a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and keep your BNY Mellon coverage, your BNY Mellon coverage will not change. If you drop your BNY Mellon Creditable Coverage Plan coverage (which includes prescription drug coverage), you may not be able to get this coverage back.

Your current BNY Mellon coverage pays for other health expenses in addition to prescription drugs. You cannot drop only the prescription portion of BNY Mellon coverage. If you keep your BNY Mellon coverage and enroll in a Medicare prescription drug plan, your BNY Mellon coverage will not change. If you drop your BNY Mellon coverage (which includes medical and prescription benefits) and enroll in a Medicare prescription drug plan, you may not be able to get BNY Mellon coverage back later.

If you drop or lose your coverage under a BNY Mellon Creditable Coverage Plan and do not enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later.

If you drop or lose coverage under a BNY Mellon Creditable Coverage Plan, and you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage (once your applicable Medicare enrollment period ends), your Medicare prescription drug plan monthly premium will go up at least 1 percent per month for every month that you did not have creditable coverage. For example, if you go 19 months without creditable coverage, your premium will always be at least 19 percent higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the next October to enroll in Part D.

If you don't enroll in Medicare prescription drug coverage when eligible, and change your mind later, you may pay more.

If you wait until after you are eligible for your initial enrollment in a Medicare prescription drug plan, your monthly premium for a Medicare prescription drug plan could be much higher than it would have been if you had enrolled when initially eligible. If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your premium will go up at least 1 percent per month for every month that you did not have that coverage after the date you were first eligible for a Medicare prescription drug plan. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. For example, if you go 19 months without creditable coverage, your premium will always be at least 19 percent higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage.

If you don't enroll in a Medicare prescription drug plan when first eligible, you also may have to wait to enroll.

Generally, you can only join a Medicare prescription drug plan during the Medicare annual enrollment period (October 15 – December 7 in 2015). This may mean the number of months you have to wait for coverage will be longer, which could make your premium higher.

If you decide to enroll in a Medicare prescription drug plan and keep your BNY Mellon coverage, your BNY Mellon coverage will not change. If you drop your BNY Mellon Non-Creditable Coverage Plan coverage (which includes prescription drug coverage), you may not be able to get this BNY Mellon coverage back.

Your current BNY Mellon coverage pays for other health expenses in addition to prescription drugs. You cannot drop only the prescription portion of BNY Mellon coverage. If you keep your BNY Mellon coverage and enroll in a Medicare prescription drug plan, your BNY Mellon coverage will not change. If you drop your BNY Mellon coverage (which includes medical and prescription benefits) and enroll in a Medicare prescription drug plan, you may not be able to get this BNY Mellon coverage back later.

You need to make a decision.

When you make your decision, you also should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

General Information

For more information about this Notice or your current prescription drug coverage, contact the BNY Mellon Benefit Solutions Service Center at 1-800-947-HR4U (4748), option 2, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time.

Note: You may receive this Notice at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is available in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail from Medicare. You also may be contacted directly by Medicare prescription drug plans. You also can get more information about Medicare prescription drug plans by:

- visiting www.medicare.gov;
- calling your State Health Insurance Assistance Program (see your copy of the “Medicare & You” handbook for its telephone number) for personalized help; or
- calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. For more information about this extra help, visit the Social Security Administration at www.socialsecurity.gov or call 1-800-772-1213 (TTY: 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

October 2015

BNY Mellon
Benefits Department
500 Grant Street, Room3118
Pittsburgh, PA15258
1-800-947-HR4U (4748), option 2

HIPAA Notice

To: Employees (both active and inactive), retirees, dependents and COBRA beneficiaries who are eligible to participate in any of the health plans offered by BNY Mellon

From: Monique Herena, Chief Human Resources Officer

Date: Effective January 1, 2016

Subject: HIPAA Notice of Privacy Practices

The privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA) became effective April 14, 2003. These federal regulations require covered entities, such as health plans, to provide plan participants with a notice of privacy practices describing the health-related information that is collected, how it is used and the ways in which the regulations permit it to be disclosed. These privacy notices also provide information on a participant’s right to access, review and, if necessary, to have this information amended.

The following HIPAA Notice of Privacy Practices for the self-insured health plans sponsored by BNY Mellon details the uses and disclosure that the BNY Mellon self-insured health plans may make of your health information, along with your rights and BNY Mellon’s self-insured health plan’s obligations with respect to that information.

BNY Mellon’s benefits program includes both self-insured and insured plans. This notice contains a list of all of these plans, indicating which are self-insured and which are not. If you are enrolled in an insured plan, the applicable insurance company or HMO is obligated to provide its HIPAA Notice of Privacy Practices to you.

I’d like to take this opportunity to assure you that BNY Mellon and its health plans strive to take all appropriate measures to protect the privacy of your health information. We take this responsibility very seriously and consider it our obligation to you and to your family, not simply a legal requirement that we must fulfill. Not only do the self-insured BNY Mellon health plans place limits on disclosing your health information to outside parties, but we also take precautions regarding who can

access that information internally. Your health information is not disclosed to outside parties for the purpose of marketing products and services.

If you have questions, please contact the BNY Mellon Benefit Solutions Service Center at 1-800-947-HR4U (4748), option 2, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time.

BNY MELLON-SPONSORED HEALTH PLANS FOR U.S.-BASED EMPLOYEES		
SELF-INSURED PLANS/PROGRAMS		INSURED PLANS/PROGRAMS
– Aetna Plan HRA	– UnitedHealthcare Plan HRA	– Aetna International (international expatriates only)
– Aetna Plan HSA	– UnitedHealthcare Plan HSA	– HMSA (Hawaii only)
– Best Doctors®	– ValueOptions AccessSolutions	– Kaiser Permanente California (Los Angeles)
– CVS/Caremark Prescription Program	– Employee Assistance & Work/Life Program	– Kaiser Permanente California (San Francisco)
– Doctor On Demand	– Vision Service Plan (VSP)	
– Premise Health	– WebMD Health Services	

BNY Mellon Notice of Health Information Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes the medical information practices of BNY Mellon’s self-insured health benefit plans and programs, which are listed below, and of any third party (called a “business associate”) in connection with functions or services that party provides in the administration of those plans and programs.

- Aetna Plan HRA (Health Reimbursement Account)
- Aetna Plan HSA (Health Savings Account)
- Best Doctors®
- CVS/Caremark Prescription Program
- Doctor On Demand
- Premise Health
- UnitedHealthcare Plan HRA
- UnitedHealthcare Plan HSA
- ValueOptions AccessSolutions Employee Assistance & Work/Life Program
- Vision Service Plan (VSP)
- WebMD Health Services

“We,” “us” and “Plan” refer to all the health benefit plans and programs listed above. “Plan Sponsor” refers to BNY Mellon. “You” or “yours” refers to individual participants in the Plans.

If you participate in one of the insured health plans sponsored by BNY Mellon, you will receive a notice from the appropriate insurance company or HMO regarding the policies and procedures it will follow related to the use and disclosure of your Protected Health Information (PHI).

PHI is information that may identify you and that relates to past, present or future health care services provided to you, payment for health care services provided to you, or your physical or mental health or condition. This Notice of Privacy Practices describes how we may use and disclose your PHI in compliance with applicable laws and regulations. It also describes your rights to access and control your PHI. We are required to abide by the terms of this Notice of Privacy Practices currently in effect.

We are required by the Health Insurance Portability and Accountability Act (HIPAA) to:

- maintain the privacy of your PHI;
- provide you with certain rights with respect to your PHI;
- provide you with this Notice of our legal duties and privacy practices regarding your PHI; and
- abide by the terms of this Notice as it may be updated from time to time.

We protect your PHI from inappropriate use or disclosure. Our employees and those of our business associates are required to protect the confidentiality of PHI. They may look at your PHI only when there is an appropriate reason to do so, such as to determine coordination of benefits or services.

We will not disclose your PHI to anyone for marketing purposes.

Uses and Disclosures of PHI

Primary Uses and Disclosures of PHI

The main reasons for which we may use and may disclose your PHI are in order to administer our health benefit programs effectively and to evaluate and process requests for coverage and claims for benefits. The following describe these and other uses and disclosures, together with some examples.

- Treatment, Payment and Health Care Operations Purposes

For Treatment: Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider. We may disclose your PHI to health care providers to provide you with treatment. For example, we might respond to an inquiry from a hospital about your eligibility for a particular surgical procedure.

For Payment: Payment refers to our activities in collecting premiums and paying claims for health care services you receive. We may use your PHI or disclose it to others for these purposes. For example, if you had insurance coverage from a spouse's employer, we might disclose your PHI to the other insurer to determine coordination of benefits or services. Payment also refers to the activities of a health care provider in obtaining reimbursement for services. We may disclose your PHI to a provider for this purpose.

For Health Care Operations Purposes: Health care operations purposes refer to the following:

- We may use your PHI or disclose it to others for quality assessment and improvement activities.
- We may use your PHI or disclose it to others for activities relating to improving health or reducing health care costs, development of health care procedures, case management and care coordination.
- We may use your PHI or disclose it to others for the purpose of informing you or a health care provider about treatment alternatives.
- We may use your PHI or disclose it to others for the purpose of reviewing the competence, qualifications or performance of health care providers, or conducting training programs.
- We may use your PHI or disclose it to others for accreditation, certification, licensing or credentialing activities.
- We may use your PHI or disclose it to others in the process of contracting for health benefits.
- We may use your PHI or disclose it to others for purposes of reviewing your medical treatment, obtaining legal services, performing audits or obtaining auditing services, and detecting fraud and abuse.
- We may use your PHI or disclose it to others in our business management, planning and administrative activities. As an example, we might use your PHI in the process of analyzing data about treatment of certain conditions to develop a list of preferred medications.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules.

- **Business Associates:** We contract with various individuals and entities (Business Associates) to perform functions on behalf of the Plans or to provide certain services. To perform these functions our Business Associates may receive, create, maintain, use or disclose PHI, but only after we require the Business Associates to agree in writing to contract terms designed to safeguard your PHI.
- **Plan Sponsor:** We and our Business Associates may also disclose PHI to the Plan Sponsor in connection with payment, treatment or health care operations purposes or pursuant to a written request signed by you. Such disclosures may only be made to the individuals authorized to receive such information.
- **Other Covered Entities:** The Bank of New York Mellon Corporation’s Plans (including the insured plans) together are called an “organized health care arrangement.” The Plans may share PHI with each other for the health care operations purposes of the organized health care arrangement.

Other Possible Uses and Disclosures of PHI

In addition to using and disclosing your PHI for treatment, payment and health care operations purposes, we may (and are permitted to) use or disclose it in the following circumstances:

- **To Persons Involved in Care and for Notification Purposes:** We may disclose PHI to a family member, relative, close personal friend or any other person identified by you, provided that the PHI is directly relevant to that person’s involvement with your care or payment related to your care. In addition, we may use or disclose PHI to notify a member of your family, your personal representative or another person responsible for your care of your location, general condition or death.
- **In Regard to Abuse, Neglect or Domestic Violence:** In certain circumstances, we may disclose your PHI to a government authority that is authorized to receive reports of cases of abuse, neglect or domestic violence.
- **To Coroners, Medical Examiners and Funeral Directors:** We may disclose PHI to coroners and medical examiners for the purpose of identifying a deceased person, determining a cause of death or other purposes authorized by law. We may disclose PHI to funeral directors to enable them to carry out their duties.
- **For Public Health Activities:** We may disclose PHI to public authorities for the purpose of preventing or controlling disease, injury or disability. Under some circumstances, when authorized by law, we may disclose PHI to an individual who is at risk of contracting or spreading a contagious disease or condition. We also may disclose PHI to appropriate parties for the purpose of activities related to the quality, safety or effectiveness of products regulated by the U.S. Food and Drug Administration.
- **To Avert a Threat to Health or Safety:** We may, under certain circumstances, disclose PHI to avert a serious threat to the health or safety of a person or the general public.
- **Organ and Tissue Donations:** We may, under certain circumstances, disclose PHI for purposes of organ or other medical transplants or tissue donation purposes.
- **To Comply with Workers’ Compensation Laws:** We may disclose your PHI to the extent necessary to comply with laws relating to Workers’ Compensation or other similar programs.
- **For Law Enforcement and National Security Purposes:** In certain circumstances, we may disclose PHI to appropriate officials for law enforcement purposes—for example, as required by law or legal process. In addition, we may disclose your PHI if you are or were armed forces personnel or to authorized federal officials for conducting national security and intelligence activities.
- **In Connection with Legal Proceedings:** In certain cases, we may disclose PHI in connection with the legal proceedings of courts or governmental agencies. For example, we may disclose your PHI in response to a subpoena for such information, but only after certain conditions required by HIPAA are met.
- **For Health Oversight Activities:** We may disclose PHI to a governmental agency authorized by law to oversee the health care system, compliance with civil rights laws or government benefit. Health oversight activities include audits, inspections, investigations or legal proceedings.
- **Military Personnel:** If you are in the armed forces, we may disclose your PHI for activities that military authorities consider necessary to the accomplishment of a mission.

- **Inmates:** If you are incarcerated, we may disclose your PHI to appropriate authorities as needed for your health care, your safety, the health or safety of other persons, or general administrative purposes.
- **Research:** Under certain circumstances, we may disclose PHI for research purposes.
- **Health Information:** We may contact you with information about treatment alternatives and other health-related benefits and services.
- **As Required by Law:** We may disclose your PHI when required to do so by federal, state or local law.

Required Disclosures of PHI

The following is a description of disclosures we are required by law to make:

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services:** We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining compliance with HIPAA.
- **Disclosure to You:** We are required to disclose to you most of your PHI. We will also disclose your PHI to an individual whom you have designated as your personal representative. However, before we can disclose your PHI to such person, you must submit a written notice of his/her designation, along with documents supporting his/her qualification (such as a power of attorney). In limited situations HIPAA permits us to elect not to treat the person as your personal representative if we have reasonable belief that it could endanger you.

Other Uses and Disclosures of Your PHI with Authorization

We generally may use or disclose psychotherapy notes about you or use or disclose your PHI for marketing purposes only with your written authorization, unless a specific exception to those rules applies. We may not sell your PHI without your written authorization.

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. You may revoke an authorization at any time by providing written notice to us. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your PHI in reliance on the authorization. To obtain an Authorization for Release of Information, call the BNY Mellon Benefit Solutions Service Center at 1-800-947-HR4U (4748), option 2 (Monday through Friday 8 a.m. to 8 p.m.). You may revoke an authorization by contacting the Health Information Privacy Officer identified at the end of this Notice.

Your Rights

Right to Request Restrictions on Uses and Disclosure

You may ask us to restrict uses and disclosures of your PHI for treatment, payment or health care operations purposes, or to restrict disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care, or to restrict disclosures for notification purposes. However, we are not generally required to comply with your request for restrictions, except in those situations where the requested restriction relates to the disclosure to the Plan for purposes of carrying out payment or health care operations (and not for treatment) and the PHI pertains solely to a health care item or service that was paid out of pocket in full. You may exercise this right by contacting the Health Information Privacy Officer identified at the end of this Notice, who will provide you with additional information including what information is required to make a restriction request.

Right to Inspect, Copy and Amend Your PHI

As long as we maintain records containing your PHI, you have a right to inspect and copy such information. These rights are subject to certain limitations and exceptions. For example, if the requested information contains psychotherapy notes or may endanger someone, it may not be available. You may request a review of any denial to access. If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. If you believe your PHI held and created by us is incorrect or incomplete, you may request that we amend your PHI. You will be required to provide the reason the amendment is necessary. Requests for access to your PHI or amendment of your records should be in writing and directed to the Health Information Privacy Officer identified at the end of this Notice.

Right to a List of Disclosures

You have a right to an accounting of certain disclosures of your PHI by us. The accounting will not include those items which are not required to be provided such as disclosures made at your request or disclosures made for treatment, payment or health care operations. A request for a list of disclosures should be directed to the Health Information Privacy Officer identified at the end of this Notice.

Right to Request Confidential Communications

We will accommodate a reasonable request by you to receive communications from us by alternative means or at an alternative location if you believe that disclosure of your PHI could pose a danger to you. For example, you may request that we only contact you by mail or at work. Requests for confidential communications should be in writing and directed to the Health Information Privacy Officer identified at the end of this Notice.

Right to be Notified of a Breach

You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI.

Right to Receive Paper Copy

You have the right to receive a paper copy of this Notice from the Plan upon request, even if you have previously agreed to receive copies of this Notice electronically. Requests for a paper copy should be in writing and directed to the Health Information Privacy Officer identified at the end of this Notice.

Changes to This Notice

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI we maintain. If we change this Notice, you will receive a new Notice. Active employees will receive the Notice by distribution in the workplace; inactive employees (including retirees) will receive the Notice by mail.

Complaints

If you believe that your privacy rights have been violated, you may complain to us in writing at the location described below under "Health Information Privacy Officer" or with the office for Civil Rights of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. No one can retaliate against you for filing a complaint.

Health Information - Privacy Officer

You may exercise the rights described in this Notice by contacting the office identified below, which will provide you with additional information.

BNY Mellon
Employee Benefits Department
Suite 3118
BNY Mellon Center
Pittsburgh, PA 15258
ATTN: Health Information Privacy Officer

Any Employee Assistance Program (EAP)-related questions or issues should be directed to:

BNY Mellon
EAP Manager
135 Santilli Highway
Everett, MA 02149-1950

Effective Date of Notice

This Notice is effective as of January 2016.

Terms You Should Know

Base Pay

As used in this guide, “base pay” generally means your annualized base pay as of September 1, 2015, or your hire date, if later, based on a normal work week not exceeding 40 hours. It generally excludes commissions, overtime pay, bonuses, payments in lieu of vacation, all non-regular payments and any other special purpose payments. For commissioned employees, base pay is determined by using the Annual Benefits Base Rate (ABBR), which is determined annually. In addition, the IRS limits the amount of base pay that can be considered in determining plan benefits each year. Salary reduction contributions, Code Section 132(f) transportation plan and similar salary reduction, as well as any deferred compensation contributions, are included in the calculation of your base pay.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985, as amended. This federal law requires most employers providing group health insurance to give employees and their covered dependents the opportunity to continue their company-provided coverage at the employee’s sole expense after it would otherwise end.

Coinsurance

The portion of the cost covered services not paid for by your medical, dental and vision options, and for which you are responsible.

Copayment (or Copay)

A fixed dollar amount you must pay out of your own pocket at the time you receive certain medical, dental and/or vision services. Copayments do not apply toward deductibles, coinsurance or out-of-pocket maximums.

Deductible

Some plans require you to pay a certain amount for necessary health care expenses each year before the plan begins to pay all or part of your remaining expenses. To help limit the number of individual deductibles a family must pay each year, some plans have a “family” deductible, which is the total amount you and your covered family members have to pay in deductibles each year, regardless of the size of your family. See “True Family Deductible” on page 91.

Dispense as Written (DAW)

This means that your prescription must be filled with the brand-name version of the medication. (Substitution of a generic equivalent is not allowed.) Under the BNY Mellon Health Plan, if you use a DAW prescription to get a drug’s brand-name version, you will be required to pay the brand copayment plus the cost difference between the brand and generic drug. If you are unable to take a generic equivalent drug for clinical reasons (e.g., you are allergic to the generic filler), your physician can appeal. If your appeal is approved, you can take the brand-name drug without paying a penalty.

Explanation of Benefits (EOB)

A statement, usually from a claims administrator, to a plan member who files a claim. The statement details how and why benefit payments were made or not made and summarizes the charges submitted and processed, the amount allowed, the amount the plan paid and what the plan member owes, if applicable.

Formulary

A list of preferred, commonly prescribed prescription drugs. These drugs are chosen by a team of doctors and pharmacists because of their clinical superiority, safety, ease of use and cost. The formulary list may differ from plan to plan.

Health Reimbursement Account (HRA)

An account paid for solely by BNY Mellon and designated for qualified health care expenses. The level of contribution is based on your annual base pay. At the end of the year, any unused contributions roll over for you to use in the future, so long as you stay employed by BNY Mellon. If you leave BNY Mellon for any reason before reaching age 55, your HRA balance is forfeited unless you continue medical coverage under COBRA. If you elect COBRA coverage, your medical coverage continues as long as you pay the required COBRA premiums by the due date. To participate in BNY Mellon's HRA, you must enroll in Plan HRA (Health Reimbursement Account) under Aetna or UnitedHealthcare.

Health Savings Account (HSA)

A special tax-sheltered savings account that is similar to a traditional individual retirement account (IRA), but designated for qualified health care expenses. In addition to BNY Mellon contributions based on your annual salary, you can also contribute to this account. Your contributions and BNY Mellon contributions cannot exceed the annual IRS maximum contribution. You can use an HSA to pay for future qualified health care expenses on a tax-free basis. Contributions, earnings and distributions are exempt from federal income and Social Security (FICA) taxes when used to pay for qualified health care expenses. To participate in BNY Mellon's HSA, you must enroll in Plan HSA under Aetna or UnitedHealthcare.

High-Deductible Health Plan

A plan in which you pay more out of your own pocket before insurance coverage kicks in. However, you have the opportunity to contribute tax-free dollars to a Health Savings Account or a Health Reimbursement Account to help meet your deductible.

HIPAA

The Health Insurance Portability and Accountability Act of 1996, as amended. HIPAA protects health coverage for workers and their families when they change or lose jobs. HIPAA safeguards against losing existing health care coverage, eases your ability to switch health plans and/or helps you buy coverage on your own if you lose health coverage and have no other coverage available, as well as providing certain privacy protections.

Imputed Income

Imputed income constitutes additional taxable income reportable on each pay statement throughout the year. Any imputed income will be included on your IRS Form W-2 at the end of the year. Under the BNY Mellon Flexible Benefits Program, you will have imputed income if you receive:

- combined total amount of basic life and supplemental life insurance coverage greater than \$50,000; or
- domestic partner or related dependent coverage.

In-Network or Network Care

Care received from physicians, dentists, eye care doctors, hospitals and health care facilities that have agreed to charge participants a pre-negotiated—and often discounted—rate for services and treatment. When you go to a network provider, you receive a higher, “in-network” level of benefits, which means your out-of-pocket costs are lower and there are no claim forms for you to complete.

Out-of-Network Care

Your care is considered out-of-network if you visit a provider who is not in the plan's network. You pay more for out-of-network care, and you may be responsible for submitting your own claims. Call the provider for additional information.

Out-of-Pocket Maximum

This is the total amount you spend on medical bills in a calendar year. Once your share of the cost of covered services* reaches the out-of-pocket maximum, the plan will cover most eligible expenses at 100 percent.

* Includes deductibles and coinsurance; does not include copayments, premiums, any amounts over UCR, non-covered expenses and precertification penalties

Preferred/Non-Preferred Carriers

Depending on where you live, one medical carrier may offer greater provider discounts on average—making it more cost-effective for you and BNY Mellon—than the other. In these states, the carrier with the greater discounts on average is referred to as the preferred carrier. The carrier with fewer negotiated discounts is referred to as the non-preferred carrier.

Preferred/Non-Preferred Drugs

Your cost for prescription drugs depends partly on how that medication is classified by your prescription drug provider. Your cost is lowest when you have your prescription filled with a generic drug. If you purchase the plan's preferred brand-name drug, you pay a higher copayment. Your cost is highest if you purchase a non-preferred brand-name drug.

Pre-Tax Contribution

Contributions to pay for your health care coverage that are generally exempt from federal income and Social Security taxes, as well as many state income taxes.

Primary Care Physician (PCP)

A licensed doctor who has a contract to provide services in a health plan. PCPs provide basic health care services and referrals to specialists. They maintain continuity of care during periods of illness or injury.

Primary Care Dentist (PCD)

A licensed dentist who has a contract to provide services as part of the Aetna DMO. Your primary dentist is responsible for providing most of your dental care and referring you to specialists when necessary.

Qualified Health Care Expenses

Qualified health care expenses are “qualified health care expenses as defined in Internal Revenue Code Section 213(d).” These include health care expenses not covered by your plan, such as dental and vision care expenses, as well as coinsurance for medical and prescription drug expenses.

Qualified Medical Child Support Order (QMCSO)

In certain situations, courts may issue orders directing that health benefits be provided to certain individuals, usually a family member of an employee or retiree.

Spouse

For the purposes of BNY Mellon's Health and Welfare plans, a “spouse,” is a person to whom you are legally-married and who is treated as your spouse or surviving spouse pursuant to the Internal Revenue Code and ERISA.

True Family Deductible

Under a true family deductible, if only one family member becomes ill or injured, that person must meet the family deductible (rather than the individual deductible) before the plan reimburses for benefits.

Usual, Customary and Reasonable (UCR)

Under the BNY Mellon medical and dental plans, the usual fee a provider charges the majority of patients for similar services; the customary fee that falls within the range of charges in the area for similar services; and the reasonable fees charged because unusual circumstances or complications require additional time, skill and experience.

In the event of any discrepancy between this information and the applicable plan documents, the terms of the applicable plan documents will apply

Contact Information

BNY MELLON BENEFIT SOLUTIONS SERVICE CENTER			
<i>BNYMellon Benefit Solutions Service Center</i> <i>(general questions)</i>	1-800-947-HR4U (4748), option 2, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time	http://mybenefits.bnymellon.com	
<i>Enrollment Decision Help Line and Support Website</i> <i>(HRA/HSA questions)</i>	1-866-324-9400	http://www.aonhewittadvocacy.com/employer/contact.asp	
HEALTH PLANS			
<i>Aetna Plan HRA</i> <i>Aetna Plan HSA</i>	1-855-855-8112	www.aetna.com/docfind/custom/bnymellon	Click "Start a New Search" Choose tab to search by Location, Name, Advanced Search or Conditions & Procedures Enter search criteria and choose the appropriate plan under "Select a plan"
<i>UnitedHealthcare Plan HRA</i> <i>UnitedHealthcare Plan HSA</i>	1-800-842-0750 (Customer Service)	www.bnym.welcometouhc.com	Click on "Find a Doctor/Hospital" link Select your choice of plan Enter search criteria
CALIFORNIA AND EXPATRIATE HEALTH PLANS			
<i>Kaiser Permanente California (Southern and Northern)</i>	1-800-464-4000	www.kaiserpermanente.org	To find a doctor or facility: Highlight the "Locate Our Services" tab Highlight and click "Find Doctors & Locations" Select your region
<i>Aetna International</i>	Toll free: 1-800-231-7729 Direct: 1-813-775-0190	www.aetnainternational.com	

PRESCRIPTION DRUG PLAN (FOR AETNA AND UNITEDHEALTHCARE PLANS)

<p>CVS Caremark</p>	<p>1-800-685-4130</p>	<p>www.caremark.com</p>	<p>If already a member, enter Login ID and Password If not registered, click “Not Registered” and enter required fields Click “Member Quick Links” to learn about the plan</p>
<p>CVS Caremark AccordantCare™ Health Services <i>*Note: This service will be available starting January 1, 2016</i></p>	<p>1-800-948-2497</p>	<p>www.accordant.com</p>	<p>If already a member, enter Username or Email and Password If not registered, click “Register” and enter required fields</p>
<p>CVS Health Pharmacy Advisor Counseling Program <i>*Note: This service will be available starting January 1, 2016</i></p>	<p>1-800-685-4130</p>	<p>www.caremark.com</p>	<p>If already a member, enter Log in ID and Password If not registered, click “Not Registered” and enter required fields Click “Member Quick Links” to learn about the plan</p>

DENTAL PLANS

<p>MetLife PDP Options 1 & 2</p>	<p>1-866-665-1494</p>	<p>www.metlife.com/mybenefits</p>	<p>Company Name – BNY Mellon Click “Find a Dentist” Enter search criteria</p>
<p>Aetna DMO</p>	<p>1-855-855-8112</p>	<p>www.aetna.com/docfind/custom/bnymellon</p>	<p>Click “Start a New Search” “Search For”: Select “Dentists” (Primary Care)” “Type”: Select “Primary Care Dentists (PCD)” “Plan”: Select “Aetna DMO”</p>

VISION PLAN			
Vision Service Plan (VSP)	1-800-877-7195	www.vsp.com	<p>Click "Members" and log in: first-time users must register</p> <p>Click "Find a VSP Doctor"</p> <p>Note: You may see a disclaimer stating that VSP cannot guarantee that the doctors on the list participate in your plan. Disregard this statement, as BNY Mellon participates in the Signature Network plan with the full network of doctors.</p>
COBRA THIRD-PARTY ADMINISTRATOR			
Aon Hewitt	1-800-947-HR4U (4748), option 2, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time	http://mybenefits.bnymellon.com	
LIFE INSURANCE/AD&D			
Prudential Group Life Claims Division	1-800-524-0542		
FLEXIBLE SPENDING AND HEALTH REIMBURSEMENT ACCOUNTS			
Aon Hewitt	1-800-947-HR4U (4748), option 2, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time	http://mybenefits.bnymellon.com	
HEALTH SAVINGS ACCOUNTS			
Benefit Wallet	1-877-472-4200	www.mybenefitwallet.com	

LIVE WELL PROGRAMS

WebMD	1-800-947-HR4U (4748), option 3, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time	www.webmdhealth.com/bnymellon	Find health/wellness information Participate in health coaching Engage with activity trackers
Best Doctors	1-866-904-0910	www.bestdoctors.com/livewellbnymellon.aspx	Find a specialist Request a consultation Ask The Expert™
AccessSolutions (EAP)	1-855-55ACCESS (1-855-552-2237)	www.achievesolutions.net/bnym	Access confidential, professional consultation for life's challenges
Doctor On Demand <i>*Note: This service will be available starting January 1, 2016</i>	1-800-997-6196	support@doctorondemand.com	Access a national network of doctors 24/7 to manage common health problems
CVS MinuteClinics® <i>*Note: This service will be available starting January 1, 2016</i>	1-866-389-2727	www.minuteclinic.com	Quickly and easily get the care you need at affordable prices

Advanced Control Formulary™

The **Advanced Control Formulary™** is a guide within select therapeutic categories for clients, 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. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with a prescription benefit program administered by CVS/caremark®. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

Please note:

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.
- You will be responsible for the full cost of products that are excluded from coverage.
- For specific information regarding your prescription benefit coverage and copay¹ information, please visit www.caremark.com or contact a CVS/caremark Customer Care representative.
- CVS/caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS/caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand-name on this list.

Please note:

- Generics should be considered the first line of prescribing.
- This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered upon release to the market.
- The member's prescription benefit plan may have a different copay for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to www.caremark.com to check coverage and copay information for a specific medicine.

ANALGESICS

§ NSAIDs

diclofenac sodium
meloxicam
naproxen

§ NSAIDs, COMBINATIONS

diclofenac sodium-misoprostol

§ NSAIDs, TOPICAL

diclofenac sodium solution
VOLTAREN GEL

§ COX-2 INHIBITORS

celecoxib

§ GOUT

allopurinol
colchicine tablet
probenecid
COLCRYS
ULORIC

§ OPIOID ANALGESICS

codeine-acetaminophen
fentanyl transdermal
fentanyl transmucosal
lozenge
hydrocodone-acetaminophen
hydromorphone
methadone
morphine
morphine ext-rel
morphine suppository
oxycodone
oxycodone-acetaminophen
tramadol
tramadol ext-rel
ABSTRAL
FENTORA
NUCYNTA
NUCYNTA ER
OPANA ER
OXYCONTIN
SUBSYS

VISCOSUPPLEMENTS

GEL-ONE

HYALGAN
SUPARTZ

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefdinir
cefprozil
cefuroxime axetil
cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID

§ FLUOROQUINOLONES

ciprofloxacin
ciprofloxacin ext-rel
levofloxacin
moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

lamivudine-zidovudine
ATRIPLA
COMPLERA
EPZICOM
EVOTAZ
PREZCOBIX

STRIBILD
TRIUMEQ
TRUVADA

FUSION INHIBITORS
FUZEON

INTEGRASE INHIBITORS
ISENTRISS
TIVICAY

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

nevirapine
EDURANT
INTELENCE
RESCRIPTOR
SUSTIVA
VIRAMUNE XR

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir
didanosine

lamivudine
stavudine
zidovudine
EMTRIVA

**NUCLEOTIDE REVERSE
TRANSCRIPTASE
INHIBITORS**
VIREAD

PROTEASE INHIBITORS
KALETRA
NORVIR
PREZISTA
REYATAZ

**§ ANTITUBERCULAR
AGENTS**

ethambutol
isoniazid
pyrazinamide
rifampin

ANTIVIRALS

**§ CYTOMEGALOVIRUS
AGENTS**
valganciclovir

§ HEPATITIS B AGENTS

entecavir tablet
lamivudine
BARACLUDE SOLUTION

§ HEPATITIS C AGENTS

ribavirin
HARVONI
SOVALDI

§ HERPES AGENTS

acyclovir
valacyclovir

INFLUENZA AGENTS

RELENZA
TAMIFLU

§ MISCELLANEOUS

clindamycin
ivermectin
metronidazole
nitrofurantoin
sulfamethoxazole-
trimethoprim
ALBENZA
SIVEXTRO
XIFAXAN 550 MG

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

lomustine
temozolomide
ALKERAN
CYCLOPHOSPHAMIDE
HEXALEN
LEUKERAN
MYLERAN

§ ANTIMETABOLITES

capecitabine
mercaptapurine
TABLOID
TREXALL

**HORMONAL
ANTINEOPLASTIC AGENTS**

§ ANTIANDROGENS

bicalutamide
flutamide
ZYTIGA

§ ANTIESTROGENS

tamoxifen
FARESTON
FASLODEX

§ AROMATASE INHIBITORS

anastrozole
exemestane
letrozole

**§ LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) AGONISTS**

leuprolide acetate
LUPRON DEPOT
TRELSTAR
ZOLADEX

§ PROGESTINS

megestrol acetate

IMMUNOMODULATORS

REVLIMID
THALOMID

KINASE INHIBITORS

AFINITOR
BOSULIF
GLEEVEC
NEXAVAR
SPRYCEL
SUTENT
TARCEVA
TYKERB
VOTRIENT

§ MISCELLANEOUS

etoposide
hydroxyurea
tretinoin capsule
LYSODREN
MATULANE
TARGRETIN CAPSULE
ZOLINZA

CARDIOVASCULAR

§ ACE INHIBITORS

fosinopril
lisinopril
quinapril
ramipril

**§ ACE INHIBITOR /
DIURETIC COMBINATIONS**

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide

quinapril-hydrochlorothiazide

**§ ADRENOLYTICS,
CENTRAL**

clonidine
clonidine transdermal
guanfacine

**§ ALDOSTERONE
RECEPTOR ANTAGONISTS**

eplerenone
spironolactone

§ ALPHA BLOCKERS

doxazosin
terazosin

**§ ANGIOTENSIN II
RECEPTOR ANTAGONISTS /
DIURETIC COMBINATIONS**

candesartan / candesartan-
hydrochlorothiazide
eprosartan
irbesartan / irbesartan-
hydrochlorothiazide
losartan / losartan-
hydrochlorothiazide
telmisartan / telmisartan-
hydrochlorothiazide
valsartan / valsartan-
hydrochlorothiazide
BENICAR / BENICAR HCT

**§ ANGIOTENSIN II
RECEPTOR ANTAGONIST /
CALCIUM CHANNEL
BLOCKER COMBINATIONS**

amlodipine-telmisartan
amlodipine-valsartan
AZOR

**§ ANGIOTENSIN II
RECEPTOR ANTAGONIST /
CALCIUM CHANNEL
BLOCKER / DIURETIC
COMBINATIONS**

amlodipine-valsartan-
hydrochlorothiazide
TRIBENZOR

ANTIPEMICS

§ BILE ACID RESINS
cholestyramine
WELCHOL

**CHOLESTEROL
ABSORPTION INHIBITORS**
ZETIA

§ FIBRATES

fenofibrate
fenofibric acid

**§ HMG-CoA REDUCTASE
INHIBITORS /
COMBINATIONS**

atorvastatin
fluvastatin
lovastatin
pravastatin

simvastatin
CRESTOR
VYTORIN

§ NIACINS / COMBINATIONS

niacin ext-rel
SIMCOR

§ OMEGA-3 FATTY ACIDS

omega-3 acid ethyl esters

§ BETA-BLOCKERS

atenolol
carvedilol
metoprolol succinate ext-rel
metoprolol tartrate
nadolol
propranolol
propranolol ext-rel
BYSTOLIC
COREG CR

**§ BETA-BLOCKER /
DIURETIC COMBINATIONS**

atenolol-chlorthalidone
bisoprolol-
hydrochlorothiazide
metoprolol-
hydrochlorothiazide

**§ CALCIUM CHANNEL
BLOCKERS**

amlodipine
diltiazem ext-rel²
nifedipine ext-rel
verapamil ext-rel

**§ CALCIUM CHANNEL
BLOCKER / ANTILIPEMIC
COMBINATIONS**

amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES

digoxin

**DIRECT RENIN INHIBITORS /
DIURETIC COMBINATIONS**

TEKURNA / TEKURNA
HCT

**DIRECT RENIN INHIBITOR /
CALCIUM CHANNEL
BLOCKER COMBINATIONS**
TEKAMLO

**DIRECT RENIN INHIBITOR /
CALCIUM CHANNEL
BLOCKER / DIURETIC
COMBINATIONS**
AMTURNIDE

§ DIURETICS

furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triamterene-
hydrochlorothiazide

§ NITRATES

nitroglycerin lingual spray
NITROLINGUAL
NITROSTAT

**NITRATE / VASODILATOR
COMBINATIONS**

BIDIL

**PULMONARY ARTERIAL
HYPERTENSION
ENDOTHELIN RECEPTOR
ANTAGONISTS**

LETAIRIS
TRACLEER

**§ PHOSPHODIESTERASE
INHIBITORS**

sildenafil

**PROSTAGLANDIN
VASODILATORS**

TYVASO
VENTAVIS

MISCELLANEOUS

RANEXA

CENTRAL NERVOUS SYSTEM

ANTIANSIETY

§ BENZODIAZEPINES

alprazolam
clonazepam tablet
diazepam
lorazepam
oxazepam

§ MISCELLANEOUS

buspirone
clomipramine
fluvoxamine

§ ANTICONVULSANTS

carbamazepine
carbamazepine ext-rel
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
DILANTIN 30 MG CAPSULE
TEGRETOL-XR 100 MG
VIMPAT

§ ANTIDEMENTIA

donepezil
galantamine
galantamine ext-rel
rivastigmine
EXELON PATCH
NAMENDA
NAMENDA XR

ANTIDEPRESSANTS**§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)**

citalopram
escitalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
BRINTELLIX
VIIBRYD

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

duloxetine
venlafaxine
venlafaxine ext-rel
KHEDEZLA
PRISTIQ

§ TRICYCLIC ANTIDEPRESSANTS (TCAs)

amitriptyline
desipramine
doxepin
imipramine HCl
nortriptyline

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine
trazodone

§ ANTIPARKINSONIAN AGENTS

amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
entacapone
pramipexole
ropinirole
ropinirole ext-rel
selegiline
AZILECT
MIRAPEX ER
NEUPRO

ANTIPSYCHOTICS**§ ATYPICALS**

aripiprazole
clozapine
olanzapine
quetiapine

risperidone
ziprasidone
SEROQUEL XR

§ MISCELLANEOUS

chlorpromazine
fluphenazine
haloperidol
perphenazine
thiothixene
trifluoperazine

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine mixed salts ext-rel
dexmethylphenidate
dexmethylphenidate ext-rel
dextroamphetamine
dextroamphetamine ext-rel
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel
DAYTRANA
FOCALIN XR
QUILLIVANT XR
STRATTERA
VYVANSE

FIBROMYALGIA

LYRICA
SAVELLA

HYPNOTICS**§ BENZODIAZEPINES**

temazepam

§ NONBENZODIAZEPINES

zolpidem
zolpidem ext-rel

MIGRAINE**§ SELECTIVE SEROTONIN AGONISTS**

naratriptan
rizatriptan
sumatriptan
zolmitriptan
RELPA
ZOMIG NASAL SPRAY

§ MOOD STABILIZERS

lithium carbonate
lithium carbonate ext-rel tablet 300 mg
lithium carbonate ext-rel tablet 450 mg

MULTIPLE SCLEROSIS AGENTS

AUBAGIO
BETASERON
COPAXONE
GILENYA
REBIF
TECFIDERA

§ MUSCULOSKELETAL THERAPY AGENTS

baclofen
carisoprodol
chlorzoxazone
cyclobenzaprine
dantrolene
metaxalone
methocarbamol
orphenadrine-aspirin-caffeine
tizanidine

§ MYASTHENIA GRAVIS

pyridostigmine
MESTINON TIMESPAN

NARCOLEPSY

NUVIGIL

POSTHERPETIC NEURALGIA (PHN)

GRALISE

PSYCHOTHERAPEUTIC - MISCELLANEOUS**§ ALCOHOL DETERRENTS**

acamprosate calcium
disulfiram

§ OPIOID ANTAGONISTS

naltrexone
EVZIO

§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS

buprenorphine-naloxone sublingual tablet
SUBOXONE FILM

VASOMOTOR SYMPTOM AGENTS

BRISDELLE

ENDOCRINE AND METABOLIC**ANDROGENS**

ANDRODERM
AXIRON

ANTI-DIABETICS**§ ALPHA-GLUCOSIDASE INHIBITORS**

acarbose

§ BIGUANIDES

metformin
metformin ext-rel

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA
TRADJENTA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS

JANUMET
JANUMET XR
JENTADUETO

INCRETIN MIMETIC AGENTS

TRULICITY
VICTOZA

INSULINS

HUMULIN R U-500
LANTUS
LEVEMIR
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
TOUJEO

§ 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

XIGDUO XR

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

BD INSULIN SYRINGES AND NEEDLES
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
ONETOUCH ULTRA STRIPS AND KITS³
ONETOUCH VERIO STRIPS AND KITS³

ANTI-OBESITY

INJECTABLE
SAXENDA

ORAL

BELVIQ
CONTRACE

CALCIUM REGULATORS**§ BISPHOSPHONATES**

alendronate
ibandronate
ACTONEL
ATELVIA

§ CALCITONINS

calcitonin-salmon

PARATHYROID HORMONES

FORTEO

CONTRACEPTIVES**§ MONOPHASIC**

ethinyl estradiol-drospirenone
BEYAZ
LO LOESTRIN FE
MINASTRIN 24 FE
SAFYRAL

§ TRIPHASIC

ethinyl estradiol-norgestimate
ORTHO TRI-CYCLEN LO

FOUR PHASE

NATAZIA

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel

§ PROGESTIN ONLY

norethindrone

§ INJECTABLE

medroxyprogesterone acetate 150 mg/mL

§ TRANSDERMAL

ethinyl estradiol-norelgestromin

VAGINAL

NUVARING

ESTROGENS**§ ORAL**

estradiol
estropiate
PREMARIN

§ TRANSDERMAL

estradiol
DIVIGEL
EVAMIST
MINIVELLE

VAGINAL

ESTRACE CREAM
PREMARIN CREAM
VAGIFEM

**§ ESTROGEN /
PROGESTINS, ORAL**

estradiol-norethindrone
PREMPHASE
PREMPRO

FERTILITY REGULATORS

GNRH / LHRH
ANTAGONISTS
CETROTIDE

**§ OVULATION STIMULANTS,
GONADOTROPINS**

chorionic gonadotropin -
Novarel
FOLLISTIM AQ
OVIDREL

**§ OVULATION STIMULANTS,
SYNTHETIC**

clomiphene

§ GLUCOCORTICOIDS

dexamethasone
methylprednisolone
prednisone

**GLUCOSE ELEVATING
AGENTS**

GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY
KIT

**HUMAN GROWTH
HORMONES**

HUMATROPE

**§ HYPERPARATHYROID
TREATMENT, VITAMIN D
ANALOGS**

calcitriol (1,25-D3)
doxercalciferol
paricalcitol

**§ PHOSPHATE BINDER
AGENTS**

calcium acetate
PHOSLYRA
RENVELA
VELPHORO

PROGESTINS

§ ORAL

medroxyprogesterone
progesterone, micronized
MEGACE ES

VAGINAL

CRINONE
ENDOMETRIN

**§ SELECTIVE ESTROGEN
RECEPTOR MODULATORS**

raloxifene
OSPHENA

**SELECTIVE ESTROGEN
RECEPTOR MODULATOR
COMBINATIONS**

DUAVEE

THYROID AGENTS

§ ANTITHYROID AGENTS

methimazole
propylthiouracil

§ THYROID SUPPLEMENTS

levothyroxine

§ VASOPRESSINS

desmopressin spray, tablet

§ MISCELLANEOUS

cabergoline
levocarnitine

GASTROINTESTINAL

§ ANTIDIARRHEALS

diphenoxylate-atropine
loperamide

§ ANTIEMETICS

dronabinol
granisetron
meclizine
metoclopramide
ondansetron
prochlorperazine
promethazine
trimethobenzamide
SANCUSO

§ ANTISPASMODICS

chlordiazepoxide-clidinium
dicyclomine
hyoscyamine sulfate
hyoscyamine sulfate ext-rel
hyoscyamine sulfate orally
disintegrating tablet

§ CHOLELITHOLYTICS

ursodiol

**§ H₂ RECEPTOR
ANTAGONISTS**

ranitidine

**INFLAMMATORY BOWEL
DISEASE**

§ ORAL AGENTS

balsalazide
budesonide capsule
sulfasalazine
sulfasalazine delayed-rel
APRISO
LIALDA
PENTASA
UCERIS

§ RECTAL AGENTS

hydrocortisone enema
mesalamine rectal
suspension

CANASA
CORTIFOAM

**IRRITABLE BOWEL
SYNDROME**

LINZESS
LOTRONEX

§ LAXATIVES

lactulose
peg 3350-electrolytes
SUCLEAR
SUPREP

**OPIOID-INDUCED
CONSTIPATION**

MOVANTIK

PANCREATIC ENZYMES

CREON
ULTRESA
VIOKACE
ZENPEP

§ PROSTAGLANDINS

misoprostol

**§ PROTON PUMP
INHIBITORS**

lansoprazole
omeprazole
omeprazole-sodium
bicarbonate capsule
pantoprazole
DEXILANT
NEXIUM

§ SALIVA STIMULANTS

cevimeline
pilocarpine tablet

**STEROIDS, RECTAL
PROCTOFOAM-HC**

**§ ULCER THERAPY
COMBINATIONS**

lansoprazole + amoxicillin +
clarithromycin
PYLERA

§ MISCELLANEOUS

sucralfate

GENITOURINARY

**§ BENIGN PROSTATIC
HYPERPLASIA**

alfuzosin ext-rel
doxazosin
finasteride
tamsulosin
terazosin
AVODART
RAPAFLO

**ERECTILE DYSFUNCTION
ALPROSTADIL AGENTS**

MUSE

**PHOSPHODIESTERASE
INHIBITORS**

CIALIS

**§ URINARY
ANTISPASMODICS**

oxybutynin ext-rel
tolterodine
tolterodine ext-rel

trospium
trospium ext-rel
MYRBETRIQ
VESICARE

HEMATOLOGIC

ANTICOAGULANTS

§ INJECTABLE

enoxaparin
FRAGMIN

§ ORAL

warfarin
ELIQUIS
PRADAXA
XARELTO

**§ SYNTHETIC HEPARINOID-
LIKE AGENTS**

fondaparinux

**HEMATOPOIETIC GROWTH
FACTORS**

ARANESP
NEULASTA

**§ PLATELET AGGREGATION
INHIBITORS**

clopidogrel
AGGRENOX
BRILINTA
EFFIENT

**§ PLATELET SYNTHESIS
INHIBITORS**

anagrelide

§ MISCELLANEOUS

cilostazol

**IMMUNOLOGIC
AGENTS**

ALLERGENIC EXTRACTS

GRASTEK
ORALAIR
RAGWITEK

**BIOLOGIC DISEASE-
MODIFYING AGENTS**

ENBREL
HUMIRA

**§ DISEASE-MODIFYING
ANTIRHEUMATIC DRUGS
(DMARDs)**

hydroxychloroquine
leflunomide
methotrexate
RASUVO

IMMUNOMODULATORS

INTERFERONS

PEGINTRON

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES

azathioprine
mycophenolate mofetil

MYFORTIC

§ CALCINEURIN INHIBITORS

cyclosporine
cyclosporine, modified
tacrolimus

§ RAPAMYCIN DERIVATIVES

sirolimus tablet
RAPAMUNE SOLUTION

NUTRITIONAL

ELECTROLYTES

§ POTASSIUM

potassium chloride ext-rel
potassium chloride liquid

VITAMINS AND MINERALS

**§ FOLIC ACID /
COMBINATIONS**

folic acid
folic acid-vitamin B6-
vitamin B12

§ PRENATAL VITAMINS

prenatal vitamins
CITRANATAL

RESPIRATORY

**ANAPHYLAXIS TREATMENT
AGENTS**

AUVI-Q

§ ANTICHOLINERGICS

SPIRIVA

**§ ANTICHOLINERGIC / BETA
AGONIST COMBINATIONS**

ipratropium-albuterol
inhalation solution
ANORO ELLIPTA
COMBIVENT RESPIMAT

**§ ANTIHISTAMINES,
LOW SEDATING**

levocetirizine

**§ ANTIHISTAMINES,
SEDATING**

clemastine 2.68 mg
cypheptadine

§ ANTITUSSIVES

benzonatate

**ANTITUSSIVE
COMBINATIONS**

§ OPIOID

codeine-chlorpheniramine-
pseudoephedrine
codeine-guaifenesin liquid
codeine-guaifenesin-
pseudoephedrine
codeine-promethazine
codeine-promethazine-
phenylephrine
hydrocodone-homatropine

§ NON-OPIOID

dextromethorphan-
brompheniramine-
pseudoephedrine
dextromethorphan-
promethazine

BETA AGONISTS,
INHALANTS

§ SHORT ACTING

albuterol inhalation solution
PROAIR HFA

LONG ACTING

FORADIL
PERFORMIST

§ LEUKOTRIENE RECEPTOR
ANTAGONISTS

montelukast
zafirlukast

§ MAST CELL STABILIZERS

cromolyn solution

§ NASAL ANTIHISTAMINES

azelastine
olopatadine
ASTEPRO

§ NASAL STEROIDS

flunisolide
fluticasone
triamcinolone
NASONEX

PHOSPHODIESTERASE-4
INHIBITORS

DALIRESP

STEROID / BETA AGONIST
COMBINATIONS

ADVAIR
DULERA

§ STEROID INHALANTS

budesonide inhalation
suspension
ASMANEX
QVAR

TOPICAL

DERMATOLOGY

ACNE

§ Oral

isotretinoin

§ Topical

adapalene
benzoyl peroxide
clindamycin solution
clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl
peroxide
tretinoin
ACANYA
ATRALIN
BENZACLIN
DIFFERIN CREAM
DIFFERIN GEL 0.3%
DIFFERIN LOTION
EPIDUO
RETIN-A MICRO
TAZORAC

§ ACTINIC KERATOSIS

fluorouracil cream 5%
fluorouracil solution
imiquimod
ZYCLARA

§ ANTIBIOTICS

gentamicin
mupirocin
silver sulfadiazine

§ ANTIFUNGALS

ciclopirox
clotrimazole
econazole
ketoconazole
nystatin
JUBLIA
LUZU
NAFTIN

§ ANTIPSORIATICS

acitretin
calcipotriene
methoxsalen
SORILUX

§ ANTISEBORRHEICS

ketoconazole shampoo 2%
selenium sulfide shampoo
2.5%

CORTICOSTEROIDS

§ Low Potency

desonide
hydrocortisone

§ Medium Potency

hydrocortisone butyrate
mometasone
triamcinolone
CLODERM
LOCOID LOTION

§ High Potency

desoximetasone
fluocinonide

§ Very High Potency

clobetasol cream, foam, gel,
lotion, ointment, shampoo

§ EMOLLIENTS

ammonium lactate 12%

§ IMMUNOMODULATORS

tacrolimus
ELIDEL

§ LOCAL ANALGESICS

lidocaine patch

§ LOCAL ANESTHETICS

lidocaine-prilocaine

§ ROSACEA

metronidazole
sulfacetamide-sulfur
FINACEA
ORACEA

§ SCABICIDES AND
PEDICULICIDES

malathion
permethrin 5%

§ MISCELLANEOUS SKIN
AND MUCOUS MEMBRANE

imiquimod
podofilox
DENA VIR

MOUTH / THROAT /
DENTAL AGENTS

PROTECTANTS

EPISIL
MUGARD

OPHTHALMIC

§ ANTIALLERGICS

azelastine
cromolyn sodium
PATADAY
PATANOL

§ ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin
levofloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE
MOXEZA
VIGAMOX

§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS

neomycin-polymyxin B-
bacitracin-hydrocortisone
neomycin-polymyxin B-
dexamethasone
tobramycin-dexamethasone
TOBRADEX OINTMENT
TOBRADEX ST
ZYLET

ANTI-INFLAMMATORIES

§ Nonsteroidal

bromfenac
diclofenac
ketorolac
PROLENSA

§ Steroidal

dexamethasone
prednisolone acetate 1%
ALREX
LOTEMAX

§ ANTIVIRALS

trifluridine

BETA-BLOCKERS

§ Nonselective

timolol maleate solution
BETIMOL

Selective

BETOPTIC S

§ CARBONIC ANHYDRASE
INHIBITORS

dorzolamide
AZOPT

§ CARBONIC ANHYDRASE
INHIBITOR / BETA-
BLOCKER COMBINATIONS

dorzolamide-timolol

IMMUNOMODULATORS

RESTASIS

§ PROSTAGLANDINS

latanoprost
travoprost
TRAVATAN Z
ZIOPTAN

§ SYMPATHOMIMETICS

brimonidine
ALPHAGAN P

SYMPATHOMIMETIC / BETA-
BLOCKER COMBINATIONS

COMBIGAN

OTIC

§ ANTI-INFECTIVES

acetic acid
acetic acid-aluminum acetate
ofloxacin otic

§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS

neomycin-polymyxin B-
hydrocortisone
CIPRODEX

QUICK REFERENCE DRUG LIST

A

abacavir
ABSTRAL
acamprosate calcium
ACANYA
acarbose
acetic acid
acetic acid-aluminum acetate
acitretin
ACTONEL
acyclovir

adapalene
ADVAIR
AFINITOR
AGGRENOLX
ALBENZA
albuterol inhalation solution
alendronate
alfuzosin ext-rel
ALKERAN
allopurinol
ALPHAGAN P
alprazolam

ALREX
amantadine
amitriptyline
amlodipine
amlodipine-atorvastatin
amlodipine-telmisartan
amlodipine-valsartan
amlodipine-valsartan-
hydrochlorothiazide
ammonium lactate 12%
amoxicillin
amoxicillin-clavulanate

amphetamine-
dextroamphetamine mixed
salts ext-rel
AMTURNIDE
anagrelide
anastrozole
ANDRODERM
ANORO ELLIPTA
APRISO
ARANESP
aripiprazole
ASMANEX

ASTEPRO
ATELVIA
atenolol
atenolol-chlorthalidone
atorvastatin
ATRALIN
ATRIPLA
AUBAGIO
AUVI-Q
AVODART
AXIRON
azathioprine

azelastine
AZILECT
azithromycin
AZOPT
AZOR

B

baclofen
balsalazide
BARACLUDE SOLUTION
BD INSULIN SYRINGES
AND NEEDLES
BELVIQ
BENICAR
BENICAR HCT
BENZACLIN
benzonatate
benzoyl peroxide
BESIVANCE
BETASERON
BETIMOL
BETOPTIC S
BEYAZ
bicalutamide
BIDIL
bisoprolol-
hydrochlorothiazide
BOSULIF
BRILINTA
brimonidine
BRINTELLIX
BRISDELLE
bromfenac
budesonide capsule
budesonide inhalation
suspension
buprenorphine-naloxone
sublingual tablet
bupropion
bupropion ext-rel
buspirone
BYSTOLIC

C

cabergoline
calcipotriene
calcitonin-salmon
calcitriol (1,25-D3)
calcium acetate
CANASA
candesartan
candesartan-
hydrochlorothiazide
capecitabine
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
carisoprodol
carvedilol
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
CETROTIDE

cevimeline
chlordiazepoxide-clidinium
chlorpromazine
chlorzoxazone
cholestyramine
chorionic gonadotropin -
Novarel
CIALIS
ciclopirox
cilostazol
CIPRODEX
ciprofloxacin
ciprofloxacin ext-rel
citalopram
CITRANATAL
clarithromycin
clarithromycin ext-rel
clemastine 2.68 mg
clindamycin
clindamycin solution
clindamycin-benzoyl
peroxide
clobetasol cream, foam, gel,
lotion, ointment, shampoo
CLODERM
clomiphene
clomipramine
clonazepam tablet
clonidine
clonidine transdermal
clopidogrel
clotrimazole
clozapine
codeine-acetaminophen
codeine-chlorpheniramine-
pseudoephedrine
codeine-guaifenesin liquid
codeine-guaifenesin-
pseudoephedrine
codeine-promethazine
codeine-promethazine-
phenylephrine
colchicine tablet
COLCRYS
COMBIGAN
COMBIVENT RESPIMAT
COMPLERA
CONTRAVE
COPAXONE
COREG CR
CORTIFOAM
CREON
CRESTOR
CRINONE
cromolyn sodium
cromolyn solution
cyclobenzaprine
CYCLOPHOSPHAMIDE
cyclosporine
cyclosporine, modified
cyproheptadine

D

DALIRESP
dantrolene
DAYTRANA
DENA VIR
desipramine

desmopressin spray, tablet
desonide
desoximetasone
dexamethasone
DEXCOM CONTINUOUS
GLUCOSE MONITORING
SYSTEM
DEXILANT
dexmethylphenidate
dexmethylphenidate ext-rel
dextroamphetamine
dextroamphetamine ext-rel
dextromethorphan-
brompheniramine-
pseudoephedrine
dextromethorphan-
promethazine
diazepam
diazepam rectal gel
diclofenac
diclofenac sodium
diclofenac sodium solution
diclofenac sodium-
misoprostol
dicloxacillin
dicyclomine
didanosine
DIFFERIN CREAM
DIFFERIN GEL 0.3%
DIFFERIN LOTION
DIFICID
digoxin
DILANTIN 30 MG CAPSULE
diltiazem ext-rel²
diphenoxylate-atropine
disulfiram
divalproex sodium
divalproex sodium ext-rel
DIVIGEL
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxepin
doxercalciferol
doxycycline hyclate
dronabinol
DUAVEE
DULERA
duloxetine

E

econazole
EDURANT
EFFIENT
ELIDEL
ELIQUIS
EMTRIVA
ENBREL
ENDOMETRIN
enoxaparin
entacapone
entecavir tablet
EPIDUO
EPISIL
eplerenone
eprosartan
EPZICOM

erythromycin
erythromycin solution
erythromycin-benzoyl
peroxide
erythromycins
escitalopram
ESTRACE CREAM
estradiol
estradiol-norethindrone
estropipate
ethambutol
ethinyl estradiol-
drospirenone
ethinyl estradiol-
levonorgestrel
ethinyl estradiol-
norelgestromin
ethinyl estradiol-norgestimate
ethosuximide
etoposide
EVAMIST
EVOTAZ
EVZIO
EXELON PATCH
exemestane

F

FARESTON
FARXIGA
FASLODEX
fenofibrate
fenofibric acid
fentanyl transdermal
fentanyl transmucosal
lozenge
FENTORA
FINACEA
finasteride
fluconazole
flunisolide
fluocinonide
fluorouracil cream 5%
fluorouracil solution
flouxetine
fluphenazine
flutamide
fluticasone
fluvastatin
fluvoxamine
FOCALIN XR
folic acid
folic acid-vitamin B6-vitamin
B12
FOLLISTIM AQ
fondaparinux
FORADIL
FORTEO
fosinopril
fosinopril-hydrochlorothiazide
FRAGMIN
furosemide
FUZEON

G

gabapentin
galantamine
galantamine ext-rel
GEL-ONE

gentamicin
GILENYA
GLEEVEC
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
GLUCAGEN HYPOKIT
GLUCAGON
EMERGENCY KIT
GRALISE
granisetron
GRASTEK
guanfacine
guanfacine ext-rel

H

haloperidol
HARVONI
HEXALEN
HUMATROPE
HUMIRA
HUMULIN R U-500
HYALGAN
hydrochlorothiazide
hydrocodone-acetaminophen
hydrocodone-homatropine
hydrocortisone
hydrocortisone butyrate
hydrocortisone enema
hydromorphone
hydroxychloroquine
hydroxyurea
hyoscyamine sulfate
hyoscyamine sulfate ext-rel
hyoscyamine sulfate orally
disintegrating tablet

I

ibandronate
imipramine HCl
imiquimod
INTELENCE
ipratropium-albuterol
inhalation solution
irbesartan
irbesartan-
hydrochlorothiazide
ISENTRESS
isoniazid
isotretinoin
itraconazole
ivermectin

J

JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JUBLIA

K

KALETRA
ketoconazole
ketoconazole shampoo 2%
ketorolac
KHEDEZLA

L
lactulose
lamivudine
lamivudine-zidovudine
lamotrigine
lamotrigine ext-rel
lansoprazole
lansoprazole + amoxicillin + clarithromycin
LANTUS
latanoprost
leflunomide
LETAIRIS
letrozole
LEUKERAN
leuprolide acetate
LEVEMIR
levetiracetam
levetiracetam ext-rel
levocarnitine
levocetirizine
levofloxacin
levothroxine
LIALDA
lidocaine patch
lidocaine-prilocaine
LINZESS
lisinopril
lisinopril-hydrochlorothiazide
lithium carbonate
lithium carbonate ext-rel tablet 300 mg
lithium carbonate ext-rel tablet 450 mg
LO LOESTRIN FE
LOCOID LOTION
lomustine
loperamide
lorazepam
losartan
losartan-hydrochlorothiazide
LOTEMAX
LOTRONEX
lovastatin
LUPRON DEPOT
LUZU
LYRICA
LYSODREN

M
malathion
MATULANE
meclizine
medroxyprogesterone
medroxyprogesterone acetate 150 mg/mL
MEGACE ES
megestrol acetate
meloxicam
mercaptopurine
mesalamine rectal suspension
MESTINON TIMESPAN
metaxalone
metformin
metformin ext-rel
methadone
methimazole

methocarbamol
methotrexate
methoxsalen
methylphenidate
methylphenidate ext-rel
methylprednisolone
metoclopramide
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metoprolol-hydrochlorothiazide
metronidazole
MINASTRIN 24 FE
MINIVELLE
minocycline
MIRAPEX ER
mirtazapine
mometasone
montelukast
morphine
morphine ext-rel
morphine suppository
MOVANTIK
MOXEZA
moxifloxacin
MUGARD
mupirocin
MUSE
mycophenolate mofetil
MYFORTIC
MYLERAN
MYRBETRIQ

N
nadolol
NAFTIN
naltrexone
NAMENDA
NAMENDA XR
naproxen
naratriptan
NASONEX
NATAZIA
nateglinide
neomycin-polymyxin B-bacitracin-hydrocortisone
neomycin-polymyxin B-dexamethasone
neomycin-polymyxin B-hydrocortisone
NEULASTA
NEUPRO
nevirapine
NEXAVAR
NEXIUM
niacin ext-rel
nifedipine ext-rel
nitrofurantoin
nitroglycerin lingual spray
NITROLINGUAL
NITROSTAT
norethindrone
nortriptyline
NORVIR
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R

NOVOLOG
NOVOLOG MIX 70/30
NUCYNTA
NUCYNTA ER
NUVARING
NUVIGIL
nystatin

O
ofloxacin
ofloxacin otic
olanzapine
olopatadine
omega-3 acid ethyl esters
omeprazole
omeprazole-sodium bicarbonate capsule
ondansetron
ONETOUCH ULTRA STRIPS AND KITS³
ONETOUCH VERIO STRIPS AND KITS³
OPANA ER
ORACEA
ORALAIR
orphenadrine-aspirin-caffeine
ORTHO TRI-CYCLEN LO
OSPHENA
OVIDREL
oxazepam
oxcarbazepine
oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
OXYCONTIN

P
pantoprazole
paricalcitol
paroxetine
paroxetine ext-rel
PATADAY
PATANOL
peg 3350-electrolytes
PEGINTRON
penicillin VK
PENTASA
PERFOROMIST
permethrin 5%
perphenazine
phenobarbital
phenytoin
phenytoin sodium extended
PHOSLYRA
pilocarpine tablet
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
podofilox
potassium chloride ext-rel
potassium chloride liquid
PRADAXA
pramipexole
pravastatin
prednisolone acetate 1%
prednisone
PREMARIN
PREMARIN CREAM

PREMPHASE
PREMPRO
prenatal vitamins
PREZCOBIX
PREZISTA
primidone
PRISTIQ
PROAIR HFA
probenecid
prochlorperazine
PROCTOFOAM-HC
progesterone, micronized
PROLENSA
promethazine
propranolol
propranolol ext-rel
propylthiouracil
PYLERA
pyrazinamide
pyridostigmine

Q
quetiapine
QUILLIVANT XR
quinapril
quinapril-hydrochlorothiazide
QVAR

R
RAGWITEK
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO
RAPAMUNE SOLUTION
RASUVO
REBIF
RELENZA
RELPAX
REVELA
repaglinide
RESCRIPTOR
RESTASIS
RETIN-A MICRO
REVLIMID
REYATAZ
ribavirin
rifampin
risperidone
rivastigmine
rizatriptan
ropinirole
ropinirole ext-rel

S
SAFYRAL
SANCUSO
SAVELLA
SAXENDA
selegiline
selenium sulfide shampoo
SEROQUEL XR
sertraline
sildenafil
silver sulfadiazine
SIMCOR

simvastatin
sirolimus tablet
SIVEXTRO
SORILUX
SOVALDI
SPIRIVA
spironolactone-hydrochlorothiazide
SPRYCEL
stavudine
STRATTERA
STRIBILD
SUBOXONE FILM
SUBSYS
SUCLEAR
sucralfate
sulfacetamide
sulfacetamide-sulfur
sulfamethoxazole-trimethoprim
sulfasalazine
sulfasalazine delayed-rel
sumatriptan
SUPARTZ
SUPRAX
SUPREP
SUSTIVA
SUTENT

T
TABLOID
tacrolimus
TAMIFLU
tamoxifen
tamsulosin
TARCEVA
TARGRETIN CAPSULE
TAZORAC
TECFIDERA
TEGRETOL-XR 100 MG
TEKAMLO
TEKURNA
TEKURNA HCT
telmisartan
telmisartan-hydrochlorothiazide
temazepam
temozolomide
terazosin
terbinafine tablet
tetracycline
THALOMID
thiothixene
tiagabine
timolol maleate solution
TIVICAY
tizanidine
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin
tobramycin-dexamethasone
tolterodine
tolterodine ext-rel
topiramate
torsemide
TOUJEO
TRACLEER

TRADJENTA <i>tramadol</i> <i>tramadol ext-rel</i>	TRIUMEQ <i>tropium</i> <i>tropium ext-rel</i>	<i>valganciclovir</i> <i>valproic acid</i> <i>valsartan</i> <i>valsartan-hydrochlorothiazide</i>	VOLTAREN GEL VOTRIENT VYTORIN VYVANSE	ZETIA <i>zidovudine</i> ZIOPTAN <i>ziprasidone</i> ZOLADEX ZOLINZA <i>zolmitriptan</i> <i>zolpidem</i> <i>zolpidem ext-rel</i>
TRAVATAN Z <i>travoprost</i> <i>trazodone</i> TRELSTAR <i>tretinoin</i> <i>tretinoin capsule</i>	TRULICITY TRUVADA TYKERB TYVASO	<i>venlafaxine</i> <i>venlafaxine ext-rel</i> VENTAVIS <i>verapamil ext-rel</i>	W <i>warfarin</i> WELCHOL	ZOMIG NASAL SPRAY <i>zonisamide</i> ZYCLARA ZYLET ZYTIGA
TREXALL <i>triamcinolone</i> <i>triamterene-hydrochlorothiazide</i>	U UCERIS ULORIC ULTRESA <i>ursodiol</i>	VESICARE VICTOZA VIGAMOX VIIBRYD VIMPAT	X XARELTO XIFAXAN 550 MG XIGDUO XR	
TRIBENZOR <i>trifluoperazine</i> <i>trifluridine</i> <i>trimethobenzamide</i>	V VAGIFEM <i>valacyclovir</i>	VIRAMUNE XR VIREAD	Z <i>zafirlukast</i> ZENPEP	

PREFERRED OPTIONS FOR EXCLUDED MEDICATIONS

EXCLUDED DRUG NAME(S) ⁴	PREFERRED OPTION(S)*	EXCLUDED DRUG NAME(S) ⁴	PREFERRED OPTION(S)*
ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, SEROQUEL XR</i>	ASTELIN	<i>azelastine, olopatadine, ASTEPRO</i>
ACCU-CHEK STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³	ATACAND, ATACAND HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide, BENICAR, BENICAR HCT</i>
ACTEMRA	ENBREL, HUMIRA	AVONEX	AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA
ACTICLATE	<i>doxycycline hyclate</i>	AZASITE	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE, MOXEZA, VIGAMOX</i>
ACTOS	<i>pioglitazone</i>	AZELEX	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN CREAM, DIFFERIN GEL 0.3%, DIFFERIN LOTION, EPIDUO, RETIN-A MICRO, TAZORAC</i>
ACUVAIL	<i>bromfenac, diclofenac, ketorolac, PROLENSA</i>	BECONASE AQ	<i>flunisolide, fluticasone, triamcinolone, NASONEX</i>
ADCIRCA	<i>sildenafil</i>	BEPREVE	<i>azelastine, cromolyn sodium, PATADAY, PATANOL</i>
ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, DAYTRANA, FOCALIN XR, QUILLIVANT XR, VYVANSE</i>	BRAVELLE	FOLLISTIM AQ
ADRENACLICK	AUVI-Q	BREEZE 2 STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
ADVICOR	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>	BROVANA	FORADIL, PERFOROMIST
AEROSPAN	ASMANEX, QVAR	BYDUREON	TRULICITY, VICTOZA
ALORA	<i>estradiol, DIVIGEL, EVAMIST, MINIVELLE</i>	BYETTA	TRULICITY, VICTOZA
ALTOPREV	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>	CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i>
ALVESCO	ASMANEX, QVAR	CARDIZEM	<i>diltiazem ext-rel (except generic Cardizem LA)</i>
AMITIZA	LINZESS	CARDIZEM CD	<i>diltiazem ext-rel (except generic Cardizem LA)</i>
AMRIX	<i>cyclobenzaprine</i>	CARDIZEM LA (includes generic Cardizem LA)	<i>diltiazem ext-rel (except generic Cardizem LA)</i>
ANDROGEL	ANDRODERM, AXIRON	CELEBREX	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>
APEXICON-E	<i>desoximetasone, fluocinonide</i>	CIMZIA	ENBREL, HUMIRA
APIDRA	NOVOLOG	CLIMARA PRO	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
ARCAPTA	FORADIL, PERFOROMIST		
ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT or NEXIUM</i>		
ASACOL HD	<i>balsalazide, budesonide capsule, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS</i>		
ASCENSIA STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³		

EXCLUDED DRUG NAME(S) ⁴	PREFERRED OPTION(S)*	EXCLUDED DRUG NAME(S) ⁴	PREFERRED OPTION(S)*
clobetasol spray	clobetasol foam	FABIOR	adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN CREAM, DIFFERIN GEL 0.3%, DIFFERIN LOTION, EPIDUO, RETIN-A MICRO, TAZORAC
CLOBEX SPRAY	clobetasol foam		
CONTOUR NEXT STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³		
CONTOUR STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³		
CORDRAN TAPE	clobetasol cream, clobetasol lotion, clobetasol ointment	FEMHRT LOW DOSE	estradiol-norethindrone, PREMPHASE, PREMPRO
COSOPT PF	dorzolamide-timolol	FETZIMA	duloxetine, venlafaxine, venlafaxine ext-rel, KHEDEZLA, PRISTIQ
CYMBALTA	duloxetine, venlafaxine, venlafaxine ext-rel, KHEDEZLA, PRISTIQ	FLECTOR	diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL
DELZICOL	balsalazide, budesonide capsule, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS	FLOVENT	ASMANEX, QVAR
DESVENLAFAXINE ER	duloxetine, venlafaxine, venlafaxine ext-rel, KHEDEZLA, PRISTIQ	fluorouracil cream 0.5%	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA
DETROL LA	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, VESICARE	FLUOXETINE 60 MG	citalopram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, BRINTELLIX, VIIBRYD
DIOVAN, DIOVAN HCT	candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide, BENICAR, BENICAR HCT	FORTAMET	metformin, metformin ext-rel
DUEXIS	celecoxib; diclofenac sodium, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT or NEXIUM	FORTESTA	ANDRODERM, AXIRON
DUREZOL	dexamethasone, prednisolone acetate 1%, LOTEMAX	FOSRENOL	calcium acetate, PHOSLYRA, RENVELA, VELPHORO
DYMISTA	flunisolide, fluticasone, triamcinolone or NASONEX WITH azelastine, olopatadine or ASTEPRO	FREESTYLE STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
ECOZA	clotrimazole, econazole, ketoconazole, LUZU, NAFTIN	GELNIQUE	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, VESICARE
EDARBI, EDARBYCLOR	candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide, BENICAR, BENICAR HCT	GENOTROPIN	HUMATROPE
EDLUAR	zolpidem, zolpidem ext-rel	GLUMETZA	metformin, metformin ext-rel
EMBEDA	morphine ext-rel, NUCYNTA ER, OPANA ER, OXYCONTIN	GONAL-F	FOLLISTIM AQ
ENJUUIA	estradiol, estropipate, PREMARIN	HALOG	desoximetasone, fluocinonide
EPIPEN, EPIPEN JR	AUVI-Q	Hecoria	tacrolimus
ESTROGEL	estradiol, DIVIGEL, EVAMIST, MINIVELLE	HUMALOG	NOVOLOG
EUFLEXXA	GEL-ONE, HYALGAN, SUPARTZ	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
EXALGO	morphine ext-rel, NUCYNTA ER, OPANA ER, OXYCONTIN	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
EXFORGE	amlodipine-telmisartan, amlodipine-valsartan, AZOR	HUMULIN ⁶	NOVOLIN
EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, TRIBENZOR	ILEVRO	bromfenac, diclofenac, ketorolac, PROLENSA
EXTAVIA	AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA	INCRUSE ELLIPTA	SPIRIVA
		INNOPRAN XL	atenolol, carvedilol, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel, BYSTOLIC, COREG CR
		INTERMEZZO	zolpidem, zolpidem ext-rel
		INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate, dexmethylphenidate ext-rel, dextroamphetamine, dextroamphetamine ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, DAYTRANA, FOCALIN XR, QUILLIVANT XR, STRATTERA, VYVANSE
		INVOKAMET	XIGDUO XR
		INVOKANA	FARXIGA, JARDIANCE
		JALYN	finasteride or AVODART WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO

EXCLUDED DRUG NAME(S) ⁴	PREFERRED OPTION(S)*	EXCLUDED DRUG NAME(S) ⁴	PREFERRED OPTION(S)*
KADIAN	<i>morphine ext-rel</i> , NUCYNTA ER, OPANA ER, OXYCONTIN	NITROMIST	<i>nitroglycerin lingual spray</i> , NITROLINGUAL, NITROSTAT
KAPVAY	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> , <i>dexmethylphenidate</i> , <i>dexmethylphenidate ext-rel</i> , <i>dextroamphetamine</i> , <i>dextroamphetamine ext-rel</i> , <i>guanfacine ext-rel</i> , <i>methylphenidate</i> , <i>methylphenidate ext-rel</i> , DAYTRANA, FOCALIN XR, QUILLIVANT XR, STRATTERA, VYVANSE	NORDITROPIN	HUMATROPE
KAZANO	JANUMET, JANUMET XR, JENTADUETO	NORITATE	<i>metronidazole</i> , <i>sulfacetamide-sulfur</i> , FINACEA
KENALOG	<i>hydrocortisone butyrate</i> , <i>mometasone</i> , <i>triamcinolone</i> , CLODERM, LOCOID LOTION	NORVASC	<i>amlodipine</i>
KEPPRA	<i>levetiracetam</i>	NUTROPIN AQ	HUMATROPE
KEPPRA XR	<i>levetiracetam ext-rel</i>	OLEPTRO	<i>trazodone</i>
KERYDIN	JUBLIA	OLUX-E	<i>clobetasol foam</i>
KINERET	ENBREL, HUMIRA	OMNARIS	<i>flunisolide</i> , <i>fluticasone</i> , <i>triamcinolone</i> , NASONEX
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO	OMNITROPE	HUMATROPE
LAMICTAL	<i>lamotrigine</i>	ONGLYZA	JANUVIA, TRADJENTA
LASTACAFI	<i>azelastine</i> , <i>cromolyn sodium</i> , PATADAY, PATANOL	OPSUMIT	LETAIRIS, TRACLEER
LATUDA	<i>aripiprazole</i> , <i>clozapine</i> , <i>olanzapine</i> , <i>quetiapine</i> , <i>risperidone</i> , <i>ziprasidone</i> , SEROQUEL XR	ORENCIA	ENBREL, HUMIRA
LAZANDA	<i>fentanyl transmucosal lozenge</i> , <i>morphine</i> , <i>oxycodone</i> , ABSTRAL, FENTORA, SUBSYS	ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ
LESCOL XL	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>simvastatin</i> , CRESTOR, SIMCOR, VYTORIN	OSENI	JANUMET, JANUMET XR, JENTADUETO
LEVITRA	CIALIS	OTEZLA	ENBREL, HUMIRA
LIPITOR	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>simvastatin</i> , CRESTOR, SIMCOR, VYTORIN	OXISTAT	<i>ciclopirox</i> , <i>clotrimazole</i> , <i>econazole</i> , <i>ketoconazole</i> , LUZU, NAFTIN
LIPTRUZET	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>simvastatin</i> , CRESTOR, SIMCOR, VYTORIN	OXYTROL	<i>oxybutynin ext-rel</i> , <i>tolterodine</i> , <i>tolterodine ext-rel</i> , <i>tropium</i> , <i>tropium ext-rel</i> , MYRBETRIQ, VESICARE
LIVALO	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>simvastatin</i> , CRESTOR, SIMCOR, VYTORIN	PEGASYS	PEGINTRON
LUMIGAN	<i>latanoprost</i> , <i>travoprost</i> , TRAVATAN Z, ZIOPTAN	PENNSAID	<i>diclofenac sodium</i> , <i>diclofenac sodium solution</i> , <i>meloxicam</i> , <i>naproxen</i> , VOLTAREN GEL
LUNESTA	<i>zolpidem</i> , <i>zolpidem ext-rel</i>	PICATO	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , ZYCLARA
LUXIQ	<i>hydrocortisone butyrate</i> , <i>mometasone</i> , <i>triamcinolone</i> , CLODERM, LOCOID LOTION	PLAVIX	<i>clopidogrel</i> , AGGRENOX, BRILINTA, EFFIENT
Matzim LA	<i>diltiazem ext-rel</i> (except generic Cardizem LA)	PLEGRIDY	AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA
MENEST	<i>estradiol</i> , <i>estropipate</i> , PREMARIN	PRECISION XTRA STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
MENOSTAR	<i>estradiol</i>	PREVACID	<i>lansoprazole</i> , <i>omeprazole</i> , <i>omeprazole-sodium bicarbonate capsule</i> , <i>pantoprazole</i> , DEXILANT, NEXIUM
<i>mepredine</i>	<i>hydromorphone</i> , <i>morphine</i> , <i>oxycodone</i>	PROCRIT	ARANESP
METADATE CD	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> , <i>dexmethylphenidate ext-rel</i> , <i>dextroamphetamine ext-rel</i> , <i>methylphenidate ext-rel</i> , DAYTRANA, FOCALIN XR, QUILLIVANT XR, VYVANSE	PROGRAF	<i>tacrolimus</i>
METROGEL	<i>metronidazole</i> , <i>sulfacetamide-sulfur</i> , FINACEA	PROLIA	<i>alendronate</i> , <i>calcitonin-salmon</i> , <i>ibandronate</i> , ACTONEL, ATELVIA, FORTEO
MONOVISC	GEL-ONE, HYALGAN, SUPARTZ	PROTONIX	<i>lansoprazole</i> , <i>omeprazole</i> , <i>omeprazole-sodium bicarbonate capsule</i> , <i>pantoprazole</i> , DEXILANT, NEXIUM
NAPRELAN	<i>diclofenac sodium</i> , <i>meloxicam</i> , <i>naproxen</i>	PROTOPIC	<i>tacrolimus</i> , ELIDEL
NATESTO	ANDRODERM, AXIRON	PROVENTIL HFA	PROAIR HFA
NESINA	JANUVIA, TRADJENTA	PROVIGIL	NUVIGIL
NEVANAC	<i>bromfenac</i> , <i>diclofenac</i> , <i>ketorolac</i> , PROLENSA	PULMICORT RESPULES	<i>budesonide inhalation suspension</i> , ASMANEX, QVAR
		QNASL	<i>flunisolide</i> , <i>fluticasone</i> , <i>triamcinolone</i> , NASONEX
		QSYMIA	BELVIQ, CONTRAVE, SAXENDA
		QUARTETTE	NATAZIA
		RAYOS	<i>dexamethasone</i> , <i>methylprednisolone</i> , <i>prednisone</i>
		RELION INSULIN	NOVOLIN INSULIN

EXCLUDED DRUG NAME(S) ⁴	PREFERRED OPTION(S)*	EXCLUDED DRUG NAME(S) ⁴	PREFERRED OPTION(S)*
RELISTOR	MOVANTIK	TREXIMET	<i>diclofenac sodium, meloxicam or naproxen WITH naratriptan, rizatriptan, sumatriptan, zolmitriptan, RELPAX or ZOMIG NASAL SPRAY</i>
REMICADE	ENBREL, HUMIRA	TRICOR	<i>fenofibrate, fenofibric acid</i>
REPRONEX	CETROTIDE, FOLLISTIM AQ	TUDORZA	SPIRIVA
REVATIO	<i>sildenafil</i>	VALCYTE	<i>valganciclovir</i>
RHINOCORT AQUA	<i>flunisolide, fluticasone, triamcinolone, NASONEX</i>	VALTRES	<i>acyclovir, valacyclovir</i>
RIOMET	<i>metformin, metformin ext-rel</i>	VASCEPA	<i>omega-3 acid ethyl esters</i>
RITALIN SR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, DAYTRANA, FOCALIN XR, QUILLIVANT XR, VYVANSE</i>	VELTIN	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN CREAM, DIFFERIN GEL 0.3%, DIFFERIN LOTION, EPIDUO, RETIN-A MICRO, TAZORAC</i>
ROWASA	<i>mesalamine rectal suspension</i>	VENTOLIN HFA	PROAIR HFA
ROZEREM	<i>zolpidem, zolpidem ext-rel</i>	VERAMYST	<i>flunisolide, fluticasone, triamcinolone, NASONEX</i>
SAIZEN	HUMATROPE	VERDESO	<i>desonide, hydrocortisone</i>
SEREVENT	FORADIL, PERFOROMIST	VIAGRA	CIALIS
SFROWASA	<i>mesalamine rectal suspension</i>	VIEKIRA PAK	HARVONI
SILENOR	<i>zolpidem, zolpidem ext-rel</i>	VIMOVO	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT or NEXIUM</i>
SIMPONI	ENBREL, HUMIRA	VOGELXO	ANDRODERM, AXIRON
SOLARAZE	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i>	XELJANZ	ENBREL, HUMIRA
SONATA	<i>zolpidem, zolpidem ext-rel</i>	XENICAL	BELVIQ, CONTRAVE, SAXENDA
STAXYN	CIALIS	XOPENEX HFA	PROAIR HFA
STELARA	ENBREL, HUMIRA	XTANDI	ZYTIGA
STENDRA	CIALIS	ZETONNA	<i>flunisolide, fluticasone, triamcinolone, NASONEX</i>
SUMAVEL DOSEPRO	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan, RELPAX, ZOMIG NASAL SPRAY</i>	ZOHYDRO ER	<i>morphine ext-rel, NUCYNTA ER, OPANA ER, OXYCONTIN</i>
SYMBICORT	ADVAIR, DULERA	ZOLPIMIST	<i>zolpidem, zolpidem ext-rel</i>
SYNVISC, SYNVISC-ONE	GEL-ONE, HYALGAN, SUPARTZ	ZUBSOLV	<i>buprenorphine-naloxone sublingual tablet, SUBOXONE FILM</i>
TANZEUM	TRULICITY, VICTOZA	ZYMAXID	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE, MOXEZA, VIGAMOX</i>
TASIGNA	BOSULIF, GLEEVEC, SPRYCEL	ZYVOX	SIVEXTRO
TESTIM	ANDRODERM, AXIRON		
<i>testosterone gel 1% ⁷</i>	ANDRODERM, AXIRON		
TEVETEN, TEVETEN HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide, BENICAR, BENICAR HCT</i>		
TEV-TROPIN	HUMATROPE		
TOVIAZ	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, VESICARE</i>		

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. New-to-market products and new variations of products already in the marketplace will not be added to the formulary until the 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). In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. 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. Log in to www.caremark.com to check coverage and copay information for a specific medicine.

* The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

§ Generics are available in this class and should be considered the first line of prescribing.

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 Listing does not include generic Cardizem LA.

³ A OneTouch blood glucose meter will 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 toll-free: 1-800-588-4456. Members must have CVS/caremark Mail Service Pharmacy™ benefits to qualify.

⁴ An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

⁵ OneTouch brand test strips are the only preferred options.

⁶ Listing includes Relion Insulin products.

⁷ Listing reflects the authorized generics for Testim and Vogelxo.

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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 only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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www.caremark.com

BNY Mellon Prescription Coverage

Updated October 1, 2015

Note: This list is subject to change at any time and may not be a complete list

Medications Requiring Prior Authorization¹

Drug Class	Medications
Anabolic Steroids	Anadrol, Oxandrin
Antiobesity Agents	Adipex-P, Belviq, Bontril PDM, Contrave, Didrex, Phentermine, Qsymia, Regimex, Saxenda, Suprenz, Xenical
Cosmetic – Acne/Skin Disease	Differin, Retin-A, Solodyn, Tazorac, Veltin, Ziana
Narcolepsy Agents	Nuvigil, Provigil, Xyrem
Nutritional Supplements	Alimentum, EleCare
Pain Management Agents	Abstral, Actiq, Fentora, Lazana, Onsolis, Subsys
Multi-ingredient Compounds	Contact CVS/caremark for more details

Medications Covered with Quantity Limits

Drug Class	Medications
ADHD Agents	Concerta, Daytrana, Focalin, Ritalin
Antidiabetic Agents	Byetta, Bydureon, Tanzeum, Trulicity, Victoza
Antiemetics	Aloxi, Anzemet, Cesamet, Emend, Kytril, Marinol, Sancuso, Zofran, Zuplenz
Antifungals	Lamisil, Sporanox
Influenza Agents	Relenza, Tamiflu
Insomnia Agents	Ambien, Ambien CR, Dalmane, Doral, Halcion, Lunesta, ProSom, Restoril, Rozerem, Sonata, Strazepam Pak, Zolpidem
Migraine Agents – Oral	Amerge, Axert, Frova, Imitrex, Maxalt, Relpax, Treximet, Zomig, Zomig ZMT
Migraine Agents – Injectable	Alsuma, Imitrex, Sumavel Dosepro
Migraine Agents – Nasal Spray	Imitrex, Migranal, Zomig
Pain Management	OxyContin, Toradol, Ultracet, Ultram, Ultram ER, Vicoprofen
Erectile Dysfunction Agents	Caverject, Cialis, Edex, Muse, Staxyn, Stendra, Viagra

Medications Covered with Specialty Guideline Management²

Drug Class or Disease State	Medications
Acromegaly	Octreotide acetate, Sandostatin LAR, Somatuline Depot, Somavert
Alcohol Dependency	Vivitrol

Drug Class or Disease State	Medications
Age Related Macular Degeneration (Retinal Disorder)	Avastin, Eylea, Lucentis, Macugen, Visudyne
Seizure Disorder	Acthar, Sabril
Allergic Asthma	Xolair
Alpha-1 Antitrypsin Deficiency	Aralast, Glassia, Prolastin/Prolestin C, Zemaira
Anemia	Aranesp, Epogen, Mircera, Omontys, Procrit
Botox	Botox, Dysport, Myobloc, Xeomin
Cardiac Disorder	Tikosyn
CAPS	Arcalyst, Kineret, Ilaris
Central Precocious Puberty	Lupron, Supprelin LA
Coagulation Disorder	Ceprotin
CSF	Granix, Leukine, Neulasta, Neupogen, Zarxio
Cushing's Syndrome	Korlym, Signifor
Cystic Fibrosis	Bethkis, Cayston, Kalydeco, Orkambi, Pulmozyme, Tobi, Tob, Podhaler
Dupuytren's contracture	Xiaflex
Electrolyte Disorders	Samsca
Enzyme Replacement (Gaucher Disease)	Adagen, Aldurazyme, Cerdelga, Cerezyme, Cystagon, Cystaren, Elaprase, Elelyso, Fabrazyme, Lumizyme, Myozyme, Naglazyme, Procysbi, Orfadin, Vimizim, Vpriv, Zavesca
Gastrointestinal Disorders	Gattex, Zorbtive
Gout	Krystexxa
Growth Hormone and Related Disorders	Genotropin, Humatrope, Increlex, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Zomacton
Hematopoietics	Mozobil, Neumega
Hemophilia and Related Bleeding Agents	Advate, Alphanate, Alphanine SD, Alprolix, Bebulin VH, Benefix, Corifact, Feiba VH, Helixate FS, Hemofil-M, Humate-P, Koate-DVI, Kogenate FS, Monarc-M, Monoclata-P, Mononine, Novoseven, Profilnine SD, Refacto, Recombinate, Refacto, RiaSTAP, Rixubis, Stimat, Xyntha, Wilate
Hereditary Angioedema	Cinryze, Berinert, Firazyr, Kalbitor
Hepatitis C	Copegus, Incivek, Infergen, Intron A, Olysio, Pegasys, Peg-Intron, Rebetol, Ribasphere, Ribavirin, Roferon A, Sovaldi, Victrelis
HIV Therapies	Egrifta, Fuzeon, Serostim
Hormonal Therapies	Aveed, Eligard, Firmagon, Lupaneta, Lupron, Lupron Depot, Trelstar, Vantas, Zoladex

Drug Class or Disease State	Medications
Immune Therapies	Bivigam, Carimune NF, Cytogam, Flebogamma, Gamagard, GamaSTAN, Gammaplex, Gamunex C, Hizentra, Hygvia, Privigen, Octagam
Inflammatory Bowel Disease	Cimzia, Entyvio, Humira, Remicade, Simponi, Tysabri
Infectious Disease	Actimmune, Alferon-N
Infertility	Bravelle, Cetrotide, Chorionic gonadotropin, Follistim AQ, ganirelex acetate, Gonal-F, leuprolide acetate, Menopur, Ovidrel, Repronex
Iron Overload	Desferal, Exjade, Ferriprox
ITP	Nplate, Promacta
Lipid Disorders	Juxtapid, Kynamro
Lipodystrophy	Myalept
Movement Disorder	Apokyn, Xenazine
Multiple Sclerosis	Ampyra, Aubagio, Avonex, Betaseron, Bosulif, Copaxone, Extavia, Gilenya, Lemtrada, Novantrone, Plegridy, Rebif, Tecfidera, Tysabri
Oncology	Adcetris, Afinitor, Arzerra, Avastin, Beleodaq, Caprelsa, Cometriq, Cyramza, Dacogen, Erbitux, Erivedge, Erwinaze, Farydak, Fusilev, Gazyva, Gilotrif, Gleevec, Halaven, Herceptin, Hycamin Caps, Iclusig, Imbruvica, Inlyta, Intron A, Iressa, Istodax, Ixempra, Jakafi, Jevtana, Kadcylla, Keytruda, Kyprolis, Lenvima, Mekinist, Nexavar, Novantrone, Oncaspar, Perjeta, Pomalyst, Proleukin, Revlimid, Rituxan, Sprycel, Stivarga, Sutent, Sylatron, Sylvant, Synribo, Tafinlar, Tarceva, Targretin, Tassigna, Temodar, Thalomid, Torisel, Treanda, Tykerb, Unituxin, Valstar, Vectibix, Velcade, Vidaza, Votrient, Xalkori, Xeloda, Xgeva, Xtandi, Yervoy, Zaltrap, Zelboraf, Zolinza, Zometa, Zydelig
Osteoarthritis	Euflexxa, Gel-One, Hyalgan, Monovisc, Orthovisc, Supartz, Synvisc, Synvisc-One
Osteoporosis	Forteo, Prolia, Reclast
Pain Management	Prialt
PKU	Kuvan
Paroxysmal Nocturnal Hemoglobinuria Management	Soliris
Pre-term Birth	Makena

Psoriasis	Enbrel, Humira, Otezla, Otezup, Rasuvo, Remicade, Stelara
Pulmonary Arterial Hypertension	Adcirca, Adempas, Flolan, Letairis, Opsumit, Orenitram, Remodulin, Revatio, Tracleer, Tyvaso, Veletri, Ventavis
Renal	Sensipar
Respiratory Syncytial Virus	Synagis
Rheumatoid Arthritis	Actemra, Cimzia, Enbrel, Humira, Kineret, Orencia, Otezup, Otezla, Rasuvo, Remicade, Rituxan, Simponi, Simponi Aria, Xeljanz
Sleep Disorders	Hetlioz
Systemic Lupus Erythamatosus	Benlysta
Urea Cycle Disorder	Buphenyl, Carbaglu, Ravicti

¹Prior authorization (PA) means a review is conducted to determine medical necessity before the medication is covered under your prescription benefit. Prior authorization requires a medical diagnosis from the prescribing doctor. Some medications may require more information, in addition to the medical diagnosis. Please note that prior authorization requirements are subject to change due to plan design and/or formulary revisions, and some drugs newly approved by the U.S. Food and Drug Administration (FDA) may also be subject to prior authorization. Please contact CVS/caremark Customer Care toll-free at 1-800-685-4130 with any additional questions you might have or to obtain a prior authorization form.

²Specialty Guideline Management is a program that helps to ensure appropriate utilization for specialty medications based on evidence-based medicine guidelines and consensus statements. Patient progress is continually assessed to determine whether appropriate therapeutic results are achieved.

Note: Fertility medications, smoking deterrents and compounds have a maximum allowable benefit. Testosterone products are covered for males only.

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Traditional Generic Step Therapy		
Drug Class	Drugs Requiring Step Therapy*	Covered Generic Options
ACE Inhibitors/Angiotensin II Receptor Antagonists (ARBs)/ Direct Renin Inhibitors/Combinations*	Benicar/Benicar HCT Edarbi Edarbyclor Tekturna/Tekturna HCT Teveten HCT	amlodipine-benazepril benazepril/benazepril HCTZ candesartan/candesartan HCTZ captopril/captopril HCTZ enalapril/enalapril HCTZ eprosartan fosinopril/fosinopril HCTZ irbesartan/irbesartan HCTZ lisinopril/lisinopril HCTZ losartan/losartan HCTZ moexipril/moexipril HCTZ quinapril/quinapril HCTZ ramipril telmisartan/telmisartan HCTZ trandolapril trandolapril-verapamil ext-rel valsartan/valsartan HCTZ
Acne/Topical	Acanya Akne-Mycin Azelex	benzoyl peroxide clindamycin solution clindamycin-benzoyl peroxide erythromycin solution erythromycin-benzoyl peroxide sodium sulfacetamide sulfacetamide-sulfur
Benign Prostatic Hyperplasia/ Alpha Blockers	Cardura XL Rapaflo	alfuzosin ext-rel doxazosin tamsulosin terazosin
Benign Prostatic Hyperplasia/ Alpha Reductase Inhibitors/Combinations	Avodart Jalyn**	finasteride **tamsulosin also considered a Covered Generic Alternative for Jalyn
Bisphosphonates/Combinations	Binosto Fosamax Plus D	alendronate ibandronate risedronate
COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/ Combinations*	Cambia Duexis Flector Nalfon Tivorbex Voltaren Gel Zipsor Zorvolex	celecoxib diclofenac sodium/misoprostol diclofenac sodium diclofenac sodium solution ibuprofen meloxicam naproxen/naproxen ext-rel (500 mg) <i>Additional generic NSAIDs available</i>
Fibrates	Fenoglide 40 mg Triglide	fenofibrate fenofibric acid gemfibrozil

Traditional Generic Step Therapy		
Drug Class	Drugs Requiring Step Therapy*	Covered Generic Options
HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations	Advicor Altoprev Crestor (excluding 40 mg) Liptruzet Livalo Simcor Vytorin	amlodipine-atorvastatin atorvastatin fluvastatin lovastatin niacin ext-rel pravastatin simvastatin
Migraine, Selective Serotonin Agonists/Combinations	Alsuma Frova Relpax Sumavel Dosepro Treximet	almotriptan naratriptan rizatriptan sumatriptan zolmitriptan
Nasal Steroids	Beconase AQ Dymista Nasonex Omnaris Qnasl Veramyst Zetonna	budesonide flunisolide fluticasone triamcinolone
Ophthalmic/Prostaglandins	Lumigan Travatan Z Zioptan	latanoprost travoprost
Proton Pump Inhibitors (PPIs)*	Dexilant Nexium Prilosec Packets Protonix Packets Zegerid Powder for Oral Susp	lansoprazole omeprazole omeprazole-sodium bicarbonate capsule pantoprazole rabeprazole
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	Irenka Fetzima Khedezla Pristiq	duloxetine delayed-rel venlafaxine/venlafaxine ext-rel
Selective Serotonin Reuptake Inhibitors (SSRIs)	Brintellix Pexeva Viibryd	citalopram escitalopram fluoxetine fluvoxamine/fluvoxamine ext-rel paroxetine/paroxetine ext-rel sertraline
Sleeping Agents	Belsomra Edluar Intermezzo Rozerem Silenor Zolpimist	eszopiclone zaleplon zolpidem/zolpidem ext-rel

Traditional Generic Step Therapy

Drug Class	Drugs Requiring Step Therapy*	Covered Generic Options
Urinary Antispasmodics*	Enablex Gelnique Myrbetriq Oxytrol Toviaz Vesicare	oxybutynin/oxybutynin ext-rel tolterodine/tolterodine ext-rel trospium/trospium ext-rel

*Please note: A Member's Plan determines whether the member must try one or two generics before a brand-name drug is allowed in select drug classes.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. 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 only and are not intended to replace the clinical judgment of the prescriber. Targeted therapeutic classes and specific drug targets are subject to change based on new generic drug launches, product approvals, drug withdrawals and other market changes.

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High Deductible Health Plan (HDHP) - Health Savings Account (HSA)

Preventive Therapy Drug List

(09/01/15)

ANTICOAGULANTS/ ANTIPLATELETS

ANTICOAGULANTS

enoxaparin
fondaparinux
warfarin
Jantoven
ARIXTRA
COUMADIN
COUMADIN INJECTION
ELIQUIS
FRAGMIN
IPRIVASK
LOVENOX
PRADAXA
SAVAYSA
XARELTO

PLATELET AGGREGATION INHIBITORS

clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
ticlopidine
AGGRENOX
BRILINTA
EFFIENT
PERSANTINE
PLAVIX
ZONTIVITY

ANTICONVULSANTS

carbamazepine
carbamazepine ext-rel
clonazepam
divalproex sodium delayed-rel
divalproex sodium ext-rel
ethosuximide
felbamate
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
tiagabine
topiramate
topiramate ext-rel
valproic acid
zonisamide
Epitol
APTIOM
BANZEL

CARBATROL
CELONTIN
DEPAKENE
DEPAKOTE
DEPAKOTE ER
DILANTIN
FELBATOL
FYCOMPA
GABITRIL
KEPPRA
KEPPRA XR
KLONOPIN
LAMICTAL
LAMICTAL XR
LAMICTAL XR KIT
MYSOLINE
ONFI
OXTELLAR XR
PEGANONE
PHENYTEK
POTIGA
QUDEXY XR
SABRIL
STAVZOR
TEGRETOL
TEGRETOL-XR
TOPAMAX
TOPIRAMATE ER
TRILEPTAL
TROKENDI XR
VIMPAT
ZARONTIN
ZONEGRAN

BOWEL PREPARATIONS

peg 3350/electrolytes
Gavilyte
COLYTE
GOLYTELY
MOVIPREP
NULYTELY
OSMOPREP
PREPOPIK
SUPREP

CARDIOVASCULAR CONDITIONS - OTHER

ANTIARRHYTHMIC AGENTS

amiodarone
disopyramide
flecainide
propafenone
propafenone ext-rel
sotalol
sotalol AF

Pacerone
BETAPACE
BETAPACE AF
CORDARONE
NORPACE
NORPACE CR
RYTHMOL
RYTHMOL SR
SOTYLIZE
TIKOSYN

NEPRILYSIN/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate ext-rel
nitroglycerin
nitroglycerin lingual spray
nitroglycerin sublingual aerosol
DILATRATE-SR
ISORDIL
NITROLINGUAL
NITROMIST

*SL and chewable formulations are not included
on this list.*

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal
Minitran
NITRO-BID
NITRO-DUR

CORONARY ARTERY DISEASE

ANTHYPERLIPIDEMICS

atorvastatin
cholestyramine
colestipol
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
gemfibrozil
lovastatin
niacin ext-rel
omega-3 acid ethyl esters
pravastatin
simvastatin
Niacor
Prevalite
ALTOPREV
ANTARA

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Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue System (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

This Preventive Therapy Drug List has been adopted by the referenced health plan. CVS/caremark™ makes no representations regarding its compliance with applicable legal requirements. The Preventive Therapy Drug List should be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor's counsel.
106-1038894b 090115

COLESTID
CRESTOR
FENOGLIDE
FIBRICOR
JUXTAPID
LESCOL
LESCOL XL
LIPITOR
LIPOFEN
LIVALO
LOCHOLEST/LOCHOLEST LIGHT
LOFIBRA
LOPID
LOVAZA
MEVACOR
NIASPAN
PRAVACHOL
QUESTRAN/QUESTRAN LIGHT
TRICOR
TRIGLIDE
TRILIPIX
VASCEPA
WELCHOL
ZETIA
ZOCOR

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
ADVICOR
CADUET
LIPTRUZET
SIMCOR
VYTORIN

DIABETES

DIAGNOSTIC AGENTS AND SUPPLIES

BLOOD GLUCOSE MONITORS - ALL
BLOOD GLUCOSE STRIPS - ALL
CONTROL SOLUTIONS
INSULIN SYRINGES
AND NEEDLES - ALL
KETONE BLOOD TEST STRIPS - ALL
LANCETS, LANCET DEVICES
URINE TESTING STRIPS - ALL

INHALED DIABETES AGENTS

AFREZZA

INJECTABLE DIABETES AGENTS

APIDRA
BYDUREON
BYETTA
HUMALOG
HUMULIN
LANTUS
LEVEMIR
NOVOLIN
NOVOLOG
SYMLINPEN
TANZEUM
TOUJEO

TRULICITY
VICTOZA

*Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.*

ORAL DIABETES AGENTS

acarbose
chlorpropamide
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
glyburide
glyburide, micronized
glyburide/metformin
metformin
metformin ext-rel
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
tolbutamide
ACTOPLUS MET
ACTOPLUS MET XR
ACTOS
AMARYL
DIABETA
DUETACT
FARXIGA
FORTAMET
GLUCOPHAGE
GLUCOPHAGE XR
GLUCOTROL
GLUCOTROL XL
GLUCOVANCE
GLUMETZA
GLYNASE
GLYSET
GLYXAMBI
INVOKAMET
INVOKANA
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
KAZANO
KOMBIGLYZE XR
METAGLIP
NESINA
ONGLYZA
OSENI
PRANDIMET
PRANDIN
PRECOSE
RIOMET
STARLIX
TRADJENTA
XIGDUO XR

HEMATOLOGIC AGENTS

ADVATE
ALPHANATE
ALPHANINE SD
ALPROLIX
BEBULIN
BENEFIX
CORIFACT
ELOCTATE
HELIXATE FS
HEMIFIL M
HUMATE-P
IXINITY
KOATE-DVI
KOGENATE
KOGENATE FS
MONOCLATE-P
MONONINE
NOVOEIGHT
PROFILNINE SD
RECOMBINATE
RIXUBIS
TRETEN
XYNTHA

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
eprosartan
fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
moexipril/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
trandolapril/verapamil ext-rel
valsartan
valsartan/hydrochlorothiazide
ACCUPRIL
ACCURETIC
ACEON

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106-1038894b 090115

ALTACE
ATACAND
ATACAND HCT
AVALIDE
AVAPRO
BENICAR
BENICAR HCT
COZAAR
DIOVAN
DIOVAN HCT
EDARBI
EDARBYCLOR
EPANED
HYZAAR
LOTENSIN
LOTENSIN HCT
LOTREL
MAVIK
MICARDIS
MICARDIS HCT
PRESTALIA
PRINIVIL
TARKA
TEVETEN
TEVETEN HCT
VASERETIC
VASOTEC
ZESTORETIC
ZESTRIL

BETA-BLOCKERS AND COMBINATION AGENTS

acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
labetalol
metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide
nadolol
nadolol/bendroflumethiazide
pindolol
propranolol
propranolol ext-rel
propranolol/hydrochlorothiazide
timolol maleate
BYSTOLIC
COREG
COREG CR
CORGARD
CORZIDE
DUTOPROL
INDERAL LA
KERLONE
LEVATOL
LOPRESSOR
LOPRESSOR HCT
SECTRAL

TENORETIC
TENORMIN
TOPROL-XL
TRANDATE
ZEBETA
ZIAC

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amlodipine
diltiazem
diltiazem ext-rel
diltiazem XR
felodipine ext-rel
isradipine
nicardipine
nifedipine
nifedipine ext-rel
nisoldipine ext-rel
verapamil
verapamil ext-rel
Afeditab CR
Cartia XT
Dilt-XR
Matzim LA
Nifediac CC
Nifedical XL
Taztia XT
ADALAT CC
CALAN
CALAN SR
CARDIZEM
CARDIZEM CD
CARDIZEM LA
ISOPTIN SR
NORVASC
PROCARDIA
PROCARDIA XL
SULAR
TIAZAC
VERELAN
VERELAN PM

DIURETICS

amiloride/hydrochlorothiazide
chlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
methyclothiazide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide
ALDACTAZIDE
DIURIL
DYAZIDE
MAXZIDE
MICROZIDE

OTHER ANTIHYPERTENSIVE AGENTS

amlodipine/telmisartan
amlodipine/valsartan/
hydrochlorothiazide

clonidine
clonidine transdermal
guanabenz
guanfacine
hydralazine
methyldopa
methyldopa/hydrochlorothiazide
minoxidil
reserpine
Clorpres
AZOR
CATAPRES
CATAPRES-TTS
EXFORGE
EXFORGE HCT
TEKTURNA
TEKTURNA HCT
TENEX
TRIBENZOR
TWINSTA

IMMUNIZING AGENTS

ALLERGENIC EXTRACTS
CERVARIX
CHOLERA VACCINE
COMBINATION VACCINES
CYTOMEGALOVIRUS IMMUNE
GLOBULIN
DPT VACCINE
DT VACCINE
DTaP VACCINE
GARDASIL
GARDASIL 9
GRASTEK
HEPATITIS A VACCINE
HEPATITIS B IMMUNE GLOBULIN
HEPATITIS B VACCINE
HIB VACCINE
INFLUENZA VACCINE
JAPANESE ENCEPHALITIS VACCINE
MEASLES VACCINE
MENINGOCOCCAL VACCINE
MUMPS VACCINE
ORALAIR
PNEUMOCOCCAL VACCINE
POLIO VACCINE
PREVNAR 13
RABIES IMMUNE GLOBULIN
RABIES VACCINE
RAGWITEK
RHO (D) IMMUNE GLOBULIN
ROTARIX
ROTATEQ
RSV VACCINE
RUBELLA VACCINE
TETANUS IMMUNE GLOBULIN
TYPHOID VACCINE
VARICELLA VACCINE
VARICELLA-ZOSTER IMMUNE
GLOBULIN
YELLOW FEVER VACCINE
ZOSTAVAX

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MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
clomipramine
desipramine
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
fluvoxamine
imipramine HCl
imipramine pamoate
maprotiline
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
venlafaxine
venlafaxine ext-rel
ANAFRANIL
APLENZIN
BRINTELLIX
CELEXA
CYMBALTA
EFFEXOR XR
EMSAM
FETZIMA
FORFIVO XL
IRENKA
KHEDEZLA
LEXAPRO
MARPLAN
NARDIL
NORPRAMIN
OLEPTRO
PAMELOR
PARNATE
PAXIL
PAXIL CR
PEXEVA
PRISTIQ
PROZAC
PROZAC WEEKLY
REMERON
SURMONTIL
TOFRANIL
TOFRANIL-PM
VIIBRYD
WELLBUTRIN
WELLBUTRIN SR
WELLBUTRIN XL
ZOLOFT

ANTIPSYCHOTICS

chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
loxapine
olanzapine
olanzapine orally disintegrating tabs
perphenazine
quetiapine
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone
ABILIFY
ABILIFY MAINTENA
CLOZARIL
EQUETRO
FANAPT
FAZACLO
GEODON
HALDOL
HALDOL DECANOATE
INVEGA
INVEGA SUSTENNA
INVEGA TRINZ
LATUDA
REXULTI
RISPERDAL
RISPERDAL CONSTA
SAPHRIS
SEROQUEL
SEROQUEL XR
VERSACLOZ
ZYPREXA
ZYPREXA ZYDIS

OBSESSIVE COMPULSIVE DISORDER

fluvoxamine ext-rel

OSTEOPOROSIS

alendronate
calcitonin
calcitonin/salmon
ibandronate
raloxifene
risedronate
ACTONEL
ATELVIA
BINOSTO
BONIVA
BONIVA INJECTION
EVISTA
FORTICAL
FOSAMAX
FOSAMAX PLUS D
MIACALCIN NASAL SPRAY
PROLIA
RECLAST

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium
buprenorphine sublingual
buprenorphine/naloxone sublingual
disulfiram
naltrexone
Depade
ANTABUSE
BUNAVAIL
REVIA
SUBOXONE FILM
ZUBSOLV

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
diethylpropion ext-rel
phendimetrazine
phendimetrazine ext-rel
phentermine
ADIPEX-P
BELVIQ
BONTRIL
CONTRAVE
QSYMIA
REGIMEX
SAXENDA
SUPRENZA
XENICAL

SMOKING DETERRENTS

bupropion ext-rel
nicotine polacrilex
nicotine transdermal
Buproban
CHANTIX
NICODERM CQ
NICORETTE GUM
NICORETTE LOZENGE
NICOTROL INHALER
NICOTROL NS
ZYBAN

*Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.*

RESPIRATORY DISORDERS

RESPIRATORY AGENTS

budesonide suspension
cromolyn sodium
montelukast
zafirlukast
ACCOLATE
ADVAIR
ADVAIR HFA
AEROSPAN
ALVESCO
ARNUITY ELLIPTA
ASMANEX
BREO ELLIPTA

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DULERA
FLOVENT DISKUS
FLOVENT HFA
PULMICORT
QVAR
SINGULAIR
SYMBICORT
SYNAGIS
XOLAIR
ZYFLO
ZYFLO CR

SUPPLIES
SPACER DEVICES
SPACER SUPPLIES

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine
mefloquine
ARALEN
MALARONE
PRIMAQUINE

DENTAL CARIES PREVENTION

sodium fluoride
PEDIATRIC MULTIVITAMINS WITH
FLUORIDE - ALL MARKETED
PRODUCTS

HEREDITARY ANGIOEDEMA AGENTS

CINRYZE

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus
Gengraf
ASTAGRAF XL
CELLCEPT
MYFORTIC
NEORAL
NULOJIX
PROGRAF
RAPAMUNE
SANDIMMUNE
ZORTRESS

MULTIPLE SCLEROSIS AGENTS

glatiramer
AUBAGIO
AVONEX
BETASERON
COPAXONE
EXTAVIA

GILENYA
LEMTRADA
PLEGRIDY
REBIF
TECFIDERA
TYSABRI

WOMEN'S HEALTH

ANTIESTROGENS

tamoxifen
SOLTAMOX

AROMATASE INHIBITORS

anastrozole
exemestane
letrozole
ARIMIDEX
AROMASIN
FEMARA

CONTRACEPTIVES

EE = ethinyl estradiol
ME = mestranol

LOW-DOSE MONOPHASIC PILLS

desogestrel/EE 0.15/30
drospirenone/EE 3/30
ethynodiol diacetate/EE 1/35
levonorgestrel/EE 0.1/20 and EE 10
levonorgestrel/EE 0.15/30
norethindrone acetate/EE 1/20
norethindrone acetate/EE 1/20 and iron
norethindrone acetate/EE 1.5/30
norethindrone acetate/EE 1.5/30
and iron
norethindrone/EE 0.4/35
norethindrone/EE 0.5/35
norethindrone/EE 0.8/25 chewable
norethindrone/EE 1/35
norethindrone/EE 1/50
norethindrone/ME 1/50
norgestimate/EE 0.25/35
norgestrel/EE 0.3/30
MINASTRIN 24 FE

HIGH-DOSE MONOPHASIC PILLS

ethynodiol diacetate/EE 1/50
norgestrel/EE 0.5/50

BIPHASIC PILLS

desogestrel/EE 0.15/20

TRIPHASIC PILLS

*desogestrel/EE 0.1-0.025/
0.125-0.025/0.15-0.025 mg-mg*
*levonorgestrel/EE 0.05-30/
0.075-40/0.125-30 mg-mcg*
*norethindrone/EE 0.5-35/0.75-35/
1-35 mg-mcg*

*norethindrone/EE 0.5-35/1-35/
0.5-35 mg-mcg*
*norethindrone/EE 1-20/1-30/
1-35 mg-mcg*
*norgestimate/EE 0.18-35/0.215-35/
0.25-35 mg-mcg*
ORTHO TRI-CYCLEN LO

FOUR-PHASIC

NATAZIA

EXTENDED-CYCLE PILLS

drospirenone/EE 3/20
drospirenone/EE 3/30
levonorgestrel/EE 0.1/20
levonorgestrel/EE 0.15/30
levonorgestrel/EE 0.15/30 and EE 10
BEYAZ
LO LOESTRIN FE
LOESTRIN 24
QUARTETTE
SAFYRAL

CONTINUOUS-CYCLE PILLS

levonorgestrel/EE 0.09/20

PROGESTIN-ONLY PILLS

norethindrone 0.35 mg

EMERGENCY CONTRACEPTION

levonorgestrel
levonorgestrel - Next Choice One Dose
ELLA
PLAN B ONE-STEP

TRANSDERMAL PATCH

norelgestromin/EE
ORTHO EVRA

MISCELLANEOUS CONTRACEPTIVES

*medroxyprogesterone acetate
150 mg/mL*
DEPO-SUBQ PROVERA 104
DIAPHRAGM
FEMCAP
IMPLANON
LILETTA
MIRENA
NEXPLANON
NUVARING
PARAGARD T380A
SKYLA

PRENATAL VITAMINS

PRENATAL VITAMINS - ALL
PRESCRIPTION

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Comprehensive Specialty Pharmacy Drug List

Providing one of the broadest offerings of specialty pharmaceuticals in the industry

The **Comprehensive Specialty Pharmacy Drug List** is a guide of medications available through CVS Caremark Specialty Pharmacy. Our goal is to help make your life better. With nearly 40 years of experience, CVS Caremark Specialty Pharmacy provides quality care and service. We have a network of pharmacies that includes those with Joint Commission and URAC accreditation. The Joint Commission and URAC are nationally-recognized symbols of quality that reflect an organization's commitment to meet high standards of quality and safety. This list represents brand-name products in CAPS and generic products in lowercase *italics*.

Please note: If you are a plan member or a health care provider, please visit www.cvscaremarkspecialtyrx.com, fax toll-free at 1-800-323-2445 or call toll-free at 1-800-237-2767 for specific information regarding medications available through CVS Caremark Specialty Pharmacy. e-Prescribe specialty prescription(s) to CVS Caremark Specialty Pharmacy.

ACROMEGALY

octreotide acetate
(SANDOSTATIN)
SANDOSTATIN LAR
SOMATULINE DEPOT*
SOMAVERT*

ALCOHOL / OPIOID DEPENDENCY

VIVITROL

ALLERGEN IMMUNOTHERAPY

ORALAIR*

ALLERGIC ASTHMA

XOLAIR*

ALPHA-1 ANTITRYPSIN DEFICIENCY

ARALAST NP*
GLASSIA*
ZEMAIRA*

ANEMIA

ARANESP
EPOGEN
PROCRI

BOTULINUM TOXINS

BOTOX
DYSPORT
MYOBLOC
XEOMIN*

CARDIAC DISORDERS

TIKOSYN

COAGULATION DISORDERS

CEPROTIN*

CONTRACEPTIVES

IMPLANON*
MIRENA*
NEXPLANON*
SKYLA*

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

ARCALYST*
ILARIS*

CYSTIC FIBROSIS

BETHKIS*
KALYDECO*
KITABIS PAK*
ORKAMBI*
PULMOZYME
TOBI PODHALER*
tobramycin nebulizer
(TOBI*)

DUPUYTREN'S CONTRACTURE

XIAFLEX*

ELECTROLYTE DISORDERS

SAMSCA

GASTROINTESTINAL DISORDERS-OTHER

GATTEX*
SOLESTA*

GOUT

KRYSTEXXA*

GROWTH HORMONE & RELATED DISORDERS

Growth Hormone Disorders
GENOTROPIN
HUMATROPE
NORDITROPIN
NUTROPIN
OMNITROPE
SAIZEN
SEROSTIM*
TEV-TROPIN
ZOMACTON
ZORBTIVE

IGF-1 Deficiency
INCRELEX*

HEMATOPOIETICS

MOZOBIL*
NEUMEGA

HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS

ADVATE
ALPHANATE
ALPHANINE SD
ALPROLIX
BEBULIN
BEBULIN VH
BENEFIX
CORIFACT*
ELOCTATE
FEIBA NF
FEIBA VH
HELIXATE FS
HEMOFIL M
HUMATE-P
IXINITY
KOATE-DVI
KOGENATE FS
MONOCLATE-P
MONONINE
NOVOEIGHT*
NOVOSEVEN RT
OBIZUR*
PROFILNINE SD
RECOMBINATE
REFACTO
RIASTAP
RIXUBIS
STIMATE
TRETEN*
WILATE
XYNTHA

HEPATITIS

adefovir (HEPSERA)
BARACLUDGE SOLUTION
DAKLINZA
entecavir (BARACLUDGE)
EPIVIR HBV SOLUTION
HARVONI

INCIVEK
INFERGEN
INTRON-A*
lamivudine (EPIVIR HBV)
OLYSIO
PEGASYS
PEGINTRON
REBETOL SOLUTION
RIBAPAK
RIBASPHERE
RIBATAB
ribavirin caps (REBETOL)
ribavirin tabs (COPEGUS)
SOVALDI
TECHNIVIE
TYZEKA
VICTRELIS
VIEKIRA PAK
VIREAD

HEREDITARY ANGIOEDEMA

BERINERT*
CINRYZE*
FIRAZYR*
KALBITOR*
RUCONEST*

HIV MEDICATIONS

abacavir tab (ZIAGEN)
*abacavir/lamivudine/
zidovudine tab* (TRIZIVIR)
APTIVUS
ATRIPLA
COMPLERA
CRIXIVAN
didanosine (VIDEX,
VIDEX EC)
EDURANT
EGRIFTA*
EMTRIVA
EPZICOM
EVOTAZ
FUZEON
INTELENCE
INVIRASE
ISENTRESS
KALETRA

lamivudine (EPIVIR)
lamivudine/zidovudine
(COMBIVIR)
LEXIVA
nevirapine (VIRAMUNE,
VIRAMUNE XR)
NORVIR
PREZCOBIX
PREZISTA
RESCRIPTOR
RETROVIR INJECTABLE
REYATAZ
SELZENTRY
stavudine (ZERIT)
STRIBILD
SUSTIVA
TIVICAY
TRIUMEQ
TRUVADA
TYBOST
VIDEX SOLUTION
VIRACEPT
VIREAD
VITEKTA
ZIAGEN SOLUTION
zidovudine (RETROVIR)

HORMONAL THERAPIES

AVEED*
ELIGARD
FIRMAGON
leuprolide acetate
(LUPRON)
LUPANETA PACK
LUPRON DEPOT
NATPARA*
SUPPRELIN LA*
TRELSTAR
VANTAS
ZOLADEX

IMMUNE DEFICIENCIES & RELATED DISORDERS

BIVIGAM*
CARIMUNE NF
CYTOGAM
FLEBOGAMMA
FLEBOGAMMA DIF

IMMUNE DEFICIENCIES & RELATED DISORDERS*(Continued)*

GAMASTAN S/D
GAMMAGARD LIQUID
GAMMAGARD S/D
GAMMAKED
GAMMAPLEX*
GAMUNEX
GAMUNEX C
HEPAGAM B
HIZENTRA*
HYPERHEP B
HYPERRHO S/D
HYQVIA
MICRHOGAM
NABI-HB
OCTAGAM
PRIVIGEN
RHOGAM
RHOPHYLAC
VARIZIG
WINRHO SDF

IMMUNE (IDIOPATHIC) THROMBOCYTOPENIC PURPURA

NPLATE
PROMACTA*

INFECTIOUS DISEASE

ACTIMMUNE*
ALFERON N

INFERTILITY

BRAVELLE
CETROTIDE
chorionic gonadotropin
(NOVAREL, PREGNYL)
FOLLISTIM AQ
ganirelix acetate
GONAL-F
MENOPUR
OVIDREL
REPRONEX

INFLAMMATORY BOWEL DISEASE

CIMZIA
ENTYVIO
HUMIRA
REMICADE
SIMPONI
TYSABRI*

IRON OVERLOAD

deferoxamine (DESFERAL)
EXJADE*
JADENU*

LIPID DISORDERS

KYNAMRO*

LIPID DISORDERS - PCSK9 INHIBITORS

PRALUENT*
REPATHA

LYSOSOMAL STORAGE DISORDERS

ALDURAZYME*
CERDELGA*
CEREZYME*
CYSTAGON*
ELAPRASE*
FABRAZYME*
LUMIZYME*
MYOZYME*
NAGLAZYME*
VIMIZIM*
VPRIV*

MIGRAINE

ZECUITY*

MOVEMENT DISORDERS

APOKYN*
NORTHERA*
tetrabenazine (XENAZINE*)

MULTIPLE SCLEROSIS

AMPYRA*
AUBAGIO*
AVONEX
BETASERON
EXTAVIA
GILENYA
glatiramer acetate
(COPAXONE, GLATOPA)
LEMTRADA*
mitoxantrone
(NOVANTRONE)
PLEGRIDY*
REBIF
TECFIDERA*
TYSABRI*

NEUTROPENIA

GRANIX
LEUKINE
NEULASTA
NEUPOGEN
ZARXIO

ONCOLOGY-INJECTABLE

ADCETRIS*
ARZERRA*
AVASTIN
azacitidine (VIDAZA)
BELEODAQ*
BLINCYTO*
decitabine (DACOGEN)
ELSPAR

ERBITUX
FOLOTYN
FUSILEV
GAZYVA*
HALAVEN
HERCEPTIN
INTRON A*
ISTODAX*
IXEMPRA
JEVTANA
KADCYLA
KEYTRUDA*
KYPROLIS*
LEVOLEUCOVORIN
CALCIUM
mitoxantrone
(NOVANTRONE)

OPDIVO*
PERJETA
PROLEUKIN
RITUXAN
SYLATRON*
SYNRIBO
TEMODAR
THYROGEN*
TORISEL
TREANDA
VALSTAR
VECTIBIX
VELCADE
VIDAZA
XGEVA
YERVOY
ZALTRAP
zoledronic acid (ZOMETA)

ONCOLOGY-ORAL/TOPICAL

AFINITOR
bexarotene (TARGRETIN)
BOSULIF
capecitabine (XELODA)
ERIVEDGE*
FARYDAK*
GLEEVEC
HYCAMTIN*
IBRANCE*
INLYTA*
JAKAFI*
MEKINIST*
MUGARD
NEXAVAR*
POMALYST*
REVLIMID*
SPRYCEL
STIVARGA*
SUTENT
TAFINLAR*
TARCEVA*
TARGRETIN
TASIGNA
temozolomide (TEMODAR)
THALOMID

TYKERB*
VOTRIENT*
XALKORI*
XTANDI*
ZELBORAF*
ZOLINZA
ZYKADIA*
ZYTIGA

OSTEOARTHRITIS

EUFLEXXA
GEL-ONE*
MONOVISC
ORTHOVISC
SUPARTZ
SYNVISC
SYNVISC ONE

OSTEOPOROSIS

FORTEO
PROLIA
zoledronic acid (RECLAST)

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

SOLIRIS*

PHENYLKETONURIA

KUVAN*

PRE-TERM BIRTH

MAKENA*

PSORIASIS

COSENTYX*
ENBREL
HUMIRA
OTEZLA*
OTREXUP
RASUVO
REMICADE
STELARA

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA
ADEMPAS*
*epoprostenol sodium**
LETAIRIS*
OPSUMIT*
ORENITRAM*
REMODULIN*
sildenafil citrate (REVATIO)
TRACLEER*
TYVASO*
VELETRI*
VENTAVIS*

PULMONARY DISORDERS- OTHER

ESBRIET*

RENAL DISEASE

SENSIPAR

RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS

RETINAL DISORDERS

EYLEA*
ILUVIEN*
LUCENTIS*
MACUGEN*
OZURDEX*
RETISERT*
VISUDYNE*

RHEUMATOID ARTHRITIS

ACTEMRA*
CIMZIA
ENBREL
HUMIRA
KINERET*
ORENCIA
OTREXUP
RASUVO
REMICADE
RITUXAN
SIMPONI
SIMPONI ARIA
XELJANZ

SEIZURE DISORDERS

H. P. ACTHAR GEL*
SABRIL*

SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA

TRANSPLANT

ASTAGRAF XL
CELLCEPT INJECTABLE
CELLCEPT SUSPENSION
cyclosporine (GENGRAF,
NEORAL, SANDIMMUNE)
mycophenolate mofetil
(CELLCEPT)
mycophenolate sodium DR
(MYFORTIC)
NULOJIX
PROGRAF INJECTABLE
RAPAMUNE SOLUTION
sirolimus tab (RAPAMUNE)
tacrolimus (PROGRAF)
ZORTRESS

UREA CYCLE DISORDERS

phenylbutyrate sodium
(BUPHENYL)
RAVICTI*

INDEX**A**

abacavir tab (ZIAGEN)
abacavir/lamivudine/
zidovudine tab (TRIZIVIR)
 ACTEMRA*
 ACTHAR H.P. GEL*
 ACTIMMUNE*
 ADCETRIS*
 ADCIRCA
adefovir (HEPSERA)
 ADEMPAS*
 ADVATE
 AFINITOR
 ALDURAZYME*
 ALFERON N
 ALPHANATE
 ALPHANINE SD
 ALPROLIX
 AMPYRA*
 APOKYN*
 APTIVUS
 ARALAST NP*
 ARANESP
 ARCALYST*
 ARZERRA*
 ASTAGRAF XL
 ATRIPLA
 AUBAGIO*
 AVASTIN
 AVEED*
 AVONEX
azacitidine (VIDAZA)

B

BARACLUDGE
 BEBULIN
 BEBULIN VH
 BELEODAQ*
 BENEFIX
 BENLYSTA
 BERINERT*
 BETASERON
 BETHKIS*
bexarotene
 BIVIGAM
 BLINCYTO*
 BOSULIF
 BOTOX
 BRAVELLE
 BUPHENYL

C

capecitabine (XELODA)
 CARIMUNE NF
 CELLCEPT
 CEPROTIN*
 CERDELGA*
 CEREZYME*
 CETROTIDE

chorionic gonadotropin
 (NOVAREL, PREGNYL)
 CIMZIA
 CINRYZE*
 COMBIVIR
 COMPLERA
 COPAXONE
 COPEGUS
 CORIFACT*
 COSENTYX*
 CRIXIVAN
cyclosporine (GENGRAF,
 NEORAL, SANDIMMUNE)
 CYSTAGON*
 CYTOGAM

D

DACOGEN
 DAKLINZA
decitabine (DACOGEN)
deferoxamine (DESFERAL)
didanosine
 (VIDEX, VIDEX EC)
 DYSPORT

E

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 ELAPRASE*
 ELIGARD
 ELOCTATE
 ELSPAR
 EMTRIVA
 ENBREL
entecavir (BARACLUDGE)
 ENTYVIO
 EPIVIR
 EPIVIR HBV SOLUTION
 EPOGEN
*epoprostenol sodium**
 EPZICOM
 ERBITUX
 ERIVEDGE*
 ESBRIET*
 EUFLEXXA
 EVOTAZ
 EXJADE*
 EXTAVIA
 EYLEA*

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 FEIBA NF
 FEIBA VH
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 FOLLISTIM AQ
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FORTEO
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 MYFORTIC
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