

Benefits Map

INSTRUCTIONS AND NOTES ON BENEFIT DOCUMENTATION

- 1 The purpose of the Benefits Map is to codify the principal elements that define each benefit package offered by the carrier to the Small Group and Individual markets. In most cases, cells have been limited to a pre-determined drop-down menu of selected values to promote uniformity among plan descriptions.

If more than three plans are offered please add additional tabs

- 2 The term *Cost-Sharing* applies to the mechanism by which member out-of-pocket contribution is determined, according to the type of service being rendered. Basic cost-sharing can be in the form of copayments (i.e. fixed dollar amounts), coinsurance (i.e. a fixed percentage of the cost of services), or front-end deductibles where the member covers 100% of the cost of services up to the defined deductible amount, after which point plan coverage begins. More complex cost-sharing can be in the form of mixed coinsurance and copayments, where minimum and maximum dollar amounts are in place around a base coinsurance amount (e.g. 20% coinsurance with a minimum \$15 copayment, or 25% coinsurance with a maximum copayment amount of \$300).
- 3 In some plan designs, reduced cost-sharing is available in the medical coverage if certain preferred facilities are utilized. If this is the case, indicate so by selecting 'Y' (yes) under the column '*Preferred Facility Y or N*' for the specified service category, and then enter the reduced cost-share (\$ or %) in the '*Preferred Facility Copay*' column beside the 'Y.'
- 4 For purposes of the Benefits Map, in order to indicate that a certain benefit is **NOT COVERED**, or that the member is in a *Deductible Phase* (as in the case of Rx Coverage with a front-end deductible), the *Member Cost-Share* should reflect COINSURANCE of 100% (i.e. the member pays 100% of the cost).
- 5 Some plan designs may contain a feature, such as a *Major Medical* rider, which allows the member to submit for reimbursement amounts paid for services rendered by non-participating providers. Some of these riders limit reimbursement to services rendered in Puerto Rico while others include services rendered in the United States. The Benefits Map allows plans to indicate whether they include such a rider, whether or not they cover U.S. services, and whether those services require prior authorization. Typically these riders carry an annual front-end deductible per individual (with a maximum deductible per family covered), followed by cost-sharing based on a defined member coinsurance amount. Often these riders contain a provision which caps member cost-sharing to an annual *Out-of-Pocket Maximum*, defined both at the individual and family contract levels.
- 6 Plans that cover Dental Services may carry Overall Annual Benefit Limits (*General Annual Limits*) and/or specific *Category Lifetime Limits* (such as for Orthodontia). Please indicate such limits as they may apply in the Dental Coverage section.
- 7 In the case of Prescription Drug Coverage, plans should indicate which rule applies to the dispensing of brand drugs which have a generic bioequivalent substitution (i.e. Multi-Source Brand Drugs). Select '*Generics Not Mandatory*' if members are not required to select a generic medication as a first option. Select '*Dispense As Written (D.A.W.)*' if the member is required (via a copay penalty) to select generics as a first option, but where such penalty is waived if the physician indicates "Do Not Substitute" on the prescription. Select '*\$ Penalty + Generic Copay*' if members are required to select generics as a first option (regardless of physician indications) or pay a copay penalty (usually the difference in price between the generic and brand versions), plus the amount of the generic copayment. If instead the amount of the penalty is added to the BRAND copay, then select '*\$ Penalty + Brand Copay*.'
- 8 Indicate other features of the Prescription Drug Coverage such as whether Step Therapy and/or Drug Formularies apply, and whether OTC medications are covered, along with the corresponding copay.
- 9 Since many prescription drug plan designs offer different levels of coverage at different expenditure levels throughout the policy year, the Benefits Map provides for up to three (3) different benefit phases in order to codify such plan designs. For example, a complex plan design may carry a \$500 front-end deductible before benefits kick in, later providing benefits at \$5 for generics and \$15 for brand drugs up until \$2,000 in annual expenditures. After that point, the plan design may only cover 50% of the cost of brand drugs, while covering generics with a flat copay of \$15. The Benefits Map provides the necessary parameters to codify this design by indicating 100% coinsurance (no coverage) in *Phase I* from \$0 to \$500, indicating \$5 Generic and \$15 Brand in *Phase II* from \$500 to \$2,000, and finally indicating \$15 Generic and 50% coinsurance for Brand in *Phase III* from \$2,000 to \$99,999. **Note: The limit of \$99,999 indicates that the given Rx benefit phase has no limit.**

Benefits Map

UNIFORM PLAN DESIGN TEMPLATE

Drop-Down Menu Items

General Info	Carrier Name:	
	NAIC Company Code:	
	OCS Contract Name:	
	Product Name:	
	Product Type (PPO, POS, HMO):	
	Product Effective Date:	
	Termination or Change Date:	

Experience	Incurred Experience Period:	
	Claims Payment Period:	
	Member Months (Incurred Period):	
	Earned Premium:	
	Gross (Allowed) Claims (before Cost-Sharing):	
	Net Paid Claims (after Member Cost-Sharing):	
	Member Cost-Share (Gross less Net):	

VALUES	DESCRIPTION
\$	Flat Copay Level
%	Coinsurance Level
Y	Yes
N	No

	Member Cost-Share \$ or %	Standard Copay / Coins	Preferred Facility Y or N	Preferred Facility Copay
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OFFICE VISITS

Generalist Copay:	\$			
Specialist Copay:	\$			
Sub-Specialist Copay:	\$			
Chiropractic (first visit):	\$			
Chiropractic Manipulation:	\$			
Physical Therapy:	\$			
Respiratory Therapy:	\$			

HOSPITAL / ASC FACILITY

Full Hospital Admission:	\$			
Partial Hospital Admission:	\$			
Ambulatory Surgical Center (ASC):	\$			

EMERGENCY VISITS

Accident / Trauma				
w/o Nurse Triage Line:	\$			
with Nurse Triage Line:	\$			
Sickness & Other Urgency				
w/o Nurse Triage Line:	\$			
with Nurse Triage Line:	\$			

DIAGNOSTIC

Standard Laboratory:	%			
X-Ray:	%			
MRI:	%			
CT Scan:	%			
PET Scan:	%			
PET/CT:	%			
Endoscopic:	%			

SURGICAL (PROFESSIONAL)

Hospital Setting:	%			
ASC Setting:	%			
Office Setting:	%			

Does this plan include Major Medical or other Supplemental Coverage?

If Yes, does the coverage include services rendered in the U.S.?

If U.S. services are covered, is pre-authorization required?

Applicable Member Coinsurance:

	Individual	Family
Per Individual Front-End Deductible & Max Deductible per Family:		
Out-of-Pocket Maximum (Y or N):		

Rule for Mandatory Generics: **Generics Not Mandatory**

Step Therapy Rule: **No Step Therapy Rule**

Prescription Drug Formulary: **No Rx Formulary**

OTC Coverage: **If so, OTC Copay:**

Rx Benefit Phase I	FROM:	\$0	TO:	\$0
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Per Individual Front-End Deductible & Max Deductible per Family:

Individual	Family

Out-of-Pocket Maximum (Y or N):

OOP Amounts:	
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Type of Rx Cost-Share	% Coins	Min Copay	Max Copay
Flat Copay		\$0	
Flat Copay		\$0	

GENERIC DRUGS

Non-Preferred Generic: Flat Copay

Preferred Generic: Flat Copay

MULTI-SOURCE BRAND DRUGS

Preferred Multi-Source Brand: Coins w Min & Max 0% \$0 \$0

Non-Preferred Multi-Source Brand: Coins w Min & Max 0% \$0 \$0

SINGLE-SOURCE BRAND DRUGS

Preferred Single-Source Brand: Coins w Min Copay 0% \$0

Non-Preferred Single-Source Brand: Coins w Min Copay 0% \$0

Specialty/Biotechnological: Coins w Min & Max 0% \$0

Rx Benefit Phase II	FROM:		TO:	
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Type of Rx Cost-Share	% Coins	Min Copay	Max Copay
Flat Copay		\$0	
Flat Copay		\$0	

GENERIC DRUGS

Non-Preferred Generic: Flat Copay

Preferred Generic: Flat Copay

MULTI-SOURCE BRAND DRUGS

Preferred Multi-Source Brand: Coins w Min & Max 0% \$0 \$0

Non-Preferred Multi-Source Brand: Coins w Min & Max 0% \$0 \$0

SINGLE-SOURCE BRAND DRUGS

Preferred Single-Source Brand: Coins w Min Copay 0% \$0

Non-Preferred Single-Source Brand: Coins w Min Copay 0% \$0

Specialty/Biotechnological: Coins w Min Copay 0% \$0

Rx Benefit Phase III	FROM:	\$0	TO:	\$0
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Type of Rx Cost-Share	% Coins	Min Copay	Max Copay
Flat Copay		\$0	
Flat Copay		\$0	

GENERIC DRUGS

Non-Preferred Generic: Flat Copay

Preferred Generic: Flat Copay

MULTI-SOURCE BRAND DRUGS

Preferred Multi-Source Brand: Coins w Min & Max 0% \$0 \$0

Non-Preferred Multi-Source Brand: Coins w Min & Max 0% \$0 \$0

SINGLE-SOURCE BRAND DRUGS

Preferred Single-Source Brand: Coins w Min Copay 0% \$0

Non-Preferred Single-Source Brand: Coins w Min Copay 0% \$0

Specialty/Biotechnological: Coins w Min Copay 0% \$0

Flat Copay	Copay Only
Pure Coins	Coinsurance Only
Coins w Min Copay	Coinsurance with a Minimum Copay Amount
Coins w Min & Max	Coinsurance with Minimum and Maximum Copay Amounts

No Benefit Limit	No Dental Limit
General Annual Limit	Overall Benefit Limit per Year
Category Annual Limit	Benefit Limit per Dental Category per Year
Category Lifetime Limit	Benefit Limit per Dental Category per Lifetime

PPO	Preferred Provider Organization (Free Access)
POS	Point of Service Plan (PPO/HMO Hybrid)
HMO	Health Maintenance Organization (Managed Care with Gatekeeper)
Other	Other health care delivery system

Generics Not Mandatory Dispense As Written (D.A.W.)	Generic Dispense is Optional to the Member
\$ Penalty + Generic Copay	Physician May Indicate "Do Not Substitute" w/o Penalty to Member
\$ Penalty + Brand Copay	Member Pays Difference in Cost (btwn Gen & Brand) plus Generic Copay
	Member Pays Difference in Cost (btwn Gen & Brand) plus Brand Copay

No Rx Formulary	No Prescription Drug Formulary Applies to this Plan
Formulary Applies	Prescription Drug Formulary Applies to this Plan

No Step Therapy Rule	Step Therapy Not Required
Step Therapy w Waiver	Step Therapy Waived if Utilization Documented in the Last Six (6) Months
\$ Penalty + Gen Copay	No Exceptions to Step Therapy Rule

Medical Coverage

Major Medical

List of Optional Benefits Included in the Premium

Prescription Drug Coverage

Benefits Map

UNIFORM PLAN DESIGN TEMPLATE

General Info

Carrier Name:	
NAIC Company Code:	
OCS Contract Name:	
Product Name:	
Product Type (PPO, POS, HMO):	
Product Effective Date:	
Termination or Change Date:	

Experience

Incurred Experience Period:	
Claims Payment Period:	
Member Months (Incurred Period):	
Earned Premium:	
Gross (Allowed) Claims (before Cost-Sharing):	
Net Paid Claims (after Member Cost-Sharing):	
Member Cost-Share (Gross less Net):	

Medical Coverage

	Member Cost-Share \$ or %	Standard Copy / Coins	Preferred Facility Y or N	Preferred Facility Copay
OFFICE VISITS				
Generalist Copay:	\$			
Specialist Copay:	\$			
Sub-Specialist Copay:	\$			
Chiropractic (first visit):	\$			
Chiropractic Manipulation:	\$			
Physical Therapy:	\$			
Respiratory Therapy:	\$			

	\$		
HOSPITAL / ASC FACILITY			
Full Hospital Admission:	\$		
Partial Hospital Admission:	\$		
Ambulatory Surgical Center (ASC):	\$		

	\$		
EMERGENCY VISITS			
Accident / Trauma	\$		
w/o Nurse Triage Line:	\$		
with Nurse Triage Line:	\$		
Sickness & Other Urgency	\$		
w/o Nurse Triage Line:	\$		
with Nurse Triage Line:	\$		

	%		
DIAGNOSTIC			
Standard Laboratory:	%		
X-Ray:	%		
MRI:	%		
CT Scan:	%		
PET Scan:	%		
PET/CT:	%		
Endoscopic:	%		

	%		
SURGICAL (PROFESSIONAL)			
Hospital Setting:	%		
ASC Setting:	%		
Office Setting:	%		

Does this plan include Major Medical or other Supplemental Coverage?
 If Yes, does the coverage include services rendered in the U.S.?
 If U.S. services are covered, is pre-authorization required?

	Individual	Family
Applicable Member Coinsurance:		
Per Individual Front-End Deductible & Max Deductible per Family:		
Out-of-Pocket Maximum (Y or N):		

Major Medical

List of Optional Benefits Included in the Premium

Prescription Drug Coverage

Rule for Mandatory Generics:	Generics Not Mandatory
Step Therapy Rule:	No Step Therapy Rule
Prescription Drug Formulary:	No Rx Formulary
OTC Coverage:	If so, OTC Copay:

Rx Benefit Phase I	FROM:	\$0	TO:	\$0
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	Individual	Family
Per Individual Front-End Deductible & Max Deductible per Family:		
Out-of-Pocket Maximum (Y or N):		

Type of Rx	% Cost-Share	% Coins	Min Copay	Max Copay
GENERIC DRUGS				
Non-Preferred Generic:	Flat Copay		\$0	
Preferred Generic:	Flat Copay		\$0	

GENERIC DRUGS				
Non-Preferred Generic:	Flat Copay		\$0	
Preferred Generic:	Flat Copay		\$0	

MULTI-SOURCE BRAND DRUGS				
Preferred Multi-Source Brand:	Coins w Min & Max	0%	\$0	\$0
Non-Preferred Multi-Source Brand:	Coins w Min & Max	0%	\$0	\$0

SINGLE-SOURCE BRAND DRUGS				
Preferred Single-Source Brand:	Coins w Min Copay	0%	\$0	
Non-Preferred Single-Source Brand:	Coins w Min Copay	0%	\$0	
Specialty/Biotechnological:	Coins w Min & Max	0%	\$0	

Rx Benefit Phase II	FROM:		TO:	
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Type of Rx	% Cost-Share	% Coins	Min Copay	Max Copay
GENERIC DRUGS				
Non-Preferred Generic:	Flat Copay		\$0	
Preferred Generic:	Flat Copay		\$0	

GENERIC DRUGS				
Non-Preferred Generic:	Flat Copay		\$0	
Preferred Generic:	Flat Copay		\$0	

MULTI-SOURCE BRAND DRUGS				
Preferred Multi-Source Brand:	Coins w Min & Max	0%	\$0	\$0
Non-Preferred Multi-Source Brand:	Coins w Min & Max	0%	\$0	\$0

SINGLE-SOURCE BRAND DRUGS				
Preferred Single-Source Brand:	Coins w Min Copay	0%	\$0	
Non-Preferred Single-Source Brand:	Coins w Min Copay	0%	\$0	
Specialty/Biotechnological:	Coins w Min Copay	0%	\$0	

Rx Benefit Phase III	FROM:	\$0	TO:	\$0
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Type of Rx	% Cost-Share	% Coins	Min Copay	Max Copay
GENERIC DRUGS				
Non-Preferred Generic:	Flat Copay		\$0	
Preferred Generic:	Flat Copay		\$0	

GENERIC DRUGS				
Non-Preferred Generic:	Flat Copay		\$0	
Preferred Generic:	Flat Copay		\$0	

MULTI-SOURCE BRAND DRUGS				
Preferred Multi-Source Brand:	Coins w Min & Max	0%	\$0	\$0
Non-Preferred Multi-Source Brand:	Coins w Min & Max	0%	\$0	\$0

SINGLE-SOURCE BRAND DRUGS				
Preferred Single-Source Brand:	Coins w Min Copay	0%	\$0	
Non-Preferred Single-Source Brand:	Coins w Min Copay	0%	\$0	
Specialty/Biotechnological:	Coins w Min Copay	0%	\$0	

Drop-Down Menu Items

VALUES	DESCRIPTION
\$ %	Flat Copay Level Coinsurance Level
Y N	Yes No
Flat Copay Pure Coins Coins w Min Copay Coins w Min & Max	Copay Only Coinsurance Only Coinsurance with a Minimum Copay Amount Coinsurance with Minimum and Maximum Copay Amounts
No Benefit Limit General Annual Limit Category Annual Limit Category Lifetime Limit	No Dental Limit Overall Benefit Limit per Year Benefit Limit per Dental Category per Year Benefit Limit per Dental Category per Lifetime
PPO POS HMO Other	Preferred Provider Organization (Free Access) Point of Service Plan (PPO/HMO Hybrid) Health Maintenance Organization (Managed Care with Gatekeeper) Other health care delivery system
Generics Not Mandatory Dispense As Written (D.A.W.) \$ Penalty + Generic Copay \$ Penalty + Brand Copay	Generic Dispense is Optional to the Member Physician May Indicate 'Do Not Substitute' w/o Penalty to Member Member Pays Difference in Cost (between Gen & Brand) plus Generic Copay Member Pays Difference in Cost (between Gen & Brand) plus Brand Copay
No Rx Formulary Formulary Applies	No Prescription Drug Formulary Applies to this Plan Prescription Drug Formulary Applies to this Plan
No Step Therapy Rule Step Therapy w Waiver \$ Penalty + Gen Copay	Step Therapy Not Required Step Therapy Waived if Utilization Documented in the Last Six (6) Months No Exceptions to Step Therapy Rule

Benefits Map

UNIFORM PLAN DESIGN TEMPLATE

General Info

Carrier Name:	
NAIC Company Code:	
OCS Contract Name:	
Product Name:	
Product Type (PPO, POS, HMO):	
Product Effective Date:	
Termination or Change Date:	

Experience

Incurred Experience Period:	
Claims Payment Period:	
Member Months (Incurred Period):	
Earned Premium:	
Gross (Allowed) Claims (before Cost-Sharing):	
Net Paid Claims (after Member Cost-Sharing):	
Member Cost-Share (Gross less Net):	

Medical Coverage

	Member Cost-Share \$ or %	Standard Copay / Coins	Preferred Facility Y or N	Preferred Facility Copay
OFFICE VISITS				
Generalist Copay:	\$			
Specialist Copay:	\$			
Sub-Specialist Copay:	\$			
Chiropractic (first visit):	\$			
Chiropractic Manipulation:	\$			
Physical Therapy:	\$			
Respiratory Therapy:	\$			

	\$		
HOSPITAL / ASC FACILITY			
Full Hospital Admission:	\$		
Partial Hospital Admission:	\$		
Ambulatory Surgical Center (ASC):	\$		

	\$		
EMERGENCY VISITS			
Accident / Trauma	\$		
w/o Nurse Triage Line:	\$		
with Nurse Triage Line:	\$		
Sickness & Other Urgency	\$		
w/o Nurse Triage Line:	\$		
with Nurse Triage Line:	\$		

	%		
DIAGNOSTIC			
Standard Laboratory:	%		
X-Ray:	%		
MRI:	%		
CT Scan:	%		
PET Scan:	%		
PET/CT:	%		
Endoscopic:	%		

	%		
SURGICAL (PROFESSIONAL)			
Hospital Setting:	%		
ASC Setting:	%		
Office Setting:	%		

Does this plan include Major Medical or other Supplemental Coverage?	
If Yes, does the coverage include services rendered in the U.S.?	
If U.S. services are covered, is pre-authorization required?	

	Individual	Family
Applicable Member Coinsurance:		
Per Individual Front-End Deductible & Max Deductible per Family:		
Out-of-Pocket Maximum (Y or N):		

Major Medical

List of Optional Benefits Included in the Premium

Prescription Drug Coverage

Rule for Mandatory Generics:	Generics Not Mandatory
Step Therapy Rule:	No Step Therapy Rule
Prescription Drug Formulary:	No Rx Formulary
OTC Coverage:	If so, OTC Copay:

Rx Benefit Phase I	FROM:	\$0	TO:	\$0
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	Individual	Family
Per Individual Front-End Deductible & Max Deductible per Family:		
Out-of-Pocket Maximum (Y or N):		

Type of Rx	% Cost-Share	% Coins	Min Copay	Max Copay
GENERIC DRUGS				
Non-Preferred Generic:	Flat Copay		\$0	
Preferred Generic:	Flat Copay		\$0	

	Coins w Min & Max	0%	\$0	\$0
MULTI-SOURCE BRAND DRUGS				
Preferred Multi-Source Brand:	Coins w Min & Max	0%	\$0	\$0
Non-Preferred Multi-Source Brand:	Coins w Min & Max	0%	\$0	\$0

	Coins w Min Copay	0%	\$0	
SINGLE-SOURCE BRAND DRUGS				
Preferred Single-Source Brand:	Coins w Min Copay	0%	\$0	
Non-Preferred Single-Source Brand:	Coins w Min Copay	0%	\$0	
Specialty/Biotechnological:	Coins w Min & Max	0%	\$0	

Rx Benefit Phase II	FROM:		TO:	
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Type of Rx	% Cost-Share	% Coins	Min Copay	Max Copay
GENERIC DRUGS				
Non-Preferred Generic:	Flat Copay		\$0	
Preferred Generic:	Flat Copay		\$0	

	Coins w Min & Max	0%	\$0	\$0
MULTI-SOURCE BRAND DRUGS				
Preferred Multi-Source Brand:	Coins w Min & Max	0%	\$0	\$0
Non-Preferred Multi-Source Brand:	Coins w Min & Max	0%	\$0	\$0

	Coins w Min Copay	0%	\$0	
SINGLE-SOURCE BRAND DRUGS				
Preferred Single-Source Brand:	Coins w Min Copay	0%	\$0	
Non-Preferred Single-Source Brand:	Coins w Min Copay	0%	\$0	
Specialty/Biotechnological:	Coins w Min Copay	0%	\$0	

Rx Benefit Phase III	FROM:	\$0	TO:	\$0
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Type of Rx	% Cost-Share	% Coins	Min Copay	Max Copay
GENERIC DRUGS				
Non-Preferred Generic:	Flat Copay		\$0	
Preferred Generic:	Flat Copay		\$0	

	Coins w Min & Max	0%	\$0	\$0
MULTI-SOURCE BRAND DRUGS				
Preferred Multi-Source Brand:	Coins w Min & Max	0%	\$0	\$0
Non-Preferred Multi-Source Brand:	Coins w Min & Max	0%	\$0	\$0

	Coins w Min Copay	0%	\$0	
SINGLE-SOURCE BRAND DRUGS				
Preferred Single-Source Brand:	Coins w Min Copay	0%	\$0	
Non-Preferred Single-Source Brand:	Coins w Min Copay	0%	\$0	
Specialty/Biotechnological:	Coins w Min Copay	0%	\$0	

Drop-Down Menu Items

VALUES	DESCRIPTION
\$ %	Flat Copay Level Coinsurance Level
Y N	Yes No
Flat Copay Pure Coins Coins w Min Copay Coins w Min & Max	Copay Only Coinsurance Only Coinsurance with a Minimum Copay Amount Coinsurance with Minimum and Maximum Copay Amounts
No Benefit Limit General Annual Limit Category Annual Limit Category Lifetime Limit	No Dental Limit Overall Benefit Limit per Year Benefit Limit per Dental Category per Year Benefit Limit per Dental Category per Lifetime
PPO POS HMO Other	Preferred Provider Organization (Free Access) Point of Service Plan (PPO/HMO Hybrid) Health Maintenance Organization (Managed Care with Gatekeeper) Other health care delivery system
Generics Not Mandatory Dispense As Written (D.A.W.) \$ Penalty + Generic Copay \$ Penalty + Brand Copay	Generic Dispense is Optional to the Member Physician May Indicate 'Do Not Substitute' w/o Penalty to Member Member Pays Difference in Cost (between Gen & Brand) plus Generic Copay Member Pays Difference in Cost (between Gen & Brand) plus Brand Copay
No Rx Formulary Formulary Applies	No Prescription Drug Formulary Applies to this Plan Prescription Drug Formulary Applies to this Plan
No Step Therapy Rule Step Therapy w Waiver \$ Penalty + Gen Copay	Step Therapy Not Required Step Therapy Waived if Utilization Documented in the Last Six (6) Months No Exceptions to Step Therapy Rule

