

PROPOSED NEW YORK EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Plan from largest small group product, Exclusive Provider Organization
Issuer Name	Oxford Health Insurance, Inc.
Product Name	EPO
Plan Name	Oxford EPO
Supplemented Categories (Supplementary Plan Type)	Pediatric Oral (State CHIP)
Habilitative Services	Yes

BENEFITS AND LIMITS

Row Number	A Benefit	B Covered Required: Is benefit Covered or Not Covered	C Benefit Description Required if benefit is Covered: Enter a Description, it may be the same as the Benefit name	D Quantitative Limit on Service? Required if benefit is Covered: Select "Yes" if Quantitative Limit applies	E Limit Quantity Required if Quantitative Limit is "Yes": Enter Limit Quantity	F Limit Units Required if Quantitative Limit is "Yes": Select the correct limit units	G Other Limit Units Description Required if "Other" Limit Unit: If a Limit Unit of "Other" was selected in Limit Units, enter a description	H Minimum Stay Optional: Enter the Minimum Stay (in hours) as a whole number	I Exclusions Optional: Enter any Exclusions for this benefit	J Explanation: Optional Enter an Explanation for anything not listed	K Does this benefit have additional limitations or restrictions? Required if benefit is Covered: Select "Yes" if there are additional limitations or restrictions that need to be described
1	Primary Care Visit to Treat an Injury or Illness	Covered	Primary care for treatment of illness or injury	No							No
2	Specialist Visit	Covered	Physician (Specialist) Office and Home visits	No							No
3	Other Practitioner Office Visit (Nurse, Physician Assistant)	Covered	Certified Nurse Midwife or any duly licensed health professional under contract with us to provide covered services to our members	No							No
4	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	Outpatient Hospital & Ambulatory Surgical Center	No							No
5	Outpatient Surgery Physician/Surgical Services	Covered	Outpatient Hospital & Ambulatory Surgical Center	No							No
6	Hospice Services	Covered	Hospice Services & Home Hospice	Yes	210	Days per year				Benefit limited is combined IP & OP	No
7	Non-Emergency Care When Traveling Outside the U.S.	Not Covered									
8	Routine Dental Services (Adult)	Not Covered									
9	Infertility Treatment	Covered	Infertility Services Basic & Comprehensive	No			Member must be between ages of 21 and 44		Advanced Infertility is not covered	Covered services include: initial evaluation, evaluation of ovulatory function, postcoital test, hysterosalpingogram, treatment of ovulatory dysfunction, ovulation induction and monitoring with ultrasound, artificial insemination, hysteroscopy, laparoscopy and laparotomy	No
10	Long-Term/Custodial Nursing Home Care	Not Covered									
11	Private-Duty Nursing	Not Covered									
12	Routine Eye Exam (Adult)	Not Covered	Vision Care							Available as optional buy up for groups to purchase. \$50 reimbursement per exam. Limited to one per year	
13	Urgent Care Centers or Facilities	Covered	Urgent Care Facility Services	No							No

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14	Home Health Care Services	Covered	Home Healthcare	Yes	40	Visits per year					No
15	Emergency Room Services	Covered	Emergency Room Services	No							No
16	Emergency Transportation/ Ambulance	Covered	Ambulance Services	No							No
17	Inpatient Hospital Services (e.g., Hospital Stay)	Covered	Inpatient Hospital Services	No							No
18	Inpatient Physician and Surgical Services	Covered	Inpatient Hospital Services	No							No
19	Bariatric Surgery	Covered	Bariatric Surgery	No							No
20	Cosmetic Surgery	Not Covered									No
21	Skilled Nursing Facility	Covered	Skilled Nursing Facility Services	Yes	200	Days per year					No
22	Prenatal and Postnatal Care	Covered	Obstetrical Services Pre and Post Natal	No							No
23	Delivery and All Inpatient Services for Maternity Care	Covered	Maternity and Newborn Care	No						Min stay requirements (48/96 hours), prenatal, postnatal care, parent education, breast/bottle feeding assistance, clinical assessments, home visit, etc.	No
24	Mental/Behavioral Health Outpatient Services	Covered	Outpatient Mental Health Services and Partial Hospitalization (includes Biologically Based services)	Yes	30	Visits per year				Benefit limits include Office Visit and Outpatient Visits combined. Biologically based service visits will count toward this limit.	No
25	Mental/Behavioral Health Inpatient Services	Covered	Inpatient Mental Health Services (includes Biologically based services)	Yes	30	Days per year				Members may choose to exchange 1 inpatient day for 2 visits of partial hospitalization. Visits for biologically based services will count towards this limit.	No
26	Substance Abuse Disorder Outpatient Services	Covered	Outpatient Alcohol & Substance Abuse Rehabilitation	Yes	60	Visits per year				Benefit limits include Office Visit and Outpatient Visits combined. Up to 20 of the visits may be used by the members family	No
27	Substance Abuse Disorder Inpatient Services	Covered	Inpatient Alcohol & Substance Abuse Rehabilitation	Yes	30	Days per year					Yes
28	Generic Drugs	Covered	Generic	Yes	30	Other other	Day supply per month			Mail Order up to a 90 day supply	No
29	Preferred Brand Drugs	Covered	Preferred Brand	Yes	30	Other other	Day supply per month			Mail Order up to a 90 day supply	No
30	Non-Preferred Brand Drugs	Covered	Non Preferred Brand	Yes	30	Other other	Day supply per month			Mail Order up to a 90 day supply	No

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31	Specialty Drugs	Covered	Specialty Drugs	Yes	30	Other other	Day supply per month			Mail Order up to a 90 day supply	No
32	Outpatient Rehabilitation Services	Covered	Short Term Rehabilitative Therapy Services (Physical, speech and Occupational therapy) Outpatient	Yes	60	Other other	60 visits per condition per lifetime			Short Term Rehabilitation Services: Physical, Speech Occupational	No
33	Habilitation Services	Covered	Short Term Habilitative Therapy Services (Physical, speech and Occupational therapy) Outpatient	Yes	60	Other other	60 visits per condition per lifetime			New York intends to require habilitative services to be covered at parity with rehabilitative services.	No
34	Chiropractic Care	Covered	Chiropractic Services	No							No
35	Durable Medical Equipment	Covered	Durable Medical Equipment & Medical Supplies & Braces	Yes	1500	Other other	\$1500 per year for non-essential DME & Medical supplies. Braces must be standard equipment only.		Orthotics, arch supports, corrective shoes, false teeth, maintenance and repairs due to member's misuse	Coverage for standard equipment only. DME defined as Equipment which is 1). Designed and intended for repeated use, 2), primarily and customarily used to serve a medical purpose, 3). Generally not useful to person in the absence of disease or injury, and 4) is appropriate for use in the home.	No
36	Hearing Aids	Covered	Hearing Aids	Yes	1500	Other other	\$1,500/year. Limited to a single purchase (including repair/replacement) every three years.		Bone Anchored Hearing Aids unless certain criteria exists		Yes
37	Diagnostic Test (X-Ray and Lab Work)	Covered	Laboratory Procedures & X-ray Examinations (including pre-admission testing)	No							No
38	Imaging (CT/PET Scans, MRIs)	Covered	Laboratory Procedures & X-ray Examinations	No							No
39	Preventive Care/ Screening/ Immunization	Covered	Preventive services, screenings, immunizations, etc.	No						Mammography (limits based on age), cervical cytology, gynecological exams, bone density, prostate cancer screening, etc. per NYS mandates	No
40	Routine Foot Care	Not Covered									
41	Acupuncture	Not Covered									
42	Weight Loss Programs	Not Covered									

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43	Routine Eye Exam for Children	Covered	Pediatric Vision exams	No						(These are benefits supplemented with NY CHIP.)	No
44	Eye Glasses for Children	Covered	Pediatric Vision appliances	Yes	1	Other other	Glasses and frames covered once in any 12 month period			Contact lenses covered if medically necessary. (These are benefits supplemented with NY CHIP.)	No
45	Dental Check-Up for Children	Covered	Dental Check-Up for Children	Yes	1	Other other	1 within 6 month consecutive period			These are benefits supplemented with NY CHIP	
46	Other										

OTHER BENEFITS

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1	Substance Abuse Disorder Inpatient Services	Covered	Inpatient Alcohol & Substance Abuse Detoxification	Yes	7	Days per year				Inpatient Detoxification	No
2	Hearing Aids	Covered	Bone Anchored Hearing Aids	Yes	1	Other other	1 per lifetime			Bone anchored hearing aids are excluded except when either of the following applies: - For Covered Persons with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid. - For Covered Persons with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Repairs and/or replacement for a bone anchored hearing aid for Covered Persons who meet the above coverage criteria, other than for malfunctions.	No
3	Other	Covered	Prosthetic Devices - External	Yes	1	Other other	1 external prosthetic device per limb per lifetime (limit does not apply to internal devices)		- Coverage for external repairs or replacement in adults. - Coverage for wigs made from human hair unless member is allergic to sythetic wig materials	- Additional coverage for external device replacement for children for devices that have been outgrown - Coverage includes wigs for members suffering from severe hairloss due to injury or disease or treatment of a disease (e.g. chemotherapy)	No
4	Other	Covered	Elective Termination of Pregnancy	Yes	1	Treatments per year			Therapeutic termination of pregnancy unlimited		No

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5	Other	Covered	Bereavement Counseling	Yes	5	Other other	5 sessions for members family either before or after death of the member				No
6	Other	Covered	Transplants	No					- Transplants outside of designated network - Experimental & Investigational Transplants	covered at designated networks only, transplants for surgeries determined to be non-experimental and non-investigational	No
7	Other	Covered	Oral Surgery	No					Cysts related to teeth, oral surgery result of injury for teeth that are not sound/natural tooth	Oral Surgery due to injury is limited to sound and natural teeth only, oral surgery due to congenital anomaly, removal of tumors and systs requiring pathological examination of jaws/cheeks/lips	No
8	Other	Covered	Breast reconstructive surgery following mastectomy, lumpectomy, or lymph node dissection	No							No
9	Other	Covered	Comprehensive care facility for eating disorders	No							No
10	Other	Covered	Diabetic equipment, supplies, education and self-management	No							No
11	Other	Covered	Enteral formulas	No							No
12	Other	Covered	Family Planning - Contraceptive drugs and devices, vasectomies, tubal ligations	No							No
13	Other	Covered	Allergy testing and treatment	No							No
14	Other	Covered	Autism spectrum disorder screening, diagnosis and treatment	Yes	45000	Other other	\$45,000 per year for ABA, with adjustments			Benefit is not in coverage documents b/c newly enacted mandate (2011).	No
15	Other	Covered	Prostate cancer screening	Yes	1	Other other	Annual for men age 50 and over; age 40 and over if family history or risk factors; any age if prior history			Includes exam and antigen test, per mandate.	No
16	Other	Covered	Exercise Facility Reimbursement	Yes	200	Other other	\$200/\$100 every 6 months for member/spouse			Partial reimbursement for facility fees every 6 months if at least 50 visits	No

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17	Other	Covered	Inpatient Rehabilitation Services	Yes	1	Other other	1 consecutive 60 day period per condition per lifetime in a rehabilitation facility.			Inpatient Short Term Rehabilitative Services (Physical, speech and occupational therapy)	No
18	Other	Covered	Reconstructive and corrective surgery	No						Limited to correct a congenital birth defect of dependent child or incidental to surgery or follows surgery necessitated by trauma, infection or disease	No
19	Other	Covered	Internal Prosthetic Devices	No						Covered if improves or restores function of internal body part; includes implanted breast prostheses; includes repair and replacement.	No
20	Other	Covered	Chemotherapy	No							No
21	Other	Covered	Second Opinion (surgical)	No						Second surgical opinion on the need for surgery.	No
22	Other	Covered	End of Life Care	No						If member is diagnosed with cancer and has less than 60 days to live; covers care in specified facilities for terminally ill patients.	No
23	Other	Covered	Second Opinion (Specialist - cancer)	No						Second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer.	No
24	Other	Covered	Inpatient Habilitative Services	Yes	1	Other other	1 consecutive 60 day period per condition per lifetime in a habilitative facility.			New York intends to require habilitative services to be covered at parity with rehabilitative services.	No
25	Other	Covered	Out of Network Dialysis	No						Coverage for out of network provider on an in-network basis if member is traveling outside the service area.	No
26	Other	Covered	Correctable Medical Conditions Leading to Infertility	No							No
27	Other	Covered	Mastectomy Care	No						Length of stay for lymph node dissection, lumpectomy or mastectomy as determined by the patient and physician.	No

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28	Other	Covered	Experimental or Investigational Services	No						Covered when approved by an external appeal agent.	No
29	Other	Covered	Off Label Cancer Drugs	No							No

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

Category	Class	Submission Count
ANALGESICS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	20
ANALGESICS	OPIOID ANALGESICS, LONG-ACTING	10
ANALGESICS	OPIOID ANALGESICS, SHORT-ACTING	10
ANESTHETICS	LOCAL ANESTHETICS	2
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	ALCOHOL DETERRENTS/ANTI-CRAVING	3
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	OPIOID ANTAGONISTS	2
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	SMOKING CESSATION AGENTS	0
ANTI-INFLAMMATORY AGENTS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	20
ANTIBACTERIALS	AMINOGLYCOSIDES	5
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	17
ANTIBACTERIALS	BETA-LACTAM, CEPHALOSPORINS	11
ANTIBACTERIALS	BETA-LACTAM, OTHER	1
ANTIBACTERIALS	BETA-LACTAM, PENICILLINS	4
ANTIBACTERIALS	MACROLIDES	6
ANTIBACTERIALS	QUINOLONES	8
ANTIBACTERIALS	SULFONAMIDES	4
ANTIBACTERIALS	TETRACYCLINES	4
ANTICONVULSANTS	ANTICONVULSANTS, OTHER	1
ANTICONVULSANTS	BARBITURIC ACID DERIVATIVE	1
ANTICONVULSANTS	BENZODIAZEPINE DERIVATIVE	4
ANTICONVULSANTS	CALCIUM CHANNEL MODIFYING AGENTS	3
ANTICONVULSANTS	GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS	4
ANTICONVULSANTS	GLUTAMATE REDUCING AGENTS	3
ANTICONVULSANTS	SODIUM CHANNEL AGENTS	5
ANTIDEMENTIA AGENTS	ANTIDEMENTIA AGENTS, OTHER	1
ANTIDEMENTIA AGENTS	CHOLINESTERASE INHIBITORS	3
ANTIDEMENTIA AGENTS	N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	1
ANTIDEPRESSANTS	ANTIDEPRESSANTS, OTHER	7
ANTIDEPRESSANTS	MONOAMINE OXIDASE INHIBITORS	4
ANTIDEPRESSANTS	SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS	9
ANTIDEPRESSANTS	TRICYCLICS	9
ANTIEMETICS	ANTIEMETICS, OTHER	9
ANTIEMETICS	EMETOGENIC THERAPY ADJUNCTS	5
ANTIFUNGALS	ANTIFUNGALS	20
ANTIGOUT AGENTS	ANTIGOUT AGENTS	4
ANTIMIGRAINE AGENTS	ERGOT ALKALOIDS	1
ANTIMIGRAINE AGENTS	PROPHYLACTIC	3

Category	Class	Submission Count
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	7
ANTIMYASTHENIC AGENTS	PARASYMPATHOMIMETICS	1
ANTIMYCOBACTERIALS	ANTIMYCOBACTERIALS, OTHER	2
ANTIMYCOBACTERIALS	ANTITUBERCULARS	4
ANTINEOPLASTICS	ALKYLATING AGENTS	5
ANTINEOPLASTICS	ANTIANGIOGENIC AGENTS	2
ANTINEOPLASTICS	ANTIESTROGENS/MODIFIERS	2
ANTINEOPLASTICS	ANTIMETABOLITES	2
ANTINEOPLASTICS	ANTINEOPLASTICS	19
ANTINEOPLASTICS	ANTINEOPLASTICS, OTHER	2
ANTINEOPLASTICS	AROMATASE INHIBITORS, 3RD GENERATION	3
ANTINEOPLASTICS	ENZYME INHIBITORS	1
ANTINEOPLASTICS	MOLECULAR TARGET INHIBITORS	11
ANTINEOPLASTICS	MONOCLONAL ANTIBODIES	0
ANTINEOPLASTICS	RETINOIDS	3
ANTIPARASITICS	ANTHELMINTICS	3
ANTIPARASITICS	ANTIPROTOZOALS	10
ANTIPARASITICS	PEDICULICIDES/SCABICIDES	5
ANTIPARKINSON AGENTS	ANTICHOLINERGICS	3
ANTIPARKINSON AGENTS	ANTIPARKINSON AGENTS, OTHER	4
ANTIPARKINSON AGENTS	DOPAMINE AGONISTS	3
ANTIPARKINSON AGENTS	DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS	1
ANTIPARKINSON AGENTS	MONOAMINE OXIDASE B (MAO-B) INHIBITORS	2
ANTIPSYCHOTICS	1ST GENERATION/TYPICAL	10
ANTIPSYCHOTICS	2ND GENERATION/ATYPICAL	9
ANTIPSYCHOTICS	TREATMENT-RESISTANT	1
ANTISPASTICITY AGENTS	ANTISPASTICITY AGENTS	3
ANTIVIRALS	ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	2
ANTIVIRALS	ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS	5
ANTIVIRALS	ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS	8
ANTIVIRALS	ANTI-HIV AGENTS, OTHER	3
ANTIVIRALS	ANTI-HIV AGENTS, PROTEASE INHIBITORS	9
ANTIVIRALS	ANTI-INFLUENZA AGENTS	4
ANTIVIRALS	ANTIHEPATITIS AGENTS	11
ANTIVIRALS	ANTIHERPETIC AGENTS	5
ANXIOLYTICS	ANXIOLYTICS, OTHER	4
ANXIOLYTICS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS	5

Category	Class	Submission Count
BIPOLAR AGENTS	BIPOLAR AGENTS, OTHER	6
BIPOLAR AGENTS	MOOD STABILIZERS	4
BLOOD GLUCOSE REGULATORS	ANTIDIABETIC AGENTS	19
BLOOD GLUCOSE REGULATORS	GLYCEMIC AGENTS	2
BLOOD GLUCOSE REGULATORS	INSULINS	7
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	ANTICOAGULANTS	7
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	BLOOD FORMATION MODIFIERS	8
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	COAGULANTS	0
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	PLATELET MODIFYING AGENTS	8
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC AGONISTS	4
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC BLOCKING AGENTS	4
CARDIOVASCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	8
CARDIOVASCULAR AGENTS	ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	9
CARDIOVASCULAR AGENTS	ANTIARRHYTHMICS	9
CARDIOVASCULAR AGENTS	BETA-ADRENERGIC BLOCKING AGENTS	13
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	9
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	4
CARDIOVASCULAR AGENTS	DIURETICS, CARBONIC ANHYDRASE INHIBITORS	2
CARDIOVASCULAR AGENTS	DIURETICS, LOOP	3
CARDIOVASCULAR AGENTS	DIURETICS, POTASSIUM-SPARING	4
CARDIOVASCULAR AGENTS	DIURETICS, THIAZIDE	5
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	2
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	7
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, OTHER	6
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL	2
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	2
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	4
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	5
CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS, OTHER	4
CENTRAL NERVOUS SYSTEM AGENTS	FIBROMYALGIA AGENTS	3
CENTRAL NERVOUS SYSTEM AGENTS	MULTIPLE SCLEROSIS AGENTS	5
DENTAL AND ORAL AGENTS	DENTAL AND ORAL AGENTS	6
DERMATOLOGICAL AGENTS	DERMATOLOGICAL AGENTS	26
ENZYME REPLACEMENT/MODIFIERS	ENZYME REPLACEMENT/MODIFIERS	7
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	4
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	6
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	4
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	2
GASTROINTESTINAL AGENTS	LAXATIVES	2

Category	Class	Submission Count
GASTROINTESTINAL AGENTS	PROTECTANTS	2
GASTROINTESTINAL AGENTS	PROTON PUMP INHIBITORS	6
GENITOURINARY AGENTS	ANTISPASMODICS, URINARY	7
GENITOURINARY AGENTS	BENIGN PROSTATIC HYPERTROPHY AGENTS	9
GENITOURINARY AGENTS	GENITOURINARY AGENTS, OTHER	3
GENITOURINARY AGENTS	PHOSPHATE BINDERS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	GLUCOCORTICOIDS/MINERALOCORTICOIDS	24
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	5
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANABOLIC STEROIDS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANDROGENS	4
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ESTROGENS	4
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	PROGESTINS	6
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	3
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	1
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	1
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	7
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)	ANTIANDROGENS	5
HORMONAL AGENTS, SUPPRESSANT (THYROID)	ANTITHYROID AGENTS	2
IMMUNOLOGICAL AGENTS	IMMUNE SUPPRESSANTS	14
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	0
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	8
IMMUNOLOGICAL AGENTS	VACCINES	0
INFLAMMATORY BOWEL DISEASE AGENTS	AMINOSALICYLATES	3
INFLAMMATORY BOWEL DISEASE AGENTS	GLUCOCORTICOIDS	7
INFLAMMATORY BOWEL DISEASE AGENTS	SULFONAMIDES	1
METABOLIC BONE DISEASE AGENTS	METABOLIC BONE DISEASE AGENTS	9
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	3
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	7
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	8
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	11
OPHTHALMIC AGENTS	OPHTHALMIC ANTIGLAUCOMA AGENTS	11

Category	Class	Submission Count
OPHTHALMIC ANTI-INFLAMMATORIES	OPHTHALMIC ANTI-INFLAMMATORIES	1
OTIC AGENTS	OTIC AGENTS	4
RESPIRATORY TRACT AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	7
RESPIRATORY TRACT AGENTS	ANTIHISTAMINES	11
RESPIRATORY TRACT AGENTS	ANTILEUKOTRIENES	3
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)	1
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	8
RESPIRATORY TRACT AGENTS	MAST CELL STABILIZERS	1
RESPIRATORY TRACT AGENTS	PULMONARY ANTIHYPERTENSIVES	5
RESPIRATORY TRACT AGENTS	RESPIRATORY TRACT AGENTS, OTHER	4
SKELETAL MUSCLE RELAXANTS	SKELETAL MUSCLE RELAXANTS	8
SLEEP DISORDER AGENTS	GABA RECEPTOR MODULATORS	3
SLEEP DISORDER AGENTS	SLEEP DISORDERS, OTHER	5
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL MODIFIERS	6
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL REPLACEMENT	4
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	1