

## PROPOSED PENNSYLVANIA EHB BENCHMARK PLAN

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### SUMMARY INFORMATION

<b>Plan Type</b>	Plan from largest small group product, Point of Service
<b>Issuer Name</b>	Aetna Health Inc. (a PA corp.)
<b>Product Name</b>	Aetna Health Maintenance Organization
<b>Plan Name</b>	PA POS Cost Sharing 34 1500 Ded
<b>Supplemented Categories</b> (Supplementary Plan Type)	Pediatric Oral (FEDVIP)
<b>Habilitative Services</b>	No

## 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 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 Visit to Treat an Injury or Illness	No							No
2	Specialist Visit	Covered	Specialist Visit	No							No
3	Other Practitioner Office Visit (Nurse, Physician Assistant)	Covered	Other Practitioner Office Visit (Nurse, Physician Assistant)	No							No
4	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	Facility Fee	No							No
5	Outpatient Surgery Physician/ Surgical Services	Covered	Physician/ Surgeon Fees	No							No
6	Hospice Services	Covered	Hospice Services	No					Precertification required for out-of-network care. Benefits will be reduced by 50% per service or supply if precertification is not obtained.		No
7	Non-Emergency Care When Traveling Outside the U.S.	Not Covered									
8	Routine Dental Services (Adult)	Not Covered									
9	Infertility Treatment	Not Covered									
10	Long-Term/ Custodial Nursing Home Care	Not Covered									
11	Private-Duty Nursing	Not Covered									
12	Routine Eye Exam (Adult)	Covered	Routine Eye Exam (Adult)	Yes	1	Other other	1 exam every 24 months				No
13	Urgent Care Centers or Facilities	Covered	Urgent Care	No					No coverage for non-urgent care.		No
14	Home Health Care Services	Covered	Home Health Care	Yes	60	Visits per year			Precertification required for out-of-network care. Benefits will be reduced by 50% per service or supply if precertification is not obtained.		No

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15	Emergency Room Services	Covered	Emergency Room Services	No					No coverage for non-emergency care.		No
16	Emergency Transportation/Ambulance	Covered	Emergency Medical Transportation	No							No
17	Inpatient Hospital Services (e.g., Hospital Stay)	Covered	Inpatient Hospital Services	No					Precertification required for out-of-network care. Benefits will be reduced by 50% per service or supply if precertification is not obtained.		No
18	Inpatient Physician and Surgical Services	Covered	Inpatient Physician and Surgical Services	No					Precertification required for out-of-network care. Benefits will be reduced by 50% per service or supply if precertification is not obtained.		No
19	Bariatric Surgery	Not Covered									
20	Cosmetic Surgery	Not Covered									
21	Skilled Nursing Facility	Covered	Skilled Nursing Care	Yes	120	Days per year			Precertification required for out-of-network care. Benefits will be reduced by 50% per service or supply if precertification is not obtained.		No
22	Prenatal and Postnatal Care	Covered	Prenatal and Postnatal Care	No							No
23	Delivery and All Inpatient Services for Maternity Care	Covered	Delivery and All Inpatient Services	No					Precertification required for out-of-network care. Benefits will be reduced by 50% per service or supply if precertification is not obtained.		No
24	Mental/Behavioral Health Outpatient Services	Covered	Mental/Behavioral Health Outpatient Services	Yes	20	Visits per year				SMI: 60 visits/year; Non-SMI: 20 visits/year	No
25	Mental/Behavioral Health Inpatient Services	Covered	Mental/Behavioral Health Inpatient Services	Yes	30	Days per year			Precertification required for out-of-network care. Benefits will be reduced by 50% per service or supply if precertification is not obtained.	SMI: 30 days/year; Non-SMI: 30 days/year	No
26	Substance Abuse Disorder Outpatient Services	Covered	Substance Abuse Disorder Outpatient Services	Yes	60	Visits per year				Detox: No limits. Rehab: 60 visits/year, 120 visits per lifetime	No
27	Substance Abuse Disorder Inpatient Services	Covered	Substance Use Disorder Inpatient Services	Yes	30	Days per year			Precertification required for out-of-network care. Benefits will be reduced by 50% per service or supply if precertification is not obtained.	Detox: Unlimited, in-network and 7 days/admission, 4 admission per lifetime out-of-network; Rehab: 30 days/year, 90 days/lifetime	No
28	Generic Drugs	Covered	Generic Drugs	No					No coverage for out-of-network. Precertification and step therapy required with 90 day Transition of Care.	Includes diabetic supplies, oral fertility drugs and contraceptive drugs and devices obtainable from a pharmacy.	No

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29	Preferred Brand Drugs	Covered	Formulary Brand Drugs	No					No coverage for out-of-network. Precertification and step therapy required with 90 day Transition of Care.	Includes diabetic supplies, oral fertility drugs and contraceptive drugs and devices obtainable from a pharmacy.	No
30	Non-Preferred Brand Drugs	Covered	Non-Formulary Brand Drugs	No					No coverage for out-of-network. Precertification and step therapy required with 90 day Transition of Care.	Includes diabetic supplies, oral fertility drugs and contraceptive drugs and devices obtainable from a pharmacy.	No
31	Specialty Drugs	Covered	Specialty Drugs	No							No
32	Outpatient Rehabilitation Services	Covered	Rehabilitation Services	Yes	30	Visits per year			PT/OT: 30 visits/year; ST: 30 visits/year		No
33	Habilitation Services	Not Covered									
34	Chiropractic Care	Covered	Chiropractic Care	Yes	20	Visits per year					No
35	Durable Medical Equipment	Covered	Durable Medical Equipment	Yes	2500	Other other	Annual maximum		Precertification required for out-of-network care. Benefits will be reduced by 50% per service or supply if precertification is not obtained.		No
36	Hearing Aids	Not Covered									
37	Diagnostic Test (X-Ray and Lab Work)	Covered	Diagnostic test (X-Ray and Lab Work)	No							No
38	Imaging (CT/PET Scans, MRIs)	Covered	Imaging (CT/PET Scans, MRIs)	No							No
39	Preventive Care/ Screening/ Immunization	Covered	Preventive Care/ Screening/ immunization	Yes	1	Other other	Age and frequency schedules may apply				No
40	Routine Foot Care	Not Covered									
41	Acupuncture	Not Covered									
42	Weight Loss Programs	Not Covered									
43	Routine Eye Exam for Children	Covered	Routine eye exam	Yes	1	Visits per year					No
44	Eye Glasses for Children	Covered	Eyeglasses for adults and children	Yes	1	Other other	1 pair of glasses (lenses and frames per year				No
45	Dental Check-Up for Children	Covered	Dental Exams	Yes	1	Other other	1 every 6 months			Limitations, including dollar limits, may apply	No
46	Other										

**OTHER BENEFITS**

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1	<b>Other</b>	Covered	Basic Dental Care – Child	No						Limitations, including dollar limits, may apply	No
2	<b>Other</b>	Covered	Major Dental Care – Child	No						Limitations, including dollar limits, may apply	No
3	<b>Other</b>	Covered	Orthodontia - Child	No						Limitations, including dollar limits, may apply	No

**PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS**

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

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

Category	Class	Submission Count
BLOOD GLUCOSE REGULATORS	GLYCEMIC AGENTS	0
BLOOD GLUCOSE REGULATORS	INSULINS	0
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	ANTICOAGULANTS	1
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	BLOOD FORMATION MODIFIERS	0
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	COAGULANTS	0
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	PLATELET MODIFYING AGENTS	0
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC AGONISTS	0
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC BLOCKING AGENTS	0
CARDIOVASCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	0
CARDIOVASCULAR AGENTS	ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	0
CARDIOVASCULAR AGENTS	ANTIARRHYTHMICS	0
CARDIOVASCULAR AGENTS	BETA-ADRENERGIC BLOCKING AGENTS	1
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	0
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	1
CARDIOVASCULAR AGENTS	DIURETICS, CARBONIC ANHYDRASE INHIBITORS	0
CARDIOVASCULAR AGENTS	DIURETICS, LOOP	0
CARDIOVASCULAR AGENTS	DIURETICS, POTASSIUM-SPARING	0
CARDIOVASCULAR AGENTS	DIURETICS, THIAZIDE	0
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	0
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	0
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, OTHER	0
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL	0
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	0
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	0
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	0
CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS, OTHER	0
CENTRAL NERVOUS SYSTEM AGENTS	FIBROMYALGIA AGENTS	0
CENTRAL NERVOUS SYSTEM AGENTS	MULTIPLE SCLEROSIS AGENTS	0
DENTAL AND ORAL AGENTS	DENTAL AND ORAL AGENTS	0
DERMATOLOGICAL AGENTS	DERMATOLOGICAL AGENTS	1
ENZYME REPLACEMENT/MODIFIERS	ENZYME REPLACEMENT/MODIFIERS	0
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	0
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	0
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	0
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	0
GASTROINTESTINAL AGENTS	LAXATIVES	0
GASTROINTESTINAL AGENTS	PROTECTANTS	0
GASTROINTESTINAL AGENTS	PROTON PUMP INHIBITORS	1
GENITOURINARY AGENTS	ANTISPASMODICS, URINARY	0
GENITOURINARY AGENTS	BENIGN PROSTATIC HYPERTROPHY AGENTS	0

Category	Class	Submission Count
GENITOURINARY AGENTS	GENITOURINARY AGENTS, OTHER	0
GENITOURINARY AGENTS	PHOSPHATE BINDERS	0
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	GLUCOCORTICOIDS/MINERALOCORTICOIDS	0
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	0
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	0
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANABOLIC STEROIDS	0
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANDROGENS	0
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ESTROGENS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	PROGESTINS	0
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	0
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	1
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	0
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	0
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	0
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)	ANTIANDROGENS	0
HORMONAL AGENTS, SUPPRESSANT (THYROID)	ANTITHYROID AGENTS	0
IMMUNOLOGICAL AGENTS	IMMUNE SUPPRESSANTS	0
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	0
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	0
IMMUNOLOGICAL AGENTS	VACCINES	0
INFLAMMATORY BOWEL DISEASE AGENTS	AMINOSALICYLATES	0
INFLAMMATORY BOWEL DISEASE AGENTS	GLUCOCORTICOIDS	0
INFLAMMATORY BOWEL DISEASE AGENTS	SULFONAMIDES	0
METABOLIC BONE DISEASE AGENTS	METABOLIC BONE DISEASE AGENTS	0
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	0
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	0
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	0
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	0
OPHTHALMIC AGENTS	OPHTHALMIC ANTIGLAUCOMA AGENTS	0
OPHTHALMIC ANTI-INFLAMMATORIES	OPHTHALMIC ANTI-INFLAMMATORIES	0
OTIC AGENTS	OTIC AGENTS	0
RESPIRATORY TRACT AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	0
RESPIRATORY TRACT AGENTS	ANTIHISTAMINES	0
RESPIRATORY TRACT AGENTS	ANTILEUKOTRIENES	0
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	0

<b>Category</b>	<b>Class</b>	<b>Submission Count</b>
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)	0
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	1
RESPIRATORY TRACT AGENTS	MAST CELL STABILIZERS	0
RESPIRATORY TRACT AGENTS	PULMONARY ANTIHYPERTENSIVES	0
RESPIRATORY TRACT AGENTS	RESPIRATORY TRACT AGENTS, OTHER	0
SKELETAL MUSCLE RELAXANTS	SKELETAL MUSCLE RELAXANTS	0
SLEEP DISORDER AGENTS	GABA RECEPTOR MODULATORS	0
SLEEP DISORDER AGENTS	SLEEP DISORDERS, OTHER	0
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL MODIFIERS	0
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL REPLACEMENT	1
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	0