

EXTENDED HEALTH BENEFITS PROGRAM

<u>PGM #</u>	<u>NAME</u>
*01	CANCER
*02	TUBERCULOSIS
-03	VENEREAL DISEASE
-04	CELIAC DISEASE
*05	CYSTIC FIBROSIS
-06	PERNICIOUS ANEMIA
-07	PHENYLKETONURIA
08	OSTEOARTHRITIS
10	EPILEPSY
*11	CHRONIC PSYCHOSIS
*12	DIABETES MELLITUS
-*13	SPINA BIFIDA
-*14	CONGENITAL CYTOMEGALOVIRUS INFECTION
*15	CONGENITAL ANOMALIES & CHRONIC DISEASES OF THE URINARY SYSTEM
*16	CEREBRAL PALSY
*17	MULTIPLE SCLEROSIS
-*18	DIABETES INSIPIDUS
-*20	CLEFT LIP AND CLEFT PALATE
21	HYPERTENSION (subject to certain BP levels)
- 25	RICKETS
*70	SENIORS

ADDITIONS EFFECTIVE 90.04.01

- *200	CHRONIC OBSTRUCTIVE LUNG DISEASE
*201	MUSCULAR DYSTROPHY
*202	SPINAL CORD INJURY
*203	ULCERATIVE COLITIS
*204	CONGENITAL HEART DISEASE
*205	SCOLIOSIS
*206	PSORIASIS
*207	CROHN'S DISEASE
*208	WEGENERS GRANULOMATOSIS
*209	ALZHEIMER'S DISEASE
*210	ISCHEMIC HEART DISEASE
*211	LUPUS ERYTHEMATOSUS
*212	DERMATOMYOSITIS
*213	SCLERODERMA
*214	RHEUMATIC FEVER
*215	RHEUMATOID ARTHRITIS
*216	HEAD INJURY
*217	HIV INFECTION
*218	ALL OTHER HIV RELATED DISEASES
*219	ALCOHOL DEPENDENCY
*220	DRUG DEPENDENCY
*221	ASTHMA

*all drugs in Sk Formulary except OCP's + diabetic needs*

*all drugs on Sk Formulary*

\*INDICATES PROGRAMS WHICH ALLOW TRANSPORTATION, MEAL AND ACCOMMODATION BENEFITS. OTHERS STRICTLY PHARMACARE.