COLORADO EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Plan from largest small group product, Health Maintenance Organization- Point of Service Plan
Issuer Name	Kaiser Foundation Health Plan of Colorado
Product Name	Deductible/Coinsurance HMO 1200D
Plan Name	Ded HMO 1200D
Supplemented Categories (Supplementary Plan Type)	Pediatric Oral (State CHIP)
Habilitative Services Included Benchmark (Yes/No)	No
Habilitative Services Defined by State (Yes/No)	Yes: "Habilitative services are services that help a person retain, learn, or improve skills and functioning for daily living that are offered in parity with, and in addition to, any rehabilitative services offered in Colorado's EHB benchmark plan. Parity in this context means of like type and substantially equivalent in scope, amount, and duration." Defining habilitative benefits in this manner provides habilitative benefits on par with those currently offered in rehabilitation and reflects current utilization in the rehabilitative arena.

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 visits	No							No
2	**Specialist Visit**	Covered	Specialist visits	No							No
3	**Other Practitioner Office Visit (Nurse, Physician Assistant)**	Covered	Nurse and physician assistant visits	No							No
4	**Outpatient Facility Fee (e.g., Ambulatory Surgery Center)**	Covered	Outpatient surgery	No							No
5	**Outpatient Surgery Physician/ Surgical Services**	Covered	Outpatient surgery	No							No
6	**Hospice Services**	Covered	Hospice services	No						Covered when life expectancy is determined to be 6 months or less.	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	Vision Services	No							No
13	**Urgent Care Centers or Facilities**	Covered	Non-emergency, non-routine care	No							No
14	**Home Health Care Services**	Covered	Home health care	Yes	28	Hours per week					No
15	**Emergency Room Services**	Covered	Emergency services	No					Excludes special procedures.		No
16	**Emergency Transportation/ Ambulance**	Covered	Ambulance services	No					Excludes transportation by other than a licensed ambulance.		No
17	**Inpatient Hospital Services (e.g., Hospital Stay)**	Covered	Hospital inpatient services	No							No
18	**Inpatient Physician and Surgical Services**	Covered	Inpatient professional visits	No							No
19	**Bariatric Surgery**	Not Covered									
20	**Cosmetic Surgery**	Not Covered									
21	**Skilled Nursing Facility**	Covered	Skilled nursing facility care	Yes	100	Days per year					No
22	**Prenatal and Postnatal Care**	Covered	Routine prenatal and postpartum visits	No							No

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23	**Delivery and All Inpatient Services for Maternity Care**	Covered	Obstetrical care and delivery	No							No
24	**Mental/Behavioral Health Outpatient Services**	Covered	Mental health outpatient therapy	No					Special education, counseling, therapy or care for learning deficiencies or behavioral problems, whether or not associated with a manifest mental disorder, retardation or other disturbance.		No
25	**Mental/Behavioral Health Inpatient Services**	Covered	Mental health inpatient services	No					Special education, counseling, therapy or care for learning deficiencies or behavioral problems, whether or not associated with a manifest mental disorder, retardation or other disturbance.		No
26	**Substance Abuse Disorder Outpatient Services**	Covered	Chemical dependency outpatient services	No					Counseling for a patient who is nonresponsive to therapeutic management.		No
27	**Substance Abuse Disorder Inpatient Services**	Covered	Chemical dependency inpatient medical and hospital services	No					Residential rehabilitation.		Yes
28	**Generic Drugs**	Covered	Generic drugs	No							No
29	**Preferred Brand Drugs**	Covered	Brand name drugs	No							No
30	**Non-Preferred Brand Drugs**	Covered	Non-preferred drugs	No							No
31	**Specialty Drugs**	Covered	Specialty drugs	No							No
32	**Outpatient Rehabilitation Services**	Covered	Physical, occupational and speech therapy	Yes	20	Visits per year	Per therapy type				No
33	**Habilitation Services**	Not Covered									
34	**Chiropractic Care**	Not Covered									
35	**Durable Medical Equipment**	Covered	Durable medical equipment	No							No
36	**Hearing Aids**	Covered	Hearing aids	No						Covered for persons under the age of 18.	No
37	**Diagnostic Test (X-Ray and Lab Work)**	Covered	Diagnostic X-rays and laboratory services	No							No
38	**Imaging (CT/PET Scans, MRIs)**	Covered	Special procedures	No							No
39	**Preventive Care/Screening/ Immunization**	Covered	Preventive care services	No							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

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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 Check-Up for Children	Yes	2	Other other	2 in a 12 month period				No

OTHER BENEFITS

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	**Substance Abuse Disorder Inpatient Services**	Covered	Chemical dependency inpatient medical and hospital services	No						Limited to medical management of withdrawal symptoms.	No
2	**Other**	Covered	Other Practitioner Office Visit (Nurse, Physician Assistant)	No							No
3	**Other**	Covered	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No							No
4	**Other**	Covered	Organ and Tissue Transplants	No			Transplants limited to specified organs				No
5	**Other**	Covered	Chemotherapy Services	No							No
6	**Other**	Covered	Radiation Therapy	No							No
7	**Other**	Covered	Anesthesia	No							No
8	**Other**	Covered	Breast Reconstruction	No							No
9	**Other**	Covered	Newborn Child Coverage	No							No
10	**Other**	Covered	Biologically Based Mental Illnesses and Disorders	No							No
11	**Other**	Covered	Prescription Mail Services (home delivery)	No							No
12	**Other**	Covered	Home Infusion Therapy	No							No
13	**Other**	Covered	Cardiac Rehab	No							No
14	**Other**	Covered	Pulmonary Rehab	No							No
15	**Other**	Covered	Prosthetics-Arm or Leg	No							No
16	**Other**	Covered	Autism Spectrum Disorder	No							No
17	**Other**	Covered	Physical, occupational, speech therapy for congenital defects up to age 5	No							No
18	**Other**	Covered	Vision Care	No			1 exam every 24 months				No
19	**Other**	Covered	Audiology/Hearing Tests	No							No
20	**Other**	Covered	Nutritional Counseling	No			Adult Hearing Aids not Covered				No
21	**Other**	Covered	Smoking Cessation Program	No							No
22	**Other**	Covered	Allergy Testing	No							No
23	**Other**	Covered	Diabetes, medically necessary testing, supplies, education	No							No
24	**Other**	Covered	Routine hearing exams to age 19	No							No
25	**Other**	Covered	Hearing aids to age 19	No							No
26	**Other**	Covered	Childs Dental Anesthesia	No							No
27	**Other**	Covered	PKU Testing and Treatment	No							No
28	**Private-Duty Nursing**	Covered	Private Duty Nursing	No							No

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
ANALGESICS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	9
ANALGESICS	OPIOID ANALGESICS, LONG-ACTING	3
ANALGESICS	OPIOID ANALGESICS, SHORT-ACTING	6
ANESTHETICS	LOCAL ANESTHETICS	2
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	ALCOHOL DETERRENTS/ANTI-CRAVING	3
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	OPIOID ANTAGONISTS	3
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	SMOKING CESSATION AGENTS	0
ANTI-INFLAMMATORY AGENTS	GLUCOCORTICOIDS	1
ANTI-INFLAMMATORY AGENTS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	9
ANTIBACTERIALS	AMINOGLYCOSIDES	5
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	10
ANTIBACTERIALS	BETA-LACTAM, CEPHALOSPORINS	10
ANTIBACTERIALS	BETA-LACTAM, OTHER	3
ANTIBACTERIALS	BETA-LACTAM, PENICILLINS	8
ANTIBACTERIALS	MACROLIDES	3
ANTIBACTERIALS	QUINOLONES	5
ANTIBACTERIALS	SULFONAMIDES	3
ANTIBACTERIALS	TETRACYCLINES	3
ANTICONVULSANTS	ANTICONVULSANTS, OTHER	1
ANTICONVULSANTS	CALCIUM CHANNEL MODIFYING AGENTS	3
ANTICONVULSANTS	GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	3
ANTICONVULSANTS	GLUTAMATE REDUCING AGENTS	3
ANTICONVULSANTS	SODIUM CHANNEL AGENTS	3
ANTIDEMENTIA AGENTS	ANTIDEMENTIA AGENTS, OTHER	0
ANTIDEMENTIA AGENTS	CHOLINESTERASE INHIBITORS	2
ANTIDEMENTIA AGENTS	N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	1
ANTIDEPRESSANTS	ANTIDEPRESSANTS, OTHER	5
ANTIDEPRESSANTS	MONOAMINE OXIDASE INHIBITORS	2
ANTIDEPRESSANTS	SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS	5
ANTIDEPRESSANTS	TRICYCLICS	6
ANTIEMETICS	ANTIEMETICS, OTHER	8
ANTIEMETICS	EMETOGENIC THERAPY ADJUNCTS	3
ANTIFUNGALS	NO USP CLASS	12
ANTIGOUT AGENTS	NO USP CLASS	3
ANTIMIGRAINE AGENTS	ERGOT ALKALOIDS	2

CATEGORY	CLASS	SUBMISSION COUNT
ANTIMIGRAINE AGENTS	PROPHYLACTIC	3
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	2
ANTIMYASTHENIC AGENTS	PARASYMPATHOMIMETICS	2
ANTIMYCOBACTERIALS	ANTIMYCOBACTERIALS, OTHER	1
ANTIMYCOBACTERIALS	ANTITUBERCULARS	4
ANTINEOPLASTICS	ALKYLATING AGENTS	6
ANTINEOPLASTICS	ANTIANGIOGENIC AGENTS	2
ANTINEOPLASTICS	ANTIESTROGENS/MODIFIERS	2
ANTINEOPLASTICS	ANTIMETABOLITES	2
ANTINEOPLASTICS	ANTINEOPLASTICS, OTHER	4
ANTINEOPLASTICS	AROMATASE INHIBITORS, 3RD GENERATION	3
ANTINEOPLASTICS	ENZYME INHIBITORS	3
ANTINEOPLASTICS	MOLECULAR TARGET INHIBITORS	5
ANTINEOPLASTICS	MONOCLONAL ANTIBODIES	1
ANTINEOPLASTICS	RETINOIDS	1
ANTIPARASITICS	ANTHELMINTICS	3
ANTIPARASITICS	ANTIPROTOZOALS	9
ANTIPARASITICS	PEDICULICIDES/SCABICIDES	1
ANTIPARKINSON AGENTS	ANTICHOLINERGICS	3
ANTIPARKINSON AGENTS	ANTIPARKINSON AGENTS, OTHER	2
ANTIPARKINSON AGENTS	DOPAMINE AGONISTS	3
ANTIPARKINSON AGENTS	DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS	1
ANTIPARKINSON AGENTS	MONOAMINE OXIDASE B (MAO-B) INHIBITORS	1
ANTIPSYCHOTICS	1ST GENERATION/TYPICAL	10
ANTIPSYCHOTICS	2ND GENERATION/ATYPICAL	5
ANTIPSYCHOTICS	TREATMENT-RESISTANT	1
ANTISPASTICITY AGENTS	NO USP CLASS	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	11
ANTIVIRALS	ANTI-HIV AGENTS, OTHER	2
ANTIVIRALS	ANTI-HIV AGENTS, PROTEASE INHIBITORS	9
ANTIVIRALS	ANTI-INFLUENZA AGENTS	3
ANTIVIRALS	ANTIHEPATITIS AGENTS	9
ANTIVIRALS	ANTIHERPETIC AGENTS	4
ANXIOLYTICS	ANXIOLYTICS, OTHER	3

CATEGORY	CLASS	SUBMISSION COUNT
ANXIOLYTICS	SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)	3
BIPOLAR AGENTS	BIPOLAR AGENTS, OTHER	5
BIPOLAR AGENTS	MOOD STABILIZERS	5
BLOOD GLUCOSE REGULATORS	ANTIDIABETIC AGENTS	5
BLOOD GLUCOSE REGULATORS	GLYCEMIC AGENTS	1
BLOOD GLUCOSE REGULATORS	INSULINS	5
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	ANTICOAGULANTS	4
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	BLOOD FORMATION MODIFIERS	3
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	COAGULANTS	0
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	PLATELET MODIFYING AGENTS	6
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC AGONISTS	2
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC BLOCKING AGENTS	4
CARDIOVASCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	1
CARDIOVASCULAR AGENTS	ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	2
CARDIOVASCULAR AGENTS	ANTIARRHYTHMICS	8
CARDIOVASCULAR AGENTS	BETA-ADRENERGIC BLOCKING AGENTS	5
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	5
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	2
CARDIOVASCULAR AGENTS	DIURETICS, CARBONIC ANHYDRASE INHIBITORS	2
CARDIOVASCULAR AGENTS	DIURETICS, LOOP	3
CARDIOVASCULAR AGENTS	DIURETICS, POTASSIUM-SPARING	3
CARDIOVASCULAR AGENTS	DIURETICS, THIAZIDE	4
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	2
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	4
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, OTHER	2
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL	2
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	3
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	2
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	1
CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS, OTHER	1
CENTRAL NERVOUS SYSTEM AGENTS	FIBROMYALGIA AGENTS	0
CENTRAL NERVOUS SYSTEM AGENTS	MULTIPLE SCLEROSIS AGENTS	4
DENTAL AND ORAL AGENTS	NO USP CLASS	4
DERMATOLOGICAL AGENTS	NO USP CLASS	17
ENZYME REPLACEMENT/MODIFIERS	NO USP CLASS	4
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	3

CATEGORY	CLASS	SUBMISSION COUNT
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	3
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	3
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	0
GASTROINTESTINAL AGENTS	LAXATIVES	1
GASTROINTESTINAL AGENTS	PROTECTANTS	2
GASTROINTESTINAL AGENTS	PROTON PUMP INHIBITORS	2
GENITOURINARY AGENTS	ANTISPASMODICS, URINARY	1
GENITOURINARY AGENTS	BENIGN PROSTATIC HYPERTROPHY AGENTS	5
GENITOURINARY AGENTS	GENITOURINARY AGENTS, OTHER	3
GENITOURINARY AGENTS	PHOSPHATE BINDERS	2
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	GLUCOCORTICOIDS/MINERALOCORTICOIDS	14
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	NO USP CLASS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	NO USP CLASS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANABOLIC STEROIDS	0
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANDROGENS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ESTROGENS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	PROGESTINS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	NO USP CLASS	2
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	NO USP CLASS	0
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	NO USP CLASS	1
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	NO USP CLASS	5
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)	ANTIANDROGENS	3
HORMONAL AGENTS, SUPPRESSANT (THYROID)	ANTITHYROID AGENTS	2
IMMUNOLOGICAL AGENTS	IMMUNE SUPPRESSANTS	14
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	1
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	5
INFLAMMATORY BOWEL DISEASE AGENTS	AMINOSALICYLATES	2
INFLAMMATORY BOWEL DISEASE AGENTS	GLUCOCORTICOIDS	5
INFLAMMATORY BOWEL DISEASE AGENTS	SULFONAMIDES	1

CATEGORY	CLASS	SUBMISSION COUNT
METABOLIC BONE DISEASE AGENTS	NO USP CLASS	6
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	1
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	3
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	1
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	6
OPHTHALMIC AGENTS	OPHTHALMIC ANTIGLAUCOMA AGENTS	8
OTIC AGENTS	NO USP CLASS	4
RESPIRATORY TRACT AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	5
RESPIRATORY TRACT AGENTS	ANTIHISTAMINES	4
RESPIRATORY TRACT AGENTS	ANTILEUKOTRIENES	0
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)	1
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	7
RESPIRATORY TRACT AGENTS	MAST CELL STABILIZERS	1
RESPIRATORY TRACT AGENTS	PULMONARY ANTIHYPERTENSIVES	5
RESPIRATORY TRACT AGENTS	RESPIRATORY TRACT AGENTS, OTHER	2
SKELETAL MUSCLE RELAXANTS	NO USP CLASS	2
SLEEP DISORDER AGENTS	GABA RECEPTOR MODULATORS	1
SLEEP DISORDER AGENTS	SLEEP DISORDERS, OTHER	1
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL MODIFIERS	4
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL REPLACEMENT	4