



Patrick K. Ryan, County Executive
www.ulstercountyny.gov/personnel/

Benefit Open Enrollment
October 15—October 31, 2019

Benefit Plan Year
January 1—December 31, 2020

2020 Employee Benefits Guide

*Medical and Prescription Drugs, Dental, Vision,
Flexible Spending Accounts, Pearl Insurance, Aflac, Retirement Planning*



Benefit Meetings

**Tuesday
October 15**

8:30am—10:45am | Dept of Social Services, Development Court
11:30am—1:30pm | Health & Mental Health Offices, 239 Golden Hill Lane
2:30pm—4:30pm | Info Services

**Tuesday
October 22**

8:00am—10:00am | Dept. Of Public Works, 317 Shamrock Lane, Kingston (Quarry Complex)
11:00am—1:45pm | County Office Building, 244 Fair Street
2:30pm—4:00pm | UC Law Enforcement Center

Benefits provided in association with



Questions | Help
1-800-836-0026

PATRICK K. RYAN
County Executive



SHEREE CROSS
Personnel Officer

JAMES FARINA
Director of Employee Relations

2020 Health Insurance and Other Benefit Information

The County will continue to offer its current Health Insurance Programs, the Empire PPO and Empire POS plans for 2020. They will be renamed to PPO 20 and POS 20. What is **new** for 2020 is the introduction of a new Health Insurance Program – the PPO 25! Please see the following pages for detailed information on what the PPO 25 offers. PPO 25 is a national network and all of the same benefits as the PPO 20 except that there are co-pays for some services and the co-pay for doctor visits are \$25/\$40 (specialist). There is significant savings if you are currently enrolled in the PPO 20 and are not a pre94 employee. **The EPO plan will not be offered for 2020.**

Remaining for 2020 are the five (5) tiers of coverage. We have stratified the Health Insurance into these 5 tiers – Employee only, Employee with spouse, Employee with Child, Employee with Children and Family. Please review the costs associated with them as there may be a savings.

Everyone with Health Insurance, Dental and Vision, Buyout, and the Waiver must complete the online enrollment process by October 31, 2019 at the latest.

I encourage all Employees to attend an Open Enrollment session where you may complete online enrollment or receive instructions to complete online enrollment on your own. Computers are always available in the Personnel Department for completing this process.

Please take the time to review the **Benefit Book** created each year to provide summaries, health insurance rates, buyout options, and other information regarding your benefits. Browsing this book will help Employees learn more about available coverages. I suggest all Employees send the link <https://www.ulstercountyny.gov/personnel/benefits-management> to their personal email so they and their family members can review the book at home. The book may also be accessed anytime, anywhere, by using the link on any PC, smartphone, or tablet.

Relph Benefits Advisors continues to partner with Ulster County for employee benefit consulting and plan management services.

Relph Benefit Advisors offers their CARE Team to assist employees with benefit plan questions and service.

Relph Benefit Advisors' C.A.R.E. (**C**ustomer **A**ssistance **R**elief **E**veryday) Team will assist the County with healthcare needs and insurance-related questions such as:

- Ordering replacement insurance I.D. cards
- Locating providers and specialists
- Estimates for out-of-pocket cost and plan coverage
- Assistance with resolving provider billing insurance claims
- Help with facilitating approval and prior authorization for services, as required
- Support with out-of-area services

Note: Your privacy is protected. RBA follows careful protocols, complies with all government privacy standards and your information remains confidential.

The C.A.R.E. Team Representative may be reached at either **1-800-836-0026 ext. 322** or kkaram@relphbenefitadvisors.com.

You can continue to reach out to the Ulster County Personnel as well, (845) 340-3545.

Other Important information:

Open Enrollment and Portal Access: Tuesday, October 15th through Thursday, October 31st is open enrollment. You are required to register and complete your benefit renewal on the online enrollment portal website. The enrollment portal instruction sheet follows this letter in this benefit book. You must complete this process even if you are not making changes.

Legal Requirements: Under the Affordable Health Care Act, Ulster County as the employer has the responsibility to provide legal notifications to all employees. These legal notifications are extensive and are available on the [online enrollment site at www.aleraedge.com](#). I encourage Employees to take the time to review these important notifications.

Federal Requirement of Signing a Waiver if Opting Out of Coverage with Ulster County: If an Employee does not wish to participate in the Ulster County Health Insurance Programs, they must complete the waiver section in the online enrollment process. If a waiver is not completed and a Health Plan is not selected by October 31, 2019, under Federal rules Ulster County Personnel will enroll the Employee in the POS individual plan, with its appropriate payroll deduction.

Dependent Eligibility: Eligible dependents for Ulster County Health Insurance coverage is defined as: a spouse, natural child, step child, or a legally adopted child. For further definitions and limitations, please contact Ulster County Personnel.

If it is determined that a dependent is not eligible, but is enrolled as such, the employee will be held financially responsible for reimbursing the County for any claims paid for services rendered for an ineligible dependent. The insurance company also reserves the right to bill an employee for any medical services paid on behalf of an ineligible dependent.

Cards for 2020: Cards for Health Insurance with Empire BCBS & Rx Benefits are the same as distributed for 2019. Davis Vision will continue to be active for 2020 as well as Met Life. If you choose the PPO 25, new cards will be sent to you.

Urgent Care Out of Network Change: For 2020, Urgent Care Copay, both in and out of network, will be \$20 for POS 20 and PPO 20 and \$25 for PPO 25. If an Employee or a covered family member cannot locate an in-network urgent care center, they may go to an out of network center and pay the copay. This is advantageous since the cost of going to the emergency room includes a co-pay of \$100 for the POS 20 and PPO 20 plans, \$200 for the PPO 25 plan. This can be especially useful when traveling away from home.

Flexible Spending Account Rollover: The Flexible Spending Account continues to have a \$500 roll-over feature. The application to enroll in a Flexible Spending Account will be through the online application process. Employees have the ability to roll up to \$500 in remaining funds from the previous year to the following calendar year. This will enable Employees to better estimate the amount needed for out-of-pocket health care expenses. Paying medical bills with pre-tax dollars could save 15-20% of the cost of these expenses. Each year **you must** re-enroll and designate the amount you wish to add to your FSA account.

Rx Benefits, continues as our administrator for Express Scripts and Ulster Scripts. Please be sure to check the Change in

Formulary: Each year, a select group of products are removed from Formularies (also called Preferred Prescriptions) and will no longer be covered in these plans. Members who attempt to obtain medications no longer covered will experience a claim reject at the point of sale and will be required to pay 100% of the full, non-discounted cost of the medication. Some products also will move from preferred (tier 2) to non-preferred (tier 3) status. Rx Benefits (Express Scripts) allows exceptions when medically necessary. Both plan Formularies are included in the Benefits Book. Updates throughout the year may be found on the Benefits web page: <http://ulstercountyny.gov/personnel/new-current-employees/benefits-management>.

In addition, there will be other changes to the 2020 National Preferred Formulary (addition of new drugs, changes from formulary to non-formulary.) In early November, Express Scripts will be providing letters to those members that are impacted that will provide them with alternatives they can discuss with their physicians.

If you have any questions, please feel free to contact me directly by telephone or email. (845)340-3550 or scro@co.ulster.ny.us

Sincerely,
Sheree Cross
Personnel Director

ALERAGRAY

If you have any questions as you go through enrollment call Customer Support at 1-800-836-0026 (Mon-Fri, 8-4:30).

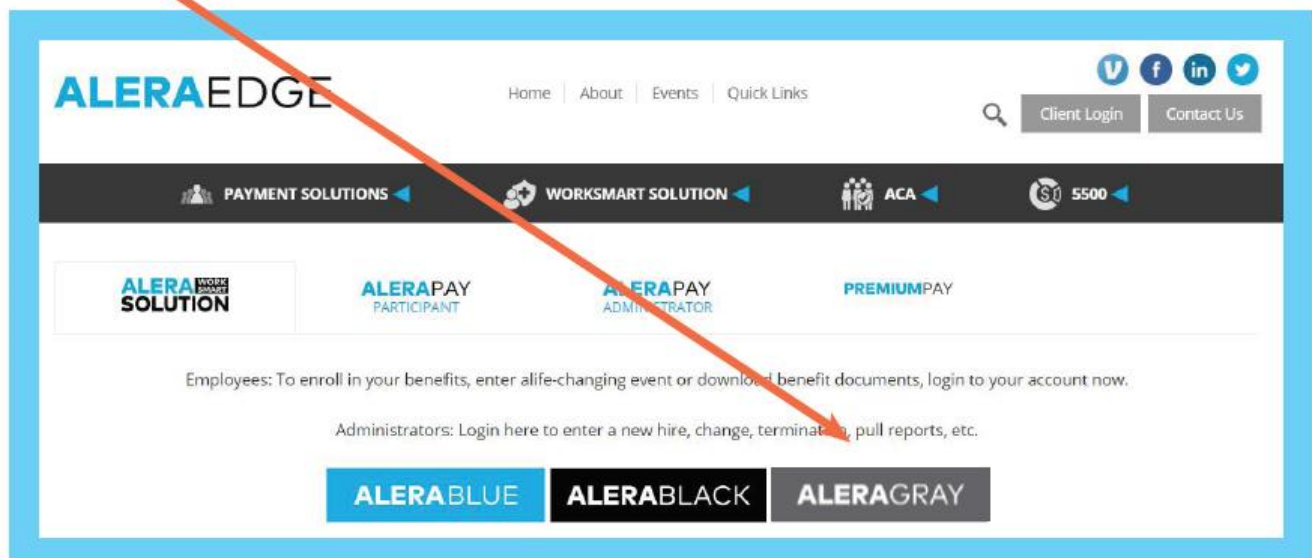
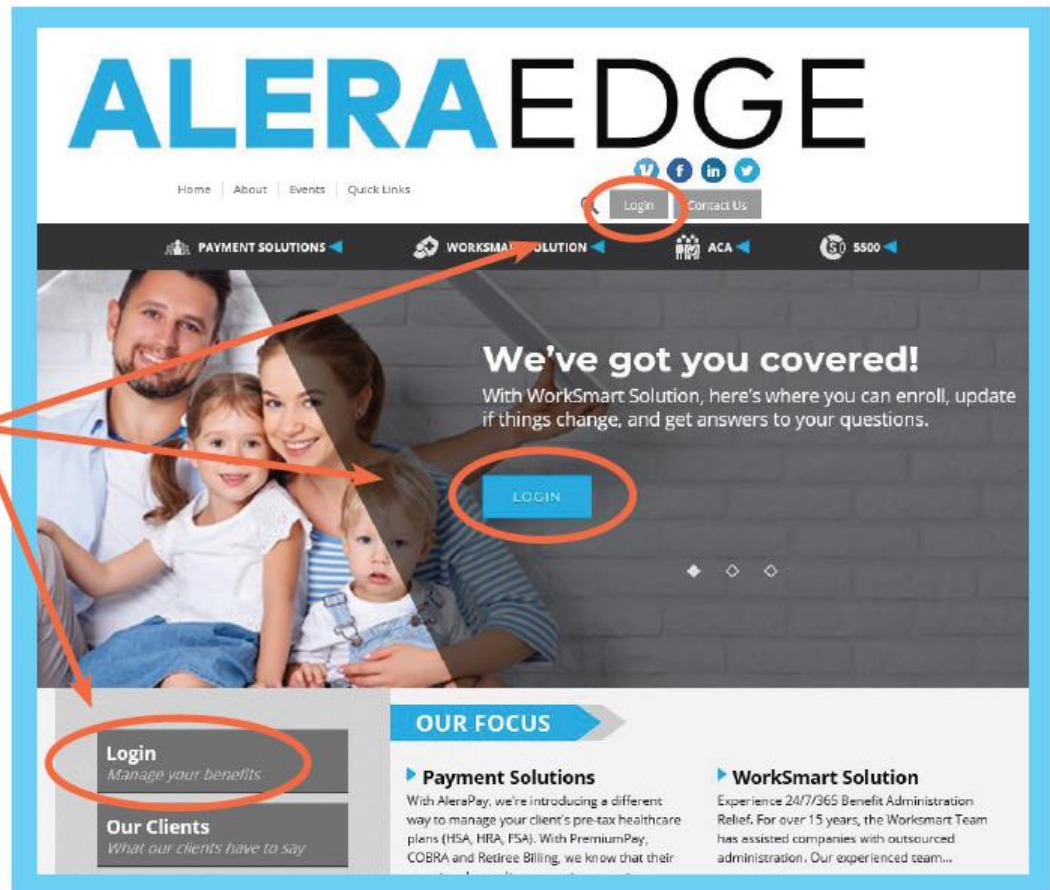
How to Log In:

You can easily and securely log-in using your computer or mobile phone.

Go to www.aleraedge.com.

Choose any "Login" button.

On the Login page, select the "ALERAGRAY" button.



ALERAGRAY

If you have any questions as you go through enrollment call Customer Support at 1-800-836-0026 (Mon-Fri, 8-4:30).

Log In

First-time User:
Click on 'Register.'

Enter ULSTCO
for the Company Key.

Create your User Name, Password and Security Phrase, and click "Continue." Enter your new information on the login page.

Welcome

User Name
case sensitive

Password
case sensitive

Login >

Forgot your user name or password?

First time here?
Register to create your user name and password.

Register

Info Create Confirm Login

Info

Company Key
case sensitive

Social Security Number
123-45-6789

Date of Birth
MM/DD/YYYY

Cancel Continue >

Info Create Confirm Login

Create Account

User Name
case sensitive

Password

Confirm Password

Security Question
What is your mother's maiden name?

Answer

Cancel Continue >

Welcome

User Name
case sensitive

Password
case sensitive

Login >

Forgot your user name or password?

Returning User:
Enter: User Name and Password.

Now turn to the other side of this flyer and start your enrollment!

ALERAEDGE

Get the Mobile App.

Visit the App Store:

- Android: Google Play
- iPhone: iTunes Apple Search for "MyChoice Mobile."

With the app you can:

- o Access current plans
- o Complete Open Enrollment
- o Get alerts and much more!

Forgot Your Password?

1. Click on the link '**Forgot Your Password?**'
2. Enter your Social Security Number, Company Key, (ULSTCO) and Date of Birth
4. Answer your security phrase.
5. Enter and confirm a new password, then click '**Continue**' to return to the log-in page.

Life-Changing Event?

Marriage/divorce/change in job status for you or an enrolled dependent, as well as birth or adoption of a child, are events that require updates to your plan within 30 days (with supporting documentation).

Relph Benefit Adviser

Home Message Center Benefits Assistant Chat Help Reference Center Jennifer

Open Enrollment **Congratulations!**
 Open Enrollment End You have officially logged in. Let's get started.

14 Days Left

[Start Here >](#)

Home Key Contacts

Hello Jennifer

Enrollment
 Click 'Start Here' and follow the instructions to enroll in your benefits or waive coverage.

Change My Benefits

Benefit Summary

Personal Documents

MyChoice Mobile App
 Get Access Code

Questions?
 Use the 'Reference Center' or call Customer Support at **1-800-836-0026** (Mon-Fri, 8-4:30).

Benefit Resource Library
 Medical, Dental & Vision Plans

Make Your Elections - Review your options as you walk through the enrollment process.

Click '**Select**' on the plan(s) you choose. Track your choices along the enrollment bar which updates with your total cost.

Review Your Elections - Review, edit and approve your elections and when they are accurate, click '**Approve**'.

Confirm Your Choices - Your enrollment isn't complete until you confirm your benefit elections.

Print - Print your election information and confirmation number for future reference.

Review Your Current Plan Anytime - Click '**Benefits Summary**' in the '**Benefits**' tab.

ALERAGRAY

CONSENT TO RECEIVE ELECTRONIC NOTICES:

The following documents and notices are provided to you electronically which contain important information regarding eligibility, coverage, benefits and rights.

Once you log into AleraBlack, these documents are available in the Reference Center.

- Summary Plan Descriptions
- Summary of Material Modifications
- Summary Annual Reports
- Summary of Benefits and Coverage & Uniform Glossary of Terms
- Special Enrollment Rights Notice
- Premium Assistance under Medicare & Children's Health Insurance Program (CHIP)
- Newborn's Act Notice
- Women's Health & Cancer Rights Act Notices
- Patient Protection Disclosure
- HIPAA Notice of Privacy Practices

You are entitled to request and obtain a paper copy of any electronically furnished document free of charge or to revoke your consent at any time by calling Human Resources.

In order to access information provided electronically, you must have:

- A computer/electronic device with internet access
- An email account that allows you to send and receive emails
- Microsoft Word 95 (or higher)
- Adobe Acrobat Reader 5.0 (or higher)

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information.

While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

If you have any questions about your Guide, contact Employee Benefits.

2020 Health Insurance Rate Grid

MEDICAL PLAN WITH DENTAL & VISION

| Employee Group | Hire Date | Coverage | MONTHLY | | | BI WEEKLY | | |
|-------------------------|--|--------------|----------|----------|----------|-----------|----------|----------|
| | | | POS20 | PPO20 | PPO25 | POS20 | PPO20 | PPO25 |
| CSEA | Before 1/1/1994 (fixed contributions) | Employee | \$8.00 | \$8.00 | \$8.00 | \$4.00 | \$4.00 | \$4.00 |
| | | Emp+Spouse | \$36.06 | \$36.06 | \$36.06 | \$18.03 | \$18.03 | \$18.03 |
| | | Emp+1 Child | \$36.06 | \$36.06 | \$36.06 | \$18.03 | \$18.03 | \$18.03 |
| | | Emp+Children | \$36.06 | \$36.06 | \$36.06 | \$18.03 | \$18.03 | \$18.03 |
| | | Emp+Family | \$36.06 | \$36.06 | \$36.06 | \$18.03 | \$18.03 | \$18.03 |
| | | | | | | | | |
| Employee Group | Hire Date | Coverage | MONTHLY | | | BI WEEKLY | | |
| | | | POS20 | PPO20 | PPO25 | POS20 | PPO20 | PPO25 |
| PBA | Before 7/1/1994 | Employee | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| UCSEA | Before 7/1/1994 (fixed contributions) | Emp+Spouse | \$15.06 | \$15.06 | \$15.06 | \$7.53 | \$7.53 | \$7.53 |
| | | Emp+1 Child | \$15.06 | \$15.06 | \$15.06 | \$7.53 | \$7.53 | \$7.53 |
| | | Emp+Children | \$15.06 | \$15.06 | \$15.06 | \$7.53 | \$7.53 | \$7.53 |
| | | Emp+Family | \$15.06 | \$15.06 | \$15.06 | \$7.53 | \$7.53 | \$7.53 |
| | | | | | | | | |
| Employee Group | Hire Date | Coverage | MONTHLY | | | BI WEEKLY | | |
| | | | POS20 | PPO20 | PPO25 | POS20 | PPO20 | PPO25 |
| PBA | 7/1/1994—9/1/2015 | Employee | \$136.37 | \$195.27 | \$123.27 | \$68.18 | \$97.64 | \$61.64 |
| CSEA | 1/1/1994—9/19/2012 | Emp+Spouse | \$279.64 | \$400.40 | \$252.79 | \$139.82 | \$200.20 | \$126.40 |
| UCSA | 5/19/2010—2/20/2013 | Emp+1 Child | \$255.72 | \$365.28 | \$231.36 | \$127.86 | \$182.64 | \$115.68 |
| UCSEA | 7/1/1994—8/18/2014 (15% of total Premium) | Emp+Children | \$287.14 | \$410.85 | \$259.64 | \$143.57 | \$205.42 | \$129.82 |
| | | Emp+Family | \$396.16 | \$566.98 | \$358.18 | \$198.08 | \$283.49 | \$179.09 |
| | | | | | | | | |
| Employee Group | Hire/Elected Date | Coverage | MONTHLY | | | BI WEEKLY | | |
| | | | POS20 | PPO20 | PPO25 | POS20 | PPO20 | PPO25 |
| PBA | After 9/1/2015 | Employee | \$181.82 | \$260.36 | \$164.36 | \$90.91 | \$130.18 | \$82.18 |
| CSEA | After 9/19/2012 | Emp+Spouse | \$372.85 | \$533.86 | \$337.06 | \$186.43 | \$266.93 | \$168.53 |
| UCSA | After 2/20/2013 | Emp+1 Child | \$340.95 | \$487.04 | \$308.48 | \$170.48 | \$243.52 | \$154.24 |
| UCSEA | After 8/1/2014 | Emp+Children | \$382.86 | \$547.79 | \$346.19 | \$191.43 | \$273.90 | \$173.10 |
| Officials / Legislators | After 1/1/2020 | Emp+Family | \$528.21 | \$755.97 | \$477.57 | \$264.10 | \$377.99 | \$238.79 |
| (20% of total Premium) | | | | | | | | |
| | | | | | | | | |
| Employee Group | Hire Date | Coverage | MONTHLY | | | BI WEEKLY | | |
| | | | POS20 | PPO20 | PPO25 | POS20 | PPO20 | PPO25 |
| Management Non-Union | Before 5/18/2010 | Employee | \$90.91 | \$130.18 | \$82.18 | \$45.46 | \$65.09 | \$41.09 |
| UCSA | | Emp+Spouse | \$186.43 | \$266.93 | \$168.53 | \$93.21 | \$133.47 | \$84.26 |
| Superior Officers Union | | Emp+1 Child | \$170.48 | \$243.52 | \$154.24 | \$85.24 | \$121.76 | \$77.12 |
| | | Emp+Children | \$191.43 | \$273.90 | \$173.10 | \$95.71 | \$136.95 | \$86.55 |
| | | Emp+Family | \$264.10 | \$377.99 | \$238.79 | \$132.05 | \$188.99 | \$119.39 |
| (10% of total Premium) | | | | | | | | |

2020 Health Insurance Rate Grid

| DENTAL & VISION without MEDICAL PLAN | | | | |
|---|--|-----------------|----------------|------------------|
| Employee Group | Hire Date | Coverage | MONTHLY | BI WEEKLY |
| CSEA | Before 1/1/1994 (fixed contributions) | Employee | \$0.00 | \$0.00 |
| | | Emp+Spouse | \$0.00 | \$0.00 |
| | | Emp+1 Child | \$0.00 | \$0.00 |
| | | Emp+Children | \$0.00 | \$0.00 |
| | | Emp+Family | \$0.00 | \$0.00 |
| Employee Group | Hire Date | Coverage | MONTHLY | BI WEEKLY |
| PBA | Before 7/1/1994 | Employee | \$0.00 | \$0.00 |
| UCSEA | Before 7/1/1994 (fixed contributions) | Emp+Spouse | \$0.00 | \$0.00 |
| | | Emp+1 Child | \$0.00 | \$0.00 |
| | | Emp+Children | \$0.00 | \$0.00 |
| | | Emp+Family | \$0.00 | \$0.00 |
| Employee Group | Hire Date | Coverage | MONTHLY | BI WEEKLY |
| PBA | 7/1/1994—9/1/2015 | Employee | \$5.42 | \$2.71 |
| CSEA | 1/1/1994—9/19/2012 | Emp+Spouse | \$11.18 | \$5.59 |
| UCSA | 5/19/2010—2/20/2013 | Emp+1 Child | \$12.14 | \$6.07 |
| UCSEA | 7/1/1994—8/18/2014 (15% of total Premium) | Emp+Children | \$12.14 | \$6.07 |
| | | Emp+Family | \$16.38 | \$8.19 |
| Employee Group | Hire Date | Coverage | MONTHLY | BI WEEKLY |
| PBA | After 9/1/2015 | Employee | \$7.22 | \$3.61 |
| CSEA | After 9/19/2012 | Emp+Spouse | \$14.90 | \$7.45 |
| UCSA | After 2/20/2013 | Emp+1 Child | \$16.18 | \$8.09 |
| UCSEA | After 8/1/2014 (20% of total Premium) | Emp+Children | \$16.18 | \$8.09 |
| | | Emp+Family | \$21.84 | \$10.92 |
| Employee Group | Hire Date | Coverage | MONTHLY | BI WEEKLY |
| Management Non-Union | | Employee | \$3.60 | \$1.80 |
| Legislators | | Emp+Spouse | \$7.46 | \$3.73 |
| UCSA | Before 5/18/2010 | Emp+1 Child | \$8.10 | \$4.05 |
| Superior Officers Union | (10% of total Premium) | Emp+Children | \$8.10 | \$4.05 |
| | | Emp+Family | \$10.92 | \$5.46 |

Empire BCBS Summary of Benefits— POS20 Plan



An Anthem Company

Your Summary of Benefits

County of Ulster 2020 - POS 20

| Benefit | In-Network ² | Out-of-Network ³ |
|--|--|--|
| Deductible | N/A | \$2,000/\$5,000 |
| Coinsurance | N/A | 40% |
| Out-of-Pocket Maximum | \$3,880 / \$9,700 (All In-Network Medical Cost Shares) | \$20,000/\$50,000 Coinsurance Stop Loss (\$8,000/\$20,000 out-of-pocket) coinsurance max |
| Lifetime Maximum | Unlimited | Unlimited |
| Dependent Children (covered through the end of the month) | Dependents to Age 26 | Dependents to Age 26 |
| Covered Preventive Care¹ | Member Pays | Member Pays |
| Covered Adult Preventive Care | \$0 | Deductible and coinsurance |
| Annual Physical Exam | \$0 | Deductible and coinsurance |
| Well-Child Care (Up to age 19; including covered immunizations) | \$0 | Deductible and coinsurance |
| Preventive Well-Woman Care | \$0 | Deductible and coinsurance |
| Home/Office/Outpatient Care | Member Pays | Member Pays |
| Home/Office/Outpatient Visits Copayment | \$20 copayment | Deductible and coinsurance |
| Urgent Care Center | \$20 copayment | \$20 copayment |
| Online Visits | \$20 copayment | Deductible and coinsurance |
| Emergency Room/Facility (initial visit per occurrence) | \$100 copayment (Waived if admitted within 24 hours) | \$100 copayment (Waived if admitted within 24 hours) |
| Ambulatory/Outpatient Surgery ^{4,5} | \$0 | Deductible and coinsurance |
| Presurgical Testing, Anesthesia | \$0 | Deductible and coinsurance |
| Chemotherapy, Radiation Therapy | \$0 | Deductible and coinsurance |
| Routine Maternity Care | \$0 | Deductible and coinsurance |
| Laboratory Tests, X-rays, MRI ⁴ /MRA ⁴ , CAT Scan ⁶ , PET ⁶ and Nuclear Cardiology ⁶ | \$0 | Deductible and coinsurance |
| Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy) | \$20 copayment (Waived for treatment) | Deductible and coinsurance |
| Acupuncture (Up to 30 visits per calendar year) | \$20 copayment | Deductible and coinsurance |
| Chiropractic Care (Up to 30 visits per calendar year) ⁷ | \$20 copayment | Deductible and coinsurance |
| Home Healthcare (Up to 200 visits per calendar year) | \$0 | Coinsurance (no deductible) |
| Home Infusion Therapy | \$0 | Deductible and coinsurance |
| Hospice Care (Up to 210 days per lifetime) | \$0 | Deductible and coinsurance |
| Physical Therapy ⁴ (Up to 90 visits per calendar year combined in home, office or outpatient facility) | \$20 copayment | Deductible and coinsurance |
| Speech/Language ⁴ , Occupational ⁴ , Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility) | \$20 copayment | Deductible and coinsurance |
| Outpatient Cardiac Rehabilitation | \$20 copayment | Deductible and coinsurance |
| Second Surgical Opinion | \$20 copayment | Deductible and coinsurance |
| Kidney Dialysis | \$0 | Deductible and coinsurance |

Empire BCBS Summary of Benefits— POS20 Plan

| Benefit | In-Network ² | Out-of-Network ³ |
|---|--|-----------------------------|
| Inpatient Care⁴ | | |
| Inpatient Hospital (As many days as is medically necessary; semiprivate room and board) | \$0 | Deductible and coinsurance |
| Surgery, Surgical Assistant, Anesthesia | \$0 | Deductible and coinsurance |
| Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year) | \$0 | Deductible and coinsurance |
| Skilled Nursing Facility (Up to 60 days per calendar year) | \$0 | Deductible and coinsurance |
| Mental Health | | |
| Outpatient Visits in Office | \$20 copayment | Deductible and coinsurance |
| Outpatient Visits in Facility | \$0 | Deductible and coinsurance |
| Inpatient Care ⁵ As many days as is medically necessary; semiprivate room and board) | \$0 | Deductible and coinsurance |
| Alcohol/Substance Abuse | | |
| Outpatient Visits in Office | \$20 copayment | Deductible and coinsurance |
| Outpatient Visits in Facility | \$0 | Deductible and coinsurance |
| Inpatient Detoxification ⁸ (As many days as is medically Necessary; semiprivate room and board) | \$0 | Deductible and coinsurance |
| Inpatient Rehabilitation ⁸ | \$0 | Deductible and coinsurance |
| Other | | |
| Medical Supplies | \$0 when obtained through Empire's medical supplies vendor | Deductible and coinsurance |
| Durable Medical Equipment ⁴ | \$0 | Deductible and coinsurance |
| Prosthetics & Orthotics ⁴ | \$0 | Deductible and coinsurance |
| Ambulance (air ambulance) | \$0 | In-network benefits apply |

- (1) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (2) In-network provider delivers care. In-network providers are in Empire's POS network, and in our affiliate POS network in Connecticut, Anthem Blue Cross and Blue Shield.
- (3) Out-of-network providers are providers who are not in Empire's POS network or our affiliate network in Connecticut, Anthem Blue Cross and Blue Shield. Out-of-network services rendered by providers who do not participate with Empire or with another Blue Cross Blue Shield plan through the BlueCard Program are subject to balance billing over the allowed amount. (This does not apply to emergency benefits.)
- (4) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members beyond INN copayment (if applicable) for covered services. You are responsible for obtaining precertification for out-of-network services. Your provider may call for you, but you will be responsible for penalties applied to out-of-network claims if precertification is not obtained.
- (5) For ambulatory surgery, please call the toll-free number on your member ID card to determine exactly which outpatient services require pre-certification.
- (6) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members for covered services. Precertification is not necessary for out-of-network services.
- (7) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after 5th visit.
- (8) Precertification must be obtained from the Behavioral Healthcare Manager, or penalties apply.

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions. This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. In Connecticut, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Empire BCBS Summary of Benefits—PPO20 Plan



An Anthem Company

Your Summary of Benefits

County of Ulster 2020 – PPO 20

| Benefit | In-Network ¹ | Out-of-Network ^{2,3} |
|--|---|---|
| Deductible | N/A | \$500/\$1,250 |
| Coinsurance | N/A | 20% |
| Out-of-Pocket Maximum | \$3,880 / \$9,700 (All In-Network Cost Shares) | \$5,000/\$12,500 Coinsurance Stop Loss / \$1,500 / \$3,750 Out-of-Pocket Max |
| Lifetime Maximum | Unlimited | Unlimited |
| Dependent Children (covered to the end of the month of the dependent's birthday) | Dependents to age 26 | Dependents to age 26 |
| Covered Preventive Care ⁴ | Member Pays In-Network | Member Pays Out-of-Network |
| Covered Adult Preventive Care | \$0 | Deductible and Coinsurance |
| Annual Physical Exam | \$0 | Covered in-network only |
| Well-Child Care (Up to age 19; including necessary covered immunizations) | \$0 | Deductible and Coinsurance |
| Preventive Well-Woman Care | \$0 | Deductible and Coinsurance |
| Home/Office/Outpatient Care | Member Pays In-Network | Member Pays Out-of-Network |
| Home/Office Visits | \$20 copayment | Deductible and Coinsurance |
| Online Visits | \$20 copayment | Deductible and Coinsurance |
| Urgent Care Center | \$20 copayment | \$20 copayment |
| Emergency Room/Facility (initial visit per occurrence) | \$100 copayment (Waived if admitted within 24 hours) | \$100 copayment (Waived if admitted within 24 hours) |
| Ambulatory Surgery ⁵ / Outpatient Surgery | \$0 | Deductible and Coinsurance |
| Presurgical Testing, Anesthesia | \$0 | Deductible and Coinsurance |
| Chemotherapy, Radiation Therapy | \$0 | Deductible and Coinsurance |
| Routine Maternity Care | \$0 | Deductible and Coinsurance |
| Laboratory Tests, X-rays | \$0 | Deductible and Coinsurance |
| MRI ⁷ /MRA ⁷ , CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷ | \$0 | Deductible and Coinsurance |
| Allergy Routine Testing and Treatment | | Deductible and Coinsurance |
| – Office Visit | \$20 copayment | Deductible and Coinsurance |
| – Routine Testing | \$0 | |
| – Allergy Injections/Immunotherapy | \$0 | |
| Acupuncture (Up to 30 visits per calendar year) | \$20 copayment | Deductible and coinsurance |
| Chiropractic Care (Up to 30 visits per calendar year) ¹⁰ | \$20 copayment | Deductible and Coinsurance |
| Home Healthcare (Up to 200 visits per calendar year) | \$0 | Coinsurance (no deductible) |
| Home Infusion Therapy | \$0 | Deductible and Coinsurance |
| Hospice Care (Up to 210 days per lifetime) | \$0 | Deductible and Coinsurance |
| Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility) | \$20 copayment | Deductible and Coinsurance |
| Other Short-Term Rehabilitative Therapies – Speech/Language ⁵ , Occupational ⁵ (Up to 60 visits per calendar year combined in home, office or outpatient facility) | \$20 copayment | Deductible and Coinsurance |
| Vision Therapy | \$20 copayment | Deductible and Coinsurance |

Empire BCBS Summary of Benefits—PPO20 Plan

| Benefit | In-Network ¹ | Out-of-Network ^{2,3} |
|---|---|-----------------------------------|
| Cardiac Rehabilitation (Unlimited visits per calendar year) | \$20 copayment | Deductible and Coinsurance |
| Second Surgical Opinion | \$20 copayment (no copayment applies if arranged through the Medical Management Program) | Deductible and Coinsurance |
| Kidney Dialysis | \$0 | Deductible and Coinsurance |
| Inpatient Care⁹ | Member Pays In-Network | Member Pays Out-of-Network |
| Inpatient Hospital (As many days as is medically necessary; semiprivate room and board) | \$0 | Deductible and Coinsurance |
| Surgery, Covered Surgical Assistant, Anesthesia | \$0 | Deductible and Coinsurance |
| Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year) | \$0 | Deductible and Coinsurance |
| Skilled Nursing Facility (Up to 60 days per calendar year) | \$0 | Deductible and Coinsurance |
| Mental Health⁸ | Member Pays In-Network | |
| Outpatient Visits in Office | \$20 copayment | Deductible and Coinsurance |
| Outpatient Visits in Facility | \$0 | Deductible and Coinsurance |
| Inpatient Care ⁹ (As many days as medically necessary; semiprivate room and board) | \$0 | Deductible and Coinsurance |
| Alcohol/Substance Abuse⁸ | Member Pays In-Network | Member Pays Out-of-Network |
| Outpatient Visits in Office | \$20 copayment | Deductible and Coinsurance |
| Outpatient Visits in Facility | \$0 | Deductible and Coinsurance |
| Inpatient Detoxification ⁹ (As many days as medically necessary; semiprivate room and board) | \$0 | Deductible and Coinsurance |
| Inpatient Rehabilitation ⁹ | \$0 | Deductible and Coinsurance |
| Other | Member Pays In-Network | Member Pays Out-of-Network |
| Medical Supplies | \$0 when obtained through Empire's medical supplies vendor | In-network benefits apply |
| Durable Medical Equipment ⁶ | \$0 | Deductible and Coinsurance |
| Prosthetics & Orthotics ⁶ | \$0 | Deductible and Coinsurance |
| Ambulance (Land/Air ambulance) | \$0 | In-network benefits apply |

- (1) Network provider delivers care. Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the copayment for covered services.
- (2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
- (3) Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
- (4) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (5) You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
- (6) For services received from an Empire PPO provider, the provider must precertify in-network services; Empire PPO providers cannot bill members beyond the copayment, deductible, or coinsurance for covered services. Outside Empire's network area, you or your provider must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers.
- (7) You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Empire PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Empire's network area or out-of-network providers.
- (8) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (9) Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.
- (10) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after 5th visit.

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Empire BCBS Summary of Benefits—PPO25 Plan

Your Summary of Benefits



An Anthem Company

County of Ulster 2020 – PPO 25

| Benefit | In-Network ¹ | Out-of-Network ^{2,3} |
|--|---|--|
| Deductible | N/A | \$500/\$1,250 |
| Coinsurance | N/A | 20% |
| Out-of-Pocket Maximum | \$3,880 / \$9,700 (All In-Network Cost Shares) | \$5,000/\$12,500 Coinsurance Stop Loss / (\$1,000/\$2,500 out-of-pocket) |
| Lifetime Maximum | Unlimited | Unlimited |
| Dependent Children (covered to the end of the month of the dependent's birthday) | Dependents to age 26 | Dependents to age 26 |
| Covered Preventive Care ⁴ | Member Pays In-Network | Member Pays Out-of-Network |
| Covered Adult Preventive Care | \$0 | Deductible and Coinsurance |
| Annual Physical Exam | \$0 | Covered in-network only |
| Well-Child Care (Up to age 19; including necessary covered immunizations) | \$0 | Deductible and Coinsurance |
| Preventive Well-Woman Care | \$0 | Deductible and Coinsurance |
| Home/Office/Outpatient Care | Member Pays In-Network | Member Pays Out-of-Network |
| Home/Office Visits (PCP/Specialist) | \$25 / \$40 copayment | Deductible and Coinsurance |
| Online Visits | \$25 copayment | Deductible and Coinsurance |
| Urgent Care Center | \$25 copayment | \$25 copayment |
| Emergency Room/Facility (initial visit per occurrence) | \$200 copayment (Waived if admitted within 24 hours) | \$200 copayment (Waived if admitted within 24 hours) |
| Ambulatory Surgery ⁵ / Outpatient Surgery | \$100 copayment | Deductible and Coinsurance |
| Presurgical Testing, Anesthesia | \$0 | Deductible and Coinsurance |
| Chemotherapy, Radiation Therapy | \$0 | Deductible and Coinsurance |
| Routine Maternity Care | \$0 | Deductible and Coinsurance |
| Laboratory Tests, | \$0 | Deductible and Coinsurance |
| X-rays | \$25 copayment | Deductible and Coinsurance |
| MRI ⁷ /MRA ⁷ , CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷ | \$75 copayment | Deductible and Coinsurance |
| Allergy Routine Testing and Treatment | | Deductible and Coinsurance |
| – Office Visit | \$25 copayment | Deductible and Coinsurance |
| – Routine Testing | \$0 | |
| – Allergy Injections/Immunotherapy | \$0 | |
| Acupuncture (Up to 30 visits per calendar year) | \$25 copayment | Deductible and Coinsurance |
| Chiropractic Care (Up to 30 visits per calendar year) ¹⁰ | \$25 copayment | Deductible and Coinsurance |
| Home Healthcare (Up to 200 visits per calendar year) | \$0 | Coinsurance (no deductible) |
| Home Infusion Therapy | \$0 | Deductible and Coinsurance |
| Hospice Care (unlimited days) | \$0 | Deductible and Coinsurance |
| Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility) | \$25 copayment | Deductible and Coinsurance |
| Other Short-Term Rehabilitative Therapies – Speech/Language ⁵ , Occupational ⁵ (Up to 60 visits per calendar year combined in home, office or outpatient facility) | \$25 copayment | Deductible and Coinsurance |
| Vision Therapy | \$25 copayment | Deductible and Coinsurance |

Empire BCBS Summary of Benefits—PPO25 Plan

| Benefit | In-Network ¹ | Out-of-Network ^{2,3} |
|---|--|-----------------------------------|
| Cardiac Rehabilitation (Unlimited visits per calendar year) | \$25 copayment | Deductible and Coinsurance |
| Second Surgical Opinion | \$25 / \$50 copayment (no copayment applies if arranged through the Medical Management Program) | Deductible and Coinsurance |
| Kidney Dialysis | \$0 | Deductible and Coinsurance |
| Inpatient Care⁹ | Member Pays In-Network | Member Pays Out-of-Network |
| Inpatient Hospital (As many days as is medically necessary; semiprivate room and board) | \$200 copayment | Deductible and Coinsurance |
| Surgery, Covered Surgical Assistant, Anesthesia | \$0 | Deductible and Coinsurance |
| Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year) | \$0 | Deductible and Coinsurance |
| Skilled Nursing Facility (Up to 60 days per calendar year) | \$0 | Deductible and Coinsurance |
| Mental Health⁸ | Member Pays In-Network | |
| Outpatient Visits in Office | \$25 copayment | Deductible and Coinsurance |
| Outpatient Visits in Facility | \$25 copayment | Deductible and Coinsurance |
| Inpatient Care ⁹ (As many days as medically necessary; semiprivate room and board) | \$200 copayment | Deductible and Coinsurance |
| Alcohol/Substance Abuse⁸ | Member Pays In-Network | Member Pays Out-of-Network |
| Outpatient Visits in Office | \$25 copayment | Deductible and Coinsurance |
| Outpatient Visits in Facility | \$25 copayment | Deductible and Coinsurance |
| Inpatient Detoxification ⁹ (As many days as medically necessary; semiprivate room and board) | \$200 copayment | Deductible and Coinsurance |
| Inpatient Rehabilitation ⁹ | \$200 copayment | Deductible and Coinsurance |
| Other | Member Pays In-Network | Member Pays Out-of-Network |
| Medical Supplies | \$0 when obtained through Empire's medical supplies vendor | In-network benefits apply |
| Durable Medical Equipment ⁶ | \$0 | Deductible and Coinsurance |
| Prosthetics & Orthotics ⁶ | \$0 | Deductible and Coinsurance |
| Ambulance (Land/Air ambulance) | \$50 copayment | Deductible and Coinsurance |

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Ways to \$ave Money on Your Health Care Expenses

For those who pay 10% 15% or 20% and are currently enrolled in the PPO20 you may want to consider choosing the PPO25 this year. This plan offers less money out of your paycheck. Pay for what you need at time of service.

The PPO25 plan provides same benefits as the PPO20 except that there are copays for some services and the provider office visit copayments are \$25/\$40. The PPO25 plan gives you access to the same local and national network of providers and provides lower co-pays on prescription coverage.

| Benefit Feature | POS20 | PPO20 | New PPO25 |
|---|--|---|---|
| Deductible | In Network: N/A OutNetwork: \$2,000/\$5,000 | In Network: N/A OutNetwork: \$500/\$1,250 | In Network: N/A OutNetwork: \$500/\$1,250 |
| Out of Pocket Maximum | InNetwork: \$3,880/\$9,700 OutNetwork: \$8,000/\$20,000 | InNetwork: \$3,880/\$9,700 OutNetwork: \$1,000/\$2,500 | InNetwork: \$3,880/\$9,700 OutNetwork: \$1,000/\$2,500 |
| Coinsurance | InNetwork: N/A OutNetwork: 40% | InNetwork: N/A OutNetwork: 20% | InNetwork: N/A OutNetwork: 20% |
| In Network Copays Out of Network: Deductible & Coinsurance Apply | | | |
| Office Visit | \$20 Copay | \$20 Copay | \$25 Copay Primary Care \$40 Copay Specialist Care |
| OutPatient Surgery | \$0 Copay | \$0 Copay | \$100 Copay |
| MRI/CAT/PET Scans | \$0 Copay | \$0 Copay | \$75 Copay |
| Urgent Care | \$20 Copay | \$20 Copay | \$25 Copay |
| Emergency Room | \$100 copayment (waived if admitted w/in 24-hrs) | \$100 copayment (waived if admitted w/in 24-hrs) | \$200 copayment (waived if admitted w/in 24-hrs) |
| Hospital Admission | \$0 Copay | \$0 Copay | \$200 Copay |
| Prescriptions (30-day Supply) | \$5 / \$20 / \$40 | \$10 / \$25 /\$40 | \$10 / \$25 /\$40 |



As a reminder - the next time you or a covered family member needs immediate care, consider using the services of one of the many local Urgent Care facilities. You will only have to pay the regular office visit co-pay instead of the emergency room co-pay. A list of Urgent Care providers follows. Plan ahead, become familiar with the location of the one most convenient for you and your family.

For your medications, ask your physician to prescribe a generic instead of a brand name medication, or one on our formulary (list of included drugs) instead of a non-formulary choice. Your co-pay will be less in either of these situations.

- ▶ **Using mail order methods for medications** will save you one co-pay every three months. Many retail stores also have lists of certain medications they offer for even less than our co-pay. Always use your coverage card too, as that can make your payment even lower than their 3-month supply price. The co-pay is a maximum you can be charged so if the price is lower, you will only have to pay that amount.

NEW: You can also use Walgreens for your maintenance medication and receive a 3-month supply for 2-copayments. Walgreens is the only retail store that provides this service at this time.

- ▶ **For brand name maintenance medications** (ones that you take every month without changing anything) that do not have a generic option, consider using our mail order program, Ulster Scripts. Information and enrollment forms for employees covered by our Express Scripts plan and your dependents can be found in this book and if your medication is on their available medications, you can receive a 3-month supply for NO co-pay.

Our coverage with Empire Blue Cross Blue Shield includes a free nurse helpline service. PH: 1-877-Talk2RN

(1-877-825-5276). Consider making a phone call before your next trip to the doctor or emergency room. You might find your situation can be resolved without a needless inconvenient visit or possibly be delayed until your normal physician office is open the next morning.

Empire BCBS Website & LiveHealthOnline.com Instructions

Empire BCBS
An Anthem Company

Medicare Individual & Family Employers Producers

Do More as a Member
Print ID card, pay bills, view claims, refill prescriptions and find a doctor.

Log in to your member account.

Username
[Input Field]

Password
[Input Field] [Eye Icon]

[Forgot username or password?](#) [Not signed in? Register now](#)

Log In

Partner Login
[Employers](#) [Producers](#)

Login at www.empireblue.com

First time users- select [Register now](#)

Then have your Member ID card to complete your Registration, following the website prompts.

Have your member ID card handy? Use your member ID to register.

☒ Member ID ☐ Activation code

Member ID [Input Field] [Eye Icon]

Date of birth [Input Field] MM/DD/YYYY

First name [Input Field]

Last name [Input Field]

Meet Sydney

Your personal health ally, offering the same great services as Empire Anywhere, plus new features like custom content, personalized wellness activities and more. Access Sydney using your online login info, or simply download the app and log in with your Empire Anywhere username and password.

*Select capabilities may not be available for all plans.



Get the App—Sydney

Access your info anywhere, using your Empire username and password

LiveHealth online

or on your phone

See a doctor, 24/7/ 365

Sign-up now, so you're ready when you need it.

LiveHealth
ONLINE

[Get the app](#)

Visit with a doctor 24/7.
Get expert advice, a treatment plan and prescriptions if needed.

Continue

Free to sign up • No monthly fees • \$49 or less per visit

Empire—Health Insurance Claim Form



PO BOX 1407, CHURCH STREET STATION
NEW YORK NY 10008-1407

APPROVED OMB-0938-0008

For services rendered out of area,
provider should submit claim to the
local Blue Cross and Blue Shield plan.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN SUPPLIER INFORMATION

| HEALTH INSURANCE CLAIM FORM | | | | | | | | | | PICA | | | | |
|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| 1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> | | | | | | | | | | 1a. INSURED'S I.D. NUMBER (Include prefix) (FOR PROGRAM IN ITEM 1) | | | | |
| <input type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> (VA File #) <input type="checkbox"/> (SSN or ID) <input type="checkbox"/> (SSN) <input type="checkbox"/> (ID) | | | | | | | | | | | | | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) | | | | | 3. PATIENT'S BIRTH DATE MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/> | | | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) | | | | | | |
| 5. PATIENT'S ADDRESS (No. Street) | | | | | 6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | | 7. INSURED'S ADDRESS (No. Street) | | | | | | |
| CITY | | | STATE | | 8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> | | | CITY | | | | | | |
| ZIP CODE | | | TELEPHONE (Include Area Code) | | Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/> | | | STATE | | | | | | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | | | | | 10. IS PATIENT'S CONDITION RELATED TO: | | | 11. INSURED'S POLICY GROUP OR FECA NUMBER | | | | | | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER | | | | | a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/> | | | | | | |
| b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/> | | | | | b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | b. EMPLOYER'S NAME OR SCHOOL NAME | | | | | | |
| c. EMPLOYER'S NAME OR SCHOOL NAME | | | | | c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | c. INSURANCE PLAN NAME OR PROGRAM NAME | | | | | | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME | | | | | d. RESERVED FOR LOCAL USE | | | d. IS THERE ANOTHER NAME OR BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| 12. I AUTHORIZE THE RELEASE OF INFORMATION AS DESCRIBED ON THE REVERSE SIDE OF THIS CLAIM FORM. | | | | | | | | | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. | | | | |
| SIGNED _____ DATE _____ | | | | | | | | | | SIGNED _____ | | | | |
| 14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) | | | | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY | | | | | 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY | | | | |
| 17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE | | | | | 17a. I.D. NUMBER OF REFERRING PHYSICIAN | | | | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY | | | | |
| 19. RESERVED FOR LOCAL USE | | | | | 20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES | | | | | 22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) | | | | | 23. PRIOR AUTHORIZATION NUMBER | | | | | 24. F | | | | |
| 1. _____ | | | | | 3. _____ | | | | | G | | | | |
| 2. _____ | | | | | 4. _____ | | | | | H | | | | |
| 24. A | | | | | B | | | | | C | | | | |
| DATE(S) OF SERVICE | | | | | PLACE OF SERVICE | | | | | TYPE OF SERVICE | | | | |
| FROM TO | | | | | MM DD YY MM DD YY | | | | | PROCEDURES, SERVICES, OR SUPPLIES (EXPLAIN UNUSUAL CIRCUMSTANCES) CPT/HCPCS MODIFIER | | | | |
| MM DD YY | | | | | MM DD YY | | | | | DIAGNOSIS CODE | | | | |
| 1 | | | | | 2 | | | | | 3 | | | | |
| 4 | | | | | 5 | | | | | 6 | | | | |
| 7 | | | | | 8 | | | | | 9 | | | | |
| 10 | | | | | 11 | | | | | 12 | | | | |
| 13 | | | | | 14 | | | | | 15 | | | | |
| 16 | | | | | 17 | | | | | 18 | | | | |
| 19 | | | | | 20 | | | | | 21 | | | | |
| 22 | | | | | 23 | | | | | 24 | | | | |
| 25. FEDERAL TAX I.D. NUMBER SSN EIN | | | | | 26. PATIENT'S ACCOUNT NO. | | | | | 27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS. "I CERTIFY THAT THE CARE, SERVICES AND SUPPLIES ENTERED ON THIS FORM HAVE BEEN RENDERED TO THE PATIENT, AND THAT I AM ENTITLED TO REIMBURSEMENT OF THE CHARGES INDICATED." | | | | | 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) | | | | | 33. PHYSICIANS, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE NUMBER | | | | |
| SIGNED _____ DATE _____ | | | | | PIN# _____ GRP# _____ | | | | | | | | | |

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90)
FORM OWCP-1500

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. PHY 0738B 6/03

Urgent Care Facilities for the Ulster County Area

AMC EMERGNTCARE OF

Urgent Care In-Network
2976 Route 9W
Saugerties, NY 12477
PH: 845-247-9100

EMERG ONE URGENT CARE DI

Urgent Care In-Network
40 Hurley Ave Ste 4
Kingston, NY 12401
PH: 845-338-5600

MIDDLETOWN MEDICAL PC

Urgent Care In-Network
78 Brookside Ave
Chester, NY 10918
PH: 845-469-2692

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
61 Emerald Place
Rock Hill, NY 12553
PH: 845-703-6999

EXCEL URGENT CARE FISHKILL

Urgent Care In-Network
1004 Main St
Fishkill, NY 12524
PH: 845-765-2240

ORANGE URGENT CARE PLLC

Urgent Care In-Network
75 Crystal Run Rd Ste
Middletown, NY 10941
PH: 845-703-2273

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
855 State Route
Monroe, NY 10950
PH: 845-703-6999

EXCEL URGENT CARE

Urgent Care In-Network
1 Hatfield Ln,
Goshen, NY 10924
PH: 845-360-5530

PM PEDIATRICS OF BAYSIDE

Urgent Care In-Network
1989 Route 52 Ste 3
Hopewell Junction, NY 12533
PH: 845-897-4500

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
155 Crystal Run Rd
Middletown, NY 10941
PH: 845-703-6999

FIRST CARE MEDICAL PC

Urgent Care In-Network
222 State Route 299
Highland, NY 12528
PH: 845-691-3627

PULSE-MD URGENT CARE

Urgent Care In-Network
900 Route 376 Ste H
Wappingers Falls, NY 12590
PH: 845-204-9260

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
1200 Route 300
Newburgh, NY 12550
PH: 845-703-6999

HEALTH QUEST URGENT CARE

Urgent Care In-Network
1100 Route 55
Lagrangeville, NY 12540
PH: 845-485-4455

PULSE-MD URGENT CARE

Urgent Care In-Network
696 Dutchess Tpke,
Poughkeepsie, NY 12603
PH: 845-204-9260

EMERG ONE URGENT CARE DI

Urgent Care In-Network
306 Windsor Nwy
New Windsor, NY 12553
PH: 845-787-1400

HQUMCP PC

Urgent Care In-Network
1351 Route 55 Ste 200
Lagrangeville, NY 12540
PH: 845-297-2511

RAPID CARE

Urgent Care In-Network
2827 US Highway 9
Valatie, NY 12184
PH: 518-758-4300

EMERG ONE URGENT CARE DI

Urgent Care In-Network
4250 Albany Post Rd Ste 1
Hyde Park, NY 12538
PH: 845-229-2602

HQUMCP PC

Urgent Care In-Network
1530 Route 9
Wappingers Falls, NY 12590
PH: 845-297-2511

URGENT MEDICAL CARE PLLC

Urgent Care In-Network
10 Grandview Ave.
Catskill, NY 12414
PH: 518-943-9100

Rx Benefits / Express Scripts



Your prescription provider is **Express Scripts** and is administered by **Rx Benefits**.

| PLAN | Rx CO-PAYS (Supply) |
|--|------------------------------|
| Empire—POS 20 Plan | \$5 / \$20 / \$40 (30-days) |
| Empire—PPO 20 & 25 Plans | \$10 / \$25 / \$40 (30-days) |
| Mail Order Prescriptions | 2x CoPays (90-days) |
| Additional Support: 1-800-836-0026 Relph Benefit Advisors | |

ID CARDS

If you need to fill a script prior to receiving your ID cards, the information your pharmacy needs in addition to your identification number or social security number is:

RXBIN: 610014

RXGRP: RXBULST

ISSUER: Express Scripts

Pharmacy Member Services: 1-800-334-8134

Pharmacist Helpdesk: 1-800-922-1557

VERIFY ELIGIBILITY

Email your requests to eligibility@rxbenefits.com.

Most requests are addressed within 12-hours of receipt or less.

Pharmacy Member Services: 1-800-334-8134

All benefit changes must be received from your benefits or HR department. If an update is needed, please reach out to one of these entities and request the necessary update. They will communicate this information to RxBenefits.

SERVICES

Member Service is Available:

For fastest service, please contact your member services team.

From 7:00 AM – 8:00 PM (CST) Mon – Fri

To Assist You With Any Questions or Concerns Regarding

- Eligibility Verification
- Claims Status
- Verification of benefits
- Coverage Determination/Inquiries
- Plan authorized overrides
- Pharmacy Information

Employees:

- Email: RxHelp@rxbenefits.com
- Member Services: 1-800-334-8134

MAIL ORDER & SPECIALTY

Member Services is best equipped to address your issues. A Representative will remain on the line with you, to act as your advocate, if there is a need to connect with the Prescription Benefits Manager (PBM) for problem resolution. We can assist you with getting their medications transferred from retail to mail order as follows:

- Offer a one-time courtesy override at their retail location during the transition, then
- Conference you in with the PBM's mail order center to have their account set-up and prescriptions moved, or
- Contact your physician on your behalf or advise how to have your doctor e-Scribe a new script to the PBM.

Express Scripts Formulary—2020

PPO 20 & PPO 25 Copays (Retail-30-day supply): \$10/\$25/\$40, Mail order 90-day supply= 2-copays
POS 20 Copays (Retail-30-day supply): \$5/\$20/\$40, Mail order 90-day supply= 2-copays



EXPRESS SCRIPTS®

CHAMPIONS
FOR
BETTER™

2020 Express Scripts National Preferred Formulary

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

KEY

[INJ] - Injectable Drug
 Brand-name drugs are listed in CAPITAL letters.
 Generic drugs are listed in lower case letters.

A

ABILIFY MAINTENA [INJ]
 acetaminophen/codeine
 ACTEMRA [INJ]
 acyclovir
 ADEMPAS
 ADVAIR HFA
 ADYNOVATE [INJ]
 AFSTYLA [INJ]
 AIMOVIG [INJ]
 AJOVY [INJ]
 albuterol nebulization
 solution
 alendronate
 allopurinol
 ALPHAGAN P 0.1%
 alprazolam
 ALREX
 amiodarone
 amitriptyline
 amiodipine
 amlodipine/benazepril
 amlodipine/valsartan
 amoxicillin
 amoxicillin/potassium
 clavulanate
 anastrozole
 ANDRODERM
 ANORO ELLIPTA
 APRISO
 ARALAST NP [INJ]
 ARIKAYCE
 aripiprazole
 ARISTADA [INJ]
 ARMONAIR RESPICLIK
 ARNUITY ELLIPTA
 ASMANEX HFA
 ASMANEX TWISTHALER
 atenolol
 atenolol/chlorthalidone
 atomoxetine
 atorvastatin
 AUSTEDO
 AVONEX [INJ]
 AZASITE
 azelastine nasal spray
 azithromycin

B

baclofen
 BARACLUDE SOLUTION
 BD AUTOSHIELD
 DUO NEEDLES
 BD ULTRAFINE
 INSULIN SYRINGES

BD ULTRAFINE PEN NEEDLES

BELBUCA
 benazepril
 benzonatate
 BEPREVE
 BETASERON [INJ]
 BETHKIS
 BEVESPI AEROSPHERE
 BIKTARVY
 bisoprolol/hctz
 blisovi fe
 BOSULIF
 BREO ELLIPTA
 BRILINTA
 budesonide nebulization
 suspension
 bupropion
 bupropion ext-release
 buspirone
 butalbital/acetaminophen/
 caffeine
 BYDUREON [INJ]
 BYETTA [INJ]
 BYSTOLIC

C

CABOMETYX
 CARAC
 CARAFATE SUSPENSION
 carbidopa/levodopa
 carvedilol
 cefdinir
 cefuroxime axetil
 celecoxib
 cephalixin
 CERDELGA
 CEREZYME [INJ]
 CETROTIDE [INJ]
 CHANTIX
 chlorhexidine gluconate
 chlorthalidone
 CIMDUO
 CIPRODEX
 ciprofloxacin
 citalopram
 clarithromycin
 CLENPIQ
 clindamycin hcl
 clindamycin phosphate
 topical
 clindamycin phosphate/
 benzoyl peroxide
 clobetasol propionate
 clomiphene citrate
 clonazepam
 clonidine
 clopidogrel
 clotrimazole/betamethasone
 dipropionate
 COLCRYS
 COMBIGAN
 COMBIPATCH
 COMBIVENT RESPIMAT

COMETRIQ
 COPAXONE 40 MG [INJ]
 CORLANOR
 COSENTYX [INJ]
 CREON
 CRINONE
 cyanocobalamin [INJ]
 cyclobenzaprine

D

DALIRESP
 DARAPRIM
 DAYTRANA
 DESCOVY
 desloratadine
 desvenlafaxine succinate
 ext-release
 dexamethasone
 DEXCOM RECEIVER, SENSOR,
 TRANSMITTER
 dexmethylphenidate
 ext-release
 dextroamphetamine/
 amphetamine
 dextroamphetamine/
 amphetamine ext-release
 diazepam
 diclofenac sodium
 delayed-release
 diclofenac
 digoxin
 diltiazem ext-release
 diphenoxylate/atropine
 divalproex delayed-release
 divalproex ext-release
 DIVIGEL
 donepezil
 doxazosin
 doxycycline hyclate
 doxycycline monohydrate
 DUAVEE
 DULERA
 duloxetine delayed-release
 DUPIXENT [INJ]
 DYANAVEL XR
 DYMISTA

E

EDARBI
 EDARBYCLOR
 ELIQUIS
 ELOCTATE [INJ]
 EMGALITY [INJ]
 EMVERM
 enalapril
 ENBREL [INJ]
 enoxaparin [INJ]
 ENSTILAR
 ENTRESTO
 EPCUSA
 EPIDIOLEX
 EPIDUO FORTE

epinephrine auto-injector
 (by Mylan) [INJ]
 EPIPEN, EPIPEN JR [INJ]
 ergocalciferol
 ERIVEDGE
 ERLEADA
 erythromycin eye ointment
 ESBRIET
 escitalopram
 esomeprazole magnesium
 delayed-release
 estradiol
 estradiol patches
 estradiol/norethindrone
 acetate
 ESTRING
 eszopiclone
 EUFLEXA [INJ]
 ezetimibe
 ezetimibe/simvastatin

F

famotidine
 FARXIGA
 fenofibrate
 fenofibrate micronized
 fenofibric acid
 delayed-release
 fentanyl patches
 FETZIMA
 FINACEA FOAM
 finasteride
 FLECTOR
 FLOVENT DISKUS
 FLOVENT HFA
 fluconazole
 fluocinonide
 fluoxetine
 fluticasone nasal spray
 folic acid
 FORTEO [INJ]
 FRAGMIN [INJ]
 FREESTYLE KITS/METERS:
 FREESTYLE FREEDOM,
 FREESTYLE FREEDOM LITE,
 FREESTYLE INSULINX,
 FREESTYLE LITE
 FREESTYLE LIBRE READER,
 SENSOR
 FREESTYLE TEST STRIPS:
 FREESTYLE,
 FREESTYLE INSULINX,
 FREESTYLE LITE
 furosemide
 FYCOMPA

G

gabapentin
 GELNIQUE
 gemfibrozil
 GENOTROPIN [INJ]
 GENVOYA

GILENYA
 GILOTRIF
 GLASSIA [INJ]
 glimepiride
 glipizide
 glipizide ext-release
 GLUCAGEN [INJ]
 GLUCAGON [INJ]
 glyburide
 GLYXAMBI
 GONAL-F, GONAL-F RFF,
 GONAL-F RFF
 REDDI-JECT [INJ]
 GRASTEK
 guanfacine ext-release

H

HARVONI
 HUMALOG [INJ]
 HUMIRA [INJ]
 HUMULIN [INJ]
 hydralazine
 hydrochlorothiazide
 hydrocodone/acetaminophen
 hydrocodone/
 chlorpheniramine polistirex
 ext-release
 hydrocortisone topical
 hydromorphone
 hydroxychloroquine
 hydroxyzine hcl
 hydroxyzine pamoate
 HYSINGLA ER

I

ibandronate
 IBRANCE
 ibuprofen
 ILEVRO
 INBRIJA
 INCRUSE ELLIPTA
 indomethacin
 INLYTA
 INVOLTYS
 INVOKAMET
 INVOKAMET XR
 INVOKANA
 irbesartan
 IRESSA
 isosorbide mononitrate
 ext-release

J

JANUMET, JANUMET XR
 JANUVIA
 JARDIANCE
 JENTADUETO
 JENTADUETO XR
 JIVI [INJ]
 JULUCA
 junel

(continued)

Go to express-scripts.com/2020drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2020 THROUGH DECEMBER 31, 2020. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

Express Scripts Formulary—2020

PPO 20 & PPO 25 Copays (Retail-30-day supply): \$10/\$25/\$40, Mail order 90-day supply= 2-copays

POS 20 Copays (Retail-30-day supply): \$5/\$20/\$40, Mail order 90-day supply= 2-copays

| | | | | |
|----------------------------------|---|---|--|-------------------------|
| june fe | morphine sulfate ext-release | PAZEO | ropinirole | tri-lo-marzia |
| K | MOVANTIK | penicillin v potassium | rosuvastatin | trinessa |
| ketoconazole topical | MOXIFLOXACIN eye solution | PENTASA | RUBRACA | TRIPTODUR [INJ] |
| ketorolac | MUPIROCI | PERFORMIST | RUCONEST [INJ] | tri-sprintec |
| KITABIS PAK | MUSE | PHOSLYRA | | TRIUMEO |
| KOGENATE FS [INJ] | MYDAYIS | PICATO | S | TRULANCE |
| KOVALTRY [INJ] | MYRBETRIQ | pioglitazone | SAVELLA | TRULICITY [INJ] |
| KYLEENA | | PLEGRIDY [INJ] | SEGLUROMET | TYMLOS [INJ] |
| | N | polymyxin/trimethoprim eye solution | SEREVENT DISKUS | |
| L | nabumetone | POMALYST | sertraline | U |
| labetalol | NAMZARIC | potassium chloride ext-release | sildenafil | UCERIS FOAM |
| lamotrigine | naproxen, naproxen sodium | PRALUENT (NDCs starting with 00024) [INJ] | SIMPONI 100 MG (for ulcerative colitis only) [INJ] | UDENYCA [INJ] |
| lansoprazole delayed-release | NARCAN NASAL SPRAY | pramipexole | simvastatin | UPTRAVI |
| LANTOS [INJ] | NASCOBAL | pravastatin | SKYLA | |
| latanoprost eye solution | neomycin/polymyxin/hydrocortisone ear solution | PRECISION XTRA METERS, TEST STRIPS, B-KETONE STRIPS | SKYRIZI [INJ] | V |
| LATUDA | NEXIUM PACKETS | prednisolone acetate eye suspension | SOLQUA [INJ] | valacyclovir |
| LEVEMIR [INJ] | niacin ext-release | prednisolone sodium phosphate | SOMATULINE DEPOT [INJ] | valsartan |
| levetiracetam | nifedipine ext-release | pregabalin | SOOLANTRA | valsartan/hctz |
| levocetirizine | nitrofurantoin macrocrystal | PREMARIN CREAM | spironolactone | VARUBI |
| levofloxacin | NITR | PREMARIN TABLETS | sprintec | VASCEPA |
| levthyroxine sodium | NIVESTYM [INJ] | PREMPHASE | SPRYCEL | VELPHORO |
| lidocaine patches | NORDITROPIN [INJ] | PREMPRO | STEGLATRO | venlafaxine |
| LINZESS | nortriptyline | PREPOPIK | STELARA SC [INJ] | venlafaxine ext-release |
| liothyronine | NOVAREL [INJ] | PROAIR HFA | STRENSIQ [INJ] | VENTOLIN HFA |
| LIPOFEN | NOVOEIGHT [INJ] | PROAIR RESPICLICK | sulfamethoxazole/trimethoprim | verapamil ext-release |
| lisinopril | NOVOFINE AUTOSHIELD NEEDLES | PROCRIT [INJ] | sumatriptan | VERZENIO |
| lisinopril/hctz | NOVOFINE NEEDLES | progesterone micronized | SUNOSI | VIBERZI |
| LIVALO | NOVOTWIST NEEDLES | PROLASTIN C [INJ] | SUPREP | VIIBRYD |
| LO LOESTRIN FE | NUCALA [INJ] | PROLENSA | SUTENT | VIMPAT |
| LOKELMA | NUCYNIA, NUCYNIA ER | promethazine | SYMBICORT | VIOKACE |
| lorazepam | NUDEXTA | dextroan | SYMFI | VIZIMPRO |
| LORBRENA | nystatin | propranolol ext-release | SYMFI LO | VOSEVI |
| losartan | nystatin topical | PULMICORT FLEXHALER | SYNJEPI [INJ] | VYVANSE |
| losartan/hctz | O | PYLERA | SYMLINPEN [INJ] | |
| LOTMAX | ODACTRA | | SYMPROIC | W |
| LOTMAX SM | OFEV | | SYNJARDY XR | warfarin |
| lovastatin | ofloxacin | Q | | |
| LUMIGAN | olanzapine | QBREXZA | T | X |
| LUPANETA [INJ] | olmesartan | QNASL | TACLONEX SUSPENSION | XALKORI |
| LUPRON DEPOT | olmesartan/hctz | QUDEXY XR | tacrolimus topical | XARELTO |
| LUPRON DEPOT-PED [INJ] | olopatadine eye solution | QUILLICHEW ER | tadalafil | XELJANZ, XELJANZ XR |
| | omega-3 acid ethyl esters | QUILLIVANT XR | TALZENNA | XIFAXAN |
| M | omeprazole delayed-release | QVAR | tamoxifen | XIGDUO XR |
| MAYZENT | ondansetron | QVAR REDIHALER | tamsulosin ext-release | XIIDRA |
| meclizine | ondansetron orally disintegrating tablets | | TASIGNA | XOLAIR [INJ] |
| medroxyprogesterone | ONETOUCH KITS/METERS: ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX | | TAYTULLA | XTANDI |
| meloxicam | ONETOUCH TEST STRIPS: ULTRA, VERIO | | TAZORAC GEL | XULTOPHY [INJ] |
| metaxalone | ONEXTON | | TAZORAC 0.05% CREAM | XYREM |
| metformin | OPSUMIT | R | TECFIDERA | |
| metformin ext-release | ORACEA | rabeprazole delayed-release | TEKTURN HCT | Y |
| methimazole | ORALAIR | RAGWITEK | terazosin | YONSA |
| methocarbamol | ORILISSA | raloxifene | terconazole vaginal | YUPELRI |
| methotrexate | ORTHOVISC [INJ] | ramipril | testosterone cypionate [INJ] | yuvafem |
| methylphenidate | oseltamivir | ranitidine | THALOMID | |
| methylphenidate ext-release | OTEZLA | RASUVO [INJ] | timolol maleate eye solution | Z |
| methylprednisolone | OTOVEL | REBIF [INJ] | tizanidine | ZARXIO [INJ] |
| metoclopramide | OTREXUP [INJ] | RECTIV | TOBI PODHALER | ZENPEP |
| metoprolol succinate ext-release | VIDREL [INJ] | RELISTOR [INJ] | TOBRADEX OINTMENT | ZEPATIER |
| metoprolol tartrate | oxcarbazepine | RELISTOR TABLETS | TOBRADEX ST | zolpidem |
| metronidazole | oxybutynin ext-release | REMICADE [INJ] | tobramycin eye solution | zolpidem ext-release |
| metronidazole topical | oxycodone | REPATHA (NDCs starting with 55513) [INJ] | tobramycin/dexamethasone eye suspension | ZOMIG NASAL |
| metronidazole vaginal | oxycodone/acetaminophen | RESTASIS | topiramate | ZTLID |
| microgestin fe | OXYCONTIN | RETACRIT [INJ] | TOUJEO [INJ] | ZUBSOLV |
| minocycline | OZEMPIC [INJ] | REVLIMID | TOVIAZ | ZYLET |
| MIRENA | | RHOPRESSA | TRADJENTA | ZYTIGA 500 MG |
| mirtazapine | P | risperidone | tramadol | |
| MIRVASO | pantoprazole delayed-release | rizatriptan | TRAVATAN Z | |
| MITIGARE | paroxetine hcl | | trazodone | |
| moderba | | | TRELEGY ELLIPTA | |
| modetasone | | | TREMFYA [INJ] | |
| MONOVISC [INJ] | | | TRESIBA [INJ] | |
| montelukast | | | triamcinolone topical | |
| | | | triamterene/hctz | |

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Express Scripts Exclusion List—2020

Excluded Medications/Products at a Glance

| | | | |
|---|--|--|--|
| <p> ABILIFY[^] ABILIFY MYCITE ABSTRAL ACIPHEX[^] ACIPHEX SPRINKLE ACUVAIL ADDICRA[^] ADDERALL[^] ADLYXIN ADMLOG AKTIPAK AKYZEO CAPSULES ALBUTEROL SULFATE HFA ALCORTIN A ALOCIL ALOGLIPTIN ALOGLIPTIN/METFORMIN ALOGLIPTIN/PIOGLITAZONE ALOMIDE ALTOPREV ALVESCO AMBIEN[^], AMBIEN CR[^] AMPYRA[^] AMRIX[^] ANDROGEL 1%[^] ANUSOL-HC[^] APADAZ APIRA ARANESP ARIMIDEX[^] ASACOL HD[^] ASPIRIN/OMEPRazole DR ATACAND[^], ATACAND HCT[^] ATRIPLA AUBAGIO AUVI-Q AVALIDE[^], AVAPRO[^] AVODART[^] AZOR[^] BARACLUDE TABLETS[^] BAYER (BREEZE, CONTOUR) BECONASE AQ BENICAR[^], BENICAR HCT[^] BENZHYDROCODONE/ACETAMINOPHEN BERINERT BRAVELLE BRISDELLE[^] BUPAP[^] BUTRANS CELEBREX[^] CELEXA[^] CETRAXAL CHORIONIC GONADOTROPIN CIALIS[^] CINQAIR CLIMARA PRO CLOCORTOLONE COLCHICINE COMPLERA COREG[^] CORTIFOAM COSOPT[^] COZAAR[^], HYZAAR[^] CRESTOR[^] CUPRIMINE[^] CYMBALTA[^] CYTOMEL[^] DELSTRIGO DELZICOL[^] DETROL[^], DETROL LA[^] DICLOFENAC EPOLAMINE PATCHES DIOVAN[^], DIOVAN HCT[^] DIPENTUM DOXYCYCLINE 40 MG CAPSULES DOXYCYCLINE HYCLATE DR 80 MG </p> | <p> DUROLANE DUTOPROL DUZALLO EFFEXOR XR[^] ELIDEL[^] EMBEDA EMEND CAPSULES[^], TRIFOLD PACK[^] EMEND POWDER PACKETS EMFLAZA ENDOMETRIN EPANED EPINEPHRINE AUTO-INJECTOR (BY IMPAX) EPOGEN ESTROGEL EVENITY EVZIO EXFORGE[^], EXFORGE HCT[^] EXJADE[^] EXONDYS 51 EXTAVIA EZALLOR SPRINKLE FEMRING FENOPROFEN CAPSULES FENORTHO FENTANYL CITRATE BUCCAL TABLETS FENTORA FIASP FLUOROURACIL 0.5% CREAM FML FORTE, FML S.O.P. FOCALIN[^], FOCALIN XR[^] FOLLISTIM AQ FOSRENOL CHEWABLE TABLETS[^] FOSRENOL POWDER PACKETS GANIRELIX ACETATE[^] GEL-ONE GELSYN-3 GENVISC 850 GLEEVEC[^] GLUCOPHAGE[^], GLUCOPHAGE XR[^] GLUMETZA[^] GOCOVRI ER GRANIX HUMATROPE HYALGAN HYMOVIS IMIQUIMOD 3.75% CREAM PUMP IMITREX[^] INDERAL LA[^] INGREZZA INSULIN LISPRO INTUNIV[^] ISTALOL[^] JADENU, JADENU SPRINKLE KAPSPARGO SPRINKLE KAZANO KEPRA[^], KEPRA XR[^] KISQALI, KISQALI FEMARA CO-PACK KOMBIGLYZE XR LAMICTAL[^], LAMICTAL ODT[^], LAMICTAL XR[^] LAZANDA LEDIPASVIR/SOFOSBUVIR LEVALBUTEROL HFA LEXAPRO[^] LIBRAX[^] LIDOCAINE/TETRACaine LIDODERM[^] LIPITOR[^] LOESTRIN[^], LOESTRIN FE[^] LOTREL[^] LOVENOX[^] LUCEMYRA LULICONAZOLE LUNESTA[^] LYRICA[^] LYRICA CR </p> | <p> MAVYRET MAXALT[^], MAXALT MLT[^] MAXIDEX METOPROLOL SUCCINATE/HCTZ ER MICARDIS[^], MICARDIS HCT[^] MINASTRIN 24 FE[^] MINOLIRA MIRCERA MULPLETA NALFON CAPSULES NAMENDA XR[^] NASONEX[^] NATIONAL MEDICAL (ADVOCATE) NESINA NEUPOGEN NEURONTIN[^] NEVANAC NOCTIVA NORCO[^] NORVASC[^] NOVOLIN NOVLOG NUTROPIN AQ NUSPIN NUVIGIL[^] NUWIQ OMNARIS OMNIS HEALTH (EMBRACE, VICTORY) OMNITROPE ONGLYZA ONPATTRO ONZETRA XSAIL ORFADIN ORTHO TRI-CYCLEN[^], ORTHO TRI-CYCLEN LO[^] OSMOLEX ER OXYCODONE ER PANCREAZE PATADAY[^] PENNSAID PERTZYE PIFELTRO PIQRAY PLAQUENIL[^] PLAVIX[^] PRADAXA PRALUENT (NDCs starting with 72733) PRAVACHOL[^] PRED MILD PREGNOL PREVACID[^], PREVACID SOLUTAB[^] PREZCOBIX PRILOSEC SUSPENSION PRISTIQ[^] PROLIA PROTONIX[^] PROTONIX SUSPENSION PROVENTIL HFA PROVIGIL[^] PROZAC[^] PULMICORT RESPULES[^] QBRELIS QSYMIA RABEPRAZOLE DR SPRINKLE RAPAFLO[^] RECOMBIMATE RELION NOVOLIN RENAGEL[^] REPATHA (NDCs starting with 72511) RHOFAD ROCHE (ACCU-CHEK) SAIZEN, SAIZENPREP SANDOSTATIN LAR DEPOT SAVAYSA SEROQUEL[^], SEROQUEL XR[^] SIGNIFOR LAR SIKLOS </p> | <p> SINGULAIR[^] SITAVIG SOFOSBUVIR/VELPATASVIR SOVALDI SPIRIVA HANDIHALER, SPIRIVA RESPIMAT SPRAVATO STIOLTO RESPIMAT STRATTERA[^] STRIBILD STRIVERDI RESPIMAT SUBSYS SUMAVEL DOSEPRO SUPARTZ FX SYMTUZA SYNVISCO, SYNVISCO-ONE TESTIM[^] TIKOSYN[^] TIMOPTIC OCULOSE TIVORBEX TOBI SOLUTION[^] TOLSURA TOPAMAX[^] TOPICORT SPRAY TOPIRAMATE ER CAPSULES TRIBENZOR[^] TRICOR[^] TRILEPTAL[^] TRIVIA (TRUETEST, TRUETRACK) TRIVISC TUDORZA PRESSAIR UNISTRIIP UROXATRAL[^] VAGIFEM[^] VALIUM[^] VALTREX[^] VOLTASSA VELTIN VERDESO FOAM VIAGRA[^] VICTOZA VISCO-3 VIVELLE-DOT[^] VIVLODEX VYTORIN[^] WELLBUTRIN SR[^] XADAGO XALATAN[^] XANAX[^], XANAX XR[^] XATMEP XELPROS XENAZINE[^] XOPENEX HFA XPROVIO XYNTHA, XYNTHA SOLOFUSE YASMIN[^] YOSPRALA DR ZAVESCA[^] ZEGERID[^] ZETIA[^] ZETONNA ZIOPTAN ZIPSOR ZOCOR[^] ZOLOFT[^] ZOMACTON ZOMIG TABLETS[^], ZOMIG ZMT[^] ZONEGRAN[^] ZORVOLEX ZURAMPIC ZYCLARA ZYFLO CR[^] ZYTIGA 250 MG[^] </p> |
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[^] Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

For more detailed Exclusion information, see the Reference Center www.aleraedge.com [ALERA GRAY]

Ulster Scripts Employee Program



Ulster Scripts Employee Program

Introduction:

Ulster Scripts is an international mail order option for eligible Employees, Retirees and Dependents of Ulster County, NY, currently covered by your county offered prescription coverage. Your list of qualified maintenance medications is on the reverse.

Copayments:

All member copayments have been waived for this program.

| Ulster Scripts | | Vs. Current Purchase Plan | | | | |
|---------------------------|-----|---------------------------|---|---------|---|-------------------|
| Annual Cost No Copays! | | Copays | | Refills | | Annual Savings |
| \$0 | Vs. | \$25 (PPO) | x | 12 | = | \$300 / Script |
| | Vs. | \$40 (PPO) | x | 12 | = | \$480 / Script |
| | Vs. | \$20 (POS) | x | 12 | = | \$240 / Script |
| | Vs. | \$40 (POS) | x | 12 | = | \$480 / Script |

Ordering Instructions:

To place your first order please submit: a completed enrollment form; a new prescription for each medication; and a copy of your photo identification*.

**Similar to a number of states in the US, some CanaRx pharmacies require a copy of photo ID be provided prior to dispensing the medications. In order to prevent order delays, we encourage patients to include a clear copy of their photo identification with their enrollment form or upload directly to our secure site www.CanaRxDocs.com. If not included, a CanaRx representative will contact you when required by the pharmacy dispensing your medications.*

Ask your doctor for a prescription for a **3 month supply** with **3 refills**. We will call you prior to each renewal to ensure that you have a continuous supply. Please allow 4 weeks for delivery.

Medications must be taken for 30 days before ordering through Ulster Scripts.

RETURN YOUR COMPLETED AND SIGNED [ENROLLMENT FORM](#) AND [ORIGINAL PRESCRIPTIONS](#):



BY FAXING TO: 1-866-715-MEDS (6337) TOLL FREE

Faxed prescriptions are ONLY accepted if sent directly from the physician's office.

OR



BY MAILING TO: Ulster Scripts

235 Eugenie St. West
Suite 105D
Windsor, ON, Canada
N8X 2X7

OR

P.O. Box 44650
Detroit, MI 48244-0650
(This P.O. Box is used for expediting all
communications crossing the border.)

More forms are available:

Additional forms may be obtained at the Personnel Department, by printing them from the website at www.UlsterScripts.com or by contacting our Customer Service Representatives toll free at **1-866-893-(MEDS) 6337**.

WELCOME TO Ulster Scripts Employee Program

Ulster Scripts —Formulary



Ulster Scripts
Employee Program

For More Information: Call 1-866-893-MEDS (6337)

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|-----------------------------|----------------------------|-------------------------|--------------------------|-------------------------|
| ABILIFY (G) 5MG | CLIMARA PATCH 50MCG | GLUCAGEN HYPOKIT 1MG | NEUPRO 6MG | TAZORAC GEL 0.05% |
| ACIPHEX 20MG | CLIMARA PATCH 75MCG | GLUMETZA ER 1000MG | NEUPRO 8MG | TAZORAC GEL 0.1% |
| ACTONEL 5MG | CLIMARA PATCH 100MCG | IMITREX AUTOINJECTOR | NEXIUM 20MG | TECFIDERA 120MG |
| ACTONEL 30MG | COMBIGAN 0.2-0.5% | STATDOSE 6MG/0.5ML | NEXIUM 40MG | TECFIDERA 240MG |
| ACTONEL 35MG | COMBIVENT RESPIMAT | IMITREX NASAL SPRAY | NEXIUM DR 10MG | TEKTURNA 150MG |
| ACTONEL 150MG | 20MCG/100MCG | 5MG-2DOSE | NORITATE CREAM 1% | TEKTURNA 300MG |
| ACTOPLUS 15MG-850MG | COMTAN 200MG | IMITREX NASAL SPRAY | OMNARIS 50MCG | TEKTURNA HCT 150-25MG |
| ACCZONE 5% | CRESTOR (G) 5MG | 20MG-2DOSE | ONGLYZA 2.5MG | TEKTURNA HCT 300-12.5MG |
| ADICIRCA 20MG | CRESTOR (G) 10MG | INCRUSE ELLIPTA 62.5MCG | ONGLYZA 5MG | TEKTURNA HCT 300-25MG |
| ADVAIR DISKUS 100MCG | CRESTOR (G) 20MG | INDERAL LA 60MG | ORTHO-TRI-CYCLEN LO (G) | TIVICAY 50MG |
| ADVAIR DISKUS 250MCG | CRESTOR (G) 40MG | INDERAL LA 80MG | OTENZA 30MG | TOBREX OINT 0.3% |
| ADVAIR DISKUS 500MCG | DALIRESP 500MCG | INDERAL LA 120MG | PATADAY 0.2% | TOVIAZ 4MG |
| ADVAIR HFA 45/21MCG | DETROL 1MG | INDERAL LA 160MG | PATANOL 0.1% | TOVIAZ 8MG |
| ADVAIR HFA 115/21MCG | DETROL 2MG | INVEGA 3MG | PENTASA 500MG | TRADJENTA 5MG |
| ADVAIR HFA 230/21MCG | DETROL LA 2MG | INVEGA 6MG | PRED FORTE 1% | TRAVATAN Z 0.004% |
| AGGRENOX 200/25MG | DETROL LA 4MG | INVEGA 9MG | PREMARIN 0.3MG | TRILEGE ELLIPTA |
| ALOCRIL 2% | DEXILANT DR 30MG | INVOKAMET 50MG-500MG | PREMARIN 0.625MG | 100-62.5-25MCG |
| ALOMIDE 0.1% | DEXILANT DR 60MG | INVOKAMET 50MG-1000MG | PREMARIN 1.25MG | TRIBENZOR 20/5/12.5MG |
| ALPHAGAN-P 0.15% | DIFFERIN CREAM 0.1% | INVOKAMET 150MG-500MG | PREMARIN CREAM | TRIBENZOR 40/5/12.5MG |
| ALREX 0.2% | DIFFERIN GEL 0.1% | INVOKAMET 150MG-1000MG | 0.625MG/GM | TRIBENZOR 40/5/25MG |
| ANORO ELLIPTA 62.5/25MCG | DIFFERIN GEL 0.3% | INVOKANA 100MG | PREMPRO 0.3MG/1.5MG | TRIBENZOR 40/10/12.5MG |
| APTOM 200MG | DIOVAN (G) 40MG | INVOKANA 300MG | PREVACID SOLUTAB 15MG | TRIBENZOR 40/10/25MG |
| APTOM 400MG | DIOVAN (G) 80MG | IRESSA 250MG | PREVACID SOLUTAB 30MG | TRINTELLIX 5MG |
| APTOM 600MG | DIOVAN (G) 160MG | ISOPTO CARPINE 1% | PREZISTA 800MG | TRINTELLIX 10MG |
| APTOM 800MG | DIOVAN (G) 320MG | ISOPTO CARPINE 2% | PRISTIQ 50MG | TRINTELLIX 20MG |
| ARCAPTA NEOHALER 75MCG | DIPENTUM 250MG | ISOPTO CARPINE 4% | PRISTIQ 100MG | TRIUQUE 600-50-300MG |
| ARNUTY ELLIPTA 100MCG | DIPROLENE OINT 0.05% | JADENU 90MG | PROMETRIUM 100MG | TUDORZA PRESSAIR 400MCG |
| ARNUTY ELLIPTA 200MCG | DIVIGEL 0.5MG | JADENU 180MG | PROTOPIC OINT 0.03% | TWYNSTA 40/5MG |
| AROMASIN 25MG | DIVIGEL 1MG | JADENU 360MG | PROTOPIC OINT 0.1% | TWYNSTA 40/10MG |
| ARTHRITEC 50MG | DUAVERE 0.45-20MG | JALYN 0.5MG/0.4MG | QVAR REDHALER 40MCG | TWYNSTA 80/5MG |
| ARTHRITEC 75MG | DULERA 100MCG/5MCG | JANUMET 50/500MG | QVAR REDHALER 80MCG | TWYNSTA 80/10MG |
| ASACOL HD 800MG | DULERA 200MCG/5MCG | JANUMET 50/1000MG | RANEXA 500MG | ULORIC 80MG |
| ASMANEX TWISTHALER | DYMISTA 137/50MCG | JANUMET XR 50MG/500MG | RAPAFLO 4MG | UROICIT-K 10MEQ |
| 110MCG | EDARBI 40MG | JANUMET XR 50MG/1000MG | RAPAFLO 8MG | URSO 250MG |
| ASMANEX TWISTHALER | EDARBI 80MG | JANUMET XR 100MG/1000MG | RAPAMUNE 0.5MG | VAGIFEM 10MCG |
| 220MCG | EDARBYCLOR 40MG/12.5MG | JANUVIA 25MG | RAPAMUNE 2MG | VENTOLIN HFA 90MCG |
| ASTAGRAF XL 1MG | EDARBYCLOR 40MG/25MG | JANUVIA 50MG | RELPAZ 20MG | VEGICARE 5MG |
| ASTAGRAF XL 5MG | EDECRIN 25MG | JANUVIA 100MG | RELPAZ 40MG | VEGICARE 10MG |
| ATACAND 4MG | ELIDEL 1% | JARDIANCE 10MG | RENAGEL 800MG | VIIBRYO 10MG |
| ATACAND 8MG | ELIQUIS 2.5MG | JARDIANCE 25MG | RENVELA 800MG | VIIBRYO 20MG |
| ATACAND 16MG | ELIQUIS 5MG | JENTADUETO 2.5MG-500MG | RESTASIS MULTIDOSE 0.05% | VIIBRYO 40MG |
| ATACAND 32MG | ELMIRON 100MG | JENTADUETO 2.5MG-850MG | RESTASIS VIALS 0.05% | VIREAD 300MG |
| ATACAND HCT 16MG/12.5MG | ENABLEX 7.5MG | JENTADUETO 2.5MG-1000MG | RETIN A MICRO GEL PUMP | VIRAYLAR 1.5MG |
| ATACAND HCT 32MG/12.5MG | ENABLEX 15MG | JUBLIA 10% | 0.04% | VIRAYLAR 3MG |
| ATELVIA DR 35MG | ENTOCORT 3MG | LATUDA 20MG | RETIN-A MICRO GEL PUMP | VIRAYLAR 4.5MG |
| AVANDIA 2MG | ENTRESTO 24MG-26MG | LATUDA 40MG | 0.1% | VIRAYLAR 6MG |
| AVANDIA 4MG | ENTRESTO 49MG-51MG | LATUDA 60MG | REXULTI 0.25MG | VYTORIN 10/10MG |
| AZELEX 20% | ENTRESTO 97MG-103MG | LATUDA 80MG | REXULTI 0.5MG | VYTORIN 10/20MG |
| AZILECT 0.5MG | EPIIDUO GEL PUMP 0.1%/2.5% | LATUDA 120MG | REXULTI 1MG | VYTORIN 10/40MG |
| AZILECT 1MG | EPIREN 0.3MG | LESCOL XL 80MG | REXULTI 2MG | VYTORIN 10/80MG |
| AZOPT 1% | EPIREN JR 0.15MG | LEXIVA 700MG | REXULTI 3MG | WELCHOL 625MG |
| AZOR 20/5MG | EPIVIR / HBV 100MG | LIALDA 1.2MG | REXULTI 4MG | WELCHOL PACKET 3.75G |
| AZOR 40/5MG | ESTROGEL 0.06% | LINZESS 72MCG | SAPHRIS 5MG | WELLBUTRIN XL (G) 150MG |
| AZOR 40/10MG | EUCRISA 2% | LINZESS 145MCG | SAPHRIS 10MG | WELLBUTRIN XL (G) 300MG |
| BANZEL 200MG | EVISTA 60MG | LINZESS 290MCG | SEASONIQUE | XARELTO 2.5MG |
| BANZEL 400MG | EXELON 3MG | LOCODI LIPOCREAM 0.1% | 0.15/0.03/0.01MG | XARELTO 10MG |
| BECONASE AQ 42MCG | EXELON 6MG | LOTEMAX GEL 0.5% | SENSIPAR 30MG | XARELTO 15MG |
| BENICAR (G) 20MG | EXELON 4.5MG/24HR | LOTEMAX SUSP 0.5% | SENSIPAR 60MG | XARELTO 20MG |
| BENICAR (G) 40MG | EXELON 9.5MG/24HR | LOVENOX 40MG | SEREVENT DISKUS 50MCG | XELJANZ 5MG |
| BENICAR HCT (G) 20MG/12.5MG | EXELON 13.3MG/24HR | LOVENOX 60MG | SEROQUEL XR 50MG | XELJANZ XR 11MG |
| BENICAR HCT (G) 40MG/12.5MG | EXFORGE HCT 160/12.5/5MG | LOVENOX 80MG | SEROQUEL XR 150MG | XENICAL 120MG |
| BENICAR HCT (G) 40MG/25MG | EXFORGE HCT 160/12.5/10MG | LOVENOX 100MG | SEROQUEL XR 200MG | XIGDUO XR 5/1000MG |
| BENZACLIN PUMP | EXFORGE HCT 160/25/5MG | LUMIGAN 0.01% | SEROQUEL XR 300MG | XIGDUO XR 10/500MG |
| BETIMOL 0.25% | EXFORGE HCT 160/25/10MG | MESNEX 400MG | SEROQUEL XR 400MG | XIGDUO XR 10/1000MG |
| BETIMOL 0.5% | EXFORGE HCT 320/25/10MG | MESTINON TS 180MG | SIMBRINZA 1%/0.2% | XIDRA 5% |
| BETOPTIC S 0.25% | FARESTON 60MG | METRO CREAM 0.75% | SOOLANTRA 1% | ZELAPAR 1.25MG |
| BREO ELLIPTA 100/25MCG | FARXIGA 5MG | METROGEL PUMP 1% | SPIRIVA 18MCG | ZETIA (G) 10MG |
| BREO ELLIPTA 200/25MCG | FARXIGA 10MG | MICARDIS HCT 40/12.5MG | SPIRIVA RESPIMAT 2.5MCG | ZOMIG NASAL SPRAY 5MG |
| BRILINTA 60MG | FELDENE 10MG | MICARDIS HCT 80/12.5MG | STARLIX 60MG | ZOMIG ZMT 2.5MG |
| BRILINTA 90MG | FELDENE 20MG | MICARDIS HCT 80/25MG | STARLIX 120MG | ZYCLARA PACKET 3.75% |
| BYSTOLIC 2.5MG | FETZIMA 20MG | MIGRANAL 4MG/ML | STIOLTO RESPIMAT | |
| BYSTOLIC 5MG | FETZIMA 40MG | MIRAPEX ER 0.375MG | 2.5/2.5MCG | |
| BYSTOLIC 10MG | FETZIMA 80MG | MIRAPEX ER 0.75MG | | |
| BYSTOLIC 20MG | FETZIMA 120MG | MIRAPEX ER 1.5MG | | |
| CADUET 5/10MG | FINACEA GEL 15% | MIRAPEX ER 2.25MG | | |
| CADUET 5/20MG | FLAREX 0.1% | MIRAPEX ER 3MG | | |
| CADUET 5/40MG | FLOVENT 44MCG 50MCG | MIRAPEX ER 3.75MG | | |
| CADUET 5/80MG | FLOVENT 110MCG 125MCG | MIRAPEX ER 4.5MG | | |
| CADUET 10/10MG | FLOVENT 220MCG 250MCG | MIRVASO 0.33% | | |
| CADUET 10/20MG | FLOVENT DISKUS 100MCG | MULTAQ 400MG | | |
| CADUET 10/40MG | FLOVENT DISKUS 250MCG | MYRBETRIQ 25MG | | |
| CADUET 10/80MG | FOSRENOL CHEW 500MG | MYRBETRIQ 50MG | | |
| CAMBIA 50MG | FOSRENOL CHEW 750MG | NASONEX 50MCG | | |
| CARDURA XL 4MG | FOSRENOL CHEW 1000MG | NESINA 6.25MG | | |
| CARDURA XL 8MG | FOSRENOL POWDER 750MG | NESINA 12.5MG | | |
| CELEBREX 100MG | FOSRENOL POWDER 1000MG | NESINA 25MG | | |
| CELEBREX 200MG | FROVA 2.5MG | NEUPRO 1MG | | |
| CLARINEX 5MG | GELNIQUE 10% | NEUPRO 2MG | | |
| CLIMARA PATCH 25MCG | GENVOYA 150-150-200-10MG | NEUPRO 3MG | | |
| | GILENYA 0.5MG | NEUPRO 4MG | | |

NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. This list is subject to change. Please call 1-866-893-6337 toll free to verify the availability of your medication through this program.

October 2019

Ulster Scripts—Employee Enrollment Form



Ulster Scripts Employee Program

CanaRx Enrollment Form

MEMBER ID #:

FAX DIRECTLY FROM YOUR DOCTOR'S OFFICE WITH YOUR PRESCRIPTION(S) TOLL-FREE TO: 1-866-715-(MEDS) 6337
OR ~ MAIL TO: *Ulster Scripts*, 235 EUGENIE ST. WEST, SUITE 105D, WINDSOR, ON, CANADA, N8X 2X7 PHONE TOLL-FREE: 1-866-893-(MEDS) 6337
~CONTACT US ABOUT EXPEDITING COMMUNICATIONS CROSSING THE BORDER

PATIENT INFORMATION: Birthdate ☐ SUBSCRIBER
MM/DD/YYYY ☐ SPOUSE
☐ DEPENDENT

Phone (Home) Phone (Work or Cell)

First Name (please print) Initial Last Name

Street Address

City/State Zip Code

NOTE:
Please request a **3-month** supply of medication with **3 refills**.

New-to-you medications must be domestically prescribed, filled and taken for a period of no less than 30 days.

List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths. (THIS IS NOT A PRESCRIPTION.)

| Name of Medicine | Dosage | Time(s) to Take | Date Started | Reason for Taking |
|--------------------|-----------------|------------------------|----------------------|---------------------|
| <i>Ex. Januvia</i> | <i>Ex. 50mg</i> | <i>Ex. Twice Daily</i> | <i>Ex. 8/20/2017</i> | <i>Ex. Diabetes</i> |
| | | | | |
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MEDICAL HISTORY (If you require more space, please attach a separate piece of paper.) ☐ Male ☐ Female

(i) Operations: e.g., Hysterectomy, Gall bladder, Heart operations, etc.

(ii) Hospitalizations: (stays in hospital during the past 5 years)

(iii) Present illness: (ongoing) e.g., Diabetes, Heart disease, Osteoporosis, etc.

(iv) Drug allergies: ☐ NO ☐ YES If yes, please specify:

AUTHORIZATION IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature

Date:

AUTHORIZATION IF THE PATIENT IS THE SUBSCRIBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient Signature:

Date:

Ulster Scripts—Enrollment Form / Agreement

TERMS OF AGREEMENT

CONFIRMATION AND REPRESENTATIONS

I enter into this agreement with CanaRx Group Inc. at Christ Church, Barbados (referred to as "CanaRx") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs.

I represent:

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask CanaRx to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask CanaRx to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through CanaRx.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CanaRx or any CanaRx contracted physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CanaRx strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CanaRx, I will immediately contact my U.S. physician.
14. All information that I give to CanaRx is true.

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

1. I hereby appoint CanaRx and its delegates and contractors (collectively referred to as "CanaRx") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician and of arranging for pharmacies to dispense to me medications as prescribed.
2. CanaRx may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me.
3. CanaRx may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to CanaRx (and any CanaRx contracted physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, X-ray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CanaRx from my U.S. physician's office the original signed copy of the prescription.
6. CanaRx and its contracted physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CanaRx contracted physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. CanaRx may make payments on my behalf to CanaRx contracted pharmacies for dispensing medicine in accordance with my prescriptions and to CanaRx contracted physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CanaRx in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

ACKNOWLEDGEMENT AND RELEASE

I hereby make the following acknowledgements and releases to CanaRx and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:

1. My U.S. physician is my primary physician. Any CanaRx contracted physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CanaRx contracted pharmacy.
2. CanaRx has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CanaRx contracted physician and have enlisted the services of CanaRx to facilitate it. I understand that the CanaRx contracted physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release CanaRx and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the CanaRx contracted pharmacy.
6. I acknowledge that CanaRx, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

PRIVACY NOTICE AND ACKNOWLEDGEMENT

I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the CanaRx Privacy Policy in detail as provided below:

1. CanaRx may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. CanaRx and CanaRx contracted physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CanaRx contracted physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that CanaRx may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, contracted physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CanaRx, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CanaRx's transmission of my personal information by electronic means to its delegates, employees, contracted physicians and pharmacies.
3. I acknowledge that CanaRx will obtain health information about me, and is obligated in accordance with the CanaRx Privacy Policy to protect such information. I can visit www.CanaRx.com at any time to view the most updated version of the CanaRx Privacy Policy.

FURTHER ACKNOWLEDGEMENT & RELEASE

I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release CanaRx and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by CanaRx in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.

Dental Plan—MetLife

Group ID Number: 217284

| | |
|---|--|
| PROVIDER: METLIFE ELIGIBILITY | Primary enrollee, spouse and eligible dependent children to the end of the month that dependent turns 26 |
| Deductibles Waived for Diagnostic & Preventive & Orthodontics | \$50 per person / \$150 per family each calendar year Yes |
| Maximums Diagnostic & Preventive counts toward maximum | \$1,500 per person each calendar year Yes |

| Benefits & Covered Services* | In-Network Providers Negotiated Fee Schedule | Out-of-Network* Providers R & C 90 th Percentile |
|---|--|---|
| Diagnostic & Preventive Services Exams, cleanings, x-rays, sealants | 100% | 100% |
| Basic Services -Fillings | 80% | 80% |
| Endodontics (root canals) | 80 % | 80 % |
| Periodontics (gum treatment) | 80 % | 80 % |
| Oral Surgery | 80 % | 80 % |
| Major Services -Crowns, inlays, onlays & cast restorations | 50% | 50% |
| Prosthodontics -Bridges, dentures, implants, TMJ | 50% | 50% |
| Orthodontic Benefits -dependent children to age 19 | 50% | 50% |
| Orthodontic Maximums | \$1500 Lifetime | \$1500 Lifetime |

* **Out of Network benefits** are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary (R & C) charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice—in or out of the network.

- Your plan benefits are based on the percentage of the negotiated fee – the fee that the participating dentists have agreed to accept as payment in full for covered services.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

Dental Plan—MetLife / Find a Dental Provider

Select: PDP Plus Network

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.



Step 1:
Go to [metlife.com](https://www.metlife.com)



Step 2:
Select "I want to find a MetLife:"

Click "Dentist" and enter your ZIP Code, and select your network.



Step 3:
Advanced Search

Use the Advanced Search option to locate a dentist by name, language spoken, specialty or gender.

I am interested in:

Please Select Insurance Type

GO

I want to find a MetLife:

Dentist Vision Provider

SUBMIT



MetLife Network: Preferred Dentist Plus Network (PDP Plus)

Group ID Number: 217284

Vision Plan—Davis Vision

DAVIS VISION
EYECARE REFRAMED™

Premier Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations, eyeglasses and contacts!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Local, Regional, & National providers including Empire Visionworks, Vision Excel, Kenco, Dr. Joseph Cohen, and Walmart.

For a complete list of providers and more details about the plan please log onto the Open Enrollment section of our Member site at davisvision.com or call

**1.877.923.2847 and
Enter Client Code 2769**

The County of Ulster

| IN-NETWORK BENEFITS | | |
|---|--|-------------------|
| Eye Examination | Every 12 months, Covered in full | |
| Eyeglasses | | |
| Spectacle Lenses | Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses | |
| Frames | Every 12 months, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection ¹ (value up to \$190) OR \$150 retail allowance toward any frame from provider, plus 20% off balance ² | |
| Contact Lenses | | |
| Contact Lens Evaluation, Fitting & Follow Up Care | Every 12 months, Collection Contacts: Covered in full OR Non Collection Contacts: Standard Contacts: 15% discount ² Specialty Contacts ³ : 15% discount ² | |
| Contact Lenses (in lieu of eyeglasses) | Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance ² | |
| ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS | | |
| MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small> | Without Davis Vision | With Davis Vision |
| Scratch-Resistant Coating | \$25 | \$0 |
| Polycarbonate Lenses | \$66 | \$0 |
| Standard Anti-Reflective (AR) Coating | \$83 | \$35 |
| Standard Progressives (no-line bifocal) | \$198 | \$0 |
| Photochromic Lenses (i.e. Transitions®. etc.) ⁴ | \$110 | \$65 |

Lower costs and more benefits! See the savings!

| Service | Without Davis Vision | With Davis Vision |
|---------------------------|----------------------|-------------------|
| Eye Examination | \$103 | \$0 |
| Lenses | | |
| Bifocals | \$116 | \$0 |
| Scratch-Resistant Coating | \$25 | \$0 |
| Transitions® ⁴ | \$110 | \$65 |
| Frame | \$160 | \$0 |
| Total | \$514 | \$65 |

Savings up to:
\$449

¹The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.

²Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

³Including, but not limited to toric, multifocal and gas permeable contact lenses.

⁴Transitions® is a registered trademark of Transitions Optical Inc.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

Vision Plan—Davis Vision

Davis Vision plans offer...

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 2769.

| ADDITIONAL OPTIONS | WITHOUT DAVIS VISION | WITH DAVIS VISION |
|---|----------------------|-------------------|
| FRAMES | | |
| Fashion Frame (from the Davis Vision Collection) | \$100 | \$0 |
| Designer Frame (from the Davis Vision Collection) | \$160 | \$0 |
| Premier Frame (from the Davis Vision Collection) | \$195 | \$0 |
| LENSES | | |
| All Ranges of Prescriptions and Sizes | \$90 | \$0 |
| Plastic Lenses | \$78 | \$0 |
| Oversized Lenses | \$20 | \$0 |
| Tinting of Plastic Lenses | \$25 | \$0 |
| Scratch-Resistant Coating | \$25 | \$0 |
| Polycarbonate Lenses | \$66 | \$0 |
| Ultraviolet Coating | \$25 | \$0 |
| Standard Anti-Reflective (AR) Coating | \$83 | \$35 |
| Premium AR Coating | \$104 | \$48 |
| Ultra AR Coating | \$121 | \$60 |
| Standard Progressive Addition Lenses | \$198 | \$0 |
| Premium Progressives Addition Lenses | \$247 | \$40 |
| Ultra Progressives Addition Lenses | \$369 | \$90 |
| High-Index Lenses | \$120 | \$55 |
| Polarized Lenses | \$103 | \$75 |
| Photochromic Lenses (i.e. Transitions®, etc.) ¹ | \$110 | \$65 |
| Scratch Protection Plan (Single vision Multifocal lenses) | | \$20 \$40 |

¹ Transitions® is a registered trademark of Transitions Optical, Inc.

Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$40 | Frame up to \$50
 Spectacle Lenses (per pair) up to:
 Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100
 Elective Contacts up to \$105, Visually Required Contacts up to \$225

Flexible Spending Accounts (FSAs)

Per IRS Regulations: Only IRS qualified dependents are eligible for benefits from these plans.

What Is a Flexible Spending Arrangement?

A Flexible Spending Arrangement (FSA) is an employee funded program established to save a portion of their income to pay for qualified medical or dependent care expenses incurred during their benefit plan year. Contributions are taken pre-tax, reducing employees taxable income and increasing their "take home pay."

How It Works

Health Care and Dependent Care FSA plans provide employees an opportunity to realize tax savings on medical and day care expenses through separate pre-tax accounts.

Health Care FSAs—Annual Maximum, \$1,500

The money employees contribute to their Health Care FSA and Limited Health Care FSA is used to reimburse the employee's and/or their covered dependents eligible out-of-pocket health care expenses. FSAs are funded with payroll deductions. The employer determines the plan year and the annual maximum contribution employees may contribute to their Health Care FSA and Limited Health Care FSA during the plan year, provided it falls within IRS limits.

Dependent Care FSAs—Annual Maximum, \$5,000

A Dependent Care FSA is set up to reimburse eligible dependent care expenses in order for the employee to work. Some example of eligible expenses include:

- Before and after school care
- Expenses for pre-school or nursery school
- Extended day programs
- Au pair services
(amounts paid for the actual care of the dependent)
- Babysitter (in or out of the home)
- Nanny services
(amounts paid for the actual care of the dependent)
- Summer day camp for qualifying children under age 13
- Elder care for a qualifying individual
- Care for a disabled spouse and/or an IRA tax dependent disabled relative or household member

A Dependent Care FSA is funded with payroll deductions. The IRS limits the dependent care maximum to \$5,000 per year, \$2,500 if the employee is married and filing separately.

Note: Payments to your spouse, child under age 19, the parent of your child (not your spouse) or to an individual qualifying as a tax dependent exemption are not qualifying expenses for Dependent Care FSAs.

\$500 Rollover Rule: The Health Care FSAs to allow up to \$500 remaining at the end of a plan year be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year.

PROGRAM NOTES:

1. Your FSA elections are deducted from your payroll in 24-equal deductions.
2. Participants are charged a \$4.50 monthly administration fee (or \$2.25 per pay period).
NOTE: only 1-fee, if enrolled in both Health Care and Dependent Care FSAs.
3. If an employee's medical coverage through an alternate source is a High Deductible Health plan WITH a Health Savings Account (ex. spouse's medical plan), eligible expenses reimbursed from an FSA are "limited" to qualifying dental and vision expenses.

www.aleraedge.com

(Select **Login**, then **ALERAPAY PARTICIPANT**, and then **ALERAPAY**)

Your FSA Reimbursement Management Website

Participants may log-in to their account, monitor payment, upload receipts, and check their balance.

Login as either an **Existing User**

OR

Register as a New User entering your User Identification and follow the prompts to complete.

Use your phone to access your account via the website or the AleraPay app to:

Check Balances

File Claims

Track Expenses

upload Receipts

Eligible Expenses for FSA-Health Care Reimbursement

Not sure if an expense is eligible? Call **1-800-622-6233 (ALERAPAY)**

Eligible Items for Reimbursement

| | | | |
|--|---------------------------------------|-----------------------------------|-------------------------------------|
| Acupuncture | Chiropractors | Flu shots | Oxygen |
| Alcoholism treatment | Circumcision | Guide dog or other service animal | Physical therapy |
| Ambulance fees | Co-insurance amounts | Hearing aids | Prescribed drugs |
| Artificial limbs | Contact lenses, materials & equipment | Hospital services | Preventive care screenings |
| Artificial teeth <i>(if medically necessary)</i> | Contraceptives | Immunizations | Psychiatric care |
| Asthma treatments | Co-Payments | Incontinence supplies | Sterilization |
| Bandages | Crutches | Insulin | Supplies to treat medical condition |
| Blood-pressure monitoring devices | Deductibles | Laboratory fees | Telephone for hearing-impaired |
| Blood-sugar test kits | Dental sealants | Laser eye surgery | Transplants |
| Body scans | Dental treatment | Mastectomy-related special bras | Transportation expenses |
| Braille books & magazines <i>(cost over price of regular)</i> | Diabetic supplies | Medical information plan charges | <i>(including mileage)</i> for a |
| Breast pumps | Diagnostic items/services | Medical records charges | person to receive medical care |
| Breast reconstruction surgery <i>(following mastectomy)</i> | Drug addiction treatment | Obstetrical expenses | Walkers |
| | Eye examinations | Organ donors | Wheelchair |
| | Eye glasses | Orthodontia (requires contract) | X-ray fees |

Over-the-Counter Medications are Eligible BUT REQUIRE a doctor's prescription for reimbursement for:

| | | | |
|---------------------|---------------------------|---------------------------|------------------------|
| Acid controllers | Anti-itch/insect bite | Digestive aids | Pain relief |
| Allergy & sinus | Anti-parasitic treatments | Hemorrhoidal preps | Respiratory treatments |
| Antibiotic products | Baby rash ointment | Feminine Anti-fungal/itch | Sleep aids & sedatives |
| Anti-diarrheas | Cold sore remedy | Laxatives | Stomach remedies |
| Anti-gas | Cough, cold, flu | Motion Sickness | |

Items that POTENTIALLY qualify for Reimbursement

| | | | |
|--|---|--|---|
| <i>Must be primarily for medical care and have note from a medical practitioner prescribing the item to treat a specific medical condition</i> | | | |
| Adaptive equipment | Exercise equipment or programs | Lactation consultant | Psychologist |
| Air purifier | <i>(only if required to treat an illness diagnosed by a doctor. Proof of Attendance required)</i> | Lamaze classes | Schools and education, |
| Allergy treatment products | | Learning disability instructional fees | residential & special |
| Alternative healers | Fertility treatments | Lodging not at a hospital | Tobacco cessation programs |
| Books, health related | Fiber supplements | Massage therapy | Sun-protective clothing |
| Christian Science practitioners | Genetic testing | Meals at a hospital | Tuition for special needs program |
| Classes, health related | Health Club costs | Mentally handicapped special home | Ultrasound, prenatal |
| Compression hose | Holistic or natural healers | Nursing services | Varicose veins treatment |
| Counseling <i>(Marriage counseling doesn't qualify)</i> | Hormone replacement therapy | Nutritionist's professional expenses | <i>(related to service animals)</i> |
| Dietary supplements | Hypnosis | Occupational therapy | Vitamins <i>(only with prescription)</i> |
| DNA collection and storage | Infertility treatments | Orthopedic shoes | Weight loss programs |
| Ear Plugs | Inclinator | Propecia | <i>(only if required to treat an illness diagnosed by a doctor. Proof of Attendance required)</i> |
| Egg donor fees | Incontinence supplies | Psychoanalysis | Wigs |
| Elevator | | | |

What is Not Eligible for Health Care FSAs?

| | |
|---|---|
| Any allowable exclusion <i>defined by the Internal Revenue Code § 213 and Publication 502</i> | Household help |
| Appearance improvements: <i>(i.e. cosmetic procedures, teeth whitening, veneers, tanning, hair removal, hair products, hair transplant, ear piercing)</i> | Illegal operations & treatments |
| Babysitting/childcare/nursing services <i>for a healthy baby, car seats, maternity clothes, diaper service</i> | Insurance premium/costs for car/life/income protection/ accident insurance or Medicare Part A |
| Controlled or illegal substances <i>in violation of U.S. federal law</i> | Personal use items (e.g. toothpaste) |
| Duplicate reimbursement <i>(e.g. already reimbursed or available under another plan)</i> | Recreation equipment or lessons <i>(i.e. bicycle, canoe, dance/swim/martial art lessons)</i> |
| Funeral expenses | Taxes, penalties or fines <i>(i.e.. Social Security tax or Self Employment tax)</i> |
| | Vacations or travel expenses |

Eligible Expenses for Dependent Care FSAs—Children must be under age 13 for charges to be considered, unless disabled

| | |
|--|--|
| Au pair or Nanny Services (amounts paid for the actual dependent care) | Elder care for a qualifying individual |
| Babysitter (in or out of the home) | Extended day programs |
| Before and after school care | Pre-school/Nursery School Expenses |
| Care for a disabled spouse and/or an IRA tax dependent disabled relative or household member | Summer day camp for qualifying children under age 13 |

Aflac Insurances *(Disability, Accident, Cancer Hospital, Critical Illness)*



it's that time of year again... Aflac Open Enrollment is here!!

For those of you who don't know...

Aflac is **different from** health insurance – Aflac offers voluntary insurance supplements

That pays **YOU** (the policy holder) **\$\$\$\$** to help with expenses while you focus on recovery!

(co-pays, deductibles, coinsurance...rent, car payment, phone bill, etc.. it's cash!!)

Aflac Programs:

Disability

provides monthly cash benefit when you can't work due to an accident, illness, or surgery (maternity included)

Accident

provides cash benefits when you are treated for an accident / injury (from poison ivy, to a broken bone)

Cancer

provides cash benefit upon diagnosis, weekly treatment benefits, transportation & much more

Hospital

provides cash benefits for hospital confinement, short-stay, or ER visits due to accident or sickness

Lump Sum Critical Illness

provides cash benefit in the event of heart attack, stroke, end stage renal failure, & major organ transplant

Best of all...

Aflac programs only cost
\$5-10/week for an individual
(1 & 2 parent rates available)

...Can you afford not to?

Please return, or contact our agent: **Dan Barry** for questions, enroll off-site, claims, etc..

Dan Barry - [c] (845) 532-2053 | daniel_barry@us.aflac.com



Group Sponsored Insurance Program
c/o Pearl Insurance | cseainsurance.com

Insurance plans specifically designed
for CSEA Members!

- *Disability*
- *Term Life*
- *Whole Life*
- *Universal Life*
- *Critical Illness*
- *Comprehensive Accident Plan*
- *Hospital & Home Care Recovery*
- *Auto*
- *Home & Renters*
- *RV, Boat, Motorcycle*
- *Umbrella*
- *Pet Insurance*



**Your CSEA Insurance
Representative**

Danielle Schoonmaker

Serving Ulster County

518.396.8371 | Call or Text!

danielle.schoonmaker@pearlinsurance.com

Like & Follow Us on Facebook!
@cseainsurance.com



**PEARL[®]
INSURANCE**

Enjoy Life. We Got This.

NYS Deferred Compensation Plan

Retirement is like a puzzle. Without all the right pieces, your financial picture will be incomplete. When you retire, you may be counting on two sources of income — Social Security and your employer pension plan. Did you know, this may leave you short?

Social Security was never meant to be a sole source of income. On average, a public pension will replace only about 50% of your current income after 25 years of service. * These

two pieces are a great start, but enrolling in the New York State Deferred Compensation Plan may be one piece to help complete the puzzle.

We know it's difficult to determine how much additional savings you'll need to supplement your social security and pension. That's why we've developed the chart below to help you make that determination.

| Where retirement income comes from | Example | You |
|--|------------|-----|
| A. What percent of your current income will you need per year during retirement? | 80 – 100% | |
| B. Your employer's pension makes up what percent of your retirement income? | 50% | |
| C. What percent of your income will come from Social Security ? | 20% | |
| D. What percent of your retirement income will need to come from other sources (such as the New York State Deferred Compensation Plan)? | 30% | |

Directions: Add rows B and C and then subtract from row A. Write the number in row D – this shows you what percentage of your income will come from your personal savings, like your deferred compensation plan.

Complete your retirement puzzle. The New York State Deferred Compensation Plan may be the missing piece you need!

Information/Enrollment kits are available at your Human Resources Dept. or by calling NYS Deferred Compensation Plan toll free: (800)422-8463

Investing involves risk, including possible loss of principal. Information provided is for educational purposes only and not intended as investment advice.

* NCPERS Research Series: *The Top Ten Advantages of Maintaining Defined Benefit Pensions*. May 2007

Account Executives are registered representatives of Nationwide Investment Services Corporation, member FINRA. NRM 7409NY-NY (01/10)

Employee Assistance Program



Ulster County recognizes that life is **stressful**. Our employee's mental and emotional health is just as important as their successful job performance as their immediate families.

There is no co-pay or out-of-pocket expense to the employee.

The program provides assistance for a variety of problems including marital, relationships, parenting, elder care, substance abuse and work-related stress. The employee simply makes a phone call and gives their contact information. Next, a counselor will personally call back and arrange a convenient time to meet. The counseling services are offered to help Ulster County employees resolve personal and professional concerns and difficulties. Some specific circumstances for which and EAP will provide assistance include:

- Stress
- Relationship Issues
- Family / parenting
- Domestic Violence
- Divorce / separation / break-ups
- Alcohol / substance abuse
- Single parenting
- Aging parents
- Grief / loss / terminal illness of a loved one or co-worker
- Depression
- Anxiety
- Interpersonal conflicts workplace conflicts or changes
- Conflicts in the workplace Job frustration or burnout

For more information about the EAP program, please contact your Personnel Department or reach out directly to EAP by calling 338-5600 to schedule an appointment.

Treasury Direct and 529 Program Information

Two Great Programs Available through Payroll Deductions

The Payroll Savings Options in TreasuryDirect



From your TreasuryDirect account you may buy savings bonds and other Treasury securities.
<http://www.treasurydirect.gov/tdhome.htm>

NY 529 Direct Plan highlights

Here's a quick look at the many ways you can benefit when you save with the *Direct Plan*.

Flexible Use of Savings

Save for a child, grandchild, friend—or even yourself.

Use at any eligible 2- or 4-year college or university, vocational or technical school, or graduate school in the United States or abroad.

Pay for tuition, certain room-and-board expenses, books, supplies, and the expenses for the purchase of certain computer equipment, software, and computer-related services.

Tax Benefits

Grow your earnings tax-deferred.

Pay no federal taxes on qualified withdrawals.*

Contribute up to \$70,000 in a single year (\$140,000 if married filing jointly) for each beneficiary, without incurring federal gift taxes as long as you don't make any other gifts to that same beneficiary for five years.**

More tax benefits for New York taxpayers

Pay no state taxes on qualified withdrawals.

Deduct up to \$5,000 (\$10,000 if married filing jointly) in contributions to the Direct Plan on your state income tax return each year.***

Easy Setup

Open an account with any amount you choose—there is no minimum contribution amount.

<https://www.nysaves.org/home.html>

Contact the Finance Department—Payroll Unit @ ext. 3557
for more information on how to begin saving TODAY.

Labor / Management Sick Leave Bank Information

FOR CSEA AND UCSA



CSEA Employees & Non-union management are eligible
to join the CSEA Sick Bank, and
UCSA members may join the USCA Sick Bank.

For more information on either program, call Jim Farina at (845)340-3536

The intent of the Sick Leave Donation Programs
are to provide a Sick Leave Bank (SLB) of leave days from which
members may apply to use when in critical need of leave
due to a catastrophic illness or injury
(as defined in the program policy).

- ♦ Complete an application to voluntarily donate leave with the understanding that donated leave will not be returned.
- ♦ Must have a minimum of ten (10) sick days on the books AND one year of service as of the open enrollment period.
- ♦ Donate two (2) sick leave days upon joining and automatically donate one (1) day per year as needed.
- ♦ Forms and Policy available on intranet, or from payroll clerks.

CONFIDENTIAL & VOLUNTARY

Retirement Planning

Considerations as You Approach Retirement

As you begin to approach your retirement age, there are many things to keep in mind. This is by no means a complete reference but here are some points to ponder and helpful places to find useful information:

- The N.Y.S. Comptroller's Office is responsible for administration of the NYS Retirement System. Their website: <http://www.osc.state.ny.us/retire/members/index.php> includes forms, contract information a retirement timeline and more.
- The N.Y.S. Retirement System telephone number is 866-805-0990.
- To assist you in determining approximately what your pension amount will be, as well as explanations of your various payment options, please visit: <https://nysosc9.osc.state.ny.us/product/benproj.nsf/BenProgFlashPage>
- When anyone covered by one of the Ulster County Health Insurance plans becomes Medicare eligible, you must contact the Employee Benefits Office immediately.
- All Ulster County employees who retire from the N.Y.S. Retirement System upon retirement from Ulster County service are eligible to receive retiree health insurance as per the collective bargaining agreement.
- The Empire BCBS plan that you are enrolled in prior to retirement is the one you will remain in until the next open enrollment period (unless you are Medicare eligible). If you would consider switching to the less expensive POS plan, you may only do so at the prior open enrollment.
- Please note that once you retire, you may not add any dependents to your retiree health insurance plan.
- Your retiree health insurance will begin the first of the month following your retirement date, so please contact the Employee Benefits Office as far in advance, with a minimum of 30-days if possible, to arrange for a smooth transition of health coverage from employee to retiree and to arrange for the billing option of your choice.

REGISTER for Retirement Information Online!

You may now register for an online account to access all retirement benefit information.



Retirement Online

Your Benefits. Your Way!

- Review your benefits
- Update contact information
- Apply for a loan (active members only)
- Submit beneficiary changes

▶ Visit www.osc.state.ny.us/retire and look for the Retirement Online logo to signup.

The New York State Retirement System is phasing out paper forms and applications soon !!

Create your online account with the New York State Retirement and have all your retirement information, forms and applications at your fingertips!

Holiday Schedule—Ulster County-2020

| | |
|----------------------------|------------------------|
| NEW YEAR'S DAY | WEDNESDAY, JANUARY 1 |
| MARTIN LUTHER KING JR. DAY | MONDAY, JANUARY 20 |
| LINCOLN'S BIRTH DAY ** | WEDNESDAY, FEBRUARY 12 |
| PRESIDENT'S DAY | MONDAY, FEBRUARY 17 |
| GOOD FRIDAY ** | FRIDAY, APRIL 10 |
| MEMORIAL DAY | MONDAY, MAY 25 |
| INDEPENDENCE DAY | FRIDAY, JULY 3 |
| LABOR DAY | MONDAY, SEPTEMBER 7 |
| COLUMBUS DAY | MONDAY, OCTOBER 12 |
| ELECTION DAY ** | TUESDAY, NOVEMBER 3 |
| VETERAN'S DAY | WEDNESDAY, NOVEMBER 11 |
| THANKSGIVING DAY | THURSDAY, NOVEMBER 26 |
| DAY AFTER THANKSGIVING * | FRIDAY, NOVEMBER 27 |
| CHRISTMAS DAY | FRIDAY, DECEMBER 25 |

*DAY AFTER THANKSGIVING – SOME OFFICES ARE OPEN – Time and one half plus compensatory time for CSEA employees who work.

** (FLOATING HOLIDAYS) – OFFICES ARE OPEN – Compensatory time off for all CSEA employees who work.