



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

Benefit Open Enrollment
October 15—October 29, 2021

Benefit Plan Year
January 1—December 31, 2022

2022 Employee Benefits Guide

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



Benefits provided in association with



ALERAGROUP
RELPH BENEFIT ADVISORS

Questions | Help

1-800-836-0026, x7400

support@aleracare.zendesk.com

PATRICK K. RYAN
County Executive



DAWN SPADER
Personnel Director

JAMES FARINA
Director of Employee Relations

APRIL RODMAN
Administrator, Civil Service & Personnel

2022 Health Insurance and Other Benefit Information

Again this year, due to the COVID-19 Pandemic there will not be an OPEN ENROLLMENT EVENT but there will be the usual OPEN ENROLLMENT TIME PERIOD (October 15 – October 29) in which you may change your Health Insurance Plan!! Additionally, this year you will have to go into the electronic system to update your coverage. Coverages will not be automatically rolled over!!

The County will continue to offer its current Health Insurance Programs, the Empire PPO 20 and Empire POS 20 and the PPO 25 plans for 2022. Please see the Benefit Book pages for detailed information on what the Plans offer. As a reminder the PPO 25 is a national network and all of the same benefits as the PPO 20 except that there are additional 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.

Please take the time to review the **Benefit Book** in print or online. This book provides summaries, health insurance rates, buyout options, and other information regarding your benefits. Browsing this book will help you 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 online book may also be accessed anytime, anywhere, by using the link on any PC, smartphone, or tablet.

Relpb Benefits Advisors, now called Alera Group, continues to partner with Ulster County for employee benefit consulting and plan management services. In addition, Alera Group will continue to provide their CARE (**C**ustomer **A**ssistance **R**elief **E**veryday) Team to 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

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 support@aleraicare.zendesk.com or **1-800-836-0026 ext.7400**. You can continue to reach out to the Ulster County Personnel as well, (845) 340-3545.

Other Important information:

Open Enrollment and Portal Access: Friday, October 15th through Friday, October 29th is open enrollment. This year, you are required to register and complete your benefit renewal on the online enrollment portal website. You will have to reset your password, but the online renewal process has been greatly simplified.

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 November 18, 2020, 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, stepchild, 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.

Pharmacy Benefits: New for 2022 – MagellanRx will be the administrator for the Pharmacy program

.Ulster Scripts will continue as well. 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. MagellanRx allows exceptions when medically necessary. 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 Preferred Formulary (addition of new drugs, changes from formulary to non-formulary.) In early November, MagellanRx will be providing letters to those members that are impacted that will provide them with alternatives they can discuss with their physicians.

Cards for 2022: New ID Cards for Health Insurance with Empire BCBS will be issued for 2022 so be on the lookout for them. You will also receive new Rx cards from MagellanRx. Davis Vision will continue to be active for 2022 as well as Met Life. **The annual maximum has been raised from \$1,500 to \$2,000 for 2022.**

Urgent Care Out of Network Co-pay: Continuing through 2022, Urgent Care Copay, both in and out of network, will be your office visit copay. If an Employee or covered family member cannot locate an in-network urgent care center, they may go to an out of network center and pay the office visit copay. This is advantageous as 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. Reminder: There is also Live Health Online for telehealth urgent care. www.Livehealthonline.com

Flexible Spending Account Rollover: The Flexible Spending Account continues to have a \$550 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 \$550 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. Please consider the \$4.50 per month fee when considering your tax savings. The maximum FSA election for 2022 is \$2,750 and the dependent care is \$5,000.

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

Sincerely,

Dawn Spader
Personnel Director

www.aleraedge.com —Enrollment Website

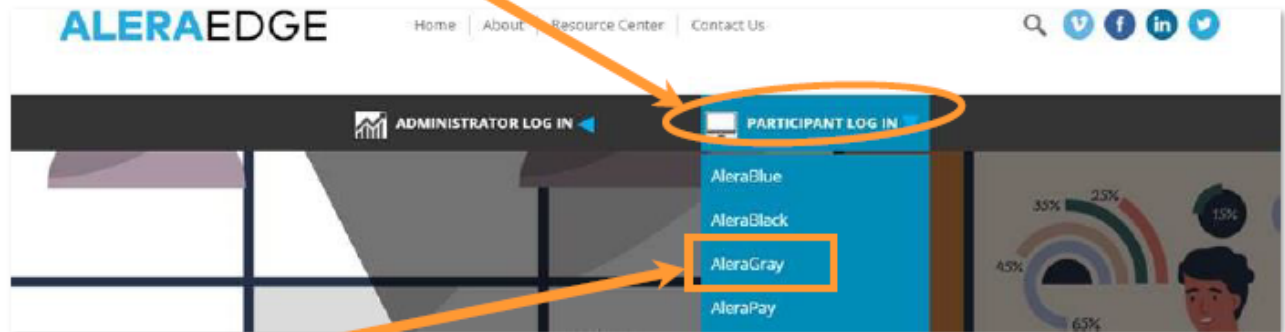


From your phone, scan the QR Code using the photos app to connect directly to Alera Gray Login

www.aleraedge.com

Questions? Call Customer Support
1-800-836-0026 (Mon-Fri, 8-4:30).

1-Click the PARTICIPANT LOG IN tab



2-Select ALERAGRAY from the drop-down menu

3-Login

First Time User:
Click on "Register"

Enter **ULSTCO**
for the Company Key

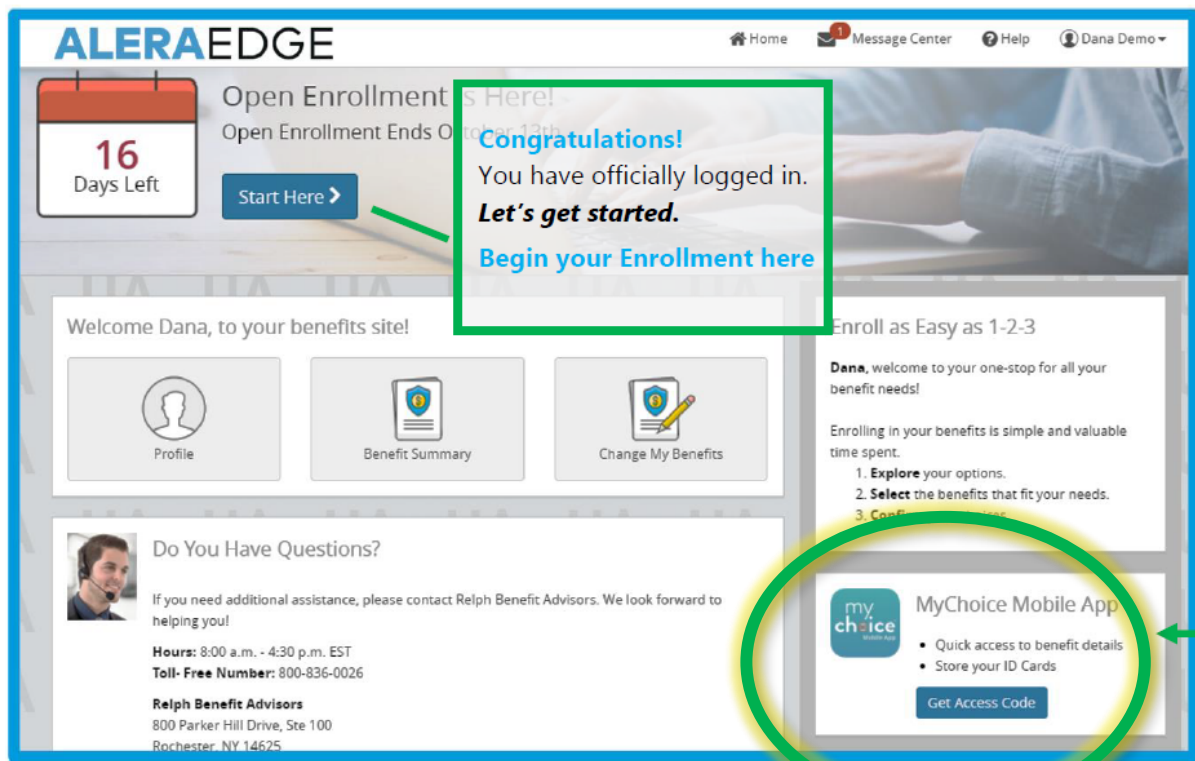
Create your User Name, Password
and Security Phrase, and click
"Continue."

Enter your new information on the
login page.

Returning User:

Enter: User Name and Password.

Now, it's time to begin your enrollment!



1 Make Your Elections

Review your options as you walk through the enrollment process.

Click **'Select'** to choose plans. Track your choices and total cost on the enrollment bar.

2 Review Your Elections

Review and edit your elections—then **Approve**.

Confirm Your Choices Your enrollment is not complete until you **CONFIRM** your benefit elections.

3 Print your election

information and confirm number for future reference.

Review Your Current Plan Anytime—in the Benefits Summary. Click Benefits Summary

Try the **MyChoice** App!
It's all you need

Forgot Your Password?

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

Life-Changing Event?

30-days—Documentation must be submitted for:
Marriage /Divorce
Change in job status for you or an enrolled dependent
Birth or adoption of a child

"MyChoice Mobile" App

Available at the app Store:
—Android: Google Play
—iPhone: Apple
You can:
-Access current plans
-Complete Open Enrollment
-Get alerts and much more!



Use the Website **Reference Center**



Call the Customer Support **1-800-836-0026, x7400**



support@aleraedge.com

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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.

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	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 <i>(waived if admitted w/in 24-hrs)</i>	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$200 copayment <i>(waived if admitted w/in 24-hrs)</i>
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 prescription 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.

Health Insurance Rate Grid—2022

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	\$136.06	\$193.54	\$122.92	\$68.03	\$96.77	\$61.46
CSEA	1/1/1994—9/19/2012	Emp+Spouse	\$304.98	\$434.30	\$275.41	\$152.49	\$217.15	\$137.70
UCSA	5/19/2010—2/20/2013	Emp+1 Child	\$260.63	\$369.83	\$235.66	\$130.31	\$184.92	\$117.83
UCSEA	7/1/1994—8/18/2014 (15% of total Premium)	Emp+Children	\$286.60	\$407.30	\$259.00	\$143.30	\$203.65	\$129.50
		Emp+Family	\$421.36	\$599.54	\$380.61	\$210.68	\$299.77	\$190.31
Employee Group	Hire/Elected Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA	After 9/1/2015	Employee	\$181.42	\$258.05	\$163.89	\$90.71	\$129.03	\$81.95
CSEA	After 9/19/2012	Emp+Spouse	\$406.65	\$579.07	\$367.21	\$203.32	\$289.54	\$183.61
UCSA	After 2/20/2013	Emp+1 Child	\$347.51	\$493.11	\$314.21	\$173.75	\$246.56	\$157.10
UCSEA	After 8/1/2014	Emp+Children	\$382.14	\$543.07	\$345.33	\$191.07	\$271.54	\$172.67
Officials/Legislators	After 1/20 (20% of total Premium)	Emp+Family	\$561.82	\$799.38	\$507.48	\$280.91	\$399.69	\$253.74
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
Management Non-Union		Employee	\$90.71	\$129.03	\$81.95	\$45.35	\$64.51	\$40.97
UCSA	Before 5/18/2010 (10% of total Premium)	Emp+Spouse	\$203.32	\$289.54	\$183.61	\$101.66	\$144.77	\$91.80
Superior Officers Union		Emp+1 Child	\$173.75	\$246.56	\$157.10	\$86.88	\$123.28	
		Emp+Children	\$191.07	\$271.54	\$172.67	\$95.53	\$135.77	
		Emp+Family	\$280.91	\$399.69	\$253.74	\$140.45	\$199.85	

Rounding of Premium Contributions May Lead to Slight Differences

Health Insurance Rate Grid—2022

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	\$6.19	\$3.09
CSEA	1/1/1994—9/19/2012	Emp+Spouse	\$12.76	\$6.38
UCSA	5/19/2010—2/20/2013	Emp+1 Child	\$13.86	\$6.93
UCSEA	7/1/1994—8/18/2014 (15% of total Premium)	Emp+Children	\$13.86	\$6.93
		Emp+Family	\$18.75	\$9.37
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
PBA	After 9/1/2015	Employee	\$8.25	\$4.13
CSEA	After 9/19/2012	Emp+Spouse	\$17.02	\$8.51
UCSA	After 2/20/2013	Emp+1 Child	\$18.49	\$9.24
UCSEA	After 8/1/2014 (20% of total Premium)	Emp+Children	\$18.49	\$9.24
		Emp+Family	\$24.99	\$12.50
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
Management Non-Union		Employee	\$4.13	\$2.06
		Emp+Spouse	\$8.51	\$4.25
Legislators		Emp+1 Child	\$9.24	\$4.62
UCSA	Before 5/18/2010	Emp+Children	\$9.24	\$4.62
Superior Officers Union	(10% of total Premium)	Emp+Family	\$12.50	\$6.25

Rounding of Premium Contributions May Lead to Slight Differences

Empire BCBS Summary of Benefits— POS20 Plan



An Anthem Company

Your Summary of Benefits

County of Ulster 2022 - 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	\$0 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 (Unlimited Days)	\$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

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— 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 ⁸ 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

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.

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.

Empire BCBS Summary of Benefits—PPO20 Plan



An Anthem Company

Your Summary of Benefits

County of Ulster 2022 – 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	\$0 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 (Unlimited Days)	\$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

Services provided by Empire HealthChoice Assurance, Inc.,
licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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

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- (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.

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent that there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. 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.

Empire BCBS Summary of Benefits—PPO25 Plan

Your Summary of Benefits



An Anthem Company

County of Ulster 2022 – 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	\$0 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

Services provided by Empire HealthChoice Assurance, Inc.,
licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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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(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.

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(10) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after the 5th visit.

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Empire BCBS Website & TeleMedicine

Please select your account type.

☒ Medicare, Individual & Family, and Employer Group Plans

☐ Medicaid

Log In

[Forgot Username or Password? >](#)

[Not signed up? Register now. >](#)

At www.empireblue.com, Select Login

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.

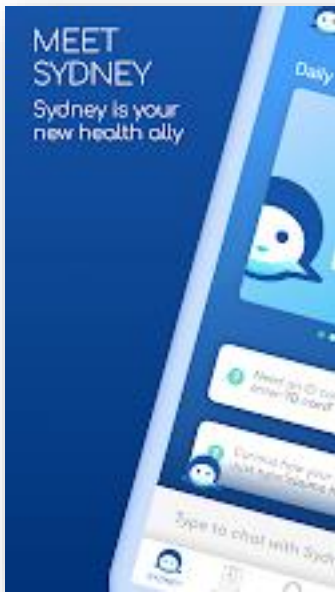
☒ Member ID ☐ Activation code ☐ Student ID

Member ID

Date of birth

First name

Last name



Get the App—Sydney Health

Save time with Live Chat. Find the information you need about your health care benefits by chatting with an Empire Rep in real time.

Telemedicine Services Online or Phone App



See a doctor, 24/7/ 365

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

Access LiveHealth Online via smart phone, tablet or computer

The LiveHealth Online app is available on both iOS and Android

Download on the App Store | GET IT ON Google play

Urgent Care Facilities (InNetwork) Ulster County Area

AMC EMURGENTCARE

2976 Route 9W
Saugerties, NY 12477
PH: 845-247-9100

AMC EMURGENTCARE

11835 State Route 9W
West Coxsackie, NY 12192
PH: 518-731-9000

EMERGENCY ONE

4274 Albany Post Rd
Hyde Park, NY 12538
PH: 845-229-2602

EMERGENCY ONE

40 Hurley Ave, Ste 4
Kingston, NY 12401
PH: 845-338-5600

EMERGENCY ONE

306 Windsor Hwy
New Windsor, NY 12553
PH: 845-787-1400

EMERGENCY ONE

2555 South Rd
Poughkeepsie, NY 12601
PH: 845-330-3200

EXCEL URGENT CARE FISHKILL

1004 Main St
Fishkill, NY 12524
PH: 845-765-2240

FIRST CARE MEDICAL PC

222 State Route 299
Highland, NY 12528
PH: 845-691-3627

FIRST CARE MEDICAL PC

222 State Route 299
Highland, NY 12528
PH: 845-691-3627

HQUMCP PC

1351 Route 55 Ste 200
Lagrangeville, NY 12540
PH: 845-297-2511

HQUMCP PC

1100 Route 55-Ste 101
Lagrangeville, NY 12540
PH: 845-485-4455

HQUMCP PC

1530 Route 9
Wappingers Falls, NY 12590
PH: 845-297-2511

MIDDLETOWN MEDICAL PC

112 Shoprite Blvd
Ellenville, NY 12428
PH: 845-647-6700

NUVANCE HEALTH MED PRACTICE

1240 Ulster Ave
Kingston, NY 12401
PH: 845-443-8740

Your Pharmacy Benefit Plan through Magellan Rx Management

Beginning January 1, 2022, Magellan Rx Management will be Ulster County's new pharmacy benefit provider. Our goal is to give you the best service and resources to help you make better healthcare decisions.

Using your ID card at retail pharmacies

You will receive a new ID card in the mail from Magellan Rx. Please present your card to any of our 68,000+ retail pharmacies every time you fill your prescription. You can access a participating pharmacy list at magellanrx.com.

After January 1, if you need to fill a prescription prior to receiving your ID cards, please provide this information to the pharmacy in addition to your identification number or social security number: **RXBIN: 017449; RXPCN: 6792000; RXGRP: PRXULS.**



Filling first home delivery prescription with Magellan Rx Pharmacy

If you already have a 90-day prescription:



Mail your 90-day prescription and home delivery order form with payment information to Magellan Rx Pharmacy, P.O. Box 620968, Orlando, FL 32862.

Home delivery order forms are available at magellanrx.com/member/forms

If you need a new prescription:



First, ask your doctor to write two prescriptions:

1. **30-day supply to fill right away at your local pharmacy**
2. **90-day supply with refills to start your home delivery service**



Next, ask your doctor to **e-prescribe** to Magellan Rx Pharmacy, LLC (Mail-ORL) or **fax** your prescription to 888-282-1349.

Online tools at magellanrx.com

Visit our website for a fast, easy and secure way to manage your pharmacy benefits. At magellanrx.com you can:

- View prescription history
- Find a pharmacy
- Watch medication videos
- Review your formulary/drug list
- Price a drug
- Download forms and ID cards

Formulary lookup tool

To find drugs that are covered by your plan, we offer an easy-to-use formulary drug lookup tool. The drugs in our formulary have been approved by the Food and Drug Administration (FDA) as safe and effective. They were selected by our team of expert health care professionals.

Visit magellanrx.com/member/documents to view formulary documents.

You are using the **Precision** formulary.

Your 2022 Prescription Benefits

Copayments

Empire POS 20 Plan	Retail (30-day supply)	Mail (90-day supply)
Tier 1: Generic	\$5	\$10
Tier 2: Preferred Brand	\$20	\$40
Tier 3: Non-Preferred Brand	\$40	\$80

Empire PPO 20 & 25 Plans	Retail (30-day supply)	Mail (90-day supply)
Tier 1: Generic	\$10	\$20
Tier 2: Preferred Brand	\$25	\$50
Tier 3: Non-Preferred Brand	\$40	\$80

Prior Authorization/Step Therapy

Your plan may have prior authorization and/or step therapy requirements for coverage or limits for select drugs.

Prior Authorization: Your plan needs to approve before your doctor can prescribe a specific drug for you.

Step Therapy: You must first try one drug to treat your medical condition. If that one doesn't work, then your plan will cover another drug for that condition.

Questions?

Visit magellanrx.com or call 1.800.424.0472. Support is available to members, pharmacies and prescribers 24 hours a day, 7 days a week.

MRx Select Savings Specialty Drug Program

Your benefit plan now includes the MRx Select Savings program. This program lowers your healthcare costs and costs incurred by your plan by finding alternative funding sources for select high-cost specialty drugs. We have partnered with Payer Matrix to help secure these funds.

Key points of the program:

- Enrollment in the program can greatly reduce your specialty drug out-of-pocket cost—in many cases to no cost at all.
- We will help you enroll in the program to receive these benefits. Your specialty medication will not be covered if you do not enroll in this program.
- Costs paid by alternative funding sources will not count toward your deductible or out-of-pocket maximum amounts.

Because you have been prescribed a qualified specialty drug, you must engage with Payer Matrix before the pharmacy can fill your prescription:

- A Payer Matrix program case coordinator will contact you.
- Your case coordinator will tell you what you need to know about the program and will walk you through the enrollment process and requirements. They will also answer any questions you may have.
- Please be ready to provide personal and financial details, as many of the programs available through alternative funding sources are based on need.

You can contact Payer Matrix at 877.305.6202 or by email at customerservice@payermatrix.com.

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.

Program Savings:

All member copayments have been **waived** for this program **only**. In addition, by enrolling in this program you will save your health plan substantially on the cost of these medications. It is truly a WIN/WIN for both you and the health plan.

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 3009
Windsor, ON, Canada
N8N 2M3

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—Employee Enrollment Form



Ulster Scripts
Employee Program



ENROLLMENT FORM

Please return completed enrollment form by one of the following methods:

MAIL TO: ULSTER SCRIPTS ADDRESS: PO BOX 3009, WINDSOR, ONTARIO CANADA N8N 2M3
UPLOAD TO: WWW.CANARXDOCS.COM (Secure upload site.)
FAX TO: 1-866-715-6337 (NOTE: Faxed prescriptions must be sent directly from the physician's office.)

For more information, please call:
TOLL-FREE PHONE: 1-866-893-6337

NAME OF EMPLOYER

PATIENT INFORMATION (PLEASE PRINT)

PHONE (HOME)

PHONE (CELL)

DATE OF BIRTH (MM/DD/YYYY)

PHONE (WORK)

EXT.

MEMBER ID #

EMAIL ADDRESS

FIRST NAME

INITIAL

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

SUBSCRIBER

SPOUSE

DEPENDENT

CURRENT MEDICATIONS / VITAMINS THIS IS NOT A PRESCRIPTION.

LIST ALL: **PRESCRIPTION, NON-PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS; HERBAL, NUTRITIONAL AND VITAMIN SUPPLEMENTS.**

NAME OF MEDICATION Ex. JANUVIA	DOSAGE Ex. 50MG	TIME(S) TO TAKE Ex. TWICE DAILY	DATE STARTED Ex. 08/20/2019	REASON FOR TAKING Ex. DIABETES

NEW-TO-YOU MEDICATIONS MUST BE DOMESTICALLY PRESCRIBED, FILLED AND TAKEN FOR A PERIOD OF **NO LESS THAN 30 DAYS** BEFORE ORDERING THROUGH THIS PROGRAM. **PLEASE ASK YOUR PHYSICIAN TO ISSUE A PRESCRIPTION FOR A 3-MONTH SUPPLY OF MEDICATION WITH 3 REFILLS.**

☐ PRESCRIPTION IS ATTACHED

☐ PRESCRIPTION WILL FOLLOW BY MAIL

☐ PRESCRIPTION WILL BE FAXED FROM PHYSICIAN'S OFFICE

MEDICAL HISTORY (If you require more space, please attach a separate piece of paper.)

☐ MALE

☐ FEMALE

1. **OPERATIONS** (EX. HYSTERECTOMY, GALL BLADDER, HEART OPERATIONS, ETC.):

2. **HOSPITALIZATIONS** (STAYS IN HOSPITAL DURING THE PAST 5 YEARS):

3. **MEDICAL CONDITIONS** (ONGOING - EX. TYPE 1 DIABETES MELLITUS, VASCULITIS, OSTEOPOROSIS, ETC.) — **NOTE:** Please refrain from using generic terms such as "heart disease" as this could indicate any number of conditions such as valvular heart disease, heart failure, a bradyarrhythmia, a tachyarrhythmia, a ventricular conduction delay, etc.

4. **DRUG ALLERGIES:** ☐ YES ☐ NO 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:

(MM/DD/YYYY)

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's Signature:

Date:

(MM/DD/YYYY)

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 selected 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; selecting physicians, pharmacies, and other professionals as necessary to serve me outside the U.S.; 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 by mail.
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 selected 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 selected physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. Canarx selected 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 pharmacies for dispensing medicine in accordance with my prescriptions and to 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 selected 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 selected 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 selected physician and have enlisted the services of Canarx to facilitate it. I understand that the 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 selected 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 selected physicians and pharmacists may share any and all information received from or about me with my U.S. physician, Canarx selected 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, selected 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, selected 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/privacy-policy/ 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.

Ulster Scripts —Formulary



Ulster Scripts
Employee Program

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

<p>ABILIFY (G) 5MG ACTONEL 5MG ACTONEL 30MG ACTONEL 35MG ACTONEL 150MG ACTOPLUS 15MG-850MG ACZONE 5% ADICIRCA 20MG ADVAIR DISKUS 100MCG ADVAIR DISKUS 250MCG ADVAIR DISKUS 500MCG ADVAIR HFA 45/21MCG ADVAIR HFA 115/21MCG ADVAIR HFA 230/21MCG AKLIEF 50MCG/G ALOCRI 2% ALOMIDE 0.1% ALPHAGAN-P 0.15% ALREX 0.2% ALVESCO 80MCG 100MCG ALVESCO 160MCG 200MCG ANORO ELLIPTA 62.5/25MCG ANZEMET 100MG APTOM 200MG APTOM 400MG APTOM 600MG APTOM 800MG ARNUTY ELLIPTA 100MCG ARNUTY ELLIPTA 200MCG AROMASIN 25MG ARTHROTEC 50MG ARTHROTEC 75MG ASACOL HD 800MG ASMANEX TWISTHALER 110MCG ASMANEX TWISTHALER 220MCG ASTAGRAF XL 1MG ASTAGRAF XL 5MG ATACAND 4MG ATACAND 8MG ATACAND 16MG ATACAND 32MG ATACAND HCT 16MG/12.5MG ATACAND HCT 32MG/12.5MG ATELVIA DR 35MG ATROVENT HFA 20UG AUBAGIO 14MG AZELEX 20% AZILECT 0.5MG AZILECT 1MG AZOPT 1% AZOR 20/5MG AZOR 40/5MG AZOR 40/10MG BANZEL 200MG BANZEL 400MG BECONASE AQ 42MCG BENICAR (G) 20MG BENICAR (G) 40MG BENICAR HCT (G) 20MG/12.5MG BENICAR HCT (G) 40MG/12.5MG BENICAR HCT (G) 40MG/25MG BEPREVE 1.5% BETIMOL 0.25% BETIMOL 0.5% BETOPTIC S 0.25% BEYAZ BIKTARVY 50MG-200MG-25MG BINOSTO 70MG BREO ELLIPTA 100/25MCG BREO ELLIPTA 200/25MCG BRILINTA 60MG BRILINTA 90MG BYSTOLIC 2.5MG BYSTOLIC 5MG BYSTOLIC 10MG BYSTOLIC 20MG CADUET 5/10MG CADUET 5/20MG CADUET 5/40MG CADUET 5/80MG CADUET 10/10MG CADUET 10/20MG CADUET 10/40MG CADUET 10/80MG CAMBIA 50MG CARDURA XL 4MG CARDURA XL 8MG CELEBREX 100MG CELEBREX 200MG CLARINEX 5MG CLIMARA PATCH 25MCG CLIMARA PATCH 50MCG CLIMARA PATCH 75MCG CLIMARA PATCH 100MCG COMBIGAN 0.2-0.5%</p>	<p>COMBIVENT RESPIMAT 20MCG/100MCG COMTAN 200MG CRESTOR (G) 5MG CRESTOR (G) 10MG CRESTOR (G) 20MG CRESTOR (G) 40MG CRINONE GEL 8% DALIRESP 500MCG DETROL 1MG DETROL 2MG DETROL LA 2MG DETROL LA 4MG DEXILANT DR 30MG DEXILANT DR 60MG DIFFERIN CREAM 0.1% DIFFERIN GEL 0.3% DIOVAN (G) 160MG DIOVAN (G) 320MG DIPENTUM 250MG DIPROLENE OINT 0.05% DIVIGEL 0.25MG DIVIGEL 0.5MG DIVIGEL 1MG DUAVEE 0.45-20MG DULERA 100MCG/5MCG DULERA 200MCG/5MCG DYMISTA 137/50MCG EDARBI 40MG EDARBI 80MG EDARBYCLOR 40MG/12.5MG EDARBYCLOR 40MG/25MG EDECRIN 25MG EDURANT 25MG ELIDEL 1% ELIQUIS 2.5MG ELIQUIS 5MG ELMIRON 100MG ENABELX 7.5MG ENABELX 15MG ENTOCORT 3MG ENTRESTO 24MG-26MG ENTRESTO 49MG-51MG ENTRESTO 97MG-103MG EPIDUO FORTE 0.3%/2.5% EPIDUO GEL PUMP 0.1%/2.5% EPIPEN 0.3MG EPIPEN JR 0.15MG EPIVIR / HBV 100MG ESTROGEL 0.06% EUCRISA 2% EVISTA 60MG EXELON 4.6MG/24HR EXELON 9.5MG/24HR EXELON 13.3MG/24HR EXFORGE HCT 160/12.5/5MG EXFORGE HCT 160/12.5/10MG EXFORGE HCT 160/25/5MG EXFORGE HCT 160/25/10MG EXFORGE HCT 320/25/10MG FARESTON 60MG FARXIGA 5MG FARXIGA 10MG FELDENE 10MG FELDENE 20MG FETZIMA 20MG FETZIMA 40MG FETZIMA 80MG FETZIMA 120MG FINACEA GEL 15% FLAREX 0.1% FLOVENT 44MCG 50MCG FLOVENT 110MCG 125MCG FLOVENT 220MCG 250MCG FLOVENT DISKUS 100MCG FLOVENT DISKUS 250MCG FOSAMAX PLUS D 70MG-2800IU FOSAMAX PLUS D 70MG-5600IU FOSRENOL CHEW 500MG FOSRENOL CHEW 750MG FOSRENOL CHEW 1000MG FOSRENOL POWDER 750MG FOSRENOL POWDER 1000MG FROVA 2.5MG GENVOYA 150-150-200-10MG GILENYA 0.5MG GLUCAGEN HYPOKIT 1MG GLUMETZA ER 1000MG GLYXAMBI 10MG/5MG GLYXAMBI 25MG/5MG ILEVRO 0.3% IMITREX NASAL SPRAY 5MG IMITREX NASAL SPRAY 20MG IMITREX STATDOSE 6MG/0.5ML INCRUSE ELLIPTA 62.5MCG</p>	<p>INDERAL LA 60MG INDERAL LA 80MG INDERAL LA 120MG INDERAL LA 160MG INVEGA 3MG INVEGA 6MG INVEGA 9MG INVOKAMET 50MG-500MG INVOKAMET 50MG-1000MG INVOKAMET 150MG-500MG INVOKAMET 150MG-1000MG INVOKANA 100MG INVOKANA 300MG IRESSA 250MG ISOPTO CARPINE 1% ISOPTO CARPINE 2% ISOPTO CARPINE 4% JAKAFI 5MG JAKAFI 10MG JAKAFI 15MG JAKAFI 20MG JALYN 0.5MG/0.4MG JANUMET 50/500MG JANUMET 50/1000MG JANUMET XR 50MG/500MG JANUMET XR 100MG/1000MG JANUVIA 25MG JANUVIA 50MG JANUVIA 100MG JARDIANCE 10MG JARDIANCE 25MG JENTADUETO 2.5MG-500MG JENTADUETO 2.5MG-850MG JENTADUETO 2.5MG-1000MG JUBLIA 10% JULUCA 50MG-25MG KAZANO 12.5/500MG KAZANO 12.5/1000MG KEPPRA (G) 250MG KEPPRA (G) 500MG KEPPRA (G) 750MG KEPPRA (G) 1000MG KOMBIGLYZE XR 2.5MG/1000MG KOMBIGLYZE XR 5MG/500MG KOMBIGLYZE XR 5MG/1000MG LATUDA 20MG LATUDA 40MG LATUDA 60MG LATUDA 80MG LATUDA 120MG LESOL XL 80MG LEXIVA 700MG LIALDA 1.2MG LINZESS 72MCG LINZESS 145MCG LINZESS 290MCG LOTEMAX GEL 0.5% LOTEMAX OINT 0.5% LOTEMAX SUSP 0.5% LOVENOX 40MG LOVENOX 60MG LOVENOX 80MG LOVENOX 100MG LUMIGAN 0.01% MESNEX 400MG MESTINON TS 180MG METRO CREAM 0.75% METROGEL PUMP 1% MICARDIS HCT 40/12.5MG MICARDIS HCT 80/12.5MG MICARDIS HCT 80/25MG MIGRANAL 4MG/ML MIRAPEX ER 0.375MG MIRAPEX ER 0.75MG MIRAPEX ER 1.5MG MIRAPEX ER 2.25MG MIRAPEX ER 3MG MIRAPEX ER 3.75MG MIRAPEX ER 4.5MG MIRVASO 0.33% MOTEGRITY 1MG MOTEGRITY 2MG MULTAQ 400MG MYRBETRIQ 25MG MYRBETRIQ 50MG NAMENDA (G) 10MG NASONEX 50MCG NATAZIA 3/2-2/2-3/1MG NESINA 6.25MG NESINA 12.5MG NESINA 25MG NEUPRO 1MG NEUPRO 2MG NEUPRO 3MG</p>	<p>NEUPRO 4MG NEUPRO 6MG NEUPRO 8MG NEXIUM (G) 20MG NEXIUM (G) 40MG NEXIUM DR (G) 10MG NEXLETOL 180MG NEXLIZET 180MG-10MG NORITATE CREAM 1% OMNARIS 50MCG ONGLYZA 2.5MG ONGLYZA 5MG ORILISSA 150MG ORILISSA 200MG OSPHENA 60MG OTEZLA 30MG PENTASA 500MG PRADAXA 75MG PRADAXA 150MG PRED FORTE 1% PREMARIN 0.3MG PREMARIN 0.625MG PREMARIN 1.25MG PREMARIN CREAM 0.625MG/GM PREMPRO 0.3MG/1.5MG PRESTALIA 3.5MG/2.5MG PRESTALIA 7MG/5MG PRESTALIA 14MG/10MG PREVACID SOLUTAB 15MG PREVACID SOLUTAB 30MG PREZISTA 800MG PRISTIQ 50MG PRISTIQ 100MG PROMETRIUM 100MG PROTOPIC OINT 0.03% PROTOPIC OINT 0.1% QTERN 10-5MG QVAR REDHALER 40MCG QVAR REDHALER 80MCG RAPAFLO 4MG RAPAFLO 8MG RAPAMUNE 0.5MG RAPAMUNE 1MG RAPAMUNE 2MG RELPAK 20MG RELPAK 40MG RENAGEL 800MG RENVELA 800MG RESTASIS MULTIDOSE 0.05% RESTASIS VIALS 0.05% RETIN A GEL (G) 0.025% RETIN A MICRO GEL PUMP 0.04% RETIN-A MICRO GEL PUMP 0.1% REXULTI 0.25MG REXULTI 0.5MG REXULTI 1MG REXULTI 2MG REXULTI 3MG REXULTI 4MG RYBELSUS 3MG RYBELSUS 7MG RYBELSUS 14MG SAPHRIS 5MG SAPHRIS 10MG SEASONIQUE 0.15/0.03/0.01MG SEGLUROMET 2.5MG-500MG SEGLUROMET 2.5MG-1000MG SEGLUROMET 7.5MG-500MG SEGLUROMET 7.5MG-1000MG SENSIPAR 30MG SENSIPAR 60MG SEREVENT DISKUS 50MCG SEROQUEL XR (G) 50MG SEROQUEL XR (G) 150MG SEROQUEL XR (G) 200MG SEROQUEL XR (G) 300MG SEROQUEL XR (G) 400MG SIMBRINZA 1%/0.2% SOOLANTRA 1% SPIRIVA 18MCG SPIRIVA RESPIMAT 2.5MCG STEGLATRO 5MG STEGLATRO 15MG STEGLUJAN 5MG-100MG STEGLUJAN 15MG-100MG STIOLTO RESPIMAT 2.5/2.5MCG STRATTERA 10MG STRATTERA 18MG STRATTERA 25MG STRATTERA 40MG STRATTERA 60MG STRATTERA 80MG STRATTERA 100MG</p>	<p>SYNAREL NASAL SYNJARDY 5MG/500MG SYNJARDY 5MG/1000MG SYNJARDY 12.5MG/500MG SYNJARDY 12.5MG/1000MG TARKA 2/180MG TARKA 2/240MG TASMAR 100MG TAZORAC CREAM 0.05% TAZORAC CREAM 0.1% TAZORAC GEL 0.05% TAZORAC GEL 0.1% TECFIDERA 120MG TECFIDERA 240MG TEKTURNA 150MG TEKTURNA 300MG TIVICAY 50MG TOBREX OINT 0.3% TOVIAZ 4MG TOVIAZ 8MG TRADJENTA 5MG TRAVATAN Z 0.004% TRELEGY ELLIPTA 100-62.5-25MCG TRIBENZOR 20/5/12.5MG TRIBENZOR 40/5/12.5MG TRIBENZOR 40/5/25MG TRIBENZOR 40/10/12.5MG TRIBENZOR 40/10/25MG TRINTELLIX 5MG TRINTELLIX 10MG TRINTELLIX 20MG TRIUQUE 600-50-300MG TUDORZA PRESSAIR 400MCG TWINSTA 40/5MG TWINSTA 40/10MG TWINSTA 80/5MG TWINSTA 80/10MG UCERIS 9MG ULORIC 80MG UROCIK-K 10MEQ URSO 250MG VAGIFEM 10MCG VECTICAL 3MCG/GM VELPHORO 500MG VENTOLIN HFA 90MCG VESICARE 5MG VESICARE 10MG VIBRYD 10MG VIBRYD 20MG VIBRYD 40MG VIMOVO 375/20MG VIMOVO 500/20MG VIREAD (G) 300MG VIVELLE-DOT 25MCG VIVELLE-DOT 37.5MCG VIVELLE-DOT 50MCG VIVELLE-DOT 75MCG VIVELLE-DOT 100MCG VRAYLAR 1.5MG VRAYLAR 3MG VRAYLAR 4.5MG VRAYLAR 6MG VYTORIN 10/10MG VYTORIN 10/20MG VYTORIN 10/40MG VYTORIN 10/80MG WELCHOL 625MG WELCHOL PACKET 3.75G WELLBUTRIN XL (G) 150MG WELLBUTRIN XL (G) 300MG XADAGO 50MG XADAGO 100MG XARELTO 2.5MG XARELTO 10MG XARELTO 15MG XARELTO 20MG XELJANZ 5MG XELJANZ 10MG XELJANZ XR 11MG XENICAL 120MG XIGDUO XR 5/1000MG XIGDUO XR 10/500MG XIGDUO XR 10/1000MG XIDRA 5% YASMIN 28 YAZ 3/0.02MG ZELAPAR 1.25MG ZETIA (G) 10MG ZIANA 1.2%-0.025% ZOMIG NASAL SPRAY 5MG ZOMIG ZMT 2.5MG ZOVRAX CREAM 5% ZYCLARA PACKET 3.75% ZYCLARA PUMP 3.75%</p>
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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.

September 2021

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	\$2,000 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



The County of Ulster

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**

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 employee's 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, \$2,750

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.

\$550 Rollover Rule: The Health Care FSAs to allow up to \$550 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

(From PARTICIPANT LOG IN, Select ALERAPAY from the dropdown menu)

Your FSA Reimbursement Management Website

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

Login to your Account

OR

As a New Plan Member 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

FSA Eligible Expenses for Health Care Reimbursement

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

Eligible Items for Reimbursement

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

Eligible Over-the-Counter Health Care Items

(*reimbursed with receipts*):

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

For a complete up-to-date list of FSA Eligible Products & Services, reference the [FSASore.com](https://fsastore.com), under Tools, the [Eligibility List](#).

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

What is Not Eligible for Health Care FSAs?

Any allowable exclusion <i>defined by the Internal Revenue Code § 213 and Publication 502</i>	Funeral expenses
Appearance improvements (<i>e.g. cosmetic procedures, teeth whitening, veneers, tanning, hair removal, hair products, hair transplant, ear piercing</i>)	Household help
Babysitting/childcare/nursing services for a healthy baby, car seats, maternity clothes, diaper service	Illegal operations & treatments
Controlled or illegal substances <i>in violation of U.S. federal law</i>	Insurance premium/costs for car/life/income protection/ accident insurance or Medicare Part A
Duplicate reimbursement (<i>e.g. already reimbursed or available under another plan</i>)	Personal use items (e.g. toothpaste)
	Recreation equipment or lessons (e.g. bicycle, canoe, dance/swim/martial art lessons)
	Taxes, penalties or fines (e.g. Social Security tax or Self Employment tax)
	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)	Before and after school care	Summer day camp for qualifying children under age 13	Care for a disabled spouse and/ or an IRA tax dependent disabled relative or household member
Babysitter (in or out of the home)	Pre-school/Nursery School Expenses	Elder care for qualifying individuals	
	Extended day programs		

ALERAPAY | 800-622-6233 | AleraEdgePay@AleraGroup.com

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



It's that time of the 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 YOU (the policy holder) **\$\$\$\$** to help with expenses while you focus on recovery!

Co-pays, deductible, coinsurance, rent, car payment, phone bill, etc...its **cash!!**

AFLAC PROGRAMS:

Disability: provides a 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 broken bones)

Cancer: provides a cash benefit upon diagnosis, weekly treatment benefits, transportation and much more

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

Lump Sum Critical Illness: provides a cash benefit in the event of heart attack, stroke, end stage renal failure & major organ transplant.

BEST FEATURE: Aflac programs only cost \$5-\$10 / week for an individual (1 & 2 parent rates available. Can you afford not to?

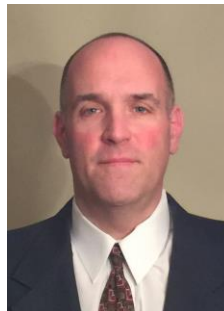
Contact Our Agent: Dan Barry

for more information, enroll off-site, claims, etc.
C-845-532-2053 | daniel_barry@us.aflac.com

Pearl Insurances / CSEA

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

Sean Lynch

*Serving Columbia, Delaware, Dutchess, Greene, Schoharie,
Sullivan & Ulster Counties*

518.860.0612 | Call or Text!

sean.lynch@pearlinsurance.com

Like & Follow Us on Facebook!

[@cseainsurance.com](https://www.facebook.com/cseainsurance.com)



PEARL INSURANCE®



NYS Deferred Compensation Plan



Are taxes stunting your growth?

Did you know that by contributing to New York State Deferred Compensation Plan you can put off paying taxes on your contributions and any earnings.

The plan is tax-deferred. That means that you pay less current federal and New York State income taxes today and have the opportunity for your money to grow tax deferred. You don't pay taxes until you decide to make withdrawals, which are taxed as ordinary income.

Investing involves market risk, including possible loss of principal.

Be tax smart.

Sign-up for the Plan today.

Ask questions, review your account or join

Ulster County Employees

New York State Deferred Compensation Plan

Please contact Gene for more information about your benefit.

For general info please visit www.nysdcp.com



For more information contact **Gene Nescot** at his voicemail
(614)854-4364

or send Gene an email to gene.nescot@nationwide.com.



NY-529 Program

Flexible Use of Savings

- Save for a child, grandchild, friend—or even yourself!
- Use of any eligible 2 or 4-year college or university, vocational or technical school or graduate school in the US or abroad.
- When used for higher education expenses at eligible educational institutions, money can be used to 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
- Pay no federal taxes on qualified withdrawals.*(Note: federal qualified expenses are different than NY state qualified expenses. Please consult the program Description for more information)
- Contribute up to \$75,000 in a single year (\$150,000, if married filing jointly) for each beneficiary for 5-years.**

More Tax Benefits NY Taxpayers

- Pay no state taxes on qualified withdrawals*(Note: federal qualified expenses are different than NYS qualified expenses. Please consult the program Description for more information)
- 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.***

Low Costs

- NY's 529 Direct Plan has some of the lowest costs available for 529 plans. You pay only \$1.20 in fees per year for every \$1,000 you invest in the plan (0.12% total annual asset-based fee).
- No advisor fees, commissions or account maintenance fees that other plans may charge.

Contact the Finance Department—Payroll Unit @ x3557 for more information on how to begin saving TODAY.

Easy Setup

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

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

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

EMERGENCYONE

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.

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 UCSA 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.

Retirement Planning

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, after a certain number of years as per collective bargaining agreement, are eligible to receive retiree health insurance as per the collective bargaining agreement.
- 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!

Need Help?

Benefits: www.aleraedge.com / AleraGray
Customer Service at Alera Edge
support@aleraedge.com
1-800-836-0026, x7400 | 8am-4:30pm



Medical Benefits | EmpireBlue
Member Service:
See your ID Card for a phone number
OR **1-800-331-1476** | 8:00am-5pm



Dental Benefits | MetLife
Customer Service: 1-800-942-0854
Group #: 217284



Vision Benefits | Davis Vision
Customer Service: 1-877-923-2847
Group #: 2769



FSA | AleraPay
Customer Service:
AleraEdgePay@AleraGroup.com
1-800-836-0026, x7200
See also: AleraPay App



Disability Accident, Cancer, Hospital
Customer Service: 1-800-366-3436
Reference your Policy #



Pearl Insurances
Customer Service & Claims
www.cseainsurance.com/FAQs
518-860-0612, Sean Lynch



Employee Assistance Program (EAP)
XXX-338-5600 for appointments
www.eonekingston.com

Savings Programs

Treasury Direct and NY-529:
Finance Department-Payroll Unit x 3557
CSEA/UCEA Sick Bank:
Jim Farina, 845-340-3536

Retirement Planning

NYS Deferred Compensation Plan:
(800)422-8463

Retirement: www.osc.state.ny.us/retire
<https://nysosc9.osc.state.ny.us/product/benproj.nsf/BenProgFlashPage>

Holiday Schedule—Ulster County-2022

NEW YEAR'S HOLIDAY 2021	FRIDAY, DECEMBER 31
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 17
LINCOLN'S BIRTHDAY **	FRIDAY, FEBRUARY 11
PRESIDENT'S DAY	MONDAY, FEBRUARY 21
GOOD FRIDAY **	FRIDAY, APRIL 15
MEMORIAL DAY	MONDAY, MAY 30
JUNETEENTH	MONDAY, JUNE 20
INDEPENDENCE DAY	MONDAY, JULY 4
LABOR DAY	MONDAY, SEPTEMBER 5
COLUMBUS DAY	MONDAY, OCTOBER 10
ELECTION DAY **	TUESDAY, NOVEMBER 8
VETERAN'S DAY	FRIDAY, NOVEMBER 11
THANKSGIVING DAY	THURSDAY, NOVEMBER 24
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 25
CHRISTMAS HOLIDAY	MONDAY, DECEMBER 26
NEW YEAR'S HOLIDAY 2022	MONDAY, JANUARY 2, 2023

*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.

Quick Formulary
Reference Guide

View your plan's drug list from anywhere.

The prescription drug benefit is one of the most important and commonly used elements of health plan coverage. To find drugs that are covered by your plan, we offer an easy to use formulary drug lookup tool. The drugs in our formulary have been approved by the Food and Drug Administration (FDA) as safe and effective. They were also selected by our team of expert health care professionals so you can focus on living a healthier, more vibrant life!

What is a formulary?

A formulary is a list of brand names and generic drugs covered by your prescription drug benefit.

Can the formulary change?

We regularly review the drugs on our formulary to ensure they are safe, effective, and low-cost. The list is subject to change, and drugs may be added or removed.

Are there any restrictions?

Some covered drugs may have additional requirements or limits. If a drug has requirements or limits, it will be noted in the formulary.

Access your formulary in 4 easy steps

Step 1:

Visit magellanrx.com
and click on Portal
Access: **Member** in the
top right corner.

Step 2:

Scroll down to the **Prescription benefits portal** section and click **Log in.**

Step 3:

Click **Tools & Resources** and select **Formulary and Clinical Documents**.

Step 4:

Find your formulary and
select **Drug Look Up**.
You are using the
Precision Formulary.

Click here or scan the QR code to pull it up instantly!



Questions?

At Magellan Rx, our goal is help you live a healthy, vibrant life. If you have questions, call us at **800.424.3312**. We are here 24 hours a day, 7 days a week.

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

1Q2022 Precision Plus+ Formulary Exclusion List

Therapeutic Category	Excluded Medications		Preferred Alternatives
ALLERGIC REACTIONS			
Anaphylaxis Treatment	Auvi-Q (0.15mg, 0.3mg)		epinephrine injection (0.15mg, 0.3mg)
ANALGESICS			
Non-Steroidal Anti-Inflammatory Agents	Oral	Cambia, Diclofenac Cap 35mg, Zipsor, Zorvolex	celecoxib, diflunisal, etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
		Qmiiiz ODT	meloxicam
		Relafen, Relafen DS	nabumetone
	Other	Ketorolac Nasal Spray, Sprix Nasal Spray	diclofenac, ibuprofen, meloxicam
	Topical	Flector, Licart, Pennsaid, Voltaren gel	diclofenac
Opioid Analgesics	Combinations	Apadaz, benzhydrocodone/acetaminophen	hydrocodone/acetaminophen, oxycodone/acetaminophen
	Oral Long-Acting	Kadian ER, Nucynta ER, Zohydro ER, Arymo ER, Hysingla ER, Oxycontin, Embeda, Exalgo ER, MS Contin, oxycodone ER, oxycodone powder	hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Xtampza ER
		Conzip, Tramadol ER 100mg, 200mg, 300mg cap	tramadol ER tablets
	Oral Short-Acting	Nucynta	codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl
		Qdolo	tramadol

** This list is not inclusive of all formulary strategies. Please check the formulary listing for specific drug coverage. All therapeutic classes do not allow grandfathering, unless specifically mentioned.

¹Grandfathering allowed; no duration limit. All other therapeutic classes do not allow Grandfathering, no exceptions.

²All medications require a Prior Authorization. Use of a non-preferred medication requires clinical failure or intolerance of one or more preferred medications prior to beginning therapy.

³Grandfathering varies depending on which formulary the plan is enrolled in. The number and type of preferred alternative(s) will depend on the indication.

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
ANALGESICS		
Opioid Analgesics - Transmucosal Fentanyl Analgesics	Fentora, fentanyl citrate buccal tab, Lazanda, Subsys	fentanyl citrate lozenge
Skeletal Muscle Relaxants	Norgesic Forte, Orphenesic Forte	orphenadrine tab, aspirin
	Ozobax	baclofen
ANTIBACTERIALS		
Oral Antibiotics	Doryx, Doxycycline Hyclate DR 80mg, Minolira	doxycycline, minocycline
Vaginal Anti-infectives	Cleocin vaginal suppositories and cream, Nuversa gel	clindamycin vaginal cream, metronidazole vaginal gel
ANTICONVULSANTS		
Seizure Disorders	Lamictal ODT Kit	lamotrigine ODT
	Oxtellar XR	oxcarbazepine IR
ANTIDEPRESSANTS		
Antidepressants	bupropion 450mg XL, Forfivo XL	bupropion XL
ANTIMIGRAINES		
CGRP Antagonists	Ajovy	amitriptyline, atenolol, divalproex sodium, nadolol, propranolol, timolol, topiramate, venlafaxine, Aimovig, Emgality
	Reyvow	Nurtec ODT, Ubrelvy
Serotonin Receptor Agonists	Onzetra Xsail, Tosymra, Zembrace Symtouch	rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT
ANTIPSYCHOTICS		
Atypical/Second Generation Antipsychotics	Secuado	aripiprazole, asenapine, olanzapine, quetiapine, quetiapine ER, paliperidone ER, risperidone, ziprasidone
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Attention Deficit Disorder	Adhansia XR	dexmethylphenidate ER, methylphenidate ER, Vyvanse
CARDIOVASCULAR		
Cholesterol-Lowering Agents	Livalo, Zypitamag	atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Hypertension	Conjupri, Katerzia	amlodipine
	Inderal XL, Inderal LA, Innopran XL	propranolol ER
	Kaspargo	metoprolol ER
Hypertension with Osteoarthritis	Consensi	amlodipine, celecoxib
CONTRACEPTIVES		
Gel	Phexxi	Please talk to your doctor about clinically appropriate options. Alternative hormonal or non-hormonal contraceptives
Oral	Lo Loestrin	junel FE, larin FE, microgestin FE, tarina FE
	Slynd	Camila, Incassia, Nora-be, Norethindrone, Norlyda, Norlyroc
Patch	Twirla	levonorgestrel/ethinyl estradiol combined generic oral contraceptive, Xulane

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
CORTICOSTEROIDS		
Oral Steroids	Alkindi Sprinkle	hydrocortisone
	Hemady	dexamethasone
	Rayos	prednisone
DERMATOLOGICAL AGENTS		
Topical Acne Treatment	Avita, Differin	adapalene, tretinoin cream/gel, Retin-A micro gel 0.06% and 0.08%
	Aklief, Clindagel, clindamycin phosphate 1% gel, dapsone 7.5%, Veltin	adapalene, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, dapsone, erythromycin/benzoyl peroxide, tretinoin cream, Aczone 7.5%, Amzeeq, Epiduo Forte, Onexton
	Arazlo, Fabior, Tazorac cream 0.1% and 0.05%, gel 0.1%, 0.05%, tazarotene foam 1%	tazarotene cream
	Winlevi	adapalene, clindamycin, dapsone, tazarotene cream, tretinoin cream
Topical Anesthetics	ZTIido	lidocaine patch
Topical Antifungals	Jublia	ciclopirox, tavaborole, terbinafine, Kerydin
Topical Antiinfectives	Noritate cream, Metrogel	azelaic acid gel, metronidazole cream/gel/lotion, Finacea foam, Soolantra
Topical Corticosteroids	ALA Scalp lotion	hydrocortisone
	Apexicon E cream	fluocinonide, betamethasone
	Capex shampoo	flucinolone acetanide scalp oil, Derma-Smoother/FS
	Cordran tape	flurandrenolide
	Halobetasol foam, Lexette	betamethasone, clobetasol, halobetasol cream/ointment
	Halog	betamethasone, mometasone, triamcinolone
	Impeklo lotion	augmented betamethasone dipropionate, clobetasol
	Impoyz cream	clobetasol
	Pandel cream	flurandrenolide, hydrocortisone valerate, triamcinolone acetanide
	Psorcon cream, Verdeso foam	betamethasone, fluocinolone
	Trianex Ointment 0.05%	hydrocortisone valerate, triamcinolone acetanide
	Ultravate lotion	clobetasol propionate, fluocinonide, halobetasol propionate
Topical Immune Response Modifier	Imiquimod cream pump 3.75%, Zyclara	imiquimod
Topical Plaque Psoriasis	calcipotriene foam 0.005%, Sorilux	calcipotriene
	Duobrii lotion	clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar
	Wynzora	calcipotriene, calcipotriene/betamethasone, Enstilar, Taclonex suspension

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
DIABETES		
Blood Glucose Meters, Test Strips and Control Solutions	Examples: Abbott (FreeStyle, Precision), Arkray(Glucocard), Lifescan (Onetouch), Trividia, (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Ascencia (Contour, Contour Next)
Continuous Glucose Monitoring (CGM)	Freestyle Libre	Dexcom
Blood Sugar Regulators	metformin HCl 24hr ER osmotic release, metformin HCl 24hr ER modified release	metformin ER
Miscellaneous		
Dipeptidyl Peptidase-4 (DPP4) Inhibitors & Combinations	alogliptin, alogliptin with metformin, alogliptin with pioglitazone, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Basal insulins	Basaglar, Levemir, Semglee, Semglee (YFGN), Tresiba, insulin glargine-YFGN	Lantus, Toujeo
Glucagon-Like Peptide- 1 (GLP1) Agonists	Adlyxin	Bydureon, Bydureon BCise, Byetta, Ozempic, Rybelsus, Trulicity, Victoza
Insulins	Novolin, Novolin Relion	Humulin
Rapid-acting Insulins	Admelog, Apidra, Fiasp, Insulin Aspart, Insulin Lispro, Novolog, Novolog Relion	Humalog, Lyumjev
Sodium-glucose Co-transporter (SGLT2) Inhibitors	Invokana, Steglatro, Invokamet, Invokamet XR, Segluromet, Qtern, Steglujan	Farxiga, Jardiance, Synjardy, Synjardy XR, Xigduo XR, Glyxambi, Trijardy XR
ENDOCRINE (OTHER)		
Testosterone Replacement	Aveed, Jatenzo, Natesto, Testopel	testosterone, Androderm, Xyosted
GASTROINTESTINAL		
Anti-Diarrheal Agents	Motofen	diphen oxylate/atropine, loperamide
Antiemetics	Sancuso patch	granisetron solution/tablet, ondansetron ODT
Anti-Inflammatory Anti-Ulcer Agents	Duexis	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
Irritable Bowel Syndrome with Constipation/ Chronic Idiopathic Constipation (IBS-C/CIC)	Amitiza, lubiprostone, Trulance	Linzess
Opioid-Induced Constipation (OIC)	Amitiza, lubiprostone, Movantik, Relistor	Symproic
Inflammatory Bowel Disease	Dipentum	balsalazide, mesalamine DR cap 400mg, Apriso
	Ortikos	budesonide ER
Laxatives	Osmoprep, Plenvu	Gavilyte, PEG 3350, Clenpiq, Suprep
Pancreatic Enzymes	Pancreaze, Pertzye, Viokace	Creon, Zenpep
Proton Pump Inhibitors	omeprazole with sodium bicarbonate (cap, powder pak), rabeprazole sprinkle cap	esomeprazole magnesium delayed release, lansoprazole, omeprazole, pantoprazole, Aciphex Sprinkle caps, Dexilant
IMMUNOMODULATORS		
Autoimmune Agents ³	Cosentyx, Olumiant, Ilumya, Remicade, Renflexis	Cimzia, Humira, Inflectra, Actemra, Orenicia, Otezla, Avsola, Rinvoq ER, Simponi, Simponi Aria, Skyrizi, Stelara, Taltz, Tremfya, Xeljanz/XR

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
OPHTHALMIC		
Antiglaucoma Drugs	Vyzulta, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan
	Timoptic	timolol ophthalmic solution
Antihistamines	Lastacaft, Zerviate, Pazeo	azelastine ophthalmic solution, bepotastine ophthalmic solution, olopatadine ophthalmic solution
Dry Eye Disease	Cequa	Restasis, Xiidra
Non-steroidal Anti-Inflammatory Agents	Bromsite, Ilevro, Nevanac	bromfenac ophthalmic solution, diclofenac ophthalmic solution, flurbiprofen sodium ophthalmic solution, ketorolac tromethamine ophthalmic solution, Prolensa
OTHER		
Antigout Agents	colchicine capsule, Colcrys, Gloperba, Mitigare	colchicine tablet
Antihistamines and Combinations	Clarinex-D	desloratadine, pseudoephedrine
Bile Acid Therapy	Reltone, ursodiol 200 mg, 400 mg capsules	ursodiol
Multivitamins	Examples: Folic-K, Genicin Vita-S, Hylavite, Loric, Tronvite, Xvite	Any preferred multivitamin
Neurogenic Detrusor Overactivity (NDO)	Vesicare	oxybutynin
Obesity	Contrave	phentermine, Qsymia, Saxenda
Opioid Reversal Agents	Lifems Naloxone	naloxone, Narcan
Platelet-Modifying Agent	aspirin/omeprazole, Yosprala	aspirin, omeprazole
Prenatal Vitamins	Examples: Azesco, Pregenna, Prenate, Trinaz, Vitafole FE, Vitathely, Zalvit	Any preferred prenatal vitamin
Thyroid Agents	Levothyroxine caps, Thyquidity, Tirosint caps, solution	levothyroxine
RESPIRATORY		
Allergy: Nasal Steroids	Xhance	mometasone furoate
COPD: Inhaled Anticholinergics	Incruse Ellipta, Tudorza, Seebri	Spiriva
COPD: Long-Acting Beta Agonist/Long-Acting Muscarinic Agonist Combination Inhalers	Bevespi, Duaklir, Utibron	Anoro Ellipta, Stiolto Respimat
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Armonair Digihaler, Asmanex, Asmanex HFA, QVAR Redihaler	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory, Long-Acting Beta Agonist Combination Inhalers	AirDuo Respiclick, Airduo Digihaler, Dulera, budesonide/formoterol	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort, fluticasone/salmeterol, Wixela Inhub
Short-Acting Beta-2 Adrenergic Inhalers	albuterol HFA (brand alternative for Ventolin HFA made by Prasco), levalbuterol Inhaler, Proair Digihaler, Proair HFA, Proair Respiclick, Proventil HFA, Ventolin HFA, Xopenex HFA	Any generic albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)
UROLOGICAL		
Erectile Dysfunction Oral Agents	Stendra	sildenafil
Interstitial Cystitis	Elmiron	amitriptyline, hydroxyzine
Overactive Bladder (OAB)	Gemtesa	darifenacin ER, oxybutynin ER/IR, solifenacin, tolterodine ER/IR, trospium ER/IR, Myrbetriq

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Required Prior Authorization²:

Therapeutic Class	Non-Preferred Medications	Preferred Medications
Erythropoiesis-Stimulating Agents	All other products non-preferred with prior authorization	Aranesp, Retacrit
Growth Hormones	All other products non-preferred with prior authorization	Norditropin
Hepatitis C ¹	All other products non-preferred with prior authorization	Epclusa, Harvoni, Sovaldi, Mavyret, Vosevi, ledipasvir/sofosbuvir, sofosbuvir/ velpatasvir
Multiple Sclerosis	All other products non-preferred with prior authorization	Avonex, Betaseron, Copaxone, dimethyl fumarate, Gilenya, glatiramer, Kesimpta, Mayzent, Plegridy, Vumerity

Excluded medications with generic alternatives

The medications listed below are excluded on the formulary.

These medications have been identified as having available generic alternatives covered on the formulary.

Abilify	Cloderm	Kenalog spray	Ortho Novum	Targadox
Absorica	Colestid	Kenalog-40 Injection	Otrexup	Tegretol
Abstral	Concerta	Keppra	Pataday	Tegretol-XR
Acanya	Coreg	Keppra XR	Patanol	Tenormin
Aciphex tablet	Coreg CR	Klonopin	Paxil tab	Testim gel
Acticlate	Cortef	K-tab	Paxil CR	Tobradex suspension
Acczone 5%	Cosopt solution	Lamictal chewable	Percocet	Topamax
Adderall	Cosopt PF solution	Lamictal starter kit	Plaquenil	Topamax sprinkle cap
Adderall XR	Cozaar	Lamictal ODT	Plavix	Topicort spray
Adipex-P	Crestor	Lamictal tab	Pravachol	Toprol XL
Alphagan P 0.15%	Cymbalta	Lamictal XR	Pred Forte	Travatan-Z
Altace	Cytomel	Lasix	Prevacid	Treximet
Ambien	Delestrogen	Latisse	Prinivil	Tribenzor
Ambien CR	Delzicol	Lescol XL	Pristiq	Tricor
Amrix	Depakote	Levitra	Prometrium	Trileptal
Androgel	Depakote ER	Lexapro	Propecia	Tylenol-Codeine No. 3
Arimidex	Depakote sprinkle cap	Lialda	Protonix tab	Tylenol-Codeine No. 4
Arthrotec	Depo-testosterone	Lidoderm	Provigil	Uceris tab
Asacol HD	Desonate gel	Lipitor	Prozac	Ultracet
Atacand	Dilantin cap 100mg	Loestrin 21	Pulmicort Respule	Ultram
Ativan	Dilantin chewable	Loestrin FE	Qudexy XR	Vagifem
Avapro	Dilantin suspension	Lotemax suspension	Questran	Valium
Avodart	Dilaudid	Lotrel	Questran Light	Valtrex
Axiron	Diovan	Lovaza	Ranexa	Vanadom
Azeschew Chew	Diovan HCT	Lunesta	Reditrex	Vectical
Azopt	Duac	Lyrica	Relpax	Viagra
Azor	Duragesic	Lyrica CR	Renagel	Vigamox
Benicar	Dyazide	Maxalt	Restoril	Vimovo
Benicar HCT	Effexor XR	Maxalt-MLT	Retin-A	Vivelle-Dot
Benzaclin	Elepsia XR	Mesalamine DR 800 mg	Retin-A micro gel 0.04%, 0.1%	Vogelxo
Benzamycin	Elidel	Micardis	Risperdal soln, tablet	Vytorin
Bepreve	Epiduo gel	Micardis HCT	Ritalin	Welchol
Beyaz	EpiPen Jr 0.15mg	Minestrin	Ritalin LA	Wellbutrin SR
Brisdelle	Estrace	Mobic	Roszet	Wellbutrin XL
Butrans	Evekeo	Moviprep	Roxicodone	Xalatan
Bystolic	Evekeo ODT	Nalfon	Safyral	Xanax
Canasa	Evzio	Naloxone auto-injector	Saphris	Xanax XR
Carafate	Exforge	Nasonex	Seasonique	Yasmin 28
Carbatrol	Exforge HCT	Natroba	Seroquel	Yaz
Cardizem LA 180, 240, 300, 360, 420mg	Fioricet	Neevodha	Seroquel XR	Zanaflex
Carnitor soln,tablet	Fioricet w/ codeine	Neurontin	Silvadene	Zegerid
Carnitor SF	Flomax	Nexium capsule	Singulair	Zestril
Catapres-TTS patch	Focalin	Niaspan ER	Skelaxin	Zetia
Celebrex	Focalin XR	Nitrostat	Solodyn	Ziana
Celexa	Fortamet	Noctiva	Soma	Zocor
Cialis	Fortesta	Norco	Staxyn	Zoloft
Ciprodex	Generess FE	Norvasc	Strattera	Zomig tab
Clarinox 5mg tab	Glumetza	Nulytely	Suboxone	Zomig ZMT
Climara patch	Golytely solution	Nuvigil	Synthroid	Zonegran
Clobex	Hyzaar	Onfi	Taclonex ointment	Zovirax
	Imitrex	Oracea	Tamiflu	Zyprexa
	Intuniv			

Addendum-MagellanRx Step Therapy Program

Precision Plus+ Formulary

Physician Guidelines

Failure of previous steps in the Step Therapy Program:

- For most therapies, Magellan Rx Management will review the most recent claim history available. Historical review timeframe may change based on therapy class or client request. (OR)
- Access the appropriate Magellan Rx Management Prior Authorization (PA) form online to begin the Step Therapy process: <https://magellanrx.com/provider/>.

Note: Step Therapy Guidelines may be updated on an ongoing basis due to changes in the pharmacy industry. Failure to accurately complete the PA form or submit required documentation may result in a delay in the member's therapy.

ANALGESICS AND ANTIPIRETTICS ANTI-INFECTIVES	Target Drug(s) GRALISE TAB24HDSKP, GRALISE TAB ER 24H	Step Requirement Must try gabapentin
	Target Drug(s) CETRAXAL DROPERETTE, CIPRO HC DROPS SUSP, OTOVEL VIAL	Step Requirement Must try ciprofloxacin-dexamethasone otic suspension (generic Ciprodex)
	EURAX CREAM (G), EURAX LOTION, NATROBA SUSPENSION, OVIDE LOTION, SKLICE LOTION, ULESFIA LOTION	Must try permethrin
ANTI-INFLAMMATORY AGENTS	Target Drug(s) ZILEUTON ER TBMP 12HR, ZYFLO TABLET	Step Requirement Must try montelukast or zafirlukast
	EUCRISA OINT. (G)	Must try one generic corticosteroid (topical)
ANTIBACTERIALS	Target Drug(s) MINOCYCLINE HCL TABLET	Step Requirement Must try minocycline IR capsules
	DOXYCYCLINE HYCLATE TABLET	Must try two doxycycline generics
	COREMINO TAB ER 24H, MINOCYCLINE HCL ER TAB ER 24H	Must try two immediate release generic tetracycline products
	Target Drug(s) ELEPSIA XR TAB ER 24H	Step Requirement Must try generic levetiracetam
ANTICONVULSANTS	TROKENDI XR CAP ER 24H	T/F topiramate IR
	Target Drug(s) APLENZIN TAB ER 24H	Step Requirement Must try generic bupropion XL 150 mg or 300 mg
ANTIDEPRESSANTS	TRINTELLIX TABLET	Must try two generics: SSRIs, SNRIs, bupropion, or mirtazapine
	FETZIMA CAP24H DSPK, FETZIMA CAP SA 24H	Must try two preferred SNRIs
	Target Drug(s) BYDUREON BCISE AUTO INJCT, BYDUREON PEN INJCT, BYETTA PEN INJCT, GLYXAMBI TABLET, JARDIANCE TABLET, JANUMET TABLET, JANUMET XR TBMP 24HR, JANUVIA TABLET, JENTADUETO TABLET, JENTADUETO XR TAB BP 24H, FARXIGA TABLET, RYBELSUS TABLET, TRIJARDY XR TAB BP 24H, XIGDUO XR TAB BP 24H, OZEMPIC PEN INJCT, SYNJARDY TABLET, SYNJARDY XR TAB BP 24H, TRAJENTA TABLET, TRULICITY PEN INJCT, VICTOZA 2-PAK PEN INJCT, VICTOZA 3-PAK PEN INJCT	Step Requirement Must try any one of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin
ANTIDIABETIC AGENTS	ACTOPLUS MET XR TBMP 24HR	Must try one of the following generics: metformin or thiazolidinedione
	Target Drug(s) NAFTIFINE HCL CREAM (G), NAFTIFINE HCL GEL(GRAM), OXICONAZOLE NITRATE CREAM (G)	Step Requirement Must try ciclopirox, clotrimazole, econazole, ketoconazole, luliconazole, or OTC antifungals (butenafine, miconazole, terbinafine, tolnaftate)
ANTIFUNGALS		

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Addendum-MagellanRx Step Therapy Program

Precision Plus+ Formulary

ANTIGLAUCOMA AGENTS	Target Drug(s) TRAVATAN Z DROPS, XALATAN DROPS	Step Requirement Must try one of the following: latanoprost, travoprost, Lumigan, Xelpros
ANTILIPEMIC AGENTS	Target Drug(s) ALTOPREV TAB ER 24H, FLOLIPID ORAL SUSP, LESCOL CAPSULE, SIMVASTATIN ORAL SUSP	Step Requirement Must try one generic statin
ANTIMIGRAINE AGENTS	Target Drug(s) AMERGE TABLET, FROVA TABLET, IMITREX CARTRIDGE, IMITREX PEN INJCTR, IMITREX SPRAY, IMITREX TABLET, IMITREX VIAL, MAXALT MLT TAB RAPDIS, MAXALT TABLET, REXPAX TABLET, TOSYMRA SPRAY, ZOLMITRIPTAN SPRAY, ZOMIG SPRAY, ZOMIG TABLET, ZOMIG ZMT TAB RAPDIS, ONZETRA XSAIL AER POW BA, ZEMBRACE SYMTOUCH PEN INJCTR	Step Requirement Must try two preferred serotonin 5HT1 Agonists
ANTINEOPLASTIC AGENTS	Target Drug(s) PICATO GEL (EA)	Step Requirement Must try topical fluorouracil or imiquimod
ANTIPARKINSONIAN AGENTS	Target Drug(s) EMSAM PATCH TD24	Step Requirement Must try two generic antidepressants: bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER
ANTIPSYCHOTIC AGENTS	Target Drug(s) VRAYLAR CAP DS PK, VRAYLAR CAPSULE FANAPT TAB DS PK, FANAPT TABLET, GEODON CAPSULE, GEODON VIAL, CLOZARIL TABLET, INVEGA TAB ER 24, ZYPREXA ZYDIS TAB RAPDIS	Step Requirement Must try one generic atypical antipsychotic Must try two: unique generic atypicals, Latuda, or Vraylar
ANTIRETROVIRALS	Target Drug(s) CIMDUO TABLET ATRIPLA TABLET, EFAVIRENZ-EMTRIC-TENOFOV DISOP TABLET COMPLERA TABLET	Step Requirement Must try Temixys Must try brand or generic Symfi/Symfi Lo Must try one of the following: efavirenz/emtricitabine/tenofovir disoproxil fumarate (generic Atripla), efavirenz/lamivudine/tenofovir disoproxil fumarate (generic Symfi/Symfi Lo), Atripla, Symfi, Symfi Lo, Delstrigo, Odefsey
ANTIULCER AGENTS AND ACID SUPPRESSANTS	Target Drug(s) DEXILANT CAP DR BP ACIPHEX SPRINKLE CAP DR SPR, ACIPHEX TABLET DR, ESOMEPRAZOLE STRONTIUM CAPSULE DR, NEXIUM CAPSULE DR, NEXIUM SUSPDR PKT, OMEPRAZOLE-SODIUM BICARBONATE CAPSULE, OMEPRAZOLE-SODIUM BICARBONATE PACKET, PREVACID CAPSULE DR, PREVACID TAB RAP DR, PRILOSEC SUSPDR PKT, PROTONIX GRAN PKT DR, PROTONIX TABLET DR, ZEGERID CAPSULE, ZEGERID PACKET	Step Requirement Must try one generic proton pump inhibitor Must try two generic proton pump inhibitors
ANXIOLYTICS, SEDATIVES AND HYPNOTICS	Target Drug(s) AMBIEN TABLET, AMBIEN CR TAB MPHAS BELSOMRA TABLET, DAYVIGO TABLET, ROZEREM TABLET EDLUAR TAB SUBL, INTERMEZZO TAB SUBL	Step Requirement Must try eszopiclone AND (zolpidem or zaleplon) Must try eszopiclone, zolpidem, or zaleplon Must try generic zolpidem or Ambien
BETA-3-ADRENERGIC AGONISTS	Target Drug(s) GEMTESA TABLET	Step Requirement Must try TWO of the following: Myrbetriq, generic darifenacin ER, generic oxybutynin IR/ER, generic solifenacin, generic tolterodine IR/ER, generic trospium IR/ER
BETA-ADRENERGIC AGONISTS	Target Drug(s) ARCAPTA NEOHALER CAP W/DEV	Step Requirement Must try two of the following: Advair HFA/Diskus, Breo Ellipta, Serevent, Symbicort, Wixela inhub, fluticasone/salmeterol inh, Striverdi
CARDIOVASCULAR DRUGS	Target Drug(s) CARDURA XL TAB ER 24 INDERAL XL CAP ER 24H, INNOPRAN XL CAP ER 24H	Step Requirement Must try alfuzosin, doxazosin, dutasteride, finasteride, silodosin, terazosin, or tamsulosin Must try propranolol ER generics

Addendum-MagellanRx Step Therapy Program

Precision Plus+ Formulary

CENTRAL NERVOUS SYSTEM AGENTS	Target Drug(s) SAVELLA TAB DS PK, SAVELLA TABLET	Step Requirement Must try any one of the following (generic only): tricyclic antidepressants, cyclobenzaprine, duloxetine, pregabalin
	QELBREE CAP ER 24H	Must try any two preferred CNS stimulants
	NAMZARIC CAP24 DSPK, NAMZARIC CAP SPR 24	Must try generic memantine AND donepezil
CNS STIMULANTS	Target Drug(s)	Step Requirement
	ADHANSIA XR CPBP 20-80, APTENSIO XR CSBP 40-60, AZSTARYS CAPSULE, CONCERTA TAB ER 24, JORNAY PM CPDR ER SP, METHYLIN SOLUTION, METHYLPHENIDATE ER CSBP 40-60, COTEMPLA XR-ODT TAB RAP BP, DAYTRANA PATCH TD24, DESOXYN TABLET, FOCALIN TABLET, FOCALIN XR CPBP 50-50, ADDERALL TABLET, ADDERALL XR CAP ER 24H, DEXEDRINE CAPSULE ER, MYDAYIS CPTP 24HR, ZENZEDI TABLET, PROCENTRA SOLUTION, QUILLIVANT XR SU ER RC24, RITALIN LA CPBP 50-50, RITALIN TABLET, ADZENYS ER SUS BP 24H, ADZENYS XR-ODT TAB RAP BP, AMPHETAMINE SUS BP 24H, DYANAVEL XR SUS BP 24H, QUILLICHEW ER TAB CBP24H	Must try any two preferred CNS stimulants
ESTROGENS AND ANTIESTROGENS	Target Drug(s)	Step Requirement
	ALORA PATCH TDSW, MENOSTAR PATCH TDWK, MINIVELLE PATCH TDSW	Must try generic in class
	FEMRING VAG RING	Must try two of the following: Imvexxy, Osphena, Premarin vaginal cream
EYE, EAR, NOSE AND THROAT	Target Drug(s)	Step Requirement
	PATADAY DROPS, PATANOL DROPS AZELASTINE-FLUTICASONE SPRAY/PUMP	Must try generic azelastine or olopatadine Must try nasal fluticasone and nasal azelastine
FIRST GENERATION ANTIHISTAMINES	Target Drug(s) RYVENT TABLET	Step Requirement Must try generic carbinoxamine or preferred antihistamine (Rx only)
GASTROINTESTINAL DRUGS	Target Drug(s) LINZESS CAPSULE	Step Requirement For patients greater than 18 years old, must try: polyethylene glycol or lactulose
GENITOURINARY SMOOTH MUSCLE RELAXANTS	Target Drug(s) GELNIQUE GEL PACKET, OXYTROL PATCH TDSW	Step Requirement Must try TWO of the following: Myrbetriq, generic darifenacin ER, generic oxybutynin IR/ER, generic solifenacin, generic tolterodine IR/ER, generic trospium IR/ER
HORMONES AND SYNTHETIC SUBSTITUTES	Target Drug(s) TAYTULLA CAPSULE	Step Requirement Must try generic Taytulla first
HYPOTENSIVE AGENTS	Target Drug(s) KAPVAY TAB ER 12H	Step Requirement Must try any two preferred CNS stimulants
MISCELLANEOUS THERAPEUTIC AGENTS	Target Drug(s) ATELVIA TABLET DR	Step Requirement Must try alendronate or alendronate solution
	FEBUXOSTAT TABLET, ULORIC TABLET	Must try generic allopurinol
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	Target Drug(s) DICLOFENAC CAPSULE, DICLOFENAC SODIUM GEL(GRAM)	Step Requirement Must try generic Rx oral NSAID
RENIN-ANGIOTENSIN-ALDOSTERONE SYS.INHIB	Target Drug(s)	Step Requirement
	PRESTALIA TABLET EDARBI TABLET, EDARBYCLOR TABLET	Must try amlodipine or perindopril Must try any one of the following (generics only): ACE inhibitor/combination, ARB/combination, amlodipine-benazepril, trandolapril-verapamil
SKIN AND MUCOUS MEMBRANE AGENTS	Target Drug(s) ELIDEL CREAM (G), PIMECROLIMUS CREAM (G), PROTOPIC OINT. (G), TACROLIMUS OINT. (G)	Step Requirement In patients greater than 2 years of age, must try one corticosteroid (topical)