Ulster County

Important Information for You and Your Family

Benefit Meetings:
October 17, 2013
Open Enrollment: 10/15/13-11/26/13

9:00 am -11:00 am - Dept. Social Services.-downstairs mtg. room
12:30 pm - 2:30 pm - at COB 6th Floor, Legislature Chambers

Plan Year : January 1—December 31, 2014

Patriot Project

Ulster County Veteran's Homeless Shelter

www.ulstercountyny.gov/personnel/

Medical

Prescription Drug

Vision

Dental

Deferred Comp

Pearl Carroll

Aflac

Retirement Planning

EAP

Flexible Spending

MICHAEL P. HEIN
County Executive

ULSTER COUNTY PERSONNEL DEPARTMENT
244 Fair Street, PO Box 1800, Kingston, New York 12402-1800
Main: (845) 340-3550
Exam Hotline: (845) 334-5454
Fax: (845) 340-3592

MICHAEL P. HEIN
County Executive

BRENDA BARTHOLOMEW
Personnel Officer

JAMES FARINA
Director of Employee Relations

2014 Health Insurance and Other Benefit Information

The County will continue to offer its current Health Insurance Programs, the Empire PPO and Empire POS plans, in 2014. Please take the time to review the benefit summaries, health insurance rates, buyout options and other information regarding your benefits as provided in this book.

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 have been compiled in a separate book, which should have accompanied this book. I encourage you to take the time to review these important notifications.

What's New for 2014

New York State of Health Marketplace – This is informational only and is not intended to replace your current health insurance offerings. However, you do have this option under the under the Affordable Health Care Act. If selected, you would be eligible for the Ulster County Health Insurance Buyout as per your collective bargaining agreement.

New York State of Health is the official health insurance Marketplace in New York under the Affordable Health Care Act. For more information you may visit the website at www.nystateofhealth.ny.gov/. The Marketplace offers a choice of low-cost quality health plans and financial assistance based on your income.

Discontinuance of Health Advocate Advantage – As of January 1, 2014, Empire Condition Care will be reinstated to replace the Health Advocate Advantage Program. The program assists employees and all family members covered under the Ulster County's health plan. The program is designed to offer personal coaching on specific information as it relates to specific chronic health conditions. It offers clear, information related to adherence to preventative screening and regimens, one-on-one help from a registered nurse, ongoing assistance with chronic conditions and other help to generate better medical outcomes through prevention, early detection and quality care. (See page 3 for more details)

Express Scripts Change in Formulary Options – Effective January 1, 2014, a select group of products will be removed from their National Preferred Formulary (also called Preferred Prescriptions) and will no longer be covered on this formulary. 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. Starting in October, Express Scripts' will launch a comprehensive

communication plan for members, physicians and pharmacists to ensure a smooth transition. As such, I encourage you to be aware of these changes and to be mindful of any mail correspondence you may receive from Express Scripts.

Express Scripts is also updating its standard coverage review process to include Express Scripts' Standard Formulary exception criteria, which allows exceptions when medically necessary.

In addition, there will be other changes to the 2014 National Preferred Formulary (addition drugs, changes from formulary to non-formulary). In early November, Express Scripts will be providing letters to those members that are impacted that will provide them with alternatives they can discuss with their physicians.

Revised empireblue.com - The new and improved site is designed to give members a simpler, more personalized experience. You will still have secure access to the same information – but now it will be easier to find. You will see a snapshot of your benefits right away when you log in. Confusing insurance jargon will be replaced with clear, friendly language and it will take fewer clicks to find information about doctors, facilities, claims and more. (See page 2 for more information)

Federal Requirement of Signing a Waiver if Opting Out of Coverage with Ulster County. If you do not wish to participate in the Ulster County Health Insurance Programs, you must complete and sign a waiver indicating such. If a waiver is not received and you have not selected a Health Plan by December 1, 2013, under Federal rules the Benefits Office will enroll you in the POS individual plan with its appropriate payroll deduction.

Dependent Eligibility Verification. Eligible dependants for Ulster County Health Insurance coverage are defined as: a spouse, natural child, step child, or a legally adopted child. For further definitions and limitations, please contact Employee Benefits.

The County reserves the right to ask for proof of dependent eligibility. 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 by 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.

HR Connection. Just a reminder: HR Connection is a valuable tool available to all employees and their families. This online resource affords the County another opportunity to communicate relevant information with respect to employee benefits. Employees may access HR Connection at https://www.hrconnection.com. This benefit book as well as many other health related resources may be found by visiting HR Connection.

If you have any questions, please feel free to contact me directly by telephone or email. I wish everyone a safe and happy year.

Sincerely,

Brenda Bartholomew

Brenda Bartholomew
Personnel Director

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ULSTER COUNTY EMPLOYEE HEALTH INSURANCE RATES EFFECTIVE JANUARY 1, 2014	TIER OPTIONS	EMPLOYEE SHARE			
		MONTHLY		BI WEEKLY	
		POS	PPO	POS	PPO
CSEA HIRED BEFORE 1/1/1994	INDIVIDUAL W/ DENTAL AND VISION	$8.00	$8.00	$4.00	$4.00
(fixed contributions)	2 PERSON W/ DENTAL AND VISION	$36.06	$36.06	$18.03	$18.03
	FAMILY W/ DENTAL AND VISION	$36.06	$36.06	$18.03	$18.03
	INDIVIDUAL DENTAL AND VISION ONLY	$0.00		$0.00	
	FAMILY DENTAL AND VISION ONLY	$0.00		$0.00	

		MONTHLY		BI WEEKLY	
		POS	PPO	POS	PPO
PBA HIRED BEFORE 7/1/1994	INDIVIDUAL W/ DENTAL AND VISION	$0.00	$0.00	$0.00	$0.00
UCSEA HIRED BEFORE 7/1/1994	2 PERSON W/ DENTAL AND VISION	$15.06	$15.06	$7.53	$7.53
(fixed contributions)	FAMILY W/ DENTAL AND VISION	$15.06	$15.06	$7.53	$7.53
	INDIVIDUAL DENTAL AND VISION ONLY	$0.00		$0.00	
	FAMILY DENTAL AND VISION ONLY	$0.00		$0.00	

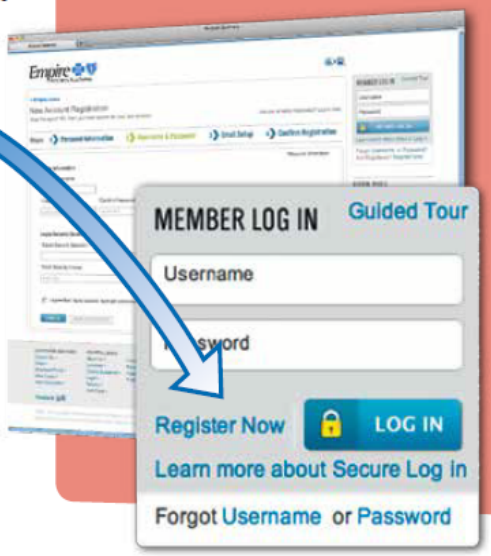
		MONTHLY		BI WEEKLY	
		POS	PPO	POS	PPO
CSEA HIRED 1/1/1994 - 9/19/2012	INDIVIDUAL W/ DENTAL AND VISION	$99.33	$135.38	$49.67	$67.69
PBA HIRED AFTER 7/1/1994	2 PERSON W/ DENTAL AND VISION	$187.65	$259.19	$93.82	$129.59
UCSEA HIRED AFTER 7/1/1994	FAMILY W/ DENTAL AND VISION	$266.88	$373.73	$133.44	$186.86
UCSA HIRED AFTER 5/18/2010					
(15% of total premium)	INDIVIDUAL DENTAL AND VISION ONLY	$5.88		$2.94	
	FAMILY DENTAL AND VISION ONLY	$15.16		$7.58	

		MONTHLY		BI WEEKLY	
		POS	PPO	POS	PPO
CSEA HIRED AFTER 9/20/2012	INDIVIDUAL W/ DENTAL AND VISION	$132.44	$180.51	$66.22	$90.25
UCSA HIRED AFTER 4/1/2013	2 PERSON W/ DENTAL AND VISION	$250.20	$345.59	$125.10	$172.79
(20% of total premium)	FAMILY W/ DENTAL AND VISION	$355.84	$498.30	$177.92	$249.15
	INDIVIDUAL DENTAL AND VISION ONLY	$7.84		$3.92	
	FAMILY DENTAL AND VISION ONLY	$20.22		$10.11	

		MONTHLY		BI WEEKLY	
		POS	PPO	POS	PPO
MANAGEMENT NON-UNION	INDIVIDUAL W/ DENTAL AND VISION	$66.22	$90.25	$33.11	$45.13
LEGISLATORS	2 PERSON W/ DENTAL AND VISION	$125.10	$172.79	$62.55	$86.40
UCSA HIRED BEFORE 5/18/2010	FAMILY W/ DENTAL AND VISION	$177.92	$249.15	$88.96	$124.58
(10% of total premium)					
	INDIVIDUAL DENTAL AND VISION ONLY	$3.92		$1.96	
	FAMILY DENTAL AND VISION ONLY	$10.11		$5.05	

Register with **empireblue.com** to get online access to your benefits.

From any computer with Internet access, type empireblue.com in the Web browser address field and click **Register Now**.* This can be found on the top right-hand side of your screen in the *Member Log In* area.



Step 1: Personal information

Enter your personal information, including member identification number, first and last name, date of birth (mm/dd/yyyy). For security, you'll also be asked to put in the security code that's shown. Click **Save & Continue**.

Step 2: Username and password

Create your username and password. Then select a security question from the drop-down menu and give the answer. You'll be asked to answer your security question if you ever forget your password. Please keep this information secure.

Once you're done with your username, password and security question, check the box to agree to the terms and conditions of Empire and click **Save & Continue**.

Step 3: Email setup

You'll be able to choose how you'd like to get future legal notifications, special offers and other health plan notifications.

Enter your email address to set up your online profile. You can also choose to receive information about new products and services, benefit updates, and required notices. Click **Save & Continue**.

Step 4: Confirm registration

Here you'll make sure all your personal information, username and password and your notification choices are right. Click **Confirm**.

Having problems signing up? Call the eBusiness Help Desk at 866-755-2680 for help.

Empire BlueCross BlueShield

Now you can log in to start taking advantage of online access to your benefits.

It's all the information you need to make an informed decision – coverage, quality, cost, and patient experience information – all in one place.

*If you are 18 years of age or older, you must register your own account.

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.

13206NYMENEBS 5/13

ConditionCare

We want to help you feel your best

Let our health professionals help you live your best life

Do you or a covered family member have a long-term (chronic) health problem? ConditionCare is a program for you. It's already part of your benefits, so there is no added cost to join.

When you join ConditionCare, you'll get:

- 24-hour, toll-free access to a nurse who'll answer your questions.
- A health assessment by phone.
- Support from Nurse Coaches, pharmacists, dietitians, doctors and other health care professionals to help you reach your health goals.
- Educational guides, newsletters, and tools to help you learn more about your condition.

GET STARTED TODAY

To learn more or to join ConditionCare, call us toll-free at **866-372-2932.**

ConditionCare nurses work with members of all ages who have asthma or diabetes. They also work with adults who have chronic obstructive pulmonary disease (COPD), heart failure or coronary artery disease.

We may call to find out if ConditionCare can help you and ask you to sign up. To protect you, we'll verify your address or date of birth before talking about your health.

Empire BlueCross BlueShield

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.
MNYDH1303Y Rev. 12/11 F0001727

WAYS TO SAVE MONEY ON YOUR HEALTH CARE EXPENSES

- Consider choosing the POS instead of the PPO. Both plans local area networks are essentially the same. Neither plan requires referrals. The POS plan prescription coverage has lower co-pays. When you stay in network, both plans have the same co-pays and coverage, including emergency room coverage in our area and around the world.
- 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 $20 office visit co-pay instead of the $100 emergency room co-pay. Check out the list on the next page, plan ahead, and 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.
- For brand name maintenance medications (ones that you take every month without changing anything) that do not have a generic option, consider using our mail order program, Ulster Scripts. Information and enrollment forms for employees covered by our Express Scripts plan and your dependants 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. 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.

Ulster County Area Urgent Care Facilities In-Network Listing

Crystal Run Healthcare
155 Crystal Run Rd.
Middletown, NY 10941
(845) 703-6333

Emergency One Urgent Care
40 Hurley Ave.
Kingston, NY 12401
(845) 338-5600

4250 Albany Post Rd.
Hyde Park, NY 12538
(845) 229-2602

Emurgent Care PLLC
11835 State Route 9W
West Coxsackie, NY 12192
(518) 731-9000

Emurgent Care PLLC
2676 Route 9W
Saugerties, NY 12477
(845) 247-9100

Excel Urgent Care
1 Hatfield Ln
Goshen, NY 10924
(845) 360-5530

Excel Urgent Care of Fishkill
1004 Main Street
Fishkill, NY 12524
(845) 765-2240

Express Pediatrics
1989 Route 52 Ste 3
Hopewell Junction, NY 12533
(845) 897-4500

7 Cummings Lane
Highland,NY 12528
(845) 691-8995

First Care Medical PC
222 State Route 299
Highland, NY 12528
(845) 691-3627

HQUMCP PC
1110 Route 55
Lagrangeville, NY 12540
(845) 485-4455

1418 Route 300
Newburgh, NY 12550
(845) 564-1418

1530 Route 9
Wappingers Falls, NY 12590
(845) 297-2511

HealthQuest Immediate Care
1110 Route 55
Lagrangeville, NY 12540
(845) 485-4455

1418 Route 300
Newburgh, NY 12550
(845) 564-1418

1530 Route 9
Wappingers Falls, NY 12590
(845) 297-2511

Orange Urgent Care Pllc
75 Crystal Run Rd.
Middletown, NY 10941
(845) 703-CARE (845-703-2273)

Delta Dental 2014 Summary of Benefits

Plan Benefit Highlights for: ULSTER COUNTY
Group No: 09509

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the calendar year that dependent turns 19 or the end of the calendar year in which dependent graduates or turns 25, whichever comes first, if dependent is full-time student
Deductibles	$50 per person / $150 per family each calendar year
Deductibles waived for Diagnostic, Preventive & Orthodontics?	Yes
Maximums	$1,500 per person each calendar year
D & P counts toward maximum?	Yes

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, sealants	100 %	100 %
Basic Services Fillings, simple tooth extractions	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Major Services	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %
Prosthodontics Bridges and dentures, implants, TMJ	50 %	50 %
Orthodontic Benefits dependent children	50 %	50 %
Orthodontic Maximums	$ 1,500 Lifetime	$ 1,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

Delta Dental of New York	**Customer Service**	**Claims Address**
One Delta Drive	800-932-0783	P.O. Box 2105
Mechanicsburg, PA 17055		Mechanicsburg, PA 17055-2105

www.deltadentalins.com

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.

HLT_PPO_2COL_DDP (Rev. 1 6/10)

Davis Vision 2014 Summary of Benefits

DAVIS VISION

Premier Vision Plan

The County Of Ulster

Healthy eyes and clear vision are an important part of your overall health and quality of life. With the rising cost of eyewear you can't afford not to be covered through a managed vision care plan. 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...

Just log on to the Open Enrollment/Discount Plan section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:

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 $225) OR $50 retail allowance toward any frame from provider, plus 20% off balance[2]
Contact Lenses	
Contact Lenses (in lieu of eyeglasses)	Every 12 months, **Covered in full** Any contact lenses from Davis Vision's Contact Lens Collection[1]; includes contact lens Evaluation, Fitting & Follow Up Care OR $105 retail allowance toward provider supplied contact lenses, plus 15% off balance[2]

ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS Savings based on in-network usage and average retail values.	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	$45	$0
Polycarbonate Lenses	$64	$0
Standard Anti-Reflective (AR) Coating	$62	$35
Standard Progressives (no-line bifocal)	$154	$50
Plastic Photosensitive (Transitions®[3])	$123	$65

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE
Eye Examination up to $30 | Frame up to $50 Spectacle Lenses (per pair) up to: Single Vision $30, Bifocal $40, Trifocal $50, Lenticular $60 Elective Contacts up to $105, Medically Necessary Contacts will be reimbursed in full with prior approval.

Lower costs and more benefits! *See the savings!*

Service	Without Davis Vision	With Davis Vision
Eye Examination	$100	$0
Lenses		
Bifocals	$80	$0
Scratch-Resistant Coating	$45	$0
Transitions®[4]	$123	$65
Frame	$150	$0
Total	$498	$65

Savings up to: ***$433***

[1] The Davis Vision Collection is available at most participating independent provider locations.
[2] Additional discounts not applicable at Walmart or Sam's Club locations.
[3] Transitions® 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.

OE00128 10/18/10

LABOR/MANAGEMENT SICK LEAVE BANK

CSEA Employees & Non-union management are eligible to join. For more information, call Jim Farina, 340-3536

The intent of the Sick Leave Donation Program is 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).

YOU MAY JOIN ONLY DURING OPEN ENROLLMENT PERIOD!

- 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.
- Donate two (2) sick leave days upon joining and automatically donate one (1) day per year as needed. Days are taken in January.
- Forms and Policy available on intranet, or from payroll clerks

CONFIDENTIAL & VOLUNTARY

Ulster Scripts Employee Program

Introduction:

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

Copayments:

All member copayments have been **waived** for this program.

Ulster Scripts Vs. Current local 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 simply complete the enrollment form and include a new prescription for each medication. Please allow 4 weeks for delivery.

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.

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
P.O. Box 44650
Detroit, MI 48244-0650

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

January 2014

Ulster Scripts Employee Program

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

ABILIFY 2MG
ABILIFY 5MG
ABILIFY 10MG
ABILIFY 15MG
ABILIFY 20MG
ABILIFY 30MG
ABILIFY DISCMELT 10MG
ABILIFY DISCMELT 15MG
ACTONEL 30MG
ACTONEL 35MG
ACTONEL 150MG
ACZONE 5%
ADCIRCA 20MG
ADVAIR DISKUS 100MCG
ADVAIR DISKUS 250MCG
ADVAIR DISKUS 500MCG
ADVAIR HFA 45/21MCG
ADVAIR HFA 115/21MCG
ADVAIR HFA 230/21MCG
AGGRENOX 200/25MG
ALKERAN 2MG
ALOCRIL OPHTH 2%
ALOMIDE 0.1%
ALREX 0.2%
ALVESCO 80MCG 100MCG
ALVESCO 160MCG 200MCG
ARTHROTEC 50MG
ARTHROTEC 75MG
ASACOL HD 800MG
ASMANEX TWISTHALER 220MCG
ATRIPLA 600-200-300MG
ATROVENT HFA 20UG
AVANDAMET 2MG/500MG
AVANDAMET 4MG/500MG
AVANDAMET 4MG/1000MG
AVANDIA 2MG
AVANDIA 8MG
AVODART 0.5MG
AXERT 12.5MG
AXERT 6.25MG
AZILECT 1MG
AZOPT OPHTH DROPS 1%
AZOR 20/5MG
AZOR 40/5MG
AZOR 40/10MG
BANZEL 200MG
BANZEL 400MG
BARACLUDE 0.5MG
BECONASE AQ 0.04%
BENICAR 20MG
BENICAR 40MG
BENICAR HCT 20MG/12.5MG
BENICAR HCT 40MG/12.5MG
BENICAR HCT 40MG/25MG
BENZACLIN PUMP
BETOPTIC S OPHTH 0.25%
BRILINTA 90MG
BYSTOLIC 5MG
CAMBIA 50MG
CARDURA XL 4MG
CARDURA XL 8MG
CEENU 40MG
CELEBREX 100MG
CELEBREX 200MG
CLIMARA PRO 0.045/0.015
COLAZAL 750MG
COMBIGAN 0.2-0.5%
COMPLERA 200/25/300MG
CRESTOR 5MG
CRESTOR 10MG
CRESTOR 20MG
CRESTOR 40MG
CUPRIMINE 250MG
CYMBALTA 20MG
CYMBALTA 30MG
CYMBALTA 60MG
DALIRESP 500MCG
DETROL LA 2MG
DETROL LA 4MG
DEXILANT DR 30MG
DEXILANT DR 60MG
DIFFERIN GEL 0.3%
DIOVAN 40MG
DIOVAN 80MG
DIOVAN 160MG
DIOVAN 320MG
DULERA 100MCG/5MCG
DULERA 200MCG/5MCG
EDARBI 40MG
EDARBI 80MG
EDECRIN 25MG
EDURANT 25MG
EFFIENT 5MG
EFFIENT 10MG
ELIDEL 1%
ELMIRON 100MG
EMADINE 0.05%
EMTRIVA 200MG
ENABLEX 7.5MG
ENABLEX 15MG
EPIDUO 0.1%/2.5%
EPIVIR/HBV 100MG
EVISTA 60MG
EXELON 3MG
EXELON 4.6 MG/24HR
EXELON 6MG
EXFORGE 5/160MG
EXFORGE 10/160MG
EXFORGE 320/5MG
EXFORGE 320/10MG
EXFORGE HCT 160/12.5/5
EXFORGE HCT 160/12.5/10
EXFORGE HCT 160/25/5
EXFORGE HCT 160/25/10
EXFORGE HCT 320/25/10
EXJADE 125MG
EXJADE 250MG
EXJADE 500MG
EXTAVIA KIT 0.3MG
FINACEA 15%
FLOVENT 44MCG 50MCG
FLOVENT 110MCG 125MCG
FLOVENT 220MCG 250MCG
FLOVENT DISKUS 50MCG
FLOVENT DISKUS 100MCG
FLOVENT DISKUS 250MCG
FORADIL + AEROLIZER 12MCG
FOSAMAX-D 70/2800MG
FOSRENOL CHEW 250MG
FOSRENOL CHEW 500MG
FROVA 2.5MG
GELNIQUE 10%
GILENYA 0.5MG
GLEEVEC 100MG
GLEEVEC 400MG
GLUCAGEN HYPOKIT 1MG
GLUMETZA ER 1000MG
HEPSERA 10MG
INCIVEK 375MG
INLYTA 1MG
INLYTA 5MG
INSPRA 25MG
INSPRA 50MG
INTELENCE 100MG
INTELENCE 200MG
INVEGA 3MG
INVEGA 6MG
INVEGA 9MG
INVIRASE 500MG
JALYN 0.5MG/0.4MG
JANUMET 50/500
JANUMET 50/1000
JANUVIA 25MG
JANUVIA 50MG
JANUVIA 100MG
LAMICTAL DISPERSIBLE 25MG
LESCOL XL 80MG
LEUKERAN 2MG
LEXIVA 700MG
LIALDA 1.2GM
LOTEMAX 0.5%
METROGEL 1%
MICARDIS 20MG
MICARDIS 40MG
MICARDIS 80MG
MICARDIS HCT 40/12.5MG
MICARDIS HCT 80/12.5MG
MICARDIS HCT 80/25MG
MIGRANAL NASAL SPRAY 4MG/ML
MIRAPEX ER 0.375MG
MIRAPEX ER 0.75MG
MIRAPEX ER 1.5MG
MIRAPEX ER 2.25
MIRAPEX ER 3MG
MIRAPEX ER 3.75MG
MIRAPEX ER 4.5MG
MULTAQ 400MG
NAMENDA 5MG
NASONEX 50MCG
NEXIUM 20MG
NEXIUM 40MG
NEXIUM DR 10MG
NORITATE CREAM 1%
OMNARIS NASAL SPRAY 50MCG
ONGLYZA 2.5MG
ONGLYZA 5MG
OPTIVAR 0.05%
ORACEA 40MG
ORTHO-EVRA
ORTHO-TRI-CYCLEN LO
OXYTROL 3.9MG
PATANOL OPHTH SOLUTION 0.1%
PENTASA 500MG
PRADAXA 75MG
PRADAXA 150MG
PRANDIN 0.5MG
PRANDIN 1MG
PRANDIN 2MG
PREMARIN 0.3MG
PREMARIN 0.625MG
PREMARIN 1.25MG
PREMARIN VAG 0.625MG/GM
PREMPRO 0.3/1.5MG
PREMPRO 0.625MG/2.5MG
PREMPRO 0.625MG/5MG
PREVACID SOLUTAB 15MG
PREVACID SOLUTAB 30MG
PRISTIQ 50MG
PRISTIQ 100MG
PROTOPIC OINTMENT 0.03%
PROTOPIC OINTMENT 0.1%
QVAR 40MCG 50MCG
QVAR 80MCG 100MCG
RANEXA 500MG
RAPAFLO 4MG
RAPAFLO 8MG
RELPAX 20MG
RELPAX 40MG
RETIN A MICRO GEL 0.04%
RETIN-A MICR GEL 0.1% PUMP
REVATIO 20MG
RHEUMATREX 2.5MG
RHINOCORT AQ 32MCG
RHINOCORT AQ 64MCG
RIDAURA 3MG
SALAGEN 5MG
SANCTURA XR 60MG
SAPHRIS 5MG
SAPHRIS 10MG
SEREVENT DISKUS 50MCG
SEROQUEL XR 50MG
SEROQUEL XR 150MG
SEROQUEL XR 200MG
SEROQUEL XR 300MG
SEROQUEL XR 400MG
SORIATANE 10MG
SORIATANE 25MG
SPIRIVA 18MCG
STALEVO 50MG
STALEVO 100MG
STALEVO 125MG
TARCEVA 100MG
TARKA 2/180MG
TASMAR 100MG
TAZORAC CREAM 0.05%
TAZORAC CREAM 0.1%
TAZORAC GEL 0.05%
TAZORAC GEL 0.1%
TEKTURNA 300MG
TEKTURNA HCT 300/12.5MG
TEKTURNA HCT 300/25MG
TEVETEN HCT 600/12.5MG
TOVIAZ 4MG
TOVIAZ 8MG
TRADJENTA 5MG
TRAVATAN Z OPHTH SOLUTION 0.004%
TRIBENZOR 20/5/12.5MG
TRIBENZOR 40/5/12.5MG
TRIBENZOR 40/5/25MG
TRIBENZOR 40/10/12.5MG
TRIBENZOR 40/10/25MG
ULORIC 80MG
VENTOLIN HFA 100MCG
VERAMYST 27.5MCG
VESICARE 5MG
VESICARE 10MG
VIMOVO 500/20MG
VIVELLE-DOT 25MCG
VIVELLE-DOT 37.5MCG
VIVELLE-DOT 50MCG
VIVELLE-DOT 75MCG
VIVELLE-DOT 100MCG
VOLTAREN GEL
VYTORIN 10/10MG
VYTORIN 10/20MG
VYTORIN 10/40MG
XARELTO 10MG
XARELTO 15MG
XARELTO 20MG
XELODA 150MG
XELODA 500MG
XENICAL 120MG
ZEMPLAR 1MCG
ZETIA 10MG
ZOMIG 2.5MG
ZOMIG ZMT 2.5MG (1X6)
ZOVIRAX CREAM 5%
ZYCLARA 3.75%

NOTE: Medication names appearing with **(G)** are available in a Generic version from your local or U.S. mail order pharmacy. For a greater savings to your healthcare plan, ask your physician about taking a Generic equivalent of your medication.

This list is subject to change. Please call 1-866-893-6337 toll free to verify the availability of your medication through this program. *January 2014*

Ulster County

Important Benefit Update:

Attention Member:

IMPORTANT:
If you have not received your pharmacy ID card, please present this letter to your Express Scripts network pharmacist to accurately process your prescriptions.

If you have any questions about your prescription benefit program, please contact Express Scripts' Customer Service at **(866) 718-7949.**

Notice to Express Scripts Participating Pharmacies

As of January 1, 2010, the Ulster County pharmacy benefit program will be administered by ***Express Scripts***. To simplify your prescription processing, please link the cardholder and all members of their family to ***Express Scripts***.

Please follow the action steps listed below to enter the claim.	
Step 1	Enter Bin # **003858**
Step 2	Enter Processor Control **A4**
Step 3	Enter Rx Group #: **JY2A**
Step 4	Enter 9 digit member ID # (Employee SSN)
Step 5	Enter the member's date of birth

NEED ASSISTANCE?	Pharmacist, if you have any questions while processing the claim, please call the Express Scripts' Pharmacy Help Desk: **(800) 824-0898.**

2014 Express Scripts Co-Pays

PPO 10/25/40

POS 5/20/40

Mail order = copay 2x's

NEED ADDITIONAL ASSISTANCE?

Contact Deb Niezgoda @ Rose & Kiernan, Inc.
845-338-6694-ext. 4323

EXPRESS SCRIPTS®

2014 Express Scripts National Preferred Formulary

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

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

A

ABILIFY, ABILIFY DISCMELT
ACANYA
acetaminophen/codeine
ACTONEL
acyclovir
ACZONE
ADCIRCA
AGGRENOX
albuterol
alendronate sodium
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
AMITIZA
amitriptyline
amlodipine
amlodipine/benazepril
amoxicillin
amoxicillin/potassium clavulanate
amphetamine salt combo
amphetamine salt combo ext-release
AMPYRA
AMTURNIDE
ANALPRAM ADVANCED CREAM KIT
ANALPRAM HC 1% CREAM, 2.5% LOTION
anastrozole
ANDRODERM
ANDROGEL
antipyrine/benzocaine
ARANESP [INJ]
arbinoxa
ARCAPTA
ASACOL HD
ASMANEX
ASTEPRO
ATELVIA
atenolol
atenolol/chlorthalidone
atorvastatin
ATRALIN
AVELOX
AVONEX [INJ]
AXIRON
AZASITE
azathioprine
azelastine nasal spray
AZILECT
azithromycin
AZOR

B

baclofen
benazepril
benazepril/hydrochlorothiazide
BENICAR, BENICAR HCT
BENZACLIN PUMP
benzonatate
BEPREVE
BESIVANCE
BETOPTIC S
BEYAZ
bisoprolol/hydrochlorothiazide
BRILINTA
BROMDAY
budesonide neb susp
bupropion
bupropion ext-release (12 hour)
bupropion ext-release (24 hour)
buspirone
butalbital/acetaminophen/caffeine
BUTRANS
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

calcipotriene
CANASA
CARAC
carbidopa/levodopa
carvedilol
cefdinir
cefprozil
cefuroxime
CELEBREX
CENESTIN
cephalexin
CETROTIDE [INJ]
chlorthalidone
chorionic gonadotropin [INJ]
CIALIS
CIPRODEX
ciprofloxacin
ciprofloxacin eye solution
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone dipropionate
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
CONCEPTION KIT
COPAXONE [INJ]
COREG CR
CREON
CRESTOR
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DAYTRANA
DELZICOL
desloratadine
desonide
DETROL LA
dexamethasone
diazepam
diclofenac sodium delayed-release
dicyclomine hcl
DIFFERIN 0.3% GEL, 0.1% LOTION
digoxin
diltiazem ext-release (24 hour)
DIOVAN
diphenoxylate/atropine
divalproex sodium ext-release
DIVIGEL
donepezil
dorzolamide/timolol
doxazosin
doxepin
doxycycline hyclate
doxycycline monohydrate
DULERA
DUREZOL

E

EFFIENT
ELIDEL
eliphos
ELIQUIS
enalapril
ENBREL [INJ]
ENDOMETRIN
ENJUVIA
enoxaparin [INJ]
EPIDUO
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
erythromycin eye ointment
escitalopram
estradiol
estradiol/norethindrone acetate
etodolac
EUFLEXXA [INJ]
EURAX
EVAMIST
EVISTA
EXELON PATCHES
EXFORGE, EXFORGE HCT
EXTAVIA [INJ]

F

famotidine
fenofibrate
fenofibrate micronized
fentanyl citrate
FENTORA
FINACEA, FINACEA PLUS
finasteride
fluconazole
fluocinonide
fluoxetine
fluticasone nasal spray
FOCALIN XR
folic acid
FORADIL
FORTEO [INJ]
FOSRENOL
FRAGMIN [INJ]
furosemide

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
gianvi
GILENYA
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
glyburide/metformin
GONAL-F [INJ]
GRALISE

H

HALFLYTELY-BISACODYL
HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/chlorpheniramine polistirex
hydrocodone/homatropine
hydrocodone/ibuprofen
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate

I

ibandronate
ibuprofen
ILEVRO
INCIVEK
indomethacin
INTUNIV
INVOKANA
irbesartan
isosorbide mononitrate ext-release

J

JANUMET, JANUMET XR
JANUVIA
JUVISYNC

K

ketoconazole topical
KOMBIGLYZE XR
KRISTALOSE

L

labetalol hcl
LAMICTAL ODT
lamotrigine
lansoprazole delayed-release
LANTUS, LANTUS SOLOSTAR [INJ]
latanoprost
LATUDA
LETAIRIS
levalbuterol
LEVEMIR, LEVEMIR FLEXPEN [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
LIALDA
LINZESS
liothyronine
LIPOFEN
LIPTRUZET
lisinopril
lisinopril/hydrochlorothiazide
lithium carbonate
LOESTRIN 24 FE, LO LOESTRIN FE
lorazepam
loryna
losartan
losartan/hydrochlorothiazide
LOTEMAX
lovastatin
LOVAZA
LUMIGAN
LUNESTA
LYRICA

M

MAKENA [INJ]
meclizine hcl
medroxyprogesterone acetate
meloxicam
metaxalone
metformin
metformin ext-release
methadone
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide hcl
metoprolol succinate ext-release
metoprolol tartrate
metronidazole
metronidazole vaginal gel
microgestin fe
MINIVELLE
minocycline
mirtazapine
modafinil
mometasone
mononessa
montelukast
morphine sulfate ext-release
MOVIPREP
MOXEZA
multivitamins/fluoride
mupirocin
MUSE
MYRBETRIQ

N

nabumetone
nadolol
NAMENDA, NAMENDA XR
naproxen, naproxen sodium
NASCOBAL
NASONEX
NATAZIA
neomycin/polymyxin/hydrocortisone ear drops
NEVANAC
NEXIUM
NIASPAN
nifedipine ext-release
nitrofurantoin macrocrystal
NITROLINGUAL PUMPSPRAY
NORDITROPIN [INJ]
nortriptyline
NUCYNTA, NUCYNTA ER
NUEDEXTA
NUVARING
nystatin
nystatin/triamcinolone

O

ofloxacin eye solution
olanzapine
omeprazole delayed-release
ondansetron

(continued)

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#1702 NP-A
PRMT22157-14 (09/04/13)

ondansetron orally disintegrating tablets
ONETOUCH KITS/METERS; BASIC, ULTRA 2, ULTRAMINI, ULTRASMART, VERIO IQ
ONETOUCH TEST STRIPS; FASTTAKE, ONETOUCH, SURESTEP, ULTRA, VERIO
ONGLYZA
OPANA ER
ORACEA
ORENCIA [INJ]
orsythia
ORTHOVISC [INJ]
oxcarbazepine
oxybutynin
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN

P

pantoprazole delayed-release
paroxetine
PATADAY
PATANOL
PEGASYS, PEGASYS PROCLICK [INJ]
penicillin v potassium
PENTASA
PERFOROMIST
pioglitazone
polymyxin/trimethoprim
potassium chloride ext-release
POTIGA
PRADAXA
pramipexole
PRAMOSONE, PRAMOSONE E
pravastatin
prednisolone
prednisolone acetate
prednisolone sodium phosphate
prednisone
PREMARIN TABS
PREMPHASE
PREMPRO
PRISTIQ
PROAIR HFA
PROCRIT [INJ]
PRODIGY INSULIN SYR, PEN NEEDLES
progesterone micronized
PROLENSA
promethazine
promethazine/dextromethorphan
propranolol
propranolol ext-release
PROTOPIC
PULMICORT FLEXHALER
PYLERA

Q

QNASL
quetiapine
QUILLIVANT XR
quinapril
QVAR

R

ramipril
RANEXA
ranitidine
RAPAFLO
REBIF, REBIF REBIDOSE [INJ]
reclipsen
RECTIV
RELISTOR [INJ]
RELPAX
RENVELA
RESTASIS
RIOMET
risperidone
rizatriptan
rizatriptan orally disintegrating tablets
ropinirole

S

SAFYRAL
SANCUSO
SAVELLA
SEREVENT DISKUS
SEROQUEL XR
sertraline
SIMCOR
simvastatin
SOLARAZE
SOLODYN 55 MG, 65 MG, 80 MG, 105 MG, 115 MG
SOMATULINE DEPOT [INJ]
sotalol
SPIRIVA
spironolactone
sprintec
STRATTERA
SUBOXONE SL FILM
SUCLEAR
sucralfate
sulfamethoxazole/trimethoprim
sumatriptan
SUMAVEL DOSEPRO [INJ]
SUPREP
SYMBICORT
SYMLINPEN [INJ]

T

TACLONEX
TAMIFLU
tamoxifen
tamsulosin ext-release
TARKA
TAZORAC
TECFIDERA
TEKAMLO
TEKTURNA, TEKTURNA HCT
temazepam
terazosin
terconazole
testosterone cypionate [INJ]
timolol maleate eye solution
tizanidine
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/dexamethasone susp
topiramate
TOVIAZ
TRACLEER
tramadol
tramadol/acetaminophen
TRAVATAN Z
travoprost
trazodone hcl
tretinoin
TREXIMET
triamcinolone acetonide nasal spray
triamcinolone acetonide topical
triamterene/hydrochlorothiazide
TRIBENZOR
trinessa
tri-previfem
tri-sprintec
TUDORZA

U

UCERIS
ULORIC

V

VAGIFEM
valacyclovir
valsartan/hydrochlorothiazide
VASCEPA
VELTIN
venlafaxine
venlafaxine ext-release
VENTOLIN HFA
verapamil ext-release
veripred
VESICARE
VGO
VIAGRA
VICTRELIS
VIGAMOX
VIIBRYD
VIMOVO
VIMPAT
VIRAMUNE XR
VIVELLE-DOT
VOLTAREN GEL
VYTORIN
VYVANSE

W

warfarin
WELCHOL

X

XARELTO
XIFAXAN

Z

ZEMPLAR
ZENPEP (EXCEPT 5,000 U)
ZETIA
ZIANA
zolmitriptan
zolmitriptan orally disintegrating tablets
zolpidem
zolpidem ext-release
ZOMIG NASAL
ZYCLARA
ZYLET
ZYMAXID
ZYTIGA

Excluded Medications With Covered Preferred Alternatives

The following is a list of excluded brand-name medications with covered preferred alternatives that are on the formulary. Column 1 lists excluded medications. Column 2 lists covered preferred alternatives that can be prescribed.

Excluded Medications	Covered Preferred Alternative(s)
ACCU-CHEK METERS/STRIPS	OneTouch meters/strips
ADVAIR DISKUS/HFA	Dulera, Symbicort
ALVESCO	Asmanex, Pulmicort Flexhaler, QVAR
APIDRA	Humalog
AUVI-Q	Epipen, Epipen Jr
AVINZA	morphine sulfate ext-release, oxymorphone ext-release, Nucynta ER, Opana ER, Oxycontin
BECONASE AQ	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
BETASERON	Avonex, Extavia, Rebif
BRAVELLE	Gonal-f
BREEZE, CONTOUR METERS/STRIPS	OneTouch meters/strips
BREO ELLIPTA	Dulera, Symbicort
CIMZIA	Enbrel, Humira
EDARBI/EDARBYCLOR	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, Benicar/HCT
EXALGO	morphine sulfate ext-release, oxymorphone ext-release, Nucynta ER, Opana ER, Oxycontin
FLOVENT DISKUS/HFA	Asmanex, Pulmicort Flexhaler, QVAR
FOLLISTIM AQ	Gonal-f
FORTESTA	Androgel, Axiron
FREESTYLE, PRECISION METERS/STRIPS	OneTouch meters/strips
JENTADUETO	Janumet, Janumet XR, Kombiglyze XR
KADIAN	morphine sulfate ext-release, oxymorphone ext-release, Nucynta ER, Opana ER, Oxycontin
KAZANO	Janumet, Janumet XR, Kombiglyze XR
LEVITRA	Cialis, Viagra
MAXAIR AUTOHALER	Proair HFA, Ventolin HFA
MICARDIS/MICARDIS HCT	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, Benicar/HCT
NESINA	Januvia, Onglyza
NOVOLIN	Humulin
NOVOLOG	Humalog
NUTROPIN/NUTROPIN AQ	Genotropin, Humatrope, Norditropin
OMNARIS	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
OMNITROPE	Genotropin, Humatrope, Norditropin
PEGINTRON	Pegasys
PROVENTIL HFA	Proair HFA, Ventolin HFA
RHINOCORT AQUA	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
SAIZEN	Genotropin, Humatrope, Norditropin
SIMPONI	Enbrel, Humira
STAXYN	Cialis, Viagra
STELARA	Enbrel, Humira
TESTIM	Androgel, Axiron
TEVETEN/TEVETEN HCT	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, Benicar/HCT
TEV-TROPIN	Genotropin, Humatrope, Norditropin
TRADJENTA	Januvia, Onglyza
TRUETEST, TRUETRACK METERS/STRIPS	OneTouch meters/strips
VERAMYST	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
VICTOZA	Bydureon, Byetta
XELJANZ	Enbrel, Humira
XOPENEX HFA	Proair HFA, Ventolin HFA
ZETONNA	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
ZIOPTAN	latanoprost, travoprost, Lumigan, Travatan Z

KEY
The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.
For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.
For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.
Brand-name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.

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#1702 NP-A
PRMT22157-14 (09/04/13)

Your Missing Piece? The NYS Deferred Compensation Plan

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

Social Security was never meant to be a sole source of income. On average, a public pension will replace only about 50% of your current income after 25 years of service.* These two pieces are a great start, but enrolling in the New York State Deferred Compensation Plan may be one piece to help complete the puzzle.

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

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

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

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

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

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

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

Account Executives are registered representatives of Nationwide Investment Services Corporation, member FINRA.

NRM-7409NY-NY (01/10)

U.C. Health Insurance Buyout Guidelines and Procedures

- If an employee is eligible for health insurance benefits but chooses not to enroll in the U.C health insurance plan and has obtained coverage through some other source, the employee can receive a buyout payment in lieu of coverage. The amount the employee would receive is dependent upon the unit to which the employee belongs as follows: CSEA - $1,000 annually PBA - $2,000 annually UCSA - $2,000 annually UCSEA -$2,000 annually Management - $2,000 annually

- All are paid quarterly except for UCSEA which is paid semiannually.

- The other coverage must be maintained at all times and failure to do so will result in the mandatory repayment of the buyout subsidy to U.C.

- Coverage must be a plan other than the Ulster County plan, except for PBA members.

- The following Buyout Application must be completed, signed, and returned to the U.C. Benefits Office by the end of the Health Insurance Open Enrollment period, or, in the event of coverage becoming available during the year, within 30 days of the start of the other coverage. Newly hired employees must submit the forms within 30 days of hire.

- Participants must renew the buyout option each year by completing the buyout form. When initially opting in and whenever the providing source of the other coverage is different than the expiring coverage, verification must be obtained from the other coverage provider by having Part 2 completed. If the other coverage is the same as the expiring coverage, only Part 1 of the form must be completed. All participants must provide a photocopy of their current ID card from the other coverage plan specifically showing the employee name.

- Buyout participants may opt out of the medical coverage and purchase the Dental and Vision coverage. See the 2014 Rate sheet for the appropriate premium.

- Please review the Buyout Application and contact the Employee Benefits Office with any questions or concerns.

APPLICATION FOR HEALTH INSURANCE BUYOUT

Part 1: To be completed by the U.C. employee

Name: _____ Phone: _____

I am currently enrolled in another health insurance plan and wish to decline medical coverage available to me through the Ulster County Health Insurance Plan. ***I understand that my other coverage cannot be an Ulster County Sponsored plan***. I realize that this selection is for a period of one year, January 1 to December 31, _____ unless the other coverage becomes unavailable during the year. I understand that I must maintain the other coverage for the duration of the entire year or will be responsible to notify the Benefits Office and forgo the buyout payments. I have read the accompanying Guidelines and Procedures and agree to comply with all requirements.

Employee Signature _____ Date _____

PLEASE NOTE: Attach a copy of the I.D. card providing coverage.

Part 2: Documentation of Adequate Coverage for Initial enrollment in Buyout Program or renewal with Coverage Different from the Previous Year (To be completed by the Administrator of the other insurance plan in which the U.C. employee is enrolled)

This is to verify that the above named individual is currently covered by a health plan as indicted below:

If the above named is a dependant of another person, please list this person: _____
Please verify the employee's coverage includes the following:

Hospitalization _____ Medical/Surgical _____ Prescription _____

Signature of Benefits Administrator _____

Title: _____ Date: _____

Name of Company: _____

Telephone #:_____

Rose and Kiernan, Inc. ENROLLMENT APPLICATION

Employer Use Only

Group Name: Ulster County

SECTION 1

Your Last Name | First | M.I | Alternate ID No. - - | Social Security No. - -

Address | ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed | Billing Code | Employee Dept Code

City | State | Zip Code | Date of Marriage / / | Date Of Divorce / / | Effective Date Requested / /

Employment Status: ☐Full-time ☐Part-time ☐Active ☐Retired ☐COBRA

Date Of Employment / / Date of Retirement / / Retirement Benefit %

Phone No. ( ) - ( ) -

R&K Use Only

Employee No.	Billing Class	Group Code

SECTION 2

☐ New Enrollment/Reinstatement (complete Section 4)

☐ Change Coverage to: (check new coverage)

☐ Cancel Coverage: (check those that apply)

☐ Add or Delete Dependent: (complete section 4)

☐ Active to Retiree: Retirement Date:

☐ Change Enrollee's Information: (complete Section 1 with new information)

Reason :

Type	Plan	IND	2-PER	FAM		
Medical	EBCBS PPO	☐	☐	☐		
Medical	EBCBS POS	☐	☐	☐		
Dental	Delta	☐		☐		
Vision	Davis	☐		☐		

SECTION 3

Other Coverage? Is there Coverage Under any other group health plan available to you or any member of your family ☐ NO ☐ Yes

If Yes; Policyholder Name | Relationship ☐ Self ☐Spouse ☐ Child

Social Security Number - - | Birthdate / /

Insurance Company Name | Policy Number

Address

Plan Type: ☐Self only ☐Self and Family

Coverage Type: ☐Health ☐Drug ☐Dental ☐Vision

Copy of medical is required if you have other coverage.

SECTION 4

LIST APPLICANT AND ALL ELIGIBLE DEPENDENTS

ADD	DEL	RELATIONSHIP	NAME (LAST / FIRST / M.I.)	Birthdate (mo/day/yr)	Social Security #	Medicare A&B Effective Date
☐	☐	Self ☐M ☐F		/ /	- -	/ / / /
☐	☐	☐ Spouse		/ /	- -	/ / / /
☐	☐	☐ Son ☐Daughter		/ /	- -	/ / / /
☐	☐	☐ Son ☐Daughter		/ /	- -	/ / / /
☐	☐	☐ Son ☐Daughter		/ /	- -	/ / / /

If the medical plan you are enrolling in requires a primary care physician the carrier will notify you by letter how to choose your pcp..

SECT. 5

Do your dependents reside in you home? ☐Yes ☐No If no give address

Do you have a disabled dependent beyond age 26? ☐No ☐ Yes List name(s):

Applicants Signature: Date: Employer's Signature:

Ulster County Health Insurance Coverage Waiver
Plan Year January 1, 2014– December 31, 2014

I understand that I am eligible to participate in the Ulster County Employee Health Insurance plan for myself and my dependents.

I hereby elect to not participate in this program. I understand that this election is made in advance to cover the entire upcoming plan year and in no situation can I elect to change this selection during the policy year.

I understand the next opportunity I will have to participate in the Ulster County Health Insurance plan will be during the next open enrollment period.

Print Name: _____

Signature: _____

Date: _____

Please submit this waiver to the Employee Benefits Office during the Open Enrollment period.

Completion of this waiver is an annual requirement.
Failure to properly complete and submit this form to the Employee Benefits Office will result in the employee only automatically being enrolled in the lowest priced plan option and the appropriate payroll deduction applied.

Ulster Scripts Employee Program

CanaRx
Employee Enrollment Form

MEMBER ID #:

FAX DIRECTLY FROM YOUR DOCTOR'S OFFICE WITH YOUR PRESCRIPTION (S) TOLL-FREE TO: 1-866-715-(MEDS) 6337
OR
MAIL TO: Ulster Scripts , P.O. BOX 44650, DETROIT, MI., 48244-0650 PHONE TOLL-FREE: 1-866-893-(MEDS) 6337

PATIENT INFORMATION: Birthdate _____ DD/MM/YYYY

Phone (Home) Phone (Work or Cell)

First Name (please print) Initial Last Name

Street Address

City/State Zip Code

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

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

List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths. *Ex. Benicar* *(This is NOT a prescription.)*	**Strength** *Ex. 20 mg*	**Reason for Taking** *Ex. Blood Pressure*	**Daily Use** *Ex. Twice Daily*

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

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

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

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

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

AUTHORIZATION
I confirm that a U.S. Physician will regularly monitor me and that I have had a physical examination within the past 12 months. I verify that I have 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 and that the information provided by me is accurate and true.
I request and authorize Ulster County, NY, to pay for any and all services, fees and amounts relating to the prescription medications that I will obtain through this service.

Subscriber Signature: **Date:** *(DD/MM/YY)*

January 2014

Ulster Scripts Employee Program

CanaRx
Dependent Enrollment Form

MEMBER ID #:

FAX DIRECTLY FROM YOUR DOCTOR'S OFFICE WITH YOUR PRESCRIPTION(S) TOLL-FREE TO: 1-866-715-(MEDS) 6337
OR
MAIL TO: Ulster Scripts, P.O. BOX 44650, DETROIT, MI., 48244-0650 PHONE TOLL-FREE: 1-866-893-(MEDS) 6337

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

Phone (Home) Phone (Work or Cell)

First Name (please print) Initial Last Name

Street Address

City/State Zip Code

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

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

List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths. *Ex. Benicar* *(This is NOT a prescription.)*	**Strength** *Ex. 20 mg*	**Reason for Taking** *Ex. Blood Pressure*	**Daily Use** *Ex. Twice Daily*

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

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

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

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

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

AUTHORIZATION IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18
I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse and that the information provided above is accurate and true. I request and authorize Ulster County, NY, to pay for any and all services, fees and amounts relating to the prescription medications that I will obtain through this service.

Parent's/Guardian's Signature: **Date:** *(DD/MM/YY)*

AUTHORIZATION IF THE PATIENT IS THE SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER
I confirm that a U.S. Physician will regularly monitor me and that I have had a physical examination within the past 12 months. I verify that I have taken the above listed medication 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 and that the information provided by me is accurate and true. I request and authorize Ulster County, NY, to pay for any and all services, fees and amounts relating to the prescription medications that I will obtain through this service.

Patient Signature: **Date:** *(DD/MM/YY)*

January 2014

PLEASE MAIL TO EMPLOYEE BENEFITS OFFICE ATTN: KEVIN ROACH

ULSTER COUNTY

FLEXIBLE SPENDING ACCOUNT

Election Form and Compensation Reduction Agreement

Last Name: _____ First Name: _____ MI: ____

Social Security Number: _____DOB: _____Sex:____ Marital Status:_____

Address: _____

City: _____State: _____Zip: _____

Email Address (required :_____Phone Number (___)_____

Date of Hire: _____ Enrollment Date: _____

Flexible Spending Plan Year: January 1, 2014 through December 31, 2014

My employer and I hereby agree that my cash compensation will be reduced by the amounts set forth below for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement). I also understand that I will be charged a $3.00 per month account administration fee.

Premiums Under Certain Benefit Plans

I may be eligible for certain health, dental, and/or vision insurance coverage's.

Where I have enrolled for such plan(s), my premium contributions will be paid, if any, on a pre-tax basis, unless I complete an "Election Not to Participate" form available through my employer.

Unreimbursed Medical Expense Account

I elect to make contributions to a medical reimbursement account for this plan year as follows:

Amount of compensation reduction: $ _____ **per pay period**, for ____ pay periods (max 24 pay periods)
Yearly compensation reduction: $_____
The annual plan limit is $1,500 per participant.

Qualifying Medical Care Expenses
Under the Plan, you will be reimbursed only for those types of medical expenses normally deductible on your federal income tax return with certain exceptions (i.e., health insurance provided by a spouse's employer cannot be reimbursed).

III. Dependent Care Assistance Account

I elect to make contributions to a dependent care assistance account for this plan year as follows:

Amount of compensation reduction: $ _____ **per pay period**, for ____pay periods (max 24 pay periods)
Yearly compensation reduction: $_____
(Up to $5,000 or $2,500 if married filing separate tax returns)

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE EMPLOYER'S FLEXIBLE BENEFITS PLAN, MEDICAL REIMBURSEMENT PLAN, AND/OR DEPENDENT CARE ASSISTANCE PLAN AS AMENDED FROM TIME TO TIME; AND SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS. I UNDERSTAND THAT I CANNOT CHANGE ANY OF MY ELECTIONS DURING THE PLAN YEAR UNLESS I HAVE A CHANGE IN FAMILY STATUS AND THAT ANY MONEY LEFT IN MY ACCOUNT(S) AT THE END OF THE PLAN YEAR WILL BE FORFEITED.

Employee's Signature _____ Date _____

Accepted and agreed to by the employer's Authorized Representative.

By _____ Date _____

Please mail completed form to The Employee Benefits Department no later than 12/13/2013

Know Your Health Care FSA/HRA Eligible and Ineligible Expenses

Maximize the Value of Your Reimbursement Account

Your Health Care Flexible Spending Account (FSA) and/or Health Reimbursement Account (HRA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

Eligible Expenses

BABY/CHILD TO AGE 13
- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL
- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES
- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING
- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS
- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES
- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES
- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

MEDICATIONS
- Insulin
- Prescription Drugs

OBSTETRICS
- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS
- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY
- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

HRA ELIGIBLE
- Insurance Premiums
- Long Term Care Premiums

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

CHC-010 030911

The IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs or HRAs, as they are not prescribed by a physician for a specific ailment.

Ineligible Expenses

- Contact Lens or Eyeglass Insurance
- Cosmetic Surgery/Procedures
- Electrolysis
- Insurance Premiums and Interest (FSA Ineligible Only)
- Long Term Care Premiums (FSA Ineligible Only)
- Marriage or Career Counseling
- Personal Trainers
- Sunscreen (spf less than 30)
- Swimming Lessons

Note: This list is not meant to be all-inclusive.

Please Note: The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA or HRA funds unless accompanied by a prescription and the prescription is filled by a pharmacist.

Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- Acid controllers
- Acne medications
- Allergy & sinus
- Antibiotic products
- Antifungal (Foot)
- Antiparasitic treatments
- Antiseptics & wound cleansers
- Anti-diarrheals
- Anti-gas
- Anti-itch & insect bite
- Baby rash ointments & creams
- Baby teething pain
- Cold sore remedies
- Contraceptives
- Cough, cold & flu
- Denture pain relief
- Digestive aids
- Ear care
- Eye care
- Feminine antifungal & anti-itch
- Fiber laxatives (bulk forming)
- First aid burn remedies
- Foot care treatment
- Hemorrhoidal preps
- Homeopathic remedies
- Incontinence protection & treatment products
- Laxatives (non-fiber)
- Medicated nasal sprays, drops, & inhalers
- Medicated respiratory treatments & vapor products
- Motion sickness
- Oral remedies or treatments
- Pain relief (includes aspirin)
- Skin treatments
- Sleep aids & sedatives
- Smoking deterrents
- Stomach remedies
- Unmedicated nasal sprays, drops & inhalers
- Unmedicated vapor products

OTC items that are not medicines or drugs remain eligible for purchase with FSAs and HRAs.

Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

- **Baby Electrolytes and Dehydration**
  Pedialyte, Enfalyte
- **Contraceptives**
  Unmedicated condoms
- **Denture Adhesives, Repair, and Cleansers**
  PoliGrip, Benzodent, Plate Weld, Efferdent
- **Diabetes Testing and Aids**
  Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products
- **Diagnostic Products**
  Thermometers, blood pressure monitors, cholesterol testing
- **Ear Care**
  Unmedicated ear drops, syringes, ear wax removal
- **Elastics/Athletic Treatments**
  ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts
- **Eye Care**
  Contact lens care
- **Family Planning**
  Pregnancy and ovulation kits
- **First Aid Dressings and Supplies**
  Band Aid, 3M Nexcare, non-sport tapes
- **Foot Care Treatment**
  Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles
- **Glucosamine &/or Chondroitin ****
  Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements
- **Hearing Aid/Medical Batteries**
- **Home Health Care (limited segments)**
  Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs
- **Incontinence Products**
  Attends, Depend, GoodNites for juvenile incontinence, Prevail
- **Prenatal Vitamins ****
  Stuart Prenatal, Nature's Bounty Prenatal Vitamins
- **Reading Glasses and Maintenance Accessories**

Note: ** Require a Note of Medical Necessity from your health care provider to qualify for reimbursement

For additional information, please contact your Plan Administrator.

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CHC-010 030911

UNDERSTANDING YOUR EMPLOYEE ASSISTANCE PROGRAM

Ulster County recognizes that life is ***stressful.*** Our employee's mental and emotional health is just as important to their successful job performance as their physical health. EAP offers free, confidential, counseling services to employees and their immediate families. There is no co-pay or out of pocket expense to the employee.

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

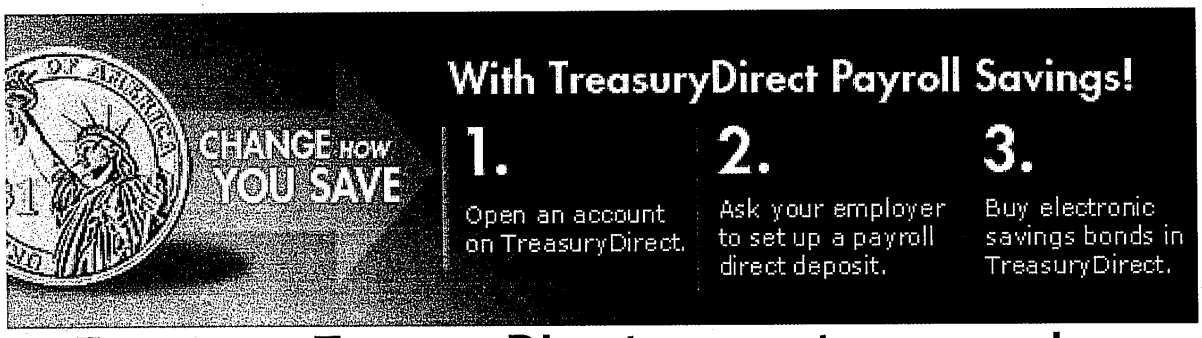
Some specific circumstances for which and EAP will provide assistance include:

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

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

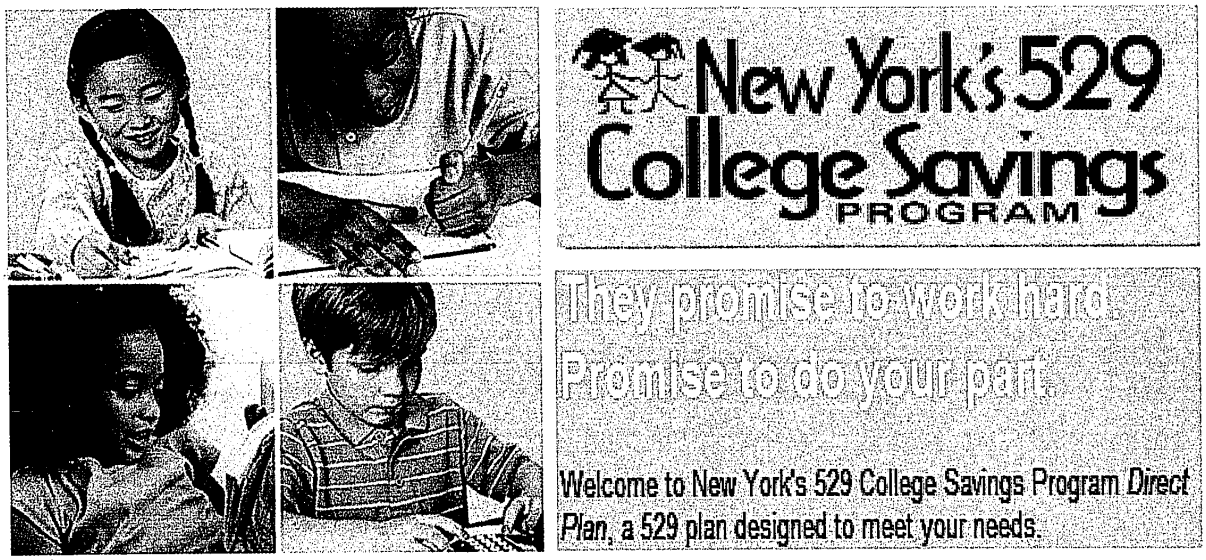
Two Great Programs Available through Payroll Deduction

TreasuryDirect®



From your TreasuryDirect account you may buy savings bonds and other Treasury securities.

http://www.treasurydirect.gov/tdhome.htm



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

**** CSEA & ASSOCIATE MEMBERS ONLY ****

CSEA & Pearl Carroll ~ A Relationship You Can Count On

- ✓ CSEA's only endorsed broker for over 70 years*
- ✓ One stop shopping for all of your insurance needs
- ✓ One of a kind programs designed specifically for CSEA Members
- ✓ Offering free seminars and individual counseling
- ✓ Dedicated sales and service representatives

Meet Lydia Gregory, your CSEA Insurance Representative.
If you'd like to make an appointment with Lydia, or if you'd like some more information on the insurance programs available to you, call her toll free at 1-800-476-9058

* Pearl Carroll & Associates and its predecessor companies

FACT SHEET

For help or questions call:
Your CSEA Insurance Representative
Lydia Gregory, at **1-800-476-9058**

FACT- "One of a Kind" Programs designed **by** CSEA **for** CSEA Members only

FACT- New Member Guaranteed Issue
- Term Life – up to $50,000 Member/Spouse
- Disability – up to $1,200 monthly benefit
  - (Pre-existing conditions may apply)
- Whole Life- up to $25,000 Member

FACT- Critical Illness – NOT CANCER ONLY
- Covers Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure
- Family coverage for Spouse/Domestic Partner and Children available
- Simplified Issue $15,000 for Member & Spouse/Domestic Partner, $10,000 for Children
- Amounts up to $115,000 per benefit category available
- Annual Wellness Benefit - $75
- Portable coverage with NO termination age

FACT- CSEA Term Life Has NO Termination Age
- Includes Accelerated Death Benefit
- Includes Premium Waiver

FACT- CSEA Disability includes Accidental Death and Dismemberment
- Long & Short Term plans w/Lifetime Benefit Unique to CSEA ONLY
- Includes Premium Waiver

FACT- CSEA also offers Permanent Life insurance with Universal Life insurance and Whole Life Insurance

FACT- CSEA also offers Auto, Home, Renters, Excess Liability, Pet Insurance and more!

www.pearlcarroll.com/csea

ULSTER COUNTY EMPLOYEES
2014
AFLAC-NY CANCER CARE INSURANCE

Base Plan: This coverage provides financial relief from the devastating affect cancer can have on a family. Your medical plan will cover most cancer related medical expenses, but cancer has many non-medical and out-of-pocket expenses. Non-medical expenses include travel, food, lodging and household help costs. In addition, loss of earning power by either the cancer victim or a caretaker can have a significant impact on your ability to meet every day expenses like: health insurance premiums, mortgage or rent payments, car payments, utility bills and groceries.

Cancer Screening Wellness Benefit: Aflac New York will pay $75 per calendar year to each covered person when one of the following tests are performed to determine whether cancer exists: mammogram, breast ultrasound, Pap smear, ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon cancer), CA125 (blood test for ovarian cancer) PSA (blood test for prostate cancer), thermography or colonoscopy or virtual colonoscopy. These tests must be performed to determine if cancer exists in a covered person. No lifetime maximum. Fax itemized bill to Aflac at 877-844-0201 for reimbursement.

This coverage is also portable; you can take it with you if you leave your employer. Please see the Aflac Cancer Brochure (Level 2) for coverage and benefit details.

CSEA & NON-CSEA EMPLOYEES - *MONTHLY BANK DRAFT or CREDIT CARD ONLY!*

Aflac Cancer Plan Costs	Base Plan	Base Plan & Building Benefit Rider
Individual	$ 30.10	$ 33.10
One Parent Family	$ 36.80	$ 41.30
Two Parent Family	$ 50.90	$ 57.40

****NON-CSEA EMPLOYEES ONLY - *PAYROLL DEDUCTION option*****

Aflac Cancer Plan Costs - 24-Pay Periods	Base Plan	Base Plan & Building Benefit Rider
Single	$ 15.05	$ 16.55
One Parent with child(ren)	$ 18.40	$ 20.65
Family	$ 25.45	$ 28.70

YOU MUST MEET WITH Dan Barry TO COMPLETE THE NECESSARY APPLICATION. Call 687-4972 to schedule an appointment.

ULSTER COUNTY EMPLOYEES
2014
AFLAC-NY ACCIDENT INSURANCE

Plan Benefits Include: Emergency Treatment, Follow-Up Treatment, Initial Hospitalization, Hospital Confinement, Physical Therapy, Accidental Death and much more! Benefits are payable for a covered person's injury, dismemberment or death caused by a covered person's injury.

Accident Emergency Treatment Benefit: Aflac will pay $120 for the insured and the spouse, and $120 for children (up to age 26) if a covered person received treatment for injuries sustained in a covered accident. This benefit is payable for X-rays, treatment by physicians, or treatment received in a hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per covered person. This coverage is also portable; you can take it with you if you leave your employer. Please see the Aflac Personal Accident indemnity Plan Brochure (Level 2) for coverage and benefit details.

CSEA & NON-CSEA EMPLOYEES - *MONTHLY BANK DRAFT or CREDIT CARD ONLY!*

Accident Insurance Rates	
Individual	$21.19
Husband & Wife	$27.04
One Parent w/Child(ren)	$31.72
Two Parent w/Child(ren)	$40.43

****NON-CSEA EMPLOYEES ONLY - *PAYROLL DEDUCTION option*****

Accident Insurance Rates – 24 pay periods	
Individual	$10.60
Husband & Wife	$13.52
One Parent w/Child(ren)	$15.86
Two Parent w/Child(ren)	$20.22

AFLAC-NY SHORT-TERM DISABILITY INCOME
Disability Income Protection Advantage
Peace of mind. Cash benefits. Knowing that you'll have help in the event of disability. All are good reasons to strongly consider the benefits of Aflac New York!

When disabled, you may not only lose the ability to earn a living, but you may also lose savings, retirement funds, or even your home. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Disability Income rates are quoted at the time of application.

YOU MUST MEET WITH Dan Barry TO COMPLETE THE NECESSARY APPLICATION(S). Call 687-4972 to schedule an appointment.

Your Summary of Benefits

Empire BlueCross BlueShield

POS

County of Ulster
POS

Benefit	In-Network [2]	Out-of-Network [3]
Deductible	N/A	$2,000/$5,000
Coinsurance	N/A	40%
Coinsurance Stop Loss	N/A	$20,000/$50,000 ($8,000/$20,000 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered through the end of the month)	Dependents to Age 26	Dependents to Age 26
CoveredPreventive Care[1]	**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 copay	Deductible and coinsurance
webVisit[4]	$5 copay per online consultation	Covered in-network only
Emergency Room/Facility (initial visit per occurrence)	$100 copay (Waived if admitted within 24 hours)	$100 copay (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery [5,6]	$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[5]/MRA[5], CAT Scan[7], PET[7] and Nuclear Cardiology[7]	$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	$20 copay (Waived for treatment)	Deductible and coinsurance
Chiropractic Care[7]	$20 copay	Deductible and coinsurance
Home Healthcare (Up to 200 visits per calendar year)	$0	Coinsurance (no deductible)
Home Infusion Therapy	$0	Deductible and coinsurance
Hospice Care (Up to 210 days per lifetime)	$0	Deductible and coinsurance
Physical Therapy[5] (Up to 90 visits per calendar year combined in home, office or outpatient facility)	$20 copay	Deductible and coinsurance
Speech/Language[5], Occupational[5], Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility)	$20 copay	Deductible and coinsurance
Outpatient Cardiac Rehabilitation	$20 copay	Deductible and coinsurance
Second Surgical Opinion	$20 copay	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.

Your Summary of Benefits

Empire BlueCross BlueShield

POS

Benefit	In-Network[2]	Out-of-Network [3]
Inpatient Care[5]		
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 30 days per calendar year)	$0	Deductible and coinsurance
Mental Health		
Outpatient Visits in Office	$20 copay	Deductible and coinsurance
Outpatient Visits in Facility	$0	Deductible and coinsurance
Inpatient Care[9]As many days as is medically necessary; semiprivate room and board)	$0	Deductible and coinsurance
Alcohol/Substance Abuse[9]		
Outpatient Visits in Office	$20 copay	Deductible and coinsurance
Outpatient Visits in Facility	$0	Deductible and coinsurance
Inpatient Detoxification (As many days as is medically Necessary; semiprivate room and board)	$0	Deductible and coinsurance
Inpatient Rehabilitation	$0	Deductible and coinsurance
Other		
Medical Supplies	$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment[5]	$0	Deductible and coinsurance
Prosthetics & Orthotics[5]	$0	Deductible and coinsurance
Ambulance (air ambulance)	$0	Deductible and coinsurance

(1) Preventive Care benefits not subject to copay, 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.

(1) 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.

(2) 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.)

(3) A webVisit enables you to receive a covered medical consultation for a non-urgent matter from a participating provider who has agreed to provide webVisits to Empire members online. Confirm your provider's participation by contacting your provider or his/her office staff. Visit our website or call for more details.

(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, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for proposed cosmetic surgery, an excluded benefit except when medically necessary.

(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, or services may be denied; Empire network providers cannot bill members beyond the in-network copayment for covered services. Authorization is not required for out-of-network services.

(8) Precertification must be obtained from the Behavioral Healthcare Manager, or penalties apply.

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.

POS REV Aug 2012 *Prepared on 09/05/2013 UM*

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Your Summary of Benefits

Empire BlueCross BlueShield

PPO

County of Ulster
PPO

Benefit	In-Network [1]	Out-of-Network [2,3]
Deductible	N/A	$500/$1,250
Coinsurance	N/A	20%
Coinsurance Stop Loss	N/A	$5,000/$12,500 / ($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	$20 copay	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)
Surgery[5], 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/MRA[6], CAT Scan[7], PET[7] & Nuclear Cardiology[7]	$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment (Allergy Injections/Immunotherapy)	$20 copay (Waived for treatment)	Deductible and Coinsurance
Chiropractic Care[9]	$20 copay	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	$0	Coinsurance (no deductible)
Home Infusion Therapy	$0	Covered in-network only
Hospice Care (Up to 210 days per lifetime)	$0	Covered in-network only
Physical Therapy[5] (Up to 90 visits per calendar year combined in home, office or outpatient facility)	$20 copay	Covered in-network only
Other Short-Term Rehabilitative Therapies – Speech/Language[5], Occupational[5], Vision (Up to 60 visits per calendar year combined in home, office or outpatient facility)	$20 copay	Covered in-network only

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.

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.

Your Summary of Benefits

Empire BlueCross BlueShield

PPO

Benefit	In-Network[1]	Out-of-Network [2,3]
Cardiac Rehabilitation	$20 copay	Deductible and Coinsurance
Second Surgical Opinion	$20 copay (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	$0	Deductible and Coinsurance
Inpatient Care[5]	**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	Covered in-network only
Mental Health	**Member Pays In-Network**	
Outpatient Visits in Office	$20 copay	Deductible and Coinsurance
Outpatient Visits in Facility	$0	Deductible and Coinsurance
Inpatient Care[8] (As many days as medically necessary; semiprivate room and board)	$0	Deductible and Coinsurance
Alcohol/Substance Abuse	**Member Pays In-Network**	**Member Pays Out-of-Network**
Outpatient Visits in Office	$20 copay	Deductible and Coinsurance
Outpatient Visits in Facility	$0	Deductible and Coinsurance
Inpatient Detoxification[8] (As many days as medically necessary; semiprivate room and board)	$0	Deductible and Coinsurance
Inpatient Rehabilitation[8]	$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	Covered in-network only
Prosthetics & Orthotics[6]	$0	Covered in-network only
Ambulance (air ambulance)	$0	In-network benefits apply

(1) Network provider delivers care.
(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.
(4) Preventive Care benefits not subject to copay, 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 for covered services. Outside Empire's network area, you must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers. You are responsible for obtaining precertification from Empire's Medical Management Program for in-area and out-of-area out-of-network services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
(7) Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the co-payment for covered services. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
(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) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services; Empire network providers cannot bill members beyond the in-network deductible and coinsurance for covered services. Authorization is not required for out-of-network services or for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.

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 BlueCross BlueShield

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

APPROVED OMB-0938-0008

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

CARRIER

PICA

HEALTH INSURANCE CLAIM FORM

PICA

PATIENT AND INSURED INFORMATION

1. MEDICARE ☐ (Medicare #) MEDICAID ☐ (Medicaid #) CHAMPUS ☐ (Sponsor's SSN) CHAMPVA ☐ (VA File #) GROUP HEALTH PLAN ☐ (SSN or ID) FECA BLK LUNG ☐ (SSN) OTHER ☐ (ID)

1a. INSURED'S I.D. NUMBER (Include prefix) (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM | DD | YY SEX M☐ F☐

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. Street)

6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No. Street)

CITY | STATE

8. PATIENT STATUS Single ☐ Married ☐ Other ☐ Employed ☐ Full-Time Student ☐ Part-Time Student ☐

CITY | STATE

ZIP CODE | TELEPHONE (Include Area Code)

ZIP CODE | TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) ☐YES ☐NO

a. INSURED'S DATE OF BIRTH MM | DD | YY SEX M☐ F☐

b. OTHER INSURED'S DATE OF BIRTH MM | DD | YY SEX M☐ F☐

b. AUTO ACCIDENT? ☐YES ☐NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? ☐YES ☐NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER NAME OR BENEFIT PLAN? ☐YES ☐NO

READ BACK OF FORM BEFORE COMPLETING THIS FORM.

12. I AUTHORIZE THE RELEASE OF INFORMATION AS DESCRIBED ON THE REVERSE SIDE OF THIS CLAIM FORM.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

PHYSICIAN SUPPLIER INFORMATION

14. DATE OF CURRENT: MM | DD | YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM | DD | YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM | DD | YY TO MM | DD | YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM | DD | YY TO MM | DD | YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? ☐YES ☐NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)

1. ____ . ___ 3. ____ . ___

2. ____ . ___ 4. ____ . ___

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A DATE(S) OF SERVICE FROM MM DD YY	TO MM DD YY	B PLACE OF SERVICE	C TYPE OF SERVICE	D PROCEDURES, SERVICES, OR SUPPLIES (EXPLAIN UNUSUAL CIRCUMSTANCES) CPT/HCPCS	MODIFIER	E DIAGNOSIS CODE	F $ CHARGES	G DAYS OR UNITS	H EPSDT FAMILY PLAN	I EMG	J COB	K RESERVED FOR LOCAL USE
1												
2												
3												
4												
5												
6												

25. FEDERAL TAX I.D. NUMBER SSN ☐ EIN ☐

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? ☐YES ☐NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
"I CERTIFY THAT THE CARE, SERVICES AND SUPPLIES ENTERED ON THIS FORM HAVE BEEN RENDERED TO THE PATIENT, AND THAT I AM ENTITLED TO REIMBURSEMENT OF THE CHARGES INDICATED."

SIGNED DATE

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)

33. PHYSICIANS, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE NUMBER

PIN# GRP#

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

PLEASE PRINT OR TYPE

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

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

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. Comptrollers Office is responsible for administration of the N.Y.S. Retirement System. Their website, http://www.osc.state.ny.us/retire/, includes forms, contact 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 U.C. service are eligible to receive retiree health insurance as per the collective bargaining agreement.
- The Empire BCBS plan that you are enrolled in prior to retirement is the one you will remain in until the next open enrollment period (unless you are Medicare eligible). If you would consider switching to the less expensive POS plan, you may only do so at the prior open enrollment.
- Please note that once you retire, you may not add any dependents to your retiree health insurance plan.
- Your retiree health insurance will begin the first of the month following your retirement date so please contact the Employee Benefits Office as far in advance, with a minimum of 30 days if possible, to arrange for a smooth transition of health coverage from employee to retiree and to arrange for the billing option of your choice.

2014 ULSTER COUNTY HOLIDAY SCHEDULE

NEW YEAR'S DAY	WEDNESDAY, JANUARY 1
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 20
LINCOLN'S BIRTH DAY **	WEDNESDAY, FEBRUARY 12
PRESIDENT'S DAY	MONDAY, FEBRUARY 17
GOOD FRIDAY **	FRIDAY, APRIL 18
MEMORIAL DAY	MONDAY, MAY 26
INDEPENDENCE DAY	FRIDAY, JULY 4
LABOR DAY	MONDAY, SEPTEMBER 1
COLUMBUS DAY	MONDAY, OCTOBER 13
ELECTION DAY **	TUESDAY, NOVEMBER 4
VETERAN'S DAY	TUESDAY, NOVEMBER 11
THANKSGIVING DAY	THURSDAY, NOVEMBER 27
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 28
CHRISTMAS DAY	THURSDAY, DECEMBER 25

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

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

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.