

# Ulster County

Important Information for You and Your Family  
Benefit Meetings:

## Friday, October 17, 2014

8:00am - 9:30am - Dept. Of Public Works, Shamrock Lane  
10:00am - 11:15am - UCAT Training Room, 1 Danny Circle (Golden Hill)  
11:45am - 1:30pm - Business Resource Center, Development Court  
2:00pm - 4:00pm - Health & Mental Health Offices, 239 Golden Hill Lane

## Tuesday, October 28, 2014

8:30am - 10:30am - Dept. of Social Services, Development Court  
11:00am - 1:30pm - U.C. Office Bldg., 6th Fl., 244 Fair St.  
3:00pm - 5:00pm - U.C.L.E.C., 380 Boulevard (Rt. 32)

Open Enrollment: Oct 10, 2014—Nov 24, 2014  
Plan Year : January 1—December 31, 2015



[www.ulstercountyny.gov/personnel/](http://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

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Exam Hotline: (845) 334-5454

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**MICHAEL P. HEIN**  
*County Executive*



**SHEREE CROSS**  
*Personnel Officer*

**JAMES FARINA**  
*Director of Employee Relations*

### **2015 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 2015. I encourage you to attend an Open Enrollment session and learn new things that can positively impact your health care.

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. Browsing this book will help you learn more about available coverages. I suggest you send the link <https://www.ulstercountyny.gov/personnel/benefits-management> to your personal email so you and your family members can review the book at home. If you have a smartphone, scan the QRC code found on the bottom of this page to download this book as well.

**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.

**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, 2014, under Federal rules the Benefits Office will enroll you in the POS individual plan with its appropriate payroll deduction.

### **Dependent Eligibility Verification.**

The County is now asking for proof of dependent eligibility from all employees and retirees. Currently, we are requesting Birth Certificates, Marriage Certificates, Court Documents (if applicable,) and a copy of your Tax Form with all information redacted except for name through filing status. Eligible dependents for Ulster County Health Insurance coverage is defined as: a spouse, natural child, step child, or a legally adopted child. For further definitions and limitations, please contact Employee Benefits.

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

### **What's New for 2015**

**A New Card for 2015** – Because we have changed to Blue View Vision and have the Urgent Care Out of Network change there will be a new card issued by January.

**Live Health Online** – Live Health Online is now a covered benefit under our Health Plan. With a computer and webcam, or applicable smartphone app, you can talk to a medical professional 24/7, 365 days a year. You can be at home, at work, or out of town (though not all services may be available in all locations.) No appointment is necessary to speak with Live Health Online. This benefit saves time and

costs the same as a primary care office visit. To activate your account, go to [livehealthonline.com](http://livehealthonline.com) on your computer or download the appropriate application from your smartphone's store.

**Urgent Care Out of Network Change** – As of January 1, 2015, Urgent Care Copay, both in and out of network, will be \$20. If you or a covered family member cannot locate an in-network urgent care center, you may go to an out of network center and pay the \$20 copay. This is advantageous since the cost of going to the emergency room includes a copay of \$100. This can be especially useful when you are traveling away from home.

**Flexible Spending Account Change** – As of January 1, 2015, The Flexible Spending Account will have a \$500 roll-over feature. You will have the ability to roll remaining funds from the previous year to the following calendar year. You will not lose leftover funds, up to \$500. This will enable you to better estimate the amount needed for your health care out of pocket expenses. By paying medical bills with pre-tax dollars, you could be saving 15-20% of these expenses.

**Blue View Vision** - As of January 1, 2015 Blue View Vision will replace Davis Vision. All the same benefits and network apply to Blue View Vision **plus** we gain a greater network that includes: LensCrafters, Pearle Vision, Sears Optical, Target Optical, and JCPenney Optical. Again, coverage remains nearly identical and this year there is no waiting for an anniversary date to receive services as the plan resets on January 1<sup>st</sup>.

**Benefit Reminders:**

**Express Scripts Change in Formulary Options** – Effective January 1, 2015, 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. 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 2015 National Preferred Formulary (addition drugs, changes from formulary to non-formulary). Express Scripts will be providing letters to those members that are impacted that will provide them with alternatives they can discuss with their physicians.

**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 pages 2 and 3 for more information)

**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/default.aspx?u=Ulster1&p=County2>. 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,

Sheree Cross  
Personnel Officer



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2015 ULSTER COUNTY EMPLOYEE HEALTH INSURANCE RATES EFFECTIVE JANUARY 1, 2015					
	TIER STATUS	EMPLOYEE SHARE			
		MONTHLY		BI WEEKLY	
		POS	PPO	POS	PPO
CSEA HIRED BEFORE 1/1/1994 (fixed contributions)	INDIVIDUAL W/ DENTAL AND VISION	\$8.00	\$8.00	\$4.00	\$4.00
	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	
PBA HIRED BEFORE 7/1/1994 UCSEA HIRED BEFORE 7/1/1994 (fixed contributions)	INDIVIDUAL W/ DENTAL AND VISION	\$0.00	\$0.00	\$0.00	\$0.00
	2 PERSON W/ DENTAL AND VISION	\$15.06	\$15.06	\$7.53	\$7.53
	FAMILY W/ DENTAL AND VISION	\$15.06	\$15.06	\$7.53	\$7.53
	INDIVIDUAL DENTAL AND VISION ONLY	\$0.00	\$0.00	\$0.00	\$0.00
	FAMILY DENTAL AND VISION ONLY	\$0.00	\$0.00	\$0.00	\$0.00
PBA HIRED AFTER 7/1/1994 CSEA HIRED 1/1/1994- 9/19/2012 UCSA HIRED 5/18/2010- 3/31/2013 UCSEA HIRED 7/1/1994- 8/18/2014 (15% of total premium)	INDIVIDUAL W/ DENTAL AND VISION	\$104.06	\$143.20	\$52.03	\$71.60
	2 PERSON W/ DENTAL AND VISION	\$196.40	\$273.96	\$98.20	\$136.98
	FAMILY W/ DENTAL AND VISION	\$279.58	\$395.36	\$139.79	\$197.68
	INDIVIDUAL DENTAL AND VISION ONLY	\$5.92		\$2.96	
	FAMILY DENTAL AND VISION ONLY	\$15.28		\$7.64	
CSEA HIRED AFTER 9/20/2012 UCSA HIRED AFTER 4/1/2013 UCSEA HIRED AFTER 8/19/14 (20% of total premium)	INDIVIDUAL W/ DENTAL AND VISION	\$138.74	\$190.94	\$69.37	\$95.47
	2 PERSON W/ DENTAL AND VISION	\$261.86	\$365.28	\$130.93	\$182.64
	FAMILY W/ DENTAL AND VISION	\$372.78	\$527.14	\$186.39	\$263.57
	INDIVIDUAL DENTAL AND VISION ONLY	\$7.90		\$3.95	
	FAMILY DENTAL AND VISION ONLY	\$20.38		\$10.19	
MANAGEMENT NON-UNION LEGISLATORS UCSA HIRED BEFORE 5/18/2010 SUPERIOR OFFICERS UNION (10% of total premium)	INDIVIDUAL W/ DENTAL AND VISION	\$69.36	\$95.46	\$34.68	\$47.73
	2 PERSON W/ DENTAL AND VISION	\$130.92	\$182.64	\$65.46	\$91.32
	FAMILY W/ DENTAL AND VISION	\$186.38	\$263.58	\$93.19	\$131.79
	INDIVIDUAL DENTAL AND VISION ONLY	\$3.96		\$1.98	
	FAMILY DENTAL AND VISION ONLY	\$10.20		\$5.10	

# 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**.

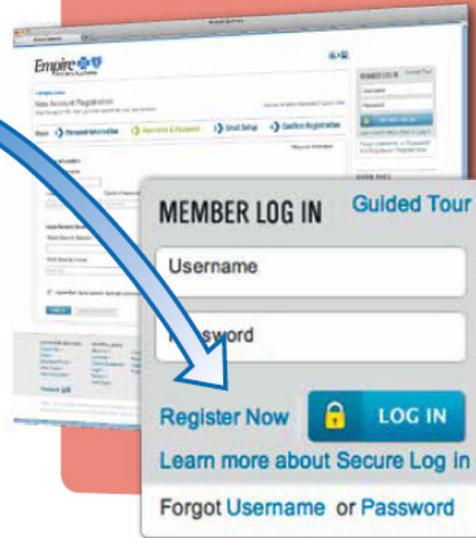
## Step 3: Email setup

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.**



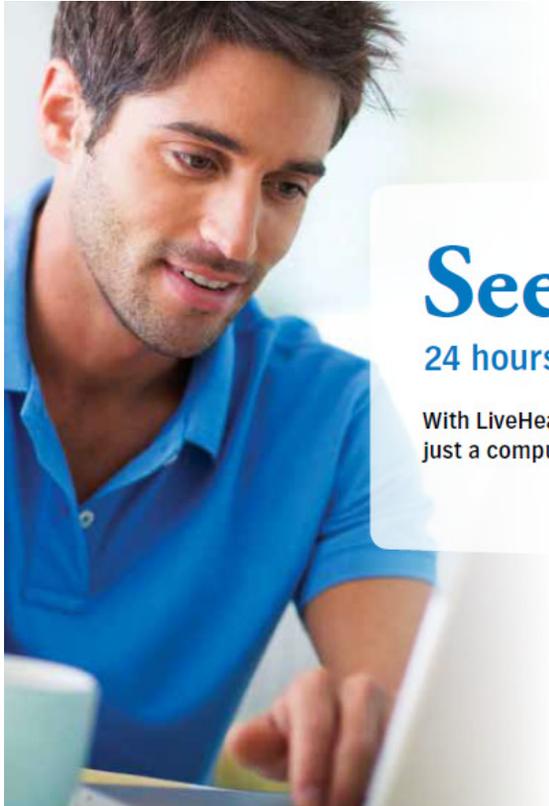
Now you can log in to start taking advantage of online access to your benefits.

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.

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LiveHealth  
ONLINE

# See a doctor online

24 hours a day, 365 days a year

With LiveHealth Online®, you don't need an appointment — just a computer, webcam and Internet access.

Use LiveHealth Online® to see a doctor for colds, sore throats, flu, allergies, infections, children's health issues — and much more!

Enroll today at [livehealthonline.com](http://livehealthonline.com)!

## LiveHealth Online

Easy, fast doctor visits. All from the comfort of your own computer or mobile device.

Talk to a doctor today, tonight, anytime - 365 days a year. Just enroll at [livehealthonline.com](http://livehealthonline.com) or on the free, mobile app.



### Get help from a doctor online — when you need it

LiveHealth Online® connects you to a doctor without appointments, waiting rooms or high costs. And it's there for you when you need it — 24 hours a day, 365 days a year.

With this tool, you'll enjoy:

- Immediate, live-video doctor visits
- Your choice of U.S. board-certified doctors
- The same cost as your regular doctor visits
- Private, secure and easy-to-get online visits

LiveHealth  
ONLINE

Enroll for free at [livehealthonline.com](http://livehealthonline.com) or download the mobile app at the App Store or Google Play. Simply search "LiveHealth Online."

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Empire BlueCross BlueShield. 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.

## 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

### **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 2015 Summary of Benefits

<b>Deductibles</b>	\$50 per person / \$150 per family each calendar year
Deductibles waived for Diagnostic & Preventive (D & P), & Orthodontics?	Yes
<b>Maximums</b>	\$1,500 per person each calendar year
D & P counts toward maximum?	Yes

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-PPO dentists** (Delta Dental Premier® & Non-Delta Dental Dentists)
<b>Diagnostic &amp; Preventive Services</b> Exams, cleanings, x-rays, sealants	100 %	100 %
<b>Basic Services</b> Fillings	80 %	80 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	80 %	80 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	80 %	80 %
<b>Oral Surgery</b> Covered Under Basic Services	80 %	80 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50 %	50 %
<b>Prosthodontics</b> Bridges and dentures, implants, TMJ	50 %	50 %
<b>Orthodontic Benefits</b> dependent children to age 19	50 %	50 %
<b>Orthodontic Maximums</b>	\$ 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**  
One Delta Drive  
Mechanicsburg, PA 17055

**Customer Service**  
800-932-0783  
(Business Hours: 8 am to 8 pm ET)

**Claims Address**  
P.O. Box 2105  
Mechanicsburg, PA 17055-2105

**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.

**Delta Dental PPO<sup>SM</sup>**

Benefit Highlights

**WELCOME TO BLUE VIEW VISION!**

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



January 1, 2015  
Blue View Vision<sup>SM</sup>

**Your Blue View Vision network**

Empire Blue Cross Blue Shield vision members have access to one of the nation's largest vision networks. Blue View Vision is the only vision plan that gives members the ability to use their in-network benefits at 1-800 CONTACTS, or choose a private practice eye doctor, or go in store to LensCrafters®, Sears Optical®, Target Optical®, JCPenney® Optical, most Pearle Vision® locations, and New York based Empire Vision and Davis Vision Centers.

**Out-of-network:** If you choose to, you may receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.

**YOUR BLUE VIEW VISION PLAN AT-A-GLANCE**

**VISION PLAN BENEFITS**

**Routine eye exam** once every 12 months

**Eyeglass frames**

Once every 12 months you may select an eyeglass frame and receive an allowance toward the purchase price

**Eyeglass lenses (Standard)**

Once every 12 months you may receive any one of the following lens options:

- o Standard plastic single vision lenses (1 pair)
- o Standard plastic bifocal lenses (1 pair)
- o Standard plastic trifocal lenses (1 pair)
- o Standard plastic lenticular lenses (1 pair)

**Eyeglass lens enhancements**

When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.

- o Transitions® Lenses (for a child under age 19)
- o Standard Polycarbonate
- o Factory Scratch Coating

**Contact lenses – once every 12 months**

Prefer contact lenses over glasses? You may choose contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses.

- o Elective Conventional Lenses; or
- o Elective Disposable Lenses; or
- o Non-Elective Contact Lenses

*Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.*

**IN-NETWORK**

\$0 copay

\$150 allowance, then 20% off any remaining balance

\$0 copay

\$105 allowance, then 15% off any remaining balance

\$105 allowance (no additional discount)

Covered in full

**OUT-OF-NETWORK**

\$40 allowance

\$50 allowance

\$30 allowance

\$40 allowance

\$50 allowance

\$60 allowance

No allowance on lens enhancements when obtained out-of-network

\$105 allowance

\$105 allowance

\$210 allowance

**BLUE VIEW VISION MEMBER EXCLUSIVE!**

You may use your **in-network** benefit to order your contact lenses from **1-800 CONTACTS**. 1-800 CONTACTS offers a huge in-stock inventory, unbeatable prices, outstanding customer service and free shipping. Just call 1-800 CONTACTS or go to 1800contacts.com for fast and easy ordering of your contact lenses.

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>o Transitions® lenses (Adults)</li> <li>o Standard Polycarbonate (Adults)</li> <li>o Tint (Solid and Gradient)</li> <li>o UV Coating</li> <li>o Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>o Standard \$65</li> <li>o Premium Tier 1 \$85</li> <li>o Premium Tier 2 \$95</li> <li>o Premium Tier 3 \$110</li> </ul> </li> <li>o Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>o Standard \$45</li> <li>o Premium Tier 1 \$57</li> <li>o Premium Tier 2 \$68</li> </ul> </li> <li>o Other Add-ons and Services</li> </ul>	20% off retail price
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> <li>o Complete Pair</li> <li>o Eyeglass materials purchased separately</li> </ul>	40% off retail price 20% off retail price
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>o Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.</li> </ul>	20% off retail price
<b>Contact lens fit and follow-up</b> A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> <li>o Standard contact lens fitting<sup>3</sup></li> <li>o Premium contact lens fitting<sup>4</sup></li> </ul>	Up to \$55 10% off retail price
<b>Conventional Contact Lenses</b>	<ul style="list-style-type: none"> <li>o Discount applies to materials only</li> </ul>	15% off retail price
<b>SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM</b>		
<b>1-800 CONTACTS</b> After your benefits for the coverage period have been used, you can save on contact lenses with this offer. <sup>5</sup>	<ul style="list-style-type: none"> <li>o For this and other great offers, <a href="#">login to member services</a>, select discounts, then Vision, Hearing &amp; Dental</li> </ul>	Save \$20 on orders of \$100 or more and get free shipping
<b>Laser vision correction surgery</b> LASIK refractive surgery.	<ul style="list-style-type: none"> <li>o For this offer and more like it, <a href="#">login to member services</a>, select discounts, then Vision, Hearing &amp; Dental</li> </ul>	Discount per eye

## **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!**

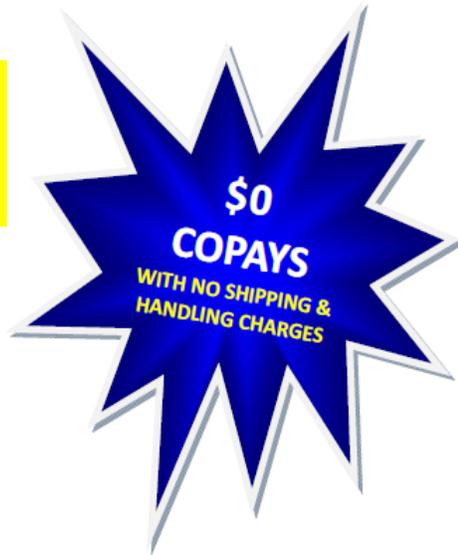
- ♦ Complete an application to voluntarily donate leave with the understanding that donated leave will not be returned
- ♦ Must have a minimum of ten (10) sick days on the books AND one year of service.
- ♦ Donate two (2) sick leave days upon joining and automatically donate one (1) day per year as needed.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

**CONFIDENTIAL & VOLUNTARY**

# Ulster Scripts

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

**Eligible plan members of Ulster County  
can get certain Brand Name Medications  
for a \$0 Copay!**



The **UlsterScripts** program, provided through CanaRx, offers considerable savings to members with a **\$0 copay** on **maintenance medications**.

CanaRx takes advantage of prescription drug prices negotiated between most developed nations and the pharmaceutical companies. Due to heavy lobbying in Washington, the U.S. does not negotiate any medication costs.

CanaRx contracts government-licensed pharmacies in **Canada, Australia, New Zealand and the UK**, all **Tier-One countries** as designated by Congress, to supply **Brand Name medications**, packaged and sealed by the original manufacturer, for direct mail delivery to all participants. There are no substitutions. Each international order is reviewed after being prescribed by a practicing physician, dispensed by a licensed pharmacist, then packaged at an accredited pharmacy and shipped directly to you.

Many people do not realize that the pharmaceutical industry manufactures many of their brand name medications in government-approved facilities world-wide. The CanaRx program, **UlsterScripts**, simply allows your plan to access these same medications at a fraction of the cost.

Using the CanaRx program, you and your family will save on eligible medications - you will **pay \$0 in copays for each 90-day supply**. In addition, Ulster County saves approximately 50% over retail and regular mail order prescriptions. It's a **WIN-WIN** for everyone.

Ulster Scripts		Vs.		Current local purchase plan		
Annual Cost No Copays!		Copays		Refills		Annual Savings
<b>\$0</b>	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

**Phone: 1-866-893-6337 | [www.UlsterScripts.com](http://www.UlsterScripts.com)**

**Ulster Scripts is an international mail order option for eligible Employees, Retirees and Dependents of Ulster County, New York, currently covered by your county offered prescription coverage.**

October 2014



# Ulster Scripts Employee Program

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

ABILIFY 2MG	DIPENTUM 250MG	LETAIRIS 10MG	SEROQUEL XR 400MG
ABILIFY 5MG	DIVIGEL 0.5MG	LEXIVA 700MG	SPIRIVA 18MCG
ABILIFY 10MG	DIVIGEL 1MG	LIALDA 1.2GM	STRATTERA 10MG
ABILIFY 15MG	DULERA 100MCG/5MCG	LINZESS 145MCG	STRATTERA 18MG
ABILIFY 20MG	DULERA 200MCG/5MCG	LINZESS 290MCG	STRATTERA 25MG
ABILIFY 30MG	DYMISTA NASAL SPRAY 137/50MCG	LOCOID CREAM 0.1%	STRATTERA 40MG
ABILIFY DISCMELT 10MG	EDECIN 25MG	LOCOID LIPOCREAM 0.1%	STRATTERA 60MG
ABILIFY DISCMELT 15MG	EDURANT 25MG	LOTEMAX 0.5%	STRATTERA 80MG
ABILIFY SOLUTION 1MG/ML	EFFIENT 5MG	LOVAZA 1G	STRATTERA 100MG
ACTONEL 5MG	EFFIENT 10MG	LUMIGAN OPHTH 0.01%	STRIBILD
ACTONEL 30MG	ELIDEL 1%	MESTINON TS 180MG	SURMONTIL 25MG
ACTONEL 35MG	ELIQUIS 2.5MG	METROGEL 1%	SUSTIVA 50MG
ACTONEL 150MG	ELIQUIS 5MG	MIGRANAL NASAL SPRAY 4MG/ML	SUSTIVA 200MG
ACZONE 5%	ELMIRON 100MG	MIRAPEX ER 0.375MG	SUSTIVA 600MG
ADCIRCA 20MG	EMADINE 0.05%	MIRAPEX ER 0.75MG	SYNAREL NASAL
ADVAIR DISKUS 100MCG	ENABLEX 7.5MG	MIRAPEX ER 1.5MG	TABLOID 40MG
ADVAIR DISKUS 250MCG	ENABLEX 15MG	MIRAPEX ER 2.25MG	TARCEVA 100MG
ADVAIR DISKUS 500MCG	EPIDUO 0.1%/2.5%	MIRAPEX ER 3MG	TARCEVA 150MG
ADVAIR HFA 45/21MCG	EPIPEN 0.3MG	MIRAPEX ER 3.75MG	TARKA 2/180MG
ADVAIR HFA 115/21MCG	EPIPEN JR 0.15MG	MIRAPEX ER 4.5MG	TARKA 4/240MG
ADVAIR HFA 230/21MCG	EPZICOM	MIRVASO 0.33%	TASIGNA 150MG
AFINITOR 2.5MG	ESTROGEL GEL 0.06%	MULTAQ 400MG	TASIGNA 200MG
AFINITOR 5MG	EVISTA 60MG	MYRBETRIQ 25MG	TASMAR 100MG
AFINITOR 10MG	EXELON 3MG	MYRBETRIQ 50MG	TAZORAC CREAM 0.05%
AGGRENOX 200/25MG	EXELON 6MG	NAMENDA 10MG	TAZORAC CREAM 0.1%
ALOCRIL OPHTH 2%	EXELON 4.6 MG/24HR	NASONEX 50MCG	TAZORAC GEL 0.05%
ALOMIDE 0.1%	EXELON 9.5MG/24HR	NEUPRO 1MG	TAZORAC GEL 0.1%
ALREX 0.2%	EXELON 13.3MG/24HR	NEUPRO 2MG	TECFIDERA 120MG
AMITIZA 24MCG	EXFORGE 5/160MG	NEUPRO 3MG	TECFIDERA 240MG
ANZEMET 100MG	EXFORGE 5/320MG	NEUPRO 4MG	TEKTURNA 150MG
ARCAPTA NEOHALER 75MCG	EXFORGE 10/160MG	NEUPRO 6MG	TEKTURNA 300MG
ASACOL HD 800MG	EXFORGE 10/320MG	NEUPRO 8MG	TEKTURNA HCT 150/12.5MG
ASMANEX TWISTHALER 220MCG	EXFORGE HCT 160/12.5/5	NEXAVAR 200MG	TEKTURNA HCT 300/12.5MG
ATRIPLA 600-200-300MG	EXFORGE HCT 160/12.5/10	NEXIUM 20MG	TEKTURNA HCT 300/25MG
ATROVENT HFA 20UG	EXFORGE HCT 160/25/5	NEXIUM 40MG	TIVICAY 50MG
AUBAGIO 14MG	EXFORGE HCT 160/25/10	NEXIUM DR 10MG	TOBREX OINTMENT 0.3%
AVANDAMET 2MG/500MG	EXFORGE HCT 320/25/10	NORITATE CREAM 1%	TOVIAZ 4MG
AVANDAMET 4MG/500MG	EXJADE 125MG	NORVIR 100MG	TOVIAZ 8MG
AVANDAMET 4MG/1000MG	EXJADE 250MG	OLYSIO 150MG	TRACLEER 62.5MG
AVANDIA 2MG	EXJADE 500MG	ONGLYZA 2.5MG	TRACLEER 125MG
AVANDIA 4MG	EXTAVIA KIT 0.3MG	ONGLYZA 5MG	TRAVATAN Z OPHTH SOLUTION 0.004%
AVANDIA 8MG	FARESTON 60MG	ORACEA 40MG	TRIBENZOR 20/5/12.5MG
AVODART 0.5MG	FARXIGA 5MG	ORTHO-EVRA	TRIBENZOR 40/5/12.5MG
AZILECT 1MG	FARXIGA 10MG	ORTHO-TRI-CYCLON LO	TRIBENZOR 40/5/25MG
AZOPT OPHTH DROPS 1%	FELDENE 10MG	PATADAY 0.2%	TRIBENZOR 40/10/12.5MG
AZOR 20/5MG	FELDENE 20MG	PATANOL OPHTH SOLUTION 0.1%	TRIBENZOR 40/10/25MG
AZOR 40/5MG	FINACEA 15%	PENTASA 500MG	TRUVADA 200-300MG
AZOR 40/10MG	FLAREX 0.1%	PRADAXA 75MG	TUDORZA PRESSAIR 400MCG
BACTROBAN NASAL OINTMENT 2%	FORADIL + AEROLIZER 12MCG	PRADAXA 150MG	TWYNSTA 40/5MG
BANZEL 200MG	FOSAMAX-D 70/2800MG	PREMARIN 0.3MG	TWYNSTA 40/10MG
BANZEL 400MG	FOSRENOL CHEW 500MG	PREMARIN 0.625MG	TWYNSTA 80/5MG
BARACLUDE 0.5MG	FOSRENOL CHEW 750MG	PREMARIN 1.25MG	TWYNSTA 80/10MG
BARACLUDE 1MG	FOSRENOL CHEW 1000MG	PREMARIN VAG 0.625MG/GM	TYZKA 600MG
BENICAR 20MG	GELNIQUE 10%	PREMPRO 0.3/1.5MG	ULORIC 80MG
BENICAR 40MG	GILENYA 0.5MG	PREMPRO 0.625MG/2.5MG	VAGIFEM 10MCG
BENICAR HCT 20MG/12.5MG	GLEEVEC 100MG	PREMPRO 0.625MG/5MG	VALCYTE 450MG
BENICAR HCT 40MG/12.5MG	GLEEVEC 400MG	PREZISTA 400MG	VENTOLIN HFA 100MCG
BENICAR HCT 40MG/25MG	GLUCAGEN HYPOKIT 1MG	PREZISTA 800MG	VESICARE 5MG
BETIMOL 0.25%	GLUMETZA ER 1000MG	PRISTIQ 50MG	VESICARE 10MG
BETIMOL 0.5%	INLYTA 1MG	PRISTIQ 100MG	VIRAMUNE XR 400MG
BETOPTIC S OPHTH 0.25%	INLYTA 5MG	PROTOPIC OINTMENT 0.03%	VIREAD 300MG
BRILINTA 90MG	INTUNIV ER 1MG	PROTOPIC OINTMENT 0.1%	VOLTAREN GEL
BYSTOLIC 2.5MG	INTUNIV ER 2MG	QVAR 40MCG 50MCG	VOSPIRE ER 4MG
BYSTOLIC 5MG	INTUNIV ER 3MG	QVAR 80MCG 100MCG	VYTORIN 10/10MG
BYSTOLIC 10MG	INTUNIV ER 4MG	RANEXA 500MG	VYTORIN 10/20MG
BYSTOLIC 20MG	INVEGA 3MG	RAPAFLO 4MG	VYTORIN 10/40MG
CAMBIA 50MG	INVEGA 6MG	RAPAFLO 8MG	VYTORIN 10/80MG
CARDURA XL 4MG	INVEGA 9MG	RAPAMUNE 0.5MG	WELCHOL 625MG
CARDURA XL 8MG	INVIRASE 500MG	RAPAMUNE 1MG	XARELTO 10MG
CELEBREX 100MG	INVOKANA 100MG	RAPAMUNE 2MG	XARELTO 15MG
CELEBREX 200MG	INVOKANA 300MG	RELPAK 20MG	XARELTO 20MG
CLIMARA PRO 0.045/0.015	ISOPTO CARPINE 1%	RELPAK 40MG	XENICAL 120MG
COMBIGAN 0.2-0.5%	ISOPTO CARPINE 2%	RENAGEL 800MG	XTANDI 40MG
COMPLERA 200/25/300MG	ISOPTO CARPINE 4%	RENVELA 800MG	ZELAPAR 1.25MG
CRESTOR 5MG	JALYN 0.5MG/0.4MG	RESTASIS 0.05%	ZETIA 10MG
CRESTOR 10MG	JANUMET 50/500	RHINOCORT AQ 32MCG	ZIAGEN 300MG
CRESTOR 20MG	JANUMET 50/1000	RHINOCORT AQ 64MCG	ZOMIG NASAL SPRAY 5MG
CRESTOR 40MG	JANUMET XR 50MG/1000MG	SAPHRIS 5MG	ZOVIRA CREAM 5%
CUPRIMINE 250MG	JANUVIA 25MG	SAPHRIS 10MG	ZYCLARA 3.75%
DALIRESP 500MCG	JANUVIA 50MG	SENSIPAR 30MG	ZYTIGA 250MG
DEXILANT DR 30MG	JANUVIA 100MG	SENSIPAR 60MG	
DEXILANT DR 60MG	LATUDA 20MG	SENSIPAR 90MG	
DIFFERIN GEL 0.3%	LATUDA 40MG	SEREVENT DISKUS 50MCG	
DIOVAN 40MG	LATUDA 60MG	SEROQUEL XR 50MG	
DIOVAN 80MG	LATUDA 80MG	SEROQUEL XR 150MG	
DIOVAN 160MG	LATUDA 120MG	SEROQUEL XR 200MG	
DIOVAN 320MG	LESCOL XL 80MG	SEROQUEL XR 300MG	

**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.*

October 2014

**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.	
<b>Step 1</b>	Enter Bin # <b>003858</b>
<b>Step 2</b>	Enter Processor Control <b>A4</b>
<b>Step 3</b>	Enter Rx Group #: <b>JY2A</b>
<b>Step 4</b>	Enter 9 digit member ID # (Employee SSN)
<b>Step 5</b>	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**.

**2015 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**



## 2015 Express Scripts National Preferred Formulary With Advantage Package

<b>A</b>	bisoprolol/ hydrochlorothiazide	DAYTRANA	FINACEA	irbesartan	methylphenidate
ABILIFY, ABILIFY DISCMELT	BRIWLINTA	DELZICOL	finasteride	isosorbide mononitrate	ext-release
ACANYA [ST]	budesonide nebulization	desloratadine	fluconazole	ext-release	methylprednisolone
acetaminophen/codeine	suspension	desonide	fluocinonide		metoclopramide hcl
acyclovir	bupropion	dexamethasone	fluoxetine		metoprolol succinate
ACZONE [ST]	bupropion ext-release	DEXCOM G4 SENSOR	fluticasone nasal spray		ext-release
ADCIKCA [ST]	(12 hour)	dextroamphetamine/	FOCALIN XR 5 MG, 10 MG,	<b>J</b>	metoprolol tartrate
AGGRENOX	bupropion ext-release	amphetamine	20 MG, 25 MG, 35 MG	JANUMET, JANUMET XR	metronidazole
albuterol nebulization	(24 hour)	dextroamphetamine/	folic acid	JANUVIA	metronidazole topical
solution	buspirone	amphetamine	FORADIL	junel fe	metronidazole vaginal gel
alendronate sodium	butalbital/acetaminophen/	ext-release	FORTEO [INJ]		microgestin fe
allopurinol	caffeine	diazepam	FOSRENOL		MINASTRIN 24 FE [ST]
ALPHAGAN P 0.1%	BUTRANS	diclofenac sodium	FRAGMIN [INJ]	<b>K</b>	MINIVELLE
alprazolam	BYDUREON [INJ]	delayed-release	furosemide	ketoconazole topical	minocycline
ALEX	BYETTA [INJ]	dicyclomine hcl	FYCOMPA	KOMBIGLYZE XR	MIRAPEX ER
amiodarone	BYSTOLIC	DIFFERIN 0.1% LOTION			mirtazapine
AMITIZA		digoxin		<b>L</b>	MIRVASO
amitriptyline		diltiazem ext-release		labetalol hcl	modafinil
amiodipine		(24 hour)		lamotrigine	mometasone
amiodipine/benazepril	<b>C</b>	diphenoxylate/atropine		iansoprazole	MONOVISC [INJ]
amoxicillin	calcipotriene	divalproex delayed-release	<b>G</b>	delayed-release	montelukast
amoxicillin/potassium	CANASA	divalproex ext-release	GABAPENTIN	LANTUS [INJ]	morphine sulfate
clavulanate	CARAC	DIVIGEL	GANIRELIX ACETATE [INJ]	latanoprost	ext-release
AMPYRA	carbidopa/levodopa	donepezil	GELNIQUE	LATUDA	MOVIPREP
AMTURNIDE	carvedilol	doxazosin	gemfibrozil	LAZANDA	MOXEZA
ANALPRAM ADVANCED	cefdinir	doxepin	GENOTROPIN [INJ]	LETAIRIS [ST]	moxifloxacin
CREAM KIT	cefuroxime	doxycycline hyclate	gianvi	LEVEMIR [INJ]	multivitamins/fluoride
ANALPRAM HC 1% CREAM	CELEBREX [ST]	doxycycline monohydrate	gildress fe	levetiracetam	mupirocin
SINGLES, 2.5% LOTION	CENESTIN	DULERA	GILENYA [ST]	levofloxacin	MUSE
anastrozole	cephalexin	duloxetine delayed-release	GILMIRIDE	levothyroxine sodium	MYRBETRIQ
ANDROGEL	chlorhexidine gluconate	DYMISTA [ST]	glipizide		
ANORO ELLIPTA	chlorthalidone		GLUCAGEN [INJ]		
antipyrine/benzocaine	chorionic	<b>E</b>	GLUCAGEN [INJ]		
apri	gonadotropin [INJ]	EFFIENT	glyburide		
arbinoxa	CIALIS	ELIDEL [ST]	glyburide/metformin		
ARCAPTA	CIPRODEX	eliphos	GONAL-F [INJ]		
ASACOL HD	ciprofloxacin	ELIQUIS	GONAL-F RFF [INJ]		
ASMANEX	cialopram	enalapril	GRALISE		
ASTEPRO	clarithromycin	ENBREL [INJ]	GRASTEK		
ATELVIA [ST]	clindamycin hcl	ENDOMETRIN			
atenolol	clindamycin phosphate	ENJUWIA	<b>H</b>		
atenolol/chlorthalidone	clindamycin phosphate/	enoxaparin [INJ]	HUMALOG [INJ]		
atorvastatin	benzoyl peroxide	EPIDUO	HUMATROPE [INJ]		
ATRALIN	clobetasol propionate	EPIPEN	HUMIRA [INJ]		
AUVI-Q [INJ]	clomiphene citrate	EPIPEN JR [INJ]	HUMULIN [INJ]		
AVONEX [INJ]	clonazepam	ergocalciferol	hydralazine		
AXIRON	clonidine	erythromycin eye ointment	hydrochlorothiazide		
azathioprine	clopidogrel	escitalopram	hydrocodone/		
azelastine nasal spray	clotrimazole/	estradiol	acetaminophen		
AZILECT	betamethasone	estradiol/norethindrone	hydrocodone/		
azithromycin	dipropionate	acetate	chlorpheniramine		
AZOR [ST]	COLCRYS	esopiclone	polistirex		
	COMBIGAN	etodolac	hydrocodone/homatropine		
<b>B</b>	COMBIPATCH	EVAMIST	hydrocodone/ibuprofen		
baclofen	COMBIVENT RESPIMAT	EXELON PATCHES	hydrocortisone topical		
benazepril	CONCEPTION KIT	EXFORGE, EXFORGE	hydromorphone		
benazepril/	COPAXONE [INJ]	HCT [ST]	hydroxychloroquine		
hydrochlorothiazide	COREG CR	EXTAVIA [INJ]	hydroxyzine hcl		
BENICAR, BENICAR	CREON		hydroxyzine pamoate		
HCT [ST]	CRESTOR [ST]	<b>F</b>			
benzonatate	CRINONE	famotidine	<b>I</b>		
BEPREVE	cyanocobalamin [INJ]	fenofibrate	ibandronate		
BESIVANCE	cyclobenzaprine	fenofibrate micronized	ibuprofen		
BETHKIS		fenofibric acid	ILEVRO		
BEYAZ [ST]	<b>D</b>	delayed-release	indomethacin		
	DALIRESP	fentanyl patch	INTUNIV		
			INVOKANA [ST]		

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2015 THROUGH DECEMBER 31, 2015. THIS LIST IS SUBJECT TO CHANGE.

You can get more information and updates to this document at our website at [Express-Scripts.com](http://Express-Scripts.com).

ONETOUCH KITS/METERS;  
BASIC, ULTRA Z,  
ULTRAMINI,  
ULTRASMART, VERIO IQ,  
VERIO SYNC  
ONETOUCH TEST STRIPS;  
FASTAKE, ONETOUCH,  
SURESTEP, ULTRA,  
VERIO  
ONGLYZA  
OPANA ER  
OPSUMIT  
ORACEA [ST]  
ORENCIA [INJ] [ST]  
orsythia  
ORTHOVISC [INJ]  
OTEZLA  
oxcarbazepine  
OXTELLAR XR  
oxybutynin  
oxybutynin ext-release  
oxycodone  
oxycodone/acetaminophen  
OXYCONTIN

**P**

pantoprazole  
delayed-release  
paroxetine  
PATADAY  
PATANOL  
PEGASYS [INJ]  
penicillin v potassium  
PENTASA  
PERFOROMIST  
pioglitazone  
polymyxin/trimethoprim  
potassium chloride  
ext-release  
POTIGA  
PRADAXA  
pramipexole  
PRAMOSONE 1% [ST]  
PRAMOSONE 2.5% LOTION,  
OINTMENT [ST]  
PRAMOSONE E [ST]  
pravastatin  
prednisolone acetate eye  
suspension  
prednisolone sodium  
phosphate  
prednisone  
PREMARIN TABS  
PREMPHASE  
PREMPRO  
PRISTIQ  
PROAIR HFA  
PROCRIPT [INJ]  
PRODIGY INSULIN SYR,  
PEN NEEDLES  
progesterone micronized  
PROLENSA  
promethazine  
promethazine/  
dextromethorphan  
propranolol  
propranolol ext-release  
PROTOPIC [ST]  
PULMICORT FLEXHALER  
PYLERA

**Q**

QNASL  
quetiapine  
QUILLIVANT XR  
quinapril  
QVAR

**R**

rabeprazole  
delayed-release  
RAGWITEK  
raloxifene  
ramipril  
RANEXA  
ranitidine  
RAPAFLO [ST]  
REBIF [INJ]  
RECTIV  
RELISTOR [INJ]  
RELPAK  
RENVELA  
RESTASIS  
RIGOMET [ST]  
risperidone  
rizatriptan  
rizatriptan orally  
disintegrating tablets  
ropinirole

**S**

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

**T**

TACLONEX SUSPENSION  
TAMIFLU  
tamoxifen  
tamsulosin ext-release  
TARKA  
TAZORAC  
TECFIDERA [ST]  
TEKAMLO  
TEKURNA, TEKURNA HCT  
telmisartan  
telmisartan/  
hydrochlorothiazide  
temazepam  
terazosin  
terconazole  
testosterone  
cypionate [INJ]  
timolol maleate  
eye solution  
tizanidine  
TOBRADEX OINTMENT  
TOBRADEX ST  
tobramycin eye solution

tobramycin/  
dexamethasone susp  
tolterodine ext-release  
topiramate  
TOVIAZ  
TRACLEER  
tramadol  
tramadol/acetaminophen  
TRAVATAN Z  
trazodone hcl  
TREXIMET  
triamcinolone acetonide  
topical  
triamterene/  
hydrochlorothiazide  
TRIBENZOR [ST]  
trinessa  
tri-previfem  
tri-sprintec  
TUDORZA

**U**

UCERIS  
ULORIC

**V**

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

**W**

warfarin  
WELCHOL

**X**

XARELTO  
XIFAXAN

**Z**

ZENPEP (EXCEPT 5,000 U)  
ZETIA  
ZIANA [ST]  
zolpidem  
zolpidem ext-release  
ZOMIG NASAL  
ZORVOLEX [ST]  
ZUBSOLV  
ZYLET  
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)
ABSTRAL	fenanyl citrate, LAZANDA
ACCU-CHEK METERS/STRIPS	ONETOUCH METERS/STRIPS
ALVESCO	ASMANEX, PULMICORT FLEXHALER, QVAR
APIDRA	HUMALOG
ARANESP	PROCRIPT
AXERT	rizatriptan, sumatriptan, zolmitriptan, RELPAX
BECONASE AQ	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
BENZACLIN GEL PUMP	clindamycin phosphate/benzoyl peroxide, ACANYA [ST], ZIANA [ST]
BETASERON	AVONEX, EXTAVIA, REBIF
BRAVELLE	GONAL-F, GONAL-F RFF
BREEZE, CONTOUR METERS/STRIPS	ONETOUCH METERS/STRIPS
BREO ELLIPTA	DULERA, SYMBICORT
CETRAXAL	ciprofloxacin ear solution, CIPRODEX
CIMZIA	ENBREL, HUMIRA, STELARA
DUEXIS	ibuprofen + famotidine
EDARBI/EDARBYCLOR	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR/HCT [ST]
EPOGEN	PROCRIPT
EUFLEXXA	MONOVISC, ORTHOVISC, SYNVISIC, SYNVISIC-ONE
FENTORA	fenanyl citrate, LAZANDA
FLOVENT DISKUS/HFA	ASMANEX, PULMICORT FLEXHALER, QVAR
FOLLISTIM AQ	GONAL-F, GONAL-F RFF
FORTESTA	ANDROGEL, AXIRON
FREESTYLE, PRECISION METERS/STRIPS	ONETOUCH METERS/STRIPS
FROVA	rizatriptan, sumatriptan, zolmitriptan, RELPAX
GEL-ONE	MONOVISC, ORTHOVISC, SYNVISIC, SYNVISIC-ONE
HYALGAN	MONOVISC, ORTHOVISC, SYNVISIC, SYNVISIC-ONE
INCIVEK	OLYSIO, VICTRELIS
JENTADUETO	JANUMET, JANUMET XR, KOMBIGLYZE XR
KADIAN	morphine sulfate ext-release, hydromorphone ext-release, oxymorphone ext-release, NUCYNTA ER, OPANA ER, OXYCONTIN
KAZANO	JANUMET, JANUMET XR, KOMBIGLYZE XR
LEVITRA	CIALIS, VIAGRA
NESINA	JANUVIA, ONGLYZA
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUTROPIN/NUTROPIN AQ	GENOTROPIN, HUMATROPE, NORDITROPIN
OMNARIS	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
OMNITROPE	GENOTROPIN, HUMATROPE, NORDITROPIN
PANCREAZE	pancrelipase delayed-release, CREON, ZENPEP
PEGINTRON	PEGASYS
PERTZYE	pancrelipase delayed-release, CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA, VENTOLIN HFA
SAIZEN	GENOTROPIN, HUMATROPE, NORDITROPIN
SIMPONI	ENBREL, HUMIRA, STELARA
STAXYN	CIALIS, VIAGRA
STENDRA	CIALIS, VIAGRA
SUBSYS	fenanyl citrate, LAZANDA
SUPARTZ	MONOVISC, ORTHOVISC, SYNVISIC, SYNVISIC-ONE
TANZEUM	BYDUREON, BYETTA
TESTIM	ANDROGEL, AXIRON
TESTOSTERONE GEL	ANDROGEL, AXIRON
TEVETEN HCT	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR/HCT [ST]
TEV-TROPIN	GENOTROPIN, HUMATROPE, NORDITROPIN
TRADJENTA	JANUVIA, ONGLYZA
TRUESTEST, TRUETRACK METERS/STRIPS	ONETOUCH METERS/STRIPS
ULTRESA	pancrelipase delayed-release, CREON, ZENPEP
VELTIN	clindamycin phosphate + tretinoin, ACANYA [ST], ZIANA [ST]
VERAMYST	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
VICTOZA	BYDUREON, BYETTA
VIMOVO	omeprazole delayed-release + naproxen sodium
VOGELXO	ANDROGEL, AXIRON
XELJANZ	ENBREL, HUMIRA
XOPENEX HFA	PROAIR HFA, VENTOLIN HFA
ZETONNA	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
ZIOPATAN	latanoprost, travoprost, LUMIGAN, TRAVATAN Z
ZOHYDRO ER	morphine sulfate ext-release, hydromorphone ext-release, oxymorphone ext-release, NUCYNTA ER, OPANA ER, OXYCONTIN

**KEY**

[INJ] - Injectable Drug  
[ST] - Step Therapy may apply to some or all strengths of the drug  
**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.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2015 THROUGH DECEMBER 31, 2015. THIS LIST IS SUBJECT TO CHANGE.  
You can get more information and updates to this document at our website at [Express-Scripts.com](http://Express-Scripts.com).

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

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.

## **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 indicated 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

Your Last Name		First		M.I.		Alternate ID No.		Social Security No.		Employer Use Only Group Name <b>Ulster County</b>	
Address		City		State		Zip Code		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Employee Dept Code	
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> COBRA		Date of Employment: / /		Date of Retirement: / /		Retirement Benefit %		Date of Marriage: / /		Effective Date Requested: / /	
Date of Employment: / /		Date of Retirement: / /		Phone No. ( ) - ( ) -		Billing Class		Employee No.		Group Code	

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

Type	Plan	IND	2-PER	FAM
Medical	EBCBS PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	EBCBS POS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	Delta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	Davis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Relationship**  
 Self  Spouse  Child  
**Birthdate** / /  
**Policy Number**  
**Insurance Company Name**  
**Address**

**Plan Type:**  Self only  Self and Family  
**Coverage Type:**  Health  Drug  Dental  Vision  
 Copy of medical is required if you have other coverage.

LIST APPLICANT AND ALL ELIGIBLE DEPENDENTS						
A D D	RELATIONSHIP	LAST	FIRST	M.I.	Birthdate (m/d/yyyy)	Social Security #
<input type="checkbox"/>	Self <input type="checkbox"/> M <input type="checkbox"/> F				/ /	- -
<input type="checkbox"/>	Spouse				/ /	- -
<input type="checkbox"/>	Son <input type="checkbox"/> Daughter				/ /	- -
<input type="checkbox"/>	Son <input type="checkbox"/> Daughter				/ /	- -
<input type="checkbox"/>	Son <input type="checkbox"/> Daughter				/ /	- -

Do your dependents reside in your 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, 2015-December 31, 2015**

This form does not have to be completed by those employees participating in the Health Insurance Buyout Program or those who are covered by the U.C. coverage through their spouse or parent.

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 or balance of the 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 or during the first 30 days of new employment with Ulster County.

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)



# 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 \_\_\_\_\_  SPOUSE  
DD/MM/YYYY  DEPENDENT

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

Phone (Home) \_\_\_\_\_ Phone (Work or Cell) \_\_\_\_\_

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

First Name (please print) \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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)



**ULSTER COUNTY  
FLEXIBLE BENEFITS PLAN  
Election Form and Compensation Reduction Agreement**

Check here for any name or address changes

Employee Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Flexible Spending Plan Year: **January 1, 2015 through December 31, 2015**

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 **\$3.45 per month account administration fee.**

**I. Premiums Under Certain Benefit Plans**

I may be eligible for certain health, dental, and/or vision insurance coverages. 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.

**II. Unreimbursed Medical Expense Account**

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

**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:

**Yearly compensation reduction:** \$ \_\_\_\_\_

(Up to \$5,000 or \$2,500 if married filing separate tax returns)

List all eligible dependents:

Name	SSN	Relationship	**REQUIRED** Date of Birth

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 (Exceeding \$500.00 in Medical FSA Account) 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 \_\_\_\_\_

# 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.

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 | ■ Insurance Premiums and Interest (FSA Ineligible Only) | ■ Personal Trainers            |
| ■ Cosmetic Surgery/Procedures        | ■ Long Term Care Premiums (FSA Ineligible Only)         | ■ Sunscreen (spf less than 30) |
| ■ Electrolysis                       | ■ Marriage or Career Counseling                         | ■ 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              | ■ Cough, cold & flu                            | ■ Medicated nasal sprays, drops, & inhalers         |
| ■ Acne medications              | ■ Denture pain relief                          | ■ Medicated respiratory treatments & vapor products |
| ■ Allergy & sinus               | ■ Digestive aids                               | ■ Motion sickness                                   |
| ■ Antibiotic products           | ■ Ear care                                     | ■ Oral remedies or treatments                       |
| ■ Antifungal (Foot)             | ■ Eye care                                     | ■ Pain relief (includes aspirin)                    |
| ■ Antiparasitic treatments      | ■ Feminine antifungal & anti-itch              | ■ Skin treatments                                   |
| ■ Antiseptics & wound cleansers | ■ Fiber laxatives (bulk forming)               | ■ Sleep aids & sedatives                            |
| ■ Anti-diarrheals               | ■ First aid burn remedies                      | ■ Smoking deterrents                                |
| ■ Anti-gas                      | ■ Foot care treatment                          | ■ Stomach remedies                                  |
| ■ Anti-itch & insect bite       | ■ Hemorrhoidal preps                           | ■ Unmedicated nasal sprays, drops & inhalers        |
| ■ Baby rash ointments & creams  | ■ Homeopathic remedies                         | ■ Unmedicated vapor products                        |
| ■ Baby teething pain            | ■ Incontinence protection & treatment products |   |
| ■ Cold sore remedies            | ■ Laxatives (non-fiber)                        |   |
| ■ Contraceptives                |  |   |

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.)

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

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:

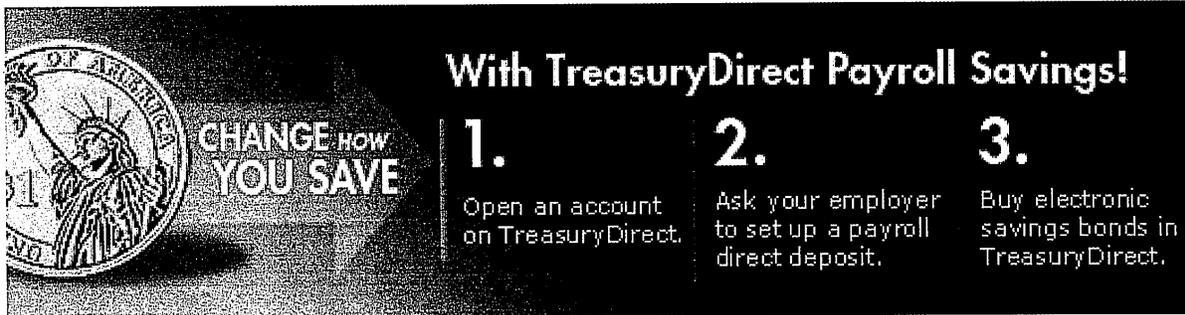
- ❖ Stress
- ❖ Relationship issues
- ❖ Family / parenting
- ❖ Domestic Violence
- ❖ Divorce / separation / break- ups
- ❖ Alcohol / substance abuse
- ❖ Single parenting
- ❖ Aging parents
- ❖ Grief / loss / terminal illness of a loved one or co-worker
- ❖ Depression
- ❖ Anxiety
- ❖ Interpersonal conflicts
- ❖ 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®



**With TreasuryDirect Payroll Savings!**

- 1.** Open an account on TreasuryDirect.
- 2.** Ask your employer to set up a payroll direct deposit.
- 3.** Buy electronic savings bonds in TreasuryDirect.

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

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



**New York's 529 College Savings PROGRAM**

They promise to work hard.  
Promise to do your part.

Welcome to New York's 529 College Savings Program *Direct Plan*, a 529 plan designed to meet your needs.

<https://uui.nysaves.s.upromise.com/content/home.html>

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

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

## **CSEA & Associate Members Only**



- CSEA's only endorsed broker for over 75 years\*
- One stop shopping for all of your insurance needs
- One of a kind program designed specifically for CSEA Members
  - Offering free seminars and individual counseling
  - Dedicated sales and service representatives

\* Pearl Carroll & Associates and its predecessor companies



Meet **Danielle Schoonmaker**, your CSEA Insurance Representative.  
If you'd like to make an appointment with Danielle, or if you'd like some more  
information on the insurance programs available to you, call her toll free at  
**1-877-217-4151**

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## Sponsored Insurance Programs

**FACT:** “One of a Kind” Programs designed by CSEA *exclusively for Members*

**FACT:** New Member *Guaranteed Issue* Offers – No health questions asked!

- Term Life – \$25,000 or \$50,000 for Members & Spouses
- Disability – up to a \$1,200 monthly benefit (Pre-existing conditions may apply)
- Whole Life – up to \$25,000 for Members

**FACT:** CSEA Critical Illness Insurance covers more than just Cancer

- Covers Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure
- *Simplified Issue* of \$15,000 for Member & Spouse/Domestic Partner
- Receive a \$75 Annual Wellness Benefit for taking a pre-screening test
- Portable Coverage – keep your policy if you retire or leave your current position

**FACT:** CSEA Sponsored Term Life Insurance has *No Termination Age*

- Includes Accelerated Death Benefit
- Includes Premium Waiver

**FACT:** CSEA Disability Insurance pays benefits in addition to Workers’ Comp, sick time and any other insurance policies you have

- Includes Premium Waiver

**FACT:** CSEA also offers two types of Permanent Life Insurance – Whole Life and Universal Life

**FACT:** CSEA offers a convenient buying service for Auto and Home Insurance – *get multiple quotes in one phone call*



**Danielle Schoonmaker**  
CSEA Insurance Representative  
1-877-217-4151  
danielle.schoonmaker@pearlcarroll.com

### Contact me to:

- Schedule a free insurance consultation
- Sign up for one of the CSEA exclusive programs
- Arrange an insurance seminar for the Members at your work location

**ULSTER COUNTY EMPLOYEES  
2015  
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 845-687-4972 to schedule an appointment.**

**ULSTER COUNTY EMPLOYEES  
2015  
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 845-687-4972 to schedule an appointment.**

POS

County of Ulster  
POS - 2015

Benefit	In-Network <sup>2</sup>	Out-of-Network <sup>3</sup>
Deductible	N/A	\$2,000/\$5,000
Coinsurance	N/A	40%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Medical Cost Shares)	\$20,000/\$50,000 Coinsurance Stop Loss (\$8,000/\$20,000 out-of-pocket) coinsurance max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered through the end of the month)	Dependents to Age 26	Dependents to Age 26
<b>Covered Preventive Care<sup>1</sup></b>	<b>Member Pays</b>	<b>Member Pays</b>
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
<b>Home/Office/Outpatient Care</b>	<b>Member Pays</b>	<b>Member Pays</b>
Home/Office/Outpatient Visits Copayment	\$20 copayment	Deductible and coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Online Visits	\$20 copayment	Covered in-network only
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery <sup>4,5</sup>	\$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 <sup>4</sup> /MRA <sup>4</sup> , CAT Scan <sup>6</sup> , PET <sup>6</sup> and Nuclear Cardiology <sup>6</sup>	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatment)	Deductible and coinsurance
Chiropractic Care <sup>7</sup>	\$20 copayment	Deductible and coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and coinsurance
Hospice Care (Up to 210 days per lifetime)	\$0	Deductible and coinsurance
Physical Therapy <sup>4</sup> (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Speech/Language <sup>4</sup> , Occupational <sup>4</sup> , Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Outpatient Cardiac Rehabilitation	\$20 copayment	Deductible and coinsurance
Second Surgical Opinion	\$20 copayment	Deductible and coinsurance
Kidney Dialysis	\$0	Deductible and coinsurance

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

# Your Summary of Benefits



## POS

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

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

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

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

## County of Ulster PPO - 2015

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / (\$1,000/\$2,500 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care <sup>4</sup>	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits	\$20 copayment	Deductible and Coinsurance
Online Visits	\$20 Copay	Covered in-network only
Urgent Care Center	\$20 copayment	\$20 copayment
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Surgery <sup>5</sup> , 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
MR/IMRA <sup>6</sup> , CAT Scan <sup>7</sup> , PET <sup>7</sup> & Nuclear Cardiology <sup>7</sup>	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment (Allergy injections/immunotherapy)	\$20 copayment (Waived for treatment)	Deductible and Coinsurance
Chiropractic Care <sup>9</sup>	\$20 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (Up to 210 days per lifetime)	\$0	Deductible and Coinsurance
Physical Therapy <sup>5</sup> (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language <sup>5</sup> , Occupational <sup>5</sup> , Vision (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance

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licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

# Your Summary of Benefits



## PPO

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Cardiac Rehabilitation	\$20 copayment	Deductible and Coinsurance
Second Surgical Opinion	\$20 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
<b>Inpatient Care<sup>5</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and Coinsurance
<b>Mental Health</b>	<b>Member Pays In-Network</b>	
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care <sup>5</sup> (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
<b>Alcohol/Substance Abuse</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification <sup>8</sup> (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation <sup>8</sup>	\$0	Deductible and Coinsurance
<b>Other</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment <sup>6</sup>	\$0	Deductible and Coinsurance
Prosthetics & Orthotics <sup>6</sup>	\$0	Deductible and Coinsurance
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 copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.

(5) You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.

(6) For services received from an Empire PPO provider, the provider must precertify in-network services; Empire PPO providers cannot bill members beyond the copayment 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.



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

APPROVED OMB-0938-0008

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

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN SUPPLIER INFORMATION

**HEALTH INSURANCE CLAIM FORM**

PICA PICA

1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) CHAMPUS <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (VA File #) GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) FECA BLK LUNG <input type="checkbox"/> (SSN) OTHER <input type="checkbox"/> (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 M <input type="checkbox"/> SEX F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>		7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/>		b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		d. RESERVED FOR LOCAL USE	
12. I AUTHORIZE THE RELEASE OF INFORMATION AS DESCRIBED ON THE REVERSE SIDE OF THIS CLAIM FORM. SIGNED _____ DATE _____		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER NAME OR BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. DATE OF CURRENT: (ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17a. I.D. NUMBER OF REFERRING PHYSICIAN	
19. RESERVED FOR LOCAL USE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) 1. _____ 3. _____ 2. _____ 4. _____		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS "I CERTIFY THAT THE CARE, SERVICES AND SUPPLIES ENTERED ON THIS FORM HAVE BEEN RENDERED TO THE PATIENT, AND THAT I AM ENTITLED TO REIMBURSEMENT OF THE CHARGES INDICATED." SIGNED _____ DATE _____		27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)		28. TOTAL CHARGE \$ _____ 29. AMOUNT PAID \$ _____ 30. BALANCE DUE \$ _____	
33. PHYSICIANS, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE NUMBER PIN# _____ GRP# _____		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	

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

## 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.

## **2015 ULSTER COUNTY HOLIDAY SCHEDULE**

NEW YEAR'S DAY	THURSDAY, JANUARY 1
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 19
LINCOLN'S BIRTH DAY **	THURSDAY, FEBRUARY 12
PRESIDENT'S DAY	MONDAY, FEBRUARY 16
GOOD FRIDAY **	FRIDAY, APRIL 3
MEMORIAL DAY	MONDAY, MAY 25
INDEPENDENCE DAY	FRIDAY, JULY 3
LABOR DAY	MONDAY, SEPTEMBER 7
COLUMBUS DAY	MONDAY, OCTOBER 12
ELECTION DAY **	TUESDAY, NOVEMBER 3
VETERAN'S DAY	WEDNESDAY, NOVEMBER 11
THANKSGIVING DAY	THURSDAY, NOVEMBER 26
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 27
CHRISTMAS DAY	FRIDAY, DECEMBER 25

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

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

*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 accu-*