

Ulster County

Important Information for You and Your Family

Non-Medicare Eligible Retirees

Open Enrollment: Nov 1, 2014— Nov 28, 2014

Plan Year : January 1—December 31, 2015



www.ulstercountyny.gov/personnel/

Medical

Prescription Drug

Vision

Dental



MICHAEL P. HEIN
County Executive

ULSTER COUNTY PERSONNEL DEPARTMENT

244 Fair Street, PO Box 1800, Kingston, New York 12402-1800

Main: (845) 340-3550

Exam Hotline: (845) 334-5454

Fax: (845) 340-3592

MICHAEL P. HEIN
County Executive



SHEREE CROSS
Personnel Officer

JAMES FARINA
Director of Employee Relations

TO: Ulster County Retiree Health Insurance Participant
FROM: Sheree Cross, Personnel Officer
DATE: November 7, 2014
RE: 2015 Health Insurance Rates and Important Changes
For **Non-Medicare Eligible Retirees**

THIS LETTER IS INCLUDED FOR REFERENCE. SOME PORTIONS ONLY APPLY TO OPEN ENROLLMENT.

In 2015, the County will continue to offer Empire Blue Cross / Blue Shield PPO and Direct POS medical programs as provided in 2014. All health insurance enrollment changes must be submitted to the attention of Employee Benefits at the Personnel Department, 5th Floor, County Office Building, 244 Fair Street, Kingston, New York 12401 by 5:00 p.m. on **November 28, 2014**. We will not be holding benefit meetings this fall for non-Medicare eligible retirees. If you are not making any changes, you do not have to do anything as renewal enrollment is automatic.

Medical Benefits - Coverage descriptions, change forms, and benefit comparisons are available on the Personnel Department website at:
<http://ulstercountyny.gov/personnel/new-current-employees/benefits-management>
(click on '2015 Non-Medicare Eligible Retiree Health Insurance Benefit Information'), or from the Benefits Office. We strongly encourage you to review the information provided. We encourage you to visit the **empireblue.com** website to see what programs your doctors may participate in, so you may make the best plan choice for you and your family. Over the past few years, many of the differences between the PPO and POS have been eliminated so the less expensive POS may now serve your needs.

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. **All will receive an Empire issued ID card that will reflect this enhancement.**

Please be reminded that the County offers a Medicare supplement health plan or a Medicare buyout to retirees when they become Medicare eligible. **It is mandatory for retirees to switch to a Medicare plan when said plan is available to them. Please notify the Employee Benefits Office three months prior to Medicare eligibility so that a smooth transition can be accomplished.** . Please call Kevin Roach, Employee Benefits Administrator; (845) 340-3545 to discuss your plan choices

ULSTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
Ulster County Website: www.co.ulster.ny.us

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 1st. **New ID cards will be provided by Blue View Vision.**

Prescription Drug Coverage - Prescription coverage is provided by Express Scripts, Inc. You will not be receiving new cards. The co-pays for prescriptions for 2015 are the same as 2014.

PPO - \$10/\$25/\$40 POS - \$5/\$20/\$40

Ulster Scripts Zero Co-pay Mail Order Brand Name Drug Program - For 2015, our non-Medicare eligible retirees may continue to purchase brand-name maintenance medications through a mail order program without paying any co-pay. The information and forms, including the list of available medications for the Ulster Scripts program, are available on the Personnel Department website in the aforementioned Benefits Book or at the Benefits Office. The Ulster Scripts (Certain Brand Name Drugs For Free) program is available to all retirees covered by the Empire Blue Cross Blue Shield plans. There have been changes to the classification of some drugs, so please check if this affects you.

Dental Benefits - The County will continue the same Delta Dental program.

Empire Blue Cross Blue Shield Premiums - The following chart shows the retiree share of monthly premium (includes medical, dental and vision coverage. For your reference, your Ulster County percentage is printed after your name on your envelope label).

% PAID BY COUNTY	PPO/RX/DENTAL/VISION			POS/RX/DENTAL/VISION			D&V ONLY	
	INDIV	2 PER FAM	FAMILY	INDIV	2 PER FAM	FAMILY	INDIV	FAMILY
SURVR-0%	\$954.66	\$1,826.35	\$2,635.75	\$693.69	\$1,309.28	\$1,863.89	\$39.52	\$101.90
50%	\$477.33	\$913.18	\$1,317.87	\$346.85	\$654.64	\$931.95	\$19.76	\$50.95
55%	\$429.60	\$821.86	\$1,186.09	\$312.16	\$589.18	\$838.75	\$17.78	\$45.86
60%	\$381.86	\$730.54	\$1,054.30	\$277.48	\$523.71	\$745.56	\$15.81	\$40.76
65%	\$334.13	\$639.22	\$922.51	\$242.79	\$458.25	\$652.36	\$13.83	\$35.67
70%	\$286.40	\$547.91	\$790.72	\$208.11	\$392.79	\$559.17	\$11.86	\$30.57
75%	\$238.67	\$456.59	\$658.94	\$173.42	\$327.32	\$465.97	\$9.88	\$25.48
80%	\$190.93	\$365.27	\$527.15	\$138.74	\$261.86	\$372.78	\$7.90	\$20.38
85%	\$143.20	\$273.95	\$395.36	\$104.05	\$196.39	\$279.58	\$5.93	\$15.29
90%	\$95.47	\$182.64	\$263.57	\$69.37	\$130.93	\$186.39	\$3.95	\$10.19
95%	\$47.73	\$91.32	\$131.79	\$34.68	\$65.46	\$93.19	\$1.98	\$5.09
100%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Your share of the monthly premium must be submitted to our billing partner, Rose & Kiernan, Inc. on or before the due date of the 15th of each month. Failure to pay by the date due will cause your insurance to be terminated. If your insurance is terminated, you will not have the opportunity to re-enroll at a later date. However, if there are circumstances causing a short and temporary delay in payment, please call the Benefits Office to discuss payment arrangements. Unless payment arrangements are made, the County will mandate electronic funds transfer (EFT) payments in lieu of cancellation in the event of any late payments. If you do not already use this service, please consider switching to EFT. **An EFT form is available in the online Non-Medicare Eligible Benefits Book.**

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.

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 on your computer or download the appropriate application from your smartphone's store.

Dependent Eligibility and Verification - Eligible dependents for Ulster County Health Insurance coverage are defined as a spouse, natural child, stepchild, and legally adopted child. For further definitions and limitations, please contact Employee Benefits. Please keep in mind that once an employee retires from Ulster County, no additional dependents may be added onto a health insurance plan.

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

If you have dependents covered under your plan, you should have received a letter recently asking for proof of eligibility. If you did not yet respond to this required request, please do so immediately to avoid any coverage suspensions effective January 1, 2015.

If you have any questions, please call Kevin Roach, Employee Benefits Administrator at (845) 340-3545 or Mary Connolly, Employee Benefits Specialist, at (845) 340-3546.

Zero Premium Retiree Coverage Desired Verification - If you do not pay a premium for your Ulster County Retiree coverage because you retired with a higher County contribution, you must sign and return the following portion of this form indicating your desire to continue your coverage.

I am a retiree enrolled in the Empire BCBS and/or Dental & Vision plans and I do not have to pay a monthly premium and I wish to continue to receive my coverage for 2015.

Signature

Printed Name

Date

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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.

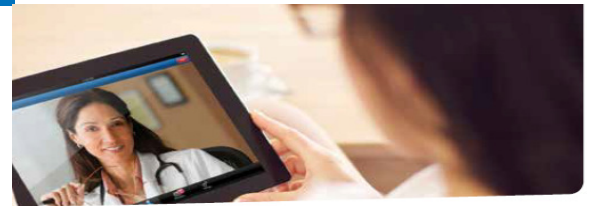
Use LiveHealth Online® to see a doctor for colds, sore throats, flu, allergies, infections, children's health issues – and much more!

Enroll today at livehealthonline.com!

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 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

Enroll for free at livehealthonline.com or download the mobile app at the App Store or Google Play. Simply search "LiveHealth Online."

LiveHealth
ONLINE

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

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**.

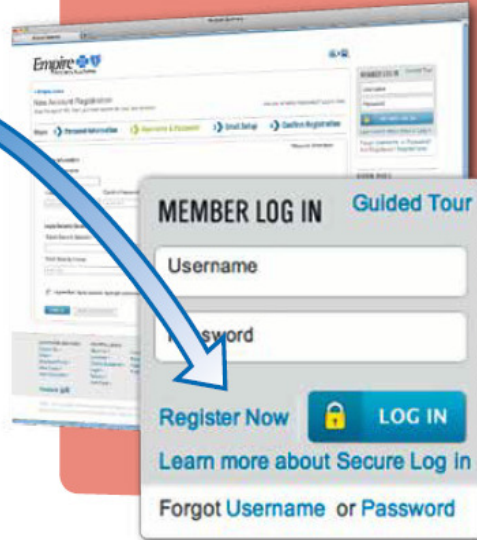
Step 3: Email setup

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.

1320GNYMENEBS 5/13

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
\$0	Vs.	\$25 (PPO)	x	12	=	\$300 / Script
	Vs.	\$40 (PPO)	x	12	=	\$480 / Script
	Vs.	\$20 (POS)	x	12	=	\$240 / Script
	Vs.	\$40 (POS)	x	12	=	\$480 / Script

Phone: 1-866-893-6337 | 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%
ALOCRIOL 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



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

CanRx
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 RETIREE HEALTH INSURANCE ENROLLMENT FORM

LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH
HOME TELEPHONE #	ALTERNATE TELEPHONE		SOCIAL SECURITY #

LEGAL ADDRESS: (Your Social Security / Medicare mailing address)

STREET NAME OR PO BOX	TOWN	STATE	ZIP
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BILLING ADDRESS IF DIFFERENT FROM LEGAL ADDRESS:

STREET NAME OR PO BOX	TOWN	STATE	ZIP
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EMERGENCY CONTACT:

LAST NAME	FIRST NAME	MIDDLE	RELATIONSHIP	HOME TELEPHONE #
STREET ADDRESS OR PO BOX		TOWN	STATE	ZIP

PLAN CHOICE: (Please check appropriate box, all choices include enrollment in Dental Program)

MEDICARE ELIGIBLE	NOT MEDICARE ELIGIBLE INCLUDES VISION COVERAGE												
<input type="checkbox"/> MEDICARE PLAN 'A' PROVIDED <input type="checkbox"/> MEDICARE PLAN 'B' PROVIDED MEDICARE ELIGIBLE DATE: <input style="width: 100px;" type="text"/> <input type="checkbox"/> BUYOUT	<table style="width: 100%;"> <tr> <td style="text-align: center;">EMPIRE POS</td> <td style="text-align: center;">EMPIRE PPO</td> <td style="text-align: center;">DENTAL & VISION ONLY</td> </tr> <tr> <td><input type="checkbox"/> INDIVIDUAL</td> <td><input type="checkbox"/> INDIVIDUAL</td> <td><input type="checkbox"/> INDIVIDUAL</td> </tr> <tr> <td><input type="checkbox"/> 2 PERSON</td> <td><input type="checkbox"/> 2 PERSON</td> <td><input type="checkbox"/> FAMILY</td> </tr> <tr> <td><input type="checkbox"/> FAMILY</td> <td><input type="checkbox"/> FAMILY</td> <td></td> </tr> </table>	EMPIRE POS	EMPIRE PPO	DENTAL & VISION ONLY	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> 2 PERSON	<input type="checkbox"/> 2 PERSON	<input type="checkbox"/> FAMILY	<input type="checkbox"/> FAMILY	<input type="checkbox"/> FAMILY	
EMPIRE POS	EMPIRE PPO	DENTAL & VISION ONLY											
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> INDIVIDUAL											
<input type="checkbox"/> 2 PERSON	<input type="checkbox"/> 2 PERSON	<input type="checkbox"/> FAMILY											
<input type="checkbox"/> FAMILY	<input type="checkbox"/> FAMILY												

DEPENDENTS:

LAST NAME	FIRST NAME	RELATIONSHIP	SOC SEC #

By signing below I am requesting Ulster County Personnel to enroll me in the selected Health Care Program or continue my coverage and I am agreeing to pay my share of the premium, and I attest the dependents as listed above meet the Ulster County eligibility criteria.

RETIREE SIGNATURE: _____ DATE: _____

FOR PERSONNEL DEPARTMENT USE ONLY:

Retirement Date:	Date Employed:
Effective Date of Retiree Coverage:	Department:
Comments:	Bargaining Unit:
	% of Contribution:

Rose and Kiernan, Inc. ENROLLMENT APPLICATION

Your Last Name		First		M.I.		Alternate ID No.		Social Security No.		Employer Use Only Group Name Ulster County	
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.		R&K Use Only 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"/>

New Enrollment/Reinstatement (complete Section 4)
 Change Coverage to: (check new coverage)
 Cancel Coverage: (check those that apply)
 Add or Delete Dependent: (complete section 4)
 Active to Retiree: Retirement Date:
 Change Enrollee's information: (complete Section 1 with new information)
 Reason:

If Yes, Policyholder Name: _____ Relationship: Self Spouse Child
 Social Security Number: _____ Birthdate: / /
 Insurance Company Name: _____ Policy Number: _____
 Address: _____
 Plan Type: Self only Self and Family
 Coverage Type: Health Drug Dental Vision
 Copy of medical is required if you have other coverage.

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				/ /	- -

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

Yes No If no give address
 Do you have a disabled dependent beyond age 26?

Applicants Signature: _____ Date: _____
 Employer's Signature: _____

AUTOMATED CLEARING HOUSE DEBIT AUTHORIZATION AGREEMENT

_____ (“Customer”) hereby authorizes and directs Rose & Kiernan, Inc. (the “Agent”) to make monthly electronic fund transfers via the Automated Clearing House (“ACH”) from the Customer’s bank account noted below for the purposes of making payments with respect to Customer’s Ulster County retiree premium contribution:

BANK ACCOUNT INFORMATION:

Retiree _____ SSN _____
Bank _____
City _____ State _____ Zip _____
ABA Routing No _____ Account No. _____

Type of Bank Account (check one): Checking Account **Please provide a Voided Check**
 Savings Account **Please provide a Deposit or Withdrawal Slip**

Please note that the Rose & Kiernan, Inc. ACH originator ID is 1141559111. Please provide this information to the financial institution that maintains the bank account noted above.

Customer authorizes Agent to automatically make payments required in connection with Customer’s Ulster County retiree premium contribution by electronically transferring funds from Customer’s bank account referenced above. Customer is responsible for any material provided by Customer’s bank regarding disclosures, rights and obligations associated with the automatic transfer of funds from Customer’s bank account. If a scheduled transfer date falls on a weekend or legal bank holiday, the withdrawal will occur on the following business day. Customer will check its bank account statement to verify the date and amount of any automatic transfers initiated by Agent. In the event of an error, Customer will contact its bank and Agent immediately upon receipt of its bank account statement. Insurance related charges and fees are subject to adjustments. This authorization allows Agent to adjust the amount drafted from Customer’s bank account to accommodate these adjustments.

Customer has the right to stop an existing or future transfer of money by notifying Agent in writing, ten (10) business days prior to the draft date, and by notifying its financial institution. Customer may permanently terminate this agreement at any time by notifying Agent in writing to that effect and by notifying its financial institution according to the procedures described in the financial institution’s disclosure. Any such notice of termination shall not be effective as to any transfers initiated prior to Agent’s actual receipt of such notice.

If the bank returns a transfer unpaid, Agent shall have the right to assess an administrative fee. Customer is then responsible for remitting the original payment, plus any fees assessed, with a check. If the required payment becomes delinquent, Customer’s automatic payment option may, in Agent’s sole discretion, be suspended.

Agent reserves the right, in its sole discretion, to cancel this agreement for cause, which may include but not be limited to any of the following events:

- If Customer does not promptly send funds to pay any returned transfers;
- If three (3) transfers are returned unpaid for insufficient funds; or
- If Customer does not otherwise comply with this agreement or any of the terms and conditions of its insurance programs or policies.

Customers hereby authorizes Agent, and Agent’s successors and assigns, to make all payments relating to Customer’s Ulster County retiree premium contribution by electronically transferring funds from the account noted above. The signature below indicates that Customer has read and fully understands this agreement.

Authorized Signature: _____ Date: _____

Name: _____

Important Benefit Update:

Attention Member:

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

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



Notice to Express Scripts Participating Pharmacies

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

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

NEED ASSISTANCE?

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

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**



EXPRESS SCRIPTS®

2015 Express Scripts National Preferred Formulary With Advantage Package

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

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

<p>A</p> <p>ABILIFY, ABILIFY DISCMELT ACANYA [ST] acetaminophen/codeine acyclovir ACZONE [ST] ADICIRCA [ST] AGGRENOX albuterol nebulization solution alendronate sodium allopurinol ALPHAGAN P 0.1% alprazolam ALREX amiodarone AMITIZA amitriptyline amiodipine amlodipine/benazepril amoxicillin amoxicillin/potassium clavulanate AMPYRA AMTURNIDE ANALPRAM ADVANCED CREAM KIT ANALPRAM HC 1% CREAM SINGLES, 2.5% LOTION anastrozole ANDROGEL ANORO ELLIPTA antipyrine/benzocaine apri arbinoxa ARCAPTA ASACOL HD ASMANEX ASTEPRO ATELVIA [ST] atenolol atenolol/chlorothalidone atorvastatin ATRALIN AUVI-Q [INJ] AVONEX [INJ] AXIRON azathioprine azelastine nasal spray AZILECT azithromycin AZOR [ST]</p> <p>B</p> <p>baclofen benazepril benazepril/ hydrochlorothiazide BENICAR, BENICAR HCT [ST] benzonatate BEPREVE BESIVANCE BETHKIS BEYAZ [ST]</p>	<p>bisoprolol/ hydrochlorothiazide BRILINTA budesonide nebulization suspension bupropion bupropion ext-release (12 hour) bupropion ext-release (24 hour) buspirone butalbital/acetaminophen/ caffeine BUTRANS BYDUREON [INJ] BYETTA [INJ] BYSTOLIC</p> <p>C</p> <p>calcipotriene CANASA CARAC carbidopa/levodopa carvedilol cefdinir cefuroxime CELEBREX [ST] CENESTIN cephalexin chlorhexidine gluconate chlorthalidone chorionic gonadotropin [INJ] CIALIS CIPRODEX ciprofloxacin citalopram clarithromycin clindamycin hcl clindamycin phosphate clindamycin phosphate/ benzoyl peroxide clobetasol propionate clomiphene citrate clonazepam clonidine clopidogrel clotrimazole/ betamethasone dipropionate COLCRYS COMBIGAN COMBIPATCH COMBIVENT RESPIMAT CONCEPTION KIT COPAXONE [INJ] COREG CR CREON CRESTOR [ST] CRINONE cyanocobalamin [INJ] cyclobenzaprine</p> <p>D</p> <p>DALIRESP</p>	<p>DAYTRANA DELZICOL desloratadine desonide dexamethasone DEXCOM G4 SENSOR dextroamphetamine/ amphetamine dextroamphetamine/ amphetamine ext-release diazepam butalbital/acetaminophen/ caffeine diclofenac sodium delayed-release dicyclomine hcl DIFFERIN 0.1% LOTION digoxin diltiazem ext-release (24 hour) diphenoxylate/atropine divalproex delayed-release divalproex ext-release DIVIGEL donepezil doxazosin doxepin doxycycline hyclate doxycycline monohydrate DULERA duloxetine delayed-release DYMISTA [ST]</p> <p>E</p> <p>EFFIENT ELIDEL [ST] eliphos ELIQUIS enalapril ENBREL [INJ] ENDOMETRIN ENJUVIA enoxaparin [INJ] EPIDUO EPIPEN, EPIPEN JR [INJ] ergocalciferol erythromycin eye ointment escitalopram estradiol estradiol/norethindrone acetate eszopiclone etodolac EVAMIST EXELON PATCHES EXFORGE, EXFORGE HCT [ST] EXTAVIA [INJ]</p> <p>F</p> <p>famotidine fenofibrate fenofibrate micronized fenofibric acid delayed-release fentanyl patch</p>	<p>FINACEA finasteride fluconazole fluocinonide flouxetine fluticasone nasal spray FOCALIN XR 5 MG, 10 MG, 20 MG, 25 MG, 35 MG folic acid FORADIL FORTEO [INJ] FOSRENOL FRAGMIN [INJ] furosemide FYCOMPA</p> <p>G</p> <p>gabapentin GANIRELIX ACETATE [INJ] GELNIQUE gemfibrozil GENOTROPIN [INJ] gianvi gildress fe GILENYA [ST] glimperide glipizide glipizide ext-release GLUCAGEN [INJ] GLUCAGON [INJ] glyburide glyburide/metformin GONAL-F [INJ] GONAL-F RFF [INJ] GRALISE GRASTEK</p> <p>H</p> <p>HUMALOG [INJ] HUMATROPE [INJ] HUMIRA [INJ] HUMULIN [INJ] EPIDUO EPIPEN, EPIPEN JR [INJ] hydalazine hydrochlorothiazide hydrocodone/ acetaminophen hydrocodone/ chlorpheniramine polistirex hydrocodone/homatropine hydrocodone/ibuprofen hydrocortisone topical hydromorphone hydroxychloroquine hydroxyzine hcl hydroxyzine pamoate</p> <p>I</p> <p>ibandronate ibuprofen ILEVRO indomethacin INTUNIV INVOKANA [ST]</p>	<p>irbesartan isosorbide mononitrate ext-release</p> <p>J</p> <p>JANUMET, JANUMET XR JANUVIA junel fe</p> <p>K</p> <p>ketoconazole topical KOMBIGLYZE XR</p> <p>L</p> <p>labetalol hcl lamotrigine lansoprazole delayed-release LANTUS [INJ] latanoprost lanvi LAZANDA LETAIRIS [ST] LEVEMIR [INJ] levetiracetam levocetirizine levofloxacin levothyroxine sodium LIALDA lidocaine patch LINZESS liothyronine LIPOFEN [ST] LIPTRUZET [ST] lisinopril lisinopril/ hydrochlorothiazide LO LOESTRIN FE [ST] LO MINASTRIN FE [ST] lorazepam losartan losartan/ hydrochlorothiazide LOTEMAX lovastatin LUMIGAN LYRICA</p> <p>M</p> <p>MAKENA [INJ] meclizine hcl medroxyprogesterone acetate meloxicam metaxalone metformin metformin ext-release methadone methimazole methocarbamol methotrexate methylphenidate</p>	<p>methylphenidate ext-release methylprednisolone metoclopramide hcl metoprolol succinate ext-release metoprolol tartrate metronidazole metronidazole topical metronidazole vaginal gel microgestin fe MINASTRIN 24 FE [ST] MINIVELLE minocycline MIRAPEX ER mirtazapine MIRVASO modafinil mometasone MONOVISC [INJ] montelukast morphine sulfate ext-release MOVIPREP MOXEZA moxifloxacin multivitamins/fluoride mupirocin MUSE MYRBETRIQ</p> <p>N</p> <p>nabumetone NAMENDA XR naproxen, naproxen sodium NASOBAL NASONEX NATAZIA [ST] neomycin/polymyxin/ hydrocortisone ear drops NEVANAC NEXIUM niacin ext-release nifedipine ext-release nitrofurantoin monohydrate/ macrocrystals NITROLINGUAL PUMPSPRAY NORDITROPIN [INJ] nortriptyline NUCYNTA, NUCYNTA ER NUEDEXTA NUVARING [ST] NUVIGIL nystatin oral suspension nystatin topical nystatin/triamcinolone</p>
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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.

ONETOUCH KITS/METERS;
BASIC, ULTRA 2,
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
TEKTRUNA, TEKTRUNA 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.

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 VisionSM

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

\$0 copay

\$0 copay

\$0 copay

\$0 copay

\$0 copay

\$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)
Eyeglass lens upgrades 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"> o Transitions® lenses (Adults) o Standard Polycarbonate (Adults) o Tint (Solid and Gradient) o UV Coating o Progressive Lenses¹ <ul style="list-style-type: none"> o Standard \$65 o Premium Tier 1 \$85 o Premium Tier 2 \$95 o Premium Tier 3 \$110 o Anti-Reflective Coating² <ul style="list-style-type: none"> o Standard \$45 o Premium Tier 1 \$57 o Premium Tier 2 \$68 o Other Add-ons and Services 	20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> o Complete Pair o Eyeglass materials purchased separately 	40% off retail price 20% off retail price
Eyewear Accessories	<ul style="list-style-type: none"> o Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 	20% off retail price
Contact lens fit and follow-up 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"> o Standard contact lens fitting³ o Premium contact lens fitting⁴ 	Up to \$55 10% off retail price
Conventional Contact Lenses	<ul style="list-style-type: none"> o Discount applies to materials only 	15% off retail price
SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM		
1-800 CONTACTS After your benefits for the coverage period have been used, you can save on contact lenses with this offer. ⁵	<ul style="list-style-type: none"> o For this and other great offers, login to member services, select discounts, then Vision, Hearing & Dental 	Save \$20 on orders of \$100 or more and get free shipping
Laser vision correction surgery LASIK refractive surgery.	<ul style="list-style-type: none"> o For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental 	Discount per eye

Delta Dental 2015 Summary of Benefits

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

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-PPO dentists** (Delta Dental Premier® & Non-Delta Dental Dentists)
Diagnostic & Preventive Services Exams, cleanings, x-rays, sealants	100 %	100 %
Basic Services Fillings	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %
Prosthodontics Bridges and dentures, implants, TMJ	50 %	50 %
Orthodontic Benefits dependent children to age 19	50 %	50 %
Orthodontic Maximums	\$ 1,500 Lifetime	\$ 1,500 Lifetime

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

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

Delta Dental of New York 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
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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 PPOSM

Benefit Highlights

Your Summary of Benefits



POS

County of Ulster POS - 2015

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

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 ²	Out-of-Network ³
Inpatient Care⁴		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and coinsurance
Skilled Nursing Facility (Up to 30 days per calendar year)	\$0	Deductible and coinsurance
Mental Health		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care ⁸ As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification ⁸ (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation ⁸	\$0	Deductible and coinsurance
Other		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment ⁴	\$0	Deductible and coinsurance
Prosthetics & Orthotics ⁴	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	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 pre-certify 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 pre-certification 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 pre-certification 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 pre-certify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members for covered services. Pre-certification 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) Pre-certification 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.

POS REV Sept 2014

Prepared on 9/29/14 CG

Your Summary of Benefits



PPO

County of Ulster PPO - 2015

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

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

Your Summary of Benefits



PPO

Benefit	In-Network ¹	Out-of-Network ^{2,3}
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
Inpatient Care⁵	Member Pays In-Network	Member Pays Out-of-Network
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Covered in-network only
Mental Health	Member Pays In-Network	
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care ⁸ (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Alcohol/Substance Abuse	Member Pays In-Network	Member Pays Out-of-Network
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification ⁸ (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation ⁸	\$0	Deductible and Coinsurance
Other	Member Pays In-Network	Member Pays Out-of-Network
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment ⁶	\$0	Covered in-network only
Prosthetics & Orthotics ⁶	\$0	Covered in-network only
Ambulance (air ambulance)	\$0	In-network benefits apply

- (1) Network provider delivers care.
- (2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
- (3) Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount.
- (4) Preventive Care benefits not subject to 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.

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

PPO Rev. Oct 2013

Prepared on 09/29/14 CG

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