

Ulster County

Important Information for You and Your Family
Benefit Meetings:

Friday October 23, 2015

8:00am - 9:30am - Dept. Of Public Works, Shamrock Lane
11:30am - 1:30pm - Health & Mental Health Offices, 239 Golden Hill Lane
2:00-4:30 UC Law Enforcement Center

Thursday October 29, 2015

9:00am - 11:00am - Dept of Social Services, Development Court
11:30am - 1:30pm - County Office Building, 244 Fair Street
2:45-4:30 UC Rural Transportation, 1 Danny Circle (Golden Hill Dr)

Open Enrollment: October 16, 2015 - November 23, 2015
Plan Year: January 1—December 31, 2016



www.ulstercountyny.gov/personnel/

Medical

Prescription Drug

Vision

Dental

Deferred Comp

Pearl Carroll

Aflac

Retirement Planning

EAP

Flexible Spending



MICHAEL P. HEIN
County Executive

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

MICHAEL P. HEIN
County Executive



Sheree Cross
Personnel Officer

JAMES FARINA
Director of Employee Relations

2016 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 2016. While you need not do anything if there are no changes in your or your family's status, I encourage you to attend an Open Enrollment session to possibly learn about something new that will make a positive impact on your health care. Besides, there will be prize drawings and who doesn't like to win!

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](https://www.ulstercountyny.gov/personnel/benefits-management) to your personal email so you and your family members can review the book at home. Or if you have a smartphone you can access this book at any time anywhere.

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, 2015, under Federal rules the Benefits Office will enroll you in the POS individual plan with its appropriate payroll deduction.

Dependent Eligibility- Eligible dependents for Ulster County Health Insurance coverage is defined as: a spouse, natural child, step child, or a legally adopted child. For further definitions and limitations, please contact 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 company also reserves the right to bill an employee for any medical services paid on behalf of an ineligible dependent.

What's New for 2016

A New Card for 2016 – Because we are changing back to Davis Vision there will be a new card issued by January.

Live Health Online – Live Health Online is now a covered benefit under our Health Plan. You can talk to a real doctor 24/7, 365 days a year. You can be at home, at work or even on vacation out of town (not available in all states). No appointment necessary. It saves you time and it costs the same as a primary care office visit. You can download an app to your mobile device. To activate your account, go to livehealthonline.com on your computer.

Urgent Care Out of Network Change – Since January 1, 2015 and continuing through 2016, 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, 2016, The Flexible Spending Account will still 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.

Davis Vision – will be replacing Blue View Vision - As of January 1, 2016 Davis Vision will replace Blue View Vision. Benefits and networks apply to Davis Vision as in the past. *Go to DavisVision.com to look for in network providers.* Because this year we are changing back to Davis Vision there is no waiting for an anniversary date to receive services as the plan resets on January 1st.

Benefit Reminders:

Express Scripts Change in Formulary Options – Effective January 1, 2016, a select group of products will be removed from their National Preferred Formulary (also called Preferred Prescriptions) and will no longer be covered on this formulary. Members who attempt to obtain medications no longer covered will experience a claim reject at the point of sale and will be required to pay 100% of the full, non-discounted cost of the medication. Some products also will move from preferred (tier 2) to non-preferred (tier 3) status. Starting in October, Express Scripts' will launch a comprehensive communication plan for members, physicians and pharmacists to ensure a smooth transition. As such, I encourage you to be aware of these changes and to be mindful of any mail correspondence you may receive from Express Scripts.

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

In addition, there will be other changes to the 2016 National Preferred Formulary (addition drugs, changes from formulary to non-formulary). In early November, Express Scripts will be providing letters to those members that are impacted that will provide them with alternatives they can discuss with their physicians.

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 # and # 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>. 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 Director

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2016 ULSTER COUNTY EMPLOYEE HEALTH INSURANCE RATES EFFECTIVE JANUARY 1, 2016		TIER STATUS		EMPLOYEE SHARE	
CSEA HIRED BEFORE 1/1/1994 (fixed contributions)	INDIVIDUAL W/ DENTAL AND VISION	MONTHLY POS	PPO	BI WEEKLY POS	PPO
	2 PERSON W/ DENTAL AND VISION	\$8.00	\$8.00	\$4.00	\$4.00
	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	MONTHLY POS	PPO	BI WEEKLY POS	PPO
	2 PERSON W/ DENTAL AND VISION	\$0.00	\$0.00	\$0.00	\$0.00
	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 7/1/1994 - 9/1/2015 CSEA HIRED 1/1/1994- 9/19/2012 UCSA HIRED 5/19/2010- 2/20/2013 UCSEA HIRED 7/1/1994- 8/18/2014 (15% of total premium)	INDIVIDUAL W/ DENTAL AND VISION	MONTHLY POS	PPO	BI WEEKLY POS	PPO
	2 PERSON W/ DENTAL AND VISION	\$110.92	\$164.18	\$55.46	\$82.09
	FAMILY W/ DENTAL AND VISION	\$207.08	\$309.64	\$103.54	\$154.82
	INDIVIDUAL DENTAL AND VISION ONLY	\$293.70	\$445.62	\$146.85	\$222.81
	FAMILY DENTAL AND VISION ONLY	\$6.04		\$3.02	
PBA HIRED AFTER 9/1/2015 CSEA HIRED AFTER 9/19/2012 UCSA HIRED AFTER 2/20/2013 UCSEA HIRED AFTER 8/18/14 (20% of total premium)	INDIVIDUAL W/ DENTAL AND VISION	MONTHLY POS	PPO	BI WEEKLY POS	PPO
	2 PERSON W/ DENTAL AND VISION	\$147.90	\$218.92	\$73.95	\$109.46
	FAMILY W/ DENTAL AND VISION	\$276.10	\$412.84	\$138.05	\$206.42
	INDIVIDUAL DENTAL AND VISION ONLY	\$391.60	\$594.16	\$195.80	\$297.08
	FAMILY DENTAL AND VISION ONLY	\$8.06		\$4.03	
MANAGEMENT NON-UNION LEGISLATORS UCSA HIRED BEFORE 5/18/2010 SUPERIOR OFFICERS UNION (10% of total premium)	INDIVIDUAL W/ DENTAL AND VISION	MONTHLY POS	PPO	BI WEEKLY POS	PPO
	2 PERSON W/ DENTAL AND VISION	\$73.96	\$109.46	\$36.98	\$54.73
	FAMILY W/ DENTAL AND VISION	\$138.06	\$206.42	\$69.03	\$103.21
	INDIVIDUAL DENTAL AND VISION ONLY	\$195.80	\$297.08	\$97.90	\$148.54
	FAMILY DENTAL AND VISION ONLY	\$4.04		\$2.02	
ROUNDING OF PREMIUM CONTRIBUTIONS MAY LEAD TO SLIGHT DIFFERENCES					

Premier Vision Plan

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

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

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

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

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

How to locate a Network Provider...

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

For a complete list of providers and more details about the plan please log onto the Open Enrollment section of our Member site at davisvision.com or call **1.877.923.2847** and enter Client Code **2769**

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

Lower costs and more benefits! See the savings!

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

Savings up to:
\$449

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

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

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

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

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

Davis Vision plans offer...

Value for our Members

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

Convenient Network Locations

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

Freedom of Choice

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

Value-Added Features:

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

Contact Info

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

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

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

Out-of-Network Benefits

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

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

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

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)

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**.

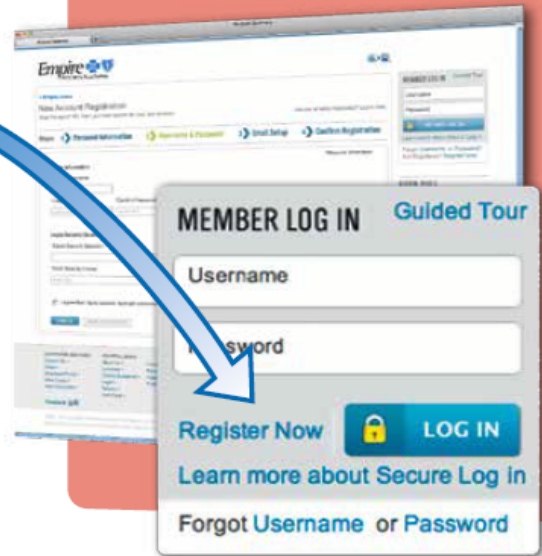
Step 3: Email setup

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**.



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!

Delta Dental 2016 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

Delta Dental PPOSM

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

Benefit Highlights

* 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.

LABOR/MANAGEMENT SICK LEAVE BANK



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

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

**YOU MAY JOIN ONLY DURING
OPEN ENROLLMENT PERIOD!**

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

CONFIDENTIAL & VOLUNTARY



Ulster Scripts Employee Program

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

COPAYMENTS HAVE BEEN WAIVED FOR THIS PROGRAM!
Annual copay savings range from \$300 to \$480 per script.*

*Local pharmacy copays.

NEW UPDATED FORMULARY!

The Ulster Scripts program offers over **345 Brand Name** medications.
(Full formulary can be found on the enrollment form or website.)

New additions include the following:

- ALVESCO
- ANORO ELLIPTA
- AXERT
- AZILECT
- BECONASE AQ
- BENZACLIN
- BREO ELLIPTA
- BRINTELLIX
- COMBIVENT RESPIMAT
- COVERA-HS
- EDARBI
- EMTRIVA
- EPIDUO GEL PUMP
- FLOVENT
- FROVA
- INCRUSE
- ISENTRESS
- JARDIANCE
- JENTADUETO
- KAZANO
- NESINA
- OMNARIS NASAL SPRAY
- PENNSAID
- SIMBRINZA
- SPIRIVA RESPIMAT
- SPRYCEL
- TEVETEN HCT
- TRADJENTA
- VIMOVO
- VIVELLE-DOT
- XALKORI
- XELJANZ
- ZORTRESS

***Why pay a copay if your medication is available
at NO COST to you through the Ulster Scripts program?***

Take a minute to review the formulary or call our customer service representatives to verify medication availability. If your medication is covered, enroll in the program and submit your prescription (3-month supply, with 3 refills). Medications will be shipped directly to your home from a **government-licensed** pharmacy in **Canada, the United Kingdom, Australia or New Zealand.** (Please allow 4 weeks for delivery.)

FOR MORE INFORMATION:

Phone: **1-866-893-6337** | Visit: **www.UlsterScripts.com**

September 2015



**Ulster Scripts
Employee Program**

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

ABILIFY 2MG	DULERA 200MG/5MG	MIRAPEX ER 1.5MG	TAZORAC GEL 0.1%
ABILIFY 5MG	DYMISTA NASAL SPRAY 137/50MCG	MIRAPEX ER 2.25MG	TECFIDERA 120MG
ABILIFY 10MG	EDARBI 40MG	MIRAPEX ER 3MG	TECFIDERA 240MG
ABILIFY 15MG	EDARBI 80MG	MIRAPEX ER 3.75MG	TEKTURNIA 150MG
ABILIFY 20MG	EDARBYCLOR 40MG/12.5MG	MIRAPEX ER 4.5MG	TEKTURNIA 300MG
ABILIFY 30MG	EDARBYCLOR 40MG/25MG	MIRVASO 0.33%	TEKTURNIA HCT 150-12.5MG
ABILIFY DISCMELT 10MG	EDURANT 25MG	MULTAQ 400MG	TEKTURNIA HCT 300-12.5MG
ABILIFY DISCMELT 15MG	EFFIENT 5MG	MYRBETRIQ 25MG	TEKTURNIA HCT 300-25MG
ABILIFY SOLUTION 1MG/ML	EFFIENT 10MG	MYRBETRIQ 50MG	TEVETEN HCT 600/12.5MG
ACTONEL 5MG	ELIDEL 1%	NASONEX 50MCG	TIVICAY 50MG
ACTONEL 30MG	ELIQUIS 2.5MG	NESINA 6.25MG	TOBREX OINT 0.3%
ACTONEL 35MG	ELIQUIS 5MG	NESINA 12.5MG	TOVIAZ 4MG
ACTONEL 150MG	ELMIRON 100MG	NESINA 25MG	TOVIAZ 8MG
ADDIRCA 20MG	EMADINE 0.05%	NEUPRO 1MG	TRACLEER 62.5MG
ADVAIR DISKUS 100MCG	EMTRIVA 200MG	NEUPRO 2MG	TRACLEER 125MG
ADVAIR DISKUS 250MCG	ENABLEX 7.5MG	NEUPRO 3MG	TRADJENTA 5 MG
ADVAIR DISKUS 500MCG	ENABLEX 15MG	NEUPRO 4MG	TRAVATAN Z OPHTH SOL 0.004%
ADVAIR HFA 45/21MCG	EPIDUO GEL PUMP 0.1%/2.5%	NEUPRO 5MG	TRIBENZOR 20/5/12.5MG
ADVAIR HFA 115/21MCG	EPIPEN 0.3MG	NEUPRO 8MG	TRIBENZOR 40/5/12.5MG
ADVAIR HFA 230/21MCG	EPIPEN JR 0.15MG	NEXAVAR 200MG	TRIBENZOR 40/5/25MG
AFINITOR 2.5MG	EPZICOM	NEXIUM 20MG	TRIBENZOR 40/10/12.5MG
AFINITOR 5MG	ESTROGEL GEL 0.06%	NEXIUM 40MG	TRIBENZOR 40/10/25MG
AFINITOR 10MG	EVISTA 50MG	NEXIUM DR 10MG	TRUVADA 200-300MG
AGGRENOX 200/25MG	EXELON 3MG	NORVIR TABLET 100MG	TUDORZA PRESSAIR 400MCG
ALOCRIIL OPHTH 2%	EXELON 5MG	OLYSIO 150MG	TWYNSTA 40/5MG
ALOMIDE 0.1%	EXELON 4.5 MG/24HR	OMNARIS NASAL SPRAY 50MCG	TWYNSTA 40/10MG
ALVESCO 80MCG 100MCG	EXELON 9.5MG/24HR	ONGLYZA 2.5MG	TWYNSTA 80/5MG
ALVESCO 150MCG 200MCG	EXELON 13.3MG/24HR	ONGLYZA 5MG	TWYNSTA 80/10MG
AMITIZA 24MCG	EXFORGE HCT 160/12.5/5MG	ORTHO-TRI-CYCLEN LO	ULORIC 80MG
ANORO ELLIPTA 62.5/25MCG	EXFORGE HCT 160/12.5/10MG	PATADAY 0.2%	VAGIFEM 10MCG
ANZEMET 100MG	EXFORGE HCT 160/25/5MG	PATANOL OPHTH SOL 0.1%	VALCYTE 450MG
ARCAPTA NEOHALER 75MCG	EXFORGE HCT 160/25/10MG	PENNSAID 1.5%	VENTOLIN HFA 30MCG
ASACOL HD 800MG	EXFORGE HCT 320/25/10MG	PENTADA 500MG	VERAMYST 27.5MCG
ASMANEX TWISTHALER 220MCG	EXJADE 125MG	PRADAXA 75MG	VEBICARE 5MG
ATRIPLA 600-200-300MG	EXJADE 250MG	PRADAXA 150MG	VEBICARE 10MG
ATROVENT HFA 20UG	EXJADE 500MG	PREMARIN 0.3MG	VIMOVO 375/20MG
AUBAGIO 14MG	FARXIGA 5MG	PREMARIN 0.625MG	VIMOVO 500/20MG
AVANDAMET 4MG/500MG	FARXIGA 10MG	PREMARIN 1.25MG	VIRAMUNE XR 400MG
AVANDAMET 4MG/1000MG	FINACEA 15%	PREMARIN VAG 0.625MG/GM	VIREAD 300MG
AVANDIA 2MG	FLOVENT 44MCG 50MCG	PREMPRO 0.3/1.5MG	VIVELLE-DOT 25MCG
AVANDIA 4MG	FLOVENT 110MCG 125MCG	PREMPRO 0.625MG/2.5MG	VIVELLE-DOT 37.5MCG
AVANDIA 8MG	FLOVENT 220MCG 250MCG	PREMPRO 0.625MG/5MG	VIVELLE-DOT 50MCG
AVODART 0.5MG	FLOVENT DISKUS 100MCG	PREVACID SOLUTAB 15MG	VIVELLE-DOT 75MCG
AXERT 6.25MG	FLOVENT DISKUS 250MCG	PREVACID SOLUTAB 30MG	VIVELLE-DOT 100MCG
AXERT 12.5MG	FORADIL + AEROLIZER 12MCG	PREZISTA 800MG	VOLTAREN GEL
AZILECT 0.5MG	FOSAMAX-D 70/2800MG	PRISTIQ 50MG	VYTORIN 10/10MG
AZILECT 1MG	FOSRENOL CHEW 500MG	PRISTIQ 100MG	VYTORIN 10/20MG
AZOPT OPHTH DROPS 1%	FOSRENOL CHEW 750MG	PROTOPIC OINT 0.03%	VYTORIN 10/40MG
AZOR 20/5MG	FOSRENOL CHEW 1000MG	PROTOPIC OINT 0.1%	VYTORIN 10/80MG
AZOR 40/5MG	FROVA 2.5MG	QVAR 40 MCG 50MCG	WELCHOL 625MG
AZOR 40/10MG	GELNIQUE 10%	QVAR 80 MCG 100MCG	XALKORI 200MG
BARACLUDE 0.5MG	GILENYA 0.5MG	RANEXA 500MG	XALKORI 250MG
BARACLUDE 1MG	GLEEVEC 100MG	RAPAFLO 4MG	XARELTO 10MG
BECONASE AQ 0.04%	GLEEVEC 400MG	RAPAFLO 8MG	XARELTO 15MG
BENICAR 20MG	GLUMETZA ER 1000MG	RELPAF 20MG	XARELTO 20MG
BENICAR 40MG	INCRUDE ELLIPTA 62.5MCG	RELPAF 40MG	XELJANZ 5MG
BENICAR HCT 20MG/12.5MG	INLYTA 1MG	RENAGEL 800MG	XTANDI 40MG
BENICAR HCT 40MG/12.5MG	INLYTA 5MG	RENVELA 800MG	ZETIA 10MG
BENICAR HCT 40MG/25MG	INVEGA 3MG	RESTADIS 0.05%	ZIAGEN 300MG
BENZAFLIN PUMP	INVEGA 6MG	RHINOCORT AQ 32MCG	ZOMIG NASAL SPRAY 5MG
BETIMOL 0.25%	INVEGA 9MG	GAPHRIQ 5MG	ZORTRESS 0.5MG
BETIMOL 0.5%	INVIRASE 500MG	GAPHRIQ 10MG	ZORTRESS 0.75MG
BETOPTIC 0 OPHTH 0.25%	INVOKANA 100MG	SEREVENT DISKUS 50MCG	ZYCLARA 3.75%
BREO ELLIPTA 100/25MCG	INVOKANA 300MG	SEROQUEL XR 50MG	ZYTIGA 250MG
BRILINTA 90MG	ISENTRIS 400MG	SEROQUEL XR 150MG	
BRINTELLIX 5MG	JALYN 0.5MG/0.4MG	SEROQUEL XR 200MG	
BRINTELLIX 10MG	JANUMET 50/500MG	SEROQUEL XR 300MG	
BRINTELLIX 20MG	JANUMET 50/1000MG	SEROQUEL XR 400MG	
BYSTOLIC 2.5MG	JANUMET XR 50MG/1000MG	SIMBRINZA 1%/0.2%	
BYSTOLIC 5MG	JANUVIA 25MG	SPIRIVA 18MCG	
BYSTOLIC 10MG	JANUVIA 50MG	SPIRIVA RESPIMAT 2.5MCG 4ML	
BYSTOLIC 20MG	JANUVIA 100MG	SPRYCEL 20MG	
CAMBIA 50MG	JANUVIA 100MG	SPRYCEL 50MG	
CARDURA XL 4MG	JARDIANCE 10MG	SPRYCEL 70MG	
CARDURA XL 8MG	JARDIANCE 25MG	SPRYCEL 100MG	
CELEBREX 100MG	JENTADUETO 2.5MG/850MG	STRATTERA 10MG	
CELEBREX 200MG	JENTADUETO 2.5MG/1000MG	STRATTERA 18MG	
CLIMARA PRO 0.045/0.015MG	KAZANO 12.5/1000MG	STRATTERA 25MG	
COMBIGAN 0.2-0.5%	LATUDA 20MG	STRATTERA 40MG	
COMBIVENT RESPIMAT 20MCG/100MCG	LATUDA 40MG	STRATTERA 60MG	
COMPLERA 200/25/300MG	LATUDA 60MG	STRATTERA 80MG	
COVERA-HS 240MG	LATUDA 80MG	STRATTERA 100MG	
CRESTOR 5MG	LATUDA 120MG	STRIBILD	
CRESTOR 10MG	LEGCOL XL 80MG	SUSTIVA 50MG	
CRESTOR 20MG	LEXIVA 700MG	SUSTIVA 200MG	
CRESTOR 40MG	LIALDA 1.2GM	SUSTIVA 500MG	
DALIRESP 500MCG	LINZESS 145MCG	SYNAREL NASAL	
DEXILANT DR 30MG	LINZESS 290MCG	TARKA 2/180MG	
DEXILANT DR 60MG	LOTEMAX 0.50%	TARKA 4/240MG	
DIFFERIN GEL 0.3%	LUMIGAN OPHTH 0.01%	TASIGNA 150MG	
DIFENTUM 250MG	MESTINON TS 180MG	TASIGNA 200MG	
DIVIGEL 0.5MG	METROGEL 1%	TAZORAC CREAM 0.05%	
DIVIGEL 1MG	MIGRANAL NASAL SPRAY 4MG/ML	TAZORAC CREAM 0.1%	
DULERA 100MCG/5MCG	MIRAPEX ER 0.375MG	TAZORAC GEL 0.05%	
	MIRAPEX ER 0.75MG		

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

September 2015

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**.

2016 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. 4332**



EXPRESS SCRIPTS®

2016 Express Scripts National Preferred Formulary With Advantage Package

A

ABSORICA
ACANYA (ST)
acetaminophen/codeine
ACTEMRA (INJ) (ST)
acyclovir
ADCIRCA (ST)
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA
AKYZEO
albuterol nebulization
solution
alendronate sodium
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX (ST)
amiodarone
AMITIZA
amitriptyline
amlodipine
amlodipine/benzepriol
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
clavulanate
AMPYRA
ANALPRAM ADVANCED
CREAM KIT
ANALPRAM HC 1% CREAM
SINGLES, 2.5% LOTION
anastrozole
ANDROGEL
ANORO ELLIPTA
antipyrine/benzocaine
apri
APRISO
arbinoxa
ARCAPTA
aripiprazole
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorothalidone
atorvastatin
ATRALIN
AUVI-Q (INJ)
AVONEX (INJ)
AXIRON
azathioprine
azelastine nasal spray
AZILECT
azithromycin
AZOR (ST)

B

baclofen
benazepril
benazepril/hctz
BENICAR, BENICAR
HCT (ST)
benzonatate
BEPREVE (ST)
BETHKIS
BEYAZ

bimatoprost
bisoprolol/hctz
BRED ELLIPTA
BRILINTA
BRISDELLE
budesonide nebulization
suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/
caffeine
BUTRANS
BYDUREON (INJ)
BYETTA (INJ)
BYSTOLIC

C

CANASA
CARAC
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime
celecoxib
CENESTIN
cephalexin
CETROTIDE (INJ)
chlorhexidine gluconate
chlorothalidone
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
COPAXONE 40 MG (INJ) (ST)
COREG CR
CORLANOR
COSENTYX (INJ)
CREON
CRESTOR (ST)
CRINONE
cyanocobalamin (INJ)
cyclobenzaprine

D

DALIRESP
DAYTRANA

desloratadine
desonide
dexamethasone
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine
ext-release
diazepam
diclofenac sodium
delayed-release
dicyclomine hcl
digoxin
difluzem ext-release
(24 hour)
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxepin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DYMISTA (ST)

E

EFFIENT
ELIDEL (ST)
eliphas
ELIQUIS
enalapril
ENBREL (INJ)
ENJUVIA
enoxaparin (INJ)
ENTRESTO
EPIDUO
EPIPEN, EPIPEN JR (INJ)
ergocalciferol
erythromycin eye ointment
escitalopram
esomeprazole magnesium
delayed-release
ESTRACE VAGINAL CREAM
estradiol
estradiol patch
estradiol/norethindrone
acetate
eszopiclone
etodolac
EUFLEXXA (INJ)
EXELON PATCHES
EXTAVIA (INJ)

F

famotidine
FARXIGA (ST)
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patch
FETZIMA

FINACEA (ST)
finasteride
flucanazole
flucocinonide
fluoxetine
fluticasone nasal spray
FOCALIN XR 25 MG, 35 MG
folic acid
FORTEO (INJ)
FOSRENOL
FRAGMIN (INJ)
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN (INJ)
gianvi
gildess fe
GILENYA (ST)
glipeptide
glipizide
glipizide ext-release
GLUCAGEN (INJ)
GLUCAGON (INJ)
glyburide
glyburide/metformin
GLYXAMBI (ST)
GONAL-F (INJ)
GONAL-F RFF (INJ)
GRALISE
GRASTEK
guanfacine ext-release

H

HUMALOG (INJ)
HUMATROPE (INJ)
HUMIRA (INJ)
HUMULIN (INJ)
hyalalazine
hydrochlorothiazide
hydrocodone/
acetaminophen
hydrocodone/
chlorpheniramine
polistirex
hydrocodone/homatropine
hydrocodone/ibuprofen
hydrocortisone topical
hydroxymorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
ibuprofen
ILEVRO
INCRUSE ELLIPTA
indomethacin
INVOKAMET (ST)

INVOKANA (ST)
irbesartan
isosorbide mononitrate
ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE (ST)
JENTADUETO
junel fe

K

ketoconazole topical

L

labetalol hcl
lamotrigine
lansoprazole
delayed-release
LANTUS (INJ)
latanoprost
LATUDA
LAZANDA
LETAIRIS (ST)
LEVEMIR (INJ)
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
LIALDA
lidocaine patch
LINZESS
liothyronine
LIPOFEN (ST)
lisinopril
lisinopril/hctz
LO LOESTRIN FE
LO MINASTRIN FE
lorazepam
losartan
losartan/hctz
LOTEMAX
lovastatin
LUMIGAN
LYRICA

M

MAKENA (INJ)
meclizine hcl
medroxyprogesterone
acetate
metaxalone
metformin
metformin ext-release
methadone
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate
ext-release
methylprednisolone

metoclopramide hcl
metoprolol succinate
ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal gel
microgestin fe
MINASTRIN 24 FE
MINIVELLE
minocycline
mirtazapine
MIRVASO
modafinil
moderiba
mometasone
mononessa
MONOVISC (INJ)
montelukast
morphine sulfate
ext-release
MOVANTIK
MOXEZA
multivitamins/fluoride
mupirocin
MUSE
MYRBETRIQ

N

nabumetone
NAMENDA XR
NAMZARIC
naproxen, naproxen sodium
NASCOBAL
NASONEX
NATAZIA
neomycin/polymyxin/
hydrocortisone ear drops
NEVANAC
niacin ext-release
nifedipine ext-release
nitrofurantoin
monohydrate/
macrocrystals
NORDITROPIN (INJ)
nortriptyline
NUCYNTA, NUCYNTA ER
NUDEXTA
NUVARING
NUVIGIL
nystatin oral suspension
nystatin topical
nystatin/triamcinolone

O

olanzapine
omeprazole delayed-release
ondansetron
ondansetron orally
disintegrating tablets
ONETOUCH KITS/METERS;
BASIC, ULTRA 2,
ULTRAMINI,
ULTRASMART, VERIO IQ,
VERIO SYNC

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2016 THROUGH DECEMBER 31, 2016. THIS LIST IS SUBJECT TO CHANGE.
You can get more information and updates to this document at our website at Express-Scripts.com.

ONETOUGH TEST STRIPS;
FASTAKE, ONETOUGH,
SURESTEP, ULTRA,
VERIO
ONEXTON [ST]
OPANA ER
OPSUMIT
ORACEA [ST]
ORENCIA [INJ] [ST]
ORTHOVISC [INJ]
OTEZLA [ST]
oxcarbazepine
OXTELLAR XR
oxybutynin
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN

P

pantoprazole
delayed-release
paroxetine
PATADAY [ST]
PATANOL [ST]
PAZEO [ST]
penicillin v potassium
PENTASA
PERFORMIST
pioglitazone
PLEGRIDY [INJ]
polymyxin/trimethoprim
potassium chloride
ext-release
POTIGA
PRADAXA
pramipexole
pravastatin
prednisolone acetate eye
suspension
prednisolone sodium
phosphate
prednisone
PREMARIN TABS
PREMARIN VAGINAL CREAM
PREMPHASE
PREMPRO
PREPOPIK
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCRIT [INJ]
progesterone micronized
PROLENSA
promethazine
promethazine/
dextromethorphan
propranolol
propranolol ext-release
PULMICORT FLEXHALER
PYLERA

Q

QNASL
quetiapine
QUILLVANT XR
quinapril
QVAR

R

rabeprazole
delayed-release
RAGWITEK
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO

RASUWO [INJ] [ST]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
RELPAK
REMICADE [ST]
RENVELA
RESTASIS
RIOMET [ST]
risedronate
risperidone
rizatriptan
ropinirole

S

SAFYRAL
SANCUSO
SANDOSTATIN LAR
DEPOT [INJ]
SAVELLA
SEREVENT DISKUS
SEROQUEL XR
sertraline
SIMPONI 100 MG
(for ulcerative colitis
only) [INJ] [ST]
simvastatin
SOLDODYN 55 MG, 65 MG,
80 MG, 105 MG,
115 MG [ST]
SOMATULINE DEPOT [INJ]
SOVALDI (excluded for
Genotype 1 only) [ST]
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
spironolactone
sprintec
SPRYCEL
STELARA [INJ]
STIOLTO RESPIMAT
STRATTERA
SUBOXONE SL FILM
sulfamethoxazole/
trimethoprim
sumatriptan
SUMAVEL DOSEPRO [INJ]
SUPREP
SYMBICORT
SYMLINPEN [INJ]

T

TACLONEX SUSPENSION
TAMIFLU
tamoxifen
tamsulosin ext-release
TAZORAC
TECFIDERA [ST]
TEKAMLO
TEKTURNA, TEKTURNA HCT
telmisartan/hctz
temazepam
terazosin
terconazole
testosterone
cypionate [INJ]
timolol maleate
eye solution
tizanidine
TOBI PODHALER
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/
dexamethasone susp
tolterodine ext-release
topiramate
TOUJEO SOLOSTAR [INJ]
TOVIAZ

TRACLEER
TRADJENTA
tramadol
tramadol/acetaminophen
TRAVATAN Z
trazodone hcl
TRELSTAR [INJ] [ST]
triamcinolone acetonide
topical
triamterene/hctz
TRIBENZOR [ST]
trinessa
tri-sprintec
TRULICITY [INJ]
TUDORZA

U

UCERIS TABLETS
ULORIC

V

VAGIFEM
valacyclovir
valsartan
valsartan/hctz
VASCEPA
venlafaxine
venlafaxine ext-release
VENTOLIN HFA
verapamil ext-release
veripred
VESICARE
VIAGRA
VIEKIRA PAK
VIGAMOX
VIBRYD
VIMPAT
VIOKAC
VOLTAREN GEL [ST]
VYTORIN [ST]
VYVANSE

W

warfarin
WELCHOL

X

XARELTO
XIFAXAN
XIGDUO XR [ST]

Z

ZENPEP (EXCEPT 5,000 U)
ZETIA
ZIANA [ST]
zolpidem
zolpidem ext-release
ZOMIG NASAL
ZONTIVITY
ZORVOLEX [ST]
ZOVIRAX CREAM
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	fentanyl citrate lozenges, LAZANDA
ACCU-CHEK METERS/STRIPS	ONE TOUCH METERS/STRIPS
ACJUREL	bromfenac, diclofenac, ketorolac, ILEVRO, NEURAMIC, PROLENSA
ADVOCATE METERS/STRIPS	ONE TOUCH METERS/STRIPS
ALVESCO	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
APIDRA	HUMALOG
ABANESP	PROCRIT
ARNIITY ELLIPTA	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
ASCOL HD	balsalazide disodium, APRISO, LIALDA, PENTASA
BECONASE AQ	flunisolide, fluticasone, triamcinolone acetate, NASONEX, QNASL
BENZACLIN GEL PUMP	clindamycin phosphate/benzoyl peroxide, ACANYA [ST], ONEXTON [ST], ZIANA [ST]
BRAVELLE	GONAL-F, GONAL-F RFF
BREEZE, CONTOUR METERS/STRIPS	ONE TOUCH METERS/STRIPS
CETRAKAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX
CHIEKIA	ENBREL, HUMIRA
DELZICOL	balsalazide disodium, APRISO, LIALDA, PENTASA
DIPENTUM	balsalazide disodium, APRISO, LIALDA, PENTASA
DOXYCYCLINE 40 MG CAPSULE	ORACEA [ST]
DUEXIS	ibuprofen + famotidine
EDARBI	candesartan, irbesartan, losartan, telmisartan, valsartan, BENICAR [ST]
EDARBYCLOR	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR HCT [ST]
EMERACE, VICTORY METERS/STRIPS	ONE TOUCH METERS/STRIPS
ENDOMETRIN	CRINONE 8% GEL
EPOGEN	PROCRIT
ESTROGEL	DIVIGEL
FENTORA	fentanyl citrate lozenges, LAZANDA
FLOVENT DISKUS/HFA	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
FLUOROURACIL 0.5% CREAM	imiquimod 5% cream, CARAC
FOLLISTIM AQ	GONAL-F, GONAL-F RFF
FORTESTA	ANDROGEL, AXIRON
FREESTYLE, PRECISION METERS/STRIPS	ONE TOUCH METERS/STRIPS
FROWA	risatriptan, sumatriptan, zolmitriptan, RELPAK
GABRIELIX ACETATE	CETROTHIDE
GEL-ONE	EUFLEXIA, MONOVISC, ORTHOVISC
HARVONI	VIEKIRA PAK
HYALGAN	EUFLEXIA, MONOVISC, ORTHOVISC
ISTALOC	betaxolol, levobunolol, timolol, ALPHAGAN P 0.1%, COMBIGAN
KAZANO	JANUMET, JANUMET XR, JENTADUETO
KOMIVELYZE XR	JANUMET, JANUMET XR, JENTADUETO
LEVITRA	CIALIS, VIAGRA
MIRCERA	PROCRIT
MATESTO	ANDROGEL, AXIRON
NESINA	JANUVIA, TRADJENTA
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUTROPIN AQ	GENOTROPIN, HUMATROPE, NORDITROPIN
OLYSIO	VIEKIRA PAK
OMNARIS	flunisolide, fluticasone, triamcinolone acetate, NASONEX, QNASL
OMNITROPE	GENOTROPIN, HUMATROPE, NORDITROPIN
ONGLYZA	JANUVIA, TRADJENTA
PANCREAZE	pancrelipase delayed-release, CREON, ZENPEP
PERZYNE	pancrelipase delayed-release, CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA
QSYMIA	phenentermine
ribapack	moderna, ribavirin capsules, ribavirin tablets
RIBADAB	moderna, ribavirin capsules, ribavirin tablets
SAIZEN	GENOTROPIN, HUMATROPE, NORDITROPIN
SIMPONI 50 MG	ENBREL, HUMIRA
SOVALDI (EXCLUDED FOR GENOTYPE 1)	VIEKIRA PAK
STAXYN	CIALIS, VIAGRA
STENDRA	CIALIS, VIAGRA
SUBSYS	fentanyl citrate lozenges, LAZANDA
SUPARTZ	EUFLEXIA, MONOVISC, ORTHOVISC
SYNVISI-CONE	EUFLEXIA, MONOVISC, ORTHOVISC
TAKUMIN	BYDUREON, BYETTA, TRULICITY
TESTIM	ANDROGEL, AXIRON
TESTOSTERONE GEL	ANDROGEL, AXIRON
TEVETEN HCT	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR/HCT [ST]
TRUETEST, TRUETRACK METERS/STRIPS	ONE TOUCH METERS/STRIPS
ULTRESA	pancrelipase delayed-release, CREON, ZENPEP
UNISTRIP METERS/STRIPS	ONE TOUCH METERS/STRIPS
VELTIN	clindamycin phosphate + tretinoin, ACANYA [ST], ONEXTON [ST], ZIANA [ST]
VERAMYST	flunisolide, fluticasone, triamcinolone acetate, NASONEX, QNASL
VICTOZA	BYDUREON, BYETTA, TRULICITY
VIMOVO	omeprazole delayed-release + naproxen sodium
VOGELIX	ANDROGEL, AXIRON
XELJANZ	ENBREL, HUMIRA
XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA
ZETONNA	flunisolide, fluticasone, triamcinolone acetate, NASONEX, QNASL
ZIOPHAN	latanoprost, travoprost, LUMIGAN, TRAVATAN Z
ZOMACTON	GENOTROPIN, HUMATROPE, NORDITROPIN

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, 2016 THROUGH DECEMBER 31, 2016. THIS LIST IS SUBJECT TO CHANGE.
You can get more information and updates to this document at our website at 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 percent of your current income will you need per year during retirement?	80 – 100%	
B. Your employer's pension makes up what percent of your retirement income?	50%	
C. What percent of your income will come from Social Security ?	20%	
D. What percent of your retirement income will need to come from other sources (such as the New York State Deferred Compensation Plan)?	30%	

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

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

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

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

* NCPERS Research Series: *The Top Ten Advantages of Maintaining Defined Benefit Pensions*. May 2007
Account Executives are registered representatives of Nationwide Investment Services Corporation, member FINRA.

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 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 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 %		Phone No.		Effective Date Requested	
Date Of Employment		Date of Retirement		Retirement Benefit %		Phone No.		R&K Use Only Employee No.		Billing Class	
<input type="checkbox"/> New Enrollment/Reinstatement (complete Section 4) <input type="checkbox"/> Change Coverage to: (check new coverage) <input type="checkbox"/> Cancel Coverage: (check those that apply) <input type="checkbox"/> Add or Delete Dependent: (complete section 4) <input type="checkbox"/> Active to Retiree: Retirement Date: <input type="checkbox"/> Change Enrollee's information: (complete Section 1 with new information) Reason :		Type Medical Medical Dental Vision		Plan EBCBS PPO EBCBS POS Delta Davis		IND <input type="checkbox"/> <input type="checkbox"/>		2-PER <input type="checkbox"/> <input type="checkbox"/>		FAM <input type="checkbox"/> <input type="checkbox"/>	

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

If Yes: Policyholder Name
 Social Security Number
 Insurance Company Name
 Address

Relationship
 Self Spouse Child
 Birthdate
 Policy Number

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	D	RELATIONSHIP	LAST	FIRST	M.I.	Birthdate (mo/day/yr)	Social Security #	Medicare A&B Effective Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Son						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daughter						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Son						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daughter						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Son						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daughter						

Do you 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, 2016-December 31, 2016**

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 (\$) 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 _____ <small>DD/MM/YYYY</small>	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.
Phone (Home)	Phone (Work or Cell)		
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. Crestor</i> <small>(This is NOT a prescription.)</small>	Strength <i>Ex. 10 mg</i>	Reason for Taking <i>Ex. Cholesterol</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

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

Subscriber Signature: _____

Date: (DD/MM/YY) _____



Ulster Scripts Employee Program

CanaRx
Spouse/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

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. <i>Ex. Crestor (This is NOT a prescription.)</i>	Strength <i>Ex. 10 mg</i>	Reason for Taking <i>Ex. Cholesterol</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, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

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

AUTHORIZATION IF THE PATIENT IS THE SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER
I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient Signature: _____ Date: (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, 2016 through December 31, 2016**

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 **\$3.95 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:
Amount of compensation reduction: \$ _____ **per pay period, for 24 pay periods.**
Yearly compensation reduction: \$ _____
 The annual plan limit is \$1,500 per participant.

Qualifying Medical Care Expenses

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

III. Dependent Care Assistance Account

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

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



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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



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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



Sponsored Insurance Programs

Group Disability Insurance*

- Covers sickness and accidents that occur both on and off the job
- Benefits for covered conditions are paid in addition to workers' comp, sick time, and any other insurance policies you have

Critical Illness Insurance**

- Policy covers 5 major illnesses
- \$75 Annual Wellness Benefit
- Portable Coverage - keep your policy if you retire or leave your current position

Group Term Life Insurance**

- Up to \$250,000 in coverage available for Members, and up to \$150,000 for Spouses
- Up to \$50,000 in coverage available with no medical questions asked for Members under age 55

Group Whole Life Insurance*

- Level Premiums - rate does not increase as you get older
- Policy builds cash value over time and has no termination age

Universal Life Insurance***

- Up to \$500,000 in coverage available for Members and \$200,000 for Spouses
- Policy builds cash value that earns interest

Hospital & Home Care Recovery*

- Provides extra money to help cover the cost of a hospital stay or the home recovery afterwards
- Affordable Rates and No Termination Age

Danielle Schoonmaker

CSEA Insurance Representative

1-877-217-4151

*Underwritten by New York Life Insurance Company | 51 Madison Ave., New York, NY 10010 | Policy Form GMR

**Underwritten by Metropolitan Life Insurance Company | New York, NY

***Underwritten by The United States Life Insurance Company in the City of New York

**No lizards. No ducks.
No bull.**

Serving the Members of CSEA for over 75 years!

The people
of
**Pearl
Carroll**
pearlcarroll.com/csea

**ULSTER COUNTY EMPLOYEES
2016
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
2016
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.**

Your Summary of Benefits



POS

County of Ulster POS - 2016

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 60 days per calendar year)	\$0	Deductible and coinsurance
Mental Health		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care ⁵ (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification ⁶ (As many days as is medically Necessary, semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation ⁶	\$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 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.

Your Summary of Benefits



PPO

County of Ulster PPO-2016

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	\$20 copayment	Deductible and Coinsurance
Online Visits	\$20 copayment	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 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	Deductible and Coinsurance
Hospice Care (Up to 210 days per lifetime)	\$0	Deductible and Coinsurance
Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language ⁵ , Occupational ⁵ , Vision (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance

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

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	Deductible and Coinsurance
Mental Health	Member Pays In-Network	
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility ⁸	\$0	Deductible and Coinsurance
Inpatient Care ⁹ (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	Deductible and Coinsurance
Prosthetics & Orthotics ⁶	\$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. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> d. RESERVED FOR LOCAL USE	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		11. INSURED'S POLICY GROUP OR FECA NUMBER	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/>		a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/>	
c. EMPLOYER'S NAME OR SCHOOL NAME		b. EMPLOYER'S NAME OR SCHOOL NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		c. INSURANCE PLAN NAME OR PROGRAM NAME	
12. I AUTHORIZE THE RELEASE OF INFORMATION AS DESCRIBED ON THE REVERSE SIDE OF THIS CLAIM FORM. SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____	
14. DATE OF CURRENT: MM DD YY (ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP))		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	
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	
22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.		23. PRIOR AUTHORIZATION NUMBER	
24. A DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY B PLACE OF SERVICE C TYPE OF SERVICE D PROCEDURES, SERVICES, OR SUPPLIES (EXPLAIN UNUSUAL CIRCUMSTANCES) CPT/HCPCS MODIFIER E DIAGNOSIS CODE		F \$ CHARGES G DAYS OR UNITS H EPSDT FAMILY PLAN I EMG J COB K RESERVED FOR LOCAL USE	
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 DEGREE'S 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? YES <input type="checkbox"/> NO <input type="checkbox"/>	
32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)		28. TOTAL CHARGE \$	
33. PHYSICIANS, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE NUMBER PIN# _____ GRP# _____		29. AMOUNT PAID \$	
		30. BALANCE DUE \$	

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

PLEASE PRINT OR TYPE

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

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

CONSIDERATIONS AS YOU APPROACH RETIREMENT

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

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

2016 ULSTER COUNTY HOLIDAY SCHEDULE

NEW YEAR'S DAY	FRIDAY, JANUARY 1
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 18
LINCOLN'S BIRTH DAY **	FRIDAY, FEBRUARY 12
PRESIDENT'S DAY	MONDAY, FEBRUARY 15
GOOD FRIDAY **	FRIDAY, MARCH 25
MEMORIAL DAY	MONDAY, MAY 30
INDEPENDENCE DAY	MONDAY, JULY 4
LABOR DAY	MONDAY, SEPTEMBER 5
COLUMBUS DAY	MONDAY, OCTOBER 10
ELECTION DAY **	TUESDAY, NOVEMBER 8
VETERAN'S DAY	FRIDAY, NOVEMBER 11
THANKSGIVING DAY	THURSDAY, NOVEMBER 24
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 25
CHRISTMAS DAY	MONDAY, DECEMBER 26

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

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

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail.