

Ulster County

Important Information for You and Your Family

Non-Medicare Eligible Retirees

Open Enrollment: Nov 1, 2015— Nov 30, 2015

Plan Year : January 1—December 31, 2016



Medical

Prescription Drug

Vision

Dental

www.ulstercountyny.gov/personnel/



MICHAEL P. HEIN
County Executive

ULSTER COUNTY PERSONNEL DEPARTMENT

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

Main: (845) 340-3550

Exam Hotline: (845) 334-5454

Fax: (845) 340-3592

MICHAEL P. HEIN
County Executive



SHEREE CROSS
Personnel Officer

JAMES FARINA
Director of Employee Relations

TO: Ulster County Retiree Health Insurance Participant
FROM: Sheree Cross, Personnel Officer
DATE: November 6, 2015
RE: 2016 Health Insurance Rates and Important Changes
For **Non-Medicare Eligible Retirees**

In 2016, the County will continue to offer Empire Blue Cross / Blue Shield PPO and Direct POS medical programs as provided in 2015. All health insurance enrollment changes must be submitted to the attention of Employee Benefits at the Personnel Department, 5th Floor, County Office Building, 244 Fair Street, Kingston, New York 12401 by 5:00 p.m. on **November 30, 2015**. We will not be holding benefit meetings this fall for non-Medicare eligible retirees. If you are not making any changes, you do not have to do anything as renewal enrollment is automatic.

Medical Benefits - Coverage descriptions, change forms, and benefit comparisons are available on the Personnel Department website at:

<http://ulstercountyny.gov/personnel/new-current-employees/benefits-management>

(click on '2016 Non-Medicare Eligible Retiree Health Insurance Benefit Information'), or from the Benefits Office. We strongly encourage you to review the information provided. We encourage you to visit the **empireblue.com** website to see what programs your doctors may participate in, so you may make the best plan choice for you and your family. Over the past few years, many of the differences between the PPO and POS have been eliminated so the less expensive POS may now serve your needs.

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

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

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

Davis Vision - As of January 1, 2016 we will be returning to Davis Vision. All the same benefits and network apply as in 2014. There is no required waiting for an anniversary date to receive services as the plan resets on January 1st. **New ID cards will be provided by Davis Vision.**

Prescription Drug Coverage - Prescription coverage is provided by Express Scripts, Inc. You will not be receiving new cards. The co-pays for prescriptions for 2016 are the same as 2015.
PPO - \$10/\$25/\$40 POS - \$5/\$20/\$40

Ulster Scripts Zero Co-pay Mail Order Brand Name Drug Program - For 2016, our non-Medicare eligible retirees may continue to purchase brand-name maintenance medications through a mail order program without paying any co-pay. The information and forms, including the list of available medications for the Ulster Scripts program, are available on the Personnel Department website in the aforementioned Benefits Book or at the Benefits Office. The Ulster Scripts (Certain Brand Name Drugs For Free) program is available to all retirees covered by the Empire Blue Cross Blue Shield plans. There have been changes to the classification of some drugs, so please check if this affects you.

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

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

1/1/16 EBCBS RATES FOR RETIREES NOT MEDICARE ELIGIBLE

% PAID BY COUNTY	PPO/RX/DENTAL/VISION			POS/RX/DENTAL/VISION			D&V ONLY	
	INDIV	2 PER FAM	FAMILY	INDIV	2 PER FAM	FAMILY	INDIV	FAMILY
SURVR-0%	\$1,094.56	\$2,064.17	\$2,970.75	\$739.49	\$1,380.51	\$1,957.95	\$40.25	\$103.88
50%	\$547.28	\$1,032.09	\$1,485.38	\$369.75	\$690.26	\$978.98	\$20.13	\$51.94
55%	\$492.55	\$928.88	\$1,336.84	\$332.77	\$621.23	\$881.08	\$18.11	\$46.75
60%	\$437.82	\$825.67	\$1,188.30	\$295.80	\$552.20	\$783.18	\$16.10	\$41.55
65%	\$383.10	\$722.46	\$1,039.76	\$258.82	\$483.18	\$685.28	\$14.09	\$36.36
70%	\$328.37	\$619.25	\$891.22	\$221.85	\$414.15	\$587.39	\$12.08	\$31.16
75%	\$273.64	\$516.04	\$742.69	\$184.87	\$345.13	\$489.49	\$10.06	\$25.97
80%	\$218.91	\$412.83	\$594.15	\$147.90	\$276.10	\$391.59	\$8.05	\$20.78
85%	\$164.18	\$309.63	\$445.61	\$110.92	\$207.08	\$293.69	\$6.04	\$15.58
90%	\$109.46	\$206.42	\$297.07	\$73.95	\$138.05	\$195.79	\$4.02*	\$10.39
95%	\$54.73	\$103.21	\$148.54	\$36.97	\$69.03	\$97.90	*\$2.01*	\$5.19**
100%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

** - Due to the cost of invoicing, any retiree or spouse in these categories will be billed on a one-time annual invoice for 12 months of coverage.

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

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

Live Health Online – Live Health Online is now a covered benefit under our Health Plan. With a computer and webcam, or applicable smartphone app, you can talk to a medical professional 24/7, 365 days a year. You can be at home, at work, or out of town (though not all services may be available in all locations.) No appointment is necessary to speak with Live Health Online. This benefit saves time and costs the same as a primary care office visit. To activate your account, go to livehealthonline.com on your computer or download the appropriate application from your smartphone's store.

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

Zero Premium Retiree Coverage Desired Verification - If you do not pay a premium for your Ulster County Retiree coverage because you retired with a higher County contribution, you must sign and

I am a retiree or retiree spouse enrolled in the Empire BCBS and/or Dental & Vision plans and I do not have to pay a monthly premium and I wish to continue to receive my coverage for 2016.

Signature

Printed Name

Date

Please return this form to Kevin Roach, Ulster County Employee Benefits Office, P.O. Box 1800, Kingston, N.Y. 12402

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See a doctor online

24 hours a day, 365 days a year

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

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

Enroll today at livehealthonline.com!

LiveHealth Online

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

Talk to a doctor today, tonight, anytime - 365 days a year. Just enroll at livehealthonline.com or on the free, mobile app.



Get help from a doctor online – when you need it

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

With this tool, you'll enjoy:

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

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

LiveHealth[®]
ONLINE

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing livehealth services on behalf of Empire BlueCross BlueShield. Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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

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

Step 1: Personal information

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

Step 2: Username and password

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

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

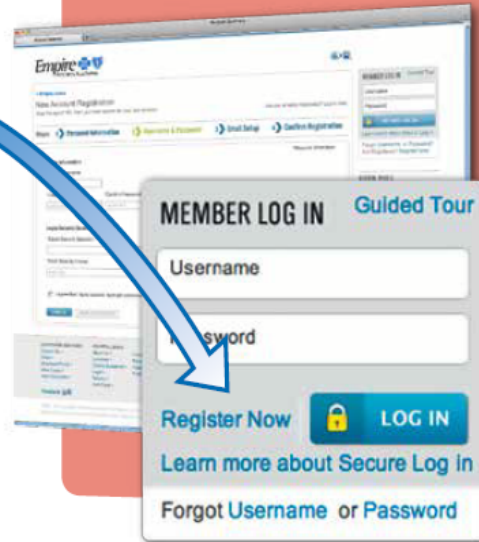
Step 3: Email setup

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

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

Step 4: Confirm registration

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



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



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

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

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

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

1320GNYMENEBS 5/13



Ulster Scripts 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	NEGINA 6.25MG	TOBREX OINT 0.3%
ACTONEL 35MG	ELIQUIS 5MG	NEGINA 12.5MG	TOVIAZ 4MG
ACTONEL 150MG	ELMIRON 100MG	NEGINA 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	EPIFEN 0.3MG	NEUPRO 8MG	TRIBENZOR 40/5/12.5MG
ADVAIR HFA 230/21MCG	EPIFEN 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 60MG	NEXIUM DR 10MG	TRUVADA 200-300MG
AGGRENOX 200/25MG	EXELON 3MG	NORVIR TABLET 100MG	TUDORZA PREGAIR 400MCG
ALOCRIL OPHTH 2%	EXELON 5MG	OLYSIO 150MG	TWYNSTA 40/5MG
ALOMIDE 0.1%	EXELON 4.6 MG/24HR	OMNARIS NASAL SPRAY 50MCG	TWYNSTA 40/10MG
ALVESCO 80MCG 100MCG	EXELON 9.5MG/24HR	ONGLYZA 2.5MG	TWYNSTA 80/5MG
ALVESCO 160MCG 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 90MCG
ASACOL HD 800MG	EXFORGE HCT 320/25/10MG	PENTASA 500MG	VERAMYOT 27.5MG
ASMANEX TWISTHALER 220MCG	EXJADE 125MG	PRADAXA 75MG	VEDICARE 5MG
ATRIPLA 600-300-300MG	EXJADE 250MG	PRADAXA 150MG	VEDICARE 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	INCRUSE 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	RESTATIS 0.05%	ZIAGEN 300MG
BENZAFLIN PUMP	INVEGA 6MG	RHINOOROT AQ 32MCG	ZOMIG NASAL SPRAY 5MG
BETIMOL 0.25%	INVEGA 9MG	SAPHRIS 5MG	ZORTRESS 0.5MG
BETIMOL 0.5%	INVIRASE 500MG	SAPHRIS 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	ISENTRESS 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	JARDIANCE 10MG	SPRYCEL 50MG	
CARDURA XL 4MG	JARDIANCE 25MG	SPRYCEL 70MG	
CARDURA XL 8MG	JENTADUETO 2.5MG/850MG	SPRYCEL 100MG	
CELEBREX 100MG	JENTADUETO 2.5MG/1000MG	STRATTERA 10MG	
CELEBREX 200MG	KAZANO 12.5/1000MG	STRATTERA 18MG	
CLIMARA PRO 0.045/0.015MG	LATUDA 20MG	STRATTERA 25MG	
COMBIGAN 0.2-0.5%	LATUDA 40MG	STRATTERA 40MG	
COMBIVENT RESPIMAT 20MCG/100MCG	LATUDA 60MG	STRATTERA 60MG	
COMPLERA 200/25/300MG	LATUDA 80MG	STRATTERA 80MG	
COVERA-HS 240MG	LATUDA 120MG	STRATTERA 100MG	
CRESTOR 5MG	LESCOL XL 80MG	STRIBILD	
CRESTOR 10MG	LEXIVA 700MG	SUSTIVA 50MG	
CRESTOR 20MG	LIALDA 1.25M	SUSTIVA 200MG	
CRESTOR 40MG	LINZESS 145MCG	SUSTIVA 600MG	
DALIRESP 500MCG	LINZESS 290MCG	SYNAREL NASAL	
DEXILANT DR 30MG	LOTEMAX 0.50%	TARKA 2/180MG	
DEXILANT DR 60MG	LUMIGAN OPHTH 0.01%	TARKA 4/240MG	
DIFFERIN GEL 0.3%	MESTINON TS 180MG	TASIGNA 150MG	
DIPENTUM 250MG	METROGEL 1%	TASIGNA 200MG	
DIVIGEL 0.5MG	MIGRANAL NASAL SPRAY 4MG/ML	TAZORAC CREAM 0.05%	
DIVIGEL 1MG	MIRAPEX ER 0.375MG	TAZORAC CREAM 0.1%	
DULERA 100MCG/5MCG	MIRAPEX ER 0.75MG	TAZORAC GEL 0.05%	

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



Ulster Scripts Employee Program

CanaRx
Employee Enrollment Form

MEMBER ID #:

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

PATIENT INFORMATION:		Birthdate _____ DD/MM/YYYY	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 (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

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
DDMMYYYY 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: (DDMMYY)

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: (DDMMYY)

ULSTER COUNTY RETIREE HEALTH INSURANCE ENROLLMENT FORM

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

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

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

STREET NAME OR PO BOX	TOWN	STATE	ZIP
-----------------------	------	-------	-----

EMERGENCY CONTACT:

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

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

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

DEPENDENTS:

LAST NAME	FIRST NAME	RELATIONSHIP	SOC SEC #

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

RETIREE SIGNATURE: _____ DATE: _____

FOR PERSONNEL DEPARTMENT USE ONLY:

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

Rose and Kiernan, Inc. ENROLLMENT APPLICATION

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

<input type="checkbox"/> New Enrollment/Reinstatement (complete Section 4)		<input type="checkbox"/> Change Coverage to: (check new coverage)		Other Coverage? Is there coverage under any other group health plan available to you or any member of your family? <input type="checkbox"/> NO <input type="checkbox"/> YES	
<input type="checkbox"/> Cancel Coverage: (check those that apply)		<input type="checkbox"/> Add or Delete Dependent: (complete section 4)		If Yes, Policyholder Name Relationship <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child Birthdate	
<input type="checkbox"/> Active to Retiree: Retirement Date:		<input type="checkbox"/> Change Employee's Information: (complete Section 1 with new information) Reason:		Social Security Number Insurance Company Name Policy Number Address	
Type		Plan		Coverage Type: <input type="checkbox"/> Self only <input type="checkbox"/> Self and Family <input type="checkbox"/> Health <input type="checkbox"/> Drug <input type="checkbox"/> Dental <input type="checkbox"/> Vision	
IND		2-PER		FAM	
B E C T I O N		EBCBS PPO EBCBS PDB Delta Davis		B E C T I O N 3	

LIST APPLICANT AND ALL ELIGIBLE DEPENDENTS

A D D I	RELATION- SHIP	LAST	FIRST	NAME	M.I.	Birthdate (m/d/yy/yr)	Social Security #	Medicare A&B Effective Date
<input type="checkbox"/>	Self <input type="checkbox"/> M <input type="checkbox"/> F							
<input type="checkbox"/>	Spouse							
<input type="checkbox"/>	Son <input type="checkbox"/> Daughter							
<input type="checkbox"/>	Son <input type="checkbox"/> Daughter							
<input type="checkbox"/>	Son <input type="checkbox"/> Daughter							

Do your dependents reside in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If no give address		Do you have a disabled dependent beyond age 26? <input type="checkbox"/> No <input type="checkbox"/> Yes List name(s):	
Applicant's Signature:		Employer's Signature:	
Date:		Date:	

AUTOMATED CLEARING HOUSE DEBIT AUTHORIZATION AGREEMENT

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

BANK ACCOUNT INFORMATION:

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

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

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

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

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

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

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

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

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

Authorized Signature: _____ Date: _____
Name: _____

Important Benefit Update:

Attention Member:

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

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



Notice to Express Scripts Participating Pharmacies

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

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

NEED ASSISTANCE?

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

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
AKYNZEO
albuterol nebulization solution
alendronate sodium
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX [ST]
amiodarone
AMITIZA
amitriptyline
amlopidine
amlopidine/benazepril
amlopidine/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/chloralhidone
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
chlorthalidone
chlorionic
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
diltiazem 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
EUFLEXA [INJ]
EXELON PATCHES
EXTAVIA [INJ]

F

famotidine
FARXIGA [ST]
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patch
FETZIMA

FINACEA [ST]
finasteride
fluconazole
fluciconazole
flutemetone
fluticasone nasal spray
FOCALIN XR 25 MG, 35 MG
folic acid
FORADIL
FORTEO [INJ]
FOSRENOL
FRAGMIN [INJ]
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
gianvi
gildess fe
GILENYA [ST]
glimperide
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
hydromorphone
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
meloxicam
metaxalone
metformin
metformin ext-release
methadone
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate
ext-release
methylprednisolone

metoclopramide hcl
metoprolol succinate
ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal gel
microgestin fe
MINASTRIN 24 FE
MINIVELLE
minocycline
mirazapine
MIRVASO
modafinil
moderiba
mometasone
mononessa
MONOWISC [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.

ONETOUCH TEST STRIPS:
FASTAKE, ONETOUCH,
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
PIGLITAZONE
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
QUILLWANT XR
quinapril
QVAR

R

rabeprazole
delayed-release
RAGWITEK
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO

RASUVO [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
SOLODYN 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
telmisartan/hctz
tamazepam
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-previfem
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
VIIBRYD
VIMPAT
VIOKACE
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
ZURBOLV
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
ACUVIML	bromfenac, diclofenac, ketorolac, ILEVRD, NEVNUMC, PROLENSA
ADVOCATE METERS/STRIPS	ONE TOUCH METERS/STRIPS
ALVESCO	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
APIDRA	HUMALOG
ARANESE	PROCRIT
ARUNITY ELLIPTA	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
ASACOL HD	balsalazide disodium, APRISO, LIALDA, PENTASA
BECONASE AQ	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
BENZACLIN GEL PUMP	clindamycin phosphate/benzoyl peroxide, ACANYA [ST], ONEXTON [ST], ZIANA [ST]
BRAWELLE	GONAL-F, GONAL-F RFF
BREZE, CONTOUR METERS/STRIPS	ONE TOUCH METERS/STRIPS
CETRALAX	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX
CMZIA	ENBREL, HUMIRA
DELZICOL	balsalazide disodium, APRISO, LIALDA, PENTASA
DIPENTOM	balsalazide disodium, APRISO, LIALDA, PENTASA
DOXYCYCLINE 40 MG CAPSULE	ORACEA [ST]
DUEXIS	ibuprofen + famotidine
EDARB	candesartan, irbesartan, losartan, telmisartan, valsartan, BENICAR [ST]
EDARBYCLOR	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR HCT [ST]
EMBRACE, 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
FORESTA	ANDROGEL, AXIRON
FREESTYLE, PRECISION METERS/STRIPS	ONE TOUCH METERS/STRIPS
FROWN	risolipase, sumatriptan, zolmitriptan, RELPAK
GANRELIK ACETATE	CETROTIDIC
GEL-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
HARVONI	VIEKIRA PAK
HYLIDAN	EUFLEXXA, MONOVISC, ORTHOVISC
ISTALOL	betaxolol, levobunolol, timolol, ALPHAGAN P 0.1%, COMBIGAN
KAZANO	JANJIMET, JANJIMET XR, JENTADUETO
KOMBIGLYZE XR	JANJIMET, JANJIMET XR, JENTADUETO
LEVITRA	CIALIS, VIAGRA
MIRCERA	PROCRIT
NATESTO	ANDROGEL, AXIRON
NESSINA	JANJIVIA, TRADJENTA
NOVOLIN	HUMALIN
NOVOCLO	HUMALOG
NUTROPIN AQ	GENOTROPIN, HUMATROPE, NORDITROPIN
OLYSIO	VIEKIRA PAK
OMNARIS	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
OMNITROPE	GENOTROPIN, HUMATROPE, NORDITROPIN
ONGLYZA	JANJIVIA, TRADJENTA
PANCREAZE	pancrelipase delayed-release, CREON, ZENPEP
PERTZYE	pancrelipase delayed-release, CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA
QSYMIA	phenentermine
ribapack	moderna, ribavirin capsules, ribavirin tablets
RIBACAB	moderna, ribavirin capsules, ribavirin tablets
SALEN	GENOTROPIN, HUMATROPE, NORDITROPIN
SIMPONI 50 MG	ENBREL, HUMIRA
SOVALDI (EXCLUDED FOR GENOTYPE 1)	VIEKIRA PAK
STANNY	CIALIS, VIAGRA
STENDRA	CIALIS, VIAGRA
SUBSYS	fentanyl citrate lozenges, LAZANDA
SUPARTZ	EUFLEXXA, MONOVISC, ORTHOVISC
SYNVSICONE	EUFLEXXA, MONOVISC, ORTHOVISC
TANZELM	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]
VERAWYST	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
VICTOZA	BYDUREON, BYETTA, TRULICITY
VIMOVO	omeprazole delayed-release + naproxen sodium
VOGELIXO	ANDROGEL, AXIRON
XELJANZ	ENBREL, HUMIRA
XIPENEX HFA	PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA
ZETONNA	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
ZIOPRAN	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.

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...

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



Contact your Human Resources department today to enroll.

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

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.

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

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

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

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

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

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

Delta Dental of New York
One Delta Drive
Mechanicsburg, PA 17055

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

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

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Delta Dental PPOSM

Benefit Highlights

Your Summary of Benefits



POS

County of Ulster POS - 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 Care⁴	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 ⁸ (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Alcohol/Substance Abuse	Member Pays In-Network	Member Pays Out-of-Network
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification ⁸ (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation ⁸	\$0	Deductible and Coinsurance
Other	Member Pays In-Network	Member Pays Out-of-Network
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment ⁶	\$0	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.