

Ulster County

Important Information for You and Your Family Benefit Meetings:

Tuesday October 18, 2016

8:00am - 10:00am - Dept. Of Public Works, Quarry Street
11:30am - 1:30pm - Health & Mental Health Offices, 239 Golden Hill Lane
2:00-4:15 UC Rural Transportation, 1 Danny Circle (Golden Hill Dr)

Thursday October 27, 2016

8:30am - 11:00am - Dept of Social Services, Development Court
11:45am - 1:45pm - County Office Building, 244 Fair Street
2:30-4:30 UC Law Enforcement

Open Enrollment: October 17, 2016 - November 21, 2016
Plan Year: January 1—December 31, 2017



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
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MICHAEL P. HEIN
County Executive



Sheree Cross
Personnel Officer

JAMES FARINA
Director of Employee Relations

2017 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 2017. **Everyone with Health Insurance, Dental and Vision, Buyout, and Waiver must complete an online enrollment process beginning this year.** I encourage all Employees to attend an Open Enrollment session to learn about this process. Assistance will be provided for online enrollment. For those who work without computers, there will be availability of a computer. The Employee Benefits office will be coordinating this process. Please be assured that every effort will be made to have a smooth transition to online enrollment.

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 Employees learn more about available coverages. I suggest all Employees send the link [https:// www.ulstercountyny.gov/personnel/benefits-management](https://www.ulstercountyny.gov/personnel/benefits-management) to their personal email so they and their family members can review the book at home. The book may also be accessed anytime, anywhere, by using the link on any PC, smartphone, or tablet.

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 will be available on our enrollment web page. I encourage Employees to take the time to review these important notifications.

Federal Requirement of Signing a Waiver if Opting Out of Coverage with Ulster County:

If an Employee does not wish to participate in the Ulster County Health Insurance Programs, they must complete the waiver section in the online enrollment process. If a waiver is not completed and a Health Plan is not selected by December 1, 2016, under Federal rules the Benefits Office will enroll the Employee 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

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.

No New Cards for 2017: There are no changes to the Health Insurance plans for 2017.

Live Health Online: Live Health Online is now a covered benefit under our Health Plan. Doctors are available online 24 hours a day, 365 days a year without an appointment. Employees can be at home, at work, or even on vacation out of town (not available in all states). It saves time and it costs the same as a primary care office visit. The app may be downloaded to a mobile device. To activate the account, go to livehealthonline.com and follow the instructions given there.

Urgent Care Out of Network Change: Continuing through 2017, Urgent Care Copay, both in and out of network, will be \$20. If an Employee or a covered family member cannot locate an in-network urgent care center, they 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 traveling away from home.

Flexible Spending Account Rollover: The Flexible Spending Account continues to have a \$500 roll-over feature. *The application to enroll in a Flexible Spending Account this year will be through the online application process.* Employees have the ability to roll up to \$500 in remaining funds from the previous year to the following calendar year. This will enable Employees to better estimate the amount needed for out-of-pocket health care expenses. Paying medical bills with pre-tax dollars could save 15-20% of these expenses.

Benefit Reminders:

Express Scripts and Ulster Scripts Change in Formulary: Each year, a select group of products are removed from Formularies (also called Preferred Prescriptions) and will no longer be covered in these plans. 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. Both plan Formularies are included in the Benefits Book. Updates throughout the year may be found on the Benefits web page:

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

Express Scripts allows exceptions when medically necessary.

In addition, there will be other changes to the 2017 National Preferred Formulary (addition of new 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 Empire members a simpler, more personalized experience. Members will still have secure access to the same information – but now it will be easier to find. Members will see a snapshot of their benefits right away when they 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.

HR Connection: [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.](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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2017 ULSTER COUNTY EMPLOYEE HEALTH INSURANCE RATES EFFECTIVE JANUARY 1, 2017					
		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	\$124.74	\$185.16	\$62.37	\$92.58
	FAMILY W/ DENTAL AND VISION	\$232.28	\$348.68	\$116.14	\$174.34
	INDIVIDUAL DENTAL AND VISION ONLY	\$6.04		\$3.02	
	FAMILY DENTAL AND VISION ONLY	\$15.58		\$7.79	
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	\$166.32	\$246.88	\$83.16	\$123.44
	FAMILY W/ DENTAL AND VISION	\$309.72	\$464.92	\$154.86	\$232.46
	INDIVIDUAL DENTAL AND VISION ONLY	\$8.06		\$4.03	
	FAMILY DENTAL AND VISION ONLY	\$20.78		\$10.39	
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	\$83.16	\$123.44	\$41.58	\$61.72
	FAMILY W/ DENTAL AND VISION	\$154.86	\$232.46	\$77.43	\$116.23
	INDIVIDUAL DENTAL AND VISION ONLY	\$4.04		\$2.02	
	FAMILY DENTAL AND VISION ONLY	\$10.40		\$5.20	

ROUNDING OF PREMIUM CONTRIBUTIONS MAY LEAD TO SLIGHT DIFFERENCES

Your Summary of Benefits



POS

County of Ulster POS

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 ⁸ (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification ⁸ (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation ⁸	\$0	Deductible and coinsurance
Other		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment ⁴	\$0	Deductible and coinsurance
Prosthetics & Orthotics ⁴	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	Deductible and coinsurance

- (1) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (2) In-network provider delivers care. In-network providers are in Empire's POS network, and in our affiliate POS network in Connecticut, Anthem Blue Cross and Blue Shield.
- (3) Out-of-network providers are providers who are not in Empire's POS network or our affiliate network in Connecticut, Anthem Blue Cross and Blue Shield. Out-of-network services rendered by providers who do not participate with Empire or with another Blue Cross Blue Shield plan through the BlueCard Program are subject to balance billing over the allowed amount. (This does not apply to emergency benefits.)
- (4) Empire's or Anthem's, CT network provider must 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

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 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.

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**.

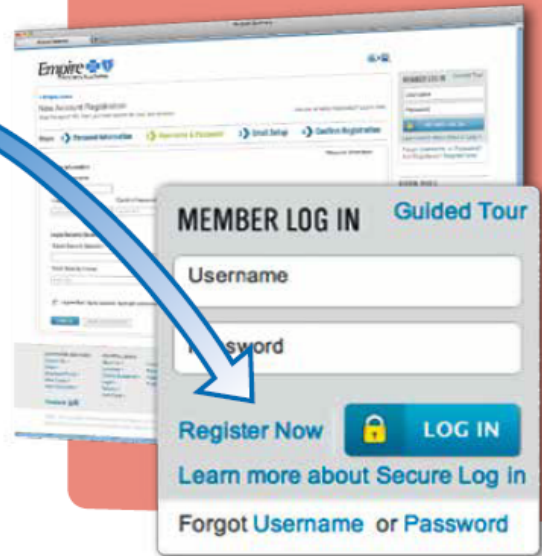
Step 3: Email setup

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**.



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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"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)</small>		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"/>	
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		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 DEGREES OR CREDENTIALS "I CERTIFY THAT THE CARE, SERVICES AND SUPPLIES ENTERED ON THIS FORM HAVE BEEN RENDERED TO THE PATIENT, AND THAT I AM ENTITLED TO REIMBURSEMENT OF THE CHARGES INDICATED." SIGNED _____ DATE _____		27. ACCEPT ASSIGNMENT? 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

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)

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**.

2017 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**



2017 Express Scripts National Preferred Formulary With Advantage Package

KEY
[INJ] - Injectable Drug
[ST] - Step Therapy may apply to some or all strengths of the drug
Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

A

ABSORICA
ACANYA [ST]
acetaminophen/codeine
ACTEMRA [INJ] [ST]
ACTHAR H.P. [INJ]
acyclovir
ADCIRCA [ST]
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA
AKYNZEO
albuterol nebulization solution
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX [ST]
amiodarone
AMITIZA
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
AMPYRA
anastrozole
ANDROGEL 1.62%
ANORO ELLIPTA
apri
APRISO
ARCAPTA NEOHALER
aripiprazole
ARISTADA [INJ]
ARNUVITY ELLIPTA [ST]
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atorvastatin
AVONEX [INJ]
AXIRON
AZASITE
azelastine nasal spray
AZILECT
azithromycin
AZOR [ST]

B

baclofen
benazepril
BENICAR, BENICAR HCT [ST]

benzonatate
BEPREVE [ST]
BETHKIS
BEYAZ
bisoprolol/hctz
BREQ 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 axetil
celecoxib
cephalexin
CETROTIDE [INJ]
chlorhexidine gluconate
chlorthalidone
chorionic gonadotropin [INJ]
CIALIS
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate
clindamycin phosphate/benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone dipropionate
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
COPAXONE 40 MG [INJ] [ST]
COREG CR
CORLANOR
COSENTYX [INJ]
CREON
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP

DAYTRANA
desloratadine
desonide
dexamethasone
dexmethylphenidate ext-release
dextroamphetamine/amphetamine
dextroamphetamine/amphetamine ext-release
diazepam
diclofenac sodium delayed-release
dicyclomine
digoxin
diltiazem ext-release
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DYMISTA [ST]

E

EFFIENT
ELIDEL [ST]
ELIQUIS
enalapril
ENBREL [INJ] [ST]
ENJUVIA
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPIDUO, EPIDUO FORTE [ST]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
erythromycin eye ointment
escitalopram
esomeprazole magnesium delayed-release
ESTRACE CREAM
estradiol
estradiol patch
estradiol/norethindrone acetate
eszopiclone
etodolac
EUFLEXXA [INJ]
EVEKEO
EXTAVIA [INJ]

F

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

fentanyl patch
FETZIMA
FINACEA [ST]
finasteride
FLOVENT DISKUS [ST]
FLOVENT HFA [ST]
fluconazole
fluocinonide
flouxetine
fluticasone nasal spray
FOCALIN XR 25 MG, 35 MG folic acid
FORTEO [INJ]
FOSRENOL
FRAGMIN [INJ]
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
gildess fe
GILENYA [ST]
GILOTRIF
glimperide
glipizide
glipizide ext-release
GLUCAGON [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI [ST]
GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT [INJ]
GRALISE
GRANIX [INJ]
GRASTEK
guanfacine ext-release

H

HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydrallazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/chlorpheniramine polistirex ext-release
hydrocodone/homatropine
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
ibuprofen
ILEVRO

INCRUSE ELLIPTA
indomethacin
INLYTA
INVOKAMET [ST]
INVOKANA [ST]
irbesartan
IRESSA
isosorbide mononitrate ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE [ST]
JENTADUETO
JENTADUETO XR
junel fe

K

KALBITOR [INJ]
ketoconazole topical
KITABIS PAK

L

labetalol
lamotrigine
lansoprazole delayed-release
LANTUS [INJ]
latanoprost eye solution
LATUDA
LAZANDA
LETAIRIS [ST]
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
LIALDA
lidocaine patches
LINZESS
liothyronine
LIPOFEN [ST]
lisinopril
lisinopril/hctz
LIVALO [ST]
LO LOESTRIN FE
lorazepam
losartan
losartan/hctz
LOTEMAX
lovastatin
LUMIGAN
LYRICA

M

MAKENA [INJ]
meclizine
medroxyprogesterone
meloxicam
MEPHYTON
MESTINON SYRUP
metaxalone
metformin

metformin ext-release [ST]
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
MIRENA
mirtazapine
MIRVASO
MITIGARE
moderiba
mometasone
monessa
MONOVISC [INJ]
montelukast
morphine sulfate ext-release
MOVANTIK
MOXEZA
multivitamins/fluoride
mupirocin
MUSE
MYRBETRIQ

N

nabumetone
NAMENDA XR
NAMZARIC
naproxen, naproxen sodium
NARGAN NASAL SPRAY
NASCOBAL
NATAZIA
neomycin/polymyxin/hydrocortisone ear drops
NEVANAC
NEXIUM PACKETS [ST]
niacin ext-release
nifedipine ext-release
nitrofurantoin monohydrate/macrocrystal
NORDITROPIN [INJ]
nortriptyline
NUCYNTA, NUCYNTA ER
NUDEXTA
NUVARING
nystatin oral suspension
nystatin topical

O

olanzapine

(continued)

omeprazole delayed-release
ondansetron
ondansetron orally disintegrating tablets
ONETOUCH KITS/METERS; ULTRAMINI, VERIO, VERIO FLEX, VERIO IQ, VERIO SYNC
ONETOUCH TEST STRIPS; ULTRA, VERIO
ONEXTON (ST)
OPANA ER
OPSUMIT
ORACEA (ST)
ORTHOVISC (INJ)
OTEZLA (ST)
OTREXUP (INJ) (ST)
oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN

P

pantoprazole delayed-release
paroxetine
PATADAY (ST)
PAZEO (ST)
penicillin v potassium
PENTASA
PERFORMIST
PICATO
pioglitazone
PLEGRIDY (INJ)
polymyxin/trimethoprim eye solution
potassium chloride ext-release
POTIGA
PRADAXA
PRALUENT (INJ)
pramipexole
pravastatin
prednisolone acetate eye suspension
prednisolone sodium phosphate
prednisone
PREMARIN CREAM
PREMARIN TABS
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
QUDEXY
quetiapine
QUILLICHEW ER
QUILLIVANT XR
quinapril
QVAR

R

rabeprazole delayed-release
RAGWITEK
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO
RASUVO (INJ) (ST)
REBIF (INJ)
RECTIV
RELISTOR (INJ)
RELPAK
REMICADE (INJ) (ST)
RENVELA
REPATHA (INJ)
RESTASIS
risperidone
rizatriptan
ropinirole
rosuvastatin

S

SAFYRAL
SANCUSO
SAVELLA
SEREVENT DISKUS
SEROQUEL XR
sertraline
SIMPONI 100 MG (for ulcerative colitis only) (INJ) (ST)
simvastatin
SOLODYN (ST)
SOMATULINE DEPOT (INJ)
SOLANTRA (ST)
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
spironolactone
sprintec
SPRYCEL
STELARA (INJ) (ST)
STIOLTO RESPIMAT
STRATTERA
STRIVERDI RESPIMAT
SUBOXONE SL FILM
sulfamethoxazole/trimethoprim
sumatriptan
SUMAVEL DOSEPRO (INJ)
SUPREP
SYMBICORT
SYMLINPEN (INJ)
SYNJARDY (ST)

T

TACLONEX SUSPENSION
TAMIFLU
tamoxifen
tamsulosin ext-release
TARCEVA
TAZORAC
TECFIDERA (ST)
TECHNIVIE
TEKAMLO
TEKURNA, TEKURNA HCT
temazepam
terazosin
terconazole vaginal
testosterone cypionate (INJ)
timolol maleate eye solution
tizanidine
TOBI PODHALER
TOBRADEX OINTMENT

TOBRADEX ST
tobramycin eye solution
tobramycin/dexamethasone eye suspension
topiramate
TOUJEO SOLOSTAR (INJ)
TOVIAZ
TRACLEER
TRADJENTA
tramadol
TRAVATAN Z
trazodone
TRESIBA (INJ)
triamcinolone topical
triamterene/hctz
TRIBENZOR (ST)
trinessa
tri-sprintec
TRULICITY (INJ)
TUDORZA PRESSAIR

U

UCERIS TABLETS
ULORIC
UPTRAVI

V

valacyclovir
valsartan
valsartan/hctz
VASCEPA
VELTASSA
venlafaxine
venlafaxine ext-release
VENTOLIN HFA
verapamil ext-release
VESICARE
VIAGRA
VIBERZI
VIEKIRA PAK
VIGAMOX
VIBRYD
VIMPAT
VIOKACE
VYTROIN (ST)
VYVANSE

W

warfarin
WELCHOL

X

XARELTO
XELJANZ, XELJANZ XR (ST)
XIFAXAN
XIGDUO XR (ST)

Z

ZENPEP
ZETIA
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	ONETOUCH METERS/STRIPS
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO, NEVANAC, PROLENSA
ADVOCATE METERS/STRIPS	ONETOUCH METERS/STRIPS
ALOGLIPTIN	JANUVIA, TRADJENTA
ALOGLIPTIN/METFORMIN	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
ALVESCO	ARNUIITY ELLIPTA (ST), ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA (ST), PULMICORT FLEXHALER, QVAR
APIDRA	HUMALOG
ARANESP	PROCRIT
ASACOL HD	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
BECONASE AQ	budesonide, flunisolide, fluticasone, mometasone, QNASL
BRAVELLE	GONAL-F, GONAL-F RFF, GONAL-F RFF REDU-JECT
BREEZE, CONTOUR METERS/STRIPS	ONETOUCH METERS/STRIPS
CETRAHAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX
CIMZIA	ACTEMRA (ST), COSENTYX, ENBREL (ST), HUMIRA, OTEZLA (ST), REMICADE (ST), STELARA (ST), XELJANZ (ST), XELJANZ XR (ST)
COLCHICINE	COLCRYS, MITIGARE
DAKLINZA (EXCLUDED FOR GENOTYPE 1)	VIEKIRA PAK
DELZICOL	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
DIPENTUM	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
DOXYCYCLINE 40 MG CAPSULES	ORACEA (ST)
DUEXIS	ibuprofen + famotidine
EMBRACE, VICTORY METERS/STRIPS	ONETOUCH METERS/STRIPS
ENDOMETRIN	CRINONE 8% GEL
EPOGEN	PROCRIT
ESTROGEL	DIVIGEL
EVZIO	naloxone syringe, NARCAN NASAL SPRAY
FENTORA	fentanyl citrate lozenges, LAZANDA
FLUOROURACIL 0.5% CREAM	diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, CARAC, PICATO
FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDU-JECT
FORTESTA	ANDROGEL 1.62%, AXIRON
FREESTYLE, PRECISION METERS/STRIPS	ONETOUCH METERS/STRIPS
GANIRELIX ACETATE	CETROTIDE
GEL-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
GELSYN-3	EUFLEXXA, MONOVISC, ORTHOVISC
GENVISC 850	EUFLEXXA, MONOVISC, ORTHOVISC
GLUMETZA	metformin extended-release (ST)
HYALGAN	EUFLEXXA, MONOVISC, ORTHOVISC
HYMOVIS	EUFLEXXA, MONOVISC, ORTHOVISC
ISTALOL	betaxolol, levobunolol, timolol, ALPHAGAN P 0.1%, COMBIGAN
KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
KINERET (EXCLUDED FOR RA)	ACTEMRA (ST), ENBREL (ST), HUMIRA, REMICADE (ST), XELJANZ (ST), XELJANZ XR (ST)
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
LEVITRA	CIALIS, VIAGRA
MESALAMINE 800 MG DELAYED-RELEASE	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
MIRCERA	PROCRIT
NATESTO	ANDROGEL 1.62%, AXIRON
NESINA	JANUVIA, TRADJENTA
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUTROPIN AQ	GENOTROPIN, HUMATROPE, NORDITROPIN
OLYSIO	VIEKIRA PAK, TECHNIVIE
OMNARIS	budesonide, flunisolide, fluticasone, mometasone, QNASL
OMNITROPE	GENOTROPIN, HUMATROPE, NORDITROPIN
ONGLYZA	JANUVIA, TRADJENTA
ORENCIA (IV and SC)	ACTEMRA (ST), ENBREL (ST), HUMIRA, REMICADE (ST), XELJANZ (ST), XELJANZ XR (ST)
PANCREAZE	CREON, ZENPEP
PERTZYE	CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
QSYMIA	benzphetamine, diethylpropion, phentermine
ribasphere ribapak	moderiba, ribavirin capsules, ribavirin tablets
RIBATAB	moderiba, ribavirin capsules, ribavirin tablets
SAIZEN	GENOTROPIN, HUMATROPE, NORDITROPIN
SIMPONI 50 MG	ACTEMRA (ST), COSENTYX, ENBREL (ST), HUMIRA, OTEZLA (ST), REMICADE (ST), STELARA (ST), XELJANZ (ST), XELJANZ XR (ST)
SOVALDI (EXCLUDED FOR GENOTYPES 1 & 4)	VIEKIRA PAK, TECHNIVIE
STAXYN	CIALIS, VIAGRA
STENDRA	CIALIS, VIAGRA
SUBSYS	fentanyl citrate lozenges, LAZANDA
SUPARTZ, SUPARTZ FX	EUFLEXXA, MONOVISC, ORTHOVISC
SYNVISC, SYNVISC-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
TALTZ	COSENTYX, ENBREL (ST), HUMIRA, OTEZLA (ST), REMICADE (ST), STELARA (ST)
TANZEUM	BYDUREON, BYETTA, TRULICITY
TESTIM	ANDROGEL 1.62%, AXIRON
TESTOSTERONE GEL	ANDROGEL 1.62%, AXIRON
TRUETEST, TRUETRACK METERS/STRIPS	ONETOUCH METERS/STRIPS
ULTRESA	CREON, ZENPEP
UNISTRIP METERS/STRIPS	ONETOUCH METERS/STRIPS
VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, ACANYA (ST), ONEXTON (ST)
VERAMYST	budesonide, flunisolide, fluticasone, mometasone, QNASL
VICTOZA	BYDUREON, BYETTA, TRULICITY
VIMOVO	omeprazole delayed-release + naproxen sodium
VOGELXO	ANDROGEL 1.62%, AXIRON
XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
ZEPATIER	VIEKIRA PAK, TECHNIVIE
ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
ZIOPTAN	bimatoprost, latanoprost, travoprost, LUMIGAN, TRAVATAN Z
ZOMACTON	GENOTROPIN, HUMATROPE, NORDITROPIN
ZYCLARA	diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, CARAC, PICATO



Ulster Scripts Employee Program

Introduction:

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

Copayments:

All member copayments have been waived for this program.

Ulster Scripts Vs. Current local purchase plan

Annual Cost No Copays!		Copays		Refills		Annual Savings
\$0	Vs.	\$25 (PPO)	x	12	=	\$300 / Script
	Vs.	\$40 (PPO)	x	12	=	\$480 / Script
	Vs.	\$20 (POS)	x	12	=	\$240 / Script
	Vs.	\$40 (POS)	x	12	=	\$480 / Script

Ordering Instructions:

To place your first order simply complete the enrollment form and include a new prescription for each medication. Please allow 4 weeks for delivery.

Ask your doctor for a prescription for a **3 month supply** with **3 refills**. We will call you prior to each renewal to ensure that you have a continuous supply.

Medications must be taken for 30 days before ordering through Ulster Scripts.

RETURN YOUR COMPLETED AND SIGNED ENROLLMENT FORM AND ORIGINAL PRESCRIPTIONS:



BY FAXING TO: 1-866-715-MEDS (6337) TOLL FREE

Faxed prescriptions are ONLY accepted if sent directly from the physician's office.

OR



BY MAILING TO: Ulster Scripts
P.O. Box 44650
Detroit, MI 48244-0650

More forms are available:

Additional forms may be obtained at the Personnel Department, by printing them from the website at www.UlsterScripts.com or by contacting our Customer Service Representatives toll free at **1-866-893-(MEDS) 6337**.

WELCOME TO Ulster Scripts Employee Program



ABILIFY 2MG	DIPENTUM 250MG	KAZANO 12.5/1000MG	STIOLTO RESPIMAT 2.5/2.5MG
ABILIFY 5MG	DIVIGEL 0.5MG	LATUDA 20MG	STIVARGA 40MG
ABILIFY 10MG	DIVIGEL 1MG	LATUDA 40MG	STRATTERA 10MG
ABILIFY 15MG	DULERA 100MCG/5MCG	LATUDA 50MG	STRATTERA 18MG
ABILIFY 20MG	DULERA 200MCG/5MCG	LATUDA 80MG	STRATTERA 25MG
ABILIFY 30MG	DYMISTA NASAL SPRAY 137/50MCG	LATUDA 120MG	STRATTERA 40MG
ABILIFY DISCMELT 10MG	EDARBI 40MG	LESCOL XL 80MG	STRATTERA 60MG
ABILIFY DISCMELT 15MG	EDARBI 80MG	LEXIVA 700MG	STRATTERA 80MG
ACTONEL 5MG	EDARBYCLOR 40MG/12.5MG	LIALDA 1.2GM	STRATTERA 100MG
ACTONEL 30MG	EDARBYCLOR 40MG/25MG	LINZESS 145MCG	STRIBILD
ACTONEL 35MG	EDURANT 25MG	LINZESS 290MCG	SUSTIVA 50MG
ACTONEL 150MG	EFFIENT 5MG	LOCOD LIPOCREAM 0.1%	SUSTIVA 200MG
ACZONE 5%	EFFIENT 10MG	LOTEMAX SUSPENSION 0.5%	SUSTIVA 600MG
ADCIRCA 20MG	ELIDEL 1%	LUMIGAN OPHTH 0.01%	SYNAREL NASAL
ADVAIR DISKUS 100MCG	ELIQUIS 2.5MG	MESTINON TS 180MG	TARKA 2/180MG
ADVAIR DISKUS 250MCG	ELIQUIS 5MG	METROGEL PUMP 1%	TARKA 4/240MG
ADVAIR DISKUS 500MCG	ELMIRON 100MG	MIGRANAL NASAL SPRAY 4MG/ML	TASIGNA 150MG
ADVAIR HFA 45/21MCG	EMADINE 0.05%	MIRAPEX ER 0.375MG	TASIGNA 200MG
ADVAIR HFA 115/21MCG	EMTRIVA 200MG	MIRAPEX ER 0.75MG	TAZORAC CREAM 0.05%
ADVAIR HFA 230/21MCG	ENABLEX 7.5MG	MIRAPEX ER 1.5MG	TAZORAC CREAM 0.1%
AFINITOR 2.5MG	ENABLEX 15MG	MIRAPEX ER 2.25MG	TAZORAC GEL 0.05%
AFINITOR 5MG	ENTRESTO 24MG-26MG	MIRAPEX ER 3MG	TAZORAC GEL 0.1%
AFINITOR 10MG	ENTRESTO 49MG-51MG	MIRAPEX ER 3.75MG	TECFIDERA 120MG
AGGRENOX 200/25MG	ENTRESTO 97MG-103MG	MIRAPEX ER 4.5MG	TECFIDERA 240MG
ALOCRIL OPHTH 2%	EPIDUO GEL PUMP 0.1%/2.5%	MIRVAGO 0.33%	TEKTURNA 150MG
ALOMIDE 0.1%	EPIFEN 0.3MG	MULTAQ 400MG	TEKTURNA 300MG
ALREX 0.2%	EPIFEN JR 0.15MG	MYRBETRIQ 25MG	TEKTURNA HCT 150-12.5MG
ALVESCO 80MCG 100MCG	EPZICOM	MYRBETRIQ 50MG	TEKTURNA HCT 300-12.5MG
ALVESCO 160MCG 200MCG	ESTROGEL 0.06%	NASONEX 50MCG	TEKTURNA HCT 300-25MG
AMITIZA 24MCG	EVISTA 50MG	NESINA 6.25MG	TEVETEN HCT 600/12.5MG
ANORO ELLIPTA 62.5/25MCG	EXELON 3MG	NESINA 12.5MG	TIVICAY 50MG
ANZEMET 100MG	EXELON 6MG	NESINA 25MG	TOBREC OINT 0.3%
ARCAPTA NEOHALER 75MCG	EXELON 4.5 MG/24HR	NEUPRO 1MG	TOVIAZ 4MG
ARNUITY ELLIPTA 100MCG	EXELON 9.5MG/24HR	NEUPRO 2MG	TOVIAZ 8MG
ARNUITY ELLIPTA 200MCG	EXELON 13.3MG/24HR	NEUPRO 3MG	TRACLEER 62.5MG
ASACOL HD 800MG	EXFORGE HCT 160/12.5/5MG	NEUPRO 4MG	TRACLEER 125MG
ASMANEX TWISTHALER 110MCG	EXFORGE HCT 160/12.5/10MG	NEUPRO 6MG	TRADJENTA 5MG
ASMANEX TWISTHALER 220MCG	EXFORGE HCT 160/25/5MG	NEUPRO 8MG	TRAVATAN Z OPHTH SOL 0.004%
ATELVIA DR 35MG	EXFORGE HCT 160/25/10MG	NEKAVAR 200MG	TRIBENZOR 20/5/12.5MG
ATRIFLA 600-200-300MG	EXFORGE HCT 320/25/10MG	NEXIUM 20MG	TRIBENZOR 40/5/12.5MG
ATROVENT HFA 20UG	EXJADE 125MG	NEXIUM 40MG	TRIBENZOR 40/5/25MG
AUBAGIO 14MG	EXJADE 250MG	NEXIUM DR 10MG	TRIBENZOR 40/10/12.5MG
AVANDAMET 2MG/500MG	EXJADE 500MG	NIASPAN 500MG	TRIBENZOR 40/10/25MG
AVANDAMET 2MG/1000MG	FARESTON 60MG	NIASPAN 750MG	TRINTELLIX 5MG
AVANDAMET 4MG/500MG	FARXIGA 5MG	NIASPAN 1000MG	TRINTELLIX 10MG
AVANDAMET 4MG/1000MG	FARXIGA 10MG	NORITATE CREAM 1%	TRINTELLIX 20MG
AVANDIA 2MG	FELDENE 10MG	NORVIR TABLET 100MG	TRIUMEQ TABLET
AVANDIA 4MG	FELDENE 20MG	OLYSIO 150MG	TRUVADA 200-300MG
AVANDIA 8MG	FINACEA 15%	OMNARIS NASAL SPRAY 50MCG	TUDORZA PRESSAIR 400MCG
AVODART 0.5MG	FLOVENT 44MCG 50MCG	ONGLYZA 2.5MG	TWYNSTA 40/5MG
AXERT 6.25MG	FLOVENT 110MCG 125MCG	ONGLYZA 5MG	TWYNSTA 40/10MG
AXERT 12.5MG	FLOVENT 220MCG 250MCG	ORACEA 40MG	TWYNSTA 80/5MG
AZLECT 0.5MG	FLOVENT DISKUS 100MCG	ORTHO-TRI-CYCLEN LO	TWYNSTA 80/10MG
AZLECT 1MG	FLOVENT DISKUS 250MCG	OTEZLA 30MG	TYZEKA 600MG
AZOFT OPHTH DROPS 1%	FORADIL + AEROLIZER 12MCG	PATADAY 0.2%	ULORIC 80MG
AZOR 20/5MG	FOGRENOL CHEW 500MG	PATANOL OPHTH SOL 0.1%	VAGIFEM 10MCG
AZOR 40/5MG	FOGRENOL CHEW 750MG	PENTASA 500MG	VENTOLIN HFA 30MCG
AZOR 40/10MG	FOGRENOL CHEW 1000MG	PRADAXA 75MG	VERAMYST 27.5MCG
BACTROBAN NASAL OINT 2%	FOGRENOL POWDER 750MG	PRADAXA 150MG	VEGICARE 5MG
BANZEL 200MG	FOGRENOL POWDER 1000MG	PREMARIN 0.3MG	VEGICARE 10MG
BANZEL 400MG	FROVA 2.5MG	PREMARIN 0.625MG	VIMOVO 375/20MG
BARACLUDE 0.5MG	GELNIQUE 10%	PREMARIN 1.25MG	VIMOVO 500/20MG
BARACLUDE 1MG	GILENYA 0.5MG	PREMARIN VAG 0.625MG/GM	VIRAMUNE XR 400MG
BECONASE AQ 42MCG	GILOTRIF 20MG	PREMPRO 0.3/1.5MG	VIREAD 300MG
BENICAR 20MG	GILOTRIF 30MG	PREMPRO 0.625MG/2.5MG	VIVELLE-DOT 25MCG
BENICAR 40MG	GILOTRIF 40MG	PREMPRO 0.625MG/5MG	VIVELLE-DOT 37.5MCG
BENICAR HCT 20MG/12.5MG	GLEEVEC 100MG	PREVACID SOLUTAB 15MG	VIVELLE-DOT 50MCG
BENICAR HCT 40MG/12.5MG	GLEEVEC 400MG	PREVACID SOLUTAB 30MG	VIVELLE-DOT 75MCG
BENICAR HCT 40MG/25MG	GLUCAGEN HYPOKIT 1MG	PREZCOBIX 800MG/150MG	VIVELLE-DOT 100MCG
BENZAFLIN PUMP	GLUMETZA ER 1000MG	PREZISTA 600MG	VOLTAREN GEL
BETIMOL 0.25%	INCRUSE ELLIPTA 62.5MCG	PREZISTA 800MG	VYTORIN 10/10MG
BETIMOL 0.5%	INLYTA 1MG	PRISTIQ 50MG	VYTORIN 10/20MG
BETOPTIC S OPHTH 0.25%	INLYTA 5MG	PRISTIQ 100MG	VYTORIN 10/40MG
BREO ELLIPTA 100/25MCG	INTELENCE 100MG	PROTOPIC OINT 0.03%	VYTORIN 10/80MG
BREO ELLIPTA 200/25MCG	INTELENCE 200MG	PROTOPIC OINT 0.1%	WELCHOL 625MG
BRILINTA 90MG	INVEGA 3MG	QVAR 40 MCG 50MCG	XALKORI 200MG
BYSTOLIC 2.5MG	INVEGA 6MG	QVAR 80 MCG 100MCG	XALKORI 300MG
BYSTOLIC 5MG	INVEGA 9MG	RANEXA 500MG	XARELTO 10MG
BYSTOLIC 10MG	INVIRASE 500MG	RAPAFLO 4MG	XARELTO 15MG
BYSTOLIC 20MG	INVOKANA 100MG	RAPAFLO 8MG	XARELTO 20MG
CAMBIA 50MG	INVOKANA 300MG	RELPAF 20MG	XELJANZ 5MG
CARDURA XL 4MG	ISENTRESS 400MG	RELPAF 40MG	XENICAL 120MG
CARDURA XL 8MG	JAKAFI 5MG	RENAGEL 800MG	XIGDUO XR 10/500MG
CELEBREX 100MG	JAKAFI 10MG	RENVELA 800MG	XIGDUO XR 10/1000MG
CELEBREX 200MG	JAKAFI 15MG	REBASIS 0.05%	XTANDI 40MG
CLIMARA PRO 0.045/0.015MG	JAKAFI 20MG	RHINOCORT AQ 32MCG	ZELAPAR 1.25MG
COMBIGAN 0.2-0.5%	JALYN 0.5MG/0.4MG	SAPHRIS 5MG	ZELBORAF 240MG
COMBIVENT RESPIMAT 20MCG/100MCG	JANUMET 50/500MG	SAPHRIS 10MG	ZETIA 10MG
COMPLERA 200/25/300MG	JANUMET 50/1000MG	SEREVENT DISKUS 50MCG	ZIAGEN 300MG
COVERA-HS 240MG	JANUMET XR 50MG/500MG	SEROQUEL XR 50MG	ZOMIG NASAL SPRAY 5MG
CRESTOR 5MG	JANUMET XR 50MG/1000MG	SEROQUEL XR 150MG	ZORTRESS 0.25MG
CRESTOR 10MG	JANUMET XR 100MG/1000MG	SEROQUEL XR 200MG	ZORTRESS 0.5MG
CRESTOR 20MG	JANUVIA 25MG	SEROQUEL XR 300MG	ZORTRESS 0.75MG
CRESTOR 40MG	JANUVIA 50MG	SEROQUEL XR 400MG	ZOVIRAX CREAM 5%
DALIRESP 500MCG	JANUVIA 100MG	SPIRIVA 18MCG	ZYCLARA 3.75%
DETROL LA 2MG	JARDIANCE 10MG	SPIRIVA RESPIMAT 2.5MCG	ZYTIGA 250MG
DETROL LA 4MG	JARDIANCE 25MG	SPRYCEL 20MG	
DEKLANT DR 30MG	JENTADUETO 2.5MG/850MG	SPRYCEL 50MG	
DEKLANT DR 60MG	JENTADUETO 2.5MG/1000MG	SPRYCEL 70MG	
DIFFERIN GEL 0.3%	JUBLIA 10%	SPRYCEL 100MG	

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

August 2016



Ulster Scripts Employee Program

CanRx

Member/Spouse/Dependent Enrollment Form

MEMBER ID #:

FAX DIRECTLY FROM YOUR DOCTOR'S OFFICE WITH YOUR PRESCRIPTION(S) TOLL-FREE TO: 1-888-716-(MEDS) 8337
OR
MAIL TO: *Ulster Scripts*, P.O. BOX 44860, DETROIT, MI, 48244-0660 PHONE TOLL-FREE: 1-888-893-(MEDS) 8337

PATIENT INFORMATION: Birthdate _____ DDMM/YYYY MEMBER
 SPOUSE
 DEPENDENT

Phone (Home) _____ Phone (Work or Cell) _____

First Name (please print) Initial Last Name

Street Address _____

City/State _____ Zip Code _____

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

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

List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths. <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 MEMBER, 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)

TERMS OF AGREEMENT

CONFIRMATION AND REPRESENTATIONS

I enter into this agreement with CanaRx Group Inc. ("CanaRx") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs. I represent:

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask CanaRx to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask CanaRx to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through CanaRx.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CanaRx or any CanaRx contracted physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CanaRx strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CanaRx, I will immediately contact my U.S. physician.
14. All information that I give to CanaRx is true.

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

1. I hereby appoint CanaRx and its delegates and contractors (collectively referred to as "CanaRx") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician and of arranging for pharmacies to dispense to me medications as prescribed.
2. CanaRx may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me.
3. CanaRx may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. CanaRx may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. CanaRx and CanaRx contracted physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CanaRx contracted physicians and pharmacists, and my benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
5. I authorize and instruct my U.S. physician to release to CanaRx (and any CanaRx contracted physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, X-ray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
6. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CanaRx from my U.S. physician's office the original signed copy of the prescription.
7. CanaRx and its contracted physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
8. CanaRx contracted physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
9. CanaRx may make payments on my behalf to CanaRx contracted pharmacies for dispensing medicine in accordance with my prescriptions and to CanaRx contracted physicians for services rendered on my behalf.
10. I request and authorize my plan payor, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CanaRx in such amounts as are found appropriate by plan payor in accordance with the benefits plan.

ACKNOWLEDGEMENT AND RELEASE

I hereby make the following acknowledgments and releases to CanaRx and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:

1. My U.S. physician is my primary physician. Any CanaRx contracted physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CanaRx contracted pharmacy.
2. CanaRx has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CanaRx contracted physician and have enlisted the services of CanaRx to facilitate it. I understand that the CanaRx contracted physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I am aware that CanaRx may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, contracted physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CanaRx, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CanaRx's transmission of my personal information by electronic means to its delegates, employees, contracted physicians and pharmacies.
5. I release CanaRx and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
6. I acknowledge that I have purchased my medications internationally for personal use and I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the CanaRx contracted pharmacy.

FURTHER ACKNOWLEDGEMENT & RELEASE

I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose of the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release CanaRx and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by CanaRx in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.

Delta Dental 2017 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	Customer Service	Claims Address
One Delta Drive Mechanicsburg, PA 17055	800-932-0783 (Business Hours: 8 am to 8 pm ET)	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

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	Without Davis Vision	With Davis Vision
<small>Savings based on in-network usage and average retail values.</small>		
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

Flexible Spending Account — Real Savings. Real Simple.



Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid benefits card. Plus you can rollover \$500 from one year to the next, reducing your risk of losing dollars at the end of the plan year.

WHAT IS AN FSA?

With an FSA, you can elect to have an annual contribution of up to \$1,500 deducted from your paycheck, in installments throughout the year (plus a \$3.95 monthly administration fee). The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.

- A Healthcare FSA allows reimbursement of qualifying out-of-pocket medical expenses.
- A Limited Purpose Medical FSA works with a qualified high deductible health plan (HDHP) and Health Savings Account (HSA). A limited FSA only allows reimbursement for preventive care, vision and dental expenses.
- A Dependent Care FSA allows reimbursement of dependent care expenses, such as daycare) incurred by eligible dependents.
- And now up to \$500 of your unused healthcare Flexible Spending Account balance can be carried over into the next plan year instead of you “losing it” - making enrollment in an FSA much less risky.

With all FSA account types, you'll receive access to a secure, easy-to-use web portal where you can track your account balance, view your investment accounts and submit requests for reimbursements.

WITH AN FSA YOU CAN:

An FSA is a great way to pay for expenses with pre-tax dollars.

- **Enjoy significant tax savings** with pre-tax deductible contributions and tax-free distributions used for qualified plan expenses
- **Enjoy secure access** to accounts using a convenient Consumer Portal available 24/7/365
- **Manage your FSA “on the go”** with an easy-to-use mobile app
- **File claims easily online** (when required) and let the system determine approval based on eligibility and availability of funds
- **Stay up to date on balances** and action required with automated email alert and convenient portal and mobile home page messages
- **Get one-click answers** to benefits questions
- **Use it or Roll It Over.** And now up to \$500 of your unused healthcare Flexible Spending Account balance can be carried over into the next plan year instead of you “losing it” - making enrollment in an FSA much less risky. This gives you more flexibility to spend your FSA money when you need it. You can use it for necessary out-of-pocket healthcare expenses, rather than feeling pressured to engage in last minute and potentially unnecessary spending at the end of the year.

FSA

USE OR
~~LOSE~~

Roll over \$500

IS AN FSA RIGHT FOR ME?

An FSA is a great way to pay for expenses with pre-tax dollars.

A Healthcare FSA could save you money if you or your dependents:

- Have out-of-pocket expenses like co-pays, coinsurance, or deductibles for health, prescription, dental or vision plans
- Have a health condition that requires the purchase of prescription medications on an ongoing basis
- Wear glasses or contact lenses or are planning LASIK surgery
- Need orthodontia care, such as braces, or have dental expenses not covered by your insurance

A Dependent Care FSA provides pre-tax reimbursement of out-of-pocket expenses related to dependent care. This benefit may make sense if you (and your spouse, if married) are working or in school, and:

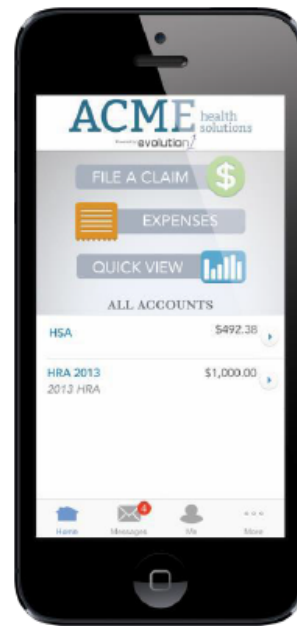
- Your dependent children under age 13 attend daycare, after-school care or summer day camp
- You provide care for a person of any age whom you claim as a dependent on your federal income tax return and who is mentally or physically incapable of caring for himself or herself

PLAN AHEAD

Before you enroll, you must first decide how much you want to contribute to your account(s). You will want to spend some time estimating your anticipated eligible medical and dependent care expenses for the calendar year, but know that you don't have to worry about losing unused funds (up to \$500).

Throughout the year, you'll likely find yourself with expenses for yourself and your family that insurance won't cover. By taking advantage of an FSA, you can actually reduce your taxable income and reduce your out-of-pocket expenses when you use your FSA to pay for the things you'd purchase anyway.

*The amount you save in taxes with a Flexible Spending Account will vary depending on the amount you set aside in the account; your annual earnings; whether or not you pay Social Security taxes; the number of exemptions and deductions you claim on your tax return; your tax bracket and your state and local tax regulations. Check with your tax advisor for information on how participation will affect your tax savings.



Above: With the convenience of a mobile device, you can see your available balance anywhere, anytime as well as file claims and upload receipts.

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, decubitus/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

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

CSEA & Associate Members Only



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

* Pearl Carroll & Associates and its predecessor companies



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



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!



**ULSTER COUNTY EMPLOYEES
2017
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.**

**ULSTER COUNTY EMPLOYEES
2017
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.**

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.

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



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

Two Great Programs Available through Payroll Deduction

TreasuryDirect®



CHANGE HOW YOU SAVE

With TreasuryDirect Payroll Savings!

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

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

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



New York's 529 College Savings PROGRAM

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

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

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

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

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.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Personnel Office.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Ulster County		4. Employer Identification Number (EIN) 14-6002575	
5. Employer address 244 Fair Street		6. Employer phone number 845-340-3520	
7. City Kingston	8. State NY	9. ZIP code 12402	
10. Who can we contact about employee health coverage at this job? Kevin Roach			
11. Phone number (if different from above) 845-340-3545		12. Email address kroa@co.ulster.ny.us	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

Eligible employees:

All Active Full Time employees working an average of 30 hours or more per week

With respect to dependents:

We do offer coverage. Eligible dependents are:

Your Spouse– an opposite or same sex spouse with a marriage that is legally recognized in the jurisdiction (State or County) in which it is performed. Former spouses, as a result of divorce are not eligible.

Your Children– including natural, legally adopted, & stepchildren until the end of the month in which they turn age 26. Your children need not be financially dependent upon you for support or claimed as dependents on your tax return; residents of your household; enrolled as students; or unmarried. Children-in-law (spouse of children) and grandchildren are not eligible.

Your unmarried children, regardless of age, who are incapable of self-sustaining employment due to mental retardation, mental illness, or developmental disability as defined in the New York Mental Hygiene Law, or because of physical handicap, and who became so incapable prior to attainment of the age at which the dependent coverage would otherwise terminate.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

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2017 ULSTER COUNTY HOLIDAY SCHEDULE

NEW YEAR'S DAY	MONDAY, JANUARY 2
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 16
LINCOLN'S BIRTH DAY **	MONDAY, FEBRUARY 13
PRESIDENT'S DAY	MONDAY, FEBRUARY 20
GOOD FRIDAY **	FRIDAY, APRIL 14
MEMORIAL DAY	MONDAY, MAY 29
INDEPENDENCE DAY	TUESDAY, JULY 4
LABOR DAY	MONDAY, SEPTEMBER 4
COLUMBUS DAY	MONDAY, OCTOBER 9
ELECTION DAY **	TUESDAY, NOVEMBER 7
VETERAN'S DAY	FRIDAY, NOVEMBER 10
THANKSGIVING DAY	THURSDAY, NOVEMBER 23
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 24
CHRISTMAS DAY	MONDAY, DECEMBER 25

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

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

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Employee Benefits.