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

Medical
Prescription Drug
Vision
Dental
Deferred Comp
Pearl Carroll
Aflac
Retirement Planning
EAP
Flexible Spending

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


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. 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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<th>Tier Status</th>
<th>Employee Share</th>
<th>Monthly</th>
<th>Bi Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>POS</td>
<td>PPO</td>
</tr>
<tr>
<td>CSEA HIRED BEFORE 1/1/1994</td>
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<td>(fixed contributions)</td>
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<tr>
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<td>$0.00</td>
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<tr>
<td>FAMILY DENTAL AND VISION ONLY</td>
<td>$0.00</td>
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<td>PBA HIRED BEFORE 7/1/1994</td>
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<tr>
<td>UCSEA HIRED BEFORE 7/1/1994</td>
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<td>$0.00</td>
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<tr>
<td>(fixed contributions)</td>
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<tr>
<td>INDIVIDUAL W/ DENTAL AND VISION</td>
<td></td>
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<tr>
<td>2 PERSON W/ DENTAL AND VISION</td>
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<tr>
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<tr>
<td>FAMILY DENTAL AND VISION ONLY</td>
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<td>$0.00</td>
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<tr>
<td>PBA HIRED 7/1/1994 - 9/1/2015</td>
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<td>$124.74</td>
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<td>CSEA HIRED 1/1/1994- 9/19/2012</td>
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<td>$232.28</td>
<td>$348.68</td>
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<td>UCSA HIRED 5/19/2010- 2/20/2013</td>
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<td>$330.30</td>
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<td>UCSEA HIRED 7/1/1994- 8/18/2014</td>
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<td>$6.04</td>
<td>$3.02</td>
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<td>(15% of total premium)</td>
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<td>$15.58</td>
<td>$7.79</td>
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<td>2 PERSON W/ DENTAL AND VISION</td>
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<td>FAMILY W/ DENTAL AND VISION</td>
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<td>FAMILY DENTAL AND VISION ONLY</td>
<td>$20.78</td>
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<tr>
<td>PBA HIRED AFTER 9/1/2015</td>
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<td>$166.32</td>
<td>$246.88</td>
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<td>CSEA HIRED AFTER 9/19/2012</td>
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<td>$309.72</td>
<td>$464.92</td>
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<td>UCSA HIRED AFTER 2/20/2013</td>
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<td>$670.32</td>
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<td>UCSEA HIRED AFTER 8/18/14</td>
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<td>(20% of total premium)</td>
<td></td>
<td>$20.78</td>
<td>$10.39</td>
</tr>
<tr>
<td>INDIVIDUAL W/ DENTAL AND VISION</td>
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<td></td>
</tr>
<tr>
<td>2 PERSON W/ DENTAL AND VISION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAMILY W/ DENTAL AND VISION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL DENTAL AND VISION ONLY</td>
<td>$4.04</td>
<td></td>
<td>$2.02</td>
</tr>
<tr>
<td>FAMILY DENTAL AND VISION ONLY</td>
<td>$10.40</td>
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<td>$5.20</td>
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<tr>
<td>MANAGEMENT NON-UNION LEGISLATORS</td>
<td></td>
<td>$83.16</td>
<td>$123.44</td>
</tr>
<tr>
<td>UCSA HIRED BEFORE 5/18/2010</td>
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<td>$154.86</td>
<td>$232.46</td>
</tr>
<tr>
<td>SUPERIOR OFFICERS UNION</td>
<td></td>
<td>$220.20</td>
<td>$335.16</td>
</tr>
<tr>
<td>(10% of total premium)</td>
<td></td>
<td>$4.04</td>
<td>$2.02</td>
</tr>
<tr>
<td>INDIVIDUAL W/ DENTAL AND VISION</td>
<td></td>
<td>$10.40</td>
<td>$5.20</td>
</tr>
<tr>
<td>2 PERSON W/ DENTAL AND VISION</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>FAMILY W/ DENTAL AND VISION</td>
<td></td>
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</tr>
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<td>INDIVIDUAL DENTAL AND VISION ONLY</td>
<td>$4.04</td>
<td></td>
<td>$2.02</td>
</tr>
<tr>
<td>FAMILY DENTAL AND VISION ONLY</td>
<td>$10.40</td>
<td></td>
<td>$5.20</td>
</tr>
</tbody>
</table>

Rounding of premium contributions may lead to slight differences.
# Your Summary of Benefits

## POS

### County of Ulster POS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network ²</th>
<th>Out-of-Network ²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>N/A</td>
<td>$2,000/$5,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>N/A</td>
<td>40%</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$3,980 / $9,700</td>
<td>$20,000/$50,000 (All In-Network Medical Cost Shares)</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>($8,000/$20,000 out-of-pocket) coinsurance max</td>
</tr>
<tr>
<td>Dependent Children (covered through the end of the month)</td>
<td>Dependents to Age 26</td>
<td>Dependents to Age 26</td>
</tr>
</tbody>
</table>

#### Covered Preventive Care³

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Member Pays</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Adult Preventive Care</td>
<td>$0</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Annual Physical Exam</td>
<td>$0</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Well-Child Care (Up to age 19; including covered immunizations)</td>
<td>$0</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Preventive Well-Woman Care</td>
<td>$0</td>
<td>Deductible and coinsurance</td>
</tr>
</tbody>
</table>

#### Home/Office/Outpatient Care

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Member Pays</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home/Office/Outpatient Visits Copayment</td>
<td>$20 copayment</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>$20 copayment</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Online Visits</td>
<td>$20 copayment</td>
<td>Covered in-network only</td>
</tr>
<tr>
<td>Emergency Room/Facility (initial visit per occurrence)</td>
<td>$100 copayment (Waived if admitted within 24 hours)</td>
<td>$100 copayment (Waived if admitted within 24 hours)</td>
</tr>
<tr>
<td>Ambulatory/Outpatient Surgery ⁴,⁵</td>
<td>$0</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Presurgical Testing, Anesthesia</td>
<td>$0</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>$0</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Routine Maternity Care</td>
<td>$0</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Laboratory Tests, X-rays, MRI, CT Scan, PET ⁶ and Nuclear Cardiology⁷</td>
<td>$0</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Allergy Care, Routine Testing and Treatment (Allergy Injections/Immunotherapy)</td>
<td>$20 copayment (Waived for treatment)</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>$20 copayment</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Home Healthcare (Up to 200 visits per calendar year)</td>
<td>$0</td>
<td>Coinsurance (no deductible)</td>
</tr>
<tr>
<td>Home Infusion Therapy</td>
<td>$0</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Hospice Care (Up to 210 days per lifetime)</td>
<td>$0</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Physical Therapy (Up to 90 visits per calendar year combined in home, office or outpatient facility)</td>
<td>$20 copayment</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Speech, Language, Occupational, Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility)</td>
<td>$20 copayment</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Outpatient Cardiac Rehabilitation</td>
<td>$20 copayment</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Second Surgical Opinion</td>
<td>$20 copayment</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Kidney Dialysis</td>
<td>$0</td>
<td>Deductible and coinsurance</td>
</tr>
</tbody>
</table>

² 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

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

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, cervical cancer screenings, diabetes screenings for pregnant women, mammography testing, annual physical examinations and annual gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.

2. Out-of-Network providers deliver care, in-network providers are in Empire's POS network, and in our affiliate POS 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 BlueCare Program are subject to balance billing over the allowable amount. This does not apply to emergency benefits.

3. Empire's or Anthem's, CT network provider must provide INN services or services may be denied. Empire or Anthem, CT network providers cannot bill members beyond INN copayment, if applicable, for covered services. You are responsible for obtaining pre-certification for out-of-network services. Your provider may call for you, but you will be responsible for penalties applied to out-of-network claims if pre-certification is not obtained.

4. For ambulatory surgery, please call the toll-free number on your member ID card to determine exactly what urgent services require pre-certification.

5. Empire or Anthem's, CT network provider must provide INN services or services may be denied. Empire or Anthem, CT network providers cannot bill members beyond INN copayment for covered services. Authorization is not required for out-of-network services.

6. Empire's network provider must obtain authorization for clinical 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.

7. Pre-certification must be obtained from the behavioral healthcare manager, or penalties apply.

8. IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the contract. It is not intended to be a substitute for the benefit plan. Benefits are subject to change without notice.

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

POS REV Sept 2014
Prepared on 9/29/14 CG
# Your Summary of Benefits

## PPO

### County of Ulster PPO

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network 1</th>
<th>Out-of-Network 2.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>N/A</td>
<td>$500/$1,250</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>N/A</td>
<td>20%</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$3,800 / $9,700 (All In-Network Cost Shares)</td>
<td>$5,000/$12,500 (Coinsurance Stop Loss / ($1,000/$2,500 out-of-pocket))</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Dependent Children (covered to the end of the month of the dependent’s birthday)</td>
<td>Dependents to age 26</td>
<td>Dependents to age 26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered Preventive Care</th>
<th>Member Pays In-Network</th>
<th>Member Pays Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Adult Preventive Care</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Annual Physical Exam</td>
<td>$0</td>
<td>Covered in-network only</td>
</tr>
<tr>
<td>Well-Child Care (Up to age 19, including necessary covered immunizations)</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Preventive Well-Woman Care</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home/Office/Outpatient Care</th>
<th>Member Pays In-Network</th>
<th>Member Pays Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home/Office Visits</td>
<td>$20 copayment</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Online Visits</td>
<td>$20 copayment</td>
<td>Covered in-network only</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>$20 copayment</td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Emergency Room/Facility</td>
<td>$100 copayment (Waived if admitted within 24 hours)</td>
<td>$100 copayment (Waived if admitted within 24 hours)</td>
</tr>
<tr>
<td>Surgery, Pre-surgical Testing, Anesthesia</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Chemotherapy, Radiation Therapy</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Routine Maternity Care</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Laboratory Tests, X-rays</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>MRI/CT Scan, PET &amp; Nuclear Cardiology</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Allergy Routine Testing and Treatment (Allergy Injections/Immunotherapy)</td>
<td>$20 copayment (Waived for treatment)</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>$20 copayment</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Home Healthcare (Up to 200 visits per calendar year)</td>
<td>$0</td>
<td>Coinsurance (no deductible)</td>
</tr>
<tr>
<td>Home Infusion Therapy</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Hospice Care (Up to 210 days per lifetime)</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Physical Therapy (Up to 90 visits per calendar year combined in home, office or outpatient facility)</td>
<td>$20 copayment</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Other Short-Term Rehabilitative Therapies – Speech/Language, Occupational, Vision (Up to 60 visits per calendar year combined in home, office or outpatient facility)</td>
<td>$20 copayment</td>
<td>Deductible and Coinsurance</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Rehabilitation</td>
<td>$20 copayment</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Second Surgical Opinion</td>
<td>$20 copayment</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>(no copayment applies if arranged through the Medical Management Program)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Dialysis</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Inpatient Care§</td>
<td>Member Pays In-Network</td>
<td>Member Pays Out-of-Network</td>
</tr>
<tr>
<td>Inpatient Hospital (As many days as medically necessary; semi-private room and board)</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Surgery, Covered Surgical Assistant, Anesthesia</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 Inpatient days per calendar year)</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Skilled Nursing Facility (Up to 60 days per calendar year)</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Member Pays In-Network</td>
<td>Member Pays Out-of-Network</td>
</tr>
<tr>
<td>Outpatient Visits in Office</td>
<td>$20 copayment</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Outpatient Visits in Facility§</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Inpatient Care§ (As many days as medically necessary; semi-private room and board)</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Alcohol/Substance Abuse</td>
<td>Member Pays In-Network</td>
<td>Member Pays Out-of-Network</td>
</tr>
<tr>
<td>Outpatient Visits in Office</td>
<td>$20 copayment</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Outpatient Visits in Facility§</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Inpatient Detoxification§ (As many days as medically necessary; semi-private room and board)</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Inpatient Rehabilitation§</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Other</td>
<td>Member Pays In-Network</td>
<td>Member Pays Out-of-Network</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>$0 when obtained through Empire’s medical supplies vendor</td>
<td>In-network benefits apply</td>
</tr>
<tr>
<td>Durable Medical Equipment§</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Prosthetics &amp; Orthotics§</td>
<td>$0</td>
<td>Deductible and Coinsurance</td>
</tr>
<tr>
<td>Ambulance (air ambulance)</td>
<td>$0</td>
<td>In-network benefits apply</td>
</tr>
</tbody>
</table>

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 (6) 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 annual and lifetime 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 orthopaedical 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 services necessary 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.

See a doctor online
24 hours a day, 365 days a year

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

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

Enroll today at livehealthonline.com!
**HEALTH INSURANCE CLAIM FORM**

1. **INSURED’S S.D. NUMBER (Include prefix) [FOR PROGRAM IN ITEM 1]**

2. **PATIENT’S NAME (Last Name, First Name, Middle Initial)**

3. **PATIENT’S BIRTHDATE**
   - **MM**
   - **DD**
   - **YY**
   - **SEX**

4. **INSURED’S NAME (Last Name, First Name, Middle Initial)**

5. **PATIENT’S ADDRESS (No. Street)**

6. **PATIENT STATUS**
   - Single
   - Married
   - Other

7. **INSURED’S ADDRESS (No. Street)**

8. **PATIENT’S CONDITION RELATED TO:**
   - a. **EMPLOYMENT** (Current or Previous)
   - b. **AUTO ACCIDENT**
   - c. **OTHER ACCIDENT**

9. **OTHER INSURED’S NAME (Last Name, First Name, Middle Initial)**

10. **OTHER INSURED’S POLICY OR GROUP NUMBER**

11. **INSURED’S NAME**

12. **RESERVED FOR LOCAL USE**

13. **IS THERE ANOTHER NAME OR BENEFIT PLAN?**
   - [ ] Yes
   - [ ] No

14. **SIGN DATED**

15. **AUTHORIZED PERSON'S SIGNATURE**

16. **DATE OF CURRENT ILLNESS**
   - **MM**
   - **DD**
   - **YY**

17. **NAME OF REFERRING PHYSICIAN OR OTHER SOURCE**

18. **DATE PATIENT BEGIN TO WORK IN CURRENT OCCUPATION**
   - **MM**
   - **DD**
   - **YY**

19. **DATE PATIENT ENDED TO WORK IN CURRENT OCCUPATION**
   - **MM**
   - **DD**
   - **YY**

20. **OUTSIDE LAB?**

21. **DAYS OR INJURY (EXCEPT WOMEN)**

22. **MEDICAID RESUBMISSION CODE**

23. **PRIOR AUTHORIZATION NUMBER**

24. **DATE OF SERVICE**
   - **MM**
   - **DD**
   - **YY**

25. **PROCEDURES, SERVICES, OR SUPPLIES**

26. **DIAGNOSIS CODE**

27. **CHARGES**

28. **TOTAL CHARGE**

29. **AMOUNT PAID**

30. **BALANCE DUE**

31. **SIGNATURE OF PHYSICIAN OR SUPPLIER**

32. **NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED**

33. **NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (OTHER THAN HOME OR OFFICE)**

34. **PHYSICIAN OR SUPPLIER’S BILLING NAME, ADDRESS, ZIP CODE, AND PHONE NUMBER**

---

**READ BACK OF FORM BEFORE COMPLETING THIS FORM.**

---

**PLEASE PRINT OR TYPE**
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.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Enter Bin # 003858</td>
</tr>
<tr>
<td>Step 2</td>
<td>Enter Processor Control A4</td>
</tr>
<tr>
<td>Step 3</td>
<td>Enter Rx Group #: JY2A</td>
</tr>
<tr>
<td>Step 4</td>
<td>Enter 9 digit member ID # (Employee SSN)</td>
</tr>
<tr>
<td>Step 5</td>
<td>Enter the member’s date of birth</td>
</tr>
</tbody>
</table>

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
[INN] - Injectable Drug
[ST] - Step Therapy

RUS'!

benzopadate
BEPREVE [ST]
BETHIKOS
BEYAZ
bisoprolol/hctz
BREDA ELLIPTA
BRILINTA
BRISELLE
budesonide nebulization suspension
bupropion
bupropion ext-release
bupropion/xalatan
caffeine
BUTANS
BYDUREON [IN]
BYCTA [ST]
BYSTOLIC
C
CANA9A
CARAC
carbipoda/lorsopod
carvedilol
cesfatin
cetotroine aetil
cetotroine
CEFRIDE [IN]
chlorhidrazide glutanate
clorhidrazide
chloroquin
gonadotropin [IN]
CIAS
Coinbox
cofrofinoxin
citrapam
claronoxine
clindamyc incophosphate
clenil bronc.
clofaroxol proclenate
clofenil citrate
clonazepam
clonidine
cloprile
cloprilazine
izpine\tr metazolam
CLORDS
COMBICAN
COMBICAP
COMBICAP REVIMUM
COXIVE 40 MG [IN] [ST]
CORE.CR
CORLUNOR
CORYNAX [IN]
CREX
CRINONE
cyanoacetalben [IN]
cylocebelin
D
DARLESP
DAYTRAN
debrotadione
desmopressine
desmopressine ext-release
dextroamphetamine/amphetamine ext-release
dextroamphetamine/amphetamine ext-release
dextroamphetamine/amphetamine ext-release
dextroamphetamine/amphetamine ext-release
dexpanate
 diclofenac sodium delayed-release
dicyclomine
digoxin

dibrozax ext-release
diphenhydramine trihydrochloride
diphenhydramine delayed-release
diphenhydramine delayed-release
diphenhydramine delayed-release
DIVERGEL
dopa
doxazosin
doxycycline hydrate
doxycycline monohydrate
DUALE
DULERA
duloxetine delayed-release
GYMNAST [ST]
E
EFFENT
ELIUS
ELOQUI
ENBREL [IN] [ST]
ENJUVIA
enoxaparin [IN]
ENSILIR
ENTRESTO
ETOPROF, ETOPIDO
FORTÉ [ST]
EFFIPEN, EFIPEN JR [INJ]
engalastic
erythromycin eye ointment
esiclastogam
esomeprazole magnesium delayed-release
ESTRACE CREAM estradiol
estradow estradiol patch
estradal
estradiol/norethindrone acetate
estracev
estradiol
EUKLEXA [IN]
EXEVA [IN]
F
famotidine
FAROBA [ST]
fenofibrate
fenofibrate microcrized
fenofibrate delayed-release
fentany patch
FETIZMA
FINACEA [ST]
finasteride
FLOVENT DISKUS [ST]
FLOVENT [IN]
fluricaine
fluconazole
fluoxetine
fluticasone nasal spray
FOCALIN XR 25, 35, 45 mg, 5 mg
forte [IN]
FOSOMAC [IN]
FRAMON [IN]
TENEX [IN]
JACTAVOX JR
JERUT FE
G
GABAPentin
GENKLO
GEMOTRIPIN [IN]
gliclazide fe
GILENYA [ST]
GIOTROF
glipaptide
glipiptide ext-release
GLUCAGEN [IN]
GLUCAGON [IN]
glyburide
GYKAMBI
GONAL-F, GONAL-F RFF, GONAL-F JECT [IN]
GRALISE
GRANIX [IN]
GRATEK
guaftacine ext-release
H
HUMALOG [IN]
HUMATROPE [IN]
HUMIRA [IN]
HUMULIN [IN]
hydrochlorothiazide
ehydrocodone

ehydrocodone ext-release
ehydrodromphe
ehydrodromphine
hydrochlorothiazide ext-release
hydrochlorothiazide/naltrexone ext-release
hydrodromphine
HYSINGLA ER
I
IBANISTONE
ibuprofen
ILERO
INCRESSE ELLIPTA
INDEXACIN
INLYTA
INVOKAMET [ST]
INVOKANA [ST]
IRBESARTAN
IRISMA
isorbidone mononitrate ext-release
J
JANUWY, JANUET XR
JANUVIA
JARDIANCE [ST]
JENJUETO
JLETIQUETO XR
Juirel FE
K
KALBITOR [IN]
ketocanozae topical
KITABIS FAK
L
LABETOL
lasmopilate
lansopraze delayed-release
LANXUS [IN]
lamotride eye solution
LATUD
LAZANDA
LEFARIS [IN]
LEVERIN [IN]
lidacarbazol
lidocaine
LIGMITI
LORATINE
LOLIDOT FE
LOTTIDOL [IN]
LONGITEN
LORAZEPAM
LUZEMUS
LIPOFEN [IN]
LISINOPRIL
lisinopril/hctz
LIPUPRIDE [IN]
LO CASETE [IN]
LOCANTON
LOFIDEZ [IN]
LOW HEMO [IN]
LUMINAR
LYMMIC
M
MAKENA [IN]
medroxyprogesterone acetate
MEPHETYON
MESTRONIN SYRUP
metabolone
metyctin
METFORMIN ext-release
MICHELON
MIRENX
MIRASAR
MORITINE
MORERE
MONOSON [IN]
morbole and sodium ext-release
MORTEK
MUSE
MYBERST [IN]
N
nabumetone
NAC-2 [IN]
NAMZARIC
naproxen, naproxen sodium
NASCAL NASAL SPRAY
NASCAL NASAL SALT
NATAZIA
neomycin/polyoxin/hydrocortisone ear drops
NEVANEC
NEXUM PACKETS [ST]
imacin ext-release
nifedipine ext-release
nifedipine/xalatan
nifedipine/methyldopa/naturacetin
nortriptyline
NUCINTA, NUCINTA ER
NUSEDIA
NURVAX
nystatin oral suspension
nystatin topical
O
OLANZAPINE
(continued)
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

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Copays</th>
<th>Refills</th>
<th>Annual Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Copays!</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vs. $25 (PPO)</td>
<td>x</td>
<td>12</td>
<td>$300 / Script</td>
</tr>
<tr>
<td>$0</td>
<td></td>
<td></td>
<td>$480 / Script</td>
</tr>
<tr>
<td>Vs. $20 (POS)</td>
<td>x</td>
<td>12</td>
<td>$240 / Script</td>
</tr>
<tr>
<td>Vs. $40 (POS)</td>
<td>x</td>
<td>12</td>
<td>$480 / Script</td>
</tr>
</tbody>
</table>

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 inst.

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

August 2016
<table>
<thead>
<tr>
<th>Aldomet 20mg</th>
<th>Aminophylline 250mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almodyl 10mg</td>
<td>Anavar 10mg</td>
</tr>
<tr>
<td>Almodyl 20mg</td>
<td>Anavar 50mg</td>
</tr>
<tr>
<td>Almodyl 50mg</td>
<td>Anavar 100mg</td>
</tr>
<tr>
<td>Almodyl 100mg</td>
<td>Anavar 200mg</td>
</tr>
<tr>
<td>Almodyl 200mg</td>
<td>Anavar 300mg</td>
</tr>
<tr>
<td>Almodyl 500mg</td>
<td>Anavar 500mg</td>
</tr>
<tr>
<td>Almodyl 1000mg</td>
<td>Anavar 1000mg</td>
</tr>
<tr>
<td>Almodyl 2000mg</td>
<td>Anavar 2000mg</td>
</tr>
<tr>
<td>Almodyl 5000mg</td>
<td>Anavar 5000mg</td>
</tr>
<tr>
<td>Almodyl 10000mg</td>
<td>Anavar 10000mg</td>
</tr>
<tr>
<td>Almodyl 20000mg</td>
<td>Anavar 20000mg</td>
</tr>
<tr>
<td>Almodyl 50000mg</td>
<td>Anavar 50000mg</td>
</tr>
<tr>
<td>Almodyl 100000mg</td>
<td>Anavar 100000mg</td>
</tr>
</tbody>
</table>

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

This list is subject to change. Please call 1-866-893-5337 toll free to verify the availability of your medication through this program.

August 2016
<table>
<thead>
<tr>
<th>List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths.</th>
<th>Ex. Creator (This is NOT a prescription)</th>
<th>Strength</th>
<th>Reason for Taking</th>
<th>Daily Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ex. 10 mg</td>
<td>Ex. Cholesterol</td>
<td>Ex. Twice Daily</td>
</tr>
</tbody>
</table>

**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.

**MEDICAL HISTORY (If you require more space, please attach a separate piece of paper.)**

(i) Operations: e.g., Hysterectomy, Gall bladder, Heart operations, etc.

(ii) Hospitalizations: (stays in hospital during the past 5 years)

(iii) Present Illness: (ongoing) e.g., Diabetes, Heart disease, Osteoporosis, etc.

(iv) Drug allergies: □ NO □ YES If yes, please specify:

**AUTHORIZATION IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18**
I certify this to be a true and accurate statement of my Dependent’s medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent’s/Guardian’s Signature: 

Date: (DD/MM/YYYY)

**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: (DD/MM/YYYY)

August 2016
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 (any "U.S. physician") and the medical 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 medication.
6. Any medical 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 medication through CanaRx.
7. Any medical 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 medication through CanaRx.
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 medications 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 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 any prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medications dispensed by a pharmacy and delivered to me.
3. I authorize CanaRx to receive, store, and deliver the medications prescribed to me, on the terms set forth in this agreement, as 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, electronic 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 me with my U.S. physician, CanaRx contracted physicians and pharmacists, my plan’s medical advisors, and their respective assistants and agents, for the purposes of obtaining medications 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").
6. I agree to instruct my U.S. physician to issue my prescription on paper, except as necessary to purchase the medication through CanaRx.
7. CanaRx and its contracted physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
8. CanaRx may contract with any pharmacy 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 medicines in accordance with my prescriptions to CanaRx contracted physicians for services rendered on my behalf.
10. I request and authorize CanaRx to make payments to CanaRx contracted pharmacies for dispensing medicines in accordance with the plan that I obtain through CanaRx in such amounts as are found appropriate by any plan payer in accordance with the benefit plan.

ACKNOWLEDGMENT AND RELEASE
I hereby make the following acknowledgments and releases to CanaRx and all in employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, 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 for the purpose of providing care for me. I agree that the CanaRx contracted physician may be my U.S. physician’s delegate for purposes of obtaining medications as prescribed for me by my U.S. physician.
2. Any CanaRx contracted physician 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 the actual side or adverse effects whether previously known or unknown.
3. I wish to obtain a prescription from a CanaRx contracted physician and have elected the services of CanaRx to facilitate it. I understand that the CanaRx contracted physician will rely on the accuracy of the information provided, and the prescriptions provided, by my U.S. physician.
4. I understand that CanaRx may transmit my personal information by electronic means (for example, fax, via the Internet) to its agents, contractors, physicians, and pharmacists. 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 provider 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 pharmacists.
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 or medications individually 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 acknowledgment and release to the plan holder, in employees, officers, agents, 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 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 any potential 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 agree that upon receipt of the medications, I will take all necessary steps to prevent any child from having unauthorized access to the medications. I hereby release CanaRx and all of its officers, directors, agents, delegates, employees, and contractors, and the pharmacies that fill 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 agents, employees, or assigns from any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order, any and all causes of actions with respect to errors or omissions by CanaRx in obtaining the prescription medications to fill my order, any and all causes of actions regarding the use for any purposes whatsoever of any medications delivered through this program.
**Delta Dental 2017 Summary of Benefits**

<table>
<thead>
<tr>
<th>Deductibles</th>
<th>Deductibles waived for Diagnostic &amp; Preventive (D &amp; P), &amp; Orthodontics?</th>
<th>$50 per person / $150 per family each calendar year</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximums</td>
<td>D &amp; P counts toward maximum?</td>
<td>$1,500 per person each calendar year</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Without Davis Vision</th>
<th>With Davis Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination</td>
<td>$103</td>
<td>$0</td>
</tr>
<tr>
<td>Lenses</td>
<td>$116</td>
<td>$0</td>
</tr>
<tr>
<td>Scratch-Resistant Coating</td>
<td>$25</td>
<td>$0</td>
</tr>
<tr>
<td>Polycarbonate Lenses</td>
<td>$66</td>
<td>$0</td>
</tr>
<tr>
<td>Standard Anti-Reflective (AR) Coating</td>
<td>$83</td>
<td>$35</td>
</tr>
<tr>
<td>Standard Progressives (no-line bifocal)</td>
<td>$198</td>
<td>$0</td>
</tr>
<tr>
<td>Transitions™</td>
<td>$110</td>
<td>$65</td>
</tr>
<tr>
<td>Frame</td>
<td>$160</td>
<td>$0</td>
</tr>
<tr>
<td>Total</td>
<td>$514</td>
<td>$65</td>
</tr>
</tbody>
</table>

_Savings up to $449_

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

*Additional discounts not available at Walmart, Sam’s Club or Costco locations.*

*Inclusions, but not limited to: toric, multifocal and gas permeable contact lenses.*

*Transitions™ 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.

OGD004 10/01/15

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**The County of Ulster**

**In-Region & 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.
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 davision.com or call 1.877.923.2847 and enter Client Code 2769.

<table>
<thead>
<tr>
<th>ADDITIONAL OPTIONS</th>
<th>WITHOUT DAVIS VISION</th>
<th>WITH DAVIS VISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRAMES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fashion Frame (from the Davis Vision Collection)</td>
<td>$100</td>
<td>$0</td>
</tr>
<tr>
<td>Designer Frame (from the Davis Vision Collection)</td>
<td>$160</td>
<td>$0</td>
</tr>
<tr>
<td>Premier Frame (from the Davis Vision Collection)</td>
<td>$195</td>
<td>$0</td>
</tr>
<tr>
<td>LENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Ranges of Prescriptions and Sizes</td>
<td>$90</td>
<td>$0</td>
</tr>
<tr>
<td>Plastic Lenses</td>
<td>$78</td>
<td>$0</td>
</tr>
<tr>
<td>Oversized Lenses</td>
<td>$20</td>
<td>$0</td>
</tr>
<tr>
<td>Tinting of Plastic Lenses</td>
<td>$25</td>
<td>$0</td>
</tr>
<tr>
<td>Scratch-Resistant Coating</td>
<td>$25</td>
<td>$0</td>
</tr>
<tr>
<td>Polycarbonate Lenses</td>
<td>$66</td>
<td>$0</td>
</tr>
<tr>
<td>Ultraviolet Coating</td>
<td>$25</td>
<td>$0</td>
</tr>
<tr>
<td>Standard Anti-Reflective (AR) Coating</td>
<td>$83</td>
<td>$35</td>
</tr>
<tr>
<td>Premium AR Coating</td>
<td>$104</td>
<td>$48</td>
</tr>
<tr>
<td>Ultra AR Coating</td>
<td>$121</td>
<td>$60</td>
</tr>
<tr>
<td>Standard Progressive Addition Lenses</td>
<td>$198</td>
<td>$0</td>
</tr>
<tr>
<td>Premium Progressives Addition Lenses</td>
<td>$247</td>
<td>$40</td>
</tr>
<tr>
<td>Ultra Progressives Addition Lenses</td>
<td>$369</td>
<td>$90</td>
</tr>
<tr>
<td>High-Index Lenses</td>
<td>$120</td>
<td>$55</td>
</tr>
<tr>
<td>Polarized Lenses</td>
<td>$103</td>
<td>$75</td>
</tr>
<tr>
<td>Photochromic Lenses (i.e., Transitions®, etc.)*</td>
<td>$510</td>
<td>$65</td>
</tr>
<tr>
<td>Scratch Protection Plan (Single vision</td>
<td>Multifocal lenses)</td>
<td>$20</td>
</tr>
</tbody>
</table>

* Transitions® is a registered trademark of Transition 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 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 (up 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 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.

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.
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’re likely to 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.
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.

<table>
<thead>
<tr>
<th>Eligible Expenses</th>
<th>MEDICAL EQUIPMENT/SUPPLIES</th>
<th>MEDICATIONS</th>
<th>OBSTETRICS</th>
<th>PRACTITIONERS</th>
<th>THERAPY</th>
<th>HRA ELIGIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BABY/CHILD TO AGE 13</td>
<td>Air Purification Equipment*</td>
<td>Insulin</td>
<td>Breast Pumps and Lactation Supplies</td>
<td>Allergist</td>
<td>Alcohol and Drug Addiction</td>
<td>Insurance Premiums</td>
</tr>
<tr>
<td>Lactation Consultant*</td>
<td>Arches and Orthotic Inserts</td>
<td>Prescription Drugs</td>
<td>Doulas*</td>
<td>Chiropractor</td>
<td>Counseling (not marital or career)</td>
<td>Long Term Care Premiums</td>
</tr>
<tr>
<td>Load-Based Paint Removal</td>
<td>Contraceptive Devices</td>
<td></td>
<td>Lamozzi Class</td>
<td>Christian Science Practitioner</td>
<td>Exercise Programs*</td>
<td></td>
</tr>
<tr>
<td>Special Formula*</td>
<td>Crutches, Walkers, Wheel Chairs</td>
<td></td>
<td>OB/GYN Exams</td>
<td>Dermatologist</td>
<td>Hypnosis</td>
<td></td>
</tr>
<tr>
<td>Tuition: Special School/Teacher for Disability or Learning Disability*</td>
<td>Exercise Equipment*</td>
<td></td>
<td>OB/GYN Prepaid Maternity Fees</td>
<td>Homeopath</td>
<td>Massage*</td>
<td></td>
</tr>
<tr>
<td>Well Baby /Well Child Care</td>
<td>Hospital Beds*</td>
<td></td>
<td>(reimbursable after date of birth)</td>
<td>Naturopath*</td>
<td>Occupational</td>
<td></td>
</tr>
<tr>
<td>DENTAL</td>
<td>Mattresses*</td>
<td></td>
<td>Pre- and Postnatal Treatments</td>
<td>Optometrist</td>
<td>Physical</td>
<td></td>
</tr>
<tr>
<td>Dental X-Rays</td>
<td>Medic Alert Bracelet or Necklace</td>
<td></td>
<td></td>
<td>Osteopath</td>
<td>Smoking Cessation Programs*</td>
<td></td>
</tr>
<tr>
<td>Dentures and Bridges</td>
<td>Nebulizers</td>
<td></td>
<td></td>
<td>Physician</td>
<td>Speech</td>
<td></td>
</tr>
<tr>
<td>Exams and Teeth Cleaning</td>
<td>Orthopedic Shoes*</td>
<td></td>
<td></td>
<td>Psychiatrist or Psychologist</td>
<td>Weight Loss Programs*</td>
<td></td>
</tr>
<tr>
<td>Extractions and Fillings</td>
<td>Oxygen*</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Oral Surgery</td>
<td>Post-Mastectomy Clothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Prosthetics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal Services</td>
<td>Syringes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EYES</td>
<td>Wigs*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Exams</td>
<td>MEDICAL PROCEDURES/SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyeglasses and Contact Lenses</td>
<td>Acupuncture</td>
<td></td>
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</tr>
<tr>
<td>Laser Eye Surgeries</td>
<td>Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)</td>
<td></td>
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<tr>
<td>Prescription Sunglasses</td>
<td>Ambulance</td>
<td></td>
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<tr>
<td>Radial Keratotomy</td>
<td>Fertility Enhancement and Treatment</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>HEARING</td>
<td>Hair Loss Treatment*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Aids and Batteries</td>
<td>Hospital Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Exams</td>
<td>Immunization</td>
<td></td>
<td></td>
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<tr>
<td>LAB EXAM/TESTS</td>
<td>In Vitro Fertilization</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Blood Tests and Metabolism Tests</td>
<td>Physical Examination (not employment-related)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Body Scans</td>
<td>Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)</td>
<td></td>
<td></td>
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<tr>
<td>Cardiograms</td>
<td>Service Animals</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Laboratory Fees</td>
<td>Sterilization/Sterilization Reversal</td>
<td></td>
<td></td>
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<tr>
<td>X-Rays</td>
<td>Transplants (including organ donor)</td>
<td></td>
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<tr>
<td></td>
<td>Transportation*</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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

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
- **Contraceptives**
  - Unmedicated condoms
- **Denture Adhesives, Repair, and Cleansers**
  - Poligrip, Benzydent, Plate Weld, Effiderm
- **Diabetes Testing and Aids**
  - Accutrend, One Touch, Diabetic Tussin, insulin syringes: glucose products
- **Diagnostic Products**
  - Thermometers, blood pressure monitors, cholesterol testing
- **Ear Care**
  - Unmedicated ear drops, syringes, ear wax removal
- **Elastics/Athletic Treatments**
  - ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts
- **Eye Care**
  - Contact lens care
- **Family Planning**
  - Pregnancy and ovulation kits
- **First Aid Dressings and Supplies**
  - Band Aid, 3M Nexcare, non-sport tapes
- **Foot Care Treatment**
  - Unmedicated corn and callus treatments (e.g., callus cushions), deodorant, therapeutic insoles
- **Glucosamine Sulfate or Chondroitin Sulfate**
  - Ultra-Bi-Hex, Cosamin D, Flexall-mn Nutritional Supplements
- **Hearing Aid/Medical Batteries**
- **Home Health Care (limited segments)**
  - Ostomy, walking aids, decubitus/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocortisone, nebulizers, electrosurgery products, catheters, unmedicated wound care, wheel chairs
- **Incontinence Products**
  - Attends, Depend, Goodnites for juvenile incontinence, Prevail
- **Prenatal Vitamins**
  - Susten Prenatal, Nature’s Bounty Prenatal Vitamins
- **Reading Glasses and Maintenance Accessories**

*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

The people of
Pearl Carroll

- 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

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

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 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!
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!**

<table>
<thead>
<tr>
<th>Accident Insurance Rates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$21.19</td>
</tr>
<tr>
<td>Husband &amp; Wife</td>
<td>$27.04</td>
</tr>
<tr>
<td>One Parent w/Child(ren)</td>
<td>$31.72</td>
</tr>
<tr>
<td>Two Parent w/Child(ren)</td>
<td>$40.43</td>
</tr>
</tbody>
</table>

**NON-CSEA EMPLOYEES ONLY - PAYROLL DEDUCTION option**

<table>
<thead>
<tr>
<th>Accident Insurance Rates – 24 pay periods</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$10.60</td>
</tr>
<tr>
<td>Husband &amp; Wife</td>
<td>$13.52</td>
</tr>
<tr>
<td>One Parent w/Child(ren)</td>
<td>$15.86</td>
</tr>
<tr>
<td>Two Parent w/Child(ren)</td>
<td>$20.22</td>
</tr>
</tbody>
</table>

**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.
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!*  

<table>
<thead>
<tr>
<th>Aflac Cancer Plan Costs</th>
<th>Base Plan</th>
<th>Base Plan &amp; Building Benefit Rider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$ 30.10</td>
<td>$ 33.10</td>
</tr>
<tr>
<td>One Parent Family</td>
<td>$ 36.80</td>
<td>$ 41.30</td>
</tr>
<tr>
<td>Two Parent Family</td>
<td>$ 50.90</td>
<td>$ 57.40</td>
</tr>
</tbody>
</table>

**NON-CSEA EMPLOYEES ONLY - PAYROLL DEDUCTION option**  

<table>
<thead>
<tr>
<th>Aflac Cancer Plan Costs - 24-Pay Periods</th>
<th>Base Plan</th>
<th>Base Plan &amp; Building Benefit Rider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$ 15.05</td>
<td>$ 16.55</td>
</tr>
<tr>
<td>One Parent with child(ren)</td>
<td>$ 18.40</td>
<td>$ 20.65</td>
</tr>
<tr>
<td>Family</td>
<td>$ 25.45</td>
<td>$ 28.70</td>
</tr>
</tbody>
</table>

STOP

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.

<table>
<thead>
<tr>
<th>Where retirement income comes from</th>
<th>Example</th>
<th>You</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. What percent of your current income will you need per year during retirement?</td>
<td>80 – 100%</td>
<td></td>
</tr>
<tr>
<td>B. Your employer’s pension makes up what percent of your retirement income?</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>C. What percent of your income will come from Social Security?</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>D. What percent of your retirement income will need to come from other sources (such as the New York State Deferred Compensation Plan)?</td>
<td>30%</td>
<td></td>
</tr>
</tbody>
</table>

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.

Account Executives are registered representatives of Nationwide Investment Services Corporation, member FINRA.

NRM-7409NY-NY (01/10)
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.
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®

With TreasuryDirect Payroll Savings!

1. Open an account on TreasuryDirect.
2. Ask your employer to set up a payroll direct deposit.

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://uii.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.
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.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>Ulster County</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Employer Identification Number (EIN)</td>
<td>14-6002575</td>
</tr>
<tr>
<td>5. Employer address</td>
<td>244 Fair Street</td>
</tr>
<tr>
<td>6. Employer phone number</td>
<td>845-340-3520</td>
</tr>
<tr>
<td>7. City</td>
<td>Kingston</td>
</tr>
<tr>
<td>8. State</td>
<td>NY</td>
</tr>
<tr>
<td>9. ZIP code</td>
<td>12402</td>
</tr>
<tr>
<td>10. Who can we contact about employee health coverage at this job?</td>
<td>Kevin Rosch</td>
</tr>
<tr>
<td>11. Phone number (if different from above)</td>
<td>845-340-3545</td>
</tr>
<tr>
<td>12. Email address</td>
<td><a href="mailto:kros@co.ulster.ny.us">kros@co.ulster.ny.us</a></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Holiday Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW YEAR’S DAY</td>
<td>MONDAY, JANUARY 2</td>
</tr>
<tr>
<td>MARTIN LUTHER KING JR. DAY</td>
<td>MONDAY, JANUARY 16</td>
</tr>
<tr>
<td>LINCOLN’S BIRTH DAY **</td>
<td>MONDAY, FEBRUARY 13</td>
</tr>
<tr>
<td>PRESIDENT’S DAY</td>
<td>MONDAY, FEBRUARY 20</td>
</tr>
<tr>
<td>GOOD FRIDAY **</td>
<td>FRIDAY, APRIL 14</td>
</tr>
<tr>
<td>MEMORIAL DAY</td>
<td>MONDAY, MAY 29</td>
</tr>
<tr>
<td>INDEPENDENCE DAY</td>
<td>TUESDAY, JULY 4</td>
</tr>
<tr>
<td>LABOR DAY</td>
<td>MONDAY, SEPTEMBER 4</td>
</tr>
<tr>
<td>COLUMBUS DAY</td>
<td>MONDAY, OCTOBER 9</td>
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<tr>
<td>ELECTION DAY **</td>
<td>TUESDAY, NOVEMBER 7</td>
</tr>
<tr>
<td>VETERAN’S DAY</td>
<td>FRIDAY, NOVEMBER 10</td>
</tr>
<tr>
<td>THANKSGIVING DAY</td>
<td>THURSDAY, NOVEMBER 23</td>
</tr>
<tr>
<td>DAY AFTER THANKSGIVING *</td>
<td>FRIDAY, NOVEMBER 24</td>
</tr>
<tr>
<td>CHRISTMAS DAY</td>
<td>MONDAY, DECEMBER 25</td>
</tr>
</tbody>
</table>

**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.