



MICHAEL P. HEIN, *County Executive*
www.ulstercountyny.gov/personnel/

Benefit Open Enrollment
October 13 – October 30, 2017

Benefit Plan Year
January 1 – December 31, 2018

2018 EMPLOYEE BENEFITS GUIDE



Benefit Meetings

Tuesday October 17, 2017

8:30am—10:45am | Dept of Social Services
Development Court

11:30am—1:30pm | Health & Mental Health Offices
239 Golden Hill Lane

2:30pm—4:30pm UC Law Enforcement Center

Thursday October 26, 2016

8:00am—10:00am | Dept. Of Public Works
317 Shamrock Lane, Kingston
(Quarry Complex)

11:00am—2:00pm | County Office Building
244 Fair Street

Benefits Offered

Medical and Prescription Drugs

Dental

Vision

Flexible Spending Accounts

Pearl Carroll

Aflac

Retirement Planning

Benefits provided in association with



AN ALERA GROUP COMPANY

Questions | Help

1-800-836-0026

ULSTER COUNTY PERSONNEL DEPARTMENT

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

Main: (845) 340-3550

Exam Hotline: (845) 334-5454 | Fax: (845) 340-3592

MICHAEL P. HEIN
County Executive



Sheree Cross
Personnel Officer

JAMES FARINA
Director of Employee Relations

2018 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 2018. **Everyone with Health Insurance, Dental and Vision, Buyout, and the Waiver must complete an online enrollment process.** I encourage all Employees to attend an Open Enrollment session where you may complete online enrollment or receive instructions to complete online enrollment on your own. Computers are always available in the Personnel Department for completing this process. 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> 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.

Effective **January 1, 2018**, Ulster County has partnered with **Relph Benefits Advisors** for employee benefit consulting and plan management services.

Relph Benefit Advisors offers diverse expertise in strategically developing employee benefit plans; a proactive approach in monitoring the operations of the plans performance; online benefits administration platform; relief with their CARE Team that assists employees with benefit plan questions, as well as, providing guidance with legal compliance requirements.

Relph Benefits Advisors' CARE (**C**ustomer **A**ssistance **R**elief **E**veryday) Team will now assist the County with healthcare needs and insurance-related questions such as:

- Ordering replacement insurance I.D. cards
- Locating providers and specialists
- Estimates for out-of-pocket cost and plan coverage
- Assistance with resolving provider billing insurance claims
- Help with facilitating approval and prior authorization for services, as required
- Support with out-of-area services
- Other related healthcare topics

Note: Your privacy is protected. RBA follows careful protocols, complies with all government privacy standards and your information remains confidential.

Our C.A.R.E. Team Representative is Bryan Lehrer. He can be reached at either **1-800-836-0026 ext. 295** or blehrer@relphbenefitadvisors.com. You can continue to reach out to Kevin Roach at (845) 340-3545 or Mary Connolly at (845)340-3546, in the Employee Benefits Department as well.

Open Enrollment and Portal Access: Friday, October 13 through Monday, October 30 is open enrollment.

You are required to register and complete your benefit renewal using the www.enrollingiseasy.com website. The website instruction sheet follows this letter in this benefit book. You must complete this process even if you are not making changes.

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 are available on the Relph Benefits online enrollment site at www.enrollingiseasy.com. 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 October 30, 2017, 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 are defined as: a spouse, natural child, step child, or a legally adopted child. For further definitions and limitations, please contact Employee Benefits.

If it is determined that a dependent is not eligible, but is enrolled as such, the employee will be held financially responsible for reimbursing the County for any claims paid for services rendered for an ineligible dependent. The insurance company also reserves the right to bill an employee for any medical services paid on behalf of an ineligible dependent.

New Cards for 2018: New Cards for Health Insurance with Empire BCBS & Rx Benefits will be distributed for 2018. The current cards for Delta Dental and Davis Vision will continue to be active for 2018.

Urgent Care Out of Network Change: Continuing through 2018, 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 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 the cost of these expenses. Though we have a new Broker – Relph Benefits – any rollover will be automatic from the previous year. However, each year you must re-enroll and designate the amount you wish to add to your FSA account.

Rx Benefits, our new administrator for 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. Rx Benefits(Express Scripts) allows exceptions when medically necessary.

Both plan Formularies are included in the Benefits Book. Updates throughout the year may be found on the Benefits web page:

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

In addition, there will be other changes to the 2018 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.

For mail order prescriptions already in process of fulfillment – you will need to contact your Doctor to receive a new script to transfer to the new Rx Benefits.

If you have any questions, please feel free to contact the Personnel Department.

Sincerely,

Sheree Cross
Personnel Director

enrollingiseasy.com



AN ALERA GROUP COMPANY

Log In

First-time User:
Visit: enrollingiseasy.com.

Click on 'Register.'

Enter **ULSTCO**
for the Company Key.

Create your User Name,
Password and Security Phrase,
and click "Continue."
Enter your new information on
the login page.

Returning User:
Visit: enrollingiseasy.com.
Enter: User Name and Password.

Now turn to the other side of this
flyer and start your enrollment!

Mobile Enrollment?
You can enroll through your
Smartphone - simply follow
these instructions.

Forgot Your Password?

1. Visit enrollingiseasy.com
2. Click on the link 'Forgot Your Password?'
3. Enter your Social Security Number, Company Key (ULSTCO) and Date of Birth.
4. Answer your security phrase.
5. Enter and confirm a new password, then click 'Continue' to return to the log-in page.

Life-Changing Event?

Marriage/divorce/change in job
status for you or an enrolled
dependent, as well as birth or
adoption of a child, are events
that require updates to your plan
within 30 days (with supporting
documentation).

Mobile App for Enrollment Website

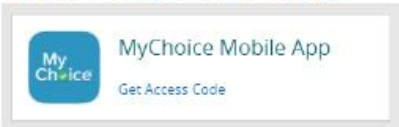


—an app for your benefits!

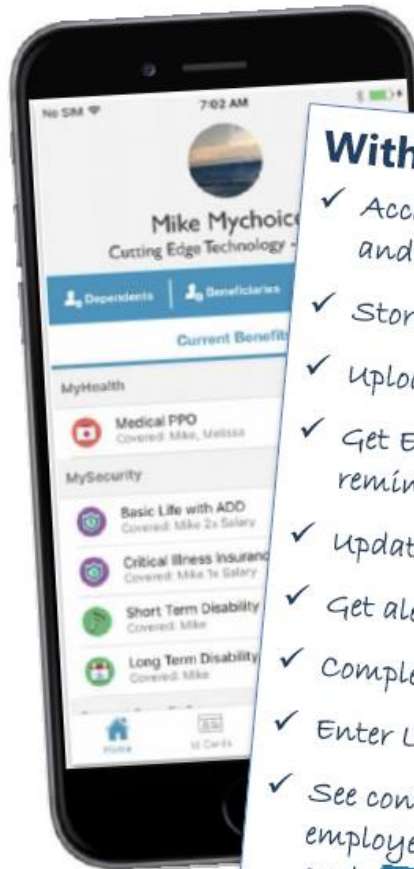
Simple to download and easy to use!

Let's Get Started!

1. Log-in to enrollingiseasy.com
2. Click "Get Access Code"



3. Locate and download the app on your mobile device (MyChoice)
4. Launch the app on your device and enter the access code you received from the website in Step 2
5. You will be prompted to create a 4-digit PIN for your security- if you ever forget your PIN you can request a new access code as you did in Step 2
6. You're in!

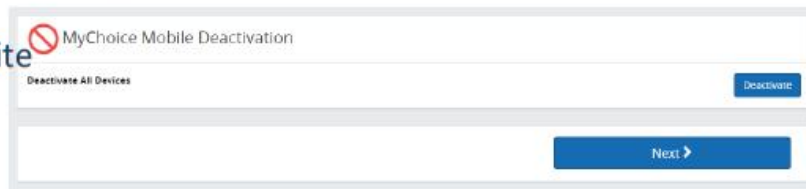


With the app you can:

- ✓ Access current plans and benefits
- ✓ Store ID cards (picture)
- ✓ Upload proof
- ✓ Get Evidence of Insurability reminders
- ✓ Update beneficiaries
- ✓ Get alerts/view message center
- ✓ Complete Open Enrollment
- ✓ Enter Life Events
- ✓ See contact info for your employer, insurance carriers and



You can always deactivate the app. Simply log-in to the enrollingiseasy.com website and edit your profile.



Available for iOS and Android



Download the MyChoice app now!
Once you download it, log into enrollingiseasy.com to receive your PIN.



Questions | Need help?—Call Relph Benefit Advisors, 1-800-836-0026

Table of Contents

2018 Health Insurance Rate Grid	1
2018 Empire BCBS Summary of Benefits— POS Plan	2
2018 Empire BCBS Summary of Benefits—PPO Plan	4
Empire Website Instructions & LifeHealthonline.com	6
Empire —Health Insurance Claim Form	7
Medical—Ways to Save Money on Your Health Care Expenses	8
Medical—Urgent Care Facilities for the Ulster County Area	9
Express Scripts—IMPORTANT Change / Update your pharmacist	10
Express Scripts Formulary—2018	11
Express Scripts Exclusions—2018	13
Ulster Scripts Employee Program	14
Ulster Scripts Formulary	15
Ulster Scripts—Employee Enrollment Form	16
Ulster Scripts—Enrollment Form / Agreement	17
Vision Plan—Davis Vision	18
Dental Plan—Delta Dental	20
Flexible Spending Arrangements (FSA - Health Care & Dependent Care)	21
Aflac Information	23
Pearl Carroll Information	24
NYS Deferred Compensation Plan	26
Employee Assistance Program	26
Labor / Management Sick Leave Bank Information	27
Treasury Direct and 529 Program Information	28
Retirement Planning	29
2018 Ulster County Holiday Schedule	30

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.

2018 Health Insurance Rate Grid

HEALTH INSURANCE RATES EFFECTIVE JANUARY 1, 2018	TIER STATUS	EMPLOYEE SHARE			
		MONTHLY		BI WEEKLY	
		POS	PPO	POS	PPO
CSEA HIRED BEFORE 1/1/1994 (fixed contributions)	INDIVIDUAL W/ DENTAL AND VISION	\$8.00	\$8.00	\$4.00	\$4.00
	2 PERSON W/ DENTAL AND VISION	\$36.06	\$36.06	\$18.03	\$18.03
	FAMILY W/ DENTAL AND VISION	\$36.06	\$36.06	\$18.03	\$18.03
	INDIVIDUAL DENTAL AND VISION ONLY	\$0.00		\$0.00	
	FAMILY DENTAL AND VISION ONLY	\$0.00		\$0.00	
PBA HIRED BEFORE 7/1/1994 UCSEA HIRED BEFORE 7/1/1994 (fixed contributions)	INDIVIDUAL W/ DENTAL AND VISION	\$0.00	\$0.00	\$0.00	\$0.00
	2 PERSON W/ DENTAL AND VISION	\$15.06	\$15.06	\$7.53	\$7.53
	FAMILY W/ DENTAL AND VISION	\$15.06	\$15.06	\$7.53	\$7.53
	INDIVIDUAL DENTAL AND VISION ONLY	\$0.00	\$0.00	\$0.00	\$0.00
	FAMILY DENTAL AND VISION ONLY	\$0.00	\$0.00	\$0.00	\$0.00
PBA HIRED 7/1/1994 - 9/1/2015 CSEA HIRED 1/1/1994- 9/19/2012 UCSA HIRED 5/19/2010- 2/20/2013 UCSEA HIRED 7/1/1994- 8/18/2014 (15% of total premium)	INDIVIDUAL W/ DENTAL AND VISION	\$133.00	\$197.64	\$66.50	\$98.82
	2 PERSON W/ DENTAL AND VISION	\$247.38	\$371.82	\$123.69	\$185.91
	FAMILY W/ DENTAL AND VISION	\$352.22	\$536.58	\$176.11	\$268.29
	INDIVIDUAL DENTAL AND VISION ONLY	\$6.04		\$3.02	
	FAMILY DENTAL AND VISION ONLY	\$15.58		\$7.79	
PBA HIRED AFTER 9/1/2015 CSEA HIRED AFTER 9/19/2012 UCSA HIRED AFTER 2/20/2013 UCSEA HIRED AFTER 8/18/14 (20% of total premium)	INDIVIDUAL W/ DENTAL AND VISION	\$177.34	\$263.52	\$88.67	\$131.76
	2 PERSON W/ DENTAL AND VISION	\$329.84	\$495.76	\$164.92	\$247.88
	FAMILY W/ DENTAL AND VISION	\$469.64	\$715.44	\$234.82	\$357.72
	INDIVIDUAL DENTAL AND VISION ONLY	\$8.06		\$4.03	
	FAMILY DENTAL AND VISION ONLY	\$20.78		\$10.39	
MANAGEMENT NON-UNION LEGISLATORS UCSA HIRED BEFORE 5/18/2010 SUPERIOR OFFICERS UNION (10% of total premium)	INDIVIDUAL W/ DENTAL AND VISION	\$88.66	\$131.76	\$44.33	\$65.88
	2 PERSON W/ DENTAL AND VISION	\$164.92	\$247.88	\$82.46	\$123.94
	FAMILY W/ DENTAL AND VISION	\$234.82	\$357.72	\$117.41	\$178.86
	INDIVIDUAL DENTAL AND VISION ONLY	\$4.04		\$2.02	
	FAMILY DENTAL AND VISION ONLY	\$10.40		\$5.20	

ROUNDING OF PREMIUM CONTRIBUTIONS MAY LEAD TO SLIGHT DIFFERENCES

2018 Empire BCBS Summary of Benefits— POS Plan



An Anthem Company

Your Summary of Benefits

County of Ulster POS - 2018

Benefit	In-Network ²	Out-of-Network ³
Deductible	N/A	\$2,000/\$5,000
Coinsurance	N/A	40%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Medical Cost Shares)	\$20,000/\$50,000 Coinsurance Stop Loss (\$8,000/\$20,000 out-of-pocket) coinsurance max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered through the end of the month)	Dependents to Age 26	Dependents to Age 26
Covered Preventive Care¹	Member Pays	Member Pays
Covered Adult Preventive Care	\$0	Deductible and coinsurance
Annual Physical Exam	\$0	Deductible and coinsurance
Well-Child Care (Up to age 19; including covered immunizations)	\$0	Deductible and coinsurance
Preventive Well-Woman Care	\$0	Deductible and coinsurance
Home/Office/Outpatient Care	Member Pays	Member Pays
Home/Office/Outpatient Visits Copayment	\$20 copayment	Deductible and coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Online Visits	\$20 copayment	Deductible and coinsurance
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery ^{4,5}	\$0	Deductible and coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and coinsurance
Routine Maternity Care	\$0	Deductible and coinsurance
Laboratory Tests, X-rays, MRI ⁴ /MRA ⁴ , CAT Scan ⁶ , PET ⁶ and Nuclear Cardiology ⁶	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatment)	Deductible and coinsurance
Chiropractic Care ⁷	\$20 copayment	Deductible and coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and coinsurance
Hospice Care (Up to 210 days per lifetime)	\$0	Deductible and coinsurance
Physical Therapy ⁴ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Speech/Language ⁴ , Occupational ⁴ , Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Outpatient Cardiac Rehabilitation	\$20 copayment	Deductible and coinsurance
Second Surgical Opinion	\$20 copayment	Deductible and coinsurance
Kidney Dialysis	\$0	Deductible and coinsurance

2018 Empire BCBS Summary of Benefits— POS Plan

Benefit	In-Network ²	Out-of-Network ³
Inpatient Care⁴		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and coinsurance
Mental Health		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care ⁵ As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification ⁸ (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation ⁸	\$0	Deductible and coinsurance
Other		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment ⁴	\$0	Deductible and coinsurance
Prosthetics & Orthotics ⁴	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	Deductible and coinsurance

- (1) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (2) In-network provider delivers care. In-network providers are in Empire's POS network, and in our affiliate POS network in Connecticut, Anthem Blue Cross and Blue Shield.
- (3) Out-of-network providers are providers who are not in Empire's POS network or our affiliate network in Connecticut, Anthem Blue Cross and Blue Shield. Out-of-network services rendered by providers who do not participate with Empire or with another Blue Cross Blue Shield plan through the BlueCard Program are subject to balance billing over the allowed amount. (This does not apply to emergency benefits.)
- (4) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members beyond INN copayment (if applicable) for covered services. You are responsible for obtaining precertification for out-of-network services. Your provider may call for you, but you will be responsible for penalties applied to out-of-network claims if precertification is not obtained.
- (5) For ambulatory surgery, please call the toll-free number on your member ID card to determine exactly which outpatient services require pre-certification.
- (6) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members for covered services. Precertification is not necessary for out-of-network services.
- (7) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services, or services may be denied; Empire network providers cannot bill members beyond the in-network copayment for covered services. Authorization is not required for out-of-network services.
- (8) Precertification must be obtained from the Behavioral Healthcare Manager, or penalties apply.

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions. This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

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

POS REV Sept 2014

Prepared on 10.10.16 SH

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.

2018 Empire BCBS Summary of Benefits—PPO Plan



An Anthem Company

Your Summary of Benefits

County of Ulster PPO-2018

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

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

2018 Empire BCBS Summary of Benefits—PPO Plan

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$20 copayment	Deductible and Coinsurance
Second Surgical Opinion	\$20 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
Inpatient Care⁹	Member Pays In-Network	Member Pays Out-of-Network
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and Coinsurance
Mental Health⁸	Member Pays In-Network	
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care ⁹ (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Alcohol/Substance Abuse⁸	Member Pays In-Network	Member Pays Out-of-Network
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification ⁹ (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation ⁹	\$0	Deductible and Coinsurance
Other	Member Pays In-Network	Member Pays Out-of-Network
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment ⁶	\$0	Deductible and Coinsurance
Prosthetics & Orthotics ⁶	\$0	Deductible and Coinsurance
Ambulance (Land/Air ambulance)	\$0	In-network benefits apply

- (1) Network provider delivers care. Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the copayment for covered services.
- (2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
- (3) Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
- (4) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (5) You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
- (6) For services received from an Empire PPO provider, the provider must precertify in-network services; Empire PPO providers cannot bill members beyond the copayment, deductible, or coinsurance for covered services. Outside Empire's network area, you or your provider must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers.
- (7) You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Empire PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Empire's network area or out-of-network providers.
- (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) Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent that there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

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

PPO Rev. February 2016

Prepared on 10.10.16 SH

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.

Empire BCBS Website & LiveHealthOnline.com Instructions

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**.

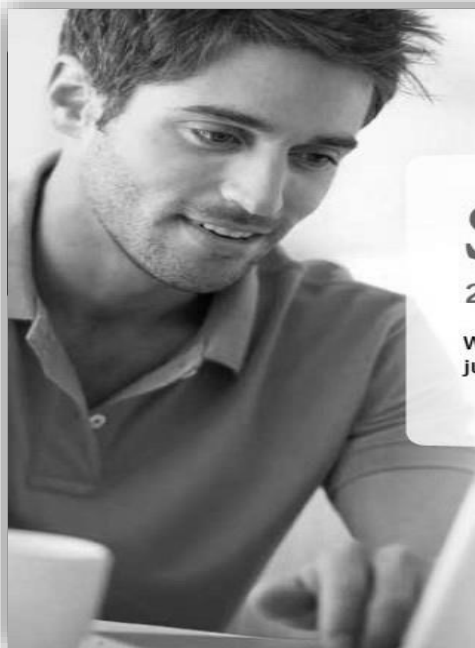
Step 3: Email setup

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**.



LiveHealth
ONLINE

See a doctor online

24 hours a day, 365 days a year

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

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

Enroll today at livehealthonline.com!

Empire—Health Insurance Claim Form



PO BOX 1407, CHURCH STREET STATION
NEW YORK NY 10008-1407

APPROVED OMB-0938-0008

For services rendered out of area, provider should submit claim to the local Blue Cross and Blue Shield plan.

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM																					
1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER <input type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> (VA File #) <input type="checkbox"/> (SSN or ID) <input type="checkbox"/> (SSN) <input type="checkbox"/> (ID)					1a. INSURED'S I.D. NUMBER (Include prefix) (FOR PROGRAM IN ITEM 1)																
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY M SEX F		4. INSURED'S NAME (Last Name, First Name, Middle Initial)														
5. PATIENT'S ADDRESS (No. Street) CITY STATE					6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other		7. INSURED'S ADDRESS (No. Street) CITY STATE														
ZIP CODE TELEPHONE (Include Area Code)		8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student			ZIP CODE TELEPHONE (Include Area Code)																
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER											
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY M SEX F											
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M SEX F					b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO					b. EMPLOYER'S NAME OR SCHOOL NAME											
c. EMPLOYER'S NAME OR SCHOOL NAME					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME											
d. INSURANCE PLAN NAME OR PROGRAM NAME					d. RESERVED FOR LOCAL USE					d. IS THERE ANOTHER NAME OR BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO											
12. I AUTHORIZE THE RELEASE OF INFORMATION AS DESCRIBED ON THE REVERSE SIDE OF THIS CLAIM FORM. SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____											
14. DATE OF CURRENT: MM DD YY			ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY												
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE					17a. I.D. NUMBER OF REFERRING PHYSICIAN					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY											
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) 1. _____ 3. _____ 2. _____ 4. _____										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.											
23. PRIOR AUTHORIZATION NUMBER																					
A		B		C		D		E		F		G		H		I		J		K	
DATE(S) OF SERVICE FROM		PLACE OF SERVICE		TYPE OF SERVICE		PROCEDURES, SERVICES, OR SUPPLIES (EXPLAIN UNUSUAL CIRCUMSTANCES) CPT/HCPCS		DIAGNOSIS CODE		\$ CHARGES		DAYS OR UNITS		EPSDT FAMILY PLAN		EMG		COB		RESERVED FOR LOCAL USE	
MM	DD	YY	MM	DD	YY																
1																					
2																					
3																					
4																					
5																					
6																					
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$ _____		29. AMOUNT PAID \$ _____		30. BALANCE DUE \$ _____		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS "I CERTIFY THAT THE CARE, SERVICES AND SUPPLIES ENTERED ON THIS FORM HAVE BEEN RENDERED TO THE PATIENT, AND THAT I AM ENTITLED TO REIMBURSEMENT OF THE CHARGES INDICATED." SIGNED _____ DATE _____										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)					33. PHYSICIANS, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE NUMBER PIN# _____ GRP# _____						

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

PLEASE PRINT OR TYPE

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

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

Medical—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 dependents 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.**
PH: 1-877-Talk2RN (1-822-825-5276)

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.

Medical—Urgent Care Facilities for the Ulster County Area

AMC EMURGENT CARE OF

Urgent Care Center
2976 Route 9W,
Saugerties, NY 12477

Telephone: 845-247-9100

EMERG ONE URGENT CARE DI

Urgent Care Center
40 Hurley Ave Ste 4,
Kingston, NY 12401

Telephone: 845-338-5600

ORANGE URGENT CARE PLLC

Urgent Care Center-Board Certified
75 Crystal Run Rd Ste G40,
Middletown, NY 10941

Telephone: 845-703-2273

AMC EMURGENT CARE OF

Urgent Care Center
11835 State Route 9W,
West Coxsackie, NY 12192

Telephone: 518-731-9000

EMERG ONE URGENT CARE DI

Urgent Care Center
4250 Albany Post Rd Ste 1,
Hyde Park, NY 12538

Telephone: 845-229-2602

PULSE-MD URGENT CARE

Urgent Care Center
900 Route 376 Ste H,
Wappingers Falls, NY 12590

Telephone: 845-204-9260

CORNERSTONE FAMILY HEALTHCARE

Urgent Care Center
147 Lake St,
Newburgh, NY 12550

Telephone: 845-563-8000

EXCEL URGENT CARE FISHKILL

Urgent Care Center
1004 Main St,
Fishkill, NY 12524

Telephone: 845-765-2240

PULSE-MD URGENT CARE

Urgent Care Center
696 Dutchess Tpke,
Poughkeepsie, NY 12603

Telephone: 845-204-9260

CRYSTAL RUN HEALTH CARE

Urgent Care Center
1200 Route 300,
Newburgh, NY 12550

Telephone: 845-725-0111

HEALTH QUEST URGENT CARE

Urgent Care Center
1100 Route 55,
Lagrangeville, NY 12540

Telephone: 845-485-4455

RAPID CARE

Urgent Care Center
2827 Us Highway 9,
Valatie, NY 12184

Telephone: 518-758-4300

CRYSTAL RUN HEALTH CARE

Urgent Care Center
61 Emerald Pl,
Rock Hill, NY 12775

Telephone: 845-794-6999

HQUMCP PC

Urgent Care Center
1530 Route 9,
Wappingers Falls, NY 12590

Telephone: 845-297-2511

QHC UPSTATE URGENT CARE CTR

Urgent Care Center
19 Prince St,
Monticello, NY 12701

Telephone: 845-794-3547

CRYSTAL RUN HEALTH CARE

Urgent Care Center
155 Crystal Run Rd,
Middletown, NY 10941

Telephone: 845-703-6999

MIDDLETOWN MEDICAL PC

Urgent Care Center
653 Harris Rd,
Ferndale, NY 12734

Telephone: 845-292-2283

URGENT MEDICAL CARE PLLC

Acupuncture / Urgent Care Center
10 Grandview Ave,
Catskill, NY 12414

Telephone: 518-943-9100

Express Scripts—*IMPORTANT Change / Update your pharmacist*



While your prescription provider is still Express Scripts and the copays remain the same – it is NOW administered by **Rx Benefits**.

What does this mean? You MUST present your NEW ID card to your pharmacy so prescriptions can be charged to the new account; otherwise, your prescriptions claims will be denied.

PLAN	Rx CO-PAYS (Supply)
Empire BCBS—POS Plan	\$5 / \$20 / \$40 (30-days)
Empire BCBS—PPO Plan	\$10 / \$25 / \$40 (30-days)
Mail Order Prescriptions	2x CoPays (90-days)

Additional Support: 1-800-836-0026
Relph Benefit Advisors

ID CARDS

If you need to fill a script prior to receiving your ID cards, the information your pharmacy needs in addition to your identification number or social security number is:

RXBIN: 610014

RXGRP: RXBULST

ISSUER: Express Scripts

Pharmacy Member Services: 1-800-334-8134

Pharmacist Helpdesk: 1-800-922-1557

VERIFY ELIGIBILITY

Email your requests to eligibility@rxbenefits.com.

Most requests are addressed within 12-hours of receipt or less.

Call Eligibility Services at 1-888-980-7556

All benefit changes must be received from your benefits or HR department. If an update is needed, please reach out to one of these entities and request the necessary update. They will communicate this information to RxBenefits.

SERVICES

Member Service is Available:

For fastest service, please contact your member services team.

From 7:00 AM – 8:00 PM (CST) Mon – Fri

To Assist You With Any Questions or Concerns Regarding

- Eligibility Verification
- Claims Status
- Verification of benefits
- Coverage Determination/Inquiries
- Plan authorized overrides
- Pharmacy Information

Employees:

- Email: RxHelp@rxbenefits.com
- Member Services: 1-800-334-8134

MAIL ORDER & SPECIALTY

Member Services is best equipped to address your issues. A Representative will remain on the line with you, to act as your advocate, if there is a need to connect with the Prescription Benefits Manager (PBM) for problem resolution. We can assist you with getting their medications transferred from retail to mail order as follows:

- Offer a one-time courtesy override at their retail location during the transition, then
- Conference you in with the PBM's mail order center to have their account set-up and prescriptions moved, or
- Contact your physician on your behalf or advise how to have your doctor e-Scribe a new script to the PBM.

Express Scripts Formulary—2018

PPO Copays (Retail-30-day supply): \$10/\$25/\$40, Mail order 90-day supply= 2-copays
POS Copays (Retail-30-day supply): \$5/\$20/\$40, Mail order 90-day supply= 2-copays



EXPRESS SCRIPTS®

2018 Express Scripts National Preferred Formulary

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

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

KEY

[INJ] - Injectable Drug
 Brand-name drugs are listed in CAPITAL letters.
 Generic drugs are listed in lower case letters.

A

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

azithromycin

B

baclofen
 benazepril
 benzonatate
 BEPREVE
 BETASERON [INJ]
 BETHKIS
 BEVESPI AEROSPHERE
 bisoprolol/hctz
 BREO ELLIPTA
 BRILINTA
 BRISDELLE
 budesonide nebulization suspension
 bupropion
 bupropion ext-release
 buspirone
 butalbital/acetaminophen/caffeine
 BYDUREON [INJ]
 BYETTA [INJ]
 BYSTOLIC
 BYVALSON

C

CANASA
 CARAC
 carbidopa/levodopa
 carvedilol
 cefdinir
 cefuroxime axetil
 celecoxib
 cephalixin
 CETROTIDE [INJ]
 chlorhexidine gluconate
 chlorthalidone
 CIALIS
 CIPRODEX
 ciprofloxacin
 citalopram
 clarithromycin
 clindamycin hcl
 clindamycin phosphate
 clindamycin phosphate/benzoyl peroxide
 clobetasol propionate
 clomiphene citrate
 clonazepam
 clonidine
 clopidogrel
 clotrimazole/betamethasone dipropionate
 COLCRYST

COMBIGAN
 COMBIPATCH
 COMBIVENT RESPIMAT
 COPAXONE 40 MG [INJ]
 COREG CR
 CORLANOR
 COSENTYX [INJ]
 CREON
 CRINONE
 cyanocobalamin [INJ]
 cyclobenzaprine

D

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

E

EDARBI
 EDARBYCLOR
 EFFIENT
 ELIDEL
 ELIQUIS
 EMVERM
 enalapril
 ENBREL [INJ]
 enoxaparin [INJ]
 ENSTILAR

ENTRESTO
 EPIDUO, EPIDUO FORTE
 EPINEPHRINE AUTO-INJECTOR (by Mylan) [INJ]
 EPIPEN, EPIPEN JR [INJ]
 ergocalciferol
 erythromycin eye ointment
 escitalopram
 esomeprazole magnesium delayed-release
 ESTRACE CREAM
 estradiol
 estradiol patches
 estradiol/norethindrone acetate
 ESTRING

eszopiclone
 etodolac
 EUFLEXXA [INJ]
 EVEKEO
 EXTAVIA [INJ]

F

famotidine
 FARXIGA
 fenofibrate
 fenofibrate micronized
 fenofibric acid delayed-release
 fentanyl patches
 FETZIMA
 FINACEA
 finasteride
 FLECTOR
 FLOVENT DISKUS
 FLOVENT HFA
 fluconazole
 fluocinonide
 fluoxetine
 fluticasone nasal spray
 FLUTICASONE/SALMETEROL
 folic acid
 FRAGMIN [INJ]
 furosemide
 FYCOMPA

G

gabapentin
 GELNIQUE
 gemfibrozil
 GENOTROPIN [INJ]
 gildess fe
 GILENYA
 GILOTRIF
 glimepiride

glipizide
 glipizide ext-release
 GLUCAGEN [INJ]
 GLUCAGON [INJ]
 glyburide
 GLYXAMBI
 GONAL-F, GONAL-F RFF, GONAL-F RFF
 REDI-JECT [INJ]
 GRALISE
 GRANIX [INJ]
 GRASTEK
 guanfacine ext-release

H

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

I

ibandronate
 ibuprofen
 ILEVRO
 INCRUSE ELLIPTA
 indomethacin
 INLYTA
 INVOKAMET
 INVOKANA
 INVOKAMET XR
 irbesartan
 IRESSA
 isosorbide mononitrate ext-release

J

JANUMET, JANUMET XR
 JANUVIA
 JARDIANCE
 JENTADUETO

(continued)

Express Scripts Formulary—2018

PPO Copays (Retail-30-day supply): \$10/\$25/\$40, Mail order 90-day supply= 2-copays
POS Copays (Retail-30-day supply): \$5/\$20/\$40, Mail order 90-day supply= 2-copays

JENTADUETO XR junel fe	minocycline MIRENA mirtazapine MIRVASO MITIGARE moderiba mometasone mononessa MONOVISC [INJ] montelukast morphine sulfate ext-release MOVANTIK MOXEZA multivitamins/fluoride mupirocin MUSE MYRBETRIQ	OXYCONTIN	REMICADE [INJ] REPATHA [INJ] RESTASIS risperidone rizatriptan ropinirole rosuvastatin	TRACLEER TRADJENTA tramadol TRAVATAN Z trazodone TRESIBA [INJ] triamcinolone topical triamterene/hctz trinessa tri-sprintec TRULICITY [INJ] TUDORZA PRESSAIR TYMLOS [INJ]
K		P		U
ketoconazole topical KITABIS PAK KOGENATE FS [INJ] KOVALTRY [INJ] KYLEENA		pantoprazole delayed-release paroxetine PAZEO penicillin v potassium PENTASA PERFOROMIST PHOSLYRA PICATO pioglitazone PLEGRIDY [INJ] polymyxin/trimethoprim eye solution potassium chloride ext-release PRALUENT [INJ] pramipexde pravastatin prednisolone acetate eye suspension prednisolone sodium phosphate prednisone PREMARIN CREAM PREMARIN TABS PREMPHASE PREMPRO PREPOPIK PROAIR HFA PROAIR RESPICLICK PROCRIT [INJ] progesterone micronized PROLENSA promethazine promethazine/dextromethorphan propranolol propranolol ext-release PULMICORT FLEXHALER PYLERA	S SAFYRAL SANCUSO SAVELLA SEREVENT DISKUS sertraline SIMPONI 100 MG (for ulcerative colitis only) [INJ] simvastatin SKYLA SOLIQUA [INJ] SOLODYN SOMATULINE DEPOT [INJ] SOOLANTRA SPIRIVA HANDIHALER SPIRIVA RESPIMAT spiroglactone sprintec SPRYCEL STELARA SQ [INJ] STIOLTO RESPIMAT STRIVERDI RESPIMAT SUBOXONE SL FILM sulfamethoxazole/trimethoprim sumatriptan SUPREP SYMBICORT SYMPLINPEN [INJ] SYNJARDY, SYNJARDY XR	UCERIS TABLETS ULORIC UPTRAVI
L	N			V
labetalol lamotrigine lanoprost delayed-release LANTUS [INJ] latanoprost eye solution LATUDA LETAIRIS LEVEMIR [INJ] levetiracetam levocetirizine levofloxacin levothyroxine sodium lidocaine patches LINZEES liothyronine LIPOFEN lisinopril lisinopril/hctz LIVALO LO LOESTRIN FE lorazepam losartan losartan/hctz LOTEMAX lovastatin LUMIGAN LYRICA	nabumetone NAMENDA XR NAMZARIC naproxen, naproxen sodium NARCAN NASAL SPRAY NASCOBAL NATAZIA neomycin/polymyxin/hydrocortisone ear drops NEXIUM PACKETS niacin ext-release nifedipine ext-release nitrofurantoin monohydrate/macrocrystal NORDITROPIN [INJ] nortriptyline NOVOEIGHT [INJ] NUCYNTA, NUCYNTA ER NUDEXTA NUVARING nystatin oral suspension nystatin topical			valacyclovir valsartan valsartan/hctz VARUBI VASCEPA VELPHORO VELTASSA venlafaxine venlafaxine ext-release VENTOLIN HFA veraamil ext-release VESICARE VIAGRA VIBERZI VIIBRYD VIMPAT VIOKACE VYVANSE
M	O	Q	T	W
MAKENA [INJ] meclizine medroxyprogesterone meloxicam MEPHYTON MESTINON SYRUP metaxalone metformin metformin ext-release methimazole methocarbamol methotrexate methylphenidate methylphenidate ext-release methylprednisolone metoclopramide hcl metoprolol succinate ext-release metoprolol tartrate metronidazole metronidazole topical metronidazole vaginal gel microgestin fe MINIVELLE	olanzapine omeprazole delayed-release ondansetron ondansetron orally disintegrating tablets ONETOUCH KITS/METERS; ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX, VERIO IQ, VERIO SYNC ONETOUCH TEST STRIPS; ULTRA, VERIO ONEXTON OPSUMIT ORACEA ORTHOVISC [INJ] OTEZLA OTOVEL OTREXUP [INJ] oxcarbazepine oxybutynin ext-release oxycodone oxycodone/acetaminophen	QNASL QUDEXY XR quetiapine QUILLICHEW ER QUILLIVANT XR quinapril QVAR	TACLO NEX SUSPENSION tamoxifen tamsulosin ext-release TARCEVA TAYTULLA TAZORAC GEL TAZORAC 0.05% CREAM TECFIDERA TECHNIVIE TEKTURNA, TEKTURNA HCT temazepam terazosin terconazole vaginal testosterone cypionate [INJ] timolol maleate eye solution tizanidine TOBI PODHALER TOBRADEX OINTMENT TOBRADEX ST tobramycin eye solution tobramycin/dexamethasone eye suspension topiramate TOUJEO SOLOSTAR [INJ] TOVIAZ	warfarin WELCHOL
		R		X
		rabeprazole delayed-release RAGWITEK raloxifene ramipril RANEXA ranitidine RAPAFLO RASUVO [INJ] REBIF [INJ] RECTIV RELISTOR [INJ]		XARELTO XELJANZ, XELJANZ XR XIFAXAN XIGDUO XR XIDRA XULTOPHY [INJ]
				Z
				ZARXIO [INJ] ZENPEP zolpidem zolpidem ext-release ZOMIG NASAL ZONTIVITY ZOVIRAX CREAM ZUBSOLV ZYLET ZYTIGA

Please note that product placement for Hepatitis C and Treatment for Inflammatory Conditions are under consideration and changes may occur based upon changes in market dynamics and new product launches.

Express Scripts Exclusions—2018

Below is a summary of the exclusions going into effect on January 1, 2018.

Multi-Source Brand Exclusions

The generic equivalents of the following brand-name medications are covered on the NPF. These generic medications meet strict standards and have been approved by the FDA. These generic products contain the same active ingredients as their corresponding brand-name medications, although they may have a different color or shape.

ABILIFY	PLAVIX
ACIPHEX	PREVACID
ADDERALL	PRISTIQ
ANDROGEL 1%	PROTONIX
ANUSOL-HC	PROVIGIL
ATACAND, ATACAND HCT	PROZAC
AZOR	PULMICORT RESPULES
BENICAR, BENICAR HCT	SEROQUEL, SEROQUEL XR
BUPAP	SINGULAIR
CYMBALTA	STRATTERA
CYTOMEL	TIKOSYN
EFFEXOR XR	TOBI SOLUTION
IMITREX	TRIBENZOR
INDERAL LA	VALIUM
INTUNIV	VALTREX
LEXAPRO	VYTORIN
LIBRAX	WELLBUTRIN SR
LIDODERM	XANAX, XANAX XR
LOVENOX	XENAZINE
LUNESTA	ZEGERID
MINASTRIN 24 FE	ZETIA
NASONEX	ZOLOFT
PLAQUENIL	ZYFLO CR

Single-Source Brand Exclusions

The following drug classes have new exclusions for 2018. Please note that product placement for Hepatitis C and treatment for Inflammatory Conditions are under consideration, and changes may occur based upon changes in market dynamics and new product launches. The full list of excluded products will be available on or before September 15, 2017.

Drug Class	Excluded Medications	Preferred Alternatives
Long-Acting Opioid Oral Analgesics	OPANA ER, OXYCODONE ER	hydromorphone ER, morphine sulfate ER, oxycodone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
Transmucosal Fentanyl Analgesics	ABSTRAL*, FENTORA*, LAZANDA	fentanyl citrate lozenges
Estrogen and Estrogen Modifiers for Vaginal Symptoms	FEMRING	estradiol patches, estradiol tablets, yuvaferm, ESTRACE Cream, ESTRING, PREMARIN Cream, PREMARIN Tablets
Somatostatin Analogs	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT
Irritable Bowel Syndrome and Chronic Constipation Agents	TRULANCE	AMITIZA, LINZESS
Proton Pump Inhibitors	ACIPHEX SPRINKLE, PREVACID SOLUTAB, PRILOSEC Suspension, PROTONIX Suspension	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM Packets
Granulocyte Colony Stimulating Factors	NEUPOGEN	GRANIX, ZARXIO
Osteoporosis Therapy	FORTEO	alendronate, ibandronate, risedronate, zoledronic acid, TYMLOS
Antiglaucoma Drugs (Beta-Adrenergic Blockers)	ISTALOL*, TIMOPTIC OCULOSE	betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL*, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA
Renal Disease—Phosphate Binders	FOSRENOL, RENAGEL	sevelamer carbonate, PHOSLYRA, VELPHORO
Respiratory—Epinephrine Auto-Injector Systems	AUVI-Q*, EPINEPHRINE AUTO-INJECTOR (by A-S Medication, Impax & Lineage)	EPINEPHRINE AUTO-INJECTOR (by Mylan), EPIPEN, EPIPEN JR.

*Current 2017 exclusion in this class

Ulster Scripts Employee Program



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 next page.

Copayments:

All member copayments have been waived for this program.

Ulster Scripts Vs. Current local purchase plan

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

Ordering Instructions:

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

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

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

RETURN YOUR COMPLETED AND SIGNED [ENROLLMENT FORM](#) AND [ORIGINAL PRESCRIPTIONS](#):



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

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

OR



BY MAILING TO: Ulster Scripts

P.O. Box 44650

Detroit, MI 48244-0650

More forms are available:

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

WELCOME TO Ulster Scripts Employee Program

Ulster Scripts — Formulary



Ulster Scripts
Employee Program

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

ABILIFY 2MG	DALIRESP 500MCG	INVOKAMET 50MG-1000MG	PRADAXA 75MG	TEKTURNA HCT 300-25MG
ABILIFY 5MG	DERMOTIC OIL 0.01%	INVOKAMET 150MG-500MG	PRADAXA 150MG	TEVETEN HCT 600/12.5MG
ABILIFY 10MG	DETROL LA 2MG	INVOKAMET 150MG-1000MG	PREMARIN 0.3MG	TIVICAY 50MG
ABILIFY 15MG	DETROL LA 4MG	INVOKANA 100MG	PREMARIN 0.625MG	TOBREX OINT 0.3%
ABILIFY 20MG	DEXILANT DR 30MG	INVOKANA 300MG	PREMARIN 1.25MG	TOVIAZ 4MG
ABILIFY 30MG	DEXILANT DR 60MG	ISENTRESS 400MG	PREMARIN VAG 0.625MG/GM	TOVIAZ 8MG
ABILIFY DISCMELT 10MG	DIFFERIN GEL 0.3%	ISOPTO CARPINE 1%	PREMPRO 0.3MG/1.5MG	TRACLEER 62.5MG
ABILIFY DISCMELT 15MG	DIPENTUM 250MG	ISOPTO CARPINE 2%	PREMPRO 0.625MG/2.5MG	TRACLEER 125MG
ACTONEL 5MG	DIVIGEL 0.5MG	ISOPTO CARPINE 4%	PREMPRO 0.625MG/5MG	TRADJENTA 5MG
ACTONEL 30MG	DIVIGEL 1MG	JADENU 90MG	PREVACID SOLUTAB 15MG	TRAVATAN Z OPTH SOL 0.004%
ACTONEL 35MG	DUAVEE 0.45-20MG	JADENU 180MG	PREVACID SOLUTAB 30MG	TRIBENZOR 20/5/12.5MG
ACTONEL 150MG	DULERA 100MCG/5MCG	JADENU 360MG	PREZC OBIX 800MG/150MG	TRIBENZOR 40/5/12.5MG
ACZONE 5%	DULERA 200MCG/5MCG	JAKAFI 5MG	PREZISTA 800MG	TRIBENZOR 40/5/25MG
ADCIRCA 20MG	DYMISTA NASAL SPRAY	JAKAFI 10MG	PRISTIQ 50MG	TRIBENZOR 40/10/12.5MG
ADVAIR DISKUS 100MCG	137/50MCG	JAKAFI 15MG	PRISTIQ 100MG	TRIBENZOR 40/10/25MG
ADVAIR DISKUS 250MCG	EDARBI 40MG	JAKAFI 20MG	PROTOPIC OINT 0.03%	TRINTELIX 5MG
ADVAIR DISKUS 500MCG	EDARBI 80MG	JALYN 0.5MG/0.4MG	PROTOPIC OINT 0.1%	TRINTELIX 10MG
ADVAIR HFA 45/21MCG	EDARBYCLOR 40MG/25MG	JANUMET 50/500MG	QVAR 40MCG 50MCG	TRINTELIX 20MG
ADVAIR HFA 115/21MCG	EDECIN 25MG	JANUMET 50/1000MG	QVAR 80MCG 100MCG	TRIUJEO TABLET
ADVAIR HFA 230/21MCG	EDURANT 25MG	JANUMET XR 50MG/500MG	RANEXA 500MG	TRUVADA 200-300MG
AFINITOR 2.5MG	EFFIENT 5MG	JANUMET XR 50MG/1000MG	RAPAFLO 4MG	TUDORZA PRESSAIR 400MCG
AFINITOR 5MG	EFFIENT 10MG	JANUMET XR 100MG/1000MG	RAPAFLO 8MG	TWYNSTA 40/5MG
AFINITOR 10MG	ELUIDE 1%	JANUVA 25MG	RELPAZ 20MG	TWYNSTA 40/10MG
AGGRENOX 200/25MG	ELIQUIS 2.5MG	JANUVA 50MG	RELPAZ 40MG	TWYNSTA 80/5MG
ALOCRIL OPTH 2%	ELIQUIS 5MG	JANUVA 100MG	RENAGEL 800MG	TWYNSTA 80/10MG
ALOMIDE 0.1%	ELMIRON 100MG	JARDIANCE 10MG	REVELA 800MG	TYZEKA 600MG
ALREX 0.2%	EMADINE 0.05%	JARDIANCE 25MG	RESTASIS VIALS 0.05%	ULORIC 80MG
ALVESCO 80MCG 100MCG	ENABLEX 7.5MG	JENTADUETO 2.5MG-500MG	REXULTI 0.25MG	VAGIFEM 10MCG
ALVESCO 160MCG 200MCG	ENABLEX 15MG	JENTADUETO 2.5MG-850MG	REXULTI 0.5MG	VALCYTE 450MG
AMITIZA 24MCG	ENTRESTO 24MG-28MG	JENTADUETO 2.5MG-1000MG	REXULTI 2MG	VALCIN HFA 90MCG
ANORO ELLIPTA 62.5/25MCG	ENTRESTO 49MG-51MG	JUBLIA 10%	REXULTI 4MG	VESICARE 5MG
ANZEMET 100MG	ENTRESTO 97MG-103MG	KAZANO 12.5/1000MG	REYATAZ 150MG	VESICARE 10MG
ARCAPTA NEOHALER 75MCG	EPIIDUO GEL PUMP 0.1%/2.5%	KOMBIGLYZE XR 2.5MG/1000MG	REYATAZ 200MG	VIMOVO 37.5/20MG
ARNUITY ELLIPTA 100MCG	EPIPEN 0.3MG	KOMBIGLYZE XR 5MG/500MG	REYATAZ 300MG	VIMOVO 500/20MG
ARNUITY ELLIPTA 200MCG	EPIPEN JR 0.15MG	KOMBIGLYZE XR 5MG/1000MG	RHINOCORT AQ 32MCG	VIRAMUNE XR 400MG
ASACOL HD 800MG	EPZICOM	LATUDA 20MG	SAPHRIS 5MG	VIREAD 300MG
ASMANEX TWISTHALER 110MCG	ESTROGEL 0.06%	LATUDA 40MG	SAPHRIS 10MG	VIVELLE-DOT 25MCG
ASMANEX TWISTHALER 220MCG	EVISTA 60MG	LATUDA 60MG	SENSIPAR 30MG	VIVELLE-DOT 37.5MCG
ATELVIA DR 35MG	EXELON 3MG	LATUDA 80MG	SENSIPAR 60MG	VIVELLE-DOT 50MCG
ATRIPLA 600-200-300MG	EXELON 6MG	LATUDA 120MG	SENSIPAR 90MG	VIVELLE-DOT 75MCG
ATROVENT HFA 20UG	EXELON 4.8MG/24HR	LESCOL XL 80MG	SEREVENT DISKUS 50MCG	VIVELLE-DOT 100MCG
AUBAGIO 14MG	EXELON 9.5MG/24HR	LEXIVA 700MG	SEROQUEL XR 50MG	VYTORIN 10/10MG
AVANDAMET 4MG/500MG	EXELON 13.3MG/24HR	LIALDA 1.2GM	SEROQUEL XR 150MG	VYTORIN 10/20MG
AVANDIA 2MG	EXFORGE HCT 160/12.5/5MG	LINZESS 145MCG	SEROQUEL XR 200MG	VYTORIN 10/40MG
AVANDIA 4MG	EXFORGE HCT 160/12.5/10MG	LINZESS 290MCG	SEROQUEL XR 300MG	VYTORIN 10/80MG
AVANDIA 8MG	EXFORGE HCT 160/25/5MG	LOCOID LIPOCREAM 0.1%	SEROQUEL XR 400MG	WELCHOL 625MG
AVODART 0.5MG	EXFORGE HCT 160/25/10MG	LOTEMAX GEL 0.5%	SIMBRINZA 1%/0.2%	XALKORI 200MG
AXERT 6.25MG	EXFORGE HCT 320/25/10MG	LOTEMAS SUSPENSION 0.5%	SOOLANTRA 1%	XALKORI 250MG
AXERT 12.5MG	EXJADE 125MG	LUMIGAN OPTH 0.01%	SPIRIVA 18MCG	XARELTO 10MG
AZILECT 0.5MG	EXJADE 250MG	MESNEX 400MG	SPIRIVA RESPIMAT 2.5MCG	XARELTO 15MG
AZILECT 1MG	EXJADE 500MG	MESTINON TS 180MG	SPRYCEL 20MG	XARELTO 20MG
AZOPT OPTH DROPS 1%	FARESTON 60MG	METROGEL PUMP 1%	SPRYCEL 50MG	XELJANZ 5MG
AZOR 20/5MG	FARXIGA 5MG	MIGRANAL NASAL SPRAY	SPRYCEL 70MG	XENICAL 120MG
AZOR 40/5MG	FARXIGA 10MG	4MG/ML	SPRYCEL 100MG	XIGDUO XR 5/1000MG
AZOR 40/10MG	FELDENE 10MG	MIRAPEX ER 0.375MG	STIOLTO RESPIMAT	XIGDUO XR 10/500MG
BACTROBAN NASAL OINT 2%	FELDENE 20MG	MIRAPEX ER 0.75MG	2.5/2.5MCG	XIGDUO XR 10/1000MG
BANZEL 200MG	FETZIMA 20MG	MIRAPEX ER 1.5MG	STIVARGA 40MG	XTANDI 40MG
BANZEL 400MG	FETZIMA 40MG	MIRAPEX ER 2.25MG	STRATTERA 10MG	ZELAPAR 1.25MG
BARACLUDE 0.5MG	FETZIMA 80MG	MIRAPEX ER 3MG	STRATTERA 18MG	ZETIA 10MG
BARACLUDE 1MG	FETZIMA 120MG	MIRAPEX ER 3.75MG	STRATTERA 25MG	ZOMIG NASAL SPRAY 5MG
BECONASE AQ 42MCG	FINACEA GEL 15%	MIRAPEX ER 4.5MG	STRATTERA 40MG	ZORTRESS 0.25MG
BENICAR 20MG	FLAREX 0.1%	MIRVASO 0.33%	STRATTERA 60MG	ZORTRESS 0.5MG
BENICAR 40MG	FLOVENT 44MCG 50MCG	MULTAQ 400MG	STRATTERA 80MG	ZORTRESS 0.75MG
BENICAR HCT 20MG/12.5MG	FLOVENT 110MCG 125MCG	MYRBETRIQ 25MG	STRATTERA 100MG	ZOVIRAX CREAM 5%
BENICAR HCT 40MG/12.5MG	FLOVENT 220MCG 250MCG	MYRBETRIQ 50MG	STRIBILD	ZYCLARA 3.75%
BENICAR HCT 40MG/25MG	FLOVENT DISKUS 100MCG	NASONEX 50MCG	SUSTIVA 50MG	ZYTIGA 250MG
BENZACLIN PUMP	FLOVENT DISKUS 250MCG	NESINA 6.25MG	SUSTIVA 200MG	
BETIMOL 0.25%	FORADIL + AEROLIZER 12MCG	NESINA 12.5MG	SUSTIVA 600MG	
BETIMOL 0.5%	FOSRENOL CHEW 500MG	NESINA 25MG	SUTENT 12.5MG	
BETOPTIC S OPTH 0.25%	FOSRENOL CHEW 750MG	NEUPRO 1MG	SUTENT 25MG	
BREO ELLIPTA 100/25MCG	FOSRENOL CHEW 1000MG	NEUPRO 2MG	SUTENT 50MG	
BREO ELLIPTA 200/25MCG	FOSRENOL POWDER 750MG	NEUPRO 3MG	SYNAREL NASAL	
BRILINTA 60MG	FOSRENOL POWDER 1000MG	NEUPRO 4MG	SYNJARDY 5MG/500MG	
BRILINTA 90MG	FROVA 2.5MG	NEUPRO 6MG	SYNJARDY 5MG/1000MG	
BYSTOLIC 2.5MG	GELNIQUE 10%	NEUPRO 8MG	SYNJARDY 12.5MG/500MG	
BYSTOLIC 5MG	GENVOYA 150-150-200-10MG	NEUPRO 10MG	SYNJARDY 12.5MG/1000MG	
BYSTOLIC 10MG	GILENYA 0.5MG	NEXIUM 20MG	TABLOID 40MG	
BYSTOLIC 20MG	GILOTRIF 20MG	NEXIUM 40MG	TARKA 2/180MG	
CAMBIA 50MG	GILOTRIF 30MG	NEXIUM DR 10MG	TARKA 4/240MG	
CARDURA XL 4MG	GILOTRIF 40MG	NIASPAN 500MG	TASIGNA 150MG	
CARDURA XL 8MG	GLEEVEC 100MG	NIASPAN 1000MG	TASIGNA 200MG	
CELEBREX 100MG	GLEEVEC 400MG	NORITATE CREAM 1%	TASMAR 100MG	
CELEBREX 200MG	GLUCAGEN HYPOKIT 1MG	NORVIR TABLET 100MG	TAZORAC CREAM 0.05%	
CLIMARA PRO 0.045/0.015MG	GLUMETZA ER 1000MG	OLYSIO 150MG	TAZORAC CREAM 0.1%	
COMBIGAN 0.2-0.5%	INCRUSE ELLIPTA 62.5MCG	OMNARIS NASAL SPRAY 50MCG	TAZORAC GEL 0.05%	
COMBIVENT RESPIMAT	INLYTA 1MG	ONGLYZA 2.5MG	TAZORAC GEL 0.1%	
20MCG/100MCG	INLYTA 5MG	ONGLYZA 5MG	TECFIDERA 120MG	
COMPLERA 200/25/300MG	INTELENCE 200MG	ORACEA 40MG	TECFIDERA 240MG	
COVERA-HS 240MG	INVEGA 3MG	ORTHO-TRI-CYCLEN LO	TEKTURNA 150MG	
CRESTOR 5MG	INVEGA 6MG	OTZLA 30MG	TEKTURNA 300MG	
CRESTOR 10MG	INVEGA 9MG	PATADAY 0.2%	TEKTURNA HCT 150-12.5MG	
CRESTOR 20MG	INVIRASE 500MG	PATANOL OPTH SOL 0.1%	TEKTURNA HCT 150-25MG	
CRESTOR 40MG	INVOKAMET 50MG-500MG	PENTASA 500MG	TEKTURNA HCT 300-12.5MG	

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

October 2017

Ulster Scripts—Employee Enrollment Form



Ulster Scripts Employee Program

CanaRx Enrollment Form

MEMBER ID #: _____

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

PATIENT INFORMATION: Birthdate _____ SUBSCRIBER
MM/DD/YYYY SPOUSE
 DEPENDENT

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

First Name (please print) _____ Initial _____ Last Name _____

Street Address _____

City/State _____ Zip Code _____

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

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

List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths. *(THIS IS NOT A PRESCRIPTION.)*

Name of Medicine	Dosage	Time(s) to Take	Date Started	Reason for Taking
<i>Ex. Januvia</i>	<i>Ex. 50mg</i>	<i>Ex. Twice Daily</i>	<i>Ex. 8/20/2017</i>	<i>Ex. Diabetes</i>

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

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

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

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

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

AUTHORIZATION IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

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

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

AUTHORIZATION IF THE PATIENT IS THE SUBSCRIBER, 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: *(MM/DD/YY)*

Ulster Scripts—Enrollment Form / Agreement

TERMS OF AGREEMENT

CONFIRMATION AND REPRESENTATIONS

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

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

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

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

ACKNOWLEDGEMENT AND RELEASE

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

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

FURTHER ACKNOWLEDGEMENT & RELEASE

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

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

Vision Plan—Davis Vision



The County of Ulster

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 Walmart.

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

**1.877.923.2847 and
Enter Client Code 2769**

IN-NETWORK BENEFITS

Eye Examination	Every 12 months, Covered in full
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Eyeglasses

Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses
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Frames	Every 12 months, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection ¹ (value up to \$190) OR \$150 retail allowance toward any frame from provider, plus 20% off balance ²
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Contact Lenses

Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months, Collection Contacts: Covered in full OR Non Collection Contacts: Standard Contacts: 15% discount ² Specialty Contacts ³ : 15% discount ²
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Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance ²
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ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS

MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$0
Photochromic Lenses (i.e. Transitions [®] , etc.) ⁴	\$110	\$65

Lower costs and more benefits! See the savings!

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

Savings up to:
\$449

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

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

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

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

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

Vision Plan—Davis Vision

Davis Vision plans offer...

Value for our Members

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

Convenient Network Locations

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

Freedom of Choice

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

Value-Added Features:

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

Contact Info

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

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

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

Out-of-Network Benefits

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

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

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

Dental Plan—Delta Dental

Group Number **9509**

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

Delta Dental PPOSM

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

Benefit Highlights

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

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

Delta Dental of New York One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783 (Business Hours: 8 am to 8 pm ET)	Claims Address P.O. Box 2105 Mechanicsburg, PA 17055-2105
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deltadentalins.com

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

Flexible Spending Accounts (FSAs)

Per IRS Regulations: Only IRS qualified dependents are eligible for benefits from these plans.

What Is a Flexible Spending Arrangement?

A Flexible Spending Arrangement (FSA) is an employee funded program established to save a portion of their income to pay for qualified medical or dependent care expenses incurred during their benefit plan year. Contributions are taken pre-tax, reducing employees taxable income and increasing their "take home pay."

How It Works

Health Care and Dependent Care FSA plans provide employees an opportunity to realize tax savings on medical and day care expenses through separate pre-tax accounts.

Health Care FSAs—Annual Maximum, \$1,500

The money employees contribute to their Health Care FSA and Limited Health Care FSA is used to reimburse the employee's and/or their covered dependents eligible out-of-pocket health care expenses. FSAs are funded with payroll deductions. The employer determines the plan year and the annual maximum contribution employees may contribute to their Health Care FSA and Limited Health Care FSA during the plan year, provided it falls within IRS limits.

Dependent Care FSAs—Annual Maximum, \$5,000

A Dependent Care FSA is set up to reimburse eligible dependent care expenses in order for the employee to work. Some example of eligible expenses include:

- Before and after school care
- Expenses for pre-school or nursery school
- Extended day programs
- Au pair services
(amounts paid for the actual care of the dependent)
- Babysitter (in or out of the home)
- Nanny services
(amounts paid for the actual care of the dependent)
- Summer day camp for qualifying children under age 13
- Elder care for a qualifying individual
- Care for a disabled spouse and/or an IRA tax dependent disabled relative or household member

A Dependent Care FSA is funded with payroll deductions. The IRS limits the dependent care maximum to \$5,000 per year, \$2,500 if the employee is married and filing separately.

Note: Payments to your spouse, child under age 19, the parent of your child (not your spouse) or to an individual qualifying as a tax dependent exemption are not qualifying expenses for Dependent Care FSAs.

\$500 Rollover Rule: The Health Care FSAs to allow up to \$500 remaining at the end of a plan year be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year.

PROGRAM NOTES:

1. Your FSA elections are deducted from your payroll in 24-equal deductions.
2. Participants are charged a \$4.50 monthly administration fee (or \$2.25 per pay period).
NOTE: only 1-fee, if enrolled in both Health Care and Dependent Care FSAs.
3. If an employee's medical coverage through an alternate source is a High Deductible Health plan WITH a Health Savings Account (ex. spouse's medical plan), eligible expenses reimbursed from an FSA are "limited" to qualifying dental and vision expenses.

www.fbsflex.com

Your FSA Reimbursement Management Website

Participants may log-in to their account, monitor payment, upload receipts, and check their balance.

Eligible Expenses for FSA-Health Care Reimbursement

Not sure if an expense is eligible? Call **1-800-622-6233** (Flexible Benefits System)

Eligible Items for Reimbursement

Acupuncture	Flu shots
Alcoholism treatment	Guide dog or other service animal
Ambulance fees	Hearing aids
Artificial limbs	Hospital services
Artificial teeth (<i>if medically necessary</i>)	Immunizations
Asthma treatments	Incontinence supplies
Bandages	Insulin
Blood-pressure monitoring devices	Laboratory fees
Blood-sugar test kits	Laser eye surgery
Body scans	Mastectomy-related special bras
Braille books & magazines (<i>cost over price of regular</i>)	Medical information plan charges
Breast pumps	Medical records charges
Breast reconstruction surgery (<i>following mastectomy</i>)	Obstetrical expenses
Chiropractors	Organ donors
Circumcision	Orthodontia (requires contract)
Co-insurance amounts	Oxygen
Contact lenses, materials & equipment	Physical therapy
Contraceptives	Prescribed drugs
Co-Payments	Preventive care screenings
Crutches	Psychiatric care
Deductibles	Sterilization
Dental sealants	Supplies to treat medical condition
Dental treatment	Telephone for hearing-impaired
Diabetic supplies	Transplants
Diagnostic items/services	Transportation expenses (<i>including mileage</i>) for a person to receive medical care
Drug addiction treatment	Walkers
Eye examinations	Wheelchair
Eye glasses	X-ray fees

Over-the-Counter Medications are Eligible

BUT REQUIRE a doctor's prescription for reimbursement for:

Acid controllers	Digestive aids
Allergy & sinus	Hemorrhoidal preps
Antibiotic products	Feminine Anti-fungal/itch
Anti-diarrheas	Laxatives
Anti-gas	Motion Sickness
Anti-itch/insect bite	Pain relief
Anti-parasitic treatments	Respiratory treatments
Baby rash ointment	Sleep aids & sedatives
Cold sore remedy	Stomach remedies
Cough, cold, flu	

Items that POTENTIALLY qualify for Reimbursement

<i>Must be primarily for medical care and have note from a medical practitioner prescribing the item to treat a specific medical condition</i>	
Adaptive equipment	Learning disability instructional fees
Air purifier	Lodging not at a hospital
Allergy treatment products	Massage therapy
Alternative healers	Meals at a hospital
Books, health related	Mentally handicapped special home
Christian Science practitioners	Nursing services
Classes, health related	Nutritionist's professional expenses
Compression hose	Occupational therapy
Counseling (<i>Marriage counseling doesn't qualify</i>)	Orthopedic shoes
Dietary supplements	Prenatal vitamins
DNA collection and storage	Propecia
Ear Plugs	Psychoanalysis
Egg donor fees	Psychologist
Elevator	Schools and education, residential & special
Exercise equipment or programs (<i>only if required to treat an illness diagnosed by a doctor.</i> <i>Proof of Attendance required</i>)	Tobacco cessation programs
Fertility treatments	Sun-protective clothing
Fiber supplements	Tuition for special needs program
Genetic testing	Ultrasound, prenatal
Health Club costs	Varicose veins treatment
Holistic or natural healers	Veterinary fees (<i>related to service animals</i>)
Home care	Vitamins (<i>only with prescription</i>)
Hormone replacement therapy	Weight loss programs (<i>only if required to treat an illness</i> <i>diagnosed by a doctor.</i> <i>Proof of Attendance required</i>)
Hypnosis	Wigs
Infertility treatments	
Inclinor	
Incontinence supplies	
Lactation consultant	
Lamaze classes	

What is Not Eligible?

Any allowable exclusion <i>defined by the Internal Revenue Code § 213 and Publication 502</i>	Funeral expenses
Appearance improvements (<i>e.g. cosmetic procedures, teeth whitening, veneers, tanning, hair removal, hair products, hair transplant, ear piercing</i>)	Household help
Babysitting/childcare/nursing services for a healthy baby, car seats, maternity clothes, diaper service	Illegal operations & treatments
Controlled or illegal substances <i>in violation of U.S. federal law</i>	Insurance premium/costs for car/life/income protection/accident insurance or Medicare Part A
Duplicate reimbursement (<i>e.g. already reimbursed or available under another plan</i>)	Personal use items (<i>e.g. toothpaste</i>) <i>Recreation equipment or lessons</i> (<i>e.g. bicycle, canoe, dance/swim/martial art lessons</i>)
	Taxes, penalties or fines (<i>e.g. Social Security tax or Self Employment tax</i>)
	Vacations or travel expenses

Aflac Insurances *(Disability, Accident, Cancer Hospital, Critical Illness)*



it's that time of year again... Aflac Open Enrollment is here!!

For those of you who don't know...

Aflac is **different from** health insurance – Aflac offers voluntary insurance supplements

That pays **YOU** (the policy holder) **\$\$\$\$** to help with expenses while you focus on recovery!

(co-pays, deductibles, coinsurance...rent, car payment, phone bill, etc.. it's cash!!)

Aflac Programs:

Disability

provides monthly cash benefit when you can't work due to an accident, illness, or surgery (maternity included)

Accident

provides cash benefits when you are treated for an accident / injury (from poison ivy, to a broken bone)

Cancer

provides cash benefit upon diagnosis, weekly treatment benefits, transportation & much more

Hospital

provides cash benefits for hospital confinement, short-stay, or ER visits due to accident or sickness

Lump Sum Critical Illness

provides cash benefit in the event of heart attack, stroke, end stage renal failure, & major organ transplant

Best of all...

Aflac programs only cost
\$5-10/week for an individual
(1 & 2 parent rates available)

...Can you afford not to?

Please return, or contact our agent: **Dan Barry** for questions, enroll off-site, claims, etc..

Dan Barry - [c] (845) 532-2053 | daniel_barry@us.aflac.com

Pearl Carroll Information



Pearl Carroll & Associates has been CSEA's only endorsed provider of voluntary insurance programs for almost 80 years*

- ⇒ One-of-a-kind programs designed specifically for CSEA Members
- ⇒ Offering free seminars and individual counseling
- ⇒ Dedicated Sales & Service Representatives
- ⇒ One-stop shopping for all of your insurance needs

**Pearl Carroll & Associates and its predecessor companies*



Barbara Fields, CSEA Insurance Representative
1-800-642-9261 • barbara.fields@pearlcarroll.com

Disability Insurance • Life Insurance • Critical Illness Insurance

Ask how to obtain a free quote on Home • Auto • Renters • Umbrella with no obligation!



Pearl Carroll Information



Sponsored Insurance Programs

Group Disability Insurance*

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

Critical Illness Insurance**

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

Group Term Life Insurance**

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

Group Whole Life Insurance***

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

Universal Life Insurance***

- Up to \$200,000 in coverage available for Members and \$25,000 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

Barbara Fields

CSEA Insurance Representative

Serving Schoharie, Albany, Rensselaer, Greene,
Columbia, Ulster and Sullivan Counties

1-800-642-9261

*Underwritten by New York Life Insurance Company | New York, NY | Policy Form GMR

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

***Underwritten by Massachusetts Mutual Life Insurance Company | Springfield, MA

*Enjoy Life.
We Got This.*

Insuring the Members of CSEA for over 75 years!

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THE PEOPLE OF PEARL CARROLL
cseainsurance.com

NYS Deferred Compensation Plan

Retirement is like a puzzle. Without all the right pieces, your financial picture will be incomplete. When you retire, you may be counting on two sources of income — Social Security and your employer pension plan. Did you know, this may leave you short?

Social Security was never meant to be a sole source of income. On average, a public pension will replace only about 50% of your current income after 25 years of service. * These

two pieces are a great start, but enrolling in the New York State Deferred Compensation Plan may be one piece to help complete the puzzle.

We know it's difficult to determine how much additional savings you'll need to supplement your social security and pension. That's why we've developed the chart below to help you make that determination.

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

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

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

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

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

* NCPERS Research Series: *The Top Ten Advantages of Maintaining Defined Benefit Pensions*. May 2007

Account Executives are registered representatives of Nationwide Investment Services Corporation, member FINRA. NRM 7409NY-NY (01/10)

Employee Assistance Program



Ulster County recognizes that life is **stressful**. Our employee's mental and emotional health is just as important as their successful job performance as their immediate families.

There is no co-pay or out-of-pocket expense to the employee.

The program provides assistance for a variety of problems including marital, relationships, parenting, elder care, substance abuse and work-related stress. The employee simply makes a phone call and gives their contact information. Next, a counselor will personally call back and arrange a convenient time to meet. The counseling services are offered to help Ulster County employees resolve personal and professional concerns and difficulties. Some specific circumstances for which and EAP will provide assistance include:

- Stress
- Relationship Issues
- Family / parenting
- Domestic Violence
- Divorce / separation / break-ups
- Alcohol / substance abuse
- Single parenting
- Aging parents
- Grief / loss / terminal illness of a loved one or co-worker
- Depression
- Anxiety
- Interpersonal conflicts workplace conflicts or changes
- Conflicts in the workplace Job frustration or burnout

For more information about the EAP program, please contact your Personnel Department or reach out directly to EAP by calling 338-5600 to schedule an appointment.

Labor / Management Sick Leave Bank Information

FOR CSEA AND UCSA



CSEA Employees & Non-union management are eligible
to join the CSEA Sick Bank, and
UCSA members may join the USCA Sick Bank.

For more information on either program, call Jim Farina at (845)340-3536

The intent of the Sick Leave Donation Programs
are 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).

- ♦ 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 as of the open enrollment period.
- ♦ Donate two (2) sick leave days upon joining and automatically donate one (1) day per year as needed.
- ♦ Forms and Policy available on intranet, or from payroll clerks.

CONFIDENTIAL & VOLUNTARY

Treasury Direct and 529 Program Information

Two Great Programs Available through Payroll Deductions

The Payroll Savings Options in TreasuryDirect



From your TreasuryDirect account you may buy savings bonds and other Treasury securities.
<http://www.treasurydirect.gov/tdhome.htm>

NY 529 Direct Plan highlights

Here's a quick look at the many ways you can benefit when you save with the *Direct Plan*.

Flexible Use of Savings

Save for a child, grandchild, friend—or even yourself.

Use at any eligible 2- or 4-year college or university, vocational or technical school, or graduate school in the United States or abroad.

Pay for tuition, certain room-and-board expenses, books, supplies, and the expenses for the purchase of certain computer equipment, software, and computer-related services.

Tax Benefits

Grow your earnings tax-deferred.

Pay no federal taxes on qualified withdrawals.*

Contribute up to \$70,000 in a single year (\$140,000 if married filing jointly) for each beneficiary, without incurring federal gift taxes as long as you don't make any other gifts to that same beneficiary for five years.**

More tax benefits for New York taxpayers

Pay no state taxes on qualified withdrawals.

Deduct up to \$5,000 (\$10,000 if married filing jointly) in contributions to the Direct Plan on your state income tax return each year.***

Easy Setup

Open an account with any amount you choose—there is no minimum contribution amount.

<https://www.nysaves.org/home.html>

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

Retirement Planning

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. Comptroller's Office is responsible for administration of the NYS Retirement System. Their website: <http://www.osc.state.ny.us/retire/members/index.php>, includes forms, contract 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 Ulster County 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.

REGISTER for Retirement Information Online!

You may now register for an online account to access all retirement benefit information.



Retirement Online

Your Benefits. Your Way!

- Review your benefits
- Update contact information
- Apply for a loan (active members only)
- Submit beneficiary changes

▶ Visit www.osc.state.ny.us/retire and look for the Retirement Online logo to signup.

The New York State Retirement System is phasing out paper forms and applications soon !!

Create your online account with the New York State Retirement and have all your retirement information, forms and applications at your fingertips!

2018 Ulster County Holiday Schedule

NEW YEAR'S DAY	MONDAY, JANUARY 1
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 15
LINCOLN'S BIRTH DAY **	MONDAY, FEBRUARY 12
PRESIDENT'S DAY	MONDAY, FEBRUARY 19
GOOD FRIDAY **	FRIDAY, MARCH 30
MEMORIAL DAY	MONDAY, MAY 28
INDEPENDENCE DAY	WEDNESDAY, JULY 4
LABOR DAY	MONDAY, SEPTEMBER 3
COLUMBUS DAY	MONDAY, OCTOBER 8
ELECTION DAY **	TUESDAY, NOVEMBER 6
VETERAN'S DAY	MONDAY, NOVEMBER 12
THANKSGIVING DAY	THURSDAY, NOVEMBER 22
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 23
CHRISTMAS DAY	TUESDAY, DECEMBER 25

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

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