



**MICHAEL P. HEIN**, *County Executive*  
[www.ulstercountyny.gov/personnel/](http://www.ulstercountyny.gov/personnel/)

**Benefit Open Enrollment**  
*November 1—November 20, 2017*

**Benefit Plan Year**  
*January 1—December 31, 2018*



# **2018 NON-MEDICARE ELIGIBLE RETIREES BENEFITS GUIDE**

## **Benefits Offered**

*Medical*  
*Prescription Drug*  
*Dental*  
*Vision*

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

FROM: Sheree Cross, Personnel Officer  
DATE: October 23, 2017  
RE: 2018 Health Insurance Rates and Important Changes  
For **Non-Medicare Eligible Retirees**

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In 2018, the County will continue to offer Empire Blue Cross / Blue Shield PPO and Direct POS medical programs as provided in 2017. If you are not making any changes, renewal enrollment is automatic. However, since the County has contracted with a new Health Insurance broker, payments are required to be made by Electronic Funds Transfer. **The new ACH Form follows this letter and must be completed, have a voided check attached, and returned to the address listed by November 10, 2017.** If your payment for coverage is \$0, please complete the Benefit Enrollment Change Form on page 3 of the booklet and return directly to the Benefits Office.

**New Medical and Prescription Benefit ID Cards** – All Empire BCBS cards and Express Scripts cards will have new ID and Group numbers and will be replaced. The Express Scripts cards will now appear as RxBenefits cards. The Delta Dental and Davis Vision programs will continue in 2018 and the current cards will continue to be valid.

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

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

(click on '2018 Non-Medicare Eligible Retiree Health Insurance Benefit Information'), or from the Benefits Office. We strongly encourage you to review the information provided. We encourage you to visit the **empireblue.com** website to see what programs your doctors may participate in, so you may make the best plan choice for you and your family. Over the past few years, many of the differences between the PPO and POS have been eliminated so the less expensive POS may now serve your needs. If you desire to make coverage changes, please include a letter explaining your changes and mail with your new ACH form to the address on the ACH form.

**ULSTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**

**Ulster County Website:** [www.co.ulster.ny.us](http://www.co.ulster.ny.us)



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

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

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**IF YOU DO NOT PAY ANY PREMIUMS FOR YOUR RETIREE COVERAGES YOU MUST COMPLETE THE FOLLOWING SECTION AND RETURN IT DIRECTLY TO Kevin Roach, Ulster County Employee Benefits Office, P.O. Box 1800, Kingston, N.Y. 12402**

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I am a retiree or retiree spouse enrolled in the Empire BCBS and/or Dental & Vision plans and I do not have to pay a monthly premium and I wish to continue to receive my coverage for 2018.

-----  
Signature

-----  
Printed Name

-----  
Date

# ACH Form for Ulster County Retirees

## AUTOMATIC PAYMENT (ACH) REQUEST FORM

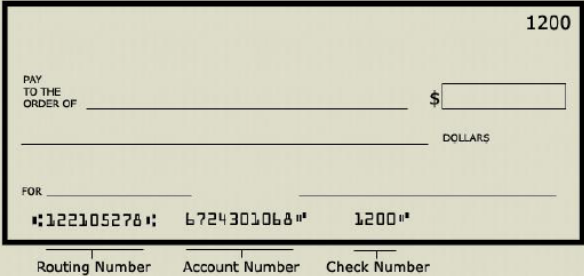
**PLEASE READ:**

1. For Retiree billing, you must be paid through the current coverage month. Please note, ACH is only available for monthly billing periods.
2. Complete **Section 1** -- Participant Information.
3. Attach a voided check (or photocopy). We are not able to accept deposit slips; they do not always show the required information.
4. If you do not supply a voided check, complete **Section 2**.
5. Complete **Section 3** and mail the form along with your voided check to the address below.
6. When adding your ACH, please note we need to receive notification at least 10 days prior to the 1<sup>st</sup> of the month.
7. When canceling or changing your ACH, please note we need to receive notification at least 15 days prior to the 1<sup>st</sup> of the month of your request. If your request is **received after** this timeframe, we will continue to process your ACH as normal.
8. We are not able to process incomplete forms.

**SECTION 1 - PARTICIPANT INFORMATION**

<input type="checkbox"/> <b>ADD AUTHORIZATION</b>	<input type="checkbox"/> <b>CANCEL AUTHORIZATION</b> Effective:	<input type="checkbox"/> <b>CHANGE AUTHORIZATION</b> Effective:
Your Full Name (please print clearly)		Your Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone Number:		

**SECTION 2 - BANK ACCOUNT INFORMATION**

Bank Name:	Account Type (check one) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
Routing Number:	
Account Number:	
	

**SECTION 3 - AUTHORIZATION SIGNATURE**

Authorized Account Holder Signature	Date
Authorized Account Holder Signature	Date

I authorize **PARTNERS NAME** ("Company") to initiate a debit from my checking or savings account for my recurring scheduled payment via ACH. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of the amount equal to the new required premium payment plus any additional service fees, if any. This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company a reasonable opportunity to act on it. I understand that automatic debits will automatically cease if my coverage ends, is terminated or my automatic debit rejects for insufficient funds. I understand and agree to the terms outlined and authorize Company to make appropriate changes to my required premium deduction as necessary.

<b>Return This Form &amp; Check To:</b>  <b>Relph Benefit Advisors</b> Retiree Department 400 WillowBrook Office Park Ste 400 Fairport, NY 14450	<b>All Other Questions &amp; Support Issues:</b>  <b>Relph Benefit Advisors</b> 400 WillowBrook Office Park Ste 400 Fairport, NY 14450 (800)836-0026
Date Rec'd Date Processed	Processor V&V

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Letter from the County Personnel Department

ACH Form for Ulster County Retirees

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# Empire BCBS Website & [LiveHealthOnline.com](http://LiveHealthOnline.com) Instructions

## Register with [empireblue.com](http://empireblue.com) to get online access to your benefits.

From any computer with Internet access, type [empireblue.com](http://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**.

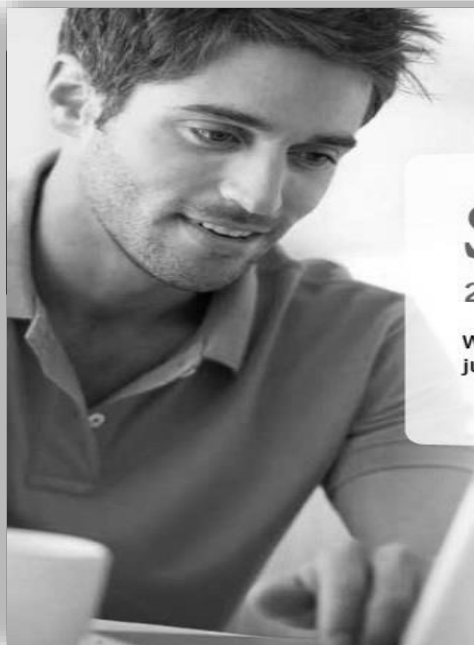
### Step 3: Email setup

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**.



**Empire**   
BLUECROSS BLUESHIELD

**LiveHealth**<sup>®</sup>  
ONLINE

## See a doctor online

24 hours a day, 365 days a year

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

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

Enroll today at [livehealthonline.com](http://livehealthonline.com)!

# ULSTER COUNTY RETIREE HEALTH INSURANCE ENROLLMENT FORM

LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH
HOME TELEPHONE #	ALTERNATE TELEPHONE		PERSONAL EMAIL ADDRESS

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

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

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

**EMERGENCY CONTACT:**

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

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

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

**DEPENDENTS:**

LAST NAME	FIRST NAME	RELATIONSHIP	SOC SEC #

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

**RETIREE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**FOR PERSONNEL DEPARTMENT USE ONLY:**

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





# 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

## 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](mailto:RxHelp@rxbenefits.com)
- Member Services: 1-800-334-8134

## VERIFY ELIGIBILITY

**Email** your requests to [eligibility@rxbenefits.com](mailto: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.

## 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  
amidarone  
AMITIZA  
amitriptyline  
amlodipine  
amlodipine/benazepril  
amlodipine/valsartan  
amoxicillin  
amoxicillin/potassium clavulanate  
AMPYRA  
anastrozole  
ANDRODERM  
ANDROGEL 1.62%  
ANORO ELLIPTA  
apri  
APRISO  
ARCAPTA NEOHALER  
aripiprazole  
ARISTADA [INJ]  
ARNIITY ELLIPTA  
ASMANEX HFA  
ASMANEX TWISTHALER  
atendol  
atenolol/chlorthalidone  
atorvastatin  
AVONEX [INJ]  
AZASITE  
azelastine nasal spray

azithromycin

### B

baclofen  
benazepril  
benzonatate  
BEPREVE  
BETASERON [INJ]  
BETHKIS  
BEVESPI AEROSPHERE  
bisoprolol/hctz  
BREQ 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  
cephalexin  
CETROTIDE [INJ]  
chlorthalidone 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  
dexa-methasone  
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  
digoxin 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  
glimperide

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/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

## K

ketoconazole topical  
KITABIS PAK  
KOGENATE FS [INJ]  
KOVALTRY [INJ]  
KYLEENA

## L

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

## M

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

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

## N

nabumetone  
NAMENDA XR  
NAMZARIC  
naproxen, naproxen sodium  
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  
NUEDEXTA  
NUVARING  
nystatin oral suspension  
nystatin topical

## O

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

OXYCONTIN

## P

pantoprazole delayed-release  
paroxetine  
PAZEO  
penicillin v potassium  
PENTASA  
PERFORMIST  
PHOSLYRA  
PICATO  
pioglitazone  
PLEGRIDY [INJ]  
polymyxin/trimethoprim  
eye solution  
potassium chloride  
ext-release  
PRALUENT [INJ]  
pramipexole  
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

## Q

QNASL  
QUDEXY XR  
quetiapine  
QUILLICHEW ER  
QUILLIVANT XR  
quinapril  
QVAR

## R

rabeprazole delayed-release  
RAGWITEK  
raloxifene  
ramipril  
RANEXA  
ranitidine  
RAPAFLO  
RASUVO [INJ]  
REBIF [INJ]  
RECTIV  
RELISTOR [INJ]

REMICADE [INJ]  
REPATHA [INJ]  
RESTASIS  
risperidone  
rizatriptan  
ropinirole  
rosuvastatin

## 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  
spironolactone  
sprintec  
SPRYCEL  
STELARA SQ [INJ]  
STIOLTO RESPIMAT  
STRIVERDI RESPIMAT  
SUBOXONE SL FILM  
sulfamethoxazole/  
trimethoprim  
sumatriptan  
SUPREP  
SYMBICORT  
SYMLINPEN [INJ]  
SYNJARDY, SYNJARDY XR

## T

TACLO NEX SUSPENSION  
tamoxifen  
tamulosin 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 SOSTAR [INJ]  
TOVIAZ

TRACLEER  
TRADJENTA  
tramadol  
TRAVATAN Z  
trazodone  
TRESIBA [INJ]  
triamcinolone topical  
triamterene/hctz  
trinessa  
tri-sprintec  
TRULICITY [INJ]  
TUDORZA PRESSAIR  
TYMLOS [INJ]

## U

UCERIS TABLETS  
ULORIC  
UPTRAVI

## V

valacyclovir  
valsartan  
valsartan/hctz  
VARUBI  
VASCEPA  
VELPHORO  
VELTASSA  
venlafaxine  
venlafaxine ext-release  
VENTOLIN HFA  
vera-pamil ext-release  
VESICARE  
VIAGRA  
VIBERZI  
VIIBRYD  
VIMPAT  
VIOKACE  
VYVANSE

## W

warfarin  
WELCHOL

## X

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, yuvafem, 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 OCUDOSE	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](http://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 0.825MG	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 OPHTH SOL 0.004%
ACTONEL 35MG	DJAVEE 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	EDECRIN 25MG	JANUMET 50/1000MG	QVAR 80MCG 100MCG	TRIUMEQ 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	TUDORAZA PRESSAIR 400MCG
AFINITOR 5MG	EFFIENT 10MG	JANUMET XR 100MG/1000MG	RAPAFLO 8MG	TWYNSTA 40/5MG
AFINITOR 10MG	EULDEL 1%	JANU VIA 25MG	RELPAZ 20MG	TWYNSTA 40/10MG
AGGRENOX 200/25MG	ELIQUIS 2.5MG	JANU VIA 50MG	RELPAZ 40MG	TWYNSTA 80/5MG
ALOCRIL OPHTH 2%	ELIQUIS 5MG	JANU VIA 100MG	RENAGEL 800MG	TWYNSTA 80/10MG
ALOMIDE 0.1%	ELMIRON 100MG	JARDIANCE 10MG	RENVELA 800MG	TYZKA 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	VENTOLIN 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	EPIDUO GEL PUMP 0.1%/2.5%	KOMBIGLYZE XR 2.5MG/1000MG	REYATAZ 200MG	VIMOVO 375/20MG
ARNIITY ELLIPTA 100MCG	EPIPEN 0.3MG	KOMBIGLYZE XR 5MG/500MG	REYATAZ 300MG	VIMOVO 500/20MG
ARNIITY 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 4.6MG/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	LOTEMAX SU SPENSION 0.5%	SOOLANTRA 1%	XALKORI 250MG
AXERT 12.5MG	EXJADE 125MG	LUMIGAN OPHTH 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 OPHTH 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	FELDEN 10MG	MIRAPEX ER 0.375MG	STIOLTO RESPIMAT	XIGDUO XR 10/500MG
BACTROBAN NASAL OINT 2%	FELDEN 20MG	MIRAPEX ER 0.75MG	2.5/2.5MCG	XIGDUO XR 10/1000MG
BANZEL 200MG	FETZIMA 20MG	MIRAPEX ER 1.5MG	STRATTERA 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	ZORVIRAX 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 OPHTH 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	NEXAVAR 200MG	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%	
CUMARA 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 OPHTH 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, contractors, 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.

# Dental Plan—Delta Dental

Group Number **9509**

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

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

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

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

<b>Delta Dental of New York</b> One Delta Drive Mechanicsburg, PA 17055	<b>Customer Service</b> 800-932-0783 (Business Hours: 8 am to 8 pm ET)	<b>Claims Address</b> 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.

Delta Dental PPO<sup>SM</sup>  
Benefit Highlights



# 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.<sup>1</sup>

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

### 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](http://davisvision.com) or call

**1.877.923.2847 and  
Enter Client Code 2769**

IN-NETWORK BENEFITS		
Eye Examination	Every 12 months, Covered in full	
Eyeglasses		
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses	
Frames	Every 12 months, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection <sup>1</sup> (value up to \$190) OR \$150 retail allowance toward any frame from provider, plus 20% off balance <sup>2</sup>	
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 <sup>2</sup> Specialty Contacts <sup>3</sup> : 15% discount <sup>2</sup>	
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup> OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>2</sup>	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS	Without Davis Vision	With Davis Vision
<small>Savings based on in-network usage and average retail values.</small>		
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$0
Photochromic Lenses (i.e. Transitions®, etc.) <sup>4</sup>	\$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 <sup>®/4</sup>	\$110	\$65
Frame	\$160	\$0
Total	\$514	\$65

Savings up to:  
**\$449**

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

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

<sup>3</sup>Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>4</sup>Transitions® is a registered trademark of Transitions Optical Inc.

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

# 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](http://davisvision.com) or call 1.877.923.2847 and enter Client Code 2769.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
<b>FRAMES</b>		
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
<b>LENSES</b>		
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
<b>Standard Progressive Addition Lenses</b>	<b>\$198</b>	<b>\$0</b>
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.) <sup>1</sup>	\$110	\$65
Scratch Protection Plan (Single vision   Multifocal lenses)		\$20   \$40

<sup>1</sup> 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

# 2018 Empire BCBS Summary of Benefits— POS Plan



An Anthem Company

## Your Summary of Benefits

### County of Ulster POS - 2018

Benefit	In-Network <sup>2</sup>	Out-of-Network <sup>3</sup>
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
<b>Covered Preventive Care<sup>1</sup></b>	<b>Member Pays</b>	<b>Member Pays</b>
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
<b>Home/Office/Outpatient Care</b>	<b>Member Pays</b>	<b>Member Pays</b>
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 <sup>4,5</sup>	\$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 <sup>4</sup> /MRA <sup>4</sup> , CAT Scan <sup>6</sup> , PET <sup>6</sup> and Nuclear Cardiology <sup>6</sup>	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatment)	Deductible and coinsurance
Chiropractic Care <sup>7</sup>	\$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 <sup>4</sup> (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Speech/Language <sup>4</sup> , Occupational <sup>4</sup> , 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 <sup>2</sup>	Out-of-Network <sup>3</sup>
<b>Inpatient Care<sup>4</sup></b>		
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
<b>Mental Health</b>		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care <sup>8</sup> As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
<b>Alcohol/Substance Abuse</b>		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification <sup>8</sup> (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation <sup>8</sup>	\$0	Deductible and coinsurance
<b>Other</b>		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment <sup>4</sup>	\$0	Deductible and coinsurance
Prosthetics & Orthotics <sup>4</sup>	\$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 <sup>1</sup>	Out-of-Network <sup>2,3</sup>
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
<b>Covered Preventive Care <sup>4</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
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
<b>Home/Office/Outpatient Care</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
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 <sup>5</sup> / 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 <sup>7</sup> /MRA <sup>7</sup> . CAT Scan <sup>7</sup> , PET <sup>7</sup> & Nuclear Cardiology <sup>7</sup>	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
– Office Visit	\$20 copayment	Deductible and Coinsurance
– Routine Testing	\$0	Deductible and Coinsurance
– Allergy Injections/Immunotherapy	\$0	Deductible and Coinsurance
Chiropractic Care <sup>7</sup>	\$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 <sup>5</sup> (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 <sup>5</sup> , Occupational <sup>5</sup> (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 <sup>1</sup>	Out-of-Network <sup>2,3</sup>
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
<b>Inpatient Care<sup>9</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
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
<b>Mental Health<sup>8</sup></b>	<b>Member Pays In-Network</b>	
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
<b>Alcohol/Substance Abuse<sup>8</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation <sup>9</sup>	\$0	Deductible and Coinsurance
<b>Other</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment <sup>6</sup>	\$0	Deductible and Coinsurance
Prosthetics & Orthotics <sup>5</sup>	\$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

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licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.