

Ulster County

Important Information for You and Your Family

Benefit Meetings:

October 17, 2013

Open Enrollment: 10/15/13-11/26/13

9:00 am - 11:00 am - Dept. Social Services.-downstairs mtg. room
12:30 pm - 2:30 pm - at COB 6th Floor, Legislature Chambers

Plan Year : January 1—December 31, 2014



Patriot Project

Ulster County Veteran's Homeless Shelter

www.ulstercountyny.gov/personnel/

Medical

Prescription Drug

Vision

Dental

Deferred Comp

Pearl Carroll

Aflac

Retirement Planning

EAP

Flexible Spending



MICHAEL P. HEIN
County Executive

ULSTER COUNTY PERSONNEL DEPARTMENT

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



BRENDA BARTHOLOMEW
Personnel Officer

JAMES FARINA
Director of Employee Relations

2014 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 2014. 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.

Legal Requirements – Under the Affordable Health Care Act, Ulster County as the employer has the responsibility to provide legal notifications to all employees. These legal notifications are extensive and have been compiled in a separate book, which should have accompanied this book. I encourage you to take the time to review these important notifications.

What's New for 2014

New York State of Health Marketplace – This is informational only and is not intended to replace your current health insurance offerings. However, you do have this option under the Affordable Health Care Act. If selected, you would be eligible for the Ulster County Health Insurance Buyout as per your collective bargaining agreement.

New York State of Health is the official health insurance Marketplace in New York under the Affordable Health Care Act. For more information you may visit the website at www.nystateofhealth.ny.gov/. The Marketplace offers a choice of low-cost quality health plans and financial assistance based on your income.

Discontinuance of Health Advocate Advantage – As of January 1, 2014, Empire Condition Care will be reinstated to replace the Health Advocate Advantage Program. The program assists employees and all family members covered under the Ulster County's health plan. The program is designed to offer personal coaching on specific information as it relates to specific chronic health conditions. It offers clear, information related to adherence to preventative screening and regimens, one-on-one help from a registered nurse, ongoing assistance with chronic conditions and other help to generate better medical outcomes through prevention, early detection and quality care. (See page 3 for more details)

Express Scripts Change in Formulary Options – Effective January 1, 2014, a select group of products will be removed from their National Preferred Formulary (also called Preferred Prescriptions) and will no longer be covered on this formulary. 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. Starting in October, Express Scripts' will launch a comprehensive

communication plan for members, physicians and pharmacists to ensure a smooth transition. As such, I encourage you to be aware of these changes and to be mindful of any mail correspondence you may receive from Express Scripts.

Express Scripts is also updating its standard coverage review process to include Express Scripts' Standard Formulary exception criteria, which allows exceptions when medically necessary.

In addition, there will be other changes to the 2014 National Preferred Formulary (addition 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.

Revised empireblue.com - The new and improved site is designed to give members a simpler, more personalized experience. You will still have secure access to the same information – but now it will be easier to find. You will see a snapshot of your benefits right away when you log in. Confusing insurance jargon will be replaced with clear, friendly language and it will take fewer clicks to find information about doctors, facilities, claims and more. (See page 2 for more information)

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

If you do not wish to participate in the Ulster County Health Insurance Programs, you must complete and sign a waiver indicating such. If a waiver is not received and you have not selected a Health Plan by December 1, 2013, under Federal rules the Benefits Office will enroll you in the POS individual plan with its appropriate payroll deduction.

Dependent Eligibility Verification. Eligible dependants 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.

The County reserves the right to ask for proof of dependent eligibility. 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 by 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.

HR Connection. Just a reminder: HR Connection is a valuable tool available to all employees and their families. This online resource affords the County another opportunity to communicate relevant information with respect to employee benefits. Employees may access HR Connection at <https://www.hrconnection.com>. This benefit book as well as many other health related resources may be found by visiting HR Connection.

If you have any questions, please feel free to contact me directly by telephone or email. I wish everyone a safe and happy year.

Sincerely,

Brenda Bartholomew

Brenda Bartholomew
Personnel Director

TABLE OF CONTENTS

Letter from the County Personnel Department

2014 Health Insurance Rate Grid.....	1
Empire On Line Portal Access	2
Empire Condition Care Programs.....	3
Ways to Save on Your Health Care Expenses	4
Ulster County Urgent Care Facilities In-Network	5
Delta Dental Summary of Benefits	6
Davis Vision Summary of Benefits	7
Labor/Management Sick Leave Bank Information	8
Ulster Scripts	9
Express Scripts	11
NYS Deferred Compensation Plan	14
Ulster County Health Insurance Buyout Guidelines & Procedures	15
Application for Health Insurance Buyout	16
Ulster County Health Insurance Coverage Waiver	17
Enrollment Application/Plan Change Form	18
Ulster Scripts Employee Enrollment Form	19
Ulster Scripts Dependent Enrollment Form	20
Flexible Spending Account	21
Employee Assistance Program (EAP)	24
Treasury Direct and 529 Program Information	25
Pearl Carroll Information	26
Aflac Information.....	28
2014 Empire BCBS Summary of Benefits– POS and PPO	30
Empire BCBS Claim Form (only required for out of network).....	34
Retirement Planning.....	35
2014 Ulster County Holiday Schedule	36

ULSTER COUNTY EMPLOYEE HEALTH INSURANCE RATES EFFECTIVE JANUARY 1, 2014		TIER OPTIONS		EMPLOYEE SHARE	
CSEA HIRED BEFORE 1/1/1994 <i>(fixed contributions)</i>	INDIVIDUAL W/ DENTAL AND VISION	MONTHLY		BI WEEKLY	
	2 PERSON W/ DENTAL AND VISION	POS	PPO	POS	PPO
	FAMILY W/ DENTAL AND VISION	\$8.00	\$8.00	\$4.00	\$4.00
		\$36.06	\$36.06	\$18.03	\$18.03
		\$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 <i>(fixed contributions)</i>	INDIVIDUAL W/ DENTAL AND VISION	MONTHLY		BI WEEKLY	
	2 PERSON W/ DENTAL AND VISION	POS	PPO	POS	PPO
	FAMILY W/ DENTAL AND VISION	\$0.00	\$0.00	\$0.00	\$0.00
		\$15.06	\$15.06	\$7.53	\$7.53
		\$15.06	\$15.06	\$7.53	\$7.53
	INDIVIDUAL DENTAL AND VISION ONLY	\$0.00		\$0.00	
	FAMILY DENTAL AND VISION ONLY	\$0.00		\$0.00	
CSEA HIRED 1/1/1994 - 9/19/2012 PBA HIRED AFTER 7/1/1994 UCSEA HIRED AFTER 7/1/1994 UCSA HIRED AFTER 5/18/2010 <i>(15% of total premium)</i>	INDIVIDUAL W/ DENTAL AND VISION	MONTHLY		BI WEEKLY	
	2 PERSON W/ DENTAL AND VISION	POS	PPO	POS	PPO
	FAMILY W/ DENTAL AND VISION	\$99.33	\$135.38	\$49.67	\$67.69
		\$187.65	\$259.19	\$93.82	\$129.59
		\$266.88	\$373.73	\$133.44	\$186.86
	INDIVIDUAL DENTAL AND VISION ONLY	\$5.88		\$2.94	
	FAMILY DENTAL AND VISION ONLY	\$15.16		\$7.58	
CSEA HIRED AFTER 9/20/2012 UCSA HIRED AFTER 4/1/2013 <i>(20% of total premium)</i>	INDIVIDUAL W/ DENTAL AND VISION	MONTHLY		BI WEEKLY	
	2 PERSON W/ DENTAL AND VISION	POS	PPO	POS	PPO
	FAMILY W/ DENTAL AND VISION	\$132.44	\$180.51	\$66.22	\$90.25
		\$250.20	\$345.59	\$125.10	\$172.79
		\$355.84	\$498.30	\$177.92	\$249.15
	INDIVIDUAL DENTAL AND VISION ONLY	\$7.84		\$3.92	
	FAMILY DENTAL AND VISION ONLY	\$20.22		\$10.11	
MANAGEMENT NON-UNION LEGISLATORS UCSA HIRED BEFORE 5/18/2010 <i>(10% of total premium)</i>	INDIVIDUAL W/ DENTAL AND VISION	MONTHLY		BI WEEKLY	
	2 PERSON W/ DENTAL AND VISION	POS	PPO	POS	PPO
	FAMILY W/ DENTAL AND VISION	\$66.22	\$90.25	\$33.11	\$45.13
		\$125.10	\$172.79	\$62.55	\$86.40
		\$177.92	\$249.15	\$88.96	\$124.58
	INDIVIDUAL DENTAL AND VISION ONLY	\$3.92		\$1.96	
	FAMILY DENTAL AND VISION ONLY	\$10.11		\$5.05	

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

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

Step 1: Personal information

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

Step 2: Username and password

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

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

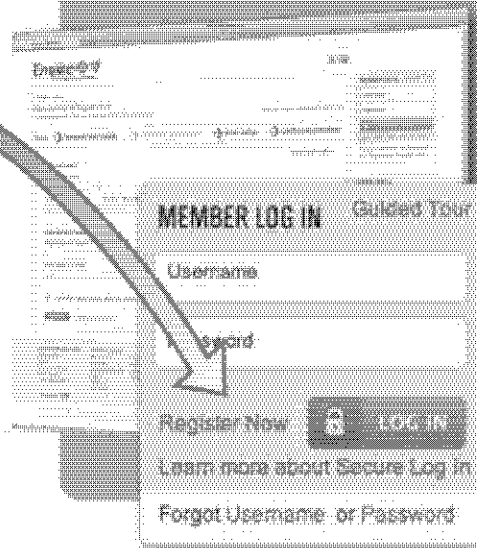
Step 3: Email setup

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

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

Step 4: Confirm registration

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



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



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

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

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

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

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ConditionCare

We want to help you feel your best

Let our health professionals help you live your best life

Do you or a covered family member have a long-term (chronic) health problem? ConditionCare is a program for you. It's already part of your benefits, so there is no added cost to join.

When you join ConditionCare, you'll get:

- 24-hour, toll-free access to a nurse who'll answer your questions.
- A health assessment by phone.
- Support from Nurse Coaches, pharmacists, dietitians, doctors and other health care professionals to help you reach your health goals.
- Educational guides, newsletters, and tools to help you learn more about your condition.

ConditionCare nurses work with members of all ages who have asthma or diabetes. They also work with adults who have chronic obstructive pulmonary disease (COPD), heart failure or coronary artery disease.

We may call to find out if ConditionCare can help you and ask you to sign up. To protect you, we'll verify your address or date of birth before talking about your health.

GET STARTED TODAY

To learn more or to join ConditionCare, call us toll-free at 866-372-2932.



ConditionCare is provided by Empire HealthCare of New York, Inc. (NYSE: EHC), a member of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. For more information, visit us online at www.conditioncare.com.

WAYS TO SAVE MONEY ON YOUR HEALTH CARE EXPENSES

- Consider choosing the POS instead of the PPO. Both plans local area networks are essentially the same. Neither plan requires referrals. The POS plan prescription coverage has lower co-pays. When you stay in network, both plans have the same co-pays and coverage, including emergency room coverage in our area and around the world.
- The next time you or a covered family member needs immediate care, consider using the services of one of the many local Urgent Care facilities. You will only have to pay the regular \$20 office visit co-pay instead of the \$100 emergency room co-pay. Check out the list on the next page, plan ahead, and become familiar with the location of the one most convenient for you and your family.
- For your medications, ask your physician to prescribe a generic instead of a brand name medication, or one on our formulary (list of included drugs) instead of a non-formulary choice. Your co-pay will be less in either of these situations.
- Using mail order methods for medications will save you one co-pay every three months. Many retail stores also have lists of certain medications they offer for even less than our co-pay. Always use your coverage card too, as that can make your payment even lower than their 3 month supply price. The co-pay is a maximum you can be charged so if the price is lower, you will only have to pay that amount.
- For brand name maintenance medications (ones that you take every month without changing anything) that do not have a generic option, consider using our mail order program, Ulster Scripts. Information and enrollment forms for employees covered by our Express Scripts plan and your dependants can be found in this book and if your medication is on their available medications, you can receive a 3 month supply for NO co-pay.
- Our coverage with Empire Blue Cross Blue Shield includes a free nurse helpline service. Consider making a phone call before your next trip to the doctor or emergency room. You might find your situation can be resolved without a needless inconvenient visit or possibly be delayed until your normal physician office is open the next morning.

Ulster County Area Urgent Care Facilities In-Network Listing

Crystal Run Healthcare

155 Crystal Run Rd.
Middletown, NY 10941
(845) 703-6333

Emergency One Urgent Care

40 Hurley Ave.
Kingston, NY 12401
(845) 338-5600

4250 Albany Post Rd.
Hyde Park, NY 12538
(845) 229-2602

Emurgent Care PLLC

11835 State Route 9W
West Coxsackie, NY 12192
(518) 731-9000

Emurgent Care PLLC

2676 Route 9W
Saugerties, NY 12477
(845) 247-9100

Excel Urgent Care

1 Hatfield Ln
Goshen, NY 10924
(845) 360-5530

Excel Urgent Care of Fishkill

1004 Main Street
Fishkill, NY 12524
(845) 765-2240

Express Pediatrics

1989 Route 52 Ste 3
Hopewell Junction, NY 12533
(845) 897-4500

7 Cummings Lane
Highland, NY 12528
(845) 691-8995

First Care Medical PC

222 State Route 299
Highland, NY 12528
(845) 691-3627

HQUMCP PC

1110 Route 55
Lagrangeville, NY 12540
(845) 485-4455

1418 Route 300
Newburgh, NY 12550
(845) 564-1418

1530 Route 9
Wappingers Falls, NY 12590
(845) 297-2511

HealthQuest Immediate Care

1110 Route 55
Lagrangeville, NY 12540
(845) 485-4455

1418 Route 300
Newburgh, NY 12550
(845) 564-1418

1530 Route 9
Wappingers Falls, NY 12590
(845) 297-2511

Orange Urgent Care Pllc

75 Crystal Run Rd.
Middletown, NY 10941
(845) 703-CARE (845-703-2273)

Delta Dental 2014 Summary of Benefits

Plan Benefit Highlights for: ULSTER COUNTY

Group No: 09509

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the calendar year that dependent turns 19 or the end of the calendar year in which dependent graduates or turns 25, whichever comes first, if dependent is full-time student
Deductibles	\$50 per person / \$150 per family each calendar year
Deductibles waived for Diagnostic, Preventive & Orthodontics?	Yes
Maximums	\$1,500 per person each calendar year
D & P counts toward maximum?	Yes

Delta Dental PPOSM
Benefit Highlights

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, sealants	100 %	100 %
Basic Services Fillings, simple tooth extractions	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Major 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	50 %	50 %
Orthodontic Maximums	\$ 1,500 Lifetime	\$ 1,500 Lifetime

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

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

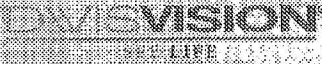
Delta Dental of New York One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0763	Claims Address P.O. Box 2105 Mechanicsburg, PA 17055-2105
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www.deltadentalins.com

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.

HLT_PPO_2COL_DDP (Rev. 1/6/10)

Davis Vision 2014 Summary of Benefits



The County Of Ulster

Premier Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. With the rising cost of eyewear you can't afford not to be covered through a managed vision care plan. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations, eyeglasses and contacts!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹

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

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

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



IN-NETWORK BENEFITS	
Eye Examination	Every 12 months, Covered in full
Eyeglasses	
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses
Frames	Every 12 months, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection ¹ (value up to \$225) OR \$50 retail allowance toward any frame from provider, plus 20% off balance ²
Contact Lenses	
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ ; includes contact lens Evaluation, Fitting & Follow Up Care OR \$105 retail allowance toward provider supplied contact lenses, plus 15% off balance ²

ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0
Standard Anti-Reflective (AR) Coating	\$62	\$35
Standard Progressives (no-line bifocal)	\$154	\$50
Plastic Photosensitive (Transitions ^{®/®})	\$123	\$65

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE
Eye Examination up to \$30 Frame up to \$50 Spectacle Lenses (per pair) up to: Single Vision \$30, Bifocal \$40, Trifocal \$50, Lenticular \$60 Elective Contacts up to \$105, Medically Necessary Contacts will be reimbursed in full with prior approval.

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$100	\$0
Lenses		
Bifocals	\$80	\$0
Scratch-Resistant Coating	\$45	\$0
Transitions ^{®/®}	\$123	\$65
Frame	\$150	\$0
Total	\$498	\$65



¹ The Davis Vision Collection is available at most participating independent provider locations.
² Additional discounts not applicable at Walmart or Sam's Club locations.
³ 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.

LABOR/MANAGEMENT SICK LEAVE BANK



CSEA Employees & Non-union management are eligible to join. For more information, call Jim Farina, 340-3536

The intent of the Sick Leave Donation Program is to provide a Sick Leave Bank (SLB) of leave days from which members may apply to use when in critical need of leave due to a catastrophic illness or injury (as defined in the program policy).

**YOU MAY JOIN ONLY DURING
OPEN ENROLLMENT PERIOD!**

- Complete an application to voluntarily donate leave with the understanding that donated leave will not be returned
- Must have a minimum of ten (10) sick days on the books AND one year of service.
- Donate two (2) sick leave days upon joining and automatically donate one (1) day per year as needed. Days are taken in January.
- Forms and Policy available on intranet, or from payroll clerks

CONFIDENTIAL & VOLUNTARY



Ulster Scripts Employee Program

Introduction:

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

Copayments:

All member copayments have been waived for this program.

Ulster Scripts Vs. Current local purchase plan

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

Ordering Instructions:

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

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

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

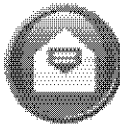
RETURN YOUR COMPLETED AND SIGNED ENROLLMENT FORM AND ORIGINAL PRESCRIPTIONS:



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

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

OR



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

More forms are available:

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

WELCOME TO Ulster Scripts Employee Program

January 2014



Ulster Scripts Employee Program

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

ABILIFY 2MG	DULERA 200MG/5MCG	MIRAPEX ER 3.75MG	ULORIC 80MG
ABILIFY 5MG	EDARBI 40MG	MIRAPEX ER 4.5MG	VENTOLIN HFA 100MCG
ABILIFY 10MG	EDARBI 80MG	MULTAQ 400MG	VERAMYST 27.5MCG
ABILIFY 15MG	EDECORIN 25MG	NAMENDA 5MG	VESICARE 5MG
ABILIFY 20MG	EDURANT 25MG	NASONEX 50MCG	VESICARE 10MG
ABILIFY 30MG	EFFIENT 5MG	NEXIUM 20MG	VIMOVO 500/20MG
ABILIFY DISMELT 10MG	EFFIENT 10MG	NEXIUM 40MG	VIVELLE-DOT 25MCG
ABILIFY DISMELT 15MG	ELIDEL 1%	NEXIUM DR 10MG	VIVELLE-DOT 37.5MCG
ACTONEL 30MG	ELMIRON 100MG	NOR7ATE CREAM 1%	VIVELLE-DOT 50MCG
ACTONEL 35MG	EMADINE 0.05%	OMNARIS NASAL SPRAY 50MCG	VIVELLE-DOT 75MCG
ACTONEL 150MG	EMTRIVA 200MG	ONGLYZA 2.5MG	VIVELLE-DOT 100MCG
ACZONE 5%	ENABLEX 7.5MG	ONGLYZA 5MG	VOLTAREN GEL
ADCIRCA 20MG	ENABLEX 15MG	OPTIVAR 0.05%	VYTORIN 10/10MG
ADVAIR DISKUS 100MCG	EPIDIO 0.1%/2.5%	ORACEA 40MG	VYTORIN 10/20MG
ADVAIR DISKUS 250MCG	EPHEDRINE 100MG	ORTHO-EVRA	VYTORIN 10/40MG
ADVAIR DISKUS 500MCG	EVISTA 60MG	ORTHO-TRI-CYCLEN LO	XARELTO 10MG
ADVAIR HFA 45/21MCG	EXELON 3MG	OXYTROL 3.9MG	XARELTO 15MG
ADVAIR HFA 115/21MCG	EXELON 4.8 MG/24HR	PATANOL OPHTH SOLUTION 0.1%	XARELTO 20MG
ADVAIR HFA 230/21MCG	EXELON 6MG	PENTASA 500MG	XELODA 150MG
AGGRENOX 200/25MG	EXFORGE 5/160MG	PRADAXA 75MG	XELODA 500MG
ALKERAN 2MG	EXFORGE 10/160MG	PRADAXA 150MG	XENICAL 120MG
ALOCRIOL OPHTH 2%	EXFORGE 320/5MG	PRANDIN 0.5MG	ZEMPLAR 1MCG
ALOMIDE 0.1%	EXFORGE 320/10MG	PRANDIN 1MG	ZETIA 10MG
ALREX 0.2%	EXFORGE HCT 160/12.5/5	PRANDIN 2MG	ZOMIG 2.5MG
ALVESCO 60MCG 100MCG	EXFORGE HCT 160/12.5/10	PREMARIN 0.3MG	ZOMIG ZMT 2.5MG (1X6)
ALVESCO 160MCG 200MCG	EXFORGE HCT 160/25/5	PREMARIN 0.625MG	ZOVIRAX CREAM 5%
ARTHROTEC 50MG	EXFORGE HCT 160/25/10	PREMARIN 1.25MG	ZYCLARA 3.75%
ARTHROTEC 75MG	EXJADE 125MG	PREMARIN VAG 0.625MG/6M	
ASACOL HD 800MG	EXJADE 250MG	PREMPRO 0.3/1.5MG	
ASMANEX TWISTHALER 220MCG	EXJADE 500MG	PREMPRO 0.625MG/2.5MG	
ATRIPLA 600-200-300MG	EXTAVIA KIT 0.3MG	PREMPRO 0.625MG/5MG	
ATROVENT HFA 20UG	FINACEA 15%	PREVACID SOLUTAB 15MG	
AVANDAMET 2MG/500MG	FLOVENT 44MCG 50MCG	PREVACID SOLUTAB 30MG	
AVANDAMET 4MG/500MG	FLOVENT 110MCG 125MCG	PRISTIQ 50MG	
AVANDAMET 4MG/1000MG	FLOVENT 220MCG 250MCG	PRISTIQ 100MG	
AVANDIA 2MG	FLOVENT DISKUS 50MCG	PROTOPIC OINTMENT 0.03%	
AVANDIA 8MG	FLOVENT DISKUS 100MCG	PROTOPIC OINTMENT 0.1%	
AVODART 0.5MG	FLOVENT DISKUS 250MCG	QVAR 46MCG 50MCG	
AXERT 12.5MG	FORACIL + AEROLIZER 12MCG	QVAR 86MCG 100MCG	
AXERT 6.25MG	FOSAMAX-D 70/2600MG	RANEXA 500MG	
AZILECT 1MG	FOSRENOL CHEW 250MG	RAPAFLO 4MG	
AZOPT OPHTH DROPS 1%	FOSRENOL CHEW 500MG	RAPAFLO 8MG	
AZOR 20/5MG	FROVA 2.5MG	RELPAK 20MG	
AZOR 40/5MG	GELINQUE 10%	RELPAK 40MG	
AZOR 40/10MG	GALENYA 0.5MG	RETIN A MICRO GEL 0.04%	
BANZEL 200MG	GLEEVEC 100MG	RETIN A MICRO GEL 0.1% PUMP	
BANZEL 400MG	GLEEVEC 400MG	REVATIO 20MG	
BARACLUDE 0.5MG	GLUCAGEN HYPOKIT 1MG	RHEUMATREX 2.5MG	
BECONASE AQ 0.04%	GLUMETZA ER 1000MG	RHINOCCORT AQ 32MCG	
BENICAR 20MG	HEPSERA 10MG	RHINOCCORT AQ 64MCG	
BENICAR 40MG	INCEVEX 375MG	RIDaura 3MG	
BENICAR HCT 20MG/12.5MG	INLYTA 1MG	SALAGEN 5MG	
BENICAR HCT 40MG/12.5MG	INLYTA 5MG	SANCTURA XR 60MG	
BENICAR HCT 40MG/25MG	INSPIRA 25MG	SAPHRIS 5MG	
BENZACLIN PUMP	INSPIRA 50MG	SAPHRIS 10MG	
BETOPTIC S OPHTH 0.25%	INTELENCE 100MG	SEREVENT DISKUS 50MCG	
BRILINTA 90MG	INTELENCE 300MG	SEROQUEL XR 50MG	
BYSTOLIC 5MG	INVEGA 3MG	SEROQUEL XR 150MG	
CAMBIA 50MG	INVEGA 6MG	SEROQUEL XR 200MG	
CARDURA XL 4MG	INVEGA 9MG	SEROQUEL XR 300MG	
CARDURA XL 8MG	INVRASE 500MG	SEROQUEL XR 400MG	
CEENU 40MG	JALYN 0.5MG/0.4MG	SORIATANE 10MG	
CELEBREX 100MG	JANUMET 50/500	SORIATANE 25MG	
CELEBREX 200MG	JANUMET 50/1000	SPIRIVA 13MCG	
CLIMARA PRO 0.045/0.015	JANUVIA 25MG	STALEVO 50MG	
COLAZAL 750MG	JANUVIA 50MG	STALEVO 100MG	
COMBIGAN 0.2-0.5%	JANUVIA 100MG	STALEVO 125MG	
COMPLERA 200/25/300MG	LAMICTAL DISPERSIBLE 25MG	TARCEVA 100MG	
CRESTOR 5MG	LESCOL XL 80MG	TARKA 2/180MG	
CRESTOR 10MG	LEUKERAN 2MG	TASMAR 100MG	
CRESTOR 20MG	LEXIVA 700MG	TAZORAC CREAM 0.05%	
CRESTOR 40MG	LIALDA 1.2GM	TAZORAC CREAM 0.1%	
CUPRIMINE 250MG	LOTEMAX 0.5%	TAZORAC GEL 0.05%	
CYMBALTA 20MG	METROGEL 1%	TAZORAC GEL 0.1%	
CYMBALTA 30MG	MICARDIS 20MG	TEKTURNA 300MG	
CYMBALTA 60MG	MICARDIS 40MG	TEKTURNA HCT 300/12.5MG	
DALIRESP 500MCG	MICARDIS 80MG	TEKTURNA HCT 300/25MG	
DETROL LA 2MG	MICARDIS HCT 40/12.5MG	TEVETEN HCT 600/12.5MG	
DETROL LA 4MG	MICARDIS HCT 60/12.5MG	TOVIAZ 4MG	
DEKILANT DR 30MG	MICARDIS HCT 80/25MG	TOVIAZ 8MG	
DEKILANT DR 60MG	MIGRANAL NASAL SPRAY 4MG/ML	TRADJENTA 5MG	
DIFFERIN GEL 0.3%	MIRAPEX ER 0.375MG	TRAVATAN Z OPHTH SOLUTION 0.004%	
DIOVAN 40MG	MIRAPEX ER 0.75MG	TRIBENZOR 20/5/12.5MG	
DIOVAN 80MG	MIRAPEX ER 1.5MG	TRIBENZOR 40/5/12.5MG	
DIOVAN 160MG	MIRAPEX ER 3MG	TRIBENZOR 40/5/25MG	
DIOVAN 320MG		TRIBENZOR 40/10/12.5MG	
DULERA 100MCG/5MCG		TRIBENZOR 40/10/25MG	

NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. For a greater savings to your healthcare plan, ask your physician about taking a Generic equivalent of your medication.

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

January 2014

Important Benefit Update:

Attention Member:

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

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



Notice to Express Scripts Participating Pharmacies

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

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

NEED ASSISTANCE?

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

2014 Express Scripts Co-Pays

PPO 10/25/40

POS 5/20/40

Mail order = copay 2x's

NEED ADDITIONAL ASSISTANCE?

**Contact Deb Niezgoda @ Rose & Kiernan, Inc.
 845-338-6694-ext. 4323**



2014 Express Scripts National Preferred Formulary

A	benzenotate BEPREVE BESIVANCE BETOPTIC S BEYAZ bisoprolol/ hydrochlorothiazide BRILINTA BROMDAY brudonide neb susp bucopron bupropion ext-release (12 hour) bupropion ext-release (24 hour) buspirone butalbital/acetaminophen/ caffeine BUTRANS BYDUREON [INJ] BYETTA [INJ] BYSTOLIC	B	bactofen benazepril benazepril/ hydrochlorothiazide BENICAR, BENICAR HCT BENZAFLIN PUMP	C	calcipotriene CANASA CARAC carbidopa/levodopa carvedilol cefdinir cefprozil cefuroxime CELEBREX CENESTIN cephalexin CETROTIDE [INJ] chlorothalidone chlorfonic gonadotropin [INJ] CIALIS CIPRODEX ciprofloxacin ciprofloxacin eye solution citalopram clarithromycin clindamycin hcl clindamycin phosphate clotbetasol propionate clomiphene citrate clonazepam clonidine clopidogrel clobtrimazole/ betamethasone dipropionate COLCRY'S COMBIGAN COMBIPATCH COMBINENT RESPIMAT CONCEPTION KIT COPAXONE [INJ] COREG CR CREON CRESTOR CRINONE	D	cyanocobalamin [INJ] cyclobenzaprine	E	EFFIENT ELIHEL eliphas ELIQUIS enalapril ENBREL [INJ] ENDOMETRIN ENJUVIA enoxaparin [INJ] EPIDIO EPIPEN, EPIPEN JR [INJ] ergocalciferol erythromycin eye ointment escitalopram estradiol estradiol/norethindrone acetate efedrac EUFLEXA [INJ] EURAX EVAMIST EVISTA EXELON PATCHES EXFORGE, EXFORGE HCT EXTAVIA [INJ]	F	famotidine	G	gabapentin GELNQUE gemfibrozil GENOTROPIN [INJ] glimepiride GLIENYA glimepiride glipizide glipizide ext-release GLUCAGON [INJ] GLUCAGON [INJ] glyburide glyburide/metformin GONAL-F [INJ] GRALISE	H	HALFYLETY-BISACODYL HUMALOG [INJ] HUMATROPE [INJ] HUMIRA [INJ] HUMULIN [INJ] hydrochloride hydrochlorothiazide hydrocodone/ acetaminophen hydrocodone/ chlorpheniramine poisitelex hydrocodone/tamoxifen hydrocodone/tuoprofen hydrocortisone topical hydroemorphona hydroxychloroquine hydroxyzine hcl hydroxyzine pamoate	I	ibandronate ibuprofen ILEVSO INCYVER indomethacin INTUNIV	J	fenofibrate fenofibrate micronized fentanyl citrate FENTORA FINACEA, FINACEA PLUS finasteride fluconazole fluocinonide fluoretinone fluticasone nasal spray FOCALIN XR folic acid FORADIL FOSPREMOL FRAGMIN [INJ] furosemide	K	ketconazole topical KOMBIGLYZE XR KRISTALOSE	L	labetalol hcl LANCITAL DOT lanoxazine lanoprazole delayed-release LANTUS, LANTUS SCHLÖSTAR [INJ] latanoprost LATUDA LETARIS levabuterol LEVEMIR, LEVEMIR FLEXPEN [INJ] levetiracetam levocabazine levofloxacin levothyroxine sodium LIALDA LIPNESS lisdextroamphetamine LIPROFEM LIPTRUZET lisinopril lisinopril hydrochlorothiazide lithium carbonate LOESTRIN 24 FE, LO LOESTRIN FE lorazepam loroxylin losartan losartan/ hydrochlorothiazide LOTEMAX lovastatin LOVASA LUMIGAN LUNESTA LYRICA	M	MAKENA [INJ] meclizine hcl medroxyprogesterone acetate mabixicam	N	nabumetone nadalet NANENDA, NANENDA XR naproxen, naproxen sodium NASOBAL NASONEX NATAZIA neomycin/polymyxin/ hydrocortisone ear drops NEVANAC NEVANAM NASPAIN nifedipine ext-release nifedipine macrocrystal NITROLINGUAL PUMPSPRAY NOROTROPIN [INJ] nortriptyline NUCYNTA, NUCYNTA ER NUDEKTA NUVARING nyctatin nyctatin/triamcinolone	O	ofloxacin eye solution olanzapine omeprazole delayed-release ondansetron
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You can get more information and updates to this document at our website at www.express-scripts.com.

(continued)

ondansetron orally disintegrating tablets
ONE TOUCH KITS/STRIPS:
 BASIC, ULTRA 2,
 ULTRAMINI,
 ULTRASMART, VERIO IQ
ONE TOUCH TEST STRIPS:
 FASTRAE, ONE TOUCH,
 SURESTEP, ULTRA,
 VERIO
ONIGLYZA
OPANA ER
ORACEA
ORENCIA (INJ)
 orsythia
ORTHOVISC (INJ)
 oxcarbazepine
 oxybutynin
 oxybutynin ext-release
 oxycodone
 oxycodone/acetaminophen
OXYCONTIN

P
 pantoprazole
 delayed-release
 paroxetine
PATADAY
PATANOL
PEGASYS, PEGASYS
PROLISICK (INJ)
 penicillin v potassium
PENTASA
PERFOROMIST
 pioglitazone
 polymyxin/trimethoprim
 potassium chloride
 ext-release
POTIGA
PRADAXA
 pramipexole
PRAMOSONE
 PRAMOSONE E
 pravastatin
 prednisolone
 prednisolone acetate
 prednisolone sodium
 phosphate
 prednisone
PREMARIN TABS
PREMPHASE
PREMPRO
PRISTIQ
PROAIR HFA
PROCRIT (INJ)
PRODIGY INSULIN SYR,
PEN NEEDLES
 progesterone micronized
PROLENSA
 promethazine
 promethazine/
 dextromethorphan
 propranolol
 propranolol ext-release
PROTOPIC
PULMICORT FLEXHALER
PYLEXA

Q
QNASL
 quetiapine
QUILLIVANT XR
 quinaquil
QVAR

R
 ranipril
RANEXA
 ranitidine
RAPAFLO
 REBIF, REBIF
 REBIDOSE (INJ)
 rectipso
RECTIV
RELISTOR (INJ)
 RELPAX
REMYELA
 RESTASIS
 risperidone
 rizatriptan
 rizatriptan orally
 disintegrating tablets
 ropinirole

S
SABYRAL
SANCTUSO
SAVELLA
SEREVENT DISKUS
SEROQUEL XR
 sertraline
SIMCOR
 simvastatin
SOLARAZE
SOLODYN 55 MG, 65 MG,
80 MG, 105 MG, 115 MG
SOMATULINE DEPOT (INJ)
 sotolol
SPRIVA
 spironolactone
 sprintac
STRATTERA
 SUBOXONE SL FILM
SUCLEAR
 succralfate
 sulfamethoxazole/
 trimethoprim
 sumatriptan
SUMAVEL DOSEPRO (INJ)
SUPREP
SYMBICORT
SYNALFEN (INJ)

T
TACLONEX
TAMIFLU
 tamoxifen
 tamsulosin ext-release
TARVA
TAZORAC
TECFIDERA
TEKAMLO
TEKTURNA, TEKTRUNA HCT
 temazepam
 terazosin
 terconazole
 testosterone
 cypionate (INJ)
 timolol maleate
 eye solution
 tizanidine
TORADEx OINTMENT
TORADEx ST
 tobramycin eye solution
 tobramycin/
 dexamethasone susp
 toprimate
TORVAZ
TRACLEER

tramadol
 tramadol/acetaminophen
TRAVATAN Z
 travoprost
 trazodone hcl
 tretinoin
TREXIMET
 triamcinolone acetonide
 nasal spray
 triamcinolone acetonide
 topical
 triamterene/
 hydrochlorothiazide
TIBENZOR
 tifenasa
 tri-proflerin
 tri-spartec
TUDORZA

U
UCERIS
ULORIC

V
VAGIFEM
 valacyclovir
 valsartan/
 hydrochlorothiazide
VASCEPA
 VELTIN
 venlafaxine
 venlafaxine ext-release
VENTOLIN HFA
 verapamil ext-release
 vertebro
VESICARE
VISO
VIAGRA
VICTRELIS
VIGAMOX
VIBRYD
VIMOVO
VIMPAT
VIRAMUNE XR
VIVELLE-DOT
VOLIBRIEN GEL
VYTORIN
VYVANSE

W
 warfarin
WELCHOL

X
XARELTO
XIFAXAN

Z
ZEMPLAR
ZENPEP (EXCEPT 5,000 U)
ZETA
ZIAXIA
 zolmitriptan
 zolmitriptan orally
 disintegrating tablets
 zolpidem
 zolpidem ext-release
ZONIC NASAL
ZYCLARA
ZYLET
ZYMAXID
ZYTHOA

Excluded Medications With Covered Preferred Alternatives
 The following is a list of excluded brand-name medications with covered preferred alternatives that are on the formulary. Column 1 lists excluded medications. Column 2 lists covered preferred alternatives that can be prescribed.

Excluded Medications	Covered Preferred Alternatives
ACCU-CHEK METERS/STRIPS	OneTouch meters/strips
ADVAIR DISKUS/AA	Qvar, Symbicort
ALVESCO	Asmanex, Pulmicort Flexhaler, QVAR
APDRA	Hemalog
AURA-Q	Epipen, Epipen Jr
AVAZA	morphine sulfate ext-release, oxycodone ext-release, Nucynta ER, Opana ER, Oxycotin
BECONASE AQ	Budesonide, Fluticasone, Triamcinolone acetonide, Nasacort, Qnasl
BETAGESIC	Ayovex, Exaltia, Relbit
BRAWELLE	Gonal-F
BREEZE, CONTOUR METERS/STRIPS	OneTouch meters/strips
BREG KLIPTA	Qutera, Symbicort
CHIZIA	Enbrel, Humira
EDARBEFOARBICLOR	candesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, BenicafHCT
EMGEO	morphine sulfate ext-release, oxycodone ext-release, Nucynta ER, Opana ER, Oxycotin
FLOVENT DISKUS/AA	Asmanex, Pulmicort Flexhaler, QVAR
FOLLISTIM AQ	Gonal-F
FORTESTA	Andropel, Anion
FREESTYLE, FREELIGN METERS/STRIPS	OneTouch meters/strips
GENADUETO	Janumet, Janumet XR, Kombiglyze XR
KADIAN	morphine sulfate ext-release, oxycodone ext-release, Nucynta ER, Opana ER, Oxycotin
KAZANO	Janumet, Janumet XR, Kombiglyze XR
LEVITRA	Cialis, Viagra
MAXAIR AOTIHALER	Proair HFA, Ventolin HFA
MICARDIS/MICARDIS HCT	candesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, BenicafHCT
NEOSINA	Januvia, Qnasl
NEVGEN	Nasacort
NEVOLIN	Hemalog
NETROPIN/NETROPIN AQ	Genotropin, Humatrop, Norditropin
ONNARIS	Budesonide, Fluticasone, Triamcinolone acetonide, Nasacort, Qnasl
OMNITROPE	Genotropin, Humatrop, Norditropin
OSICENTRON	Pagaya
PROVENT HFA	Proair HFA, Ventolin HFA
RHINOQUEST AQUA	Budesonide, Fluticasone, Triamcinolone acetonide, Nasacort, Qnasl
SAZEN	Genotropin, Humatrop, Norditropin
SIMPONI	Enbrel, Humira
SIBUYIN	Cialis, Viagra
STELARA	Enbrel, Humira
TESTIM	Andropel, Anion
TEV-EMV/TEV-EP HCT	candesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, BenicafHCT
TEV-TROPIN	Genotropin, Humatrop, Norditropin
TRADJENTA	Januvia, Qnasl
TRILETES, TRUE TRACK METERS/STRIPS	OneTouch meters/strips
VERAMYST	Budesonide, Fluticasone, Triamcinolone acetonide, Nasacort, Qnasl
VICTOZA	Bydureon, Byetta
VELMINTZ	Enbrel, Humira
XOPENEX HFA	Proair HFA, Ventolin HFA
ZEPINNA	Budesonide, Fluticasone, Triamcinolone acetonide, Nasacort, Qnasl
ZIOPHAN	tadalafil, tadalafil, tadalafil, tadalafil

KEY
 The symbol (INJ) next to a drug name indicates that the drug is available in injectable form only.
For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.
For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.
 Brand-name drugs are listed in CAPITAL letters.
 Generic drugs are listed in lower case letters.

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Your Missing Piece? The NYS Deferred Compensation Plan

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

Social Security was never meant to be a sole source of income. On average, a public pension will replace only about 50% of your current income after 25 years of service.* These two pieces are a great start, but enrolling in the New York State Deferred Compensation Plan may be one piece to help complete the puzzle.

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

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

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

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

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

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

* NCPERS Research Series: *The Top Ten Advantages of Maintaining Defined Benefit Pensions*. May 2007
Account Executives are registered representatives of Nationwide Investment Services Corporation, member FINRA.

U.C. Health Insurance Buyout Guidelines and Procedures

- If an employee is eligible for health insurance benefits but chooses not to enroll in the U.C health insurance plan and has obtained coverage through some other source, the employee can receive a buyout payment in lieu of coverage. The amount the employee would receive is dependent upon the unit to which the employee belongs as follows: CSEA - \$1,000 annually PBA - \$2,000 annually UCSEA - \$2,000 annually UCSEA - \$2,000 annually Management - \$2,000 annually
- All are paid quarterly except for UCSEA which is paid semiannually.
- The other coverage must be maintained at all times and failure to do so will result in the mandatory repayment of the buyout subsidy to U.C.
- Coverage must be a plan other than the Ulster County plan, except for PBA members.
- The following Buyout Application must be completed, signed, and returned to the U.C. Benefits Office by the end of the Health Insurance Open Enrollment period, or, in the event of coverage becoming available during the year, within 30 days of the start of the other coverage. Newly hired employees must submit the forms within 30 days of hire.
- Participants must renew the buyout option each year by completing the buyout form. When initially opting in and whenever the providing source of the other coverage is different than the expiring coverage, verification must be obtained from the other coverage provider by having Part 2 completed. If the other coverage is the same as the expiring coverage, only Part 1 of the form must be completed. All participants must provide a photocopy of their current ID card from the other coverage plan specifically showing the employee name.
- Buyout participants may opt out of the medical coverage and purchase the Dental and Vision coverage. See the 2014 Rate sheet for the appropriate premium.
- Please review the Buyout Application and contact the Employee Benefits Office with any questions or concerns.

APPLICATION FOR HEALTH INSURANCE BUYOUT

Part 1: To be completed by the U.C. employee

Name: _____ Phone: _____

I am currently enrolled in another health insurance plan and wish to decline medical coverage available to me through the Ulster County Health Insurance Plan. ***I understand that my other coverage cannot be an Ulster County Sponsored plan.*** I realize that this selection is for a period of one year, January 1 to December 31, _____ unless the other coverage becomes unavailable during the year. I understand that I must maintain the other coverage for the duration of the entire year or will be responsible to notify the Benefits Office and forgo the buyout payments. I have read the accompanying Guidelines and Procedures and agree to comply with all requirements.

Employee Signature _____ Date _____

PLEASE NOTE: Attach a copy of the I.D. card providing coverage.

Part 2: Documentation of Adequate Coverage for Initial enrollment in Buyout Program or renewal with Coverage Different from the Previous Year (To be completed by the Administrator of the other insurance plan in which the U.C. employee is enrolled)

This is to verify that the above named individual is currently covered by a health plan as indicated below:

If the above named is a dependant of another person, please list this person:

Please verify the employee's coverage includes the following:

Hospitalization _____ Medical/Surgical _____ Prescription _____

Signature of Benefits Administrator _____

Title:

Date:

Name of Company: _____

Telephone #:

Rose and Kiernan, Inc. ENROLLMENT APPLICATION

Employer Use Only

SECTION 1	Your Last Name		First	M.I.	Alternate ID No.	Social Security No.	Group Name Ulster County		
	Address					<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Billing Code	Employee Dept Code
	City	State		Zip Code		Date of Marriage / /		Effective Date Requested / /	
	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> COBRA						Date of Divorce / /		
	Date of Employment / / Date of Retirement / / Retirement Benefit %						Phone No. () - () -		R&K Use Only
						Employee No.		Billing Class	Group Code

SECTION 2	<input type="checkbox"/> New Enrollment/Reinstatement (complete Section 4) <input type="checkbox"/> Change Coverage to: (check new coverage)						SECTION 3	Other Coverage? Is there Coverage Under any other group health plan available to you or any member of your family <input type="checkbox"/> NO <input type="checkbox"/> Yes		
	<input type="checkbox"/> Cancel Coverage: (check those that apply) <input type="checkbox"/> Add or Delete Dependent: (complete section 4) <input type="checkbox"/> Active to Retiree: Retirement Date:		Type	Plan	IND	2-PER		FAM	If Yes; Policyholder Name	
	<input type="checkbox"/> Change Enrollee's Information: (complete Section 1 with new information) Reason:		Medical	EBCBS PPO	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Relationship <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
			Medical	EBCBS POS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Social Security Number	
			Dental	Delta	<input type="checkbox"/>			<input type="checkbox"/>	Birthdate / /	
			Vision	Davis	<input type="checkbox"/>			<input type="checkbox"/>	Insurance Company Name	
						Address		Policy Number		
						Plan Type: <input type="checkbox"/> Self only <input type="checkbox"/> Self and Family		Coverage Type: <input type="checkbox"/> Health <input type="checkbox"/> Drug <input type="checkbox"/> Dental <input type="checkbox"/> Vision		
Copy of medical is required if you have other coverage.										

LIST APPLICANT AND ALL ELIGIBLE DEPENDENTS										
SECTION 4	A	D	RELATIONSHIP	NAME			Birthdate	Social Security #	Medicare A&B	If the medical plan you are enrolling in requires a primary care physician the carrier will notify you by letter how to choose your pcp..
	D	E		LAST	FIRST	M.I.	(mo/day/yr)		Effective Date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self <input type="checkbox"/> M <input type="checkbox"/> F				/ /	- -	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse				/ /	- -	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Son <input type="checkbox"/> Daughter				/ /	- -	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Son <input type="checkbox"/> Daughter				/ /	- -	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Son <input type="checkbox"/> Daughter				/ /	- -	/ /	

SECTION 5	Do your dependents reside in you home? <input type="checkbox"/> Yes <input type="checkbox"/> No If no give address		Do you have a disabled dependent beyond age 26? <input type="checkbox"/> No <input type="checkbox"/> Yes List name(s):	

Applicants Signature: _____ Date: _____ Employer's Signature: _____

**Ulster County Health Insurance Coverage Waiver
Plan Year January 1, 2014– December 31, 2014**

I understand that I am eligible to participate in the Ulster County Employee Health Insurance plan for myself and my dependents.

I hereby elect to not participate in this program. I understand that this election is made in advance to cover the entire upcoming plan year and in no situation can I elect to change this selection during the policy year.

I understand the next opportunity I will have to participate in the Ulster County Health Insurance plan will be during the next open enrollment period.

Print Name: _____

Signature: _____

Date: _____

Please submit this waiver to the Employee Benefits Office during the Open Enrollment period.

Completion of this waiver is an annual requirement. Failure to properly complete and submit this form to the Employee Benefits Office will result in the employee only automatically being enrolled in the lowest priced plan option and the appropriate payroll deduction applied.



Ulster Scripts Employee Program

CanRx
Employee Enrollment Form

MEMBER ID #:

FAX DIRECTLY FROM YOUR DOCTOR'S OFFICE WITH YOUR PRESCRIPTION (S) TOLL-FREE TO: 1-866-715-(MEDS) 6337
OR
MAIL TO: Ulster Scripts, P.O. BOX 44660, DETROIT, MI., 48244-0660 PHONE TOLL-FREE: 1-866-883-(MEDS) 6337

PATIENT INFORMATION:		Birthdate _____ DDMM/YYYY	NOTE: Please request a 3-month supply of medication with 3 refills. New-to-you medications must be domestically prescribed, filled and taken for a period of no less than 30 days.
Phone (Home):	Phone (Work or Cell):		
First Name (please print)	Initial	Last Name	
Street Address			
City/State	Zip Code		

List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths. Ex. Benicor (This is NOT a prescription.)	Strength Ex. 30 mg	Reason for Taking Ex. Blood Pressure	Daily Use Ex. Twice Daily

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

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

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

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

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

AUTHORIZATION
I confirm that a U.S. Physician will regularly monitor me and that I have had a physical examination within the past 12 months. I verify that I have 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 and that the information provided by me is accurate and true.
I request and authorize Ulster County, NY, to pay for any and all services, fees and amounts relating to the prescription medications that I will obtain through this service.

Subscriber Signature: _____ Date: (DDMM/YY)

January 2014



Ulster Scripts Employee Program

CanaRx
Dependent Enrollment Form

MEMBER ID #:

FAX DIRECTLY FROM YOUR DOCTOR'S OFFICE WITH YOUR PRESCRIPTION(S) TOLL-FREE TO: 1-866-715-(MEDS) 6337
OR
MAIL TO: Ulster Scripts, P.O. BOX 44660, DETROIT, MI, 48244-0660 PHONE TOLL-FREE: 1-866-893-(MEDS) 8337

PATIENT INFORMATION: Birthdate _____ SPOUSE
DDMMYYYY DEPENDENT

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

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

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

First Name (please print) Initial Last Name

Street Address

City/State Zip Code

List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths. Ex. Benicar (This is NOT a prescription.)	Strength Ex. 10 mg	Reason for Taking Ex. Blood Pressure	Daily Use Ex. Twice Daily

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 and that the information provided above is accurate and true. I request and authorize Ulster County, NY, to pay for any and all services, fees and amounts relating to the prescription medications that I will obtain through this service.

Parent's/Guardian's Signature: _____ Date: (DDMMYY)

AUTHORIZATION IF THE PATIENT IS THE SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER
I confirm that a U.S. Physician will regularly monitor me and that I have had a physical examination within the past 12 months. I verify that I have taken the above listed medication 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 and that the information provided by me is accurate and true. I request and authorize Ulster County, NY, to pay for any and all services, fees and amounts relating to the prescription medications that I will obtain through this service.

Patient Signature: _____ Date: (DDMMYY)

ULSTER COUNTY
FLEXIBLE SPENDING ACCOUNT
Election Form and Compensation Reduction Agreement

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ DOB: _____ Sex: _____ Marital Status: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address (required): _____ Phone Number (____) _____
Date of Hire: _____ Enrollment Date: _____

Flexible Spending Plan Year: January 1, 2014 through December 31, 2014

My employer and I hereby agree that my cash compensation will be reduced by the amounts set forth below for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement). I also understand that I will be charged a \$3.00 per month account administration fee.

Premiums Under Certain Benefit Plans

I may be eligible for certain health, dental, and/or vision insurance coverage's.

Where I have enrolled for such plan(s), my premium contributions will be paid, if any, on a pre-tax basis, unless I complete an "Election Not to Participate" form available through my employer.

Unreimbursed Medical Expense Account

I elect to make contributions to a medical reimbursement account for this plan year as follows:

Amount of compensation reduction: \$ _____ per pay period, for _____ pay periods (max 24 pay periods)
Yearly compensation reduction: \$ _____
The annual plan limit is \$1,500 per participant.

Qualifying Medical Care Expenses

Under the Plan, you will be reimbursed only for those types of medical expenses normally deductible on your federal income tax return with certain exceptions (i.e., health insurance provided by a spouse's employer cannot be reimbursed).

III. Dependent Care Assistance Account

I elect to make contributions to a dependent care assistance account for this plan year as follows:

Amount of compensation reduction: \$ _____ per pay period, for _____ pay periods (max 24 pay periods)
Yearly compensation reduction: \$ _____
(Up to \$5,000 or \$2,500 if married filing separate tax returns)

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE EMPLOYER'S FLEXIBLE BENEFITS PLAN, MEDICAL REIMBURSEMENT PLAN, AND/OR DEPENDENT CARE ASSISTANCE PLAN AS AMENDED FROM TIME TO TIME; AND SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS. I UNDERSTAND THAT I CANNOT CHANGE ANY OF MY ELECTIONS DURING THE PLAN YEAR UNLESS I HAVE A CHANGE IN FAMILY STATUS AND THAT ANY MONEY LEFT IN MY ACCOUNT(S) AT THE END OF THE PLAN YEAR WILL BE FORFEITED.

Employee's Signature _____ Date _____

Accepted and agreed to by the employer's Authorized Representative.

By _____ Date _____

Please mail completed form to The Employee Benefits Department no later than 12/13/2013

Know Your Health Care FSA/HRA Eligible and Ineligible Expenses

Maximize the Value of Your Reimbursement Account

Your Health Care Flexible Spending Account (FSA) and/or Health Reimbursement Account (HRA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

Eligible Expenses

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL

- Dental X Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardograms
- Laboratory Fees
- X Rays

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Antibiotics
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

MEDICATIONS

- Insulin
- Prescription Drugs

OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doula*
- Lamaze Class
- OB/GYN Fees
- OB/GYN Prepaid Maternity Fee (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Ophthalmologist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

HRA ELIGIBLE

- Insurance Premiums
- Long-Term Care Premiums

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

The IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs or HRAs, as they are not prescribed by a physician for a specific ailment.

Ineligible Expenses

- Contact Lens or Eyeglass Insurance
- Cosmetic Surgery/Procedures
- Electrolysis
- Insurance Premiums and Interest (FSA Ineligible Only)
- Long Term Care Premiums (FSA Ineligible Only)
- Marriage or Cancer Counseling
- Personal Trainers
- Sunscreen (spf less than 30)
- Swimming Lessons

Note: This list is not meant to be all-inclusive.

Please Note: The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA or HRA funds unless accompanied by a prescription and the prescription is filled by a pharmacist.

Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- Acid controllers
- Acne medications
- Allergy & sinus
- Antiflatulent products
- Antifungal (Foot)
- Antiparasitic treatments
- Antiseptics & wound cleansers
- Anti-diarrheals
- Anti-gas
- Anti-itch & insect bite
- Baby rash treatments & creams
- Baby teething pain
- Cold sore remedies
- Contraceptives
- Cough, cold & flu
- Denture pain relief
- Digestive aids
- Ear care
- Eye care
- Feminine antifungal & anti-itch
- Fiber laxatives (bulk forming)
- First aid burn remedies
- Foot care treatment
- Hemorrhoidal creams
- Hemorrhoidal remedies
- Incontinence protection & treatment products
- Laxatives (non-fiber)
- Medicated nasal sprays, drops, & inhalers
- Medicated respiratory treatments & vapor products
- Motion sickness
- Oral contraceptives or treatments
- Pain relief (includes aspirin)
- Skin treatments
- Sleep aids & sedatives
- Smoking deterrents
- Stomach remedies
- Unmedicated nasal sprays, drops & inhalers
- Unmedicated vapor products

OTC items that are not medicines or drugs remain eligible for purchase with FSAs and HRAs.

Eligible Over-the-Counter Items (Product categories are listed in bold faces; common examples are listed in regular face.)

- **Baby Electrolytes and Dehydration**
Pedialyte, Enfalyte
- **Contraceptives**
Unmedicated condoms
- **Denture Adhesives, Repair, and Cleansers**
FiskCrips, ReNovator II, Piazol: Weld, Effident
- **Diabetes Testing and Aids**
Ascensia, One Touch, Diabetic: Iulin, Insulin syringes: glucose products
- **Diagnostic Products**
Thermometers, blood pressure monitors, cholesterol testing
- **Ear Care**
Unmedicated ear drops, syringes, ear wax removal
- **Elastics/Athletic Treatments**
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib balls
- **Eye Care**
Contact lens care
- **Family Planning**
Pregnancy and ovulation kits
- **First Aid Dressings and Supplies**
Band Aid, 3M Nexcare, non-sport tapes
- **Foot Care Treatment**
Unmedicated corn and callus treatments (e.g., callus inhibitors), devices, therapeutic insoles
- **Glucosamine &/or Chondroitin** **
Osteo Bi Flex, Cartimax D, Rest & Move Nutritional Supplements
- **Hearing Aid/Medical Batteries**
- **Home Health Care (limited segments)**
Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, mobilizers, electrical therapy products, catheters, unmedicated wound care, wheel chairs
- **Incontinence Products**
Attends, Depend, GoodNites for juvenile incontinence, Prevail
- **Prenatal Vitamins** **
Stuart Prenatal, Nature's Bounty Prenatal Vitamins
- **Reading Glasses and Maintenance Accessories**

Note: ** Require a Note of Medical Necessity from your health care provider to qualify for reimbursement.

For additional information, please contact your Plan Administrator.

This document is not intended to constitute an offer of insurance or any other financial product. It is provided for informational purposes only and does not constitute an offer of insurance or any other financial product. It is provided for informational purposes only and does not constitute an offer of insurance or any other financial product. It is provided for informational purposes only and does not constitute an offer of insurance or any other financial product. It is provided for informational purposes only and does not constitute an offer of insurance or any other financial product.

CHC 010 030911

UNDERSTANDING YOUR EMPLOYEE ASSISTANCE PROGRAM

Ulster County recognizes that life is *stressful*. Our employee's mental and emotional health is just as important to their successful job performance as their physical health. EAP offers free, confidential, counseling services to employees and their immediate families. There is no co-pay or out of pocket expense to the employee.

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

Some specific circumstances for which and EAP will provide assistance include:


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

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



Two Great Programs Available through Payroll Deduction

TreasuryDirect®



With TreasuryDirect Payroll Savings!

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

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

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



New York's 529 College Savings PROGRAM

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

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

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

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

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



CSEA & Pearl Carroll ~ A Relationship You Can Count On

- ✓ CSEA's only endorsed broker for over 70 years*
- ✓ One stop shopping for all of your insurance needs
- ✓ One of a kind programs designed specifically for CSEA Members
- ✓ Offering free seminars and individual counseling
- ✓ Dedicated sales and service representatives



**Meet Lydia Gregory, your CSEA Insurance Representative.
If you'd like to make an appointment with Lydia, or if you'd like some
more information on the insurance programs available
to you, call her toll free at 1-800-476-9058**

* Pearl Carroll & Associates and its predecessor companies



FACT SHEET

For help or questions call:
Your CSEA Insurance Representative
Lydia Gregory, at 1-800-476-9058

FACT- "One of a Kind" Programs designed **by** CSEA for CSEA Members only

FACT- New Member Guaranteed Issue

- Term Life – up to \$50,000 Member/Spouse
- Disability – up to \$1,200 monthly benefit
 - (Pre-existing conditions may apply)
- Whole Life- up to \$25,000 Member

FACT- Critical Illness – NOT CANCER ONLY

- Covers Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure
- Family coverage for Spouse/Domestic Partner and Children available
- Simplified Issue \$15,000 for Member & Spouse/Domestic Partner, \$10,000 for Children
- Amounts up to \$115,000 per benefit category available
- Annual Wellness Benefit - \$75
- Portable coverage with NO termination age

FACT- CSEA Term Life Has NO Termination Age

- Includes Accelerated Death Benefit
- Includes Premium Waiver

FACT- CSEA Disability includes Accidental Death and Dismemberment

- Long & Short Term plans w/Lifetime Benefit Unique to CSEA ONLY
- Includes Premium Waiver

FACT- CSEA also offers Permanent Life insurance with Universal Life insurance and Whole Life Insurance

FACT- CSEA also offers Auto, Home, Renters, Excess Liability, Pet Insurance and more!

www.pearlcarroll.com/csea

**ULSTER COUNTY EMPLOYEES
2014
AFLAC-NY CANCER CARE INSURANCE**

Base Plan: This coverage provides financial relief from the devastating affect cancer can have on a family. Your medical plan will cover most cancer related medical expenses, but cancer has many non-medical and out-of-pocket expenses. Non-medical expenses include travel, food, lodging and household help costs. In addition, loss of earning power by either the cancer victim or a caretaker can have a significant impact on your ability to meet every day expenses like: health insurance premiums, mortgage or rent payments, car payments, utility bills and groceries.

Cancer Screening Wellness Benefit: Aflac New York will pay \$75 per calendar year to each covered person when one of the following tests are performed to determine whether cancer exists: mammogram, breast ultrasound, Pap smear, ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon cancer), CA125 (blood test for ovarian cancer) PSA (blood test for prostate cancer), thermography or colonoscopy or virtual colonoscopy. These tests must be performed to determine if cancer exists in a covered person. No lifetime maximum. Fax itemized bill to Aflac at 877-844-0201 for reimbursement.

This coverage is also portable; you can take it with you if you leave your employer. Please see the Aflac Cancer Brochure (Level 2) for coverage and benefit details.

CSEA & NON-CSEA EMPLOYEES - MONTHLY BANK DRAFT or CREDIT CARD ONLY!

Aflac Cancer Plan Costs	Base Plan	Base Plan & Building Benefit Rider
Individual	\$ 30.10	\$ 33.10
One Parent Family	\$ 36.80	\$ 41.30
Two Parent Family	\$ 50.90	\$ 57.40

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

Aflac Cancer Plan Costs - 24-Pay Periods	Base Plan	Base Plan & Building Benefit Rider
Single	\$ 15.05	\$ 16.55
One Parent with child(ren)	\$ 18.40	\$ 20.65
Family	\$ 25.45	\$ 28.70



**YOU MUST MEET WITH Dan Barry TO COMPLETE THE NECESSARY APPLICATION.
Call 687-4972 to schedule an appointment.**

**ULSTER COUNTY EMPLOYEES
2014
AFLAC-NY ACCIDENT INSURANCE**

Plan Benefits Include: Emergency Treatment, Follow-Up Treatment, Initial Hospitalization, Hospital Confinement, Physical Therapy, Accidental Death and much more! Benefits are payable for a covered person's injury, dismemberment or death caused by a covered person's injury.

Accident Emergency Treatment Benefit: Aflac will pay \$120 for the insured and the spouse, and \$120 for children (up to age 26) if a covered person received treatment for injuries sustained in a covered accident. This benefit is payable for X-rays, treatment by physicians, or treatment received in a hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per covered person. This coverage is also portable; you can take it with you if you leave your employer. Please see the Aflac Personal Accident indemnity Plan Brochure (Level 2) for coverage and benefit details.

CSEA & NON-CSEA EMPLOYEES - MONTHLY BANK DRAFT or CREDIT CARD ONLY!

Accident Insurance Rates	
Individual	\$21.19
Husband & Wife	\$27.04
One Parent w/Child(ren)	\$31.72
Two Parent w/Child(ren)	\$40.43

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

Accident Insurance Rates – 24 pay periods	
Individual	\$10.60
Husband & Wife	\$13.52
One Parent w/Child(ren)	\$15.86
Two Parent w/Child(ren)	\$20.22

AFLAC-NY SHORT-TERM DISABILITY INCOME

Disability Income Protection Advantage

Peace of mind. Cash benefits. Knowing that you'll have help in the event of disability. All are good reasons to strongly consider the benefits of Aflac New York!

When disabled, you may not only lose the ability to earn a living, but you may also lose savings, retirement funds, or even your home. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Disability Income rates are quoted at the time of application.



**YOU MUST MEET WITH Dan Barry TO COMPLETE THE NECESSARY APPLICATION(S).
Call 687-4972 to schedule an appointment.**

Your Summary of Benefits



POS

County of Ulster POS

Benefit	In-Network ²	Out-of-Network ²
Deductible	N/A	\$2,000/\$5,000
Coinsurance	N/A	40%
Coinsurance Stop Loss	N/A	\$20,000/\$50,000 (\$8,000/\$20,000 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered through the end of the month)	Dependents to Age 25	Dependents to Age 25
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 18, 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 copay	Deductible and coinsurance
webVisit ⁴	\$5 copay per online consultation	Covered in-network only
Emergency Room/Facility (initial visit per occurrence)	\$100 copay (Waived if admitted within 24 hours)	\$100 copay (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery ^{5,6}	\$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 ⁸ /MRA ⁹ , CAT Scan ⁷ , PET ⁷ and Nuclear Cardiology ⁷	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copay (Waived for treatment)	Deductible and coinsurance
Chiropractic Care ⁷	\$20 copay	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 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copay	Deductible and coinsurance
Speech/Language ⁶ , Occupational ⁶ , Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copay	Deductible and coinsurance
Outpatient Cardiac Rehabilitation	\$20 copay	Deductible and coinsurance
Second Surgical Opinion	\$20 copay	Deductible and coinsurance
Kidney Dialysis	\$0	Deductible and coinsurance

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. In Connecticut, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Your Summary of Benefits



POS

Benefit	In-Network ⁽¹⁾	Out-of-Network ⁽²⁾
Inpatient Care⁽³⁾		
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 30 days per calendar year)	\$0	Deductible and coinsurance
Mental Health		
Outpatient Visits in Office	\$20 copay	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care ⁽⁴⁾ (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Alcohol/Substance Abuse⁽⁵⁾		
Outpatient Visits in Office	\$20 copay	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation	\$0	Deductible and coinsurance
Other		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment ⁽⁶⁾	\$0	Deductible and coinsurance
Prosthetics & Orthotics ⁽⁶⁾	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	Deductible and coinsurance

- (1) Preventive Care benefits not subject to copay, 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 diabetic 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) A website enables you to receive a covered medical consultation for a non-urgent matter from a participating provider who has agreed to provide web visits to Empire members online. Confirm your provider's participation by contacting your provider or his/her office staff. Visit our website or call for more details.
- (5) Empire's or Anthem's, CT network provider must pre-certify. INN services or services may be denied; Empire or Anthem, CT network providers control bill members beyond INN capayment (if applicable) for covered services. You are responsible for obtaining pre-certification for out-of-network services. Your provider may call for you, but you will be responsible for penalties applied to out-of-network claims if pre-certification is not obtained.
- (6) For ambulatory surgery, pre-certification is required for reconstructive surgery, organ/tissue transplants and ophthalmological or eye-related procedures. Pre-certification is also required for proposed cosmetic surgery, an elective benefit except when medically necessary.
- (7) Empire's or Anthem's, CT network providers must pre-certify. INN services or services may be denied; Empire or Anthem, CT network providers control bill members for covered services. Pre-certification is not necessary for out-of-network services.
- (8) 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 capayment for covered services. Authorization is not required for out-of-network services.
- (9) Pre-certification must be obtained from the Behavioral Healthcare Manager, or penalties apply.

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 Aug 2012

Prepared on 09/05/2015 UM

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Association, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. In Connecticut, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Your Summary of Benefits



PPO

County of Ulster PPO

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Coinsurance Stop Loss	N/A	\$5,000/\$12,500 / (\$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	\$25 copay	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)
Surgery ⁵ , Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests, X-rays	\$0	Deductible and Coinsurance
MR/CT/MRA ⁶ ; CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment (Allergy injections/immunotherapy)	\$20 copay (Waived for treatment)	Deductible and Coinsurance
Chiropractic Care ⁸	\$20 copay	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Covered in-network only
Hospice Care (Up to 210 days per lifetime)	\$0	Covered in-network only
Physical Therapy ⁹ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copay	Covered in-network only
Other Short-Term Rehabilitative Therapies – Speech/Language ⁵ , Occupational ⁶ , Vision (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copay	Covered in-network only

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.

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

Your Summary of Benefits



PPO

Benefit	In-Network ⁽¹⁾	Out-of-Network ⁽²⁾
Cardiac Rehabilitation	\$20 copay	Deductible and Coinsurance
Second Surgical Opinion	\$20 copay (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
Inpatient Care⁽³⁾	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	Covered in-network only
Mental Health	Member Pays In-Network	
Outpatient Visits in Office	\$20 copay	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care ⁽⁴⁾ (As many days as medically necessary, semiprivate room and board)	\$0	Deductible and Coinsurance
Alcohol/Substance Abuse	Member Pays In-Network	Member Pays Out-of-Network
Outpatient Visits in Office	\$20 copay	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification ⁽⁵⁾ (As many days as medically necessary, semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation ⁽⁶⁾	\$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 ⁽⁷⁾	\$0	Covered in-network only
Prosthetics & Orthotics ⁽⁸⁾	\$0	Covered in-network only
Ambulance (air ambulance)	\$0	In-network benefits apply

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

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

APPROVED OMB-0938-0008

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

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

PICA PICA

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

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CONSIDERATIONS AS YOU APPROACH RETIREMENT

As you begin to approach your retirement age, there are many things to keep in mind. This is by no means a complete reference but here are some points to ponder and helpful places to find useful information:

- The N.Y.S. Comptrollers Office is responsible for administration of the N.Y.S. Retirement System. Their website, <http://www.osc.state.ny.us/retire/>, includes forms, contact information, a retirement timeline and more.
- The N.Y.S. Retirement System telephone number is 866-805-0990.
- To assist you in determining approximately what your pension amount will be, as well as explanations of your various payment options, please visit <https://nysosc9.osc.state.ny.us/product/benproj.nsf/BenProgFlashPage>
- **When anyone covered by one of the Ulster County Health Insurance plans becomes Medicare eligible, you must contact the Employee Benefits Office immediately.**
- All Ulster County employees who retire from the N.Y.S. Retirement System upon retirement from U.C. service are eligible to receive retiree health insurance as per the collective bargaining agreement.
- The Empire BCBS plan that you are enrolled in prior to retirement is the one you will remain in until the next open enrollment period (unless you are Medicare eligible). If you would consider switching to the less expensive POS plan, you may only do so at the prior open enrollment.
- Please note that once you retire, you may not add any dependents to your retiree health insurance plan.
- Your retiree health insurance will begin the first of the month following your retirement date so please contact the Employee Benefits Office as far in advance, with a minimum of 30 days if possible, to arrange for a smooth transition of health coverage from employee to retiree and to arrange for the billing option of your choice.

2014 ULSTER COUNTY HOLIDAY SCHEDULE

NEW YEAR'S DAY	WEDNESDAY, JANUARY 1
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 20
LINCOLN'S BIRTH DAY **	WEDNESDAY, FEBRUARY 12
PRESIDENT'S DAY	MONDAY, FEBRUARY 17
GOOD FRIDAY **	FRIDAY, APRIL 18
MEMORIAL DAY	MONDAY, MAY 26
INDEPENDENCE DAY	FRIDAY, JULY 4
LABOR DAY	MONDAY, SEPTEMBER 1
COLUMBUS DAY	MONDAY, OCTOBER 13
ELECTION DAY **	TUESDAY, NOVEMBER 4
VETERAN'S DAY	TUESDAY, NOVEMBER 11
THANKSGIVING DAY	THURSDAY, NOVEMBER 27
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 28
CHRISTMAS DAY	THURSDAY, DECEMBER 25

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

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

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