



www.ulstercountyny.gov/personnel/

Benefit Open Enrollment
October 16—October 31, 2024


Benefit Plan Year
January 1—December 31, 2025

2025 Employee Benefits Guide

*Medical and Prescription Drugs, Dental, Vision,
Flexible Spending Accounts, Pearl Insurance, Aflac, Retirement Planning*

*Employees must go online to **RENEW, ENROLL** or make **CHANGES**
to benefits, buyouts, and FSAs*



Benefits provided in association with
 **ALERAGROUP**

Questions | Help
1-800-836-0026, x7400
support@alerahealth.com

JEN METZGER
County Executive



DAWN SPADER
Personnel Director

JAMES FARINA
Director of Employee Relations

APRIL RODMAN
Administrator, Civil Service & Personnel

2025 Health Insurance and Other Benefit Information

FOR THE THIRD YEAR IN A ROW there will be no change in health insurance contributions in 2025! Also, all our health insurance coverages will remain as they are in 2024. The County will continue to offer its current Health Insurance Programs, the Anthem PPO 20 and Anthem POS 20 and the PPO 25. Please see the Benefit Book pages for detailed information on what the Plans offer. As a reminder the PPO 25 is a national network and has the same benefits as the PPO 20 except that there are additional co-pays for some services and the co-pay for doctor visits are \$25/\$40 (specialist). There is significant savings if you are currently enrolled in the PPO 20 and are not a pre94 employee.

New Dental Insurance Company: Our dental coverage will be with Guardian beginning 1/1/2025. New cards will be issued, and information may be found in the Benefit Book. The coverages remain the same. The network of providers is considerably larger than the previous network.

Open Enrollment and Portal Access: Wednesday, October 16th through Thursday, October 31st is open enrollment. This year, you are required to register and complete your benefit renewal on the online enrollment portal website. You will likely have to reset your password, but the online renewal process has been greatly simplified.

Please take the time to review the **Benefit Book** in print or online. This book provides summaries, health insurance rates, buyout options, and other information regarding your benefits. Browsing this book will help you learn more about available coverages. I suggest all employees send the link:

<https://www.ulstercountyny.gov/personnel/benefits-management> to their personal email so they and their family members can review the book at home. The online book may also be accessed anytime, anywhere, by using the link on any PC, smartphone, or tablet.

Alera Group continues to partner with Ulster County for employee benefit consulting and plan management services. In addition, Alera Group will continue to provide their CARE (**C**ustomer **A**ssistance **R**elief **E**veryday) Team to assist the County with healthcare needs and insurance-related questions such as:

- Ordering replacement insurance I.D. cards
- Locating providers and specialists
- Estimates for out-of-pocket cost and plan coverage
- Assistance with resolving provider billing insurance claims

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

The C.A.R.E. Team Representative may be reached at either support@aleracare.zendesk.com or **1-800-836-0026 ext.7322** for Kathy Karam. You can continue to reach out to the Ulster County Personnel as well, (845) 340-3545.

Ulster County Website: www.ulstercountyny.gov

Other Important information:

Legal Requirements: Under the Affordable Health Care Act, Ulster County as the employer has the responsibility to provide legal notifications to all employees. These legal notifications are extensive and are available on the online enrollment site at www.aleraedge.com. I encourage Employees to take the time to review these important notifications.

Federal Requirement of Signing a Waiver if Opting Out of Coverage with Ulster County: If an Employee does not wish to participate in the Ulster County Health Insurance Programs, they must complete the waiver section in the online enrollment process. If a waiver is not completed and a Health Plan is not selected by October 31, 2023, under Federal rules Ulster County Personnel will enroll the Employee in the POS individual plan, with its appropriate payroll deduction.

Dependent Eligibility: Eligible dependents for Ulster County Health Insurance coverage is defined as: a spouse, natural child, stepchild, or a legally adopted child. For further definitions and limitations, please contact Ulster County Personnel.

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

Pharmacy Benefits: Each year, a select group of products are removed from Formularies (also called Preferred Prescriptions) and will no longer be covered in these plans. Members who attempt to obtain medications no longer covered will experience a claim reject at the point of sale and would 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. Prime Therapeutics allows exceptions when medically necessary. Updates throughout the year may be found on the Benefits web page: <http://ulstercountyny.gov/personnel/new-current-employees/benefits-management>.

CanaRx continues to help our members save money. This is the terrific program that provides many brand name drugs to our members with no co-pay and no delivery charges. Yes, **absolutely free** of charge. CanaRx is also working directly with Prime Therapeutics to offer these medications to our members with direct outreach. So, if you hear from CanaRx via phone or mail, please check them out, as you could be saving hundreds of dollars each year.

Cards for 2025: Current Anthem cards will be valid for 2025. Prime Therapeutics will be issuing cards to replace Magellan cards. Guardian will issue new cards, replacing Met Life. The current cards for our other coverages will continue to be valid for 2024.

EAP Provider continues for 2025: Please see the information page about our EAP provider SupportLinc in the Benefit Book.

Flexible Spending Account Rollover: The application to enroll in a Flexible Spending Account will be through the online application process as well as a paper form for the month of November. Under the medical FSA employees have the ability to roll over a certain amount of remaining funds from the plan year to the following calendar year. This will enable employees to better estimate the amount needed for out-of-pocket health care expenses. Paying medical bills with pre-tax dollars could save 15-20% of the cost of these expenses. Each year **you must re-enroll** and designate the amount you wish to add to your FSA account. Please consider the \$4.50 per month fee when considering your tax savings. The maximum FSA medical and dependent care elections for 2025 can be found in the benefit book.

If you have any questions, please feel free to contact Kevin M. Roach by telephone (845)340-3545 or email kroa@co.ulster.ny.us

Sincerely,

Dawn Spader
Personnel Director

aleraedge.aleragroup.com—Enrollment Website



From your phone, scan the QR Code using the photos app to connect directly to Alera Gray Login or linked [HERE](#).

aleraedge.aleragroup.com

Questions? Call Customer Support
1-800-836-0026, x7400, 8-4:30PM

1-Click the PARTICIPANT LOG IN tab



2-Select AleraGray from the drop-down menu

3-Login

First Time Users: Click [Register](#)

Enter Personal Info
and the Company Key: **ULSTCO**
Click [Continue](#)

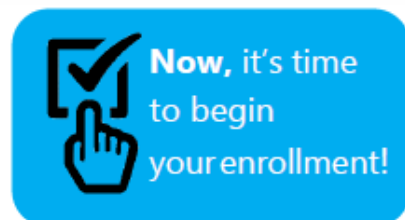
Create Account with User Name, Password
and Select/Answer Security Questions,
then Click [Continue](#), Confirm and Login

Enter your User Name
and Password
on the Login page.

Returning Users:

Enter: User Name
and Password

Forgot
your password?
See next page



Make Your Elections

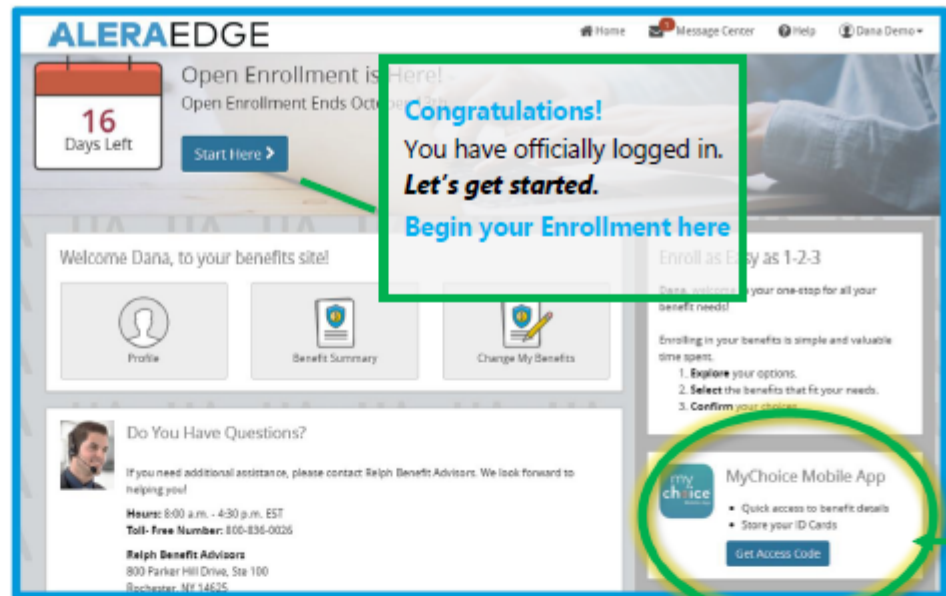
Review your options as you walk through the enrollment process.

Click 'Select' to choose plans. Track your choices and total cost, on the enrollment bar.

Review Your Elections Review and edit your elections—then Approve.

Confirm Your Choices Your enrollment is not complete until you CONFIRM your benefit elections.

Print your election information and confirmation number for future reference.



Review Your Current Plan Anytime—in the Benefits tab, Click Benefits Summary

Forgot Your Password?

- 1- Click the link 'Forgot Your Password?'
- 2- Enter your social Security Number, Date of Birth, Zip Code and Company Key (ULSTCO).
- 3- Answer your security phrase.
- 4- Enter and confirm a new password, then click 'Continue' to return to the login page.

Life-Changing Event?

30-days—Documentation must be submitted for:
 Marriage /Divorce
 Change in job status for you or an enrolled dependent
 Birth or adoption of a child

"MyChoice Mobile" App

Available at the app Store:
 —Android: Google Play
 —iPhone: Apple
 You can:
 -Access current plans
 -Complete Open Enrollment
 -Get alerts and much more!

CONSENT TO RECEIVE ELECTRONIC NOTICES:

The following documents and notices are provided to you electronically containing important information regarding eligibility, coverage, benefits and rights.

Once you login to AleraGray, these documents are available in the Reference Center.

- Summary Plan Descriptions
- Summary of Material Modifications
- Summary Annual Reports
- Forms 1095-B/1095-C
- Summary of Benefits & Coverage + Uniform Glossary of Terms
- Michelle's Law Notice
- Women's Health & Cancer Rights Act Notices
- Newborns & Mothers Health Protection Act Notice
- Medical Loss Ratio Rule Notice
- Notice of HIPAA Privacy Practices
- Notice of HIPAA Special Enrollment Rights
- Important Notice about Your Prescription Drug Coverage & Medicare
- Premium Assistance under Medicare & Children's Health Insurance Program (CHIP)

- Model General Notice of COBRA Continuation Coverage Rights
- Your Rights & Protections Against Surprise Medical Bills

You are entitled to request and obtain a paper copy of any electronically furnished document free of charge or to revoke your consent at any time by calling Human Resources.

In order to access information provided electronically, you must have:

- A computer/electronic device with internet access
- An email account that allows you to send and receive emails
- Microsoft Word 95 (or higher)
- Adobe Acrobat Reader 5.0 (or higher)

Use the Website [Reference Center](#) | Call the Customer Support **1-800-836-0026, x7400**

support@aleraedge.zendesk.com

Table of Contents

Ways to Save Money on Your Health Care Expenses.....	7
Health Insurance Rate Grid	8
Anthem BCBS Summary of Benefits— POS20 Plan.....	10
Anthem BCBS Summary of Benefits— PPO20 Plan.....	12
Anthem BCBS Summary of Benefits—PPO25 Plan.....	14
Anthem BCBS Website / Virtual Care / Urgent Care Facilities	16
Dental Plan—Guardian	17
Prime Therapeutics (formerly Magellan Rx)	18
CANARX Prescription Program / Enrollment Form Links.....	20
CANARX Formulary	21
Vision Plan—Davis Vision	22
Flexible Spending Arrangements (FSA - Health Care & Dependent Care).....	24
Aflac Insurances (Disability, Accident, Cancer Hospital, Critical Illness).....	26
Pearl Insurances / CSEA.....	26
NYS Deferred Compensation Plan	27
NY-529 Program—College Savings Plan.....	27
Employee Assistance Program.....	28
Labor / Management Sick Leave Bank Information	29
Retirement Planning	30
Need Help?.....	31
Holiday Schedule—Ulster County.....	32

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 made 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.

Ways to \$ave Money on Your Health Care Expenses

For those who pay 10% 15% or 20% and are currently enrolled in the PPO20 you may want to consider choosing the PPO25. This plan offers less money out of your paycheck. Pay for what you need at the time of service.

The PPO25 plan provides the same benefits as the PPO20 except that there are copays for some services and the provider office visit copayments are \$25/\$40. The PPO25 plan gives you access to the same local and national network of providers and provides lower co-pays on prescription coverage.

Benefit Feature	POS20	PPO20	PPO25
Deductible	In Network: N/A OutNetwork: \$2,000/\$5,000	In Network: N/A OutNetwork: \$500/\$1,250	In Network: N/A OutNetwork: \$500/\$1,250
Out of Pocket Maximum	InNetwork: \$3,880/\$9,700 OutNetwork: \$8,000/\$20,000	InNetwork: \$3,880/\$9,700 OutNetwork: \$1,000/\$3,750	InNetwork: \$3,880/\$9,700 OutNetwork: \$1,000/\$2,500
Coinsurance	InNetwork: N/A OutNetwork: 40%	InNetwork: N/A OutNetwork: 20%	InNetwork: N/A OutNetwork: 20%
In Network Copays Out of Network: Deductible & Coinsurance Apply			
Office Visit	\$20 Copay	\$20 Copay	\$25 Copay Primary Care \$40 Copay Specialist Care
OutPatient Surgery	\$0 Copay	\$0 Copay	\$100 Copay
MRI/CAT/PET Scans	\$0 Copay	\$0 Copay	\$75 Copay
Urgent Care	\$20 Copay	\$20 Copay	\$25 Copay
Emergency Room	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$200 copayment <i>(waived if admitted w/in 24-hrs)</i>
Hospital Admission	\$0 Copay	\$0 Copay	\$200 Copay
Prescriptions (30-day Supply)	\$5 / \$20 / \$40	\$10 / \$25 / \$40	\$10 / \$25 / \$40

As a reminder - 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 office visit co-pay instead of the emergency room co-pay. A list of Urgent Care providers follows. Plan ahead, 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.

You can also use Walgreens for your maintenance medication and receive a 3-month supply for 2-copayments. Walgreens is the only retail store that provides this service at this time.

- ▶ **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, CANARX Information and enrollment forms for employees covered by our prescription plan and your dependents can be found in this book and if your medication is on their available medications, you can receive a 3-month supply for NO co-pay.

Our coverage with Anthem BCBS includes a free nurse helpline service. (1-877-825-5276).

Consider making a phone call before your next trip to the doctor or emergency room. You might find your situation can be resolved without a needless inconvenient visit or possibly be delayed until your normal physician office is open the next morning.

Health Insurance Rate Grid—2025

MEDICAL PLAN WITH DENTAL & VISION								
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
CSEA	Before 1/1/1994 (fixed contributions)	Employee	\$8.00	\$8.00	\$8.00	\$4.00	\$4.00	\$4.00
		Emp+Spouse	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
		Emp+1 Child	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
		Emp+Children	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
		Emp+Family	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA	Before 7/1/1994	Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UCSEA	Before 7/1/1994 (fixed contributions)	Emp+Spouse	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
		Emp+1 Child	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
		Emp+Children	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
		Emp+Family	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA	7/1/1994—9/1/2015	Employee	\$136.06	\$193.54	\$122.92	\$68.03	\$96.77	\$61.46
CSEA	1/1/1994—9/19/2012	Emp+Spouse	\$304.98	\$434.30	\$275.41	\$152.49	\$217.15	\$137.70
Superior Officers Union	3/17/2008—9/14/2015	Emp+1 Child	\$260.63	\$369.83	\$235.66	\$130.31	\$184.92	\$117.83
UCSA	5/18/2010—2/19/2013	Emp+Children	\$286.60	\$407.30	\$259.00	\$143.30	\$203.65	\$129.50
UCSEA	7/1/1994—8/18/2014 (15% of total Premium)	Emp+Family	\$421.36	\$599.54	\$380.61	\$210.68	\$299.77	\$190.31
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA	After 9/1/2015	Employee	\$181.42	\$258.05	\$163.89	\$90.71	\$129.03	\$81.95
CSEA	After 9/19/2012	Emp+Spouse	\$406.65	\$579.07	\$367.21	\$203.32	\$289.54	\$183.61
Superior Officers Union	After 9/14/2015	Emp+1 Child	\$347.51	\$493.11	\$314.21	\$173.75	\$246.56	\$157.10
UCSA	After 2/19/2013	Emp+Children	\$382.14	\$543.07	\$345.33	\$191.07	\$271.54	\$172.67
UCSEA	After 8/1/2014	Emp+Family	\$561.82	\$799.38	\$507.48	\$280.91	\$399.69	\$253.74
Officials/Legislators	After 1/20 (20% of total Premium)							
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
Management Non-Union		Employee	\$90.71	\$129.03	\$81.95	\$45.35	\$64.51	\$40.97
UCSA	Before 5/18/2010	Emp+Spouse	\$203.32	\$289.54	\$183.61	\$101.66	\$144.77	\$91.80
Superior Officers Union	Hired Prior to 3/17/2008 (10% of total Premium)	Emp+1 Child	\$173.75	\$246.56	\$157.10	\$86.88	\$123.28	\$78.55
		Emp+Children	\$191.07	\$271.54	\$172.67	\$95.53	\$135.77	\$86.33
		Emp+Family	\$280.91	\$399.69	\$253.74	\$140.45	\$199.85	\$126.87

Rounding of Premium Contributions May Lead to Slight Differences

Health Insurance Rate Grid—2025

DENTAL & VISION without MEDICAL PLAN				
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
CSEA (fixed contributions)	Before 1/1/1994	Employee	\$0.00	\$0.00
		Emp+Spouse	\$0.00	\$0.00
		Emp+1 Child	\$0.00	\$0.00
		Emp+Children	\$0.00	\$0.00
		Emp+Family	\$0.00	\$0.00
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
PBA UCSEA (fixed contributions)	Before 7/1/1994	Employee	\$0.00	\$0.00
		Emp+Spouse	\$0.00	\$0.00
		Emp+1 Child	\$0.00	\$0.00
		Emp+Children	\$0.00	\$0.00
		Emp+Family	\$0.00	\$0.00
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
PBA	7/1/1994—9/1/2015	Employee	\$6.19	\$3.09
CSEA	1/1/1994—9/19/2012	Emp+Spouse	\$12.76	\$6.38
Superior Officers Union	3/17/2008-9/14/2015	Emp+1 Child	\$13.86	\$6.93
UCSA	5/18/2010—2/19/2013	Emp+Children	\$13.86	\$6.93
UCSEA	7/1/1994—8/18/2014	Emp+Family	\$18.75	\$9.37
(15% of total Premium)				
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
PBA	After 9/1/2015	Employee	\$8.25	\$4.13
CSEA	After 9/19/2012	Emp+Spouse	\$17.02	\$8.51
Superior Officers Union	After 9/14/2015	Emp+1 Child	\$18.49	\$9.24
UCSA	After 2/19/2013	Emp+Children	\$18.49	\$9.24
UCSEA	After 8/1/2014	Emp+Family	\$24.99	\$12.50
(20% of total Premium)				
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
Management Non-Union		Employee	\$4.13	\$2.06
Legislators		Emp+Spouse	\$8.51	\$4.25
UCSA	Before 5/18/2010	Emp+1 Child	\$9.24	\$4.62
Superior Officers Union	Hired Prior to 3/17/08	Emp+Children	\$9.24	\$4.62
(10% of total Premium)		Emp+Family	\$12.50	\$6.25

Rounding of Premium Contributions May Lead to Slight Differences

Anthem BCBS Summary of Benefits— POS20 Plan



County of Ulster-POS 20 / 2025

Benefit	In-Network ²	Out-of-Network ³
Deductible	N/A	\$2,000/\$5,000
Coinsurance	N/A	40%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Medical Cost Shares)	\$20,000/\$50,000 Coinsurance Stop Loss (\$8,000/\$20,000 out-of-pocket) coinsurance max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered through the end of the month)	Dependents to Age 26	Dependents to Age 26
Covered Preventive Care¹	Member Pays	Member Pays
Covered Adult Preventive Care	\$0	Deductible and coinsurance
Annual Physical Exam	\$0	Deductible and coinsurance
Well-Child Care (Up to age 19; including covered immunizations)	\$0	Deductible and coinsurance
Preventive Well-Woman Care	\$0	Deductible and coinsurance
Home/Office/Outpatient Care	Member Pays	Member Pays
Home/Office/Outpatient Visits Copayment Urgent Care Center	\$20 copayment	Deductible and coinsurance
Online Visits	\$20 copayment	\$20 copayment
Emergency Room/Facility (initial visit per occurrence)	\$20 copayment	Deductible and coinsurance
	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery ^{4,5}	\$0	Deductible and coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and coinsurance
Chemotherapy, Radiation Therapy Routine Maternity Care	\$0	Deductible and coinsurance
Laboratory Tests, X-rays, MRI ⁴ /MRA ⁴ , CAT Scan ⁶ , PET ⁶ and Nuclear Cardiology ⁶	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$0	Deductible and coinsurance
Acupuncture (Up to 30 visits per calendar year) Chiropractic Care (Up to 30 visits per calendar year) ⁷ Home Healthcare (Up to 200 visits per calendar year) Home Infusion Therapy Hospice Care (Unlimited Days)	\$20 copayment (Waived for treatment)	Deductible and coinsurance
Physical Therapy ⁴ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
	\$0	Coinsurance (no deductible)
	\$0	Deductible and coinsurance
	\$0	Deductible and coinsurance
	\$20 copayment	Deductible and coinsurance
Speech/Language ⁴ , Occupational ⁴ , Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Outpatient Cardiac Rehabilitation	\$20 copayment	Deductible and coinsurance
Second Surgical Opinion	\$20 copayment	Deductible and coinsurance
Kidney Dialysis	\$0	Deductible and coinsurance

Services provided by Anthem HealthChoice HMO, Inc. and/or Anthem HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Anthem is a registered trademark of Anthem Insurance Companies, Inc

Anthem BCBS Summary of Benefits— POS20 Plan



Benefit	In-Network ²	Out-of-Network ³
Inpatient Care⁴		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and coinsurance
Mental Health		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care ⁵ As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification ⁶ (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation ⁶	\$0	Deductible and coinsurance
Other		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment ⁴	\$0	Deductible and coinsurance
Prosthetics & Orthotics ⁴	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	In-network benefits apply

- Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- 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.
- 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.)
- Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members beyond INN copayment (if applicable) for covered services. You are responsible for obtaining precertification for out-of-network services. Your provider may call for you, but you will be responsible for penalties applied to out-of-network claims if precertification is not obtained.
- For ambulatory surgery, please call the toll-free number on your member ID card to determine exactly which outpatient services require pre-certification.
- Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members for covered services. Precertification is not necessary for out-of-network services.
- Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after 5th visit.
- Precertification must be obtained from the Behavioral Healthcare Manager, or penalties apply.
- IMPORTANT NOTE:** This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions. This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

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

Anthem BCBS Summary of Benefits—PPO20 Plan



County of Ulster-PPO 20 / 2025

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / \$1,500 / \$3,750 Out-of-Pocket Max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care ⁴	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits	\$20 copayment	Deductible and Coinsurance
Online Visits	\$20 copayment	Deductible and Coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery ⁵ / Outpatient Surgery	\$0	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests, X-rays	\$0	Deductible and Coinsurance
MRI ⁷ /MRA ⁷ , CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment	\$20 copayment	Deductible and Coinsurance Deductible and Coinsurance
– Office Visit	\$0	
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year)	\$20 copayment	Deductible and coinsurance
Chiropractic Care (Up to 30 visits per calendar year) ¹⁰	\$20 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (Unlimited Days)	\$0	Deductible and Coinsurance
Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language ⁵ , Occupational ⁵ (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Vision Therapy	\$20 copayment	Deductible and Coinsurance

Services provided by Anthem HealthChoice HMO, Inc. and/or Anthem HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Anthem is a registered trademark of Anthem Insurance Companies, Inc

Anthem BCBS Summary of Benefits—PPO20 Plan



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

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

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

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

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

Services provided by Anthem HealthChoice HMO, Inc. and/or Anthem HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem BCBS Summary of Benefits—PPO25 Plan



County of Ulster-PPO 25 / 2025

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / (\$1,000/\$2,500 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care⁴	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits (PCP/Specialist)	\$25 / \$40 copayment	Deductible and Coinsurance
Online Visits	\$25 copayment	Deductible and Coinsurance
Urgent Care Center	\$25 copayment	\$25 copayment
Emergency Room/Facility (initial visit per occurrence)	\$200 copayment (Waived if admitted within 24 hours)	\$200 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery ⁵ / Outpatient Surgery	\$100 copayment	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,	\$0	Deductible and Coinsurance
X-rays	\$25 copayment	Deductible and Coinsurance
MRI ⁷ /MRA ⁷ , CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$75 copayment	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance Deductible and
– Office Visit	\$25 copayment	Coinsurance
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year)	\$25 copayment	Deductible and Coinsurance
Chiropractic Care (Up to 30 visits per calendar year) ¹⁰	\$25 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (unlimited days)	\$0	Deductible and Coinsurance
Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language ⁵ , Occupational ⁵ (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Vision Therapy	\$25 copayment	Deductible and Coinsurance

Services provided by Anthem HealthChoice HMO, Inc. and/or Anthem HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem BCBS Summary of Benefits—PPO25 Plan



Benefit	In-Network ¹	Out-of-Network ^{2,3}
Cardiac Rehabilitation (Unlimited visits / calendar year)	\$25 copayment	Deductible and Coinsurance
Second Surgical Opinion	\$25 / \$50 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
Inpatient Care⁹	Member Pays In-Network	Member Pays Out-of-Network
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and Coinsurance
Mental Health⁸	Member Pays In-Network	
Outpatient Visits in Office	\$25 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$25 copayment	Deductible and Coinsurance
Inpatient Care ⁹ (As many days as medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Alcohol/Substance Abuse⁸	Member Pays In-Network	Member Pays Out-of-Network
Outpatient Visits in Office	\$25 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$25 copayment	Deductible and Coinsurance
Inpatient Detoxification ⁹ (As many days as medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Inpatient Rehabilitation ⁹	\$200 copayment	Deductible and Coinsurance
Other	Member Pays In-Network	Member Pays Out-of-Network
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment ⁶	\$0	Deductible and Coinsurance
Prosthetics & Orthotics ⁶	\$0	Deductible and Coinsurance
Ambulance (Land/Air ambulance)	\$50 copayment	Deductible and Coinsurance

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

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

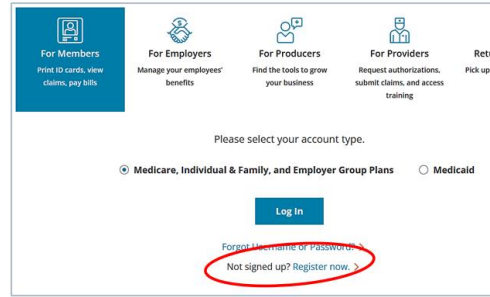
This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and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

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

Anthem BCBS Website & Virtual Care



From the QR Code link or using the [anthembluecross.com](https://www.anthembluecross.com) site with the "For Members" highlighted, current members select Log In OR new enrollees select "Register now" to create an account using the prompts to complete your registration



Get the App—[Sydney Health](#)

Save time with Live Chat. Find the information you need about your health care benefits by chatting with an Anthem representative in real-time. Log in to Anthem.com or use the Sydney Health app to start a Live Chat.

Virtual Care Services / Online or Phone App

See a doctor or therapist without leaving your home for non-emergency medical issues. Virtual care provides 24/7 availability with no appointment needed. You can access virtual care by logging in to your Anthem account or through your SydneySM Health app.

Urgent Care Facilities (In-Network) Ulster County Area

<p>AMC EMURGENTCARE 2976 Route 9W Saugerties, NY 12477 PH: 845-247-9100</p>	<p>EMERGENCY ONE 2555 South Rd Poughkeepsie, NY 12601 PH: 845-330-3200</p>	<p>HQMCP PC 1100 Route 55-Ste 101 Lagrangeville, NY 12540 PH: 845-485-4455</p>
<p>AMC EMURGENTCARE 11835 State Route 9W West Coxsackie, NY 12192 PH: 518-731-9000</p>	<p>EXCEL URGENT CARE FISHKILL 1004 Main St Fishkill, NY 12524 PH: 845-765-2240</p>	<p>PULSE-MD URGENT CARE 900 Route 376-Ste H Wappingers Falls, NY 12590 PH: 845-204-9260</p>
<p>EMERGENCY ONE 4274 Albany Post Rd Hyde Park, NY 12538 PH: 845-229-2602</p>	<p>FIRST CARE MEDICAL PC 222 State Route 299 Highland, NY 12528 PH: 845-691-3627</p>	<p>MIDDLETOWN MEDICAL PC 112 Shoprite Blvd Ellenville, NY 12428 PH: 845-647-6700</p>
<p>EMERGENCY ONE 40 Hurley Ave, Ste 4 Kingston, NY 12401 PH: 845-338-5600</p>	<p>FIRST CARE MEDICAL PC 222 State Route 299 Highland, NY 12528 PH: 845-691-3627</p>	<p>NUVANCE HEALTH MED PRACTICE 1240 Ulster Ave Kingston, NY 12401 PH: 845-443-8740</p>
<p>EMERGENCY ONE 306 Windsor Hwy New Windsor, NY 12553 PH: 845-787-1400</p>	<p>HQMCP PC 1351 Route 55 Ste 200 Lagrangeville, NY 12540 PH: 845-297-2511</p>	

Dental Plan—Guardian



Use QR Code or Link below to
[Guardian "Find A Dentist"](#)

Ulster County Group # 71097
www.guardianlife.com



PPO plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO		
	Tier 1	Tier 2	
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network	
Calendar year deductible	Tier 1	Tier 2	
Individual	\$50	\$50	
Family limit	3 per family (applies to all levels)		
Waived for	Preventive	Preventive	
Charges covered for you (co-insurance)	Tier 1	Tier 2	
Preventive Care	100%	100%	
Basic Care	80%	80%	
Major Care	50%	50%	
Orthodontia	50%	50%	
Annual Maximum Benefit	\$2000 (applies to all levels)		
Maximum Rollover	Yes (applies to all levels)		
Rollover Threshold	\$800		
Rollover Amount	\$400		
Rollover Amount	\$600		
Rollover Account Limit	\$1500		
Lifetime Orthodontia Maximum	\$1500 (applies to all levels)		
Dependent Age Limits	26 (applies to all levels)		
Preventive Care	Cleaning (prophylaxis)	Tier 1 100%	Tier 2 100%
	Frequency:	2 per calendar year (applies to all levels)	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19 (applies to all levels)	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillings†	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	2 per calendar year (applies to all levels)	
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
	Surgical Extractions	80%	80%
Major Care	Anesthesia*	50%	50%
	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Single Crowns	50%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren) (applies to all levels)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded.

Prime Therapeutics (formerly Magellan Rx)

Magellan Rx became Prime Therapeutics on October 1, 2024

Your current pharmacy benefit manager, Magellan Rx Management, rebranded to Prime Therapeutics.

And you'll have a new member portal—On Oct. 1, the new website is primetherapeutics.com. Your new member portal is primetherapeutics.com/member and can be accessed using the your same login you created with Magellan. Feel free to bookmark these websites for future use.

But your service will remain the same! While we're making these changes, don't worry: You can count on receiving the same great service as you did before.



If you need to fill a prescription

prior to receiving your ID cards, provide this information to the pharmacy in addition to your ID number or social security number: **RXBIN: 017449; RXPCN: 6792000; RXGRP: PRXULS.**

Home Delivery—Getting Started

1-How to fill your first Prescription

If you already have an active 90-day prescription with remaining refills



Link to Form

Complete the [Home Delivery Order Form](#) with payment information and mail it with your 90-day prescription to:

Prime Therapeutics Pharmacy
P.O. Box 620968
Orlando, FL 32862

Next, ask your prescriber to ePrescribe to Prime Therapeutics Pharmacy, LLC (Home Delivery, Orlando) or fax your prescription to 888.282.1349.

2-How to get refills?

Web portal—If your plan allows, submit refill orders and pay online through our secure patient portal.

Phone—Call us at 800.424.8274 (TTY 711) with your prescription number and payment information.

Mail—Complete the refill section on the home delivery order form and mail it to:

Prime Therapeutics Pharmacy
P.O. Box 620968
Orlando, FL 32862.

New prescriptions—First, ask your prescriber to write two prescriptions:

- A 30-day supply to fill right away at your local pharmacy
- A 90-day supply with refills, to start your home delivery service

See the additional Prescription resources posted in the AleraEdge Reference Center or if viewing online are linked below:

[NetResults Formulary Prescription Drug Guide](#)
[Prior Authorization Drug List](#)
[Step Therapy Drug List](#)

**OR Scan
the QR Code**
to pull up the
Formulary instantly
on your phone.



Prime Therapeutics (formerly Magellan Rx)

Your Prescription Benefits		
Copayments		
Empire POS 20 Plan	Retail- 30-day supply	Mail- 90-day supply
Tier 1: Generic	\$5	\$10
Tier 2: Preferred Brand	\$20	\$40
Tier 3: Non-Preferred Brand	\$40	\$80
Empire PPO 20 & 25 Plans	Retail- 30-day supply	Mail- 90-day supply
Tier 1: Generic	\$10	\$20
Tier 2: Preferred Brand	\$25	\$50
Tier 3: Non-Preferred Brand	\$40	\$80

Manage Rx on the GO!

Our website is optimized for all mobile devices so you can manage your medications anytime, anywhere!



Prior Authorization/Step Therapy:

Requires the previous use of one or more drugs before coverage of a different drug is provided. If your health plan's formulary guide reflects that Step Therapy is used for a specific drug, your physician must submit a [Prior Authorization Request Form](#) to the health plan for approval. If the request is not approved, please remember that you always have the option to purchase the medication at your own expense.

Meet your NEW Specialty Pharmacy.

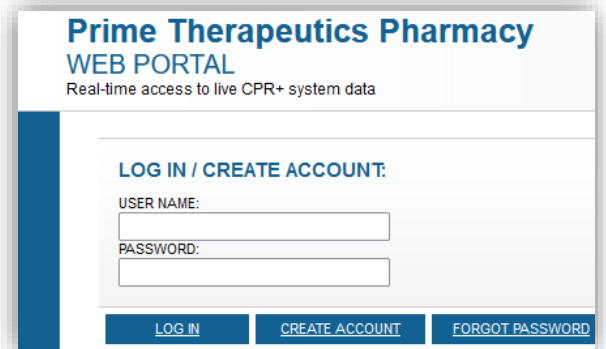
You'll notice your medicine labels and other communications from us have a fresh and exciting new look. But some things will stay the same, like how you'll keep getting the same attention to detail, timely deliveries and caring customer service you've come to expect.



Using your new Specialty Member Portal:

1. Save your new member portal:

PrimeTherapeutics.com/specialtyportal



2. Request a new portal login and refresh your

payment info by calling **866.554.2673**.

Our patient care coordinators are available Monday through Friday from 7 a.m. to 9 p.m. Central Time (CT).

See the additional Prescription resources posted in the AleraEdge Reference Center and if viewing online are linked below:

[NetResults Formulary Prescription Drug Guide](#)

[Prior Authorization Drug List](#)

[Step Therapy Drug List](#)

**OR Scan
the QR Code**
to pull up the
Formulary instantly
on your phone.



CANARX Prescription Program



Sign Up Today

CANARX is a voluntary international mail order prescription program that is available to eligible employees, retirees and their dependents of Ulster County, New York. Brand name medications, in the original factory-sealed manufacturers packaging, are delivered DIRECT TO YOUR DOOR from certified pharmacies in Canada, the United Kingdom and Australia. YOU PAY NOTHING thanks to the savings CANARX brings to your plan.

SIMPLE. SAVE. SMART.

- ✓ \$0 Copay
- ✓ 450+ FREE Brand Name Medications
- ✓ Easy, convenient refills
- ✓ Refills only, no "new to you" meds
- ✓ No additional costs

For assistance or more information call **CANARX** (toll free) at **1-866-893-6337**

Getting started is super easy—\$0 COPAY Prescription Option

CANARX administers the voluntary \$0 copy international mail-order prescription option. For program information (including searchable medication listing) and to enroll online or to download an enrollment form:

VISIT: canarx.com and use WebID: ULSTER

PROGRAM FEATURES

- \$0 Copay (*no cost to members*)
- Voluntary mail-order program
- Enroll anytime
- Hundreds of brand-name maintenance medications offered (*no generics*)
- Medications must be tried locally before ordering through this program (*no 'new to you' medications*)
- Prescriptions are dispensed and shipped from licensed and regulated pharmacies located in Canada, the United Kingdom and Australia
- Delivered direct to member's home at no charge
- 4-weeks delivery time
- Convenient refill service

ENROLLMENT PROCESS

1. **Check to see if a medication is offered.** Full listing is available on the website (canarx.com) or call CANARX at **1-866-893-6337** or view the complete formulary online or the following page.
2. **Enroll online** or use the QR Code or linked [CANARX Enrollment Form](#) (A separate form is required for each member).
Submit the printed enrollment form and copy of photo ID via secure upload at **canarxdocs.com**, or send by mail or fax.
3. **Submit Prescription:** Request a prescription for a 3-month supply, with 3-refills. Mail **original** prescription to CANARX **or** have your physician's office fax it **directly** to CANARX at **1-866-715-6337** (prescriptions are ONLY accepted by fax when sent from the physician's office).



Mailing Address:

CANARX
PO Box 3009
Windsor, ON N8N 2M3
Canada

CANARX —Formulary

For More Information: Call 1-866-893-6337 / CANARX

ACIPHEX 20MG	BRILINTA 90MG	EXELON (G) 4.6MG/24HR	JENTADUETO	PREMARIN 0.3MG	TECFIDERA (G) 240MG
ACTONEL (G) 35MG	BYSTOLIC (G) 2.5MG	EXELON (G) 9.5MG/24HR	2.5MG-850MG	PREMARIN 0.625MG	TEKTURNA 150MG
ACTONEL (G) 150MG	BYSTOLIC (G) 5MG	EXELON (G) 13.3MG/24HR	JENTADUETO	PREMARIN 1.25MG	TEKTURNA 300MG
ACTOPLUS (G) 15MG-850MG	BYSTOLIC (G) 10MG	EXFORGE (G) 5/160MG	2.5MG-1000MG	PREMARIN CREAM	TIVICAY 50MG
ACZONE 5%	BYSTOLIC (G) 20MG	EXFORGE (G) 5/320MG	JUBLIA 10%	0.625MG/GM	TOBI PODHALER 28MG
ADCIRCA (G) 20MG	CADUET 5/10MG	EXFORGE (G) 10/160MG	JULUCA 50MG-25MG	PREMPRO 0.3MG/1.5MG	TOBREX OINT 0.3%
ADVAIR DISKUS 100MCG	CADUET 5/20MG	EXFORGE (G) 10/320MG	KAZANO 12.5/500MG	PRESTALIA 3.5MG/2.5MG	TOVIAZ 4MG
ADVAIR DISKUS 250MCG	CADUET 5/40MG	EXFORGE HCT	KAZANO 12.5/1000MG	PRESTALIA 7MG/5MG	TOVIAZ 8MG
ADVAIR DISKUS 500MCG	CADUET 5/80MG	160/12.5/5MG	KEPPRA (G) 250MG	PRESTALIA 14MG/10MG	TRADJENTA 5MG
ADVAIR HFA 45/21MCG	CADUET 10/10MG	EXFORGE HCT	KEPPRA (G) 500MG	PREVACID SOLUTAB 15MG	TRELEGY ELLIPTA
ADVAIR HFA 115/21MCG	CADUET 10/20MG	160/12.5/10MG	KEPPRA (G) 750MG	PREVACID SOLUTAB 30MG	100-62.5-25MCG
ADVAIR HFA 230/21MCG	CADUET 10/40MG	EXFORGE HCT 160/25/5MG	KEPPRA (G) 1000MG	PREZISTA 600MG	TRELEGY ELLIPTA
AFINITOR 2.5MG	CADUET 10/80MG	EXFORGE HCT 160/25/10MG	KERENDIA 10MG	PREZISTA 800MG	200-62.5-25MCG
AFINITOR 5MG	CAMBIA 50MG	EXFORGE HCT 320/25/10MG	KERENDIA 20MG	PRISTIQ 50MG	TRIBENZOR 20/5/12.5MG
AFINITOR 10MG	CARDIZEM CD (G) 240MG	FARESTON 60MG	KISQALI 200MG	PRISTIQ 100MG	TRIBENZOR 40/5/12.5MG
AKLIEF 50MCG/G	CARDIZEM CD (G) 360MG	FARXIGA 5MG	LATUDA 20MG	PROMETRIUM 100MG	TRIBENZOR 40/5/25MG
ALOMIDE 0.1%	CARDURA XL 4MG	FARXIGA XL 4MG	LATUDA 40MG	QTERN 10-5MG	TRIBENZOR 40/10/12.5MG
ALPHAGAN-P 0.15%	CARDURA XL 8MG	FELDENE 10MG	LATUDA 60MG	QULIPTA 10MG	TRIBENZOR 40/10/25MG
ALREX 0.2%	CELEBREX 100MG	FELDENE 20MG	LATUDA 80MG	QULIPTA 30MG	TRINTELLIX 5MG
ALTACE (G) 10MG	CELEBREX 200MG	FETZIMA 20MG	LATUDA 120MG	QULIPTA 60MG	TRINTELLIX 10MG
ALVESCO 80MCG	CEQUA (G) 0.09%	FETZIMA 40MG	LXAPRO (G) 10MG	QVAR REDIHALER 40MCG	TRINTELLIX 20MG
ALVESCO 160MCG	CLARINEX 5MG	FETZIMA 80MG	LXAPRO (G) 20MG	QVAR REDIHALER 80MCG	TRIUEME
AMPYRA (G) 10MG	CLIMARA PATCH 25MCG	FETZIMA 120MG	LIALDA 1.2GM	RAPAFLO (G) 4MG	600-50-300MG
ANAPROX DS 550MG	CLIMARA PATCH 50MCG	FINACEA GEL 15%	LINZESS 72MCG	RAPAFLO (G) 8MG	TUDORZA PRESSAIR
ANORO ELLIPTA	CLIMARA PATCH 75MCG	FLAREX 0.1%	LINZESS 145MCG	RAPAMUNE 0.5MG	400MCG
62.5/25MCG	COLAZAL 750MG	FLOVENT 44MCG	LINZESS 290MCG	RAPAMUNE 2MG	UBRELYV 50MG
APTIOM 200MG	COMBIGAN 0.2-0.5%	FLOVENT 110MCG	LIPITOR (G) 10MG	RELPAK (G) 20MG	UBRELYV 100MG
APTIOM 400MG	COMBIVENT RESPIMAT	FLOVENT 220MCG	LIPITOR (G) 20MG	RELPAK (G) 40MG	UCERIS 9MG
APTIOM 600MG	20MCG/100MCG	FLOVENT DISKUS 100MCG	LIPITOR (G) 40MG	RENAGEL 800MG	ULORIC 80MG
APTIOM 800MG	COARGARD 80MG	FLOVENT DISKUS 250MCG	LIPITOR (G) 80MG	RESTASIS MULTIDOSE (G)	UROCI-T-K (G) 10MEQ
ARAVA 10MG	COSOPT PF 2%/0.5%	FOSAMAX PLUS D	LOTEMAX GEL 0.5%	0.05%	URSO 250MG
ARAVA 20MG	CRESTOR (G) 5MG	70MG-2800IU	LOTEMAX OINT 0.5%	RESTASIS VIALS 0.05%	VAGIFEM 10MCG
ARAZLO 0.045%	CRESTOR (G) 10MG	FOSAMAX PLUS D	LOTEMAX SUSP 0.5%	RETIN A MICRO GEL PUMP	VECTICAL 3MCG/GM
ARNUITY ELLIPTA 100MCG	CRESTOR (G) 20MG	70MG-5600IU	LUMIGAN 0.01%	0.04%	VELPHORO 500MG
ARNUITY ELLIPTA 200MCG	CRESTOR (G) 40MG	FOSRENOL CHEW 500MG	MESTINON TS 180MG	RETIN-A MICRO GEL PUMP	VENTOLIN HFA 90MCG
AROMASIN (G) 25MG	CRINONE GEL 8%	FOSRENOL CHEW 750MG	METRO CREAM 0.75%	0.1%	VERQUOVO 10MG
ARTHROTEC 50MG	CYMBALTA (G) 20MG	FOSRENOL CHEW 1000MG	METROGEL PUMP 1%	REXULTI 0.25MG	VERQUOVO 2.5MG
ARTHROTEC 75MG	CYMBALTA (G) 30MG	FOSRENOL POWDER 750MG	MICARDIS 40MG	REXULTI 0.5MG	VERQUOVO 5MG
ASMANEX TWISTHALER	CYMBALTA (G) 60MG	FOSRENOL POWDER	MICARDIS 80MG	REXULTI 1MG	VESICARE (G) 5MG
110MCG	DALIRESP 250MCG	1000MG	MICARDIS HCT 40/12.5MG	REXULTI 2MG	VESICARE (G) 10MG
ASMANEX TWISTHALER	DALIRESP 500MCG	GENVOYA	MICARDIS HCT 80/12.5MG	REXULTI 3MG	VIIBRYD 10MG
220MCG	DEPAKOTE (G) 250MG	GILENYA (G) 0.5MG	MICARDIS HCT 80/25MG	REXULTI 4MG	VIIBRYD 20MG
ASTAGRAF XL 1MG	DEPAKOTE (G) 500MG	GLUCAGEN HYPOKIT 1MG	MIGRANAL 4MG/ML	RINVOQ 15MG	VIIBRYD 40MG
ASTAGRAF XL 5MG	DETROL LA (G) 2MG	GLUMETZA ER 1000MG	MIRAPEX ER 0.375MG	RINVOQ 30MG	VIVELLE-DOT 25MCG
ATACAND 4MG	DETROL LA (G) 4MG	GLYXAMBI 10MG/5MG	MIRAPEX ER 0.75MG	RYBELSUS 3MG	VIVELLE-DOT 37.5MCG
ATACAND 8MG	DEXILANT DR 30MG	GLYXAMBI 25MG/5MG	MIRAPEX ER 1.5MG	RYBELSUS 7MG	VIVELLE-DOT 50MCG
ATACAND 16MG	DEXILANT DR 60MG	IBRANCE 75MG	MIRAPEX ER 2.25MG	RYBELSUS 14MG	VIVELLE-DOT 100MCG
ATACAND 32MG	DIFFERIN CREAM 0.1%	IBRANCE 100MG	MIRAPEX ER 3MG	SAPHRIS 5MG	VRAYLAR 1.5MG
ATACAND HCT	DIFFERIN GEL (G) 0.3%	IBRANCE 125MG	MIRAPEX ER 3.75MG	SAPHRIS 10MG	VRAYLAR 3MG
16MG/12.5MG	DIOVAN (G) 40MG	ILEVRO 0.3%	MIRAPEX ER 4.5MG	SEASONIQUE	VRAYLAR 4.5MG
ATACAND HCT	DIOVAN (G) 80MG	IMITREX NASAL SPRAY	MIRVASO 0.33%	0.15/0.03/0.01MG	VRAYLAR 6MG
32MG/12.5MG	DIOVAN (G) 160MG	5MG	MOTEGRITY 1MG	SENSIPAR (G) 30MG	VUMERITY 231MG
ATACAND HCT	DIOVAN (G) 320MG	IMITREX NASAL SPRAY	MOTEGRITY 2MG	SENSIPAR (G) 60MG	VYTORIN 10/10MG
32MG/25MG	DIOVAN HCT (G) 160/12.5MG	20MG	MULTAQ 400MG	SEREVENT DISKUS 50MCG	VYTORIN 10/20MG
ATELVIA DR 35MG	DIOVAN HCT (G) 160/25MG	IMITREX STATDOSE	MYRBETRIO 25MG	SEROQUEL XR (G) 50MG	VYTORIN 10/40MG
ATROVENT HFA 20UG	DIPROLENE OINT 0.05%	6MG/0.5ML	MYRBETRIO 50MG	SEROQUEL XR (G) 150MG	VYTORIN 10/80MG
AUBAGIO (G) 14MG	DIVIGEL 0.25MG	INCURSE ELLIPTA 62.5MCG	NATAZIA 3/2-2/2-3/1MG	SEROQUEL XR (G) 200MG	WAKIX 4.5MG
AVODART (G) 0.5MG	DIVIGEL 0.5MG	INSPIRA (G) 25MG	NESINA 6.25MG	SEROQUEL XR (G) 300MG	WAKIX 17.8MG
AZOPT 1%	DIVIGEL 1MG	INSPIRA (G) 50MG	NESINA 12.5MG	SEROQUEL XR (G) 400MG	WELCHOL (G) 625MG
AZOR 20/5MG	DOVATO 50MG-300MG	INEVEGA 3MG	NESINA 25MG	SIMBRINZA 1%/0.2%	WELLBUTRIN XL (G)
AZOR 40/5MG	DULERA 100MCG/5MCG	INVOKAMET 50MG-500MG	NEUPRO 1MG	SINGULARIR (G) 10MG	150MG
AZOR 40/10MG	DULERA 200MCG/5MCG	INVOKAMET 50MG-1000MG	NEUPRO 2MG	SLYND 4MG	WELLBUTRIN XL (G)
BANZEL 200MG	DUOBRII 0.01%-0.045%	INVOKAMET 150MG-500MG	NEUPRO 3MG	SOOLANTRA 1%	300MG
BANZEL 400MG	DYMISTA 137/50MCG	INVOKAMET 150MG-	NEUPRO 4MG	SPIRIVA 18MCG	XADAGO 50MG
BENICAR (G) 20MG	EDARBI 40MG	1000MG	NEUPRO 6MG	SPIRIVA RESPIMAT	XADAGO 100MG
BENICAR (G) 40MG	EDARBI 80MG	INVOKANA 100MG	NEUPRO 8MG	2.5MCG	XALATAN 50MCG/ML
BENICAR HCT (G)	EDARBYCLOR	INVOKANA 300MG	NEUPRO 3MG	STEGLUJAN 15MG-100MG	XARELTO 2.5MG
20MG/12.5MG	40MG/12.5MG	IRESSA 250MG	NEUPRO 4MG	STIOLTO RESPIMAT	XARELTO 10MG
BENICAR HCT (G)	40MG/25MG	ISENTRESS 400MG	NEUPRO 6MG	2.5/2.5MCG	XARELTO 15MG
40MG/12.5MG	EDURANT 25MG	JAKAFI 5MG	NEUPRO 8MG	STRIVERDI RESPIMAT	XARELTO 20MG
BENICAR HCT (G)	ELIDEL 1%	JAKAFI 10MG	NEUPRO 3MG	2.5MCG	XELJANZ 5MG
40MG/25MG	ELIQUIS 2.5MG	JAKAFI 15MG	NEUPRO 4MG	SUTENT 12.5MG	XELJANZ 10MG
BEPREVE 1.5%	ELIQUIS 5MG	JAKAFI 20MG	NEUPRO 5MG	SUTENT 25MG	XELJANZ XR 11MG
BETIMOL 0.25%	ELMIRON 100MG	JALYN 0.5MG/0.4MG	NEUPRO 6MG	SUTENT 37.5MG	XENAZINE 25MG
BETIMOL 0.5%	ENTRESTO 24MG-26MG	JANUMET 50/500MG	NEUPRO 8MG	SUTENT 50MG	XENICAL 120MG
BETOPTIC S 0.25%	ENTRESTO 49MG-51MG	JANUMET 50/1000MG	NEUPRO 3MG	SYMBICORT	XIGDUO XR 5/1000MG
BEVESPI AEROSPHERE	ENTRESTO 97MG-103MG	JANUMET XR 50MG/500MG	NEURTEC ODT 75MG	160MCG-4.5MCG	XIGDUO XR 10/500MG
9MCG-4.8MCG	EPIDUO FORTE 0.3%/2.5%	JANUMET XR 50MG/1000MG	ODEFSEY	SYM TUZA	XIGDUO XR 10/1000MG
BEYAZ	EPIDUO GEL PUMP	JANUMET XR 100MG/1000MG	200MG-25MG-25MG	SYNAREL NASAL	XIIDRA 5%
BIJUVA 1MG-100MG	0.1%/2.5%	JANUMET XR 100MG/1000MG	OLUMIANT 2MG	SYNJARDY 5MG/500MG	YASMIN 28 (G)
BIKTARVY	EPIPEN 0.3MG	JANUVIA 25MG	OMNARIS 50MCG	SYNJARDY 5MG/1000MG	YAZ (G) 3/0.02MG
50MG-200MG-25MG	EPIPEN JR 0.15MG	JANUVIA 50MG	ORILISSA 150MG	SYNJARDY 12.5MG/500MG	ZELAPAR 1.25MG
BINOSTO 70MG	EPIVIR / HBV (G) 100MG	JANUVIA 100MG	ORILISSA 200MG	SYNJARDY 12.5MG/1000MG	ZETIA (G) 10MG
BREO ELLIPTA 100/25MCG	ESTROGEL 0.06%	JARDIANCE 10MG	OSPHENA 60MG	TASIGNA 150MG	ZIANA 1.2%-0.025%
BREO ELLIPTA 200/25MCG	EUCRISA OINTMENT 2%	JARDIANCE 25MG	OTEZLA 30MG	TASIGNA 200MG	ZOMIG NASAL SPRAY 5MG
BREZTRI AEROSPHERE	EVISTA (G) 60MG	JENTADUETO	PENTASA 500MG	TASMAR 100MG	ZOVIRAX CREAM 5%
160MCG-9MCG-4.8MCG	EVISTA (G) 60MG	2.5MG-500MG	PLAQUENIL 200MG	TAZORAC GEL 0.05%	ZYCLARA PACKET 3.75%
BRILINTA 60MG	EVISTA (G) 60MG		PRADAXA 150MG	TECFIDERA (G) 120MG	ZYCLARA PUMP 3.75%

NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. This list is subject to change. Please call 1-866-893-6337 toll free to verify the availability of your medication through this program.

Vision Plan—Davis Vision



We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

Please visit our member site at davisvision.com or call **1.877.923.2847**

Enter **client code 2769** to locate providers or for additional information.

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.999.5431.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through County of Ulster. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Davis Vision Premier Plan Benefits



Benefit	Frequency Once Every-	In-Network Copay	In-Network Coverage	
Eye Examination	Calendar Year	\$0	Covered in full. <i>Includes dilation when professionally indicated.</i>	
Spectacle Lenses	Calendar Year	\$0	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. <i>(See below for additional lens options and coatings.)</i>	
Frame	Calendar Year	\$0	Covered in Full Frames:	Any Fashion, Designer or Premier level frame from Davis Vision's Collection ¹² (retail value, up to \$195).
			OR Frame Allowance	\$150 toward any frame from provider plus 20% off any balance. ¹¹ No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	Calendar Year	\$0	Davis Vision Collection Contacts Standard, Soft Contacts Specialty Contacts	Covered in full 15% discount ¹¹ 15% discount ¹
Contact Lenses (in lieu of eyeglasses)	Calendar Year	\$0	Covered in Full Contacts: Planned Replacement Disposable OR, Contact Lens Allowance OR, Visually Required Contacts	From Davis Vision's Collection ¹² , up to Two boxes/multipacks* Four boxes/multipacks* \$150 allowance toward any contacts from provider's supply plus 15% off balance. ¹¹ No copay required. Covered in full with prior approval.

*Number of contact lens boxes may vary based on manufacturer's packaging.

Significant savings on optional frames, lens types & coatings!

	Member Price
Davis Vision Collection Frames: Fashion Designer Premier.....	\$0 \$0 \$0
Tinting of Plastic Lenses	\$0
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating	\$30
Ultraviolet Coating	\$0
Anti-Reflective Coating: Standard Premium Ultra Ultimate.....	\$351 \$481 \$60 \$85
Polycarbonate Lenses	\$0
High-Index Lenses 1.6711.74	\$55 \$120
Progressive Lenses: Standard Premium Ultra Ultimate.....	\$0 \$40 \$90 \$125
Polarized Lenses.....	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ⁴	\$65
Scratch Protection Plan: Single Vision Multifocal Lenses	\$20 \$40
Trivex Lenses	\$50
Blue Light Filtering.....	\$15

¹¹ Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

¹² The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

³¹ Including, but not limited to toric, multifocal and gas permeable contact lenses.

⁴¹ Transitions® is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

Vision Plan—Davis Vision

Frequently Asked Questions

How can I contact Member Services?

Call 1.800.999.5431 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

What frames are in Davis Vision's Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at davisvision.com and take a look!

When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?

You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. Complete eyeglasses must be obtained at one time, from one provider. You may not split between a network and out-of-network provider. To maximize your benefit value we recommend that all services be obtained from a network provider.

Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - \$40 | single vision lenses - \$40 | bifocal - \$60 | trifocal - \$80 | lenticular - \$100 | frame - \$50 | elective contacts - \$105 | visually required contacts - \$225. Claim forms may be submitted online.

Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (piano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

DAVIS VISION EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Additional Savings Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.⁵

Shop Online Members can shop online using your plan benefits through Visionworks.com. Select the insurance option from the bar on top of the screen, next select member look up and follow the instructions to order your eyewear to be shipped to your home.

Mail Order Contact Lenses Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

Laser Vision Correction Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

Low Vision Services Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details... about your vision benefits, patient rights and responsibilities about Davis Vision or to obtain a copy of Davis Vision's Privacy Practices Notice, please log on to our member Web site or contact us at 1.800.999.5431.

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

⁵Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

Fully insured product Underwritten by HM Life Insurance Company. Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.

Flexible Spending Accounts (FSAs)

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

What Is a Flexible Spending Arrangement?

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

How It Works

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

Health Care FSAs—Annual Maximum, \$3,300

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

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

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

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

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

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

\$660 Rollover Rule: The Health Care FSAs to allow up to \$660 remaining at the end of a plan year be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year.

PROGRAM NOTES:

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

aleraedge.aleragroup.com

(From PARTICIPANT LOG IN, Select ALERAPAY from the dropdown menu)

Your FSA Reimbursement Management Website

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

Login to your Account

OR

As a New Plan Member entering your User Identification and follow the prompts to complete.

Use your phone to access your account via the website or the AleraPay app to:

Check Balances

File Claims

Track Expenses

Upload Receipts

FSA Eligible Expenses for Health Care Reimbursement

Not sure if an expense is eligible? Call [1-800-622-6233](tel:1-800-622-6233) (ALERAPAY)

Eligible Items for Reimbursement

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

Eligible Over-the-Counter Health Care Items

(reimbursed with receipts):

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

For a complete up-to-date list of FSA Eligible Products & Services, reference the FSASStore.com, under Tools, the [Eligibility List](#).

Items that POTENTIALLY qualify for Reimbursement

Must be primarily for medical care and have note from a medical practitioner prescribing the item to treat a specific medical condition

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

What is Not Eligible for Health Care FSAs?

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

Eligible Expenses for Dependent Care FSAs—Children must be under age 13 for charges to be considered unless disabled

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

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



It's that time of the year again... Aflac Open Enrollment is here!! For those of you who don't know, Aflac is **different from** health insurance—Aflac offers voluntary insurance supplements for YOU (the policy holder) **\$\$\$\$** to help with expenses while you focus on recovery!
Co-pays, deductible, coinsurance, rent, car payment, phone bill, etc...its **cash!!**

AFLAC PROGRAMS:

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

Accident: provides cash benefits when you are treated for an accident / injury (from poison ivy to broken bones)

Cancer: provides a cash benefit upon diagnosis, weekly treatment benefits, transportation and much more

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

Lump Sum Critical Illness: provides a cash benefit in the event of heart attack, stroke, end stage renal failure & major organ transplant.

BEST FEATURE: Aflac programs only cost \$5-\$10 / week for an individual (1 & 2 parent rates available). Can you afford not to?

Contact Our Agent: Dan Barry

for more information, enroll off-site, claims, etc.
C-845-532-2053 | daniel_barry@us.aflac.com



Scan the QR Code to see the Aflac Insurance Products

Pearl Insurances / CSEA

For over 80 years, Pearl Insurance has been a trusted partner in protecting CSEA Members and their loved ones. Our comprehensive suite of insurance solutions includes:

—**Life insurance • Disability insurance • Auto & Homeowner's insurance**—

The CSEA Group Sponsored Insurance program is tailored to help members prepare for life's unexpected moments, providing peace of mind and financial security. Trust us to help safeguard your future.

Get personalized guidance. Contact me to schedule a free consultation and insurance review.



Shannon Johnson | CSEA Insurance Representative
518.491.8667 | Call or Text
shannon.johnson@pearlinsurance.com

NYS Deferred Compensation Plan

Are taxes stunting your growth?

Did you know that by contributing to the New York State Deferred Compensation Plan you can put off paying taxes on your contributions and any earnings.

The plan is tax-deferred. That means that you pay less current federal and New York State income taxes today and have the opportunity for your money to grow tax deferred. You don't pay taxes until you decide to make withdrawals, which are taxed as ordinary income.

Investing involves market risk, including possible loss of principal.

Be tax smart—Sign-up for the Plan today!

Questions, To Join or Review Your Account Local Plan ID# 206137

General Info visit www.nysdcp.com

Info about your Benefits Contact:

Gene Nescot

M: 518-496-7284, O: 614-854-4364
or 800-422-8463

EM: gene.nescot@nationwide.com



NY-529 Program—College Savings Plan

Flexible Use of Savings

- Save for a child, grandchild, friend—or even yourself!
- Use of any eligible 2 or 4-year college or university, vocational or technical school or graduate school in the US or abroad.
- When used for higher education expenses at eligible educational institutions, money can be used to pay for tuition, certain room-and-board expenses, books, supplies, and the expenses for the purchase of certain computer equipment, software and computer-related services.

Tax Benefits

- Grow your earnings
- Pay no federal taxes on qualified withdrawals.* (Note: federal qualified expenses are different than NY state qualified expenses. Please consult the program Description for more information)
- Contribute up to \$75,000 in a single year (\$150,000, if married filing jointly) for each beneficiary for 5-years.**

More Tax Benefits NY Taxpayers

- Pay no state taxes on qualified withdrawals*(Note: federal qualified expenses are different than NYS qualified expenses. Please consult the program Description for more information)
- Deduct up to \$5,000 (\$10,000, if married filing jointly) in contributions to the *Direct Plan* on your state income tax return each year.***

Low Costs

- NY's 529 Direct Plan has some of the lowest costs available for 529 plans. You pay only \$1.20 in fees per year for every \$1,000 you invest in the plan (0.12% total annual asset-based fee).
- No advisor fees, commissions or account maintenance fees that other plans may charge.

Contact the Finance Department—Payroll Unit @ x3557
for more information on how to begin saving TODAY.

Easy Setup

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

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

Employee Assistance Program

Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues.



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.



Financial expertise

Consultation and planning with a financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

Access up to six (6) no-cost counseling sessions, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.



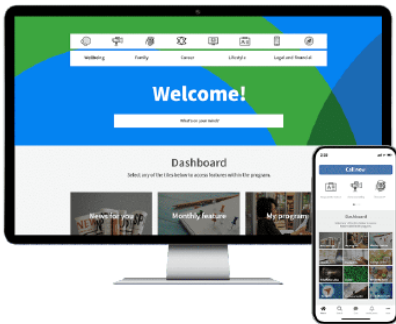
Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.



Your web portal and mobile app

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Convenient, on-the-go support

- **Textcoach®**
Personalized coaching with a licensed counselor on mobile or desktop.
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness.
- **Virtual Support Connect**
Moderated group support sessions on an anonymous, chat-based platform



Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



Download the mobile app today!



1-888-881-5462

supportlinc.com
group code:
ulster

Labor / Management Sick Leave Bank Information

FOR CSEA AND UCSA



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

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

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

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

CONFIDENTIAL & VOLUNTARY

Retirement Planning

Considerations as You Approach Retirement

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

- The N.Y.S. Comptroller's Office is responsible for administration of the NYS Retirement System. Their website: <http://www.osc.state.ny.us/retire/members/index.php>, includes forms, contract information a retirement timeline and more.
- The N.Y.S. Retirement System telephone number is 866-805-0990.
- To assist you in determining approximately what your pension amount will be, as well as explanations of your various payment options, please visit: <https://nysosc9.osc.state.ny.us/product/benproj.nsf/BenProgFlashPage>
- When anyone covered by one of the Ulster County Health Insurance plans becomes Medicare eligible, you must contact the Employee Benefits Office immediately.
- All Ulster County employees who retire from the N.Y.S. Retirement System upon retirement from Ulster County service, after a certain number of years as per collective bargaining agreement, are eligible to receive retiree health insurance as per the collective bargaining agreement.
- Please note that once you retire, you may not add any dependents to your retiree health insurance plan.
- Your retiree health insurance will begin the first of the month following your retirement date, so please contact the Employee Benefits Office as far in advance, with a minimum of 30-days if possible, to arrange for a smooth transition of health coverage from employee to retiree and to arrange for the billing option of your choice.

REGISTER for Retirement Information Online!

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



Retirement Online—*Your Benefits. Your Way!*

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

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

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

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

Need Help?

Benefits: aleraedge.aleragroup.com

Participant Log In: AleraGray

Customer Service at Alera Edge

support@aleracare.zendesk.com

1-800-836-0026, x7400 | 8AM-4:30PM



Medical Benefits

Anthem | Member Services

1-844-241-7087 | 8:00AM-5PM



Dental Benefits | Guardian

Customer Service: 1-888-600-1600

www.guardiananytime.com



Vision Benefits | Davis Vision

Customer Service: 1-877-923-2847

Group #: 2769



FSA | AleraPay

Customer Service:

AleraEdgePay@AleraGroup.com

1-800-622-6233, ext-1

See also: AleraPay App

Aflac Insurances

Disability Accident, Cancer, Hospital

Customer Service: 1-800-366-3436

Reference your Policy #

Agent: Dan Barry, 845-532-2053



Pearl Insurances

Customer Service & Claims

www.cseainsurance.com/FAQs

Shannon Johnson, 518-491-8687

supportlinc
EMPLOYEE ASSISTANCE

Employee Assistance Program (EAP)

1-888-881-5462

supportlinc.com | group code: ulster

NY-529 Savings Program

Finance Department-Payroll Unit x 3557

CSEA/UCSA Sick Bank:

Jim Farina, 845-340-3536

Retirement Planning

NYS Deferred Compensation Plan:

800-422-8463 | Local Plan #206137

Retirement: www.osc.state.ny.us/retire

<https://nysosc9.osc.state.ny.us/product/benproj.nsf/BenProgFlashPage>

Ulster County Benefits Administrator, Kevin Roach — kroa@co.ulster.ny.us | 845-340-3545

Holiday Schedule—Ulster County-2025

NEW YEAR'S HOLIDAY	WEDNESDAY, JANUARY 1
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 20
LINCOLN'S BIRTHDAY **	WEDNESDAY, FEBRUARY 12
PRESIDENTS' DAY	MONDAY, FEBRUARY 17
GOOD FRIDAY **	FRIDAY, APRIL 18
MEMORIAL DAY	MONDAY, MAY 26
JUNETEENTH	THURSDAY, JUNE 19
INDEPENDENCE DAY	FRIDAY, JULY 4
LABOR DAY	MONDAY, SEPTEMBER 1
COLUMBUS DAY	MONDAY, OCTOBER 13
ELECTION DAY **	TUESDAY, NOVEMBER 4
VETERANS DAY	TUESDAY, NOVEMBER 11
THANKSGIVING DAY	THURSDAY, NOVEMBER 27
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 28
CHRISTMAS HOLIDAY	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.