



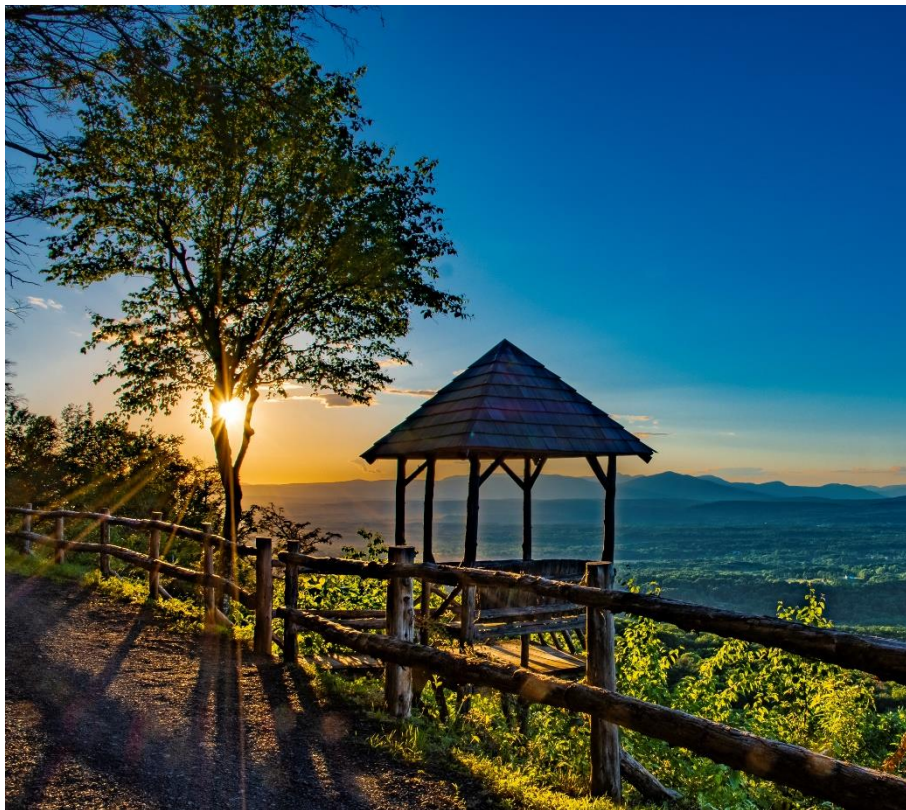
Patrick K. Ryan, County Executive
www.ulstercountyny.gov/personnel/

Benefit Open Enrollment
October 16 — October 30, 2020

Benefit Plan Year
January 1 — December 31, 2021

2021 Employee Benefits Guide

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



For this year only—

Current elections will roll over into the new plan year.

HOWEVER,

Online Enrollment is required to make enrollment changes, and to enroll or re-enroll in a Flexible Spending Account (Health Care and/or Dependent Care).

Benefits provided in association with



Questions | Help
1-800-836-0026

ULSTER COUNTY PERSONNEL DEPARTMENT
244 Fair Street, PO Box 1800, Kingston, New York 12402-1800
Main: (845) 340-3550
Exam Hotline: (845) 334-5454
Fax: (845) 340-3592

PATRICK K. RYAN
County Executive



SHEREE CROSS
Personnel Officer

JAMES FARINA
Director of Employee Relations

2021 Health Insurance and Other Benefit Information

Due to the COVID-19 Pandemic there will not be an OPEN ENROLLMENT EVENT BUT there will be the usual OPEN ENROLLMENT TIME PERIOD (October 16 – October 30) in which you may change your Health Insurance Plan!! Additionally, unless you have changes, this year you will not have to go into the electronic system to update your coverage. All coverages will be rolled over!!

The County will continue to offer its current Health Insurance Programs, the Empire PPO 20 and Empire POS 20 and the PPO 25 plans for 2021. Please see the following pages for detailed information on what the Plans offer. As a reminder the PPO 25 is a national network and all of the same benefits as the PPO 20 except that there are 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.

Remaining for 2021 are the five (5) tiers of coverage. We have stratified the Health Insurance into these 5 tiers – Employee only, Employee with Spouse, Employee with Child, Employee with Children, and Family. Please review the costs associated with them as there may be a savings.

Please take the time to review the **Benefit Book** attached 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 book may also be accessed anytime, anywhere, by using the link on any PC, smartphone, or tablet.

Relph Benefits Advisors continues to partner with Ulster County for employee benefit consulting and plan management services.

Relph Benefit Advisors offers their CARE Team to assist employees with benefit plan questions and service. Relph Benefit Advisors' C.A.R.E. (**C**ustomer **A**ssistance **R**elief **E**veryday) Team will assist the County with healthcare needs and insurance-related questions such as:

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

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 **1-800-836-0026 ext. 322** or **kkaram@relphbenefitadvisors.com**. You can continue to reach out to the Ulster County Personnel as well, (845) 340-3545.

Other Important information:

Open Enrollment and Portal Access: Friday, October 16th through Friday, October 30th is open enrollment. This year, you are **NOT** required to register and complete your benefit renewal on the online enrollment portal website. If you are making changes you may access the portal or you may call Employee Benefits in Personnel.

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 November 18, 2020, 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, step child, 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.

Cards for 2021: Cards for Health Insurance with Empire BCBS & Rx Benefits are the same as distributed for 2020. Davis Vision will continue to be active for 2021 as well as Met Life. If you change medical plans, new cards will be sent to you.

Urgent Care Out of Network Co-pay: Continuing through 2021, Urgent Care Copay, both in and out of network, will be your office visit copay. If an Employee or a covered family member cannot locate an in-network urgent care center, they may go to an out of network center and pay the office visit copay. This is advantageous since the cost of going to the emergency room includes a co-pay of \$100 for the POS 20 and PPO 20 plans, \$200 for the PPO 25 plan. This can be especially useful when traveling away from home. Reminder: There is also Live Health Online for telehealth urgent care. www.Livehealthonline.com

Flexible Spending Account Rollover: The Flexible Spending Account continues to have a \$550 roll-over feature. The application to enroll in a Flexible Spending Account will be through the online application process. Employees have the ability to roll up to \$550 in remaining funds from the previous year to the following calendar year. This will enable Employees to better estimate the amount needed for out-of-pocket health care expenses. Paying medical bills with pre-tax dollars could save 15-20% of the cost of these expenses. 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.

Rx Benefits, continues as our administrator for Express Scripts and Ulster Scripts. Please be sure to check the Change in Formulary:

Each year, a select group of products are removed from Formularies (also called Preferred Prescriptions) and will no longer be covered in these plans. Members who attempt to obtain medications no longer covered will experience a claim reject at the point of sale and will be required to pay 100% of the full, non-discounted cost of the medication. Some products also will move from preferred (tier 2) to non-preferred (tier 3) status. Rx Benefits (Express Scripts) allows exceptions when medically necessary. Both plan Formularies are included in the Benefits Book. Updates throughout the year may be found on the Benefits web page: <http://ulstercountyny.gov/personnel/new-current-employees/benefits-management>.

In addition, there will be other changes to the 2020 National Preferred Formulary (addition of new drugs, changes from formulary to non-formulary.) In early November, Express Scripts will be providing letters to those members that are impacted that will provide them with alternatives they can discuss with their physicians.

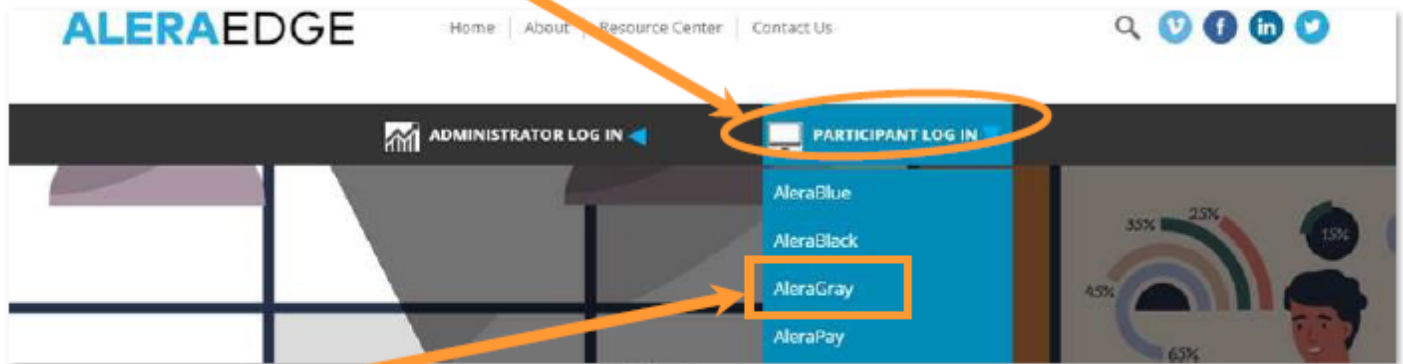
If you have any questions, please feel free to contact me directly by telephone or email. (845)340-3550 or scro@co.ulster.ny.us

Sincerely,
Sheree Cross
Personnel Director

www.aleraedge.com

Questions? Call Customer Support
1-800-836-0026 (Mon-Fri, 8-4:30).

1-Click the **PARTICIPANT LOG IN** tab



2-Select **ALERAGRAY** from the drop-down menu

The screenshot shows the 'Welcome' page. The 'First time here?' section has a 'Register' button circled in orange. An orange arrow points from the 'Register' button to the 'Create Account' section below.

Info | **create** | **confirm** | **login**

Info

Company Key

Social Security Number

Date of Birth

Create Account

User Name

Password

Confirm Password

Security Question

Answer

3-Login

First Time User:
Click on "Register"

Enter **ULSTCO**
for the Company Key

Create your User Name, Password and Security Phrase, and click "Continue."

Enter your new information on the login page.

Returning User:

Enter: User Name and Password.

The screenshot shows the 'Welcome' page with the login form. The 'Login' button is highlighted.

Welcome

User Name

Password

Login

Now, it's time to begin your enrollment!

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**.

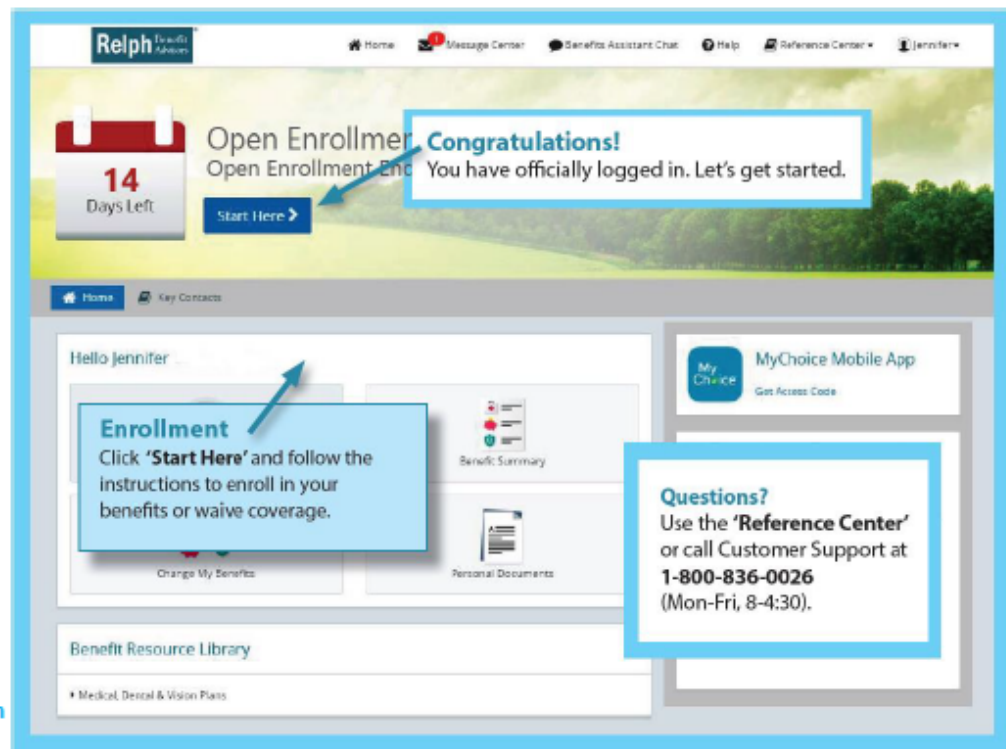
Confirm Your Choices

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, Company Key (**ULSTCO**), and Date of Birth.
- 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!

ALERAGRAY

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, through aleraedge.com these documents are available in the Reference Center.

- Summary Plan Descriptions
- Summary of Material Modifications
- Summary Annual Reports
- Summary of Benefits and Coverage & Uniform Glossary of Terms
- Special Enrollment Rights Notice
- Premium Assistance under Medicare & Children's Health Insurance Program (CHIP)
- Newborn's Act Notice
- Women's Health & Cancer Rights Act Notices
- Patient Protection Disclosure
- HIPAA Notice of Privacy Practices

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)

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information.

While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

If you have any questions about your Guide, contact Employee Benefits.

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 year. This plan offers less money out of your paycheck. Pay for what you need at time of service.

The PPO25 plan provides 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/\$2,500	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.

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

Our coverage with Empire Blue Cross Blue Shield includes a free nurse helpline service. PH: 1-877-Talk2RN

(1-877-825-5276). 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—2021

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	\$132.06	\$187.99	\$119.27	\$66.03	\$93.99	\$59.64
CSEA	1/1/1994—9/19/2012	Emp+Spouse	\$296.10	\$421.93	\$267.32	\$148.05	\$210.97	\$133.66
UCSA	5/19/2010—2/20/2013	Emp+1 Child	\$252.87	\$359.13	\$228.57	\$126.44	\$179.57	\$114.29
UCSEA	7/1/1994—8/18/2014 (15% of total Premium)	Emp+Children	\$278.15	\$395.59	\$251.29	\$139.07	\$197.80	\$125.64
		Emp+Family	\$408.98	\$582.35	\$369.33	\$204.49	\$291.18	\$184.67
Employee Group	Hire/Elected Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA	After 9/1/2015	Employee	\$176.08	\$250.65	\$159.03	\$88.04	\$125.33	\$79.52
CSEA	After 9/19/2012	Emp+Spouse	\$394.80	\$562.58	\$356.43	\$197.40	\$281.29	\$178.21
UCSA	After 2/20/2013	Emp+1 Child	\$337.16	\$478.84	\$304.76	\$168.58	\$239.42	\$152.38
UCSEA	After 8/1/2014	Emp+Children	\$370.86	\$527.46	\$335.05	\$185.43	\$263.73	\$167.53
Officials/Legislators	After 1/1/2020 (20% of total Premium)	Emp+Family	\$545.31	\$776.47	\$492.44	\$272.65	\$388.24	\$246.22
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
Management Non-Union	Before 5/18/2010 (10% of total Premium)	Employee	\$88.04	\$125.33	\$79.52	\$44.02	\$62.66	\$39.76
UCSA		Emp+Spouse	\$197.40	\$281.29	\$178.21	\$98.70	\$140.64	\$89.11
Superior Officers Union		Emp+1 Child	\$168.58	\$239.42	\$152.38	\$84.29	\$119.71	\$76.19
		Emp+Children	\$185.43	\$263.73	\$167.53	\$92.72	\$131.86	\$83.76
		Emp+Family	\$272.65	\$388.24	\$246.22	\$136.33	\$194.12	\$123.11

Rounding of Premium Contributions May Lead to Slight Differences

Health Insurance Rate Grid—2021

DENTAL & VISION without MEDICAL PLAN

Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
CSEA	Before 1/1/1994 (fixed contributions)	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	Before 7/1/1994	Employee	\$0.00	\$0.00
UCSEA	Before 7/1/1994 (fixed contributions)	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	\$5.69	\$2.84
CSEA	1/1/1994—9/19/2012	Emp+Spouse	\$11.75	\$5.88
UCSA	5/19/2010—2/20/2013	Emp+1 Child	\$12.76	\$6.38
UCSEA	7/1/1994—8/18/2014 (15% of total Premium)	Emp+Children	\$12.76	\$6.38
		Emp+Family	\$17.22	\$8.61
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
PBA	After 9/1/2015	Employee	\$7.58	\$3.79
CSEA	After 9/19/2012	Emp+Spouse	\$15.67	\$7.84
UCSA	After 2/20/2013	Emp+1 Child	\$17.01	\$8.51
UCSEA	After 8/1/2014 (20% of total Premium)	Emp+Children	\$17.01	\$8.51
		Emp+Family	\$22.96	\$11.48
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
Management Non-Union		Employee	\$3.79	\$1.90
		Emp+Spouse	\$7.84	\$3.92
Legislators		Emp+1 Child	\$8.51	\$4.25
UCSA	Before 5/18/2010	Emp+Children	\$8.51	\$4.25
Superior Officers Union	(10% of total Premium)	Emp+Family	\$11.48	\$5.74

Rounding of Premium Contributions May Lead to Slight Differences

Empire BCBS Summary of Benefits— POS20 Plan



An Anthem Company

Your Summary of Benefits

County of Ulster 2021 - POS 20

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 Care ¹	Member Pays	Member Pays
Covered Adult Preventive Care	\$0	Deductible and coinsurance
Annual Physical Exam	\$0	Deductible and coinsurance
Well-Child Care (Up to age 19; including covered immunizations)	\$0	Deductible and coinsurance
Preventive Well-Woman Care	\$0	Deductible and coinsurance
Home/Office/Outpatient Care	Member Pays	Member Pays
Home/Office/Outpatient Visits Copayment	\$20 copayment	Deductible and coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Online Visits	\$0 copayment	Deductible and coinsurance
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery ^{4,5}	\$0	Deductible and coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and coinsurance
Routine Maternity Care	\$0	Deductible and coinsurance
Laboratory Tests, X-rays, MRI ⁴ /MRA ⁴ , CAT Scan ⁶ , PET ⁶ and Nuclear Cardiology ⁶	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatment)	Deductible and coinsurance
Acupuncture (Up to 30 visits per calendar year)	\$20 copayment	Deductible and coinsurance
Chiropractic Care (Up to 30 visits per calendar year) ⁷	\$20 copayment	Deductible and coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and coinsurance
Hospice Care (Up to 210 days per lifetime)	\$0	Deductible and coinsurance
Physical Therapy ⁴ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Speech/Language ⁴ , Occupational ⁴ , Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Outpatient Cardiac Rehabilitation	\$20 copayment	Deductible and coinsurance
Second Surgical Opinion	\$20 copayment	Deductible and coinsurance
Kidney Dialysis	\$0	Deductible and coinsurance

Empire 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 ⁸ As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification ⁸ (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation ⁸	\$0	Deductible and coinsurance
Other		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment ⁴	\$0	Deductible and coinsurance
Prosthetics & Orthotics ⁴	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	In-network benefits apply

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

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

Empire BCBS Summary of Benefits—PPO20 Plan



An Anthem Company

Your Summary of Benefits

County of Ulster 2021 – PPO 20

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	\$0 copayment	Deductible and Coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery ⁵ / Outpatient Surgery	\$0	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests, X-rays	\$0	Deductible and Coinsurance
MRI ⁷ /MRA ⁷ , CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
– Office Visit	\$20 copayment	Deductible and Coinsurance
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
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 (Up to 210 days per lifetime)	\$0	Deductible and Coinsurance
Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language ⁵ , Occupational ⁵ (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Vision Therapy	\$20 copayment	Deductible and Coinsurance

Empire BCBS Summary of Benefits—PPO20 Plan

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

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

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

Empire BCBS Summary of Benefits—PPO25 Plan

Your Summary of Benefits



An Anthem Company

County of Ulster 2021 – PPO 25

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / (\$1,000/\$2,500 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care ⁴	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits (PCP/Specialist)	\$25 / \$40 copayment	Deductible and Coinsurance
Online Visits	\$0 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
– Office Visit	\$25 copayment	Deductible and 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

Empire BCBS Summary of Benefits—PPO25 Plan

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Cardiac Rehabilitation (Unlimited visits per 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

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- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.
- Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after the 5th visit.

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

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

Urgent Care Facilities for the Ulster County Area

AMC EMERGNTCARE OF

Urgent Care In-Network
2976 Route 9W
Saugerties, NY 12477
PH: 845-247-9100

AMC EMURGENT CARE OF

Urgent Care In-Network
329 Glenmont Rd
Glenmont, NY 12077
PH: 518-264-5700

AMC EMURGENTCARE OF

Urgent Care In-Network
11835 State Route 9W
West Coxsackie, NY 12192
PH: 518-731-9000

COMMUNITY CR URGENT CARE

Urgent Care In-Network
391 Myrtle Ave, Ste 4D
Albany, NY 12208
PH: 518-207-2299

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
61 Emerald Place
Rock Hill, NY 12553
PH: 845-703-6999

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
855 State Route
Monroe, NY 10950
PH: 845-703-6999

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
155 Crystal Run Rd
Middletown, NY 10941
PH: 845-703-6999

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
807 State Route 17M
Monroe, NY 10950
PH: 845-703-6999

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
1200 Route 300
Newburgh, NY 12550
PH: 845-703-6999

DIVINITY MED SRVCS PLLC

Urgent Care In-Network
3379 Crompond Rd
Yorktown Heights, NY 10598
PH: 914-930-5550

E GREENBUSH URGE CARE CTR

Urgent Care In-Network
2 Empire Dr, Ste 101
Rensselaer, NY 12144
PH: 518-286-4960

EMERG ONE URGENT CARE DI

Urgent Care In-Network
306 Windsor Nwy
New Windsor, NY 12553
PH: 845-787-1400

EMERGENCY ONE UCC

Urgent Care In-Network
4274 Albany Post Rd
Hyde Park, NY 12538
PH: 845-229-2602

EMERGENCY ONE UCC

Urgent Care In-Network
2555 South Rd
Poughkeepsie, NY 12601
PH: 845-330-3200

EMERG ONE URGENT CARE DI

Urgent Care In-Network
40 Hurley Ave Ste 4
Kingston, NY 12401
PH: 845-338-5600

EXCEL URGENT CARE FISHKILL

Urgent Care In-Network
1004 Main St
Fishkill, NY 12524
PH: 845-765-2240

EXCEL URGENT CARE

Urgent Care In-Network
1 Hatfield Ln
Goshen, NY 10924
PH: 845-360-5530

FIRST CARE MEDICAL PC

Urgent Care In-Network
222 State Route 299
Highland, NY 12528
PH: 845-691-3627

GARNET HEALTH URG CARE PC

Urgent Care In-Network
707 E Main St, FL 1
Middletown, NY 10940
PH: 845-333-7575

GARNET HEALTH URG CARE PC

Urgent Care In-Network
38 Concord Rd
Monticello, NY 12701
PH: 845-333-6500

HEALTH QUEST URGENT CARE

Urgent Care In-Network
1100 Route 55
Lagrangeville, NY 12540
PH: 845-485-4455

HQUMCP PC

Urgent Care In-Network
1351 Route 55 Ste 200
Lagrangeville, NY 12540
PH: 845-297-2511

HQUMCP PC

Urgent Care In-Network
1530 Route 9
Wappingers Falls, NY 12590
PH: 845-297-2511

MIDDLETOWN MEDICAL PC

Urgent Care In-Network
78 Brookside Ave
Chester, NY 10918
PH: 845-469-2692

Urgent Care Facilities for the Ulster County Area

MIDDLETOWN MEDICAL PC

Urgent Care In-Network
653 Harris Rd
Ferndale, NY 12734
PH: 845-292-2283

MIDDLETOWN MEDICAL PC

Urgent Care In-Network
2 Edgewater Dr
Middletown, NY 10940
PH: 845-342-4774

MIDDLETOWN MEDICAL PC

Urgent Care In-Network
32 Thompson Square Mall
Monticello, NY 12701
PH: 845-794-1600

NORTH SHORE-LIJ URGENT CR

Urgent Care In-Network
28 Triangle Ctr, Ste 30
Yorktown Heights, NY 10598
PH: 914-266-3103

ORANGE URGENT CARE PLLC

Urgent Care In-Network
75 Crystal Run Rd Ste
Middletown, NY 10941
PH: 845-703-2273

PM PEDIATRICS OF BAYSIDE

Urgent Care In-Network 1989 Route
52 Ste 3 Hopewell Junction, NY
12533
PH: 845-897-4500

PULSE-MD URGENT CARE

Urgent Care In-Network 900 Route
376 Ste H
Wappingers Falls, NY 12590
PH: 845-204-9260

PULSE-MD URGENT CARE

Urgent Care In-Network
572 Route 6
Mahopac, NY 10541
PH: 845-621-3100

PULSE-MD URGENT CARE

Urgent Care In-Network 696
Dutchess Tpke,
Poughkeepsie, NY 12603
PH: 845-204-9260

QHC UPSTATE MEDICAL PC

Urgent Care In-Network
19 Prince St
Monticello, NY 12701
PH: 845-794-3547

RAPID CARE

Urgent Care In-Network
2827 US Highway 9
Valatie, NY 12184
PH: 518-758-4300

SHARON HOSPITAL

Urgent Care In-Network
50 Hospital Hill Rd
Sharon, CT 06069
PH: 860-364-4000

URGENT CARE DELMAR CC PHYS

Urgent Care In-Network
250 Delaware Ave, Ste 100
Delmar, NY 12054
PH: 518-439-8077

URGENT MEDICAL CARE PLLC

Urgent Care In-Network 10
Grandview Ave.
Catskill, NY 12414
PH: 518-943-9100

URGENT CARE MED OF NY LLC

Urgent Care In-Network
80 Route 6, Ste 704-705
Baldwin Place, NY 10505
PH: 914-358-9612

URGENT CARE MED OF NY LLC

Urgent Care In-Network
3085 E Main St, Ste 12A Mohegan
Lake, NY 10547
PH: 914-743-1881

WELLNOW URGENT CARE PC

Urgent Care In-Network
446 Fairview Ave, Ste 200
Hudson, NY 12534
PH: 518-267-3496

Empire BCBS Website & TeleMedicine Instructions

Please select your account type.

☒ Medicare, Individual & Family, and Employer Group Plans

☐ Medicaid

Log In

[Forgot Username or Password? >](#)

[Not signed up? Register now. >](#)

At www.empireblue.com, Select Login

First time users-select Register now

Then have your Member ID card to complete your Registration, following the website prompts.

Have your member ID card handy? Use your member ID to register.

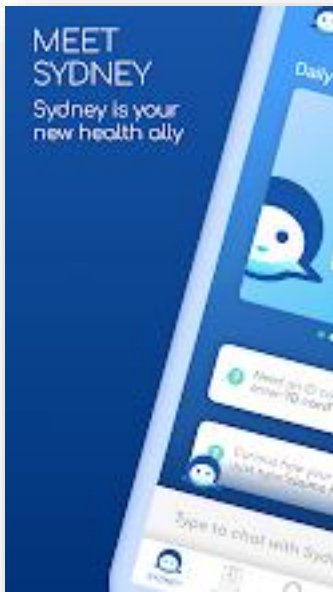
☒ Member ID ☐ Activation code ☐ Student ID

Member ID

Date of birth

First name

Last name



Get the App—Sydney Health

Save time with Live Chat. Find the information you need about your health care benefits by chatting with an Empire Rep in real time.

Telemedicine Services Online or Phone App



See a doctor, 24/7/ 365

Sign-up now, so you're ready when you need it.

Access LiveHealth Online via smart phone, tablet or computer

The LiveHealth Online app is available on both iOS and Android

Download on the App Store | GET IT ON Google play

Rx Benefits / Express Scripts



Your prescription provider is **Express Scripts** and is administered by **Rx Benefits**.

PLAN	Rx CO-PAYS (Supply)
Empire—POS 20 Plan	\$5 / \$20 / \$40 (30-days)
Empire—PPO 20 & 25 Plans	\$10 / \$25 / \$40 (30-days)
Mail Order Prescriptions	2x CoPays (90-days)
Additional Support: 1-800-836-0026 Relph Benefit Advisors	

ID CARDS

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

RXBIN: 610014

RXGRP: RXBULST

ISSUER: Express Scripts

Pharmacy Member Services: 1-800-334-8134

Pharmacist Helpdesk: 1-800-922-1557

VERIFY ELIGIBILITY

Email your requests to eligibility@rxbenefits.com.

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

Pharmacy Member Services: 1-800-334-8134

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

SERVICES

Member Service is Available:

For fastest service, please contact your member services team.

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

To Assist You With Any Questions or Concerns Regarding

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

Employees:

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

MAIL ORDER & SPECIALTY

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

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

Express Scripts Formulary—2021

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

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



EXPRESS SCRIPTS®

CHAMPIONS
FOR
BETTER™

2020 Express Scripts National Preferred Formulary

KEY

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

A

ABILIFY MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR HFA
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization
solution
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
clavulanate
anastrozole
ANDRODERM
ANORO ELLIPTA
APRISO
ARALAST NP [INJ]
ARIKAYCE
aripiprazole
ARISTADA [INJ]
ARMONAIR RESPICLIK
ARNUTY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AUSTEDO
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BARACLUDE SOLUTION
BD AUTOSHIELD
DUO NEEDLES
BD ULTRAFINE
INSULIN SYRINGES

BD ULTRAFINE PEN NEEDLES

BELBUCA
benazepril
benzonatate
BEPREVE
BETASERON [INJ]
BETHKIS
BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz
blisovi fe
BOSULIF
BREO ELLIPTA
BRILINTA
budesonide nebulization
suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/
caffeine
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

CABOMETYX
CARAC
CARAFATE SUSPENSION
carbidopa/levodopa
carvedilol
cefдинир
cefuroxime axetil
celecoxib
cephalexin
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
CHANTIX
chlorhexidine gluconate
chlorhalidone
CIMDUO
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
CLENPIQ
clindamycin hcl
clindamycin phosphate
topical
clindamycin phosphate/
benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone
dipropionate
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT

COMETRIQ
COPAXONE 40 MG [INJ]
CORLANOR
COSENTYX [INJ]
CREON
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DARAPRIM
DAYTRANA
DESCOVY
desloratadine
desvenlafaxine succinate
ext-release
dexamethasone
DEXCOM RECEIVER, SENSOR,
TRANSMITTER
dexmethylphenidate
ext-release
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine ext-release
diazepam
diclofenac sodium
delayed-release
dicyclomine
digoxin
diltiazem ext-release
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ]
DYANAVEL XR
DYMISTA

E

EDARBI
EDARBYCLOR
ELIQUIS
ELOCTATE [INJ]
EMGALITY [INJ]
EMVERM
enalapril
ENBREL [INJ]
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPCUSA
EPIDIOLEX
EPIDUO FORTE

epinephrine auto-injector
(by Mylan) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERIVEDGE
ERLEADA
erythromycin eye ointment
ESBRIET
escitalopram
esomeprazole magnesium
delayed-release
estradiol
estradiol patches
estradiol/norethindrone
acetate
ESTRING
eszopiclone
EUFLEXA [INJ]
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patches
FETZIMA
FINACEA FOAM
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
fluoxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FREESTYLE KITS/METERS:
FREESTYLE FREEDOM,
FREESTYLE FREEDOM LITE,
FREESTYLE INSULINX,
FREESTYLE LITE
FREESTYLE LIBRE READER,
SENSOR
FREESTYLE TEST STRIPS:
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA

GILENYA
GILTRIF
GLASSIA [INJ]
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXambi
GONAL-F, GONAL-F RFF,
GONAL-F RFF
REDI-JECT [INJ]
GRASSTEK
guanfacine ext-release

H

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

I

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

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
JIVI [INJ]
JULUCA
junel

(continued)

Go to express-scripts.com/2020drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.
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june fe	morphine sulfate ext-release	PAZEO	ropinirole	tri-lo-marzia
K	MOVANTIK	penicillin v potassium	rosuvastatin	trinessa
ketoconazole topical	moxifloxacin eye solution	PENTASA	RUBRACA	TRIPOTODUR [INJ]
ketorolac	mupirocin	PERFORMIST	RUCONEST [INJ]	tri-sprintec
KITABIS PAK	MUSE	PHOSLYRA		TRIUMEO
KOGENATE FS [INJ]	MYDAYIS	PICATO	S	TRULANCE
KOVALTRY [INJ]	MYRBETRIQ	pioglitazone	SAVELLA	TRULICITY [INJ]
KYLEENA		PLEGRIDY [INJ]	SEGLUROMET	TYMLOS [INJ]
L		polymyxin/trimethoprim	SEREVENT DISKUS	
labetalol	nabumetone	eye solution	sertraline	U
lamotrigine	NAMZARIC	potassium chloride	sildenafil	UCERIS FOAM
lansoprazole delayed-release	naproxen, naproxen sodium	ext-release	SIMPONI 100 MG (for	UDENYCA [INJ]
LANTOS [INJ]	NARCAN NASAL SPRAY	PRALUENT (NDCs starting	ulcerative colitis only) [INJ]	UPTRAVI
latanoprost eye solution	NASCOBAL	with 00024) [INJ]	simvastatin	
LATUDA	neomycin/polymyxin/	pramipexole	SKYLA	V
LEVEMIR [INJ]	hydrocortisone ear solution	pravastatin	SKYRIZI [INJ]	valacyclovir
levetiracetam	NEXIUM PACKETS	PRECISION XTRA METERS,	SOLQUA [INJ]	valsartan
levocetirizine	niacin ext-release	TEST STRIPS,	SOMATULINE DEPOT [INJ]	valsartan/hctz
levofloxacin	nifedipine ext-release	B-KETONE STRIPS	SOOLANTRA	VARUBI
levothyroxine sodium	nitrofurantoin macrocrystal	prednisolone acetate	spironolactone	VASCEPA
lidocaine patches	NITYR	eye suspension	sprintec	VELPHORO
LINZESS	NIVESTYM [INJ]	prednisolone sodium	SPRYCEL	venlafaxine
liothyronine	NORDITROPIN [INJ]	phosphate	STEGLATRO	venlafaxine ext-release
LIPOFEN	nortriptyline	prednisone	STELARA SC [INJ]	VENTOLIN HFA
lisinopril	NOVAREL [INJ]	pregabalin	STRENSIQ [INJ]	verapamil ext-release
lisinopril/hctz	NOVOEIGHT [INJ]	PREMARIN CREAM	sulfamethoxazole/	VERZENIO
LIVALO	NOVOFINE AUTOSHIELD	PREMARIN TABLETS	trimethoprim	VIBERZI
LO LOESTRIN FE	NEEDLES	PREMPHASE	SUNOSI	VIIBRYD
LOKELMA	NOVOFINE NEEDLES	PREMPRO	SUPREP	VIMPAT
lorazepam	NOVOTWIST NEEDLES	PREPOPIK	SUTENT	VIOKACE
LORBRENA	NUCALA [INJ]	PROAIR HFA	SYMBICORT	VIZIMPRO
losartan	NUCYNTA, NUCYNTA ER	PROAIR RESPICLIK	SYMFI	VOSEVI
losartan/hctz	NUDEXTA	PROCRIT [INJ]	SYMFI LO	VYVANSE
LOTEMAX	nystatin	progesterone micronized	SYMJEPI [INJ]	
LOTMAX SM	nystatin topical	PROLASTIN C [INJ]	SYMLINPEN [INJ]	W
lovastatin	O	PROMETHAZINE	SYMPROIC	warfarin
LUMIGAN	ODACTRA	dextroan	SYNJARDY, SYNJARDY XR	
LUPANETA [INJ]	OFEV	propranolol		X
LUPRON DEPOT	ofloxacin	propranolol ext-release	T	XALKORI
LUPRON DEPOT-PED [INJ]	olanzapine	PULMICORT FLEXHALER	TACLONEX SUSPENSION	XARELTO
	olmesartan	PYLERA	tacrolimus topical	XELJANZ, XELJANZ XR
	olmesartan/hctz		tadalafil	XIFAXAN
	olopatadine eye solution	Q	TALZENNA	XIGDUO XR
	omega-3 acid ethyl esters	QBREXZA	tamoxifen	XIIDRA
	omeprazole delayed-release	QNASL	tamsulosin ext-release	XOLAIR [INJ]
	ondansetron	QUDEXY XR	TASIGNA	XTANDI
	ondansetron orally	quetiapine	TAYTULLA	XULTOPHY [INJ]
	disintegrating tablets	QUILLICHEW ER	TAZORAC GEL	XYREM
	ONETOUCH KITSMETERS:	QUILLIVANT XR	TAZORAC 0.05% CREAM	
	ULTRA 2, ULTRAMINI,	quinapril	TECFIDERA	Y
	VERIO, VERIO FLEX	QVAR	TEKTURNA HCT	YONSA
	ONETOUCH TEST STRIPS:	QVAR REDIHALER	terazosin	YUPELRI
	ULTRA, VERIO		terconazole vaginal	yuvafem
	ONEXTON	R	testosterone cypionate [INJ]	
	OPSUMIT	rabeprazole delayed-release	THALOMID	Z
	ORACEA	RAGWITEK	timolol maleate eye solution	ZARXIO [INJ]
	ORALAIR	raloxifene	tizanidine	ZENPEP
	ORILISSA	ramipril	TOBI PODHALER	ZEPATIER
	ORTHOVISC [INJ]	ranitidine	TOBRADEX OINTMENT	zolpidem
	oseltamivir	RASUVO [INJ]	TOBRADEX ST	zolpidem ext-release
	OTEZLA	REBIF [INJ]	tobramycin eye solution	ZOMIG NASAL
	OTOVEL	RECTIV	tobramycin/dexamethasone	ZTLID
	OTREXUP [INJ]	RELISTOR [INJ]	eye suspension	ZUBSOLV
	OVIDREL [INJ]	RELISTOR TABLETS	topiramate	ZYLET
	oxcarbazepine	REMICADE [INJ]	TOUJEO [INJ]	ZYTIGA 500 MG
	oxycodone	REPATHA (NDCs starting	TOVIAZ	
	oxycodone/acetaminophen	with 55513) [INJ]	TRADJENTA	
	OXYCONTIN	RESTASIS	tramadol	
	OZEMPIC [INJ]	RETACRIT [INJ]	TRAVATAN Z	
	P	REVLIMID	trazodone	
	pantoprazole delayed-release	RHOPRESSA	TRELEGY ELLIPTA	
	paroxetine hcl	risperidone	TREMFYA [INJ]	
		rizatriptan	TRESIBA [INJ]	
			triamcinolone topical	
			triamterene/hctz	

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Express Scripts Exclusion List—2021

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Excluded Medications/Products at a Glance

<p>ABILIFY[^] ABILIFY MYCITE ABSTRAL ACIPHEX[^] ACIPHEX SPRINKLE ACUVAIL ADDICIRCA[^] ADDERALL[^] ADLYXIN ADMELOG AKTIPAK AKYNZEO CAPSULES ALBUTEROL SULFATE HFA ALCORTIN A ALOCRIIL ALOGLIPTIN ALOGLIPTIN/METFORMIN ALOGLIPTIN/PIOGLITAZONE ALOMIDE ALTOPREV ALVESCO AMBIEN[^], AMBIEN CR[^] AMPYRA[^] AMRIX[^] ANDROGEL 1%[^] ANUSOL-HC[^] APADAZ APIDRA ARANESP ARIMIDEX[^] ASACOL HD[^] ASPIRIN/OMEPRazole DR ATACAND[^], ATACAND HCT[^] ATRIPLA AUBAGIO AUVI-Q AVALIDE[^], AVAPRO[^] AVODART[^] AZOR[^] BARACLUDE TABLETS[^] BAYER (BREEZE, CONTOUR) BECONASE AQ BENICAR[^], BENICAR HCT[^] BENZHYDROCODONE/ACETAMINOPHEN BERINERT BRAVELLE BRISDELLE[^] BUPAP[^] BUTRANS CELEBREX[^] CELEXA[^] CETRAXAL CHORIONIC GONADOTROPIN CIALIS[^] CINQAIR CLIMARA PRO CLOCORTOLONE COLCHICINE COMPLERA COREG[^] CORTIFOAM COSOPT[^] COZAAR[^], HYZAAR[^] CRESTOR[^] CUPRIMINE[^] CYMBALTA[^] CYTOMEL[^] DELSTRIGO DELZICOL[^] DETROL[^], DETROL LA[^] DICLOFENAC EPOLAMINE PATCHES DIOVAN[^], DIOVAN HCT[^] DIPENTUM DOXYCYCLINE 40 MG CAPSULES DOXYCYCLINE HYCLATE DR 80 MG</p>	<p>DUROLANE DUTOPROL DUZALLO EFFEXOR XR[^] ELIDEL[^] EMBEDA EMEND CAPSULES[^], TRIFOLD PACK[^] EMEND POWDER PACKETS EMFLAZA ENDOMETRIN EPANED EPINEPHRINE AUTO-INJECTOR (BY IMPAX) EPOGEN ESTROGEL EVENITY EVZIO EXFORGE[^], EXFORGE HCT[^] EXIADE[^] EXONDYS 51 EXTAVIA EZALLOR SPRINKLE FEMRING FENOPROFEN CAPSULES FENORTHO FENTANYL CITRATE BUCCAL TABLETS FENTORA FIASP FLUOROURACIL 0.5% CREAM FML FORTE, FML S.O.P. FOCALIN[^], FOCALIN XR[^] FOLLISTIM AQ FOSRENOL CHEWABLE TABLETS[^] FOSRENOL POWDER PACKETS GANIRELIX ACETATE[^] GEL-ONE GELSYN-3 GENVISC 850 GLEEVEC[^] GLUCOPHAGE[^], GLUCOPHAGE XR[^] GLUMETZA[^] GOCOVRI ER GRANIX HUMATROPE HYALGAN HYMOVIS IMIQUIMOD 3.75% CREAM PUMP IMITREX[^] INDERAL LA[^] INGREZZA INSULIN LISPRO INTUNIV[^] ISTALOL[^] JADENU, JADENU SPRINKLE KAPSPARGO SPRINKLE KAZANO KEPRA[^], KEPRA XR[^] KISQALI, KISQALI FEMARA CO-PACK KOMBIGLYZE XR LAMICTAL[^], LAMICTAL ODT[^], LAMICTAL XR[^] LAZANDA LEDIPASVIR/SOFOSBUVIR LEVALBUTEROL HFA LEXAPRO[^] LIBRAX[^] LIDOCAINE/TETRACAINE LIDODERM[^] LIPITOR[^] LOESTRIN[^], LOESTRIN FE[^] LOTREL[^] LOVENOX[^] LUCEMYRA LULICONAZOLE LUNESTA[^] LYRICA[^] LYRICA CR</p>	<p>MAVYRET MAXALT[^], MAXALT MLT[^] MAXIDEX METOPROLOL SUCCINATE/HCTZ ER MICARDIS[^], MICARDIS HCT[^] MINASTRIN 24 FE[^] MINOLIRA MIRCERA MULPLETA NALFON CAPSULES NAMENDA XR[^] NASONEX[^] NATIONAL MEDICAL (ADVOCATE) NESINA NEUPOGEN NEURONTIN[^] NEVANAC NOCTIVA NORCO[^] NORVASC[^] NOVOLIN NOVOLOG NUTROPIN AQ NUSPIN NUVIGIL[^] NUWIQ OMNARIS OMNIS HEALTH (EMBRACE, VICTORY) OMNITROPE ONGLYZA ONPATRO ONZETRA XSAIL ORFADIN ORTHO TRI-CYCLEN[^], ORTHO TRI-CYCLEN LO[^] OSMOLEX ER OXYCODONE ER PANCREAZE PATADAY[^] PENNSAID PERTZYE PIFELTRO PIQRAY PLAQUENIL[^] PLAVIX[^] PRADAXA PRALUENT (NDCs starting with 72733) PRAVACHOL[^] PRED MILD PREGNOL PREVACID[^], PREVACID SOLUTAB[^] PREZCOBX PRILOSEC SUSPENSION PRISTIQ[^] PROLIA PROTONIX[^] PROTONIX SUSPENSION PROVENTIL HFA PROVIGIL[^] PROZAC[^] PULMICORT RESPULES[^] QBRELIS QSYMIA RABEPRAZOLE DR SPRINKLE RAPAFLO[^] RECOMBINATE RELION NOVOLIN RENAGEL[^] REPATHA (NDCs starting with 72511) RHOFAD ROCHE (ACCU-CHEK) SAIZEN, SAIZENPREP SANDOSTATIN LAR DEPOT SAVAYSA SEROQUEL[^], SEROQUEL XR[^] SIGNIFOR LAR SIKLOS</p>	<p>SINGULAIR[^] SITAVIG SOFOSBUVIR/VELPATASVIR SOVALDI SPIRIVA HANDIHALER, SPIRIVA RESPIMAT SPRAVATO STIOLTO RESPIMAT STRATTERA[^] STRIBILD STRIVERDI RESPIMAT SUBSYS SUMAVEL DOSEPRO SUPARTZ FX SYMTUZA SYNVISCO, SYNVISCO-ONE TESTIM[^] TIKOSYN[^] TIMOPTIC OCULOSE TIVORBEX TOBI SOLUTION[^] TOLSURA TOPAMAX[^] TOPICORT SPRAY TOPIRAMATE ER CAPSULES TRIBENZOR[^] TRICOR[^] TRILEPTAL[^] TRIVIDA (TRUETEST, TRUETRACK) TRIVISC TUDORZA PRESSAIR UNISTRIIP UROXATRAL[^] VAGIFEM[^] VALIUM[^] VALTRES[^] VELTASSA VELTIN VERDESO FOAM VIAGRA[^] VICTOZA VISO-3 VIVELLE-DOT[^] VIVLODEX VYTORIN[^] WELLBUTRIN SR[^] XADAGO XALATAN[^] XANAX[^], XANAX XR[^] XATMEP XELPROS XENAZINE[^] XOPENEX HFA XPROVIO XYNTHA, XYNTHA SOLOFUSE YASMIN[^] YOSPRALA DR ZAVESCA[^] ZEGERID[^] ZETIA[^] ZETONNA ZIOPTAN ZIPSOR ZOCOR[^] ZOLOFT[^] ZOMACTON ZOMIG TABLETS[^], ZOMIG ZMT[^] ZONEGRAN[^] ZORVOLEX ZURAMPIC ZYCLARA ZYFLO CR[^] ZYTIGA 250 MG[^]</p>
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[^] Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

For more detailed Exclusion information, see the Reference Center www.aleraedge.com [ALERA GRAY]

Ulster Scripts Employee Program



Ulster Scripts Employee Program

Introduction:

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

Copayments:

All member copayments have been waived for this program.

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

Ordering Instructions:

To place your first order please submit: a completed enrollment form; a new prescription for each medication; and a copy of your photo identification*.

**Similar to a number of states in the US, some Canarx pharmacies require a copy of photo ID be provided prior to dispensing the medications. In order to prevent order delays, we encourage patients to include a clear copy of their photo identification with their enrollment form or upload directly to our secure site www.CanarxDocs.com. If not included, a Canarx representative will contact you when required by the pharmacy dispensing your medications.*

Ask your doctor for a prescription for a 3 month supply with 3 refills. We will call you prior to each renewal to ensure that you have a continuous supply. Please allow 4 weeks for delivery.

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

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



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

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

OR



BY MAILING TO: Ulster Scripts

235 Eugenie St. West
Suite 105D
Windsor, ON, Canada
N8X 2X7

OR P.O. Box 3009
Windsor, ON, Canada
N8N 2M3

More forms are available:

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

WELCOME TO Ulster Scripts Employee Program

Ulster Scripts —Formulary



Ulster Scripts
Employee Program

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

ABILIFY (G) 5MG ACTONEL 5MG ACTONEL 30MG ACTONEL 35MG ACTONEL 150MG ACTOPLUS 15MG-850MG ACZONE 5% ADCIRCA 20MG ADVAIR DISKUS 100MCG ADVAIR DISKUS 250MCG ADVAIR DISKUS 500MCG ADVAIR HFA 45/21MCG ADVAIR HFA 115/21MCG ADVAIR HFA 230/21MCG ALOCRIL 2% ALOMIDE 0.1% ALPHAGAN-P 0.15% ALREX 0.2% ANAPROX DS 550MG ANORO ELLIPTA 62.5/25MCG APTOM 200MG APTOM 400MG APTOM 600MG APTOM 800MG ARCAPTA NEOHALER 75MCG ARNUTY ELLIPTA 100MCG ARNUTY ELLIPTA 200MCG AROMASIN 25MG ARTHROTEC 50MG ARTHROTEC 75MG ASACOL HD 800MG ASTAGRAF XL 1MG ASTAGRAF XL 5MG ATACAND 4MG ATACAND 8MG ATACAND 16MG ATACAND 32MG ATACAND HCT 16MG/12.5MG ATACAND HCT 32MG/12.5MG ATELVIA DR 35MG ATROVENT HFA 20UG AUBAGIO 14MG AVANDIA 2MG AVANDIA 4MG AZELEX 20% AZILECT 0.5MG AZILECT 1MG AZOPT 1% AZOR 20/5MG AZOR 40/5MG AZOR 40/10MG BANZEL 200MG BANZEL 400MG BECONASE AQ 42MCG BENICAR (G) 20MG BENICAR (G) 40MG BENICAR HCT (G) 20MG/12.5MG BENICAR HCT (G) 40MG/12.5MG BENICAR HCT (G) 40MG/25MG BENZACLIN PUMP BETIMOL 0.25% BETIMOL 0.5% BETOPTIC S 0.25% BINOSTO 70MG BREO ELLIPTA 100/25MCG BREO ELLIPTA 200/25MCG BRILINTA 60MG BRILINTA 90MG BYSTOLIC 2.5MG BYSTOLIC 5MG BYSTOLIC 10MG BYSTOLIC 20MG CADUET 5/10MG CADUET 5/20MG CADUET 5/40MG CADUET 5/80MG CADUET 10/10MG CADUET 10/20MG CADUET 10/40MG CADUET 10/80MG CAMBIA 50MG CARDURA XL 4MG CARDURA XL 8MG CELEBREX 100MG	CELEBREX 200MG CLARINEX 5MG CLIMARA PATCH 25MCG CLIMARA PATCH 50MCG CLIMARA PATCH 75MCG CLIMARA PATCH 100MCG COMBIGAN 0.2-0.5% COMBIVENT RESPIMAT 20MCG/100MCG COMTAN 200MG CRESTOR (G) 5MG CRESTOR (G) 10MG CRESTOR (G) 20MG CRESTOR (G) 40MG CRINONE GEL 8% DAURIESP 500MCG DETROL 1MG DETROL 2MG DETROL LA 2MG DETROL LA 4MG DEXILANT DR 60MG DEXILANT DR 60MG DIFFERIN CREAM 0.1% DIFFERIN GEL 0.1% DIFFERIN GEL 0.3% DIOVAN (G) 40MG DIOVAN (G) 80MG DIOVAN (G) 160MG DIOVAN (G) 320MG DIPENTUM 250MG DIPROLENE OINT 0.05% DIVIGEL 0.25MG DIVIGEL 0.5MG DIVIGEL 1MG DUAVERE 0.45-20MG DULERA 100MCG/5MCG DULERA 200MCG/5MCG DYMISTA 137/50MCG EDARBI 40MG EDARBI 80MG EDARBYCLOR 40MG/12.5MG EDARBYCLOR 40MG/25MG EDECIN 25MG ELIDEL 1% ELIQUIS 2.5MG ELIQUIS 5MG ELMIRON 100MG ENABLEX 7.5MG ENABLEX 15MG ENTOCORT 3MG ENTRESTO 24MG-26MG ENTRESTO 49MG-51MG ENTRESTO 97MG-103MG EPIDUO GEL PUMP 0.1%/2.5% EPIPEN 0.3MG EPIPEN JR 0.15MG EPIVIR/HBV 100MG ESTROGEL 0.06% EUCRISA 2% EVISTA 60MG EXELON 4.6MG/24HR EXELON 9.5MG/24HR EXELON 13.3MG/24HR EXFORGE HCT 160/12.5/5MG EXFORGE HCT 160/12.5/10MG EXFORGE HCT 160/25/5MG EXFORGE HCT 160/25/10MG EXFORGE HCT 320/25/10MG FARESTON 60MG FARXIGA 5MG FARXIGA 10MG FELDENE 10MG FELDENE 20MG FETZIMA 20MG FETZIMA 40MG FETZIMA 80MG FETZIMA 120MG FINACEA GEL 15% FLAREX 0.1% FLOVENT 44MCG 50MCG FLOVENT 110MCG 125MCG FLOVENT 220MCG 250MCG FLOVENT DISKUS 100MCG FLOVENT DISKUS 250MCG FOSRENOL CHEW 500MG FOSRENOL CHEW 750MG FOSRENOL CHEW 1000MG	FOSRENOL POWDER 750MG FOSRENOL POWDER 1000MG FROVA 2.5MG GENVOYA 150-150-200-10MG GILENYA 0.5MG GLUCAGEN HYPOKIT 1MG GLUMETZA ER 1000MG IMITREX AUTOINJECTOR STATDOSE 6MG/0.5ML IMITREX NASAL SPRAY 5MG-2DOSE IMITREX NASAL SPRAY 20MG-2DOSE INCRUSE ELLIPTA 62.5MCG INDERAL LA 60MG INDERAL LA 80MG INDERAL LA 120MG INDERAL LA 160MG INVEGA 3MG INVEGA 6MG INVEGA 9MG INVOKAMET 50MG-500MG INVOKAMET 50MG-1000MG INVOKAMET 150MG-500MG INVOKAMET 150MG-1000MG INVOKANA 100MG INVOKANA 300MG IRESSA 250MG ISOPTO CARPINE 1% ISOPTO CARPINE 2% ISOPTO CARPINE 4% JALYN 0.5MG/0.4MG JANUMET 50/500MG JANUMET 50/1000MG JANUMET XR 50MG/500MG JANUMET XR 50MG/1000MG JANUMET XR 100MG/1000MG JANUVIA 25MG JANUVIA 50MG JANUVIA 100MG JARDIANCE 10MG JARDIANCE 25MG JENTADUETO 2.5MG-500MG JENTADUETO 2.5MG-850MG JENTADUETO 2.5MG-1000MG JUBLIA 10% KEPPRA (G) 250MG KEPPRA (G) 500MG KEPPRA (G) 750MG KEPPRA (G) 1000MG LATUDA 20MG LATUDA 40MG LATUDA 60MG LATUDA 80MG LATUDA 120MG LESCOL XL 80MG LEXIVA 700MG LIALDA 1.2GM LINZESS 72MCG LINZESS 145MCG LINZESS 290MCG LOCODIL LIPOCREAM 0.1% LOTEMAX GEL 0.5% LOTEMAX OINT 0.5% LOTEMAX SUSP 0.5% LOVENOX 40MG LOVENOX 60MG LOVENOX 80MG LOVENOX 100MG LUMIGAN 0.01% MESNEX 400MG MESTINON TS 180MG METRO CREAM 0.75% METROGEL PUMP 1% MICARDIS HCT 40/12.5MG MICARDIS HCT 80/12.5MG MICARDIS HCT 80/25MG MIGRANAL 4MG/ML MIRAPEX ER 0.375MG MIRAPEX ER 0.75MG MIRAPEX ER 1.5MG MIRAPEX ER 2.25MG MIRAPEX ER 3MG MIRAPEX ER 3.75MG MIRAPEX ER 4.5MG MIRVASO 0.33% MULTAQ 400MG	MYRBETRIQ 25MG MYRBETRIQ 50MG NAMENDA 10MG NEUPRO 1MG NEUPRO 2MG NEUPRO 3MG NEUPRO 4MG NEUPRO 6MG NEUPRO 8MG NEXIUM 20MG NEXIUM 40MG NEXIUM DR 10MG NORITATE CREAM 1% OMNARIS 50MCG ORILISSA 150MG ORILISSA 200MG OTEZLA 30MG PENTASA 500MG PRADAXA 75MG PRADAXA 150MG PRED FORTE 1% PREMARIN 0.3MG PREMARIN 0.625MG PREMARIN 1.25MG PREMARIN CREAM 0.625MG/GM PREMPRO 0.3MG/1.5MG PREVACID SOLUTAB 15MG PREVACID SOLUTAB 30MG PRISTIQ 50MG PRISTIQ 100MG PROMETRIUM 100MG PROTOPIC OINT 0.03% PROTOPIC OINT 0.1% QVAR REDHALER 40MCG QVAR REDHALER 80MCG RANEXA 500MG RAPAFLO 4MG RAPAFLO 8MG RAPAMUNE 0.5MG RAPAMUNE 2MG RELPAZ 20MG RELPAZ 40MG RENAGEL 800MG REVELA 800MG RESTASIS VIALS 0.05% RETIN A MICRO GEL PUMP 0.04% RETIN-A MICRO GEL PUMP 0.1% REXULTI 0.25MG REXULTI 0.5MG REXULTI 1MG REXULTI 2MG REXULTI 3MG REXULTI 4MG SAPHRIS 5MG SAPHRIS 10MG SEASONIQUE 0.15/0.03/0.01MG SENSIPAR 30MG SENSIPAR 60MG SEREVENT DISKUS 50MCG SEROQUEL XR 50MG SEROQUEL XR 150MG SEROQUEL XR 200MG SEROQUEL XR 300MG SEROQUEL XR 400MG SIMBRINZA 1%/0.2% SOOLANTRA 1% SPIRIVA 18MCG SPIRIVA RESPIMAT 2.5MCG STARLIX 60MG STARLIX 120MG STIOLTO RESPIMAT 2.5/2.5MCG STRATTERA 10MG STRATTERA 18MG STRATTERA 25MG STRATTERA 40MG STRATTERA 60MG STRATTERA 80MG STRATTERA 100MG STRIBILD SYNAREL NASAL SYNJARDY 5MG/500MG SYNJARDY 5MG/1000MG SYNJARDY 12.5MG/500MG SYNJARDY 12.5MG/1000MG TARKA 2/180MG	TARKA 4/240MG TASMAR 100MG TAZORAC CREAM 0.05% TAZORAC CREAM 0.1% TAZORAC GEL 0.05% TAZORAC GEL 0.1% TECFIDERA 120MG TECFIDERA 240MG TEKTURN 150MG TEKTURN 300MG TEKTURN HCT 150-25MG TEKTURN HCT 300-12.5MG TEKTURN HCT 300-25MG TIVICAY 50MG TOBREX OINT 0.3% TOVIAZ 4MG TOVIAZ 8MG TRADJENTA 5MG TRAVATAN Z 0.004% TRELEGY ELLIPTA 100-62.5-25MCG TRIBENZOR 20/5/12.5MG TRIBENZOR 40/5/12.5MG TRIBENZOR 40/5/25MG TRIBENZOR 40/10/12.5MG TRIBENZOR 40/10/25MG TRINTELLIX 5MG TRINTELLIX 10MG TRINTELLIX 20MG TRIUQUE 600-50-300MG TRUDORA PRESSAIR 400MCG TWYNSTA 40/5MG TWYNSTA 40/10MG TWYNSTA 80/5MG TWYNSTA 80/10MG UCERIS 9MG ULORIC 80MG UROKIT-K 10MEQ URSO 250MG VAGIFEM 10MCG VECTICAL 3MCG/GM VENTOLIN HFA 90MCG VESICARE 5MG VESICARE 10MG VIIBRYD 10MG VIIBRYD 20MG VIIBRYD 40MG VIREAD 300MG VIVELLE-DOT 25MCG VIVELLE-DOT 37.5MCG VIVELLE-DOT 50MCG VIVELLE-DOT 75MCG VIVELLE-DOT 100MCG VRAYLAR 1.5MG VRAYLAR 3MG VRAYLAR 4.5MG VRAYLAR 6MG VYTORIN 10/10MG VYTORIN 10/20MG VYTORIN 10/40MG VYTORIN 10/80MG WELCHOL 625MG WELCHOL PACKET 3.75G WELLBUTRIN XL (G) 150MG WELLBUTRIN XL (G) 300MG XADAGO 50MG XADAGO 100MG XARELTO 2.5MG XARELTO 10MG XARELTO 15MG XARELTO 20MG XELJANZ 5MG XELJANZ XR 11MG XELODA 500MG XENICAL 120MG XIGDUO XR 5/1000MG XIGDUO XR 10/500MG XIGDUO XR 10/1000MG XIIDRA 5% YASMIN 28 YAZ 30.02MG ZELAPAR 1.25MG ZETIA (G) 10MG ZOMIG NASAL SPRAY 5MG ZOMIG ZMT 2.5MG ZOVIRAX CREAM 5% ZYCLARA CREAM 3.75%
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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.

September 2020

Ulster Scripts—Employee Enrollment Form



Ulster Scripts Employee Program

Canarx Enrollment Form

MEMBER ID #:

FAX DIRECTLY FROM YOUR DOCTOR'S OFFICE WITH YOUR PRESCRIPTION(S) TOLL-FREE TO: 1-866-715-(MEDS) 6337
OR ~ MAIL TO: *Ulster Scripts*, P.O. BOX 3009, WINDSOR, ON, CANADA, N8N 2M3 PHONE TOLL-FREE: 1-866-893-(MEDS) 6337

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

Phone (Home) Phone (Work or Cell)

First Name (please print) Initial Last Name

Street Address

City/State Zip Code

NOTE:

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

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

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

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

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

☐ Male ☐ Female

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

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

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

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

AUTHORIZATION IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

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

Parent's/Guardian's Signature

Date: (MMDDYY)

AUTHORIZATION IF THE PATIENT IS THE SUBSCRIBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient Signature:

Date: (MMDDYY)

Ulster Scripts—Enrollment Form / Agreement

TERMS OF AGREEMENT

CONFIRMATION AND REPRESENTATIONS

I enter into this agreement with Canarx Group Inc. at Christ Church, Barbados (referred to as "Canarx") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs. I represent:

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

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

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

ACKNOWLEDGEMENT AND RELEASE

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

1. My U.S. physician is my primary physician. Any Canarx selected physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a Canarx selected pharmacy.
2. Canarx has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a Canarx selected physician and have enlisted the services of Canarx to facilitate it. I understand that the physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release Canarx and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the Canarx selected pharmacy.
6. I acknowledge that Canarx, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

PRIVACY NOTICE AND ACKNOWLEDGEMENT

I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the Canarx Privacy Policy in detail as provided below:

1. Canarx may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. Canarx and Canarx selected physicians and pharmacists may share any and all information received from or about me with my U.S. physician, Canarx selected physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that Canarx may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, selected physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that Canarx, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to Canarx's transmission of my personal information by electronic means to its delegates, employees, selected physicians and pharmacies.
3. I acknowledge that Canarx will obtain health information about me, and is obligated in accordance with the Canarx Privacy Policy to protect such information. I can visit www.canarx.com/privacy-policy/ at any time to view the most updated version of the Canarx Privacy Policy.

FURTHER ACKNOWLEDGEMENT & RELEASE

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

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

Dental Plan—MetLife

Group ID Number: 217284

PROVIDER: METLIFE ELIGIBILITY	Primary enrollee, spouse and eligible dependent children to the end of the month that dependent turns 26
Deductibles Waived for Diagnostic & Preventive & Orthodontics	\$50 per person / \$150 per family each calendar year Yes
Maximums Diagnostic & Preventive counts toward maximum	\$1,500 per person each calendar year Yes

Benefits & Covered Services*	In-Network Providers Negotiated Fee Schedule	Out-of-Network* Providers R & C 90 th Percentile
Diagnostic & Preventive Services Exams, cleanings, x-rays, sealants	100%	100%
Basic Services -Fillings	80%	80%
Endodontics (root canals)	80 %	80 %
Periodontics (gum treatment)	80 %	80 %
Oral Surgery	80 %	80 %
Major Services -Crowns, inlays, onlays & cast restorations	50%	50%
Prosthodontics -Bridges, dentures, implants, TMJ	50%	50%
Orthodontic Benefits -dependent children to age 19	50%	50%
Orthodontic Maximums	\$1500 Lifetime	\$1500 Lifetime

* **Out of Network benefits** are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary (R & C) charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

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

Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice—in or out of the network.

- Your plan benefits are based on the percentage of the negotiated fee – the fee that the participating dentists have agreed to accept as payment in full for covered services.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

Dental Plan—MetLife / Find a Dental Provider

Select: PDP Plus Network

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.



Step 1:
Go to [metlife.com](https://www.metlife.com)



Step 2:
Select "I want to find a MetLife:"

Click "Dentist" and enter your ZIP Code, and select your network.



Step 3:
Advanced Search

Use the Advanced Search option to locate a dentist by name, language spoken, specialty or gender.

The screenshot shows the MetLife Find a Dentist directory interface. It features two main sections. The top section, titled "I am interested in:", contains a dropdown menu labeled "Please Select Insurance Type" and a blue "GO" button. The bottom section, titled "I want to find a MetLife:", contains a horizontal toggle switch with "Dentist" selected and "Vision Provider" as an option. Below the toggle is a search input field and a blue "SUBMIT" button.



MetLife Network: Preferred Dentist Plus Network (PDP Plus)

Group ID Number: 217284



The County of Ulster

Premier Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

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

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

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

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

How to locate a Network Provider...

Local, Regional, & National providers including Empire Visionworks, Vision Excel, Kenco, Dr. Joseph Cohen, and Walmart.

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

**1.877.923.2847 and
Enter Client Code 2769**

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

Lower costs and more benefits! See the savings!

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

Savings up to:
\$449

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

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

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

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

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

Vision Plan—Davis Vision

Davis Vision plans offer...

Value for our Members

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

Convenient Network Locations

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

Freedom of Choice

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

Value-Added Features:

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

Contact Info

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

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

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

Out-of-Network Benefits

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

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

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

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

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, \$1,500

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

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

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

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

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

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

\$550 Rollover Rule: The Health Care FSAs to allow up to \$550 remaining at the end of a plan year be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year.

PROGRAM NOTES:

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

www.aleraedge.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

(**NEW**—prescriptions no longer required; reimbursed with receipts):

Acid controllers	Digestive aids
Allergy & sinus	Hemorrhoidal preps
Antibiotic products	Feminine Anti-fungal/itch
Anti-diarrheas	Laxatives
Anti-gas	NEW: 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

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

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

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

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

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

Aflac Programs:

Disability

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

Accident

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

Cancer

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

Hospital

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

Lump Sum Critical Illness

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

Best of all...

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

...Can you afford not to?

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

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



Group Sponsored Insurance Program
c/o Pearl Insurance | cseainsurance.com

Insurance plans specifically designed
for CSEA Members!

- *Disability*
- *Term Life*
- *Whole Life*
- *Universal Life*
- *Critical Illness*
- *Comprehensive Accident Plan*
- *Hospital & Home Care Recovery*
- *Auto*
- *Home & Renters*
- *RV, Boat, Motorcycle*
- *Umbrella*
- *Pet Insurance*



**Your CSEA Insurance
Representative**

Danielle Schoonmaker

Serving Ulster County

518.396.8371 | Call or Text!

danielle.schoonmaker@pearlinsurance.com

Like & Follow Us on Facebook!
@cseainsurance.com



**PEARL[®]
INSURANCE**

Enjoy Life. We Got This.

NYS Deferred Compensation Plan

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

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

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

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

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

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

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

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

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

* NCPERS Research Series: *The Top Ten Advantages of Maintaining Defined Benefit Pensions*. May 2007
Account Executives are registered representatives of Nationwide Investment Services Corporation, member FINRA. NRM 7409NY-NY (01/10)

Employee Assistance Program



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

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

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

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

EMERGENCYONE

Treasury Direct and 529 Program Information

Two Great Programs Available through Payroll Deductions

The Payroll Savings Options in TreasuryDirect



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

NY 529 Direct Plan highlights

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

Flexible Use of Savings

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

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

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

Tax Benefits

Grow your earnings tax-deferred.

Pay no federal taxes on qualified withdrawals.*

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

More tax benefits for New York taxpayers

Pay no state taxes on qualified withdrawals.

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

Easy Setup

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

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

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

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 UCSA 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!

For Assistance

Client Services



**Relp Benefit Advisors
Customer Care**

1-800-836-0026

Reimbursement Claims

1-800-622-6233



Enrollment Website

www.aleraedge.com

Click PARTICIPANT LOG IN

Select AleraGray from the Drop-Down menu
Follow the prompts inserting username and
password or Register as a first-time user.

Reimbursement Website

www.aleraedge.com

Click PARTICIPANT LOG IN

Select AleraPay from the Drop-Down menu
Follow the prompts to Log In To Your Account
as a New Plan Member.

Insurance Carrier Contact Information

Many websites require registration to login using information from your ID card and SSN.

Benefit	Insurance Provider	Website
Medical	Empire BlueCross BlueShield	www.empireblue.com
Prescriptions	Express Scripts	www.express-scripts.com
Mail Order Prescriptions	Ulster Scripts	www.ulsterscripts.com
Dental	MetLife	www.metlife.com
Vision	Davis Vision	www.davisvision.com
Flexible Spending Accounts (FSA)	Alera Pay	www.aleraedge.com
Supplemental Insurances	Aflac (<i>Disability, Accident, Cancer, Hospital</i>)	www.my.aflac.com
CSEA Member Insurances	Pearl (<i>Disability, Life, Critical Illness, Accident, Hospital, Auto, Home/Rent, RV/Boat, Umbrella, Pet</i>)	www.pearlinsurance.com
Deferred Compensation Plan	NYS-Deferred Compensation	www.nysdcp.com
Employee Assistance Program	Emergency One	www.eonekingston.com
Payroll Savings Options	Treasury Direct/529 Programs	www.treasurydirect.gov
Retirement Planning	NYSLRS	www.osc.state.ny.us/retire

Holiday Schedule—Ulster County-2021

NEW YEAR'S DAY	FRIDAY, JANUARY 1
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 18
LINCOLN'S BIRTHDAY **	FRIDAY, FEBRUARY 12
PRESIDENT'S DAY	MONDAY, FEBRUARY 15
GOOD FRIDAY **	FRIDAY, APRIL 2
MEMORIAL DAY	MONDAY, MAY 31
INDEPENDENCE DAY	MONDAY, JULY 5
LABOR DAY	MONDAY, SEPTEMBER 6
COLUMBUS DAY	MONDAY, OCTOBER 11
ELECTION DAY **	TUESDAY, NOVEMBER 2
VETERAN'S DAY	THURSDAY, NOVEMBER 11
THANKSGIVING DAY	THURSDAY, NOVEMBER 25
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 26
CHRISTMAS HOLIDAY	FRIDAY, DECEMBER 24
NEW YEAR'S HOLIDAY	FRIDAY, DECEMBER 31

*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 some employees who work.