



Benefit Open Enrollment

November 1—November 29

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

Benefit Plan Year

January 1—December 31, 2020



2020 Non-Medicare Eligible Retiree Benefit Guide

Benefits Offered

Medical | Prescription Drugs | Dental | Vision

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

TO: Ulster County Retiree Health Insurance Participant

FROM: Sheree Cross, Personnel Officer

DATE: October 28, 2020

RE: 2020 Health Insurance Rates and Important Changes
For **Non-Medicare Eligible Retirees**

In 2020, the County will continue to offer Empire Blue Cross / Blue Shield PPO – now PPO20 and Direct POS -now POS20 medical programs as provided in 2019. However, we are happy to announce the addition of a third option – the PPO25. Included on page 4 of this letter is the chart that shows the coverage and cost differences in the plans. You are encouraged to review the PPO25, especially if you live outside of the Hudson Valley and are currently paying for the more expensive PPO plan. The EPO plan offered in 2019 will NOT be offered in 2020.

EVERYONE MUST RESPOND TO THIS LETTER BY COMPLETING THE FORM ON THE BOTTOM OF PAGE 4 AND RETURNING IT DIRECTLY TO THE BENEFITS OFFICE BY NOVEMBER 29, 2019

The new premium amount for 2020 will begin with your December 15, 2019 premium payment withdrawal. Failure to provide funding for your premium will result in cancellation.

Medical and Prescription Benefit ID Cards – All Empire BCBS cards and Express Scripts cards will continue to be valid for 2020. If you choose the new PPO25 you will receive new cards.

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

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

(click on '2020 Non-Medicare Eligible Retiree Health Insurance Benefit Information'), or from the Benefits Office.

We strongly encourage you to review the information provided. We encourage you to visit the **empireblue.com** website to see what programs your doctors may participate in, so you may make the best plan choice for you and your family. The new PPO25 plan may serve your needs well and provide you and your family a considerable savings. If you desire to make coverage changes, please inform the Benefits Office in writing of your new plan choice.

Dental Coverage Change - Our dental coverage is still provided by Met Life Dental. The coverages are identical to the 2019 coverages.

Vision Coverage - Our vision coverages remain with Davis Vision. No changes have been made and your current card will continue to be valid.

Please be reminded that the County offers a Medicare supplement health plan or a Medicare buyout to retirees when they become Medicare eligible. It is mandatory for retirees and dependents to switch to a Medicare plan immediately when said plan is available to them. Please notify the Employee Benefits Office three months prior to Medicare eligibility so that a smooth transition can be accomplished. Failure to notify the Benefits Department of Medicare eligibility will result in repayment of any claims payments made due to this error. Please call Kevin Roach, Employee Benefits Administrator; (845) 340-3545 to discuss your plan choices.

Urgent Care Out of Network Reminder – Our Urgent Care Copay, both in and out of network, is \$20/\$25 for PPO25. If you or a covered family member cannot locate an in-network urgent care center, you may go to an out of network center and pay the \$20/\$25 PPO25 copay. This is advantageous since the cost of going to the emergency room includes a copay of \$100/\$200 for PPO25. This can be especially useful when you are traveling away from home.

Prescription Drug Coverage - Prescription coverage is provided by Rx Benefits for Express Scripts, Inc. The co-pays for prescriptions for 2020 are the same as 2019. The formulary is available at the website listed above. The copays are: PPO - \$10/\$25/\$40 POS - \$5/\$20/\$40 PPO25 - \$10/\$25/\$40

Ulster Scripts Zero Co-pay Mail Order Brand Name Drug Program - For 2020, our non-Medicare eligible retirees may continue to purchase brand-name maintenance medications through a mail order program without paying any co-pay. The information and forms, including the list of available medications for the Ulster Scripts program, are available on the Personnel Department website in the aforementioned Benefits Book or at the Benefits Office. The Ulster Scripts (Certain Brand Name Drugs For Free) program is available to all retirees covered by the Empire Blue Cross Blue Shield plans. There have been changes to the classification of some drugs, so please check the formulary.

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

Empire Blue Cross Blue Shield Premiums - The following chart shows the retiree share of monthly premium (includes medical, prescription, dental and vision coverage). **For your reference, your Ulster County percentage is printed after your name on your envelope label.**

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

More information about your coverages can be found at: <https://ulstercountyny.gov/personnel/index.html>

2020 Non-Medicare Eligible Retiree Rates

UC %	TIER	POS20	PPO20	PPO25	D&V ONLY
50%	Retiree Only	\$454.56	\$650.91	\$410.91	\$18.04
	Retiree & Spouse	\$932.13	\$1,334.65	\$842.65	\$37.27
	Retiree & 1 Child	\$852.38	\$1,217.60	\$771.19	\$40.46
	Retiree & Children	\$957.15	\$1,369.49	\$865.48	\$40.46
	Family	\$1,320.52	\$1,889.94	\$1,193.93	\$54.61
60%	Retiree Only	\$363.64	\$520.72	\$328.72	\$14.43
	Retiree & Spouse	\$745.70	\$1,067.72	\$674.12	\$29.81
	Retiree & 1 Child	\$681.90	\$974.08	\$616.95	\$32.36
	Retiree & Children	\$765.72	\$1,095.59	\$692.38	\$32.36
	Family	\$1,056.42	\$1,511.95	\$955.14	\$43.69
65%	Retiree Only	\$318.19	\$455.63	\$287.63	\$12.62
	Retiree & Spouse	\$652.49	\$934.26	\$589.85	\$26.09
	Retiree & 1 Child	\$596.67	\$852.32	\$539.83	\$28.32
	Retiree & Children	\$670.00	\$958.64	\$605.83	\$28.32
	Family	\$924.36	\$1,322.95	\$835.75	\$38.23
70%	Retiree Only	\$272.73	\$390.54	\$246.54	\$10.82
	Retiree & Spouse	\$559.28	\$800.79	\$505.59	\$22.36
	Retiree & 1 Child	\$511.43	\$730.56	\$462.71	\$24.27
	Retiree & Children	\$574.29	\$821.69	\$519.29	\$24.27
	Family	\$792.31	\$1,133.96	\$716.36	\$32.77
75%	Retiree Only	\$227.28	\$325.45	\$205.45	\$9.02
	Retiree & Spouse	\$466.07	\$667.33	\$421.32	\$18.63
	Retiree & 1 Child	\$426.19	\$608.80	\$385.60	\$20.23
	Retiree & Children	\$478.57	\$684.74	\$432.74	\$20.23
	Family	\$660.26	\$944.97	\$596.96	\$27.31
80%	Retiree Only	\$181.82	\$260.36	\$164.36	\$7.21
	Retiree & Spouse	\$372.85	\$533.86	\$337.06	\$14.91
	Retiree & 1 Child	\$340.95	\$487.04	\$308.48	\$16.18
	Retiree & Children	\$382.86	\$547.79	\$346.19	\$16.18
	Family	\$528.21	\$755.97	\$477.57	\$21.84
85%	Retiree Only	\$136.37	\$195.27	\$123.27	\$5.41
	Retiree & Spouse	\$279.64	\$400.40	\$252.79	\$11.18
	Retiree & 1 Child	\$255.71	\$365.28	\$231.36	\$12.14
	Retiree & Children	\$287.14	\$410.85	\$259.64	\$12.14
	Family	\$396.16	\$566.98	\$358.18	\$16.38
90%	Retiree Only	\$90.91	\$130.18	\$82.18	\$3.61
	Retiree & Spouse	\$186.43	\$266.93	\$168.53	\$7.45
	Retiree & 1 Child	\$170.48	\$243.52	\$154.24	\$8.09
	Retiree & Children	\$191.43	\$273.90	\$173.10	\$8.09
	Family	\$264.10	\$377.99	\$238.79	\$10.92
100%	Retiree Only	\$0.00	\$0.00	\$0.00	\$0.00
	Retiree & Spouse	\$0.00	\$0.00	\$0.00	\$0.00
	Retiree & 1 Child	\$0.00	\$0.00	\$0.00	\$0.00
	Retiree & Children	\$0.00	\$0.00	\$0.00	\$0.00
	Family	\$0.00	\$0.00	\$0.00	\$0.00



Benefit Feature	POS20	PPO20	New 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

PLEASE COMPLETE THE FORM BELOW AND RETURN IT BY NOVEMBER 29, 2019 DIRECTLY TO: Kevin Roach, Ulster County Employee Benefits Office, P.O. Box 1800, Kingston, N.Y. 12402

I am a NON-Medicare eligible retiree/spouse and I have reviewed the three Empire BCBS plans available. I am requesting coverage in the plan for which I have indicated below. I certify that my dependents continue to be eligible for coverage by marriage or child dependency. For questions regarding eligibility, please contact the Benefits Office. Dental & Vision plans are included.

_____ Empire BCBS POS20 Plan

_____ Empire BCBS PPO20 Plan

_____ Empire BCBS PPO25 Plan

Signature

Printed Name

Date

Table of Contents

Letter from the County Personnel Department

Table of Contents	
ACH Form for Ulster County Retirees	1
Empire BCBS Website & LifeHealthOnline.com Instructions.....	2
Ulster County Retiree Health Insurance Enrollment Form.....	3
Benefit Enrollment Change Form.....	4
Express Scripts.....	5
Express Scripts Formulary—2020.....	6
Express Scripts Exclusions—2020.....	7
Ulster Scripts Employee Program	10
Ulster Scripts —Formulary	11
Ulster Scripts—Employee Enrollment Form.....	12
Ulster Scripts—Enrollment Form / Agreement.....	13
Dental Plan—Delta Dental.....	14
Vision Plan—Davis Vision.....	16
Empire BCBS Summary of Benefits—POS20 Plan.....	18
Empire BCBS Summary of Benefits— PPO20 Plan.....	20
Empire BCBS Summary of Benefits—PPO25 Plan	22
Important Notice About Your Prescription Drug Coverage and Medicare.....	24

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.

ACH Form for Ulster County Retirees

ACH Form for Relph Benefit Advisors Inc

AUTOMATIC PAYMENT (ACH) REQUEST FORM

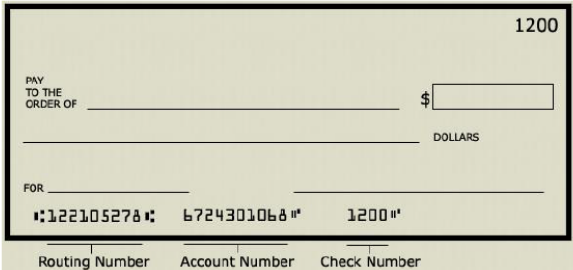
PLEASE READ:

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

SECTION 1 - PARTICIPANT INFORMATION

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

SECTION 2 - BANK ACCOUNT INFORMATION

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

SECTION 3 - AUTHORIZATION SIGNATURE

Authorized Account Holder Signature	Date
-------------------------------------	------

SECTION 3 - AUTHORIZATION SIGNATURE

Authorized Account Holder Signature	Date
-------------------------------------	------

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

Return This Form & Check To: Relph Benefit Advisors Inc PO BOX 2167 Omaha, NE 68103-3850	All Other Questions & Support Issues: Relph Benefit Advisors Inc 400 WillowBrook Office Park Ste 400 Fairport, NY 14450 (800)836-0026
Date Rec'd Date Processed	Processor V&V

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

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

Step 1: Personal information

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

Step 2: Username and password

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

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

Step 3: Email setup

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

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

Step 4: Confirm registration

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



See a doctor online

24 hours a day, 365 days a year

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

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

Enroll today at livehealthonline.com!

Ulster County Retiree Health Insurance Enrollment Form

ULSTER COUNTY NON MEDICARE ELIGIBLE RETIREE INFORMATION FORM			
<i>LAST NAME</i>	<i>FIRST NAME & MIDDLE INITIAL</i>	<i>DATE OF BIRTH</i>	
<i>HOME TELEPHONE #</i>		<i>PERSONAL EMAIL ADDRESS</i>	
LEGAL ADDRESS: (Your Social Security / Medicare mailing address)			
<i>STREET NAME OR PO BOX</i>	<i>TOWN</i>	<i>STATE</i>	<i>ZIP</i>
BILLING ADDRESS IF DIFFERENT FROM LEGAL ADDRESS:			
<i>STREET NAME OR PO BOX</i>	<i>TOWN</i>	<i>STATE</i>	<i>ZIP</i>
DEPENDENT LAST NAME	RELATIONSHIP	SOC SEC #	
<p><i>By signing below I am requesting Ulster County Personnel to enroll me in the selected Health Care Program or continue my coverage and I am agreeing to pay my share of the premium, and I attest the dependents as listed above meet the Ulster County eligibility criteria.</i></p>			
RETIREE SIGNATURE:		DATE:	
FOR PERSONNEL DEPARTMENT USE ONLY:			
<i>Retirement Date:</i>		<i>Date Employed:</i>	
<i>Effective Date of Retiree Coverage:</i>		<i>Department:</i>	
		<i>Bargaining Unit:</i>	
<i>Comments:</i>		<i>% of Contribution:</i>	

Benefit Enrollment Change Form

1 Employee Information <i>(please print)</i>	Group Name Ulster County		Billing Code		Employee Billing Code		Effective Date of Change		
	Last Name		First Name		M.I.		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Date of Marriage
	Mailing Address <input type="checkbox"/> If, NEW		Social Security Number		Medicare Number (if any) / A&B Effective Dates				
	City		State	Zip	Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home		Date Employed		
	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> COBRA						Date of Retirement		Retire Benefit %
2 Benefit Election	<input type="checkbox"/> New Enrollment / Reinstatement <i>(Complete Section 3)</i>		Type	Plan	Individual	Individual +Spouse	Individual +Child	Individual +Children	Family
	<input type="checkbox"/> Change Coverage to: <i>(check new coverage)</i>		Medical with Metlife Dental & Davis Vision	<input type="checkbox"/> Empire POS 20					
	<input type="checkbox"/> Cancel Coverage: <i>(check those that apply)</i>			<input type="checkbox"/> Empire PPO 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Add or Delete Dependent: <i>(Complete Section 4)</i>			<input type="checkbox"/> Empire PPO 25					
	<input type="checkbox"/> Active to Retiree Date:		Buy-Out/ Standalone Dental & Vision	No Medical MetLife Dental & Davis Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Change Enrollee's Information: <i>(complete Section 1 with new information)</i> Reason:		Waive All		<input type="checkbox"/>				
3 Dependent Coverage Information <i>(Circle elections and print information)</i> A =Add Coverage T =Terminate Coverage	List Applicant and All Eligible Dependents								
	Medical	Dental	Vision	Relationship	Name (Last, First, MI)	Date of Birth	Social Security #	Medicare Number (if any) A&B Effective Dates	
	A T	A T	A T	Self <input type="checkbox"/> M <input type="checkbox"/> F					
	A T	A T	A T	Spouse <input type="checkbox"/> M <input type="checkbox"/> F					
	A T	A T	A T	<input type="checkbox"/> Son <input type="checkbox"/> Daughter					
	A T	A T	A T	<input type="checkbox"/> Son <input type="checkbox"/> Daughter					
	A T	A T	A T	<input type="checkbox"/> Son <input type="checkbox"/> Daughter					
	A T	A T	A T	<input type="checkbox"/> Son <input type="checkbox"/> Daughter					
4 Dependent Status <i>(please print)</i>	Do your dependents reside in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No, if no, give address					Do you have a disabled dependent beyond age 26? <input type="checkbox"/> No <input type="checkbox"/> Yes, list name/s			
	Applicant's Signature					Date Signed		Employer's Signature	

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

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

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.

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—2020

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/benzazepril
 amlodipine/valsartan
 amoxicillin
 amoxicillin/potassium
 clavulanate
 anastrozole
 ANDRODERM
 ANORO ELLIPTA
 APRISO
 ARALAST NP [INJ]
 ARIKAYCE
 aripiprazole
 ARISTADA [INJ]
 ARMONAIR RESPICLICK
 ARNUITY 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
 cefdinir
 cefuroxime axetil
 celecoxib
 cephalixin
 CERDELGA
 CEREZYME [INJ]
 CETROTIDE [INJ]
 CHANTIX
 chlorhexidine gluconate
 chlorthalidone
 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]
 DYANAVAL XR
 DYMISTA

E

EDARBI
 EDARBYCLOR
 ELIQUIS
 ELOCTATE [INJ]
 EMGALITY [INJ]
 EMVERM
 enalapril
 ENBREL [INJ]
 enoxaparin [INJ]
 ENSTILAR
 ENTRESTO
 EPCLUSA
 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
 ESTRINE
 eszopiclone
 EUFLEXXA [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
 GILOTRIF
 GLASSIA [INJ]
 glimepiride
 glipezide
 glipezide ext-release
 GLUCAGEN [INJ]
 GLUCAGON [INJ]
 glyburide
 GYXAMBI
 GONAL-F, GONAL-F RFF,
 GONAL-F RFF
 REDI-JECT [INJ]
 GRASTEK
 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
 INBRIJA
 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)

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

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

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.
 THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2020 THROUGH DECEMBER 31, 2020. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

Express Scripts Formulary—2020

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

june1 fe	morphine sulfate ext-release MOVANTIK moxifloxacin eye solution mupirocin MUSE MYDAYIS MYRBETRIQ	PAZEO penicillin v potassium PENTASA PERFORMIST PHOSLYRA PICATO pioglitazone PLEGRIDY [INJ] polymyxin/trimethoprim eye solution POMALYST potassium chloride ext-release PRALUENT (NDCs starting with 00024) [INJ] pramipexole pravastatin PRECISION XTRA METERS, TEST STRIPS, B-KETONE STRIPS prednisolone acetate eye suspension prednisolone sodium phosphate prednisone pregabalin PREMARIN CREAM PREMARIN TABLETS PREMPHASE PREMPRO PREPOPIK PROAIR HFA PROAIR RESPICLICK PROCRIT [INJ] progesterone micronized PROLASTIN C [INJ] PROLENSA promethazine promethazine/ dextran an propranolol propranolol ext-release PULMICORT FLEXHALER PYLERA	ropinirole rosuvastatin RUBRACA RUCONEST [INJ]	tri-lo-marzia trinessa TRIPTODUR [INJ] tri-sprintec TRIUMEQ TRULANCE TRULICITY [INJ] TYMLOS [INJ]
K			S	U
ketoconazole topical ketorolac KITABIS PAK KOGENATE FS [INJ] KOVALTRY [INJ] KYLEENA	N		SAVELLA SEGLUROMET SEREVENT DISKUS sertraline sildenafil SIMPONI 100 MG (for ulcerative colitis only) [INJ] simvastatin SKYLA SKYRIZI [INJ] SOLIQUA [INJ] SOMATULINE DEPOT [INJ] SOOLANTRA spironolactone sprintec SPRYCEL STEGLATRO STELARA SC [INJ] STRENSIQ [INJ] sulfamethoxazole/ trimethoprim sumatriptan SUNOSI SUPREP SUTENT SYMBICORT SYMFI SYMFI LO SYMJEPL [INJ] SYMLINPEN [INJ] SYMPROIC SYNJARDY, SYNJARDY XR	UCERIS FOAM UDENYCA [INJ] UPTRAVI
L	nabumetone NAMZARIC naproxen, naproxen sodium NARCAN NASAL SPRAY NASCOBAL neomycin/polymyxin/ hydrocortisone ear solution NEXIUM PACKETS niacin ext-release nifedipine ext-release nitrofurantoin macrocrystal NITYR NIVESTYM [INJ] NORDITROPIN [INJ] nortriptyline NOVAREL [INJ] NOVOEIGHT [INJ] NOVOFINE AUTOSHIELD NEEDLES NOVOFINE NEEDLES NOVOTWIST NEEDLES NUCALA [INJ] NUCYNTA, NUCYNTA ER NUDEXTA nystatin nystatin topical	O		V
labetalol lamotrigine lansoprazole delayed-release LANTUS [INJ] latanoprost eye solution LATUDA LEVEMIR [INJ] levetiracetam levocetirizine levofloxacin levothyroxine sodium lidocaine patches LINZESS liothyronine LIPOFEN lisinopril lisinopril/hctz LIVALO LO LOESTRIN FE LOKELMA lorazepam LORBRENA losartan losartan/hctz LOTEMAX LOTEMAX SM lovastatin LUMIGAN LUPANETA [INJ] LUPRON DEPOT 3.75 MG, 11.25 MG [INJ] LUPRON DEPOT-PED [INJ]	ODACTRA OFEV ofloxacin olanzapine olmesartan olmesartan/hctz olopatadine eye solution omega-3 acid ethyl esters omeprazole delayed-release ondansetron ondansetron orally disintegrating tablets: ONETOUCH KITS/METERS: ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX ONETOUCH TEST STRIPS: ULTRA, VERIO ONEXTON OPSUMIT ORACEA ORALAIR ORILISSA ORTHOVISC [INJ] oseltamivir OTEZLA OTOVEL OTREXUP [INJ] OVIDREL [INJ] oxcarbazepine oxybutynin ext-release oxycodone oxycodone/acetaminophen OXYCONTIN OZEMPIC [INJ]			valacyclovir valsartan valsartan/hctz VARUBI VASCEPA VELPHORO venlafaxine venlafaxine ext-release VENTOLIN HFA verapamil ext-release VERZENIO VIBERZI VIIBRYD VIMPAT VIOKACE VIZIMPRO VOSEVI VYVANSE
M		Q	T	W
MAYZENT meclizine medroxyprogesterone meloxicam metaxalone metformin metformin ext-release methimazole methocarbamol methotrexate methylphenidate methylphenidate ext-release methylprednisolone metoclopramide metoprolol succinate ext-release metoprolol tartrate metronidazole metronidazole topical metronidazole vaginal microgestin fe minocycline MIRENA mirtazapine MIRVASO MITIGARE moderba mometasone MONOVISC [INJ] montelukast	P	QBREXZA QNASL QUDEXY XR quetiapine QUILLICHEW ER QUILLIVANT XR quinapril QVAR QVAR REDHALER	TACLONEX SUSPENSION tacrolimus topical tadalafil TALZENNA tamoxifen tamsulosin ext-release TASIGNA TAYTULLA TAZORAC GEL TAZORAC 0.05% CREAM TECFIDERA TEKTRUNA HCT terazosin terconazole vaginal testosterone cypionate [INJ] THALOMID timolol maleate eye solution tizanidine TOBI PODHALER TOBRADEX OINTMENT TOBRADEX ST tobramycin eye solution tobramycin/dexamethasone eye suspension topiramate TOUJEO [INJ] TOVIAZ TRADJENTA tramadol TRAVATAN Z trazodone TRELLEGY ELLIPTA TREMIFYA [INJ] TRESIBA [INJ] triamcinolone topical triamterene/hctz	warfarin
		R	X	Y
		rabeprazole delayed-release RAGWTEK raloxifene ramipril ranitidine RASUVO [INJ] REBIF [INJ] RECTIV RELISTOR [INJ] RELISTOR TABLETS REMICADE [INJ] REPATHA (NDCs starting with 55513) [INJ] RESTASIS RETAACRIT [INJ] REVLIMID RHOPRESSA risperidone rizatriptan		XALKORI XARELTO XELJANZ, XELJANZ XR XIFAXAN XIGDUO XR XIIDRA XOLAIR [INJ] XTANDI XULTOPHY [INJ] XYREM
			Z	
			ZARXIO [INJ] ZENPEP ZEPATIER zolpidem zolpidem ext-release ZOMIG NASAL ZTLIDO ZUBSOLV ZYLET ZYTIGA 500 MG	

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. THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2020 THROUGH DECEMBER 31, 2020. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

Express Scripts Exclusion List—2020

Excluded Medications/Products at a Glance

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

[^] 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]

Excluded Medications/Products at a Glance

ABILIFY [^] ABILIFY MYCITE ABSTRAL ACIPHEX [^] ACIPHEX SPRINKLE ACUVAIL ADDIRCA [^] ADDERALL [^] ADLYXIN ADMOLOG AKTIPAK AKYZEO 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	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 [^] EXIAD [^] 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 KEPBRA [^] , KEPBRA 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 [^] LOVENOX [^] LUCEMYRA LULICONAZOLE LUNESTA [^] LYRICA [^] LYRICA CR	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 PREGNYL PREVACID [^] , PREVACID SOLUTAB [^] PREZCOBIX 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	SINGLAIR [^] SITAVIG SOFOSBUVIR/VELPATASVIR SOVALDI SPIRIVA HANDIHALER, SPIRIVA RESPIMAT SPRAVATO STIOLTO RESPIMAT STRATTERA [^] STRIBILD STRIVERDI RESPIMAT SUBSYS SUMAVEL DOSEPRO SUPARTZ FX SYMTUZA SYNVISC, SYNVISC-ONE TESTIM [^] TIKOSYN [^] TIMOPTIC OCULOSE TIVORBEX TOBI SOLUTION [^] TOLSURA TOPAMAX [^] TOPICORT SPRAY TOPIRAMATE ER CAPSULES TRIBENZOR [^] TRICOR [^] TRILEPTAL [^] TRIVIDIA (TRUETEST, TRUETRACK) TRIVISC TUDORZA PRESSAIR UNISTRIP UROXATRAL [^] VAGIFEM [^] VALIUM [^] VALTRELX [^] VELTASSA VELTIN VERDESO FOAM VIGRA [^] VICTOZA VISCO-3 VIVELLE-DOT [^] VIVLODEX VYTORIN [^] WELLBUTRIN SR [^] XADAGO XALATAN [^] XANAX [^] , XANAX XR [^] XATMEP XELPROS XENAZINE [^] XOPENEX HFA XPOVIO XYNTHA, XYNTHA SOLOFUSE YASMIN [^] YOSPRALA DR ZAVESCA [^] ZEGERID [^] ZETIA [^] ZETONNA ZIOPATAN ZIPSOR ZOCOR [^] ZOLOFT [^] ZOMACTON ZOMIG TABLETS [^] , ZOMIG ZMT [^] ZONEGRAN [^] ZORVOLEX ZURAMPIC ZYCLARA ZYFLO CR [^] ZYTIGA 250 MG [^]
--	---	--	---

[^] 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.

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 44650
Detroit, MI 48244-0650
(This P.O. Box is used for expediting all communications crossing the border.)

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	CLIMARA PATCH 50MCG	GLUCAGEN HYPOKIT 1MG	NEUPRO 6MG	TAZORAC GEL 0.05%
ACIPHEX 20MG	CLIMARA PATCH 75MCG	GLUMETZA ER 1000MG	NEUPRO 8MG	TAZORAC GEL 0.1%
ACTIONEL 5MG	CLIMARA PATCH 100MCG	IMITREX AUTOINJECTOR	NEXIUM 20MG	TECFIDERA 120MG
ACTIONEL 30MG	COMBIGAN 0.2-0.5%	STATDOSE 6MG/0.5ML	NEXIUM 40MG	TECFIDERA 240MG
ACTIONEL 35MG	COMBIVENT RESPIMAT	IMITREX NASAL SPRAY	NEXIUM DR 10MG	TEKTURNA 150MG
ACTIONEL 150MG	20MCG/100MCG	5MG-2DOSE	NORITATE CREAM 1%	TEKTURNA 300MG
ACTOPLUS 15MG-850MG	COMTAN 200MG	IMITREX NASAL SPRAY	OMNARIS 50MCG	TEKTURNA HCT 150-25MG
ACCZONE 5%	CRESTOR (G) 5MG	20MG-2DOSE	ONGLYZA 2.5MG	TEKTURNA HCT 300-12.5MG
ADCIRCA 20MG	CRESTOR (G) 10MG	INCRUSE ELLIPTA 62.5MCG	ONGLYZA 5MG	TEKTURNA HCT 300-25MG
ADVAIR DISKUS 100MCG	CRESTOR (G) 20MG	INDERAL LA 60MG	ORTHO-TRI-CYCLEN LO (G)	TIVICAY 50MG
ADVAIR DISKUS 250MCG	CRESTOR (G) 40MG	INDERAL LA 80MG	OTEZLA 30MG	TOBREX OINT 0.3%
ADVAIR DISKUS 500MCG	DALIRESP 500MCG	INDERAL LA 120MG	PATADAY 0.2%	TOVIAZ 4MG
ADVAIR HFA 45/21MCG	DETROL 1MG	INDERAL LA 160MG	PATANOL 0.1%	TOVIAZ 8MG
ADVAIR HFA 115/21MCG	DETROL 2MG	INVEGA 3MG	PENTASA 500MG	TRADJENTA 5MG
ADVAIR HFA 230/21MCG	DETROL LA 2MG	INVEGA 6MG	PRED FORTE 1%	TRAVATAN Z 0.004%
AGGRENOX 200/25MG	DETROL LA 4MG	INVEGA 9MG	PREMARIN 0.3MG	TRELEGY ELLIPTA
ALOCRIL 2%	DEXILANT DR 30MG	INVOKAMET 50MG-500MG	PREMARIN 0.625MG	100-62.5-25MCG
ALOMIDE 0.1%	DEXILANT DR 60MG	INVOKAMET 50MG-1000MG	PREMARIN 1.25MG	TRIBENZOR 20/5/12.5MG
ALPHAGAN-P 0.15%	DIFFERIN CREAM 0.1%	INVOKAMET 150MG-500MG	PREMARIN CREAM	TRIBENZOR 40/5/12.5MG
ALREX 0.2%	DIFFERIN GEL 0.1%	INVOKAMET 150MG-1000MG	0.625MG/GM	TRIBENZOR 40/5/25MG
ANORO ELLIPTA 62.5/25MCG	DIFFERIN GEL 0.3%	INVOKANA 100MG	PREMPRO 0.3MG/1.5MG	TRIBENZOR 40/10/12.5MG
APTOM 200MG	DIOVAN (G) 40MG	INVOKANA 300MG	PREVACID SOLUTAB 15MG	TRIBENZOR 40/10/25MG
APTOM 400MG	DIOVAN (G) 80MG	IRESSA 250MG	PREVACID SOLUTAB 30MG	TRINTELLIX 5MG
APTOM 600MG	DIOVAN (G) 160MG	ISOPTO CARPINE 1%	PREZISTA 800MG	TRINTELLIX 10MG
APTOM 800MG	DIOVAN (G) 320MG	ISOPTO CARPINE 2%	PRISTIQ 50MG	TRINTELLIX 20MG
ARCAPTA NEOHALER 75MCG	DIPENTUM 250MG	ISOPTO CARPINE 4%	PRISTIQ 100MG	TRIUAMEQ 600-50-300MG
ARNUITY ELLIPTA 100MCG	DIPROLENE OINT 0.05%	JADENU 90MG	PROMETRIUM 100MG	TUDORZA PRESSAIR 400MCG
ARNUITY ELLIPTA 200MCG	DIVIGEL 0.5MG	JADENU 180MG	PROTOPIC 0.03%	TWYNSTA 40/5MG
AROMASIN 25MG	DIVIGEL 1MG	JADENU 360MG	PROTOPIC OINT 0.1%	TWYNSTA 40/10MG
ARTHROTEC 50MG	DUAVEE 0.45-20MG	JALYN 0.5MG/0.4MG	QVAR REDHALER 40MCG	TWYNSTA 80/5MG
ARTHROTEC 75MG	DULERA 100MCG/5MCG	JANUMET 50/500MG	QVAR REDHALER 80MCG	TWYNSTA 80/10MG
ASACOL HD 800MG	DULERA 200MCG/5MCG	JANUMET 50/1000MG	RANEXA 500MG	ULORIC 80MG
ASMANEX TWISTHALER	DYMISTA 137/50MCG	JANUMET XR 50MG/500MG	RAPAFLO 4MG	UROICIT-K 10MEQ
110MCG	EDARBI 40MG	JANUMET XR 50MG/1000MG	RAPAFLO 8MG	URSO 250MG
ASMANEX TWISTHALER	EDARBI 80MG	JANUMET XR 100MG/1000MG	RAPAMUNE 0.5MG	VAGIFEM 10MCG
220MCG	EDARBYCLOR 40MG/12.5MG	JANUVIA 25MG	RAPAMUNE 2MG	VENTOLIN HFA 90MCG
ASTAGRAF XL 1MG	EDARBYCLOR 40MG/25MG	JANUVIA 50MG	RELPAK 20MG	VEVICARE 5MG
ASTAGRAF XL 5MG	EDECRIN 25MG	JANUVIA 100MG	RELPAK 40MG	VEVICARE 10MG
ATACAND 4MG	ELIDEL 1%	JARDIANCE 10MG	RENAGEL 800MG	VIIBRYO 10MG
ATACAND 8MG	ELIQUIS 2.5MG	JARDIANCE 25MG	RENVELA 800MG	VIIBRYO 20MG
ATACAND 16MG	ELIQUIS 5MG	JENTADUETO 2.5MG-500MG	RESTASIS MULTIDOSE 0.05%	VIIBRYO 40MG
ATACAND 32MG	ELMIRON 100MG	JENTADUETO 2.5MG-850MG	RESTASIS VIALS 0.05%	VIREAD 300MG
ATACAND HCT 16MG/12.5MG	ENABLEX 7.5MG	JENTADUETO 2.5MG-1000MG	RETIN A MICRO GEL PUMP	VRAYLAR 1.5MG
ATACAND HCT 32MG/12.5MG	ENABLEX 15MG	JUBLIA 10%	0.04%	VRAYLAR 3MG
ATELVIA DR 35MG	ENTOCORT 3MG	LATUDA 20MG	RETIN-A MICRO GEL PUMP	VRAYLAR 4.5MG
AVANDIA 2MG	ENTRESTO 24MG-26MG	LATUDA 40MG	0.1%	VRAYLAR 6MG
AVANDIA 4MG	ENTRESTO 49MG-51MG	LATUDA 60MG	REXULTI 0.25MG	VYTORIN 10/10MG
AZELEX 20%	ENTRESTO 97MG-103MG	LATUDA 80MG	REXULTI 0.5MG	VYTORIN 10/20MG
AZILECT 0.5MG	EPIDUO GEL PUMP 0.1%/2.5%	LATUDA 120MG	REXULTI 1MG	VYTORIN 10/40MG
AZILECT 1MG	EPIPEN 0.3MG	LESCOL XL 80MG	REXULTI 2MG	VYTORIN 10/80MG
AZOFT 1%	EPIPEN JR 0.15MG	LEXIVA 700MG	REXULTI 3MG	WELCHOL 625MG
AZOR 20/5MG	EPIVIR / HBV 100MG	LIALDA 1.2MG	REXULTI 4MG	WELCHOL PACKET 3.75G
AZOR 40/5MG	ESTROGEL 0.06%	LINZESS 72MCG	SAPHRIS 5MG	WELLBUTRIN XL (G) 150MG
AZOR 40/10MG	EUCRISA 2%	LINZESS 145MCG	SAPHRIS 10MG	WELLBUTRIN XL (G) 300MG
BANZEL 200MG	EVISTA 60MG	LINZESS 290MCG	SEASONIQUE	XARELTO 2.5MG
BANZEL 400MG	EXELON 3MG	LOCODI LIPOCREAM 0.1%	0.15/0.03/0.01MG	XARELTO 10MG
BECONASE AQ 42MCG	EXELON 6MG	LOTEMAX GEL 0.5%	SENSIPAR 30MG	XARELTO 15MG
BENICAR (G) 20MG	EXELON 4.5MG/24HR	LOTEMAX SUSP 0.5%	SENSIPAR 60MG	XARELTO 20MG
BENICAR (G) 40MG	EXELON 9.5MG/24HR	LOVENOX 40MG	SEROQUEL DISKUS 50MCG	XELJANZ 5MG
BENICAR HCT (G) 20MG/12.5MG	EXELON 13.3MG/24HR	LOVENOX 60MG	SEROQUEL XR 50MG	XELJANZ XR 11MG
BENICAR HCT (G)	EXFORGE HCT 160/12.5/5MG	LOVENOX 80MG	SEROQUEL XR 150MG	XENICAL 120MG
40MG/12.5MG	EXFORGE HCT 160/12.5/10MG	LOVENOX 100MG	SEROQUEL XR 200MG	XIGDUO XR 5/1000MG
BENICAR HCT (G) 40MG/25MG	EXFORGE HCT 160/25/5MG	LUMIGAN 0.01%	SEROQUEL XR 300MG	XIGDUO XR 10/500MG
BENZAFLIN PUMP	EXFORGE HCT 160/25/10MG	MESNEK 400MG	SEROQUEL XR 400MG	XIGDUO XR 10/1000MG
BETIMOL 0.25%	EXFORGE HCT 320/25/10MG	MESTINON TS 180MG	SIMBRINZA 1%/0.2%	XIDRA 5%
BETIMOL 0.5%	FARESTON 60MG	METRO CREAM 0.75%	SOOLANTRA 1%	ZELAPAR 1.25MG
BETOPTIC S 0.25%	FARXIGA 5MG	METROGEL PUMP 1%	SPIRIVA 18MCG	ZETIA (G) 10MG
BREO ELLIPTA 100/25MCG	FARXIGA 10MG	MICARDIS HCT 40/12.5MG	SPIRIVA RESPIMAT 2.5MCG	ZOMIG NASAL SPRAY 5MG
BREO ELLIPTA 200/25MCG	FELDENE 10MG	MICARDIS HCT 80/12.5MG	STARLIX 60MG	ZOMIG ZMT 2.5MG
BRILINTA 60MG	FELDENE 20MG	MICARDIS HCT 80/25MG	STARLIX 120MG	ZYCLARA PACKET 3.75%
BRILINTA 90MG	FETZIMA 20MG	MIGRANAL 4MG/ML	STIOLTO RESPIMAT	
BYSTOLIC 2.5MG	FETZIMA 40MG	MIRAPEX ER 0.375MG	2.5/2.5MCG	
BYSTOLIC 5MG	FETZIMA 80MG	MIRAPEX ER 0.75MG		
BYSTOLIC 10MG	FETZIMA 120MG	MIRAPEX ER 1.5MG		
BYSTOLIC 20MG	FINACEA GEL 15%	MIRAPEX ER 2.25MG		
CADUET 5/10MG	FLAREX 0.1%	MIRAPEX ER 3MG		
CADUET 5/20MG	FLOVENT 44MCG 50MCG	MIRAPEX ER 3.75MG		
CADUET 5/40MG	FLOVENT 110MCG 125MCG	MIRAPEX ER 4.5MG		
CADUET 5/80MG	FLOVENT 220MCG 250MCG	MIRVASO 0.33%		
CADUET 10/10MG	FLOVENT DISKUS 100MCG	MULTAQ 400MG		
CADUET 10/20MG	FLOVENT DISKUS 250MCG	MYRBETRIQ 25MG		
CADUET 10/40MG	FOSRENOL CHEW 500MG	MYRBETRIQ 50MG		
CADUET 10/80MG	FOSRENOL CHEW 750MG	NASONEX 50MCG		
CAMBIA 50MG	FOSRENOL CHEW 1000MG	NESINA 6.25MG		
CARDURA XL 4MG	FOSRENOL POWDER 750MG	NESINA 12.5MG		
CARDURA XL 8MG	FOSRENOL POWDER 1000MG	NESINA 25MG		
CELEBREX 100MG	FROVA 2.5MG	NEUPRO 1MG		
CELEBREX 200MG	GELNIQUE 10%	NEUPRO 2MG		
CLARINEX 5MG	GENVOYA 150-150-200-10MG	NEUPRO 3MG		
CLIMARA PATCH 25MCG	GILENYA 0.5MG	NEUPRO 4MG		

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.

October 2019

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*, 235 EUGENIE ST. WEST, SUITE 105D, WINDSOR, ON, CANADA, N8X 2X7 PHONE TOLL-FREE: 1-866-893-(MEDS) 6337
 -CONTACT US ABOUT EXPEDITING COMMUNICATIONS CROSSING THE BORDER

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

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

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

Street Address _____

City/State _____ Zip Code _____

NOTE:
 Please request a **3-month** supply of medication with **3 refills**.
New-to-you medications must be domestically prescribed, filled and taken for a period of no less than 30 days.

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

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

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

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

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

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

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

AUTHORIZATION IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

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

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

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

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

Patient Signature: _____ Date: (MM/DD/YYYY)

Ulster Scripts—Enrollment Form / Agreement

TERMS OF AGREEMENT

CONFIRMATION AND REPRESENTATIONS

I enter into this agreement with CanaRx Services Inc. at Windsor, Ontario, Canada, and CanaRx Group Inc. at Christ Church, Barbados (collectively 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 contracted physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CanaRx strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CanaRx, I will immediately contact my U.S. physician.
14. All information that I give to CanaRx is true.

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

1. I hereby appoint CanaRx and its delegates and contractors (collectively referred to as "CanaRx") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician and of arranging for pharmacies to dispense to me medications as prescribed.
2. CanaRx may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me.
3. CanaRx may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to CanaRx (and any CanaRx contracted physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, X-ray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
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 contracted physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CanaRx contracted 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 CanaRx contracted pharmacies for dispensing medicine in accordance with my prescriptions and to CanaRx contracted 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 contracted physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CanaRx contracted pharmacy.
2. CanaRx has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CanaRx contracted physician and have enlisted the services of CanaRx to facilitate it. I understand that the CanaRx contracted physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I 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 contracted 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 contracted physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CanaRx contracted physicians and pharmacists, and my 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, contracted physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CanaRx, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CanaRx's transmission of my personal information by electronic means to its delegates, employees, contracted physicians and pharmacies.
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 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

NEW PROVIDER—SAME BENEFITS | Group ID Number: 217284

PROVIDER: METLIFE ELIGIBILITY	Primary enrollee, spouse (or domestic partner) 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.

I am interested in:

Please Select Insurance Type

GO

I want to find a MetLife:

Dentist Vision Provider

SUBMIT



MetLife Network: Preferred Dentist Plus Network (PDP Plus)

Group ID Number: 217284

Vision Plan—Davis Vision



The County of Ulster

Premier Vision Plan

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

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

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

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

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

How to locate a Network Provider...

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

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

**1.877.923.2847 and
Enter Client Code 2769**

IN-NETWORK BENEFITS		
Eye Examination	Every 12 months, Covered in full	
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	Without Davis Vision	With Davis Vision
<small>Savings based on in-network usage and average retail values.</small>		
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$0
Photochromic Lenses (i.e. Transitions®, etc.) 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

Empire BCBS Summary of Benefits— POS20 Plan



An Anthem Company

Your Summary of Benefits

County of Ulster 2020 - 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 Care¹	Member Pays	Member Pays
Covered Adult Preventive Care	\$0	Deductible and coinsurance
Annual Physical Exam	\$0	Deductible and coinsurance
Well-Child Care (Up to age 19; including covered immunizations)	\$0	Deductible and coinsurance
Preventive Well-Woman Care	\$0	Deductible and coinsurance
Home/Office/Outpatient Care	Member Pays	Member Pays
Home/Office/Outpatient Visits Copayment	\$20 copayment	Deductible and coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Online Visits	\$20 copayment	Deductible and coinsurance
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery ^{4,5}	\$0	Deductible and coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and coinsurance
Routine Maternity Care	\$0	Deductible and coinsurance
Laboratory Tests, X-rays, MRI ⁴ /MRA ⁴ , CAT Scan ⁶ , PET ⁶ and Nuclear Cardiology ⁶	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatment)	Deductible and coinsurance
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 ⁵ (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification ⁸ (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation ⁸	\$0	Deductible and coinsurance
Other		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment ⁴	\$0	Deductible and coinsurance
Prosthetics & Orthotics ⁴	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	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.

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

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

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

Empire BCBS Summary of Benefits—PPO20 Plan



An Anthem Company

Your Summary of Benefits

County of Ulster 2020 – 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	\$20 copayment	Deductible and Coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery ⁵ / Outpatient Surgery	\$0	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests, X-rays	\$0	Deductible and Coinsurance
MRI ⁷ /MRA ⁷ · CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
– Office Visit	\$20 copayment	Deductible and Coinsurance
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
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.

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.

Empire BCBS Summary of Benefits—PPO25 Plan

Your Summary of Benefits



An Anthem Company

County of Ulster 2020 – 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	\$25 copayment	Deductible and Coinsurance
Urgent Care Center	\$25 copayment	\$25 copayment
Emergency Room/Facility (initial visit per occurrence)	\$200 copayment (Waived if admitted within 24 hours)	\$200 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery ⁵ / Outpatient Surgery	\$100 copayment	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests,	\$0	Deductible and Coinsurance
X-rays	\$25 copayment	Deductible and Coinsurance
MRI ⁷ /MRA ⁷ · CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$75 copayment	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
– 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

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

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

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

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

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.

Important Notice from Ulster County About Your Prescription Drug Coverage and Medicare

Effective: January 1, 2020

If you and/or your dependent(s) have Medicare or will become eligible for Medicare in the next 12-months, please take special care in reviewing this notice.

You should keep this notice where you can find it!

This notice has information about your current prescription drug coverage and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Ulster County has determined that the prescription drug coverage offered is on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered **Creditable Coverage**. Because the coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.
3. Ulster County has determined that the prescription drug coverage is on average for all plan participants, NOT expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered **Non-Creditable Coverage**. Not Applicable Applicable

This is important because for most people enrolled in the above NON-CREDITABLE plans, enrolling in Medicare prescription drug coverage means you will get more assistance with drug costs than if you had prescription drug coverage exclusively through the above NON-CREDITABLE plans.

Consider enrolling in Medicare prescription drug coverage. You can keep your **Non-Creditable coverage** from Ulster County

You can keep the coverage regardless of whether it is as good as a Medicare drug plan. However, because **Non-Creditable Coverage** is, on average, NOT at least as good as standard Medicare drug coverage, you may pay a higher premium (a penalty) if you decide later to join a Medicare drug plan.

4. **You have decisions to make about Medicare prescription drug coverage** that may affect how much you pay for that coverage, depending on if and when you enroll. Read this notice carefully—it explains your options.

Important Notice from Ulster County About Your Prescription Drug Coverage and Medicare *(continued)*

► Why is your decision so important?

You should also know that if you drop or lose your coverage with Ulster County

and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

► When to enroll?

You can join a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15 through December 7. This may mean that you have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. Additionally, if you decide to leave your employer sponsored plan, you will be eligible to join a Part D plan at that time using an employer group Special Enrollment Period.

If you do decide to enroll in a Medicare prescription drug plan and drop your current prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

► You need to make a decision!

When you make your decision, you should also compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

For more information about this notice or your current prescription drug coverage—

Contact our office for further information at 845-340-3545

NOTE: You will receive this notice annually and at other times in the future such before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook from Medicare. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare-approved prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778)

Remember! Keep this Creditable/Non-Creditable Coverage Notice. If you decide to join one of the Medicare drug Plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).