



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

Benefit Open Enrollment
October 15—October 31, 2019

Benefit Plan Year
January 1—December 31, 2020

2020 Employee Benefits Guide

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



Benefit Meetings

Tuesday
October 15

8:30am—10:45am | Dept of Social Services, Development Court
11:30am—1:30pm | Health & Mental Health Offices, 239 Golden Hill Lane
2:30pm—4:30pm | Info Services

Tuesday
October 22

8:00am—10:00am | Dept. Of Public Works, 317 Shamrock Lane, Kingston (Quarry Complex)
11:00am—1:45pm | County Office Building, 244 Fair Street
2:30pm—4:00pm | UC Law Enforcement Center

Benefits provided in association with



Questions | Help
1-800-836-0026

PATRICK K. RYAN
County Executive



SHEREE CROSS
Personnel Officer

JAMES FARINA
Director of Employee Relations

2020 Health Insurance and Other Benefit Information

The County will continue to offer its current Health Insurance Programs, the Empire PPO and Empire POS plans for 2020. They will be renamed to PPO 20 and POS 20. What is **new** for 2020 is the introduction of a new Health Insurance Program – the PPO 25! Please see the following pages for detailed information on what the PPO 25 offers. PPO 25 is a national network and all of the same benefits as the PPO 20 except that there are co-pays for some services and the co-pay for doctor visits are \$25/\$40 (specialist). There is significant savings if you are currently enrolled in the PPO 20 and are not a pre94 employee. **The EPO plan will not be offered for 2020.**

Remaining for 2020 are the five (5) tiers of coverage. We have stratified the Health Insurance into these 5 tiers – Employee only, Employee with spouse, Employee with Child, Employee with Children and Family. Please review the costs associated with them as there may be a savings.

Everyone with Health Insurance, Dental and Vision, Buyout, and the Waiver must complete the online enrollment process by October 31, 2019 at the latest.

I encourage all Employees to attend an Open Enrollment session where you may complete online enrollment or receive instructions to complete online enrollment on your own. Computers are always available in the Personnel Department for completing this process.

Please take the time to review the **Benefit Book** created each year to provide summaries, health insurance rates, buyout options, and other information regarding your benefits. Browsing this book will help Employees learn more about available coverages. I suggest all Employees send the link <https://www.ulstercountyny.gov/personnel/benefits-management> to their personal email so they and their family members can review the book at home. The book may also be accessed anytime, anywhere, by using the link on any PC, smartphone, or tablet.

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

Relph Benefit Advisors offers their CARE Team to assist employees with benefit plan questions and service.

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

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

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

The C.A.R.E. Team Representative may be reached at either **1-800-836-0026 ext. 322** or kkaram@relphbenefitadvisors.com.

You can continue to reach out to the Ulster County Personnel as well, (845) 340-3545.

Other Important information:

Open Enrollment and Portal Access: Tuesday, October 15th through Thursday, October 31st is open enrollment. You are required to register and complete your benefit renewal on the online enrollment portal website. The enrollment portal instruction sheet follows this letter in this benefit book. You must complete this process even if you are not making changes.

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

Federal Requirement of Signing a Waiver if Opting Out of Coverage with Ulster County: If an Employee does not wish to participate in the Ulster County Health Insurance Programs, they must complete the waiver section in the online enrollment process. If a waiver is not completed and a Health Plan is not selected by October 31, 2019, under Federal rules Ulster County Personnel will enroll the Employee in the POS individual plan, with its appropriate payroll deduction.

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

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

Cards for 2020: Cards for Health Insurance with Empire BCBS & Rx Benefits are the same as distributed for 2019. Davis Vision will continue to be active for 2020 as well as Met Life. If you choose the PPO 25, new cards will be sent to you.

Urgent Care Out of Network Change: For 2020, Urgent Care Copay, both in and out of network, will be \$20 for POS 20 and PPO 20 and \$25 for PPO 25. If an Employee or a covered family member cannot locate an in-network urgent care center, they may go to an out of network center and pay the copay. This is advantageous since the cost of going to the emergency room includes a co-pay of \$100 for the POS 20 and PPO 20 plans, \$200 for the PPO 25 plan. This can be especially useful when traveling away from home.

Flexible Spending Account Rollover: The Flexible Spending Account continues to have a \$500 roll-over feature. *The application to enroll in a Flexible Spending Account will be through the online application process.* Employees have the ability to roll up to \$500 in remaining funds from the previous year to the following calendar year. This will enable Employees to better estimate the amount needed for out-of-pocket health care expenses. Paying medical bills with pre-tax dollars could save 15-20% of the cost of these expenses. Each year **you must** re-enroll and designate the amount you wish to add to your FSA account.

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

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

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

Sincerely,
Sheree Cross
Personnel Director

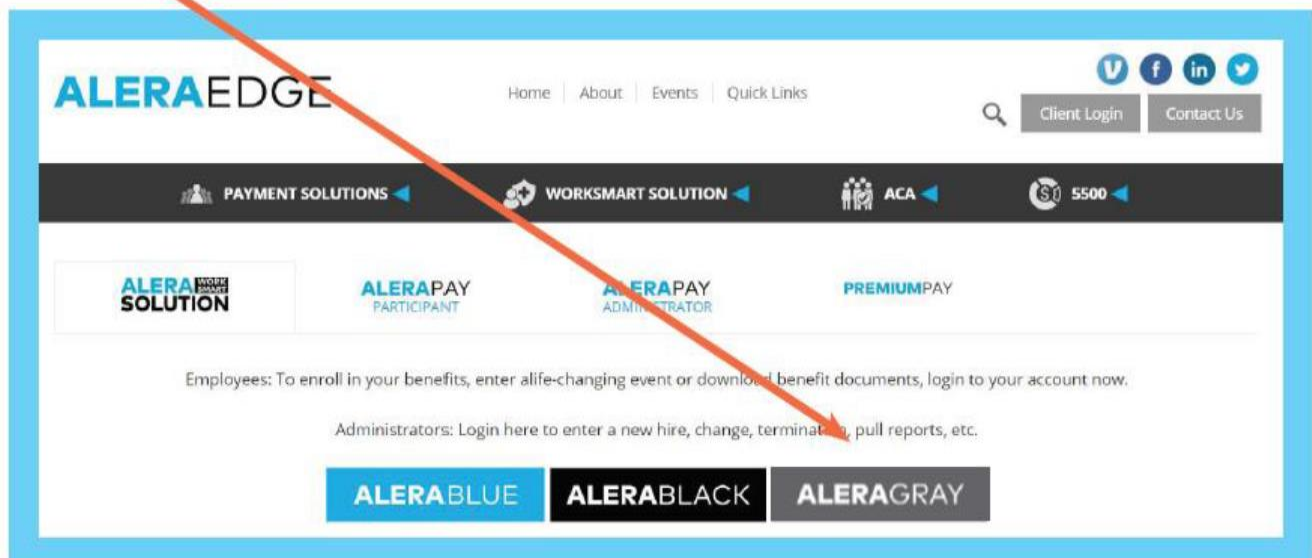
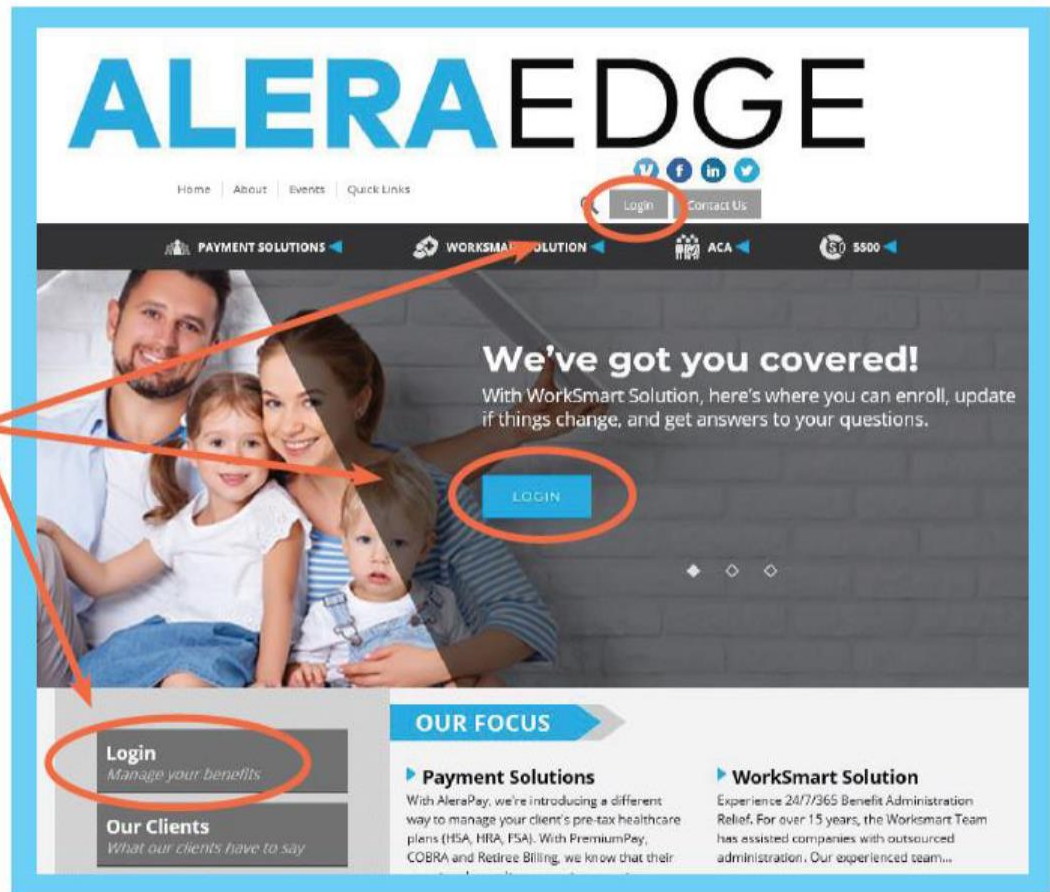
ALERAGRAY

If you have any questions as you go through enrollment call Customer Support at 1-800-836-0026 (Mon-Fri, 8-4:30).

How to Log In: You can easily and securely log-in using your computer or mobile phone.
Go to www.aleraedge.com.

Choose any "Login" button.

On the Login page, select the "ALERAGRAY" button.



ALERAGRAY

If you have any questions as you go through enrollment call Customer Support at 1-800-836-0026 (Mon-Fri, 8-4:30).

Log In

First-time User:
Click on 'Register.'

Enter **ULSTCO** for the Company Key.

Create your User Name, Password and Security Phrase, and click "Continue." Enter your new information on the login page.

Returning User:
Enter: User Name and Password.

Now turn to the other side of this flyer and start your enrollment!

ALERAEDGE

Get the Mobile App.

- Visit the App Store:
- Android: Google Play
 - iPhone: itunes Apple Search for "MyChoice Mobile."
- With the app you can:
- o Access current plans
 - o Complete Open Enrollment
 - o Get alerts and much more!

Forgot Your Password?

1. Click on the link '**Forgot Your Password?**'
2. Enter your Social Security Number, Company Key, (**ULSTCO**) and Date of Birth
4. Answer your security phrase.
5. Enter and confirm a new password, then click '**Continue**' to return to the log-in page.

Life-Changing Event?

Marriage/divorce/change in job status for you or an enrolled dependent, as well as birth or adoption of a child, are events that require updates to your plan within 30 days (with supporting documentation).

Make Your Elections - Review your options as you walk through the enrollment process.

Click **'Select'** on the plan(s) you choose. Track your choices along the enrollment bar which updates with your total cost.

Review Your Elections - Review, edit and approve your elections and when they are accurate, click **'Approve.'**

Confirm Your Choices - Your enrollment isn't complete until you confirm your benefit elections.

Print - Print your election information and confirmation number for future reference.

Review Your Current Plan Anytime - Click **'Benefits Summary'** in the **'Benefits'** tab.

ALERAGRAY

CONSENT TO RECEIVE ELECTRONIC NOTICES:

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

Once you log into AleraBlack, these documents are available in the Reference Center.

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

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

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

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

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

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

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

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

2020 Health Insurance Rate Grid

MEDICAL PLAN WITH DENTAL & VISION								
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
CSEA	Before 1/1/1994 (fixed contributions)	Employee	\$8.00	\$8.00	\$8.00	\$4.00	\$4.00	\$4.00
		Emp+Spouse	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
		Emp+1 Child	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
		Emp+Children	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
		Emp+Family	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA UCSEA	Before 7/1/1994 (fixed contributions)	Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Emp+Spouse	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
		Emp+1 Child	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
		Emp+Children	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
		Emp+Family	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA CSEA UCSA UCSEA	7/1/1994—9/1/2015 1/1/1994—9/19/2012 5/19/2010—2/20/2013 7/1/1994—8/18/2014 (15% of total Premium)	Employee	\$136.37	\$195.27	\$123.27	\$68.18	\$97.64	\$61.64
		Emp+Spouse	\$279.64	\$400.40	\$252.79	\$139.82	\$200.20	\$126.40
		Emp+1 Child	\$255.72	\$365.28	\$231.36	\$127.86	\$182.64	\$115.68
		Emp+Children	\$287.14	\$410.85	\$259.64	\$143.57	\$205.42	\$129.82
		Emp+Family	\$396.16	\$566.98	\$358.18	\$198.08	\$283.49	\$179.09
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA CSEA UCSA UCSEA	After 9/1/2015 After 9/19/2012 After 2/20/2013 After 8/1/2014 (20% of total Premium)	Employee	\$181.82	\$260.36	\$164.36	\$90.91	\$130.18	\$82.18
		Emp+Spouse	\$372.85	\$533.86	\$337.06	\$186.43	\$266.93	\$168.53
		Emp+1 Child	\$340.95	\$487.04	\$308.48	\$170.48	\$243.52	\$154.24
		Emp+Children	\$382.86	\$547.79	\$346.19	\$191.43	\$273.90	\$173.10
		Emp+Family	\$528.21	\$755.97	\$477.57	\$264.10	\$377.99	\$238.79
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
Management Non-Union Legislators UCSA Superior Officers Union	Before 5/18/2010 (10% of total Premium)	Employee	\$90.91	\$130.18	\$82.18	\$45.46	\$65.09	\$41.09
		Emp+Spouse	\$186.43	\$266.93	\$168.53	\$93.21	\$133.47	\$84.26
		Emp+1 Child	\$170.48	\$243.52	\$154.24	\$85.24	\$121.76	\$77.12
		Emp+Children	\$191.43	\$273.90	\$173.10	\$95.71	\$136.95	\$86.55
		Emp+Family	\$264.10	\$377.99	\$238.79	\$132.05	\$188.99	\$119.39

2020 Health Insurance Rate Grid

DENTAL & VISION without MEDICAL PLAN				
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
CSEA	Before 1/1/1994 (fixed contributions)	Employee	\$0.00	\$0.00
		Emp+Spouse	\$0.00	\$0.00
		Emp+1 Child	\$0.00	\$0.00
		Emp+Children	\$0.00	\$0.00
		Emp+Family	\$0.00	\$0.00
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
PBA UCSEA	Before 7/1/1994 (fixed contributions)	Employee	\$0.00	\$0.00
		Emp+Spouse	\$0.00	\$0.00
		Emp+1 Child	\$0.00	\$0.00
		Emp+Children	\$0.00	\$0.00
		Emp+Family	\$0.00	\$0.00
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
PBA CSEA UCSA UCSEA	7/1/1994—9/1/2015 1/1/1994—9/19/2012 5/19/2010—2/20/2013 7/1/1994—8/18/2014 (15% of total Premium)	Employee	\$5.42	\$2.71
		Emp+Spouse	\$11.18	\$5.59
		Emp+1 Child	\$12.14	\$6.07
		Emp+Children	\$12.14	\$6.07
		Emp+Family	\$16.38	\$8.19
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
PBA CSEA UCSA UCSEA	After 9/1/2015 After 9/19/2012 After 2/20/2013 After 8/1/2014 (20% of total Premium)	Employee	\$7.22	\$3.61
		Emp+Spouse	\$14.90	\$7.45
		Emp+1 Child	\$16.18	\$8.09
		Emp+Children	\$16.18	\$8.09
		Emp+Family	\$21.84	\$10.92
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
Management Non-Union Legislators UCSA Superior Officers Union	Before 5/18/2010 (10% of total Premium)	Employee	\$3.60	\$1.80
		Emp+Spouse	\$7.46	\$3.73
		Emp+1 Child	\$8.10	\$4.05
		Emp+Children	\$8.10	\$4.05
		Emp+Family	\$10.92	\$5.46

Empire BCBS Summary of Benefits— POS20 Plan



An Anthem Company

Your Summary of Benefits

County of Ulster POS

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
Chiropractic Care 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

Note for 2020 – Acupuncture will be covered after \$20 copayment- medical review after 5 visits – maximum 30 visits per calendar year.

Empire BCBS Summary of Benefits— POS20 Plan

Benefit	In-Network ²	Out-of-Network ³
Inpatient Care⁴		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and coinsurance
Mental Health		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care ⁸ As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification ⁸ (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation ⁸	\$0	Deductible and coinsurance
Other		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment ⁴	\$0	Deductible and coinsurance
Prosthetics & Orthotics ⁴	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	Deductible and coinsurance

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

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

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

POS REV Sept 2014

Prepared on 10.10.16 SH

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

Empire BCBS Summary of Benefits—PPO20 Plan



An Anthem Company

Your Summary of Benefits

County of Ulster PPO

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	\$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	
Chiropractic Care 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 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

Note for 2020 – Acupuncture will be covered after \$20 copayment- medical review after 5 visits – maximum 30 visits per calendar year.

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 ⁵	\$0	Deductible and Coinsurance
Ambulance (Land/Air ambulance)	\$0	In-network benefits apply

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

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

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

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

PPO Rev. February 2016

Prepared on 10.10.16 SH

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



County of Ulster PPO

An Anthem Company

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	\$20 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	
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year) ¹⁰	\$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 (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)	\$25 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language ⁵ , Occupational ⁵ (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Vision Therapy	\$25 copayment	Deductible and Coinsurance

Services provided by 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

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 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 screening, 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 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 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 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 Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

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Ways to Save Money on Your Health Care Expenses

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

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



Benefit Feature	POS	PPO	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

As a reminder - the next time you or a covered family member needs immediate care, consider using the services of one of the many local Urgent Care facilities. You will only have to pay the regular office visit co-pay instead of the emergency room co-pay. A list of Urgent Care providers follows. Plan ahead, become familiar with the location of the one most convenient for you and your family.

For your medications, ask your physician to prescribe a generic instead of a brand name medication, or one on our formulary (list of included drugs) instead of a non-formulary choice. Your co-pay will be less in either of these situations.

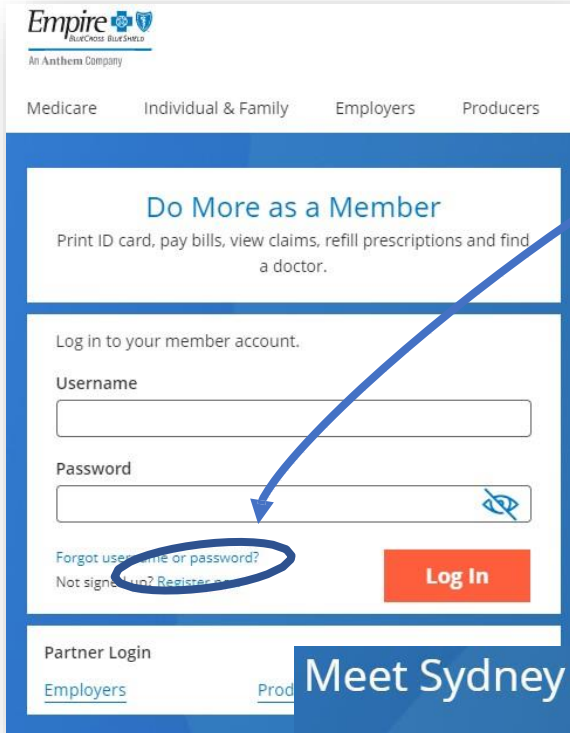
- **Using mail order methods for medications** will save you one co-pay every three months. Many retail stores also have lists of certain medications they offer for even less than our co-pay. Always use your coverage card too, as that can make your payment even lower than their 3-month supply price. The co-pay is a maximum you can be charged so if the price is lower, you will only have to pay that amount.

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

- **For brand name maintenance medications** (ones that you take every month without changing anything) that do not have a generic option, consider using our mail order program, Ulster Scripts. Information and enrollment forms for employees covered by our Express Scripts plan and your dependents can be found in this book and if your medication is on their available medications, you can receive a 3-month supply for NO co-pay.

Our coverage with Empire Blue Cross Blue Shield includes a free nurse helpline service. PH: 1-877-Talk2RN (1-877-825-5276). Consider making a phone call before your next trip to the doctor or emergency room. You might find your situation can be resolved without a needless inconvenient visit or possibly be delayed until your normal physician office is open the next morning.

Empire BCBS Website & LiveHealthOnline.com Instructions



Login at www.empireblue.com

First time users- select **Register now**

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

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

Member ID Activation code

Member ID	Date of birth
<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>
First name	Last name
<input type="text"/>	<input type="text"/>

Meet Sydney

Your personal health ally, offering the same great services as Empire Anywhere, plus new features like custom content, personalized wellness activities and more. Access Sydney using your online login info, or simply download the app and log in with your Empire Anywhere username and password.

*Select capabilities may not be available for all plans.

Get the App—Sydney

Access your info anywhere, using your Empire username and password

LiveHealth online

or on your phone

See a doctor, 24/7/ 365

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

LiveHealth ONLINE [Get the app](#)

Visit with a doctor 24/7.

Get expert advice, a treatment plan and prescriptions if needed.

[Continue](#)

Free to sign up • No monthly fees • \$49 or less per visit

Empire—Health Insurance Claim Form



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

APPROVED OMB-0938-0008

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

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

PICA										PICA													
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)</small>										1a. INSURED'S I.D. NUMBER (Include prefix) (FOR PROGRAM IN ITEM 1)													
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial)													
5. PATIENT'S ADDRESS (No. Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No. Street)													
CITY			STATE		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>					CITY			STATE										
ZIP CODE			TELEPHONE (Include Area Code)		Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>					ZIP CODE			TELEPHONE (Include Area Code)										
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER													
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/>													
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/>					b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO					b. EMPLOYER'S NAME OR SCHOOL NAME													
c. EMPLOYER'S NAME OR SCHOOL NAME					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME													
d. INSURANCE PLAN NAME OR PROGRAM NAME					d. RESERVED FOR LOCAL USE					d. IS THERE ANOTHER NAME OR BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO													
READ BACK OF FORM BEFORE COMPLETING THIS FORM.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____													
12. I AUTHORIZE THE RELEASE OF INFORMATION AS DESCRIBED ON THE REVERSE SIDE OF THIS CLAIM FORM. SIGNED _____ DATE _____																							
14. DATE OF CURRENT: MM DD YY			ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY														
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE					17a. I.D. NUMBER OF REFERRING PHYSICIAN					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY													
19. RESERVED FOR LOCAL USE					20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO					22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.													
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)					23. PRIOR AUTHORIZATION NUMBER					20. OUTSIDE LAB? \$ CHARGES													
1. _____					3. _____					20. OUTSIDE LAB? \$ CHARGES													
2. _____					4. _____					20. OUTSIDE LAB? \$ CHARGES													
24. A		B		C		D		E		F		G		H		I		J		K			
DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY		PLACE OF SERVICE		TYPE OF SERVICE		PROCEDURES, SERVICES, OR SUPPLIES (EXPLAIN UNUSUAL CIRCUMSTANCES) CPT/HCPCS MODIFIER		DIAGNOSIS CODE		\$ CHARGES		DAYS OR UNITS		EPSDT FAMILY PLAN		EMG		COB		RESERVED FOR LOCAL USE			
1																							
2																							
3																							
4																							
5																							
6																							
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$				29. AMOUNT PAID \$				30. BALANCE DUE \$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS. I CERTIFY THAT THE CARE, SERVICES AND SUPPLIES ENTERED ON THIS FORM HAVE BEEN RENDERED TO THE PATIENT, AND THAT I AM ENTITLED TO REIMBURSEMENT OF THE CHARGES INDICATED. SIGNED _____ DATE _____										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)													
33. PHYSICIANS, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE NUMBER PIN# _____ GRP# _____																							

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90)
FORM OWCP-1500

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. PHY 0738B 6/03

Urgent Care Facilities for the Ulster County Area

AMC EMERGNTCARE OF

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

EMERG ONE URGENT CARE DI

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

MIDDLETOWN MEDICAL PC

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

CRYSTAL RUN HEALTHCARE

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

EXCEL URGENT CARE FISHKILL

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

ORANGE URGENT CARE PLLC

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

CRYSTAL RUN HEALTHCARE

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

EXCEL URGENT CARE

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

PM PEDIATRICS OF BAYSIDE

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

CRYSTAL RUN HEALTHCARE

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

FIRST CARE MEDICAL PC

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

PULSE-MD URGENT CARE

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

CRYSTAL RUN HEALTHCARE

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

HEALTH QUEST URGENT CARE

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

PULSE-MD URGENT CARE

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

EMERG ONE URGENT CARE DI

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

HQUMCP PC

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

RAPID CARE

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

EMERG ONE URGENT CARE DI

Urgent Care In-Network
4250 Albany Post Rd Ste 1
Hyde Park, NY 12538
PH: 845-229-2602

HQUMCP PC

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

URGENT MEDICAL CARE PLLC

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

Rx Benefits / Express Scripts



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

PLAN	Rx CO-PAYS (Supply)
Empire—POS 20 Plan	\$5 / \$20 / \$40 (30-days)
Empire—PPO 20 & 25 Plans	\$10 / \$25 / \$40 (30-days)
Mail Order Prescriptions	2x CoPays (90-days)

Additional Support: 1-800-836-0026
Relph Benefit Advisors

ID CARDS

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

RXBIN: 610014

RXGRP: RXBULST

ISSUER: Express Scripts

Pharmacy Member Services: 1-800-334-8134

Pharmacist Helpdesk: 1-800-922-1557

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]
 DYANAVEL XR
 DYMISTA

E

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

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.

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
 EUFLEXA [INJ]
 ezetimibe
 ezetimibe/simvastatin

F

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

G

gabapentin
 GELNIQUE
 gemfibrozil
 GENOTROPIN [INJ]
 GENVOYA

GILENYA
 GILOTRIF
 GLASSIA [INJ]
 glimepiride
 glipizide
 glipizide ext-release
 GLUCAGEN [INJ]
 GLUCAGON [INJ]
 glybunde
 GLYXAMBI
 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)

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

junel 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 PROCIT [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 TRIUMEO TRULANCE TRULICITY [INJ] TYMLOS [INJ]
K				
ketoconazole topical ketorolac KITABIS PAK KOGENATE FS [INJ] KOVALTRY [INJ] KYLEENA	N 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		S 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 SYMIEPI [INJ] SYMLINPEN [INJ] SYMPROIC SYNJARDY, SYNJARDY XR	U UCERIS FOAM UDENYCA [INJ] UPTRAVI
L				V valacyclovir valsartan valsartan/hctz VARUBI VASCEPA VELPHORO venlafaxine venlafaxine ext-release VENTOLIN HFA verapamil ext-release VERZENIO VIBERZI VIIBRYD VIMPAT VIOKACE VIZIMPRO VOSEVI VYVANSE
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]	O 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]			W warfarin
M				X XALKORI XARELTO XELJANZ, XELJANZ XR XIFAXAN XIGDUO XR XIIDRA XOLAIR [INJ] XTANDI XULTOPHY [INJ] XYREM
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 moderiba mometasone MONOVISC [INJ] montelukast	P pantoprazole delayed-release paroxetine hcl	Q QBREXZA QNASL QUDEXY XR quetiapine QUILLICHEW ER QUILLIVANT XR quinapril QVAR QVAR REDHALER		Y YONSA YUPELRI yuvafem
		R rabeprazole delayed-release RAGWITEK raloxifene ramipril ranitidine RASUVO [INJ] REBIF [INJ] RECTIV RELISTOR [INJ] RELISTOR TABLETS REMICADE [INJ] REPATHA (NDCs starting with 55513) [INJ] RESTASIS RETACRIT [INJ] REVLIMID RHOPRESSA risperidone rizatriptan	T 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	Z ZARXIO [INJ] ZENPEP ZEPATIER zolpidem zolpidem ext-release ZOMIG NASAL ZTLIDO ZUBSOLV ZYLET ZYTIGA 500 MG

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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
ADDIRCA [^]	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	SYMITUZA
ALCRIL	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 [^]
ALYESCO	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	NUVIQ	TRIBENZOR [^]
ANUSOL-HC [^]	FENTORA	OMNARIS	TRICOR [^]
APADAZ	FIASP	OMNIS HEALTH (EMBRACE, VICTORY)	TRILEPTAL [^]
APIDRA	FLUOROURACIL 0.5% CREAM	OMNITROPE	TRIVIDIA (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	VALTREL [^]
AUVI-Q	GELSYN-3	PANCREAZE	VELTASSA
AVALIDE [^] , AVAPRO [^]	GENVISC 850	PATADAY [^]	VELTIN
AVODART [^]	GLEEVEC [^]	PENNSAID	VERDESO FOAM
AZOR [^]	GLUCOPHAGE [^] , GLUCOPHAGE XR [^]	PERTZYE	VIAGRA [^]
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	VIYTORIN [^]
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	OSYMA	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 [^]	SAVAYA	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.

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	CRESTOR (G) 80MG	INDERAL LA 120MG	PATADAY 0.2%	TOVIAZ 4MG
ADVAIR HFA 45/21MCG	DALIRESP 500MCG	INDERAL LA 160MG	PATANOL 0.1%	TOVIAZ 8MG
ADVAIR HFA 115/21MCG	DETROL 1MG	INVEGA 3MG	PENTASA 500MG	TRADJENTA 5MG
ADVAIR HFA 230/21MCG	DETROL 2MG	INVEGA 6MG	PRED FORTE 1%	TRAVATAN Z 0.004%
AGGRENOX 200/25MG	DETROL LA 2MG	INVEGA 9MG	PREMARIN 0.3MG	TRELEGY ELLIPTA
ALOCRI 2%	DETROL LA 4MG	INVOKAMET 50MG-500MG	PREMARIN 0.625MG	100-62.5-25MCG
ALOMIDE 0.1%	DEXILANT DR 30MG	INVOKAMET 50MG-1000MG	PREMARIN 1.25MG	TRIBENZOR 20/5/12.5MG
ALPHAGAN-P 0.15%	DEXILANT DR 60MG	INVOKAMET 150MG-500MG	PREMARIN CREAM	TRIBENZOR 40/5/12.5MG
ALREX 0.2%	DIFFERIN CREAM 0.1%	INVOKAMET 150MG-1000MG	0.625MG/GM	TRIBENZOR 40/5/25MG
ANORO ELLIPTA 62.5/25MCG	DIFFERIN GEL 0.1%	INVOKANA 100MG	PREMPRO 0.3MG/1.5MG	TRIBENZOR 40/10/12.5MG
APTOM 200MG	DIFFERIN GEL 0.3%	INVOKANA 300MG	PREVACID SOLUTAB 15MG	TRIBENZOR 40/10/25MG
APTOM 400MG	DIOVAN (G) 40MG	IRESSA 250MG	PREVACID SOLUTAB 30MG	TRINTELLIX 5MG
APTOM 600MG	DIOVAN (G) 80MG	ISOPTO CARPINE 1%	PREZISTA 800MG	TRINTELLIX 10MG
APTOM 800MG	DIOVAN (G) 160MG	ISOPTO CARPINE 2%	PRISTIQ 50MG	TRINTELLIX 20MG
ARCAPTA NEOHALER 75MCG	DIOVAN (G) 320MG	ISOPTO CARPINE 4%	PRISTIQ 100MG	TRIUAMEQ 600-50-300MG
ARNUITY ELLIPTA 100MCG	DIPENTUM 250MG	JADENU 90MG	PROMETRIUM 100MG	TUDORZA PRESSAIR 400MCG
ARNUITY ELLIPTA 200MCG	DIPROLENE OINT 0.05%	JADENU 180MG	PROTOPIC OINT 0.03%	TWYNSTA 40/5MG
AROMASIN 25MG	DIVIGEL 0.5MG	JADENU 360MG	PROTOPIC OINT 0.1%	TWYNSTA 40/10MG
ARTHROTEC 50MG	DIVIGEL 1MG	JALYN 0.5MG/0.4MG	QVAR REDHALER 40MCG	TWYNSTA 80/5MG
ARTHROTEC 75MG	DUAVEE 0.45-20MG	JANUMET 50/500MG	QVAR REDHALER 80MCG	TWYNSTA 80/10MG
ASACOL HD 800MG	DULERA 100MCG/5MCG	JANUMET 50/1000MG	RANEXA 500MG	ULORIC 80MG
ASMANEX TWISTHALER	DULERA 200MCG/5MCG	JANUMET XR 50MG/500MG	RAPAFLO 4MG	UROICIT-K 10MEQ
110MCG	DYMISTA 137/50MCG	JANUMET XR 50MG/1000MG	RAPAFLO 8MG	URSO 250MG
ASMANEX TWISTHALER	EDARBI 40MG	JANUMET XR 100MG/1000MG	RAPAMUNE 0.5MG	VAGIFEM 10MCG
220MCG	EDARBI 80MG	JANUVIA 25MG	RAPAMUNE 2MG	VENTOLIN HFA 90MCG
ASTAGRAF XL 1MG	EDARBYCLOR 40MG/12.5MG	JANUVIA 50MG	RELPAZ 20MG	VESICARE 5MG
ASTAGRAF XL 5MG	EDARBYCLOR 40MG/25MG	JANUVIA 100MG	RELPAZ 40MG	VESICARE 10MG
ATACAND 4MG	EDECRIN 25MG	JARDIANCE 10MG	RENAGEL 800MG	VIIBRYD 10MG
ATACAND 8MG	ELIDEL 1%	JARDIANCE 25MG	RENVELA 800MG	VIIBRYD 20MG
ATACAND 16MG	ELIQUIS 2.5MG	JENTADUETO 2.5MG-500MG	RESTASIS MULTIDOSE 0.05%	VIIBRYD 40MG
ATACAND 32MG	ELIQUIS 5MG	JENTADUETO 2.5MG-850MG	RESTASIS VIALS 0.05%	VIREAD 300MG
ATACAND HCT 16MG/12.5MG	ELMIRON 100MG	JENTADUETO 2.5MG-1000MG	RETIN A MICRO GEL PUMP	VRAYLAR 1.5MG
ATACAND HCT 32MG/12.5MG	ENABLEX 7.5MG	JUBLIA 10%	0.04%	VRAYLAR 3MG
ATELVIA DR 35MG	ENABLEX 15MG	LATUDA 20MG	RETIN-A MICRO GEL PUMP	VRAYLAR 4.5MG
AVANDIA 2MG	ENTOCORT 3MG	LATUDA 40MG	0.1%	VRAYLAR 6MG
AVANDIA 4MG	ENTRESTO 24MG-26MG	LATUDA 60MG	REXULTI 0.25MG	VYTORIN 10/10MG
AZELEX 20%	ENTRESTO 49MG-51MG	LATUDA 80MG	REXULTI 0.5MG	VYTORIN 10/20MG
AZILECT 0.5MG	ENTRESTO 97MG-103MG	LATUDA 120MG	REXULTI 1MG	VYTORIN 10/40MG
AZILECT 1MG	EPIDUO GEL PUMP 0.1%/2.5%	LESCOL XL 80MG	REXULTI 2MG	VYTORIN 10/80MG
AZOFT 1%	EPIPEN 0.3MG	LXIVA 700MG	REXULTI 3MG	WELCHOL 625MG
AZOR 20/5MG	EPIPEN JR 0.15MG	LIALDA 1.2GM	REXULTI 4MG	WELCHOL PACKET 3.75G
AZOR 40/5MG	EPIVIR / HBV 100MG	LINZESS 72MCG	SAPHRIS 5MG	WELLBUTRIN XL (G) 150MG
AZOR 40/10MG	ESTROGEL 0.06%	LINZESS 145MCG	SAPHRIS 10MG	WELLBUTRIN XL (G) 300MG
BANZEL 200MG	EUCRISA 2%	LINZESS 290MCG	SEASONIQUE	XARELTO 2.5MG
BANZEL 400MG	EVISTA 60MG	LOCOD LIPOCREAM 0.1%	0.15/0.03/0.01MG	XARELTO 10MG
BECONASE AQ 42MCG	EXELON 3MG	LOTEMAX GEL 0.5%	SENSIPAR 30MG	XARELTO 15MG
BENICAR (G) 20MG	EXELON 6MG	LOTEMAX SUSP 0.5%	SENSIPAR 60MG	XARELTO 20MG
BENICAR (G) 40MG	EXELON 4.6MG/24HR	LOVENOX 40MG	SEROQUEL DISKUS 50MCG	XELJANZ 5MG
BENICAR HCT (G) 20MG/12.5MG	EXELON 9.5MG/24HR	LOVENOX 60MG	SEROQUEL XR 50MG	XELJANZ XR 11MG
BENICAR HCT (G) 40MG/12.5MG	EXELON 13.3MG/24HR	LOVENOX 80MG	SEROQUEL XR 150MG	XENICAL 120MG
BENICAR HCT (G) 40MG/25MG	EXFORGE HCT 160/12.5/5MG	LOVENOX 100MG	SEROQUEL XR 200MG	XIGDUO XR 5/1000MG
BENZAFLIN PUMP	EXFORGE HCT 160/25/5MG	LUMIGAN 0.01%	SEROQUEL XR 300MG	XIGDUO XR 10/500MG
BETIMOL 0.25%	EXFORGE HCT 160/25/10MG	MESNEK 400MG	SEROQUEL XR 400MG	XIGDUO XR 10/1000MG
BETIMOL 0.5%	EXFORGE HCT 320/25/10MG	MESTINON TS 180MG	SIMBRINZA 1%/0.2%	XIDRA 5%
BETOPTIC S 0.25%	FARESTON 60MG	METRO CREAM 0.75%	SOOLANTRA 1%	ZELAPAR 1.25MG
BREO ELLIPTA 100/25MCG	FARXIGA 5MG	METROGEL PUMP 1%	SPIRIVA 18MCG	ZETIA (G) 10MG
BREO ELLIPTA 200/25MCG	FARXIGA 10MG	MICARDIS HCT 40/12.5MG	SPIRIVA RESPIMAT 2.5MCG	ZOMIG NASAL SPRAY 5MG
BRILINTA 60MG	FELDEN 10MG	MICARDIS HCT 80/12.5MG	STARLIX 60MG	ZOMIG ZMT 2.5MG
BRILINTA 90MG	FELDEN 20MG	MICARDIS HCT 80/25MG	STARLIX 120MG	ZYCLARA PACKET 3.75%
BYSTOLIC 2.5MG	FETZIMA 20MG	MIGRANAL 4MG/ML	STIOLTO RESPIMAT	
BYSTOLIC 5MG	FETZIMA 40MG	MIRAPEX ER 0.375MG	2.5/2.5MCG	
BYSTOLIC 10MG	FETZIMA 80MG	MIRAPEX ER 0.75MG	STRATTERA 10MG	
BYSTOLIC 20MG	FINACEA GEL 15%	MIRAPEX ER 1.5MG	STRATTERA 18MG	
CADUET 5/10MG	FLAREX 0.1%	MIRAPEX ER 2.25MG	STRATTERA 25MG	
CADUET 5/20MG	FLOVENT 44MCG 50MCG	MIRAPEX ER 3MG	STRATTERA 40MG	
CADUET 5/40MG	FLOVENT 110MCG 125MCG	MIRAPEX ER 3.75MG	STRATTERA 60MG	
CADUET 5/80MG	FLOVENT 220MCG 250MCG	MIRAPEX ER 4.5MG	STRATTERA 80MG	
CADUET 10/10MG	FLOVENT DISKUS 100MCG	MIRVASO 0.33%	STRATTERA 100MG	
CADUET 10/20MG	FLOVENT DISKUS 250MCG	MULTAQ 400MG	STRIBILD	
CADUET 10/40MG	FOSRENOL CHEW 500MG	MYRBETRIQ 25MG	SYNAREL	
CADUET 10/80MG	FOSRENOL CHEW 750MG	MYRBETRIQ 50MG	SYNJARDY 5MG/500MG	
CAMBIA 50MG	FOSRENOL CHEW 1000MG	NASONEX 50MCG	SYNJARDY 5MG/1000MG	
CARDURA XL 4MG	FOSRENOL CHEW 1000MG	NESINA 6.25MG	SYNJARDY 12.5MG/500MG	
CARDURA XL 8MG	FOSRENOL POWDER 750MG	NESINA 12.5MG	SYNJARDY 12.5MG/1000MG	
CELEBREX 100MG	FOSRENOL POWDER 1000MG	NESINA 25MG	TARKA 2/180MG	
CELEBREX 200MG	FROVA 2.5MG	NEUPRO 1MG	TARKA 4/240MG	
CLARINEX 5MG	GELNIQUE 10%	NEUPRO 2MG	TASMAR 100MG	
CLIMARA PATCH 25MCG	GENVOYA 150-150-200-10MG	NEUPRO 3MG	TAZORAC CREAM 0.05%	
	GILENYA 0.5MG	NEUPRO 4MG	TAZORAC CREAM 0.1%	

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
MM/DD/YYYY SPOUSE
 DEPENDENT

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

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

Street Address _____

City/State _____ Zip Code _____

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

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

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

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

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

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

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

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

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

AUTHORIZATION IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

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

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

Group ID Number: 217284

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

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

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

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

Understanding Your Dental Benefits Plan

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

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

Take advantage of online self-service capabilities with MyBenefits.

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

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

Dental Plan—MetLife / Find a Dental Provider

Select: PDP Plus Network

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



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



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

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



Step 3:
Advanced Search

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

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



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

Flexible Spending Accounts (FSAs)

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

What Is a Flexible Spending Arrangement?

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

How It Works

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

Health Care FSAs—Annual Maximum, \$1,500

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

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

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

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

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

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

\$500 Rollover Rule: The Health Care FSAs to allow up to \$500 remaining at the end of a plan year be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year.

PROGRAM NOTES:

1. Your FSA elections are deducted from your payroll in 24-equal deductions.
2. Participants are charged a \$4.50 monthly administration

NOTE: only 1-fee, if enrolled in both Health Care and Dependent Care FSAs.

3. If an employee's medical coverage through an alternate source is a High Deductible Health plan WITH a Health Savings Account (ex. spouse's medical plan), eligible expenses reimbursed from an FSA are "limited" to qualifying dental and vision expenses.

www.aleraedge.com

(Select **Login**, then **ALERAPAY PARTICIPANT**, and then **ALERAPAY**)

Your FSA Reimbursement Management Website

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

Login as either an **Existing User**

OR

Register as a New User entering your User Identification and follow the prompts to complete.

Use your phone to access your account via the website or the [AleraPay](#) app to:

Check Balances

File Claims

Track Expenses

Upload Receipts

Eligible Expenses for FSA-Health Care Reimbursement

Not sure if an expense is eligible? Call **1-800-622-6233** (ALERAPAY)

Eligible Items for Reimbursement

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

Over-the-Counter Medications are Eligible BUT REQUIRE a doctor's prescription for reimbursement for:

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

Items that POTENTIALLY qualify for Reimbursement

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

What is Not Eligible for Health Care FSAs?

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

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

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

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



it's that time of year again... Aflac Open Enrollment is here!!

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

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

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

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

Aflac Programs:

Disability

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

Accident

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

Cancer

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

Hospital

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

Lump Sum Critical Illness

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

Best of all...

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

...Can you afford not to?

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

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



Insurance plans specifically designed for CSEA Members!

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



Your CSEA Region 3 Insurance Representative

Barbara Fields

*Serving Sullivan and
Ulster Counties*

518.577.8372 | *Call or Text!*

barbara.fields@pearlinsurance.com

www.cseainsurance.com



**PEARL
INSURANCE®**

NYS Deferred Compensation Plan

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

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

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

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

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

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

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

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

* NCPERS Research Series: *The Top Ten Advantages of Maintaining Defined Benefit Pensions*. May 2007

Account Executives are registered representatives of Nationwide Investment Services Corporation, member FINRA. NRM 7409NY-NY (01/10)

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

Employee Assistance Program



Ulster County recognizes that life is **stressful**. Our employee's mental and emotional health is just as important as their successful job performance as their immediate families.

There is no co-pay or out-of-pocket expense to the employee.

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

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

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

Treasury Direct and 529 Program Information

Two Great Programs Available through Payroll Deductions

The Payroll Savings Options in TreasuryDirect



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

NY 529 Direct Plan highlights

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

Flexible Use of Savings

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

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

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

Tax Benefits

Grow your earnings tax-deferred.

Pay no federal taxes on qualified withdrawals.*

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

More tax benefits for New York taxpayers

Pay no state taxes on qualified withdrawals.

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

Easy Setup

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

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

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

Labor / Management Sick Leave Bank Information

FOR CSEA AND UCSA



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

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

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

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

CONFIDENTIAL & VOLUNTARY

Retirement Planning

Considerations as You Approach Retirement

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

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

REGISTER for Retirement Information Online!

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



Retirement Online

Your Benefits. Your Way!

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

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

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

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

Holiday Schedule—Ulster County-2020

NEW YEAR'S DAY	WEDNESDAY, JANUARY 1
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 20
LINCOLN'S BIRTH DAY **	WEDNESDAY, FEBRUARY 12
PRESIDENT'S DAY	MONDAY, FEBRUARY 17
GOOD FRIDAY **	FRIDAY, APRIL 10
MEMORIAL DAY	MONDAY, MAY 25
INDEPENDENCE DAY	FRIDAY, JULY 3
LABOR DAY	MONDAY, SEPTEMBER 7
COLUMBUS DAY	MONDAY, OCTOBER 12
ELECTION DAY **	TUESDAY, NOVEMBER 3
VETERAN'S DAY	WEDNESDAY, NOVEMBER 11
THANKSGIVING DAY	THURSDAY, NOVEMBER 26
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 27
CHRISTMAS DAY	FRIDAY, DECEMBER 25

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

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