



www.ulstercountyny.gov/personnel/

Benefit Open Enrollment
October 14 – October 31, 2022

Benefit Plan Year
January 1 – December 31, 2023

2023 Employee Benefits Guide

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



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

Benefits provided in association with



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

ULSTER COUNTY PERSONNEL DEPARTMENT
244 Fair St., P.O. Box 1800, Kingston, New York 12402-1800
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Fax: 845-340-3592

JOHANNA CONTRERAS
Interim County Executive



DAWN SPADER
Personnel Director

JAMES FARINA
Director of Employee Relations

APRIL RODMAN
Administrator, Civil Service & Personnel

2023 Health Insurance and Other Benefit Information

We'll start with the good news... there will be no change in health insurance contributions in 2023! Also, all our coverages will remain as they are in 2022. The County will continue to offer its current Health Insurance Programs, the Empire PPO 20 and Empire POS 20 and the PPO 25. Please see the Benefit Book pages for detailed information on what the Plans offer. As a reminder the PPO 25 is a national network and has the same benefits as the PPO 20 except that there are additional co-pays for some services and the co-pay for doctor visits are \$25/\$40 (specialist). There is significant savings if you are currently enrolled in the PPO 20 and are not a pre94 employee.

Open Enrollment and Portal Access: Friday, October 14th through Monday, October 31st is open enrollment. This year, you are required to register and complete your benefit renewal on the online enrollment portal website. You will likely have to reset your password, but the online renewal process has been greatly simplified.

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

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

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

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

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

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

Other Important information:

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

Ulster County Website: www.ulstercountyny.gov

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, 2022, under Federal rules Ulster County Personnel will enroll the Employee in the POS individual plan, with its appropriate payroll deduction.

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

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

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

Ulster Scripts changing name to CanaRx To help avoid some confusion, the CanaRx program will be known only by this name going forward. This is still the same terrific program that provides many brand name drugs to our members at no co-pay and no delivery charges. Yes, absolutely free of charge. CanaRx is also working directly with Magellan to offer these medications to our members with direct outreach. So if you hear from CanaRx via phone or mail, please check them out, as you could be saving hundreds of dollars each year.

Cards for 2023: No new ID Cards for any of our coverages will be sent out. The current cards will continue to be valid for 2023.

Urgent Care Out of Network Co-pay: Continuing through 2023, Urgent Care Copay, both in and out of network, will be your office visit copay. If an Employee or covered family member cannot locate an in-network urgent care center, they may go to an out of network center and pay the office visit copay. This is advantageous as 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.

Reminder: There is also Live Health Online for telehealth urgent care. www.Livehealthonline.com

Flexible Spending Account Rollover: The Flexible Spending Account now has a \$610 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 \$610 in remaining funds from the previous year to the following calendar year. This will enable employees to better estimate the amount needed for out-of-pocket health care expenses. Paying medical bills with pre-tax dollars could save 15-20% of the cost of these expenses. Each year **you must re-enroll** and designate the amount you wish to add to your FSA account. Please consider the \$4.50 per month fee when considering your tax savings. The maximum FSA election for 2023 is \$3,050 and the dependent care is \$5,000.

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

Sincerely,

Dawn Spader
Personnel Director

aleraedge.aleragroup.com—Enrollment Website

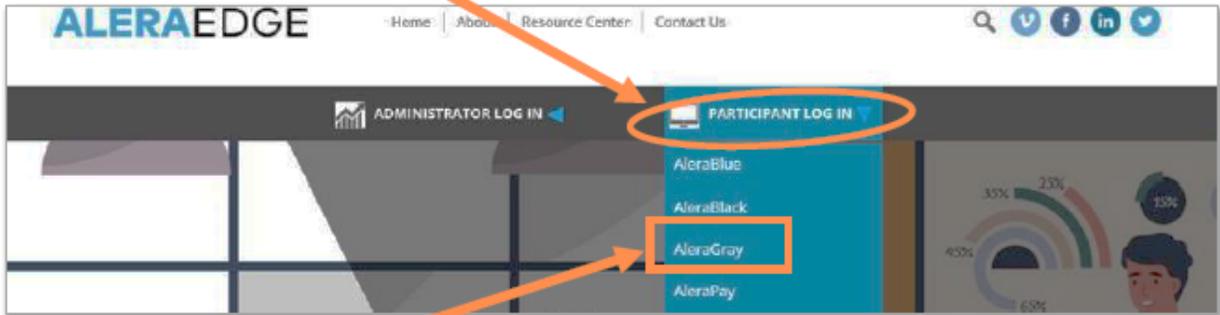


From your phone, scan the QR Code using the photos app to connect directly to Alera Gray Login

aleraedge.aleragroup.com

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

1-Click the PARTICIPANT LOG IN tab



2-Select AleraGray from the drop-down menu

3-Login

First Time Users: Click [Register](#)

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

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

Welcome

User Name *

First time here?
Register to create your user name and password.

Register

Info

Social Security Number *

123-45-6789

Date of Birth *

MM/DD/YYYY

ZIP

Enter a valid US zip, US zip+4, Canadian, or Foreign postal code. If you do not have a postal code on file, leave blank.

Company Key *

Directions
All fields are required.
If you do not already have your Company Key, contact your benefits administrator.

Create Account

User Name *

case sensitive

Password *

Confirm Password *

Security Questions

Security Question 1 *

Please Select

Security Answer 1 *

In order to help protect your data, we are adding security questions to your account. Please select your questions and provide answers. These will be used as extra validation, as well as if you should need to reset/change your password in the future. If you have any issues, please contact your HR administrator.

Enter your User Name
and Password
on the Login page.

Welcome

User Name *

case sensitive

Password *

case sensitive

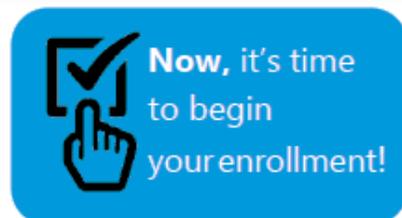
Login >

Forgot your user name or password?

Returning Users:

Enter: User Name
and Password

Forgot
your password?
See next page



Make Your Elections

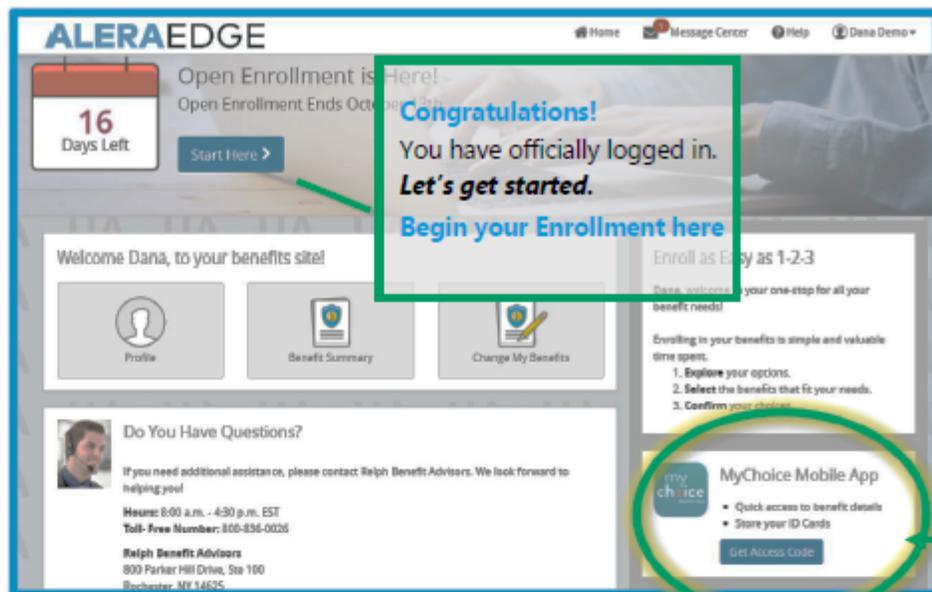
Review your options as you walk through the enrollment process.

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

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

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

Print your election information and confirmation number for future reference.



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

Forgot Your Password?

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

Life-Changing Event?

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

"MyChoice Mobile" App

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

CONSENT TO RECEIVE ELECTRONIC NOTICES:

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

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

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

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

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

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

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

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

support@aleraedge.com

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

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

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

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

Ways to \$ave Money on Your Health Care Expenses

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

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

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

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

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

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

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

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

Our coverage with Empire Blue Cross Blue Shield includes a free nurse helpline service. PH: 1-877-Talk2RN (1-877-825-5276).

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

Health Insurance Rate Grid—2023

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

Rounding of Premium Contributions May Lead to Slight Differences

Health Insurance Rate Grid—2023

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	7/1/1994—9/1/2015	Employee	\$6.19	\$3.09
CSEA	1/1/1994—9/19/2012	Emp+Spouse	\$12.76	\$6.38
UCSA	5/18/2010—2/19/2013	Emp+1 Child	\$13.86	\$6.93
UCSEA	7/1/1994—8/18/2014 (15% of total Premium)	Emp+Children	\$13.86	\$6.93
		Emp+Family	\$18.75	\$9.37
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
PBA	After 9/1/2015	Employee	\$8.25	\$4.13
CSEA	After 9/19/2012	Emp+Spouse	\$17.02	\$8.51
UCSA	After 2/19/2013	Emp+1 Child	\$18.49	\$9.24
UCSEA	After 8/1/2014 (20% of total Premium)	Emp+Children	\$18.49	\$9.24
		Emp+Family	\$24.99	\$12.50
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
Management Non-Union Legislators		Employee	\$4.13	\$2.06
		Emp+Spouse	\$8.51	\$4.25
UCSA Superior Officers Union	Before 5/18/2010 (10% of total Premium)	Emp+1 Child	\$9.24	\$4.62
		Emp+Children	\$9.24	\$4.62
		Emp+Family	\$12.50	\$6.25

Rounding of Premium Contributions May Lead to Slight Differences

Empire BCBS Summary of Benefits— POS20 Plan



An Anthem Company

Your Summary of Benefits

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	\$0 copayment	Deductible and coinsurance
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery ^{4,5}	\$0	Deductible and coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and coinsurance
Routine Maternity Care	\$0	Deductible and coinsurance
Laboratory Tests, X-rays, MRI ⁴ /MRA ⁴ , CAT Scan ⁶ , PET ⁶ and Nuclear Cardiology ⁶	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatment)	Deductible and coinsurance
Acupuncture (Up to 30 visits per calendar year)	\$20 copayment	Deductible and coinsurance
Chiropractic Care (Up to 30 visits per calendar year) ⁷	\$20 copayment	Deductible and coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and coinsurance
Hospice Care (Unlimited Days)	\$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

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— POS20 Plan

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

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.

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

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

Empire BCBS Summary of Benefits—PPO20 Plan



An Anthem Company

Your Summary of Benefits

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

Services provided by 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—PPO20 Plan

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

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

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

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

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

Empire BCBS Summary of Benefits—PPO25 Plan

Your Summary of Benefits



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	\$0 copayment	Deductible and Coinsurance
Urgent Care Center	\$25 copayment	\$25 copayment
Emergency Room/Facility (initial visit per occurrence)	\$200 copayment (Waived if admitted within 24 hours)	\$200 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery ⁵ / Outpatient Surgery	\$100 copayment	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests,	\$0	Deductible and Coinsurance
X-rays	\$25 copayment	Deductible and Coinsurance
MRI ⁷ /MRA ⁷ , CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$75 copayment	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
- Office Visit	\$25 copayment	Deductible and Coinsurance
- Routine Testing	\$0	
- Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year)	\$25 copayment	Deductible and Coinsurance
Chiropractic Care (Up to 30 visits per calendar year) ¹⁰	\$25 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (unlimited days)	\$0	Deductible and Coinsurance
Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies— Speech/Language ⁵ , Occupational ⁵ (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Vision Therapy	\$25 copayment	Deductible and Coinsurance

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

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

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Empire BCBS Website & TeleMedicine

Please select your account type.

Medicare, Individual & Family, and Employer Group Plans

Medicaid

Log In

[Forgot Username or Password? >](#)

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

At www.empireblue.com, Select Login

First time users-select Register now

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

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

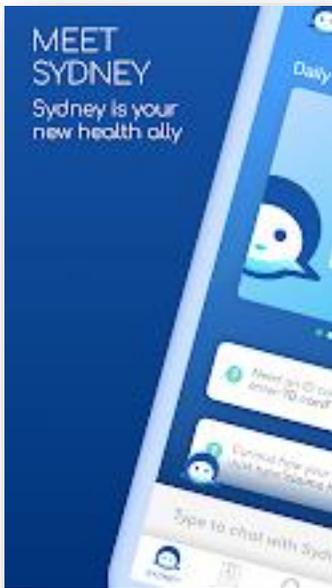
Member ID Activation code Student ID

Member ID

Date of birth

First name

Last name



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Urgent Care Facilities (In-Network) Ulster County Area

AMC EMURGENTCARE

2976 Route 9W
Saugerties, NY 12477
PH: 845-247-9100

AMC EMURGENTCARE

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

ANDERSON MEDICAL PC

4274 Albany Post Rd
Hyde Park, NY 12538
PH: 845-229-2602

EMERGENCY ONE

40 Hurley Ave, Ste 4
Kingston, NY 12401
PH: 845-338-5600

EMERGENCY ONE

306 Windsor Hwy
New Windsor, NY 12553
PH: 845-787-1400

ANDERSON MEDICAL PC

2555 South Rd
Poughkeepsie, NY 12601
PH: 845-330-3200

EXCEL URGENT CARE FISHKILL

1004 Main St
Fishkill, NY 12524
PH: 845-765-2240

FIRST CARE MEDICAL PC

222 State Route 299
Highland, NY 12528
PH: 845-691-3627

FIRST CARE MEDICAL PC

222 State Route 299
Highland, NY 12528
PH: 845-691-3627

HQUMCP PC

1351 Route 55 Ste 200
Lagrangeville, NY 12540
PH: 845-297-2511

HQUMCP PC

1100 Route 55-Ste 101
Lagrangeville, NY 12540
PH: 845-485-4455

PULSE-MD URGENT CARE

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

MIDDLETOWN MEDICAL PC

112 Shoprite Blvd
Ellenville, NY 12428
PH: 845-647-6700

NUVANCE HEALTH MED PRACTICE

1240 Ulster Ave
Kingston, NY 12401
PH:845-443-8740

Your Pharmacy Benefit Plan through Magellan Rx Management

Dedicated Partner

As your prescription benefits manager, Magellan Rx Management is dedicated to giving you the best information and resources to help you make better healthcare decisions to lead a healthy, vibrant life. Our wide range of prescription benefit programs emphasize quality and cost-effective solutions that lead to better drug therapy choices.

Using your ID card at retail pharmacies

Present your card at any of our 68,000+ retail pharmacies every time you fill your prescription. Access a participating pharmacy list at magellanrx.com.

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



Filling first home delivery prescription with Magellan Rx Pharmacy

If you already have a 90-day prescription:



Mail your 90-day prescription and home delivery order form with payment information to Magellan Rx Pharmacy, P.O. Box 620968, Orlando, FL 32862.

Home delivery order forms are available at magellanrx.com/member/forms

If you need a new prescription:



First, ask your doctor to write two prescriptions:

1. **30-day supply to fill right away at your local pharmacy**
2. **90-day supply with refills to start your home delivery service**



Next, ask your doctor to **e-prescribe** to Magellan Rx Pharmacy, LLC (Mail-ORL) or **fax** your prescription to 888-282-1349.

Online tools at magellanrx.com

Visit our website for a fast, easy and secure way to manage your pharmacy benefits. At magellanrx.com you can:

- View prescription history
- Find a pharmacy
- Watch medication videos
- Review your formulary/drug list
- Price a drug
- Download forms and ID cards

Formulary lookup tool

To find drugs that are covered by your plan, we offer an easy-to-use formulary drug lookup tool. The drugs in our formulary have been approved by the Food and Drug Administration (FDA) as safe and effective. They were selected by our team of expert health care professionals.

Visit magellanrx.com/member/documents to view formulary documents.

You are using the **Precision** formulary.

Your Prescription Benefits

Copayments

Empire POS 20 Plan	Retail (30-day supply)	Mail (90-day supply)
Tier 1: Generic	\$5	\$10
Tier 2: Preferred Brand	\$20	\$40
Tier 3: Non-Preferred Brand	\$40	\$80

Empire PPO 20 & 25 Plans	Retail (30-day supply)	Mail (90-day supply)
Tier 1: Generic	\$10	\$20
Tier 2: Preferred Brand	\$25	\$50
Tier 3: Non-Preferred Brand	\$40	\$80

Prior Authorization/Step Therapy

Your plan may have prior authorization and/or step therapy requirements for coverage or limits for select drugs.

Prior Authorization: Your plan needs to approve before your doctor can prescribe a specific drug for you.

Step Therapy: You must first try one drug to treat your medical condition. If that one doesn't work, then your plan will cover another drug for that condition.

Questions?

Visit magellanrx.com or call 1.800.424.0472. Support is available to members, pharmacies and prescribers 24 hours a day, 7 days a week.

MRx Select Savings Specialty Drug Program

Your benefit plan now includes the MRx Select Savings program. This program lowers your healthcare costs and costs incurred by your plan by finding alternative funding sources for select high-cost specialty drugs. We have partnered with Payer Matrix to help secure these funds.

Key points of the program:

- Enrollment in the program can greatly reduce your specialty drug out-of-pocket cost—in many cases to no cost at all.
- We will help you enroll in the program to receive these benefits. Your specialty medication will not be covered if you do not enroll in this program.
- Costs paid by alternative funding sources will not count toward your deductible or out-of-pocket maximum amounts.

Because you have been prescribed a qualified specialty drug, you must engage with Payer Matrix before the pharmacy can fill your prescription:

- A Payer Matrix program case coordinator will contact you.
- Your case coordinator will tell you what you need to know about the program and will walk you through the enrollment process and requirements. They will also answer any questions you may have.
- Please be ready to provide personal and financial details, as many of the programs available through alternative funding sources are based on need.

You can contact Payer Matrix at 877.305.6202 or by email at customerservice@payermatrix.com.

MagellanRx
MANAGEMENTSM

CANARx Prescription Program



CANARx is a voluntary international mail order prescription program that is available to eligible employees, retirees and their dependents of Ulster County, New York.

Brand name medications, in the original factory-sealed manufacturers packaging, are delivered DIRECT TO YOUR DOOR from certified pharmacies in Canada, the United Kingdom and Australia. YOU PAY NOTHING thanks to the savings CANARx brings to your plan.

SIMPLE.
SAFE.
SMART.



FREE Brand-Name Medications



No Shipping and Handling Charges to You!



Let's Get Started **JOINING IS EASY!**

Visit our website today, for more information including:

- Additional Forms
- Frequently Asked Questions (FAQs)
- Video Overview
- List of Medications

Call 1-866-893-6337

OR

canarx.com

Scan to go to the website
WebID=ULSTER



Submit Your Completed and Signed Enrollment Form, Original Prescription and ID:

By Mail to:
CANARX
PO Box 3009
Windsor, ON Canada
N8N 2M3

Enrollment Form and ID can also be sent by secure upload to:
canarxdocs.com

By Fax to:
1-866-715-6337

Note: Prescriptions must be faxed directly from the physician's office.

Getting started is super easy!

1. Check to see if a medication is offered. Call **1-866-893-6337** and speak with a CANARx representative or view the complete formulary and print enrollment material at **www.canarx.com** (WebID: **ULSTER**).
2. Ask your doctor for a prescription for a 3-month supply, with 3 refills.
3. Submit documentation (completed enrollment form, prescription and a copy of your photo ID).
4. Sit back and relax...medication will be mailed direct to your home within 4 weeks!

CANARx—Employee Enrollment Form



MEMBER ENROLLMENT FORM

For more information, please call:
TOLL-FREE PHONE: 1-866-893-6337

Please return completed enrollment form by one of the following methods:

MAIL: CANARX, PO BOX 3009, WINDSOR, ONTARIO CANADA N8N 2M3

SECURE UPLOAD: CANARXDOCS.COM

FAX: 1-866-715-6337 (NOTE: Faxed prescriptions must be sent directly from the physician's office.)

WEBID (CALL IF UNSURE)

NAME OF EMPLOYER

PATIENT INFORMATION (PLEASE PRINT)

DATE OF BIRTH (MM/DD/YYYY)

MEMBER ID # (IF AVAILABLE)

HOME PHONE

MOBILE PHONE

WORK PHONE

EXT.

EMAIL ADDRESS

FIRST NAME

INITIAL

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

SUBSCRIBER

DEPENDENT

CURRENT MEDICATIONS / VITAMINS *THIS IS NOT A PRESCRIPTION.*

LIST ALL: PRESCRIPTION, NON-PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS; HERBAL, NUTRITIONAL AND VITAMIN SUPPLEMENTS.

NAME OF MEDICATION <i>Ex. JANUVIA</i>	DOSAGE <i>Ex. 50MG</i>	TIME(S) TO TAKE <i>Ex. TWICE DAILY</i>	DATE STARTED <i>Ex. 08/20/2019</i>	REASON FOR TAKING <i>Ex. DIABETES</i>

NEW-TO-YOU MEDICATIONS MUST BE DOMESTICALLY PRESCRIBED, FILLED AND TAKEN FOR A PERIOD OF NO LESS THAN 30 DAYS BEFORE ORDERING THROUGH THIS PROGRAM. PLEASE ASK YOUR PHYSICIAN TO ISSUE A PRESCRIPTION FOR A 3-MONTH SUPPLY OF MEDICATION WITH 3 REFILLS.

PRESCRIPTION IS ATTACHED

PRESCRIPTION WILL FOLLOW BY MAIL

PRESCRIPTION WILL BE FAXED FROM PHYSICIAN'S OFFICE

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

MALE

FEMALE

1. OPERATIONS (EX. HYSTERECTOMY, GALL BLADDER, HEART OPERATIONS, ETC.):

2. HOSPITALIZATIONS (STAYS IN HOSPITAL DURING THE PAST 5 YEARS):

3. MEDICAL CONDITIONS (ONGOING – EX. TYPE 1 DIABETES MELLITUS, VASCULITIS, OSTEOPOROSIS, ETC.) – **NOTE:** Please refrain from using generic terms such as "heart disease" as this could indicate any number of conditions such as valvular heart disease, heart failure, a bradyarrhythmia, a tachyarrhythmia, a ventricular conduction delay, etc.

4. DRUG ALLERGIES:

YES

NO

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's Signature:

Date:

(MM/DD/YYYY)

CANARx —Enrollment Form / Agreement

TERMS OF AGREEMENT

CONFIRMATION AND REPRESENTATIONS

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

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

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

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

ACKNOWLEDGEMENT AND RELEASE

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

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

PRIVACY NOTICE AND ACKNOWLEDGEMENT

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

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

FURTHER ACKNOWLEDGEMENT & RELEASE

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

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

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

ABILIFY (G) 2MG	CELEBREX 200MG	FOSRENOL CHEW 500MG	MYRBETRIQ 25MG	STIOLTO RESPIMAT 2.5/2.5MCG
ABILIFY (G) 5MG	CLARINEX 5MG	FOSRENOL CHEW 750MG	MYRBETRIQ 50MG	STRATTERA 10MG
ABILIFY (G) 10MG	CLIMARA PATCH 25MCG	FOSRENOL CHEW 1000MG	NAMENDA 10MG	STRATTERA 18MG
ABILIFY (G) 15MG	CLIMARA PATCH 50MCG	FOSRENOL CHEW 1500MG	NATAZIA 3/2-2/2-3/1MG	STRATTERA 25MG
ABILIFY (G) 20MG	CLIMARA PATCH 75MCG	FOSRENOL POWDER 1000MG	NESINA 6.25MG	STRATTERA 40MG
ABILIFY (G) 30MG	CLIMARA PATCH 100MCG	FROVA 2.5MG	NESINA 12.5MG	STRATTERA 60MG
ACIPHEX 20MG	COLAZAL 750MG	GENVOYA	NESINA 25MG	STRATTERA 80MG
ACTIVELLA (G) 1MG/0.5MG	COMBIGAN 0.2-0.5%	GILENYA 0.5MG	NEUPRO 1MG	STRATTERA 100MG
ACTONEL 35MG	COMBIVENT RESPIMAT	GLUCAGEN HYPOKIT 1MG	NEUPRO 2MG	STRIVERO RESPIMAT 2.5MCG
ACTONEL 150MG	20MCG/100MCG	GLUMETZA ER 1000MG	NEUPRO 3MG	SYNAREL NASAL
ACTOPLUS 15MG-850MG	COMTAN 200MG	GLYXAMBI 10MG/5MG	NEUPRO 4MG	SYNJARDY 5MG/500MG
ACULAR (G) 0.5%	CORGARD 80MG	GLYXAMBI 25MG/5MG	NEUPRO 6MG	SYNJARDY 5MG/1000MG
ACULAR LS (G) 0.4%	COSOPT PF 2%/0.5%	HEPSERA (G) 10MG	NEUPRO 8MG	SYNJARDY 12.5MG/500MG
ACZONE 5%	CRESTOR (G) 5MG	IBRANCE 3MG	NEVANAC 3MG/ML	SYNJARDY 12.5MG/1000MG
ADCIRCA (G) 20MG	CRESTOR (G) 10MG	IBRANCE 100MG	NEXIUM (G) 20MG	TASMAR 100MG
ADVAIR DISKUS 100MCG	CRESTOR (G) 20MG	IBRANCE 125MG	NEXIUM (G) 40MG	TAZORAC CREAM 0.05%
ADVAIR DISKUS 250MCG	CRESTOR (G) 40MG	ILEVRO 0.3%	NEXIUM DR (G) 10MG	TAZORAC GEL 0.05%
ADVAIR DISKUS 500MCG	CRINONE GEL 8%	IMITREX NASAL SPRAY 5MG	NEXLETL 180MG	TAZORAC GEL 0.1%
ADVAIR HFA 45/21MCG	CYMBALTA (G) 20MG	IMITREX NASAL SPRAY 20MG	NEXLIZET 180MG-10MG	TECFIDERA (G) 120MG
ADVAIR HFA 115/21MCG	CYMBALTA (G) 30MG	IMITREX STATDOSE 6MG/0.5ML	NORITATE CREAM 1%	TECFIDERA (G) 240MG
ADVAIR HFA 230/21MCG	CYMBALTA (G) 60MG	INCRUSE ELLIPTA 62.5MCG	ODEFSEY 200MG-25MG-25MG	TEKTURN 150MG
AKLIEF 50MCG/G	CYTOTEC (G) 200MCG	INVEGA 3MG	OMNARIS 50MCG	TEKTURN 300MG
ALOCRIL 2%	DALIRESP 500MCG	INVEGA 6MG	ONGLYZA 2.5MG	TIVICAY 50MG
ALOMIDE 0.1%	DEPAKOTE 250MG	INVEGA 9MG	ONGLYZA 5MG	TOBI PODHALER 28MG
ALPHAGAN-P 0.15%	DEPAKOTE 500MG	INVOKAMET 50MG-500MG	ORLISSA 150MG	TOBREX OINT 0.3%
ALREX 0.2%	DETROL 1MG	INVOKAMET 50MG-1000MG	ORLISSA 200MG	TOPICORT CREAM 0.25%
ALVESCO 80MCG 100MCG	DETROL 2MG	INVOKAMET 150MG-500MG	OSPHENA 60MG	TOVIAZ 4MG
ALVESCO 160MCG 200MCG	DETROL LA 2MG	INVOKAMET 150MG-1000MG	OTZLA 30MG	TOVIAZ 8MG
ANAPROX DS 550MG	DETROL LA 4MG	INVOKANA 100MG	PENTASA 500MG	TRADJENTA 5MG
ANORO ELLIPTA 62.5/25MCG	DEXILANT DR 30MG	INVOKANA 300MG	PLAQUENIL 200MG	TRAVATAN Z 0.004%
APTIO 200MG	DEXILANT DR 60MG	IRESSA 250MG	PRADAXA 75MG	TRELEGY ELLIPTA 100-62.5-25MCG
APTIO 400MG	DIFFERIN CREAM 0.1%	JAKAFI 5MG	PRADAXA 150MG	TRELEGY ELLIPTA 200-62.5-25MCG
APTIO 600MG	DIFFERIN GEL 0.3%	JAKAFI 10MG	PRED FORTE 1%	TRIBENZOR 20/5/12.5MG
APTIO 800MG	DIOVAN (G) 40MG	JAKAFI 15MG	PREMARIN 0.3MG	TRIBENZOR 40/5/12.5MG
ARAVA 10MG	DIOVAN (G) 80MG	JAKAFI 20MG	PREMARIN 0.625MG	TRIBENZOR 40/5/25MG
ARAVA 20MG	DIOVAN (G) 160MG	JALYN 0.5MG/0.4MG	PREMARIN 1.25MG	TRIBENZOR 40/10/12.5MG
ARNUITY ELLIPTA 100MCG	DIOVAN (G) 320MG	JANUMET 50/500MG	PREMARIN CREAM	TRIBENZOR 40/10/25MG
ARNUITY ELLIPTA 200MCG	DIPENTUM 250MG	JANUMET 50/1000MG	0.625MG/GM	TRINTELLIX 5MG
AROMASIN 25MG	DIPROLENE OINT 0.05%	JANUMET XR 50MG/500MG	PREMPRO 0.3MG/1.5MG	TRINTELLIX 10MG
ARTHROTEC 50MG	DIVIGEL 0.25MG	JANUMET XR 50MG/1000MG	PRESTALIA 3.5MG/2.5MG	TRINTELLIX 20MG
ARTHROTEC 75MG	DIVIGEL 0.5MG	JANUMET XR 100MG/1000MG	PRESTALIA 7MG/5MG	TRIUOME 600-50-300MG
ASMANEX TWISTHALER 110MCG	DIVIGEL 1MG	JANUVIA 25MG	PRESTALIA 14MG/10MG	TUDORZA PRESSAIR 400MCG
ASMANEX TWISTHALER 220MCG	DUAVEE 0.45-20MG	JANUVIA 50MG	PREVACID SOLUTAB 15MG	UCERIS 9MG
ASTAGRAF XL 1MG	DULERA 100MCG/5MCG	JANUVIA 100MG	PREVACID SOLUTAB 30MG	ULORIC 80MG
ASTAGRAF XL 5MG	DULERA 200MCG/5MCG	JARDIANCE 10MG	PREZISTA 800MG	UROCIK-K 10MEQ
ATACAND 4MG	DYMISTA 137/50MCG	JARDIANCE 25MG	PRISTIQ 50MG	URSO 250MG
ATACAND 8MG	EDARBI 40MG	JENTADUETO 2.5MG-500MG	PRISTIQ 100MG	VAGIFEM 10MCG
ATACAND 16MG	EDARBI 80MG	JENTADUETO 2.5MG-850MG	PROMETRIUM 100MG	VECTICAL 3MCG/GM
ATACAND 32MG	EDARBYCLOR 40MG/12.5MG	JENTADUETO 2.5MG-1000MG	PROSCAR (G) 5MG	VELPHORO 500MG
ATACAND HCT 16MG/12.5MG	EDARBYCLOR 40MG/25MG	JUBLIA 10%	PROTOPIC OINT 0.03%	VENTOLIN HFA 90MCG
ATACAND HCT 32MG/12.5MG	EDECIN 25MG	JULUCA 50MG-25MG	PROTOPIC OINT 0.1%	VESICARE (G) 5MG
ATELVIA DR 35MG	EDURANT 25MG	KAZANO 12.5/500MG	QTERN 10-5MG	VESICARE (G) 10MG
ATROVENT HFA 20UG	EFFIENT (G) 5MG	KAZANO 12.5/1000MG	QVAR REDHALER 40MCG	VIIBRYD 10MG
AVODART (G) 0.5MG	EFFIENT (G) 10MG	KEPPRA (G) 250MG	QVAR REDHALER 80MCG	VIIBRYD 20MG
AZELEX 20%	ELESTAT 0.05%	KEPPRA (G) 500MG	RANEXA 500MG	VIIBRYD 40MG
AZILECT 0.5MG	ELIDEL 1%	KEPPRA (G) 750MG	RAPAFLO 4MG	VIMOVO 375/20MG
AZILECT 1MG	ELIQUIS 2.5MG	KEPPRA (G) 1000MG	RAPAFLO 8MG	VIMOVO 500/20MG
AZOPT 1%	ELIQUIS 5MG	KISQALI 200MG	RAPAMUNE 0.5MG	VIREAD (G) 300MG
AZOR 20/5MG	ELMIRON 100MG	KOMBIGLYZE XR 2.5MG/1000MG	RAPAMUNE 1MG	VIVELLE-DOT 25MCG
AZOR 40/5MG	ENABLEX 7.5MG	KOMBIGLYZE XR 5MG/500MG	RAPAMUNE 2MG	VIVELLE-DOT 37.5MCG
AZOR 40/10MG	ENABLEX 15MG	KOMBIGLYZE XR 5MG/1000MG	RELPAK 20MG	VIVELLE-DOT 50MCG
BANZEL 200MG	ENTRESTO 24MG-26MG	LATUDA 20MG	RELPAK 40MG	VIVELLE-DOT 75MCG
BANZEL 400MG	ENTRESTO 49MG-51MG	LATUDA 40MG	RENAGEL 800MG	VIVELLE-DOT 100MCG
BECONASE AQ 42MCG	ENTRESTO 97MG-103MG	LATUDA 60MG	RENVELA (G) 800MG	VRAYLAR 1.5MG
BENICAR 20MG	EPIDUO FORTE 0.3%/2.5%	LATUDA 80MG	RESTASIS MULTIDOSE 0.05%	VRAYLAR 3MG
BENICAR 40MG	EPIDUO GEL PUMP 0.1%/2.5%	LATUDA 120MG	RESTASIS VIALS 0.05%	VRAYLAR 4.5MG
BENICAR HCT 20MG/12.5MG	EPIPEN 0.3MG	LESOL XL 80MG	RETIN A MICRO GEL PUMP 0.04%	VRAYLAR 6MG
BENICAR HCT 40MG/12.5MG	EPIPEN JR 0.15MG	LEXIVA 700MG	RETIN-A MICRO GEL PUMP 0.1%	VYTORIN 10/10MG
BENICAR HCT 40MG/25MG	EPIVIR / HBV 100MG	LIALDA 1.2GM	REXULTI 0.25MG	VYTORIN 10/20MG
BENZAFLIN GEL	ESTROGEL 0.06%	LINZESS 72MCG	REXULTI 0.5MG	VYTORIN 10/40MG
BEPREVE 1.5%	EUCRISA 2%	LINZESS 145MCG	REXULTI 1MG	VYTORIN 10/80MG
BETIMOL 0.25%	EVISTA 60MG	LINZESS 290MCG	REXULTI 2MG	WELCHOL 625MG
BETIMOL 0.5%	EXELON 4.6MG/24HR	LIPITOR (G) 10MG	REXULTI 3MG	WELCHOL PACKET 3.75G
BETOPTIC S 0.25%	EXELON 9.5MG/24HR	LIPITOR (G) 20MG	REXULTI 4MG	WELLBUTRIN XL (G) 150MG
BEYAZ	EXELON 13.3MG/24HR	LIPITOR (G) 40MG	RINVOQ 15MG	WELLBUTRIN XL (G) 300MG
BIJUVA 1MG-100MG	EXFORGE 5/160MG	LIPITOR (G) 80MG	RINVOQ 30MG	XADAGO 50MG
BIKTARVY 50MG-200MG-25MG	EXFORGE 5/320MG	LOTEMAX GEL 0.5%	RYBELSUS 3MG	XADAGO 100MG
BINOSTO 70MG	EXFORGE 10/160MG	LOTEMAX OINT 0.5%	RYBELSUS 7MG	XALATAN 50MCG/ML
BONIVA (G) 150MG	EXFORGE 10/320MG	LOTEMAX SUSP 0.5%	RYBELSUS 14MG	XARELTO 2.5MG
BREO ELLIPTA 100/25MCG	EXFORGE HCT 160/12.5/5MG	LOVENOX (G) 40MG	SAPHRIS 5MG	XARELTO 10MG
BREO ELLIPTA 200/25MCG	EXFORGE HCT 160/12.5/10MG	LOVENOX (G) 60MG	SAPHRIS 10MG	XARELTO 15MG
BRILINTA 60MG	EXFORGE HCT 160/25/5MG	LOVENOX (G) 80MG	SEASONIQUE 0.15/0.03/0.01MG	XARELTO 20MG
BRILINTA 90MG	EXFORGE HCT 160/25/10MG	LOVENOX (G) 100MG	SEGLUROMET 2.5MG-500MG	XELJANZ 5MG
BYSTOLIC 2.5MG	EXFORGE HCT 320/25/10MG	LUMIGAN 0.01%	SEGLUROMET 2.5MG-1000MG	XELJANZ 10MG
BYSTOLIC 5MG	FARESTON 60MG	MESTINON TS 180MG	SEGLUROMET 7.5MG-500MG	XELJANZ XR 11MG
BYSTOLIC 10MG	FARXIGA 5MG	METRO CREAM 0.75%	SEGLUROMET 7.5MG-1000MG	XENICAL 120MG
BYSTOLIC 20MG	FARXIGA 10MG	METROGEL PUMP 1%	SENSIPAR (G) 30MG	XIGDUO XR 5/1000MG
CADUET 5/10MG	FELDEN 10MG	MICARDIS HCT 40/12.5MG	SENSIPAR (G) 60MG	XIGDUO XR 10/500MG
CADUET 5/20MG	FELDEN 20MG	MICARDIS HCT 80/25MG	SEROQUEL XR (G) 50MG	XIGDUO XR 10/1000MG
CADUET 5/40MG	FETZIMA 20MG	MIGRANAL 4MG/ML	SEROQUEL XR (G) 150MG	XIDRA 5%
CADUET 5/80MG	FETZIMA 40MG	MIRAPEX ER 0.375MG	SEROQUEL XR (G) 300MG	YASMIN 28
CADUET 10/10MG	FETZIMA 80MG	MIRAPEX ER 0.75MG	SEROQUEL XR (G) 400MG	YAZ 3/0.02MG
CADUET 10/20MG	FETZIMA 120MG	MIRAPEX ER 1.5MG	SIMBRINZA 1%/0.2%	ZELAPAR 1.25MG
CADUET 10/40MG	FLAREX 0.1%	MIRAPEX ER 2.25MG	SOLANTRA 1%	ZETIA (G) 10MG
CADUET 10/80MG	FLOVENT 44MCG 50MCG	MIRAPEX ER 3MG	SPIRIVA 18MCG	ZIAGEN (G) 300MG
CAMBIA 50MG	FLOVENT 110MCG 125MCG	MIRAPEX ER 3.75MG	SPIRIVA RESPIMAT 2.5MCG	ZIANA 1.2%-0.025%
CARDIZEM CD (G) 180MG	FLOVENT 220MCG 250MCG	MIRAPEX ER 4.5MG	STEGLATRO 5MG	ZOMIG (G) 2.5MG
CARDIZEM CD (G) 240MG	FLOVENT DISKUS 100MCG	MIRVASO 0.33%	STEGLATRO 15MG	ZOMIG NASAL SPRAY 5MG
CARDIZEM CD (G) 360MG	FLOVENT DISKUS 250MCG	MOTEGRITY 1MG	STEGLUJAN 5MG-100MG	ZOMIG ZMT 2.5MG
CARDURA XL 4MG	FOSAMAX PLUS D 70MG-2800IU	MOTEGRITY 2MG	STEGLUJAN 15MG-100MG	ZOVIRAX CREAM 5%
CARDURA XL 8MG	FOSAMAX PLUS D 70MG-5600IU	MULTAQ 400MG		ZYCLARA PACKET 3.75%
CELEBREX 100MG				ZYCLARA PUMP 3.75%

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

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	\$2,000 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 (2x / calendar year) x-rays, sealants	100%	100%
Basic Services -Fillings	80%	80%
Endodontics (root canals)	80%	80%
Periodontics (gum treatment)	80%	80%
Oral Surgery	80%	80%
Major Services -Crowns, inlays, onlays & cast restorations	50%	50%
Prosthodontics -Bridges, dentures, implants, TMJ	50%	50%
Orthodontic Benefits -dependent children to age 19	50%	50%
Orthodontic Maximums	\$1500 Lifetime	\$1500 Lifetime

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

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

Understanding Your Dental Benefits Plan

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

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

Take advantage of online self-service capabilities with MyBenefits.

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

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

Dental Plan—MetLife / Find a Dental Provider

Select: PDP Plus Network

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



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



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

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



Step 3:
Advanced Search

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

The screenshot shows two parts of the search interface. The top part is titled "I am interested in:" and features a dropdown menu with the text "Please Select Insurance Type" and a blue "GO" button. The bottom part is titled "I want to find a MetLife:" and features two radio buttons: "Dentist" (which is selected) and "Vision Provider". Below these is a search input field and a blue "SUBMIT" button.



MetLife Network: Preferred Dentist Plus Network (PDP Plus)

Group ID Number: 217284

Vision Plan—Davis Vision



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

If you are not currently enrolled, please visit our member site at davisvision.com or call 1.877.923.2847 and enter client code 2769 to locate providers or for additional information.

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

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

Your Davis Vision Premier Plan Benefits



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

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

Significant savings on optional frames, lens types & coatings!

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

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

²¹ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

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

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

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

Vision Plan—Davis Vision

Frequently Asked Questions

How can I contact Member Services?

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

What frames are in Davis Vision's Collection?

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

When will I receive my eyewear?

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

Do I need a claim form?

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

Can I split my benefits?

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

Can I use an out-of-network provider?

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

Are there any exclusions to the vision benefits?

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

DAVIS VISION EXTRAS!

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

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

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

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

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

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

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

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

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

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

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

Flexible Spending Accounts (FSAs)

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

What Is a Flexible Spending Arrangement?

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

How It Works

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

Health Care FSAs—Annual Maximum, \$3,050

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

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

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

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

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

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

\$610 Rollover Rule: The Health Care FSAs to allow up to \$610 remaining at the end of a plan year be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year.

PROGRAM NOTES:

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

aleraedge.aleragroup.com

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

Your FSA Reimbursement Management Website

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

Login to your Account

OR

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

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

Check Balances

File Claims

Track Expenses

Upload Receipts

FSA Eligible Expenses for Health Care Reimbursement

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

Eligible Items for Reimbursement

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

Eligible Over-the-Counter Health Care Items

(*reimbursed with receipts*):

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

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

Items that POTENTIALLY qualify for Reimbursement

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

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

What is Not Eligible for Health Care FSAs?

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

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

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

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



It's that time of the year again... Aflac Open Enrollment is here !! For those of you who don't know, Aflac is **different from** health insurance—Aflac offers voluntary insurance supplements that YOU (the policy holder) **\$\$\$\$** to help with expenses while you focus on recovery!

Co-pays, deductible, coinsurance, rent, car payment, phone bill, etc...its **cash!!**

AFLAC PROGRAMS:

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

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

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

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

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

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

Contact Our Agent: Dan Barry

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



Scan the QR Code to see the Aflac Insurance Products

Pearl Insurances / CSEA

Insurance plans specifically designed for CSEA Members!

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



Your CSEA Insurance Representative
Shannon Johnson

Serving locations in Ulster County

518.491.8687 | Call or Text!

shannon.johnson@pearlinsurance.com

Like & Follow Us on Facebook!

@cseainsurance.com



PEARL INSURANCE®



NYS Deferred Compensation Plan



Are taxes stunting your growth?

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

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

Investing involves market risk, including possible loss of principal.

Be tax smart.

Sign-up for the Plan today.

Ask questions, review your account or join

Ulster County Employees

New York State Deferred Compensation Plan

Please contact Gene for more information about your benefit.

For general info please visit www.nysdcp.com



For more information contact **Gene Nescot** at his voicemail
(614)854-4364

or send Gene an email to gene.nescot@nationwide.com.

NY-529 Program—College Savings Plan

Flexible Use of Savings

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

Tax Benefits

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

More Tax Benefits NY Taxpayers

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

Low Costs

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

Contact the Finance Department—Payroll Unit @ x3557

for more information on how to begin saving TODAY.

Easy Setup

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

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

Employee Assistance Program



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

EMERGENCYONE

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.

Labor / Management Sick Leave Bank Information

FOR CSEA AND UCSA



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

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

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

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

Retirement Planning

CONFIDENTIAL & VOLUNTARY

Retirement Planning

Considerations as You Approach Retirement

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

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

REGISTER for Retirement Information Online!

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



Retirement Online—Your Benefits. Your Way!

- Review your benefits
 - Update contact information
 - Apply for a loan (active members only)
 - Submit beneficiary changes
- ▶ Visit www.osc.state.ny.us/retire and look for the Retirement Online logo to signup.

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

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

Need Help?

Benefits: aleraedge.aleragroup.com

Participant Log In: AleraGray

Customer Service at Alera Edge

support@aleraedge.zendesk.com

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



Medical Benefits | EmpireBlue

Member Service:

See your ID Card for a phone number

OR **1-800-331-1476** | 8:00AM-5PM



Dental Benefits | MetLife

Customer Service: 1-800-942-0854

Group #: 217284



Vision Benefits | Davis Vision

Customer Service: 1-877-923-2847

Group #: 2769



FSA | AleraPay

Customer Service:

AleraEdgePay@AleraGroup.com

1-800-836-0026, x7200

See also: AleraPay App

Aflac Insurances

Disability Accident, Cancer, Hospital

Customer Service: 1-800-366-3436

Reference your Policy #

Agent: Dan Barry, 845-532-2053



Pearl Insurances

Customer Service & Claims

www.cseainsurance.com/FAQs

Shannon Johnson, 518-491-8687

EMERGENCYONE

Employee Assistance Program (EAP)

845-338-5600 for appointments

www.eonekingston.com

NY-529 Savings Program

Finance Department-Payroll Unit x 3557

CSEA/UCSA Sick Bank:

Jim Farina, 845-340-3536

Retirement Planning

NYS Deferred Compensation Plan:

800-422-8463

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

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

Holiday Schedule—Ulster County-2023

NEW YEAR'S HOLIDAY	MONDAY, JANUARY 2
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 16
LINCOLN'S BIRTHDAY **	MONDAY, FEBRUARY 13
PRESIDENTS' DAY	MONDAY, FEBRUARY 20
GOOD FRIDAY **	FRIDAY, APRIL 7
MEMORIAL DAY	MONDAY, MAY 29
JUNETEENTH	MONDAY, JUNE 19
INDEPENDENCE DAY	TUESDAY, JULY 4
LABOR DAY	MONDAY, SEPTEMBER 4
COLUMBUS DAY	MONDAY, OCTOBER 9
ELECTION DAY **	TUESDAY, NOVEMBER 7
VETERANS DAY	FRIDAY, NOVEMBER 10
THANKSGIVING DAY	THURSDAY, NOVEMBER 23
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 24
CHRISTMAS HOLIDAY	MONDAY, 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.



View your plan's drug list from anywhere.

The prescription drug benefit is one of the most important and commonly used elements of health plan coverage. To find drugs that are covered by your plan, we offer an easy to use formulary drug lookup tool. The drugs in our formulary have been approved by the Food and Drug Administration (FDA) as safe and effective. They were also selected by our team of expert health care professionals so you can focus on living a healthier, more vibrant life!

What is a formulary?

A formulary is a list of brand names and generic drugs covered by your prescription drug benefit.

Can the formulary change?

We regularly review the drugs on our formulary to ensure they are safe, effective, and low-cost. The list is subject to change, and drugs may be added or removed.

Are there any restrictions?

Some covered drugs may have additional requirements or limits. If a drug has requirements or limits, it will be noted in the formulary.

Access your formulary in 4 easy steps

Step 1:
Visit magellanrx.com
and click on Portal
Access: **Member** in the
top right corner.

Step 2:
Scroll down to the
Prescription benefits
portal section and click
Log in.

Step 3:
Click **Tools &**
Resources and select
Formulary and Clinical
Documents.

Step 4:
Find your formulary and
select **Drug Look Up.**
You are using the
Precision Formulary.

Click here or scan the QR
code to pull it up instantly!



Questions?

At Magellan Rx, our goal is help you live a healthy, vibrant life. If you have questions, call us at **800.424.3312**. We are here 24 hours a day, 7 days a week.

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

3Q2021 / No changes for 2023 Plan Year

Therapeutic Category	Excluded Medications	Preferred Alternatives
ALLERGIC REACTIONS		
Anaphylaxis Treatment	Auvi-Q, EpiPen Jr 2-Pak 0.15 mg	EpiPen, epinephrine
ANALGESICS		
Non-Steroidal Anti-Inflammatory Agents (Oral)	Cambia, Zipsor, Zorvolex	celecoxib, diflunisal, flurbiprofen, ibuprofen, indomethacin, ketorolac, meloxicam, piroxicam, sulindac
	Relafen, Relafen DS	nabumetone
	Qmiiz ODT	meloxicam
Non-Steroidal Anti-Inflammatory (Topical)	Pennsaid, Voltaren gel	diclofenac solution, diclofenac gel
	Flector, Licart	diclofenac patch
Non-Steroidal Anti-Inflammatory (Other)	Ketorolac Nasal Spray, Sprix Nasal Spray	diclofenac, ibuprofen, meloxicam
Skeletal Muscle Relaxant Combinations	Norgesic Forte, Orphengesic Forte	orphenadrine tab, aspirin
	Ozobax	baclofen
Oral Long-Acting Opioid Analgesics	Kadian ER, Nucynta ER, Zohydro ER, Arymo ER, Hysingla ER, Oxycontin, Embeda, Exalgo ER, MS Contin, oxycodone ER, oxycodone powder	hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Xtampza ER
	Conzip, tramadol ER 100mg, 200mg and 300mg capsules	tramadol ER tablets
Oral Short-Acting Opioid Analgesics	Nucynta, Oxaydo, Qdolo	codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl, oxymorphone hcl, tramadol
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda, Subsys, fentanyl citrate buccal tab	fentanyl citrate lozenge
Opioid Combinations	Apadaz, benzhydrocodone/acetaminophen	hydrocodone/acetaminophen, oxycodone/acetaminophen
ANTICONVULSANTS		
Seizure Disorders	Oxtellar XR	oxcarbazepine IR
	Lamictal ODT kit	lamotrigine ODT, lamotrigine XR
ANTIDEPRESSANTS		

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Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
Antidepressants	bupropion 450mg XL, Forfivo XL	bupropion XL
ANTIPSYCHOTICS		
Schizophrenia	Secuado, Saphris	aripiprazole, olanzapine, quetiapine, quetiapine ER, risperidone, asenapine
ANTIBACTERIALS, ORAL		
Oral Antibiotics	Doryx, doxycycline hyclate DR 80mg, Minolira	doxycycline, minocycline
ANTIFUNGALS, ORAL		
Oral Antifungals	Tolsura	itraconazole cap
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Attention Deficit Disorder	Adhansia XR	Vyvanse, methylphenidate ER
CARDIOVASCULAR		
Statins	Zypitamag, Livalo	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Hypertension	Inderal XL, Innopran XL	propranolol ER
	Kaspargo	metoprolol ER
	Conjupri, Katerzia	amlodipine
Hypertension with Osteoarthritis	Consensi	amlodipine/celecoxib
CONTRACEPTIVES		
Oral	Lo Loestrin	junel FE, larin FE, microgestin FE, tarina FE
	Slynd	Camila, Incassia, Nora-Be, norethindrone, Norlyda, Norlyroc
Vaginal Ring	Annovera	etonogestrel-ethinyl estradiol vaginal ring, Nuvaring
Gel	Phexxi	Talk to your doctor about clinically appropriate options.
Patch	Twirla	Xulane, Zafemy, levonorgestrel/ethinyl estradiol combined generic oral contraceptive
CORTICOSTEROIDS		
Oral Anti-Inflammatory Agents	Hemady	dexamethasone
	Rayos DR	prednisone
ENDOCRINE		

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
Nocturia	Noctiva	desmopressin, Nocurna
Testosterone Replacement	Aveed, Jatenzo, Natesto, Testopel	testosterone, Androderm
DERMATOLOGICAL AGENTS		
Topical Acne Treatment	Acanya, Aczone 5%, Aktipak, Benzacilin, Benzacilin Pump, Clindagel, clindamycin phosphate 1% gel, Benzamycin, Duac, Epiduo, Veltin, Ziana, Akliief, dapsone 7.5%	Onexton, Epiduo Forte, adapalene, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream
	adapalene lotion, Differin lotion	adapalene
	Avita	tretinoin cream/gel
	Arazlo, Fabior, Tazorac	tazarotene cream
Topical Anesthetics	Ztlido	lidocaine patch
Topical Antifungals	Jublia	terbinafine, Kerydin
Topical Corticosteroids	ALA Scalp lotion, Micort-HC cream	hydrocortisone
	Apexicon E cream	fluocinonide, betamethasone
Topical Corticosteroids	Capex shampoo	Derma-Smoothe/FS, fluocinolone acetonide scalp oil
	Cordran tape	flurandrenolide
	Pandel cream	flurandrenolide, hydrocortisone valerate, triamcinolone acetonide
	Halobetasol foam(M), Lexette	betamethasone, clobetasol, halobetasol cream/ointment
	Halog ointment	betamethasone, mometasone, triamcinolone
	Impozyz cream	clobetasol
	Psorcon cream, Verdeso foam	betamethasone, fluocinolone
	Trianex	hydrocortisone valerate, triamcinolone acetonide
Topical Immune Response Modifier	Ultravate lotion	clobetasol propionate, fluocinonide, halobetasol propionate
	imiquimod cream pump 3.75% Zyclara, Zyclara Pump	imiquimod 5% cream
Topical Plaque Psoriasis	Duobrii Lotion	clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
	Calcipotriene Foam 0.005% (M), Sorilux	calcipotriene
Rosacea Treatment	Noritate, Metrogel	metronidazole cream/gel/lotion, Finacea foam, Soolantra
DIABETES		
Blood Glucose Meters & Strips	All other blood glucose meters and strips. Examples: Abbott (FreeStyle, Precision), Arkray (Glucocard), Bayer (Breeze), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek), Lifescan (One Touch)	Ascensia Diabetes Care (Contour/Contour Next)
Continuous Glucose Monitoring (CGM)	FreeStyle Libre, FreeStyle Libre 2	Dexcom
Dipeptidyl Peptidase-4 (DPP4) Inhibitors & Combinations	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Sodium-glucose co-transporter (SGLT2) Inhibitors & Combinations	Invokamet, Invokamet XR, Invokana, Steglatro, Segluromet, Steglujan, Qtern	Farxiga, Xigduo XR, Jardiance, Synjardy, Synjardy XR, Glyxambi, Trijardy XR
Glucagon-Like Peptide-1 Agonists	Adlyxin, Tanzeum	Bydureon, Bydureon Bcise, Byetta, Trulicity, Victoza, Ozempic, Rybelsus
Insulins	Novolin	Humulin
Rapid-acting insulin	Admelog, Apidra, Fiasp, insulin lispro, insulin aspart, Novolog	Humalog, Lyumjev
Basal insulin	Basaglar, Levemir, Tresiba, Semglee	Lantus, Toujeo
Biguanides	Glumetza, Fortamet, Riomet suspension, metformin HCl 24hr ER osmotic release, metformin HCl 24hr ER modified release	metformin ER (Glucophage generic), metformin IR
GASTROINTESTINAL		
Anti-Diarrheal Agents	Motofen	diphenoxylate/atropine, loperamide
Antiemetics	Sancuso patch	granisetron solution/tablet, ondansetron ODT
Anti-Inflammatory/Anti-Ulcer Agents	Duexis, Vimovo, naproxen/esomeprazole	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
Pancreatic Enzymes	Pancreaze, Pertzye, Viokace	Creon, Zenpep
Inflammatory Bowel Disease	Asacol HD, Delzicol, Dipentum, Lialda, mesalamine DR 800 mg	Apriso, mesalamine

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
Chronic Idiopathic Constipation, Irritable bowel syndrome with constipation	Trulance, Amitiza, lubiprostone, Zelnorm	Linzess
Opioid-Induced Constipation	Movantik, Amitiza, Relistor	Symproic
Proton Pump Inhibitors	omeppi, omeprazole with sodium bicarbonate (cap, powder pak), rabeprazole sprinkle cap, esomeprazole mag DR capsules	lansoprazole, omeprazole, pantoprazole, Aciphex Sprinkle caps, Dexilant
Laxatives	Golytely packets	Gavilyte-C, Gavilyte-H, PEG 3350
	Moviprep, Plenvu, Osmoprep	Clenpiq, Prepopik, Suprep
IMMUNOMODULATORS		
Autoimmune Agents ³	Cosentyx, Olumiant, Ilumya, Remicade, Renflexis	Cimzia, Humira, Inflectra, Actemra, Orencia, Otezla, Avsola, Rinvoq ER, Simponi, Simponi Aria, Skyrizi, Stelara, Taltz, Tremfya, Xeljanz/XR
MUSCULOSKELETAL		
Muscle Relaxants	Amrix	cyclobenzaprine
ANTIMIGRAINES		
CGRP Antagonists	Ajovy	Aimovig, Emgality
	Reyvow	Nurtec ODT, Ubrelvy
Serotonin Receptor Agonists	Onzetra XSAIL, Zembrace Symtouch, Imitrex, Maxalt/MLT, Relpax, Zomig, Treximet, Tosymra,	sumatriptan injection, sumatriptan, rizatriptan, eletriptan, zolmitriptan
OPHTHALMIC		
Antiglaucoma Drugs	Vyzulta, Zioptan, Xalatan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Rhopressa, Rocklatan, Xelpros
	Timoptic Ocudose	timolol ophthalmic solution
Anti-Inflammatory	Bromsite, Ilevro, Nevanac	Prolensa, diclofenac, ketorolac, flurbiprofen
Antihistamines	Bepreve, Lastacaft, Pazeo, Zerviate	azelastine ophthalmic solution, olopatadine ophthalmic solution
Dry Eye Disease	Cequa	Restasis, Xiidra
RESPIRATORY		
Anticholinergic/Long-Acting Beta Agonist Combination Inhalers	Bevespi, Utibron, Duaklir Pressair	Anoro Ellipta, Stiolto Respimat

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
Anti-Inflammatory/ Long-Acting Beta Agonist Combination Inhalers	AirDuo Respiclick, Airduo Digihaler, Dulera, budesonide/formoterol	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort, fluticasone/salmeterol, Wixela Inhub
Short-Acting Beta-2 Adrenergic Inhalers	levalbuterol HFA, Proventil HFA, Xopenex HFA, Proair Digihaler, Proair HFA, Proair Respiclick, albuterol HFA (Prasco), Ventolin HFA	albuterol HFA (Perrigo, Teva, Par, Cipla, Lupin, Sandoz)
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Armonair Respiclick, Armonair Digihaler, Asmanex, Asmanex HFA, QVAR Redihaler	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Chronic Obstructive Pulmonary Disease (inhaled anticholinergics)	Tudorza, Seebri, Incruse Ellipta	Spiriva
UROLOGICAL		
Erectile Dysfunction Oral Agents	Stendra	sildenafil
Interstitial Cystitis	Elmiron	amitriptyline, hydroxyzine
OTHER		
Antigout Agents	Colcrys, Mitigare, Gloperba, colchicine capsule	colchicine tablet
Antihistamine	Clarinet Syrup	desloratadine
	Carinex-D	desloratadine with pseudoephedrine
Corticosteroid nasal sprays	Xhance	mometasone furoate
Multivitamins, Dietary Supplements, Iron Replacements	Corvita 150, Corvite 150, Corvite Fe, Dermacinrx Vitrexate/Fe, Dermacinrx Vitranol/Fe, Dermacinrx Foltrexyl, Dermacinrx Venexa, Dexifol, Folic-K, Folika-T, Folika-V, Genicin Vita-Q, Genicin Vita-S, Hylavite, Hylazinc, Lolid, Multi Pro, Nicadan, Nicazel/Forte, Nicomide, Quflora Fe, Remedient, Tronvite, Vitasure, Vitrexyl, Vitrexyl plus iron, Xvite, Zyvana	Any preferred multivitamin

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
Prenatal Vitamins	Azesco, Citranatal, Dermacinrx Prenatrix, Dermacinrx Prenatryl, Duet DHA, Natachew, Nestabs (DHA, One), OB Complete (One, Petite, Premier), PNV Tabs, Pregenna, Prenate, Primacare, Select-OB, Trinaz, Tristart DHA, Vitafof (Fe Plus, -OB caplet, gummies), VitamedMD, Vitatruue, Vitapearl, Zalvit	Any preferred prenatal vitamin
Thyroid Agents	Tirosint, Thyquidity, levothyroxine capsules	levothyroxine tablets
Obesity	Contrave	Qsymia, Saxenda
Opioid Reversal Agents	naloxone auto-injector (M), Evzio	Narcan
Platelet-Modifying Agent	aspirin/omeprazole, Yosprala	aspirin with omeprazole

Required Prior Authorization²

Therapeutic Class	Non-Preferred Medications	Preferred Medications
Erythropoiesis-Stimulating Agents	All other products non-preferred with prior authorization	Aranesp, Retacrit
Growth Hormones	All other products non-preferred with prior authorization	Norditropin
Hepatitis C ¹	All other products non-preferred with prior authorization	Epclusa, Harvoni, Sovaldi, Mavyret, Vosevi, ledipasvir/sofosbuvir, sofosbuvir/velpatasvir
Multiple Sclerosis	All other products non-preferred with prior authorization	Avonex, Betaseron, Copaxone, dimethyl fumarate, Gilenya, glatiramer, Kesimpta, Mayzent, Plegridy, Vumerity

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Excluded medications with generic alternatives

The medications listed below are excluded on the formulary. These medications have been identified as having available generic alternatives covered on the formulary.

ABILIFY	AZOR	CONCERTA	DUAC
ACANYA	BENICAR	COREG	DURAGESIC
ACIPHEX DR TABLET	BENICAR HCT	COREG CR	DYAZIDE
ACTICLATE	BENZACLIN	CORTEF	EFFEXOR XR
ACZONE 5%	BENZAMYCIN	COSOPT	ELIDEL
ADDERALL	BEYAZ	COSOPT PF	EPIDUO
ADDERALL XR	BRISDELLE	COZAAR	ESTRACE
ADIPEX-P	BUTRANS	CRESTOR	EVEKEO
ALKINDI SPRINKLE	CANASA	CYMBALTA	EXALGO
ALPHAGAN P	CARAFATE	CYTOMEL	EXFORGE
ALTACE	CARBATROL	DELESTROGEN	EXFORGE HCT
AMBIEN	CARDIZEM LA	DELZICOL	FIORICET
AMBIEN CR	CARNITOR	DEPAKOTE SPRINKLE	FIORICET WITH CODEINE
AMRIX	CARNITOR SF	DEPAKOTE	FLOMAX
ANDROGEL	CATAPRES-TTS PATCH	DEPAKOTE ER	FOCALIN
ARIMIDEX	CELEBREX	DEPO-TESTOSTERONE	FOCALIN XR
ARTHROTEC	CELEXA	DESONATE GEL	FORTAMET
ASACOL HD	CIALIS	DICLOFENAC 35 MG CAP	FORTESTA
ATACAND	CIPRODEX	DIFFERIN	GENERESS FE
ATIVAN	CLARINEX	DILANTIN	GLUCOPHAGE
AVAPRO	CLIMARA	DILAUDID	GLUCOPHAGE XR
AVODART	CLOBEX	DIOVAN	GLUMETZA
AXIRON	CLODERM	DIOVAN HCT	GOCOVRI
AZESCHEW CHEW	COLESTID	DORYX	GOLYTELY

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

HALOG	MS CONTIN	PROVIGIL	TIKOSYN
HYZAAR	NALFON	PROZAC	TIMOPTIC
IMITREX	NASONEX	PULMICORT RESPULE	TIMOPTIC-XE
IMPEKLO	NATROBA	QUDEXY XR	TOBRADEX SUSPENSION
INDERAL LA	NEEVODHA	QUESTRAN LIGHT	TOPAMAX TABLET
INTUNIV	NEURONTIN	QUESTRAN	TOPAMAX SPRINKLE CAP
KADIAN	NEXIUM CAPSULE	RANEXA	TOPICORT SPRAY
KENALOG SPRAY	NIASPAN ER	RELPAK	TOPROL XL
KENALOG-40	NITROSTAT	RENAGEL	TREXIMET
KEPPRA	NORCO	RESTORIL	TRIBENZOR
KEPPRA XR	NORVASC	RETIN-A	TRICOR
KLONOPIN	NULYTELY WITH FLAVOR	RETIN-A MICRO GEL	TRILEPTAL
K-TAB ER	NULYTELY SOLUTION	RETIN-A MICRO PUMP	TYLENOL-CODEINE NO.3
LAMICTAL	NUVIGIL	RISPERDAL TAB, SOLUTION	TYLENOL-CODEINE NO.4
LAMICTAL ODT	OMNIPRED	RITALIN	UCERIS
LAMICTAL STARTER KIT	ONFI	RITALIN LA	ULTRACET
LAMICTAL XR	ORACEA	ROXICODONE	ULTRAM
LASIX	ORTHO MICRONOR	SAFYRAL	VAGIFEM
LATISSE	ORTHO TRI-CYCLEN	SEASONIQUE	VALIUM
LESCOL XL	ORTHO-TRI-CYCLEN LO	SENSIPAR	VALTREX
LEVITRA	ORTHO-CYCLEN	SEROQUEL	VANADOM
LEXAPRO	ORTHO-NOVUM	SEROQUEL XR	VECTICAL
LIALDA	ORTIKOS ER	SILVADENE	VESICARE
LIDODERM	PATADAY	SINGULAIR	VIAGRA
LIPITOR	PATANOL	SKELAXIN	VIGAMOX
LOESTRIN 21	PAXIL	SOLODYN	VIMOVO
LOESTRIN FE	PAXIL CR	SOMA	VIVELLE-DOT
LOTEMAX SUSPENSION	PERCOCET	STAXYN	VOGELXO
LOTREL	PLAQUENIL	STRATTERA	VOLTAREN
LOVAZA	PLAVIX	SUBOXONE	VYTORIN
LUNESTA	PRAVACHOL	SYNTHROID	WELCHOL
LYRICA	PRED FORTE	TACLONEX OINTMENT	WELLBUTRIN SR
MAXALT	PREVACID	TAMIFLU	WELLBUTRIN XL
MAXALT MLT	PRINIVIL	TARGADOX	XALATAN
MICARDIS	PRISTIQ	TEGRETOL	XANAX
MICARDIS HCT	PROMETRIUM	TEGRETOL XR	XANAX XR
MINASTRIN	PROPECIA	TENORMIN	YASMIN 28
MOBIC	PROTONIX TABLET	TESTIM GEL	YAZ

Addendum-MagellanRx Precision Plus+Formulary Exclusion List

ZANAFLEX

ZEGERID

ZESTRIL

ZETIA

ZIANA

ZOCOR

ZOXYDRO ER

ZOLOFT

ZOMIG

ZOMIG ZMT

ZONEGRAN

ZOVIRAX

ZYPREXA

(M) Co-branded product

**** This list is not inclusive of all formulary strategies. Please check the formulary listing for specific drug coverage.
All therapeutic classes do not allow grandfathering, unless specifically mentioned.**

¹ Grandfathering allowed; no duration limit. All other therapeutic classes do not allow Grandfathering, no exceptions.

² All medications require a Prior Authorization. Use of a non-preferred medication requires clinical failure or intolerance of one or more preferred medications prior to beginning therapy. The number and type of preferred alternative(s) will depend on the indication

³ Grandfathering varies depending on which formulary the plan is enrolled in. The number and type of preferred alternative(s) will depend on the indication

Addendum-MagellanRx Step Therapy Program

Precision Plus+ Formulary

Physician Guidelines

Failure of previous steps in the Step Therapy Program:

- For most therapies, Magellan Rx Management will review the most recent claim history available. Historical review timeframe may change based on therapy class or client request. (OR)
- Access the appropriate Magellan Rx Management Prior Authorization (PA) form online to begin the Step Therapy process: <https://magellanrx.com/provider/>.

Note: Step Therapy Guidelines may be updated on an ongoing basis due to changes in the pharmacy industry. Failure to accurately complete the PA form or submit required documentation may result in a delay in the member's therapy.

	Target Drug(s)	Step Requirement
ANALGESICS AND ANTIPIRETTICS ANTI-INFECTIVES	GRALISE TAB24HDSPK, GRALISE TAB ER 24H	Must try gabapentin
	Target Drug(s) CETRAXAL DROPERETTE, CIPRO HC DROPS SUSP, OTOVEL VIAL	Step Requirement Must try ciprofloxacin-dexamethasone otic suspension (generic Ciprodex)
	EURAX CREAM (G), EURAX LOTION, NATROBA SUSPENSION, OVIDE LOTION, SKLICE LOTION, ULESFIA LOTION	Must try permethrin
ANTI-INFLAMMATORY AGENTS	Target Drug(s) ZILEUTON ER TBMP 12HR, ZYFLO TABLET	Step Requirement Must try montelukast or zafirlukast
	EUCRISA OINT. (G)	Must try one generic corticosteroid (topical)
ANTIBACTERIALS	Target Drug(s) MINOCYCLINE HCL TABLET	Step Requirement Must try minocycline IR capsules
	DOXYCYCLINE HYCLATE TABLET	Must try two doxycycline generics
	COREMINO TAB ER 24H, MINOCYCLINE HCL ER TAB ER 24H	Must try two immediate release generic tetracycline products
ANTICONVULSANTS	Target Drug(s) ELEPSIA XR TAB ER 24H	Step Requirement Must try generic levetiracetam
	TROKENDI XR CAP ER 24H	T/F topiramate IR
ANTIDEPRESSANTS	Target Drug(s) APLENZIN TAB ER 24H	Step Requirement Must try generic bupropion XL 150 mg or 300 mg
	TRINTELLIX TABLET	Must try two generics: SSRIs, SNRIs, bupropion, or mirtazapine
	FETZIMA CAP24H DSPK, FETZIMA CAP SA 24H	Must try two preferred SNRIs
ANTIDIABETIC AGENTS	Target Drug(s) BYDUREON BCISE AUTO INJCT, BYDUREON PEN INJCT, BYETTA PEN INJCT, GLYXAMBI TABLET, JARDIANCE TABLET, JANUMET TABLET, JANUMET XR TBMP 24HR, JANUVIA TABLET, JENTADUETO TABLET, JENTADUETO XR TAB BP 24H, FARXIGA TABLET, RYBELSUS TABLET, TRIJARDY XR TAB BP 24H, XIGDUO XR TAB BP 24H, OZEMPIC PEN INJCT, SYNJARDY TABLET, SYNJARDY XR TAB BP 24H, TRAJENTA TABLET, TRULICITY PEN INJCT, VICTOZA 2-PAK PEN INJCT, VICTOZA 3-PAK PEN INJCT	Step Requirement Must try any one of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin
	ACTOPLUS MET XR TBMP 24HR	Must try one of the following generics: metformin or thiazolidinedione
ANTIFUNGALS	Target Drug(s) NAFTIFINE HCL CREAM (G), NAFTIFINE HCL GEL(GRAM), OXICONAZOLE NITRATE CREAM (G)	Step Requirement Must try ciclopirox, clotrimazole, econazole, ketoconazole, luliconazole, or OTC antifungals (butenafine, miconazole, terbinafine, tolnaftate)

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Addendum-MagellanRx Step Therapy Program

Precision Plus+ Formulary

ANTIGLAUCOMA AGENTS	Target Drug(s) TRAVATAN Z DROPS, XALATAN DROPS	Step Requirement Must try one of the following: latanoprost, travoprost, Lumigan, Xelpros
ANTILIPEMIC AGENTS	Target Drug(s) ALTOPREV TAB ER 24H, FLOLIPID ORAL SUSP, LESCOL CAPSULE, SIMVASTATIN ORAL SUSP	Step Requirement Must try one generic statin
ANTIMIGRAINE AGENTS	Target Drug(s) AMERGE TABLET, FROVA TABLET, IMITREX CARTRIDGE, IMITREX PEN INJCTR, IMITREX SPRAY, IMITREX TABLET, IMITREX VIAL, MAXALT MLT TAB RAPDIS, MAXALT TABLET, RELPAX TABLET, TOSYMRA SPRAY, ZOLMITRIPTAN SPRAY, ZOMIG SPRAY, ZOMIG TABLET, ZOMIG ZMT TAB RAPDIS, ONZETRA XSAIL AER POW BA, ZEMBRACE SYMTOUCH PEN INJCTR	Step Requirement Must try two preferred serotonin 5HT1 Agonists
ANTINEOPLASTIC AGENTS	Target Drug(s) PICATO GEL (EA)	Step Requirement Must try topical fluorouracil or imiquimod
ANTIPARKINSONIAN AGENTS	Target Drug(s) EMSAM PATCH TD24	Step Requirement Must try two generic antidepressants: bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER
ANTIPSYCHOTIC AGENTS	Target Drug(s) VRAYLAR CAP DS PK, VRAYLAR CAPSULE FANAPT TAB DS PK, FANAPT TABLET, GEODON CAPSULE, GEODON VIAL, CLOZARIL TABLET, INVEGA TAB ER 24, ZYPREXA ZYDIS TAB RAPDIS	Step Requirement Must try one generic atypical antipsychotic Must try two: unique generic atypicals, Latuda, or Vraylar
ANTIRETROVIRALS	Target Drug(s) CIMDUO TABLET ATRIPLA TABLET, EFAVIRENZ-EMTRIC-TENOFOV DISOP TABLET COMPLERA TABLET	Step Requirement Must try Temixys Must try brand or generic Symfi/Symfi Lo Must try one of the following: efavirenz/emtricitabine/tenofovir disoproxil fumarate (generic Atripla), efavirenz/lamivudine/tenofovir disoproxil fumarate (generic Symfi/Symfi Lo), Atripla, Symfi, Symfi Lo, Delstrigo, Odefsey
ANTIULCER AGENTS AND ACID SUPPRESSANTS	Target Drug(s) DEXILANT CAP DR BP ACIPHEX SPRINKLE CAP DR SPR, ACIPHEX TABLET DR, ESOMEPRAZOLE STRONTIUM CAPSULE DR, NEXIUM CAPSULE DR, NEXIUM SUSPDR PKT, OMEPRAZOLE-SODIUM BICARBONATE CAPSULE, OMEPRAZOLE-SODIUM BICARBONATE PACKET, PREVACID CAPSULE DR, PREVACID TAB RAP DR, PRILOSEC SUSPDR PKT, PROTONIX GRAN PKT DR, PROTONIX TABLET DR, ZEGERID CAPSULE, ZEGERID PACKET	Step Requirement Must try one generic proton pump inhibitor Must try two generic proton pump inhibitors
ANXIOLYTICS, SEDATIVES AND HYPNOTICS	Target Drug(s) AMBIEN TABLET, AMBIEN CR TAB MPHASE BELSOMRA TABLET, DAYVIGO TABLET, ROZEREM TABLET EDLUAR TAB SUBL, INTERMEZZO TAB SUBL	Step Requirement Must try eszopiclone AND (zolpidem or zaleplon) Must try eszopiclone, zolpidem, or zaleplon Must try generic zolpidem or Ambien
BETA-3-ADRENERGIC AGONISTS	Target Drug(s) GEMTESA TABLET	Step Requirement Must try TWO of the following: Myrbetriq, generic darifenacin ER, generic oxybutynin IR/ER, generic solifenacin, generic tolterodine IR/ER, generic trospium IR/ER
BETA-ADRENERGIC AGONISTS	Target Drug(s) ARCAPTA NEOHALER CAP W/DEV	Step Requirement Must try two of the following: Advair HFA/Diskus, Breo Ellipta, Serevent, Symbicort, Wixela inhub, fluticasone/salmeterol inh, Striverdi
CARDIOVASCULAR DRUGS	Target Drug(s) CARDURA XL TAB ER 24 INDERAL XL CAP ER 24H, INNOPRAN XL CAP ER 24H	Step Requirement Must try alfuzosin, doxazosin, dutasteride, finasteride, silodosin, terazosin, or tamsulosin Must try propranolol ER generics

Addendum-MagellanRx Step Therapy Program

Precision Plus+ Formulary

CENTRAL NERVOUS SYSTEM AGENTS	Target Drug(s) SAVELLA TAB DS PK, SAVELLA TABLET	Step Requirement Must try any one of the following (generic only): tricyclic antidepressants, cyclobenzaprine, duloxetine, pregabalin
	QELBREE CAP ER 24H	Must try any two preferred CNS stimulants
	NAMZARIC CAP24 DSPK, NAMZARIC CAP SPR 24	Must try generic memantine AND donepezil
CNS STIMULANTS	Target Drug(s) ADHANSIA XR CPBP 20-80, APTENSIO XR CSBP 40-60, AZSTARYS CAPSULE, CONCERTA TAB ER 24, JORNAY PM CPDR ER SP, METHYLIN SOLUTION, METHYLPHENIDATE ER CSBP 40-60, COTEMPLA XR- ODT TAB RAP BP, DAYTRANA PATCH TD24, DESOXYN TABLET, FOCALIN TABLET, FOCALIN XR CPBP 50-50, ADDERALL TABLET, ADDERALL XR CAP ER 24H, DEXEDRINE CAPSULE ER, MYDAYIS CPTP 24HR, ZENZEDI TABLET, PROCENTRA SOLUTION, QUILLIVANT XR SU ER RC24, RITALIN LA CPBP 50-50, RITALIN TABLET, ADZENYS ER SUS BP 24H, ADZENYS XR-ODT TAB RAP BP, AMPHETAMINE SUS BP 24H, DYANAVAL XR SUS BP 24H, QUILLICHEW ER TAB CBP24H	Step Requirement Must try any two preferred CNS stimulants
	ESTROGENS AND ANTIESTROGENS	Target Drug(s) ALORA PATCH TDSW, MENOSTAR PATCH TDWK, MINIVELLE PATCH TDSW FEMRING VAG RING
EYE, EAR, NOSE AND THROAT	Target Drug(s) PATADAY DROPS, PATANOL DROPS AZELASTINE-FLUTICASONE SPRAY/PUMP	Step Requirement Must try generic azelastine or olopatadine Must try nasal fluticasone and nasal azelastine
FIRST GENERATION ANTIHISTAMINES	Target Drug(s) RYVENT TABLET	Step Requirement Must try generic carbinoxamine or preferred antihistamine (Rx only)
GASTROINTESTINAL DRUGS	Target Drug(s) LINZESS CAPSULE	Step Requirement For patients greater than 18 years old, must try: polyethylene glycol or lactulose
GENITOURINARY SMOOTH MUSCLE RELAXANTS	Target Drug(s) GELNIQUE GEL PACKET, OXYTROL PATCH TDSW	Step Requirement Must try TWO of the following: Myrbetriq, generic darifenacin ER, generic oxybutynin IR/ER, generic solifenacin, generic tolterodine IR/ER, generic trospium IR/ER
HORMONES AND SYNTHETIC SUBSTITUTES	Target Drug(s) TAYTULLA CAPSULE	Step Requirement Must try generic Taytulla first
HYPOTENSIVE AGENTS	Target Drug(s) KAPVAY TAB ER 12H	Step Requirement Must try any two preferred CNS stimulants
MISCELLANEOUS THERAPEUTIC AGENTS	Target Drug(s) ATELVIA TABLET DR	Step Requirement Must try alendronate or alendronate solution
	Target Drug(s) FEBUXOSTAT TABLET, ULORIC TABLET	Must try generic allopurinol
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	Target Drug(s) DICLOFENAC CAPSULE, DICLOFENAC SODIUM GEL(GRAM)	Step Requirement Must try generic Rx oral NSAID
RENIN-ANGIOTENSIN-ALDOSTERONE SYS.INHIB	Target Drug(s) PRESTALIA TABLET	Step Requirement Must try amlodipine or perindopril
	Target Drug(s) EDARBI TABLET, EDARBYCLOR TABLET	Must try any one of the following (generics only): ACE inhibitor/combination, ARB/combination, amlodipine-benazepril, trandolapril-verapamil
SKIN AND MUCOUS MEMBRANE AGENTS	Target Drug(s) ELIDEL CREAM (G), PIMECROLIMUS CREAM (G), PROTOPIC OINT. (G), TACROLIMUS OINT. (G)	Step Requirement In patients greater than 2 years of age, must try one corticosteroid (topical)