



www.ulstercountyny.gov/personnel/

Benefit Open Enrollment
October 13—October 31, 2023


Benefit Plan Year
January 1—December 31, 2024

2024 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
 **ALERAGROUP**

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

Telephone: 845-340-3550

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JEN METZGER
County Executive



DAWN SPADER
Personnel Director

JAMES FARINA
Director of Employee Relations

APRIL RODMAN
Administrator, Civil Service & Personnel

2024 Health Insurance and Other Benefit Information

FOR THE SECOND YEAR IN A ROW there will be no change in health insurance contributions in 2024! Also, all our coverages will remain as they are in 2023. 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 13th through Tuesday, October 31st is open enrollment. This year, you are required to register and complete your benefit renewal on the online enrollment portal website. You will likely have to reset your password, but the online renewal process has been greatly simplified.

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

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

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

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

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

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

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, 2023, under Federal rules Ulster County Personnel will enroll the Employee in the POS individual plan, with its appropriate payroll deduction.

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

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

Pharmacy Benefits: Each year, a select group of products are removed from Formularies (also called Preferred Prescriptions) and will no longer be covered in these plans. Members who attempt to obtain medications no longer covered will experience a claim reject at the point of sale and would be required to pay 100% of the full, non-discounted cost of the medication. Some products also will move from preferred (tier 2) to non-preferred (tier 3) status. 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>.

CanaRx continues to help our members save money. This is the terrific program that provides many brand name drugs to our members with no co-pay and no delivery charges. Yes, **absolutely free** of charge. CanaRx is also working directly with 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.

New EAP Provider effective January 1, 2024: Please see the information page about our new EAP provider SupportLinc in the Benefit Book. E-One remains available to assist until the end of the year.

Flexible Spending Account Rollover: *The application to enroll in a Flexible Spending Account will be through the online application process as well as a paper form for the month of November.* Under the medical FSA employees have the ability to roll over a certain amount of remaining funds from the plan year to the following calendar year. This will enable employees to better estimate the amount needed for out-of-pocket health care expenses. Paying medical bills with pre-tax dollars could save 15-20% of the cost of these expenses. Each year **you must re-enroll** and designate the amount you wish to add to your FSA account. Please consider the \$4.50 per month fee when considering your tax savings. The maximum FSA medical and dependent care elections for 2024 can be found in the benefit book.

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

Sincerely,

Dawn Spader
Personnel Director

aleraedge.aleragroup.com—Enrollment Website



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

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 *

case sensitive

Directions

All fields are required.

If you do 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 Question 2 *

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 or 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



Now, it's time
to begin
your enrollment!

aleraedge.aleragroup.com—Enrollment Website

Make Your Elections

Review your options as you walk through the enrollment process.

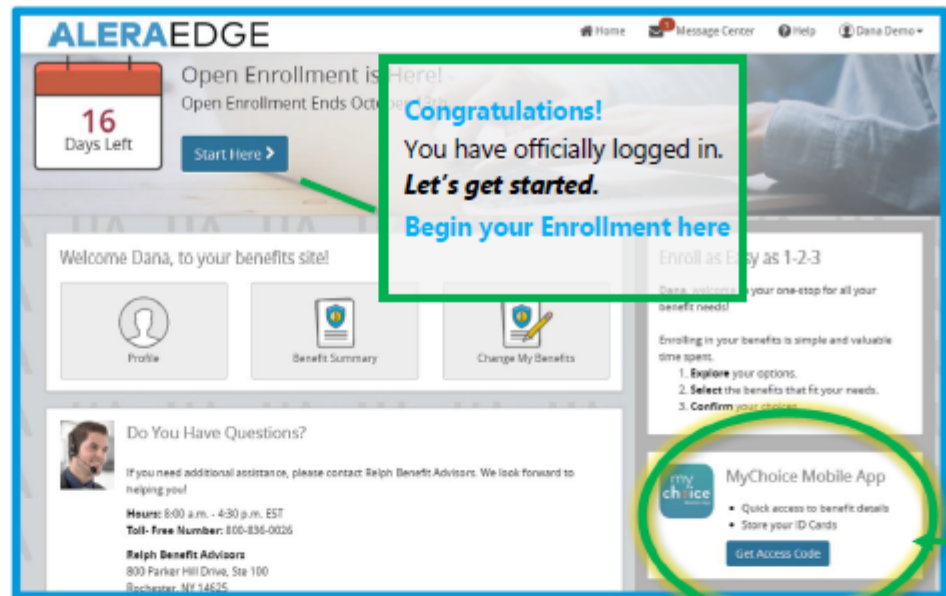
Click 'Select' to choose plans. Track your choices and total cost, on the enrollment bar.

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@aleracare.zendesk.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 Anthem BCBS includes a free nurse helpline service. (1-877-825-5276).

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

Health Insurance Rate Grid—2024

MEDICAL PLAN WITH DENTAL & VISION

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

Rounding of Premium Contributions May Lead to Slight Differences

Health Insurance Rate Grid—2024

DENTAL & VISION without MEDICAL PLAN

Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
CSEA (fixed contributions)	Before 1/1/1994	Employee	\$0.00	\$0.00
		Emp+Spouse	\$0.00	\$0.00
		Emp+1 Child	\$0.00	\$0.00
		Emp+Children	\$0.00	\$0.00
		Emp+Family	\$0.00	\$0.00
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
PBA UCSEA (fixed contributions)	Before 7/1/1994	Employee	\$0.00	\$0.00
		Emp+Spouse	\$0.00	\$0.00
		Emp+1 Child	\$0.00	\$0.00
		Emp+Children	\$0.00	\$0.00
		Emp+Family	\$0.00	\$0.00
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
PBA	7/1/1994—9/1/2015	Employee	\$6.19	\$3.09
CSEA	1/1/1994—9/19/2012	Emp+Spouse	\$12.76	\$6.38
Superior Officers Union	3/17/2008-9/14/2015	Emp+1 Child	\$13.86	\$6.93
UCSA	5/18/2010—2/19/2013	Emp+Children	\$13.86	\$6.93
UCSEA (15% of total Premium)	7/1/1994—8/18/2014	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
Superior Officers Union	After 9/14/2015	Emp+1 Child	\$18.49	\$9.24
UCSA	After 2/19/2013	Emp+Children	\$18.49	\$9.24
UCSEA (20% of total Premium)	After 8/1/2014	Emp+Family	\$24.99	\$12.50
Employee Group	Hire Date	Coverage	MONTHLY	BI WEEKLY
Management Non-Union	Before 5/18/2010 Hired Prior to 3/17/08 (10% of total Premium)	Employee	\$4.13	\$2.06
Legislators		Emp+Spouse	\$8.51	\$4.25
UCSA		Emp+1 Child	\$9.24	\$4.62
Superior Officers Union		Emp+Children	\$9.24	\$4.62
		Emp+Family	\$12.50	\$6.25

Rounding of Premium Contributions May Lead to Slight Differences

Anthem BCBS Summary of Benefits— POS20 Plan



County of Ulster-POS 20 / 2024

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

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

Anthem BCBS Summary of Benefits— POS20 Plan



Benefit	In-Network ²	Out-of-Network ³
Inpatient Care⁴		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and coinsurance
Mental Health		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care ⁵ As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification 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

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

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

Anthem BCBS Summary of Benefits—PPO20 Plan



County of Ulster-PPO 20 / 2024

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 Care⁴	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits	\$20 copayment	Deductible and Coinsurance
Online Visits	\$20 copayment	Deductible and Coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery ⁵ / Outpatient Surgery	\$0	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests, X-rays	\$0	Deductible and Coinsurance
MRI ⁷ /MRA ⁷ , CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
– Office Visit	\$20 copayment	Deductible and Coinsurance
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year)	\$20 copayment	Deductible and coinsurance
Chiropractic Care (Up to 30 visits per calendar year) ¹⁰	\$20 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (Unlimited Days)	\$0	Deductible and Coinsurance
Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language ⁵ , Occupational ⁵ (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Vision Therapy	\$20 copayment	Deductible and Coinsurance

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

Anthem BCBS Summary of Benefits—PPO20 Plan



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

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

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

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

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

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Anthem BCBS Summary of Benefits—PPO25 Plan



County of Ulster-PPO 25 / 2024

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / (\$1,000/\$2,500 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care ⁴	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits (PCP/Specialist)	\$25 / \$40 copayment	Deductible and Coinsurance
Online Visits	\$25 copayment	Deductible and Coinsurance
Urgent Care Center	\$25 copayment	\$25 copayment
Emergency Room/Facility (initial visit per occurrence)	\$200 copayment (Waived if admitted within 24 hours)	\$200 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery ⁵ / Outpatient Surgery	\$100 copayment	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests,	\$0	Deductible and Coinsurance
X-rays	\$25 copayment	Deductible and Coinsurance
MRI ⁷ /MRA ⁷ , CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$75 copayment	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance Deductible and
– Office Visit	\$25 copayment	Coinurance
– 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	Coinurance (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

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Anthem BCBS Summary of Benefits—PPO25 Plan



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

- (1) Network provider delivers care. Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the copayment for covered services.
- (2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard[®] PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
- (3) Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard[®] PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard[®] PPO provider services.
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- (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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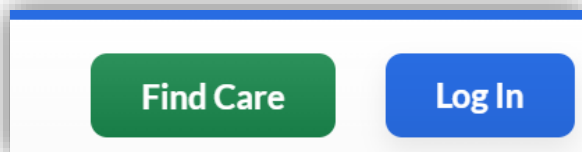
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Anthem BCBS Website & TeleMedicine

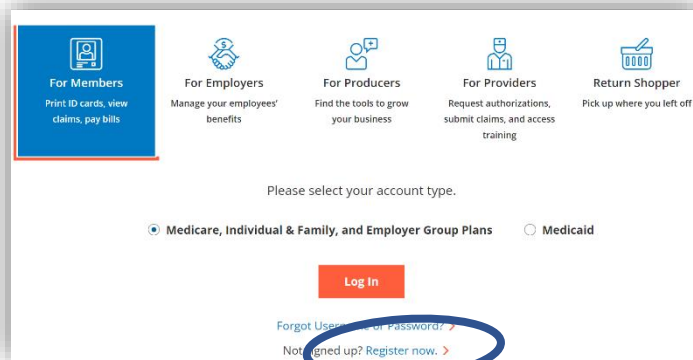
Current empireblue.com website users,
Login as usual and you will be redirected to the
anthembluecross.com site for Login



New to Medical Coverage in 2024?

On or after January 1, 2024, using your member
ID card, from the anthembluecross.com site

Select [Log In](#) and with the “For Members”
highlighted,



then click “[Register now](#)” and follow the prompts to
complete your registration.



Get the App—Sydney Health

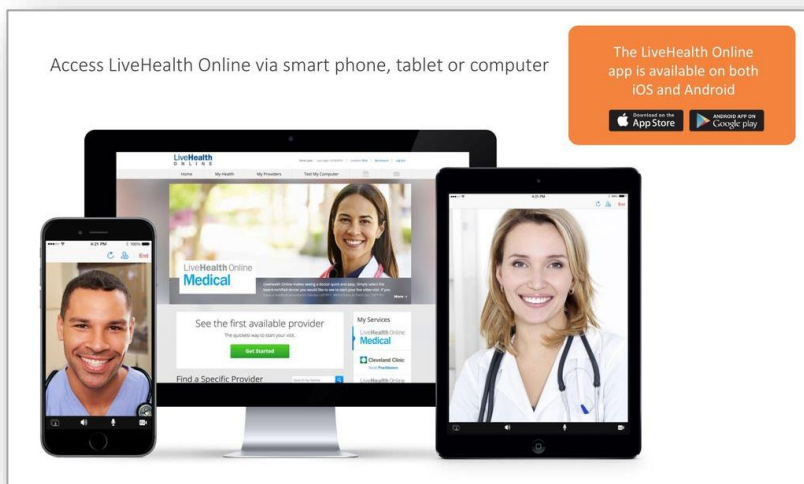
Save time with Live Chat. Find the information you need about your health
care benefits by chatting with an Empire Rep in real time.

Telemedicine Services Online or Phone App



See a doctor, 24/7/ 365

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



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

EMERGENCY ONE

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

EMERGENCY ONE

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

Magellan Rx

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 NetResults formulary.

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

[NetResults Formulary Prescription Drug Guide](#)
[Prior Authorization Drug List-MagellanRx-2024](#)
[Step Therapy Drug List-MagellanRx-2024](#)

**OR Scan
the QR Code**

to pull up the Formulary
instantly.



Magellan Rx

Your Prescription Benefits

Copayments

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

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.

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

[NetResults Formulary Prescription Drug Guide](#)
[Prior Authorization Drug List-MagellanRx-2024](#)
[Step Therapy Drug List-MagellanRx-2024](#)

**OR Scan
the QR Code**

to pull up the Formulary
instantly.



CANARX Prescription Program



\$0 COPAY Prescription Option

CANARX administers the voluntary \$0 copay international mail-order prescription option.

For program information (including searchable medication listing) and to enroll online or to download an enrollment form, visit **canarx.com** and use **WebID: ULSTER**

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

Program Features

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

Enrollment Process

Step One | CHECK FOR MEDICATION

Check to see if your medication is offered. Full listing can be found on the website or call CANARX at **1-866-893-6337**.

Step Two | ENROLL

Enroll online or complete an enrollment form (separate form required for each member ordering). Submit the printed enrollment form and copy of photo ID via secure upload at **canarxdocs.com**, or send by mail or fax.

Step Three | SUBMIT PRESCRIPTION

Request a prescription for a 3-month supply, with 3 refills. Mail **original** prescription to CANARX or have your physician's office fax it **directly** to CANARX at **1-866-715-6337** (prescriptions are ONLY accepted by fax when sent from the physician's office).

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

Mailing Address:

CANARX
PO Box 3009
Windsor, ON N8N 2M3
Canada



canarx.com
WebID: ULSTER

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

MEMBER ID # (IF AVAILABLE)

PATIENT INFORMATION (PLEASE PRINT)

DATE OF BIRTH (MM/DD/YYYY)

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

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.

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PRESCRIPTION IS ATTACHED

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PRESCRIPTION WILL FOLLOW BY MAIL

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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, X-ray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CANARX from my U.S. physician's office the original signed copy of the prescription.
6. CANARX and its selected physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CANARX selected physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. CANARX may make payments on my behalf to pharmacies for dispensing medicine in accordance with my prescriptions and to physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CANARX in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

ACKNOWLEDGEMENT AND RELEASE

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

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

PRIVACY NOTICE AND ACKNOWLEDGEMENT

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

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

FURTHER ACKNOWLEDGEMENT & RELEASE

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

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

CANARX —Formulary

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

ACIPHEX 20MG	BREO ELLIPTA	EVOTAZ 300MG-150MG	JANUVIA 100MG	ONGLYZA 5MG	TASIGNA 150MG
ACTONEL (G) 35MG	200/25MCG	EXELON (G) 4.6MG/24HR	JARDIANCE 10MG	ORILISSA 150MG	TASIGNA 200MG
ACTONEL (G) 150MG	BREZTRI AEROSPHERE	EXELON (G) 9.5MG/24HR	JARDIANCE 25MG	ORILISSA 200MG	TASMAR 100MG
ACTOPLUS (G)	160MCG-7.2MCG-5MCG	EXELON (G) 13.3MG/24HR	JENTADUETO	OSPHERA 60MG	TAZORAC GEL 0.05%
15MG-850MG	BRILINTA 60MG	EXFORGE (G) 5/160MG	2.5MG-500MG	OTEZLA 30MG	TAZORAC GEL 0.1%
ACULAR (G) 0.5%	BRILINTA 90MG	EXFORGE (G) 5/320MG	JENTADUETO	PENTASA 500MG	TECFIDERA (G) 120MG
ACULAR LS (G) 0.4%	BYSTOLIC (G) 2.5MG	EXFORGE (G) 10/160MG	2.5MG-850MG	PLAQUENIL 200MG	TECFIDERA (G) 240MG
ACZONE 5%	BYSTOLIC (G) 5MG	EXFORGE (G) 10/320MG	JENTADUETO	PRADAXA 150MG	TEKTURN 150MG
ADCIRCA (G) 20MG	BYSTOLIC (G) 10MG	EXFORGE HCT	2.5MG-1000MG	PRED FORTE 1%	TEKTURN 300MG
ADVAIR DISKUS 100MCG	BYSTOLIC (G) 20MG	160/12.5/5MG	JUBLIA 10%	PREMARIN 0.3MG	TIVICAY 50MG
ADVAIR DISKUS 250MCG	CADUET 5/10MG	EXFORGE HCT	JULUCA 50MG-25MG	PREMARIN 0.625MG	TOBI PODHALER 28MG
ADVAIR DISKUS 500MCG	CADUET 5/20MG	160/12.5/10MG	KAZANO 12.5/500MG	PREMARIN 1.25MG	TOBREX OINT 0.3%
ADVAIR HFA 45/21MCG	CADUET 5/40MG	EXFORGE HCT	KAZANO 12.5/1000MG	PREMARIN CREAM	TOVIAZ 4MG
ADVAIR HFA 115/21MCG	CADUET 5/80MG	160/25/5MG	KEPPRA (G) 250MG	0.625MG/GM	TOVIAZ 8MG
ADVAIR HFA 230/21MCG	CADUET 10/10MG	EXFORGE HCT	KEPPRA (G) 500MG	PREMPRO 0.3MG/1.5MG	TRADJENTA 5MG
AFINITOR 2.5MG	CADUET 10/20MG	160/25/10MG	KEPPRA (G) 750MG	PRESTALIA 3.5MG/2.5MG	TRELEGY ELLIPTA
AFINITOR 5MG	CADUET 10/40MG	EXFORGE HCT	KEPPRA (G) 1000MG	PRESTALIA 7MG/5MG	100-62.5-25MCG
AFINITOR 10MG	CADUET 10/80MG	320/25/10MG	KERENDIA 10MG	PRESTALIA 14MG/10MG	TRELEGY ELLIPTA
AKLIEF 50MCG/G	CAMBIA 50MG	FARESTON 60MG	KERENDIA 20MG	PREVACID SOLUTAB 15MG	200-62.5-25MCG
ALOCRIL 2%	CARDIZEM CD (G) 240MG	FARXIGA 5MG	KISQALI 200MG	PREVACID SOLUTAB	TRIBENZOR 20/5/12.5MG
ALOMIDE 0.1%	CARDIZEM CD (G) 360MG	FARXIGA 10MG	KOMBIGLYZE XR	30MG	TRIBENZOR 40/5/12.5MG
ALPHAGAN-P 0.15%	CARDURA XL 4MG	FELDEN 10MG	2.5MG/1000MG	PREZISTA 800MG	TRIBENZOR 40/5/25MG
ALREX 0.2%	CARDURA XL 8MG	FELDEN 20MG	KOMBIGLYZE XR	PRISTIQ 50MG	TRIBENZOR 40/10/12.5MG
ALTACE (G) 10MG	CELEBREX 100MG	FETZIMA 20MG	5MG/500MG	PRISTIQ 100MG	TRIBENZOR 40/10/25MG
ALVESCO 80MCG	CELEBREX 200MG	FETZIMA 40MG	KOMBIGLYZE XR	PROMETRIUM 100MG	TRINTELLIX 5MG
ALVESCO 160MCG	CEQUA (G) 0.09%	FETZIMA 80MG	5MG/1000MG	QTERN 10-5MG	TRINTELLIX 10MG
AMPYRA (G) 10MG	CLARINEX 5MG	FETZIMA 120MG	LATUDA 20MG	QVAR REDHALER 40MCG	TRINTELLIX 20MG
ANAPROX DS 550MG	CLIMARA PATCH 25MCG	FINACEA GEL 15%	LATUDA 40MG	QVAR REDHALER 80MCG	TRIUQUE 600-50-300MG
ANORO ELLIPTA	CLIMARA PATCH 50MCG	FLAREX 0.1%	LATUDA 60MG	RANEXA (G) 500MG	TUDORZA PRESSAIR
62.5/25MCG	CLIMARA PATCH 75MCG	FLOVENT 44MCG	LATUDA 80MG	RAPAFLO (G) 4MG	400MCG
APTOM 200MG	COMBIGAN 0.2-0.5%	FLOVENT 110MCG	LATUDA 120MG	RAPAFLO (G) 8MG	UCERIS 9MG
APTOM 400MG	COMBIVENT RESPIMAT	FLOVENT 220MCG	LEXIVA 700MG	RAPAMUNE 0.5MG	ULORIC 80MG
APTOM 600MG	20MCG/100MCG	FLOVENT DISKUS	LIALDA 1.2GM	RAPAMUNE 2MG	UROKIT-K (G) 10MEQ
APTOM 800MG	CORGARD 80MG	100MCG	LINZESS 72MCG	RELPAK (G) 20MG	URSO 250MG
ARAVA 10MG	COSOPT PF 2%/0.5%	FLOVENT DISKUS	LINZESS 145MCG	RELPAK (G) 40MG	VAGIFEM 10MCG
ARAVA 20MG	CRESTOR (G) 5MG	250MCG	LINZESS 290MCG	RENAGEL 800MG	VECTICAL 3MCG/GM
ARAZLO 0.045%	CRESTOR (G) 10MG	FOSAMAX PLUS D	LIPITOR (G) 10MG	RENVELA (G) 800MG	VELPHORO 500MG
ARNIITY ELLIPTA	CRESTOR (G) 20MG	70MG-2800IU	LIPITOR (G) 20MG	RESTASIS MULTIDOSE (G)	VENTOLIN HFA 90MCG
100MCG	CRESTOR (G) 40MG	FOSAMAX PLUS D	LIPITOR (G) 40MG	0.05%	VESICARE (G) 5MG
ARNIITY ELLIPTA	CRINONE GEL 8%	70MG-5600IU	LIPITOR (G) 80MG	RESTASIS MICRO GEL PUMP	VESICARE (G) 10MG
200MCG	CYMBALTA (G) 20MG	FOSRENOL CHEW 500MG	LOTAMAX GEL 0.5%	0.04%	VIIBRYD 10MG
AROMASIN (G) 25MG	CYMBALTA (G) 30MG	FOSRENOL CHEW 750MG	LOTAMAX OINT 0.5%	RETIN-A MICRO GEL PUMP	VIIBRYD 20MG
ARTHROTEC 50MG	CYBALTALTA (G) 60MG	1000MG	LOTAMAX SUSP 0.5%	0.1%	VIIBRYD 40MG
ARTHROTEC 75MG	CYTOTEC (G) 200MCG	FOSRENOL POWDER	LOVENOX (G) 60MG	REXULTI 0.25MG	VIMOVO 375/20MG
ASMANEX TWISTHALER	DALIRESP 250MCG	750MG	LOVENOX (G) 80MG	REXULTI 0.5MG	VIMOVO 500/20MG
110MCG	DALIRESP 500MCG	FOSRENOL POWDER	LOVENOX (G) 100MG	REXULTI 1MG	VIREAD (G) 300MG
ASMANEX TWISTHALER	DEPAKOTE (G) 250MG	1000MG	LUMIGAN 0.01%	REXULTI 2MG	VIVELLE-DOT 25MCG
220MCG	DEPAKOTE (G) 500MG	GENVOYA	MESTINON TS 180MG	REXULTI 3MG	VIVELLE-DOT 37.5MCG
ASTAGRAF XL 1MG	DETROL (G) 1MG	GILENYA (G) 0.5MG	METRO CREAM 0.75%	REXULTI 4MG	VIVELLE-DOT 50MCG
ASTAGRAF XL 5MG	DETROL (G) 2MG	GLUCAGEN HYPOKIT 1MG	METROGEL PUMP 1%	RINVOQ 15MG	VIVELLE-DOT 75MCG
ATACAND 4MG	DETROL LA (G) 2MG	GLUMETZA ER 1000MG	MICARDIS 40MG	RINVOQ 30MG	VIVELLE-DOT 100MCG
ATACAND 8MG	DETROL LA (G) 4MG	GLYXAMBI 10MG/5MG	MICARDIS HCT 40/12.5MG	RYBELSU 3MG	VRAYLAR 1.5MG
ATACAND 16MG	DEXILANT DR 30MG	GLYXAMBI 25MG/5MG	MICARDIS HCT 80/12.5MG	RYBELSU 7MG	VRAYLAR 3MG
ATACAND 32MG	DIFFERIN CREAM 0.1%	IBRANCE 75MG	MICARDIS HCT 80/25MG	RYBELSU 14MG	VRAYLAR 4.5MG
ATACAND HCT	DIFFERIN GEL (G) 0.3%	IBRANCE 100MG	MIGRANAL 4MG/ML	SAPHRIS 5MG	VRAYLAR 6MG
32MG/25MG	DIOVAN (G) 40MG	IBRANCE 125MG	MIRAPEX ER 0.375MG	SAPHRIS 10MG	VUMERITY 231MG
ATACAND HCT	DIOVAN (G) 80MG	IMITREX NASAL SPRAY	MIRAPEX ER 0.75MG	SEASONIQUE	VYTORIN 10/10MG
16MG/12.5MG	DIOVAN (G) 160MG	5MG	MIRAPEX ER 1.5MG	0.15/0.03/0.01MG	VYTORIN 10/20MG
ATACAND HCT	DIOVAN (G) 320MG	IMITREX NASAL SPRAY	MIRAPEX ER 2.25MG	SENSIPAR (G) 30MG	VYTORIN 10/40MG
32MG/12.5MG	DIOVAN HCT (G)	20MG	MIRAPEX ER 3.75MG	SENSIPAR (G) 60MG	VYTORIN 10/80MG
ATELVIA DR 35MG	160/12.5MG	IMITREX STATDOSE	MIRAPEX ER 4.5MG	SEREVENT DISKUS	WAKIX 4.5MG
ATROVENT HFA 20UG	DIPROLENE OINT 0.05%	6MG/0.5ML	MIRVASO 0.33%	50MCG	WAKIX 17.8MG
AUBAGIO (G) 14MG	DIVIGEL 0.25MG	INCURSE ELLIPTA	MOTEGRITY 1MG	SEROQUEL XR (G) 50MG	WELCHOL (G) 625MG
AVODART (G) 0.5MG	DIVIGEL 0.5MG	62.5MCG	MOTEGRITY 2MG	SEROQUEL XR (G) 150MG	WELLBUTRIN XL (G)
AZILECT (G) 0.5MG	DIVIGEL 1MG	INSPIRA (G) 25MG	MULTAQ 400MG	SEROQUEL XR (G) 200MG	150MG
AZILECT (G) 1MG	DOVATO 50MG-300MG	INSPIRA (G) 50MG	MYRBETRIQ 25MG	SEROQUEL XR (G) 300MG	WELLBUTRIN XL (G)
AZOPT 1%	DULERA 100MCG/5MCG	INVOKAMET	MYRBETRIQ 50MG	SEROQUEL XR (G) 400MG	300MG
AZOR 20/5MG	DULERA 200MCG/5MCG	50MG-500MG	NAMENDA (G) 10MG	SIMBRINZA 1%/0.2%	XADAGO 50MG
AZOR 40/5MG	DUBRII 0.01%-0.045%	INVOKAMET	NATAZIA 3/2-2/2-3/1MG	SINGULAR (G) 10MG	XADAGO 100MG
AZOR 40/10MG	DYMISTA 137/50MCG	50MG-1000MG	NEFINA 6.25MG	SLYND 4MG	XALATAN 50MCG/ML
BANZEL 200MG	EDARBI 40MG	INVOKAMET	NEFINA 12.5MG	SOOLANTRA 1%	XARELTO 2.5MG
BANZEL 400MG	EDARBI 80MG	150MG-500MG	NEFINA 25MG	SPIRIVA 18MCG	XARELTO 10MG
BECONASE AQ	EDARBYCLOR	INVOKAMET	NEUPRO 1MG	SPIRIVA RESPIMAT	XARELTO 15MG
42MCG	40MG/12.5MG	150MG-1000MG	NEUPRO 2MG	2.5MCG	XARELTO 20MG
BENICAR (G) 20MG	40MG/25MG	INVOKANA 100MG	NEUPRO 3MG	STEGLUJAN 5MG-100MG	XELJANZ 5MG
BENICAR (G) 40MG	EDECIN 25MG	INVOKANA 300MG	NEUPRO 4MG	STEGLUJAN 15MG-100MG	XELJANZ 10MG
BENICAR HCT (G)	EDURANT 25MG	IRESSA 250MG	NEUPRO 6MG	STIOLTO RESPIMAT	XELJANZ 11MG
20MG/12.5MG	ELIDEL 1%	ISENTRESS 400MG	NEUPRO 8MG	2.5/2.5MCG	XENAZINE 25MG
BENICAR HCT (G)	ELIQUIS 2.5MG	JAKAFI 5MG	NEVANAC 3MG/ML	STRIVERDI RESPIMAT	XENICAL 120MG
40MG/12.5MG	ELIQUIS 5MG	JAKAFI 10MG	NEXAVAR 200MG	2.5MCG	XIGDUO XR 5/1000MG
BENICAR HCT (G)	ELMIRON 100MG	JAKAFI 20MG	NEXIUM (G) 20MG	SUTENT 12.5MG	XIGDUO XR 10/1000MG
40MG/25MG	ENTRESTO 24MG-26MG	JALYN 0.5MG/0.4MG	NEXIUM (G) 40MG	SUTENT 25MG	XIDRA 5%
BEPREVE 1.5%	ENTRESTO 49MG-51MG	JANUMET 50/1000MG	NEXIUM DR (G) 10MG	SUTENT 37.5MG	YASMIN 28 (G)
BETIMOL 0.25%	ENTRESTO 97MG-103MG	JANUMET XR	NEXLETOL 180MG	SUTENT 50MG	YAZ (G) 3/0.02MG
BETIMOL 0.5%	EPIDUO FORTE 0.3%/2.5%	50MG/500MG	NORITATE CREAM 1%	SYMBICORT	ZELAPAR 1.25MG
BETOPTIC S 0.25%	EPIDUO GEL PUMP	100MG/1000MG	NUBEQA 300MG	160MCG-4.5MCG	ZETIA (G) 10MG
BEVESPI AEROSPHERE	0.1%/2.5%	JANUMET XR	NURTEC ODT 75MG	SYMTOZA	ZIANA 1.2%-0.025%
9MCG-4.8MCG	EPIPEN 0.3MG	50MG/1000MG	ODEFSEY	SYNAREL NASAL	ZOMIG (G) 2.5MG
BEYAZ	EPIPEN JR 0.15MG	JANUMET XR	200MG-25MG-25MG	SYNJARDY 5MG/500MG	ZOMIG NASAL SPRAY
BIJUVA 1MG-100MG	EPIVIR / HBV (G) 100MG	100MG/1000MG	OLUMIANT 2MG	SYNJARDY	5MG
BIKTARVY	ESTROGEL 0.06%	JANUVIA 25MG	OMNARIIS 50MCG	12.5MG/500MG	ZOVIRAX CREAM 5%
50MG-200MG-25MG	EUSTIA (G) 60MG	JANUVIA 50MG	ONGLYZA 2.5MG	SYNJARDY	ZYCLARA PACKET 3.75%
BINOSTO 70MG				12.5MG/1000MG	ZYCLARA PUMP 3.75%
BREO ELLIPTA					ZYTIGA (G) 500MG
100/25MCG					

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

October 2023

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



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

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



Step 3:
Advanced Search

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

I am interested in:

Please Select Insurance Type

GO

I want to find a MetLife:

Dentist Vision Provider

SUBMIT



MetLife Network: Preferred Dentist Plus Network (PDP Plus)

Group ID Number: 217284

Customer Service: 1-800-942-0854

Submit Claims to: MetLife Dental Claims
PO Box 981282
El Paso, TX 79998-1282

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. (See below for additional lens options and coatings.)	
Frame	Calendar Year	\$0	Covered in Full Frames:	Any Fashion, Designer or Premier level frame from Davis Vision's Collection ¹² (retail value, up to \$195).
			OR Frame Allowance	\$150 toward any frame from provider plus 20% off any balance. ¹¹ No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	Calendar Year	\$0	Davis Vision Collection Contacts Standard, Soft Contacts Specialty Contacts	Covered in full 15% discount ¹¹ 15% discount ¹
Contact Lenses (in lieu of eyeglasses)	Calendar Year	\$0	Covered in Full Contacts: Planned Replacement Disposable OR, Contact Lens Allowance	From Davis Vision's Collection ¹² , up to Two boxes/multipacks* Four boxes/multipacks* \$150 allowance toward any contacts from provider's supply plus 15% off balance. ¹¹ No copay required.
			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.

⁵¹Some 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, \$3,200

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.

\$640 Rollover Rule: The Health Care FSAs to allow up to \$640 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](https://fsastore.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	Orthopedic shoes
(<i>Marriage counseling doesn't qualify</i>)	Prenatal vitamins
Dietary supplements	Propecia
DNA collection and storage	Psychoanalysis
Ear Plugs	Psychologist
Egg donor fees	Schools and education, residential & special
Elevator	Tobacco cessation programs
Exercise equipment or programs (<i>only if required to treat an illness diagnosed by a doctor.</i> <i>Proof of Attendance required</i>)	Sun-protective clothing
Fertility treatments	Tuition for special needs program
Fiber supplements	Ultrasound, prenatal
Genetic testing	Varicose veins treatment
Health Club costs	Veterinary fees (<i>related to service animals</i>)
Holistic or natural healers	Vitamins (<i>only with prescription</i>)
Home care	
Hormone replacement therapy	
Hypnosis	Weight loss programs (<i>only if required to treat an illness diagnosed by a doctor.</i> <i>Proof of Attendance required</i>)
Infertility treatments	
Inclinator	
Incontinence supplies	
Lactation consultant	Wigs
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/ 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



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!

Questions, To Join or Review Your Account

Local Plan ID# 206137

General Info visit www.nysdcp.com

Info about your Benefits Contact:

Gene Nescot

PH: 614-854-4364 or

EM: gene.nescot@nationwide.com



NY-529 Program—College Savings Plan

Flexible Use of Savings

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

Tax Benefits

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

More Tax Benefits NY Taxpayers

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

Low Costs

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

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

Easy Setup

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

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

Employee Assistance Program

NEW PROVIDER—Effective January 1, 2024

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

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



In-the-moment support

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



Financial expertise

Consultation and planning with a financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

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



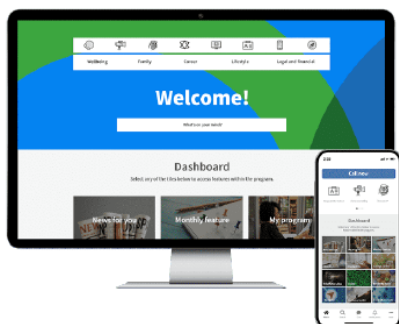
Convenience resources

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



Confidentiality

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



Your web portal and mobile app

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

Convenient, on-the-go support

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



Start with Navigator

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



Download
the mobile
app today!



1-888-881-5462
supportlinc.com
group code:
ulster

Labor / Management Sick Leave Bank Information

FOR CSEA AND UCSA



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

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

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

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

CONFIDENTIAL & VOLUNTARY

Retirement Planning

Considerations as You Approach Retirement

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

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

REGISTER for Retirement Information Online!

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



Retirement Online—Your Benefits. Your Way!

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

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

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

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

Need Help?

Benefits: aleraedge.aleragroup.com

Participant Log In: AleraGray

Customer Service at Alera Edge

support@aleracare.zendesk.com

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



Medical Benefits

EmpireBlue | Member Services

1-844-241-7087 | 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



Employee Assistance Program (EAP)

1-888-881-5462

supportlinc.com | group code: ulster

NY-529 Savings Program

Finance Department-Payroll Unit x 3557

CSEA/UCSA Sick Bank:

Jim Farina, 845-340-3536

Retirement Planning

NYS Deferred Compensation Plan:

800-422-8463 | Local Plan #206137

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

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

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

Holiday Schedule—Ulster County-2024

NEW YEAR'S HOLIDAY	MONDAY, JANUARY 1
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 15
LINCOLN'S BIRTHDAY **	MONDAY, FEBRUARY 12
PRESIDENTS' DAY	MONDAY, FEBRUARY 19
GOOD FRIDAY **	FRIDAY, MARCH 29
MEMORIAL DAY	MONDAY, MAY 27
JUNETEENTH	WEDNESDAY, JUNE 19
INDEPENDENCE DAY	THURSDAY, JULY 4
LABOR DAY	MONDAY, SEPTEMBER 2
COLUMBUS DAY	MONDAY, OCTOBER 14
ELECTION DAY **	TUESDAY, NOVEMBER 5
VETERANS DAY	MONDAY, NOVEMBER 11
THANKSGIVING DAY	THURSDAY, NOVEMBER 28
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 29
CHRISTMAS HOLIDAY	WEDNESDAY, 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.