



[www.ulstercountyny.gov/personnel/](http://www.ulstercountyny.gov/personnel/)

**Benefit Open Enrollment**  
*November 1 — November 29, 2024*

**Benefit Plan Year**  
*January 1 — December 31, 2025*

# 2025 Non-Medicare Eligible Retiree Benefits Guide

*Medical and Prescription Drugs, Dental, and Vision*



Benefits provided in association with



**Questions | Help**

**1-800-836-0026, x7400**

[support@aleracare.zendesk.com](mailto:support@aleracare.zendesk.com)

**ULSTER COUNTY PERSONNEL DEPARTMENT**

244 Fair St., P.O. Box 1800, Kingston, New York 12402-1800

Telephone: 845-340-3550

Fax: 845-340-3592

**JEN METZGER**

County Executive



**DAWN SPADER**

Personnel Director

**JAMES FARINA**

Director of Employee Relations

**APRIL RODMAN**

Administrator, Civil Service & Personnel

TO: Ulster County Retiree Health Insurance Participant  
FROM: Dawn Spader, Personnel Director  
DATE: October 31, 2024  
RE: 2025 Health Insurance Rates and Important Changes  
For **Non-Medicare Eligible Retirees**

In 2025, the County will continue to offer Anthem Blue Cross / Blue Shield PPO20, PPO25, and Direct POS20 medical programs as provided in 2024. **There are no changes to any of our coverages or premiums.** You are encouraged to review the PPO25, especially if you live outside of the Hudson Valley and are currently paying for the more expensive PPO plan. A comparison chart may be found on page 4 and the rate chart may be found on page 5.

**IF YOU DO NOT PAY A PREMIUM FOR YOUR COVERAGES OR IF YOU WISH TO MAKE A COVERAGE PLAN CHANGE, YOU MUST RESPOND TO THIS LETTER BY COMPLETING THE FORM ON PAGE 4 AND RETURNING IT DIRECTLY TO THE BENEFITS OFFICE BY NOVEMBER 29, 2024.**

The premium amount for 2025 will begin with your December 15, 2024 premium payment withdrawal. Failure to provide funding for your premium will result in cancellation.

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

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

(click on '2025 Non-Medicare Eligible Retiree Health Insurance Benefit Information), or from the Benefits Office.

We strongly encourage you to review the information provided and to visit the [anthembluecross.com](http://anthembluecross.com) website to see what programs your doctors may participate in, so you may make the best plan choice for you and your family. If you desire to make coverage changes, you must inform the Benefits Office in writing of your new plan choice by returning the form on page 4.

**Pharmacy Benefits: MagellanRx changed their name to Prime Therapeutics in October, 2024 and will continue to be the administrator for the Pharmacy program. Please be sure to check for changes in the Formulary.** New cards will be sent out prior to the new year. Each year a select group of products are removed from Formularies (also called Preferred Prescriptions) and will no longer be covered in these plans. Members who attempt to obtain medications no longer covered will experience a claim reject at the point of sale and will be required to pay 100% of the full, non-discounted cost of the medication. Some products also will move from preferred (tier 2) to non-preferred (tier 3) status. Prime allows exceptions when medically necessary. In addition, there will be other changes to the Preferred Formulary (addition of new drugs, changes from formulary to non-formulary).

**Ulster County Website: [www.ulstercountyny.gov](http://www.ulstercountyny.gov)**

**Cards for 2025:** Anthem will not issue new ID cards. Continue to use your current cards for

**Dental Coverage** - **Our dental coverages are switching to Guardian Dental.** The coverages are identical to the 2024 coverages. The Guardian network is considerably larger than the prior network. Guardian will be issuing new insurance cards.

**Vision Coverage** - Our vision coverages remain with Davis Vision. There are no changes. No new cards will be sent out.

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

**Urgent Care Out of Network Reminder** – Our Urgent Care Copay, both in and out of network, is the same as your office copay. If you or a covered family member cannot locate an in-network urgent care center, you may go to an out of network center and pay the office visit copay. This is advantageous since the cost of going to the emergency room includes a copay of \$100 on the POS20 and PPO20, and \$200 for PPO25. This can be especially useful when you are traveling away from home.

**CanaRx Zero Co-pay Mail Order Brand Name Drug Program** - For 2025, our non-Medicare eligible retirees may continue to purchase brand-name maintenance medications through a mail order program without paying any co-pay. This plan was formerly known as Ulster Scripts. The information and forms, including the list of available medications for the CanaRx program, are available on the Personnel Department website in the aforementioned Benefits Book or at the Benefits Office. The CanaRx (Certain Brand Name Drugs For Free) program is available to all retirees covered by the Empire Blue Cross Blue Shield plans. There have been changes to the classification of some drugs, so please check the formulary. **The CanaRx program is not available to Medicare eligible retirees.**

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

**Anthem Premiums** – There are no changes in premiums hence whatever you paid in 2024 will continue in 2025). **For your reference, your Ulster County percentage is printed after your name on your envelope label.** The rate chart is included on page 5.

Benefit Feature	POS 20	PPO 20	PPO 25
<b>Deductible</b>	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
<b>Out of Pocket Maximum</b>	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
<b>Coinsurance</b>	InNetwork: N/A OutNetwork: 40%	InNetwork: N/A OutNetwork: 20%	InNetwork: N/A OutNetwork: 20%
<b>In Network Copays   Out of Network: Deductible &amp; Coinsurance Apply</b>			
<b>Office Visit</b>	\$20 Copay	\$20 Copay	\$25 Copay Primary Care \$40 Copay Specialist Care \$100 Outpatient Surgery \$75 MRI/CAT/PET Scans
<b>Urgent Care</b>	\$20 Copay	\$20 Copay	\$25 Copay
<b>Emergency Room</b>	\$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>
<b>Hospital Admission</b>	\$0 Copay	\$0 Copay	\$200 Copay
<b>Prescriptions</b> (30-day Supply)	\$5 / \$20 / \$40	\$10 / \$25 /\$40	\$10 / \$25 /\$40

**Family Awareness –** We request that all retirees with any level of coverage make your family members aware of your coverage situation. Recently a retiree passed away and their coverages continued for months as no family member informed us. In another case, a retiree's family told their bank not to allow payments for their health insurance as they did not recognize the charges. Supplying your family with a copy of this letter annually would provide them the information they need to best help you when needed.

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

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**IF YOU DO NOT PAY A PREMIUM OR IF YOU WISH TO MAKE A PLAN CHANGE, YOU MUST COMPLETE THE FORM BELOW AND RETURN IT BY NOVEMBER 29, 2024 DIRECTLY TO: Kevin Roach, Ulster County Employee Benefits Office, P.O. Box 1800, Kingston, N.Y. 12402**

I DO NOT PAY A PREMIUM, AND WOULD LIKE TO CONTINUE MY COVERAGE: \_\_\_\_\_

I WOULD LIKE TO SWITCH MY PLAN TO (CHECK ONE BELOW):

\_\_\_\_\_ Empire BCBS POS20 Plan                      Signature \_\_\_\_\_

\_\_\_\_\_ Empire BCBS PPO20 Plan                      Printed Name \_\_\_\_\_

\_\_\_\_\_ Empire BCBS PPO25 Plan                      Date \_\_\_\_\_

### 2025 Non-Medicare Eligible Retiree Rates

UC %	TIER	POS20	PPO20	PPO25	D&V Only
50%	Retiree Only	\$453.55	\$645.14	\$409.74	\$20.63
	Retiree & Spouse	\$1,016.62	\$1,447.69	\$918.03	\$42.55
	Retiree & 1 Child	\$868.77	\$1,232.78	\$785.52	\$46.22
	Retiree & Children	\$955.35	\$1,357.68	\$863.34	\$46.22
	Family	\$1,404.54	\$1,998.45	\$1,268.71	\$62.49
60%	Retiree Only	\$362.84	\$516.11	\$327.79	\$16.50
	Retiree & Spouse	\$813.29	\$1,158.15	\$734.42	\$34.04
	Retiree & 1 Child	\$695.01	\$986.22	\$628.41	\$36.97
	Retiree & Children	\$764.28	\$1,086.14	\$690.67	\$36.97
	Family	\$1,123.63	\$1,598.76	\$1,014.97	\$49.99
65%	Retiree Only	\$317.48	\$451.59	\$286.81	\$14.44
	Retiree & Spouse	\$711.63	\$1,013.38	\$642.62	\$29.78
	Retiree & 1 Child	\$608.14	\$862.94	\$549.86	\$32.35
	Retiree & Children	\$668.75	\$950.38	\$604.33	\$32.35
	Family	\$983.18	\$1,398.92	\$888.10	\$43.74
70%	Retiree Only	\$272.13	\$387.08	\$245.84	\$12.38
	Retiree & Spouse	\$609.97	\$868.61	\$550.82	\$25.53
	Retiree & 1 Child	\$521.26	\$739.67	\$471.31	\$27.73
	Retiree & Children	\$573.21	\$814.61	\$518.00	\$27.73
	Family	\$842.75	\$1,199.07	\$761.23	\$37.49
75%	Retiree Only	\$226.77	\$322.57	\$204.87	\$10.31
	Retiree & Spouse	\$508.31	\$723.84	\$459.02	\$21.27
	Retiree & 1 Child	\$434.38	\$616.39	\$392.76	\$23.11
	Retiree & Children	\$477.67	\$678.84	\$431.67	\$23.11
	Family	\$702.27	\$999.22	\$634.35	\$31.24
80%	Retiree Only	\$181.42	\$258.05	\$163.89	\$8.25
	Retiree & Spouse	\$406.65	\$579.07	\$367.21	\$17.02
	Retiree & 1 Child	\$347.51	\$493.11	\$314.21	\$18.49
	Retiree & Children	\$382.14	\$543.07	\$345.33	\$18.49
	Family	\$561.82	\$799.38	\$507.48	\$24.99
85%	Retiree Only	\$136.06	\$193.54	\$122.92	\$6.19
	Retiree & Spouse	\$304.98	\$434.31	\$275.41	\$12.76
	Retiree & 1 Child	\$260.63	\$369.83	\$235.65	\$13.86
	Retiree & Children	\$286.60	\$407.30	\$259.00	\$13.86
	Family	\$421.36	\$599.53	\$380.61	\$18.75
90%	Retiree Only	\$90.71	\$129.03	\$81.95	\$4.12
	Retiree & Spouse	\$203.32	\$289.54	\$183.61	\$8.51
	Retiree & 1 Child	\$173.75	\$246.55	\$157.10	\$9.24
	Retiree & Children	\$191.07	\$271.54	\$172.67	\$9.24
	Family	\$280.91	\$399.69	\$253.74	\$12.50
95%	Retiree Only	\$45.35	\$64.51	\$40.97	\$2.06
	Retiree & Spouse	\$101.66	\$144.77	\$91.80	\$4.25
	Retiree & 1 Child	\$86.88	\$123.28	\$78.55	\$4.62
	Retiree & Children	\$95.54	\$135.77	\$86.33	\$4.62
	Family	\$140.45	\$199.85	\$126.87	\$6.25
100%	Retiree Only	\$0.00	\$0.00	\$0.00	\$0.00
	Retiree & Spouse	\$0.00	\$0.00	\$0.00	\$0.00
	Retiree & 1 Child	\$0.00	\$0.00	\$0.00	\$0.00
	Retiree & Children	\$0.00	\$0.00	\$0.00	\$0.00
	Family	\$0.00	\$0.00	\$0.00	\$0.00

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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.

# ACH Form for Ulster County Retirees

## ACH Form for Relph Benefit Advisors Inc

### AUTOMATIC PAYMENT (ACH) REQUEST FORM

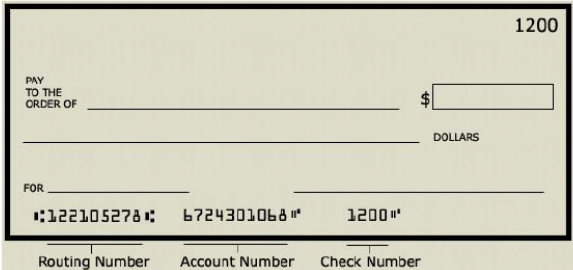
**PLEASE READ:**

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

**SECTION 1 - PARTICIPANT INFORMATION**

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

**SECTION 2 - BANK ACCOUNT INFORMATION**

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

**SECTION 3 - AUTHORIZATION SIGNATURE**

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

**SECTION 3 - AUTHORIZATION SIGNATURE**

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

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

Return This Form & Check To:  Mary Connolly Benefits Department	All Other Questions & Support Issues:  Mary Connolly 845-340-3546 mcon@co.ulster.ny.us
--	--

Date Rec'd	Processor
Date Processed	V&V

# Ulster County Retiree Health Insurance Enrollment Form

ULSTER COUNTY NON MEDICARE ELIGIBLE RETIREE INFORMATION FORM			
LAST NAME	FIRST NAME & MIDDLE INITIAL	DATE OF BIRTH	
HOME PHONE #	CELL PHONE #	PERSONAL EMAIL ADDRESS	
LEGAL ADDRESS: <i>(Your Social Security / Medicare mailing address)</i>			
STREET NAME OR PO BOX	TOWN	STATE	ZIP
BILLING ADDRESS IF DIFFERENT FROM LEGAL ADDRESS:			
STREET NAME OR PO BOX	TOWN	STATE	ZIP
EMERGENCY CONTACT: <i>(WE SUGGEST LISTING SOMEONE OTHER THAN A SPOUSE)</i>			
LAST NAME	FIRST NAME	RELATIONSHIP	HOME TELEPHONE #
STREET ADDRESS OR PO BOX	TOWN	STATE	ZIP
PLAN CHOICE:			
INCLUDES DENTAL & VISION COVERAGE IN ALL OPTIONS			
<b>Anthem PPO 25</b>	<b>Anthem POS 25</b>	<b>Anthem PPO 20</b>	<b>DENTAL &amp; VISION ONLY</b>
RETIREE ONLY	RETIREE ONLY	RETIREE ONLY	RETIREE ONLY
RETIREE & SPOUSE	RETIREE & SPOUSE	RETIREE & SPOUSE	RETIREE & SPOUSE
RETIREE & CHILD	RETIREE & CHILD	RETIREE & CHILD	RETIREE & CHILD
RETIREE & CHILDREN	RETIREE & CHILDREN	RETIREE & CHILDREN	RETIREE & CHILDREN
FAMILY	FAMILY	FAMILY	FAMILY
DEPENDENT LAST NAME	RELATIONSHIP	DATE OF BIRTH	
<small>By signing below I am requesting Ulster County Personnel to enroll me in the selected Health Care Program or continue my coverage and I am agreeing to pay my share of the premium, and I attest the dependents as listed above meet the Ulster County eligibility criteria.</small>			
RETIREE SIGNATURE:		DATE:	
FOR PERSONNEL DEPARTMENT USE ONLY:			
Retirement Date:		Date Employed:	
Effective Date of Retiree Coverage:		Department:	
		Bargaining Unit:	
Comments:		% of Contribution:	



# Benefit Enrollment Change Form

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

# 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.

<b>Benefit Feature</b>	<b>POS20—Anthem</b>	<b>PPO20—Anthem</b>	<b>PPO25—Anthem</b>
<b>Deductible</b>	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
<b>Out of Pocket Maximum</b>	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
<b>Coinsurance</b>	InNetwork: N/A OutNetwork: 40%	InNetwork: N/A OutNetwork: 20%	InNetwork: N/A OutNetwork: 20%
<b>In Network Copays   Out of Network: Deductible &amp; Coinsurance Apply</b>			
<b>Office Visit</b>	\$20 Copay	\$20 Copay	\$25 Copay Primary Care \$40 Copay Specialist Care
<b>OutPatient Surgery</b>	\$0 Copay	\$0 Copay	\$100 Copay
<b>MRI/CAT/PET Scans</b>	\$0 Copay	\$0 Copay	\$75 Copay
<b>Urgent Care</b>	\$20 Copay	\$20 Copay	\$25 Copay
<b>Emergency Room</b>	\$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>
<b>Hospital Admission</b>	\$0 Copay	\$0 Copay	\$200 Copay
<b>Prescriptions (30-day Supply)</b>	\$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.

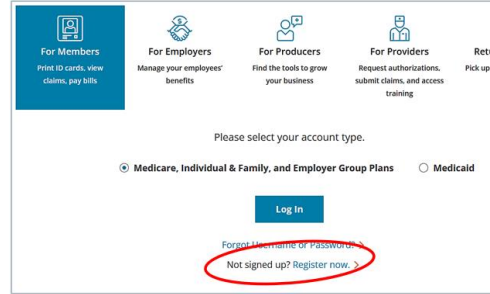
**You can also use Walgreens** for your maintenance medication and receive a 3-month supply for 2-copayments. Walgreens is the only retail store that provides this service at this time.

- ▶ **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.

# Anthem BCBS Website & Virtual Care



From the QR Code link or using the [anthembluecross.com](https://www.anthembluecross.com) site with the "For Members" highlighted, current members select Log In OR new enrollees select "Register now" to create an account using 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 Anthem representative in real-time. Log in to Anthem.com or use the Sydney Health app to start a Live Chat.

## Virtual Care Services / Online or Phone App

See a doctor or therapist without leaving your home for non-emergency medical issues. Virtual care provides 24/7 availability with no appointment needed. You can access virtual care by logging in to your Anthem account or through your SydneySM Health app.

# Urgent Care Facilities (In-Network) Ulster County Area

<b>AMC EMURGENTCARE</b> 2976 Route 9W Saugerties, NY 12477 PH: 845-247-9100	<b>EMERGENCY ONE</b> 2555 South Rd Poughkeepsie, NY 12601 PH: 845-330-3200	<b>HQUMCP PC</b> 1100 Route 55-Ste 101 Lagrangeville, NY 12540 PH: 845-485-4455
<b>AMC EMURGENTCARE</b> 11835 State Route 9W West Coxsackie, NY 12192 PH: 518-731-9000	<b>EXCEL URGENT CARE FISHKILL</b> 1004 Main St Fishkill, NY 12524 PH: 845-765-2240	<b>PULSE-MD URGENT CARE</b> 900 Route 376-Ste H Wappingers Falls, NY 12590 PH: 845-204-9260
<b>EMERGENCY ONE</b> 4274 Albany Post Rd Hyde Park, NY 12538 PH: 845-229-2602	<b>FIRST CARE MEDICAL PC</b> 222 State Route 299 Highland, NY 12528 PH: 845-691-3627	<b>MIDDLETOWN MEDICAL PC</b> 112 Shoprite Blvd Ellenville, NY 12428 PH: 845-647-6700
<b>EMERGENCY ONE</b> 40 Hurley Ave, Ste 4 Kingston, NY 12401 PH: 845-338-5600	<b>FIRST CARE MEDICAL PC</b> 222 State Route 299 Highland, NY 12528 PH: 845-691-3627	<b>NUVANCE HEALTH MED PRACTICE</b> 1240 Ulster Ave Kingston, NY 12401 PH: 845-443-8740
<b>EMERGENCY ONE</b> 306 Windsor Hwy New Windsor, NY 12553 PH: 845-787-1400	<b>HQUMCP PC</b> 1351 Route 55 Ste 200 Lagrangeville, NY 12540 PH: 845-297-2511	

# Anthem BCBS Summary of Benefits— POS20 Plan



## County of Ulster-POS 20 / 2025

Benefit	In-Network <sup>2</sup>	Out-of-Network <sup>3</sup>
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
<b>Covered Preventive Care<sup>1</sup></b>	<b>Member Pays</b>	<b>Member Pays</b>
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
<b>Home/Office/Outpatient Care</b>	<b>Member Pays</b>	<b>Member Pays</b>
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 <sup>4,5</sup>	\$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 <sup>4</sup> /MRA <sup>4</sup> , CAT Scan <sup>6</sup> , PET <sup>6</sup> and Nuclear Cardiology <sup>6</sup>	\$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) <sup>7</sup> 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 <sup>4</sup>	\$20 copayment	Deductible and coinsurance
(Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$0	Coinsurance (no deductible)
	\$0	Deductible and coinsurance
	\$0	Deductible and coinsurance
	\$20 copayment	Deductible and coinsurance
Speech/Language <sup>4</sup> , Occupational <sup>4</sup> , 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 <sup>2</sup>	Out-of-Network <sup>3</sup>
<b>Inpatient Care<sup>4</sup></b>		
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
<b>Mental Health</b>		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care <sup>8</sup> As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
<b>Alcohol/Substance Abuse</b>		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification <sup>8</sup> (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation <sup>8</sup>	\$0	Deductible and coinsurance
<b>Other</b>		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment <sup>4</sup>	\$0	Deductible and coinsurance
Prosthetics & Orthotics <sup>4</sup>	\$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 5<sup>th</sup> 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 / 2025

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / \$1,500 / \$3,750 Out-of-Pocket Max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care <sup>4</sup>	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 <sup>5</sup> / 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 <sup>7</sup> /MRA <sup>7</sup> · CAT Scan <sup>7</sup> , PET <sup>7</sup> & Nuclear Cardiology <sup>7</sup>	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance Deductible and Coinsurance
– Office Visit	\$20 copayment	
– 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) <sup>10</sup>	\$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 <sup>5</sup> (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 <sup>5</sup> , Occupational <sup>5</sup> (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

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# Anthem BCBS Summary of Benefits—PPO20 Plan



Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
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
<b>Inpatient Care<sup>9</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
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
<b>Mental Health<sup>8</sup></b>	<b>Member Pays In-Network</b>	
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
<b>Alcohol/Substance Abuse<sup>8</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation <sup>9</sup>	\$0	Deductible and Coinsurance
<b>Other</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment <sup>6</sup>	\$0	Deductible and Coinsurance
Prosthetics & Orthotics <sup>6</sup>	\$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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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 5<sup>th</sup> 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.

# Anthem BCBS Summary of Benefits—PPO25 Plan



## County of Ulster-PPO 25 / 2025

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
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 <sup>4</sup>	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 <sup>5</sup> / 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 <sup>7</sup> /MRA <sup>7</sup> , CAT Scan <sup>7</sup> , PET <sup>7</sup> & Nuclear Cardiology <sup>7</sup>	\$75 copayment	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance Deductible and Coinsurance
– Office Visit	\$25 copayment	
– 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) <sup>10</sup>	\$25 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (unlimited days)	\$0	Deductible and Coinsurance
Physical Therapy <sup>5</sup> (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 <sup>5</sup> , Occupational <sup>5</sup> (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 <sup>1</sup>	Out-of-Network <sup>2,3</sup>
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
<b>Inpatient Care<sup>9</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
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
<b>Mental Health<sup>8</sup></b>	<b>Member Pays In-Network</b>	
Outpatient Visits in Office	\$25 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$25 copayment	Deductible and Coinsurance
Inpatient Care <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
<b>Alcohol/Substance Abuse<sup>8</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Outpatient Visits in Office	\$25 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$25 copayment	Deductible and Coinsurance
Inpatient Detoxification <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Inpatient Rehabilitation <sup>9</sup>	\$200 copayment	Deductible and Coinsurance
<b>Other</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment <sup>6</sup>	\$0	Deductible and Coinsurance
Prosthetics & Orthotics <sup>6</sup>	\$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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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 5<sup>th</sup> visit.

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

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# Prime Therapeutics (formerly Magellan Rx)

## Magellan Rx became Prime Therapeutics on October 1, 2024

Your current pharmacy benefit manager, Magellan Rx Management, rebranded to Prime Therapeutics.

**And you'll have a new member portal**—On Oct. 1, the new website is [primetherapeutics.com](https://primetherapeutics.com). Your new member portal is [primetherapeutics.com/member](https://primetherapeutics.com/member) and can be accessed using your same login you created with Magellan. Feel free to bookmark these websites for future use.

**But your service will remain the same!** While we're making these changes, don't worry: You can count on receiving the same great service as you did before.



### 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**.

## Home Delivery—Getting Started

### 1-How to fill your first Prescription

If you already have an active 90-day prescription with remaining refills



[Link to Form](#)

Complete the [Home Delivery Order Form](#) with payment information and mail it with your 90-day prescription to:

Prime Therapeutics Pharmacy  
P.O. Box 620968  
Orlando, FL 32862

Next, ask your prescriber to ePrescribe to Prime Therapeutics Pharmacy, LLC (Home Delivery, Orlando) or fax your prescription to 888.282.1349.

### 2-How to get refills?

**Web portal**—If your plan allows, submit refill orders and pay online through our secure patient portal.

**Phone**—Call us at 800.424.8274 (TTY 711) with your prescription number and payment information.

**Mail**—Complete the refill section on the home delivery order form and mail it to:

Prime Therapeutics Pharmacy  
P.O. Box 620968  
Orlando, FL 32862.

**New prescriptions**—First, ask your prescriber to write two prescriptions:

- A 30-day supply to fill right away at your local pharmacy
- A 90-day supply with refills, to start your home delivery service

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

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

**OR Scan  
the QR Code**  
to pull up the  
Formulary instantly  
on your phone.



# Prime Therapeutics (formerly 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

## Manage Rx on the GO!

Our website is optimized for all mobile devices so you can manage your medications anytime, anywhere!



## Prior Authorization/Step Therapy:

Requires the previous use of one or more drugs before coverage of a different drug is provided. If your health plan's formulary guide reflects that Step Therapy is used for a specific drug, your physician must submit a [Prior Authorization Request Form](#) to the health plan for approval. If the request is not approved, please remember that you always have the option to purchase the medication at your own expense.

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

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

## Meet your NEW Specialty Pharmacy.

You'll notice your medicine labels and other communications from us have a fresh and exciting new look. But some things will stay the same, like how you'll keep getting the same attention to detail, timely deliveries and caring customer service you've come to expect.



## Using your new Specialty Member Portal:

### 1. Save your new member portal:

[PrimeTherapeutics.com/specialtyportal](https://PrimeTherapeutics.com/specialtyportal)



### 2. Request a new portal login and refresh your

payment info by calling **866.554.2673**.

Our patient care coordinators are available Monday through Friday from 7 a.m. to 9 p.m. Central Time (CT).

**OR Scan  
the QR Code**  
to pull up the  
Formulary instantly  
on your phone.



# CANARX Prescription Program



## Sign Up Today

CANARX is a voluntary international mail order prescription program that is available to eligible employees, retirees and their dependents of Ulster County, New York. Brand name medications, in the original factory-sealed manufacturers packaging, are delivered DIRECT TO YOUR DOOR from certified pharmacies in Canada, the United Kingdom and Australia. YOU PAY NOTHING thanks to the savings CANARX brings to your plan.

## SIMPLE. SAVE. SMART.

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

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

## Getting started is super easy—\$0 COPAY Prescription Option

CANARX administers the voluntary \$0 copy 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](http://canarx.com) and use WebID: ULSTER**

### 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

1. **Check to see if a medication is offered.** Full listing is available on the website ([canarx.com](http://canarx.com)) or call CANARX at **1-866-893-6337** or view the complete formulary online or the following page.

2. **Enroll online** or use the QR Code or linked [CANARX Enrollment Form](#)

(A separate form is required for each member).

Submit the printed enrollment form and copy of photo ID via secure upload at **canarxdocs.com**, or send by mail or fax.



3. **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).



### Mailing Address:

CANARX  
PO Box 3009  
Windsor, ON N8N 2M3  
Canada

# CANARX —Formulary

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

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

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

# Dental Plan—Guardian



Use QR Code or Link below to  
[Guardian "Find A Dentist"](#)

Ulster County Group # 71097  
[www.guardianlife.com](http://www.guardianlife.com)



**PPO** plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

<b>Your Dental Plan</b>	<b>PPO</b>	
	Tier 1	Tier 2
<b>Your Network</b> is DentalGuard Preferred Network	In-Network	Out-of-Network
<b>Calendar year deductible</b>	Tier 1	Tier 2
Individual	\$50	\$50
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	Tier 1	Tier 2
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
<b>Annual Maximum Benefit</b>	\$2000 (applies to all levels)	
<b>Maximum Rollover</b>	Yes (applies to all levels)	
Rollover Threshold	\$800	
Rollover Amount	\$400	
Rollover Amount	\$600	
Rollover Account Limit	\$1500	
<b>Lifetime Orthodontia Maximum</b>	\$1500 (applies to all levels)	
<b>Dependent Age Limits</b>	26 (applies to all levels)	

		Tier 1	Tier 2
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	2 per calendar year (applies to all levels)	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19 (applies to all levels)	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
Basic Care	X-rays	100%	100%
	Fillings†	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	2 per calendar year (applies to all levels)	
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
Major Care	Surgical Extractions	80%	80%
	Anesthesia*	50%	50%
	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
Orthodontia	Single Crowns	50%	50%
	Orthodontia	50%	50%
	Limits:	Child(ren) (applies to all levels)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded.

# 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](http://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](http://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	
<b>Eye Examination</b>	Calendar Year	\$0	Covered in full. <i>Includes dilation when professionally indicated.</i>	
<b>Spectacle Lenses</b>	Calendar Year	\$0	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. <i>(See below for additional lens options and coatings.)</i>	
<b>Frame</b>	Calendar Year	\$0	<b>Covered in Full Frames:</b>	Any Fashion, Designer or Premier level frame from Davis Vision's Collection <sup>12</sup> (retail value, up to \$195).
			<b>OR Frame Allowance</b>	\$150 toward any frame from provider plus 20% off any balance. <sup>11</sup> No copay required.
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	Calendar Year	\$0	<b>Davis Vision Collection Contacts</b>	Covered in full
			<b>Standard, Soft Contacts</b>	15% discount <sup>11</sup>
			<b>Specialty Contacts</b>	15% discount <sup>1</sup>
<b>Contact Lenses</b> (in lieu of eyeglasses)	Calendar Year	\$0	<b>Covered in Full Contacts:</b>	From Davis Vision's Collection <sup>12</sup> , up to
			Planned Replacement	Two boxes/multipacks*
			Disposable	Four boxes/multipacks*
			<b>OR, Contact Lens Allowance</b>	\$150 allowance toward any contacts from provider's supply plus 15% off balance. <sup>11</sup> No copay required.
			<b>OR, Visually Required Contacts</b>	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.) <sup>4</sup> .....	\$65
Scratch Protection Plan: Single Vision   Multifocal Lenses .....	\$20   \$40
Trivex Lenses .....	\$50
Blue Light Filtering.....	\$15

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

<sup>21</sup> 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.

<sup>31</sup> Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>41</sup> 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](http://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.<sup>5</sup>

**Shop Online** Members can shop online using your plan benefits through [Visionworks.com](http://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](http://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](http://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.*

<sup>51</sup>Some 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.



# Important Notice (Medicare Part D)

## **CREDITABLE COVERAGE – Anthem/MagellanRx County of Ulster POS 20, Anthem/MagellanRx County of Ulster PPO 20, Anthem/MagellanRx County of Ulster PPO 25, AetnaMedicare (POS) ESA PPO Plan**

### Important Notice about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Ulster County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Ulster County has determined that the prescription drug coverage offered by the Anthem Health and Aetna Group Health Plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Ulster County coverage may be affected. If you do decide to join a Medicare drug plan and drop your current Ulster County coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

#### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current Ulster County coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

# Important Notice (Medicare Part D)

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Ulster County changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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

For more information about Medicare prescription drug coverage:

- Visit **[www.medicare.gov](http://www.medicare.gov)**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE** (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **[www.socialsecurity.gov](http://www.socialsecurity.gov)**, or call them at **1-800-772-1213** (TTY 1-800-325-0778).

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

Date: January 1, 2025  
Name of Entity/Sender: Ulster County  
Contact - Position/Office: Ulster County, Personnel Department  
Address: 244 Fair Street  
Kingston, New York 12401  
Phone Number: (845) 340-3545

# Need Help?



Benefits: [www.aleraedge.com](http://www.aleraedge.com) /  
AleraGray

Customer Service at Alera Edge

[support@aleraedge.com](mailto:support@aleraedge.com)

**1-800-836-0026, x7400 | 8am-4:30pm**



Medical Benefits

**Anthem Blue | Member Services**

**1-844-241-7087 | 8:00AM-5PM**



Dental Benefits | Guardian

**Customer Service: 1-888-600-1600**

[www.guardiananytime.com](http://www.guardiananytime.com)



Vision Benefits | Davis Vision

**Customer Service: 1-877-923-2847**

Group #: 2769