



**MICHAEL P. HEIN**, *County Executive*  
[www.ulstercountyny.gov/personnel/](http://www.ulstercountyny.gov/personnel/)

**Benefit Open Enrollment**  
*October 18—October 31, 2018*

**Benefit Plan Year**  
*January 1—December 31, 2019*



# 2019 Employee Benefits Guide

## Benefit Meetings

### Thursday October 18, 2018

8:30am—10:45am | Dept of Social Services  
Development Court

11:30am—1:30pm | Health & Mental Health Offices  
239 Golden Hill Lane

2:30pm—4:30pm | UC Law Enforcement Center

### Tuesday October 23, 2018

8:00am—10:00am | Dept. Of Public Works  
317 Shamrock Lane, Kingston  
(Quarry Complex)

11:00am—2:00pm | County Office Building  
244 Fair Street

## Benefits Offered

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



Benefits provided in association with



**Questions | Help**  
**1-800-836-0026**

**ULSTER COUNTY PERSONNEL DEPARTMENT**  
244 Fair Street, PO Box 1800, Kingston, New York 12402-1800  
Main: (845) 340-3550  
Exam Hotline: (845) 334-5454 | Fax: (845) 340-3592

**MICHAEL P. HEIN**  
County Executive



**Sheree Cross**  
Personnel Officer

**JAMES FARINA**  
Director of Employee Relations

### **2019 Health Insurance and Other Benefit Information**

The County will continue to offer its current Health Insurance Programs, the Empire PPO and Empire POS plans for 2019. What is **new** for 2019 is the introduction of a new Health Insurance Program – the Empire EPO! Please see the following pages for detailed information on what the EPO offers. Please keep in mind that it is a new concept for the County Health Insurance – there are coinsurance payments and out of pocket maximums that may make a difference in your decision making.

Also, **new** for 2019 is the offering of 2 new tiers of coverage. We have stratified the Health Insurance into 5 tiers – Employee only, Employee with spouse, Employee with child, Employee with Children and Family. Please review the costs associated with them as there may be a savings.

Another change for 2019 is the change to MetLife Dental as our dental insurance provider. The network is more extensive than the previous network and all the current benefits apply.

**Everyone with Health Insurance, Dental and Vision, Buyout, and the Waiver must complete the online enrollment process by October 31, 2018 at the latest.**

I encourage all Employees to attend an Open Enrollment session where you may complete online enrollment or receive instructions to complete online enrollment on your own. Computers are always available in the Personnel Department for completing this process. Please take the time to review the benefit summaries, health insurance rates, buyout options, and other information regarding your benefits as provided in this book. Browsing this book will help Employees learn more about available coverages. I suggest all Employees send the link

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

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

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

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

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

The C.A.R.E. Team Representative may be reached at either **1-800-836-0026 ext. 322** or **[kkaram@relphbenefitadvisors.com](mailto:kkaram@relphbenefitadvisors.com)**. You can continue to reach out to the Ulster County Personnel as well, (845) 340-3545.

## Other Important information is:

**Open Enrollment and Portal Access:** Thursday, October 18<sup>th</sup> through Wednesday, October 31<sup>st</sup> is open enrollment. You are required to register and complete your benefit renewal on the R-Solutions portal website. The R-Solution portal instruction sheet follows this letter in this benefit book. You must complete this process even if you are not making changes.

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

**Federal Requirement of Signing a Waiver if Opting Out of Coverage with Ulster County:** If an Employee does not wish to participate in the Ulster County Health Insurance Programs, they must complete the waiver section in the online enrollment process. If a waiver is not completed and a Health Plan is not selected by November 18, 2018, under Federal rules Ulster County Personnel will enroll the Employee in the POS individual plan, with its appropriate payroll deduction.

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

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

**Cards for 2019:** Cards for Health Insurance with Empire BCBS & Rx Benefits are the same as distributed for 2018. New cards for MetLife Dental will be forthcoming. Davis Vision will continue to be active for 2019. If you choose the Empire EPO, new cards will be sent to you.

**Urgent Care Out of Network Change:** Continuing through 2019, Urgent Care Copay, both in and out of network, will be \$20. If an Employee or a covered family member cannot locate an in-network urgent care center, they may go to an out of network center and pay the \$20 copay. This is advantageous since the cost of going to the emergency room includes a co-pay of \$100 for the POS and PPO plans, \$200 for the EPO plan. This can be especially useful when traveling away from home.

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

**Rx Benefits, continues as our administrator for Express Scripts and Ulster Scripts. Please be sure to check the Change in Formulary:** Each year, a select group of products are removed from Formularies (also called Preferred Prescriptions) and will no longer be covered in these plans. Members who attempt to obtain medications no longer covered will experience a claim reject at the point of sale and will be required to pay 100% of the full, non-discounted cost of the medication. Some products also will move from preferred (tier 2) to non-preferred (tier 3) status. Rx Benefits (Express Scripts) allows exceptions when medically necessary. Both plan Formularies are included in the Benefits Book. Updates throughout the year may be found on the Benefits web page: <http://ulstercountyny.gov/personnel/new-current-employees/benefits-management>. In addition, there will be other changes to the 2019 National Preferred Formulary (addition of new drugs, changes from formulary to non-formulary.) In early November, Express Scripts will be providing letters to those members that are impacted that will provide them with alternatives they can discuss with their physicians.

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

Sincerely,  
Sheree Cross | Personnel Director

## enrollingiseasy.com

**Relph** Benefit  
Advisors

AN ALERA GROUP COMPANY

Welcome

User Name  
case sensitive

Password  
case sensitive

Login >

Forgot your user name or password?

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

Info Create Confirm Login

Info

Company Key  
case sensitive

Social Security Number  
123-45-6789

Date of Birth  
MM/DD/YYYY

Cancel Continue >

Info Create Confirm Login

Create Account

User Name  
case sensitive

Password

Confirm Password

Security Question  
What is your mother's maiden name?

Answer

Cancel Continue >

### Log In

**First-time User:**  
Visit: [enrollingiseasy.com](http://enrollingiseasy.com).

Click on 'Register.'

Enter **ULSTCO**  
for the Company Key.

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

Welcome

User Name  
case sensitive

Password  
case sensitive

Login >

Forgot your user name or password?

**Returning User:**  
Visit: [enrollingiseasy.com](http://enrollingiseasy.com).  
Enter: User Name and Password.

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

**Mobile Enrollment?**  
You can enroll through your  
Smartphone - simply follow  
these instructions.

### Forgot Your Password?

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

### Life-Changing Event?

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



# Mobile App for Enrollment Website

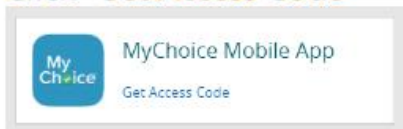


## —an app for your benefits!

*Simple to download and easy to use!*

### Let's Get Started!

1. Log-in to [enrollingiseasy.com](http://enrollingiseasy.com)
2. Click "Get Access Code"



3. Locate and download the app on your mobile device (MyChoice)
4. Launch the app on your device and enter the access code you received from the website in Step 2
5. You will be prompted to create a 4-digit PIN for your security- if you ever forget your PIN you can request a new access code as you did in Step 2
6. You're in!



### With the app you can:

- ✓ Access current plans and benefits
- ✓ Store ID cards (picture)
- ✓ Upload proof
- ✓ Get Evidence of Insurability reminders
- ✓ Update beneficiaries
- ✓ Get alerts/view message center
- ✓ Complete Open Enrollment
- ✓ Enter Life Events
- ✓ See contact info for your employer, insurance carriers and



You can always deactivate the app. Simply log-in to the [enrollingiseasy.com](http://enrollingiseasy.com) website and edit your profile.



Available for iOS and Android



Download the MyChoice app now!  
Once you download it, log into [enrollingiseasy.com](http://enrollingiseasy.com) to receive your PIN.



Questions | Need help?—Call Relph Benefit Advisors, 1-800-836-0026

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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.

# 2019 Health Insurance Rate Grid

| MEDICAL PLAN WITH DENTAL & VISION |  |              |          |          |          |           |          |          |
|-----------------------------------|--|--------------|----------|----------|----------|-----------|----------|----------|
| Employee Group                    | Hire Date                                    | Coverage     | MONTHLY  |          |          | BI WEEKLY |          |          |
|                                   |  |              | POS      | PPO      | EPO      | POS       | PPO      | EPO      |
| CSEA                              | Before 1/1/1994<br>(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 |          |          |
|                                   |  |              | POS      | PPO      | EPO      | POS       | PPO      | EPO      |
| PBA                               | Before 7/1/1994                              | Employee     | \$0.00   | \$0.00   | \$0.00   | \$0.00    | \$0.00   | \$0.00   |
| UCSEA                             | Before 7/1/1994<br>(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 |          |          |
|                                   |  |              | POS      | PPO      | EPO      | POS       | PPO      | EPO      |
| PBA                               | 7/1/1994—9/1/2015                            | Employee     | \$123.14 | \$186.11 | \$100.76 | \$61.57   | \$93.06  | \$50.38  |
| CSEA                              | 1/1/1994—9/19/2012                           | Emp+Spouse   | \$241.89 | \$365.33 | \$211.39 | \$120.95  | \$182.66 | \$105.69 |
| UCSA                              | 5/19/2010—2/20/2013                          | Emp+1 Child  | \$231.07 | \$348.21 | \$183.73 | \$115.54  | \$174.10 | \$91.86  |
| UCSEA                             | 7/1/1994—8/18/2014<br>(15% of total Premium) | Emp+Children | \$259.34 | \$391.59 | \$188.50 | \$129.67  | \$195.79 | \$94.25  |
|                                   |  | Emp+Family   | \$349.67 | \$531.40 | \$312.00 | \$174.84  | \$265.70 | \$156.00 |
| Employee Group                    | Hire Date                                    | Coverage     | MONTHLY  |          |          | BI WEEKLY |          |          |
|                                   |  |              | POS      | PPO      | EPO      | POS       | PPO      | EPO      |
| PBA                               | After 9/1/2015                               | Employee     | \$164.19 | \$248.15 | \$134.35 | \$82.09   | \$124.08 | \$67.17  |
| CSEA                              | After 9/19/2012                              | Emp+Spouse   | \$322.53 | \$487.10 | \$281.85 | \$161.26  | \$243.55 | \$140.93 |
| UCSA                              | After 2/20/2013                              | Emp+1 Child  | \$308.10 | \$464.28 | \$244.97 | \$154.05  | \$232.14 | \$122.48 |
| UCSEA                             | After 8/1/2014<br>(20% of total Premium)     | Emp+Children | \$345.79 | \$522.12 | \$251.33 | \$172.89  | \$261.06 | \$125.66 |
|                                   |  | Emp+Family   | \$466.23 | \$708.54 | \$415.99 | \$233.12  | \$354.27 | \$208.00 |
| Employee Group                    | Hire Date                                    | Coverage     | MONTHLY  |          |          | BI WEEKLY |          |          |
|                                   |  |              | POS      | PPO      | EPO      | POS       | PPO      | EPO      |
| Management Non-Union Legislators  |  | Employee     | \$82.09  | \$124.08 | \$67.17  | \$41.05   | \$62.04  | \$33.59  |
|                                   |  | Emp+Spouse   | \$161.26 | \$243.55 | \$140.93 | \$80.63   | \$121.78 | \$70.46  |
| UCSA                              | Before 5/18/2010                             | Emp+1 Child  | \$154.05 | \$232.14 | \$122.48 | \$77.02   | \$116.07 | \$61.24  |
| Superior Officers Union           | (10% of total Premium)                       | Emp+Children | \$172.89 | \$261.06 | \$125.66 | \$86.45   | \$130.53 | \$62.83  |
|                                   |  | Emp+Family   | \$233.12 | \$354.27 | \$208.00 | \$116.56  | \$177.13 | \$104.00 |

# 2019 Health Insurance Rate Grid


## DENTAL & VISION without MEDICAL PLAN

| Employee Group          | Hire Date                                    | Coverage     | MONTHLY | BI WEEKLY |
|-------------------------|--|--------------|---------|-----------|
| CSEA                    | Before 1/1/1994<br>(fixed contributions)     | Employee     | \$0.00  | \$0.00    |
|                         |  | Emp+Spouse   | \$0.00  | \$0.00    |
|                         |  | Emp+1 Child  | \$0.00  | \$0.00    |
|                         |  | Emp+Children | \$0.00  | \$0.00    |
|                         |  | Emp+Family   | \$0.00  | \$0.00    |
| Employee Group          | Hire Date                                    | Coverage     | MONTHLY | BI WEEKLY |
| PBA                     | Before 7/1/1994                              | Employee     | \$0.00  | \$0.00    |
| UCSEA                   | Before 7/1/1994<br>(fixed contributions)     | 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     | \$5.36  | \$2.68    |
| CSEA                    | 1/1/1994—9/19/2012                           | Emp+Spouse   | \$11.04 | \$5.52    |
| UCSA                    | 5/19/2010—2/20/2013                          | Emp+1 Child  | \$12.00 | \$6.00    |
| UCSEA                   | 7/1/1994—8/18/2014<br>(15% of total Premium) | Emp+Children | \$12.00 | \$6.00    |
|                         |  | Emp+Family   | \$16.25 | \$8.12    |
| Employee Group          | Hire Date                                    | Coverage     | MONTHLY | BI WEEKLY |
| PBA                     | After 9/1/2015                               | Employee     | \$7.14  | \$3.57    |
| CSEA                    | After 9/19/2012                              | Emp+Spouse   | \$14.72 | \$7.36    |
| UCSA                    | After 2/20/2013                              | Emp+1 Child  | \$16.00 | \$8.00    |
| UCSEA                   | After 8/1/2014<br>(20% of total Premium)     | Emp+Children | \$16.00 | \$8.00    |
|                         |  | Emp+Family   | \$21.66 | \$10.83   |
| Employee Group          | Hire Date                                    | Coverage     | MONTHLY | BI WEEKLY |
| Management Non-Union    |  | Employee     | \$3.57  | \$1.79    |
| Legislators             |  | Emp+Spouse   | \$7.36  | \$3.68    |
| UCSA                    | Before 5/18/2010                             | Emp+1 Child  | \$8.00  | \$4.00    |
| Superior Officers Union | (10% of total Premium)                       | Emp+Children | \$8.00  | \$4.00    |
|                         |  | Emp+Family   | \$10.83 | \$5.42    |



# Ways to \$ave Money on Your Health Care Expenses

**Consider choosing the EPO or POS instead of the PPO.** All plans provide local area networks which are essentially the same. None of the plans require referrals. The EPO/POS prescription coverage has lower co-pays. When you stay in network, both POS and PPO plans have the same co-pays and coverage, including emergency room coverage in our area and around the world. The EPO charges a coinsurance.



| Benefit Feature   | POS  | PPO  | New EPO  |
|---|--|--|--|
| <b>Deductible</b>   | In Network: N/A<br>OutNetwork: \$2,000/\$5,000             | In Network: N/A<br>OutNetwork: \$500/\$1,250               | N/A  |
| <b>Out of Pocket Maximum</b>  | InNetwork: \$3,880/\$9,700<br>OutNetwork: \$8,000/\$20,000 | InNetwork: \$3,880/\$9,700<br>OutNetwork: \$1,000/\$2,500  | InNetwork: \$1,750/\$3,500<br>OutNetwork: No Coverage  |
| <b>CoInsurance</b>  | InNetwork: N/A<br>OutNetwork: 40%                          | InNetwork: N/A<br>OutNetwork: 20%                          | InNetwork: 15%<br>OutNetwork: No Coverage  |
| <b>In Network Copays   Out of Network: Deductible &amp; Coinsurance Apply</b> |  |  |  |
| <b>Office Visit</b>   | \$20 Copay   | \$20 Copay   | 15% Coinsurance  |
| <b>Urgent Care</b>  | \$20 Copay   | \$20 Copay   | \$20 Copay   |
| <b>Emergency Room</b>   | \$100 copayment<br><i>(waived if admitted w/in 24-hrs)</i> | \$100 copayment<br><i>(waived if admitted w/in 24-hrs)</i> | \$200 copayment<br><i>(waived if admitted w/in 24-hrs)</i>                                   |
| <b>Hospital Admission</b>   | \$0 Copay  | \$0 Copay  | 15% Coinsurance  |
| <b>Prescriptions</b><br>(30-day Supply)                                       | \$5 / \$20 / \$40  | \$10 / \$25 / \$40   | \$5 / \$20 / \$40<br>\$50 deductible- Brand Name<br>Drugs only.<br>\$2,000 Out of Pocket max |

**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 \$20 office visit co-pay instead of the \$100 or \$200 emergency room co-pay. A list of Urgent Care providers follows. Plan ahead, become familiar with the location of the one most convenient for you and your family.

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

- ▶ **Using mail order methods for medications** will save you one co-pay every three months. Many retail stores also have lists of certain medications they offer for even less than our co-pay. Always use your coverage card too, as that can make your payment even lower than their 3-month supply price. The co-pay is a maximum you can be charged so if the price is lower, you will only have to pay that amount.  
**NEW: You can also use Walgreens** for your maintenance medication and receive a 3-month supply for 2-copayments. Walgreens is the only retail store that provides this service at this time.
- ▶ **For brand name maintenance medications** (ones that you take every month without changing anything) that do not have a generic option, consider using our mail order program, Ulster Scripts. Information and enrollment forms for employees covered by our Express Scripts plan and your dependents can be found in this book and if your medication is on their available medications, you can receive a 3-month supply for NO co-pay.

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

(1-877-825-5276) Consider making a phone call before your next trip to the doctor or emergency room. You might find your situation can be resolved without a needless inconvenient visit or possibly be delayed until your normal physician office is open the next morning.

# NEW-2019 Empire BCBS Summary of Benefits—EPO Plan

## Your Summary of Benefits



An Anthem Company

**EPO**

**County of Ulster**

| Benefit  | In-Network <sup>1</sup>                              |
|--|--|
| Lifetime Maximum   | Unlimited  |
| Deductible   | N/A  |
| Coinsurance  | 15%  |
| Out-of-Pocket Maximum  | \$1,750 / \$3,500 (embedded)                         |
| Dependent Children (covered to the end of the month)   | Dependents to Age 26                                 |
| <b>Covered Preventive Care<sup>2</sup></b>   | <b>Member Pays In-Network</b>                        |
| Covered Adult Preventive Care  | \$0 copayment  |
| Annual Physical Exam   | \$0 copayment  |
| Well-Child Care (Up to age 19; including necessary covered immunizations)  | \$0 copayment  |
| Preventive Well-Woman Care   | \$0 copayment  |
| <b>Home/Office/Outpatient Care</b>   | <b>Member Pays In-Network</b>                        |
| Home/Office Visits / Online Visits   | 15% coinsurance                                      |
| Urgent Care Center   | \$20 copayment                                       |
| Online Visits  | \$20 copayment                                       |
| Emergency Room/Facility (initial visit per occurrence)   | \$200 copayment (Waived if admitted within 24 hours) |
| Surgery <sup>3</sup> , Pre-surgical Testing, Anesthesia  | 15% coinsurance                                      |
| Chemotherapy, Radiation Therapy  | 15% coinsurance                                      |
| Routine Maternity Care   | 15% coinsurance                                      |
| Laboratory Tests, X-rays   | 15% coinsurance                                      |
| MRI <sup>5</sup> /MRA <sup>5</sup> , CAT Scan <sup>5</sup> , PET <sup>5</sup> & Nuclear Cardiology <sup>5</sup>  | 15% coinsurance                                      |
| Allergy Care Routine Testing and Treatment (Allergy Injections/Immunotherapy)  | 15% coinsurance                                      |
| Chiropractic Care <sup>6</sup>   | 15% coinsurance                                      |
| Home Healthcare (Up to 200 visits per calendar year)   | 15% coinsurance                                      |
| Home Infusion Therapy  | 15% coinsurance                                      |
| Hospice Care (Up to 210 days per lifetime)   | 15% coinsurance                                      |
| Physical Therapy <sup>3</sup><br>(Up to 90 visits per calendar year combined in home, office or outpatient facility)   | 15% coinsurance                                      |
| Other Short-Term Rehabilitative Therapies <sup>3</sup> —Speech/Language, Occupational<br>(Up to 60 visits per calendar year combined in home, office or outpatient facility) | 15% coinsurance                                      |
| Vision Therapy   | 15% coinsurance                                      |
| Cardiac Rehabilitation (Unlimited visits per calendar year)  | 15% coinsurance                                      |
| Second Surgical Opinion  | 15% coinsurance                                      |
| Kidney Dialysis  | 15% coinsurance                                      |
| <b>Inpatient Care<sup>3</sup></b>  | <b>Member Pays In-Network</b>                        |
| Inpatient Hospital<br>(As many days as is medically necessary; semiprivate room and board)   | 15% coinsurance                                      |
| Surgery, Surgical Assistant, Anesthesia  | 15% coinsurance                                      |

Services provided by Empire HealthChoice Assurance, Inc.,  
licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

# 2019 Empire BCBS Summary of Benefits—EPO Plan

| Benefit   | In-Network <sup>1</sup>       |
|---|-------------------------------|
| <b>Inpatient Care<sup>3</sup></b>   | <b>Member Pays In-Network</b> |
| Physical Therapy, Physical Medicine or Rehabilitation<br>(Up to 90 inpatient days per calendar year)          | 15% coinsurance               |
| Skilled Nursing Facility<br>(Up to 60 days per calendar year)   | 15% coinsurance               |
| Maternity   | \$250 copayment               |
| <b>Mental Health</b>  |                               |
| Outpatient Visits in Office   | 15% coinsurance               |
| Outpatient Visits in Facility   | 15% coinsurance               |
| Inpatient Care <sup>4</sup><br>(As many days as is medically necessary; semiprivate room and board)           | 15% coinsurance               |
| <b>Alcohol/Substance Abuse</b>  |                               |
| Outpatient Visits in Office   | 15% coinsurance               |
| Outpatient Visits in Facility   | 15% coinsurance               |
| Inpatient Detoxification <sup>4</sup><br>(As many days as is medically necessary; semiprivate room and board) | 15% coinsurance               |
| Inpatient Rehabilitation <sup>4</sup>   | 15% coinsurance               |
| <b>Other</b>  |                               |
| <b>Medical Supplies</b>   | 15% coinsurance               |
| Durable Medical Equipment <sup>5</sup>  | 15% coinsurance               |
| Prosthetics & Orthotics <sup>5</sup>  | 15% coinsurance               |
| Ambulance (Land/Air ambulance)  | 15% coinsurance               |

- (1) A network provider must deliver all care. There is no out-of-network option for this product, except for emergency care, urgent care, and Blue View Vision services.
- (2) Preventive Care benefits not subject to copayment 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.
- (3) 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.
- (4) 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.
- (5) For services received from an Empire network provider, the provider must precertify in-network services; Empire's network providers cannot bill members for covered services. Outside Empire's network area, you must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers (with the exception of MRI, MRA, PET, CAT and Nuclear Cardiology services, which do not require precertification for services rendered from in-network BlueCard® PPO providers outside of Empire's network area). The BlueCard® PPO provider may call for you for services that do require precertification, but you will be responsible for penalties applied if precertification is not obtained.
- (6) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services; Empire network providers cannot bill members beyond the in-network copayment for covered services. Authorization is not required for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.

**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.

Prepared on 10/5/18 CG

Services provided by Empire HealthChoice Assurance, Inc.,  
licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

# 2019 Empire BCBS Summary of Benefits— POS Plan



An Anthem Company

## Your Summary of Benefits

### County of Ulster POS

| 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  | \$20 copayment   | Deductible and coinsurance   |
| Urgent Care Center   | \$20 copayment   | \$20 copayment   |
| Online Visits  | \$20 copayment   | Deductible and coinsurance   |
| Emergency Room/Facility (initial visit per occurrence)   | \$100 copayment (Waived if admitted within 24 hours)   | \$100 copayment (Waived if admitted within 24 hours)                                     |
| Ambulatory/Outpatient Surgery <sup>4,5</sup>   | \$0  | Deductible and coinsurance   |
| Presurgical Testing, Anesthesia  | \$0  | Deductible and coinsurance   |
| Chemotherapy, Radiation Therapy  | \$0  | Deductible and coinsurance   |
| Routine Maternity Care   | \$0  | Deductible and coinsurance   |
| Laboratory Tests, X-rays, MRI <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)   | \$20 copayment (Waived for treatment)                  | Deductible and coinsurance   |
| Chiropractic Care <sup>7</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 (Up to 210 days per lifetime)   | \$0  | Deductible and coinsurance   |
| Physical Therapy <sup>4</sup><br>(Up to 90 visits per calendar year combined in home, office or outpatient facility)   | \$20 copayment   | Deductible and coinsurance   |
| Speech/Language <sup>4</sup> , Occupational <sup>4</sup> , Vision Therapies<br>(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   |



# 2019 Empire BCBS Summary of Benefits— POS Plan

| Benefit   | In-Network <sup>2</sup>                                    | Out-of-Network <sup>3</sup> |
|---|--|-----------------------------|
| <b>Inpatient Care<sup>4</sup></b>   |  |                             |
| Inpatient Hospital<br>(As many days as is medically necessary;<br>semiprivate room and board)                 | \$0  | Deductible and coinsurance  |
| Surgery, Surgical Assistant, Anesthesia   | \$0  | Deductible and coinsurance  |
| Physical Therapy, Physical Medicine, or Rehabilitation<br>(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;<br>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<br>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  | Deductible and coinsurance  |

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

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

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

POS REV Sept 2014

Prepared on 10.10.16 SH

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



# 2019 Empire BCBS Summary of Benefits—PPO Plan



An Anthem Company

## Your Summary of Benefits

### County of Ulster PPO

| 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<br>(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<br>(initial visit per occurrence)  | \$100 copayment<br>(Waived if admitted within 24 hours) | \$100 copayment<br>(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   |
| – Office Visit   | \$20 copayment  | Deductible and Coinsurance   |
| – Routine Testing  | \$0   |  |
| – Allergy Injections/Immunotherapy   | \$0   |  |
| Chiropractic Care <sup>7</sup>   | \$20 copayment  | Deductible and Coinsurance   |
| Home Healthcare<br>(Up to 200 visits per calendar year)  | \$0   | Coinsurance (no deductible)  |
| Home Infusion Therapy  | \$0   | Deductible and Coinsurance   |
| Hospice Care<br>(Up to 210 days per lifetime)  | \$0   | Deductible and Coinsurance   |
| Physical Therapy <sup>5</sup><br>(Up to 90 visits per calendar year combined in home, office or outpatient facility)   | \$20 copayment  | Deductible and Coinsurance   |
| Other Short-Term Rehabilitative Therapies —<br>Speech/Language <sup>5</sup> , Occupational <sup>5</sup><br>(Up to 60 visits per calendar year combined in home, office or outpatient facility) | \$20 copayment  | Deductible and Coinsurance   |
| Vision Therapy   | \$20 copayment  | Deductible and Coinsurance   |

Services provided by Empire HealthChoice Assurance, Inc.,  
licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

# 2019 Empire BCBS Summary of Benefits—PPO Plan

| Benefit   | In-Network <sup>1</sup>   | Out-of-Network <sup>2,3</sup>     |
|---|---|-----------------------------------|
| Cardiac Rehabilitation (Unlimited visits per calendar year)   | \$20 copayment  | Deductible and Coinsurance        |
| Second Surgical Opinion   | \$20 copayment<br>(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<br>(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<br>(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® 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.

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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.

PPO Rev. February 2016

Prepared on 10.10.16 SH

Services provided by Empire HealthChoice Assurance, Inc.,  
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## Register with **empireblue.com** to get online access to your benefits.

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

### Step 1: Personal information

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

### Step 2: Username and password

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

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

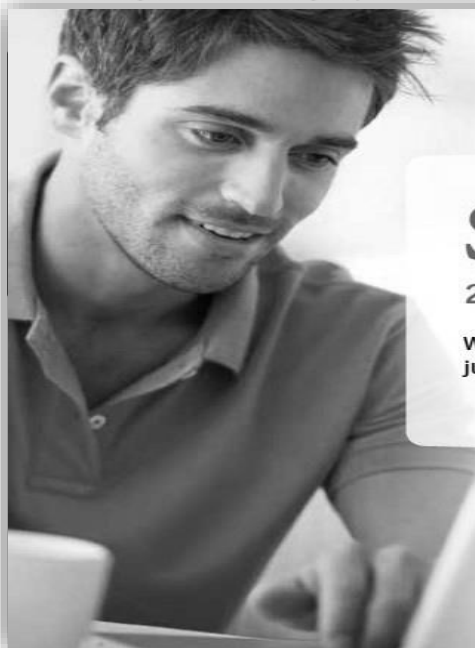
### Step 3: Email setup

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

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

### Step 4: Confirm registration

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



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BLUECROSS BLUESHIELD

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ONLINE

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# Empire—Health Insurance Claim Form



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

APPROVED OMB-0938-0008

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

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN SUPPLIER INFORMATION

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

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

PLEASE PRINT OR TYPE

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

Services provided by Empire HealthChoices HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. PHY 0738B 6/03

# Urgent Care Facilities for the Ulster County Area

**AMC EMERGNTCARE OF**

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

**EMERG ONE URGENT CARE DI**

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

**HQUMCP PC**

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

**CORNERSTONE FAMILY HLTHCR**

Urgent Care In-Network  
147 Lake St  
Newburgh, NY 12550  
PH: 845-563-8000

**EXCEL URGENT CARE FISHKILL**

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

**HQUMCP PC**

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

**CRYSTAL RUN HEALTHCARE**

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

**EXCEL URGENT CARE**

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

**MIDDLETOWN MEDICAL PC**

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

**CRYSTAL RUN HEALTHCARE**

Urgent Care In-Network  
807 State Route  
Monroe, NY 10950  
P H: 845-703-6999

**FIRST CARE MEDICAL PC**

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

**ORANGE URGENT CARE PLLC**

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

**CRYSTAL RUN HEALTHCARE**

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

**HEALTH QUEST URGENT CARE**

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

**PM PEDIATRICS OF BAYSIDE**

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

**CRYSTAL RUN HEALTHCARE**

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

**HQUMCP PC**

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

**PULSE-MD URGENT CARE**

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

**EMERG ONE URGENT CARE DI**

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

**HQUMCP PC**

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

**PULSE-MD URGENT CARE**

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



# Express Scripts



While your prescription provider is still Express Scripts and the copays remain the same – it is NOW administered by **Rx Benefits**.

**What does this mean?** You MUST present your NEW ID card to your pharmacy so prescriptions can be charged to the new account; otherwise, your prescriptions claims will be denied.

| PLAN   | Rx CO-PAYS (Supply)   |
|--|---|
| Empire—POS Plan  | \$5 / \$20 / \$40 (30-days)   |
| Empire—PPO Plan  | \$10 / \$25 / \$40 (30-days)  |
| NEW / Empire —EPO Plan                                       | \$5 / \$20 / \$40 (30-days)<br>\$50 deductible- Brand Name Drugs only<br>Out of Pocket Max<br>Individual:\$2,000<br>Family: \$4,000 |
| Mail Order Prescriptions                                     | 2x CoPays (90-days)   |
| Additional Support: 1-800-836-0026<br>Relph Benefit Advisors |   |

## ID CARDS

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

**RXBIN:** 610014

**RXGRP:** RXBULST

**ISSUER:** Express Scripts

**Pharmacy Member Services:** 1-800-334-8134

**Pharmacist Helpdesk:** 1-800-922-1557

## VERIFY ELIGIBILITY

**Email** your requests to [eligibility@rxbenefits.com](mailto:eligibility@rxbenefits.com).

Most requests are addressed within 12-hours of receipt or less.

**Pharmacy Member Services:** 1-800-334-8134

All benefit changes must be received from your benefits or HR department. If an update is needed, please reach out to one of these entities and request the necessary update. They will communicate this information to RxBenefits.

## SERVICES

### Member Service is Available:

For fastest service, please contact your member services team.

**From 7:00 AM – 8:00 PM (CST) Mon – Fri**

To Assist You With Any Questions or Concerns Regarding

- Eligibility Verification
- Claims Status
- Verification of benefits
- Coverage Determination/Inquiries
- Plan authorized overrides
- Pharmacy Information

### Employees:

- Email: [RxHelp@rxbenefits.com](mailto:RxHelp@rxbenefits.com)
- Member Services: 1-800-334-8134

## MAIL ORDER & SPECIALTY

Member Services is best equipped to address your issues. A Representative will remain on the line with you, to act as your advocate, if there is a need to connect with the Prescription Benefits Manager (PBM) for problem resolution. We can assist you with getting their medications transferred from retail to mail order as follows:

- Offer a one-time courtesy override at their retail location during the transition, then
- Conference you in with the PBM's mail order center to have their account set-up and prescriptions moved, or
- Contact your physician on your behalf or advise how to have your doctor e-Scribe a new script to the PBM.

# Express Scripts Formulary—2019

**PPO Copays** (Retail-30-day supply): \$10/\$25/\$40, Mail order 90-day supply= 2-copays

**POS Copays** (Retail-30-day supply): \$5/\$20/\$40, Mail order 90-day supply= 2-copays

**EPO Co-Pays** (Retail 3-day supply): \$5/\$20/\$40, Mail Order 90-day supply=2-copays, Deductible for Brand Name Rx



**EXPRESS SCRIPTS®**

**CHAMPIONS  
FOR  
BETTER™**

## 2019 Express Scripts National Preferred Formulary

### KEY

[INJ] - Injectable Drug  
Brand-name drugs are listed  
in CAPITAL letters.  
Generic drugs are listed in  
lower case letters.

### A

ABILIFY MAINTENA [INJ]  
ABSORICA  
ACANYA  
acetaminophen/codeine  
ACTEMRA [INJ]  
acyclovir  
ADEMPAS  
ADVAIR DISKUS  
ADVAIR HFA  
AFSTYLA [INJ]  
AIMOVIG [INJ]  
AKYZEO  
albuterol nebulization solution  
alendronate  
allopurinol  
ALPHAGAN P 0.1%  
alprazolam  
ALREX  
amiodarone  
AMITIZA  
amitriptyline  
amlodipine  
amlodipine/benzazepril  
amlodipine/valsartan  
amoxicillin  
amoxicillin/potassium  
clavulanate  
AMPYRA  
anastrozole  
ANDRODERM  
ANDROGEL 1.62%  
ANORO ELLIPTA  
APRISO  
ARCAPTA NEOHALER  
aripiprazole  
ARISTADA [INJ]  
ARMONAIR RESPICLICK  
ARNUTY ELLIPTA  
ASMANEX HFA  
ASMANEX TWISTHALER  
atenolol  
atenolol/chlorthalidone  
atomoxetine  
atorvastatin  
AVONEX [INJ]  
AZASITE  
azelastine nasal spray  
azithromycin

### B

baclofen

BARACLUDE SOLUTION  
BD AUTOSHIELD  
DUO NEEDLES  
BD ULTRAFINE  
INSULIN SYRINGES  
BD ULTRAFINE  
PEN NEEDLES  
BELBUCA  
benazepril  
benzonatate  
BEPREVE  
BETASERON [INJ]  
BETHKIS  
BEVESPI AEROSPHERE  
BIKTARVY  
bisoprolol/hctz  
blisovi fe  
BOSULIF  
Breo ELLIPTA  
BRILINTA  
budesonide nebulization  
suspension  
bupropion  
bupropion ext-release  
buspirone  
butalbital/acetaminophen/  
caffeine  
BYDUREON [INJ]  
BYETTA [INJ]  
BYSTOLIC  
BYVALSON

### C

CABOMETYX  
CANASA  
CARAC  
CARAFATE SUSPENSION  
carbidopa/levodopa  
carvedilol  
cefdinir  
cefuroxime axetil  
celecoxib  
cephalexin  
CERDELGA  
CEREZYME [INJ]  
CETROTIDE [INJ]  
CHANTIX  
chlorhexidine gluconate  
chlorthalidone  
CIALIS  
CIMDUO  
CIPRODEX  
ciprofloxacin  
citalopram  
clarithromycin  
CLENPIQ  
clindamycin hcl  
clindamycin phosphate topical  
clindamycin phosphate/  
benzoyl peroxide

clobetasol propionate  
clomiphene citrate  
clonazepam  
clonidine  
clopidogrel  
clotrimazole/betamethasone  
dipropionate  
COLCRYS  
COMBIGAN  
COMBIPATCH  
COMBIVENT RESPIMAT  
COPAXONE 40 MG [INJ]  
CORLANOR  
COSENTYX [INJ]  
CREON  
CRINONE  
cyanocobalamin [INJ]  
cyclobenzaprine

### D

DALIRESP  
DARAPRIM  
DAYTRANA  
DESCOXY  
desloratadine  
desvenlafaxine succinate  
ext-release  
dexamethasone  
dexmethylphenidate  
ext-release  
dextroamphetamine/  
amphetamine  
dextroamphetamine/  
amphetamine ext-release  
diazepam  
diclofenac sodium  
delayed-release  
dicyclomine  
digoxin  
diltilazem ext-release  
diphenoxylate/atropine  
divalproex delayed-release  
divalproex ext-release  
DMIGEL  
donepezil  
doxazosin  
doxycycline hyclate  
doxycycline monohydrate  
DUAVEE  
DULERA  
duloxetine delayed-release  
DUPIXENT [INJ]  
DYMISTA

### E

EDARBI  
EDARBYCLOR  
ELIDEL  
ELIQUIS

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

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

EMVERM  
enalapril  
ENBREL [INJ]  
enoxaparin [INJ]  
ENSTILAR  
ENTRESTO  
EPCLUSA  
EPIDUO FORTE  
EPINEPHRINE AUTO-  
INJECTOR (by Mylan) [INJ]  
EPIPEN, EPIPEN JR [INJ]  
ergocalciferol  
ERIVEDGE  
ERLEADA  
erythromycin eye ointment  
ESBRIET  
escitalopram  
esomeprazole magnesium  
delayed-release  
estradiol  
estradiol patches  
estradiol/norethindrone acetate  
ESTRING  
eszopiclone  
EUFLEXA [INJ]  
EVEKEO  
ezetimibe  
ezetimibe/simvastatin

### F

famotidine  
FARXIGA  
fenofibrate  
fenofibrate micronized  
fenofibric acid delayed-release  
fentanyl patches  
FETZIMA  
FINACEA  
finasteride  
FLECTOR  
FLOVENT DISKUS  
FLOVENT HFA  
fluconazole  
fluocinonide  
fluoxetine  
fluticasone nasal spray  
folic acid  
FORTEO [INJ]  
FRAGMIN [INJ]  
furosemide  
FYCOMPA

### G

gabapentin  
GELNIQUE  
gemfibrozil  
GENOTROPIN [INJ]  
GENVOYA  
GILENYA

GILOTRIF  
glimepiride  
glipizide  
glipizide ext-release  
GLUCAGEN [INJ]  
GLUCAGON [INJ]  
glyburide  
GLYXAMBI  
GONAL-F, GONAL-F RFF,  
GONAL-F RFF  
REDI-JECT [INJ]  
GRALISE  
GRANIX [INJ]  
GRASEK  
guanfacine ext-release

### H

HARVONI  
HELIKATE FS [INJ]  
HUMALOG [INJ]  
HUMIRA [INJ]  
HUMULIN [INJ]  
hydralazine  
hydrochlorothiazide  
hydrocodone/acetaminophen  
hydrocodone/chlorpheniramine  
polistirex ext-release  
hydrocortisone topical  
hydromorphone  
hydroxychloroquine  
hydroxyzine hcl  
hydroxyzine pamoate  
HYSINGLA ER

### I

ibandronate  
IBRANCE  
ibuprofen  
ILEVRO  
INCRUSE ELLIPTA  
indomethacin  
INLYTA  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
irbesartan  
IRESSA  
isosorbide mononitrate  
ext-release

### J

JANUMET, JANUMET XR  
JANUVIA  
JARDIANCE  
JENTADUETO  
JENTADUETO XR  
junel  
junel fe

(continued)

Go to [express-scripts.com/2019drugs](http://express-scripts.com/2019drugs) for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.

# Express Scripts Formulary—2019

**PPO Copays** (Retail-30-day supply): \$10/\$25/\$40, Mail order 90-day supply= 2-copays

**POS Copays** (Retail-30-day supply): \$5/\$20/\$40, Mail order 90-day supply= 2-copays

**EPO Co-Pays** (Retail 3-day supply): \$5/\$20/\$40, Mail Order 90-day supply=2-copays, Deductible for Brand Name Rx

|  |   |  |  |  |
|--|---|--|--|--|
| <b>K</b><br>keticonazole topical<br>ketorolac<br>KITABIS PAK<br>KOGENATE FS [INJ]<br>KVALTRY [INJ]<br>KYLEENA  | <b>MOVANTIK</b><br><b>MOXEZA</b><br>moxifloxacin eye solution<br>mupirocin<br>MUSE<br>MYDAYIS<br>MYRBETRIQ  | <b>P</b><br>pantoprazole delayed-release<br>paroxetine hcl<br>PAZEO<br>penicillin v potassium<br>PENTASA<br>PERFORMIST<br>PHOSLYRA<br>PICATO   | <b>RUCONEST</b> [INJ]<br><b>S</b><br>SANCUSO<br>SAVELLA<br>SEGLUROMET<br>SEREVENT DISKUS<br>sertraline<br>sildenafil<br>SIMPONI 100 MG (for ulcerative colitis only) [INJ]   | triamcinolone topical<br>triamterene/hctz<br>tri-lo-maria<br>trinessa<br>TRIPTODUR [INJ]<br>tri-sprintec<br>TRULANCE<br>TRULICITY [INJ]<br>TUDORZA PRESSAIR<br>TYMLOS [INJ]  |
| <b>L</b><br>labetalol<br>lamotrigine<br>lansoprazole delayed-release<br>LANTUS [INJ]<br>latanoprost eye solution<br>LATUDA<br>LETAIRIS<br>LEVEMIR [INJ]<br>levetiracetam<br>levocetirizine<br>levofloxacin<br>levothyroxine sodium<br>lidocaine patches<br>LINZESS<br>liothyronine<br>LIPOFEN<br>lisinopril<br>lisinopril/hctz<br>LIVALO<br>LO LOESTRIN FE<br>lorazepam<br>losartan<br>losartan/hctz<br>LOTENAX<br>lovastatin<br>LUMIGAN<br>LYRICA   | <b>N</b><br>nabumetone<br>NAMZARIC<br>naproxen, naproxen sodium<br>NARCAN NASAL SPRAY<br>NASCOBAL<br>neomycin/polymyxin/<br>hydrocortisone ear solution<br>NEXIUM PACKETS<br>niacin ext-release<br>nifedipine ext-release<br>nitrofurantoin macrocrystal<br>NITYR<br>NORDITROPIN [INJ]<br>nortriptyline<br>NOVAREL [INJ]<br>NOVOEIGHT [INJ]<br>NOVOFINE AUTOSHIELD<br>NEEDLES<br>NOVOFINE NEEDLES<br>NOVOTWIST NEEDLES<br>NUCALA [INJ]<br>NUCYNTA, NUCYNTA ER<br>NUDEXTA<br>NUVARING<br>NUVIQ [INJ]<br>nystatin<br>nystatin topical   | <b>P</b><br>pioglitazone<br>PLEGRIDY [INJ]<br>polymyxin/trimethoprim<br>eye solution<br>POMALYST<br>potassium chloride ext-release<br>PRALUENT [INJ]<br>pramipexole<br>pravastatin<br>prednisolone acetate<br>eye suspension<br>prednisolone sodium<br>phosphate<br>prednisone<br>PREMARIN CREAM<br>PREMARIN TABLETS<br>PREMPHASE<br>PREMPRO<br>PREPOPIK<br>PROAIR HFA<br>PROAIR RESPICLICK<br>PROCRIT [INJ]<br>progesterone micronized<br>PROLACTIN C [INJ]<br>PROLENSA<br>promethazine<br>promethazine/<br>dextromethorphan<br>propranolol<br>propranolol ext-release<br>PULMICORT FLEXHALER<br>PYLERA | <b>S</b><br>simvastatin<br>SKYLA<br>SOLIQUA [INJ]<br>SOLODYN<br>SOMATULINE DEPOT [INJ]<br>SOOLANTRA<br>SPIRIVA RESPIMAT<br>spironolactone<br>sprintec<br>SPRYCEL<br>STEGLATRO<br>STELARA SC [INJ]<br>STIOLTO RESPIMAT<br>STRENSIQ [INJ]<br>STRIVERDI RESPIMAT<br>SUBOXONE SL FILM<br>sulfamethoxazole/trimethoprim<br>sumatriptan<br>SUPREP<br>SUTENT<br>SYMBICORT<br>SYMFI<br>SYMFI LO<br>SYMLINPEN [INJ]<br>SYMPROIC<br>SYNJARDY, SYNJARDY XR  | <b>U</b><br>UCERIS FOAM<br>ULORIC<br>UPTRAVI<br><b>V</b><br>valacyclovir<br>valsartan<br>valsartan/hctz<br>VARUBI<br>VASCEPA<br>VELPHORO<br>VELTASSA<br>venlafaxine<br>venlafaxine ext-release<br>VENTOLIN HFA<br>verapamil ext-release<br>VESICARE<br>VIBERZI<br>VIBRYD<br>VIMPAT<br>VIOKAGE<br>VOSEVI<br>VYVANSE   |
| <b>M</b><br>MAKENA MULTIDOSE<br>VIAL [INJ]<br>mecizine<br>medroxyprogesterone<br>meloxicam<br>MESTINON SYRUP<br>metaxalone<br>metformin<br>metformin ext-release<br>methimazole<br>methocarbamol<br>methotrexate<br>methylphenidate<br>methylphenidate ext-release<br>methylprednisolone<br>metoclopramide<br>metoprolol succinate<br>ext-release<br>metoprolol tartrate<br>metronidazole<br>metronidazole topical<br>metronidazole vaginal<br>microgestin fe<br>MINIVELLE<br>minocycline<br>MIRENA<br>mirtazapine<br>MIRVASO<br>MITIGARE<br>moderiba<br>mometasone<br>MONOVISC [INJ]<br>montelukast<br>morphine sulfate ext-release | <b>O</b><br>ODACTRA<br>OFEV<br>ofloxacin<br>olanzapine<br>olmesartan<br>olmesartan/hctz<br>olopatadine eye solution<br>omega-3 acid ethyl esters<br>omeprazole delayed-release<br>ondansetron<br>ondansetron orally<br>disintegrating tablets<br>ONETOUCH KITS/METERS;<br>ULTRA 2, ULTRAMINI,<br>VERIO FLEX,<br>VERIO IQ, VERIO SYNC<br>ONETOUCH TEST STRIPS;<br>ULTRA, VERIO<br>ONEXTON<br>OPSUMIT<br>ORACEA<br>ORFADIN<br>ORTHOWISC [INJ]<br>oseltamivir<br>OTEZLA<br>OTOVEL<br>OTREXUP [INJ]<br>OVIDREL [INJ]<br>oxcarbazepine<br>oxybutynin ext-release<br>oxycodone<br>oxycodone/acetaminophen<br>OXYCONTIN<br>OZEMPIC [INJ] | <b>Q</b><br>QNASL<br>QUDEXY XR<br>quetiapine<br>QUILLICHEW ER<br>QUILLIVANT XR<br>quinapril<br>QVAR<br>QVAR REDIHALER<br><b>R</b><br>rabeprazole delayed-release<br>RAGWITEK<br>raloxifene<br>ramipril<br>RANEXA<br>ranitidine<br>RAPAFLO<br>RASUVO [INJ]<br>REBIF [INJ]<br>RECTIV<br>RELISTOR [INJ]<br>REMICADE [INJ]<br>RESTASIS<br>REVLIMID<br>RHOPRESSA<br>risperidone<br>rizatriptan<br>rofinirole<br>rosuvastatin  | <b>T</b><br>TACLONEX SUSPENSION<br>tacrolimus topical<br>tamoxifen<br>tamsulosin ext-release<br>TARCEVA<br>TASIGNA<br>TAYTULLA<br>TAZORAC GEL<br>TAZORAC 0.05% CREAM<br>TECFIDERA<br>TEKTURN, TEKTURN HCT<br>terazosin<br>terconazole vaginal<br>testosterone cypionate [INJ]<br>THALOMID<br>timolol maleate eye solution<br>tizanidine<br>TOBI PODHALER<br>TOBRADEX OINTMENT<br>TOBRADEX ST<br>tobramycin eye solution<br>tobramycin/dexamethasone<br>eye suspension<br>topiramate<br>TOUJEO [INJ]<br>TOVIAZ<br>TRACLEER<br>TRADJENTA<br>tramadol<br>TRAVATAN Z<br>trazodone<br>TRELLEGY ELLIPTA<br>TREMIFYA [INJ]<br>TRESIBA [INJ] | <b>W</b><br>warfarin<br><b>X</b><br>XALKORI<br>XARELTO<br>XELJANZ, XELJANZ XR<br>XIFAXAN<br>XIGDUO XR<br>XIIDRA<br>XOLAIR [INJ]<br>XTANDI<br>XULTOPHY [INJ]<br><b>Y</b><br>YONSA<br>yuvafem<br><b>Z</b><br>ZARXIO [INJ]<br>ZENPEP<br>ZEPATIER<br>zolpidem<br>zolpidem ext-release<br>ZOMIG NASAL<br>ZONTIVITY<br>ZOVIRAX CREAM<br>ZUBSOLV<br>ZYLET<br>ZYTIGA |

Go to [express-scripts.com/2019drugs](http://express-scripts.com/2019drugs) for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.



# Express Scripts Changes/Exclusion List—2019

The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning January 1, 2019, unless otherwise noted. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price. This is not an all-inclusive list of exclusions for the Express Scripts National Preferred Formulary.

## Single-Source Brand Exclusions

The following drug classes have new exclusions for 2019. Please note that product placement for treatment for Inflammatory Conditions are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

| Drug Class  | Excluded Medications   | Preferred Alternatives   |
|---|--|--|
| Anticoagulants  | PRADAXA, SAVAYSA   | ELIQUIS, XARELTO   |
| Antiparkinsonism Agents   | NEUPRO PATCH   | pramipexole tablet, pramipexole ER tablet, ropinirole tablet                       |
|   | XADAGO   | rasagiline, selegiline   |
| Beta Interferons for Multiple Sclerosis   | EXTAVIA  | AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE |
| Blood Glucose Meters & Test Strips  | ABBOTT (FREESTYLE, PRECISION)*, BAYER (BREEZE, CONTOUR)*, NATIONAL MEDICAL (ADVOCATE)*, OMNIS HEALTH (EMBRACE, VICTORY)*, ROCHE (ACCU-CHEK)*, TRIVIDIA (TRUETEST, TRUETRACK)*, UNISTRIIP*<br>ALL OTHER METERS & STRIPS THAT ARE NOT LIFESCAN BRAND | LIFESCAN (ONETOUGH)  |
| Combination Patches   | CLIMARA PRO  | COMBIPATCH   |
| Corticosteroids (Rectal Formulations)   | CORTIFOAM  | hydrocortisone enema, UCERIS (FOAM)  |
| Factor VIII Recombinant Products  | ELOCTATE, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE   | ADVATE, ADYNOVATE, AFSTYLA, HELIXATE FS, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ   |
| Gonadotropin Releasing Hormone (GnRH) Agonists (for Central Precocious Puberty) | LUPRON DEPOT-PED   | TRIPTODUR  |
| Gout Therapy  | DUZALLO, ZURAMPIC  | allopurinol, probenecid  |
| Growth Hormones   | HUMATROPE, NUTROPIN AQ NUSPIN*, OMNITROPE*, SAIZEN*, SAIZENPREP*, ZOMACTON*  | GENOTROPIN, NORDITROPIN FLEXPRO  |
| Hepatitis C   | DAKLINZA*, MAVYRET, OLYSIO*, SOVALDI*  | EPCLUSA, HARVONI, VOSEVI, ZEPATIER*  |
| Hereditary Angioedema   | BERINERT   | CINRYZE, RUCONEST  |
| HIV - Antiretrovirals   | ATRIPLA  | BIKTARVY, GENVOYA, ODEFSEY, STRIBILD, SYMFY, SYMFY LO, TRIUMEQ                     |
| HMG & Cholesterol Inhibitor Combinations  | ALTOPREV, ZYPITAMAG*   | atorvastatin, lovastatin, rosuvastatin, simvastatin, LIVALO                        |
| Human Chorionic Gonadotropin  | CHORIONIC GONADOTROPIN, PREGNYL  | NOVAREL, OVIDREL   |
| Irritable Bowel Syndrome and Chronic Constipation Agents                        | No products in this class will be excluded for 2019  | AMITIZA, LINZESS, TRULANCE*  |

\* Current 2018 exclusion in this class

# Express Scripts Changes/Exclusion List—2019

## Single-Source Brand Exclusions (Continued)

| Drug Class                                    | Excluded Medications                              | Preferred Alternatives  |
|---|---|---|
| Long-Acting Beta Agonist Nebulized            | BROVANA   | PERFOROMIST   |
| Long-Acting Opioid Oral Analgesics            | EMBEDA, OXYCODONE ER*                             | hydromorphone ER, morphine sulfate ER, oxymorphone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN                 |
| Miscellaneous Topical Dermatological Agents   | ALCORTIN A  | hydrocortisone, mupirocin   |
| Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) | FENOPROFEN (CAPSULE), FENORTHO, NALFON            | fenoprofen calcium (tablet/generic), diclofenac, indomethacin, ibuprofen, meloxicam, nabumetone, naproxen |
| Ophthalmic Anti-Allergic                      | ALOCRIL, ALOMIDE, EMADINE,                        | azelastine drops, cromolyn drops, olopatadine drops, ALREX, BEPREVE, PAZEO                                |
| Ophthalmic Anti-Inflammatory                  | FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD | dexamethasone drops, fluorometholone drops, prednisolone drops, LOTEMAX                                   |
| Topical Antiviral Agents                      | XERESE CREAM                                      | acyclovir (tablet/capsule), famciclovir tablet, valacyclovir tablet, ZOVIRAX CREAM                        |
| Topical Corticosteroids                       | TOPICORT SPRAY, VERDESO FOAM                      | desonide 0.05% (cream/lotion/ointment), desoximetasone 0.25% (cream/ointment)                             |
| Weight Loss Agents                            | CONTRAVE ER, QSYMIA*                              | benzphetamine, diethylpropion, phentermine  |

## Multi-Source Brand Exclusions

The generic equivalents of the following brand-name medications are covered on the NPF. These generic medications meet strict standards and have been approved by the FDA. These generic products contain the same active ingredients as their corresponding brand-name medications, although they may have a different color or shape. Please note that brand product placement may be subject to change throughout the year based upon new generic product availability on the market.

|           |            |              |         |           |
|-----------|------------|--------------|---------|-----------|
| BRISDELLE | NAMENDA XR | NORCO        | NUVIGIL | UROXATRAL |
| VAGIFEM   | VIAGRA     | VIVELLE- DOT | YASMIN  | ZONEGRAN  |



# Ulster Scripts Employee Program



## Ulster Scripts Employee Program

### Introduction:

Ulster Scripts is an international mail order option for eligible Employees, Retirees and Dependents of Ulster County, NY, currently covered by your county offered prescription coverage. Your list of qualified maintenance medications is on the reverse.

### Copayments:

All member copayments have been waived for this program.

| Ulster Scripts            |     | Vs.        |   | Current Purchase Plan |   |                   |
|---------------------------|-----|------------|---|-----------------------|---|-------------------|
| Annual Cost<br>No Copays! |     | Copays     |   | Refills               |   | Annual<br>Savings |
| \$0                       | Vs. | \$25 (PPO) | x | 12                    | = | \$300 / Script    |
|                           | Vs. | \$40 (PPO) | x | 12                    | = | \$480 / Script    |
|                           | Vs. | \$20 (POS) | x | 12                    | = | \$240 / Script    |
|                           | Vs. | \$40 (POS) | x | 12                    | = | \$480 / Script    |

### Ordering Instructions:

To place your first order please submit: a completed enrollment form; a new prescription for each medication; and a copy of your photo identification\*.

*\*Similar to a number of states in the US, some CanaRx pharmacies require a copy of photo ID be provided prior to dispensing the medications. In order to prevent order delays, we encourage patients to include a clear copy of their photo identification with their enrollment form or upload directly to our secure site [www.CanaRxDocs.com](http://www.CanaRxDocs.com). If not included, a CanaRx representative will contact you when required by the pharmacy dispensing your medications.*

Ask your doctor for a prescription for a 3 month supply with 3 refills. We will call you prior to each renewal to ensure that you have a continuous supply. Please allow 4 weeks for delivery.

Medications must be taken for 30 days before ordering through Ulster Scripts.

**RETURN YOUR COMPLETED AND SIGNED [ENROLLMENT FORM](#) AND [ORIGINAL PRESCRIPTIONS](#):**



**BY FAXING TO: 1-866-715-MEDS (6337) TOLL FREE**

*Faxed prescriptions are ONLY accepted if sent directly from the physician's office.*

**OR**



**BY MAILING TO: Ulster Scripts**

235 Eugenie St. West  
Suite 105D  
Windsor, ON, Canada  
N8X 2X7

**OR**

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

### More forms are available:

Additional forms may be obtained at the Personnel Department, by printing them from the website at [www.UlsterScripts.com](http://www.UlsterScripts.com) or by contacting our Customer Service Representatives toll free at 1-866-893-(MEDS) 6337.

**WELCOME TO Ulster Scripts Employee Program**

## Ulster Scripts —Formulary



## Ulster Scripts Employee Program

**For More Information: Call 1-866-893-MEDS (6337)**

|                           |                           |                            |                         |                          |
|---------------------------|---------------------------|----------------------------|-------------------------|--------------------------|
| ALBIFY (G) 2MG            | CLIMARA PATCH 75MCG       | IMITREX AUTOINJECTOR       | NESINA 25MG             | TARKA 2/180MG            |
| ALBIFY (G) 5MG            | COMBIKAN 0.2-0.5%         | STATDOSE 6MG/0.5ML         | NEUPRO 1MG              | TARKA 42/40MG            |
| ALBIFY (G) 10MG           | COMBIVENT RESPIRAT        | IMITREX NASAL SPRAY        | NEUPRO 2MG              | TASMAR 100MG             |
| ALBIFY (G) 15MG           | 20MCG/100MCG              | 5MG/20DOSE                 | NEUPRO 3MG              | TAZORAC CREAM 0.05%      |
| ALBIFY (G) 20MG           | COMTAN 200MG              | IMITREX NASAL SPRAY        | NEUPRO 4MG              | TAZORAC CREAM 0.1%       |
| ALBIFY (G) 30MG           | COSOPT PF DROPS 2% 0.5%   | 20MG/20DOSE                | NEUPRO 6MG              | TAZORAC GEL 0.05%        |
| ACTONEL 5MG               | CRESTOR (G) 5MG           | INCURSE ELLIPTA 62.5MCG    | NEUPRO 8MG              | TAZORAC GEL 0.1%         |
| ACTONEL 30MG              | CRESTOR (G) 10MG          | INDERAL LA 60MG            | NEXIUM 20MG             | TECFIDERA 120MG          |
| ACTONEL 35MG              | CRESTOR (G) 20MG          | INDERAL LA 80MG            | NEXIUM 40MG             | TECFIDERA 240MG          |
| ACTONEL 150MG             | CRESTOR (G) 40MG          | INDERAL LA 120MG           | NEXIUM DR 10MG          | TEGRETOL 200MG           |
| ACTOPLUS 15MG-850MG       | CRINONE GEL 8%            | INDERAL LA 160MG           | NORVATE CREAM 1%        | TEKTURNA 150MG           |
| ACULAR (G) 0.5%           | CYMBALTA (G) 30MG         | INVEGA 3MG                 | NORVIR TABLET 100MG     | TEKTURNA 300MG           |
| ACULAR LS (G) 0.4%        | CYMBALTA (G) 60MG         | INVEGA 6MG                 | OMNARIS 50MCG           | TEKTURNA HCT 150-12.5MG  |
| ACZONE 5%                 | DAUWRES 500MCG            | INVEGA 9MG                 | ONGLYZA 2.5MG           | TEKTURNA HCT 150-25MG    |
| ACZONE 7.5%               | DERMOTIC OIL 0.01%        | INVIRASE 500MG             | ONGLYZA 5MG             | TEKTURNA HCT 300-25MG    |
| ADIRCA 20MG               | DETROL 1MG                | INVOKAMET 50MG-500MG       | ORTHO-TRI-CYCLEN LO (G) | TOBREX OINT 0.3%         |
| ADVAIR DISKUS 100MCG      | DETROL 2MG                | INVOKAMET 50MG-1000MG      | OTEZLA 30MG             | TOPICORT CREAM (G) 0.25% |
| ADVAIR DISKUS 250MCG      | DETROL LA 2MG             | INVOKAMET 150MG-500MG      | PATANOL 0.1%            | TOVIAZ 4MG               |
| ADVAIR DISKUS 500MCG      | DETROL LA 4MG             | INVOKAMET 150MG-1000MG     | PENTASA 500MG           | TOVIAZ 8MG               |
| ADVAIR HFA 45/21MCG       | DEXILANT DR 30MG          | INVOKANA 100MG             | PLAQUELIL (G) 200MG     | TRAVATAN Z 0.004%        |
| ADVAIR HFA 115/21MCG      | DEXILANT DR 60MG          | INVOKANA 300MG             | PRADAXA 75MG            | TRELEGY ELLIPTA          |
| ADVAIR HFA 230/21MCG      | DIFFERIN CREAM 0.1%       | IRESSA 250MG               | PRADAXA 150MG           | 100.62-5.25MCG           |
| AGGRENOX 200/25MG         | DIFFERIN GEL 0.1%         | ISOPTO CARPINE 1%          | PRANDIN (G) 0.5 MG      | TRIBENZOR 205/12.5MG     |
| ALOCIL 2%                 | DIFFERIN GEL 0.3%         | ISOPTO CARPINE 4%          | PRANDIN (G) 1MG         | TRIBENZOR 405/12.5MG     |
| ALOMIDE 0.1%              | DIPENTUM 250MG            | JADENU 90MG                | PRANDIN (G) 2MG         | TRIBENZOR 405/25MG       |
| ALPHAGAN-P 0.15%          | DIPROLENE OINT 0.05%      | JADENU 180MG               | PRED FORTE 1%           | TRIBENZOR 4010/12.5MG    |
| ALREX 0.2%                | DIVIGEL 0.5MG             | JADENU 360MG               | PREMARIN 0.3MG          | TRIBENZOR 4010/25MG      |
| ALVESCO 80MCG 100MCG      | DIVIGEL 1MG               | JALYN 0.5MG/0.4MG          | PREMARIN 0.625MG        | TRILEPTAL (G) 150MG      |
| ALVESCO 160MCG 200MCG     | DUAVEE 0.45-20MG          | JANUMET 50/500MG           | PREMARIN 1.25MG         | TRILEPTAL (G) 300MG      |
| AMITIZA 24MCG             | DULERA 100MCG/5MCG        | JANUMET 50/1000MG          | PREMARIN CREAM          | TRILEPTAL (G) 600MG      |
| ANORO ELLIPTA 62.5/25MCG  | DULERA 200MCG/5MCG        | JANUMET XR 50MG/500MG      | 0.625MG/GM              | TRINTELLIX 5MG           |
| ARCAPTA NEOHALER 75MCG    | DYMISTA 137/50MCG         | JANUMET XR 50MG/1000MG     | PREVACID SOLUTAB 15MG   | TRINTELLIX 10MG          |
| ARNUTY ELLIPTA 100MCG     | EDARBI 40MG               | JANUMET XR 50MG/1000MG     | PREVACID SOLUTAB 30MG   | TRINTELLIX 20MG          |
| ARNUTY ELLIPTA 200MCG     | EDARBI 80MG               | JANUMET XR 100MG/1000MG    | PREZISTA 800MG          | TRIUMEQ TABLET           |
| AROMASIN 25MG             | EDARBYCYCLOR 40MG/12.5MG  | JANUVIA 25MG               | PREZISTA 800MG/150MG    | TRUVADA 200-300MG        |
| ARTHRORTEC 50MG           | EDARBYCYCLOR 40MG/25MG    | JANUVIA 50MG               | PREZISTA 800MG          | TUDORZA PRESSAIR 400MCG  |
| ARTHRORTEC 75MG           | EDECRIN 25MG              | JANUVIA 100MG              | PRISTIQ 50MG            | TWYNSTA 405MG            |
| ASACOL HD 800MG           | EDURANT 25MG              | JARDIANCE 10MG             | PRISTIQ 100MG           | TWYNSTA 4010MG           |
| ASMANEX TWISTHALER 110MCG | EFFIENT (G) 5MG           | JARDIANCE 25MG             | PROMETRIUM 100MG        | TWYNSTA 805MG            |
| ASMANEX TWISTHALER 220MCG | EFFIENT (G) 10MG          | JENTADUETO 2.5MG-500MG     | PROTOPIC OINT 0.1%      | TWYNSTA 8010MG           |
| ATACAND 4MG               | ELIDEL 1%                 | JENTADUETO 2.5MG-850MG     | PROTOPIC OINT 0.3%      | ULORIC 80MG              |
| ATACAND 8MG               | ELIQUIS 2.5MG             | JENTADUETO 2.5MG-1000MG    | QVAR REDHALER 40MCG     | UROIC-H 10MEQ            |
| ATACAND 16MG              | ELIQUIS 5MG               | JUBLIA 10%                 | QVAR REDHALER 80MCG     | URSO 250MG               |
| ATACAND 32MG              | ELMIRON 100MG             | KAZANO 12.5/1000MG         | RANEXA 500MG            | VAGIFEM 10MCG            |
| ATACAND HCT 16MG/12.5MG   | EMADINE 0.05%             | KEPPRA (G) 250MG           | RAPAFLO 4MG             | VENTOLIN HFA 300MCG      |
| ATACAND HCT 32MG/12.5MG   | ENABLE 7.5MG              | KEPPRA (G) 500MG           | RAPAFLO 8MG             | VESICARE 5MG             |
| ATELVIA DR 35MG           | ENABLE 15MG               | KEPPRA (G) 750MG           | RAPAMUNE 0.5MG          | VESICARE 10MG            |
| ATROVENT HFA 20UG         | ENTOCORT 3MG              | KEPPRA (G) 1000MG          | RAPAMUNE 2MG            | VIBRYD 10MG              |
| AUBAGO 0.14MG             | ENTRESTO 24MG-26MG        | KOMBIGLYZE XR 2.5MG/1000MG | RELPAF 20MG             | VIBRYD 20MG              |
| AVANDIA 2MG               | ENTRESTO 49MG-51MG        | KOMBIGLYZE XR 5MG/500MG    | RELPAF 40MG             | VIBRYD 40MG              |
| AVANDIA 4MG               | ENTRESTO 97MG-103MG       | KOMBIGLYZE XR 5MG/1000MG   | RENAGEL 800MG           | VIMOVO 375/20MG          |
| AVODART (G) 0.5MG         | EPIDUO GEL PUMP 0.1%/2.5% | LATUDA 20MG                | RENVELA 800MG           | VIMOVO 500/20MG          |
| AXERT 12.5MG              | EPIPEN 0.3MG              | LATUDA 40MG                | REQUI XL (G) 4MG        | VIRAMUNE XR 400MG        |

**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.

September 2018



# Ulster Scripts—Employee Enrollment Form



## Ulster Scripts Employee Program

CanaRx Enrollment Form

MEMBER ID #:

**FAX/DIRECTLY FROM YOUR DOCTOR'S OFFICE WITH YOUR PRESCRIPTION(S) TOLL-FREE TO: 1-866-715-(MEDS) 6337**

OR

**MAIL TO: Ulster Scripts, 235 EUGENIE ST. WEST, SUITE 105D, WINDSOR, ON, CANADA, N8X 2X7 PHONE TOLL-FREE: 1-866-893-(MEDS) 6337**

-CONTACT US ABOUT EXPEDITING COMMUNICATIONS CROSSING THE BORDER

PATIENT INFORMATION: Birthdate \_\_\_\_\_  
MMDDYYYY

☐ SUBSCRIBER  
☐ SPOUSE  
☐ DEPENDENT

Phone (Home) \_\_\_\_\_ Phone (Work or Cell) \_\_\_\_\_

First Name (please print) \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

### NOTE:

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

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

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

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

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

☐ Male ☐ Female

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

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

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

(iv) Drug allergies: ☐ NO ☐ YES If yes, please specify: \_\_\_\_\_

### AUTHORIZATION IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

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

Parent's/Guardian's Signature \_\_\_\_\_

Date: (MM/DD/YY)

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

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

Patient Signature: \_\_\_\_\_

Date: (MM/DD/YY)

September 2018

# Ulster Scripts—Enrollment Form / Agreement

## TERMS OF AGREEMENT

### CONFIRMATION AND REPRESENTATIONS

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

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

### AUTHORIZATION AND CONSENT

*I consent to, and authorize, the following:*

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

### ACKNOWLEDGEMENT AND RELEASE

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

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

### PRIVACY NOTICE AND ACKNOWLEDGEMENT

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

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

### FURTHER ACKNOWLEDGEMENT & RELEASE

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

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

# Dental Plan—MetLife

## NEW PROVIDER—SAME BENEFITS

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

| <b>Benefits &amp; Covered Services*</b>   | <b>In-Network Providers</b><br>Negotiated Fee Schedule | <b>Out-of-Network* Providers</b><br>R & C 90 <sup>th</sup> Percentile |
|---|--|---|
| <b>Diagnostic &amp; Preventive Services</b><br>Exams, cleanings, x-rays, sealants | 100%   | 100%  |
| <b>Basic Services</b> -Fillings   | 80%  | 80%   |
| <b>Endodontics</b> (root canals)  | 80 %   | 80 %  |
| <b>Periodontics</b> (gum treatment)   | 80 %   | 80 %  |
| <b>Oral Surgery</b>   | 80 %   | 80 %  |
| <b>Major Services</b> -Crowns, inlays, onlays & cast restorations                 | 50%  | 50%   |
| <b>Prosthodontics</b> -Bridges, dentures, implants, TMJ                           | 50%  | 50%   |
| <b>Orthodontic Benefits</b> -dependent children to age 19                         | 50%  | 50%   |
| <b>Orthodontic Maximums</b>   | \$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](http://www.metlife.com/mybenefits) and follow the easy registration instructions.



# Dental Plan—MetLife / Find a Dental Provider (select PDP 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

# Vision Plan—Davis Vision



## The County of Ulster

### Premier Vision Plan

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

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

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

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

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

#### **How to locate a Network Provider...**

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

For a complete list of providers and more details about the plan please log onto the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call

**1.877.923.2847 and  
Enter Client Code 2769**

#### IN-NETWORK BENEFITS

|   |  |
|---|--|
| Eye Examination                                   | Every 12 months, Covered in full   |
| <b>Eyeglasses</b>                                 |  |
| Spectacle Lenses                                  | Every 12 months, Covered in full<br>For standard single-vision, lined bifocal, or trifocal lenses  |
| Frames  | Every 12 months, Covered in full<br>Any Fashion, Designer or Premier frame from Davis Vision's Collection <sup>1</sup> (value up to \$190)<br>OR<br>\$150 retail allowance toward any frame from provider, plus 20% off balance <sup>2</sup> |
| <b>Contact Lenses</b>                             |  |
| Contact Lens Evaluation, Fitting & Follow Up Care | Every 12 months,<br>Collection Contacts: Covered in full<br>OR<br>Non Collection Contacts:<br>Standard Contacts: 15% discount <sup>2</sup><br>Specialty Contacts <sup>3</sup> : 15% discount <sup>2</sup>                                    |
| Contact Lenses (in lieu of eyeglasses)            | Every 12 months, Covered in full<br>Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup><br>OR<br>\$150 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>2</sup>                   |

#### ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS

| MOST POPULAR OPTIONS<br><small>Savings based on in-network usage and average retail values.</small> | Without Davis Vision | With Davis Vision |
|---|----------------------|-------------------|
| Scratch-Resistant Coating   | \$25                 | \$0               |
| Polycarbonate Lenses  | \$66                 | \$0               |
| Standard Anti-Reflective (AR) Coating   | \$83                 | \$35              |
| Standard Progressives (no-line bifocal)   | \$198                | \$0               |
| Photochromic Lenses (i.e. Transitions®, etc.) <sup>4</sup>  | \$110                | \$65              |

#### **Lower costs and more benefits! See the savings!**

| Service                    | Without Davis Vision | With Davis Vision |
|----------------------------|----------------------|-------------------|
| Eye Examination            | \$103                | \$0               |
| Lenses                     |                      |                   |
| Bifocals                   | \$116                | \$0               |
| Scratch-Resistant Coating  | \$25                 | \$0               |
| Transitions <sup>®/4</sup> | \$110                | \$65              |
| Frame                      | \$160                | \$0               |
| Total                      | \$514                | \$65              |

Savings up to:  
**\$449**

<sup>1</sup>The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.

<sup>2</sup>Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

<sup>3</sup>Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>4</sup>Transitions® is a registered trademark of Transitions Optical Inc.

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

# Vision Plan—Davis Vision

## Davis Vision plans offer...

### Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

### Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

### Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

### Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

### Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call 1.877.923.2847 and enter Client Code 2769.

| ADDITIONAL OPTIONS  | WITHOUT DAVIS VISION | WITH DAVIS VISION |
|---|----------------------|-------------------|
| <b>FRAMES</b>   |                      |                   |
| Fashion Frame (from the Davis Vision Collection)            | \$100                | \$0               |
| Designer Frame (from the Davis Vision Collection)           | \$160                | \$0               |
| Premier Frame (from the Davis Vision Collection)            | \$195                | \$0               |
| <b>LENSES</b>   |                      |                   |
| All Ranges of Prescriptions and Sizes                       | \$90                 | \$0               |
| Plastic Lenses  | \$78                 | \$0               |
| Oversized Lenses  | \$20                 | \$0               |
| Tinting of Plastic Lenses                                   | \$25                 | \$0               |
| Scratch-Resistant Coating                                   | \$25                 | \$0               |
| Polycarbonate Lenses  | \$66                 | \$0               |
| Ultraviolet Coating   | \$25                 | \$0               |
| Standard Anti-Reflective (AR) Coating                       | \$83                 | \$35              |
| Premium AR Coating  | \$104                | \$48              |
| Ultra AR Coating  | \$121                | \$60              |
| Standard Progressive Addition Lenses                        | \$198                | \$0               |
| Premium Progressives Addition Lenses                        | \$247                | \$40              |
| Ultra Progressives Addition Lenses                          | \$369                | \$90              |
| High-Index Lenses   | \$120                | \$55              |
| Polarized Lenses  | \$103                | \$75              |
| Photochromic Lenses (i.e. Transitions®, etc.) <sup>1</sup>  | \$110                | \$65              |
| Scratch Protection Plan (Single vision   Multifocal lenses) |                      | \$20   \$40       |

<sup>1</sup> Transitions® is a registered trademark of Transitions Optical, Inc.

### Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

**Vision Care Processing Unit**  
**P.O. Box 1525**  
**Latham, NY 12110**

### OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$40 | Frame up to \$50  
Spectacle Lenses (per pair) up to:  
Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100  
Elective Contacts up to \$105, Visually Required Contacts up to \$225



# Flexible Spending Accounts (FSAs)

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

## What Is a Flexible Spending Arrangement?

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

## How It Works

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

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

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

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

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

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

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

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

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


## PROGRAM NOTES:

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

## [www.fbsflex.com](http://www.fbsflex.com)

### Your FSA Reimbursement Management Website

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

Click  to register

Log in as "Existing User"

## FIRST TIME LOG-IN

(Use all lower-case letters)

**User Name:** First Initial + last name +  
DOB (DDMMYY) **NOTE:** Date order

**Password:** Last name + last 4 of SSN

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

Check Balances

File Claims

Track Expenses

Upload Receipts



# Eligible Expenses for FSA-Health Care Reimbursement

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

## 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<br>( <i>cost over price of regular</i> ) | Medical information plan charges   |
| Breast pumps   | Medical records charges  |
| Breast reconstruction surgery<br>( <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<br>( <i>including mileage</i> ) for a person to receive medical care |
| Drug addiction treatment   | Walkers  |
| Eye examinations   | Wheelchair   |
| Eye glasses  | X-ray fees   |

## Over-the-Counter Medications are Eligible

**BUT REQUIRE** a doctor's prescription for reimbursement for:

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

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

## What is Not Eligible?

|   |  |
|---|--|
| Any allowable exclusion<br><i>defined by the Internal Revenue Code § 213 and Publication 502</i>  | Funeral expenses   |
| Appearance improvements<br>( <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<br><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<br>( <i>e.g. already reimbursed or available under another plan</i> )   | Personal use items ( <i>e.g. toothpaste</i> )  |
|   | Recreation equipment or lessons ( <i>e.g. bicycle, canoe, dance/swim/martial art lessons</i> ) |
|   | Taxes, penalties or fines ( <i>e.g. Social Security tax or Self Employment tax</i> )           |
|   | Vacations or travel expenses   |

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



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

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

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

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

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

Aflac Programs:

## Disability

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

## Accident

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

## Cancer

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

## Hospital

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

## Lump Sum Critical Illness

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

Best of all...

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

...Can you afford not to?

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

Dan Barry - [ c ] (845) 532-2053 | [daniel\\_barry@us.aflac.com](mailto:daniel_barry@us.aflac.com)



Insurance plans specifically designed  
for CSEA Members!

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



## **Your CSEA Region 3 Insurance Representative**

**Barbara Fields**

*Serving Sullivan and  
Ulster Counties*

**518.577.8372** | *Call or Text!*

[barbara.fields@pearlinsurance.com](mailto:barbara.fields@pearlinsurance.com)

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



**PEARL  
INSURANCE®**

# NYS Deferred Compensation Plan

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

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

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

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

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

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

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

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

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

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

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

## Employee Assistance Program



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

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

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

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

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



# Treasury Direct and 529 Program Information

## Two Great Programs Available through Payroll Deductions

### The Payroll Savings Options in TreasuryDirect



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

### NY 529 Direct Plan highlights

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

#### Flexible Use of Savings

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

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

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

#### Tax Benefits

Grow your earnings tax-deferred.

Pay no federal taxes on qualified withdrawals.\*

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

#### More tax benefits for New York taxpayers

Pay no state taxes on qualified withdrawals.

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

#### Easy Setup

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

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

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

# Labor / Management Sick Leave Bank Information

## FOR CSEA AND UCSA



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

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

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

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

**CONFIDENTIAL & VOLUNTARY**

# Retirement Planning

## Considerations as You Approach Retirement

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

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

## REGISTER for Retirement Information Online!

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



### Retirement Online

*Your Benefits. Your Way!*

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

▶ Visit [www.osc.state.ny.us/retire](http://www.osc.state.ny.us/retire) and look for the Retirement Online logo to signup.

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

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

# Holiday Schedule—Ulster County-2019

|                            |                        |
|----------------------------|------------------------|
| NEW YEAR'S DAY             | TUESDAY, JANUARY 1     |
| MARTIN LUTHER KING JR. DAY | MONDAY, JANUARY 21     |
| LINCOLN'S BIRTH DAY **     | TUESDAY, FEBRUARY 12   |
| PRESIDENT'S DAY            | MONDAY, FEBRUARY 18    |
| GOOD FRIDAY **             | FRIDAY, APRIL 19       |
| MEMORIAL DAY               | MONDAY, MAY 27         |
| INDEPENDENCE DAY           | THURSDAY, JULY 4       |
| LABOR DAY                  | MONDAY, SEPTEMBER 2    |
| COLUMBUS DAY               | MONDAY, OCTOBER 14     |
| ELECTION DAY **            | TUESDAY, NOVEMBER 5    |
| VETERAN'S DAY              | MONDAY, NOVEMBER 11    |
| THANKSGIVING DAY           | THURSDAY, NOVEMBER 28  |
| DAY AFTER THANKSGIVING *   | FRIDAY, NOVEMBER 29    |
| CHRISTMAS DAY              | 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.