

Ulster County

Important Information for You and Your Family

Benefit Meetings:

October 24, 2012

Open Enrollment: 10/15/12-11/26/12

8:30 -10:30 am - Dept. Social Services.-downstairs mtg. room

11:00-1:00 pm - at COB 6th Floor, Legislature Chambers

2:30-5:15 pm - UCAT, Conference Room

Plan Year : January 1—December 31, 2013



For additional assistance contact:

Health Advocate @ 866-799-2731

www.healthadvocate.com

www.ulstercountyny.gov/personnel/

Health Advocate

Medical

Prescription Drug

Vision

Dental

Deferred Comp

Pearl Carroll

Aflac

Retirement Planning

EAP

Flexible Spending

Accounts



MICHAEL P. HEIN
County Executive

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



BRENDA BARTHOLOMEW
Personnel Officer

JAMES FARINA
Director of Employee Relations

2013 Health Insurance and Other Benefit Information

This is our third edition of the Benefits Book. I hope you have found this comprehensive benefit book a valuable resource in outlining your Health Insurance benefits as well as other employee benefits.

The County will continue to offer its current Health Insurance Programs, the Empire PPO and Empire POS plans, in 2013. 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.

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 have been compiled in a separate book, which should have accompanied this book. I encourage you to take the time to review these important notifications.

What's New for 2013 – Health Advocate!

This is not a new program to Ulster County. What is new, however, is a single toll-free number that will connect you to a Personal Health Advocate ready to service your needs and to provide you with more information and correspondence that I am confident you and your family will find beneficial.

What is Health Advocate Advantage?

Health Advocate's key distinguishing factor is the outstanding personalized and dedicated attention highly trained Personal Health Advocates can give to each Ulster County employee and their eligible family members. Your Personal Health Advocate will help resolve any issues efficiently and dependably. This personalized attention extends across all issues, whether it's locating the right doctor, connecting to the right benefit provider, reviewing and discussing an uncovered medical bill, or providing coaching to reach personal health goals.

Benefits Gateway Toll-Free Number 1-866-799-2731

The program offers a personalized, integrated service through a single toll-free number that connects employees to all benefits quickly and efficiently. Employees receive personal guidance from a Personal Health Advocate. Let your Personal Health Advocate help you directly or offer you a warm transfer to the right service provider. You may call the toll-free number or email answers@HealthAdvocate.com.

Personalized Health Communication Program

As of January 1, 2013, the benefit of the Empire Condition Care and My Health Advantage programs will now be offered by Health Advocate as the Personalized Health Communication Program. The program assists employees and all family members covered under the Ulster County health plan. The program is designed to offer personal coaching on specific information as it relates to specific chronic health conditions. It offers clear information related to adherence to preventative screening and regimens, one-on-one help from a registered nurse, ongoing assistance with chronic conditions and other help to generate better medical outcomes through prevention, early detection and quality care.

Federal Requirement of Signing a Waiver if Opting Out of Coverage with Ulster County. If you do not wish to participate in the Ulster County Health Insurance Programs, you must complete and sign a waiver indicating such. If a waiver is not received and you have not selected a Health Plan by December 1, 2012, under Federal rules the Benefits Office will enroll you in the POS individual plan with its appropriate payroll deduction.

Dependant Eligibility Verification. Eligible dependants for Ulster County Health Insurance coverage are defined as: a spouse, natural child, step child or a legally adopted child. For further definitions and limitations, please contact Employee Benefits.

The County reserves the right to ask for proof of dependent eligibility. 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 to 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.

HR Connection. HR Connection is a tool available to all employees and their families. This online resource affords the County another opportunity to communicate relevant information with respect to employee benefits. Employees may access HR Connection at <https://www.hrconnection.com/default.aspx?u=Ulster1&p=County2>. This benefit book as well as many other health related resources may be found by visiting HR Connection.

If you have any questions, please feel free to contact me directly by telephone or email. I wish everyone a safe and happy year.

Sincerely,

Brenda Bartholomew

Brenda Bartholomew
Personnel Director

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2013 ULSTER COUNTY EMPLOYEE HEALTH INSURANCE		EMPLOYEE SHARE			
RATES EFFECTIVE JANUARY 1, 2013		MONTHLY		BI WEEKLY	
		POS	PPO	POS	PPO
CSEA HIRED BEFORE 1/1/1994 (fixed contributions)	INDIVIDUAL W/ DENTAL AND VISION	\$8.00	\$8.00	\$4.00	\$4.00
	2 PERSON W/ DENTAL AND VISION	\$36.06	\$36.06	\$18.03	\$18.03
	FAMILY W/ DENTAL AND VISION	\$36.06	\$36.06	\$18.03	\$18.03
	INDIVIDUAL DENTAL AND VISION ONLY	\$0.00		\$0.00	
	FAMILY DENTAL AND VISION ONLY	\$0.00		\$0.00	
<hr/>					
		MONTHLY		BI WEEKLY	
		POS	PPO	POS	PPO
PBA HIRED BEFORE 7/1/1994 CWA HIRED BEFORE 7/1/1994 (fixed contributions)	INDIVIDUAL W/ DENTAL AND VISION	\$0.00	\$0.00	\$0.00	\$0.00
	2 PERSON W/ DENTAL AND VISION	\$15.06	\$15.06	\$7.53	\$7.53
	FAMILY W/ DENTAL AND VISION	\$15.06	\$15.06	\$7.53	\$7.53
	INDIVIDUAL DENTAL AND VISION ONLY	\$0.00		\$0.00	
	FAMILY DENTAL AND VISION ONLY	\$0.00		\$0.00	
<hr/>					
		MONTHLY		BI WEEKLY	
		POS	PPO	POS	PPO
CSEA HIRED 1/1/1994 - 9/19/2012 PBA HIRED AFTER 7/1/1994 CWA HIRED AFTER 7/1/1994 UCSA HIRED AFTER 5/18/2010 (15% of total premium)	INDIVIDUAL W/ DENTAL AND VISION	\$90.94	\$134.33	\$45.47	\$67.16
	2 PERSON W/ DENTAL AND VISION	\$171.91	\$256.81	\$85.96	\$128.40
	FAMILY W/ DENTAL AND VISION	\$244.60	\$370.83	\$122.30	\$185.42
	INDIVIDUAL DENTAL AND VISION ONLY	\$5.36		\$2.68	
	FAMILY DENTAL AND VISION ONLY	\$13.83		\$6.91	
<hr/>					
		MONTHLY		BI WEEKLY	
		POS	PPO	POS	PPO
CSEA HIRED AFTER 9/20/2012 (20% of total premium)	INDIVIDUAL W/ DENTAL AND VISION	\$121.26	\$179.10	\$60.63	\$89.55
	2 PERSON W/ DENTAL AND VISION	\$229.21	\$342.41	\$114.61	\$171.20
	FAMILY W/ DENTAL AND VISION	\$326.13	\$494.44	\$163.07	\$247.22
	INDIVIDUAL DENTAL AND VISION ONLY	\$7.15		\$3.57	
	FAMILY DENTAL AND VISION ONLY	\$18.43		\$9.22	
<hr/>					
		MONTHLY		BI WEEKLY	
		POS	PPO	POS	PPO
MANAGEMENT NON-UNION LEGISLATORS UCSA HIRED BEFORE 5/18/2010 (10% of total premium)	INDIVIDUAL W/ DENTAL AND VISION	\$60.63	\$89.55	\$30.31	\$44.78
	2 PERSON W/ DENTAL AND VISION	\$114.61	\$171.20	\$57.30	\$85.60
	FAMILY W/ DENTAL AND VISION	\$163.07	\$247.22	\$81.53	\$123.61
	INDIVIDUAL DENTAL AND VISION ONLY	\$3.57		\$1.79	
	FAMILY DENTAL AND VISION ONLY	\$9.22		\$4.61	

Health**Advocate** Benefits Gateway™

Just one call

Just one number gets you to all your benefits. And all the answers you need.

Now, it's easier to get to any—and all—of your health benefits through just one number. Health Advocate is adding Benefits Gateway as an enhancement to its service. You simply call a single, toll-free number and a knowledgeable benefits expert will get you to the right benefit, including medical, dental and pharmacy.

Remember, you can always reach a Personal Health Advocate whenever you need help with healthcare or insurance-related issues. All through the same number.

Just call **866.799.2731**



As an Ulster County employee, a wide variety of benefits are available to you and we realize that connecting to the right one can be confusing. That's why we are pleased to announce the addition of two new features to your Health Advocate Benefit. Now, you will not only have access to one-on-one help with healthcare and insurance-related issues, but also to services that quickly connect you to your benefits. And best yet, all you need to do is call one phone number!

New Features!

Benefits Gateway

The Benefits Gateway feature of your Health Advocate benefit includes a **new, toll-free number (866-799-2731)** and allows you to quickly reach any of your health and employee-related benefits through a single, toll-free number. This one number connects you to all of your health and employee-related benefits such as medical, dental, and pharmacy, as well as to the other Health Advocate features. A Personal Health Advocate benefits expert, knowledgeable about each of your benefits, will listen to your needs and quickly guide you to the right one.

Personalized Health Communications

As part of the Health Advocate Program, you will also receive periodic, confidential mailings reminding you to get regular check-ups, immunizations and preventive tests – helping you stay on top of your care. In addition, if you have certain chronic conditions (such as diabetes), they will send you reminders about the healthy maintenance you should stay on top of in order to be your healthiest. Reminders are sent to you at home just before preventive screenings or chronic care maintenance is due. Your "due dates" are calculated by applying national guidelines to your age, gender, and/or medical history. The reminders arrive secure to your home via US Mail.

Use your other Health Advocate benefits

Healthcare Help

In addition to Benefits Gateway, you can continue to access Health Advocate for healthcare help. The Healthcare Help service offers unlimited access to a Personal Health Advocate (PHA), typically a registered nurse, supported by medical directors and benefits and claims specialists. The PHA works with your providers and insurance plans on your behalf to resolve your issue. Here are just a few ways that your PHA can help:

- Find the right doctors and other providers
- Help resolve insurance claims and billing issues, including negotiating fees
- Address eldercare issues, including Medicare, facing your parents and parents-in-law
- Secure second opinions
- Provide cost comparisons for common medical procedures
...and much more

Always at Your Side

There when you need it most

Your Health Advocate benefit can be accessed 24/7. Normal business hours are Monday-Friday, between 8 am and 9 pm Eastern Time. After hours and during weekends, staff is available for assistance.

There is no cost to use Health Advocate

Ulster County offers your Health Advocate benefit at no cost to you.

Health Advocate is not an insurance company

Health Advocate is not affiliated with Empire and does not replace your health insurance. Instead, they help with your healthcare or insurance-related problems.

Your privacy is protected

Health Advocate follows careful protocols and complies with all government privacy standards. Your medical and personal information is strictly confidential.

For benefit assistance, please call your Benefits Gateway 1-866-799-2731

WAYS TO SAVE MONEY ON YOUR HEALTH CARE EXPENSES

- Consider choosing the POS instead of the PPO. Both plans local area networks are essentially the same. Neither plan requires referrals. The POS plan prescription coverage has lower co-pays. When you stay in network, both plans have the same co-pays and coverage, including emergency room coverage in our area and around the world.
- 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 emergency room co-pay. Check out the list on the next page, plan ahead, and 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.
- 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 dependants 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. 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.

Ulster County Area Urgent Care Facilities In-Network Listing

Crystal Run Healthcare

155 Crystal Run Rd.
Middletown, NY 10941
(845) 703-6100

Emergency One Urgent Care

40 Hurley Ave.
Kingston, NY 12401
(845) 331-5132

4250 Albany Post Rd.
Hyde Park, NY 12538
(845) 229-2602

Emurgent Care PLLC

11835 State Route 9W
West Coxsackie, NY 12192
(518) 731-9000

Emurgent Care PLLC

2676 Route 9W
Saugerties, NY 12477
(518) 731-9000

Excel Urgent Care

1 Hatfield Ln
Goshen, NY 10924
(845) 360-5530

Excel Urgent Care of Fishkill

1004 Main Street
Fishkill, NY 12524
(845) 765-2240

Express Pediatrics

1989 Route 52 Ste 3
Hopewell Junction, NY 12533
(845) 897-4500

7 Cummings Lane
Highland, NY 12528
(845) 691-8995

First Care Medical PC

222 State Route 299
Highland, NY 12528
(845) 691-3627

HQUMCP PC

1110 Route 55
Lagrangeville, NY 12540
(845) 485-4455

1418 Route 300
Newburgh, NY 12550
(845) 564-1418

1530 Route 9
Wappingers Falls, NY 12590
(845) 297-2511

HealthQuest Immediate Care

1110 Route 55
Lagrangeville, NY 12540
(845) 485-4455

1418 Route 300
Newburgh, NY 12550
(845) 564-1418

1530 Route 9
Wappingers Falls, NY 12590
(845) 297-2511

Orange Urgent Care Pllc

75 Crystal Run Rd. Ste G40
Middletown, NY 10941
(845) 703-2273

Delta Dental 2013 Summary of Benefits

Plan Benefit Highlights for: ULSTER COUNTY

Group No: 09509

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the calendar year that dependent turns 19 or the end of the calendar year in which dependent graduates or turns 25, whichever comes first, if dependent is full-time student
Deductibles	\$50 per person / \$150 per family each calendar year
Deductibles waived for Diagnostic, Preventive & Orthodontics?	Yes
Maximums	\$1,500 per person each calendar year
D & P counts toward maximum?	Yes

Benefits and Covered Services ⁺	Delta Dental PPO dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, sealants	100 %	100 %
Basic Services Fillings, simple tooth extractions	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Major Services	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %
Prosthodontics Bridges and dentures, implants, TMJ	50 %	50 %
Orthodontic Benefits dependent children	50 %	50 %
Orthodontic Maximums	\$ 1,500 Lifetime	\$ 1,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

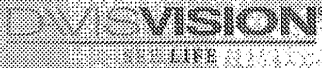
Delta Dental of New York One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783	Claims Address P.O. Box 2105 Mechanicsburg, PA 17055-2105
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www.deltadentalins.com

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.

HLT_PPO_2COL_DDP (Rev. 1 6/10)

Delta Dental PPOSM
Benefit Highlights



The County Of Ulster

Premier Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. With the rising cost of eyewear you can't afford not to be covered through a managed vision care plan. Your vision plan helps you care for your eyes while saving you money by offering:

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

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

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

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

How to locate a Network Provider...

Just log on to the Open Enrollment/Discount Plan section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:



OUT-OF-NETWORK REIMBURSEMENT SCHEDULE
Eye Examination up to \$30 Frame up to \$50 Spectacle Lenses (per pair) up to: Single Vision \$30, Bifocal \$40, Trifocal \$50, Lenticular \$60 Elective Contacts up to \$105, Medically Necessary Contacts will be reimbursed in full with prior approval.

IN-NETWORK BENEFITS		
Eye Examination	Every 12 months, Covered in full	
Eyeglasses		
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses	
Frames	Every 12 months, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection ¹ (value up to \$225) OR \$50 retail allowance toward any frame from provider, plus 20% off balance ²	
Contact Lenses		
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ ; includes contact lens Evaluation, Fitting & Follow Up Care OR \$105 retail allowance toward provider supplied contact lenses, plus 15% off balance ²	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0
Standard Anti-Reflective (AR) Coating	\$62	\$35
Standard Progressives (no-line bifocal)	\$154	\$50
Plastic Photosensitive (Transitions ^{®3})	\$123	\$65

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$100	\$0
Lenses		
Bifocals	\$80	\$0
Scratch-Resistant Coating	\$45	\$0
Transitions ^{®3}	\$123	\$65
Frame	\$150	\$0
Total	\$498	\$65

Savings up to **\$433**

¹ The Davis Vision Collection is available at most participating independent provider locations.
² Additional discounts not applicable at Walmart or Sam's Club locations.
³ 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.

OE00123 10/11/10

LABOR/MANAGEMENT SICK LEAVE BANK



CSEA Employees & Non-union management are eligible to join. For more information, call Jim Farina, 340-3536

The intent of the Sick Leave Donation Program is 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).

**YOU MAY JOIN ONLY DURING
OPEN ENROLLMENT PERIOD!**

- ♦ 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.
- ♦ Donate two (2) sick leave days upon joining and automatically donate one (1) day per year as needed. Days are taken in January.
- ♦ Forms and Policy available on intranet, or from payroll clerks

CONFIDENTIAL & VOLUNTARY



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.

Co-Payments:

All member co-payments have been waived for this program.

Ulster Scripts Vs. Current local purchase plan

Annual Cost No Co-pays		Co-pays	x	Refills	=	Annual Savings
\$0	Vs.	\$25 (PPO)	x	12	=	\$300 / Script
	Vs.	\$40 (PPO)	x	12	=	\$480 / Script
	Vs.	\$20 (POS)	x	12	=	\$240 / Script
	Vs.	\$40 (POS)	x	12	=	\$480 / Script

Ordering Instructions:

To place your first order simply complete the enrollment form and include a new prescription for each medication. Please allow 4 weeks for delivery.

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.

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
P.O. Box 44650
Detroit, MI 48244-0650

More forms are available:

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

WELCOME TO Ulster Scripts Employee Program



**Ulster Scripts
Employee Program**

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

ABILIFY 2MG	COLAZAL 750MG	GLUMETZA ER 500MG	PRANDIN 2MG	TOVIAZ 4MG
ABILIFY 5MG	COMBIGAN 0.2-0.5%	INDERAL LA (G) 60MG	PRAVACHOL (G) 10MG	TOVIAZ 8MG
ABILIFY 10MG	COMTAN 200MG	INDERAL LA (G) 80MG	PRAVACHOL (G) 20MG	TRAVATAN Z OPHTH SOLUTION 0.004%
ABILIFY 15MG	CORDARONE (G) 200MG	INDERAL LA (G) 120MG	PRAVACHOL (G) 40MG	TRICOR 145MG
ABILIFY 20MG	COREG (G) 3.125MG	INDERAL LA (G) 160MG	PRECOSE (G) 50MG	UROXATRAL (G) 10MG
ABILIFY 30MG	COREG (G) 6.25MG	INVEGA 6MG	PREMARIN 0.3MG	URSO (G) 250MG
ACIPHEX 20MG	COREG (G) 12.5MG	INVEGA 9MG	PREMARIN 0.625MG	VERAMYST 27.5MCG
ACTONEL 30MG	COREG (G) 25MG	JALYN 0.5MG/0.4MG	PREMARIN 1.25MG	VESICARE 5MG
ACTONEL 35MG	CORGARD (G) 80MG	JANUMET 50/500	PREMPRO 0.3/1.5MG	VESICARE 10MG
ACTONEL 150MG	COVERA-HS 240MG	JANUMET 50/1000	PREMPRO 0.625MG/2.5MG	VERAMOVO 500/20MG
ACTOPLUS 15MG-850MG	CRESTOR 5MG	JANUVIA 25MG	PREMPRO 0.625MG/5MG	VIVELLE-DOT 25MCG
ACTOS (G) 15MG	CRESTOR 10MG	JANUVIA 50MG	PREVACID SOLUTAB (G) 15MG	VIVELLE-DOT 37.5MCG
ACTOS (G) 30MG	CRESTOR 20MG	JANUVIA 100MG	PREVACID SOLUTAB (G) 30MG	VIVELLE-DOT 50MCG
ACTOS (G) 45MG	CRESTOR 40MG	LAMICTAL (G) 5MG	PREVACID SOLUTAB (G) 30MG	VIVELLE-DOT 75MCG
ADVAIR DISKUS 100MCG	CYMBALTA 20MG	LAMICTAL (G) 150MG	PRISTIQ 50MG	VIVELLE-DOT 100MCG
ADVAIR DISKUS 250MCG	CYMBALTA 30MG	LAMICTAL (G) 200MG	PRISTIQ 100MG	VOLTAREN GEL
ADVAIR DISKUS 500MCG	CYMBALTA 60MG	LAMICTAL (G) 200MG	PROSCAR (G) 5MG	VYTORIN 10/10MG
ADVAIR HFA 45/21MCG	DETROL 1MG	LAMICTAL DISPERSIBLE 25MG	PROTONIX (G) 20MG	VYTORIN 10/20MG
ADVAIR HFA 115/21MCG	DETROL 2MG	LESCOL 20MG	PROTONIX (G) 40MG	WELLBUTRIN XL (G) 150MG
ADVAIR HFA 230/21MCG	DETROL LA 2MG	LESCOL 40MG	PROTOPIC OINTMENT 0.03%	WELLBUTRIN XL (G) 300MG
AGGRENOX 200/25MG	DETROL LA 4MG	LESCOL XL 80MG	PROTOPIC OINTMENT 0.1%	XELODA 500MG
ALOCRIL OPHTH 2%	DIFFERIN 0.3%	LEXAPRO (G) 10MG	PROZAC (G) 20MG	XENICAL 120MG
ALPHAGAN-P OPHTH SOLUTION (G) 0.15%	DIFFERIN CREAM (G) 0.1%	LEXAPRO (G) 20MG	PULMICORT TURBUHALER 200MCG	XYZAL (G) 5MG
ALREX 0.2%	DIFFERIN GEL (G) 0.1%	LEXAPRO (G) 20MG	QVAR 40 MCG 50MCG	YAZ (G) 3-0.02 MG
ALTACE (G) 2.5MG	DIOVAN 40MG	LEXIVA 700MG	QVAR 80 MCG 100MCG	ZANTAC (G) 150MG
ALTACE (G) 5MG	DIOVAN 80MG	LIALDA 1.2GM	RANEXA 500MG	ZANTAC (G) 300MG
ALTACE (G) 10MG	DIOVAN 160MG	LIPITOR (G) 10MG	RELPAK 20MG	ZEBETA (G) 5MG
ALVESCO 80MCG 100MCG	DIOVAN 320MG	LIPITOR (G) 20MG	RELPAK 40MG	ZEMPLAR 1 MCG
AMERGE 2.5MG	DIOVAN HCT 80/12.5MG	LIPITOR (G) 40MG	RETIN A CREAM (G) 0.05%	ZETIA 10MG
ARAVA (G) 10MG	DIOVAN HCT 160/12.5MG	LIPITOR (G) 80MG	RETIN A GEL (G) 0.025%	ZOCOR (G) 10MG
ARAVA (G) 20MG	DIOVAN HCT 160/25MG	LOTEMAX 0.5%	RETIN A MICRO GEL 0.04%	ZOCOR (G) 20MG
ARIMIDEX (G) 1MG	DIOVAN HCT 320/12.5MG	LOVENOX HP 150MG/1ML	RETIN A MICRO GEL 0.1%	ZOCOR (G) 40MG
AROMASIN 25MG	DIOVAN HCT 320/25MG	LUMIGAN OPHTH 0.01%	REVATIO 20MG	ZOCOR (G) 80MG
ARTHROTEC 50MG	DIPENTUM 250MG	LUMIGAN OPHTH 0.03%	RHINOCORT AQ 32MCG	ZOMIG 2.5MG
ARTHROTEC 75MG	DIPROLENE OINTMENT (G) 0.05%	MAXALT 5MG	RHINOCORT AQ 64MCG	ZOMIG ZMT 2.5MG (1X6)
ASACOL 400MG	DOVONEX CREAM 50MCG	MAXALT 10MG	RIDAURA 3MG	ZOVIRAX CREAM 5%
ASACOL HD 800MG	EFFEXOR XR (G) 37.5MG	MAXALT MELT 10MG	SANCTURA (G) 20MG	ZOVIRAX OINTMENT 5%
ASMANEX TWISTHALER 220MCG	EFFEXOR XR (G) 75MG	METRO CREAM (G) 0.75%	SANCTURA XR 60MG	ZYCLARA 3.75%
ASTELIN (G) 137MCG	EFFEXOR XR (G) 150MG	METROGEL 1%	SEREVENT DISKUS 50MCG	
ATACAND 4MG	EFFIENT 5MG	METROGEL GEL (G) 0.75%	SEROQUEL (G) 25MG	
ATACAND 8MG	EFFIENT 10MG	MICARDIS 20MG	SEROQUEL (G) 100MG	
ATACAND 32MG	ELIDEL 1%	MICARDIS 40MG	SEROQUEL (G) 200MG	
ATACAND HCT 16MG/12.5MG	ELMIRON 100MG	MICARDIS 80MG	SEROQUEL (G) 300MG	
ATROVENT HFA 20UG	ENABLEX 7.5MG	MICARDIS HCT 40/12.5MG	SEROQUEL (G) 50MG	
AVALIDE (G) 150MG/12.5MG	ENABLEX 15MG	MICARDIS HCT 80/12.5MG	SEROQUEL XR 150MG	
AVALIDE (G) 300/12.5MG	ENTOCORT (G) 3MG	MIRAPEX ER 0.375MG	SEROQUEL XR 200MG	
AVANDAMET 4MG/500MG	EPIVIR / HBV 100MG	MIRAPEX ER 0.75MG	SEROQUEL XR 300MG	
AVANDIA 8MG	EVISTA 60MG	MIRAPEX ER 1.5MG	SEROQUEL XR 400MG	
AVAPRO (G) 75MG	EXELON 3MG	MIRAPEX ER 2.25MG	SINGULAIR (G) 4MG	
AVAPRO (G) 150MG	EXELON 6MG	MIRAPEX ER 3.75MG	SINGULAIR (G) 5MG	
AVAPRO (G) 300MG	EXFORGE 5/160MG	MIRAPEX ER 4.5MG	SINGULAIR (G) 10MG	
AVODART 0.5MG	EXFORGE 10/160MG	NASACORT AQ (G) 55MCG	SINGULAIR GRANULES (G) 4MG	
AXERT 12.5MG	EXFORGE 320/5MG	NASONEX 50MCG	SORIATANE 10MG	
AZILECT 1MG	EXFORGE 320/10MG	NEXIUM 20MG	SORIATANE 25MG	
AZOPT OPHTH DROPS 1%	EXFORGE HCT 160/12.5/5	NEXIUM 40MG	SPIRIVA 18MCG	
AZOR 20/5MG	EXFORGE HCT 160/12.5/10	NEXIUM DR 10MG	STALEVO 50MG	
AZOR 40/5MG	EXFORGE HCT 160/25/5	NIASPAN 1000MG	STALEVO 100MG	
AZOR 40/10MG	EXFORGE HCT 160/25/10	NIASPAN 750MG	STALEVO 125MG	
BACTROBAN CREAM 2%	EXFORGE HCT 320/25/10	NORITATE CREAM 1%	STARLIX (G) 60MG	
BECONASE AQ 0.04%	FEM HRT 1MG/5MCG	OMNARIS NASAL SPRAY 50MCG	STARLIX (G) 120MG	
BENICAR 20MG	FINACEA 15%	ONGLYZA 5MG	TABLOID 40MG	
BENICAR 40MG	FLOXAN (G) 50MCG	OPTIVAR 0.05%	TARCEVA 100MG	
BENICAR HCT 20MG/12.5MG	FLOVENT 44 MCG 50MCG	ORTHO-EVRA	TARCA 2/180MG	
BENICAR HCT 40MG/12.5MG	FLOVENT 110 MCG 125MCG	ORTHO-TRI-CYCLEN LO	TAZORAC CREAM 0.05%	
BENICAR HCT 40MG/25MG	FLOVENT 220 MCG 250MCG	OXYTROL 3.9MG	TAZORAC CREAM 0.1%	
BENZACLIN PUMP	FORADIL + AEROLIZER 12MCG	PATANOL OPHTH SOLUTION 0.1%	TAZORAC GEL 0.05%	
BETOPTIC S OPHTH 0.25%	FOSAMAX-D 70/2800MG	PAXIL (G) 20MG	TAZORAC GEL 0.1%	
BONIVA (G) 150MG	FOSRENOL CHEW 250MG	PENTASA 500MG	TEGRETOL XR (G) 200MG	
BRILINTA 90MG	FOSRENOL CHEW 500MG	PLAQUENIL (G) 200MG	TEGRETOL XR (G) 400MG	
BYSTOLIC 5MG	FROVA 2.5MG	PLAVIX (G) 75MG	TEKTURN 300MG	
CELEBREX 100MG	GLUCOPHAGE (G) 500MG	PRADAXA 150MG	TEKTRUNA HCT 300/12.5MG	
CELEBREX 200MG	GLUCOPHAGE (G) 850MG	PRANDIN 0.5MG	TEVETEN (G) 600MG	
CELEXA (G) 20MG	GLUCOPHAGE XR (G) 500MG	PRANDIN 1MG	TEVETEN HCT 600/12.5MG	
CLARINEX (G) 5MG	GLUMETZA ER 1000MG			

NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. For a greater savings to your healthcare plan, ask your physician about taking a Generic equivalent of your medication.

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 2012

Important Benefit Update:

Attention Member:

IMPORTANT:
If you have not received your pharmacy ID card, please present this letter to your Express Scripts network pharmacist to accurately process your prescriptions.

If you have any questions about your prescription benefit program, please contact Express Scripts' Customer Service at **(866) 718-7949**.



Notice to Express Scripts Participating Pharmacies

As of January 1, 2010, the Ulster County pharmacy benefit program will be administered by **Express Scripts**. To simplify your prescription processing, please link the cardholder and all members of their family to **Express Scripts**.

Please follow the action steps listed below to enter the claim.	
Step 1	Enter Bin # 003858
Step 2	Enter Processor Control A4
Step 3	Enter Rx Group #: JY2A
Step 4	Enter 9 digit member ID # (Employee SSN)
Step 5	Enter the member's date of birth

NEED ASSISTANCE?

Pharmacist, if you have any questions while processing the claim, please call the Express Scripts' Pharmacy Help Desk: **(800) 824-0898**.

2013 Express Scripts Co-Pays

PPO 10/25/40

POS 5/20/40

Mail order = copay 2x's

NEED ADDITIONAL ASSISTANCE?

**Contact Deb Niezgoda @ Rose & Kiernan, Inc.
 845-338-6694-ext. 4323**



EXPRESS SCRIPTS®

2013 Express Scripts National Preferred Formulary With Step Therapy

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-drug benefit 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: The symbol * next to a drug signifies that it is subject to nonformulary status when a generic is available throughout the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

A

ABILIFY, DISCMELT
ABSTRAL
ACANYA GEL, PUMP [ST]
ACCU-CHEK KITS;
ACTIVE, ADVANTAGE,
AVIVA PLUS, COMPACT
PLUS, NANO SMARTVIEW
ACCU-CHEK LANCETS;
FASTCLIX, MULTICLIX,
SOFT TOUCH, SOFTCLIX
ACCU-CHEK TEST STRIPS;
ACTIVE, AVIVA PLUS,
COMFORT CURVE,
COMPACT DRUM,
SMARTVIEW
acetaminophen/codeine
ACTONEL [ST]
ACTOPLUS MET XR
ACUVAIL
acyclovir
ADCIRCA [ST]
ADVAIR DISKUS, HFA
ADVICOR*
AGGRENOX
albuterol sodium
alendronate sodium
alfuzosin er
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALTABAX
amiodarone
AMITIZA
amitriptyline
amlodipine, /benazepril
amox tr/potassium
clavulanate
amoxicillin
amphetamine salt
combo, er
AMPYRA
AMTURNIDE [ST]
anastrozole
ANDRODERM
ANDROGEL
antipyrine/benzocaine
apri
ARANESP [INJ]
arbinoxa
ARICEPT 23 MG*
ASACOL HD
ASMANEX
ASTEPRO
ATELVIA [ST]
atenolol, /chlorthalidone
atorvastatin
ATRALIN
AVELOX
aviane
AVONEX [INJ]
AXIRON
AZASITE
azathioprine
azelastine
AZILECT
azithromycin

AZOPT*
AZOR [ST]

B

baclofen
balsalazide disodium
benazepril, /hctz
BENICAR, HCT [ST]
BENZAOLIN PUMP*
(EXCLUDING CAREKIT)
[ST]
benzonatate
bentropine
BETASERON [INJ]
BEYAZ
bisoprolol, /hctz
BRILINTA
brimonidine tartrate
BROMDAY*
budesonide neb susp
bupropion, 12 hr, 24 hr
buspirone
butalbital/apap/caffeine
BUTRANS
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

calcipotriene
CANASA*
carbamazepine, er
carbidopa/levodopa, er
carvedilol
cefdinir
cefuroxime
CELEBREX [ST]
CENESTIN*
cephalexin
CETROTIDE [INJ] [ST]
chlorthalidone
chorionic
gonadotropin [INJ]
CIALIS
CIPRODEX
ciprofloxacin, er
citalopram
clarithromycin, er
CLIMARA PRO
clindamycin hcl
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/
betamethasone
dipropionate
COLCRYS
COMBIGAN
COMBIPATCH
COPAXONE [INJ]
COREG CR*
CREON
CRESTOR [ST]

CRINONE*
cryselle
cyanocobalamin [INJ]
cyclobenzaprine
CYMBALTA* [ST]

D

DALIRESP
desonide
DETROL LA [ST]
dexamethasone
diazepam
diclofenac sodium
dicyclomine hcl
DIFFERIN 0.3% GEL,
0.1% LOTION
digoxin
diltiazem, 12 hr, 24 hr
divalproex sodium, er
donepezil, odt
dorzolamide, /timolol
doxazosin
doxepin
doxycycline hyclate
DULERA
DUREZOL

E

EFFIENT
eliphos
ENABLEX [ST]
enalapril, /hctz
ENBREL [INJ]
ENDOMETRIN
ENJUVA
enoxaparin [INJ]
EPIDUO
EPIPEN, JR [INJ]
ergocalciferol
erythromycin
escitalopram
estradiol patches, tabs
estradiol/norethindrone
acetate
etodolac
EUFLEXA [INJ]
EURAX*
EVAMIST
EXELON PATCHES
EXFORGE, HCT [ST]

F

famciclovir
famotidine
felodipine er
fenofibrate, micronized
fentanyl citrate
FENTORA
FINACEA, PLUS
finasteride
FLECTOR [ST]
fluconazole
fluocinonide
fluoxetine, dr
fluticasone nasal spray

follic acid
FORADIL
FORTEO [INJ]
fosinopril, /hctz
FOSRENOL*
furosemide

G

gabapentin
GELNIQUE [ST]
gemfibrozil
GENOTROPIN [INJ]
gianvi
glimperide
glipizide, er
GLUCAGEN [INJ]
glyburide, micronized
GONAL-F, RFF [INJ]
GRIFULVIN V TABS

H

HALFLYELY-BISACODYL*
HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydalazine
hydrochlorothiazide
hydrocodone/
acetaminophen
hydrocodone/ibuprofen
hydrocortisone
hydromorphone
hydroxychloroquine

I

ibandronate
ibuprofen
imiquimod
INCIVEK
indomethacin
ipratropium/albuterol
isosorbide mononitrate, er
isotretinoin

J

JANUMET, XR
JANUVIA
JENTADUETO
junel fe
JUVISYNC

K

kariva
ketoconazole
KOMBIGLYZE XR

L

labetalol hcl
lactulose
LAMICTAL ODT*

LAMICTAL XR*
lamotrigine
lansoprazole, odt
LANTUS, SOLOSTAR [INJ]
latanoprost
LATUDA
LETAIRIS [ST]
LEVEMIR, FLEXPEN [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
LIALDA
LIDODERM*
liothyronine
lisinopril, /hctz
lithium carbonate
LOESTRIN 24 FE,
LO LOESTRIN FE
lorazepam
losartan, /hctz
LOTEMAX SOLN
lovastatin

M

MAKENA [INJ]
meclizine hcl
medroxyprogesterone
acetate
meloxicam
METADATE CD*
metformin, er
methadone
methocarbamol
methotrexate
methylphenidate, er
methylprednisolone
metoclopramide hcl
metoprolol succinate er
metoprolol tartrate, /hctz
METROGEL [ST]
metronidazole
MICARDIS, HCT [ST]
MIGRANAL
MIRAPEX ER
mirtazapine, odt
modafinil
mometasone
montelukast
morphine sulfate, er
MOVIPREP
MOXEZA
mupirocin
MUSE

N

nabumetone
nadolol
NAMENDA
naproxen, naproxen sodium
NASCOBAL

NASONEX [ST]
NATAZIA
nateligline
neomycin/polymyxin/
dexamethasone
neomycin/polymyxin/hc
NEVANAC
NEXIUM [ST]
NIASPAN*
nifedipine er
nitrofurantoin macrocrystal
nortriptyline
NOVOFINE
NOVOLOG [INJ]
NUCYNTA, ER
NUDEXTA
NUTROPIN AQ,
AQ NUSPIN [INJ]
NUVARING
nystatin, /triamcinolone

O

ocella
ofloxacin
olanzapine, odt
omeprazole
ondansetron, odt
ONETOUGH KITS/METERS;
BASIC, ULTRA 2,
ULTRAMINI,
ULTRASMART, VERIO IQ
ONETOUGH TEST STRIPS;
FASTAKE, ONETOUGH,
SURESTEP, ULTRA, VERIO
ONLYZA
OPANA ER
ORENCIA [INJ] [ST]
ORTHOVIC [INJ]
oxcarbazepine
oxybutynin, er
oxycodone, /acetaminophen
OXYCONTIN
OXYTROL [ST]

P

pantoprazole
paroxetine
PATADAY
PATANOL
peg 3350/electrolyte
PEGASYS, PROCLICK [INJ]
penicillin v potassium
PENTASA
PERFOROMIST
permethrin
phenytoin sodium extended
polymyxin/trimethoprim
potassium chloride, er
POTIGA
PRADAXA
pramipexole
PRANDIMET
PRANDIN*
pravastatin
PRECISION XTRA
prednisolone

(continued)

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You can get more information and updates to this document at our website at www.express-scripts.com.

prednisolone acetate
 prednisolone sodium phosphate
 prednisone
 PREMARIN TABS
 PREMPHASE
 PREMPRO
 PRISTIQ [ST]
 PROAIR HFA
 prochlorperazine
 PROCURIT [INJ]
 PRODIGY INSULIN SYR, PEN NEEDLES
 promethazine, /dextromethorphan
 propranolol, /hctz
 PROTOPIQ [ST]
 PULMICORT FLEXHALER
 PULMICORT RESPULES 1 MG/2 ML*
 PYLERA

Q

QNASL [ST]
 quetiapine
 quinapril, /hctz
 QVAR

R

ramipril
 RANEXA
 ranitidine
 RAPAFLU
 REBIF [INJ]
 RENVELA
 reproxain
 RESTASIS
 ribavirin
 RIOMET
 risperidone, odt
 ropinirele, er

S

SAFYRAL
 SANCUSO
 SAVELLA [ST]
 SEREVENT DISKUS
 SEROQUEL XR
 sertraline
 SIMCOR
 simvastatin
 SOLARAZE
 SOLODYN 55 MG, 65 MG, 80 MG, 105 MG, 115 MG [ST]
 SOMATULINE DEPOT [INJ]
 sotolol
 SPIRIVA
 spironolactone
 sprintec
 STRAITERA
 SUBOXONE*
 sucraifate
 sulfamethoxazole/trimethoprim
 sumatriptan tab, inj
 SUMAVEL DOSEPRO [INJ]
 SUPREP*
 SYMBICORT
 SYMLIN, SYMLINPEN [INJ]

T

TACLONEX*
 TAMIFLU
 tamoxifen
 tamsulosin
 TARKA

TAZORAC*
 TEKAMLO [ST]
 TEKTURN, HCT [ST]
 temazepam
 terazosin
 timolol maleate
 tizanidine
 TOBRADEX OINT, ST
 tobramycin/dexamethasone susp
 tobramycin sulfate
 topiramate
 TOVIAZ [ST]
 TRACLEER
 TRADJENTA
 tramadol, /apap
 TRAVATAN Z*
 trazodone hcl
 tretinoin
 TREXIMET
 triamcinolone acetonide
 triamterene/hctz
 TRIBENZOR [ST]
 TRICOR* [ST]
 TRILIPIX [ST]
 trinessa
 tri-sprintec

U

ULORIC

V

VAGIFEM
 valacyclovir
 VECTICAL*
 VELTIN [ST]
 venlafaxine, er
 VENTOLIN HFA
 verapamil, er
 veripred
 VESICARE [ST]
 VIAGRA
 VICTOZA [INJ]
 VICTRELIS
 VIGAMOX
 VIIBRYD [ST]
 VIMOVO [ST]
 VIMPAT
 VIVELLE-DOT*
 VOLTAREN GEL* [ST]
 VYVANSE

W

warfarin
 WELCHOL

X

XARELTO
 XERESE
 XIFAXAN

Z

zamicet
 ZETIA
 ziprasidone
 zolpidem, er
 ZOMIG, ZMT*
 ZYCLARA
 ZYLET
 ZYMAXID

Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary.

Column 1 lists examples of nonformulary medications.
 Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative
ACIPHEX [ST]	lansoprazole, omeprazole, Nexium [ST]	LESCOL XL [ST]	atorvastatin, lovastatin, simvastatin, Crestor [ST]
ALAMAST	azelastine, Pataday, Patanol	LEVITRA	Cialis, Viagra
ALOCRIL	azelastine, Pataday, Patanol	LIPITOR [ST]	atorvastatin
ALOMIDE	azelastine, Pataday, Patanol	LIPOFEN [ST]	fenofibrate/micronized, Tricor* [ST], Trilipix [ST]
ALORA	generic estradiol patches, Vivelle-Dot*	LIVALO [ST]	atorvastatin, lovastatin, simvastatin, Crestor [ST]
ALTOPREV [ST]	atorvastatin, lovastatin, simvastatin, Crestor [ST]		
ALVESCO [ST]	Asmanex, Pulmicort Flexhaler, Qvar		
ANTARA [ST]	fenofibrate/micronized, Tricor* [ST], Trilipix [ST]	MAXAIR AUTOHALER	ProAir HFA, Ventolin HFA
APIDRA	Humalog, Novolog	MAXALI, MLT	sumatriptan tab, Zomig/ZMT* estradiol, Cenestin*, Enjuvia, Premarin tabs
APRISO	balsalazide, Asacol/Hd, Lialda, Pentasa	MENEST	generic estradiol patches, Vivelle-Dot* Genotropin, Humatrope, Nutropin/AQ/AQ Nuspin
ATACAND [ST]	losartan, Benicar [ST], Micardis [ST]	MENOSTAR	generic estradiol patches, Vivelle-Dot* Genotropin, Humatrope, Nutropin/AQ/AQ Nuspin
ATACAND HCT [ST]	losartan/hctz, Benicar HCT [ST], Micardis HCT [ST]	NORDITROPIN [ST]	sumatriptan tab, Zomig/ZMT* Accu-Chek, OneTouch
AXERT	sumatriptan tab, Zomig/ZMT*	NOROXIN	generic oral contraceptives, Beyaz, Loestrin 24 Fe/Lo Loestrin Fe, Natazia, Nuvaring, Safyral
BAYER ASCENSIA, BREEZE, CONTOUR	glucosamine, Nasonex [ST], Qnasl [ST]	NOVOLIN	Humulin
BECONASE AQ [ST]	azelastine, Pataday, Patanol	OMNARIS [ST]	fluticasone, Nasonex [ST], Qnasl [ST]
BEPREVE	ciprofloxacin, levofloxacin, Moxeza, Vigamox, Zymaxid	OMNITROPE [ST]	Genotropin, Humatrope, Nutropin/AQ/AQ Nuspin
BESIVANCE	ibandronate	ORTHO EVRA, ORTHO TRI-CYCLEN LO	generic oral contraceptives, Beyaz, Loestrin 24 Fe/Lo Loestrin Fe, Natazia, Nuvaring, Safyral
BONIVA TABS [ST]	Gonal-F/RFF	PATANASE	azelastine, Astepro
BRVELLE [ST]	Perforomist	PEGINTRON, REDIPEN [ST]	Pegasys/Proclicik
BROVANA	alfuzosin er, doxazosin, tamsulosin, Rapaflo	PENNSAID [ST]	Flector [ST], Voltaren Gel* [ST]
CARDURA XL	Ciprodex	PLAVIX	clopidogrel
CETRALAX	Enbrel, Humira	PRECISION	Accu-Chek, OneTouch
CIMZIA [ST]	Ciprodex	PCX, Q-I-D	
CIPRO HC	ansoprazole, omeprazole, Nexium [ST]	PROQUIN XR	ciprofloxacin/er, levofloxacin, ofloxacin, Avelox
DEXILANT [ST]	generic estradiol patches, Evamist	PROVENTIL HFA	ProAir HFA, Ventolin HFA
DWIGEL	losartan, Benicar [ST], Micardis [ST]	PROVIGIL	modafinil
EDARBI [ST]	losartan/hctz, Benicar HCT [ST], Micardis HCT [ST]	RHINOCORT AQUA [ST]	sumatriptan tab, Zomig/ZMT* fluticasone, Nasonex [ST], Qnasl [ST]
EDARBYCLOR [ST]	zolpidem/er, Lunesta [ST]	SAIZEN [ST]	Genotropin, Humatrope, Nutropin/AQ/AQ Nuspin
EDLUAR [ST]	generic estradiol patches, Evamist		oxybutynin er, Detrol LA [ST], Enablex [ST], Toviaz [ST], Vesicare [ST]
ELESTRIN	azelastine, Pataday, Patanol		olanzapine, quetiapine, risperidone, ziprasidone, Abilify/Discemelt, Latuda, Seroquel XR
EMADINE	generic estradiol patches, Evamist		quetiapine
EPOGEN [ST]	generic estradiol patches, Evamist		Enbrel, Humira
ESTRASORB	ciprofloxacin/er, levofloxacin, ofloxacin, Avelox		montelukast
ESTROGEL	olanzapine, quetiapine, risperidone, ziprasidone, Abilify/Discemelt, Latuda, Seroquel XR		Zomig Nasal
FACTIVE	estradiol, Cenestin*, Enjuvia, Premarin tabs		levothyroxine sodium
FANAPT	fenofibrate/micronized, Tricor* [ST], Trilipix [ST]		Androderm, Androgel, Axiron
FEMTRACE	fenofibrate/micronized, Tricor* [ST], Trilipix [ST]		losartan, Benicar [ST], Micardis [ST]
FENOGLIDE [ST]	fenofibrate/micronized, Tricor* [ST], Trilipix [ST]		losartan/hctz, Benicar HCT [ST], Micardis HCT [ST]
FIBRICOR [ST]	fenofibrate/micronized, Tricor* [ST], Trilipix [ST]		Genotropin, Humatrope, Nutropin/AQ/AQ Nuspin
FLOVENT DISKUS, HFA [ST]	Asmanex, Pulmicort Flexhaler, Qvar		fenofibrate/micronized, Tricor* [ST], Trilipix [ST]
FOLLISTIM AQ [ST]	Gonal-F/RFF		Azor [ST], Exforge/HCT [ST], Tribenzor [ST]
FORTESTA	Androderm, Androgel, Axiron		fluticasone, Nasonex [ST], Qnasl [ST]
FREESTYLE	Accu-Chek, OneTouch		simvastatin or Crestor [ST] + Zetia
FROVA	sumatriptan tab, Zomig/ZMT*		ProAir HFA, Ventolin HFA
GENERESS FE	generic oral contraceptives, Beyaz, Loestrin 24 Fe/Lo Loestrin Fe, Natazia, Nuvaring, Safyral		olanzapine/odt
IMITREX NASAL	Zomig Nasal		
INVEGA	olanzapine, quetiapine, risperidone, ziprasidone, Abilify/Discemelt, Latuda, Seroquel XR		

KEY

The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.
 The symbol [ST] next to a drug name indicates that Step Therapy may apply to some or all strengths of the drug.
For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.
For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.
 Brand-name drugs are listed in CAPITAL letters.
 Generic drugs are listed in lower case letters.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2013 THROUGH DECEMBER 31, 2013. THIS LIST IS SUBJECT TO CHANGE.
 You can get more information and updates to this document at our website at www.express-scripts.com.

Your Missing Piece? The NYS Deferred Compensation Plan

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

Social Security was never meant to be a sole source of income. On average, a public pension will replace only about 50% of your current income after 25 years of service.* These two pieces are a great start, but enrolling in the New York State Deferred Compensation Plan may be one piece to help complete the puzzle.

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

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

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

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.

U.C. Health Insurance Buyout Guidelines and Procedures

- If an employee is eligible for health insurance benefits but chooses not to enroll in the U.C health insurance plan and has obtained coverage through some other source, the employee can receive a buyout payment in lieu of coverage. The amount the employee would receive is dependant upon the unit to which the employee belongs as follows:
CSEA - \$1,000 annually PBA - \$1,000 annually
NYSUT - \$2,000 annually CWA - \$2,000 annually
Management - \$2,000 annually
- All are paid quarterly except for CWA which is paid semiannually.
- The other coverage must be maintained at all times and failure to do so will result in the mandatory repayment of the buyout subsidy to U.C. Medicaid or similar type plans will not be considered other coverage.
- As of January 1, 2011, the other coverage must be a plan other than the Ulster County plan.
- The following Buyout Application must be completed, signed, and returned to the U.C. Benefits Office by the end of the Health Insurance Open Enrollment period, or, in the event of coverage becoming available during the year, within 30 days of the start of the other coverage. Newly hired employees must submit the forms within 30 days of hire.
- Participants must renew the buyout option each year by completing the buyout form. When initially opting in and whenever the providing source of the other coverage is different than the expiring coverage, verification must be obtained from the other coverage provider by having Part 2 completed. If the other coverage is the same as the expiring coverage, only Part 1 of the form must be completed. All participants must provide a photocopy of their current ID card from the other coverage plan specifically showing the employee name.
- Buyout participants may opt out of the medical coverage and purchase the Dental and Vision coverage. See the 2012 Rate sheet for the appropriate premium.
- Please review the Buyout Application and contact the Employee Benefits Office with any questions or concerns.

APPLICATION FOR HEALTH INSURANCE BUYOUT

Part 1: To be completed by the U.C. employee

Name: _____ Phone: _____

I am currently enrolled in another health insurance plan and wish to decline medical coverage available to me through the Ulster County Health Insurance Plan. ***I understand that my other coverage cannot be an Ulster County Sponsored plan.*** I realize that this selection is for a period of one year, January 1 to December 31, _____ unless the other coverage becomes unavailable during the year. I understand that I must maintain the other coverage for the duration of the entire year or will be responsible to notify the Benefits Office and forgo the buyout payments. I have read the accompanying Guidelines and Procedures and agree to comply with all requirements.

Employee Signature _____ Date _____

PLEASE NOTE: Attach a copy of the I.D. card providing coverage.

Part 2: Documentation of Adequate Coverage for Initial enrollment in Buyout Program or renewal with Coverage Different from the Previous Year (To be completed by the Administrator of the other insurance plan in which the U.C. employee is enrolled)

This is to verify that the above named individual is currently covered by a health plan as indicated below:

If the above named is a dependant of another person, please list this person: _____

Please verify the employee's coverage includes the following:

Hospitalization _____ Medical/Surgical _____ Prescription _____

Signature of Benefits Administrator _____

Title: _____ Date: _____

Name of Company: _____

Telephone #: _____

Rose and Kiernan, Inc. ENROLLMENT APPLICATION

Your Last Name		First		M.I.		Alternate ID No.		Social Security No.		Employer Use Only Group Name Ulster County	
Address		City		State		Zip Code		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner		Billing Code	
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> COBRA		Date Of Employment / /		Date of Retirement / /		Retirement Benefit %		Date of Marriage / /		Effective Date Requested / /	
<input type="checkbox"/> New Enrollment/Reinstatement (complete Section 4) <input type="checkbox"/> Change Coverage to: (check new coverage) <input type="checkbox"/> Cancel Coverage: (check those that apply) <input type="checkbox"/> Add or Delete Dependent: (complete section 4) <input type="checkbox"/> Active to Retiree: Retirement Date:		<input type="checkbox"/> Change Enrollee's information: (complete Section 1 with new information) Reason:		Other Coverage? Is there Coverage Under any other group health plan available to you or any member of your family <input type="checkbox"/> NO <input type="checkbox"/> YES		If Yes; Policyholder Name Relationship <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child Birthdate / /		Social Security Number - - - - Insurance Company Name Address		Employee No. Billing Class Group Code	

		Type	Plan	IND	2-PER	FAM	S E C T I O N 3	
1	Medical	EBCBS PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Medical	EBCBS POS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Dental	Delta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Vision	Davis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

LIST APPLICANT AND ALL ELIGIBLE DEPENDENTS							
A D D	RELATIONSHIP	LAST	NAME FIRST	M.I.	Birthdate (mo/day/yr)	Social Security #	Medicare A&B Effective Date
<input type="checkbox"/>	Self <input type="checkbox"/> M <input type="checkbox"/> F				/ / - -	- - - -	/ / - -
<input type="checkbox"/>	Spouse <input type="checkbox"/> Domestic Partner				/ / - -	- - - -	/ / - -
<input type="checkbox"/>	Son <input type="checkbox"/> Daughter				/ / - -	- - - -	/ / - -
<input type="checkbox"/>	Son <input type="checkbox"/> Daughter				/ / - -	- - - -	/ / - -
<input type="checkbox"/>	Son <input type="checkbox"/> Daughter				/ / - -	- - - -	/ / - -

If the medical plan you are enrolling in requires a primary care physician the carrier will notify you by letter how to choose your pcip..

Do you dependents reside in you home? <input type="checkbox"/> Yes <input type="checkbox"/> No If no give address		Do you have a disabled dependent beyond age 19? <input type="checkbox"/> No <input type="checkbox"/> Yes List name(s):	
--	--	---	--

Applicants Signature: _____ Date: _____ Employer's Signature: _____

**Ulster County Health Insurance Coverage Waiver
Plan Year January 1, 2013– December 31, 2013**

I understand that I am eligible to participate in the Ulster County Employee Health Insurance plan for myself and my dependants.

I hereby elect to not participate in this program. I understand that this election is made in advance to cover the entire or balance of the upcoming plan year and in no situation can I elect to change this selection during the policy year.

I understand the next opportunity I will have to participate in the Ulster County Health Insurance plan will be during the next open enrollment period.

Print Name: _____

Signature: _____

Date: _____

Please submit this waiver to the Employee Benefits Office during the Open Enrollment period or during the first 30 days of new employment with Ulster County.

Completion of this waiver is an annual requirement. Failure to properly complete and submit this form to the Employee Benefits Office will result in the employee only automatically being enrolled in the lowest priced plan option and the appropriate payroll deduction applied.



Ulster Scripts Employee Program

CanaRx
Employee 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, P.O. BOX 44650, DETROIT, MI., 48244-0650 PHONE TOLL-FREE: 1-866-893-(MEDS) 6337

PATIENT INFORMATION:		Birthdate _____ DD/MM/YYYY	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.
Phone (Home)	Phone (Work)		
First Name (please print)	Initial	Last Name	
Street Address			
City/State	Zip Code		

List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths. <i>Ex. Lipitor</i> (This is NOT a prescription.)	Strength <i>Ex. 10 mg</i>	Reason for Taking <i>Ex. Cholesterol</i>	Daily Use <i>Ex. Twice Daily</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) Hospitalization: (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: _____

Physician's Name: _____ Signature: (optional) _____ Date: (DD/MM/YY)

AUTHORIZATION
I confirm that a U.S. Physician will regularly monitor me and that I have had a physical examination within the past 12 months. I verify that I have 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 and that the information provided by me is accurate and true.
I request and authorize Ulster County, NY, to pay for any and all services, fees and amounts relating to the prescription medications that I will obtain through this service.

Subscriber Signature: _____ Date: (DD/MM/YY)



Ulster Scripts Employee Program

**CanaRx
Dependent 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, P.O. BOX 44650, DETROIT, MI., 48244-0650 PHONE TOLL-FREE: 1-866-893-(MEDS) 6337

PATIENT INFORMATION: Birthdate _____ SPOUSE
DD/MM/YYYY DEPENDENT

Phone (Home) _____ Phone (Work) _____

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. <i>Ex. Lipitor (This is NOT a prescription.)</i>	Strength <i>Ex. 10 mg</i>	Reason for Taking <i>Ex. Cholesterol</i>	Daily Use <i>Ex. Twice Daily</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) Hospitalization: (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: _____

Physician's Name: _____ Signature: (optional) _____ Date: (DD/MM/YY) _____

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 and that the information provided above is accurate and true. I request and authorize Ulster County, NY, to pay for any and all services, fees and amounts relating to the prescription medications that I will obtain through this service.

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

AUTHORIZATION IF THE PATIENT IS THE SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER
I confirm that a U.S. Physician will regularly monitor me and that I have had a physical examination within the past 12 months. I verify that I have taken the above listed medication 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 and that the information provided by me is accurate and true. I request and authorize Ulster County, NY, to pay for any and all services, fees and amounts relating to the prescription medications that I will obtain through this service.

Patient Signature: _____ Date: (DD/MM/YY) _____

PLEASE MAIL TO EMPLOYEE BENEFITS OFFICE ATTN: KEVIN ROACH

ULSTER COUNTY
FLEXIBLE SPENDING ACCOUNT
Election Form and Compensation Reduction Agreement

Employee Last Name: _____ First Name: _____ MI: _____

Employee Social Security Number: _____ DOB: _____ Sex: _____ Marital Status: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number (____) _____

Date of Hire: _____ Enrollment Date: _____

Flexible Spending Plan Year: January 1, 2013 through December 31, 2013

My employer and I hereby agree that my cash compensation will be reduced by the amounts set forth below for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement). I also understand that I will be charged a \$3.00 per month account administration fee.

I. Premiums Under Certain Benefit Plans

I may be eligible for certain health, dental, and/or vision insurance coverages.

Where I have enrolled for such plan(s), my premium contributions will be paid, if any, on a pre-tax basis, unless I complete an "Election Not to Participate" form available through my employer.

II. Unreimbursed Medical Expense Account

I elect to make contributions to a medical reimbursement account for this plan year as follows:

Amount of compensation reduction: \$ _____ per pay period, for _____ pay periods.

Yearly compensation reduction: \$ _____

The annual plan limit is \$1,500 per participant.

Qualifying Medical Care Expenses

Under the Plan, you will be reimbursed only for those types of medical expenses normally deductible on your federal income tax return with certain exceptions (i.e., health insurance provided by a spouse's employer cannot be reimbursed).

III. Dependent Care Assistance Account

I elect to make contributions to a dependent care assistance account for this plan year as follows:

Amount of compensation reduction: \$ _____ per pay period, for _____ pay periods.

Yearly compensation reduction: \$ _____

(Up to \$5,000 or \$2,500 if married filing separate tax returns)

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE EMPLOYER'S FLEXIBLE BENEFITS PLAN, MEDICAL REIMBURSEMENT PLAN, AND/OR DEPENDENT CARE ASSISTANCE PLAN AS AMENDED FROM TIME TO TIME; AND SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS. I UNDERSTAND THAT I CANNOT CHANGE ANY OF MY ELECTIONS DURING THE PLAN YEAR UNLESS I HAVE A CHANGE IN FAMILY STATUS AND THAT ANY MONEY LEFT IN MY ACCOUNT(S) AT THE END OF THE PLAN YEAR WILL BE FORFEITED.

Employee's Signature _____ Date _____

Accepted and agreed to by the employer's Authorized Representative.

By _____ Date _____

Please mail completed form to: Employee Benefits Department

Know Your Health Care FSA/HRA Eligible and Ineligible Expenses

Maximize the Value of Your Reimbursement Account

Your Health Care Flexible Spending Account (FSA) and/or Health Reimbursement Account (HRA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

Eligible Expenses

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

MEDICATIONS

- Insulin
- Prescription Drugs

OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

HRA ELIGIBLE

- Insurance Premiums
- Long Term Care Premiums

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

The IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs or HRAs, as they are not prescribed by a physician for a specific ailment.

Ineligible Expenses

- | | | |
|--------------------------------------|---|--------------------------------|
| ■ Contact Lens or Eyeglass Insurance | ■ Insurance Premiums and Interest (FSA Ineligible Only) | ■ Personal Trainers |
| ■ Cosmetic Surgery/Procedures | ■ Long Term Care Premiums (FSA Ineligible Only) | ■ Sunscreen (spf less than 30) |
| ■ Electrolysis | ■ Marriage or Career Counseling | ■ Swimming Lessons |

Note: This list is not meant to be all-inclusive.

Please Note: The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA or HRA funds unless accompanied by a prescription and the prescription is filled by a pharmacist.

Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- | | | |
|---------------------------------|--|---|
| ■ Acid controllers | ■ Cough, cold & flu | ■ Medicated nasal sprays, drops, & inhalers |
| ■ Acne medications | ■ Denture pain relief | ■ Medicated respiratory treatments & vapor products |
| ■ Allergy & sinus | ■ Digestive aids | ■ Motion sickness |
| ■ Antibiotic products | ■ Ear care | ■ Oral remedies or treatments |
| ■ Antifungal (Foot) | ■ Eye care | ■ Pain relief (includes aspirin) |
| ■ Antiparasitic treatments | ■ Feminine antifungal & anti-itch | ■ Skin treatments |
| ■ Antiseptics & wound cleansers | ■ Fiber laxatives (bulk forming) | ■ Sleep aids & sedatives |
| ■ Anti-diarrheals | ■ First aid burn remedies | ■ Smoking deterrents |
| ■ Anti-gas | ■ Foot care treatment | ■ Stomach remedies |
| ■ Anti-itch & insect bite | ■ Hemorrhoidal preps | ■ Unmedicated nasal sprays, drops & inhalers |
| ■ Baby rash ointments & creams | ■ Homeopathic remedies | ■ Unmedicated vapor products |
| ■ Baby teething pain | ■ Incontinence protection & treatment products | |
| ■ Cold sore remedies | ■ Laxatives (non-fiber) | |
| ■ Contraceptives | | |

OTC items that are not medicines or drugs remain eligible for purchase with FSAs and HRAs.

Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

- | | | |
|--|--|---|
| ■ Baby Electrolytes and Dehydration
Pedialyte, Enfalyte | ■ Elastics/Athletic Treatments
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts | ■ Hearing Aid/Medical Batteries |
| ■ Contraceptives
Unmedicated condoms | ■ Eye Care
Contact lens care | ■ Home Health Care (limited segments)
Ostomy, walking aids, decubitus/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs |
| ■ Denture Adhesives, Repair, and Cleansers
PoliGrip, Benzodent, Plate Weld, Efferdent | ■ Family Planning
Pregnancy and ovulation kits | ■ Incontinence Products
Attends, Depend, GoodNites for juvenile incontinence, Prevail |
| ■ Diabetes Testing and Aids
Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products | ■ First Aid Dressings and Supplies
Band Aid, 3M Nexcare, non-sport tapes | ■ Prenatal Vitamins **
Stuart Prenatal, Nature's Bounty Prenatal Vitamins |
| ■ Diagnostic Products
Thermometers, blood pressure monitors, cholesterol testing | ■ Foot Care Treatment
Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles | ■ Reading Glasses and Maintenance Accessories |
| ■ Ear Care
Unmedicated ear drops, syringes, ear wax removal | ■ Glucosamine &/or Chondroitin **
Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements | |

Note: ** Require a Note of Medical Necessity from your health care provider to qualify for reimbursement

For additional information, please contact your Plan Administrator.

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CHC-010 030911

UNDERSTANDING YOUR EMPLOYEE ASSISTANCE PROGRAM

Ulster County recognizes that life is stressful. Our employee's mental and emotional health is just as important to their successful job performance as their physical health. EAP offers free, confidential, counseling services to employees and 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



Two Great Programs Available through Payroll Deduction

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<http://www.treasurydirect.gov/tdhome.htm>



New York's 529 College Savings PROGRAM

They promise to work hard.
Promise to do your part.

Welcome to New York's 529 College Savings Program *Direct Plan*, a 529 plan designed to meet your needs.

<https://uui.nysaves.s.upromise.com/content/home.html>

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

***** CSEA & ASSOCIATE MEMBERS ONLY *****



CSEA & Pearl Carroll ~ A Relationship You Can Count On

- ✓ CSEA's only endorsed broker for over 70 years*
- ✓ One stop shopping for all of your insurance needs
- ✓ One of a kind programs designed specifically for CSEA Members
- ✓ Offering free seminars and individual counseling
- ✓ Dedicated sales and service representatives



**Meet [Lydia Gregory](#), your CSEA Insurance Representative.
If you'd like to make an appointment with Lydia, or if you'd like some
more information on the insurance programs available
to you, call her toll free at [1-800-476-9058](tel:1-800-476-9058)**

* Pearl Carroll & Associates and its predecessor companies



FACT SHEET

For help or questions call:
Your CSEA Insurance Representative
Lydia Gregory, at 1-800-476-9058

FACT- "One of a Kind" Programs designed **by CSEA for CSEA Members only**

FACT- New Member Guaranteed Issue

- Term Life – up to \$50,000 Member/Spouse
- Disability – up to \$1,200 monthly benefit
 - (Pre-existing conditions may apply)
- Whole Life- up to \$25,000 Member

FACT- Critical Illness – NOT CANCER ONLY

- Covers Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure
- Family coverage for Spouse/Domestic Partner and Children available
- Simplified Issue \$15,000 for Member & Spouse/Domestic Partner, \$10,000 for Children
- Amounts up to \$115,000 per benefit category available
- Annual Wellness Benefit - \$75
- Portable coverage with NO termination age

FACT- CSEA Term Life Has NO Termination Age

- Includes Accelerated Death Benefit
- Includes Premium Waiver

FACT- CSEA Disability includes Accidental Death and Dismemberment

- Long & Short Term plans w/Lifetime Benefit Unique to CSEA ONLY
- Includes Premium Waiver

FACT- CSEA also offers Permanent Life insurance with Universal Life insurance and Whole Life Insurance

FACT- CSEA also offers Auto, Home, Renters, Excess Liability, Pet Insurance and more!

www.pearlcarroll.com/csea

**ULSTER COUNTY EMPLOYEES
2013
AFLAC-NY CANCER CARE INSURANCE**

Base Plan: This coverage provides financial relief from the devastating affect cancer can have on a family. Your medical plan will cover most cancer related medical expenses, but cancer has many non-medical and out-of-pocket expenses. Non-medical expenses include travel, food, lodging and household help costs. In addition, loss of earning power by either the cancer victim or a caretaker can have a significant impact on your ability to meet every day expenses like: health insurance premiums, mortgage or rent payments, car payments, utility bills and groceries.

Cancer Screening Wellness Benefit: Aflac New York will pay \$75 per calendar year to each covered person when one of the following tests are performed to determine whether cancer exists: mammogram, breast ultrasound, Pap smear, ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon cancer), CA125 (blood test for ovarian cancer) PSA (blood test for prostate cancer), thermography or colonoscopy or virtual colonoscopy. These tests must be performed to determine if cancer exists in a covered person. No lifetime maximum. Fax itemized bill to Aflac at 877-844-0201 for reimbursement.

This coverage is also portable; you can take it with you if you leave your employer. Please see the Aflac Cancer Brochure (Level 2) for coverage and benefit details.

CSEA & NON-CSEA EMPLOYEES - MONTHLY BANK DRAFT or CREDIT CARD ONLY!

Aflac Cancer Plan Costs	Base Plan	Base Plan & Building Benefit Rider
Individual	\$ 30.10	\$ 33.10
One Parent Family	\$ 36.80	\$ 41.30
Two Parent Family	\$ 50.90	\$ 57.40

****NON-CSEA EMPLOYEES ONLY - PAYROLL DEDUCTION option****

Aflac Cancer Plan Costs - 24-Pay Periods	Base Plan	Base Plan & Building Benefit Rider
Single	\$ 15.05	\$ 16.55
One Parent with child(ren)	\$ 18.40	\$ 20.65
Family	\$ 25.45	\$ 28.70



**YOU MUST MEET WITH Dan Barry TO COMPLETE THE NECESSARY APPLICATION.
Call 687-4972 to schedule an appointment.**

**ULSTER COUNTY EMPLOYEES
2013
AFLAC-NY ACCIDENT INSURANCE**

Plan Benefits Include: Emergency Treatment, Follow-Up Treatment, Initial Hospitalization, Hospital Confinement, Physical Therapy, Accidental Death and much more! Benefits are payable for a covered person's injury, dismemberment or death caused by a covered person's injury.

Accident Emergency Treatment Benefit: Aflac will pay \$120 for the insured and the spouse, and \$120 for children (up to age 26) if a covered person received treatment for injuries sustained in a covered accident. This benefit is payable for X-rays, treatment by physicians, or treatment received in a hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per covered person. This coverage is also portable; you can take it with you if you leave your employer. Please see the Aflac Personal Accident indemnity Plan Brochure (Level 2) for coverage and benefit details.

CSEA & NON-CSEA EMPLOYEES - MONTHLY BANK DRAFT or CREDIT CARD ONLY!

Accident Insurance Rates	
Individual	\$21.19
Husband & Wife	\$27.04
One Parent w/Child(ren)	\$31.72
Two Parent w/Child(ren)	\$40.43

****NON-CSEA EMPLOYEES ONLY - PAYROLL DEDUCTION option****

Accident Insurance Rates – 24 pay periods	
Individual	\$10.60
Husband & Wife	\$13.52
One Parent w/Child(ren)	\$15.86
Two Parent w/Child(ren)	\$20.22

AFLAC-NY SHORT-TERM DISABILITY INCOME

Disability Income Protection Advantage

Peace of mind. Cash benefits. Knowing that you'll have help in the event of disability. All are good reasons to strongly consider the benefits of Aflac New York!

When disabled, you may not only lose the ability to earn a living, but you may also lose savings, retirement funds, or even your home. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Disability Income rates are quoted at the time of application.



YOU MUST MEET WITH Dan Barry TO COMPLETE THE NECESSARY APPLICATION(S).
Call 687-4972 to schedule an appointment.

Your Summary of Benefits



POS

2013 County of Ulster

Benefit	In-Network ²	Out-of-Network ³
Deductible	N/A	\$2,000/\$5,000
Coinsurance	N/A	40%
Coinsurance Stop Loss	N/A	\$20,000/\$50,000 (\$8,000/\$20,000 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered through the end of the month)	Dependents to Age 26	Dependents to Age 26
Covered Preventive Care¹	Member Pays	Member Pays
Covered Adult Preventive Care	\$0	Deductible and coinsurance
Annual Physical Exam	\$0	Deductible and coinsurance
Well-Child Care (Up to age 19; including covered immunizations)	\$0	Deductible and coinsurance
Preventive Well-Woman Care	\$0	Deductible and coinsurance
Home/Office/Outpatient Care	Member Pays	Member Pays
Home/Office/Outpatient Visits Copayment	\$20 copay	Deductible and coinsurance
web/Visit ⁴	\$5 copay per online consultation	Covered in-network only
Emergency Room/Facility (initial visit per occurrence)	\$100 copay (Waived if admitted within 24 hours)	\$100 copay (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery ^{5,6}	\$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 ⁵ /MRA ⁵ , CAT Scan ⁷ , PET ⁷ and Nuclear Cardiology ⁷	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copay (Waived for treatment)	Deductible and coinsurance
Chiropractic Care ⁷	\$20 copay	Deductible and coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and coinsurance
Hospice Care (Up to 210 days per lifetime)	\$0	Deductible and coinsurance
Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copay	Deductible and coinsurance
Speech/Language ⁵ , Occupational ⁵ , Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copay	Deductible and coinsurance
Outpatient Cardiac Rehabilitation	\$20 copay	Deductible and coinsurance
Second Surgical Opinion	\$20 copay	Deductible and coinsurance
Kidney Dialysis	\$0	Deductible and coinsurance

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

Your Summary of Benefits



POS

Benefit	In-Network ²	Out-of-Network ³
Inpatient Care⁵		
Inpatient Hospital (As many days as is medically necessary, semiprivate room and board)	\$0	Deductible and coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and coinsurance
Skilled Nursing Facility (Up to 30 days per calendar year)	\$0	Deductible and coinsurance
Mental Health		
Outpatient Visits in Office	\$20 copay	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care ⁹ As many days as is medically necessary, semiprivate room and board)	\$0	Deductible and coinsurance
Alcohol/Substance Abuse⁹		
Outpatient Visits in Office	\$20 copay	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification (As many days as is medically Necessary, semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation	\$0	Deductible and coinsurance
Other		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment ⁵	\$0	Deductible and coinsurance
Prosthetics & Orthotics ⁵	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	Deductible and coinsurance

- (1) Preventive Care benefits not subject to copay, 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.
- (1) 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.
- (2) 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.)
- (3) A webVisit enables you to receive a covered medical consultation for a non-urgent matter from a participating provider who has agreed to provide webVisits to Empire members online. Confirm your provider's participation by contacting your provider or his/her office staff. Visit our website or call for more details.
- (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, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for proposed cosmetic surgery, an excluded benefit except when medically necessary.
- (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.

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.

Your Summary of Benefits



PPO

2013
County of Ulster

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Coinsurance Stop Loss	N/A	\$5,000/\$12,500 / (\$1,000/\$2,500 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month)	Dependents to age 26	Dependents to age 26
Covered Preventive Care ⁴	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits	\$20 copay	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)
Surgery ⁵ , 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
MR/MRA ⁶ , CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copay (Waived for treatment)	Deductible and Coinsurance
Chiropractic Care ⁹	\$20 copay	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Covered in-network only
Hospice Care (Up to 210 days per lifetime)	\$0	Covered in-network only
Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copay	Covered in-network only
Other Short-Term Rehabilitative Therapies – Speech/Language ⁵ , Occupational ⁵ , Vision (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copay	Covered in-network only

Your Summary of Benefits



PPO

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Cardiac Rehabilitation	\$20 copay	Deductible and Coinsurance
Second Surgical Opinion	\$20 copay (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
Inpatient Care⁵	Member Pays In-Network	Member Pays Out-of-Network
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Covered in-network only
Mental Health	Member Pays In-Network	
Outpatient Visits in Office	\$20 copay	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care ⁸ (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Alcohol/Substance Abuse	Member Pays In-Network	Member Pays Out-of-Network
Outpatient Visits in Office	\$20 copay	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation	\$0	Deductible and Coinsurance
Other	Member Pays In-Network	Member Pays Out-of-Network
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment ⁶	\$0	Covered in-network only
Prosthetics & Orthotics ⁶	\$0	Covered in-network only
Ambulance (air ambulance)	\$0	In-network benefits apply

(1) Network provider delivers care.

(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 (7) 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.

(4) Preventive Care benefits not subject to copay, 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 provided in-area and out-of-area, in-network and out-of-network. 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 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. You are responsible for obtaining precertification from Empire's Medical Management Program for in-area and out-of-area out-of-network services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.

(7) Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the co-payment for covered services. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.

(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) 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 deductible and coinsurance for covered services. Authorization is not required for out-of-network services or for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.

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.



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

APPROVED OMB-0938-0008

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

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

PICA PICA

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

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

PLEASE PRINT OR TYPE

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

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

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. Comptrollers Office is responsible for administration of the N.Y.S. Retirement System. Their website, <http://www.osc.state.ny.us/retire/>, includes forms, contact information, a retirement timeline and more.
- The N.Y.S. Retirement System telephone number is 866-05-0990.
- 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 U.C. 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.

2013 ULSTER COUNTY HOLIDAY SCHEDULE

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, MARCH 29
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.

Disclaimer

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.