



<https://www.ulstercountyny.gov/Departments/Personnel/Employee-Benefits>

Benefit Open Enrollment
November 1 —November 29, 2025


Benefit Plan Year
January 1—December 31, 2026

2026 Non-Medicare Eligible Retiree Benefits Guide

Medical and Prescription Drugs, Dental, and Vision



Kingston Waterfront Business District - Photo Credit Kevin Godbey - Courtesy of Ulster County Tourism

Benefits provided in association with
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Questions | Help
1-800-836-0026, Press 2
support@aleracare.zendesk.com

ULSTER COUNTY PERSONNEL DEPARTMENT
244 Fair St., P.O. Box 1800, Kingston, New York 12402-1800
Telephone: 845-340-3550
Fax: 845-340-3592

JEN METZGER
County Executive



DAWN SPADER
Personnel Director

JAMES FARINA
Director of Employee Relations

JACKIE DECICCO
Administrator, Civil Service & Personnel

TO: Ulster County Retiree Health Insurance Participant
FROM: Dawn Spader, Personnel Director
DATE: October 31, 2025
RE: 2026 Health Insurance Rates and Important Changes
For **Non-Medicare Eligible Retirees**

In 2026, the County will continue to offer Anthem Blue Cross / Blue Shield PPO20, PPO25, and Direct POS20 medical programs as provided in 2025. A coverage comparison chart and updated premium chart are included in this letter. You are encouraged to review the PPO25, especially if you live outside of the Hudson Valley and are currently paying for the more expensive PPO plan.

IF YOU DO NOT PAY A PREMIUM FOR YOUR COVERAGES OR IF YOU WISH TO MAKE A COVERAGE PLAN CHANGE, YOU MUST RESPOND TO THIS LETTER BY COMPLETING THE FORM ON THE BOTTOM OF PAGE 3 AND RETURNING IT DIRECTLY TO THE BENEFITS OFFICE BY NOVEMBER 29, 2025.

The premium amount for 2026 will begin with your December 15, 2025 premium payment withdrawal. Failure to provide funding for your premium will result in cancellation.

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

<https://www.ulstercountyny.gov/Departments/Personnel/Employee-Benefits>

(click on '2026 Non-Medicare Eligible Retiree Health Insurance Benefit Information'), or from the Benefits Office.

We strongly encourage you to review the information provided and to visit the anthembluecross.com website to see what programs your doctors may participate in, so you may make the best plan choice for you and your family. If you desire to make coverage changes, you must inform the Benefits Office in writing of your new plan choice by returning the form on the bottom of page 3.

Pharmacy Benefits: Prime Therapeutics will continue to be the administrator for the Pharmacy program.

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

Ulster County Website: www.ulstercountyny.gov

Cards for 2026: Anthem will issue new ID cards.

Dental Coverage - Our dental coverages will continue with **Guardian Dental**. The coverages are identical to the 2025 coverages. Guardian will not be issuing new insurance cards.

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

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

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

CanaRx Zero Co-pay Mail Order Brand Name Drug Program - For 2026, our non-Medicare eligible retirees may continue to purchase brand-name maintenance medications through a mail order program without paying any co-pay. This plan was formerly known as Ulster Scripts. The information and forms, including the list of available medications for the CanaRx program, are available on the Personnel Department website in the aforementioned Benefits Book or at the Benefits Office. The CanaRx (Certain Brand Name Drugs For Free) program is available to all retirees covered by the Anthem Blue Cross Blue Shield plans. There have been changes to the classification of some drugs, so please check the formulary. **The CanaRx program is not available to Medicare eligible retirees.**

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

Anthem Premiums – There are increases in premiums. **For your reference, your Ulster County percentage is printed after your name on your envelope label.** The rate chart is included on page 5.

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

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

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

IF YOU DO NOT PAY A PREMIUM OR IF YOU WISH TO MAKE A PLAN CHANGE, YOU MUST COMPLETE THE FORM BELOW AND RETURN IT BY NOVEMBER 29, 2025 DIRECTLY TO: Ulster County Employee Benefits Office, P.O. Box 1800, Kingston, N.Y. 12402

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

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

_____ Anthem BCBS POS20 Plan Signature _____

Printed Name _____

_____ Anthem BCBS PPO25 Plan Date _____

2026 Non-Medicare Eligible Retiree Rates

% PAID BY COUNTY		PPO-1 (PPO20)	PPO-2 (POS20)	PPO-3 (PPO25)	D&V ONLY
50%	RETIREE	\$722.55	\$507.97	\$442.51	\$21.95
	RETIREE & SPOUSE	\$1,621.41	\$1,138.61	\$991.48	\$45.26
	RETIREE & CHILD	\$1,380.71	\$973.02	\$848.36	\$49.17
	RETIREE & CHILDREN	\$1,520.60	\$1,069.99	\$932.40	\$49.17
	RETIREE & FAMILY	\$2,238.27	\$1,573.08	\$1,370.21	\$66.51
60%	RETIREE	\$578.04	\$406.38	\$354.01	\$17.56
	RETIREE & SPOUSE	\$1,297.12	\$910.89	\$793.18	\$36.20
	RETIREE & CHILD	\$1,104.57	\$778.41	\$678.69	\$39.34
	RETIREE & CHILDREN	\$1,216.48	\$855.99	\$745.92	\$39.34
	RETIREE & FAMILY	\$1,790.61	\$1,258.46	\$1,096.17	\$53.21
65%	RETIREE	\$505.79	\$355.58	\$309.76	\$15.37
	RETIREE & SPOUSE	\$1,134.98	\$797.03	\$694.03	\$31.68
	RETIREE & CHILD	\$966.50	\$681.11	\$593.85	\$34.42
	RETIREE & CHILDREN	\$1,064.42	\$748.99	\$652.68	\$34.42
	RETIREE & FAMILY	\$1,566.79	\$1,101.16	\$959.15	\$46.56
70%	RETIREE	\$433.53	\$304.78	\$265.51	\$13.17
	RETIREE & SPOUSE	\$972.84	\$683.17	\$594.89	\$27.15
	RETIREE & CHILD	\$828.43	\$583.81	\$509.02	\$29.50
	RETIREE & CHILDREN	\$912.36	\$641.99	\$559.44	\$29.50
	RETIREE & FAMILY	\$1,342.96	\$943.85	\$822.13	\$39.91
75%	RETIREE	\$361.28	\$253.99	\$221.26	\$10.98
	RETIREE & SPOUSE	\$810.70	\$569.30	\$495.74	\$22.63
	RETIREE & CHILD	\$690.36	\$486.51	\$424.18	\$24.59
	RETIREE & CHILDREN	\$760.30	\$534.99	\$466.20	\$24.59
	RETIREE & FAMILY	\$1,119.13	\$786.54	\$685.11	\$33.26
80%	RETIREE	\$289.02	\$203.19	\$177.00	\$8.78
	RETIREE & SPOUSE	\$648.56	\$455.44	\$396.59	\$18.10
	RETIREE & CHILD	\$552.28	\$389.21	\$339.34	\$19.67
	RETIREE & CHILDREN	\$608.24	\$428.00	\$372.96	\$19.67
	RETIREE & FAMILY	\$895.31	\$629.23	\$548.08	\$26.60
85%	RETIREE	\$216.77	\$152.39	\$132.75	\$6.58
	RETIREE & SPOUSE	\$486.42	\$341.58	\$297.44	\$13.58
	RETIREE & CHILD	\$414.21	\$291.90	\$254.51	\$14.75
	RETIREE & CHILDREN	\$456.18	\$321.00	\$279.72	\$14.75
	RETIREE & FAMILY	\$671.48	\$471.92	\$411.06	\$19.95
90%	RETIREE	\$144.51	\$101.59	\$88.50	\$4.39
	RETIREE & SPOUSE	\$324.28	\$227.72	\$198.29	\$9.05
	RETIREE & CHILD	\$276.14	\$194.60	\$169.67	\$9.83
	RETIREE & CHILDREN	\$304.12	\$214.00	\$186.48	\$9.83
	RETIREE & FAMILY	\$447.65	\$314.62	\$274.04	\$13.30
95%	RETIREE	\$72.26	\$50.80	\$44.25	\$2.20
	RETIREE & SPOUSE	\$162.14	\$113.86	\$99.15	\$4.53
	RETIREE & CHILD	\$138.07	\$97.30	\$84.84	\$4.92
	RETIREE & CHILDREN	\$152.06	\$107.00	\$93.24	\$4.92
	RETIREE & FAMILY	\$223.83	\$157.31	\$137.02	\$6.65
100%	RETIREE - ALL TIERS	\$0.00	\$0.00	\$0.00	\$0.00

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

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

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

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

ACH Form for Ulster County Retirees

ACH Form for Relph Benefit Advisors Inc

AUTOMATIC PAYMENT (ACH) REQUEST FORM

PLEASE READ:

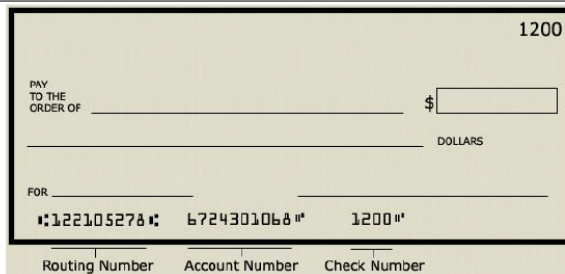
1. For Retiree billing, you must be paid through the current coverage month. Please note, ACH is only available for monthly billing periods.
2. Complete Section 1 -- Participant Information.
3. Attach a voided check (or photocopy). We are not able to accept deposit slips; they do not always show the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

SECTION 1 - PARTICIPANT INFORMATION

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

SECTION 2 - BANK ACCOUNT INFORMATION

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



SECTION 3 - AUTHORIZATION SIGNATURE

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

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

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

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

Date Rec'd	Processor
Date Processed	V&V

Ulster County Retiree Health Insurance Enrollment Form

ULSTER COUNTY NON MEDICARE ELIGIBLE RETIREE INFORMATION FORM			
LAST NAME	FIRST NAME & MIDDLE INITIAL	DATE OF BIRTH	
HOME PHONE #	CELL PHONE #	PERSONAL EMAIL ADDRESS	
LEGAL ADDRESS: (Your Social Security / Medicare mailing address)			
STREET NAME OR PO BOX	TOWN	STATE	ZIP
BILLING ADDRESS IF DIFFERENT FROM LEGAL ADDRESS:			
STREET NAME OR PO BOX	TOWN	STATE	ZIP
EMERGENCY CONTACT: (WE SUGGEST LISTING SOMEONE OTHER THAN A SPOUSE)			
LAST NAME	FIRST NAME	RELATIONSHIP	HOME TELEPHONE #
STREET ADDRESS OR PO BOX	TOWN	STATE	ZIP
PLAN CHOICE:			
INCLUDES DENTAL & VISION COVERAGE IN ALL OPTIONS			
Anthem PPO-1 (PPO20)	Anthem PPO-2 (POS20)	PPO-3 (PPO25)	DENTAL & VISION ONLY
RETIREE ONLY	RETIREE ONLY	RETIREE ONLY	RETIREE ONLY
RETIREE & SPOUSE	RETIREE & SPOUSE	RETIREE & SPOUSE	RETIREE & SPOUSE
RETIREE & CHILD	RETIREE & CHILD	RETIREE & CHILD	RETIREE & CHILD
RETIREE & CHILDREN	RETIREE & CHILDREN	RETIREE & CHILDREN	RETIREE & CHILDREN
FAMILY	FAMILY	FAMILY	FAMILY
DEPENDENT LAST NAME	RELATIONSHIP	DATE OF BIRTH	
<p><small>By signing below I am requesting Ulster County Personnel to enroll me in the selected Health Care Program or continue my coverage and I am agreeing to pay my share of the premium, and I attest the dependents as listed above meet the Ulster County eligibility criteria.</small></p>			
RETIREE SIGNATURE:		DATE:	
FOR PERSONNEL DEPARTMENT USE ONLY:			
Retirement Date:		Date Employed:	
Effective Date of Retiree Coverage:		Department:	
		Bargaining Unit:	
Comments:		% of Contribution:	

Benefit Enrollment Change Form

1 Employee Information <i>(please print)</i>	Group Name Ulster County		Billing Code		Employee Billing Code		Effective Date of Change											
	Last Name		First Name		M.I.		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed											
	Mailing Address <input type="checkbox"/> If, NEW		Social Security Number		Date of Marriage		Date of Divorce											
	City		State		Zip		Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home											
	Medicare Number (if any) /A&B Effective Dates		Date Employed		Date of Retirement		Retire Benefit %											
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> COBRA																		
2 Benefit Election	<input type="checkbox"/> New Enrollment /Reinstatement <i>(Complete Section 3)</i>		Type		Anthem Plans		Individual		Individual +Spouse		Individual +Child		Individual +Children		Family			
	<input type="checkbox"/> Change Coverage to: <i>(check new coverage)</i>		Medical with MetLife Dental & Davis Vision		<input type="checkbox"/> PPO-1 (PPO20)													
	<input type="checkbox"/> Cancel Coverage: <i>(check those that apply)</i>				<input type="checkbox"/> PPO-2 (POS20)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
	<input type="checkbox"/> Add or Delete Dependent: <i>(Complete Section 4)</i>				<input type="checkbox"/> PPO-3 (PPO25)													
	<input type="checkbox"/> Active to Retiree Date:		Buy-Out/ Standalone Dental & Vision		No Medical MetLife Dental & Davis Vision		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
	<input type="checkbox"/> Change Enrollee's Information: <i>(complete Section 1 with new information)</i> Reason:		Waive All		<input type="checkbox"/>													
3 Dependent Coverage Information <i>(Circle elections and print information)</i> A =Add Coverage T =Terminate Coverage	List Applicant and All Eligible Dependents																	
	Medical		Dental		Vision		Relationship		Name (Last, First, MI)				Date of Birth		Social Security #		Medicare Number (if any) A&B Effective Dates	
	A T		A T		A T		Self <input type="checkbox"/> M <input type="checkbox"/> F											
	A T		A T		A T		Spouse <input type="checkbox"/> M <input type="checkbox"/> F											
	A T		A T		A T		<input type="checkbox"/> Son <input type="checkbox"/> Daughter											
	A T		A T		A T		<input type="checkbox"/> Son <input type="checkbox"/> Daughter											
	A T		A T		A T		<input type="checkbox"/> Son <input type="checkbox"/> Daughter											
	A T		A T		A T		<input type="checkbox"/> Son <input type="checkbox"/> Daughter											
4 Dependent Status <i>(please print)</i>	Do your dependents reside in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No, if no, give address								Do you have a disabled dependent beyond age 26? <input type="checkbox"/> No <input type="checkbox"/> Yes, list name/s									
	Applicant's Signature								Date Signed				Employer's Signature					

Ways to \$ave Money on Your Health Care Expenses

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

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

Benefit Feature	PPO-1 formerly PPO20	PPO-2 formerly POS20	PPO-3 formerly PPO25
Deductible	In-Network: N/A Out-Network: \$500/\$1,250	In-Network: N/A Out-Network: \$2,000/\$5,000	In-Network: N/A Out-Network: \$500/\$1,250
Out of Pocket Maximum	In-Network: \$3,880/\$9,700 Out-Network: \$1,500/\$3,750	In-Network: \$3,880/\$9,700 Out-Network: \$8,000/\$20,000	In-Network: \$3,880/\$9,700 Out-Network: \$1,000/\$2,500
Coinsurance	In-Network: N/A Out-Network: 20%	In-Network: N/A Out-Network: 40%	In-Network: N/A Out-Network: 20%
In Network Copays Out of Network: Deductible & Coinsurance Apply			
Office Visit	\$20 Copay	\$20 Copay	\$25 Copay Primary Care \$40 Copay Specialist Care
OutPatient Surgery	\$0 Copay	\$0 Copay	\$100 Copay
MRI/CAT/PET Scans	\$0 Copay	\$0 Copay	\$75 Copay
Urgent Care	\$20 Copay	\$20 Copay	\$25 Copay
Emergency Room	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$200 copayment <i>(waived if admitted w/in 24-hrs)</i>
Hospital Admission	\$0 Copay	\$0 Copay	\$200 Copay
Prescriptions (30-day Supply)	\$10 / \$25 /\$40	\$5 / \$20 / \$40	\$10 / \$25 /\$40

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

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

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

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

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

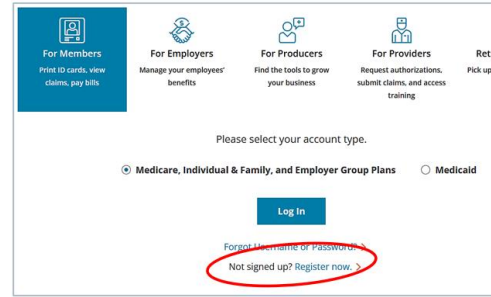
Our coverage with Anthem BCBS includes a free nurse helpline service. (1-877-825-5276).

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

Anthem BCBS Website / Virtual Care / Network Providers



From the QR Code link or using the [anthembluecross.com](https://www.anthembluecross.com) site with the "For Members" highlighted, current members select Log In OR new enrollees select "Register now" to create an account using the prompts to complete your registration



Virtual Care Services / Online or Phone App

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

Anthem BCBS Network Providers—Choose doctors in your plan's network to save on costs!

Selecting a doctor you trust is important, and choosing one in your plan's network can keep your costs down.

Using the **Find Care** tool on the SydneySM Health app and on anthem.com can help you do both.

Find Care brings together details about doctors, hospitals, and pharmacies in your plan's network. You can search by name, specialty, or procedure. You can also compare costs, choose English or Spanish, and see office hours.* To make sure your care provider is in your plan's network, view the doctor or facility profile.

How it works

- 1 Go to [anthem.com/find-care](https://www.anthem.com/find-care).
- 2 For Blue Access Network enter CFT under Search your medical plan without logging in and select **Continue**.
- 3 On the next screen, you can search for the care you need.

Download the Sydney Health app

Scan the QR code with your phone's camera and start your search today!



Anthem BCBS Summary of Benefits—PPO-1 Plan (formerly PPO20)



County of Ulster- PPO-1 Plan (formerly PPO20) / 2026

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

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Anthem BCBS Summary of Benefits—PPO-1 Plan (formerly PPO20)



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

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

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

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

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

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Anthem BCBS Summary of Benefits—PPO-2 Plan *(formerly POS20)*



County of Ulster- PPO-2 *(formerly POS20)* / 2026

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

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Anthem BCBS Summary of Benefits—PPO-2 Plan *(formerly POS20)*



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

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

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

Anthem BCBS Summary of Benefits—PPO-3 Plan (formerly PPO25)



County of Ulster- PPO-3 Plan (formerly PPO25) / 2026

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / (\$1,000/\$2,500 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care⁴	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits (PCP/Specialist)	\$25 / \$40 copayment	Deductible and Coinsurance
Online Visits	\$25 copayment	Deductible and Coinsurance
Urgent Care Center	\$25 copayment	\$25 copayment
Emergency Room/Facility (initial visit per occurrence)	\$200 copayment (Waived if admitted within 24 hours)	\$200 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery ⁵ / Outpatient Surgery	\$100 copayment	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests,	\$0	Deductible and Coinsurance
X-rays	\$25 copayment	Deductible and Coinsurance
MRI ⁷ /MRA ⁷ ; CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$75 copayment	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
- Office Visit	\$25 copayment	Deductible and Coinsurance
- Routine Testing	\$0	Deductible and Coinsurance
- Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year)	\$25 copayment	Deductible and Coinsurance
Chiropractic Care (Up to 30 visits per calendar year) ¹⁰	\$25 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (unlimited days)	\$0	Deductible and Coinsurance
Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies — Speech/Language ⁵ , Occupational ⁵ (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Vision Therapy	\$25 copayment	Deductible and Coinsurance

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Anthem BCBS Summary of Benefits—PPO-3 Plan (formerly PPO25)



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

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

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Prime Therapeutics—Your Prescription Provider

Your member portal is primetherapeutics.com/member to bookmark for future use.



If you need to fill a prescription

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

Home Delivery—Getting Started

1-How to fill your first Prescription

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



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

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

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

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

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

2-How to get refills?

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

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

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

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

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

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

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



Prime Therapeutics—Your Prescription Provider

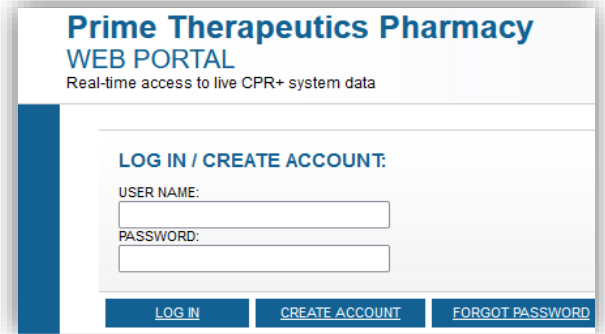


Your Prescription Benefits		
Copayments		
Empire POS 20 Plan	Retail- 30-day supply	Mail- 90-day supply
Tier 1: Generic	\$5	\$10
Tier 2: Preferred Brand	\$20	\$40
Tier 3: Non-Preferred Brand	\$40	\$80
Empire PPO 20 & 25 Plans	Retail- 30-day supply	Mail- 90-day supply
Tier 1: Generic	\$10	\$20
Tier 2: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

Using your Specialty Member Portal:

1. Save your member portal:

PrimeTherapeutics.com/specialtyportal



2. Request a portal login and refresh your payment info by calling **866.554.2673**. Our patient care coordinators are available Monday through Friday from 7 a.m. to 9 p.m. Central Time (CT).

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

[NetResults Formulary](#)

[Prior Authorization Drug List](#)

[Step Therapy Drug List](#)

Manage Rx on the GO!

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



— Find out what you need to know —

What is a formulary? A formulary is a list of drugs covered by your prescription drug benefit.

Can the formulary change? We regularly review drugs on our formularies to make sure they are safe, effective and affordable. The list is subject to change, and drugs may be added or removed.

Are there any restrictions? Some drugs may have extra requirements or limits. If a drug has requirements or limits, it will be noted in the formulary.


How can I look up drugs on the formulary?

Visit PrimeTherapeutics.com/Member/Documents and select the NetResults Formulary

Prior Authorization/Step Therapy:

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

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



CANARX Prescription Program



\$0 Copay Prescription Savings Program

Ulster County, New York has teamed up with CANARX to offer eligible employees, retirees and their dependents a **FREE** mail order program for certain Brand-Name Medications. This program is intended to help you save money!

Benefits of joining the CANARX program:

- ✓ \$0 COPAY
- ✓ DELIVERED RIGHT TO YOUR MAILBOX
- ✓ FREE BRAND-NAME MEDICATIONS
- ✓ ONLINE REFILLS! EASY & WORRY FREE

ENROLLING IS AS EASY AS 1-2-3!

01



FILL OUT THE
ONLINE
ENROLLMENT FORM

02



UPLOAD YOUR
GOVERNMENT
ISSUED PHOTO I.D.

03



INCLUDE YOUR
PRESCRIBER'S
INFORMATION

Need some help? Give CANARX a call at 1-866-893-6337.

Signing up only takes a few minutes and can help you save significantly on your prescription costs!



Scan here to enroll today!
canarx.com | 1-866-893-6337



Already enrolled? Scan here
to access your online refills!



See list of medications on the following page.

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

ACIPHEX 20MG	BINOSTO 70MG	ESTROGEL 0.06%	JANUMET XR	PLAQUENIL (G) 200MG	SYNJARDY
ACTONEL (G) 35MG	BREO ELLIPTA 100/25MCG	EUCRISA OINTMENT 2%	100MG/1000MG	PRADAXA 150MG	12.5MG/1000MG
ACTONEL (G) 150MG	BREO ELLIPTA 200/25MCG	EVISTA (G) 60MG	JANUVIA 25MG	PRED FORTE 1%	TASMAR 100MG
ACTOPLUS (G)	BREZTRI AEROSPHERE	EVOZAT 300MG-150MG	JANUVIA 50MG	PREMARIN 0.3MG	TECFIDERA (G) 120MG
15MG-850MG	160MCG-9MCG-4.8MCG	EXELON (G) 4.6MG/24HR	JANUVIA 100MG	PREMARIN 0.625MG	TECFIDERA (G) 240MG
ACZONE 5%	BRILINTA 60MG	EXELON (G) 9.5MG/24HR	JARDIANCE 10MG	PREMARIN 1.25MG	TIVICAY 50MG
ADCIRCA (G) 20MG	BRILINTA 90MG	EXELON (G) 13.3MG/24HR	JARDIANCE 25MG	PREMARIN CREAM	TOBI PODHALER 28MG
ADVAIR DISKUS (G)	BYSTOLIC (G) 2.5MG	EXFORGE (G) 5/160MG	JENTADUETO	0.625MG/GM	TOBEX OINT 0.3%
100MCG	BYSTOLIC (G) 5MG	EXFORGE (G) 5/320MG	2.5MG-500MG	PREMPRO 0.3MG/1.5MG	TOVIAZ 4MG
ADVAIR DISKUS (G)	BYSTOLIC (G) 10MG	EXFORGE (G) 10/160MG	JENTADUETO	PRESTALIA 3.5MG/2.5MG	TOVIAZ 8MG
250MCG	BYSTOLIC (G) 20MG	EXFORGE (G) 10/320MG	2.5MG-850MG	PRESTALIA 7MG/5MG	TRADJENTA 5MG
ADVAIR DISKUS (G)	CADUET 5/10MG	EXFORGE (G) 10/320MG	JENTADUETO	PRESTALIA 14MG/10MG	TRELEGY ELLIPTA
500MCG	CADUET 5/20MG	160/12.5/5MG	2.5MG-1000MG	PREVACID SOLUTAB 15MG	100-62.5-25MCG
ADVAIR HFA 45/21MCG	CADUET 5/40MG	EXFORGE HCT	JU LUIA 10%	PREVACID SOLUTAB 30MG	TRELEGY ELLIPTA
ADVAIR HFA 115/21MCG	CADUET 5/80MG	160/12.5/10MG	JULUCA 50MG-25MG	PREZISTA 600MG	200-62.5-25MCG
ADVAIR HFA 230/21MCG	CADUET 10/10MG	EXFORGE HCT 160/25/5MG	KAZANO 12.5/500MG	PREZISTA 800MG	TRIBENZOR 20/5/12.5MG
AFINITOR 2.5MG	CADUET 10/20MG	EXFORGE HCT	KAZANO 12.5/1000MG	PRISTIQ 50MG	TRIBENZOR 40/5/12.5MG
AFINITOR 5MG	CADUET 10/40MG	160/25/10MG	KEPPRA (G) 250MG	PRISTIQ 100MG	TRIBENZOR 40/5/25MG
AFINITOR 10MG	CADUET 10/80MG	EXFORGE HCT	KERENDA 10MG	PROMETRIUM 100MG	TRIBENZOR 40/10/12.5MG
AFINITOR DISPERZ 2MG	CAMBIA 50MG	320/25/10MG	KERENDA 20MG	QTERN 10-5MG	TRIBENZOR 40/10/25MG
AFINITOR DISPERZ 3MG	CARDIZEM CD (G) 240MG	FARESTON 60MG	LATUDA 120MG	QU LIPTA 10MG	TRINTELLIX 5MG
AFINITOR DISPERZ 5MG	CARDIZEM CD (G) 360MG	FARXIGA 5MG	LATUDA (G) 20MG	QU LIPTA 30MG	TRINTELLIX 10MG
AKLIEF 50MCG/G	CARDURA XL 4MG	FARXIGA 10MG	LATUDA (G) 40MG	QU LIPTA 60MG	TRINTELLIX 20MG
ALOMIDE 0.1%	CARDURA XL 8MG	FELDEN 10MG	LATUDA (G) 60MG	QVAR REDIHALER 40MCG	TRIU MEQ 600-50-300MG
ALPHAGAN-P 0.15%	CELEBREX (G) 100MG	FELDEN 20MG	LATUDA (G) 80MG	QVAR REDIHALER 80MCG	TUDORZA PRESSAIR
ALREX 0.2%	CELEBREX (G) 200MG	FETZIMA 20MG	LIALDA (G) 1.2GM	RAPAFLO (G) 4MG	400MCG
ALVESCO 80MCG	CEQUA 0.09%	FETZIMA 40MG	LINZESS 72MCG	RAPAFLO (G) 8MG	UBRELVY 50MG
ALVESCO 160MCG	CLARINEX 5MG	FETZIMA 80MG	LINZESS 145MCG	RAPAMUNE (G) 0.5MG	UBRELVY 100MG
AMPYRA (G) 10MG	COLAZAL 750MG	FETZIMA 120MG	LINZESS 290MCG	RAPAMUNE (G) 2MG	UCERIS 9MG
ANAPROX DS 550MG	COMBIGAN 0.2-0.5%	FINACEA GEL 15%	LOTEMAX GEL 0.5%	RELPA X (G) 20MG	ULORIC 80MG
ANORO ELLIPTA	COMBIVENT RESPIMAT	FLAREX 0.1%	LOTEMAX OINT 0.5%	RELPA X (G) 40MG	UROCI T-K (G) 10MEQ
62.5/25MCG	20MCG/100MCG	FLOVENT 44MCG	LOTEMAX SUSP 0.5%	RENAGEL 800MG	URSO 250MG
APTIOM 200MG	COMOPT PF 2%/0.5%	FLOVENT 110MCG	LUMIGAN 0.01%	RESTASIS MULTIDOSE (G)	VAGIFEM 10MCG
APTIOM 400MG	CRESTOR (G) 5MG	FLOVENT 220MCG	MESTINON TS 180MG	0.05%	VECTICAL 3MCG/GM
APTIOM 600MG	CRESTOR (G) 10MG	FLOVENT DISKUS 100MCG	METRO CREAM 0.75%	RESTASIS VIALS (G) 0.05%	VELPHORO 500MG
APTIOM 800MG	CRESTOR (G) 20MG	FLOVENT DISKUS 250MCG	METROGEL PUMP 1%	RETIN A MICRO GEL PUMP	VENTOLIN HFA 90MCG
ARAVA 10MG	CRESTOR (G) 40MG	FOSAMAX PLUS D	MICARDIS 40MG	0.04%	VEOZAH 45MG
ARAVA 20MG	CRINONE GEL 8%	70MG-2800IU	MICARDIS 80MG	RETIN-A MICRO GEL PUMP	VEROUVO 2.5MG
ARAZLO 0.045%	CYMBALTA (G) 60MG	FOSAMAX PLUS D	MICARDIS HCT 40/12.5MG	0.1%	VEROUVO 5MG
ARNUIVY ELLIPTA 100MCG	DALIRESP 250MCG	70MG-5600IU	MICARDIS HCT 80/12.5MG	REXULTI 0.25MG	VEROUVO 10MG
ARNUIVY ELLIPTA 200MCG	DALIRESP 500MCG	FOSRENOL CHEW 500MG	MICARDIS HCT 80/25MG	REXULTI 0.5MG	VESICARE (G) 5MG
ARTHROTEC 50MG	DEPAKOTE (G) 250MG	FOSRENOL CHEW 750MG	MIGRANAL 4MG/ML	REXULTI 1MG	VESICARE (G) 10MG
ARTHROTEC 75MG	DEPAKOTE (G) 500MG	FOSRENOL CHEW 1000MG	MIRAPEX ER 0.375MG	REXULTI 2MG	VIIBRYD (G) 10MG
ASMANEX TWISTHALER	DETROL LA (G) 2MG	FOSRENOL POWDER	MIRAPEX ER 0.75MG	REXULTI 3MG	VIIBRYD (G) 20MG
110MCG	DETROL LA (G) 4MG	750MG	MIRAPEX ER 1.5MG	REXULTI 4MG	VIIBRYD (G) 40MG
ASMANEX TWISTHALER	DEXILANT DR 30MG	FOSRENOL POWDER	MIRAPEX ER 2.25MG	RINVOO 15MG	VIVELLE-DOT 25MCG
220MCG	DEXILANT DR 60MG	1000MG	MIRAPEX ER 3MG	RINVOO 30MG	VIVELLE-DOT 37.5MCG
ASTAGRAF XL 1MG	DIFFERIN CREAM 0.1%	FROVA 2.5MG	MIRAPEX ER 3.75MG	RINVOO 45MG	VIVELLE-DOT 50MCG
ASTAGRAF XL 5MG	DIFFERIN GEL (G) 0.3%	GEMTESA 75MG	MIRAPEX ER 4.5MG	RYALTRIS	VIVELLE-DOT 100MCG
ATACAND 4MG	DIOVAN (G) 40MG	GENVOYA	MIRVASO 0.33%	25MCG-665MCG	VRAYLAR 1.5MG
ATACAND 8MG	DIOVAN (G) 80MG	GILENYA (G) 0.5MG	MOTEGRIT Y 1MG	RYBELSUS 3MG	VRAYLAR 3MG
ATACAND 16MG	DIOVAN (G) 160MG	GLUCAGEN HYPOKIT 1MG	MOTEGRIT Y 2MG	RYBELSUS 7MG	VRAYLAR 4.5MG
ATACAND 32MG	DIOVAN (G) 320MG	GLUMETZA ER 1000MG	MULTAQ 400MG	RYBELSUS 14MG	VRAYLAR 6MG
ATACAND HCT	DIOVAN HCT (G)	GLYXAMBI 10MG/5MG	MYRBETRIQ 25MG	SAPHRIS 5MG	VUMERITY 231MG
16MG/12.5MG	160/12.5MG	GLYXAMBI 25MG/5MG	MYRBE TRIQ 50MG	SAPHRIS 10MG	VYTORIN 10/10MG
ATACAND HCT	DIOVAN HCT (G)	ILEVRO 0.3%	NATAZIA 3/2-2/3-1MG	SEASONIQUE (G)	VYTORIN 10/20MG
32MG/12.5MG	160/25MG	IMITREX NASAL SPRAY	NESINA 6.25MG	0.15/0.03/0.01MG	VYTORIN 10/40MG
ATACAND HCT 32MG/25MG	DIPROLENE OINT 0.05%	5MG	NESINA 12.5MG	SEREVENT DISKUS 50MCG	VYTORIN 10/80MG
ATELVIA DR 35MG	DIVIGEL 0.25MG	IMITREX NASAL SPRAY	NESINA 25MG	SEROQUEL XR (G) 50MG	WAKIX 4.5MG
ATROVENT HFA 20UG	DIVIGEL 0.5MG	20MG	NEUPRO 1MG/24 HOUR	SEROQUEL XR (G) 150MG	WAKIX 17.8MG
AVAPRO (G) 300MG	DIVIGEL 1MG	IMI TREX STATDOSE	NEUPRO 2MG/24 HOUR	SEROQUEL XR (G) 200MG	WELCHOL (G) 625MG
AVODART (G) 0.5MG	DOVATO 50MG-300MG	6MG/0.5ML	NEUPRO 3MG/24 HOUR	SEROQUEL XR (G) 300MG	WELLBUTRIN XL (G) 150MG
AZO PT 1%	DULERA 100MCG/5MCG	IMVEXXY 4MCG	NEUPRO 4MG/24 HOUR	SEROQUEL XR (G) 400MG	WELLBUTRIN XL (G) 300MG
AZOR 20/5MG	DULERA 200MCG/5MCG	IMVEXXY 10MCG	NEUPRO 6MG/24 HOUR	SIMBRINZA 1%/0.2%	XADAGO 50MG
AZOR 40/5MG	DUOBRII 0.01%-0.045%	INCRUSE ELLIPTA 62.5MCG	NEUPRO 8MG/24 HOUR	SLYND 4MG	XADAGO 100MG
AZOR 40/10MG	DYMISTA 137/50MCG	INSPIRA (G) 25MG	NEVANAC 3MG/ML	SOOLANTRA 1%	XALATAN 50MCG/ML
BANZEL 200MG	EDARBI 40MG	INVEGA 3MG	NEXAVAR 200MG	SOTYKTU 6MG	XARELTO 2.5MG
BANZEL 400MG	EDARBI 80MG	INVOKAMET 50MG-500MG	NEXIUM (G) 20MG	SPIRIVA 18MCG	XARELTO 10MG
BENICAR (G) 20MG	EDARBYC LOR	40MG/12.5MG	NEXIUM (G) 40MG	SPIRIVA RESPIMAT 2.5MCG	XARELTO 15MG
BENICAR (G) 40MG	EDARBYC LOR	40MG/25MG	NEXIUM DR (G) 10MG	STEGLUJAN 15MG-100MG	XARELTO 20MG
BENICAR HCT (G)	ELURANT 25MG	40MG/25MG	NEXLETOL 180MG	STIOLTO RESPIMAT	XELJANZ 5MG
20MG/12.5MG	ELIDEL 1%	ELIQUIS 2.5MG	NEXLIZET 180MG-10MG	2.5/2.5MCG	XELJANZ 10MG
BENICAR HCT (G)	ELIQUIS 5MG	ELIQUIS 5MG	NEXTSTELLIS 3MG-14.2MG	STRIVERDI RESPIMAT	XELJANZ XR 25MG
40MG/12.5MG	ELIQUIS 5MG	ELIMIRON 100MG	NORITATE CREAM 1%	2.5MCG	XENAZINE 15MG
BENICAR HCT (G)	ELIQUIS 5MG	ENTRESTO 24MG-26MG	NURTEC ODT 75MG	SUTENT 12.5MG	XENICAL 120MG
40MG/25MG	ELIQUIS 5MG	ENTRESTO 49MG-51MG	ODEFSEY	SUTENT 25MG	XIGDUO XR 5/1000MG
BEPREVE 1.5%	ENTRESTO 97MG-103MG	EPIDUO FORTE 0.3%/2.5%	200MG-25MG-25MG	SUTENT 37.5MG	XIGDUO XR 10/500MG
BETIMOL 0.25%	EPIDUO GEL PUMP	0.1%/2.5%	OLUMIANT 2MG	SUTENT 50MG	XIGDUO XR 10/1000MG
BETIMOL 0.5%	0.1%/2.5%	EPINER 0.3MG	OLUMIANT 4MG	SYMBICORT	XILDRA 5%
BETOPTIC S 0.25%	EPIDURO FORTE 0.3%/2.5%	EPIPIEN JR 0.15MG	OMNARIS 50MCG	160MCG-4.5MCG	ZELAPAR 1.25MG
BEVESPI AEROSPHERE	EPIDURO FORTE 0.3%/2.5%	EPIVIR / HBV (G) 100MG	ORACEA 40MG	SYMTUZA	ZETIA (G) 10MG
9MCG-4.8MCG	EPIDURO GEL PUMP		ORLISSA 150MG	800-150-200-100MG	ZIANA 1.2%-0.025%
BEYAZ	0.1%/2.5%		ORLISSA 200MG	SYNAREL NASAL	ZOMIG NASAL SPRAY 5MG
BIJUVA 1MG-100MG			OSPHENA 60MG	SYNJARDY 5MG/500MG	ZOVIRAX CREAM 5%
BIKTARVY			OTEZLA 30MG	SYNJARDY 5MG/1000MG	ZYCLARA PACKET 3.75%
50MG-200MG-25MG			PENTA SA 500MG	SYNJARDY 12.5MG/500MG	ZYCLARA PUMP 3.75%

NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy.

This list is subject to change. Please call 1-866-893-6337 toll free to verify the availability of your medication through this program. V-09.2025

Dental Plan—Guardian



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

Ulster County Group # 71097
www.guardianlife.com



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

Your Dental Plan	PPO		
	Tier 1	Tier 2	
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network	
Calendar year deductible	Tier 1	Tier 2	
Individual	\$50	\$50	
Family limit	3 per family (applies to all levels)		
Waived for	Preventive	Preventive	
Charges covered for you (co-insurance)	Tier 1	Tier 2	
Preventive Care	100%	100%	
Basic Care	80%	80%	
Major Care	50%	50%	
Orthodontia	50%	50%	
Annual Maximum Benefit	\$2000 (applies to all levels)		
Maximum Rollover	Yes (applies to all levels)		
Rollover Threshold	\$800		
Rollover Amount	\$400		
Rollover Amount	\$600		
Rollover Account Limit	\$1500		
Lifetime Orthodontia Maximum	\$1500 (applies to all levels)		
Dependent Age Limits	26 (applies to all levels)		
Preventive Care	Cleaning (prophylaxis)	Tier 1	Tier 2
	Frequency:	100%	100%
	Fluoride Treatments	2 per calendar year (applies to all levels)	
	Limits:	100%	100%
	Oral Exams	Under Age 19 (applies to all levels)	
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillings†	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	2 per calendar year (applies to all levels)	
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
	Surgical Extractions	80%	80%
Major Care	Anesthesia*	50%	50%
	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Single Crowns	50%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren) (applies to all levels)	



—Use the **QR Code or the link** to learn more about the [Guardian's Maximum Rollover Plan](#)

—This is only a partial list of dental services.

Your certificate of benefits will show exactly what is covered and excluded.



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

Please visit our member site at davisvision.com or call **1.877.923.2847**

Enter **client code 2769** to locate providers or for additional information.

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

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

Your Davis Vision Premier Plan Benefits



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

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

Significant savings on optional frames, lens types & coatings!

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

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

¹² The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

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

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

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

Vision Plan—Davis Vision

Frequently Asked Questions

How can I contact Member Services?

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

What frames are in Davis Vision's Collection?

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

When will I receive my eyewear?

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

Do I need a claim form?

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

Can I split my benefits?

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

Can I use an out-of-network provider?

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

Are there any exclusions to the vision benefits?

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

DAVIS VISION EXTRAS!

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

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

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

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

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

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

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

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

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

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

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

Important Notice (Medicare Part D)

CREDITABLE COVERAGE – Anthem/MagellanRx County of Ulster POS 20, Anthem/MagellanRx County of Ulster PPO 20, Anthem/MagellanRx County of Ulster PPO 25, Aetna Medicare (POS) ESA PPO Plan

Important Notice about Your Prescription Drug Coverage and Medicare

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

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

Important Notice (Medicare Part D)

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	January 1, 2026
Name of Entity/Sender:	Ulster County
Contact - Position/Office:	Ulster County, Personnel Department
Address:	244 Fair Street Kingston, New York 12401
Phone Number:	(845) 340-3545



Benefits: www.aleraedge.com /

AleraGray

Customer Service at Alera Edge

support@aleraedge.com

1-800-836-0026, Opt-2 | 8am-4:30pm



Medical Benefits

Anthem Blue | Member Services

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



Dental Benefits | Guardian

Customer Service: 1-888-600-1600

www.guardiananytime.com



Vision Benefits | Davis Vision

Customer Service: 1-877-923-2847

Group #: 2769