



**Benefit Open Enrollment**

*November 1—30, 2021*

Patrick K. Ryan, *County Executive*  
[www.ulstercountyny.gov/personnel/](http://www.ulstercountyny.gov/personnel/)

**Benefit Plan Year**

*January 1—December 31, 2022*

# 2022 Non-Medicare Eligible Retiree Benefits Guide

*Medical and Prescription Drugs, Dental, and Vision Plans*



Benefits provided in association with



**Questions | Help**

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

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

## ULSTER COUNTY PERSONNEL DEPARTMENT

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

Telephone: 845-340-3550

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**PATRICK K. RYAN**  
County Executive



**DAWN SPADER**  
Personnel Director

**JAMES FARINA**  
Director of Employee Relations

**APRIL RODMAN**  
Administrator, Civil Service & Personnel

TO: Ulster County Retiree Health Insurance Participant

FROM: Dawn Spader, Personnel Director

DATE: October 28, 2021

RE: 2022 Health Insurance Rates and Important Changes  
For **Non-Medicare Eligible Retirees**

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In 2022, the County will continue to offer Empire Blue Cross / Blue Shield PPO20, PPO25, and Direct POS20 medical programs as provided in 2021. Included on page 4 of this letter is a chart which shows the coverage and cost differences of the plans. 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 4 AND RETURNING IT DIRECTLY TO THE BENEFITS OFFICE BY NOVEMBER 30, 2021**

The new premium amount for 2022 will begin with your December 15, 2021 premium payment withdrawal. Failure to provide funding for your premium will result in cancellation.

**Medical Benefits** - Coverage descriptions, and benefit comparisons, and prescription formularies are available on the Personnel Department website at:  
**<http://ulstercountyny.gov/personnel/new-current-employees/benefits-management>**  
(click on '2022 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 **empireblue.com** website to see what programs your doctors may participate in, so you may make the best plan choice for you and your family. If you desire to make coverage changes, you must inform the Benefits Office in writing of your new plan choice by returning the form on page 4.

**Pharmacy Benefits: New for 2022 – MagellanRx will be the administrator for the Pharmacy program. Please be sure to check the Change in Formulary.** Each year, a select group of products are removed from Formularies (also called Preferred Prescriptions) and will no longer be covered in these plans. Members who attempt to obtain medications no longer covered will experience a claim reject at the point of sale and will be required to pay 100% of the full, non-discounted cost of the medication. Some products also will move from preferred (tier 2) to non-preferred (tier 3) status. MagellanRx 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.) In early November, MagellanRx will be providing letters to those members that are impacted that will provide them with alternatives they can discuss with their physicians.

**Cards for 2022:** New ID Cards for Health Insurance with Empire BCBS will be issued for 2022 so be on the lookout for them. You will also receive new Rx cards from MagellanRx.

**Dental Coverage** - Our dental coverage is still provided by Met Life Dental. The coverages are identical to the 2020 coverages except **the annual maximum has been raised from \$1,500 to \$2,000 for 2022.**

**Vision Coverage** - Our vision coverages remain with Davis Vision. No changes have been made and your current card will continue to be valid.

**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.

**Ulster Scripts Zero Co-pay Mail Order Brand Name Drug Program** - For 2022, our non-Medicare eligible retirees may continue to purchase brand-name maintenance medications through a mail order program without paying any co-pay. The information and forms, including the list of available medications for the Ulster Scripts program, are available on the Personnel Department website in the aforementioned Benefits Book or at the Benefits Office. The Ulster Scripts (Certain Brand Name Drugs For Free) program is available to all retirees covered by the Empire Blue Cross Blue Shield plans. There have been changes to the classification of some drugs, so please check the formulary. **Medicare eligible retirees are not allowed to use the Ulster Scripts program.**

**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.

**Empire Blue Cross Blue Shield Premiums** - The following chart shows the retiree share of monthly premium (*includes medical, prescription, dental and vision coverage*). **For your reference, your Ulster County percentage is printed after your name on your envelope label.**

2022 Non-Medicare Eligible Retiree Rates					
UC %	TIER	POS20	PPO20	PPO25	D&V Only
50%	Retiree Only	\$453.55	\$645.14	\$409.74	\$20.63
	Retiree & Spouse	\$1,016.62	\$1,447.69	\$918.03	\$42.55
	Retiree & 1 Child	\$868.77	\$1,232.78	\$785.52	\$46.22
	Retiree & Children	\$955.35	\$1,357.68	\$863.34	\$46.22
	Family	\$1,404.54	\$1,998.45	\$1,268.71	\$62.49
60%	Retiree Only	\$362.84	\$516.11	\$327.79	\$16.50
	Retiree & Spouse	\$813.29	\$1,158.15	\$734.42	\$34.04
	Retiree & 1 Child	\$695.01	\$986.22	\$628.41	\$36.97
	Retiree & Children	\$764.28	\$1,086.14	\$690.67	\$36.97
	Family	\$1,123.63	\$1,598.76	\$1,014.97	\$49.99
65%	Retiree Only	\$317.48	\$451.59	\$286.81	\$14.44
	Retiree & Spouse	\$711.63	\$1,013.38	\$642.62	\$29.78
	Retiree & 1 Child	\$608.14	\$862.94	\$549.86	\$32.35
	Retiree & Children	\$668.75	\$950.38	\$604.33	\$32.35
	Family	\$983.18	\$1,398.92	\$888.10	\$43.74
70%	Retiree Only	\$272.13	\$387.08	\$245.84	\$12.38
	Retiree & Spouse	\$609.97	\$868.61	\$550.82	\$25.53
	Retiree & 1 Child	\$521.26	\$739.67	\$471.31	\$27.73
	Retiree & Children	\$573.21	\$814.61	\$518.00	\$27.73
	Family	\$842.75	\$1,199.07	\$761.23	\$37.49
75%	Retiree Only	\$226.77	\$322.57	\$204.87	\$10.31
	Retiree & Spouse	\$508.31	\$723.84	\$459.02	\$21.27
	Retiree & 1 Child	\$434.38	\$616.39	\$392.76	\$23.11
	Retiree & Children	\$477.67	\$678.84	\$431.67	\$23.11
	Family	\$702.27	\$999.22	\$634.35	\$31.24
80%	Retiree Only	\$181.42	\$258.05	\$163.89	\$8.25
	Retiree & Spouse	\$406.65	\$579.07	\$367.21	\$17.02
	Retiree & 1 Child	\$347.51	\$493.11	\$314.21	\$18.49
	Retiree & Children	\$382.14	\$543.07	\$345.33	\$18.49
	Family	\$561.82	\$799.38	\$507.48	\$24.99
85%	Retiree Only	\$136.06	\$193.54	\$122.92	\$6.19
	Retiree & Spouse	\$304.98	\$434.31	\$275.41	\$12.76
	Retiree & 1 Child	\$260.63	\$369.83	\$235.65	\$13.86
	Retiree & Children	\$286.60	\$407.30	\$259.00	\$13.86
	Family	\$421.36	\$599.53	\$380.61	\$18.75
90%	Retiree Only	\$90.71	\$129.03	\$81.95	\$4.12
	Retiree & Spouse	\$203.32	\$289.54	\$183.61	\$8.51
	Retiree & 1 Child	\$173.75	\$246.55	\$157.10	\$9.24
	Retiree & Children	\$191.07	\$271.54	\$172.67	\$9.24
	Family	\$280.91	\$399.69	\$253.74	\$12.50
95%	Retiree Only	\$45.35	\$64.51	\$40.97	\$2.06
	Retiree & Spouse	\$101.66	\$144.77	\$91.80	\$4.25
	Retiree & 1 Child	\$86.88	\$123.28	\$78.55	\$4.62
	Retiree & Children	\$95.54	\$135.77	\$86.33	\$4.62
	Family	\$140.45	\$199.85	\$126.87	\$6.25
100%	Retiree Only	\$0.00	\$0.00	\$0.00	\$0.00
	Retiree & Spouse	\$0.00	\$0.00	\$0.00	\$0.00
	Retiree & 1 Child	\$0.00	\$0.00	\$0.00	\$0.00
	Retiree & Children	\$0.00	\$0.00	\$0.00	\$0.00
	Family	\$0.00	\$0.00	\$0.00	\$0.00

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

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

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

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**IF YOU DO NOT PAY A PREMIUM OR IF YOU WISH TO MAKE A PLAN CHANGE, YOU MUST COMPLETE THE FORM BELOW AND RETURN IT BY NOVEMBER 30, 2020 DIRECTLY TO: Kevin Roach, Ulster County Employee Benefits Office, P.O. Box 1800, Kingston, N.Y. 12402**

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

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

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

Signature \_\_\_\_\_

\_\_\_\_\_ Empire BCBS PPO20 Plan

Printed Name \_\_\_\_\_

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

Date \_\_\_\_\_

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

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

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

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

# ACH Form for Ulster County Retirees

## ACH Form for Relph Benefit Advisors Inc

### AUTOMATIC PAYMENT (ACH) REQUEST FORM

**PLEASE READ:**

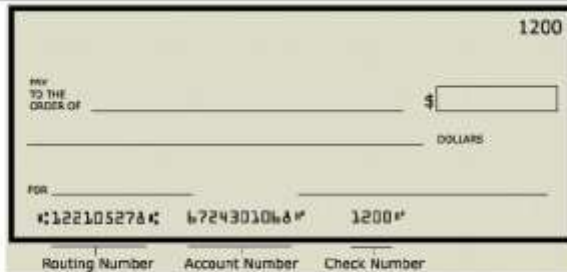
1. For Retiree billing, you must be paid through the current coverage month. Please note, ACH is only available for monthly billing periods.
2. Complete Section 1 -- Participant Information.
3. Attach a voided check (or photocopy). We are not able to accept deposit slips; they do not always show the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

**SECTION 1 - PARTICIPANT INFORMATION**

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

**SECTION 2 - BANK ACCOUNT INFORMATION**

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



**SECTION 3 - AUTHORIZATION SIGNATURE**

<b>Authorized Account Holder Signature</b>	<b>Date</b>
--------------------------------------------	-------------

**SECTION 3 - AUTHORIZATION SIGNATURE**

<b>Authorized Account Holder Signature</b>	<b>Date</b>
--------------------------------------------	-------------

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.

<b>Return This Form &amp; Check To:</b>  Mary Connolly Benefits Department	<b>All Other Questions &amp; Support Issues:</b>  Mary Connolly 845-340-3546 mcon@co.ulster.ny.us
<b>Date Rec'd</b> <b>Date Processed</b>	<b>Processor</b> 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	
<b>LEGAL ADDRESS: (Your Social Security / Medicare mailing address)</b>			
STREET NAME OR PO BOX	TOWN	STATE	ZIP
<b>BILLING ADDRESS IF DIFFERENT FROM LEGAL ADDRESS:</b>			
STREET NAME OR PO BOX	TOWN	STATE	ZIP
<b>EMERGENCY CONTACT: (WE SUGGEST LISTING SOMEONE OTHER THAN A SPOUSE)</b>			
LAST NAME	FIRST NAME	RELATIONSHIP	HOME TELEPHONE #
STREET ADDRESS OR PO BOX	TOWN	STATE	ZIP
<b>PLAN CHOICE:</b>			
<b>INCLUDES DENTAL &amp; VISION COVERAGE IN ALL OPTIONS</b>			
<b>EMPIRE PPO25</b>	<b>EMPIRE POS20</b>	<b>EMPIRE PPO20</b>	<b>DENTAL &amp; VISION ONLY</b>
RETIREE ONLY	RETIREE ONLY	RETIREE ONLY	RETIREE ONLY
RETIREE & SPOUSE	RETIREE & SPOUSE	RETIREE & SPOUSE	RETIREE & SPOUSE
RETIREE & CHILD	RETIREE & CHILD	RETIREE & CHILD	RETIREE & CHILD
RETIREE & CHILDREN	RETIREE & CHILDREN	RETIREE & CHILDREN	RETIREE & CHILDREN
FAMILY	FAMILY	FAMILY	FAMILY
DEPENDENT LAST NAME	RELATIONSHIP	DATE OF BIRTH	
<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>			
<b>RETIREE SIGNATURE:</b>		<b>DATE:</b>	
<b>FOR PERSONNEL DEPARTMENT USE ONLY:</b>			
Retirement Date:		Date Employed:	
Effective Date of Retiree Coverage:		Department:	
		Bargaining Unit:	
Comments:		% of Contribution:	



# Benefit Enrollment Change Form

<b>1</b> Employee Information <i>(please print)</i>	Group Name <b>Ulster County</b>		Billing Code		Employee Billing Code		Effective Date of Change		
	Last Name		First Name		M.I.		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
	Mailing Address <input type="checkbox"/> If, NEW		Social Security Number		Date of Marriage		Date of Divorce		
	City		State		Zip		Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home		
	Date Employed		Date of Retirement		Retire Benefit %		Medicare Number (if any) /A&B Effective Dates		
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> COBRA									
<b>2</b> Benefit Election	<input type="checkbox"/> New Enrollment /Reinstatement <i>(Complete Section 3)</i>		Type	Plan	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"/> Empire POS 20					
	<input type="checkbox"/> Cancel Coverage: <i>(check those that apply)</i>			<input type="checkbox"/> Empire PPO 20	<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"/> Empire PPO 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/> <b>Change Enrollee's Information:</b> <i>(complete Section 1 with new information)</i> Reason:		Waive All		<input type="checkbox"/>					
<b>3</b> Dependent Coverage Information <i>(Circle elections and print information)</i>  A=Add Coverage T=Terminate Coverage	<i>List Applicant and All Eligible Dependents</i>								
	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					
<b>4</b> 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 year.** This plan offers less money out of your paycheck. Pay for what you need at time of service.

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

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

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

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

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

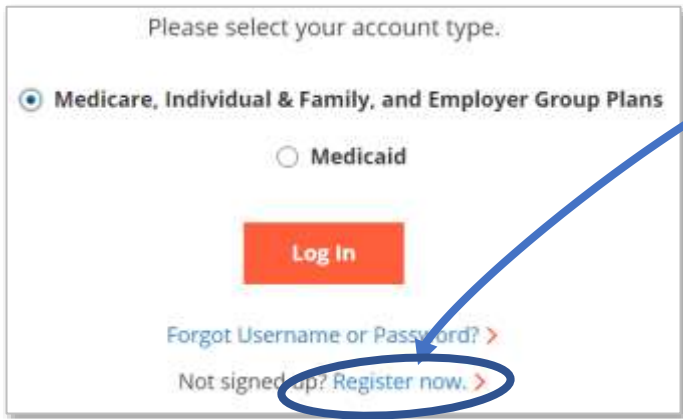
**NEW: You can also use Walgreens** for your maintenance medication and receive a 3-month supply for 2-copayments. Walgreens is the only retail store that provides this service at this time.

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

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

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

# Empire BCBS Website & TeleMedicine Instructions



At [www.empireblue.com](http://www.empireblue.com), Select Login  
First time users-select Register now

Then have your Member ID card to complete your Registration, following the website prompts.



## Get the App—Sydney Health

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

## Telemedicine Services Online or Phone App



See a doctor, 24/7/ 365

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



# Empire BCBS Summary of Benefits— POS20 Plan



## Your Summary of Benefits

### County of Ulster 2022 - POS 20

Benefit	In-Network <sup>2</sup>	Out-of-Network <sup>3</sup>
Deductible	N/A	\$2,000/\$5,000
Coinsurance	N/A	40%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Medical Cost Shares)	\$20,000/\$50,000 Coinsurance Stop Loss (\$8,000/\$20,000 out-of-pocket) coinsurance max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered through the end of the month)	Dependents to Age 26	Dependents to Age 26
<b>Covered Preventive Care<sup>1</sup></b>	<b>Member Pays</b>	<b>Member Pays</b>
Covered Adult Preventive Care	\$0	Deductible and coinsurance
Annual Physical Exam	\$0	Deductible and coinsurance
Well-Child Care (Up to age 19; including covered immunizations)	\$0	Deductible and coinsurance
Preventive Well-Woman Care	\$0	Deductible and coinsurance
<b>Home/Office/Outpatient Care</b>	<b>Member Pays</b>	<b>Member Pays</b>
Home/Office/Outpatient Visits Copayment	\$20 copayment	Deductible and coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Online Visits	\$0 copayment	Deductible and coinsurance
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery <sup>4,5</sup>	\$0	Deductible and coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and coinsurance
Routine Maternity Care	\$0	Deductible and coinsurance
Laboratory Tests, X-rays, MR <sup>4</sup> /MRA <sup>4</sup> , CAT Scan <sup>6</sup> , PET <sup>6</sup> and Nuclear Cardiology <sup>6</sup>	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatment)	Deductible and coinsurance
Acupuncture (Up to 30 visits per calendar year)	\$20 copayment	Deductible and coinsurance
Chiropractic Care (Up to 30 visits per calendar year) <sup>7</sup>	\$20 copayment	Deductible and coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and coinsurance
Hospice Care (Unlimited Days)	\$0	Deductible and coinsurance
Physical Therapy <sup>4</sup> (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Speech/Language <sup>4</sup> , Occupational <sup>4</sup> , Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Outpatient Cardiac Rehabilitation	\$20 copayment	Deductible and coinsurance
Second Surgical Opinion	\$20 copayment	Deductible and coinsurance
Kidney Dialysis	\$0	Deductible and coinsurance

Services provided by 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.

# Empire BCBS Summary of Benefits— POS20 Plan

Benefit	In-Network <sup>2</sup>	Out-of-Network <sup>3</sup>
<b>Inpatient Care<sup>4</sup></b>		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and coinsurance
<b>Mental Health</b>		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care <sup>5</sup> (As many days as is medically necessary, semiprivate room and board)	\$0	Deductible and coinsurance
<b>Alcohol/Substance Abuse</b>		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification <sup>6</sup> (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation <sup>7</sup>	\$0	Deductible and coinsurance
<b>Other</b>		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment <sup>4</sup>	\$0	Deductible and coinsurance
Prosthetics & Orthotics <sup>4</sup>	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	In-network benefits apply

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.

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

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

# Empire BCBS Summary of Benefits—PPO20 Plan



An Anthem Company

## Your Summary of Benefits

### County of Ulster 2022 – PPO 20

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

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.

# Empire BCBS Summary of Benefits—PPO20 Plan

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$20 copayment	Deductible and Coinsurance
Second Surgical Opinion	\$20 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
<b>Inpatient Care<sup>9</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and Coinsurance
<b>Mental Health<sup>8</sup></b>	<b>Member Pays In-Network</b>	
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
<b>Alcohol/Substance Abuse<sup>8</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation <sup>9</sup>	\$0	Deductible and Coinsurance
<b>Other</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment <sup>6</sup>	\$0	Deductible and Coinsurance
Prosthetics & Orthotics <sup>6</sup>	\$0	Deductible and Coinsurance
Ambulance (Land/Air ambulance)	\$0	In-network benefits apply

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- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.
- 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.

# Empire BCBS Summary of Benefits—PPO25 Plan

## Your Summary of Benefits



An Anthem Company

### County of Ulster 2022 – PPO 25

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / (\$1,000/\$2,500 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care <sup>4</sup>	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits (PCP/Specialist)	\$25 / \$40 copayment	Deductible and Coinsurance
Online Visits	\$0 copayment	Deductible and Coinsurance
Urgent Care Center	\$25 copayment	\$25 copayment
Emergency Room/Facility (initial visit per occurrence)	\$200 copayment (Waived if admitted within 24 hours)	\$200 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery <sup>5</sup> / Outpatient Surgery	\$100 copayment	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests,	\$0	Deductible and Coinsurance
X-rays	\$25 copayment	Deductible and Coinsurance
MRI <sup>7</sup> /MRA <sup>7</sup> , CAT Scan <sup>7</sup> , PET <sup>7</sup> & Nuclear Cardiology <sup>7</sup>	\$75 copayment	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
– Office Visit	\$25 copayment	
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year)	\$25 copayment	Deductible and Coinsurance
Chiropractic Care (Up to 30 visits per calendar year) <sup>10</sup>	\$25 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (unlimited days)	\$0	Deductible and Coinsurance
Physical Therapy <sup>5</sup> (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language <sup>5</sup> , Occupational <sup>5</sup> (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Vision Therapy	\$25 copayment	Deductible and Coinsurance

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.



# Empire BCBS Summary of Benefits—PPO25 Plan

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$25 copayment	Deductible and Coinsurance
Second Surgical Opinion	\$25 / \$50 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
<b>Inpatient Care<sup>9</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and Coinsurance
<b>Mental Health<sup>8</sup></b>	<b>Member Pays In-Network</b>	
Outpatient Visits in Office	\$25 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$25 copayment	Deductible and Coinsurance
Inpatient Care <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
<b>Alcohol/Substance Abuse<sup>8</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Outpatient Visits in Office	\$25 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$25 copayment	Deductible and Coinsurance
Inpatient Detoxification <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Inpatient Rehabilitation <sup>9</sup>	\$200 copayment	Deductible and Coinsurance
<b>Other</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment <sup>6</sup>	\$0	Deductible and Coinsurance
Prosthetics & Orthotics <sup>6</sup>	\$0	Deductible and Coinsurance
Ambulance (Land/Air ambulance)	\$50 copayment	Deductible and Coinsurance

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(1) Network provider delivers care. Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the copayment for covered services.

(2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.

(3) Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.

(4) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.

(5) You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.

(6) For services received from an Empire PPO provider, the provider must precertify in-network services; Empire PPO providers cannot bill members beyond the copayment, deductible, or coinsurance for covered services. Outside Empire's network area, you or your provider must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers.

(7) You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Empire PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Empire's network area or out-of-network providers.

(8) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.

(9) Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.

(10) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after the 5th visit.

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

## Your Pharmacy Benefit Plan through Magellan Rx Management

Beginning January 1, 2022, Magellan Rx Management will be Ulster County's new pharmacy benefit provider. Our goal is to give you the best service and resources to help you make better healthcare decisions.

### Using your ID card at retail pharmacies

You will receive a new ID card in the mail from Magellan Rx. Please present your card to any of our 68,000+ retail pharmacies every time you fill your prescription. You can access a participating pharmacy list at [magellanrx.com](http://magellanrx.com).

After January 1, if you need to fill a prescription prior to receiving your ID cards, please provide this information to the pharmacy in addition to your identification number or social security number: **RXBIN: 017449; RXPCN: 6792000; RXGRP: PRXULS.**



### Filling first home delivery prescription with Magellan Rx Pharmacy

#### If you already have a 90-day prescription:



Mail your 90-day prescription and home delivery order form with payment information to Magellan Rx Pharmacy, P.O. Box 620968, Orlando, FL 32862.

Home delivery order forms are available at [magellanrx.com/member/forms](http://magellanrx.com/member/forms)

#### If you need a new prescription:



First, ask your doctor to write two prescriptions:

1. **30-day supply to fill right away at your local pharmacy**
2. **90-day supply with refills to start your home delivery service**



Next, ask your doctor to **e-prescribe** to Magellan Rx Pharmacy, LLC (Mail-ORL) or **fax** your prescription to 888-282-1349.

### Online tools at [magellanrx.com](http://magellanrx.com)

Visit our website for a fast, easy and secure way to manage your pharmacy benefits. At [magellanrx.com](http://magellanrx.com) you can:

- View prescription history
- Find a pharmacy
- Watch medication videos
- Review your formulary/drug list
- Price a drug
- Download forms and ID cards

### Formulary lookup tool

To find drugs that are covered by your plan, we offer an easy-to-use formulary drug lookup tool. The drugs in our formulary have been approved by the Food and Drug Administration (FDA) as safe and effective. They were selected by our team of expert health care professionals.

Visit [magellanrx.com/member/documents](http://magellanrx.com/member/documents) to view formulary documents.

You are using the **Precision** formulary.

## Your 2022 Prescription Benefits

### Copayments

Empire POS 20 Plan	Retail (30-day supply)	Mail (90-day supply)
Tier 1: Generic	\$5	\$10
Tier 2: Preferred Brand	\$20	\$40
Tier 3: Non-Preferred Brand	\$40	\$80

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

### Prior Authorization/Step Therapy

Your plan may have prior authorization and/or step therapy requirements for coverage or limits for select drugs.

**Prior Authorization:** Your plan needs to approve before your doctor can prescribe a specific drug for you.

**Step Therapy:** You must first try one drug to treat your medical condition. If that one doesn't work, then your plan will cover another drug for that condition.

### Questions?

Visit [magellanrx.com](http://magellanrx.com) or call 1.800.424.0472. Support is available to members, pharmacies and prescribers 24 hours a day, 7 days a week.

## MRx Select Savings Specialty Drug Program

Your benefit plan now includes the MRx Select Savings program. This program lowers your healthcare costs and costs incurred by your plan by finding alternative funding sources for select high-cost specialty drugs. We have partnered with Payer Matrix to help secure these funds.

Key points of the program:

- Enrollment in the program can greatly reduce your specialty drug out-of-pocket cost—in many cases to no cost at all.
- We will help you enroll in the program to receive these benefits. Your specialty medication will not be covered if you do not enroll in this program.
- Costs paid by alternative funding sources will not count toward your deductible or out-of-pocket maximum amounts.

Because you have been prescribed a qualified specialty drug, you must engage with Payer Matrix before the pharmacy can fill your prescription:

- A Payer Matrix program case coordinator will contact you.
- Your case coordinator will tell you what you need to know about the program and will walk you through the enrollment process and requirements. They will also answer any questions you may have.
- Please be ready to provide personal and financial details, as many of the programs available through alternative funding sources are based on need.

You can contact Payer Matrix at 877.305.6202 or by email at [customerservice@payermatrix.com](mailto:customerservice@payermatrix.com).

# Urgent Care Facilities (InNetwork) Ulster County Area

## **AMC EMURGENTCARE**

2976 Route 9W  
Saugerties, NY 12477  
PH: 845-247-9100

## **AMC EMURGENTCARE**

11835 State Route 9W  
West Coxsackie, NY 12192  
PH: 518-731-9000

## **EMERGENCY ONE**

4274 Albany Post Rd  
Hyde Park, NY 12538  
PH: 845-229-2602

## **EMERGENCY ONE**

40 Hurley Ave, Ste 4  
Kingston, NY 12401  
PH: 845-338-5600

## **EMERGENCY ONE**

306 Windsor Hwy  
New Windsor, NY 12553  
PH: 845-787-1400

## **EMERGENCY ONE**

2555 South Rd  
Poughkeepsie, NY 12601  
PH: 845-330-3200

## **EXCEL URGENT CARE FISHKILL**

1004 Main St  
Fishkill, NY 12524  
PH: 845-765-2240

## **FIRST CARE MEDICAL PC**

222 State Route 299  
Highland, NY 12528  
PH: 845-691-3627

## **FIRST CARE MEDICAL PC**

222 State Route 299  
Highland, NY 12528  
PH: 845-691-3627

## **HQUMCP PC**

1351 Route 55 Ste 200  
Lagrangeville, NY 12540  
PH: 845-297-2511

## **HQUMCP PC**

1100 Route 55-Ste 101  
Lagrangeville, NY 12540  
PH: 845-485-4455

## **HQUMCP PC**

1530 Route 9  
Wappingers Falls, NY 12590  
PH: 845-297-2511

## **MIDDLETOWN MEDICAL PC**

112 Shoprite Blvd  
Ellenville, NY 12428  
PH: 845-647-6700

## **NUVANCE HEALTH MED PRACTICE**

1240 Ulster Ave  
Kingston, NY 12401  
PH:845-443-8740

# 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.

## Program Savings:

All member copayments have been **waived** for this program **only**. In addition, by enrolling in this program you will save your health plan substantially on the cost of these medications. It is truly a WIN/WIN for both you and the health plan.

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

## Ordering Instructions:

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

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

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

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

**RETURN YOUR COMPLETED AND SIGNED ENROLLMENT FORM AND ORIGINAL PRESCRIPTIONS:**



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

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

**OR**



**BY MAILING TO: Ulster Scripts**

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

**OR** P.O. Box 3009  
Windsor, ON, Canada  
N8N 2M3

## More forms are available:

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

**WELCOME TO Ulster Scripts Employee Program**



# Ulster Scripts—Employee Enrollment Form



Ulster Scripts  
Employee Program



ENROLLMENT FORM

Please return completed enrollment form by one of the following methods:

MAIL TO: **ULSTER SCRIPTS** ADDRESS: PO BOX 3009, WINDSOR, ONTARIO CANADA N8N 2M3  
 UPLOAD TO: **WWW.CANARXDOCS.COM** (Secure upload site.)  
 FAX TO: **1-866-715-6337** (NOTE: Faxed prescriptions must be sent directly from the physician's office.)

For more information, please call:  
TOLL-FREE PHONE: 1-866-893-6337

NAME OF EMPLOYER

<b>PATIENT INFORMATION</b> (PLEASE PRINT)		DATE OF BIRTH (MM/DD/YYYY)		MEMBER ID #	
PHONE (HOME)	PHONE (CELL)	PHONE (WORK)	EXT.	EMAIL ADDRESS	
FIRST NAME		INITIAL	LAST NAME		
STREET ADDRESS					
CITY		STATE	ZIP CODE	SUBSCRIBER	SPOUSE
				DEPENDENT	

**CURRENT MEDICATIONS / VITAMINS** THIS IS NOT A PRESCRIPTION.

LIST ALL: **PRESCRIPTION, NON-PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS; HERBAL, NUTRITIONAL AND VITAMIN SUPPLEMENTS.**

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

**NEW-TO-YOU MEDICATIONS** MUST BE DOMESTICALLY PRESCRIBED, FILLED AND TAKEN FOR A PERIOD OF **NO LESS THAN 30 DAYS** BEFORE ORDERING THROUGH THIS PROGRAM. **PLEASE ASK YOUR PHYSICIAN TO ISSUE A PRESCRIPTION FOR A 3-MONTH SUPPLY OF MEDICATION WITH 3 REFILLS.**

PRESCRIPTION IS ATTACHED       PRESCRIPTION WILL FOLLOW BY MAIL       PRESCRIPTION WILL BE FAXED FROM PHYSICIAN'S OFFICE

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

MALE       FEMALE

1. **OPERATIONS** (EX. HYSTERECTOMY, GALL BLADDER, HEART OPERATIONS, ETC.):

2. **HOSPITALIZATIONS** (STAYS IN HOSPITAL DURING THE PAST 5 YEARS):

3. **MEDICAL CONDITIONS** (ONGOING - EX. TYPE 1 DIABETES MELLITUS, VASCULITIS, OSTEOPOROSIS, ETC.) — **NOTE:** Please refrain from using generic terms such as "heart disease" as this could indicate any number of conditions such as valvular heart disease, heart failure, a bradyarrhythmia, a tachyarrhythmia, a ventricular conduction delay, etc.

4. **DRUG ALLERGIES:**  YES       NO      IF YES, PLEASE SPECIFY.

**AUTHORIZATION - IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18**

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

Parent's/Guardian's Signature:

Date:

(MM/DD/YYYY)

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

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

Patient's Signature:

Date:

(MM/DD/YYYY)

# Ulster Scripts—Enrollment Form / Agreement

## TERMS OF AGREEMENT

### CONFIRMATION AND REPRESENTATIONS

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

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

### AUTHORIZATION AND CONSENT

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

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

### ACKNOWLEDGEMENT AND RELEASE

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

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

### PRIVACY NOTICE AND ACKNOWLEDGEMENT

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

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

### FURTHER ACKNOWLEDGEMENT & RELEASE

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

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



# Dental Plan—MetLife

**Group ID Number: 217284**

<b>PROVIDER: METLIFE ELIGIBILITY</b>	Primary enrollee, spouse and eligible dependent children to the end of the month that dependent turns 26
<b>Deductibles</b> Waived for Diagnostic & Preventive & Orthodontics	\$50 per person / \$150 per family each calendar year Yes
<b>Maximums</b> Diagnostic & Preventive counts toward maximum	\$2,000 per person each calendar year Yes

<b>Benefits &amp; Covered Services*</b>	<b>In-Network Providers</b> Negotiated Fee Schedule	<b>Out-of-Network* Providers</b> R & C 90 <sup>th</sup> Percentile
<b>Diagnostic &amp; Preventive Services</b> Exams, cleanings, x-rays, sealants	100%	100%
<b>Basic Services</b> -Fillings	80%	80%
<b>Endodontics</b> (root canals)	80 %	80 %
<b>Periodontics</b> (gum treatment)	80 %	80 %
<b>Oral Surgery</b>	80 %	80 %
<b>Major Services</b> -Crowns, inlays, onlays & cast restorations	50%	50%
<b>Prosthodontics</b> -Bridges, dentures, implants, TMJ	50%	50%
<b>Orthodontic Benefits</b> -dependent children to age 19	50%	50%
<b>Orthodontic Maximums</b>	\$1500 Lifetime	\$1500 Lifetime

\* **Out of Network benefits** are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary (R & C) charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

## Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice—in or out of the network.

- Your plan benefits are based on the percentage of the negotiated fee – the fee that the participating dentists have agreed to accept as payment in full for covered services.

### Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and follow the easy registration instructions.

# Dental Plan—MetLife / Find a Dental Provider

Select: PDP Plus Network

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.



**Step 1:**  
Go to [metlife.com](https://www.metlife.com)



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

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



**Step 3:**  
Advanced Search

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

I am interested in:

Please Select Insurance Type

GO

I want to find a MetLife:

Dentist Vision Provider

SUBMIT



**MetLife Network: Preferred Dentist Plus Network (PDP Plus)**

**Group ID Number: 217284**



## The County of Ulster

### Premier Vision Plan

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

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

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

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

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

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

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

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

**1.877.923.2847 and  
Enter Client Code 2769**

IN-NETWORK BENEFITS		
Eye Examination	Every 12 months, Covered in full	
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 <sup>1</sup> (value up to \$190) OR \$150 retail allowance toward any frame from provider, plus 20% off balance <sup>2</sup>	
Contact Lenses		
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months, Collection Contacts: Covered in full OR Non Collection Contacts: Standard Contacts: 15% discount <sup>2</sup> Specialty Contacts <sup>3</sup> : 15% discount <sup>2</sup>	
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup> OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>2</sup>	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS	Without Davis Vision	With Davis Vision
<small>Savings based on in-network usage and average retail values.</small>		
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$0
Photochromic Lenses (i.e. Transitions®, etc.) <sup>4</sup>	\$110	\$65

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

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

Savings up to:  
**\$449**

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

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

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

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

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

# Vision Plan—Davis Vision

## Davis Vision plans offer...

### Value for our Members

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

### Convenient Network Locations

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

### Freedom of Choice

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

### Value-Added Features:

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

### Contact Info

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

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

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

### Out-of-Network Benefits

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

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

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

# Important Notice (Medicare Part D)

## **CREDITABLE COVERAGE – Empire Blue County of Ulster POS 20, Empire Blue County of Ulster PPO 20, Empire Blue County of Ulster PPO 25**

### 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 Ulster County 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.

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#### **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, 2022  
Name of Entity/Sender: Ulster County, Human Resources Department  
Address: 244 Fair Street  
Kingston, New York 12401  
Phone Number: (845) 340-3545

# Need Help?



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

Customer Service at Alera Edge

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

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



Medical Benefits | EmpireBlue

**Member Service:**

See your ID Card for a phone number

OR **1-800-331-1476** | 8:00am-5pm



Dental Benefits | MetLife

**Customer Service: 1-800-942-0854**

Group #: 217284



Vision Benefits | Davis Vision

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

Group #: 2769



## View your plan's drug list from anywhere.

The prescription drug benefit is one of the most important and commonly used elements of health plan coverage. To find drugs that are covered by your plan, we offer an easy to use formulary drug lookup tool. The drugs in our formulary have been approved by the Food and Drug Administration (FDA) as safe and effective. They were also selected by our team of expert health care professionals so you can focus on living a healthier, more vibrant life!

### What is a formulary?

A formulary is a list of brand names and generic drugs covered by your prescription drug benefit.

### Can the formulary change?

We regularly review the drugs on our formulary to ensure they are safe, effective, and low-cost. The list is subject to change, and drugs may be added or removed.

### Are there any restrictions?

Some covered drugs may have additional requirements or limits. If a drug has requirements or limits, it will be noted in the formulary.

## Access your formulary in 4 easy steps

### Step 1:

Visit [magellanrx.com](http://magellanrx.com) and click on Portal Access: **Member** in the top right corner.

### Step 2:

Scroll down to the **Prescription benefits portal** section and click **Log in**.

### Step 3:

Click **Tools & Resources** and select **Formulary and Clinical Documents**.

### Step 4:

Find your formulary and select **Drug Look Up**. You are using the **Precision Formulary**.

Click [here](#) or scan the QR code to pull it up instantly!



## Questions?

At Magellan Rx, our goal is help you live a healthy, vibrant life. If you have questions, call us at **800.424.3312**. We are here 24 hours a day, 7 days a week.



## 1Q2022 Precision Plus+ Formulary Exclusion List

Therapeutic Category	Excluded Medications		Preferred Alternatives
<b>ALLERGIC REACTIONS</b>			
Anaphylaxis Treatment	Auvi-Q (0.15mg, 0.3mg)		epinephrine injection (0.15mg, 0.3mg)
<b>ANALGESICS</b>			
Non-Steroidal Anti-Inflammatory Agents	Oral	Cambia, Diclofenac Cap 35mg, Zipsor, Zorvolex	celecoxib, diflunisal, etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclufenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
		Qmiiiz ODT	meloxicam
		Relafen, Relafen DS	nabumetone
	Other	Ketorolac Nasal Spray, Sprix Nasal Spray	diclofenac, ibuprofen, meloxicam
	Topical	Flector, Licart, Pennsaid, Voltaren gel	diclofenac
Opioid Analgesics	Combinations	Apadaz, benzhydrocodone/acetaminophen	hydrocodone/acetaminophen, oxycodone/acetaminophen
	Oral Long-Acting	Kadian ER, Nucynta ER, Zohydro ER, Arymo ER, Hysingla ER, Oxycontin, Embeda, Exalgo ER, MS Contin, oxycodone ER, oxycodone powder	hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Xtampza ER
		Conzip, Tramadol ER 100mg, 200mg, 300mg cap	tramadol ER tablets
	Oral Short-Acting	Nucynta	codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl
		Qdolo	tramadol

\*\* This list is not inclusive of all formulary strategies. Please check the formulary listing for specific drug coverage. All therapeutic classes do not allow grandfathering, unless specifically mentioned.

<sup>1</sup>Grandfathering allowed; no duration limit. All other therapeutic classes do not allow Grandfathering, no exceptions.

<sup>2</sup>All medications require a Prior Authorization. Use of a non-preferred medication requires clinical failure or intolerance of one or more preferred medications prior to beginning therapy.

<sup>3</sup>Grandfathering varies depending on which formulary the plan is enrolled in. The number and type of preferred alternative(s) will depend on the indication.

# Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>ANALGESICS</b>		
Opioid Analgesics - Transmucosal Fentanyl Analgesics	Fentora, fentanyl citrate buccal tab, Lazanda, Subsys	fentanyl citrate lozenge
Skeletal Muscle Relaxants	Norgesic Forte, Orphengesic Forte	orphenadrine tab, aspirin
	Ozobax	baclofen
<b>ANTIBACTERIALS</b>		
Oral Antibiotics	Doryx, Doxycycline Hyclate DR 80mg, Minolira	doxycycline, minocycline
Vaginal Anti-infectives	Cleocin vaginal suppositories and cream, Nuversa gel	clindamycin vaginal cream, metronidazole vaginal gel
<b>ANTICONVULSANTS</b>		
Seizure Disorders	Lamictal ODT Kit	lamotrigine ODT
	Oxtellar XR	oxcarbazepine IR
<b>ANTIDEPRESSANTS</b>		
Antidepressants	bupropion 450mg XL, Forfivo XL	bupropion XL
<b>ANTIMIGRAINES</b>		
CGRP Antagonists	Ajovy	amitriptyline, atenolol, divalproex sodium, nadolol, propranolol, timolol, topiramate, venlafaxine, Aimovig, Emgality
	Reyvow	Nurtec ODT, Ubrelvy
Serotonin Receptor Agonists	Onzetra Xsail, Tosymra, Zembrace Symtouch	rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT
<b>ANTIPSYCHOTICS</b>		
Atypical/Second Generation Antipsychotics	Secuado	aripiprazole, asenapine, olanzapine, quetiapine, quetiapine ER, paliperidone ER, risperidone, ziprasidone
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>		
Attention Deficit Disorder	Adhansia XR	dexmethylphenidate ER, methylphenidate ER, Vyvanse
<b>CARDIOVASCULAR</b>		
Cholesterol-Lowering Agents	Livalo, Zypitamag	atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Hypertension	Conjupri, Katerzia	amlodipine
	Inderal XL, Inderal LA, Innopran XL	propranolol ER
	Kaspargo	metoprolol ER
Hypertension with Osteoarthritis	Consensi	amlodipine, celecoxib
<b>CONTRACEPTIVES</b>		
Gel	Phexxi	Please talk to your doctor about clinically appropriate options. Alternative hormonal or non-hormonal contraceptives
Oral	Lo Loestrin	junel FE, larin FE, microgestin FE, tarina FE
	Slynd	Camila, Incassia, Nora-be, Norethindrone, Norlyda, Norlyroc
Patch	Twirla	levonorgestrel/ethinyl estradiol combined generic oral contraceptive, Xulane

# Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>CORTICOSTEROIDS</b>		
Oral Steroids	Alkindi Sprinkle	hydrocortisone
	Hemady	dexamethasone
	Rayos	prednisone
<b>DERMATOLOGICAL AGENTS</b>		
Topical Acne Treatment	Avita, Differin	adapalene, tretinoin cream/gel, Retin-A micro gel 0.06% and 0.08%
	Aklief, Clindagel, clindamycin phosphate 1% gel, dapsone 7.5%, Veltin	adapalene, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, dapsone, erythromycin/benzoyl peroxide, tretinoin cream, Aczone 7.5%, Amzeeq, Epiduo Forte, Onexton
	Arazlo, Fabior, Tazorac cream 0.1% and 0.05%, gel 0.1%, 0.05%, tazarotene foam 1%	tazarotene cream
	Winlevi	adapalene, clindamycin, dapsone, tazarotene cream, tretinoin cream
Topical Anesthetics	ZTIido	lidocaine patch
Topical Antifungals	Jublia	ciclopirox, tavaborole, terbinafine, Kerydin
Topical Antiinfectives	Noritrate cream, Metrogel	azelaic acid gel, metronidazole cream/gel/lotion, Finacea foam, Soolantra
Topical Corticosteroids	ALA Scalp lotion	hydrocortisone
	Apexicon E cream	fluocinonide, betamethasone
	Capex shampoo	flucinolone acetonide scalp oil, Derma-Smothe/FS
	Cordran tape	flurandrenolide
	Halobetasol foam, Lexette	betamethasone, clobetasol, halobetasol cream/ointment
	Halog	betamethasone, mometasone, triamcinolone
	Impeklo lotion	augmented betamethasone dipropionate, clobetasol
	Impoyz cream	clobetasol
	Pandel cream	flurandrenolide, hydrocortisone valerate, triamcinolone acetonide
	Psorcon cream, Verdeso foam	betamethasone, fluocinolone
	Trianex Ointment 0.05%	hydrocortisone valerate, triamcinolone acetonide
Ultravate lotion	clobetasol propionate, fluocinonide, halobetasol propionate	
Topical Immune Response Modifier	Imiquimod cream pump 3.75%, Zyclara	imiquimod
Topical Plaque Psoriasis	calcipotriene foam 0.005%, Sorilux	calcipotriene
	Duobrii lotion	clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar
	Wynzora	calcipotriene, calcipotriene/betamethasone, Enstilar, Taclonex suspension

# Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>DIABETES</b>		
Blood Glucose Meters, Test Strips and Control Solutions	Examples: Abbott (FreeStyle, Precision), Arkray(Glucocard), Lifescan (Onetouch), Trividia, (TRUETest, TRUETrack), Roche (Accu-Chek)	Ascencia (Contour, Contour Next)
Continuous Glucose Monitoring (CGM)	Freestyle Libre	Dexcom
Blood Sugar Regulators Miscellaneous	metformin HCl 24hr ER osmotic release, metformin HCl 24hr ER modified release	metformin ER
Dipeptidyl Peptidase-4 (DPP4) Inhibitors & Combinations	alogliptin, alogliptin with metformin, alogliptin with pioglitazone, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentaduetto, Jentaduetto XR, Tradjenta
Basal insulins	Basaglar, Levemir, Semglee, Semglee (YFGN), Tresiba, insulin glargine-YFGN	Lantus, Toujeo
Glucagon-Like Peptide- 1 (GLP1) Agonists	Adlyxin	Bydureon, Bydureon BCise, Byetta, Ozempic, Rybelsus, Trulicity, Victoza
Insulins	Novolin, Novolin Relion	Humulin
Rapid-acting Insulins	Admelog, Apidra, Fiasp, Insulin Aspart, Insulin Lispro, Novolog, Novolog Relion	Humalog, Lyumjev
Sodium-glucose Co-transporter (SGLT2) Inhibitors	Invokana, Steglatro, Invokamet, Invokamet XR, Segluromet, Qtern, Steglujan	Farxiga, Jardiance, Synjardy, Synjardy XR, Xigduo XR, Glyxambi, Trijardy XR
<b>ENDOCRINE (OTHER)</b>		
Testosterone Replacement	Aveed, Jatenzo, Natesto, Testopel	testosterone, Androderm, Xyosted
<b>GASTROINTESTINAL</b>		
Anti-Diarrheal Agents	Motofen	diphen oxylate/atropine, loperamide
Antiemetics	Sancuso patch	granisetron solution/tablet, ondansetron ODT
Anti-Inflammatory Anti-Ulcer Agents	Duexis	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
Irritable Bowel Syndrome with Constipation/ Chronic Idiopathic Constipation (IBS-C/CIC)	Amitiza, lubiprostone, Trulance	Linzess
Opioid-Induced Constipation (OIC)	Amitiza, lubiprostone, Movantik, Relistor	Symproic
Inflammatory Bowel Disease	Dipentum	balsalazide, mesalamine DR cap 400mg, Apriso
	Ortikos	budesonide ER
Laxatives	Osmoprep, Plenvu	Gavilyte, PEG 3350, Clenpiq, Suprep
Pancreatic Enzymes	Pancreaze, Pertzye, Viokace	Creon, Zenpep
Proton Pump Inhibitors	omeprazole with sodium bicarbonate (cap, powder pak), rabeprazole sprinkle cap	esomeprazole magnesium delayed release, lansoprazole, omeprazole, pantoprazole, Aciphex Sprinkle caps, Dexilant
<b>IMMUNOMODULATORS</b>		
Autoimmune Agents <sup>3</sup>	Cosentyx, Olumiant, Ilumya, Remicade, Renflexis	Cimzia, Humira, Inflectra, Actemra, Orenicia, Otezla, Avsola, Rinvoq ER, Simponi, Simponi Aria, Skyrizi, Stelara, Taltz, Tremfya, Xeljanz/XR

# Addendum-MagellanRx Precision Plus+Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>OPHTHALMIC</b>		
Antiglaucoma Drugs	Vyzulta, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan
	Timoptic	timolol ophthalmic solution
Antihistamines	Lastacaft, Zerviate, Pazeo	azelastine ophthalmic solution, bepotastine ophthalmic solution, olopatadine ophthalmic solution
Dry Eye Disease	Cequa	Restasis, Xiidra
Non-steroidal Anti-Inflammatory Agents	Bromsite, Ilevro, Nevanac	bromfenac ophthalmic solution, diclofenac ophthalmic solution, flurbiprofen sodium ophthalmic solution, ketorolac tromethamine ophthalmic solution, Prolensa
<b>OTHER</b>		
Antigout Agents	colchicine capsule, Colcrys, Gloperba, Mitigare	colchicine tablet
Antihistamines and Combinations	Clarinet-D	desloratadine, pseudoephedrine
Bile Acid Therapy	Reltone, ursodiol 200 mg, 400 mg capsules	ursodiol
Multivitamins	Examples: Folic-K, Genicin Vita-S, Hylavite, Loric, Tronvite, Xvite	Any preferred multivitamin
Neurogenic Detrusor Overactivity (NDO)	Vesicare	oxybutynin
Obesity	Contrave	phentermine, Qsymia, Saxenda
Opioid Reversal Agents	Lifems Naloxone	naloxone, Narcan
Platelet-Modifying Agent	aspirin/omeprazole, Yosprala	aspirin, omeprazole
Prenatal Vitamins	Examples: Azesco, Pregenna, Prenate, Trinaz, Vitafof FE, Vitathely, Zalvit	Any preferred prenatal vitamin
Thyroid Agents	Levothyroxine caps, Thyquidity, Tirosint caps, solution	levothyroxine
<b>RESPIRATORY</b>		
Allergy: Nasal Steroids	Xhance	mometasone furoate
COPD: Inhaled Anticholinergics	Incruse Ellipta, Tudorza, Seebri	Spiriva
COPD: Long-Acting Beta Agonist/Long-Acting Muscarinic Agonist Combination inhalers	Bevespi, Duaklir, Utibron	Anoro Ellipta, Stiolto Respimat
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Armonair Digihaler, Asmanex, Asmanex HFA, QVAR Redihaler	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory, Long-Acting Beta Agonist Combination Inhalers	AirDuo Respiclick, Airduo Digihaler, Dulera, budesonide/formoterol	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort, fluticasone/salmeterol, Wixela Inhub
Short-Acting Beta-2 Adrenergic Inhalers	albuterol HFA (brand alternative for Ventolin HFA made by Prasco), levalbuterol Inhaler, Proair Digihaler, Proair HFA, Proair Respiclick, Proventil HFA, Ventolin HFA, Xopenex HFA	Any generic albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)
<b>UROLOGICAL</b>		
Erectile Dysfunction Oral Agents	Stendra	sildenafil
Interstitial Cystitis	Elmiron	amitriptyline, hydroxyzine
Overactive Bladder (OAB)	Gemtesa	darifenacin ER, oxybutynin ER/IR, solifenacin, tolterodine ER/IR, trospium ER/IR, Myrbetriq

# Addendum-MagellanRx Precision Plus+Formulary Exclusion List

## Required Prior Authorization<sup>2</sup>:

Therapeutic Class	Non-Preferred Medications	Preferred Medications
Erythropoiesis-Stimulating Agents	All other products non-preferred with prior authorization	Aranesp, Retacrit
Growth Hormones	All other products non-preferred with prior authorization	Norditropin
Hepatitis C <sup>1</sup>	All other products non-preferred with prior authorization	Epclusa, Harvoni, Sovaldi, Mavyret, Vosevi, ledipasvir/sofosbuvir, sofosbuvir/ velpatasvir
Multiple Sclerosis	All other products non-preferred with prior authorization	Avonex, Betaseron, Copaxone, dimethyl fumarate, Gilenya, glatiramer, Kesimpta, Mayzent, Plegridy, Vumerity

### Excluded medications with generic alternatives

The medications listed below are excluded on the formulary.  
These medications have been identified as having available generic alternatives covered on the formulary.

Abilify	Cloderm	Kenalog spray	Ortho Novum	Targadox
Absorica	Colestid	Kenalog-40 Injection	Otrexup	Tegretol
Abstral	Concerta	Keppra	Pataday	Tegretol-XR
Acanya	Coreg	Keppra XR	Patanol	Tenormin
Aciphex tablet	Coreg CR	Klonopin	Paxil tab	Testim gel
Acticlate	Cortef	K-tab	Paxil CR	Tobradex suspension
Aczone 5%	Cosopt solution	Lamictal chewable	Percocet	Topamax
Adderall	Cosopt PF solution	Lamictal starter kit	Plaquenil	Topamax sprinkle cap
Adderall XR	Cozaar	Lamictal ODT	Plavix	Topicort spray
Adipex-P	Crestor	Lamictal tab	Pravachol	Toprol XL
Alphagan P 0.15%	Cymbalta	Lamictal XR	Pred Forte	Travatan-Z
Altace	Cytomel	Lasix	Prevacid	Treximet
Ambien	Delestrogen	Latisse	Prinivil	Tribenzor
Ambien CR	Delzicol	Lescol XL	Pristiq	Tricor
Amrix	Depakote	Levitra	Prometrium	Trileptal
Androgel	Depakote ER	Lexapro	Propecia	Tylenol-Codeine No. 3
Arimidex	Depakote sprinkle cap	Lialda	Protonix tab	Tylenol-Codeine No. 4
Arthrotec	Depo-testosterone	Lidoderm	Provigil	Uceris tab
Asacol HD	Desonate gel	Lipitor	Prozac	Ultracet
Atacand	Dilantin cap 100mg	Loestrin 21	Pulmicort Respule	Ultram
Ativan	Dilantin chewable	Loestrin FE	Qudexy XR	Vagifem
Avapro	Dilantin suspension	Lotemax suspension	Questran	Valium
Avodart	Dilaudid	Lotrel	Questran Light	Valtrex
Axiron	Diovan	Lovaza	Ranexa	Vanadom
Azeschew Chew	Diovan HCT	Lunesta	Reditrex	Vectical
Azopt	Duac	Lyrica	Relpax	Viagra
Azor	Duragesic	Lyrica CR	Renagel	Vigamox
Benicar	Dyazide	Maxalt	Restoril	Vimovo
Benicar HCT	Effexor XR	Maxalt-MLT	Retin-A	Vivelle-Dot
Benzaclin	Elepsia XR	Mesalamine DR 800 mg	Retin-A micro gel 0.04%, 0.1%	Vogelxo
Benzamycin	Elidel	Micardis	Risperdal soln, tablet	Vytorin
Bepreve	Epiduo gel	Micardis HCT	Ritalin	Welchol
Beyaz	EpiPen Jr 0.15mg	Minestrin	Ritalin LA	Wellbutrin SR
Brisdelle	Estrace	Mobic	Roszet	Wellbutrin XL
Butrans	Evekeo	Moviprep	Roxicodone	Xalatan
Bystolic	Evekeo ODT	Nalfon	Safyral	Xanax
Canasa	Evzio	Naloxone auto-injector	Saphris	Xanax XR
Carafate	Exforge	Nasonex	Seasonique	Yasmin 28
Carbatrol	Exforge HCT	Natropa	Seroquel	Yaz
Cardizem LA 180, 240, 300, 360, 420mg	Fioricet	Neevodha	Seroquel XR	Zanaflex
Carnitor soln,tablet	Fioricet w/ codeine	Neurontin	Silvadene	Zegerid
Carnitor SF	Flomax	Nexium capsule	Singulair	Zestril
Catapres-TTS patch	Focalin	Niaspan ER	Skelaxin	Zetia
Celebrex	Focalin XR	Nitrostat	Solodyn	Ziana
Celexa	Fortamet	Noctiva	Soma	Zocor
Cialis	Fortesta	Norco	Staxyn	Zoloft
Ciprodex	Generess FE	Norvasc	Strattera	Zomig tab
Clarinox 5mg tab	Glumetza	Nulytely	Suboxone	Zomig ZMT
Climara patch	Golytely solution	Nuvigil	Synthroid	Zonegran
Clobex	Hyzaar	Onfi	Taclonex ointment	Zovirax
	Imitrex	Oracea	Tamiflu	Zyprexa
	Intuniv			

# Addendum-MagellanRx Step Therapy Program

## Precision Plus+ Formulary

### Physician Guidelines

Failure of previous steps in the Step Therapy Program:

- For most therapies, Magellan Rx Management will review the most recent claim history available. Historical review timeframe may change based on therapy class or client request. (OR)
- Access the appropriate Magellan Rx Management Prior Authorization (PA) form online to begin the Step Therapy process: <https://magellanrx.com/provider/>.

*Note: Step Therapy Guidelines may be updated on an ongoing basis due to changes in the pharmacy industry. Failure to accurately complete the PA form or submit required documentation may result in a delay in the member's therapy.*

	Target Drug(s)	Step Requirement
<b>ANALGESICS AND ANTIPIRETTICS ANTI-INFECTIVES</b>	GRALISE TAB24HDSPK, GRALISE TAB ER 24H	Must try gabapentin
	Target Drug(s) CETRAXAL DROPERETTE, CIPRO HC DROPS SUSP, OTOVEL VIAL	Step Requirement Must try ciprofloxacin-dexamethasone otic suspension (generic Ciprodex)
	EURAX CREAM (G), EURAX LOTION, NATROBA SUSPENSION, OVIDE LOTION, SKLICE LOTION, ULESFIA LOTION	Must try permethrin
<b>ANTI-INFLAMMATORY AGENTS</b>	Target Drug(s) ZILEUTON ER TBMP 12HR, ZYFLO TABLET EUCRISA OINT. (G)	Step Requirement Must try montelukast or zafirlukast Must try one generic corticosteroid (topical)
<b>ANTIBACTERIALS</b>	Target Drug(s) MINOCYCLINE HCL TABLET	Step Requirement Must try minocycline IR capsules
	DOXYCYCLINE HYCLATE TABLET	Must try two doxycycline generics
	COREMINO TAB ER 24H, MINOCYCLINE HCL ER TAB ER 24H	Must try two immediate release generic tetracycline products
<b>ANTICONVULSANTS</b>	Target Drug(s) ELEPSIA XR TAB ER 24H TROKENDI XR CAP ER 24H	Step Requirement Must try generic levetiracetam T/F topiramate IR
<b>ANTIDEPRESSANTS</b>	Target Drug(s) APLENZIN TAB ER 24H TRINTELLIX TABLET	Step Requirement Must try generic bupropion XL 150 mg or 300 mg Must try two generics: SSRIs, SNRIs, bupropion, or mirtazapine
	FETZIMA CAP24H DSPK, FETZIMA CAP SA 24H	Must try two preferred SNRIs
<b>ANTIDIABETIC AGENTS</b>	Target Drug(s) BYDUREON BCISE AUTO INJCT, BYDUREON PEN INJCT, BYETTA PEN INJCT, GLYXAMBI TABLET, JARDIANCE TABLET, JANUMET TABLET, JANUMET XR TBMP 24HR, JANUVIA TABLET, JENTADUETO TABLET, JENTADUETO XR TAB BP 24H, FARXIGA TABLET, RYBELSUS TABLET, TRIJARDY XR TAB BP 24H, XIGDUO XR TAB BP 24H, OZEMPIC PEN INJCT, SYNJARDY TABLET, SYNJARDY XR TAB BP 24H, TRAJENTA TABLET, TRULICITY PEN INJCT, VICTOZA 2-PAK PEN INJCT, VICTOZA 3-PAK PEN INJCT	Step Requirement Must try any one of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin
	ACTOPLUS MET XR TBMP 24HR	Must try one of the following generics: metformin or thiazolidinedione
<b>ANTIFUNGALS</b>	Target Drug(s) NAFTIFINE HCL CREAM (G), NAFTIFINE HCL GEL(GRAM), OXICONAZOLE NITRATE CREAM (G)	Step Requirement Must try ciclopirox, clotrimazole, econazole, ketoconazole, luliconazole, or OTC antifungals (butenafine, miconazole, terbinafine, tolnaftate)

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# Addendum-MagellanRx Step Therapy Program

## Precision Plus+ Formulary

<b>ANTIGLAUCOMA AGENTS</b>	<b>Target Drug(s)</b> TRAVATAN Z DROPS, XALATAN DROPS	<b>Step Requirement</b> Must try one of the following: latanoprost, travoprost, Lumigan, Xelpros
<b>ANTILIPEMIC AGENTS</b>	<b>Target Drug(s)</b> ALTOPREV TAB ER 24H, FLOLIPID ORAL SUSP, LESCOL CAPSULE, SIMVASTATIN ORAL SUSP	<b>Step Requirement</b> Must try one generic statin
<b>ANTIMIGRAINE AGENTS</b>	<b>Target Drug(s)</b> AMERGE TABLET, FROVA TABLET, IMITREX CARTRIDGE, IMITREX PEN INJCTR, IMITREX SPRAY, IMITREX TABLET, IMITREX VIAL, MAXALT MLT TAB RAPDIS, MAXALT TABLET, RELPAX TABLET, TOSYMRA SPRAY, ZOLMITRIPTAN SPRAY, ZOMIG SPRAY, ZOMIG TABLET, ZOMIG ZMT TAB RAPDIS, ONZETRA XSAIL AER POW BA, ZEMBRACE SYMTOUCH PEN INJCTR	<b>Step Requirement</b> Must try two preferred serotonin 5HT1 Agonists
<b>ANTINEOPLASTIC AGENTS</b>	<b>Target Drug(s)</b> PICATO GEL (EA)	<b>Step Requirement</b> Must try topical fluorouracil or imiquimod
<b>ANTIPARKINSONIAN AGENTS</b>	<b>Target Drug(s)</b> EMSAM PATCH TD24	<b>Step Requirement</b> Must try two generic antidepressants: bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER
<b>ANTIPSYCHOTIC AGENTS</b>	<b>Target Drug(s)</b> VRAYLAR CAP DS PK, VRAYLAR CAPSULE FANAPT TAB DS PK, FANAPT TABLET, GEODON CAPSULE, GEODON VIAL, CLOZARIL TABLET, INVEGA TAB ER 24, ZYPREXA ZYDIS TAB RAPDIS	<b>Step Requirement</b> Must try one generic atypical antipsychotic Must try two: unique generic atypicals, Latuda, or Vraylar
<b>ANTIRETROVIRALS</b>	<b>Target Drug(s)</b> CIMDUO TABLET ATRIPLA TABLET, EFAVIRENZ-EMTRIC-TENOFOV DISOP TABLET COMPLERA TABLET	<b>Step Requirement</b> Must try Temixys Must try brand or generic Symfi/Symfi Lo Must try one of the following: efavirenz/emtricitabine/tenofovir disoproxil fumarate (generic Atripla), efavirenz/lamivudine/tenofovir disoproxil fumarate (generic Symfi/Symfi Lo), Atripla, Symfi, Symfi Lo, Delstrigo, Odefsey
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>	<b>Target Drug(s)</b> DEXILANT CAP DR BP ACIPHEX SPRINKLE CAP DR SPR, ACIPHEX TABLET DR, ESOMEPRAZOLE STRONTIUM CAPSULE DR, NEXIUM CAPSULE DR, NEXIUM SUSPDR PKT, OMEPRAZOLE-SODIUM BICARBONATE CAPSULE, OMEPRAZOLE-SODIUM BICARBONATE PACKET, PREVACID CAPSULE DR, PREVACID TAB RAP DR, PRILOSEC SUSPDR PKT, PROTONIX GRAN PKT DR, PROTONIX TABLET DR, ZEGERID CAPSULE, ZEGERID PACKET	<b>Step Requirement</b> Must try one generic proton pump inhibitor Must try two generic proton pump inhibitors
<b>ANXIOLYTICS, SEDATIVES AND HYPNOTICS</b>	<b>Target Drug(s)</b> AMBIEN TABLET, AMBIEN CR TAB MPHASE BELSOMRA TABLET, DAYVIGO TABLET, ROZEREM TABLET EDLUAR TAB SUBL, INTERMEZZO TAB SUBL	<b>Step Requirement</b> Must try eszopiclone AND (zolpidem or zaleplon) Must try eszopiclone, zolpidem, or zaleplon Must try generic zolpidem or Ambien
<b>BETA-3-ADRENERGIC AGONISTS</b>	<b>Target Drug(s)</b> GEMTESA TABLET	<b>Step Requirement</b> Must try TWO of the following: Myrbetriq, generic darifenacin ER, generic oxybutynin IR/ER, generic solifenacin, generic tolterodine IR/ER, generic trospium IR/ER
<b>BETA-ADRENERGIC AGONISTS</b>	<b>Target Drug(s)</b> ARCAPTA NEOHALER CAP W/DEV	<b>Step Requirement</b> Must try two of the following: Advair HFA/Diskus, Breo Ellipta, Serevent, Symbicort, Wixela inhub, fluticasone/salmeterol inh, Striverdi
<b>CARDIOVASCULAR DRUGS</b>	<b>Target Drug(s)</b> CARDURA XL TAB ER 24 INDERAL XL CAP ER 24H, INNOPRAN XL CAP ER 24H	<b>Step Requirement</b> Must try alfuzosin, doxazosin, dutasteride, finasteride, silodosin, terazosin, or tamsulosin Must try propranolol ER generics



# Addendum-MagellanRx Step Therapy Program

## Precision Plus+ Formulary

<b>CENTRAL NERVOUS SYSTEM AGENTS</b>	<b>Target Drug(s)</b> SAVELLA TAB DS PK, SAVELLA TABLET	<b>Step Requirement</b> Must try any one of the following (generic only): tricyclic antidepressants, cyclobenzaprine, duloxetine, pregabalin
	QELBREE CAP ER 24H	Must try any two preferred CNS stimulants
	NAMZARIC CAP24 DSPK, NAMZARIC CAP SPR 24	Must try generic memantine AND donepezil
<b>CNS STIMULANTS</b>	<b>Target Drug(s)</b> ADHANSIA XR CPBP 20-80, APTENSIO XR CSBP 40-60, AZSTARYS CAPSULE, CONCERTA TAB ER 24, JORNAY PM CPDR ER SP, METHYLIN SOLUTION, METHYLPHENIDATE ER CSBP 40-60, COTEMPLA XR-ODT TAB RAP BP, DAYTRANA PATCH TD24, DESOXYN TABLET, FOCALIN TABLET, FOCALIN XR CPBP 50-50, ADDERALL TABLET, ADDERALL XR CAP ER 24H, DEXEDRINE CAPSULE ER, MYDAYIS CPTP 24HR, ZENZEDI TABLET, PROCENTRA SOLUTION, QUILLIVANT XR SU ER RC24, RITALIN LA CPBP 50-50, RITALIN TABLET, ADZENYS ER SUS BP 24H, ADZENYS XR-ODT TAB RAP BP, AMPHETAMINE SUS BP 24H, DYANAVAL XR SUS BP 24H, QUILLICHEW ER TAB CBP24H	<b>Step Requirement</b> Must try any two preferred CNS stimulants
	<b>Target Drug(s)</b> ALORA PATCH TDSW, MENOSTAR PATCH TDWK, MINIVELLE PATCH TDSW FEMRING VAG RING	<b>Step Requirement</b> Must try generic in class  Must try two of the following: Imvexxy, Ospheña, Premarin vaginal cream
<b>ESTROGENS AND ANTIESTROGENS</b>	<b>Target Drug(s)</b> PATADAY DROPS, PATANOL DROPS AZELASTINE-FLUTICASONE SPRAY/PUMP	<b>Step Requirement</b> Must try generic azelastine or olopatadine Must try nasal fluticasone and nasal azelastine
<b>EYE, EAR, NOSE AND THROAT</b>	<b>Target Drug(s)</b> RYVENT TABLET	<b>Step Requirement</b> Must try generic carbinoxamine or preferred antihistamine (Rx only)
<b>FIRST GENERATION ANTIHISTAMINES</b>	<b>Target Drug(s)</b> LINZESS CAPSULE	<b>Step Requirement</b> For patients greater than 18 years old, must try: polyethylene glycol or lactulose
<b>GASTROINTESTINAL DRUGS</b>	<b>Target Drug(s)</b> GELNIQUE GEL PACKET, OXYTROL PATCH TDSW	<b>Step Requirement</b> Must try TWO of the following: Myrbetriq, generic darifenacin ER, generic oxybutynin IR/ER, generic solifenacin, generic tolterodine IR/ER, generic trospium IR/ER
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>	<b>Target Drug(s)</b> TAYTULLA CAPSULE	<b>Step Requirement</b> Must try generic Taytulla first
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>	<b>Target Drug(s)</b> KAPVAY TAB ER 12H	<b>Step Requirement</b> Must try any two preferred CNS stimulants
<b>HYPOTENSIVE AGENTS</b>	<b>Target Drug(s)</b> ATELVIA TABLET DR FEBUXOSTAT TABLET, ULORIC TABLET	<b>Step Requirement</b> Must try alendronate or alendronate solution Must try generic allopurinol
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>	<b>Target Drug(s)</b> DICLOFENAC CAPSULE, DICLOFENAC SODIUM GEL(GRAM)	<b>Step Requirement</b> Must try generic Rx oral NSAID
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>	<b>Target Drug(s)</b> PRESTALIA TABLET EDARBI TABLET, EDARBYCLOR TABLET	<b>Step Requirement</b> Must try amlodipine or perindopril Must try any one of the following (generics only): ACE inhibitor/combination, ARB/combination, amlodipine-benazepril, trandolapril-verapamil
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYS.INHIB</b>	<b>Target Drug(s)</b> ELIDEL CREAM (G), PIMECROLIMUS CREAM (G), PROTOPIC OINT. (G), TACROLIMUS OINT. (G)	<b>Step Requirement</b> In patients greater than 2 years of age, must try one corticosteroid (topical)
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		