



www.ulstercountyny.gov/personnel/


Benefit Open Enrollment
November 1—November 30, 2024

Benefit Plan Year
January 1—December 31, 2025

2025 Medicare Eligible Retiree Benefits Guide

Medical, HRA or Buyout Subsidy, Dental and Vision Plans



Benefits provided in association with
 **ALERAGROUP**

Questions | Help
1-800-836-0026, x7400
support@alerahealth.com

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

JEN METZGER
County Executive



DAWN SPADER
Personnel Director

JAMES FARINA
Director of Employee Relations

APRIL RODMAN
Administrator, Civil Service & Personnel

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

For 2025, we will not have any changes to our Aetna plans except those made necessary but recent Medicare law changes. There are Aetna premium increases. Whatever plan you had in 2024 will continue as is, unless you wish to make a change. As an Ulster County Medicare eligible retiree or spouse, you have chosen the Aetna Medicare Advantage plan. The Aetna rates remain to be very reasonable for our retirees. For your reference, your Ulster County percentage can be found on your envelope label after your name. Aetna premiums may be found on page 2 of this letter. The 2025 Medicare eligible Retiree Guide may be found at our website:

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

IF YOU HAVE AETNA AND WISH TO RENEW IN 2025, YOU DO NOT HAVE TO CONTACT THE BENEFITS OFFICE. WE WILL RENEW AETNA.

IF YOU WISH TO SWITCH FROM THE AETNA PROGRAM PLEASE REACH OUT TO MARY CONNOLLY TO REQUEST THE FORMS IMMEDIATELY.

A few highlights of the Aetna plan:

Coordinates with Medicare (Part A & Part B) – no claim forms required	
National Network of Providers	Hearing Aid Reimbursement
Full prescription drug coverage	Fitness Benefit

Retirees are encouraged to check with their current providers to ensure their providers are participating in this benefit plan. If your current provider is not in the Aetna network, please call our office for more information, as you may likely still be able to see that provider. The Aetna plan allows you to use any Medicare accepting provider nationwide.

Dental Coverage:

Dental company is switching to Guardian Dental. The Guardian Dental network is considerably larger than the Met Life network. Guardian, whose coverages will mirror the Met Life coverages, will be mailing out new cards.

Ulster County Website: www.ulstercountyny.gov

Vision Coverage:

All Retirees will be enrolled in the Davis Vision program. Your current cards are still valid.

Non-Payment Clause

If you are paying a premium for your Aetna Plan, you must be sure to have the premium funds available for automatic withdrawal by the 15th of each month. If funds are not available on a timely basis, Ulster County reserves the right to cancel coverage for the unpaid months. The first 2025 payment will be December 15th, 2024.

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.

Moving? – you must inform the Benefit Office, regardless of what your local post office tells you.

Questions? - 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.

RETIREE PREMIUM FOR AETNA, DENTAL & VISION			
COUNTY PAY	MONTHLY	QUARTERLY	ANNUALIZED
PERCENTAGE	PREMIUM	SUBSIDY	SUBSIDY
50%	\$86	---	---
60%	\$32	---	---
65%	---	---	---
70%	---	\$66	\$264
75%	---	\$147	\$588
80%	---	\$228	\$912
85%	---	\$309	\$1,236
90%	---	\$390	\$1,560
95%	---	\$471	\$1,884
100%	---	\$555	\$2,220

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

For 2025, we will not have any changes to our medical plans, so whatever plan you had in 2024 will continue as is, unless you wish to make a change. As an Ulster County Medicare eligible retiree or spouse, you may choose the Aetna Medicare Advantage plan, or, if you have coverage elsewhere, you may choose to receive a taxable quarterly subsidy or you may claim a tax free HRA monthly claim reimbursement. The Aetna rates continue to be reasonable for our Retirees. We encourage you to review the information about the Aetna Medicare Advantage Plan. For your reference, your Ulster County percentage can be found on your envelope label after your name. Subsidy and HRA amounts have changed slightly and may be found on page 2 of this letter. The 2025 Medicare eligible Retiree Guide may be found at our website:

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

ANY RETIREE OR SPOUSE WHO RECEIVES THE SUBSIDY OR USES THE HRA PROCESS OR WHO WISHES TO SWITCH TO A NEW OPTION MUST COMPLETE AND RETURN THE FORM FOUND ON THE BOTTOM OF PAGE 2 BY NOVEMBER 29, 2024. PLEASE DO NOT CALL TO CONFIRM WE HAVE RECEIVED THE FORM. WE WILL NOT MAKE CHANGES WITHOUT CONTACTING YOU.

Dental Coverage

We are switching our dental coverage to Guardian Dental. The Guardian network is considerably larger than the current network. Guardian will be sending out cards.

Vision Coverage

All Retirees will be enrolled in the Davis Vision program. Current cards are still valid.

Opt-Out/Subsidy Plan for 2025

If you are not accepting the Aetna plan, you may choose either the Subsidy payment or the tax free HRA option. The Subsidy Payment will be paid quarterly by direct deposit or check. The HRA claim reimbursement is available as often as monthly, and HRA Quarterly supplement payments are paid by check or direct deposit. Please see the chart below. Any checks/direct deposit payments will be paid to the Retiree for themselves and their spouse. You must have insurance coverage in place to be eligible for the subsidy/HRA. **If you have had the HRA in 2024, you do not have to reenroll on the website, but you must still complete the form below. If you are new to the HRA, you must enroll.** Directions on how to enroll and how to file claims for reimbursement can be found in the 2025 Medicare Eligible Benefit Book, at the website listed above.

Ulster County Website: www.ulstercountyny.gov

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.

Moving? – you must inform the **Benefit Office**, regardless of what your local post office tells you.

Questions? - 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.

QUARTERLY SUBSIDY OR HRA FOR THOSE NOT ENROLLING IN AETNA, INCLUDES DENTAL & VISION							
COUNTY PAY PERCENTAGE	QUARTERLY SUBSIDY	ANNUALIZED SUBSIDY	OR	MONTHLY HRA OPTION	QUARTERLY HRA PAYMENT	ANNUALIZED HRA OPTION	
50%	\$540	\$2,160			\$175	\$0	\$2,100
60%	\$648	\$2,592			\$175	\$108	\$2,532
65%	\$702	\$2,808			\$175	\$162	\$2,748
70%	\$756	\$3,024			\$175	\$216	\$2,964
75%	\$810	\$3,240			\$175	\$270	\$3,180
80%	\$864	\$3,456			\$175	\$324	\$3,396
85%	\$918	\$3,672			\$175	\$378	\$3,612
90%	\$972	\$3,888			\$175	\$432	\$3,828
95%	\$1,026	\$4,104			\$175	\$486	\$4,044
100%	\$1,080	\$4,320			\$175	\$540	\$4,260

Confirmation of continuing participation in the Subsidy or HRA Account.

Please sign appropriate box below and return to the **Benefits Office by November 29, 2024.** Each retiree and spouse (dependent) must complete one form, one for each person. This form must be returned to the **U.C. Benefits Office, P.O. Box 1800, Kingston, NY 12402.**

IF YOU HAVE	TAKE THIS ACTION
HRA AND WISH TO CONTINUE	SIGN HERE:
SUBSIDY AND WISH TO CONTINUE	SIGN HERE:
HRA AND WISH TO SWITCH TO SUBSIDY	SIGN HERE:
SUBSIDY AND WISH TO SWITCH TO HRA	SIGN HERE:

PRINT NAME: _____ DATED: _____

Table of Contents

Aetna Enrolled Medicare Eligible Retirees Letter from the County Personnel Department.....	2
Subsidy/HRA Medicare Eligible Retirees Letter from the County Personnel Department.....	4
Aetna Medicare Advantage Plan-2025.....	7
ACH Debit Form	9
Direct Deposit Form.....	10
Retiree Form.....	11
Health Reimbursement Arrangement.....	12
Alera Pay (Website, Direct Deposit, Filing Claims).....	13
Dental Plan—Guardian	17
Vision Plan—Davis Vision	19
Need Help?.....	21

Aetna Medicare Advantage Plan—2025

Important benefits only available with Medicare Advantage

Programs like these can help you reach your health potential at no extra cost:

Your questions — answered, any time any day

On our toll-free Informed Health® Line, you can ask an Aetna nurse any health-related questions

Help finding everyday services you need

Our Resources For Living® team can find help such as home-delivered meal services, transportation and in-home care

***There's no cost for Aetna's research and referrals. You'd pay for any referred services you use.

Advice on your health goals — in the comfort of home

At an optional Healthy Home Visit, an Aetna health professional will listen to your health history and goals, answer your questions and provide advice

Silver Sneakers-Free membership program

Have a health advocate if you need one

You may not need help today, but once you do, an Aetna Nurse Advocate can work closely with your doctors to help you manage your conditions and navigate complex medical issues.

Points to Consider

- Use any Provider if they accept Medicare and agree to bill your plan. They do not need to be in the Aetna network. Coverage Nationwide and for Emergencies and Urgent Care Worldwide.
- Medicare Advantage with Prescription Coverage-Part D drug plan without a coverage gap or “donut hole”
- Easy to use - One ID card for both Medical and Pharmacy
- Advocacy programs for help with multiple chronic conditions
- Additional benefits such as “Silver Sneakers” free gym membership and programs and additional Preventive services such as eye exams and hearing exams at no cost.
- Hearing Aid Reimbursement of \$600 every 36 months.

Plan Highlights

PLAN FEATURES	BENEFIT
Deductible	\$0
Out-of-pocket maximum	\$4,000
Preventive care	\$0
Primary care office visit	\$15
Specialty care office visit	\$20
Inpatient hospital	\$100
Outpatient surgery	\$0
Emergency room	\$75
Skilled Nursing Facility	\$0
Hearing Aid Allowance	\$600 every 36 months
Out-of-network cost share	Not applicable / same as in-network

Aetna Medicare Advantage Plan—2025

PHARMACY - PRESCRIPTION DRUG BENEFITS

Calendar-year deductible for prescription drugs \$0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Pharmacy Network S2

Your Medicare Part D plan is associated with pharmacies in the above network. To find a network pharmacy, you can visit our website (<http://www.aetnaretireplans.com>).

Formulary (Drug List) GRP B2

Your cost for generic drugs is usually lower than your cost for brand drugs. However, Aetna in some instances combines higher cost generic drugs on brand tiers.

5 Tier Plan	Retail cost-sharing up to a 30-day supply	Retail cost-sharing up to a 90-day supply	Preferred mail order cost-sharing up to a 90-day supply
Tier 1 - Preferred Generic Drugs	\$0	\$0	\$0
Tier 2 - Generic Drugs	\$10	\$20	\$20
Tier 3 - Preferred Brand, <i>Includes some high-cost generic and preferred brand drugs</i>	\$30	\$60	\$60
Tier 4 - Non-Preferred Drugs <i>Includes some high-cost generic and non-preferred brand drugs</i>	\$60	\$120	\$120
Tier 5 - Specialty <i>Includes high-cost/unique generic and brand drugs</i>	\$60	Limited to one-month supply	Limited to one-month supply

Important plan information

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.



aetnaretireplans.com

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ULSTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
www.ulstercountyny.gov

ACH Form for Ulster County Retirees

ACH Form for Relph Benefit Advisors Inc

AUTOMATIC PAYMENT (ACH) REQUEST FORM

PLEASE READ:

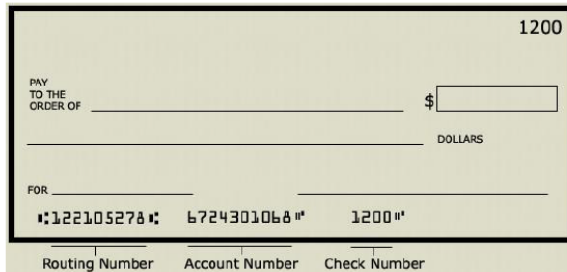
1. For Retiree billing, you must be paid through the current coverage month. Please note, ACH is only available for monthly billing periods.
2. Complete Section 1 -- Participant Information.
3. Attach a voided check (or photocopy). We are not able to accept deposit slips; they do not always show the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

SECTION 1 - PARTICIPANT INFORMATION

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

SECTION 2 - BANK ACCOUNT INFORMATION

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



SECTION 3 - AUTHORIZATION SIGNATURE

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

SECTION 3 - AUTHORIZATION SIGNATURE

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

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

<p>Return This Form & Check To:</p> <p>Mary Connolly Benefits Department</p>	<p>All Other Questions & Support Issues:</p> <p>Mary Connolly 845-340-3546 mcon@co.ulster.ny.us</p>
Date Rec'd Date Processed	Processor V&V

Direct Deposit Form

ULSTER COUNTY DEPARTMENT OF FINANCE DIRECT DEPOSIT OF SUBSIDY ENROLLMENT FORM

DIRECTIONS: To enroll, read the conditions below fill in the information requested in Section 1. *If depositing to a MHVFCU account, please have a letter from them stating account number.* You and any joint account holders must sign this form. Return the completed form via interoffice or U.S. Mail to: Payroll Unit, Ulster County Department of Finance, PO Box 1800, Kingston, NY 12402-1800.

SECTION 1. NEW _____	CHANGE _____	CANCELLATION _____
Name: _____ Employee Number: _____		
Department: _____		
Work Telephone Number: _____		
ACCOUNT INFORMATION		
<i>(Circle One)</i> Checking Account – Attach voided check Savings Account – Attach savings account deposit slip or copy of the top of your statement showing your name, account number and your financial institution name (not your balance or account detail) and have your Financial Institution enter their Transit/Routing Number here:		
<div style="border: 1px solid black; display: inline-block; padding: 2px;">RTN: <input style="width: 15px; height: 15px;" type="text"/><input style="width: 15px; height: 15px;" type="text"/><input style="width: 15px; height: 15px;" type="text"/><input style="width: 15px; height: 15px;" type="text"/><input style="width: 15px; height: 15px;" type="text"/><input style="width: 15px; height: 15px;" type="text"/><input style="width: 15px; height: 15px;" type="text"/><input style="width: 15px; height: 15px;" type="text"/><input style="width: 15px; height: 15px;" type="text"/><input style="width: 15px; height: 15px;" type="text"/><input style="width: 15px; height: 15px;" type="text"/></div>		
Is this a Joint Account? <i>(Circle One)</i> Yes No If yes, joint account holder must sign Joint Account Holders Certification.		
Account Number: <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/>		
Name of Financial Institution: _____		
DEPOSITOR (EMPLOYEE) CERTIFICATION		
I understand the conditions noted below, including the authorization for recovery of funds deposited in error. In signing this form, I authorize my salary payment to be transmitted to the account at the financial institution designated above.		
Signature: _____ Date: ___/___/___		
JOINT ACCOUNT HOLDERS CERTIFICATION		
I understand the conditions noted below, including the authorization for recovery of funds deposited in error.		
Signature: _____ Date: ___/___/___		

INITIAL ENROLLMENT: Your wages will be direct deposited beginning with the second payroll after you enroll. If you are direct depositing to the Ulster Federal Credit Union, your direct deposit will begin with the first payroll after you enroll. In place of a regular paycheck, you will receive an Advice of Deposit, which has a statement of earnings and deductions exactly like a regular paycheck, and includes information showing how your wages were deposited.

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR: By signing this form, you and your joint account holder, if any, each agree to immediately repay to the County Finance department any salary payments to which you are not entitled, which were deposited to your account in error. The County Finance department will most often electronically recover these funds by reversing the overpayment from your account via the ACH System. This means of recovery shall not prevent the County Finance department from utilizing any other lawful means to retrieve salary payments to which you are not entitled.

CHANGING FINANCIAL INSTITUTIONS: You may change financial institutions by completing a new enrollment form, checking the word **Change** next to Type of Authorization at the top of Section 1. The new enrollment will cancel the enrollment at the previous financial institution. This type of change requires one payroll period (two in some cases) before it becomes effective. During this time, you will receive a regular paycheck. Do not close the account where your payment is direct deposited until you have received a regular pay check or an Advice of Deposit showing the new bank and account number.

CANCELLATIONS: The agreement represented by this authorization remains in effect until canceled by you. To cancel, you must complete a new enrollment form, circling the word Cancel after Type of Authorization. You should also write CANCEL in the box for ACCOUNT INFORMATION. This agreement may also be canceled by the financial institution by providing you and the County Finance department with a written notice thirty days in advance of the cancellation date. The financial institution cannot cancel this agreement without notification to both you and the County Finance department. A cancellation does not become effective until received and processed by the County Finance department. Do not close the account where your payment is direct deposited until you have received a regular paycheck.

KEEP A COPY OF THIS ENROLLMENT FORM FOR YOUR RECORDS

[WJT: Rev 09/15 Payroll/FORMS/DirDepositform]

Retiree Form



County of Ulster Medicare Eligible Retiree or Spouse Information Form

Please complete this form and return to Personnel/Employee Benefits.

Personal Information (Please fill out all applicable fields)

Full Name: _____
Last *First* *M.I.*

Mailing Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email Address: _____

Social Security #: _____ Birth Date: _____

Marital Status: _____ Spouse's Name: _____

Retirement Date: _____ % Covered: **50% 60% 65% 70% 75% 80% 85% 90% 100%**

Medicare Information

Name: _____

Medicare #: _____

Part A Eligible Date: _____

Part B Date: _____



Emergency Contact Information (This is someone OTHER THAN a spouse)

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Primary Phone: _____ Cell Phone: _____

Relationship: _____

Please return completed form to:
Mail to: Employee Benefits, 244 Fair Street Kingston, New York 12401
Email: mcon@co.ulster.ny.us
Questions? Please call: (845) 340-3545 or (845) 340-3546

Health Reimbursement Arrangement

IRS rules state that the amount of the Health Reimbursement Arrangement (HRA) must be equal for all participants. The amount determined to be equal is the 50% Retiree level. The balance for any retiree or spouse will be payable as a quarterly payment. That payment will be a check or direct deposit.

This HRA plan is voluntary. You may choose to continue to receive the quarterly payment as you did in 2024. The advantage distributing funds to you through an HRA process is worthwhile for those who can comfortably handle the internet claim submission requirements. HRA distributions are not taxable as income.

Reminders:

- **Registration on the website of the claims processing partner is mandatory.** The website is **aleraedge.com**. More information may be found on the next three pages. There is no paper claims process. The entire reimbursement claim must be completed by the retiree or a trusted family member or friend on the website. The Benefits Office staff will not have access to assist with the claim process. Therefore, please only undertake this program if you are confident in your ability to submit claims via the website.
- Funds may carry over from month to month but will only be reimbursed for expenses incurred from January 1, 2025, until December 31, 2025. There will be a three-month extension to submit claims, until March 31, 2026. If a retiree were to pass away, the family would also have a three-month window during which they could submit claims for reimbursement.
- Claim reimbursement for premiums for coverages provided to other family members by Ulster County is not allowed.
- Retirees and their spouses will have separate accounts. However, if one so desires, expenses from one spouse may be submitted on the account of the other spouse. You must list the spouse as a dependent in the registration process in order to submit claims for them.
- Funds may be used for reimbursement of the Medicare Part B premium. Social Security sends out a letter in the beginning of the year which states the deduction for Medicare Part B. This letter can be used as proof of the expense each time you claim your funds. As this expense is more than your monthly reimbursement amount, this would be the only 'receipt' you would have to submit.
- You may register on the website and begin claim submission after January 1, 2025.
- If you do not choose the HRA for 2025, you will be able to opt in for 2026 if the process is continued.
- This election cannot be changed once the decision to enroll is made for the year 2025.
- Any balances left of 2024 funds unclaimed by March 31, 2026 are forfeited.
 - All retirees must have a health insurance plan in place and not Medicare alone to take advantage of this program. Ulster County reserves the right to request proof of such coverage at any time.

AleraPay Website—New Plan Member Login Instructions

**24/7
Account
Info**

*Report Lost or Stolen Cards / Review Claim Status & History
View Account Balance / File Claims / Request Debit Cards*

In your web browser, enter aleraedge.aleragroup.com

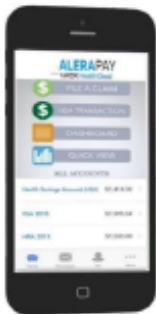
1-Click the PARTICIPANT LOG IN Tab



2-Select AleraPay from the drop-down menu

3-Then Login under New Plan Member and click “Get Started,” and then verify your User ID (Name, Zipcode, Social Security #) and follow the prompts to create your Username/Password.

OR if you already have login Username/Password under Existing User.



Prefer an APP?

Download the free ALERAPAY App from iTunes or Google Store.

Login is the same as the web.

Select Touch or Facial ID, from the Profile tab, if applicable.

*Use the phone App OR the website, to access your account information:
Check Balances, File Claims, Track Expenses, and Upload Receipts.*

ALERAPAY | 800-622-6233 | AleraEdgePay@AleraGroup.com

AleraPay—Direct Deposit Set-Up Instructions

Directions from your computer

From the aleraedge.com website select PARTICIPANT LOG IN, then from the drop-down menu, select **AleraPay** and then Log into your Account.

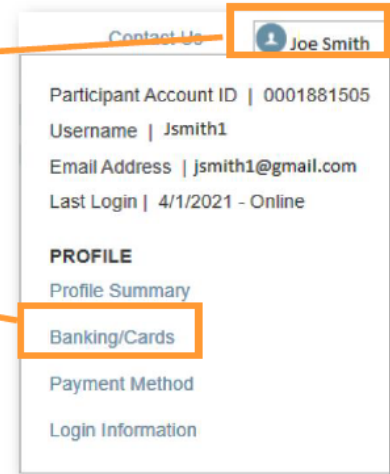
1. **Hover over Your name** at top of the screen to reveal the drop down list and click on **Banking Cards** from the dropdown list.

2. Then click **Add Bank Account**.

3. **Input your Bank Account Information**

Your Bank Name and Bank Address should populate based on your Routing Number input.

Once complete, click **Submit**

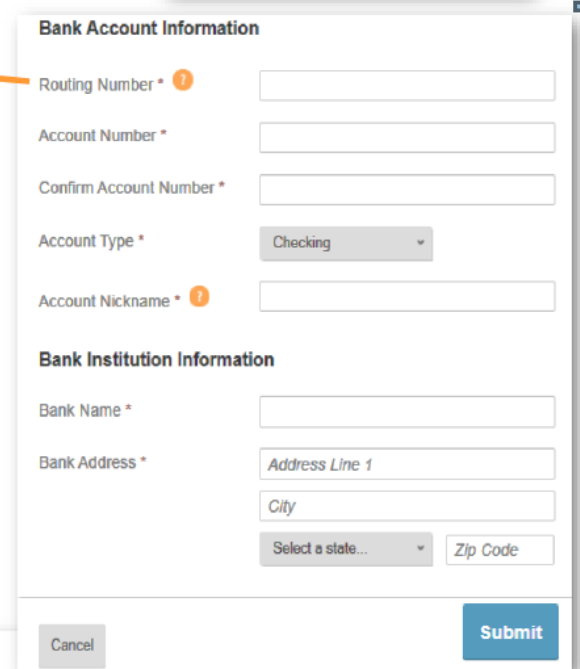


Contact Us | Joe Smith

Participant Account ID | 0001881505
Username | Jsmith1
Email Address | jsmith1@gmail.com
Last Login | 4/1/2021 - Online

PROFILE

Profile Summary
Banking/Cards
Payment Method
Login Information



Bank Account Information

Routing Number *

Account Number *

Confirm Account Number *

Account Type *

Account Nickname *

Bank Institution Information

Bank Name *

Bank Address *

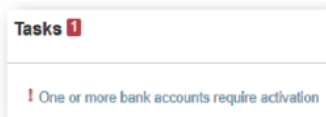
What's next?

Micro Deposit Account Verification:

A small deposit will be posted to your bank account and then immediately reversed.

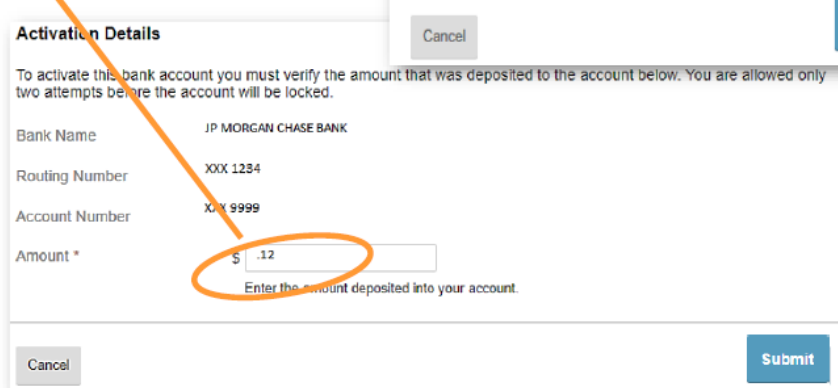
You MUST login to your AleraPay account to activate payment to the account by entering the deposit amount

Activation will appear as a **Task**, if not completed.



Tasks 1

! One or more bank accounts require activation



Activation Details

To activate this bank account you must verify the amount that was deposited to the account below. You are allowed only two attempts before the account will be locked.

Bank Name JP MORGAN CHASE BANK

Routing Number XXX 1234

Account Number XXX 9999

Amount *

Enter the amount deposited into your account.

AleraPay—Direct Deposit Set-Up on the App



1. Login to the **AleraPay App**
2. Click **Profile** tab, from the tabs across the bottom of the screen,
3. Then Click **MANAGE BANK ACCOUNTS**

4. Enter your **Bank Account Information**

Routing and Account numbers

(As shown across the bottom of your personal checks).

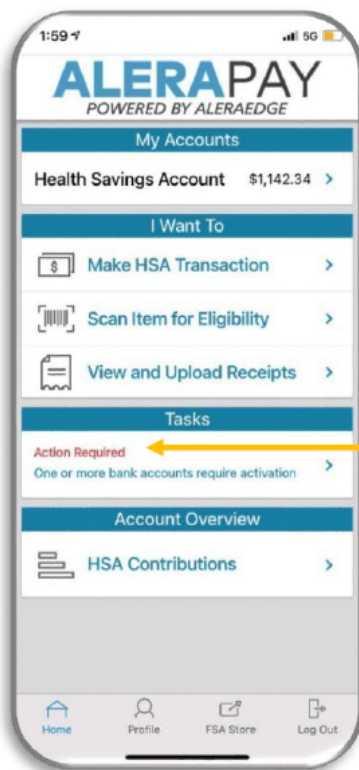
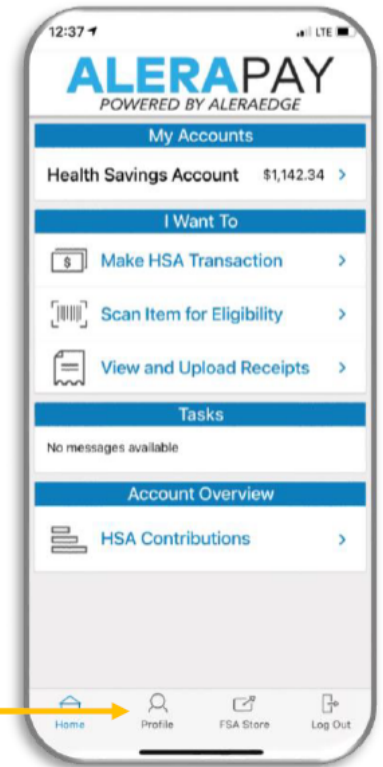
Then enter the Account Type and Account Nickname

(Ex: Jane's checking)

5. Click **OK** to **Verify your Bank Account**

NOTE: *this action deposits a small amount (under \$1.00) in your bank account, in the next 1-3 business days.*

You MUST confirm the deposited amount to activate your account for Direct Deposit.



6. Log into your **AleraPay App** and click on the **Tasks** notification. (see **Action Required**)

7. **Activate Bank Account** by entering the Amount deposited in your bank account and click **SUBMIT**.

AleraPay—How to Submit Claims

Always Save Itemized Receipts.

Receipts can be attached to an expense from the **AleraPay** mobile app using the camera on your mobile device!



SAVE itemized receipts from every healthcare payment card transaction and each Explanation of Benefits (EOBs) sent from your health/pharmacy/dental insurance plans.

Login to your **ALERAPAY** account through aleraedge.com.

Easily File Claims online at your AleraPay account OR on the AleraPay app without the need for a claim form.

- 1-**From the home page, or your AleraPay account or App, select "File a Claim"
- 2-**From there, follow the prompts to input provider and payee info and then uploading a receipt (using your cell phone camera), with an option to Add Another (claim).

THE DOS AND DON'TS OF RECEIPTS

Do

- ▶ Send an itemized bill including
 - WHERE—Provider name and address
 - WHEN—Date of service/purchase
 - WHO—Patient name
 - WHAT—Description of service/purchase
 - WHAT \$—Your Cost
- ▶ Send a copy of the Explanation of Benefits (EOB) from the insurance provider.
- ▶ Send documentation on white paper
- ▶ Tape small receipts to a larger, blank piece of paper
- ▶ Make a copy of everything for your personal records

Don't

- ▶ Submit cancelled checks or credit card receipts
- ▶ Submit balance forward statements
- ▶ Submit bank statements
- ▶ Highlight names/prices/dates on receipts
- ▶ Submit handwritten receipts for prescriptions or over the counter items
- ▶ Submit pre-treatment estimates or estimated insurance statements
- ▶ Submit date expense was paid, except for orthodontia payments

Dental Plan—MetLife / Find a Dental Provider



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

Ulster County Group # 71097
www.guardianlife.com



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

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

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

Vision Plan—Davis Vision



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

If you are not currently enrolled, please visit our member site at davisvision.com or call 1.877.923.2847 and enter client code 2769 to locate providers or for additional information.

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

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

Your Davis Vision Premier Plan Benefits



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

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

Significant savings on optional frames, lens types & coatings!

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

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

²¹ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

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

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

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

Vision Plan—Davis Vision

Frequently Asked Questions

How can I contact Member Services?

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

What frames are in Davis Vision's Collection?

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

When will I receive my eyewear?

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

Do I need a claim form?

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

Can I split my benefits?

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

Can I use an out-of-network provider?

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

Are there any exclusions to the vision benefits?

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

DAVIS VISION EXTRAS!

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

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

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

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

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

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

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

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

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

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

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

Need Help?



Benefits: www.aleraedge.com / AleraGray
Customer Service at Alera Edge
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 | Guardian
Customer Service: 1-888-600-1600
www.guardiananytime.com



Vision Benefits | Davis Vision
Customer Service: 1-877-923-2847
Group #: 2769



HRA | AleraPay
Customer Service:
AleraEdgePay@AleraGroup.com
1-800-836-0026, x7200
See also: AleraPay App