



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

**Benefit Open Enrollment**  
*November 1—November 30, 2020*

**Benefit Plan Year**  
*January 1—December 31, 2021*

# 2021 Medicare Eligible Retiree Benefits Guide

*Medical, Medical or Buyout Subsidy, Dental, and Vision Plans*



Benefits provided in association with



**ALERA GROUP**  
RELPH BENEFIT ADVISORS

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

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

**PATRICK K. RYAN**  
*County Executive*



**SHEREE CROSS**  
*Personnel Officer*

**JAMES FARINA**  
*Director of Employee Relations*

TO: Ulster County Retiree  
FROM: Sheree Cross, Personnel Officer  
DATE: October 28, 2020  
RE: 2021 Health Insurance Rates and Important Changes for **Medicare Eligible Retirees**

For 2021, as an Ulster County Medicare eligible retiree or spouse, you are able to 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 have remained at a great cost savings to our Retirees. We encourage you to review the information about the Aetna Medicare Advantage Plan.

**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 30, 2020. IF YOU HAVE AETNA AND WISH TO RENEW IN 2021, YOU DO NOT HAVE TO RETURN THE FORM. WE WILL RENEW AETNA.**

The County will offer **one** Aetna Medicare Advantage Plan to retirees. For your reference, your Ulster County percentage can be found on your envelope label after your name.

RETIREE PREMIUM FOR AETNA, DENTAL & VISION			
COUNTY PAY PERCENTAGE	MONTHLY PREMIUM	QUARTERLY SUBSIDY	ANNUALIZED SUBSIDY
50%	\$68	---	---
60%	\$24	---	---
65%	---	---	---
70%	---	\$57	\$228
75%	---	\$120	\$480
80%	---	\$186	\$744
85%	---	\$249	\$996
90%	---	\$315	\$1,260
95%	---	\$381	\$1,524
100%	---	\$444	\$1,776

A few highlights regarding the plan:

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

**All** Retirees will be enrolled in the MetLife Dental program and the Davis Vision program.

**If you choose to switch to the Aetna Plan coverage, you must return the short form on the next page.**

### **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 15<sup>th</sup> 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 2021 payment will be December 15<sup>th</sup>, 2020.

### **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. You can find more information about your coverages at: <https://ulstercountyny.gov/personnel/new-current-employees/benefits-management>

### **Opt-Out/Subsidy Plan for 2020**

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. If you have the HRA in 2020, 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 2021 Medicare Eligible Benefit Book, at the website listed above.

QUARTERLY SUBSIDY OR HRA FOR THOSE NOT ENROLLING IN AETNA, INCLUDES DENTAL & VISION						
COUNTY PAY PERCENTAGE	QUARTERLY SUBSIDY	ANNUALIZED SUBSIDY		MONTHLY HRA AMT	QURTLY HRA SUPPLEMENT	ANNUALIZED HRA AMT *
50%	\$441	\$1,764	<b>OR</b>	\$142	\$0	\$1,704
60%	\$522	\$2,088		\$142	\$81	\$2,028
65%	\$576	\$2,304		\$142	\$135	\$2,244
70%	\$627	\$2,508		\$142	\$186	\$2,448
75%	\$681	\$2,724		\$142	\$240	\$2,664
80%	\$735	\$2,940		\$142	\$294	\$2,880
85%	\$786	\$3,144		\$142	\$345	\$3,084
90%	\$840	\$3,360		\$142	\$399	\$3,300
95%	\$894	\$3,576		\$142	\$453	\$3,516
100%	\$945	\$3,780		\$142	\$504	\$3,720

\* HRA incurs a small monthly fee for participation

### **Confirmation of participation in the Subsidy or HRA Account or Switch to the Aetna Medicare plan.**

**Please check ONE of the options below and return to the Benefits Office by November 30, 2020. Each retiree and spouse (dependent) must complete one form, one for each person. This form must be returned when required to the Ulster County Benefits Office, Attn: Kevin Roach, P.O. Box 1800, Kingston, NY 12402.**

\_\_\_\_\_ I would like to **SWITCH** to the Aetna program, and I will also complete the Enrollment form I will receive by mail. I agree to allow the monthly payment from my bank account if required. (An Automatic Bank withdrawal form will be sent to you with the Aetna documents.)

\_\_\_\_\_ I would like to **REMAIN IN OR SWITCH** (circle one) to the Health Reimbursement Account (HRA) Subsidy Program for the 2021 year. I understand that I must submit claims to the Alera website to be reimbursed in non-taxable funds. (Instructions on how to newly enroll in the HRA are available on the Personnel Dept website).

\_\_\_\_\_ I would like to **REMAIN IN OR SWITCH** (circle one) to the Subsidy Program for the 2021 year. I understand that I will receive quarterly payments which are subject to Federal and State income taxes

To confirm your switch in coverage, you must sign below. If you are the spouse of an Ulster County retiree, you also hereby certify that you are still married to the retiree and therefore eligible for continuing coverage.

-----  
Signature

-----  
Printed Name

-----  
Date



# Aetna Medicare Advantage Plan—2021

## 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—2021

## 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
<b>Tier 1 - Preferred Generic Drugs</b>	\$0	\$0	\$0
<b>Tier 2 - Generic Drugs</b>	\$10	\$20	\$20
<b>Tier 3 -Preferred Brand,</b> <i>Includes some high-cost generic and preferred brand drugs</i>	\$30	\$60	\$60
<b>Tier 4 - Non-Preferred Drugs</b> <i>Includes some high-cost generic and non-preferred brand drugs</i>	\$60	\$120	\$120
<b>Tier 5 - Specialty</b> <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](http://aetnaretireplans.com)

GRP\_4041\_1774\_M 10/2018  
©2018 Aetna Inc.  
72.03.666.1 (9/18)

ULSTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

[www.ulstercountyny.gov](http://www.ulstercountyny.gov)

# Table of Contents

Letter from the County Personnel Department

Aetna Medicare Advantage Plan-2021

ACH Debit Form .....	<b>1</b>
Direct Deposit Form .....	<b>2</b>
Retiree Form 2021 .....	<b>3</b>
Health Reimbursement Arrangement .....	<b>4</b>
Alera Pay (Website, Direct Deposit, Filing Claims) .....	<b>5</b>
Dental Plan—MetLife .....	<b>8</b>
Vision Plan—Davis Vision .....	<b>10</b>

# 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:
---	--	--

Your Full Name (please print clearly)

Your Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

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:

1200	
PAY TO THE ORDER OF _____	\$ <input type="text"/>
DOLLARS	
FOR _____	
⑆122105278⑆	6724301066 ⑈
1200 ⑈	
Routing Number	Account Number
Check Number	

### 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.

Return This Form & Check To:

**Relph Benefit Advisors Inc**  
PO BOX 2167  
Omaha, NE 68103-3850

All Other Questions & Support Issues:

**Relph Benefit Advisors**  
800 Parker Hill Drive-Suite 100  
Rochester NY 14625  
**800-836-0026**

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: _____																				
<b>ACCOUNT INFORMATION</b>																				
(Circle One) 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:																				
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">RTN:</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				RTN:																
RTN:																				
Is this a Joint Account? (Circle One)    Yes    No    If yes, joint account holder must sign Joint Account Holders Certification.																				
Account Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
Name of Financial Institution: _____																				
<b>DEPOSITOR (EMPLOYEE) CERTIFICATION</b>																				
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: ____/____/____																				
<b>JOINT ACCOUNT HOLDERS CERTIFICATION</b>																				
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**



# Retiree Form-2021



## 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: \_\_\_\_\_

MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY <b>JANE DOE</b>	
MEDICARE CLAIM NUMBER <b>000-00-0000-A</b>	SEX <b>FEMALE</b>
IS ENTITLED TO <b>HOSPITAL (PART A)</b>	EFFECTIVE DATE <b>07-01-1986</b>
<b>MEDICAL (PART B)</b>	<b>07-01-1986</b>
SIGN HERE → <i>Jane Doe</i>	

### 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](mailto: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 2020. The advantage of having the funds distributed 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](http://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, 2021, until December 31, 2021. There will be a three month extension to submit claims, until March 31, 2022. 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, 2021.
- If you do not choose the HRA for 2021, you will be able to opt in for 2022 if the process is continued.
- This election cannot be changed once the decision to enroll is made for the year 2021.
- Any balances left of 2021 funds unclaimed by March 31, 2022 will be 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

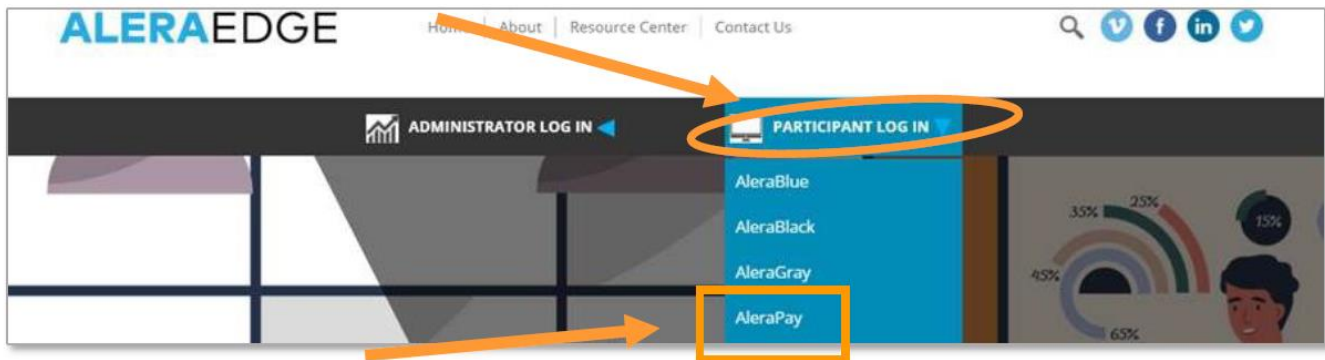
**24/7**  
**Account Info**

*Review Claim Status & History*  
*View Account Balance / File Claims*

**IMPORTANT—New Plan Member Login must occur within 180-days of enrollment!**

**In your web browser, enter [www.aleraedge.com](http://www.aleraedge.com)**

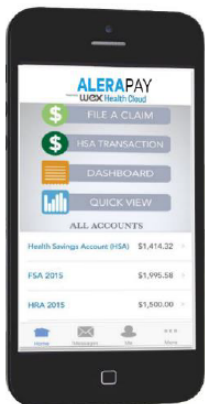
## 1-Click the PARTICIPANT LOG IN Tab



## 2-Select AleraPay from the drop-down menu

## 3-Then Login under New Plan Member and click "Create your new username and password," to enter your User Identification (Name, Zipcode, Social Security #) and follow the prompts to create your Username/Password.

**OR** if already registered, login under FBSFlex/Alera Pay - Log in below.



## **OR** Login using the app

**Visit** iTunes or Google Store. **Download** free **ALERAPAY** App.

**Login** is the same as the web.

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

*Use your phone to access your account via the App OR the website, [aleraedge.com](http://aleraedge.com)*

*To: Check Balances, File Claims, Track Expenses, and Upload Receipts.*

**ALERAPAY | 800-622-6233 | [AleraEdgePay@AleraGroup.com](mailto:AleraEdgePay@AleraGroup.com)**

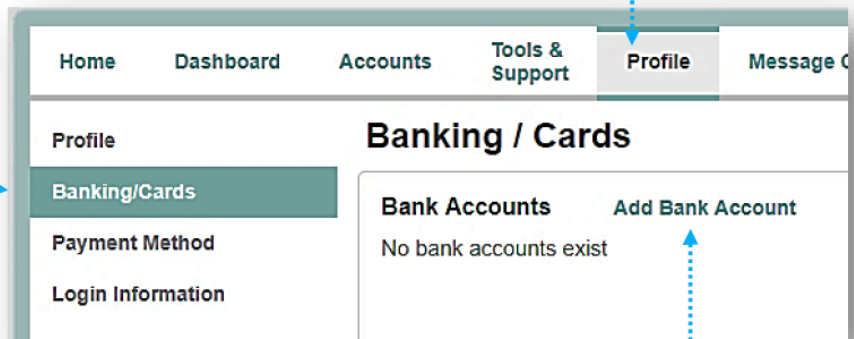
# AleraPay—Direct Deposit Set-Up Instructions

Direct Deposit can only be set-up from the [aleraedge.com](https://aleraedge.com) website.  
Select PARTICIPANT LOG IN, then from the drop-down menu,  
select AleraPay and then Log into your Account.

1. Click on **Profile** tab  
at top of the screen

2. Click **Banking/Cards**  
from the list  
on the left.

3. Then click  
**Add Bank Account.**



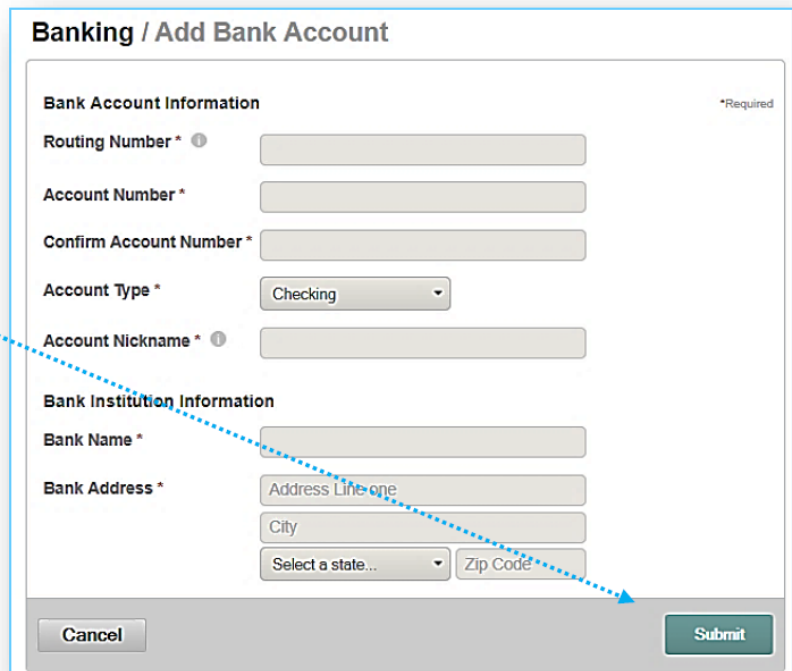
The screenshot shows the AleraPay website's Profile page. At the top, there is a navigation bar with links: Home, Dashboard, Accounts, Tools & Support, Profile (highlighted), and Message Center. Below this, the page is divided into two main sections. On the left, under the 'Profile' heading, there is a list of options: Banking/Cards (highlighted), Payment Method, and Login Information. On the right, under the 'Banking / Cards' heading, there is a section titled 'Bank Accounts' with the text 'No bank accounts exist' and a link 'Add Bank Account'.

4. Input your Bank Account  
Information and  
click **Submit**

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

## Direct Deposit is complete.

To view new "Direct Deposit" option  
on your **Profile** tab, click Payment  
Method to see Direct Deposit as a  
Current Payment Method.



The screenshot shows the 'Banking / Add Bank Account' form. It is divided into two main sections: 'Bank Account Information' and 'Bank Institution Information'. The 'Bank Account Information' section includes fields for Routing Number \*, Account Number \*, Confirm Account Number \*, Account Type \* (a dropdown menu currently showing 'Checking'), and Account Nickname \*. The 'Bank Institution Information' section includes fields for Bank Name \*, Bank Address \* (which is a multi-line address form with 'Address Line one', 'City', 'Select a state...', and 'Zip Code' fields), and a 'Submit' button. There is also a 'Cancel' button at the bottom left. A note '\*Required' is visible in the top right corner of the form area.



# 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](https://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

## NEW PROVIDER—SAME BENEFITS | 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	\$1,500 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...

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



**Contact your Human Resources department today to enroll.**

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

<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.

OE1004 10/9/15

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

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

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

Savings up to:  
**\$449**



# Vision Plan—Davis Vision

## Davis Vision plans offer...

### Value for our Members

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

### Convenient Network Locations

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

### Freedom of Choice

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

### Value-Added Features:

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

### Contact Info

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

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

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

### Out-of-Network Benefits

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

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

### OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

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

# For Assistance

## Client Services



**Relph Benefit Advisors  
Customer Care**

1-800-836-0026

**Reimbursement Claims**

1-800-622-6233



**Enrollment Website**

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

Click PARTICIPANT LOG IN

Select AleraGray from the Drop-Down menu  
Follow the prompts inserting username and  
password or Register as a first-time user.

**Reimbursement Website**

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

Click PARTICIPANT LOG IN

Select AleraPay from the Drop-Down menu  
Follow the prompts to Log In To Your Account  
as a New Plan Member.

## Insurance Carrier Contact Information

*Many websites require registration to login using information from your ID card and SSN.*

Benefit	Insurance Provider	Website
Medical	Aetna Medicare Advantage	<a href="http://www.aetna.com">www.aetna.com</a>
Dental	MetLife	<a href="http://www.metlife.com">www.metlife.com</a>
Vision	Davis Vision	<a href="http://www.davisvision.com">www.davisvision.com</a>
Health Reimbursement Arrangement	Alera Pay	<a href="http://www.aleraedge.com">www.aleraedge.com</a>