

CHEMUNG COUNTY INSURANCE DEPARTMENT

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2022 HEALTH INSURANCE BENEFITS FOR COUNTY ACTIVE EMPLOYEES

AFFORDABLE CARE ACT

The Health Insurance Plans provided by Excellus for Chemung County Employees meet the following Affordable Care Act Standards:

- *Minimum Essential Coverage*
- *Minimum Value Standard*
- *Minimum Affordability Standard (based on employee contribution to Blue PPO Individual Plan)*

Copies of the Summary of Benefits and Coverage (SBC) and Glossary of Health Coverage and Medical Terms, as required by the Affordable Care Act, are available on-line or upon request.

RESPONSIBILITY IN REPORTING CHANGES TO YOUR POLICY

- It is the member's responsibility to contact the insurance office and complete any appropriate paperwork within 30 days regarding any changes to the enrollment information provided or eligibility for themselves and their dependents to participate in our plan.
- As the subscriber, it is your responsibility to notify this office within 30 days of any change in name, address, telephone number and/or eligible dependent status change. Medicare eligibility status must be reported prior to the Medicare effective date so the appropriate paperwork can be completed.
- If you wish to cancel your policy at any time you must notify this office in writing 30 days prior to the requested cancellation date and provide proof of other qualifying coverage.

PARTICIPATING PROVIDERS

- ✓ It is the member's responsibility to verify if provider is participating in any of the plans.

PLAN INFORMATION, LINKS AND MATERIALS

- ❖ County Intranet - from County Computer
Select Insurance & Flex from the Home Page
- ❖ Internet Access anywhere - www.chemungcountyny.gov
Select Insurance Department - you will find links to plan information, SBCs, forms and more
- ❖ Upon Request through the Chemung County Insurance Department

2022 BI-WEEKLY PAYROLL CONTRIBUTIONS (26 Pay Periods)

☐ CORRECTION OFFICER EMPLOYEES – CONTRACT ENDS 2020

All employees beginning 6/1/19 are eligible for the Blue PPO 2 Plan Only – B, D, G

B - BLUE PPO 2 PLAN: Family \$90.00 @cap Individual \$40.30 (10% of premium@cap)

☐ CSEA EMPLOYEES* - CONTRACT ENDS 2025

If hired prior to 1/1/22, Blue PPO 2 Plan or Blue PPO 3 – B (J), D, F (contract plan change made 3/1/22)

All new hires beginning 1/1/22 Blue PPO 3 Plan Only - J, D, F

B - BLUE PPO 2 PLAN: Family \$98.75 Individual \$40.30 (10% of premium)

J - BLUE PPO 3 PLAN: Family \$92.22 Individual \$37.59 (10% of premium)

☐ DEPUTY SHERIFF ASSOCIATION EMPLOYEES – CONTRACT ENDS 2021

All new hires beginning 7/14/20 Blue PPO 2 Plan Only – B, D, G

If hired prior to 7/14/20, employee may choose between medical plans annually by December 1 – A (B), D, G

A - BLUE PPO PLAN: Family \$124.62 Individual \$51.69 (11% of premium)

B - BLUE PPO 2 PLAN: Family \$105.00 @cap Individual \$44.33 (11% of premium@cap)

☐ DEPUTY SHERIFF ASSOCIATION-CIVILIAN/EMO EMPLOYEES – CONTRACT ENDS 2021

All new hires beginning 8/9/21 Blue PPO 2 Plan Only – B, D, G

If hired prior to 8/9/21, employee may choose between medical plans annually by December 1 – A (B), D, G

A - BLUE PPO PLAN: Family \$124.62 Individual \$51.69 (11% of premium)

B - BLUE PPO 2 PLAN: Family \$105.00 @cap Individual \$44.33 (11% of premium@cap)

☐ PROBATION OFFICER ASSOCIATION EMPLOYEES – CONTRACT ENDS 2021

All new hires beginning 8/9/21 Blue PPO 2 Plan Only – B, D, G

If hired prior to 8/9/21 employee may choose between medical plans annually by December 1 – A (B), D, G

A - BLUE PPO PLAN: Family \$124.62 Individual \$51.69 (11% of premium)

B - BLUE PPO 2 PLAN: Family \$105.00 @cap Individual \$44.33 (11% of premium@cap)

☐ CSEA-SEWER DISTRICT EMPLOYEES – CONTRACT ENDS 2025

If hired before 1/1/22 employee may choose between medical plans annually by December 1 – B (J), D, F

B - BLUE PPO 2 PLAN: Family \$98.75 Individual \$40.30 (10% of premium)

J - BLUE PPO 3 PLAN: Family \$92.22 Individual \$37.59 (10% of premium)

All new hires beginning 1/1/22 Blue PPO 3 Plan Only - J, D, F

J - BLUE PPO 3 PLAN: Family \$129.10 Individual \$52.62 (14% of premium)

☐ SINGLE RATE EMPLOYEES

Only Blue PPO 3 Plan available. – NEW PLAN 1/1/20 – J, D, G

Per Legislature Resolution #92-038: No part-time single rate employee hired by Chemung County after

January 1, 1992 shall be offered or receive health or dental insurance.

J - BLUE PPO 3 PLAN: (no cap) Family \$110.66 Individual \$45.10 (12% of premium)

☐ NYSNA EMPLOYEES - CONTRACT ENDS 2021

Existing employees may choose between medical plans annually by December 1 – A B or C, D, G (hired 3/9/2020 prior)

A - BLUE PPO PLAN: Family \$100.00 @cap Individual \$46.99 (10% of premium@cap)

B - BLUE PPO 2 PLAN Family \$95.00 @cap Individual \$40.30 (10% of premium@cap)

C - CLASSIC BLUE PLAN: Family \$250.00 Individual \$117.48 (250% Blue PPO premium)

All NYSNA new hires beginning 3/10/20 Blue PPO 2 Plan Only – B, D, G

B - BLUE PPO 2 PLAN Family \$95.00 @cap Individual \$48.36 (12% of premium)

ALL EMPLOYEES ELIGIBLE FOR HEALTH INSURANCE

Policy & Mandatory Notice Acknowledgement – Forms Packet

All employees eligible for health insurance must sign this form.

- HIPAA – Chemung County Notice of Health Information Practices
- Chemung County Subscriber Responsibility
- Excellus Glossary of Health Insurance and Terms
- Excellus SBC contained in Medical Plan Section

Chemung County Health Insurance Enrollment Election – Forms Packet

All employees eligible for health insurance must make an election and sign this form.

ALL EMPLOYEES ELECTING TO ENROLL IN HEALTH INSURANCE – Forms Packet

Please write legibly and return with required documentation to enroll family members.

A, B, C, J & D - Excellus Enrollment Form

Blue PPO, Blue PPO 2, Blue PPO 3, Classic Blue, Prescription
Dental – all members

A, B, C, J – Chemung County Other Insurance Coverage Information Form

All Plans

ONLY ONE VISION FORM:

G – Guardian Vision <ALL OTHER EMPLOYEES COMPLETE, not CSEA/Sewer District>
Vision

OR

F – CSEA Platinum 12 Vision <ONLY CSEA AND SEWER DISTRICT EMPLOYEES COMPLETE>
Vision – for CSEA and Sewer District Employees Only

IMPORTANT INFORMATION - ALL MEDICAL PLANS

Once you receive your ID card, register on Excellus Website www.ExcellusBCBS.com to access:

- benefit information*
- claim status/information*
- prescription information*
- out-of-pocket maximum information*
- participating provider information*
- order ID cards*
- change address*
- Blue365*
- and more...*

Telemedicine

Information sheet - **register on MD Live once you receive your ID card**

Participating Provider

Information sheet

HOSPITAL/MEDICAL**A****COVERAGE**

**Excellus Blue Cross Blue Shield
Blue PPO Plan**

Some services are subject to \$100 individual/\$300 family annual deductible
Some service are subject to 20% in-network, 30% out-of-network coinsurance
\$10 Copay Participating Physician/Specialist Office Visits
\$50 Copay Emergency Room Visits
\$25 Copay Freestanding Urgent Care Center
Some services require Precertification

Refer to Plan Summary and SBC for Details

Annual In Network out-of-pocket maximum \$500 individual /\$1,000 family *(All medical & drug copays, coinsurances and deductibles are applied to the out-of-pocket maximum for in-network benefits only.)*

HOSPITAL/MEDICAL**B****COVERAGE**

**Excellus Blue Cross Blue Shield
Blue PPO Plan 2 – NEW PLAN 1/1/18**

Some services are subject to \$200 individual/\$600 family annual deductible
Some service are subject to 20% in-network, 30% out-of-network coinsurance
\$10 Copay Participating Physician/Specialist Office Visits
\$75 Copay Emergency Room Visits
\$25 Copay Freestanding Urgent Care Center
Some services require Precertification

Refer to Plan Summary and SBC for Details

Annual In Network out-of-pocket maximum \$1,000 individual /\$2,000 family *(All medical & drug copays, coinsurances and deductibles are applied to the out-of-pocket maximum for in-network benefits only.)*

HOSPITAL/MEDICAL**J****COVERAGE**

**Excellus Blue Cross Blue Shield
Blue PPO Plan 3 – NEW PLAN 1/1/20**

Some services are subject to \$200 individual/\$600 family annual deductible
Some service are subject to 20% in-network, 30% out-of-network coinsurance
\$20 Copay Participating Physician/Specialist Office Visits
\$75 Copay Emergency Room Visits
\$25 Copay Freestanding Urgent Care Center
Some services require Precertification

Refer to Plan Summary and SBC for Details

Annual In Network out-of-pocket maximum \$1,000 individual /\$2,000 family *(All medical & drug copays, coinsurances and deductibles are applied to the out-of-pocket maximum for in-network benefits only.)*

CONTACT INFORMATION – A, B, J**Excellus Blue Cross Blue Shield**

(800) 499-1275 Customer Service
(800) 363-4658 Pre-Certification
(800) 810-BLUE (2583) Locate Participating Providers

www.excellusbcbcs.com

(Health Plan: Excellus Blue PPO)

PRESCRIPTION DRUGS

A, C

COVERAGE

Excellus FLRx

3 Tier Medication Drug List - subject to change*

\$70 Co-Pay Third Tier Brand Drugs* (Retail/Mail Order)

\$40 Co-Pay Second Tier Brand Drugs* (Retail/Mail Order)

\$25 Co-Pay First Tier Generic Drugs* (Retail)

\$0 Co-Pay First Tier Generic Drugs* (Mail Order)

Maintenance Drug List for up to 90 Day Fills (Mail Order Only)

Express Scripts or Wegmans Mail Order Pharmacy

Specialty Medication Mail Order Programs

Mandatory Generic Advantage Plan

First Line Step Therapy/Prior Authorization

PRESCRIPTION DRUGS

B

COVERAGE

Excellus FLRx - ENROLLED IN NEW BLUE PPO 2 PLAN 1/1/18

3 Tier Medication Drug List - subject to change*

NYSNA

DSA, DSA Civilian/EMO, POA

\$55 Co-Pay Third Tier Brand Drugs* (Retail/Mail Order)

\$65

\$60

\$25 Co-Pay Second Tier Brand Drugs* (Retail/Mail Order)

\$35

\$30

\$10 Co-Pay First Tier Generic Drugs* (Retail)

\$20

\$15

\$0 Co-Pay First Tier Generic Drugs* (Mail Order)

Maintenance Drug List for up to 90 Day Fills (Mail Order Only)

Express Scripts or Wegmans Mail Order Pharmacy

Specialty Medication Mail Order Programs

Mandatory Generic Advantage Plan

First Line Step Therapy/Prior Authorization

PRESCRIPTION DRUGS

J

COVERAGE

Excellus FLRx - ENROLLED IN NEW BLUE PPO 3 PLAN 1/1/20

3 Tier Medication Drug List - subject to change*

\$55 Co-Pay Third Tier Brand Drugs* (Retail/Mail Order)

\$25 Co-Pay Second Tier Brand Drugs* (Retail/Mail Order)

\$10 Co-Pay First Tier Generic Drugs* (Retail/Mail Order)

Maintenance Drug List for up to 90 Day Fills (Mail Order Only)

Express Scripts or Wegmans Mail Order Pharmacy

Specialty Medication Mail Order Programs

Mandatory Generic Advantage Plan

First Line Step Therapy/Prior Authorization

ALL RX COPAYS ARE DETERMINED BY UNION CONTRACT/GROUP

CONTACT INFORMATION – A, B, J

Excellus Blue Cross Blue Shield/FLRx

(800) 724-5033 Pharmacy Help Desk

(585) 454-5338 Pharmacy Help Desk

Express Scripts - Mail Order Pharmacy

(855) 315-5220

www.Express-Scripts.com

Wegmans - Mail Order Pharmacy

(800) 586-6910

www.wegmans.com/pharmacy

DENTAL PLAN

D

COVERAGE

Excellus Dental

Reimbursement in accordance with Dental Plan 2

\$100 paid/\$50 deductible/80% paid up to annual cap \$1,000 per member

Maximum family deductible is \$150

Orthodontic Coverage available to dependents under age 19 (80% up to lifetime benefit of \$2,500)

Participating Provider not required with this plan

CONTACT INFORMATION – **D**

Excellus Dental

(800) 724-1675

VISION PLAN

G

COVERAGE

Guardian Vision

Combination of Co-pays and reimbursement in accordance to the schedule of allowances
VSP Choice Network

CONTACT INFORMATION – **G**

Guardian Vision

(877) 814-8970

www.GuardianAnytime.com

The CSEA Platinum 12 Vision Plan is provided in lieu of the Guardian Vision Plan to the following union active employees only:

*CSEA
CSEA Sewer District*

Platinum 12 Vision

100% to Participating Provider

Limited Reimbursement to Non-Participating Provider

CONTACT INFORMATION – F

CSEA Platinum 12 Vision

(800) 323-2732

www.csealocal1000.net

Only the following union employees are eligible to enroll in the Classic Blue Option outlined below (subject to contract negotiation):

NYSNA – employees hired prior to 3/10/20

Excellus Blue Cross Blue Shield

Classic Blue Plan

100% Inpatient Hospitalization (*Precertification Required*)

100% Outpatient Diagnostic Testing and Lab Work

\$5 Copay Participating Physicians/Specialists Office Visits

80% of allowance Non-Participating Physicians/Specialists

Refer to Plan Summary and SBC for Details

Annual out-of-pocket maximum \$6,350 individual/\$12,700 family (*All medical & drug copays, coinsurances and deductibles are applied to the out-of-pocket maximum for in-network benefits only.*)

Please Note: If an employee is eligible to choose between medical plans, the deadline to elect to change medical plans is December 1 annually for the next plan year. Forms are available on the County Intranet, through your payroll clerk or the Chemung County Insurance Department.

CONTACT INFORMATION

Excellus Blue Cross Blue Shield

(800) 499-1275 Customer Service

(800) 363-4658 Pre-Certification

(800) 810-BLUE (2583) Locate Participating Providers

www.excellusbcb.com

(Health Plan: Traditional Indemnity Plan in the Central NY Region)