



# **Retirement Insurance Benefits**

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Onondaga County  
Department of Personnel  
Employee Benefits Division  
2025

# Introduction

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- As an Onondaga County employee, you *may* be eligible for retiree health benefits.
- If you are unsure if you are eligible, please contact Employee Benefits for review.
- We encourage you to contact Employee Benefits at least 3 months prior to your retirement to ensure a smooth transition into the correct retiree health insurance plan.



# Eligibility



## Tiers 1-6

You must be *at least* age 55 with five (5) years of service\* with Onondaga County

OR

Five (5) years of County service and approved retirement through the New York State Retirement System, regardless of age

OR

Five (5) years of County service and approved for retirement through TIAA-CREF.

\*Some unions require five (5) years of continuous service. Please refer to your union contract for more information.

\*Please contact the New York State and Local Retirement System for specifics on your retirement tier.

# Notifying Employee Benefits of your Retirement

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You will complete an “Employee Benefits Enrollment Form”

- *This form is available at the Employee Benefits office, on the Intranet or [ongov.net](http://ongov.net), or your Personnel Officer will have them*

The Employee Benefits Enrollment Form must include:

- Retirement Date
- All members currently on your health and dental plans. If those individuals will not be included on your retiree health plan, please note that in the “Describe/Add/Change” box in the lower left-hand corner of the application.
- Answer all of the questions in relation to disability status and Medicare eligibility so we can make sure all members are enrolled in the correct plan.

# Enrollment Application

Retirement Date/Position Title

Demographic Information  
Other Health Plan Information

Spouse Information

Dependent Information

Benefits you *currently* have

Signature/Date

Any changes you wish to make  
Adding/removing dependents from  
policy.

ONONDAGA COUNTY EMPLOYEE BENEFITS ENROLLMENT									
EMPLOYER SECTION	GROUP NUMBER			UNION CODE		EMPLOYEE ID#			
	ORIG. EMPLOYMENT DATE		TERMINATION DATE		RETIREMENT DATE		POSITION JOB TITLE		
					05/12/2025				
	<input type="checkbox"/> 101 <input type="checkbox"/> 103		<input type="checkbox"/> ACTIVE/ FULL TIME <input type="checkbox"/> ACTIVE/ PART TIME		PART-TIME: # OF HRS.WORKER PER PAY PERIOD				
EMPLOYEE INFORMATION	CHECK (✓) ONE: <input type="checkbox"/> NEW HIRE <input type="checkbox"/> RETIRED <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TERMINATION <input type="checkbox"/> ADD/CHANGE (DESCRIBE BELOW)								
	SOCIAL SECURITY NO.			EMPLOYEE LAST NAME			FIRST NAME		INITIAL
	111-22-3333			Smith			Jane		J
	STREET ADDRESS			CITY			STATE		ZIP
	123 First Street			Syracuse			NY		13206
	TELEPHONE NUMBER			BIRTHDATE					SEX
	315-555-3232			09/01/1962					M
	MARITAL STATUS:		<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> LEGALLY SEPERATED				DATE OF MARRIAGE		
							01/17/1993		
	DO YOU HAVE ADDITIONAL INSURANCE COVERAGE?								
TYPE OF BENEFITS: <input type="checkbox"/> HEALTH <input type="checkbox"/> DENTAL									
NAME OF CARRIER/MEDICARE HIC NO.		MEDICARE A EFF DATE:		MEDICARE B EFF DATE:		CANCELLATION DATE		COVERAGE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FAMILY	
NAME OF CARRIER/ADMINISTRATOR		EFFECTIVE DATE		CANCELLATION DATE		COVERAGE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FAMILY			
SPOUSE INFO.	LAST NAME			FIRST NAME			INITIAL		SPOUSE SOCIAL SECURITY NO.
	Smith			Joe					101-22-5555
	BIRTHDATE		SEX	EMPLOYED		DISABLED	DATE DISABLED		MEDICARE
	05/13/1963		M	Y		N			Y
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DEPENDENT INFO.	DOES YOUR SPOUSE HAVE ADDITIONAL INSURANCE COVERAGE?								
	TYPE OF BENEFITS: <input type="checkbox"/> HEALTH <input type="checkbox"/> DENTAL								
	NAME OF CARRIER/MEDICARE HIC NO.		EFFECTIVE DATE		CANCELLATION DATE		COVERAGE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FAMILY		
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# When will retiree coverage begin?



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## Dental Insurance –

Your active dental insurance terminates the end of the month in which you retire.

Onondaga County does not offer dental insurance to retirees, but if you have active coverage, you may choose to continue that coverage for up to 18 months through COBRA after you retire.

## Health Insurance -

Your active health insurance terminates the end of the month in which you retire.

Once you've submitted your retiree enrollment form and it is processed, your retiree health insurance will begin the first of the month following your retirement date.

# Retiree Health Insurance Options



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## Medicare Advantage

Coverage is for retirees and their dependents, who are 65 years or older or are Medicare eligible regardless of age.

## OnPoint Pre-65 // MVP HMO

Coverage is for retirees and their dependents, who are not yet eligible for Medicare.

# Retiree Health Insurance Pre-65



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## OnPoint Pre-65

Onondaga County's self-insured plan.

Non-Medicare eligible retirees may choose to enroll in this plan at retirement.

Prescription coverage → ProAct

Vision → Davis Vision

## MVP HMO

Same plan that is offered for active County employees.

Non-Medicare eligible retirees may choose to enroll in this plan at retirement.

*Dependents may remain on your health policy until the month of their 26<sup>th</sup> birthday*



# Medicare Eligibility

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Age 65 or  
Older

End Stage  
Renal  
Disease

ALS (Lou  
Gehrig's  
Disease)

Certain  
Disabilities

A Medicare approved plan from a private company that “bundles” your Part A, B, C and Part D Medicare coverages.



**PART A:**  
HOSPITAL COVERAGE  
Part A covers hospitalization, skilled nursing facilities and other inpatient care.



**PART B:**  
MEDICAL SERVICES  
Part B covers doctor visits, lab tests and other outpatient services.



**PART C:**  
MEDICARE ADVANTAGE  
Part C is also known as "Medicare Advantage."  
These are private insurance plans that work with Original Medicare.



**PART D:**  
PRESCRIPTION DRUGS  
Part D is prescription drug coverage, which is not covered under Original Medicare.

# What is a Medicare Advantage Plan?

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# Medicare Advantage & Medicare



- **Original Medicare** – consists of **Part A** (*no premium*) and **Part B** (*premium*). You must enroll in Part B.
- **Medicare Advantage Plan** – for most retirees and dependents that are eligible for Medicare either by age (65) or due to a disability. The plan consists of:
  - **Medicare Part C** – Supplemental medical coverage
    - Part C covers the remainder of your medical bills secondary to Medicare A and B for providers who accept Medicare.
  - **Medicare Part D** – Prescription plan
    - Part D covers your prescriptions, there will be a co-pay required, and you can fill your prescriptions through a pharmacy or a mail order program.

# Health Coverage Cost

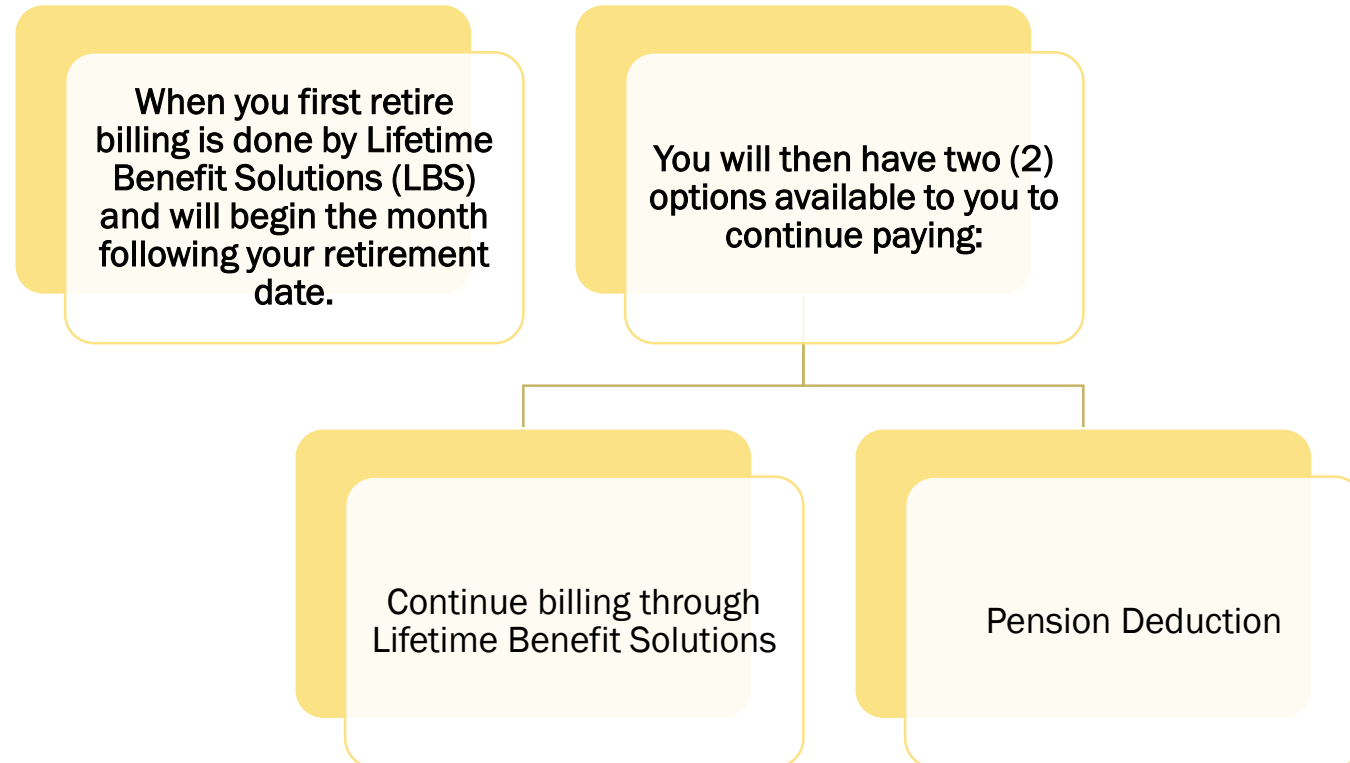
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- Your retiree health care cost depends upon your union affiliation.
- Your premium amount will be included with your retiree enrollment information.
- This information will be mailed to you after we receive your retirement application.
- You can also contact Employee Benefits for your specific rate.



# Payment Options


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# Are there any survivor rights?

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After the death of a retiree on the plan, the remaining spouse/dependents are given 3 free months of coverage.



If you were employed by Onondaga County for at least 10 years, then your spouse may continue to carry the same insurance benefit.



Dependents may remain on the policy until they age off (26).



If you have not been employed for 10 years, after the free period, your spouse/dependent(s) may continue to carry the plan using their COBRA rights (up to 36 months).

# Important Information

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According to the plan rules, if you voluntarily opt out of the Onondaga County Retiree Benefits Plan or you are terminated for any reason, you can not re-enroll later. This termination will affect all covered members under your insurance.

If you move or live out of state for part of the year, please contact Employee Benefits to update your mailing address/permanent address. Without the correct mailing address, the County is unable to inform you of any changes, ID cards, or billing invoices from being delivered, which can affect your coverage.

# Important Information

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If your spouse is currently enrolled under the Onondaga County Benefit Plan and is eligible for health insurance through any other employer and/or group sponsored health plan, he/she must enroll in that plan in order to be eligible for benefits under the Onondaga County Benefit Plan

You will only be able to change your retiree health benefits coverage after retirement during open enrollment or due to a qualifying event.



# Contacts



Employee Benefits Department	315-435-3498
Lifetime Benefit Solutions (Retiree/Cobra Billing)	1-877-359-7840
UMR (Cobra Dental Insurance)	1-800-826-9781
OnPoint – Excellus Customer Service	1-800-796-6747
ProAct Pharmacy (OnPoint Plan)	1-877-622-8440
ProAct Mail Order	1-866-287-9558
Davis Vision	1-800-999-5431
Aetna	1-800-307-4830
CVS Caremark (Aetna Mail Order)	1-800-552-8159
New York State Retirement System	1-866-805-0990
Medicare (Social Security)	1-800-772-1213



# Thank you

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Employee Benefits

(315) 435-3498

EmployeeBenefits@ongov.net

*For more detailed information please visit the Employee Benefits section on [www.ongov.net](http://www.ongov.net)*