

Retirement Insurance Benefits

Onondaga County
Department of Personnel
Employee Benefits Division
2025



What we will cover:

- ▶ Eligibility
- ▶ Retiree Health Insurance Options
- ▶ What is a Medicare Advantage Plan?
- ▶ “What if...?”
- ▶ Cost
- ▶ How to Apply
- ▶ Payment Options
- ▶ Contacts
- ▶ Questions & Answers

Eligibility

- ▶ To be eligible for retiree health benefits, you must be at least age 55 with 5 years of service with Onondaga County.

DENTAL

- ▶ Your active dental insurance terminates at the end of the month in which you retire.
- ▶ Onondaga County does not offer dental insurance to retirees.
- ▶ If you have active dental coverage, you may choose to continue coverage for up to 18 months through COBRA after you retire.
- ▶ For 2025, Cobra dental amounts are:
 - ▶ Individual Coverage: \$40.69
 - ▶ Family Coverage: \$110.26
- ▶ CSEA may offer dental benefits to members. Please contact Dan Vadala to learn more.

dvadalacsea834@gmail.com or 315-632-5296

Retiree Health Insurance Options for Pre-65

Coverage for retirees and their spouse/dependents, who are not yet eligible for Medicare

Dependents may remain on your health insurance until the end of the month in which they turn 26.

OnPoint Pre-65

- ▶ Same plan you have as an active employee (Excellus)
- ▶ One difference is \$17 co-pays, not \$25.
- ▶ Prescription coverage = ProAct
- ▶ Vision = Davis Vision

MVP HMO

- ▶ Same plan that is offered for active County employees.

AETNA MEDICARE ADVANTAGE PLAN

- For retirees and their spouse who are age 65+

What If ...

You're on a pre-65 family plan with 3 or more individuals but turning 65, do you need to move to the Medicare Advantage plan at this time?

- ▶ No. Everyone will remain on the pre-65 plan until the last dependent ages off. However, you still must enroll in Part B coverage. Medicare will become primary and your pre-65 plan will become secondary.

You're turning 65?

- ▶ Everyone turning 65 **MUST** have Part B in place regardless of if you're staying on family OnPoint or moving to the Medicare Advantage plan.

Your spouse is working?

- ▶ If your spouse is *eligible* for health insurance through an employer or group sponsored health plan, they must enroll in that plan in order to be eligible for benefits under the Onondaga County Benefit Plan. Onondaga County insurance becomes secondary.

You want to opt out?

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

What if

You get divorced?

- ▶ You must remove your ex-spouse within 31 days of the date of the filing of the divorce.

You get married?

- ▶ If you are adding your spouse to your insurance you have 31 days from the date of marriage to do so.

You & your spouse are both 65 on Medicare Advantage, do you still pay for a family plan?

- ▶ No. Medicare Plans are individual policies only. You will pay for two single policies.

You pass away?

- ▶ After the death of a retiree the remaining spouse/dependents(s) are given 3 free months of coverage. If you were employed by Onondaga County for *at least 10 years*, your spouse may continue coverage. Dependents can continue coverage until they age off (26). If you were employed less than 10 years your spouse/dependent(s) may elect COBRA (up to 36 months) after the free coverage period.



What is a Medicare Advantage Plan?

-It “bundles” your Medicare Part A, B, C & D coverage together.

- Medicare Part A & B ➡ Original Medicare through Social Security
- Medicare Part C & D ➡ Aetna plan through Onondaga County

An Advantage Plan is Supplemental Medical Coverage. This covers the remainder of your medical bills secondary to Medicare A & B for providers who accept Medicare.

Medicare Part D ➡ Prescriptions. Co-pay required. Can fill your prescriptions through traditional pharmacy or mail order program.

 Government plans Original Medicare		 Private plans	
Medicare Part A	Medicare Part B	Medicare Part C	Medicare Part D
Helps with hospital costs	Helps with doctor costs	Medicare Advantage plan	Prescription drug plan
No premium (worked 40 quarters)	2025 Standard monthly Part B premium: \$185	Offered by Aetna®	Offered by Aetna®

Health Coverage Cost



- ▶ Your retiree health care cost can vary depending on which union you are in at the time of your retirement.
- ▶ Your premium amount will be included with your retiree enrollment information which is mailed directly to you after your benefit enrollment form is received by the Employee Benefits Department.
- ▶ In most circumstances for 2025 the cost is \$132.72 per single policy & \$355.68 for a family policy.
- ▶ Please contact Employee Benefits directly for your specific rate.

How to Apply

Once you have applied for retirement with NYS, you will ...

- ▶ Complete an “Employee Benefits Enrollment Form”.
- ▶ This form must include:
 - ▶ Your retirement date
 - ▶ Members currently on your health and dental plans. If you will not be including any of the current members 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 relating to disability status and Medicare eligibility so we can make sure all members are enrolled into the correct plan.
 - ▶ You signature/date
 - ▶ If you or your spouse are 65 or over, a separate application will be mailed to you to complete for enrollment into the Medicare Advantage Plan. A copy of your Medicare card must be attached to verify you are enrolled in Part B Medicare.

ONONDAGA COUNTY EMPLOYEE BENEFITS ENROLLMENT

GROUP NUMBER		UNION CODE		EMPLOYEE ID#	
ORIG. EMPLOYMENT DATE		TERMINATION DATE		RETIREMENT DATE 05/12/2025	
POSITION JOB TITLE		PART-TIME: # OF HRS. WORKER PER PAY PERIOD			
<input type="checkbox"/> 101 <input type="checkbox"/> 103 <input type="checkbox"/> ACTIVE/ FULL TIME <input type="checkbox"/> ACTIVE/ PART TIME					
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. 111-22-3333		EMPLOYEE LAST NAME Smith		FIRST NAME Jane	
STREET ADDRESS 123 First Street		CITY Syracuse		STATE NY	
TELEPHONE NUMBER 315-555-3232		BIRTHDATE 09/01/1962		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
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? No					
TYPE OF BENEFITS <input type="checkbox"/> HEALTH <input type="checkbox"/> DENTAL		NAME OF CARRIER/MEDICARE HIC NO.		CANCELLATION DATE	
		EFFECTIVE DATE		CANCELLATION DATE	
		EFFECTIVE DATE		CANCELLATION DATE	
LAST NAME Smith		FIRST NAME Joe		INITIAL JS	
BIRTHDATE 05/13/1963		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		EMPLOYED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
DISABLED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE DISABLED		MEDICARE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
DOES YOUR SPOUSE HAVE ADDITIONAL INSURANCE COVERAGE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		MEDICARE A EFF DATE: MEDICARE B EFF DATE:			
TYPE OF BENEFITS <input type="checkbox"/> HEALTH <input type="checkbox"/> DENTAL		NAME OF CARRIER/MEDICARE HIC NO.		CANCELLATION DATE	
		EFFECTIVE DATE		CANCELLATION DATE	
		EFFECTIVE DATE		CANCELLATION DATE	
LAST NAME		FIRST NAME		INITIAL	
BIRTHDATE		SEX <input type="checkbox"/> M <input type="checkbox"/> F		COLLEGE FULLTIME <input type="checkbox"/> Y <input type="checkbox"/> N	
DISABLED <input type="checkbox"/> Y <input type="checkbox"/> N		DATE DISABLED		DEPENDENT SOCIAL SECURITY NO.	
LAST NAME		FIRST NAME		INITIAL	
BIRTHDATE		SEX <input type="checkbox"/> M <input type="checkbox"/> F		COLLEGE FULLTIME <input type="checkbox"/> Y <input type="checkbox"/> N	
DISABLED <input type="checkbox"/> Y <input type="checkbox"/> N		DATE DISABLED		DEPENDENT SOCIAL SECURITY NO.	
LAST NAME		FIRST NAME		INITIAL	
BIRTHDATE		SEX <input type="checkbox"/> M <input type="checkbox"/> F		COLLEGE FULLTIME <input type="checkbox"/> Y <input type="checkbox"/> N	
DISABLED <input type="checkbox"/> Y <input type="checkbox"/> N		DATE DISABLED		DEPENDENT SOCIAL SECURITY NO.	
IF MORE SPACE IS NEEDED TO LIST DEPENDENTS, PLEASE USE ANOTHER FORM - BE SURE TO ENTER YOUR SOCIAL SECURITY NUMBER ON ANY ADDITIONAL FORMS					
TYPE		OPTION		COVERAGE	
HEALTH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		ONPOINT/EXCELLUS CTMP		<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> FAMILY	
DENTAL <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		ONONDAGA COUNTY DENTAL PLAN		<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> FAMILY	
EFFECTIVE DATE		CANCELLATION DATE		CODE	
SIGNATURE: SIGNATURE		DATE: 03/04/25		EMPLOYER'S REPRESENTATIVE: _____ DATE: _____	
RELEASE • I acknowledge and agree that by signing this enrollment form, I and everyone else who is covered is bound by the terms and conditions of the contract applicable to my coverage. This includes, without limitation, the terms and conditions regarding the receipt and release of medical records and information. I make this acknowledgement and agreement on behalf of myself and each other person who now or in the future accept coverage under the terms of the contract applicable to my coverage. I hereby accept responsibility for payment of any portion of the premium and authorize my employer to make the required deductions.					
DESCRIBE ADD/CHANGE: RETIRING 5/12/2025 NOT INCLUDING JOE ON RETIREE HEALTH					

Retirement Date

Demographic Information &
Other Health Plan Information

Spouse Information

Dependent Information

Benefits you **currently** have

Sign/Date

Any changes you are making.
Adding/removing spouse or
dependents from policy

Payment Options

The County billing administrator is Lifetime Benefit Solutions (LBS). Billing will begin the month following your retirement.

2 Options to Continue
Paying :

Billing through Lifetime
Benefit Solutions

Pension Deduction

- Missed payments will result in termination of benefits
- Must contact Employee Benefits to update all changes to address, even if temporary

Pension Deduction

- Complete Voluntary Deduction Authorization form and submit to Employee Benefits
- NYSLRS ID is provided by the NYS Retirement System
- Does not take effect immediately.
(2-3 month lag)
- Continue to pay premiums to Lifetime Benefit Solutions until notified that Pension Deduction is in place.



J. Ryan McMahon, II
County Executive

County of Onondaga
Personnel Department
John H. Mulroy Civic Center, 11th Floor
421 Montgomery Street, Syracuse, NY 13202
Phone: 315.435.3537 Fax: 315.435.8272
www.ongov.net

Carlton Hummel
Commissioner

VOLUNTARY DEDUCTION AUTHORIZATION

For dues, contributions and/or insurance deductions of Onondaga County, **421 Montgomery Street, Syracuse, NY 13202.**

Pensioner Information:

Name (Last Name, First, Middle Initial) SMITH, JANE L		Social Security Number 111-22-3333	
Street Address 123 FIRST STREET	City SYRACUSE	State NY	Zip Code 13206
Payroll Title at Retirement CASE WORKER			
Date of Retirement 5/12/2025	NYSLRS ID R11122233		
Phone 315-555-3232	Email JANESMITH25@GMAIL.COM		

Pursuant to the following Sections of NYS Retirement and Social Security Law: 110-a; 110-b; 110-c; 110-d ; 410-a; 410-b or 410-c

I hereby authorize Onondaga County to deduct an amount from my monthly retirement allowance from the New York State and Local Retirement Systems (NYSLRS) to cover any deductions for membership dues, contributions and/or insurance premiums payable on behalf of Onondaga County.

Authorization is given to make any future adjustment deductions and/or changes Onondaga County certifies to NYSLRS as necessary in the amount of such dues, contributions and/or insurance premiums.

I understand that Onondaga County is my agent and all requests to begin, modify, or revoke deductions must be submitted through Onondaga County. This authorization shall remain in effect until revoked by me by written notice through Onondaga County or until otherwise revoked pursuant to law.

SIGNATURE
Signature of Retiree

DATE
Date Card Signed

Contacts

Employee Benefits Department	315-435-3498
Lifetime Benefit Solutions (LBS)	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

- ▶ Employee Benefits Division
- ▶ (315) 435-3498
- ▶ EmployeeBenefits@ongov.net

