Additional Benefit Information

All non-union employees, as well as members of the Public Employees Federation (PEF), United Public Service Employees (UPSEU), and Council 82, who are enrolled in the Albany County Health (Medical & Vision) Plan and/or Dental Plan, are automatically enrolled in the Albany County Enhanced Plan.

This Enhanced Plan provides greater coverage than the standard plan. We encourage you to familiarize yourself with these fantastic benefits.

The Enhanced Plan includes the following expanded coverage:

Standard Coverage	Enhanced Coverage
Standard Coverage for Hearing Aids Summary: **Not covered under our Standard Coverage with the Standard Albany County Health Plan administered by Anthem Blue Cross**	Enhanced Hearing Aids Coverage Summary: - One per ear, every three (3) years **Covered under our Enhanced Albany County Health Plan administered by Anthem Blue Cross**
Vision Coverage Summary: - One (1) exam every two years - Eyewear discounts through Blue View Vision are 35% off select lenses and frames. No non-collection coverage. **Covered under our Standard Albany County Health Plan administered by Anthem Blue Cross**	Vision Coverage Summary: - One (1) exam every 12 months - One (1) pair of glasses or contacts every 24 months – on select lenses and frames covered up to the $250 allowance, then a 20% discount on the remaining balance. - Lasik Coverage out of network reimbursement of $750 per eye. **Covered under our Enhanced Albany County Health Plan administered by Anthem Blue Cross**
Dental Coverage: Standard Delta Dental Plan Summary - Maximum: $1,000 per person each calendar year - Diagnostic and Preventative Care counts toward the maximum - Basic Services, Endodontics, Periodontics, Oral Surgery – 20% in-network and 30% out-of-network member cost - Major Services, Prosthodontics - 50% in-network and 60% out of network - Temporomandibular Joint Benefits – 50% in-network and 50% out of network - **Orthodontic Maximums - $1,000 lifetime** **Covered under our Standard Dental Plan administered by Delta Dental**	**Dental Coverage: Enhanced Delta Dental Plan Summary** - Maximum: $1,500 per person each calendar year - **Diagnostic and Preventative Care Do NOT count toward the maximum** - Basic Services, Endodontics, Periodontics, Oral Surgery, Major Services, Prosthodontics –0% in-network and 15% out-of-network member cost - Temporomandibular joint benefits – 50% in-network and 50% out of network - **Adult and Child Orthodontic Maximums $2,000 lifetime** **Covered under our Enhanced Dental Plan administered by Delta Dental**