

# Additional Benefit Information

**Please Note:** Employees eligible for “Enhanced Coverage” include all non-union employees, members of the Public Employees Federation (PEF), United Public Service Employees (UPSEU), and Council 82. who are enrolled in an Albany County Health Insurance Plan (Medical & Vision) and/or Albany County’s Dental insurance plan.

Please see the chart below, listing coverage for both Standard and Enhanced Plans.

Standard Davis Coverage	Enhanced Davis Coverage
<p>Standard Coverage for Hearing Aids Summary:  <b>Not covered under our Standard Coverage with the Standard Albany County Health Plan administered by Personify (Anthem Blue Cross)</b></p>	<p>Enhanced Hearing Aids Coverage Summary:            - One per ear, every three (3) years   <b>Covered under our Enhanced Albany County Health Plan administered by Personify (Anthem Blue Cross)</b></p>
<p>Vision Coverage Summary:            - Two (2) exams every two years            - Discounts on selected contacts, lenses and frames. Please see the plan summary booklet for more details.   <b>Covered under our Standard Albany County Health Plan administered by Guardian Life.</b></p>	<p>Vision Coverage Summary:            - One (1) exam every 12 months            - One (1) pair of glasses or contacts every other year – on select lenses and frames covered up to the \$500 allowance, then a 20% discount on the remaining balance.            - Contact Lenses – Once every other year.            - Lasik Coverage out of network reimbursement of \$750 per eye.   <b>Covered under our Enhanced Albany County Health Plan administered by Guardian Life.</b></p>
<p><b>Dental Coverage: Standard Guardian Dental Plan Summary</b>            - Maximum: \$1,000 per person each calendar year            - Preventative: Exams, Cleanings, X-Rays – 100%            - Basic Services: Endodontics, Periodontics, Oral Surgery – 80% in-network and 70% out-of-network member cost            - Major Services: Bridges, Crowns, Repairs - 50% in-network and 60% out of network            - Orthodontia: Coinsurance (Children and adults) 50%            - <b>Orthodontic Maximums - \$1,000 lifetime</b>  <b>Covered under our Standard Dental Plan administered by Guardian Dental</b></p>	<p><b>Dental Coverage: Enhanced Guardian Dental Plan Summary</b>            - Maximum: \$1,500 per person each calendar year            - Preventative: Exams, Cleanings, X-Rays – 100%            - Basic Services: Endodontics, Periodontics, Oral Surgery – 100% in-network and 85% out-of-network member cost            - Major Services: Bridges, Crowns, Repairs - 100% in-network and 85% out of network            - Orthodontia: Coinsurance (Children and adults) 50%            - <b>Orthodontic Maximums - \$2,000 lifetime</b>  <b>Covered under our Enhanced Dental Plan administered by Guardian Dental</b></p>