

TOMPKINS COUNTY BENEFITS

2024

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WHAT'S NEW?

- ▶ **As of 01/01/2024, Excellus BCBS (our health insurance provider) will take over our Rx coverage from ProAct.**
- ▶ **Be on the lookout for mail coming from Excellus BCBS in the coming months!** In October, everyone will receive a welcome letter from Excellus with more details about the pharmacy change. In November, Excellus will reach out to individual participants if there is a change to how a medication will be covered. In most cases, there will be no changes.
- ▶ In December, everyone will receive new ID cards from Excellus reflecting the pharmacy coverage change. It's important to replace your old ID cards with new ones and update all your medical providers, especially your pharmacy.
- ▶ There will be no changes to co-pay amounts for medications by tier (tier 1 being generic meds and tiers 2 and 3 being name-brand meds); however, a small number of medications may change tier resulting in an increased or decreased cost based on the new tier.
- ▶ 90-day mail order will continue to be available with the current cost savings (pay for 2 months, get 1 free), but instead of going through ProAct, participants will have the option to set up mail order through Express Scripts or Wegman's.
- ▶ CanaRx coverage will continue unchanged.
- ▶ If you have questions about setting up mail order or want to double check the cost/coverage of your current medication(s) for January, our dedicated Customer Service line will be able to assist starting in December. They can be reached at: **1-877-253-4797**.

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- ▶ The Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) – Several municipalities came together to collectively design and fund their own insurance plans to get the best coverage for the best possible prices. As of this year, there are 61 municipalities in the Consortium.
- ▶ Premiums collected from employers and participants are used to pay for claims. The plans are non-profit.
- ▶ Excellus BCBS processes our claims and because we partner with them, any provider that access Blue Cross and/or Blue Shield is “in-network”.
- ▶ The Platinum plan is a “PPO” plan, which means you can see any doctor you want, including specialists, without a referral and there will be some level of coverage.
- ▶ You’ll always get the lowest cost by seeing an in-network provider.

Plan Name/Level	2024 Full Rates	Cost Share %	2024 County	2024 Emp	2024 Emp Per Pay Period
	Per Month		Per Month	Per Month	
Platinum - Individual	838.41	80% County/20% Emp.	670.73	167.68	83.84
Platinum - Family	2,179.90	80% County/20% Emp.	1,743.92	435.98	217.99

Rx Coverage:
 Excellus @ Pharmacy (30-day fill) - \$5.00 generic or \$35.00/\$70.00 brand
 Excellus @ Mail Order (90-day fill) - \$10.00 generic or \$70.00/\$140.00 brand
 *CanaRx @ Mail Order (90-day fill) - \$0.00 for eligible brand medications

NOTE:
 Employees still eligible for other county health insurance plans will be sent summaries and rates directly.

HEALTH INSURANCE PLAN STRUCTURE & RATES

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BENEFIT OF CHOOSING IN-NETWORK

- ▶ Most simply, it is the most cost-effective option. Co-pays are lower in-network, and the Platinum plan DOES NOT have a deductible for in-network services.
- ▶ If you have a provider you really love who is out-of-network, you can still see that provider, but it will be more expensive.
- ▶ Blue Cross/Blue Shield is one of the biggest networks in the county and we even have international coverage, so finding an in-network provider isn't hard (most providers in our area and around the country accept BCBS).
- ▶ You can search for in-network providers on the website, by calling 1-877-253-4797, or by asking the provider if they're in-network with BCBS.

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PLATINUM HEALTH INSURANCE OVERVIEW

General Information

Cost Sharing Expenses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Deductible - Single	\$0	\$500	
Deductible - Family	\$0	\$1,500	Each individual does not exceed the single deductible.
Coinsurance	0%	20%	
Annual Out of Pocket Maximum - Single	\$2,000	\$3,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum - Family	\$6,000	\$9,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.

Office Visit Cost Shares

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cost Share - Primary Care	\$15 Copayment	20% Coinsurance Subject to Deductible	
Cost Share - Specialist	\$25 Copayment	20% Coinsurance Subject to Deductible	

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PLATINUM HEALTH INSURANCE (CONT.)

Outpatient and Office Professional Services

Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Office Surgery	PCP - \$15 Copayment Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	
Diagnostic X-ray	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	
Radiation Therapy	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	
Chemotherapy	PCP/Specialist - \$15 Copayment	20% Coinsurance Subject to Deductible	
Infusion Therapy	PCP/Specialist - Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Mental Health Care	PCP/Specialist - \$15 Copayment	20% Coinsurance Subject to Deductible	
Maternity Care	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Telehealth	PCP/Specialist - Covered in Full \$0 PCP Copay for members to age 19.	20% Coinsurance Subject to Deductible	
TeleMedicine Program	PCP/Specialist - \$15 Copayment	Not Covered	Covers online internet consultations between the member and the providers who participate in our TeleMedicine MDLive Program for medical and behavioral health conditions that are not emergency conditions.

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PRESCRIPTION COVERAGE

- ▶ Excellus BCBS:

Retail Pharmacy (30 Day Supply): Tier 1-\$5/Tier 2-\$35/Tier 3-\$70

Mail Order Pharmacy (90 Day Supply): Tier 1-\$10/Tier 2-\$70/Tier 3-\$140

(Mail Order can be set up through Express Scripts or Wegmans.)

- ▶ CanaRx:

Mail Order Pharmacy: Covered in Full-Must be on the CanaRx Covered List (select name brand medications)

www.canarx.com ID: GTCMHIC

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GETTING THE MOST OUT OF YOUR HEALTH INSURANCE

- ▶ ONLINE access to your health insurance information, request new cards, search benefits, etc.
- ▶ Blue365 Discount Program

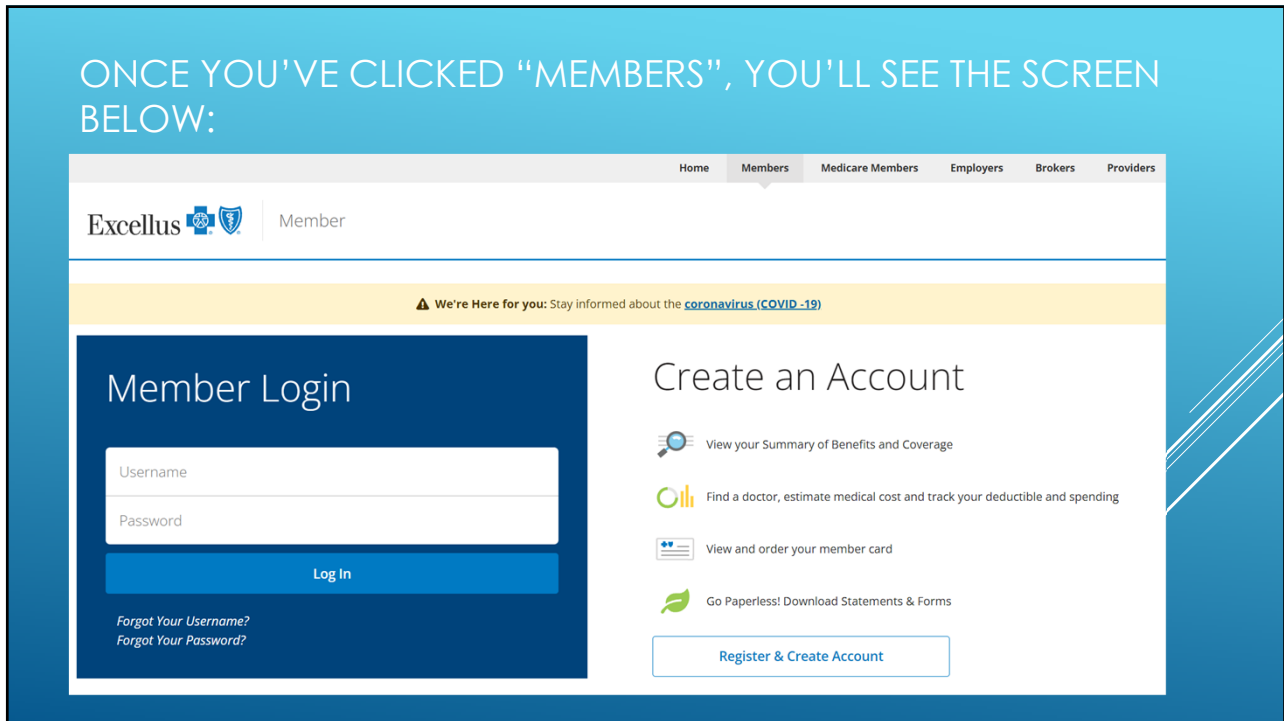
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REGISTER AND LOGIN TO YOUR ONLINE BCBS ACCOUNT



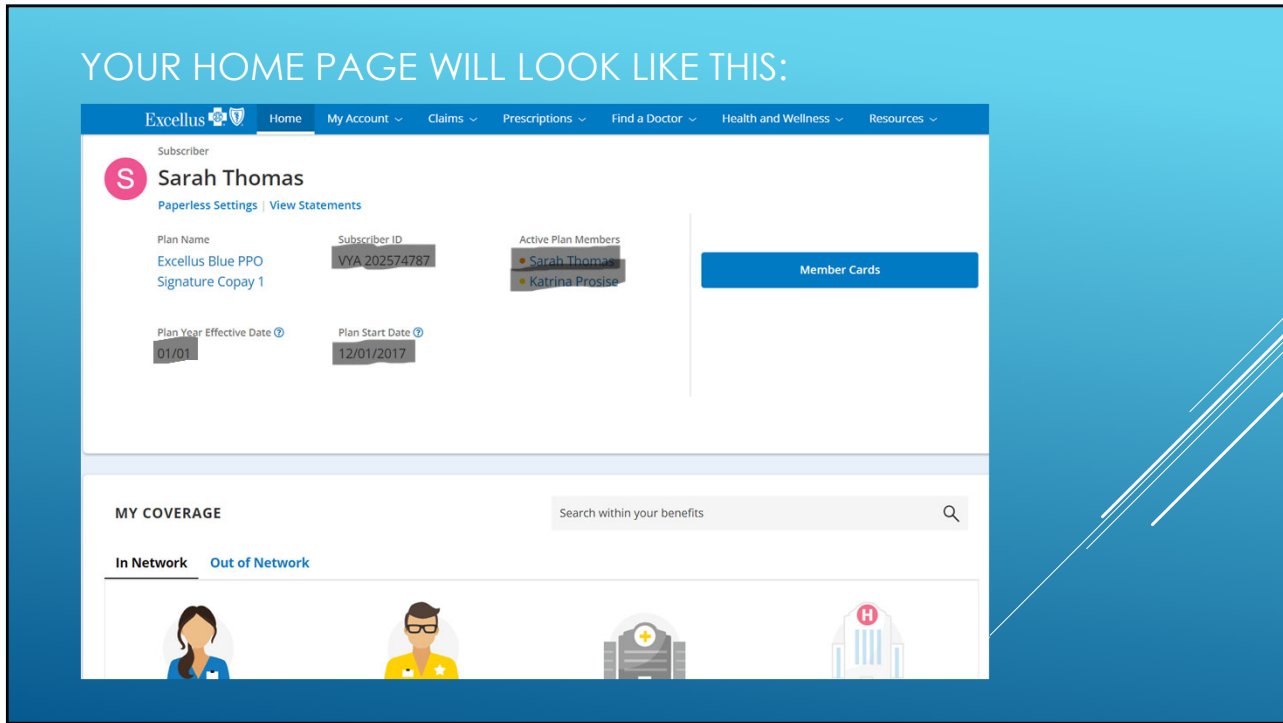
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ONCE YOU'VE CLICKED "MEMBERS", YOU'LL SEE THE SCREEN BELOW:



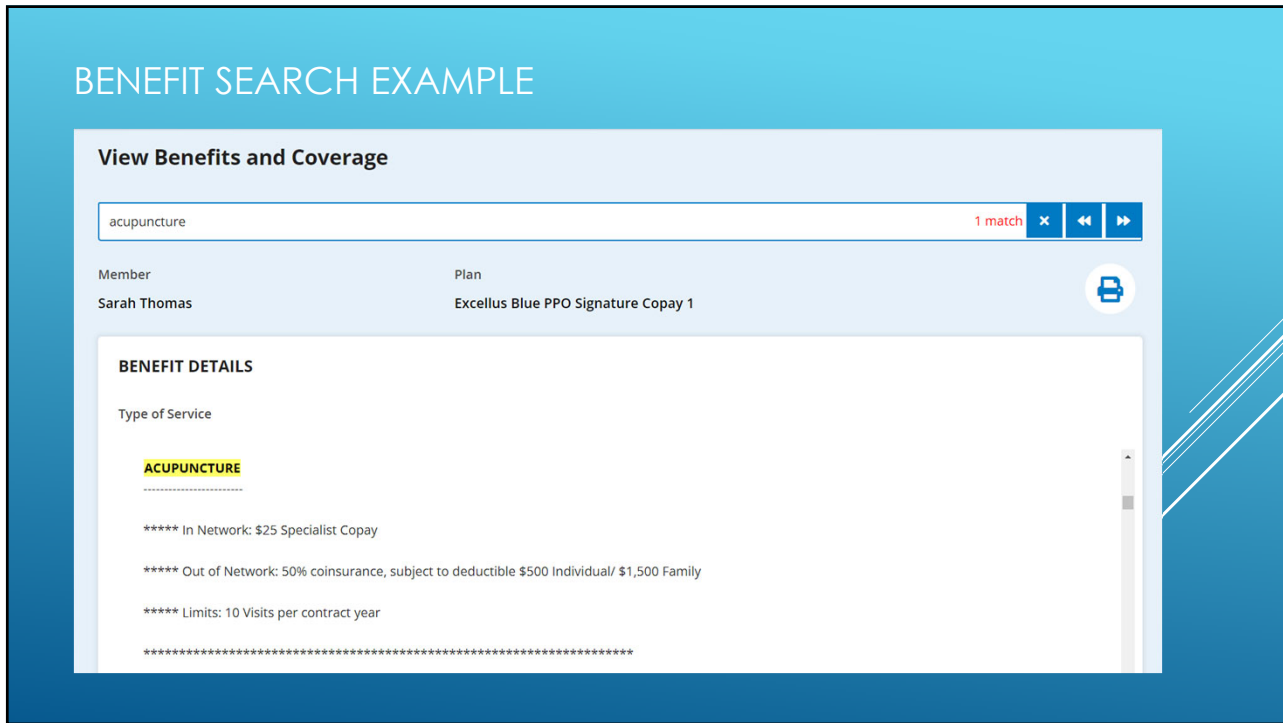
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YOUR HOME PAGE WILL LOOK LIKE THIS:



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BENEFIT SEARCH EXAMPLE



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FIND A DOCTOR EXAMPLE

Excellus Member

Home My Account Claims Prescriptions Find a Doctor Health and Wellness Resources

Member > Find a Doctor > Find a Doctor, Provider or Facility

Find a Doctor, Provider or Facility

Local / National Search








A location based search for local or national doctors, specialists and providers based on name or specialty. Search for facilities such as hospitals, urgent care and labs by name or type.

Start a search

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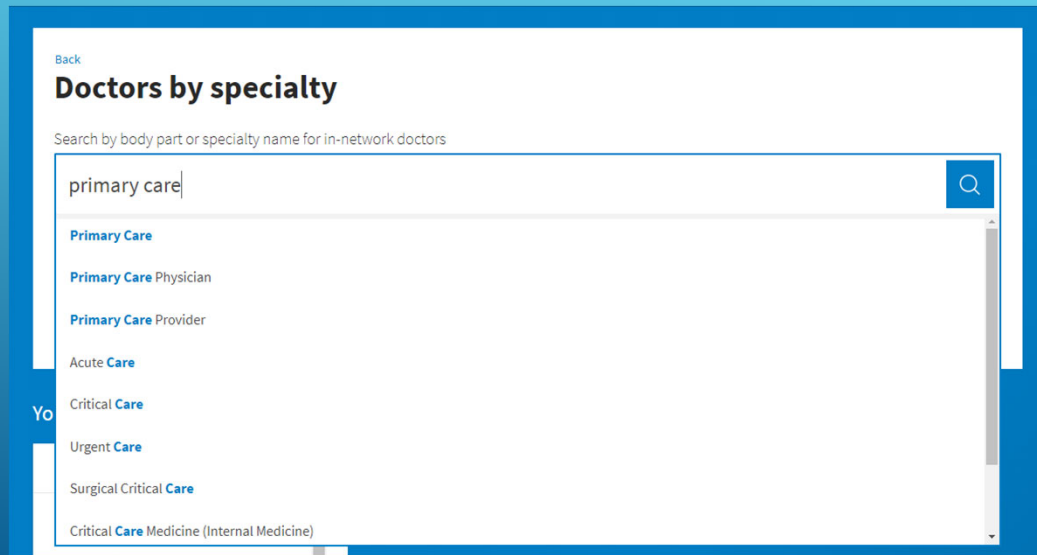
WHAT ARE YOU SEARCHING FOR?

Hello Sarah,
What are you searching for today?

 Doctors by name	 Doctors by specialty	 Places by name	 Places by type
 Estimate your costs	 Treatment Timeline	 Condition information	Search all
			Advanced search

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FINDING A PRIMARY CARE PROVIDER




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TELEMEDICINE – FROM YOUR HOMEPAGE, CLICK “TELEMEDICINE” IN THE UPPER RIGHT-HAND CORNER

Telemedicine

Telehealth and Telemedicine give you the option of having a virtual doctor visit by telephone, email or video chat for various conditions. Plan coverage and cost may vary. [View our FAQs](#) for more information.



Visit your primary care doctor or specialist via Telehealth

- Your doctor may offer remote care visits via telephone, e-mail, or video chat.
- Contact your doctor directly to find out more and/or schedule a telehealth visit.
- Ask your doctor if there will be a cost to your visit or if you are not sure, contact us.
- Learn how to prepare for your visit.


Powered by **MDLIVE**

When your doctor isn't available, we've partnered with MDLIVE®

- Get access to US board certified Providers for non-emergency medical and behavioral health conditions.
- Available 24 hours a day, 7 days a week.
- Registering for MDLIVE is free.
- At this time MDLIVE is unable to order COVID-19 tests.**


Register or Setup a visit through MDLIVE

With your member card handy, register for MDLIVE in any of the following ways:




Online

[Setup a Visit](#)




Text EXCELLUS to 635483

Register using MDLIVE's Health Assistant Chatbot from your smartphone or tablet



Call 866-692-5045
(TTY 800-770-5531)



Download MDLIVE App*

Available on the [App Store](#) and [Google Play](#)

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SIGNING UP AND USING TELEMEDICINE & FAQ

How to Register for MDLIVE®

How to register for telemedicine

Watch on YouTube

How to Use MDLIVE®

How to make a telemedicine appointment

Watch on YouTube

Frequently Asked Questions

- What if I experience technical issues when using telehealth or telemedicine?
- Will a medical note be sent to my primary care doctor after a telemedicine visit with MDLIVE?
- Can I get a school or work excuse?
- How do I pay for my telehealth or telemedicine visit?
- How do I set up a telemedicine visit with MDLIVE?
- How do I register for MDLIVE?
- Are there any restricted conditions or age limitations for visits?
- Can I get a prescription via telehealth or telemedicine?
- How do I prepare for a telehealth visit?

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TELEMEDICINE SERVICES

Select service for Sarah ▾

Medical Visit	Therapist	Psychiatrist
Providers available 24/7 by secure video or phone for adults.	Talk therapy and strategy sessions.	Assessment and medication management.
\$15 Per Visit	\$15 Per Session	\$15 Per Session
Your cost per visit	Your cost per visit	Your cost per visit
Use it for: Allergies, Cold, Cough, Flu Exposure and Symptoms, Sore Throat, Minor Injuries, Pink Eye, Sinus Infection, Skin infections, UTI and more	Use it for: Addictions, Anxiety, Bipolar Disorder, Depression, Grief and Loss and more...	Use it for: Anxiety, Bipolar Disorder, Depression, Panic Disorders, Trauma and PTSD and more...
Learn More → See First Available Schedule A Visit	Learn More → Schedule A Visit	Learn More → Schedule A Visit

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BLUE365 DISCOUNT PROGRAM FOR BCBS MEMBERS

GET REWARDS



Blue365® offers great deals to keep you healthy and happy every day of the year.

[Learn More](#)

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CLICKING "LEARN MORE" WILL TAKE YOU TO THE BLUE365 HOMEPAGE:

Welcome to Blue365

Blue365 offers great deals to keep you healthy and happy every day of the year, all included as part of your Excellus BlueCross BlueShield membership.

- **Save Money** - Enjoy exclusive discounts at top health and wellness retailers around the country.
- **Get Weekly Deals** - Each week you can get great deals delivered right to your inbox.

[View Blue365 Discounts](#)

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SIGN IN OR JOIN BLUE365

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EXAMPLE BLUE365 DEALS

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ANNUAL HRA (VEBA) DEPOSITS

- ▶ In January, all employees carrying county health insurance will receive a tax-free deposit of funds from the county into an HRA (VEBA) account. *Corrections employees on the PPO and Platinum plans are not currently eligible.*
- ▶ The amount depends on bargaining unit, plan level, and date of hire.
- ▶ These funds can be used for healthcare ,dental, vision, and Rx expenses of the employee and any tax dependents.
- ▶ See www.fsastore.com for an eligibility checker to see all eligible expenses.
- ▶ If you do not have one already, you will receive a debit card in the mail from Benetech, which you can use to pay for eligible expenses using your HRA (VEBA) funds.
- ▶ Benetech sends new debit cards every 3 years, so if you currently have a card, DO NOT throw it out.
- ▶ Funds roll over from year-to-year and never expire. You take funds with you when you terminate employment or retire. Fund balance can be used to pay for retiree health insurance premiums.

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PLATINUM PLAN BLUE4U WELLNESS INCENTIVE

Family Plan Cash Incentive

- ▶ Blood Pressure - \$350 for employee and \$350 for spouse/domestic partner
- ▶ LDL Cholesterol - \$350 for employee and \$350 for spouse/domestic partner
- ▶ Triglyceride - \$350 for employee and \$350 for spouse/domestic partner
- ▶ Glucose - \$350 for employee and \$350 for spouse/domestic partner
- ▶ No Nicotine Use - \$350 for employee and \$350 for spouse/domestic partner

NOTE: If an employee has a family plan with no spouse/domestic partner on the plan, the cash incentive shall be \$700 for each category.

Individual Plan Cash Incentive

- ▶ Blood Pressure - \$300 for employee (\$350 Sheriff)
- ▶ LDL Cholesterol - \$300 for employee (\$350 Sheriff)
- ▶ Triglyceride - \$300 for employee (\$350 Sheriff)
- ▶ Glucose - \$300 for employee (\$350 Sheriff)
- ▶ No Nicotine Use - \$300 for employee (\$350 Sheriff)

The maximum incentive that can be earned for a family plan is \$3,500 and maximum incentive that can be earned for an individual plan is \$1,500 (\$1,750 Sheriff)

Note: Not yet available to the Corrections unit.

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PLATINUM PLAN BLUE4U WELLNESS INCENTIVE - HEALTH COACHING

If an employee misses one or more of the target ranges, they will have the opportunity to earn credit for the range(s) missed by engaging in free health coaching with Integrated Health 21 (IH21) or other comparable provider. Coaching takes place through phone sessions approximately 30 minutes in length. The phone sessions can be scheduled when it is convenient for the individual, including evenings and weekends.

Opportunities to earn credit for missed ranges are as follows:

- ▶ If an employee doesn't meet 1-2 of the target ranges (aside from nicotine use) they will have the opportunity to complete two (2) health coaching sessions to earn credit for the missed range(s).
- ▶ If an employee doesn't meet 3-4 of the target ranges (aside from nicotine use) they will have the opportunity to complete a twelve (12) week health coaching program (3-4 sessions) to earn credit for the missed ranges.
- ▶ If an employee currently uses nicotine, they will have the opportunity to complete an eight (8) week smoking cessation program to earn credit for this category.

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PLATINUM PLAN BLUE4U WELLNESS INCENTIVE - EXEMPTIONS

What is an Exemption?

It is important to the County that everyone is able to participate in and earn their full wellness incentive regardless of current health status.

If you have a health condition which you feel may make you unable to reasonably or safely meet the standard target range for an incentive category and you feel that health coaching is not appropriate or possible for this condition, you might qualify for an opportunity to earn the same incentive through attaining an exemption from the standard target range. At your request, IH21 (or comparable provider) will coordinate with your doctor to determine if an exemption is appropriate.

(Examples could include someone whose blood pressure just isn't going to fall within range due to pregnancy, or someone who is eating right, exercising, and taking cholesterol meds, but a good number for them is still outside standard ranges.)

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PLATINUM PLAN BLUE4U WELLNESS INCENTIVE – RECEIVING YOUR INCENTIVE FUNDS

Employees shall have the following options for receiving payment for participating in the wellness program as described above:

- ▶ Lump sum payment by check, subject to applicable payroll tax deductions (FICA and Medicare) and taxation calculated on the bonus; or,
- ▶ Pre-tax deposit into deferred compensation plan, subject to execution of appropriate documentation, as well as IRS caps in place for each year; or
- ▶ Pre-tax deposit into an HRA (VEBA) account, which will accumulate and may be used until exhausted.

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HEALTH INSURANCE BUY-OUT STIPEND

- ▶ Benefits-eligible employees who waive county health insurance (and are not enrolled in county insurance through a family member) will be eligible to receive an annual stipend amount of \$1,500.00 (\$2,000.00 Sheriff) upon providing proof of other coverage in accordance with the Affordable Care Act, or other laws as applicable.
- ▶ Employees must submit proof of other coverage for 2024.
- ▶ The stipend is for the full year, so if an employee leaves county employment or returns to county insurance mid-year, they will be required to pay back a pro-rated amount of the stipend.

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FLEXIBLE SPENDING ACCOUNTS (FSAS)

- ▶ FSAs allow employees to set aside pre-tax dollars (thus lowering employee taxes) to pay for eligible expenses.
- ▶ Healthcare FSA – For health, dental, vision, and Rx expenses for employee and tax dependents. Whole annual election is available on 01/01/2024 and up to \$610 (\$640 projected for 2024) will roll over from year-to-year if participation is continued the next year.
- ▶ Healthcare FSA maximum contribution for 2024 is projected to increase from \$3,050 to \$3,200.
- ▶ Dependent Care FSA – For daycare, afterschool programs, summer camp up to age 12. Funds become available as they are paid in each pay period. Funds do NOT roll over. (Maximum election will continue to be \$5,000.)
- ▶ FSAs need to be proactively elected EVERY YEAR for continued participation.
- ▶ Funds can be accessed using the Benetech debit card (this is the same card as HRA (VEBA) funds for those on county health insurance) or by submitting for reimbursement online, in the app, or via paper form.
- ▶ Claims for dates of service in 2023 MUST be submitted by 03/30/2024 (due to leap year). Paper form needed for reimbursement after 01/01/2024.
- ▶ You can see all eligible expenses by using the eligibility tool at www.fsastore.com.

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CSEA EBF DENTAL AND VISION PLANS

- ▶ All employees (aside from Blue Collar) are eligible to enroll in the Dutchess dental plan.
- ▶ Blue Collar employees are eligible to enroll in the Sunrise dental plan.
- ▶ Both dental plans offer very comprehensive coverage with no pre-existing condition exclusions and no waiting period for certain services to be eligible.
- ▶ Coverage includes implants and child and adult orthodontics.
- ▶ Visit www.cseaebf.com to search for in-network providers. In-network providers have agreed to accept CSEA insurance as payment in full. However, CSEA will pay the same amount toward services at any provider; you would just be responsible for any remaining amount at a non-participating provider.
- ▶ The Platinum Vision plan is available to all employees, and essentially covers one exam and pair of glasses (or contacts) per year (in-network). Note: The out-of-network benefit is not nearly as comprehensive.
- ▶ All dental and vision plans have composite rates, which means they cost the same amount no matter how many dependents you cover.

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Dutchess Dental Rate Schedule

Available to: White Collar, Mgmt, Confidential, Elected Officials, Corrections, Sheriff's Assn.

Composite (Rates for Individual and Family are the same.)

7/1/21-6/30/22	\$154.53 Monthly	\$77.27 Bi-Weekly
7/1/22-6/30/23	\$165.35 Monthly	\$82.68 Bi-Weekly
7/1/23-6/30/24	\$167.00 Monthly	\$83.50 Bi-Weekly
7/1/24-6/30/25	\$168.67 Monthly	\$84.34 Bi-Weekly

Dutchess Dental Plan

- \$3,500 annual cap per person.
- No waiting period. No deductibles. No co-pays.
- Includes 3 exams and 3 cleanings per year per person.⁽¹⁾
- Orthodontia coverage for dependents and adults.⁽²⁾
- \$1,000 dental implant coverage available for up to 2 implants per calendar year.⁽³⁾ Additional allowances are provided for procedures related to implants like abutments and bone grafting.
- Participating dentists accept fee schedule for all covered services as payment in full.
- Member can also use their own dentist and submit claims for processing. The balances over fee schedule are responsibility of member.
- A full list of covered services, plan allowances and limitations can be found in the summary plan description booklet (available from HR) or online at www.cseaebf.com.

⁽¹⁾Exams and cleanings do not contribute to the annual max. ⁽²⁾Allowances towards orthodontic procedures do not contribute towards the annual max. ⁽³⁾The \$1,000 lump sum allowance towards each implant does not contribute towards the annual max.

DUTCHESS
DENTAL

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Sunrise Dental Rate Schedule

Available to Blue Collar Unit Employees ONLY
FULLY EMPLOYER PAID FOR THOSE HIRED BEFORE 01/01/2019;
rates below apply for those hired on or after 01/01/2019.

Composite (Rates for Individual and Family are the same.)

7/1/21-6/30/22	\$105.60 Monthly	\$52.80 Bi-Weekly
7/1/22-6/30/23	\$114.05 Monthly	\$57.03 Bi-Weekly
7/1/23-6/30/24	\$115.19 Monthly	\$57.60 Bi-Weekly
7/1/24-6/30/25	\$116.34 Monthly	\$58.17 Bi-Weekly

Sunrise Dental Plan

- \$2,850 annual cap per person.
- No waiting period. No deductibles. No co-pays.
- Includes 3 exams and 3 cleanings per year per person.⁽¹⁾
- Orthodontia coverage for dependents.⁽²⁾
- \$1,000 dental implant coverage available for up to 2 implants per calendar year.⁽³⁾ Additional allowances are provided for procedures related to implants like abutments and bone grafting.
- Participating dentists accept fee schedule for all covered services as payment in full.
- Member can also use their own dentist and submit claims for processing. The balances over fee schedule are responsibility of member.
- A full list of covered services, plan allowances and limitations can be found in the summary plan description booklet (available from HR) or online at www.cseaebf.com.

⁽¹⁾Exams and cleanings do not contribute to the annual max. ⁽²⁾Allowances towards orthodontic procedures do not contribute towards the annual max. ⁽³⁾The \$1,000 lump sum allowance towards each implant does not contribute towards the annual max.

SUNRISE
DENTAL

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Platinum 12 Vision Rate Schedule
Available to all benefits-eligible employees.

Composite (Rates for Individual and Family are the same.)

7/1/21-6/30/22	\$24.34 Monthly	\$12.17 Bi-Weekly
7/1/22-6/30/23	\$24.34 Monthly	\$12.17 Bi-Weekly
7/1/23-6/30/24	\$24.34 Monthly	\$12.17 Bi-Weekly
7/1/24-6/30/25	\$24.34 Monthly	\$12.17 Bi-Weekly

In-Network Benefits	
Eye Exam	Every 12 months, Covered in full
Eyeglasses	
Lenses	Every 12 months, Covered in full for standard glass, plastic or polycarbonate, single-vision, lined bifocal or trifocal lenses, standard progressive (no-line bifocal), scratch resistance, tinting
Frames	Every 12 months, plan frames covered in full (value up to \$149) OR \$149 retail allowance at Vision Works stores OR \$30 retail allowance toward any frame at other providers
Contact Lenses	
Evaluation, fitting and follow up care	Every 12 months for collection contacts, covered in full
Contact Lenses (in lieu of eyeglasses)	Plan contact lenses consist of soft planned replacement or disposables. A formulary is used which allows for an initial supply of many of the most commonly prescribed brands. Initial supply may vary depending on lens type, wearing habits and replacement schedule OR \$125 retail allowance toward provider supplied contact lenses

Out of Network Benefits
You may choose to receive services from an out of network provider. Substantial out of pocket expenses can be avoided by selecting a provider who participates in our network. If an out of network provider is selected, the member must pay the provider directly and then submit for reimbursement. CSEA EBF providers can be located at cseabf.com. Out of network benefits include a reimbursement of up to \$16 for the exam and \$35 for materials.

Additional Discounted Lens Options and Coatings (member pays the indicated \$)	
Standard Anti-Reflective	\$35
Premium Anti-Reflective	\$48
Ultra Anti-Reflective	\$55
Ultraviolet (UV) Coating	\$12
Plastic Photosensitive (Transitions®, etc.)	\$65
High Index Lenses	\$55
Polarized Lenses	\$75
Ultra Progressive Lenses	\$50

PLATINUM VISION

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Q&A

Questions? Please reach out to any of the following contacts for assistance with Benefits:

- ▶ Benefits Team Email: benefits@tompkins-co.org
- ▶ General HR phoneline: 607-274-5526
- ▶ Sarah Thomas, stthomas@tompkins-co.org, 607-274-5528
- ▶ Jess Maleski, jmaleski@tompkins-co.org, 607-274-5591

Thanks for attending!

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