Employee Benefits
For State Employees

- CSEA
- PEF
- UUP
- M/C

Presented by: Human Resources Department

Rev.12/2015
Information provided today is based on current contract provisions and state laws.

All benefits are subject to change.
Eligibility

Half Time on a regular basis, and expected to be employed at least 3 months

Full-time Faculty & Professional Staff
Part-time Faculty & Professional Staff who will earn $14,430 between 7/2/15 and 7/1/16*

*May increase in future years
Effective Date of Coverage

UUP and CSEA:
43rd calendar day of employment

M/C and PEF:
57th calendar day of employment
Once the waiting period is satisfied, there are no pre-existing exclusion(s) or limitation(s)
Proof of Eligibility

Proof of eligibility must be provided in order for you and your eligible dependent(s)* to enroll in NYSHIP

*Spouse, domestic partner, dependent children to age 26
Required Proofs
For Enrollee and Spouse/Domestic Partner documentation of the following is required:

• Birth Certificate
• Social Security Card
• Marriage Certificate (in addition proof of inter-financial dependence if married over 1 year)
• Domestic Partner - Completed PS-425, in addition to above
Required Proofs

For eligible dependent child(ren), documentation of the following is required:

- Birth Certificate
- Social Security Card
- Adopted child(ren) - proof of adoption or placement of child in your home
- Other Child(ren) - PS-457
Health Insurance Options

Preferred Provider Organization
The Empire Plan

Health Maintenance Organizations
HMO-Blue
MVP Health Plan
THE EMPIRE PLAN

The Empire Plan gives you the freedom to choose a participating provider or a non-participating provider.

The majority of the participating providers are in New York State, Arizona, the Carolina’s and Florida.
THE EMPIRE PLAN

Blue Cross

United HealthCare

If you receive treatment from a Non-Participating Provider, you will be subject to:

Deductible (self, spouse, children)

After deductible, major medical will pay 80% of reasonable & customary charges
# THE EMPIRE PLAN

## Blue Cross / United HealthCare

## Non-Participating Providers

<table>
<thead>
<tr>
<th></th>
<th>Annual Deductible</th>
<th>Annual Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFF.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>$500*/$1000</td>
<td>$1500*/$3000</td>
</tr>
<tr>
<td>CSEA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEF</td>
<td>$500*/$1000</td>
<td>$1500*/$3000</td>
</tr>
<tr>
<td>UUP</td>
<td>$500*/$1000</td>
<td>$1500*/$3000</td>
</tr>
<tr>
<td>M/C</td>
<td>$500*/$1000</td>
<td>$1500*/$3000</td>
</tr>
</tbody>
</table>

*The annual deductible for calendar year 2016 will be $500 and the coinsurance maximum will be $1,500 for M/C classified, CSEA, and PEF represented employees in (or equated to) salary grade 6 or below and respectively for M/C unclassified and UUP represented employees with a full time equivalent annual salary of $35,705 or below.

Maximum out-of-pocket coinsurance per year per family, after which the plan pays 100% of reasonable and customary charges.
THE EMPIRE PLAN

Coverage provided by...

Blue Cross
Hospital and Related Expenses

United HealthCare
Claims Not Billed by a Hospital
The Empire Plan

- **Benefits Management Program (BC/BS)**
  - Pre-Admission Certification for hospital admissions, MRI’s, MRA’s, CAT and PET scans, nuclear medicine.

- **Managed Physical Network (MPN)**
  - Chiropractic and physical therapy

- **Beacon Health Options**
  - Mental health and substance abuse
Health Maintenance Organizations

HMO-Blue and MVP

HMO-Blue – Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties

MVP – Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga and Tompkins counties
Health Maintenance Organizations

The HMO options listed on the previous slide are available for employees living or working in Onondaga County. If you reside outside of Onondaga County, please refer to the “Choices” publication for additional coverage options.
Health Maintenance Organizations

HMO-Blue and MVP

Services provided by a participating physician are paid in full except for a minor office visit charge.

Hospital admissions must be approved in advance.
Health Maintenance Organizations

• Reminder—You will not receive any benefits if you receive:

  • Receive treatment from a non-participating provider without an out of network referral
  • Receive treatment without a referral from your primary care physician
## 2016 Co-payments

<table>
<thead>
<tr>
<th></th>
<th>Empire</th>
<th>MVP</th>
<th>HMO-Blue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Room</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSEA</td>
<td>$60</td>
<td>$75</td>
<td>$100</td>
</tr>
<tr>
<td>All others</td>
<td>$70</td>
<td>$75</td>
<td>$100</td>
</tr>
<tr>
<td><strong>Hospital Outpatient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSEA</td>
<td>$40</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>All others</td>
<td>$60</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Participating Provider</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>$20</td>
<td>$25</td>
<td>$25</td>
</tr>
</tbody>
</table>
Prescription Drug Program

- Provided under corresponding health insurance (NYSHIP) option

- Coverage effective after 42 days (CSEA & UUP)

- Coverage effective after 56 days (PEF & M/C)
## 2016 Prescription Drug Co-Payments

<table>
<thead>
<tr>
<th></th>
<th>Empire</th>
<th>MVP</th>
<th>HMO-Blue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail 30 day</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$5.00</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>Preferred</td>
<td>$25.00</td>
<td>$30.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Non – Preferred</td>
<td>$45.00</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td><strong>Retail 90 day</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10.00</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Preferred</td>
<td>$50.00</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Non – Preferred</td>
<td>$90.00</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Mail Order 90 day</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$5.00</td>
<td>$25.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Preferred</td>
<td>$50.00</td>
<td>$75.00</td>
<td>$60.00</td>
</tr>
<tr>
<td>Non – Preferred</td>
<td>$90.00</td>
<td>$125.00</td>
<td>$100.00</td>
</tr>
</tbody>
</table>
Cost

NY State pays (based on bargaining unit) approximately 84-88% of the cost for individual coverage and 69-73% of additional cost for family coverage.

NOTE: the HMO subsidy will not exceed 100% of the dollar contribution for the non-prescription drug components of the Empire Plan premium.
Cost

- There are two tiers

- Family tier applies regardless of # of dependents covered
### 2016 Bi-Weekly Contribution Rates

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Empire Plan</strong></td>
<td>$37.50</td>
<td>$161.62</td>
</tr>
<tr>
<td>CSEA-Sg. 9 and below or UUP &amp; M/C full time, Equivalent salary of $41,756 or below</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HMO Blue</strong></td>
<td>$102.16</td>
<td>$281.78</td>
</tr>
<tr>
<td>CSEA-Sg. 9 and below or UUP &amp; M/C full time, Equivalent salary of $41,756 or below</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MVP</strong></td>
<td>$81.34</td>
<td>$191.93</td>
</tr>
<tr>
<td>CSEA-Sg. 9 and below or UUP &amp; M/C full time, Equivalent salary of $41,756 or below</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# 2016 Bi-Weekly Contribution Rates

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Empire Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSEA/PEF-Sg. 10 and above</td>
<td>$50.01</td>
<td>$192.52</td>
</tr>
<tr>
<td>UUP &amp; M/C full time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equivalent salary of $41,757 or below</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HMO Blue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSEA/PEF-Sg. 10 and above</td>
<td>$113.48</td>
<td>$310.73</td>
</tr>
<tr>
<td>UUP &amp; M/C full time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equivalent salary of $41,757 or below</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MVP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSEA/PEF-Sg. 10 and above</td>
<td>$92.12</td>
<td>$219.57</td>
</tr>
<tr>
<td>UUP &amp; M/C full time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equivalent salary of $41,757 or below</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2016 "Opt Out" Program

• An employee who is newly eligible to enroll in NYSHIP & wishes to participate in the Opt-Out Program (Medical only) must make the election no later than the first date of their eligibility for NYSHIP benefits (within waiting period).

• The annual incentive amount for opting out is:
  - $1,000 ($38.46 per pp) for Individual coverage
  - $3,000 ($115.38 per pp) for Family coverage.

The incentive payments will be prorated & reimbursed through the employee’s biweekly paychecks throughout the year (payable only when an employee is on the payroll and meets the requirements to be eligible for the State to contribute to the cost of NYSHIP coverage).

• To enroll you will be required to provide proof of other coverage and attest that you are covered by other employer-sponsored group health coverage.

• Must provide same proofs as if enrolling in individual/family health insurance.
Example of Tax Savings

Married employee, earning $36,196 annually, two withholding allowances, with a bi-weekly Empire family plan contribution of $161.62 (Sg. 09)

Approximate Savings

<table>
<thead>
<tr>
<th></th>
<th>Biweekly</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>FICA</td>
<td>$ 6.77</td>
<td>$176.02</td>
</tr>
<tr>
<td>Federal</td>
<td>$16.30</td>
<td>$423.80</td>
</tr>
<tr>
<td>NYS</td>
<td>$10.18</td>
<td>$264.68</td>
</tr>
<tr>
<td>Total</td>
<td>$32.75</td>
<td>$864.50</td>
</tr>
</tbody>
</table>
Changes

• **WE DO NOT HAVE AN OPEN ENROLLMENT PERIOD.** You can enroll or change to family coverage at any time, but there is a five pay-period waiting period if there is no qualifying event.

• Once each year, during a designated period, you can change your health insurance option (i.e. move from Empire Plan to MVP).

• If you elect pre-tax premiums - once each year, during a designated period, you can cancel coverage, or change to individual coverage without a qualifying event. To cancel coverage or change to individual coverage outside of the option change period, you must have a qualifying event.

• Once you have family coverage, you can add a dependent at any time with no waiting period.
Dental/Vision Insurance Effective Dates

- CSEA - 28 Calendar Days
- PEF - 56 Calendar Days
- M/C - Six Full Calendar Months/Dental 56 Calendar Days/Vision
- UUP - 42 Calendar Days
Dental Insurance Carriers

- CSEA - CSEA Employee Benefit Trust Fund
- PEF and M/C - GHI Preferred/Emblem Health
- UUP - Delta Dental
Vision Care Administrators

- CSEA - CSEA Employee Benefit Trust Fund
- UUP, PEF, M/C – Davis Vision
Optional Group Insurance

- Offered by Union, not by your Employer
- Must join Union to participate
- Must meet eligibility criteria (e.g., age and hours worked)
- See benefits packet for details
- Visit your union representative tomorrow
Flex Spending Account Program

- Dependent Care Advantage Account
- Health Care Spending Account
Dependent Care Advantage Account

- All NYS Employees are eligible
- Help employees to pay for child care, elder care, or disabled dependent care while they are at work.
- Pre-tax contributions* up to $5,000

*Before Federal Income Tax, Social Security and NYS Income Tax
## Employer Contribution

Eligible PEF, CSEA & UUP represented and M/C employees ONLY

<table>
<thead>
<tr>
<th>Salary</th>
<th>Employer Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over $70,000</td>
<td>$300</td>
</tr>
<tr>
<td>$60,001 - $70,000</td>
<td>$400</td>
</tr>
<tr>
<td>$50,001 - $60,000</td>
<td>$500</td>
</tr>
<tr>
<td>$40,001 - $50,000</td>
<td>$600</td>
</tr>
<tr>
<td>$30,001 - $40,000</td>
<td>$700</td>
</tr>
<tr>
<td>Up to $30,000</td>
<td>$800</td>
</tr>
</tbody>
</table>
The Health Care Spending Account (HCSAccount) helps State employees pay for health-related expenses with tax-free dollars that are not reimbursed by your insurance.
Health Care Spending Account

• Under federal law, any money that you put into your HCSAccount must be used for expenses incurred during the Plan Year in which it was contributed.

• For the 2016 Plan Year, the maximum annual contribution allowed by the program is $2,550 and the minimum annual contribution is $100.
Health Care Spending Account

No reimbursement can be made prior to the service actually being provided.

Entitled to receive full reimbursement for eligible expenses, up to the amount of your annual election.
IRS Guidelines

• "Use it or Lose it" rule
• Cannot use federal tax credit and DCA Account for the same expenses
• Claim deadline - March 31

Enrollment
• Within 60 calendar days
• Annual open window period
Long Term Care Insurance

The New York Public Employee and Retiree Long Term Care Insurance Plan (NYPERL)

What is Long Term Care?

Long-Term Care encompasses a wide variety of services for personal or custodial care that help a person perform activities of daily living, such as bathing and dressing, to remain as independent as possible.
Who is eligible?

All New York State employees, their spouses, domestic partners, dependent children ages 18 - 24, parents and parents-in-law

New employees are not required to submit proof of medical eligibility if they enroll within 60 days of their employment date

For more information or to order an enrollment kit, call toll free 1-866-474-LTCI (5824), complete and mail in the pre-paid postage card included in your benefits packet, or visit the NYPERL website at www.nyperl.net
Retirement System

New York State
Employees' Retirement System (ERS)

Full-time employees **must** join
Part-time employees **may** join
Tiers determined by employment date
Tier VI = hired on/after 4/1/12
ERS

Membership effective immediately

• May retire at age 63 with unreduced benefit or as early as age 55 with a reduced benefit

• 10 year vesting

• Contributions can be refunded if you separate from service with less than 10 years of service
ERS

- Employee contributions (before taxes) will follow the below contribution schedule throughout active membership:

  - $0 - $45,000 – 3%
  - $45,000.01 - $55,000 – 3.5%
  - $55,000.01 - $75,000 – 4.5%
  - $75,000.01 - $100,000 – 5.75%
  - $100,000 + but less than the Governor’s current salary of $179,000 – 6%
Employee Contributions

- **Are not reported as wages for federal income tax**

- **Are reported as wages for New York State income tax, local income tax and Social Security**
ERS Calculation

Greater than 10 but less than 20 years of service

\[
\text{no. years service} \times \text{final average salary}\times 1.66\% 
\]

20 years of service or more

\[
\text{no. years service} \times \text{final average salary} \times 1.75\% 
\]

For years exceeding 20 years of service credit, the benefit is 2% for each year of service in excess of 20.

Highest average wages earned during any 60 consecutive months of service
ERS

Do you have prior service? If you do, you may want to determine if you can apply:

• For tier reinstatement
• To buy back your prior service credit
Tier VI Pension Calculation Example

• Employee with 15 years of service age 63 with a final average salary of $45,000.

\[15 \times \$45,000 \times 1.66\% = \$11,205 \text{ per year or } \$933.75 \text{ per month}\]

• Employee with 30 years of service age 63 with a final average salary of $45,000.

\[20 \times \$45,000 \times 1.75\% = \$15,750 + 10 \times \$45,000 \times 2\% = \$9,000 \text{ yr}\]
\[\$24,750 \text{ per year or } \$2,062.50 \text{ per month}\]
ERS
Disability Retirement

Provides a lifetime income if you are permanently incapacitated from the performance of the duties of your position and you meet all of the other eligibility requirements

Must have 10 years of state service

Accidental disability (10-year requirement waived)
### ERS Survivor Benefits

#### Death Benefit

<table>
<thead>
<tr>
<th>Years Service</th>
<th>Death Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>1 year salary</td>
</tr>
<tr>
<td>2 years</td>
<td>2 years salary</td>
</tr>
<tr>
<td>3 or more years</td>
<td>3 years salary</td>
</tr>
<tr>
<td>• Reduced by 10% at age 61 and each year thereafter&lt;br&gt;• After retirement - significantly reduced</td>
<td></td>
</tr>
</tbody>
</table>
Sick Leave
Upon Retirement
(Must have at least 10 years of qualifying service)

• Up to 200 days of unused sick leave can be applied toward post-retirement health insurance premiums for life

• Up to 100 days of unused sick leave is included as service credit if a member of the Employees’ or Teachers’ Retirement Systems
Supplemental Retirement Programs

Tax Deferred Annuities

• TIAA-CREF, VALIC, VOYA, METLIFE, or Fidelity
• Pre-Tax Contributions
• No employer match

NYS Deferred Compensation Program

• Supplemental retirement contributions
• Before taxes
• No employer match
• No-load mutual fund investment options
Upstate Child Care Center

- All employees eligible
- Cost based on sliding scale
- Phone: 464-4438
UUP and M/C Benefits
Retirement Systems

Full-time faculty or professionals and Part-time faculty or professionals with "Term Appointments" must elect a retirement program.

1. New York State Employees' Retirement System (ERS)
2. S.U.N.Y. Optional Retirement Program
Optional Retirement Plan (ORP)

Your membership is effective upon your appointment, Tier VI if hired on/after 4/1/12.

Employee Pre-Tax Contribution will follow the below schedule throughout active membership:

- $0 - $45,000: 3%
- $45,000.01 - $55,000: 3.5%
- $55,000.01 - $75,000: 4.5%
- $75,000.01 - $100,000: 5.75%
- $100,000 +: 6%
Optional Retirement Plan (ORP)

Employer Contribution

8% of gross State salary for the first seven years service

10% of gross State salary thereafter
Tier VI ORP Contribution Example

- Employee (subsequent to vesting) will contribute over 15 years of service based on a $45,000 annual salary will contribute $20,250* (pre-tax)

- SUNY will contribute 8% into ORP account for the first 7 years equal to $25,200.
- SUNY will contribute 10% into ORP account for years 8 – 15 equal to $36,000. For a total employer contribution of $61,200*

*Pension earnings are subject to the value at time of distribution of individually owned annuity contracts.
EMPLOYEE CONTRIBUTIONS

- **Are not reported** as wages for federal income tax

- **Are reported** as wages for New York State income tax, local income tax and Social Security
If you do not already have a TIAA-CREF, VALIC, MetLife, Fidelity or VOYA contract to which employer contributions were made, you will be vested* after 366 days of service.

*Vesting - non-forfeitable right to contributions/earnings
ORP

• For the first 366 days, the money is held by the State, earning interest

• Once vested, the money is placed into your account based on the allocations you have requested
Disability Coverage

SUNY Group Total Disability Insurance Plan
Administered by Standard

Eligibility:

- Full-time
- UUP - Part-time if earning more than $14,430

One year wait unless insured by immediate prior employer

Benefits commence after totally disabled 6 mos.
Disability Coverage

SUNY Group Total Disability Insurance Plan

• provides 60% of basic monthly salary
• maximum benefit: $7,500 per month
• pension plan contribution
• payable to age 65, death, or return to work