

Employee Benefits For CSEA Represented Employees

**Presented by: Human
Resources Department**

**December
2022**

**Information provided today is
based on current contract
provisions and
state laws.**

All benefits are subject to change.

Eligibility

**To be eligible for Health, Dental
and Vision Benefits employees
must be employed half time
on a regular basis,
and
be expected to be employed
at least 3 months**

Effective Date of Coverage

**There is a 42 calendar day
waiting period* before benefits begin.
Once the waiting period is satisfied,
there are no pre-existing
exclusion(s) or limitation(s)**

***All required proofs must be submitted prior to the end of
the waiting period
for coverage to begin without an additional waiting period.**

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. (Children over the age of 26 can be covered under the Young Adult Plan at full cost.)**

Required Proofs

For Enrollment in or Opting Out of Health Insurance the following documentation is required:

- **Employee:**
Birth Certificate or Valid Passport and Social Security Card
- **Spouse:**
Birth Certificate or Valid Passport, Social Security Card, Marriage Certificate (in addition proof of inter-financial dependence if married over 1 year for example a joint tax return or joint bank statement)
- **Domestic Partner:**
Completed PS-425, in addition to above

Required Proofs

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

- **Child(ren) or Step Child(ren): Birth Certificate and Social Security Card**
- **Adopted child(ren): Proof of adoption or placement of child in your home in lieu of Birth Certificate and Social Security Card**
- **Other Child(ren): Completed PS-457 in addition to the above**

Health Insurance Options

Preferred Provider Organization

- **The Empire Plan**

Health Maintenance Organizations

- **HMO-Blue**
- **MVP Health Plan**

The Empire Plan

Preferred Provider Organization

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 a deductible for yourself, your spouse and all children combined

After the deductible is met, major medical will pay 80% of *reasonable & customary* charges

The Empire Plan Blue Cross / United HealthCare

Non- Participating Providers Deductibles and Coinsurance

2023
Annual
Deductible
\$625*/\$1,250

2023
Annual
Coinsurance
\$1,875*/\$3,750

- ***The 2023 deductible for CSEA represented employees in (or equated to) salary grade 6 or below is \$625 and the coinsurance maximum is \$1,875.**
- **Maximum out-of-pocket coinsurance per year per family, after which the plan pays 100% of reasonable and customary charges**

The Empire Plan

The components of the Empire Plan are as follows:

- **Blue Cross for Hospital and related expenses.**
- **United HealthCare for services not billed by a Hospital for example office visits and lab work.**
- **Benefits Management Program (BC/BS) for Pre-Admission for hospital admissions, MRI's, MRA's, CAT and PET scans, nuclear medicine.**
- **Managed Physical Network (MPN) for Chiropractic and physical therapy.**
- **Carelon Behavioral Health, Inc. for Mental health and substance abuse**

Health Maintenance Organizations

HMO-Blue and MVP

To be eligible for a HMO you must work or reside in a County in which they participate.

Below are the counties that participate with 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.**
- **Under an HMO you must use only providers within the HMO network you choose.**
- **There is no coverage for out of network providers without an out of network referral.**
- **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**

Co-payments

| | <u>Empire</u> | <u>MVP</u> | <u>HMO-Blue</u> |
|----------------------------|---------------|-------------|-----------------|
| Emergency Room | \$90 | \$75 | \$100 |
| Hospital Outpatient | \$75 | \$25 | \$40 |
| Office Visits | \$25 | \$15 | \$25 |

Cost

**NY State pays 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 only two tiers available. Individual or Family coverage**
- **Family tier applies regardless of # of dependents covered**

2023 Bi-Weekly Contribution Rates

| | <u>Individual</u> | <u>Family</u> |
|--------------------|-------------------|---------------|
| <u>Empire Plan</u> | | |
| Sg. 09 and below | \$56.01 | \$241.79 |
| Sg. 10 and above | \$74.68 | \$287.98 |
| <u>HMO Blue</u> | | |
| Sg. 09 and below | \$49.00 | \$206.60 |
| Sg. 10 and above | \$65.33 | \$246.29 |
| <u>MVP</u> | | |
| Sg. 09 and below | \$52.54 | \$206.63 |
| Sg. 10 and above | \$70.05 | \$246.97 |

"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).

- **To be eligible for the Opt-Out Program you must be covered under an non NYSHIP employer sponsored health insurance plan.**
- **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 employer sponsored health insurance coverage and complete the health insurance enrollment form and an attestation form stating that you are covered by the other coverage.**
- **You must provide the same proofs as if enrolling in individual/family health insurance.**

Pre Tax Contribution Program

- **Employees who enroll in health insurance will have the option to have health insurance deductions come out pre-tax or after-tax.**
- **The Pre-Tax Contribution Program (PTCP) is a voluntary program in which an employee's share of the health insurance premium is deducted from his or her wages before taxes are withheld. As a result, employees who participate in this program will have taxes (federal income taxes, Social Security taxes and most State and local income taxes) withheld based upon a lower income.**
- **Employees who participate in the PTCP are restricted as to when they can make changes to their coverage that affect biweekly health insurance pre-tax deductions.**

Changes

WE DO NOT HAVE AN OPEN ENROLLMENT PERIOD

- **You can enroll or change to family coverage or add a dependent at any time, but there is a five a pay-period waiting period if there is no qualifying event. You must provide proof the qualifying event within 30 days.**
- **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 and must provide documentation within 30 days.**

Dental/Vision Insurance

Dental and vision benefits are administered and paid by the CSEA Benefit Trust Fund.

- **28 Calendar Day waiting period.**
- **CSEA Benefit Trust Fund will mail you a packet with information on the coverage as well as your enrollment form.**
- **All forms must be returned to CSEA to be enrolled in coverage.**
- **Dental and vision coverage is provide free for yourself and your eligible dependents by New York State. You do not need to join the union to be eligible for this benefit.**

Optional Group Insurance

- **These are offered by Union, not by your Employer.**
- **You must join the Union to participate and meet eligibility criteria (e.g., age and hours worked).**
- **As a NYS employee you are not eligible for NYS Short Term disability therefore you should look into a disability policy offered by your union, an insurance company or a bank.**
- **Please check the packet you will be given by your union representative at orientation.**

Flex Spending Account Program

There are two programs available

- **Dependent Care Advantage Account**
(for child care, elder care, or disabled dependent care while you are at work)
- **Health Care Spending Account**
(for health-related expenses with tax-free dollars that are not reimbursed by your insurance)
- **Enrollment**
 - **Within 60 calendar days of hire**
 - **Annual open window period**
 - **For additional information or to sign up for these programs go to <http://www.flexspend.ny.gov/>**

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 for Eligible Employees

| <u>Salary</u> | <u>Employer Contribution</u> |
|---------------------|------------------------------|
| Over \$70,000 | \$500 |
| \$60,001 - \$70,000 | \$600 |
| \$50,001 - \$60,000 | \$700 |
| \$40,001 - \$50,000 | \$800 |
| \$30,001 - \$40,000 | \$900 |
| Up to \$30,000 | \$1000 |

Health Care Spending Account

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 2023 Plan Year, the maximum annual contribution allowed by the program is \$3,050 and the minimum annual contribution is \$100.**

Health Care Spending Account

- **No reimbursement can be made prior to the service actually being provided.**
- **Employee's are entitled to receive full reimbursement for eligible expenses, up to the amount of your election once first eligible as a new hire (after 60 days).**

Health Care Spending Account

Employees who enroll in the Health Care Spending will receive a TASC debit card.

The TASC is a MasterCard® card that offers a secure, easy-to-use way to pay for your medically necessary health care expenses at your eligible health care providers as well as the cost of prescription drugs at your drugstore or mail order pharmacy

Adoption Advantage Account

The Adoption Advantage Account helps pay for qualified expenses directly related to a legal adoption as defined by IRS guidelines.

***Pre-tax** contributions up to maximum of \$15,950 (*Before Federal income tax and NYS Income Tax)**

For additional information go to www.flexspend.ny.gov

IRS Guidelines

- **HCSA Carryover**
 - **Any remaining funds up to the IRS limit from the previous year will then carryover into the current plan year's account balance after the runout period end date. The current IRS carryover limit is \$610.**
- **Cannot use federal tax credit and DCA Account for the same expenses**
- **Claim deadline - March 31**

Retirement System

New York State & Local Retirement System (NYSLRS)

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

New York State & Local Retirement System (NYSLRS)

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 + but less than the Governor's current salary of \$250,000: 6%**

Employee Contributions

Due to this being State Retirement 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**

NYSLRS

- **Membership is effective immediately**
- **Retirement eligible at age 63 with unreduced benefit or as early as age 55 with a reduced benefit**
- **5 year vesting**
- **Contributions can be refunded if you separate from service with less than 5 years of service**

NYSLRS

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**
- For additional information go to**

https://www.osc.state.ny.us/retire/members/getting_credit_for_service.php

NYSLRS Pension Calculation

Less than 20 years of service
no. years service x final average salary*
1.66%

20 years of service or more
no. years service x final average salary*
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**

Tier VI Pension Calculation Example

- **Employee with 15 years of service age 63 with a final average salary of \$50,000.**
- **$15 \times \$50,000 \times 1.66\% = \$12,450$ per year or $\$1,037.50$ per month.**
- **Employee with 30 years of service age 63 with a final average salary of \$50,000.**
- **$20 \times \$50,000 \times 1.75\% = \$17,500 + 10 \times \$50,000 \times 2\% = \$10,000$ yr = $\$27,500$ per year or $\$2,291.66$ per month**

NYSLRS

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)**

NYSLRS Survivor Benefits

Death Benefit

| Years Service | Death Benefit |
|------------------------|-----------------------|
| 1 year | 1 year salary |
| 2 years | 2 years salary |
| 3 or more years | 3 years salary |

- **Reduced by 10% at age 61 and each year thereafter**
- **After retirement - significantly reduced**
- **Extended death benefit for vested members who leave State service with 5 or more years of service**

Supplemental Retirement Programs

- **SUNY's 403(b) Retirement Savings Program (Tax Deferred Annuities)**
 - **TIAA, AIG, Voya, or Fidelity**
 - **Pre-Tax Contributions**
 - **No employer match**
- **Roth 403(b) (Post Tax Contributions)**
 - **TIAA, AIG, Voya, or Fidelity**
 - **Post-Tax Contributions**
 - **No employer match**
- **NYS Deferred Compensation Program**
 - **Supplemental retirement contributions**
 - **Pre-Tax Contributions**
 - **No employer match**
 - **No-load mutual fund investment options**

For more information on these programs go to <https://www.suny.edu/benefits/vsp/>

SUNY's 403(b) tax deferred and Roth Savings enrollment
and changes are done online at retirementatwork.org/SUNY

Sarah Loguen Child Care Center

- **All employees eligible**
- **Cost based on sliding scale**
- **For more information call 464-4438**