

Employee Benefits For PEF Represented Employees

Presented by: Human Resources Department

December 2021

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 56 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

2022
Annual
Deductible
\$1,250

2022
Annual
Coinsurance
\$3,750

- **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 the following

- **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 Chiropractic and physical therapy.**
- **Beacon Health Options 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.

Health Maintenance Organizations HMO-Blue and MVP

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	\$70	\$75	\$100
Hospital Outpatient	\$60	\$25	\$40
Office Visits	\$20	\$25	\$25

Prescription Drug Program

The Prescription Drug coverage is provided under the corresponding health insurance (NYSHIP) option. Therefore the waiting period is the same 56 calendar days

	<u>Empire</u>	<u>MVP</u>	<u>HMO-Blue</u>
Retail 30 day			
Generic	\$ 5	\$0	\$10
Preferred	\$25	\$30	\$30
Non	\$45	\$50	\$50
Retail 90 day			
Generic	\$10	N/A	N/A
Preferred	\$50	N/A	N/A
Non Preferred	\$90	N/A	N/A
Mail Order 90 day			
Generic	\$ 5	\$0	\$20
Preferred	\$50	\$75	\$60
Non Preferred	\$90	\$125	\$100

Under the Empire Plan you can get a 90 day supply of maintenance prescriptions at your local pharmacy

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**

2022 Bi-Weekly Contribution Rates

	<u>Individual</u>	<u>Family</u>
<u>Empire Plan</u>		
Sg. 10 and above	\$67.85	\$261.73
<u>HMO Blue</u>		
Sg. 10 and above	\$61.91	\$233.33
<u>MVP</u>		
Sg. 10 and above	\$70.39	\$235.91

"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.

Example of Tax Savings

When you enroll in health insurance you have the option of having the deduction taken pre or post tax. If you elect to have your health insurance taken pre-tax here is an example of the saving over the course of a year.

Married employee, earning \$51,230 annually,
two withholding allowances,
with a bi-weekly Empire family plan contribution of \$261.73
(Sg. 10)

Approximate Savings

	Biweekly	Annual
FICA	\$15.98	\$415.48
Federal	\$30.81	\$801.06
NYS	<u>\$15.98</u>	<u>\$415.48</u>
Total	\$62.77	\$1,632.02

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

Your dental and vision benefits are administered by the NYS Department of Civil Service Employee Benefits Department.

There is a 56 Calendar Day waiting period.

You enroll on the same form you complete for health insurance. Once enrolled the carriers will send you information on both plans.

The dental carrier is Emblem Health and the vision carrier is Davis Vision.

Your dental and vision coverage is provided free for yourself and your eligible dependents by New York State.

Dependent children are covered until the age of 19 or 25 if a full time student.

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)

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**

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 2022 Plan Year, the maximum annual contribution allowed by the program is \$2,750 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 Wage Works debit card.

The Wage Works CardSM is a Visa[®] 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

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**
- **For additional information or to sign up for these programs go to**
<http://www.flexspend.ny.gov/>

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 \$200,000: 6%**

Employee Contributions

**Due to this being a
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

- You 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**

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 Calculation

Greater than 10 but 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

1 year

2 years

3 or more years

Death Benefit

1 year salary

2 years salary

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 10 or more years of service**

Supplemental Retirement Programs

SUNY's 403(b) Retirement Savings Program (Tax Deferred Annuities)

- **TIAA, VALIC, Voya, or Fidelity**
- **Pre-Tax Contributions**
- **No employer match**

NYS Deferred Compensation Program

- **Supplemental retirement contributions**
- **Pre-Tax Contributions**
- **No employer match**
- **No-load mutual fund investment options**

Roth 403(b)

(Post Tax Contributions)

- **TIAA, VALIC, Voya, or Fidelity**
- **Post-Tax Contributions**
- **No employer match**

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**