

# **Employee Benefits For Part Time UUP 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 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 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**  
**\$625\*/\$1,250**

**2022**  
**Annual**  
**Coinsurance**  
**\$1,875\*/\$3,750**

**The 2022 deductible for M/C employees is \$625, and the coinsurance maximum is \$1,875 for M/C employees earning a full time equivalent annual salary less than \$40,210**

**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 included in the benefits paperwork**

# **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 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>
<b>Emergency Room</b>	<b>\$100</b>	<b>\$75</b>	<b>\$100</b>
<b>Hospital Outpatient</b>	<b>\$95</b>	<b>\$25</b>	<b>\$40</b>
<b>Office Visits</b>	<b>\$25</b>	<b>\$25</b>	<b>\$25</b>

# 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>
<b>Retail 30 day</b>			
Generic	\$ 5	\$0	\$10
Preferred	\$30	\$30	\$30
Non	\$60	\$50	\$50
<b>Retail 90 day</b>			
Generic	\$10	N/A	N/A
Preferred	\$60	N/A	N/A
Non Preferred	\$120	N/A	N/A
<b>Mail Order 90 day</b>			
Generic	\$ 5	\$0	\$20
Preferred	\$55	\$75	\$60
Non Preferred	\$110	\$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

Individual

Family

## Empire Plan

Full time equivalent annual salary  
of \$46,101 or below

\$50.89

\$219.75

Full time equivalent annual salary  
of \$46,102 or above

\$67.85

\$261.73

## HMO-Blue

Full time equivalent annual salary  
of \$46,101 or below

\$46.44

\$195.73

Full time equivalent annual salary  
of \$46,102 or above

\$61.91

\$233.33

## MVP

Full time equivalent annual salary  
of \$46,101 or below

\$53.90

\$197.41

Full time equivalent annual salary  
of \$46,102 or above

\$70.39

\$235.91

# 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, your health insurance cost is taken out of your check before your check is taxed. Below is an example of the saving over the course of a year.

Married employee, earning \$58,670 annually,  
two withholding allowances, with a  
bi-weekly Empire family plan contribution of \$261.73 (Sg. 16)

	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  
UUP Benefit Trust Fund.**

**Delta Dental is your dental carrier and Davis Vision is your  
vision carrier. There are two options for the dental  
coverage a DHMO and a PPO due to the limitation of  
participating providers in the DMHO you may want to  
enroll in the PPO.**

**There is a 42 Calendar Day waiting period.**

**You will sign up for your dental and vision coverage as well  
as your beneficiary information for the free \$6,000 life  
insurance policy through your union.**

**Your 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)

# **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**

# **Dependent Care Advantage Account Employer Contribution for eligible employees**

<b><u>Salary</u></b>	<b><u>Employer Contribution</u></b>
<b>Over \$70,000</b>	<b>\$300</b>
<b>\$60,001 - \$70,000</b>	<b>\$400</b>
<b>\$50,001 - \$60,000</b>	<b>\$500</b>
<b>\$40,001 - \$50,000</b>	<b>\$600</b>
<b>\$30,001 - \$40,000</b>	<b>\$700</b>
<b>Up to \$30,000</b>	<b>\$800</b>

# **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 Card<sup>SM</sup> is a Visa<sup>®</sup> 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 \$14,440 (\*Before Federal income tax and NYS Income Tax)**

**For additional information go to [www.flexspend.ny.gov](http://www.flexspend.ny.gov)**

# **IRS Guidelines**

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

## **Enrollment**

- **Within 60 calendar days of hire date**
- **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**

# **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 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**

# **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/membNYSLRS/getting\\_credit\\_for\\_service.php](https://www.osc.state.ny.us/retire/membNYSLRS/getting_credit_for_service.php)**

# **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 these 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**



# 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) and (Roth)**

- TIAA, AIG, Voya, or Fidelity
- Pre and Post Tax Contributions
- No employer match

## **NYS Deferred Compensation Program**

- Supplemental retirement contributions
- Pre and Post 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](http://retirementatwork.org/SUNY)**

# **Sarah Loguen Child Care Center**

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

# **Long Term Disability Coverage**

## **SUNY Group Total Disability Insurance Plan**

**Administered by Standard Insurance Company**

**Eligibility:**

**Full-time**

**Part-time 50% or more**

**One year wait unless insured by immediate prior employer.**

**Benefits commence after totally disabled 6 mos.**

# **Long Term 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**