



# Employee Benefits

## HEALTH, DENTAL & VISION INSURANCES

### HEALTH INSURANCE

Roswell Park offers a comprehensive health insurance program for employees who work a schedule of at least 50% through the New York State Health Insurance Program (NYSHIP). Health insurance coverage begins 6 weeks following your hire date. Enrollment in health insurance through NYSHIP is optional. The use of participating providers with each plan will ensure the maximum benefit.

Coverage and costs vary by plan, and Roswell Park pays a portion of the cost for coverage. The employee’s share of the premium is made via payroll deduction, pre-tax. Employees will have the option to change their health insurance coverage each year during an option transfer period.

The costs below represent the employee’s pre-tax contribution made via biweekly payroll deduction. It is recommended that you compare the biweekly rates noted to the deductions in your paychecks and contact the Employee Services Office immediately with any issues or concerns. \*

2022 HEALTH INSURANCE RATES		
Health Insurance Carriers	Individual Coverage	Family Coverage
<b>EMPIRE PLAN</b> <b>(BlueCross &amp; United Health Care)</b> <i>("Choices" Booklet pages 13-23)</i>	Grade 9 or below: <b>\$50.89</b> Grade 10 or Above: <b>\$67.85</b>	Grade 9 or below: <b>\$219.75</b> Grade 10 or Above: <b>\$261.73</b>
<b>HIGHMARK WNY (BCBS of WNY)</b> <i>("Choices" Booklet pages 30-31)</i>	Grade 9 or below: <b>\$42.14</b> Grade 10 or Above: <b>\$56.19</b>	Grade 9 or below: <b>\$179.83</b> Grade 10 or Above: <b>\$214.27</b>
<b>INDEPENDENT HEALTH</b> <i>("Choices" Booklet pages 36-37)</i>	Grade 9 or below: <b>\$39.38</b> Grade 10 or Above: <b>\$52.50</b>	Grade 9 or below: <b>\$166.28</b> Grade 10 or Above: <b>\$198.21</b>

A “Summary of Benefits & Coverage” (SBC) is a simple and standardized comparison document required by the Patient Protection & Affordable Care Act (PPACA). To view a copy of the SBC for each NYSHIP plan, please visit [www.cs.ny.gov/sbc/index.cfm](http://www.cs.ny.gov/sbc/index.cfm). If you or your eligible dependents covered by NYSHIP do not have internet access and would like to request a copy, you may call 1-877-769-7477 (press 1 for the Medical Program).

*\*Bi-weekly payroll deductions begin two pay periods prior to your health insurance start date. Upon separation your health insurance will continue for 28 days from the last day in the pay period in which you separate. Failure to complete your benefit enrollment in Workday timely may result in multiple deductions in your paycheck when your benefits begin.*

## **OPT OUT**

If you have coverage provided by another employer-sponsored group plan, you may be eligible to participate in the NYSHIP Opt-Out Program. Eligible employees may receive \$1,000 for opting out of individual health insurance or \$3,000 for opting out of family health insurance. The payments will be pro-rated and reimbursed through your bi-weekly paycheck throughout the calendar year (payable only when you are on the payroll and receiving a paycheck). Payments will be taxable income. Employees enrolled in NYSHIP coverage through a spouse, parent or domestic partner are not eligible to participate in the Opt-Out Program.

Employees who apply for health, dental and vision coverage must provide **copies** of the following documents for enrollees:

<b>Self</b>	<b>Spouse</b>	<b>Domestic Partner</b>	<b>Child Under Age 26</b>
1. Birth Certificate <u>or</u> Passport	1. Birth Certificate <u>or</u> Passport	1. Birth Certificate <u>or</u> Passport	1. Birth Certificate <u>or</u> Passport
2. Social Security Card (and Medicare Card, if applicable)	2. Social Security Number (and Medicare Card, if applicable)	2. Social Security Number (and Medicare Card, if applicable)	2. Social Security Number
	3. Copy of Marriage Certificate <u>and</u> , <i>if married &gt;1 year</i> , Proof of Current Joint Ownership or Financial Obligation (e.g. prior year's tax return, current bank or mortgage statement, or homeowner's policy)	3. PS425 Domestic Partner Application and acceptable proof as defined in application	3. For relationship of "Other," PS457 Statement of Dependence and acceptable proof as defined in application

## **DENTAL COVERAGE**

As a CSEA employee, you are eligible for dental coverage to begin 28 days from your date of hire. Coverage is provided through the CSEA Employee Benefit Fund. There is no cost to you for this coverage. For additional information and a provider listing, visit the CSEA website at [www.cseaebf.com/dental/dental.php](http://www.cseaebf.com/dental/dental.php).

## **VISION COVERAGE**

As a CSEA employee, you are eligible for vision coverage to begin 28 days from your date of hire. Coverage is provided through the CSEA Employee Benefit Fund. There is no cost to you for this coverage. For additional information and a provider listing, visit the CSEA website at [www.cseaebf.com/vision/vision.php](http://www.cseaebf.com/vision/vision.php).

## **RETIREMENT**

### **NEW YORK STATE & LOCAL EMPLOYEES' RETIREMENT SYSTEM (NYSERS)**

The New York State & Local Employees' Retirement System (NYSERS) is a defined benefit plan that uses a formula based on an employee's years of service, age at retirement, and final average salary to calculate the retirement

benefit. Employees enrolled in NYSERS on or after April 1, 2012, will be placed in Tier 6. Employee contributions are deducted on a pre-tax basis from your biweekly paychecks for the length of your service.

The variable contribution rates are:

Annual Wage	Contribution Rate
\$45,000 or less	3%
\$45,000.01 to \$55,000	3.5%
\$55,000.01 to \$75,000	4.5%
\$75,000.01 to \$100,000	5.75%
More than \$100,000	6%

After 5 years of creditable service, you are considered vested and have earned the right to receive a pension even if you should separate from employment. Those who separate before completing 5 years of full-time service may also choose to withdraw their contributions.

Employees working in full-time, permanent positions are required to join NYSERS. However, employees in temporary full-time, temporary part-time, permanent part-time or student/training positions have the option to join but are not required.

- If you are not required to join and wish to enroll, please indicate that you would like to join on your Retirement Response Questionnaire and complete a paper NYSERS Enrollment Form located by clicking [here](#).
- If you are not required to join and wish to decline NYSERS membership at this time, you will need to select “No, I would not like to join.” on your Retirement Response Questionnaire Workday inbox item.

For enrollees, you will be receiving a welcome packet from the NYSERS shortly after your membership date. More information may also be obtained online at [www.osc.state.ny.us/retire](http://www.osc.state.ny.us/retire).

### **NEW YORK STATE DEFERRED COMPENSATION PLAN**

The New York State Deferred Compensation Plan (NYSDCP) is a State-sponsored voluntary retirement savings plan. All employees have the option to participate in the NYSDCP 457(b). If you have an existing 401(k) or 403(b) plan, you have the option to rollover your funds. You may elect to contribute a flat dollar amount or a percentage of your gross wages to be deducted pre-tax from your biweekly paychecks. The minimum deferral cannot be less than 1% of your gross salary or less than \$10 per pay period. You may cancel or change your deferral amounts at any time online or by completing a deferral change form. The deferral limit for contributions is determined annually by the Internal Revenue Service. The Age 50 and Over Catch-Up provision allows participants who are age 50 and over or who will become 50 during the calendar year to make additional contributions. The NYSDCP website [www.nysdcp.com](http://www.nysdcp.com) has additional information regarding this plan.

## **OTHER BENEFITS**

### **FLEXIBLE SPENDING ACCOUNTS**

The Flex Spending Account (FSA) is a valuable benefit that allows you to pay for eligible health care and dependent care expenses with pre-tax money. Under this program, there are three benefits:

- The Health Care FSA allows you to set aside up to \$2,850 in pre-tax salary to pay for out-of-pocket medical expenses for you, your spouse and any tax dependents. Your coverage will begin 60 days after you enroll in the plan.
- The Dependent Care FSA allows you to set aside up to \$5,000 in pre-tax salary for out-of-pocket childcare and/or elder dependent care expenses. Enrollees are eligible for an employer contribution, and the amount contributed is based on an employee's salary.
- Adoption Advantage Account - Eligible employees may contribute up to \$14,890 in the Adoption Advantage Account. Contributions are made through pre-tax payroll deductions and may be used for expenses related to the adoption of an eligible child.

This money must be used by the end of each calendar. It does not roll over into the plan new year. As a new hire, you have 60 days from your date of hire to enroll at [www.flexspend.ny.gov](http://www.flexspend.ny.gov) or by calling 1-800-358-7202. Once enrolled, you may contact our plan administrator, FBMC, for more information at 1-800-342-8017 or visit their website at [www.myfbmc.com](http://www.myfbmc.com).

### **NEW YORK'S 529 COLLEGE SAVINGS PROGRAM**

The 529 College Savings Program is a tax-advantaged savings plan offered through New York State that can help you save for college tuition, certain room-and-board expenses, books, supplies, and other qualified higher-education expenses. For more information or to enroll in the program, you may call 1-800-420-8580 or visit their website at [www.nysaves.org](http://www.nysaves.org).

### **CORPORATE TRANSIT PASS PROGRAM**

The Corporate Transit Pass program is a money-saving transportation benefit which allows employees to buy transit passes with pre-tax dollars. By participating, you receive a \$20.00 reduction to the cost of the NFTA transit pass which brings the **pre-tax** cost down to \$55.00 per month. The monthly payment will be pro-rated to come out of each bi-weekly paycheck. The enrollment form must be submitted to the Employee Benefits Office by the 5<sup>th</sup> of the month prior to when the transit pass is needed. For example, if you wish to receive a pass for September, you must submit your request in Workday to Employee Benefits by August 5<sup>th</sup>.

\*Those who are over the age of 65 and/or are disabled are eligible for a reduced rate of \$45.00 per month. Approval for this discounted rate must be obtained through the NFTA. Applications for this benefit may be made by submitting a completed Reduced-Fare Application to the NFTA at: NFTA-Metro Reduced Fare Program, 181 Ellicott Street, Buffalo, New York 14203. For additional information for the Reduced Fare Program you may contact the NFTA at 716-855-7216.

### **CSEA UNION – OPTIONAL BENEFITS**

As a CSEA employee, you have several optional benefits available to you through your union including life insurance, short-term disability and long-term disability. For additional information, you may call 1-800-342-4146.