



# 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 8 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><br><b>(BlueCross &amp; United Health Care)</b><br><i>("Choices" Booklet pages 13-23)</i> | Grade 9 or below: <b>\$50.89</b><br>Grade 10 or Above: <b>\$67.85</b> | Grade 9 or below: <b>\$219.75</b><br>Grade 10 or Above: <b>\$261.73</b> |
| <b>HIGHMARK WNY (BCBS of WNY)</b><br><i>("Choices" Booklet pages 30-31)</i>                                 | Grade 9 or below: <b>\$42.14</b><br>Grade 10 or Above: <b>\$56.19</b> | Grade 9 or below: <b>\$179.83</b><br>Grade 10 or Above: <b>\$214.27</b> |
| <b>INDEPENDENT HEALTH</b><br><i>("Choices" Booklet pages 36-37)</i>   | Grade 9 or below: <b>\$39.38</b><br>Grade 10 or Above: <b>\$52.50</b> | Grade 9 or below: <b>\$166.28</b><br>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.*

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## **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 Management/Confidentail (M/C) employee, you are eligible for dental coverage to begin 8 weeks following your hire date. Coverage is provided through Emblem Health. There is no cost to you for this coverage. For additional information and a provider listing, visit the Emblem Health website at [www.emblemhealth.com](http://www.emblemhealth.com)

## **VISION COVERAGE**

As a M/C employee, you are eligible for vision coverage to begin 8 weeks following your hire date. Coverage is provided by Davis Vision. There is no cost to you for this coverage. For additional information and a provider listing, visit NYSHIP online at [www.cs.ny.gov](http://www.cs.ny.gov) to link to the custom Davis Vision site for the New York State Vision Plan.

## **RETIREMENT**

Upon hire you have the opportunity to choose between three (3) retirement plans. This choice must be made within 30 days of your date of hire. If you are part-time participation in one of these plans is not mandatory.

**OPTION 1 - 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 NYERS 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 as follows:

| <b>Annual Wage</b>       | <b>Contribution Rate</b> |
|--------------------------|--------------------------|
| \$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.

For enrollees, you will be receiving a welcome packet from the NYERS 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).

**OPTION 2 – NEW YORK STATE VOLUNTARY DEFINED CONTRIBUTION PLAN (NYSVDC) – 401(a)**

The New York State Voluntary Defined Contribution Plan (NYSVDC) is a retirement plan that is based on the amounts contributed by the employer and the employee, as well as the success of the investments. Employee contributions are deducted on a pre-tax basis from your biweekly paychecks for the length of your service. The employee contribution rate is variable based on annual gross salary up to the defined legal limit.

The variable contribution rates are as follows:

| <b>Annual Gross Salary</b> | <b>Contribution Rate</b> |
|----------------------------|--------------------------|
| \$75,000                   | 4.5%                     |
| \$75,000.01 to \$100,000   | 5.75%                    |
| More than \$100,000        | 6%                       |

Roswell Park contributes 8% of the employee’s gross salary (up to the defined legal limit). Vesting occurs after 366 days of employment. Information may be obtained online at [www.vdc.ny.gov](http://www.vdc.ny.gov).

**If you choose to participate in the NYS VDC 401(a) plan, you will need to indicate as such on your Retirement Response Questionnaire task in your Workday inbox.**

### **OPTION 3 - SUNY ORP – 401(a)**

SUNY ORP (Optional Retirement Plan) is a defined contribution plan that is based on the amounts contributed by the employer and the employee, as well as the success of the investments. Employee contributions are deducted on a pre-tax basis from your biweekly paychecks for the length of your service. The employee contribution rate is variable based on annual gross salary up to the defined legal limit.

The variable contribution rates are as follows:

| <b>Annual Gross Salary</b> | <b>Contribution Rate</b> |
|----------------------------|--------------------------|
| \$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%                       |

Roswell Park contributes 8% of the employee's gross salary (up to the defined legal limit). Vesting occurs after 366 days of employment. After seven (7) years of employment, Roswell Park's contribution increases to 10% for the length of your service. Information regarding this plan may be obtained online at [www.tiaa.org/suny](http://www.tiaa.org/suny).

**If you choose to participate in the SUNY ORP 401(a) plan, you will need to indicate as such on your Retirement Response Questionnaire task in your Workday inbox.**

### **ADDITIONAL OPTIONAL TAX DEFERRED ANNUITIES**

#### **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 bi-weekly 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.

#### **TIAA CREF TAX-DEFERRED ANNUITY PLAN**

You may also choose to contribute money into the TIAA Tax-Deferred Annuity Plan 403(b) up to the defined legal limit set by the Internal Revenue Service. Those age 50 and over may also make additional catch-up contributions as permitted by the IRS. Enrollment into the TIAA 403(b) account may be completed online at [www.tiaa.org/roswellpark](http://www.tiaa.org/roswellpark).

## OTHER BENEFITS

### **LONG-TERM DISABILITY (LTD), ACCIDENTAL DEATH & DISMEMBERMENT (AD&D), AND LIFE INSURANCE**

#### **DISABILITY INSURANCE**

Those who work at least a 0.60 FTE (24 hours per week) are provided with LTD insurance in an amount equal to 60% of their total salary up to a maximum of \$20,000 per month. This benefit is provided at no cost to eligible employees. Benefits will begin after a waiting period of 180 days. This plan is contributory which means that the employee pays tax on the premium paid on their behalf. The basic state Income Protection plan will continue and in the event of a claim will offset benefits, if any, under this plan. However, if a claim is filed, the benefits paid are not taxed.

#### **AD&D**

#### **LIFE INSURANCE**

Those who works at least 60% are provided with term life insurance in the amount of 1x their basic annual earnings up to a maximum of \$50,000 at no cost to the plan member.

### **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 year. 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.

## **INCOME PROTECTION PLAN (IPP)**

The IPP is a disability insurance program that partially replaces income for those who are unable to work due to maternity leave, illness, or injury. There are two components: the Short-Term Disability Plan (STD) and the Long-Term Disability Plan (LTD). Roswell Park pays the full premium.

## **M/C LIFE INSURANCE PLAN**

New M/C employees have the option of enrolling in a term life insurance program. Elections must be made during the first six (6) bi-weekly pay periods after your first day of employment. Those who enroll or increase coverage after this time will be required to complete a medical questionnaire and may be required to undergo a physical examination. Premiums are paid through payroll deduction. The program is insured through the Metropolitan Life Insurance Company.