

**BENEFITS FOR MANAGEMENT/CONFIDENTIAL EMPLOYEES**

**HEALTH INSURANCE**

COVERAGE BEGINS ON 57<sup>th</sup> CALENDAR DAY OF EMPLOYMENT AND IS AVAILABLE TO EMPLOYEE, ELIGIBLE DEPENDENTS AND ELIGIBLE DOMESTIC PARTNERS.

You may choose The Empire Plan or choose from several Health Maintenance Organizations. Documentation of date of birth, social security number, and date of marriage (if applicable) must be provided before dependents can be enrolled. Information about the New York State Health Insurance Program can be found on the Internet at [www.suny.edu/benefits](http://www.suny.edu/benefits)

**THE EMPIRE PLAN**

The Empire Plan is a comprehensive worldwide health insurance program and its components are administered by several companies. Provides coverage at Centers of Excellence for infertility, cancer treatment, and transplants.

**Empire Blue Cross** - provides hospitalization coverage (inpatient hospital services, emergency room and outpatient services in a hospital setting). Inpatient care for covered services is paid in full. A \$40 co-pay applies to covered outpatient diagnostic services; \$70 emergency room; \$60 outpatient surgery.

**United HealthCare** - administers major medical coverage (doctor's office visits, office surgery, lab and radiology). Charges by Participating Providers are subject to a \$20 co-pay per visit. Charges by Non-Participating Providers are reimbursed at a rate of 80% of reasonable and customary fees after a \$1000 combined deductible each per enrollee, enrolled spouse and all dependent children. Basic medical coinsurance maximum is \$3000 annually. You must call for pre-certification for scheduled MRI, MRA, PET Scans, and any other nuclear medicine procedures.

**Managed Physical Medicine Program** - administers chiropractic treatment and physical therapy. \$20 co-payment for office visits to a Managed Physical Network provider.

**Home Care Advocacy Program (HCAP)** - administers home care services, diabetic supplies, skilled nursing services and durable medical equipment. Use of the HCAP provides a paid-in-full benefit.

**Beacon Health** - administers the inpatient and outpatient mental health and substance abuse portion of the Empire Plan. Network provider visits subject to a \$20 co-payment; non-network benefit substantially reduced.

**Empire Blue Cross** - administers the Empire Plan's hospital pre-admission certification program for maternity, scheduled hospital admission, and skilled nursing facility admission.

**CVS/Caremark** - administers the prescription program. Co-payments will vary depending on whether prescription is generic, preferred brand name or non-preferred brand name and whether you fill the prescription at a retail pharmacy or through mail order. For a 30-day supply at a pharmacy or through mail order, the co-payment is \$5, preferred brand name is \$25 and non-preferred brand name is \$45. 31-90 day supply through mail order is \$5 generic, \$50 preferred brand name, \$90 non-preferred brand name. 31-90 day supply at retail pharmacy is \$10 generic, \$50 preferred brand name, \$90 non-preferred brand name.

**HEALTH MAINTENANCE ORGANIZATIONS (HMOs)**

All NYSHIP HMOs provide a wide range of health services. Each offers a specific package of hospital benefits, medical, surgical and preventive care and prescriptions to employees living or working in the counties they cover. These services are provided or arranged by a primary care physician whom you have selected from the HMO's staff or physician directory. Inpatient hospital care is covered in full. Emergency care worldwide.

**Capital District Physicians' Health Plan (CDPHP) (300)** - serves Broome, Chenango, Delaware, Herkimer, Madison, Oneida, Otsego, Tioga counties. \$20 office visit; prescriptions \$10/generic, \$30/formulary, \$50 non-formulary for 30-day supply. Visit [www.cdphp.com](http://www.cdphp.com)

**HMO-Blue (CNY) (072)** - serves Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties. \$25 PCP office visit; prescriptions \$10/ Tier 1, \$30/Tier 2, \$50/Tier 3 (30 day supply). Visit [www.bcbscny.org](http://www.bcbscny.org)

**HMO-Blue (Utica-Watertown)(160)** - serves Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties. \$25 PCP office visit; prescriptions \$10/Tier 1, \$30/Tier 2, \$50/Tier 3 (30 day supply). Visit [www.bcbsuw.com](http://www.bcbsuw.com).

**MVP Health Plan(330)** - serves Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Otsego, Oswego, Tioga, Ulster counties. \$25 office visit; prescriptions \$10/generic, \$30/brand, \$50 non-formulary (30 day supply). Visit [www.mvphealthplan.com](http://www.mvphealthplan.com)

Other HMOs are available.

**2018 BI-WEEKLY RATES**

	Annual Salary under \$41,756		\$41,756 & Above	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
The Empire Plan (#001)	\$43.00	\$188.41	\$57.33	\$224.29
Capital District Physician's Health Plan (CDPHP) (#300)	\$82.27	\$245.37	\$95.45	\$279.59
HMO-Blue (Central NY) (#072)	\$35.62	\$149.06	\$47.50	\$177.74
MVP Health Plan (#330)	\$85.04	\$203.30	\$98.53	\$237.95

**RETIREMENT PLANS**

Participation in a retirement plan is **mandatory** for all full-time employees. Three options are available.

1. TIAA-CREF (Optional Retirement Plan)

- State contributes 8% of salary for the first seven years and 10% thereafter.
- There is a 366 day vesting period which is waived if employee is a member of a NYS public retirement system or has active retirement contracts with any of the four carriers in the ORP (TIAA-CREF, Voya, Fidelity or VALIC).
- If you leave employment before vesting, you can request a refund of your contribution with interest.
- Program can be transferred to other participating colleges.
- Pension is based upon total contributions and resultant accumulations in accounts through investment and earnings.
- SUNY CREF accumulations and contributions may be transferred to Alternate Funding Vehicles (AFVs)-Fidelity, VALIC, and Voya.
- Employee contribution will be based on salary.
 

○ Wages of \$45,000 or less	3%	Wages between \$45,000.01 and \$55,000	3.5%
○ Wages between \$55,000.01 and \$75,000	4.5%	Wages between \$75,000.01 and \$100,000	5.75%
○ Wages of \$100,000.01 or more	6%		

2. New York State Teachers' Retirement System (TRS) or New York State Employees' Retirement System (ERS)

- There is a 10-year vesting period.
- Pension is based on years of service and final average salary.
- Employee contribution will be based on salary.
 

○ Wages of \$45,000 or less	3%	Wages between \$45,000.01 and \$55,000	3.5%
○ Wages between \$55,000.01 and \$75,000	4.5%	Wages between \$75,000.01 and \$100,000	5.75%
○ Wages of \$100,000.01 or more	6%		

#### **VACATION/SICK LEAVE**

Full-time M/C employees accrue vacation leave and sick leave each at the rate of 1.75 days per month. One vacation day will be added to full-time employee's accruals on January 2 of each year.

#### **DENTAL AND VISION COVERAGE**

M/C employees and their eligible dependents are provided with dental and vision coverage. New York State pays the premium in full.

**Vision plan** - provided by Davis Vision. Coverage effective on the 57<sup>th</sup> day of employment.

- Every two years\*, you and your dependents are entitled to an eye examination and one pair of eyeglasses or the benefit may be applied toward the cost of contact lenses. (If contact lenses are chosen, you will pay a \$25 co-payment. If you select contact lenses other than those provided by the Plan, you will receive a \$40 allowance toward the purchase.)
- \*DEPENDENTS UNDER THE AGE OF 19 ARE ELIGIBLE FOR AN ANNUAL BENEFIT.
- If non-participating providers are used, you will be reimbursed according to a schedule of allowances.
- Occupational vision benefit provided for employee only.

**Dental Plan** - provided by GHI Preferred Dental Plan (Emblem Health). Coverage effective on the first day of the month following six full calendar months of employment.

- Participating providers have agreed to accept GHI's Preferred Dental schedule as payment in full for covered services.
- If non-participating providers are used, reimbursement is made according to a schedule of allowances. Employee is responsible for balance.

#### **M/C LIFE INSURANCE PROGRAM**

Group life insurance available through Metropolitan Life Insurance Company.

#### **TUITION ASSISTANCE (for employees only)**

Tuition Reimbursement (B140) - A percentage of tuition is reimbursed based upon the total amount of funds available for this purpose. Courses must be taken at SUNY institutions.

Tuition Assistance - \$25 per credit hour may be reimbursed for courses taken at other accredited institutions. This is done through your Department's Supplies & Expenses budget.

M/C Tuition Reimbursement Program - Employees eligible after six months of continuous employment; 75% reimbursement of job-related or career-related coursework to a maximum reimbursement of \$750 per fiscal year. Subject to budget approval.

#### **M/C DEPENDENT SCHOLARSHIP PROGRAM (for dependents under age 25)**

Program provides a \$750 award per semester for eligible dependents to be used for tuition, fees, books or supplies in support of attendance at an accredited institution of higher education. A total of eight scholarships can be awarded per dependent child. Scholarship checks are issued in the M/C employee's name and address of record.

#### **PAYROLL**

New York State is on a 2-week lag payroll. This means you will receive compensation for your first two weeks of work approximately one month after you begin work. M/C employees are subject to five-day withholding which means that the first five paychecks are reduced by 10% of full biweekly pay. Reimbursement of the 5-day withholding is made at the end of service at the prevailing rate. Paychecks are distributed every other Wednesday. Direct Deposit is available upon employment.

#### **TAX DEFERRED PROGRAMS**

Employees may elect to have salary withheld and invested in tax-deferred programs. The amount withheld is not subject to income tax until collected at retirement.

#### **ON-SITE CHILD CARE CENTER**

The Cortland College Children's Center is located in the new Education Building. This state-of-the-art facility provides quality child care services for children ages 6 weeks to five years old. For further information, contact the Center's Director, 607-753-5955.

#### **FLEXIBLE SPENDING ACCOUNTS**

Flexible spending accounts (governed by IRS regulations) provide eligible employees the opportunity of paying for eligible child, elder or other dependent care expenses (DEPENDENT CARE ADVANTAGE ACCOUNT) or un-reimbursed health care expenses (HEALTH CARE SPENDING ACCOUNT) on a pre-tax basis. Contact the FSA Hotline, 1-800-358-7202, for a packet of information or visit their website [www.flexspend.ny.gov](http://www.flexspend.ny.gov)

#### **GROUP DISABILITY INSURANCE**

All active full-time M/C employees are eligible for coverage after the completion of one year of service. The one-year waiting period is waived if an immediate previous employer provided a similar group disability insurance policy.

#### **DOMESTIC RELOCATION SERVICES**

SUNY has an agreement with Corrigan Moving Systems for reduced relocation services for SUNY employees. The local representative for Corrigan can be reached by calling 800-333-0763. A free estimate can be obtained online at [www.corriganmoving.com/nyedu/](http://www.corriganmoving.com/nyedu/)