

-Health Care Spending Account deductions/claims begin on the 61st day of State service, when enrolling due to a Change of Status, rather than during the open enrollment period.

-Total amount available anytime during period of coverage.

#### **Cost for Flex Spending Coverage**

-The employee determines the amount to be contributed.

-Annual maximum \$5,000 per household for DCAA, including employer contribution.

-Minimum \$100, maximum \$4,000 per employee for HCSA.

#### **DISABILITY COVERAGE**

Monthly income benefit equal to 60% of covered monthly salary, not to exceed \$5,000 a month (*inclusive* of other income). Also provides a monthly annuity premium benefit.

#### **Eligibility for Disability Coverage**

-Must be eligible to receive health insurance.

-Totally disabled for **six consecutive months**.

#### **Effective Date for Disability Coverage**

-First of the month following one year anniversary of hire date.

\*Waiting period may be waived with proof of recent total disability insurance from prior employer.

#### **Cost for Disability Coverage**

-No cost to the employee.

#### **GROUP LIFE AND ACCIDENT INSURANCE**

(Go to [www.suny.edu/benefits](http://www.suny.edu/benefits) to use calculator for MCU)

Optional term life, accidental death and dismemberment insurance. Can include coverage for spouse and dependents.

#### **Eligibility for Group Life and Accident Coverage**

-All M/C employees. If enrolled within 12 weeks of hire, no proof of insurability is required.

#### **Effective Date for Group Life and Accident Coverage**

-First day of pay period following the pay period in which enrollment form submitted.

#### **Cost for Group Life and Accident Coverage**

-Employee premiums determined by amount of coverage purchased and age of *employee*.

#### **LONG-TERM CARE INSURANCE**

([www.NYPERL.net/1-866-474-5824](http://www.NYPERL.net/1-866-474-5824))

Provides coverage for care in a nursing home, assisted living facility, or at home.

#### **Eligibility for Long-Term Care Coverage**

-Must be eligible to receive health insurance.

-Also available to spouse/domestic partner, parents, parents-in-laws, and dependent children ages 18-24.

#### **Effective Date for Long-Term Care Coverage**

-If employee enrolls within 60 days of eligible appointment, guaranteed issue. All others are subject to medical underwriting.

#### **Cost for Long-Term Care Coverage**

-Premiums determined by amount of coverage, plan purchased, and age of enrollee.

#### **TUITION ASSISTANCE PROGRAMS**

([www.goer.state.ny.us/mc/mctuition.html](http://www.goer.state.ny.us/mc/mctuition.html))

Available to **EMPLOYEES** who wish to improve their job-related skills and knowledge through higher education.

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

([www.nysaves.org/1-877-697-2837](http://www.nysaves.org/1-877-697-2837))

Voluntary employee contributions put aside for **any ONE** designated person (per account) to use for qualified higher education expenses.

-Offers an annual NYS income tax deduction for contributions up to \$5,000 for individuals/\$10,000 for married couples filing joint.

-Federal taxes due on earnings, at beneficiary's tax rate, upon withdrawal.

-Minimum payroll deduction is \$15.00 per pay period.

#### **EMPLOYEE ASSISTANCE PROGRAM**

([www.fredonia.edu.eap/716-673-3586](http://www.fredonia.edu.eap/716-673-3586))

EAP office on-site offers confidential assistance with personal problems or concerns of employees.

#### **VACATION AND SICK LEAVE**

(Time & Attendance Office 716-673-3775)

Vacation and sick leave accruals are earned at the same rate, 1.75 days per calendar month.

\*If eligible, up to 200 sick leave days may be converted at retirement to a cash value to aid in the payment of health insurance premiums. Up to 200 sick leave days may **also** be used for retirement service credit for ERS members.

#### **HOLIDAYS**

Eligible for up to 12 holidays per year.

The SUNY Fredonia Federal Credit Union, located near the Williams Center, offers many great services to employees.

\*Parents in need of quality childcare may wish to contact the Campus & Community Children's Center (CCCC) at 673-4662 to obtain information regarding available Early Childhood and School Age Programs ([www.childcarecccc.com](http://www.childcarecccc.com)).

#### **M/C benefits on-line at:**

[www.goer.state.ny.us](http://www.goer.state.ny.us)

**For more information regarding employee benefits on-line, go to [www.cs.state.ny.us/ebd](http://www.cs.state.ny.us/ebd)**

\*NOTE: To ensure timely coverage of all benefits please contact our BENEFITS OFFICE in the Administrative Office Complex (716-673-3434) for information, applications, and documentation requirements. For HR/Benefit updates, subscribe to [LISTSERV@LISTSERV.FREDONIA.EDU](mailto:LISTSERV@LISTSERV.FREDONIA.EDU) and command: *Subscribe HRNEWS yourfirstname yourlastname*.

09/11



## **BENEFITS SUMMARY**

Management Confidential  
*Unclassified*



*Where  
Success  
is a  
Tradition*

### **Human Resources Office**

280 Central Avenue

Administrative Office Complex

Tel 716-673-3434

Fax 716-673-3210

[www.fredonia.edu/humanresources](http://www.fredonia.edu/humanresources)

## HEALTH INSURANCE

Several Plan Options:

- The Empire Plan  
or choose from one of many...
- Health Maintenance Organizations such as:
  1. Community Blue
  2. Independent Health - WNY

\*Employees who select an HMO must use participating providers and live or work in that HMO's designated area.

### **Extra Health and Wellness Programs Offered Through Most Plans:**

The **EMPIRE PLAN** offers:

- Empire Plan NurseLine
  - Health information and education 24 hours a day.
- Migraine Management Program
  - Provides doctor/patient education and medication (in limited quantity).

### **Eligibility for Health Insurance Coverage**

-Appointments expected to last a minimum of six biweekly pay periods AND be at least 50%.

### **Effective Date for Health Insurance Coverage**

-56 day waiting period.

### **Cost for Health Insurance Coverage**

-New York State pays the majority of the health insurance premium, regardless of whether employee selects individual or family coverage. The 2011 *employee cost* is as follows:

- 1. The Empire Plan Biweekly Premiums**
  - Individual: \$42.79
  - Family: \$153.00
- 2. Community Blue Biweekly Premiums**
  - Individual: \$40.57
  - Family: \$208.01
- 3. Independent Health - WNY Biweekly Premiums**
  - Individual: \$39.25
  - Family: \$150.72

-Premiums may be taken **pre-tax**/payroll deduction.

-Office visit co-pays are currently \$20/Empire Plan & \$10/most HMOs.

\*Employee may be eligible for low-cost health insurance when retiring from Fredonia with 10 years of NYSHIP (New York State Health Insurance Program) eligibility.

## PRESCRIPTION DRUGS

Coverage included with health insurance plan selected by employee.

**-The Empire Plan allows a 90-day supply per co-pay:**

-Co-pay is \$5 for generic, \$20 for preferred brand name, and \$65 for non-preferred brand name when using *mail service pharmacy*.

### **Eligibility for Prescription Drug Coverage**

-Must be eligible to receive health insurance.

### **Effective Date for Prescription Drug Coverage**

-56 day waiting period.

### **Cost for Prescription Drug Coverage**

-Paid for through health insurance premium.

\*Co-pay varies by plan.

## DENTAL INSURANCE

(www.ghi.com/1-800-624-2414)

### **GHI Preferred Dental Plan:**

-\$25 deductible per person/year.

-Maximum family deductible \$75/year.

-Preventative, diagnostic and orthodontic care exempt from deductible.

-Maximum \$1,800 person/year, including orthodontia.

(Orthodontia covered for **eligible** dependents UNDER age 19)

-*Participating* providers accept payment in full for covered services.

-Schedule of allowances used for *nonparticipating* providers.

\*Pre-determination of benefits sometimes required.

### **Eligibility for Dental Insurance Coverage**

-Must be eligible to receive health insurance.

### **Effective Date for Dental Insurance Coverage**

-First of the month **after** six calendar months of employment.

### **Cost for Dental Insurance Coverage**

-Premiums paid by New York State.

## VISION CARE

(www.cs.state.ny.us/1-877-226-1412)

### **EyeMed Vision Care:**

Provides an eye exam and eyeglasses every 24 months to eligible employees and their dependents.

\*Dependents **under** 19 may use benefit every 12 months.

-No co-pay for covered services with a *participating* provider **unless** selecting contact lenses.

-Occupational vision benefit available to employees.

### **Eligibility for Vision Care Coverage**

-Must be eligible to receive health insurance.

### **Effective Date for Vision Care Coverage**

-56 day waiting period.

### **Cost for Vision Care Coverage**

-Premiums paid by New York State.

## RETIREMENT SYSTEM

### **Choice of Plans:**

**New York State Employees' Retirement System (ERS)**

**New York State Teachers' Retirement System (TRS)**

-Defined benefit plan.

-Benefit based on final average salary, years of NYS service credit, and age at retirement.

### **Optional Retirement Program (ORP)**

-Defined contribution plan.

-Benefits are based on employer and employee contributions and the success of the investments.

-Portability to other institutions.

-Employer contribution for a **new** SUNY employee

is 8% of salary for first 7 years of service; 10% during 8th - 10th year, 13% thereafter.

Carriers: TIAA-CREF, ING, MetLife, and VALIC.

### **Eligibility for Retirement System Participation**

-Membership in a retirement plan is mandatory for *full-time permanent* employees.

-ERS/TRS membership for part-time and full-time *temporary* employees is optional, **EXCEPT** when appointee has current membership in ERS/TRS. *Part-time* employees are eligible to join the ORP. Employees in *designated titles* are eligible for **New York State Teachers' Retirement System. (TRS)**

### **Effective Date for Retirement System Participation**

-Immediately upon enrollment.

-Vested after 10 years (full-time equivalent) in ERS and TRS.

-Vested after 366 days in ORP.

### **Cost of Retirement System Participation**

-Employee contribution to NYSTRS plan is 3 1/2%, of salary, 3% of salary for NYSERS & ORP plans.

No contribution for ORP members **AFTER** 10 years of service credit or membership.

## OPTIONAL RETIREMENT SAVINGS PLANS

Voluntary tax-deferred savings programs designed to provide funds in retirement.

-Employees may choose to participate in a tax-deferred annuity/403(b) through TIAA-CREF, ING, MetLife, VALIC or Fidelity **AND/or** the NYS Deferred Compensation Plan/457.

### **Eligibility for Tax Deferred Savings Plan Coverage**

-Upon employment.

### **Effective Date for Tax Deferred Savings Plan Coverage**

-Choice of employee.

### **Cost for Tax Deferred Savings Plan Coverage**

-Employees may elect to contribute up to \$16,500 in BOTH 403(b) and 457 plans during 2011. "Catch-up" provisions are also available.

## NYS FLEX SPENDING ACCOUNT

(www.flexspend.state.ny.us/1-800-358-7202)

A portion of salary can be designated by employee to cover eligible childcare, elder care, and/or health care expenses with pre-tax dollars. "Use it or lose it" rule applies.

### **Eligibility for Flex Spending Coverage**

-Must be receiving regular biweekly paychecks.

-Must enroll within 60 days of hire or during annual open enrollment period.

-Must be expected on payroll entire year or permanent employee; work half-time or more, non-hourly, and eligible for NYSHIP to participate in **HCSA**.

\*Additional eligibility criteria may be required.

### **Effective Date for Flex Spending Coverage**

-**Dependent Care Advantage Account** is immediate.

-Reimbursement as funds are deposited through payroll deduction. Employer contribution *possible*.