

BENEFITS AT A GLANCE

ALL EMPLOYEES REPRESENTED BY PEF

BINGHAMTON UNIVERSITY

BENEFIT	DESCRIPTION	ELIGIBILITY	EFFECTIVE DATE	BI-WEEKLY PREMIUM
<p>Health Insurance/Prescriptions</p>	<p>Plan Options – NYSHIP Choices Book</p> <p>New York State Empire Plan: Anthem Blue Cross - Hospitalization United HealthCare – Major Medical/Surgical Carelon– Mental Health/Substance Abuse CVS/Caremark – Prescription Plan Administrator</p> <p style="color: red;">For more information go to: https://www.cs.ny.gov/employee-benefits/login/ Provider search: www.empireplanproviders.com</p> <p>Health Maintenance Organizations (HMO): Hospitalization and medical/surgical care by designated primary care physicians</p> <p style="color: red;">For more information and to search providers visit: HMO Blue – http://www.excellusbcbcs.com/wps/portal/xl MVP – www.mvphealthcare.com CDPHP – www.cdphp.com</p>	<p>Full-time employees with appointments that are expected to last 3 months or longer.</p> <hr/> <p>Part-time employees need to work at least half-time on a regularly scheduled basis</p>	<p>28 calendar-day waiting period from date of appointment</p>	<p>*NYS EMPIRE PLAN: GRADE 9 or BELOW Individual \$ 60.07 Family \$ 271.92 GRADE 10 or ABOVE Individual \$ 80.09 Family \$ 323.33</p> <p>*HMO BLUE: GRADE 9 or BELOW Individual \$ 52.85 Family \$ 223.02 GRADE 10 or ABOVE Individual \$ 70.47 Family \$ 265.85</p> <p>*MVP: GRADE 9 or BELOW Individual \$ 63.00 Family \$ 223.75 GRADE 10 or ABOVE Individual \$ 81.59 Family \$ 267.38</p> <p>*CDPHP GRADE 9 or BELOW Individual \$ 72.59 Family \$ 225.20 GRADE 10 or ABOVE Individual \$ 90.95 Family \$ 269.15</p> <p>* Bi-weekly (per paycheck) cost effective January 4, 2024</p>
<p>OPT-OUT Program</p>	<p>Allows eligible employees who have other employer-sponsored group health insurance, to opt out of the NYSHIP coverage in exchange for an incentive program.</p>	<p>Must be covered under an employer-sponsored group health insurance plan through other employment of your own or a plan through your spouse, domestic partner or parent as the result of their employment.</p>		

BENEFIT	DESCRIPTION	ELIGIBILITY	EFFECTIVE DATE	COST
<p>Dental</p> <p>Vision</p>	<p>Partial reimbursement for services through participating and non-participating providers.</p> <p>For more information go to: http://www.emblemhealth.com/nyship/</p> <hr/> <p>Financial assistance in meeting cost of eye exams and glasses/contact lenses.</p> <p>For more information go to: http://www.cs.ny.gov/ebd/index.cfm</p>	<p>Must be at least half-time and eligible to receive health insurance</p>	<p>28 calendar-day waiting period from date of appointment.</p>	<p>No premium cost; paid for by New York State</p>
<p>Retirement Systems</p>	<p>Options ERS (Employees' Retirement System): Defined benefit plan; benefits are based on final five years average salary* and years of employment.</p> <p>For more information go to: http://www.osc.state.ny.us/retire/index.htm</p> <p>*As defined by TIER</p>	<p>Membership for full-time permanent employees is mandatory.</p> <hr/> <p>Membership for part-time and full-time temporary employees is optional.</p>	<p>Permanent employees: membership is effective on the date of appointment. Vested after 5 years of full-time service.</p> <hr/> <p>Temporary and part-time employees: Membership is effective upon receipt of application at ERS.</p>	<p>Employee contribution is based on salary, as follows:</p> <p>\$45,000 and under: 3% \$45,000.01 – \$55,000: 3.5% \$55,000.01 – \$75,000: 4.5% \$75,000.01 – \$100,000: 5.75% More than \$100,000: 6%</p>
<p>Disability Coverage and Life Insurance</p>	<p>Not provided by the University, but may be purchased individually through the union. For more Info go to: www.pef.org</p>			
<p>Tax Deferred Annuities & Roth After-Tax 403(b) Options</p>	<p>After-tax and deferred tax retirement savings/investment plans http://www.suny.edu/benefits/vsp/</p>	<p>Upon employment.</p>	<p>Choice of employee.</p>	<p>Employee contributions through salary reduction subject to IRS limitations. No employer contribution.</p>
<p>New York State Deferred Compensation</p>	<p>After-tax and deferred tax voluntary savings program designed to provide funds in retirement.</p> <p>For more information or to enroll go to: www.nysdcp.com or call 1-800-422-8463</p>	<p>Upon employment.</p>	<p>Choice of employee.</p>	<p>Employee contributions through salary reduction subject to IRS limitations. No employer contribution.</p>
<p>Tuition Assistance</p>	<p>Partial assistance is available through the Tuition Waiver Program (based on funding) at State operated campuses. Fees are not covered by Tuition Assistance. For further information visit: https://www.binghamton.edu/offices/human-resources/benefits/tuition-assistance.html</p>	<p>Appointment must cover period of support.</p>	<p>Upon employment.</p>	<p>No cost to the employee for this benefit.</p>

