BENEFITS ORIENTATION for CONTINUING EDUCATION TEACHER (CET)





BENEFITS ORIENTATION AGENDA

- Benefits Summary
- Health Insurance
- PSC-CUNY Welfare Fund Benefits
- Open Enrollment/Transfer Period
- Flexible Spending Account (FSA)
- COBRA
- Transitioning of titles
- Pension
 - Supplemental Retirement Programs
- Leaves
- Commuter Benefits
 - Additional Benefits



BENEFITS ORIENTATION AGENDA

- 20 hours per week
- 6-month appointment
- Eligible immediately for HIP-HMO
- Benefits Summary
- Health Benefits Application (Not for use by NYCAPS Agencies)
- Dependent Eligibility Required Documentation
- Health Plan Rate Chart for Employees Effective September 2019
 - View a summary of each Health Plan



JULY 2019 NEW HIRES

- HIP HMO is the only plan that employees are eligible for if they are a new city employee
- Employees should provide proof or verification of city service if they have met the 365 day employment period
- Employees who have met this employment period have the option to choose any city health plan
- Employees have the option to opt out of HIP HMO immediately if they do not live in the geographical service area covered by the plan.

The form must be sent to: <u>cityagencies@emblemhealth.com</u> or fax to (212)-510-5445 or mail to: Attn: Emblemhealth Opt out form Processing department 55 Water Street, New York, NY 10041

- Emblemhealth will be responding to the opt out request via email
- 365 days after an employee is enrolled in HIP HMO, they have the option to join another health plan
- There is a qualifying event period between the 336th day and the 365th day (30 day window) in which an employee can submit documentation to HR to join another health plan as of the 366th day of employment
- Please refer to <u>www.nyc.gov/hbp</u> for more information



SEPTEMBER 2019 RATE SHEET

EMPLOYEE Health Plan Rates as of September 1, 2019 (NOTE: Rates are subject to change)

These rates are in effect as of your first full payroll period in September 2019

WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$64.03	\$188.19	\$0.00	\$66.98	\$197.43	\$0.00	\$45.98	\$0.00	\$244.89	\$0.00	\$35.80
Prescription Drugs	\$379.91	\$68.60	\$0.00	\$59.99	\$59.99	\$17.74	\$84.51	\$60.84	\$65.49	\$52.40	\$73.12
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.06	\$0.00	\$1.90	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$443.94	\$256.79	\$0.00	\$126.97	\$257.42	\$18.80	\$130.50	\$62.75	\$310.38	\$52.40	\$108.92
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic											
Dasic	\$289.65	\$510.17	\$0.00	\$200.08	\$502.34	\$0.00	\$134.50	\$0.00	\$599.97	\$0.00	\$126.07
Prescription Drugs	\$289.65 \$1,074.51	\$510.17 \$204.96		\$200.08 \$147.07	\$502.34 \$147.07		\$134.50 \$215.50	\$0.00 \$149.06	\$599.97 \$160.45	\$0.00 \$118.17	\$126.07 \$190.22
			\$0.00			\$31.50					

* For GHI-CBP/EBCB\$, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

BI-WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$128.07	\$376.38	\$0.00	\$133.95	\$394.85	\$0.00	\$91.97	\$0.00	\$489.77	\$0.00	\$71.61
Prescription Drugs	\$759.82	\$137.20	\$0.00	\$119.98	\$119.98	\$35.48	\$169.03	\$121.68	\$130.98	\$104.81	\$146.24
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.12	\$0.00	\$3.81	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$887.88	\$513.58	\$0.00	\$253.94	\$514.83	\$37.59	\$261.00	\$125.49	\$620.75	\$104.81	\$217.84
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$579.31	\$1,020.35	\$0.00	\$400.17	\$1,004.68	\$0.00	\$269.00	\$0.00	\$1,199.94	\$0.00	\$252.13
Prescription Drugs	\$2,149.03	\$409.91	\$0.00	\$294.14	\$294.14	\$63.01	\$431.00	\$298.12	\$320.91	\$236.34	\$380.45
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.35	\$0.00	\$9.34	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,728.33	\$1,430.26	\$0.00	\$694.31	\$1,298.82	\$68.36	\$700.00	\$307.45	\$1,520.85	\$236.34	\$632.58

* For GHI-CBP/EBCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

SEMI-MONTHLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$139.50	\$409.99	\$0.00	\$145.92	\$430.11	\$0.00	\$100.18	\$0.00	\$533.50	\$0.00	\$78.00
Prescription Drugs	\$827.66	\$149.45	\$0.00	\$130.70	\$130.70	\$38.65	\$184.12	\$132.55	\$142.68	\$114.17	\$159.30
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.31	\$0.00	\$4.15	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$967.16	\$559.44	\$0.00	\$276.61	\$560.80	\$40.95	\$284.30	\$136.70	\$676.18	\$114.17	\$237.30
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	F : FRO	OUL ODD/EDODO	01111110	1000 1000	100 000		
		CIONA	DC37 med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$631.03			\$435.90	\$1,094.38			HIP HMO \$0.00	\$1,307.08		vytra \$274.65
Basic Prescription Drugs		\$1,111.45								\$0.00	
	\$631.03	\$1,111.45 \$448.51	\$0.00	\$435.90	\$1,094.38	\$0.00 \$68.64	\$293.02	\$0.00	\$1,307.08	\$0.00 \$257.44	\$274.65

* For GHI-CBP/EBCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.



HEALTH INSURANCE Cont'd

- 30 days Qualifying event
- Attach supporting documents for each dependent
 <u>Dependent Eligibility Required Documentation</u>
- Name changes social security card & supporting document (marriage/divorce decree)
- Changes to health plan
- Adding or dropping dependent(s)
- Open Enrollment/Transfer Period 365 days after appointment



PSC-CUNY WELFARE FUND BENEFITS

- PSC Welfare Fund <u>form</u> and <u>webpage</u>
- DENTAL Options of: Guardian Life Insurance Company(PPO) DeltaCare USA(HMO)

DRUG/PRESCRIPTION

Prescription drugs are covered by CVS/Caremark for you and your dependents and the card can be used at a participating pharmacy.

VISION

Davis Vision is the network provider for the Welfare Fund. Plan participants and their dependents are eligible for one pair of glasses (lenses and frames) and an eye exam once every two years.



FLEXIBLE SPENDING ACCOUNT

- HCFSA helps employees pay for necessary out-of-pocket medical, dental, vision, and hearing aid expenses not covered by insurance.
- FSA Overview
- Plan Year 2020 Flexible Spending Accounts Program Brochure
- Plan Year 2020 FSA Enrollment/Change Form
- The MSC Health Benefits Buy-Out Waiver Program entitles all eligible employees to receive a cash incentive payment for waiving their City health benefits if non-City group health coverage is available to them (e.g., a spouse's/domestic partner's plan, coverage from another employer).
- Incentive payments will be made in June and December of the Plan Year and will be included in the employee's regular paycheck. This amount will be prorated for any period less than six months by the number of days the employee is participating in the MSC Health Benefits Buy-Out Waiver Program.
- For additional information about the Medical Spending Account Program and/or the Health Care Flexible Spending Accounts Program, please visit the <u>Flexible Spending Program</u> pages on this website. Or call the Administrative Office at (212) 306-7760.



OPEN ENROLLMENT/TRANSFER PERIOD

During the **Annual fall Open Enrollment/Transfer** period CETs are able to make health and dental plan changes without having a "Qualifying Life Event".

- a. Enrolling in health & dental coverage
- b. Adding or dropping dependents, spouse or domestic partner
- b. Changing medical or dental plan
- c. Adding or dropping an optional rider benefit

These changes will be reflected on the 1st full paycheck in January of the following year

Please review your paycheck/stub for any/all deductions

- Qualifying Event
 - CETs can add or drop dependents due to a qualifying event such as: birth of a child, marriage, divorce, adoption, loss of health insurance
 - 2. The Health Benefits Application and supporting documentation should be completed and submitted to HR within <u>30 days</u> of the event, otherwise you must wait until the next annual open enrollment



<u>COBRA</u>

COBRA provides for a continuation of benefits for participants and covered eligible dependents if CET's basic benefit coverage is lost. This coverage is for a period of 18 to 36 months depending on the reason for COBRA eligibility.

<u>COBRA</u> paperwork is sent out by the Human Resources Coordinator within 30 days of loss of coverage. The individual is responsible for paying the full premium for the health and Welfare Fund coverage.

The COBRA packet contains:

- Cobra Continuation Enrollment Form (PSC CUNY Welfare Fund)
- Continuation of Coverage Application (Health Benefits Program) which include the Monthly COBRA rates for health plans

If interested, the COBRA packet should be completed by the individual and mailed directly to the specific vendors (health and PSC WF)



TRANSITIONING OF TITLES

• Part time to Full time appointments

CET appointed to a full time instructional title, must complete full time health benefits paperwork. The Office of Human Resources has monthly benefits orientations for the full time instructional staff.

This is mandatory and ensures the continuation of benefits in the new title.



PENSION – TIER VI

CETs have the option of joining NYCERS or TRS. Must have a current appointment NYCERS

- Less than 30 hours per week
- 6 month appointment
- 30 or more hours per week

Defined Benefit Plan

Pension amount is based on FAS

Contribution can range from 3% to 6% and is based on salary range

Vesting period is 10 years



PENSION TIER VI

- Effective April 1, 2012 Tier VI employees' contributions will be as follows:
- Based on Salary Ranges:

Wages less than or equal to \$45,0003% Wages greater \$45,000 and up to \$55,0003.5% Wages greater than \$55,000 and up to \$75,0004.5% Wages greater than \$75,000 and up to \$100,0005.75% Wages greater than \$100,0006%

For example: someone earning \$50,000 will contribute 3.5% based on \$50,000



SUPPLEMENTAL RETIREMENT PLANS

COVERAGE		PROVIDER
403(b)	Supplemental Retirement Annuity <u>(SRA)</u>	• <u>TIAA</u> • TRS
<u>457(b)</u>	Deferred Compensation Plan	 NY State Deferred Compensation
<u>401(k)</u>	City of NY 401(k)	 NY City Deferred Compensation

LaGUARDIA COMMUNITY COLLEGE

LEAVES

Family Medical Leave (FML)- Qualified employees are eligible for paid/unpaid leave for medical reasons. It is job protected and allows employees to maintain their health benefits.

Sick Leave- 14 days per year or a pro-rata portion of (one day of sick for every 24 hours worked)

• Maximum 28 days

Jury Duty- If summoned for jury duty, bring all supporting documents to the Payroll Office with the appropriate timesheets.



COMMUTER BENEFIT PLAN

EDENRED

- Benefit for all employees
- Defer transportation cost into pre-tax account (tax deferred up to \$265 per month)
- Only 2 Bi-weekly payroll deductions allowed per month and monthly Admin Fee (\$1.25 - \$2.05)
- Used on MTA, Subway and Buses, LIRR, Metro North, NJ Transit
 Park-n-Ride option available
 - Commuter Benefits
- Upon separation, there is a 90 day period to spend down balance on Wageworks account



ADDITIONAL BENEFITS

BENEFIT NAME	DESCRIPTION
Workers' Compensation	 All employees who suffer a job-related injury or illness should report it to: Public safety Human Resources your supervisor immediately
Employee Assistance Program- Deer Oaks- CUNY Work/Life Program	A free, confidential benefit offering short-term counseling, resources and referrals for you and your family members.
NY College <u>529</u> Program	Provides flexible & convenient low-cost ways to save for college



WORKPLACE VIOLENCE PREVENTION PROG (WVPP) SEXUAL MISCONDUCT PREVENTION and RESPONSE COURSE (E-SPARC)

- Mandatory to be completed annually
- Personalized link sent to each employee
- Contact Bonnie Brown <u>bbrown@lagcc.cuny.edu</u> with questions, or if you did not receive a personalized link from Workplace Answers e-learning



DISCOUNTS

 Working Advantage : Access to discounted movie tickets, hotel, travel, theme parks and more.

Company code: 971240428

- CUNY e-mall through <u>CUNY Portal</u>: Access to discounted electronics
- Weight Watchers



BENEFITS TEAM CONTACTS

- Purysabel Uregar, Benefits Manager puregar@lagcc.cuny.edu, Phone (718) 482-5079
- Bryan Parks <u>bparks@lagcc.cuny.edu</u>, Phone (718) 718-482-5075

- Office of Human Resources
- (718) 482-5075

