



# CLASSIFIED PART TIME/HOURLY STAFF BENEFITS ORIENTATION

# AGENDA

- Benefits Summary
- Health Insurance
- Welfare Fund
- Flexible Spending Account (FSA)
- Open Enrollment/Transfer Period
- COBRA
- Retirement Benefits
- Supplemental Retirement Benefits
- Commuter Benefits
- Additional Benefits
- Workplace Violence Prevention Program
- Time & Leave Summary
- Discounts

# HEALTH INSURANCE

- 20 hours per week
- 6-month or more appointment
- Eligible on 91<sup>st</sup> day after appointment – **HMO-HMO default**
- [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: [cityagencies@emblemhealth.com](mailto:cityagencies@emblemhealth.com) 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 336<sup>th</sup> day and the 365<sup>th</sup> day (30 day window) in which an employee can submit documentation to HR to join another health plan as of the 366<sup>th</sup> day of employment
- Please refer to [www.nyc.gov/hbp](http://www.nyc.gov/hbp) 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          | \$88.80         | \$0.00        | \$59.99         | \$59.99         | \$17.74        | \$84.51         | \$80.84         | \$85.49         | \$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          |
| <b>Total (Basic + Rider)</b> | <b>\$443.94</b>   | <b>\$256.79</b> | <b>\$0.00</b> | <b>\$126.97</b> | <b>\$257.42</b> | <b>\$18.80</b> | <b>\$130.50</b> | <b>\$62.75</b>  | <b>\$310.38</b> | <b>\$52.40</b>  | <b>\$108.92</b> |
| FAMILY                       | Aetna EPO         | CIGNA           | DC37 Med Team | Empire HMO      | Empire EPO      | GHI-CBP/EBCBS  | GHI HMO         | HIP HMO         | HIP POS         | MetroPlus Gold  | Vytra           |
| Basic                        | \$289.65          | \$510.17        | \$0.00        | \$200.08        | \$502.34        | \$0.00         | \$134.50        | \$0.00          | \$599.97        | \$0.00          | \$126.07        |
| Prescription Drugs           | \$1,074.51        | \$204.98        | \$0.00        | \$147.07        | \$147.07        | \$31.50        | \$215.50        | \$149.08        | \$160.45        | \$118.17        | \$190.22        |
| Rider Other*                 | \$0.00            | \$0.00          | \$0.00        | \$0.00          | \$0.00          | \$2.88         | \$0.00          | \$4.67          | \$0.00          | \$0.00          | \$0.00          |
| <b>Total (Basic + Rider)</b> | <b>\$1,364.17</b> | <b>\$715.13</b> | <b>\$0.00</b> | <b>\$347.15</b> | <b>\$649.41</b> | <b>\$34.18</b> | <b>\$350.00</b> | <b>\$153.73</b> | <b>\$760.42</b> | <b>\$118.17</b> | <b>\$316.29</b> |

\* 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.

## 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          | \$378.38          | \$0.00        | \$133.95        | \$394.85          | \$0.00         | \$91.97         | \$0.00          | \$489.77          | \$0.00          | \$71.81         |
| 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          |
| <b>Total (Basic + Rider)</b> | <b>\$887.88</b>   | <b>\$513.58</b>   | <b>\$0.00</b> | <b>\$253.94</b> | <b>\$514.83</b>   | <b>\$37.59</b> | <b>\$261.00</b> | <b>\$125.45</b> | <b>\$620.75</b>   | <b>\$104.81</b> | <b>\$217.84</b> |
| 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        | \$1,004.88        | \$0.00         | \$289.00        | \$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          |
| <b>Total (Basic + Rider)</b> | <b>\$2,728.33</b> | <b>\$1,430.26</b> | <b>\$0.00</b> | <b>\$694.31</b> | <b>\$1,298.82</b> | <b>\$68.36</b> | <b>\$700.00</b> | <b>\$307.45</b> | <b>\$1,520.85</b> | <b>\$236.34</b> | <b>\$632.58</b> |

\* 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           | \$827.86          | \$149.45          | \$0.00        | \$130.70        | \$130.70          | \$38.85        | \$184.12        | \$132.55        | \$142.88          | \$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          |
| <b>Total (Basic + Rider)</b> | <b>\$967.16</b>   | <b>\$559.44</b>   | <b>\$0.00</b> | <b>\$276.61</b> | <b>\$560.80</b>   | <b>\$40.95</b> | <b>\$284.30</b> | <b>\$136.70</b> | <b>\$676.18</b>   | <b>\$114.17</b> | <b>\$237.30</b> |
| FAMILY                       | Aetna EPO         | CIGNA             | DC37 Med Team | Empire HMO      | Empire EPO        | GHI-CBP/EBCBS  | GHI HMO         | HIP HMO         | HIP POS           | MetroPlus Gold  | Vytra           |
| Basic                        | \$631.03          | \$1,111.45        | \$0.00        | \$435.90        | \$1,094.38        | \$0.00         | \$293.02        | \$0.00          | \$1,307.08        | \$0.00          | \$274.65        |
| Prescription Drugs           | \$2,340.91        | \$448.51          | \$0.00        | \$320.41        | \$320.41          | \$68.64        | \$489.48        | \$324.74        | \$349.56          | \$257.44        | \$414.42        |
| Rider Other*                 | \$0.00            | \$0.00            | \$0.00        | \$0.00          | \$0.00            | \$5.83         | \$0.00          | \$10.17         | \$0.00            | \$0.00          | \$0.00          |
| <b>Total (Basic + Rider)</b> | <b>\$2,971.94</b> | <b>\$1,559.96</b> | <b>\$0.00</b> | <b>\$756.30</b> | <b>\$1,414.79</b> | <b>\$74.47</b> | <b>\$762.50</b> | <b>\$334.91</b> | <b>\$1,656.64</b> | <b>\$257.44</b> | <b>\$689.06</b> |

\* 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  
[Dependent Eligibility Required Documentation](#)
- Name changes – social security card & supporting document (marriage/divorce decree)
- Open Enrollment/Transfer Period – 365 days after appointment
- Changes to health plan
- Adding or dropping dependent(s)
- Adding or dropping rider

# WELFARE FUND

- 17.5 hours per week
- Dental
- Optical
- Prescription
- Disability Benefits
- Voluntary Insurance Program (VIP)
- [DC 37 Enrollment](#)
- [Change of Status Form](#)
- [DC37 Benefits at a Glance](#)

# FLEXIBLE SPENDING ACCOUNT (FSA)

- HCFA - 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 [Flexible Spending Program](#) 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** PT/Hourly staff is able to make health plan changes without having a “Qualifying Life Event”.

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

**Changes will be reflected on the 1<sup>st</sup> full paycheck in January of the following year**

**Please review your paycheck/stub for any/all deductions**

- **Qualifying Event**

1. PT/Hourly staff 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 **must** be completed and **submitted to HR within 30 days of the event, otherwise you must wait until the next annual open enrollment**



# COBRA

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.

COBRA paperwork is sent out by the Human Resources Coordinator. **The individual is responsible for paying the full premium for the health and Welfare Fund coverage.**

The COBRA packet contains:

- Cobra Continuation Enrollment Form (DC37 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 DC37 WF)**



## TRANSITIONING OF TITLES

- Part time to Full time appointments

Part Time/Hourly staff appointed to a full time title, must complete full time health benefits paperwork. The Office of Human Resources has monthly benefits orientations for the full time classified and instructional staff.

**Completing the benefits paper work is mandatory and ensures the continuation of benefits in the new title.**

## PENSION TIER VI

- NYCERS – New York City Employees’ Retirement System
- [NYCERS Membership at a Glance](#)
- [NYCERS](#)
- [New York City Employees’ Retirement System Enrollment](#)
- [New York City Employees’ Retirement System Designation of Beneficiary](#)
- [Designation of Minor as Beneficiary](#)

## PENSION TIER VI

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

Wages less than or equal to \$45,000 .....3%

Wages greater \$45,000 and up to \$55,000 .....3.5%

Wages greater than \$55,000 and up to \$75,000 .....4.5%

Wages greater than \$75,000 and up to \$100,000 .....5.75%

Wages greater than \$100,000 .....6%

# SUPPLEMENTAL RETIREMENT

| COVERAGE               |                                       | PROVIDER   |
|------------------------|---------------------------------------|--|
| 403(b)                 | Supplemental Retirement Annuity (SRA) | <ul style="list-style-type: none"><li>• <a href="#">TIAA</a></li><li>• TRS</li></ul> |
| <a href="#">457(b)</a> | Deferred Compensation Plan            | <ul style="list-style-type: none"><li>• NY State Deferred Compensation</li></ul>     |
| <a href="#">401(k)</a> | City of NY 401(k)                     | <ul style="list-style-type: none"><li>• NY City Deferred Compensation</li></ul>      |

# COMMUTER BENEFITS

| <ul style="list-style-type: none"><li>• Benefit for all employees</li></ul>  |
|--|
| <ul style="list-style-type: none"><li>• Defer transportation cost into pre-tax account (tax deferred up to \$265 per month)</li></ul>  |
| <ul style="list-style-type: none"><li>• Only 2 Bi-weekly payroll deductions allowed per month and monthly Admin Fee (\$1.25 - \$2.05)</li></ul>  |
| <ul style="list-style-type: none"><li>• Used on MTA, Subway and Buses, LIRR, Metro North, NJ Transit<ul style="list-style-type: none"><li>• <a href="#">Park-n-Ride</a> option available</li><li>• <a href="#">Commuter Benefits</a></li></ul></li></ul> |
| <ul style="list-style-type: none"><li>• Upon separation, there is a 90 day period to spend down balance on Wageworks account</li></ul>   |

## ADDITIONAL BENEFITS

| BENEFIT NAME  | DESCRIPTION   |
|---|---|
| Workers' Compensation   | All employees who suffer a job-related injury or illness should report it to: <ul style="list-style-type: none"><li>• Public safety</li><li>• Human Resources</li><li>• your supervisor immediately</li></ul> |
| Employee Assistance Program-<br>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 <a href="#">529</a> 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 [bbrown@lagcc.cuny.edu](mailto:bbrown@lagcc.cuny.edu) with questions, or if you did not receive personalized link

Workplace Answers e-learning

# TIME & LEAVE SUMMARY

- [Time and Leave Summary- College Assistants](#)

# DISCOUNTS

- [Working Advantage](#) : Access to discounted movie tickets, hotel, travel, theme parks and more.  
**Company code: 971240428**
- [CUNY e-mail](#) through CUNY Portal : Access to discounted electronics
- [Weight Watchers](#)

# BENEFITS TEAM CONTACT

- Purysabel Uregar, Benefits Manager  
[puregar@lagcc.cuny.edu](mailto:puregar@lagcc.cuny.edu), Phone (718) 482-5079
- Bryan Parks [bparks@lagcc.cuny.edu](mailto:bparks@lagcc.cuny.edu), Phone (718) 718-482-5075



## **TAKE AWAY:**

- **Paperwork turned in within 30 days of eligibility date is retroactive to eligibility date**
  - **Health application**
  - **DC37 Enrollment**
  - **Supporting document(s) if adding dependents**
  - **Retirement election form**
    - **NYCERS**
      - **Notarized NYCERS Application**
      - **Copy of passport or birth certificate**