

# Benefits Orientation

## Classified/ Civil Service Staff



Presented by the Department of  
Human Resources

# Employee Benefits

## TOPICS

Pension – NYCERS (Force-In)	DC 37 Health & Security Teamsters Local 237
Health Insurance	Time & Leave
Commuter Benefits Program WageWorks	Additional Benefits

# Pension – Irrevocable Choice

## New York City Employees' Retirement System (NYCERS)

Defined Benefit Plan: Benefits based on age, average of highest five year's consecutive salary and years of credited service	Death Benefit (must be active or retired employee) Disability Benefit (10 years or more of credited service required)
Vesting: 10 years of full-time credited service	Retiree Health Benefits: 10 years of credited pension service and age 63 or older
Contributions: Employee pays according to salary chart provided in NYCERS Application packet	Vested Retirement Benefit – Must have 10 years of credited membership and age 63 to get vested retirement benefit

# PENSION TIER VI

- Effective April 1, 2013 employee contribution 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%

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



# 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

# VOLUNTARY SAVINGS PLANS

## TAX DEFERED ANNUITY (TDAs)

PLAN	TITLES	PROVIDER	WHO IS COVERED
<a href="#">403(b)</a>	Tax Deferred Annuity (TDA) <a href="#">SRA</a>	TIAA as of (January 2019)	Full time and Part time Civil Service Employees
<a href="#">457(b)</a>	Deferred Compensation Plan	NY <b>State</b> Deferred Compensation Board	All employees
<a href="#">401 (k)</a>	City of New York 401 (k) Retirement Plan	NY <b>City</b> Deferred Compensation	All Community College Employees

# 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 336thday and the 365thday (30 day window) in which an employee can submit documentation to HR to join another health plan as of the 366thday of employment
- Please refer to [www.nyc.gov/hbp](http://www.nyc.gov/hbp) for more information



# Health Insurance

TYPES OF COVERAGE	PROVIDERS	DESCRIPTION
Health Maintenance Organization (HMO)	HIP, CIGNA, Empire, GHI, MetroPlus	<ul style="list-style-type: none"> <li>•Personal Care Physician (PCP)</li> <li>•Need referrals</li> <li>•Little or no out of pocket expense</li> </ul>
Exclusive Provider Organization (EPO)	Empire, Aetna	<ul style="list-style-type: none"> <li>•Must stay in network only</li> <li>•No referrals</li> <li>•No Primary Care Physician (PCP)</li> <li>•Higher Bi-weekly premiums</li> </ul>
Point of Service (POS)	HIP	<ul style="list-style-type: none"> <li>•In/out of network flexibility</li> <li>•Deductibles</li> <li>•Higher Bi-weekly premiums</li> </ul>
Preferred Provider Organization (PPO) <a href="#"><u>View a summary of each Health Plan</u></a>	GHI- CBP/EBCBS DC37 Med Team	<ul style="list-style-type: none"> <li>•In/out of network flexibility</li> <li>•Freedom to choose</li> <li>•Deductibles for out of network</li> <li>•Negotiated lower payments</li> </ul>



# Health Insurance (cont'd)

- The Summary Program Description Manual describes City of New York health benefits program in detail.
  - Health Plans
  - Health Insurance Rates
- Open Enrollment Period this year is scheduled for:  
November 1<sup>st</sup> – November 29, 2019

# Health Insurance (cont'd)

- [Complete Health Application \(ERB\)](#)
- [Dependent Eligibility Required Documentation](#)
  - Dependent's health coverage is same as employee
    - HR must be notified of name changes:
    - Changes to health plan must have a qualifying event
    - Paperwork must be submitted within 30 days of event
      - or
      - Any/all changes can be made during open enrollment/transfer period (occurs during the Fall each year)

# Health Insurance (cont'd)

**EMPLOYEE Health Plan Rates as of November 2019 & January 1, 2020 (NOTE: Rates are subject to change)**  
 These rates are in effect as of your first full payroll period in November 2019 & January 2020

**WEEKLY**

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$64.03	\$188.19	\$0.00	\$78.54	\$197.43	\$0.00	\$45.98	\$0.00	\$0.00	\$244.89	\$0.00	\$35.80
Prescription Drugs	\$379.91	\$69.60	\$0.00	\$59.99	\$59.99	\$17.74	\$84.51	\$60.84	\$27.70	\$65.49	\$52.40	\$73.12
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.08	\$0.00	\$1.90	\$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>\$138.53</b>	<b>\$257.42</b>	<b>\$18.80</b>	<b>\$130.50</b>	<b>\$62.75</b>	<b>\$29.61</b>	<b>\$310.38</b>	<b>\$52.40</b>	<b>\$108.92</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$289.85	\$510.17	\$0.00	\$230.06	\$502.34	\$0.00	\$134.50	\$0.00	\$0.00	\$599.97	\$0.00	\$126.07
Prescription Drugs	\$1,074.51	\$204.96	\$0.00	\$147.07	\$147.07	\$31.50	\$215.50	\$149.06	\$50.79	\$160.45	\$118.17	\$190.22
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.68	\$0.00	\$4.67	\$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>\$377.13</b>	<b>\$649.41</b>	<b>\$34.18</b>	<b>\$350.00</b>	<b>\$153.73</b>	<b>\$55.46</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.

\*\*As of 11/1/2019, HIP HMO has been renamed HIP HMO Gold Preferred Plan Optional Rx Rider and is CLOSED to new enrollments.

\*\*\*As of 1/1/2020, Empire Blue Access Gated EPO has replaced the Empire HMO plan.

**BI-WEEKLY**

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$128.07	\$376.36	\$0.00	\$157.07	\$394.68	\$0.00	\$91.97	\$0.00	\$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	\$55.41	\$130.88	\$104.81	\$146.24
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.12	\$0.00	\$3.81	\$3.81	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$887.89</b>	<b>\$513.56</b>	<b>\$0.00</b>	<b>\$277.05</b>	<b>\$514.63</b>	<b>\$37.59</b>	<b>\$261.00</b>	<b>\$125.49</b>	<b>\$59.22</b>	<b>\$620.76</b>	<b>\$104.81</b>	<b>\$217.84</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$579.31	\$1,020.35	\$0.00	\$460.12	\$1,004.68	\$0.00	\$269.00	\$0.00	\$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	\$101.58	\$320.91	\$236.34	\$380.45
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.35	\$0.00	\$9.34	\$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>\$754.26</b>	<b>\$1,298.82</b>	<b>\$68.35</b>	<b>\$700.00</b>	<b>\$307.45</b>	<b>\$110.92</b>	<b>\$1,520.85</b>	<b>\$236.34</b>	<b>\$632.58</b>

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\*\*\*As of 1/1/2020, Empire Blue Access Gated EPO has replaced the Empire HMO plan.

**SEMI-MONTHLY**

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$139.50	\$409.99	\$0.00	\$171.10	\$430.11	\$0.00	\$100.18	\$0.00	\$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	\$60.36	\$142.68	\$114.17	\$159.30
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.31	\$0.00	\$4.15	\$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>\$301.79</b>	<b>\$560.80</b>	<b>\$40.95</b>	<b>\$284.30</b>	<b>\$136.70</b>	<b>\$64.51</b>	<b>\$676.18</b>	<b>\$114.17</b>	<b>\$237.30</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$631.03	\$1,111.45	\$0.00	\$501.21	\$1,094.38	\$0.00	\$293.02	\$0.00	\$0.00	\$1,307.08	\$0.00	\$274.65
Prescription Drugs	\$2,340.91	\$446.51	\$0.00	\$320.41	\$320.41	\$68.64	\$469.48	\$324.74	\$110.65	\$349.56	\$257.44	\$414.42
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.83	\$0.00	\$10.17	\$10.17	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$2,971.94</b>	<b>\$1,557.96</b>	<b>\$0.00</b>	<b>\$821.61</b>	<b>\$1,414.79</b>	<b>\$74.47</b>	<b>\$762.50</b>	<b>\$334.91</b>	<b>\$120.82</b>	<b>\$1,656.64</b>	<b>\$257.44</b>	<b>\$689.06</b>

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# OLR links

- <http://www1.nyc.gov/assets/olr/downloads/pdf/health/health-benefits-application.pdf>
- <http://www1.nyc.gov/assets/olr/downloads/pdf/health/dependent-verification.pdf>
- <http://www1.nyc.gov/assets/olr/downloads/pdf/health/employee-rates-july2016.pdf>
  - [http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/hr/benefits/TLSFullTimeClassifiedEmployees\\_WhiteCollar05022014.pdf](http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/hr/benefits/TLSFullTimeClassifiedEmployees_WhiteCollar05022014.pdf)
  - [http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/hr/benefits/TLSFullTimeClassifiedEmployees\\_BlueCollar05022014.pdf](http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/hr/benefits/TLSFullTimeClassifiedEmployees_BlueCollar05022014.pdf)
- <http://www2.cuny.edu/about/administration/offices/hr/benefits/>

# Welfare Fund

TYPES OF COVERAGE	PROVIDERS	DESCRIPTION
Prescription	Death Benefit	Short Term Disability (STD)
Dental	Hearing Aid Benefit	Podiatry
Optical		

# Welfare Funds

- DC 37 Health & Security Plan (212-815-1234)

[www.dc37.net](http://www.dc37.net)

- Teamsters Welfare Funds (212-924-2000)

[www.local237.org](http://www.local237.org)



# Pre-Tax Benefits Programs

Application within 30 days of appointment or during Fall enrollment period

TYPE OF COVERAGE	WHAT IS COVERED
Health Care Flexible Spending Accounts ( <a href="#">HCFSA</a> )	<ul style="list-style-type: none"><li>• Reduces taxable income</li><li>• Can be used to pay for medical expenses such as:<ul style="list-style-type: none"><li>- Co-payments</li><li>- Dental</li><li>- Prescription</li></ul></li><li>• “Use it or lose it” Rule applies</li></ul>
Dependent Care Assistance Program ( <a href="#">DeCAP</a> )	<ul style="list-style-type: none"><li>• Reduces taxable income</li><li>• Reimbursement after filing income taxes</li><li>• Pays for nursery schools/certified child care</li><li>• “Use it or lose it” Rule applies<ul style="list-style-type: none"><li>• <a href="#">FSA Program</a></li></ul></li></ul>



## Pre-tax Benefits Programs Continued

TYPE OF COVERAGE	WHAT IS COVERED
Medical Spending Conversion(MSC)	<ul style="list-style-type: none"><li>• Allows City Employees to receive annual incentive payment in exchange for waiving City health benefits when other group coverage is available to them<ul style="list-style-type: none"><li>• Employees receive \$500 for waiving individual coverage and \$1,000 for waiving family coverage.</li><li>• Paid semi-annually</li></ul></li></ul>

# LEAVES

## TYPE OF LEAVES

- Family Medical Leave (FML)
- Dedicated Sick Leave (DSL)
- Catastrophic Sick leave Bank (CSLB)
  - Scheduled Holidays
  - Unscheduled Holidays
  - Annual Leave
- Temporary Disability (sick)
  - Jury Duty
  - Child Care Leave
- Presidential Leave for Personal Emerg.  
(up to 10 days)

# LINKS

- [Family Medical Leave Act \(FMLA\) Policy](#)
- [Dedicated Sick Leave Program and Forms](#)
- [Catastrophic Sick Leave Bank Program](#)
- [Domestic Partner Information Packet](#)

# 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 (\$1.05 - \$2.05)
- Used on MTA, Subway and Buses, LIRR, Metro North, NJ Transit
- Park-n-Ride option available
  - [Commuter Benefits](#)
  - [Transit Pass](#)



# Other Benefits

TYPE OF BENEFIT	DEFINITION
NY 529 College Savings Program <a href="#">New York's 529 College Saving Program</a>	Provides flexible and convenient low-cost ways to save for college – save for children/ grandchildren education
CUNY Tuition Fee Waiver <a href="#">Tuition Fee Waiver</a>	COA titles – 6mos waiting time Other titles – 1 year waiting time
Workers' Compensation	Employees who suffer a job-related injury or illness
Employee Assistance Programs: <ul style="list-style-type: none"><li>• DC37 Personal Services Unit</li><li>• CUNY Work/Life Prog. – Deer Oaks</li></ul>	•Open to DC37 members

# Discounts

- [Working Advantage](#)
  - Company code: 971240428
- [CUNY e-mail](#) through CUNY Portal
  - [Weight Watchers](#)



# TAKE AWAY

- Paperwork submitted in within 30 days of appointment is retroactive to appointment date.
- **ITEMS TO BE TURNED IN TO HR:**
  - Health application
  - DC37 Enrollment
  - Supporting document(s) if adding dependents
  - Retirement election form
    - **NYCERS members**
      - New NYCERS application or
      - Copy of NYCERS statement showing membership number, date, Tier and member's name

# Benefits Team Contacts

- Purysabel Uregar, Benefits Manager  
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- Office of Human Resources
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