<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>ELIGIBILITY</th>
<th>EFFECTIVE DATE</th>
<th>BI-WEEKLY PREMIUM</th>
</tr>
</thead>
</table>
| Health Insurance/Prescriptions | Options  
New York State Empire Plan:  
Blue Cross - Hospitalization  
United HealthCare – Major Medical/Surgical  
For more information go to:  
https://www.cs.ny.gov/employee-benefits/login/  
Provider search: www.empireplanproviders.com  
Health Maintenance Organizations (HMO):  
Hospitalization and medical/surgical care by designated primary care physicians  
For more information and to search providers visit:  
HMO Blue –  
http://www.excellusbcbs.com/wps/portal/xl  
MVP – www.mvphealthcare.com  
CDPHP – www.cdphp.com |
| Opt-Out Program                | Allows eligible employees who have other employer-sponsored group health insurance, to opt out of the NYSHIP coverage in exchange for an incentive program. |
| Opt-Out Program                |                                                                                                                                             | Appointments that are at least half-time and exceed three months in duration. | 56 calendar-day waiting period from beginning of professional obligation. | NYS EMPIRE PLAN:  
GRADE 9 or BELOW  
Individual $ 43.71  
Family $ 192.68  
GRADE 10 or ABOVE  
Individual $ 58.29  
Family $ 229.33 |
| Opt-Out Program                |                                                                                                                                             |                                                                              | HMO BLUE:  
GRADE 9 or BELOW  
Individual $ 40.76  
Family $ 170.56  
GRADE 10 or ABOVE  
Individual $ 54.35  
Family $ 203.38 |
| Opt-Out Program                |                                                                                                                                             |                                                                              | MVP:  
GRADE 9 or BELOW  
Individual $ 71.11  
Family $ 181.98  
GRADE 10 or ABOVE  
Individual $ 85.23  
Family $ 217.43 |
| Opt-Out Program                |                                                                                                                                             |                                                                              | CDPHP:  
GRADE 9 or BELOW  
Individual $ 86.80  
Family $ 246.07  
GRADE 10 or ABOVE  
Individual $ 100.79  
Family $ 282.28 |
<p>| Opt-Out Program                |                                                                                                                                             |                                                                              |                                                                 | Bi-weekly cost effective 1/1/19 |</p>
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>ELIGIBILITY</th>
<th>EFFECTIVE DATE</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Insurance</td>
<td>Partial reimbursement for services through participating and non-participating providers.</td>
<td>At least half-time and eligible to receive health insurance</td>
<td>First of the month after six calendar months of employment.</td>
<td>Paid for by New York State.</td>
</tr>
<tr>
<td>Vision Care</td>
<td>Financial assistance in meeting cost of eye exams and glasses/contact lenses.</td>
<td></td>
<td>56 day waiting period.</td>
<td></td>
</tr>
<tr>
<td>Retirement System</td>
<td>Options</td>
<td>Membership for full-time employees is mandatory.</td>
<td>Permanent employees: membership effective on date of appointment.</td>
<td>Employee contribution is based on salary as follows:</td>
</tr>
<tr>
<td></td>
<td>ERS (Employees’ Retirement System): Defined benefit plan; benefits are based on final five years average salary and years of employment.</td>
<td>Membership for part-time and full-time temporary employees is optional.</td>
<td>Vested after 10 years of full-time service</td>
<td>$45,000 and under: 3%</td>
</tr>
<tr>
<td></td>
<td>For more info go to:</td>
<td></td>
<td></td>
<td>$45,000.01 – $55,000: 3.5%</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.cs.ny.gov/ebd/index.cfm">http://www.cs.ny.gov/ebd/index.cfm</a></td>
<td></td>
<td></td>
<td>$55,000.01 – $75,000: 4.5%</td>
</tr>
<tr>
<td></td>
<td>For more info go to:</td>
<td></td>
<td></td>
<td>$75,000.01 – $100,000: 5.75%</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.nystrs.org">www.nystrs.org</a> or <a href="http://www.osc.state.ny.us/retire/index.htm">http://www.osc.state.ny.us/retire/index.htm</a></td>
<td></td>
<td></td>
<td>More than $100,000: 6%</td>
</tr>
<tr>
<td>Group Life and Accident Insurance</td>
<td>Optional term life, accidental death and dismemberment insurance; includes coverage for spouse and dependents. For more info go to: <a href="http://www.cs.state.ny.us/otherben/life/mclife.cfm">http://www.cs.state.ny.us/otherben/life/mclife.cfm</a></td>
<td>All M/C employees</td>
<td>First day of pay period following the pay period in which enrollment form is submitted.</td>
<td>Premiums determined by amount of coverage purchased.</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>Dependent Care Advantage Account: A portion of salary is designated by employee to cover child, elder and dependent care expenses with tax-free dollars.</td>
<td>Must be receiving regular bi-weekly paychecks.</td>
<td>New employees become eligible after completion of 60 consecutive days of state service, and must enroll within 60 days of hire date or during annual open enrollment period.</td>
<td>The employee determines the amount to be deducted up to IRS-established maximum allowance</td>
</tr>
<tr>
<td></td>
<td>Health Care Advantage Spending Account: A portion of salary is designated by employee to cover unreimbursed health-related expenses with tax-free dollars.</td>
<td>Must be annual salaried employee and eligible for health insurance.</td>
<td></td>
<td>Funds are &quot;use it or lose it&quot; by 12/31 each plan year</td>
</tr>
<tr>
<td></td>
<td>Adoption Advantage Option (available 1/1/19): A portion of salary is designated by employee for expenses related to the adoption of an eligible child.</td>
<td></td>
<td></td>
<td>Enrollment does not automatically carry over each plan year</td>
</tr>
<tr>
<td>M/C Income Protection Plan</td>
<td>Provides income protection in event you become unable to work due to illness or injury. Benefits are payable for duration of disability but not beyond age 65. For more info: <a href="http://www.cs.ny.gov/otherben/ipp/mcipp.cfm">http://www.cs.ny.gov/otherben/ipp/mcipp.cfm</a></td>
<td>Must be at least ½ time with 6 months of service and member of ERS</td>
<td>After 6 months of employment</td>
<td>No cost to employee</td>
</tr>
</tbody>
</table>
| **Tax Deferred Annuities & Roth After-Tax 403(b) Options** | After-tax and deferred tax retirement savings/investment plans  
|---|---|---|---|---|
| **New York State Deferred Compensation** | Voluntary tax-deferred savings program designed to provide funds in retirement.  
For more information or to enroll go to:  
www.nysdcp.com or call 1-800-422-8463 | Upon employment. | Choice of employee. | Employee contributions through salary reduction subject to IRS limitations. |
| **Long Term Disability Insurance** | Monthly income benefit equal to 60 percent of covered monthly salary, not to exceed $7,500 a month; also provides a monthly annuity premium benefit.  
For more information go to:  
http://www.suny.edu/insurance/ltd/ | Full-time or part-time M/C employees who are disabled for six consecutive months. | First of the month following one year anniversary.  
If you were covered by a previous employer within the last 3 months with a similar plan, the waiting period may be waived. | No cost to employee. |
| **Tuition Assistance** | Partial assistance is available through SUNY Tuition Waiver (based on funding).  
Fees are not covered by Tuition Assistance.  
http://www.binghamton.edu/human-resources/employee-benefits/tuition-assistance.html  
MC Training/Development Program:  
https://www.goer.ny.gov/Training_Development/Management_Confidential/index.cfm | Appointment must cover period | Upon employment. | No cost to the employee for this benefit. |
| **Holidays** | Eligible for up to 12 holidays per year. | | | |
| **Vacation** | Generally, full-time employees earn at the rate of ½ day per pay period, after the completion of 13 pay periods of employment (13 days/year for first 7 years then 20 days/year thereafter). Part-time employees who work a regular schedule of at least ½ time, earn accruals on a pro-rated basis. One bonus vacation day for each year of completed service for the second through seventh years of employment. | | | |
| **Sick Leave** | Full-time employees earn at the rate of 4 days twice a year (total of 8 days/year). Part-time employees who work at least ½ time earn on a pro-rated basis. | | | |
| **Personal Leave** | Five (5) days each year on personal leave anniversary date. | | | |
| **Important Payroll Information** | The State of New York compensates employees biweekly based on a Thursday to Wednesday work week. New York State employees are subject to a two week “lag” payroll system which means you are paid two weeks after the end of a two-week pay period. For more information:  
http://osc.state.ny.us/payroll/files/gettingpaid_2013.pdf. Management Confidential employees are subject to a five day salary withholding. This means that for the first five payroll checks received, the new employee will be paid for one day less than they worked. The salary withholding will be paid back to all employees upon separation from New York State employment and will be paid at the pay rate they are at when they separate service or the amount taken whichever is more. | | | |

New employees cannot be placed on the payroll or issued parking permits or ID cards until they have completed their I-9’s and the required personnel/payroll forms indicated in their offer letter.