

BENEFITS AT A GLANCE

NYSCOPBA: SECURITY SERVICES ASSISTANT 1 & 2 / CAMPUS PUBLIC SAFETY OFFICER

BINGHAMTON UNIVERSITY

| BENEFIT | DESCRIPTION | ELIGIBILITY | EFFECTIVE DATE | BI-WEEKLY COST |
|---|---|--|---|--|
| <p>Health Insurance/Prescriptions</p> <p><i>All health insurance plans are administered by the NY State Department of Civil Service Employee Benefits Division</i></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.excellusbcbs.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 \$ 65.99 Family \$ 298.75 GRADE 10 or ABOVE Individual \$ 87.99 Family \$ 355.24</p> <p>*HMO BLUE: GRADE 9 or BELOW Individual \$ 62.02 Family \$ 262.05 GRADE 10 or ABOVE Individual \$ 82.70 Family \$ 312.37</p> <p>*MVP: GRADE 9 or BELOW Individual \$ 130.14 Family \$ 287.91 GRADE 10 or ABOVE Individual \$151.59 Family \$ 344.09</p> <p>*CDPHP GRADE 9 or BELOW Individual \$ 113.41 Family \$ 276.16 GRADE 10 or ABOVE Individual \$ 134.47 Family \$ 329.89</p> <p>* Bi-weekly (per paycheck) cost effective January 1, 2026</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 coverage 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 a result of their employment</p> | <p>28 calendar-day waiting period from appointment date</p> | <p>Taxable benefit paid by NYS through payroll</p> |

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| <p>NYS Dental</p> <p>NYS Vision</p> | <p>Partial reimbursement for services through participating and non-participating providers. For more information go to: https://www.suny.edu/insurance/dental/</p> <p>Financial assistance in meeting cost of eye exams and glasses/contact lenses. For more information go to: https://www.suny.edu/insurance/vision/</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>Paid for by New York State.</p> |
| <p>Retirement System</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 full-time employees: membership is effective on the date of appointment.</p> <p>Vested after 5 years of full-time service.</p> <hr/> <p>Temporary and Part-time employees: membership is effective upon the 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.</p> | | | |
| <p>Flexible Spending Accounts</p> | <p>Dependent Care Advantage Account: A portion of salary is designated by employee to cover child, elder and dependent care expenses with tax-free dollars.</p> <p>Health Care Advantage Spending Account: A portion of salary is designated by employee to cover unreimbursed health-related expenses with tax-free dollars.</p> <p>Adoption Advantage Option: A portion of salary is designated by employee for expenses related to the adoption of an eligible child.</p> <p>Visit http://www.flexspend.ny.gov/ and select Enrollment Information for details</p> | <p>Must be receiving regular bi-weekly paychecks.</p> <hr/> <p>Must be annual salaried employee and eligible for health insurance.</p> | <p>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.</p> | <p>The employee determines the amount to be deducted up to IRS- established maximum allowance</p> <p>Funds are “use it or lose it” by 12/31 each plan year</p> <p>Enrollment does not automatically carry over each plan year</p> |
| <p>NYS Paid Parental Leave</p> | <p>Effective January 1, 2024: Leave taken for birth of child or placement for adoption or foster care</p> | <p>Must work either full-time or at least 50% part-time</p> | <p>After 6 months of service</p> | <p>No cost to employee, no time off accrual use required</p> |

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|--|--|---|-----------------------|---|
| Tuition Assistance | Partial assistance is available through the Tuition Waiver program (Based on funding) at State operated campuses. Registration fees are not covered https://binghamton.edu/offices/human-resources/benefits/tuition-assistance.html | Appointment must cover period of support. | Upon employment. | No cost to the employee for this benefit. |
| SUNY Voluntary Savings 403(b) Plan | After-tax and deferred tax retirement savings/investment plans http://www.suny.edu/benefits/vsp/ | Upon employment. | Choice of employee. | Employee contributions through salary reduction subject to IRS limitations. No employer contribution. |
| New York State Deferred Compensation 457 Plan | Voluntary savings program designed to provide funds in retirement. For more information or to enroll go to: www.nysdcp.com or call 800-422-8463 | Upon employment. | Choice of employee | Employee contributions through salary reduction subject to IRS limitations. No employer contribution. |
| Holidays | Eligible for up to 13 holidays per year. | | | |
| Vacation* | Generally full-time employees earn at the rate of one-half 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 half 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 hired on or after 4/1/82 earn at the rate of one half a day per pay period based on number of work hours per week. (Total of 13 days per year). Part-time employees who work at least half time earn on a pro-rated basis. | | | |
| Personal Leave* | 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 | | | |

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.

Employees paid on an **hourly basis do not qualify for Attendance Rules Coverage (holidays, vacation, sick leave, personal, etc.) until completion of 19 consecutive pay periods of at least halftime service.*

Dec. 2025