BENEFITS AT A GLANCE

ALL EMPLOYEES REPRESENTED BY PEF

BINGHAMTON UNIVERSITY

BENEFIT	DESCRIPTION	ELIGIBILITY	EFFECTIVE DATE	BI-WEEKLY
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				PREMIUM
Health Insurance/ Prescriptions	Plan Options - NYSHIP Choices Book New York State Empire Plan: Anthem Blue Cross - Hospitalization United HealthCare - Major Medical/Surgical Carelon- Mental Health/Substance Abuse	Full-time employees with appointments that are expected to last 3 months or longer.	28 calendar-day waiting period from date of appointment	*NYS EMPIRE PLAN: GRADE 9 or BELOW Individual \$ 60.07 Family \$ 271.92 GRADE 10 or ABOVE Individual \$ 80.09 Family \$ 323.33
	CVS/Caremark – Prescription Plan Administrator For more information go to: https://www.cs.ny.gov/employee- benefits/login/ Provider search: www.empireplanproviders.com	Part-time employees need to work at least half-time on a regularly scheduled basis		*HMO BLUE: GRADE 9 or BELOW Individual \$ 52.85 Family \$ 223.02 GRADE 10 or ABOVE Individual \$ 70.47 Family \$ 265.85
	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: GRADE 9 or BELOW Individual \$ 63.00 Family \$ 223.75 GRADE 10 or ABOVE Individual \$ 81.59 Family \$ 267.38 *CDPHP
	MVP – www.mvphealthcare.com CDPHP – www.cdphp.com			GRADE 9 or BELOW Individual \$ 72.59 Family \$ 225.20 GRADE 10 or ABOVE Individual \$ 90.95 Family \$ 269.15
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.	Must be covered 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 the result of their employment.		* Bi-weekly (per paycheck) cost effective January 4, 2024

BENEFIT	DESCRIPTION	ELIGIBILI'	TY	EFFECTIVE DATE		COST	
Dental Vision	Partial reimbursement for services through participating and non-participating providers. For more information go to: http://www.emblemhealth.com/nyship/ Financial assistance in meeting cost of eye exams and glasses/contact lenses. For more information go to: http://www.cs.ny.gov/ebd/index.cfm	Must be at least hal and eligible to recei health insurance		28 calendar-day waiti date of appointment.	ng period from	No premiu York State	ım cost; paid for by New
Retirement Systems	Options ERS (Employees' Retirement System): Defined benefit plan; benefits are based on final average salary* and years of employment.	Membership for ful permanent employe mandatory.		effective on the date of appointment. Vested after 5 years of full-time service. Temporary and part-time employees:		Employee contribution is based on salary, as follows: \$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%	
	For more information go to: http://www.osc.state.ny.us/retire/index.htm *As defined by TIER	Membership for par and full-time tempo employees is option	rary				
Disability Coverage and Life Insurance	Not provided by the University, but may be purcha	sed individually thro	ugh the	union. For more Info g	o to: www.pef.org		
Tax Deferred Annuities & Roth After-Tax 403(b) Options	After-tax and deferred tax retirement savings/inve http://www.suny.edu/benefits/vsp/			employment. Choice of employ		ree.	Employee contributions through salary reduction subject to IRS limitations. No employer contribution.
New York State Deferred Compensation	After-tax and deferred tax voluntary 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. No employer contribution.
Tuition Assistance	Partial assistance is available through the Tuition Waiver Program (based on funding) at State operated campuses. Fees are not covered by Tuition Assistance. For further information visit: https://www.binghamton.edu/offices/human-resources/benefits/tuition-assistance.html			Appointment must cover period of support. Upon employme		nt.	No cost to the employee for this benefit.

BENEFIT	DESCRIPTION	ELIGIBILITY	EFFECTIVE DATE	COST		
Flexible Spending Accounts	Dependent Care Advantage Account: A portion of salary is designated by employee to cover child, elder and dependent care expenses with tax-free dollars. Health Care Advantage Spending Account: A portion of salary is designated by employee to cover unreimbursed health-related expenses with tax-free dollars. Adoption Advantage Option: A portion of salary is designated by employee for expenses related to the adoption of an eligible child. Visit http://www.flexspend.ny.gov/ and select Enrollment Information for details	Must be receiving regular biweekly paychecks. Must be annual salaried employee and eligible for health insurance.	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.	The employee determines the amount to be deducted up to IRS- established maximum allowance Funds are "use it or lose it" by 12/31 each plan year Enrollment does not automatically carry over each plan year		
Holidays	Eligible for up to 13 holidays per year.					
Vacation* Sick Leave*	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. Full-time employees hired on or after 4/1/82 earn at the rate of 2.75 or 3 hours per pay period based on number of work hours per week. (Total of 10 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.

July 1 2024

^{*}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 half time service.