

## **You Benefit From Working at Sullivan County Community College**

All full-time Civil Service employees are entitled to the following benefits:

### **Insurance Coverage**

#### **Health Insurance**

Choices include:        NYSHIP - Empire PPO/Indemnity

Enrollment is effective on the 1<sup>st</sup> day of the month if an employee is hired by the 25<sup>th</sup> day of the preceding month. Employees hired after the 25<sup>th</sup> of the month will be enrolled effective the 1<sup>st</sup> day of the next month (e.g., if hired on 9/9, health insurance begins 10/1; if hired on 9/26, health insurance begins 11/1.)

The cost is 10% of the current billed premium. The Empire PPO plan is \$81.02 monthly (\$40.51 per paycheck) for individual coverage; \$203.19 monthly (\$101.60 per paycheck) for family coverage. Employees' contribution toward coverage premiums is not subject to FICA, State or Federal withholding tax in accordance with IRS rules governing Section 125 Cafeteria Plans.

#### **Health Insurance Buyback**

Employees who have other health insurance coverage may decline coverage through the College by signing an Insurance Declination form and attaching proof of other coverage. Employees who have documented health insurance coverage elsewhere (not a NYSHIP plan) are eligible for up to \$1,500.00 buyback for each full year of family health insurance declined. Spouses employed by the College are eligible for a maximum benefit of \$1,500.00 combined.

#### **Delta Dental Plan**

Employees may choose to participate in the enhanced Delta Dental PPO +Premier Plan offered through the College. Enrollment is effective on the 1<sup>st</sup> of the second full month of employment, if hired before the 25<sup>th</sup> of the month; the 1<sup>st</sup> of the third full month of employment, if hired on or after the 25<sup>th</sup> of the month or any time after being initially eligible for health insurance benefits. This is a three tier plan. The monthly cost of individual coverage is \$35.26 (\$17.63 per payroll). The monthly cost of individual-plus-one coverage is \$77.17 (\$38.59 per payroll). The monthly cost of family coverage is \$112.41(\$56.21 per payroll). Employees with less than three years of service pay the full monthly premium. Employees pay 10% of the billed premium for basic coverage plus the difference between the basic and enhanced premium after three full years of continuous employment.

## **Guardian Vision Plan**

Employees may choose to participate in the Guardian Vision Plan offered through the College. Enrollment is effective on the 1<sup>st</sup> of the second full month of employment if hired before the 25<sup>th</sup> of the month, the 1<sup>st</sup> of the third full month of employment if hired on or after the 25<sup>th</sup> of the month or any time after being initially eligible for health insurance benefits. Effective 1/1/20, employees with less than three years of service pay \$3.22 per payroll (\$6.43 per month) for individual coverage and \$6.92 per payroll (\$13.83 per month) for family coverage. Employees pay 10% of the billed premium after three full years of continuous employment.

## **Colonial and AFLAC Optional Insurances**

Optional short-term disability, cancer, accident and life insurance are available to purchase through Colonial Supplemental Insurance and AFLAC. These optional insurance plans are paid in full by the employee through payroll deduction. The short-term disability insurance is deducted post-tax; the other insurance programs are available to be deducted pre-tax. The cost of each plan varies according to the level of benefits elected by the employee. Enrollment and disenrollment occurs once per year during the College's open enrollment period.

## **Short Term Disability Insurance**

All employees are covered under the NYS Disability Insurance Plan at no cost to the employee.

## **Retirement Plans**

### **NYS Employees' Retirement System**

All newly hired Civil Service employees must join the NYS Employees' Retirement System (ERS). If you are already a member of the NYS ERS, TRS or ORP retirement system, you may have other options available to you. Please provide documentation indicating the effective date of your enrollment and tier.

### **Supplemental Retirement Annuity (SRA)**

Employees may elect to contribute to the Supplemental Retirement Annuity (SRA) through TIAA-CREF at any time during their employment. In accordance with 403b plan requirements, deductions are exempt from State and Federal withholding tax and there is a maximum contribution level.

## **New York State Deferred Compensation Plan**

Employees may elect to contribute to the Deferred Compensation Plan through New York State at any time during their employment. In accordance with 457(b) plan requirements, deductions are exempt from State and Federal withholding tax and there is a maximum contribution level.

## **Social Security**

The College matches each employee's FICA withholding in accordance with Federal law.

## **Savings Plans**

### **Flexible Spending Account (Medical)**

Under this plan an employee may put aside up to \$2,500 per calendar year through payroll deduction to pay for eligible out of pocket medical expenses not reimbursed by insurance coverage. Employee contributions to the Flexible Spending Account are not subject to FICA, State or Federal withholding tax in accordance with IRS rules governing Section 125 Cafeteria Plans.

### **Dependent Care Assistance**

Under this plan an employee may put aside up to \$5,000 per calendar year through payroll deduction to pay for qualifying dependent care expenses. Employee contributions to a Dependent Care Assistance Account are not subject to FICA, State or Federal withholding tax in accordance with IRS rules governing Section 125 Cafeteria Plans.

### **Capital Communications and US Alliance Credit Unions**

Employees may establish an account through the credit union at any time during their employment. The credit union offers a variety of general banking and other financial services.

## **Benefits**

### **Benefit Time**

Time-off Benefits are outlined in the Collective Bargaining Agreement between the County of Sullivan and the Teamsters Local 445, International Brotherhood of Teamsters.