FingerLakes COMMUNITY COLLEGE

Summary of Benefits - Faculty

Medical

- Excellus Healthy Blue Copay \$25/\$40, Healthy Blue Copay \$40/\$60 or BluePoint Option
- Healthy Blue plan participants are eligible to participate in the ThriveWell rewards program.
- * See employee premium contribution rates below.

Dental

Dental Blue.

* See employee premium contribution rates below.

Retirement Plan

- NY State Employees' Retirement System (ERS): Defined benefit plan.
- NY State Teacher's Retirement System (TRS): Defined benefit plan. *Certain Titles Only
- SUNY Optional Retirement Program (ORP): Defined contribution plan.
- The state retirement benefits are based on best Final Average Salary and years of service.
- SUNY benefit employer contributes 8% for the first 7 years of service and 10% thereafter.
- Click here to view the Retirement Plan Comparison Video

of service elect a new option).

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- ERS/TRS vesting is after 5 years.
- ORP vesting is after 366 days.

SUNY Voluntary Savings Plan 403 (b) AND NYS Deferred Compensation Plan 457(b)

- SUNY Voluntary 403(b) Saving Plan. Also, the College will match up to 2% of a full-time employee's annual salary for those electing to defer money to the plan. Pre-tax (Traditional Tax-Deferred Savings) and post-tax (Roth) options available. Click here for more information.
- The New York State Deferred Compensation Plan (NYSDCP) 457(b) Pretax (Traditional Tax-Deferred Savings) and post-tax (Roth) options available. Click here for more information.

Flexible Spending Accounts

- Medical FSA pre-tax benefit that can be used for qualified medical expenses.
- Dependent Care FSA -pre-tax benefit account used to pay for eligible dependent care services.

Life Insurance/ Accidental Death & Dismemberment

- 100% employer funded employee life insurance coverage equal to 1 times your annual salary to a maximum of \$225,000
- 100% employer funded employee AD&D coverage.
- Employee's have the option to purchase supplemental life for themselves as well as their spouse and child(ren). Guaranteed issue amount of \$150,00 for employee and \$25,000 for spouse during initial enrollment period for new hires. An increase in coverage by one increment during annual open enrollment will not require evidence of insurability (EOI). All other increments will require EOI.
- Conversion and portability options available upon separation of employment.

Eligibility:

• Employees may choose to participate in either or all plans subject to IRS limits on tax deferral. For contribution limits click here.

Eligibility:

Participation is the first day of the month following date of hire

Eligibility

• First of the month following 30 days of hire.

Eligibility

- Participation is the first day of the month following date of hire.
- If employees participate in the college health insurance, they are eligible for a \$450 annual cash allowance paid bi-weekly throughout the year.

Eligibility

Eligibility

time.

• Participation is the first day of the month following date of hire.

Membership for full-time permanent employees is mandatory within 30 days of employment. Membership for temporary or

part-time employees is optional and can be completed at any

Appointees w/an existing membership are required to continue it (or



Long Term Disability

- 100% employer funded benefit
- After 180 days of missed work due to a non work related illness or injury employee will receive 60% of their annual salary up to\$2,500 per month.

Tuition Waiver AND Tuition Reimbursement

- Full tuition waiver for courses taken at Finger Lakes Community College.
- Reimbursement of credit classes at colleges other than FLCC.

Eligibility

• First of the month following one month of continuous employment.

Eligibility:

- Upon Employment
- Waiver applies to all full time employees, their spouses and dependents. Dependents must meet special requirements.

Paid Sick Leave

- 10 days per year (75 hours)
- 2 days may be converted to personal days each year.

Sick Leave Bank

• Employees may elect to participate in the Sick Leave Bank and will contribute 7.5 hours from their sick leave accumulation. Only members will be eligible to use days from the bank.

Eligibility

- Upon employment
- Accrual at 1 day (7.5 hours) per month
- Accumulative to a maximum of 180 days (1.350 hrs).

Eligibility

 Upon hire new unit members must decide whether or not to participate in the sick leave bank within thirty (30) days of employment.

Employee Assistance Program

- ESI Group: FREE, CONFIDENTIAL employee assistance benefits for you, your spouse, and dependents up to age 26.
- Counseling Benefit Master and Ph.D. level counselors available 24/7.
- Other Benefits Peak Performance Coaching, Training and Personal Development, Self-Help Resources, Work/Life Benefits, Personal Assistant, Wellness Benefits, and More...

Eligibility

• Upon employment



Medical and Dental Plan Rates

Medical

Healthy Blue Copay \$25/\$40

Primary Care \$25 Copay – Adult

\$0 Copay - Children 19 and Under

Specialist \$40 Copay

Preventative Care Covered in Full

Emergency Room \$150 Copay

Urgent Care \$40 Copay

Inpatient Hospital Services \$250 Copay

Prescriptions \$5 (\$0 Copay for generics for children up to age 19)/\$25/\$50

Coverage	10 Month/21 Pay Periods	12 Month/26 Pay Periods
Single	\$94.98	\$76.71
Employee + Spouse	\$200.14	\$161.66
Family w/o Spouse	\$204.09	\$164.84
Family	\$229.56	\$185.42

Healthy Blue Copay \$40/\$60

Primary Care \$40 Copay - Adult

\$0 Copay - Children 19 and Under

Specialist \$60 Copay

Preventative Care Covered in Full

Emergency Room \$250 Copay

Urgent Care \$60 Copay

Inpatient Hospital Services \$500 Copay

Prescriptions \$5 (\$0 Copay for generics for children up to age 19)/\$35/\$70

Coverage	10 Month/21 Pay Periods	12 Month/26 Pay Periods
Single	\$52.48	\$42.38
Employee + Spouse	\$117.62	\$95.00
Family w/o Spouse	\$112.83	\$91.13
Family	\$129.75	\$104.79



BluePoint Option

Primary Care \$15 Copay – Adult \$5 Copay - Children under 19 Specialist \$15 Copay Preventative Care Covered in Full Emergency Room \$50 Copay

Urgent Care \$25 Copay

Inpatient Hospital Covered in Full Prescriptions \$5/\$20/\$35

Coverage	10 Month/21 Pay Periods	12 Month/26 Pay Periods
Single	\$146.02	\$117.94
Employee + Spouse	\$271.00	\$218.88
Family w/o Spouse	\$407.07	\$328.79
Family	\$347.87	\$280.97

Dental

Dental Blue

Annual Deductible \$50 Individual/\$150 Family Unlimited

Annual Maximum *Except Implants

Preventative Services 100%

Basic Dental Services 50%

Major Dental Services 50%

Orthodontia Lifetime Maximum – to age 19 - \$750

Coverage	10 Month/21 Pay Periods	12 Month/26 Pay Periods
Single	\$0	\$0
Employee + Spouse	\$23.34	\$18.85
Employee + Children	\$30.87	\$24.93
Family	\$40.70	\$32.87