



# 2025 EMPLOYEE BENEFITS SUMMARY

## January 1, 2025 – December 31, 2025

Our organization is comprised of Care Design New York (CDNY), Partnership Solutions (PMAS), and Partners Health Plan (PHP) (collectively, the “organizations”). We are pleased to offer the following benefits package to our employees. This document is intended to provide a summary of Employee Benefits, including eligibility requirements and effective dates. Additional information regarding these benefits will be available in the Employee Handbook.

*Please note, the information contained with this Benefit Summary is for informational purposes only. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately summarize the benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and actual plan documents, the actual plan documents will prevail.*

### Definitions:

**Regular Full-Time (RFT)** – Employees regularly scheduled to work 35 or more hours per week (exclusive of lunch). Note: Full-time for health insurance benefit is defined as 30 hours or more per week. Full-time employees are eligible for some of the benefits offered and are subject to the terms, conditions, and limitations of each benefit program.

**Regular Part-Time (RPT)** – Employees regularly scheduled to work at least twenty or more, but fewer than 35 hours per week. Part-time employees are eligible for some of the benefits offered and are subject to the terms, conditions, and limitations of each benefit program.

**Part-Time, Non-Benefit Eligible** – Employees regularly scheduled to work fewer than 20 hours per week are not eligible for benefits except as required by law.

**Temporary Employees** – Employees who are hired on a temporary basis to supplement the workforce or to assist in the completion of a specific project. Temporary employees are non-benefits eligible.

**Per Diem Employees** – Employees who work on an as-needed basis. The “per diem” employee’s schedule can vary significantly from week to week. There is no guaranteed set number of hours and per diem employees are not eligible for benefits.

# Health and Wellness

## **Health Insurance**

Choice of three medical plans through Highmark BlueShield of Northeastern New York. The effective date of insurance for RFT and RPT employees is the first of the month following their date of hire; employees' portion of the premium will be deducted on a pre-tax basis through Section 125 Plan regulations. The employer provides significant payment toward the plans offered. In addition to Individual coverage, we offer Employee + Spouse, Employee + Child(ren), and Family coverage levels. Payroll deduction costs and detailed benefit summaries for each plan will be provided during the benefit enrollment process. A [comparison of the medical plans](#) offered, along with a preview of the employee rates (full-time and part-time) are included at the end of this benefit guide.

Additional benefits are included in each of the Highmark medical plans such as telemedicine and the "Blue Card," which provides access to their national network of providers.

## **Dental Insurance**

Provided through Delta Dental; dental insurance is available to RFT and RPT employees on the first of the month following their date of hire. There are three plan levels available – Bronze, Silver, and Gold. The employee payroll deduction for dental insurance is deducted on a pre-tax basis through Section 125 Plan regulations. Payroll deduction costs and detailed benefit summaries for each plan will be provided during the benefit enrollment process. A [comparison of the dental plans](#) offered, along with a preview of the employee rates are included at the end of this benefit guide.

## **Vision Insurance**

The vision insurance is provided through Anthem Blue View Vision to both RFT and RPT employees on the first of the month following their date of hire. The employee's cost for the vision insurance is payroll deducted on a pre-tax basis through Section 125 Plan regulations. Costs and a detailed benefit summary for this plan will be provided during the benefit enrollment process. A [summary of the vision benefit](#), along with a preview of the employee rates are included at the end of this benefit guide.

## **Employee Assistance Program (EAP)**

ESI Total Care provides employee assistance in the form of 24-hour telephone consultation, up to three face-to-face counseling appointments for employees or immediate family; training for employees and supervisors; and assistance with financial, legal matters, family work and life issues, etc. This benefit is fully paid for by the employer.

## **Group Life Insurance**

A Basic Life and Accidental Death & Dismemberment policy in the amount of \$50,000 is provided through First Reliance Standard Life Insurance Company. Benefit eligible employees working 30 hours or more per week are eligible on the first of the month following their date of hire. This plan is employer-paid. Coverage reductions occur beginning at age 65 and coverage terminates when employment ends.

## **Supplemental and Dependent Life Insurance**

Supplemental Life Insurance coverage is available on a voluntary basis. Benefit eligible employees working 30 hours or more per week are eligible on the first of the month following their date of hire. Employees and their spouses have the option of \$10,000 to \$500,000 in increments of \$10,000. Employees, under the age of 70, have a Guaranteed Issue (GI) amount of \$120,000. The employee's spouse has a Guaranteed Issue

(GI) amount of \$40,000. Dependent Children can be covered by increments of \$1,000 up to age 6 months and in increments of \$2,500 up to \$10,000 for children ages 6 months to age 26. These voluntary benefits also have coverage reductions that begin at age 76. This coverage terminates when employment ends or upon retirement, whichever occurs first. Evidence of Insurability (EOI) must be completed and is subject to review and approval by the insurance carrier for any amounts over the GI limits. This voluntary benefit is paid 100% by the employee. Premiums are deducted post-tax making the benefit non-taxable to the employee.

### **New York State Short Term Disability Insurance (NYS STD)**

Provides benefit of 50% of average weekly wages up to a maximum of \$170/week for up to 26 weeks; Employees are eligible following 30 days of employment. Employees contribute 0.5% of their gross pay towards the bi-weekly cost of this insurance, not to exceed \$1.20 per bi-weekly pay period.

### **Voluntary Short-Term Disability (VSTD)**

Voluntary Short-Term Disability is available to benefit eligible employees working 30 hours or more per week on the first of the month following their date of hire. An employee may purchase voluntary supplemental short-term disability coverage which provides additional income benefits. This plan works in conjunction with state mandated plans, such as NYS Disability. The additional voluntary short-term disability benefit helps supplement the employee's pay to bring them closer to their current weekly earnings. The cost of the voluntary short-term disability coverage is based on the employee's age and can be elected for a 13- or 26-week period.

This weekly benefit will be payable beginning with the 8th consecutive day of disability due to a non-occupational injury or illness. This benefit is paid 100% by the employee. Premiums are deducted after tax making the benefit non-taxable to the employee.

### **Group Long-Term Disability (LTD)**

Provided through First Reliance Standard Life Insurance Company. This employer-paid Group Long Term Disability insurance provides replacement income when you are unable to work due to a non-work-related accident or illness. This benefit provides a portion of your lost income beginning after the employee has been out of work for a period of 180 days. The benefit is equal to 40% of your regular monthly earnings up to a maximum monthly benefit of \$4,000 for RFT and RPT employees to age 65.

### **Voluntary Long-Term Disability (VLTD)**

Also provided through First Reliance Standard Life Insurance Company, this insurance is offered to enhance the employer-paid Group Long-Term Disability benefit provided by the organizations. Employees may purchase an additional Voluntary LTD benefit which enhances the Group LTD to a monthly benefit of 60% of their regular monthly earnings up to a maximum monthly benefit of \$8,000. This benefit is paid 100% by the employee.

### **Voluntary Accident Insurance**

Provided through Guardian, this insurance is offered to provide coverage when an accident occurs. Accident insurance pays a lump sum to the plan beneficiary. This could be a severe burn, broken bone or emergency room visit. Benefit amounts vary based on the severity of the accident. This insurance offers a benefit that pays even if your dependent is injured while playing an organized sport like soccer, baseball, lacrosse, or football. There are two plans offered – Value Plan and Advantage Plan and coverage levels offered are Employee, Employee + Spouse, Employee + Child(ren), or a Family plan. Rates are based upon

the plan selected and enrollment tier. This benefit is paid 100% by the employee and is portable upon separation of employment.

### **Voluntary Critical Illness Insurance**

Provided through Guardian, this supplemental insurance is available to employees who already have health insurance. It provides members with an additional payment to help cover expenses like deductibles, treatments and living costs. This policy covers over thirty major illnesses including strokes, heart attacks, cancer, and Parkinson's disease. Specified Disease insurance helps supplement and pay for additional expenses not covered by health insurance. Employees may choose a lump sum benefit of \$15,000 or \$30,000. Coverage levels offered are Employee, Employee + Spouse, or a Family plan. Rates are age-banded and based upon the coverage selected and enrollment tier. This benefit is paid 100% by the employee and is portable upon separation of employment.

### **Voluntary Hospital Indemnity Insurance**

Also provided through Guardian, the Hospital Indemnity plan is offered for employees who may need help with covering the costs associated with a hospital stay. This insurance is offered to help pay out-of-pocket expenses associated with a hospital stay including high copays, deductibles, and coinsurance. Coverage levels offered are Employee, Employee + Spouse, Employee + Child(ren), or a Family plan. Rates are based upon the enrollment tier selected. This benefit is paid 100% by the employee and is portable upon separation of employment.

# Retirement and Financial Benefits

## **401k Retirement Plan**

The organizations offer a 401k Retirement Plan through Vanguard to employees who work 20 hours or more per week and who have completed one year of service.

Employees are eligible to participate at the beginning of the quarter (January 1, April 1, July 1, October 1) upon completing six months of service. The Plan allows for both 401k contributions (tax deferred) and ROTH (post tax) contributions. Employees may choose to contribute to the plan up to the maximum allowed by the IRS \$23,500 in 2025. Plus, the enhanced Catch-Up benefit for 2025 allows employees that are 50-59 years of age of 64 or older to contribute an additional \$7,500 to their account for a total contribution amount of \$31,000. And employees between the ages of 60-63 can contribute up to an additional \$11,250 to their account for a total contribution of \$34,750 for the year.

## **Three Sources of Employer Contributions**

- 3% “Automatic” Contribution
  - Upon eligibility, your employer will make a non-contributory (automatic) contribution equal to 3% of an employee’s salary. An eligible employee does not have to contribute to the plan to receive this contribution. The contribution is made at the end of each quarter.
- 1% Matching Contribution (if employee contributes 4%)
  - Your employer will provide a 25% match on employee contributions of up to 4%. This contribution is based on the employee’s per pay period contribution and is made quarterly.
- Variable Annual Contribution
  - Your employer will evaluate its ability to make a “discretionary” contribution to the plan at year-end based upon the financial ability of the organization to do so. All eligible employees who are actively employed as of 12/31 of a calendar year will be eligible to receive a contribution based upon a percentage of their annual salary.

## **Flexible Spending Account (FSA) / Dependent Care FSA**

A Flexible Spending Account is a terrific way to pay for out-of-pocket medical, dental, and dependent care expenses with your tax-free income. Available to benefit eligible employees for qualifying Medical, Dental (FSA) or Dependent Care expenses. Salary Reduction Agreements are required upon hire date and annually during open enrollment. This benefit is funded by employees through payroll deduction. The maximum amount allowed for use for medical and dental expenses is \$3,300 and the maximum for dependent care expenses is \$5,000. Deductions are made on a pre-tax basis. Claims administration is managed by Benefit Resource, LLC (BRI).

## **Commuter Transit and Parking Reimbursement Benefits**

Commuter Transit and Parking Reimbursement accounts allow employees to set aside funds to pay for qualified work-related transportation and parking expenses. Employees may elect up to \$325 per month for the purchase of transit vouchers, commuter highway vehicle fares and/or parking fees. Contributions are payroll deducted on a pre-tax basis. These funds will continue to roll over month to month, year to year, if you remain employed with the organizations.

### **Legal Club**

Available through the Legal Club of America, this benefit is offered to provide discounted legal services for a low monthly cost. With attorneys available in all 50 states, services include simple wills, tax return preparation, uncontested divorce, traffic ticket defense, and bankruptcy. This benefit is paid in full by the employee.

## **Professional Development**

### **Tuition Reimbursement**

The organizations support and encourage the continued education of employees and recognizes that employee development through education is a key component of personal and professional growth. By providing a tuition assistance program, we encourage employees to pursue programs of study in a related field that will serve to enhance an employee's skills necessary to fulfill their job responsibilities or job responsibilities of a promotional opportunity within the organizations.

This benefit is available to all employees whose scheduled hours are 30 or more hours per week and that have completed six full months of continuous service prior to the beginning of a course/semester for which reimbursement is being sought. Attainment of academic standards as outlined below is an essential element in determining reimbursement.

The employee must be in "good standing." Good standing is defined as successfully meeting performance expectations and having no documented written corrective action within the past six (6) months. Employees on a leave of absence, at the time of request, are not eligible for tuition assistance. Employees who are on a leave of absence, at the time of request for reimbursement, are eligible upon their return from leave after completing 30 days of employment.

The annual benefit limit is defined as follows: qualifying employees are eligible for a maximum of \$3,000 per year, which is \$1,500 for classes completed between January – June, and \$1,500 for classes completed between July – December.

### **Professional Development**

Staff are eligible for a \$250 annual reimbursement for professional development. Professional development refers to continuing education and career training to assist staff to develop new skills, stay up to date on current trends, and advance their career. Eligible expense items include seminar or conference registration fees, license renewal fees, etc. Unlike the tuition benefit, there is no waiting period to utilize this benefit.

# Time Off

## **Holidays**

The organizations provide 15-holidays for employees who are regularly scheduled to work at least 20 hours per week. Of the fifteen (15) holidays, nine (9) days are designated holidays, and six (6) days are considered floating holidays. Employees are not expected to work on designated holidays as the organization is officially closed. However, we recognize the religious and personal preferences of our employees and that there is variation within some offices.

The designated holidays are as follows:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Juneteenth
- 4<sup>th</sup> of July
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas Day

If a designated holiday falls on a Saturday, the holiday will be observed on the Friday before. If a designated holiday falls on a Sunday, the holiday will be observed on the following Monday.

The remaining six holidays will be floating holidays and can be used for any reason. Three floating holidays are earned twice a year. The floating holidays will be awarded in the pay period that includes the first day of each six-month period (January 1 and July 1). To be eligible for the floating holidays, an employee must be an active employee\* with the organizations on the first day of January and/or July.

Pro-rating: Employees who work 40 hours per week earn 8 hours per holiday. Employees who work less than 40 hours, but at least 20 hours per week, earn holiday time on a pro-rated basis. For example, an employee who works 30 hours per week will earn 6 hours for each holiday (40 hours x 75% = 30 hours; 8 hours x 75% = 6 hours).

## **Paid Time Off (PTO)**

Employees who work 20 or more hours per week are eligible to accrue time off. Accruals are pro-rated for schedules that fall between full-time (40 hours) and part-time (20 hours). PTO is accrued according to the schedule below.

Paid Time Off (PTO) is available to be used for all types of eligible absences including vacation, sick time, funeral leave, personal leave, etc.

- Accrues bi-weekly after the pay period ends and is available for use in the following pay period.
- Rate of accrual increases with length of service, up to the maximum.
- PTO may be used to supplement the employee's work week due to absence. Use of PTO cannot cause the total hours paid for the week to exceed the employee's regularly scheduled hours.
- Regular Full-Time employees regularly scheduled to work 40 hours per week may accrue up to 280 hours (pro-rated for Regular Part-Time employees working at least 20 hours per week and less than 40 hours). Once the accrual cap is reached, the PTO accrual will cease until the employee's accrued time falls below the cap.

\*An active employee is actively working and not in a pre-hire status, on an unpaid leave of absence, or in an inactive status.

### **PTO ACCRUAL RATES**

Based on a 40-hour week / 26 pay periods per year

<b>Years of Service</b>	<b>PTO Earning Rate</b>
Up to 1 Year	6.77 Hours
After 1 Year	7.16 Hours
After 2 Years	7.54 Hours
After 3 Years	7.92 Hours
After 4 Years	8.31 Hours
After 5 Years	9.08 Hours
After 6 Years	9.85 Hours

### **Paid Prenatal Leave**

All eligible employees are entitled to 20 hours of Paid Prenatal Leave which provides a separate bank of paid, protected leave for pregnancy health care services. Paid Prenatal Leave may only be used by the employee directly receiving prenatal healthcare services. Spouses, Partners, or other support people are not eligible for Paid Prenatal Leave.

Paid Prenatal Leave covers health care services received by an employee during their pregnancy or related to such pregnancy, including but not limited to:

- Physical examinations
- Medical procedures
- Monitoring and testing
- Discussions with a health care provider related to pregnancy
- Fertility Treatments and care appointments, including invitro fertilization
- End of pregnancy appointments post-natal and postpartum appointments do not apply.

Paid Prenatal Leave of 20 hours will be provided when the Human Resources Department is notified of the need for Paid Prenatal Leave.

### **Bereavement Leave**

Bereavement leave allows employees to take time off work to mourn and attend matters following the death of an immediate family member. Employees are allowed up to five (5) days off based on their regularly scheduled work week with regular pay in the event of the death of the employee's spouse, domestic partner or committed partner, child, stepchild, parent, and/or parent-in-law. For purposes of this benefit, "domestic partner or committed partner" refers to those who are financially and emotionally interdependent in a manner commonly presumed of spouses. Employees who are part-time are eligible for bereavement leave based on their regularly scheduled hours.

### **New York State Sick Leave**

Under the New York State Sick Leave act, employers with one hundred or more employees are required to provide up to 56 hours of paid sick leave per calendar year. The existing Paid Time Off policies meet and exceed the accrual, carryover and use requirements under this law. Part-time employees, who work less than 20 hours per week, and Per Diem employees will earn one hour of Sick Leave for every 30 hours worked in a pay period up to the maximum of 56 hours per year.



### **NYC and Westchester Sick Time**

All employees who regularly work 20 or more hours per week are now covered under the New York State Sick Leave Policy, the benefits of which are provided through the PTO policies.

### **Westchester County Safe Time Act**

In compliance with the Westchester County Safe Time Act, employees assigned to Westchester are permitted to use their PTO to take time off for safe time in accordance with this Act. An absence from work when an employee or an employee's family member has been the victim of domestic violence, a family offense, sexual offense, stalking, or human trafficking, including leave to:

- Obtain services from a domestic violence shelter, rape crisis center, or other service programs.
- Participate in safety planning, temporarily or permanently relocate, or take other actions to increase the safety of the employee or the employee's family members.
- Meet with an attorney or social services provider to obtain information and advice on, and prepare for and participate in, any criminal or civil proceeding relating to a family offense matter, custody, visitation, matrimonial issues, orders of protection, immigration, housing, discrimination in employment, housing, or consumer credit.
- File a complaint or domestic incident report with law enforcement.
- To enroll children at a new school.
- Meet with a district attorney's office; and
- Take any other actions necessary to maintain, improve, or restore the physical, psychological, or economic health or safety of the employee or the employee's family member, or to protect those who associate or work with the employee.

\*\*An employee who has committed domestic violence, a family or sexual offense, stalking, or human trafficking is not eligible for leave under 3(a)-(f), nor may this leave be used on behalf of an employee's family member who has engaged in any of these.

Westchester County employees who do not have 40 hours of PTO available and who need to take time for qualified purposes under the Westchester County Safe Time Law should contact Human Resources to request leave in accordance with the applicable law.

### **NYS Paid Family Leave (PFL)**

Effective January 1, 2025, NYS Paid Family Leave (PFL) provides a benefit of 67% of average weekly wages up to a maximum of \$1,177.32/week for up to 12-weeks of leave during a rolling 12-month period in accordance with the NYS Paid Family Leave Act. Employees pay 100% of the premium established by NYS which means they will contribute 0.388% of their gross wage each pay period up to an annual max of \$354.53.

Employees who regularly work 20 hours or more per week are eligible after 26 consecutive weeks of employment. Employees who work less than 20 hours per week are eligible after working 175 days, which do not have to be consecutive.

### **Jury Duty**

The organizations support employees in their civic duty to serve on a jury. Employees must present any summons for jury duty to their supervisor as soon as possible after receiving the notice to allow advance planning for an employee's absence. If an employee is released from jury duty after 4 hours or less of service, he or she must report to work for the remainder of that workday.

### **Military Leave**

Leave is provided under the Uniformed Services Employment and Reemployment Act of 1994; benefit time does not accrue; PTO time may be used.

## **Miscellaneous**

### **Workers' Compensation Insurance**

Employees are covered under workers' compensation insurance for all work-related injuries and accidents. This coverage applies to lost work time and/or medical payments for injuries that occur on the job, including motor vehicle accidents that occur while working. Employees are REQUIRED to report all incidents to Human Resources - Employee Benefits.

### **Employment Practice Liability Insurance**

Employment practice liability insurance coverage is provided for all employees; this insurance does not cover consultants or independent contractors.

### **Pet Insurance**

ASPCA pet insurance, underwritten by United States Fire Insurance Company, can help you manage high veterinary bills. This insurance policy is available to employees on a direct pay basis. Payroll deductions are not available. Employees interested in pet insurance simply need to contact the insurance company at [https://digital.nfp.com/pc/CD\\_IC\\_PET](https://digital.nfp.com/pc/CD_IC_PET) to receive a quote for pet insurance.

### **Payroll Distribution**

Bi-Weekly every other Friday.

### **Direct Deposit**

Coordinated with the Payroll Office, direct deposit is available with most any bank or credit union.

## Health Insurance:

# Your Health Insurance

Health insurance is offered through Highmark BlueShield of Northeastern New York (BSNENY). The organizations offer three health plans – two EPO plans and one PPO plan.

- An EPO (Exclusive Provider Organization) has a network of healthcare providers that it works with exclusively. There are no out-of-network benefits under this plan.
- A PPO (Preferred Provider Organization) is more flexible than an EPO plan as it offers both in- and out-of-network services. When using in-network services, members are required to use a healthcare provider within the network. Out-of-network services can be obtained by any provider but tend to be more expensive as there is no agreed fee schedule between the provider and the insurance company.

Regardless of the plan you elect, all preventive care services are covered in full.

The **Hybrid EPO 6018** is a hybrid plan. This plan is a combination of copays, deductibles and coinsurance and is the best of both worlds in insurance. The plan offers low copays and no deductible on routine medical care. The deductible and coinsurance apply to infrequent, high dollar items such as laboratory and radiology services, as well as, both inpatient and outpatient hospital care.

The **High Deductible HSA PPO 7200** is a high deductible health plan (HDHP). With this plan, members must satisfy their high deductible before any services are covered. However, once the deductible is satisfied, all services, EXCEPT FOR PRESCRIPTION DRUGS, are covered in full. Additionally, members enrolled in this plan are eligible for a Health Savings Account (HSA). An HSA is a savings account used in conjunction with the HDHP that allows members to save money tax-free for medical expenses. This account is owned by the employee; therefore, the balance can be taken with them should they ever leave their employer. To help employees cover the cost of the deductible on the PPO 7200 plan, the organizations will contribute \$500 to the employee's HSA account providing the employee opens an HSA account and contributes to it as well. This plan offers a lower monthly premium even though the deductibles are higher.

The **Copay EPO 5006** is a copay plan. There are no deductibles and no coinsurance. Members enrolled in this plan have a fixed copay amount for services provided and have the security of knowing what their services are going to cost them ahead of time. This is the most expensive of all three plans with the highest monthly premium costs.

### What does an Embedded deductible mean vs. an Aggregate Deductible?

- Embedded Deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible. One person cannot exceed the individual deductible and/or out-of-pocket maximum amount.
- Aggregate Deductible: For Family coverage, the entire family deductible must be met before co-pay or coinsurance is applied for any individual family member.

Please note, deductibles reset annually on January 1<sup>st</sup>.

The following chart is a side-by-side comparison of all three plans. Please note, this is only a summary of the benefits offered under our plans. For complete and detailed information, please refer to the Certificate of Coverage provided on the RKSolution benefits portal.

# MEDICAL PLAN COMPARISON

		Highmark BlueShield of Northeastern New York			
		Hybrid EPO 6018	High Deductible PPO 7200 HSA		Copay EPO 5006
In-Network/General Provisions		In-Network ONLY	In-Network	Out-of-Network	In-Network ONLY
Annual Deductible	Individual:	\$1,500 (Embedded)	\$3,300 (was \$3,200) / (Embedded) Combined INN & OON Deductible	\$3,300 (was \$3,200) / (Embedded) Combined INN & OON Deductible	N/A
	Family:	\$3,000 (Embedded)	\$6,600 (was \$6,400) / (Embedded) Combined INN & OON Deductible	\$6,600 (was \$6,400) / (Embedded) Combined INN & OON Deductible	N/A
HSA Compatible		N/A	Yes. If you contribute a minimum of \$100 to your HSA (\$3.85 per pay period), CDNY / PMAS will contribute \$500 per year to your account.		N/A
Coinsurance		20% Coinsurance after Deductible	N/A	30% Coinsurance after Deductible	N/A
Max Out-of-Pocket	Individual:	\$5,000 (Embedded)	\$5,000 (Embedded)	\$10,000 (Embedded)	\$7,000 (Embedded)
	Family:	\$10,000 (Embedded)	\$10,000 (Embedded)	\$20,000 (Embedded)	\$14,000 (Embedded)
<b>Copays &amp; Coinsurance</b>					
Preventative Care		Covered in Full; NO Deductible	Covered in Full; NO Deductible	Deductible, then 30% Coinsurance	Covered in Full
Primary Care Physician		\$35 Copay; NO Deductible	Deductible, then Covered in Full	Deductible, then 30% Coinsurance	\$35 Copay
Specialist Physician		\$50 Copay; NO Deductible	Deductible, then Covered in Full	Deductible, then 30% Coinsurance	\$35 Copay
Telemedicine		\$35 Copay; NO Deductible	Deductible, then Covered in Full	Not Covered	\$35 Copay
Laboratory / Radiology		Deductible, then 20% Coinsurance	Deductible, then Covered in Full	Deductible, then 30% Coinsurance	\$35 Copay
Chiropractic Care		\$35 Copay; NO Deductible	Deductible, then Covered in Full	Deductible, then 30% Coinsurance	\$35 Copay
Urgent Care Facility		\$50 Copay; NO Deductible	Deductible, then Covered in Full	Covered as In-Network	\$35 Copay
Hospitalization: Inpatient (Including Mental Health)		Deductible, then 20% Coinsurance	Deductible, then Covered in Full	Deductible, then 30% Coinsurance	\$1,000 Copay
Hospitalization: Outpatient		Deductible, then 20% Coinsurance	Deductible, then Covered in Full	Deductible, then 30% Coinsurance	\$250 Copay
Emergency Room		\$300 Copay; NO Deductible	Deductible, then Covered in Full	Covered as In-Network	\$350 Copay
Ambulance		20% Coinsurance after Deductible	Deductible, then Covered in Full	Covered as In-Network	\$300 Copay
Mental Health	Inpatient:	Deductible, then 20% Coinsurance	Deductible, then Covered in Full	Deductible, then 30% Coinsurance	\$1,000 Copay
	Outpatient:	Covered in Full; NO Deductible	Deductible, then Covered in Full	Deductible, then 30% Coinsurance	\$35 Copay
Maternity: Physician Pre- and Post-Natal Services		\$35 Copay (Physician) / \$50 Copay (Specialist); NO Deductible	Deductible, then Covered in Full	Deductible, then 30% Coinsurance	\$35 Copay
Inpatient Maternity		20% Coinsurance after Deductible	Deductible, then Covered in Full	Deductible, then 30% Coinsurance	\$1,000 Copay
Wellness Benefit		\$200 Annual Wellness Card	\$200 Annual Wellness Card	In-Network ONLY	Not Covered
<b>Other Services / Prescriptions</b>					
Prescription Deductible		N/A	Subject to Medical Deductible	Not Covered	N/A
Supply Limit per Rx		30 Day Supply	30 Day Supply	Not Covered	30 Day Supply
Generic		\$15 Copay	Deductible, then \$10 Copay	Not Covered	\$15 Copay
Formulary Brand Name		\$40 Copay	Deductible, then \$35 Copay	Not Covered	\$50 Copay
Non-Formulary Brand Name		\$60 Copay	Deductible, then \$70 Copay	Not Covered	\$100 Copay
Mail Order Rx Cost / Supply		2.5 x Copay / 90 Day Supply	2 x Copay / 90 Day Supply	Not Covered	2.5 x Copay / 90 Day Supply
M.O. Generic		\$37.50 Copay	Deductible, then \$20 Copay	Not Covered	\$37.50 Copay
M.O. Formulary Brand		\$100 Copay	Deductible, then \$70 Copay	Not Covered	\$125 Copay
M.O. Non-Formulary Brand		\$150 Copay	Deductible, then \$140 Copay	Not Covered	\$250 Copay
<b>Dependent Coverage</b>					
Dependent Age		26			
Dependent Coverage Ends		End of the Birth Month			
Domestic Partners		Not Covered			

**Health Insurance Continued:**

The chart below illustrates the 2025 FULL-TIME payroll deductions costs for the Highmark BSNENY plans by region and enrollment tier. Please select the region associated with your assigned office location for your insurance rates. These rates take effect on January 1, 2025.

**Medical Rates for FULL-TIME Employees Working 30+ Hours Per Week  
(Cost per Pay Period)**

**Metro Region: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester & Non-New York State Locations**

	Highmark BlueShield of Northeastern New York		
	Hybrid EPO 6018 \$35/\$1500/20%	High Deductible PPO 7200 HSA Qualified \$3300/0%	Copay EPO 5006 \$35 PCP/Specialist Copay
Individual	\$6.44	\$28.10	\$94.04
Employee + Spouse	\$100.70	\$141.12	\$263.66
Employee + Child(ren)	\$86.17	\$119.45	\$222.36
Family	\$143.92	\$195.09	\$367.71

**Capital Region: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington**

	Highmark BlueShield of Northeastern New York		
	Hybrid EPO 6018 \$35/\$1500/20%	High Deductible PPO 7200 HSA Qualified \$3300/0%	Copay EPO 5006 \$35 PCP/Specialist Copay
Individual	\$4.98	\$26.58	\$72.05
Employee + Spouse	\$76.70	\$117.19	\$200.90
Employee + Child(ren)	\$65.63	\$99.40	\$170.44
Family	\$109.56	\$163.20	\$281.54

**Northern Region: Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence**

	Highmark BlueShield of Northeastern New York		
	Hybrid EPO 6018 \$35/\$1500/20%	High Deductible PPO 7200 HSA Qualified \$3300/0%	Copay EPO 5006 \$35 PCP/Specialist Copay
Individual	\$5.49	\$24.81	\$80.07
Employee + Spouse	\$85.68	\$119.98	\$224.29
Employee + Child(ren)	\$73.33	\$101.58	\$189.18
Family	\$135.00	\$165.80	\$312.73

**Mid-Hudson Region: Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster**

	Highmark BlueShield of Northeastern New York		
	Hybrid EPO 6018 \$35/\$1500/20%	High Deductible PPO 7200 HSA Qualified \$3300/0%	Copay EPO 5006 \$35 PCP/Specialist Copay
Individual	\$5.81	\$25.31	\$84.72
Employee + Spouse	\$90.69	\$126.98	\$237.42
Employee + Child(ren)	\$77.60	\$107.50	\$201.46
Family	\$129.62	\$175.51	\$331.05

**Health Insurance Continued:**

The chart below illustrates the 2025 PART-TIME payroll deductions costs for the Highmark BSNENY plans by region and enrollment tier. Please select the region associated with your assigned office location for your insurance rates. These rates take effect on January 1, 2025.

**Medical Rates for PART-TIME Employees Working 20-29 Hours Per Week  
(Cost per Pay Period)**

**Metro Region: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester & ALL Non-New York State Locations**

	Highmark BlueShield of Northeastern New York		
	Hybrid EPO 6018 \$35/\$1500/20%	High Deductible PPO 7200 HSA Qualified \$3300/0%	Copay EPO 5006 \$35 PCP/Specialist Copay
Individual	\$131.75	\$167.30	\$215.96
Employee + Spouse	\$414.23	\$495.30	\$560.10
Employee + Child(ren)	\$352.48	\$421.19	\$476.30
Family	\$589.38	\$702.23	\$795.58

**Capital Region: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington**

	Highmark BlueShield of Northeastern New York		
	Hybrid EPO 6018 \$35/\$1500/20%	High Deductible PPO 7200 HSA Qualified \$3300/0%	Copay EPO 5006 \$35 PCP/Specialist Copay
Individual	\$101.80	\$129.23	\$184.47
Employee + Spouse	\$319.50	\$381.79	\$479.36
Employee + Child(ren)	\$271.94	\$324.70	\$407.67
Family	\$454.35	\$540.91	\$680.67

**Northern Region: Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence**

	Highmark BlueShield of Northeastern New York		
	Hybrid EPO 6018 \$35/\$1500/20%	High Deductible PPO 7200 HSA Qualified \$3300/0%	Copay EPO 5006 \$35 PCP/Specialist Copay
Individual	\$106.71	\$127.47	\$183.92
Employee + Spouse	\$334.66	\$376.43	\$476.53
Employee + Child(ren)	\$284.84	\$320.22	\$405.29
Family	\$475.96	\$533.26	\$676.65

**Mid-Hudson Region: Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster**

	Highmark BlueShield of Northeastern New York		
	Hybrid EPO 6018 \$35/\$1500/20%	High Deductible PPO 7200 HSA Qualified \$3300/0%	Copay EPO 5006 \$35 PCP/Specialist Copay
Individual	\$118.72	\$150.67	\$215.22
Employee + Spouse	\$373.04	\$445.69	\$559.80
Employee + Child(ren)	\$317.46	\$379.05	\$476.02
Family	\$530.66	\$631.73	\$795.13



**Dental Insurance:**

## Dental Plan Comparison

Employees are offered three separate dental plans, each with four enrollment tiers. This provides employees with the ability to customize their enrollment elections and enroll in either individual, employee plus spouse, employee plus child(ren) or employee plus family coverage.

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body, including your heart. Receiving regular dental care can protect you and your family from the excessive cost of dental disease and surgery.

Benefits	Delta Dental								
	BRONZE (Low)			SILVER (Middle)			GOLD (High)		
	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network
<b>Calendar Year Deductible</b>	\$50			\$50			\$50		
<b>Deductible Per Family</b>	\$150			\$150			\$150		
<b>Maximum Benefit</b>	\$1,000	\$750	\$750	\$1,500	\$1,000	\$1,000	\$2,000	\$1,500	\$1,500
<b>Preventative Services - Exams, cleanings, x-rays &amp; sealants</b>	100%	80%	80%	100%	100%	100%	100%	100%	100%
<b>Basic Services -Fillings</b>	80%	60%	60%	80%	80%	80%	90%	80%	80%
<b>Endodontics -Root canals</b>	80%	60%	60%	80%	80%	80%	90%	80%	80%
<b>Periodontics -Gum treatment</b>	80%	60%	60%	80%	80%	80%	90%	80%	80%
<b>Oral Surgery</b>	80%	60%	60%	80%	80%	80%	90%	80%	80%
<b>Major Services - Crowns, inlays, onlays &amp; cast restorations</b>	N/A	N/A	N/A	50%	50%	50%	60%	50%	50%
<b>Prosthodontics - Bridges, dentures &amp; implants</b>	N/A	N/A	N/A	50%	50%	50%	60%	50%	50%
<b>Orthodontia (children only)</b>	N/A	N/A	N/A	50%	50%	50%	50%	50%	50%
<b>Orthodontia Lifetime Max</b>	N/A	N/A	N/A	\$1,000			\$2,000		
<b>Temporomandibular Joint Benefits</b>	50%	50%	50%	50%	50%	50%	60%	50%	50%
<b>Deductible Waived</b>	Preventive Services			Preventive and Orthodontia Services			Preventive and Orthodontia Services		
<b>Reimbursement Based On</b>	PPO Contracted Fee Schedule			PPO Contracted Fee Schedule	Premier Contracted Fee Schedule		PPO Contracted Fee Schedule	Premier Contracted Fee Schedule	80th Percentile of UCR
<b>Dependent Age</b>	To age 26								

## Cost for All Employees (Working 20+ Per Week)

The below costs are effective January 1, 2025 to December 31, 2025.

### Dental Rates for Full Time / Part Time Employees Working 20 or More Hours Per Week (Cost per Pay Period)

	Delta Dental		
	BRONZE (Low)	SILVER (Middle)	GOLD (High)
<b>Individual</b>	\$0.81	\$1.85	\$8.55
<b>Employee + Spouse</b>	\$1.32	\$18.89	\$32.95
<b>Employee + Child(ren)</b>	\$4.61	\$27.74	\$45.69
<b>Family</b>	\$15.84	\$50.52	\$77.52

**Vision Insurance:**

## Vision Insurance Overview

The organizations vision plan is a voluntary, employee-paid benefit for you and your family. The plan covers you for specific eye care benefits such as routine eye exams. Additionally, it provides specified dollar amounts or discounts for the purchase of eyeglasses (frames and lenses) and contact lenses.

<b>Anthem Blue View Vision</b>		
<b>Vision Exam</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Frequency</b>	Once every 12 months	
<b>Copay/Allowance</b>	\$20 Copay	Up to \$40 Allowance
<b>Lenses</b>		
<b>Frequency</b>	Once every 12 months	
<b>Single Vision</b>	\$0 Copay	Up to \$40 Allowance
<b>Bifocal</b>	\$0 Copay	Up to \$60 Allowance
<b>Trifocal</b>	\$0 Copay	Up to \$80 Allowance
<b>Frames</b>		
<b>Frequency</b>	Once every 12 months	
<b>Copay/Allowance</b>	\$130 Allowance 20% off balance	Up to \$45 Allowance
<b>Contact Lenses</b>		
<b>Frequency</b>	Once every 12 months	
<b>Conventional</b>	\$130 Allowance 15% off balance	Up to \$105 Allowance
<b>Disposable</b>	\$130 Allowance	Up to \$105 Allowance
<b>Medically Necessary</b>	Covered in Full	Up to \$210 Allowance
<b>Additional Benefits</b>	Eyewear Accessories: 20% off retail price	
<b>Dependent Age</b>	To Age 26	

## Cost for All Employees (Working 20+ Per Week)

The below costs are effective January 1, 2025 to December 31, 2025.

**Vision Rates for Full-Time & Part-Time Employees  
Working 20 or More Hours Per Week  
(Cost per Pay Period)**

<b>Anthem Blue View Vision</b>	
<b>Individual</b>	\$2.28
<b>Employee + Spouse</b>	\$4.57
<b>Employee + Child(ren)</b>	\$4.68
<b>Family</b>	\$6.97

Employees with questions regarding these benefits may speak with a Benefits representative from Human Resources or email questions to [humanresources@caredesignny.org](mailto:humanresources@caredesignny.org).