



2018

# Open Enrollment Employee Benefits Guide

Blythedale Children's Hospital offers a comprehensive, valuable and affordable benefits program that helps you and your eligible family members stay well, feel secure, and maintain a healthy work/life balance.



As part of its benefits program, Blythedale offers four health insurance plans through Empire Blue Cross Blue Shield.

None of these plans require referrals

This means YOU can choose your own specialist.

We encourage you to take the time to educate yourself about all the options Blythedale offers and choose the best and most affordable coverage for you and your family.

**ALL BENEFIT ELIGIBLE EMPLOYEES MUST GO ONLINE TO SELECT OR DECLINE YOUR BENEFITS OR YOUR BENEFITS WILL BE FORFEITED EVEN IF YOU ARE CURRENTLY ENROLLED**

**<https://workforcenow.adp.com/public/index.htm>**



## Empire is our medical carrier for 2018.

For the 2018 benefit year there are new employee contribution tiers and rates for the four medical insurance plans through Empire Blue Cross Blue Shield an Anthem Company. Three of these plans give staff access to the full Blue Cross network of providers which is the largest network of any of the major health insurers. As you may already be aware, none of our Blue Cross plans require a referral from your primary care provider, so you determine whether or not to see a specialist.

The biweekly contributions have been reduced for most staff and, depending on your Rate 1 annual base salary and your plan choice, you will have the opportunity to take advantage of substantial savings in your bi-weekly contributions.

**NEW IN 2018 - MEDICAL OPT-OUT ELECTION** - Beginning in 2018, staff who opt-out online and do not participate in our health insurance because they have spousal, parent or other employer coverage, will be eligible to a \$50.00 per pay period opt out payment (\$1,300.00 annualized). Payment will be forfeited until proof of other insurance is submitted along with a Medical Plan Waiver Form to Human Resources. Please note that due to ACA and Medicare restrictions, the following types of other coverage are not acceptable to receive this benefit: Medicaid, Individual/NY Exchange, Medicare, Medicare Supplement.

	BLUE PRIORITY EPO PLAN	EPO I LOW PLAN	EPO II MIDDLE PLAN	POS PLAN	
	IN NETWORK ONLY	IN NETWORK ONLY	IN NETWORK ONLY	IN NETWORK	OUT OF NETWORK
<b>Deductible</b>	\$1,000/\$2,500	\$500/\$1,250	\$0	\$0	\$1,500/\$3,750
<b>Member Coinsurance</b>	10%	20%	0%	0%	30%
<b>Out of Pocket Max.</b>	\$2,000/\$5,000	\$4,500/\$11,250	\$5,080/\$12,700	\$5,080/\$12,700	\$6,000/\$15,000
<b>Physician Visit</b>	\$30 Co-Pay	\$25 Co-Pay	\$30 Co-Pay	\$30 Co-Pay	Ded / Coin
<b>Specialist</b>	\$50 Co-Pay	\$40 Co-Pay	\$50 Co-Pay	\$50 Co-Pay	Ded / Coin
<b>Urgent Care</b>	\$30 Co-Pay	\$40 Co-Pay	\$30 Co-Pay	\$50 Co-Pay	Ded / Coins.
<b>Emergency Room</b>	\$250 Co-Pay	\$300 Co-Pay	\$300 Co-Pay	\$300 Co-Pay	\$300 Co-Pay
<b>Hospitalization</b>	10% after Ded.	20% after Ded.	100%	100%	Ded / Coin
<b>Out Patient Surgery</b>	10% after Ded.	20% after Ded.	100%	100%	Ded / Coin
<b>Preventative Care</b>	100% No Co-pay	100% No Co-pay	100% - No Co-Pay	100% No Co-pay	Ded / Coin
<b>X-Ray/Lab/Diagnostic Imaging</b>	10% after Ded.	20% after Ded.	100% No Co-Pay	100% No Co-pay	Ded / Coin
<b>RX Deductible</b>	\$100	\$100	\$100	\$100	No coverage
<b>Retail RX Co-Pays</b>	\$20/\$50/\$75	\$20/\$50/\$75	\$20/\$50/\$75	\$20/\$50/\$75	No coverage
<b>90 day Mail RX Co-Pays</b>	\$40/\$100/\$150	\$40/\$100/\$150	\$40/\$100/\$150	\$40/\$100/\$150	No coverage

# Medical – Empire Blue Cross Blue Shield

	<b>2018 NEW BI-WEEKLY AND ANNUAL CONTRIBUTION RATES</b>							
	<b>TIER 1</b>		<b>TIER 2</b>		<b>TIER 3</b>		<b>TIER 4</b>	
	<b>CONTRIBUTIONS FOR AN EMPLOYEE WHO EARNS</b>							
	<b>Up to \$60,000 annual salary*</b>		<b>\$60,001-110,000 annual salary*</b>		<b>\$110,001-130,000 annual salary*</b>		<b>Above \$130,000 annual salary*</b>	
	Bi-weekly contribution	Annual Amount	Bi-weekly contribution	Annual Amount	Bi-weekly contribution	Annual Amount	Bi-weekly contribution	Annual Amount
<b><u>BLUE PRIORITY</u></b>								
Employee	\$10.00	\$260.00	\$15.50	\$403.00	\$61.00	\$1,586.00	\$61.50	\$1,599.00
Employee +1	\$40.75	\$1,059.50	\$54.50	\$1,417.00	\$133.75	\$3,477.50	\$135.75	\$3,529.50
Family	\$66.75	\$1,735.50	\$89.00	\$2,314.00	\$218.75	\$5,687.50	\$222.00	\$5,772.00
<b><u>EPO I LOW</u></b>								
Employee	\$20.00	\$520.00	\$31.00	\$806.00	\$67.00	\$1,742.00	\$67.75	\$1,761.50
Employee +1	\$71.00	\$1,846.00	\$108.75	\$2,827.50	\$140.00	\$3,640.00	\$142.00	\$3,692.00
Family	\$114.25	\$2,970.50	\$177.75	\$4,621.50	\$224.75	\$5,843.50	\$228.25	\$5,934.50
<b><u>EPO II MIDDLE</u></b>								
Employee	\$100.75	\$2,619.50	102.50	\$2,665.00	\$106.75	\$2,775.50	\$108.25	\$2,814.50
Employee +1	\$203.50	\$5,291.00	207.00	\$5,382.00	\$213.29	\$5,545.54	\$216.75	\$5,635.50
Family	\$328.75	\$8,547.50	334.25	\$8,690.50	339.00	\$8,814.00	\$344.25	\$8,950.50
<b><u>POS</u></b>								
Employee	\$146.25	\$3,802.50	\$158.60	\$4,123.60	\$165.00	\$4,290.00	\$167.50	\$4,355.00
Employee +1	\$306.25	\$7,962.50	\$330.50	\$8,593.00	\$342.75	\$8,911.50	\$348.00	\$9,048.00
Family	\$466.25	\$12,122.50	\$502.50	\$13,065.00	\$520.50	\$13,533.00	\$528.75	\$13,747.50

**\*Tiers are based on based on your Hourly Rate 1 annual salary**

**Remember: All bi-weekly contributions are deducted on a pre-tax basis over 26 bi-weekly payroll dates**

<b>2017 Bi-Weekly Contribution Amounts for comparison to the new 2018 Contributions</b>				
Level	BC PRIORITY	BC EPO 1	BC EPO 2	BC POS
Employee	\$61.50	\$67.75	\$108.25	\$167.50
Employee +1	\$135.75	\$142.00	\$216.75	\$348.00
Family	\$222.00	\$228.25	\$344.25	\$528.75

**All benefit eligible employees must go online to select or decline your benefits or your benefits will be forfeited even if you are currently enrolled.**

**<https://workforcenow.adp.com/public/index.htm>**



# Guardian Dental – Vision - Life

<https://www.guardiananytime.com/gafd/wps/portal/fdhome>

GUARDIAN PPO is our dental program.

The PPO plan continues with the co-insurance arrangement as follows:

- \$50 Annual Individual Deductible / \$150 Annual Family Deductible
- Calendar Year Maximum of \$1500
- Orthodontic Lifetime Maximum of \$1000
- **In Network Benefits:**
  - Preventative Services covered at 100% with deductible waived
  - Basic Dental Services covered at 80%
  - Major Dental Services covered at 50%



## Your Bi-Weekly Dental Cost in 2018

<b>Employee</b>	<b>\$10.00</b>	<b>Family</b>	<b>\$25.00</b>
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**GUARDIAN DAVIS VISION** is our voluntary employee paid vision program.

The program provides you and your family with an annual eye exam for a \$10 co-pay and Single, Bifocal or Trifocal Lenses for a \$25 co-pay with frame replacement every 24 months.

## Your Bi-Weekly Vision Cost in 2018

<b>Employee</b>	<b>\$3.00</b>	<b>Family</b>	<b>\$6.00</b>
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## Guardian Life Insurance

Blythedale Children’s Hospital provides **employer paid** group basic life and accidental death and dismemberment (AD&D) insurance policy for the amount of 1.25% of annual salary up to a maximum of \$150,000 to all benefited employees. Enrollment in Guardian Life Insurance is automatic.

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## Allstate at Work Voluntary Benefits

Through Allstate you are able to elect any of the following voluntary benefits:

- Short Term Disability
- Critical Illness Insurance
- Accidental Injury Insurance
- Supplemental Life Insurance
- Supplemental Universal Life Insurance

<http://allstateatwork.com>

<http://www.AccessNY.AllstateBenefits.com>

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### A Plan That Enhances Your Health Care Benefits



#### **AmeriFlex will administer our Flexible Spending Accounts (FSA) in 2018. Flexible Spending Accounts help you save money!**

If you participate in the AmeriFlex FSA plan, you will elect to have a specified amount of “pre-tax” money deducted from your paycheck each pay period.

These funds are subtracted from your gross earnings ***before taxes*** and put into an FSA that you can then use to pay for eligible out-of-pocket expenses. Qualified expenses may include: Co-pays, deductibles, non-covered prescribed drugs and other payments that you are responsible for under your health plan.

**The maximum contribution on the Health Care account for 2018 is now \$2,650. Employees may rollover up to \$500.00 in their FSA Account with Ameriflex.**

**IMPORTANT MESSAGE: The maximum contribution on the Dependent Care account remains at \$5,000.** Dependent Care Accounts are used to pay for eligible Day Care expenses including approved camp and after school care.

**\*Unused Dependent Care Account funds will be forfeited after 12/31/18, those funds are not eligible for the rollover benefit.**

More information about the FSA and DSA Plans including rollover amounts and grace periods is available online at <https://www.myameriflex.com/Employee/Home>

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## Disability Income Benefits

In the event you become disabled from a non-work-related injury or sickness, Blythedale Children’s Hospital provides **employer paid** disability income benefits to all benefited employees. There is a fourteen-day waiting period for additional short term disability. You are not eligible to receive short-term disability benefits if you are receiving workers’ compensation benefits.

Enrollment in Disability Income Benefits is automatic.

	<b>NY State Mandated Short-Term Disability</b>	<b>Blythedale Additional Short Term Disability</b>
<b>Maximum Benefit</b>	\$170 weekly maximum After a 7 day wait period	After the first \$170 an additional amount up to 50% of weekly base salary up to a \$1,000 weekly maximum
<b>Benefit Duration</b>	Up to 26 weeks	Up to 26 weeks

## PLANNING FOR YOUR RETIREMENT

### Defined Benefit Retirement Plan Defined Contribution Retirement Plan 403(b) Tax Deferred Annuity

We offer a 403(b) plan available for benefited employees. The 2018 annual employee contribution limit as per the IRS is \$18,500. For those who are 50 and over, there is a \$6,000 Catch Up feature for a total dollar contribution limit of \$24,500.

**\*\*Employees utilizing the Catch Up feature must fill out new contribution paper work every year\*\***

Eligible employees upon hire, are automatically enrolled in a Defined Contribution Retirement Plan. The following provides a brief overview of the Defined Contribution Plan:

-Blythedale will withhold 2% of compensation for investment in the employee’s retirement account. The Hospital will contribute an additional annual minimum investment of 4% to the employee’s retirement account by matching the 2% employee contribution and by making an additional 2% base contribution of the employee’s salary.

-Under the Plan, the Hospital will match up to the first 2% of employee elective contributions in addition to making a 2% base contribution of the employee’s salary. For employees who make more than the Social Security covered compensation, the employer matching contribution will be an additional 2% for compensation in excess of that amount up to the statutory pay limit.

- The 403(b) Tax Deferred Annuity and the Defined Contribution Retirement Plan are administered by HANYS Benefit Services. [www.hanysbenefits.com](http://www.hanysbenefits.com)

