



2023 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****

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.

Contacts

Please contact the providers listed below when you have questions about a specific benefit plan. We also invite you to speak with your Human Resources representative to learn more.

My Life Advisors Customer Service Center
855-547-8508
8:00 a.m. to 11:30 p.m. Monday – Friday
Email – MyLifeAdvisor@adp.com

Benefit Plan or Program	Provider/Contact	Phone Number	Web site/Email Address
Medical Insurance	Empire Blue Cross Blue Shield	1-800-662-5193	www.empireblue.com
Dental Insurance	Empire Blue Cross Blue Shield	1-800-662-5193	www.empireblue.com
Vision Insurance	Empire Blue Cross Blue Shield	1-800-662-5193	www.empireblue.com
Prescription Drugs	Empire Blue Cross Blue Shield	1-800-662-5193	www.empireblue.com
Prescription Home Delivery	Ingenio RX	1-833-203-1739	www.ingenio-rx.com
Flexible Spending Accounts	Ameriflex	Not Applicable	www.ameriflex.com
Retirement Plan	HANYS Benefit Services	914-907-3791	Hanysbenefits.com/jrosenfe@hayns.org
EAP	Resource Advisor	1-888-209-7840	www.resourceadvisor.anthem.com
Legal Insurance	National Group Legal	1-800-832-5182	Not Applicable
Identity Theft Protection	IdentityForce	1-877-694-3367	www.identityforce.com
Nurseline	Empire Blue Cross Blue Shield	1-800-337-4770	www.empireblue.com

Who is Eligible for Benefits

	Full Time and Part Time Employees (30+ hrs)	Part Time (< 30+ hrs) Employees	Per Diem Employees
Medical, Dental, Vision	✓		
Flexible Spending Accounts	✓		
Life Insurance	✓	✓	
Short Term Disability	✓	✓	
403(b)	✓	✓	
Employee Assistance Program	✓	✓	✓
Voluntary Benefits	✓		

Key Terms

COPAYMENT/COPAY

A flat fee you pay for medical services regardless of the actual amount charged by your doctor or other provider. Copayments generally apply to doctors' office visits, some hospital services, and prescription drugs.

DEDUCTIBLE

The amount you pay toward medical and dental expenses each calendar year before the plan starts to pay benefits.

COINSURANCE

The percentage of a medical or dental charge you owe after you meet the annual deductible.

COBRA

The Consolidated Omnibus Budget Reconciliation Act is legislation that allows workers and dependents who lose medical, dental, vision or flexible spending account benefits to continue any of these coverages for a specified length of time.

You have 30 days from any qualifying event to update your benefit elections. Any changes to benefits must be directly related to the qualifying event. You may be asked to provide proof of the change, such as a marriage license or birth certificate.

Enrolling in Benefits

You must enroll in benefits within 60 days of your date of hire (or your eligibility date, if you are a newly benefits-eligible employee). If you miss the 60-day deadline, you will not be able to enroll in the benefits plan until the next annual benefits open enrollment period - unless you have an IRS Qualified Life Event.

Making Changes During the Year

Once you make your initial benefit elections, you may not change them until the following year's annual benefits enrollment period. An exception is made if you have a Qualified Life Event such as marriage, divorce, birth or adoption of a child, or a change on employment status that affects your benefits eligibility.

When Coverage Begins and Ends

If you are eligible for benefits, your coverage will begin the 1st of the month after 60 days of work. Coverage ends depending on when you terminate employment. (i.e. if you term between the 1st and 15th of the month, your coverage ends on the 15th, afterwards, your coverage ends at the end of the month).







Empire is our medical carrier for 2023

For the 2023 benefit year, there are employee contribution tiers and rates for the four medical insurance plans through Empire Blue Cross Blue Shield, an Anthem Company. These plans give staff access to the full Blue Cross network of providers which is one of the largest nationwide. As you may already be aware, none of our Blue Cross plans require a referral from your primary care provider.

MEDICAL OPT-OUT ELECTION - For 2023 staff who do not participate in our health insurance because they have spousal, parent or other coverage, will be eligible to a \$57.69 per pay period opt out payment (\$1,500.00 annualized). Payment will be forfeited until proof of other insurance is submitted along with a Medical Plan Waiver Form to Human Resources. There will be no retro payments. Payments will be issued following next pay date if all necessary paperwork is handed in and approved.

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

Medical – Empire Blue Cross Blue Shield

	2023 NEW BI-WEEKLY AND ANNUAL CONTRIBUTION RATES			
	TIER 1	TIER 2	TIER 3	TIER 4
	CONTRIBUTIONS FOR AN EMPLOYEE WHO EARNS			
	Up to \$74,500 annual salary*	\$74,501-\$133,000 annual salary*	\$133,001-\$182,500 annual salary*	Above \$182,500 annual salary*
	Bi-weekly contribution	Bi-weekly contribution	Bi-weekly contribution	Bi-weekly contribution
<u>BLUE ACCESS</u>				
Employee	\$9.22	\$13.83	\$66.95	\$77.18
Employee + Spouse	\$35.97	\$53.57	\$82.32	\$113.20
Employee + Children	\$32.14	\$48.21	\$74.09	\$101.88
Family	\$60.18	\$80.23	\$138.92	\$169.79
<u>EPO I LOW</u>				
Employee	\$18.80	\$28.20	\$73.53	\$78.67
Employee + Spouse	\$64.16	\$91.66	\$110.14	\$124.82
Employee + Children	\$58.48	\$83.54	\$99.13	\$112.34
Family	\$95.42	\$149.94	\$251.87	\$267.48
<u>EPO II MIDDLE</u>				
Employee	\$64.86	\$91.88	\$115.64	\$123.15
Employee + Spouse	\$158.10	\$189.72	\$236.98	\$252.91
Employee + Children	\$144.01	\$172.83	\$213.31	\$221.67
Family	\$266.46	\$297.81	\$379.89	\$405.15
<u>POS</u>				
Employee	\$118.35	\$150.05	\$190.18	\$198.09
Employee + Spouse	\$253.86	\$332.48	\$396.17	\$409.38
Employee + Children	\$228.51	\$299.27	\$356.55	\$368.44
Family	\$486.36	\$594.26	\$614.07	\$633.87

***Tiers are based on your Hourly Rate 1 annualized salary**

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

Dental – Empire Blue Cross Blue Shield

EMPIRE DENTAL PLAN

The **Empire Dental** 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 2023

	TIER 1	TIER 2	TIER 3	TIER 4
	Up to \$74,500 annual salary*	\$74,501-\$133,000 annual salary*	\$133,001-\$182,500 annual salary*	Above \$182,500 annual salary*
Employee	\$3.85	\$6.16	\$6.93	\$9.24
Family	\$11.95	\$19.12	\$21.50	\$23.89

EMPIRE ENHANCED DENTAL PLAN

The **Empire ENHANCED Dental** plan continues with the co-insurance arrangement as follows:

- \$50 Annual Individual Deductible / \$150 Annual Family Deductible
- Calendar Year Maximum of \$2500
- Orthodontic Lifetime Maximum of \$2500
- **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 Enhanced Dental Cost in 2023

	TIER 1	TIER 2	TIER 3	TIER 4
	Up to \$74,500 annual salary*	\$74,501-\$133,000 annual salary*	\$133,001-\$182,500 annual salary*	Above \$182,500 annual salary*
Employee	\$4.31	\$6.89	\$7.75	\$10.33
Family	\$13.37	\$21.38	\$24.06	\$26.73

Vision – Empire Blue Cross Blue Shield

The **Empire Blue View Vision** plan 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 \$20 co-pay once every 12 months and frame replacement every 24 months.

Your Bi-Weekly Vision Cost in 2023

	TIER 1	TIER 2	TIER 3	TIER 4
	Up to \$74,500 annual salary*	\$74,501-\$133,000 annual salary*	\$133,001-\$182,500 annual salary*	Above \$182,500 annual salary*
Employee	\$0.68	\$1.09	\$1.23	\$2.46
Family	\$1.71	\$2.74	\$3.08	\$5.82

Life Insurance – Empire Blue Cross Blue Shield

Blythedale Children’s Hospital provides an **employer paid** group basic life and accidental death and dismemberment (AD&D) insurance policy for the amount of 1.25% of your Hourly Rate 1 annualized salary up to a maximum of \$150,000 to all benefited employees. Enrollment in Empire Life Insurance is automatic.

IdentityForce Theft Benefit



Blythedale Children’s Hospital has partnered with IdentityForce formally known as CyberScout®, the nation’s premier provider of identity management services, to deliver the best solution for guarding your good name and credit.

- **Credit and fraud monitoring** through Web-based services that scour millions of identity records and alert you to potential issues.
- **Proactive educational resources** to secure your identity before a crime occurs.
- **Full identity theft recover assistance** with 24/7 advocacy, guidance and personalized help.
- **Document and identification replacement** for critical documents that are lost or stolen.

Silver Plan

Employee - \$3.97 bi-weekly pay
Family - \$6.97 bi-weekly pay

Platinum Plan

Employee - \$5.47 bi-weekly pay
Family - \$9.47 bi-weekly pay

The National Group Legal[®] Benefit Plan with Special “Gold Cross” Benefits

We are happy to offer a legal benefit plan with our partners at HANYS Benefit Services. This unique plan is considered one of the top new voluntary benefits and is being made available through GoldCross Legal. You will find tremendous value in addressing your legal needs including legal support with real estate, traffic infractions, will preparation, contract review and many others areas of legal advice. Please consider the value the legal plan can offer you and your family.

\$4.59 bi-weekly pay covers employee as well as any spouses, and dependent children up to age 26.

A Plan That Enhances Your Health Care Benefits



AmeriFlex will continue to administer our Flexible Spending Accounts (FSA) in 2023. 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 2023 is now \$3,050. Employees may rollover up to \$610.00 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 12/31/23 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>

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.

	NY State Mandated Short-Term Disability	Blythedale Additional Short Term Disability
Maximum Benefit	\$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
Benefit Duration	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 2023 annual employee contribution limit as per the IRS is \$22,500. For those who are 50 and over, there is a \$7,500 Catch Up feature for a total dollar contribution limit of \$30,000.

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

Eligible employees hired on or after 1/1/2011, 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.**
- For employees who make more than the Social Security Covered Compensation (\$147,000 in 2022) an additional employer contribution of 4% will be made for compensation in excess of that amount up to the statutory pay limit (\$305,000 in 2022). 2023 numbers are not yet available, as soon as we hear or see 2023 limits, we will let you know.

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