

WHITE PLAINS CITY SCHOOL DISTRICT

Administrator Benefits (7/1/23 – 6/30/24)

HEALTH INSURANCE

SWSCHP – State-Wide Schools Cooperative Health Plan/Anthem/BCBS

www.swschp.org

Effective 7/1/23 – 6/30/24, employee contributes 20% of health insurance premium. The annual contributions are listed below.

Health Plan	Individual	2/Person	Family
SWSCHP Annual	\$2,868.02	\$6,051.41	\$6,482.95

Participating providers - \$25 co-pay

Non-participating providers \$1,000/individual - \$3,000/family deductible

70% Reasonable & Customary; Rx - \$7.50/\$30/\$50co-pay;

No referrals needed. (www.swschp.org)

DENTAL INSURANCE

Delta Dental of New York

Dental Plan	Individual	Family
Delta Dental of New York Annual	\$0.00	\$532.52

VISION INSURANCE

Coverage only available through the Welfare Trust Fund under Excess Major Medical (**optional benefit**)

BUY-OUT Employee receives 30% of the health insurance premium minus applicable fringes for not taking health insurance.

EXCESS MAJOR MEDICAL

Individual \$12.05/month; Family \$29.65/month

This benefit is offered through the Welfare Trust Fund, you can reach Karen at wptal@aol.com

LIFE INSURANCE:

J. J. Stanis & Company, Inc.

No cost to employee.

Policy 1- 180% of salary

Policy 2- \$10,000 (ASA)

LONG TERM DISABILITY

J. J. Stanis & Company, Inc.

No cost to employee.

Your monthly Benefit shall be 60% of Your Salary or \$2,500, whichever is the lesser amount minus any qualifying reductions.

AFLAC

Cancer Plan
Supplemental Dental Insurance
Short Term Disability Insurance
Accident Insurance
Life Insurance
Hospitalization

AFLAC Representative:

Catherine Nicholas

Tel: [\(929\)282-2001](tel:(929)282-2001) | Fax: [212-994-0434](tel:212-994-0434)

OFFICE HOURS : MON, WED, FRI 9AM-1PM

AMERIFLEX

Flexible Spending Account for Medical
Flexible Spending Account for Dependent Care

403B RETIREMENT PLAN

To explore your options and sign up for a plan, please visit
<https://www.omni403b.com/plandetail/84?sel=True>