



## SUFFERN CENTRAL SCHOOL DISTRICT

45 MOUNTAIN AVENUE  
HILLBURN, NEW YORK 10931

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### Health Insurance

Our health insurance plan is called the "Empire Plan", which offers coverage by United Health Care, Anthem Blue Cross, CVS Caremark and Carelon Behavioral Health. The website is [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits). The Suffern CSD is a Participating Agency.

You may enroll as an individual or as a family. Family coverage includes you, your spouse and/or eligible children, (marriage license, birth certificates, social security cards, financial statement or other proof of dependency required for family coverage).

If you wish to enroll in the health insurance plan, an application must be completed and submitted to the Benefits Office. Effective dates are based on the following guidelines:

***If you apply within 30 days of your hire date, coverage can begin on the first day of the following month or on the hire date if requested; or***

***If your application is made after 30 days, coverage will begin on the first day of the third month following your application submission.***

Employees should become familiar with the literature published by the insurance company. Additional information can be obtained by calling the telephone number provided in your packet of information and on the back of your insurance card.

If you do not wish to participate in the health insurance plan, please note that there is a Health Insurance Buyout available for up to \$1,000/year. Please note that you are not automatically enrolled in the buyout. You must complete the required paperwork and submit documentation to be added to the Buyout payment schedule. The payments are in increments of two. The payments are processed with the second paychecks in the months of October and April.

### Excess Major Medical\*\*

Our medical plan includes excess medical through First Rehab Life. Excess medical will reimburse your out-of-network co-insurance benefit and out-of-network deductible. They provide an in-hospital private duty nursing benefit, out of network outpatient rehabilitation, nursing home benefit, in-hospital benefit for employees only, AD&D for employees only. They also provide annual vision care benefits. Please go to [www.e-nva.com](http://www.e-nva.com) (National Vision Administrators 1-877-241-7124) to locate a provider nearest you.

***\*\*Please note that this plan will be terminating January 31, 2025.***

### [Delta Dental](#)

Our dental plan is administered by Delta Dental. If a timely request is made, your personal benefits eligibility date is your date of hire or the first of the following month. If you make a later request for personal dental benefits, you will be subject to a waiting period for benefits.

### [Group Term Life Insurance](#)

Our life insurance policy is administered through Renaissance Life Insurance for the employee only.

*Basic Employee Term - \$30,000 (Class C) SEA, SASA, SOB, RAAM, IND, CUSTODIAL & MAINTENANCE*

*Basic Employee Term - \$65,000 (Class B) Administrators/Principals*

***The Benefits Department for the Suffern Central School District requires the following documents to accompany your health benefits enrollment application:***

- **Copy of Birth Certificate for Enrollee**
  - **If taking family coverage, please provide copies for your spouse and all dependents listed on the insurance policy;**
- **Copy of Social Security Card for Enrollee**
  - **If taking family coverage, please provide copies for your spouse and all dependents listed on the insurance policy**
- **Copy of last year's tax return with all financial information blacked out showing married filing jointly if taking family coverage with your spouse listed as a dependent;**
- **Copy of marriage license if taking family coverage with your spouse listed as a dependent;**
- **A signed letter requesting the change in coverage with the effective date if applicable.**

Please contact the Benefits Office, (845) 357-7783, ext. 11237 or [cbennin@sufferncentral.org](mailto:cbennin@sufferncentral.org), if you have any questions or concerns.