



**BUSS BENEFITS SUMMARY 2019-20 Full Time Employees**  
**(effective through 12/31/19)**

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**Medical Insurance Plans**

*Single=one person                      Family=spouse and one or more children*  
*Sponsor=two people                      Head of House=parent and 2 or more children*

Dependents can be covered up to age 26

**Pay Period Costs (rates effective January 2019)**

	<b>Single</b>	<b>Sponsor</b>	<b>Family</b>	<b>Head of House</b>	<b>HRA</b>
RASHP 2 Value (\$20 copays)	\$49.75	\$114.46	\$131.85	\$125.30	\$500/year
RASHP 2 Select (\$15 copays)	\$109.10	\$251.26	\$289.60	\$275.30	\$400/year
RASHP 2 Extended (\$5 copays)	\$232.10	\$533.26	\$614.75	\$584.30	No
Signature Blue High Deductible	\$0	\$0	\$0	\$0	No

High Deductible Plan: Employee pays 100% medical and prescription costs until annual deductible is met. Annual Deductible is \$1800/Single or \$3600/Family and starts over every January 1<sup>st</sup>. After the deductible is met, employee pays 10% until out of pocket maximum reaches \$3600/Single or \$7200/Family.

**GENERAL INFORMATION**

Health coverage starts the first day of the month and deductions are taken out of each check of the school year (20 pay checks). An additional amount is taken in the months of January through June to cover summer. The RASHP 2 Plans are HMOs and you must select a Primary Care Physician and obtain referrals for Specialists.

**Health Reimbursement Account (HRA)**

Money you receive from BOCES for enrolling in certain medical plans to help cover co-pays  
Unused money rolls over to next year.  
RASHP 2 Value - \$500 each year  
RASHP 2 Select - \$400 each year

**Flexible Spending Accounts (FSAs)**

Additional money you can have taken out of your pay for any out of pocket medical, dental or dependent care expenses.  
Maximum amounts: \$2650/year for Medical and \$5000/year for Dependent Care. You must sign up within 30 days of your start date and each period starts January 1<sup>st</sup>. Any unspent money is lost.

**Life Insurance**

Every employee receives free \$5,000 Life and \$5,000 Accidental Death and Dismemberment insurance. Employees must complete the Beneficiary Form.

**Dental Insurance**

Single \$5.47 each month  
Family \$15.16 each month

GENERAL INFORMATION Children are covered to age 26  
Dental is taken once a month in the second check and an extra deduction is taken in the last June check for the summer.  
This is a closed plan-you must join within 30 days of your start date else you may not have the opportunity to join. Dental coverage starts the first of the month. You can have more than one dental plan.

**Opt Out of Health Insurance**

If you and your dependents are already covered for Health Insurance, complete the Opt Out Form and attach proof of insurance with your name on it.  
You'll receive \$400 a year- with \$200 paid in December and \$200 paid in June.  
Each January you'll have to fill out a new form with your proof.

**Beniversal Card**

You will receive a Beniversal Card, which works like a Debit Card, if you are receiving HRA funds and/or have set up a Flexible Spending Account. This card is automatically sent to you from Benefit Resource, Inc. and the money is pre-loaded.

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## Optional Benefits

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### Tax Shelter Annuities(TSAs)

We offer two types of TSAs:

**403(B)** You need to contact an insurance agent or financial planner to set up an account.

We have a list of participating companies that we send deductions to.

**457(B)** You set up an account online or by phone and HR has information

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### Employee Assistance Program (EAP)

This program provides free, confidential, professional support for employees and their families dealing with marital, financial, legal, emotional or abuse-related difficulties.

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### Additional Insurance Products

AFLAC offers Short Term Disability (BOCES is exempt from New York State Disability), Personal Accident, Cancer Care and Sickness/Hospital.

NYS 529 College Savings Plan

Long Term Disability contact your union for details

New York Life offers a whole life employee paid insurance plan

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### Shift Differential

3:00 PM-11:00 PM 45 cents/hour

11:00 PM-7:00 AM 60 cents/hour

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### Full Time Work

Bus Drivers-35 hours/week

Bus Attendants- 27.5 hours/week

Food Service- 30 hours/week

Maintenance and Safety-40 hours/week

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## Additional Information

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### Longevity

Payments for longevity are paid in the last payroll of August each year.

5-9 years at BOCES: \$200

10-14 years at BOCES: \$400

14+ years at BOCES: \$600

### Attendance

Sick Days-15 days are given to 10 month employees, 16 days to 11 month employees and 17 days to 12 month employees at the start of the school year. Sick days can be used in 2 hour increments for medical appointments for you or your family member. You must give 48 hours' notice. You can also take half and full days for you or a family member.

Personal Days- 2 days are given the start of the school year. These days cannot be used before or after a Holiday or recess unless approved by the Superintendent. Days are to be used for business which cannot be conducted outside of work hours and unused Personal days roll into your Sick balance at year end.

Vacation Days- 10 days given upfront but pro-rated based on start date. Additional days are given as shown below:

3- years-15 days      11-12 years-20 days

7- years-16 days      13- years-21 days

8- years-17 days      14- years-22 days

9- years-18 days      15- years-23 days

10- years-19 days

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### Leaves of Absence

Employees may be eligible to take a leave under the Family and Medical Leave Act (FMLA) if they have worked at BOCES for one year and for a minimum of 1250 hours. This can be a paid leave if you have available accumulated Sick days or unpaid leave and it provides protection for benefits up to 12 weeks.

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### Workers' Compensation

If you are injured while performing your duties, you will be covered by the New York State Workers' Compensation Law. There are procedures for reporting the injury and you will need to use your available sick days to start but they will be reimbursed back to you.

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