

WHITE PLAINS CITY SCHOOL DISTRICT

Administrator Benefits (7/1/26 – 6/30/27)

HEALTH INSURANCE

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

(www.swschp.org)

Effective 7/1/26 – 6/30/27, employee contributes 20% of health insurance premium. The 20% annual contributions are listed below.

Health Plan	Individual	2/Person	Family
SWSCHP Annual	\$3,744.50	\$7,900.78	\$8,464.20

Participating providers - \$30 co-pay

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

70% Reasonable & Customary; Rx - \$10/\$30/\$50 co-pay. No referrals needed.

(www.swschp.org)

BUY-OUT

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

DENTAL INSURANCE

Dental Plan	Individual	Family
Delta Dental of New York Annual	\$0.00	\$494.24
Horizon Dental Annual	\$645.80	\$645.80

VISION INSURANCE

Vision Plan	Individual	Family
CSEA Benefit Fund (Silver 12) Annual	\$232.68	\$232.68

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 ENROLLMENT

mybenefitsagent@gmail.com

AMERIFLEX

Flexible Spending Account for Medical

Flexible Spending Account for Dependent Care

403B/457B RETIREMENT PLAN

To explore your options and sign up for a plan, please visit <https://tinyurl.com/42h4zme6>