

Total Rewards | You, Empowered



# Employee Benefits Guide

## MANAGEMENT

For questions regarding benefits, contact HR Services  
at [HR.Services@nypa.gov](mailto:HR.Services@nypa.gov) or 914-287-3114

*The below is only intended as a summary of the benefit plans. If there is a difference between this summary and the documents, contracts or policies, the plan documents, contracts or policies will govern in every instance. The Authority reserves the right to change or terminate any of these benefits, programs or pieces of programs at any time.*

## Eligibility

Full-time, part-time and provisional employees are eligible to enroll in a broad range of benefits which can be customized to your individual and family needs.

You can cover eligible dependents, a spouse/domestic partner, child(ren) and eligible foster child(ren) under various benefits plans. Eligible dependent children can continue medical, dental and vision coverage up to the end of the month they turn age 26.

Coverage will become effective on your first day of employment. You have thirty days from your hire date to enroll in your benefits. Once a year during an Open Enrollment period, you will have the opportunity to change your benefit elections.

## Domestic Partner Benefits

Medical, Dental, Optional Vision, Cancer Protection Plan, Accident Expense Plan, Life Insurance, Accidental Death & Dismemberment and Group Legal benefits may be extended to a domestic partner and dependents of the domestic partner.

- **Eligibility Criteria:** You must share a committed relationship with each other, have been in the relationship for at least one year, reside in the same household, document financial interdependency for one year and complete an affidavit.

## Default Benefits

If you do not make benefit elections within 30 days of your hire date, you will automatically receive default benefits, which will remain in place through Dec. 31 of the year you're hired, unless you experience a qualifying life event during the year. The default coverage includes only the following benefits (employee coverage/individual credits only):

Medical Coverage – NYPA Choice Plan

Life Insurance – \$50,000 (Core Plan)

Vision – Core Plan

Long-Term Disability – 50% of covered

## Qualifying Life Event

Once Open Enrollment ends, you can only change benefits under limited circumstances, known as “qualifying life events.” The Internal Revenue Service (IRS) requires you to request a change to your benefits within 30 days of the qualifying life event.

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Qualifying life events are events that cause you, your spouse/domestic partner or dependent(s) to gain or lose coverage eligibility. This includes marriage, divorce, adoption, birth of child, change in the employment status of your spouse/domestic partner or dependent child(ren), move out of an HMO network area or having your dependent(s) reach the maximum eligible age for coverage.

Visit the Forms section of the [Benefits webpage](#) for a Change in Status Form.

## Flex Credits

Flex Credits are automatically allotted to full-time and provisional employees to offset the cost of benefits. The amount you receive in your paycheck is based upon your eligibility for family or individual benefits. The final cost to you will depend upon the combination of benefits you choose.

| Bi-Weekly Flex Credits |          |        |          |
|------------------------|----------|--------|----------|
| Individual             | \$110.77 | Family | \$189.23 |

If your selections cost more than your available credits, you will pay the difference through payroll deductions. You may deposit any unused credits into a Flexible Spending Account or receive the credits as cash in your paycheck, prorated over 26 pay periods.

## Medical Coverage

NYPA offers several medical plans or the option to waive medical coverage.

In some geographic locations, **Health Maintenance Organizations (HMO)** are also available. HMOs cover your medical expenses when you choose a health care provider affiliated with the HMO. Out-of-network benefits may be available but vary by individual HMO

## United Healthcare

NYPA provides two options under United HealthCare:

- 1 The **NYPA preferred provider organization (PPO) Plan** provides major medical care, hospitalization and prescription drug coverage. If you use an in-network provider, you are only responsible for the copay. If you use a non-network provider, you will be responsible for paying the annual deductible, coinsurance and any charges over the reasonable and customary limit.
- 2 The **Choice Plan** provides major medical care, hospitalization and prescription drug coverage. You must use in-network providers and facilities. Out-of-network benefits are not available under this plan.

## Finding Providers

UHC's PPO and Choice Plans offer provider and behavioral health networks, including additional providers through the Empire Network. You can verify your doctor's participation by visiting [uhc.com/find-a-doctor](http://uhc.com/find-a-doctor) or [empireplanproviders.com/provider.html](http://empireplanproviders.com/provider.html)

## Add-On Benefits

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If you enroll in either UHC's PPO or Choice Plans referenced above, you also have the following add-on benefits available to you at no additional cost. For more information, including enrollment in these add-on benefits, either see detail in the bottom of each benefits' respective section, or, see the final page of this book for vendor contact information.

## Hinge Health

Hinge Health, a digital exercise and physical therapy program that provides relief for back, knee, neck and other joint pain. Hinge Health is available to management employees who are enrolled in United Healthcare (UHC) and is available at no cost to you and your eligible dependents provided they are also enrolled in our UHC medical plan.

Recovering from a recent or past injury. Preparing for surgery. Stay healthy and prevent future injury. Plus, get the tools to move with confidence again and do it from the comfort of your home, on your schedule. Get virtual care that may include:

- A personal care team, including a physical therapist and health coach
- 1-on-1 physical therapy sessions as needed
- A second opinion on surgery or treatment plan recommended to you

For questions, call (855) 902-2777 or email [hello@hingehealth.com](mailto:hello@hingehealth.com).

## United HealthCare Cancer Support

The program is a single source for members with cancer and their caregivers (physicians, family members, hospice, etc.) to obtain cancer information, support and guidance in navigating the health care system.

## United HealthCare Fertility Solutions

Fertility Solutions is a required program to assist you and your family providing secure, high-quality guidance and care. Specialized nurses are available to assist with general infertility information and treatment options. They can also assist with locating doctors, clinics and facilities.

Both plans cover certain fertility services that include egg preservation and three cycles of in vitro fertilization (as medically necessary) due to treatment that may directly or indirectly render a person infertile, such as surgery, radiation or chemotherapy.

## Center of Excellence (CoE)

If you will receive bariatric or fertility services, you must use a CoE.

For conditions in which protocols and technology are changing rapidly, UHC can identify facilities, doctors and surgeons to provide effective treatments with fewer complications and shorter recovery times. While required for bariatric and infertility services, many other procedures, and services, such as organ transplants, have CoE's available and choosing one can result in more accurate diagnoses with fewer readmissions and

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complications. Other advantages of utilizing a CoE include higher survival rates and better outcomes as well as reduced costs and a simplified billing and payment experience.

To help support the member, and often their family, an on-site care coordinator or experienced nurse who can assist as a guide throughout the process.

For more information on any of these additional services offered through UHC, please visit the UHC website or call their customer service number at 866-633-2446.

## 2024 Medical & Prescription Benefits at a Glance

| Medical Plans                         | United Healthcare (UHC) PPO Plan       |                                        | United Healthcare Choice Plan          | CDPHP HMO<br>Albany, Blenheim-Gilboa & Clark,<br>St. Lawrence, plus Dutchess & Orange Counties | Independent Health HMO<br>Flex Fit Active Buffalo/Niagara                     | Independent Health HMO<br>Flex Fit Family Buffalo/Niagara |
|---------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Bi-Weekly Cost – Employee Only</b> | <b>\$77.44</b>                         |                                        | <b>\$47.67</b>                         | <b>\$62.73</b>                                                                                 | <b>\$50.95</b>                                                                | <b>\$50.95</b>                                            |
| <b>Bi-Weekly Cost Family</b>          | <b>\$266.90</b>                        |                                        | <b>\$231.30</b>                        | <b>\$215.02</b>                                                                                | <b>\$174.06</b>                                                               | <b>\$174.06</b>                                           |
| <b>Type of Services</b>               | <b>In-Network</b>                      | <b>Out-of-Network</b>                  | <b>In-Network</b>                      | <b>In-Network</b>                                                                              | <b>In-Network</b>                                                             | <b>In-Network</b>                                         |
| <b>Preventive Care copay</b>          | \$0                                    | 20% coinsurance*                       | \$0                                    | \$0                                                                                            | \$0                                                                           | \$0                                                       |
| <b>Virtual Visit copay</b>            | \$15                                   | N/A                                    | \$10                                   | \$20                                                                                           | General Medicine & Behavioral Health<br>\$0                                   | General Medicine & Behavioral Health<br>\$0               |
| <b>Primary Care copay</b>             | \$25                                   | 20% coinsurance*                       | \$20                                   | \$20                                                                                           | \$10 adult / \$25 child                                                       | \$15 adult / \$0 child                                    |
| <b>Specialist copay</b>               | \$40                                   | 20% coinsurance*                       | \$35                                   | \$20                                                                                           | \$25                                                                          | \$25                                                      |
| <b>Chiropractic copay</b>             | \$40                                   | 20% coinsurance*                       | \$35                                   | \$20                                                                                           | \$25                                                                          | \$25                                                      |
| <b>Urgent Care copay</b>              | \$40                                   | 20% coinsurance*                       | \$35                                   | \$30                                                                                           | \$35                                                                          | \$35                                                      |
| <b>Emergency Room Visit copay**</b>   | \$150                                  | \$150                                  | \$100                                  | \$50                                                                                           | \$150                                                                         | \$150                                                     |
| <b>Hospitalization copay</b>          | \$0                                    | \$0                                    | \$0                                    | \$0                                                                                            | \$0                                                                           | \$0                                                       |
| <b>Retail Prescriptions</b>           |                                        |                                        |                                        |                                                                                                |                                                                               |                                                           |
| <b>Tier 1 / Tier 2 / Tier 3</b>       | \$10/\$30/\$45                         | \$10/\$30/\$45                         | \$10/\$20/\$35                         | See Note***                                                                                    | \$4/\$15/\$30                                                                 | \$4/\$15/\$30                                             |
| <b>Mail Order Prescriptions</b>       |                                        |                                        |                                        |                                                                                                |                                                                               |                                                           |
| <b>Tier 1 / Tier 2 / Tier 3</b>       | \$20/\$60/\$90                         | N/A                                    | \$20/\$40/\$70                         | \$20/\$50/\$80                                                                                 | \$10/\$37.50/\$75                                                             | \$10/\$37.50/\$75                                         |
| <b>Deductible</b>                     | Individual: \$0<br>Family: \$0         | Individual: \$600 Family:<br>\$1,200   | Individual: \$0 Family:<br>\$0         | Individual: \$0<br>Family: \$0                                                                 | Individual: \$0<br>Family: \$0                                                | Individual: \$0<br>Family: \$0                            |
|                                       |                                        |                                        |                                        |                                                                                                | Out-of-network Deductible<br>Individual: \$1,000 / Family: \$2,000            |                                                           |
| <b>Out-of-pocket Limit</b>            | Individual: \$3,000<br>Family: \$6,000 | Individual: \$2,000<br>Family: \$4,000 | Individual: \$2,500<br>Family: \$5,000 | Individual: \$9,450<br>Family: \$18,900                                                        | Individual: \$6,350<br>Family: \$12,700                                       | Individual: \$6,350<br>Family: \$12,700                   |
|                                       |                                        |                                        |                                        |                                                                                                | Out-of-network Out-of-pocket Limit<br>Individual: \$10,000 / Family: \$20,000 |                                                           |
| <b>Out-of-network Benefits</b>        | Yes                                    |                                        | No                                     | No                                                                                             | Yes                                                                           | Yes                                                       |

## Dental Coverage

Dental coverage is provided through Delta Dental. Diagnostic and preventive care services are paid at 100%. You are responsible for the coinsurance for these services after meeting the deductible. Selecting a provider that participates in the Delta Dental network reduces your out-of-pocket expense. Should you use a non-network provider, payment to the dentist is based on the negotiated rate and you are responsible for any amount over that rate.

| Delta Dental Plan Benefits Summary                                 |                                         |
|--------------------------------------------------------------------|-----------------------------------------|
| In & Out-of-Network Coverage                                       |                                         |
| Bi-weekly cost:                                                    | Employee only: \$4.35 / Family: \$10.50 |
| Diagnostic & Preventative                                          | 100% no deductible*                     |
| Restorative Care                                                   | 80% after deductible                    |
| Reconstructive Care                                                | 50% after deductible                    |
| Annual Deductible                                                  | \$25 Individual/ \$50 Family            |
| Maximum                                                            | \$2,000 per person each calendar year   |
| Orthodontic Maximum                                                | \$3,000 per person lifetime             |
| Implants                                                           | \$2,000 annual maximum                  |
| *No annual maximum is applied to Diagnostic & Preventative service |                                         |

## Vision Coverage

You have a choice of **two options**:

**Core Vision Plan** - available for employees only (not dependents) at no cost (benefit is paid by NYPA). Under this option, you are reimbursed up to \$100 for a routine eye exam, prescription lenses and frames or prescription contact lenses once every 24 months.

**Optional Vision Plan** - administered through Davis Vision and provides access to participating providers to receive benefits for eye exams, eyeglasses, and contact lenses.

| Vision Plan Benefits Summary |                                                                         |
|------------------------------|-------------------------------------------------------------------------|
| Bi-weekly cost:              | Employee only: \$2.31 / Family: \$5.38                                  |
| Eye Examination              | Covered in full                                                         |
| Frames                       | Selection of frames covered in full or \$150 allowance                  |
| Lenses                       | Selection of lenses covered in full with additional discounts available |
| Contact Lenses               | Selection of contacts covered in full; or \$180 allowance               |



## Flexible Spending Accounts

Flexible Spending Accounts (FSA's) allow you to put aside pre-tax earnings to pay for out-of-pocket healthcare and/or dependent care expenses. NYPA's FSA accounts are administered by United HealthCare. The amount you can contribute each year is determined by the Internal Revenue Service (IRS). FSA elections do not carry over from year-to-year. You must elect to contribute to your FSA account each year at Open Enrollment or within 30 days of a qualifying life event.

- **Health Care FSA** – use this account for medical, prescription and dental copays and deductibles. You may also use this account for expenses to cover vision exams, eyeglasses, contact lenses and some over-the-counter medicines without a prescription and menstrual care products for you and your eligible family members. For 2025, you can contribute up to \$3,200 annually to your FSA account.
- **Dependent Care FSA** – use this account for eligible dependents' childcare (up to age 12) or elder care expenses. You can contribute up to \$5,000 per year.
  - The Dependent Care FSA is *not for health care expenses* for a dependent child.
  - You may change your annual election if there is a change in the childcare provider or cost of coverage. You have 30 days to complete a Change of Election form located in the Forms section of the [Benefits webpage](#). Completed forms must be submitted to [HR.Services@NYPA.gov](mailto:HR.Services@NYPA.gov) within the 30 days noted above.

## FSA Health Care Debit Card

United Healthcare (UHC) will issue you a debit card when you elect either account. The FSA debit card offers a convenient way to pay for your eligible healthcare and/or dependent care expenses.

**Hold onto your FSA card**, even after you've used all your available funds. Your card is updated each year when you elect to contribute to an FSA account(s). Your card remains in effect until the expiration date on the card.

If you are a new enrollee or if your card is expiring, UHC will issue you a new card.

## Employee Assistance Program

Our Employee Assistance Program (EAP) is a free, confidential assessment and referral service to help you and your family members cope with personal or professional problems. Both employees and their families are eligible for this benefit.

To maintain confidentiality, an independent consulting group provides professional assistance on a confidential basis to employees and their dependents. A counselor will assess your problem and, if needed, make a referral to other outside resources for treatment or help in resolving the problem, monitor treatment progress and, where necessary, design a follow-up program.

## EAP Services Provided

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[HR.SERVICES@NYPA.GOV](mailto:HR.SERVICES@NYPA.GOV) OR 914-287-3114



You and your family members can receive counseling for a wide range of personal matters, including, but not limited to:

- Mental and emotional stress
- Family and marital problems
- Care of a child
- Care of an elderly relative
- Drug and alcohol dependencies
- Dealing with disabilities
- Legal or financial matters of concern

## Cost of Services

NYPA pays the cost for utilizing this service. If the counselor later refers you to another source, the cost for additional counseling is your responsibility, and charges will be considered as any other claim submitted under your health care benefits plan. Remember benefits vary by your medical insurance provider.

For more information or to utilize your EAP benefits please call 800-8338707 or visit [myccaonline.com](http://myccaonline.com) and reference company code "NYPA."

## Employee Life Insurance

You will receive \$50,000 in core life insurance at no cost to you. In addition, you may choose from three additional levels of life insurance coverage for yourself, up to \$400,000 as follows:

- One times your salary plus Core (\$50,000)
- Two times your salary including Core (\$50,000)
- Two times your salary plus Core (\$50,000)

Your cost is based on your salary, the amount of insurance and your age. Life insurance coverage in excess of \$50,000 is considered taxable income and will appear on your W-2 as imputed income.

Remember to complete your beneficiary form which are located in the Forms section of the [Benefits webpage](#). Completed forms should be submitted to [HR.Services@NYPA.gov](mailto:HR.Services@NYPA.gov).

## Dependent Life Insurance

You may elect \$20,000 coverage for your spouse and \$4,000 coverage for each child. You will automatically be named beneficiary of any dependent life insurance.

## Business Travel Life Insurance

You have protection in the event of accidental death occurring while traveling on business. Your regular commute to and from work is not covered. This policy has a lump sum payment of \$250,000 to your designated surviving beneficiary.

## Long-Term Disability

Long-term disability coverage provides income to protect you and your family if you are disabled and cannot work after three consecutive months of absence from work. NYPA provides coverage for 50% of covered salary with a maximum monthly amount of \$5,000 at no cost to you (Core Plan) or you may choose 60% of your covered salary up to a maximum monthly amount of \$10,000 for which you will pay the cost of the additional coverage. Cost-of-living increases, survivor benefits, education benefits and rehabilitation incentives are built into the coverage options. Additional information can be found in the Benefits Information Section of the [Benefits webpage](#).

## Aflac

Aflac provides NYPA employees with Cancer Protection and Accident Expense Plans.

### Cancer Protection Plan

The Cancer Protection Plan helps with unexpected expenses in the event of a cancer diagnosis. Benefits are paid directly to you, regardless of any other insurance, copays, etc. Additional information can be found in the Benefits Information Section of the [Benefits webpage](#).

### Accident Expense Plan

This plan provides coverage for unexpected expenses in the event of an accident. Benefits include costs associated with accident emergency treatment, accident follow-up treatment, initial accident hospitalization, accident hospital confinement, accidental death and dismemberment, physical therapy, blood and plasma and ambulance. Levels of reimbursement for each benefit vary. Additional information can be found in Benefits Information Section of the Benefits webpage.

### Cancer and Accident Expense Enrollment Process

If you are electing the Cancer or Accident Expense Plan through Aflac for the first time or changing coverage, please review carefully:

**Step 1** – Make your election on MyPageNYPA > Benefits and Payment > Open Enrollment. You must be connected to the NYPA network to access MyPageNYPA.

**Step 2** – Our Aflac Representative, Jennifer Boule, will contact you to complete your enrollment. You must speak with our rep, and complete additional paperwork for your new election or change to your existing coverage to go into effect.

## Accidental Death & Dismemberment (AD&D) Insurance

Under this plan, you're covered 24-hours a day, 365 days a year against covered accidents during business or pleasure. You may select benefit amounts ranging from \$50,000 to a maximum of \$400,000. Additional information can be found in the Benefits Information Section of the [Benefits webpage](#).

## Group Legal Plan

The Group Legal Plan provides professional legal advice and representation for most personal legal matters, such as wills and estate planning, home and real estate matters, debt and identity theft matters, family law and elder care. Additional information can be found in the Benefits Information Section of the [Benefits webpage](#).

## Plum Benefits

Plum Benefits is a cost-free benefit that saves employees time and money by providing access to thousands of exclusive discounts on shopping, services, travel, entertainment and more.

To Join, visit the Plum [Benefits website](#) and use company code ac0224403 with your work email.

## Retirement Programs

If you earn \$75,000 or more, you must make a very important decision within 30 days of your hire date to select a retirement program. You must choose between the New York State and Local Retirement System (NYSLRS) and the Voluntary Defined Contribution (VDC) Program. If you earn less than \$75,000, you automatically default into NYSLRS. Provisional employees have the option of enrolling in a retirement plan and their membership is the date an application is completed.

Both plans are designed to provide for income needs in retirement. The one that is best for you depends on your individual circumstances. If eligible, once you make a selection, your decision is irrevocable. Please see the chart below for a comparison of the two plans.

| Plan type                     | NYSLRS                                                                                                                                                                                                                                                                                                                                                            | VDC                                                                                                                                                                                                                                                                                                             |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               | <p>*A defined benefit plan (DB), also known as a traditional pension plan. Provides a fixed monthly lifetime benefit at retirement based on a preset formula that considers your salary, age and years of service at retirement.</p> <p>*The State/Employer bears investment risk</p> <p>*Administered by State of New York</p> <p>*Tier 6 Benefit Provisions</p> | <p>*A defined contribution plan (DC), similar to a 401(k) plan, that provides lifetime income benefits based on the amounts contributed by NYPA and you, and the success of the investments. Contributions are made on a pre-tax basis.</p> <p>*Employee bears investment risk</p> <p>*Recordkeeper is TIAA</p> |
| <b>Eligibility</b>            | All full-time employees                                                                                                                                                                                                                                                                                                                                           | Full-time Management employees earning \$75,000 or more                                                                                                                                                                                                                                                         |
| <b>Employee contributions</b> | <p>NYSLRS – Contribution Rate based on Wages</p> <p>\$45,000 or less: 3%</p> <p>\$45,000.01 to \$55,000: 3.5%</p> <p>\$55,000.01 to \$75,000: 4.5%</p> <p>\$75,000.01 to \$100,000: 5.75%</p> <p>More than \$100,000: 6%</p>                                                                                                                                      | <p>VDC Contribution Rate based on Wages</p> <p>\$74,999 or less: N/A</p> <p>\$75,000: 4.5%</p> <p>\$75,000.01 to \$100,000: 5.75%</p> <p>More than \$100,000: 6%</p>                                                                                                                                            |

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|                               |                                                                                                                                                                   |                                                                                                                                                                                                                                                          |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Employer contributions</b> | NYPA contributes toward general pension funds, not individual accounts                                                                                            | NYPA contributes 8% of an employee's eligible compensation                                                                                                                                                                                               |
| <b>Vesting</b>                | *5-year vesting<br>*Age 63 Normal Retirement, Full benefit *Age 55 Early Retirement, Reduced benefit *20 & 30-year milestones                                     | *366 days (waived if have vested employer-funded retirement plan from any of the VDC investment providers; waived/pro-rated for prior NYS public service credit.)<br>*No minimum age requirement<br>*Tax penalties may apply if withdrawal before 59 1/2 |
| <b>Investment options</b>     | Funds are managed for employees and held in NYS Common Retirement Fund trust.                                                                                     | Employee elects' funds from any of the investment providers offered by the plan sponsor (AIG, Fidelity, TIAA, and VOYA).                                                                                                                                 |
| <b>Portability</b>            | If you leave before reaching the five-year vesting period, your contributions are refunded and employer contributions toward general pension funds are forfeited. | Subject to plan rules, employee and employer contributions plus applicable earnings are vested after 366 days.                                                                                                                                           |

## Additional Retirement Savings Plans

In addition to the retirement plan decision above, you have two retirement plans available offering a variety of investment options to help you meet your savings goals. You can contribute up to the Internal Revenue Service (IRS) maximum including catch-up contributions for those over age 50.

### Employees' Savings Plan (401(k) Plan)

The 401(k) Plan is a defined contribution plan that includes pre-tax and Roth after-tax contributions. You may contribute from 1% up to 100% of your eligible salary on a pre-tax basis and/or Roth (after-tax) basis. NYPA will match the first 6% of eligible contributions at a rate of \$0.50 per dollar.

### Deferred Compensation Plan (457 Plan)

The Deferred Compensation Plan is a defined contribution plan governed by Section 457(b) of the Internal Revenue Code. The plan has the same annual limits and other similarities to the 401(k) Plan with the important difference of no employer match. You may contribute from 1% up to 100% of your eligible salary on a pre-tax basis and/or Roth (after-tax) basis.

## Time Away from Work

All time away from work benefits are pro-rated for part-time employees.

### Vacation

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Full-time employees are eligible for 20 vacation days per year. In your first year of employment, vacation days are credited on a prorated basis (rounded up to the nearest half day), based on your hire date (1/12th of 20 vacation days). For example, if you start in April, you receive 15 vacation days. If you start in December, you receive two vacation days. On the following January 1, you will be credited with 20 vacation days.

After 11 years of employment, a 1/2 day of vacation will be credited the following January 1 and for each succeeding year of service, another 1/2 day will be credited on the following January 1 of each year until a maximum of 25 days per year is credited upon the January 1 after reaching 20 years of service.

## Sick Time

Employees who work a 37.5-hour work week accrue 3.46 hours per pay period and employees who work a 40-hour work week accrue 3.69 hours per pay period. Sick time can be used for yourself or an immediate family member who is ill. Sick time carries over each year.

## Employee Medical Leave

Employees on an approved consecutive Medical Leave or Family Medical Leave Act (FMLA) for an employee's own illness are eligible to receive 50% salary after exhausting accrued sick time for up to 12 weeks. Employees may not receive more than 12 weeks in a 12-month period. This benefit runs concurrently with Employee Medical Leave and Family Medical Leave.

## Family and Medical Leave Act (FMLA)

Eligible employees may receive up to a total of 12 weeks of unpaid FMLA leave in a 12-month period if you are absent from work for more than five consecutive or intermittent business days. FMLA includes leave for an Employee Medical Leave (employee's "serious health condition"), Family Medical Leave (to take care of a spouse/domestic partner, parent, sibling or child with a "serious health condition") or a Parental Leave (leave for the birth and bonding of a newborn, adoption or foster care).

## Parental Leave

Eligible employees can receive 100% pay for 11 weeks to bond with a newly born, adopted or fostered child. Parental leave coordinates with FMLA and PFL when applicable.

## Paid Family Leave New York State Paid Family Leave (PFL)

This benefit provides job-protected, paid time away from work, to care for a family member, as mandated by New York State. PFL provides time off to bond with newly born, adopted, or fostered child; care for a family member with a serious health condition; or assist loved ones when a family member is called to active military service abroad. NYS PFL coordinates with FMLA and Parental Leave when applicable.

## Military Leave

You are eligible for 30 calendar days a year for authorized military leave.

## Death in Family

In the event of the death of an immediate family member, you are eligible for three days of paid time away from work.

## Holidays

Management employees receive a total of 14 days per year. Holiday schedules vary depending on your work location. Visit the Powernet for the latest Holiday calendar.

## Additional Benefits

### Education Assistance

Full-time employees are eligible for our Education Assistance Program after completing six months of employment. You are responsible for payment of tuition and required fees when registering for courses at eligible institutions. Tuition and eligible fees will be reimbursed only after successful completion of the course(s) at a minimum grade level of “C” or its equivalent or a “P” in a pass/fail course (pass/fail reimbursement is limited to two courses per degree curriculum). Contact the [HR Talent Development team](#) for more information.

For all courses, NYPA will reimburse 100% for tuition, books, lab and computer fees and mandatory registration fees up to the annual reimbursement. All benefits are dependent upon the employee maintaining employment for certain commitment periods or be subject to repaying education expenses in full. Education Assistance is not available to provisional employees.

| Program       | Annual Reimbursement Maximum | Commitment Period |
|---------------|------------------------------|-------------------|
| Certificate   | \$5,000                      | Six months        |
| Undergraduate | \$10,000                     | One year          |
| Graduate      | \$15,000                     | Two years         |

### Commuter Benefit Program

If you use mass transportation as your regular means of commuting to work, NYPA provides you with a \$50 per month benefit to help offset your commuting costs. Visit: [commutercheckdirect.com](http://commutercheckdirect.com) to enroll.

## Additional Programs Available Through Payroll Deduction

- 1 Credit union membership
- 2 New York's 529 College Savings Program (877-697-2837, [NY529@nysaves.org](mailto:NY529@nysaves.org))
- 3 5 Payroll deductions to donate to certain charities through State Employees Federated Appeal (SEFA)

## Benefits New Hire Checklist

- Bring original identification for employment verification on your first day.
- Gather documentation for your dependents and email to HR Services on your first day.
- Enroll in benefits on MyPageNYPA within 30 days of hire date.
- Review your benefit summary to confirm your choices and verify you've included any eligible dependents you want covered.
- If applicable, choose between the New York State and Local Retirement System (NYSLRS) and the Voluntary Defined Contribution (VDC) Program within 30 days of hire date.
- Enroll in the 401(k) and/or the 457 Plans at any time.
- Designate beneficiaries
- Life insurance beneficiaries should be done before your first day
- 401(k) and 457 Plan beneficiaries can be designated on the T.Rowe Price website
- VDC Plan beneficiaries can be designated on the Retirement@Work website after you're vested
- NY State and Local Retirement System beneficiaries must be designated NYSLRS.
- Receive your new ID cards for medical, pharmacy, dental and vision coverage.



## Vendor Contact List

| <b>Health</b>                                                                                                                                                                           |                     |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------|
| <b>Plan</b>                                                                                                                                                                             | <b>Phone Number</b> | <b>Website</b>                                                                                 |
| United HealthCare:<br><ul style="list-style-type: none"> <li>• PPO Plan – Options PPO Network</li> <li>• Choice Plan – Choice Plus Network</li> <li>• Flexible Spending Plan</li> </ul> | 866-633-2446        | <a href="http://myUHC.com">myUHC.com</a>                                                       |
| United HealthCare – Empire Network                                                                                                                                                      | 877-769-7447        | <a href="http://empireplanproviders.com/provider.htm">empireplanproviders.com/provider.htm</a> |
| UHC Behavioral Health Network                                                                                                                                                           | 877-769-7447, *3    | <a href="http://myuhc.com">myuhc.com</a>                                                       |
| CVS Caremark                                                                                                                                                                            | 844-449-0372        | <a href="http://caremark.com">caremark.com</a>                                                 |
| CDPHP HMO                                                                                                                                                                               | 800-777-2273        | <a href="http://cdphp.com">cdphp.com</a>                                                       |
| Independent Health HMO                                                                                                                                                                  | 800-501-3439        | <a href="http://independenthealth.com">independenthealth.com</a>                               |
| Delta Dental                                                                                                                                                                            | 800-932-0783        | <a href="http://deltadentalins.com/nypa">deltadentalins.com/nypa</a>                           |
| Davis Vision                                                                                                                                                                            | 800-999-5431        | <a href="http://davisvision.com">davisvision.com</a>                                           |
| EAP - Corporate Counseling Association                                                                                                                                                  | 800-833-8707        | <a href="http://myccaonline.com">myccaonline.com</a>                                           |
| Short Term Disability - The Hartford                                                                                                                                                    | 800-549-6514        | <a href="http://thehartford.com/mybenefits">thehartford.com/mybenefits</a>                     |
| Long Term Disability - The Hartford                                                                                                                                                     | 800-549-6514        | <a href="http://thehartford.com/mybenefits">thehartford.com/mybenefits</a>                     |
| Paid Family Leave (PFL) – The Hartford                                                                                                                                                  | 888-301-5615        | <a href="http://thehartford.com/employeebenefits">thehartford.com/employeebenefits</a>         |
| COBRA – TASC                                                                                                                                                                            | 800-422-4661        | <a href="http://Tasconline.com">Tasconline.com</a>                                             |
| <b>Supplemental Insurance &amp; Optional</b>                                                                                                                                            |                     |                                                                                                |
| <b>Plan</b>                                                                                                                                                                             | <b>Phone Number</b> | <b>Website</b>                                                                                 |
| Cancer and Accident Insurance - Aflac                                                                                                                                                   | 800-992-3522        | <a href="http://aflac.com/individuals/default.aspx">aflac.com/individuals/default.aspx</a>     |
| AIG-Reuben Warner Associates, Inc.                                                                                                                                                      | 800-421-3005        | <a href="http://aiq.com/business">aiq.com/business</a>                                         |
| Legal Plan - MetLife                                                                                                                                                                    | 800-821-6400        | <a href="http://legalplans.com">legalplans.com</a>                                             |
| Commuter Benefits                                                                                                                                                                       | 888-235-9223        | <a href="http://commutercheckdirect.com">commutercheckdirect.com</a>                           |
| <b>Retirement</b>                                                                                                                                                                       |                     |                                                                                                |
| <b>Plan</b>                                                                                                                                                                             | <b>Phone Number</b> | <b>Website</b>                                                                                 |
| 401(k) and 457 Plans - T. Rowe Price                                                                                                                                                    | 800-922-9945        | <a href="http://rps.troweprice.com">rps.troweprice.com</a>                                     |
| New York State & Local Retirement System                                                                                                                                                | 866-805-0990        | <a href="http://osc.state.ny.us/retire">osc.state.ny.us/retire</a>                             |
| Voluntary Defined Contribution                                                                                                                                                          | 866-271-0960        | <a href="http://tiaa.org/public/ms/nyvdc/index.html">tiaa.org/public/ms/nyvdc/index.html</a>   |

FOR QUESTIONS REGARDING BENEFITS, CONTACT HR SERVICES AT  
 HR.SERVICES@NYPA.GOV OR 914-287-3114

# Total Rewards



NY Power  
Authority

|                                 |              |                                               |
|---------------------------------|--------------|-----------------------------------------------|
| NYS 529 College Savings Program | 877-697-2837 | <a href="https://nysaves.org">nysaves.org</a> |
|---------------------------------|--------------|-----------------------------------------------|