

## STATE GRAUDATE STUDENT EMPLOYEE BENEFITS AT A GLANCE

<b>Benefit</b>	<b>Benefits/Claims Administrator</b>	<b>Eligibility</b>	<b>Effective Date</b>	<b>Cost (Bi-weekly)</b>
<b>HEALTH INSURANCE/PRESCRIPTIONS</b>	<p style="text-align: center;"><i>NYSHIP</i> <i>Student Employee Health Plan-using Empire Doctors</i></p> <p style="text-align: center;">Empire BlueCross BlueShield and Caremark Prescription Plans</p>	<p>Total compensation of \$4,122 or more each contract year</p> <p>Work at least one-half an assistantship</p>	<p>Effective the date the enrollment form is received in the Student Health Insurance Office</p> <p style="text-align: center;">OR</p> <p>Effective 30 days after the enrollment form is received in the Student Health Insurance Office</p>	<p>Individual Coverage \$5.74</p> <p>Family Coverage \$51.73</p>
<b>VISION AND DENTAL PLANS</b> (you must be eligible and enrolled in NYSHIP)	EyeMed/Dental GHI	You must be eligible and enrolled in NYSHIP	Effective the date the enrollment form is received in the Student Health Insurance Office	NO COST
<b>LIFE INSURANCE</b>	N/A	_____	_____	_____
<b>OPTIONAL LIFE</b>	N/A	_____	_____	_____
<b>WORKER'S COMPENSATION</b>	YES	<b>ALL EMPLOYEES</b>	<b>DATE OF HIRE</b>	NO COST
<b>NEW YORK STATE DISABILITY</b>	N/A	_____	_____	_____
<b>UNEMPLOYMENT INSURANCE</b>	<b>NEW YORK STATE DEPT OF LABOR</b>	<b>ALL EMPLOYEES</b>	_____	NO COST
<b>BASIC RETIREMENT</b>	Yes Voluntary Enrollment In ERS	All employees	Upon enrollment	3% of bi-weekly salary
<b>OPTIONAL RETIREMENT SRA</b>	Yes	All employees	Upon enrollment	NO COST
<b>SICK LEAVE ACCRUALS</b>	Yes 5 DAYS	All graduate student employees	Contact <b>Lorraine Berry</b> <b>632-6189</b>	NO COST