

WELCOME TO THE TOWN OF NORTH HEMPSTEAD

Supervisor

Jon Kaiman

Town Clerk

Michelle Schimel

Receiver of Taxes

Rocco Iannarelli

Town Board

Robert Troiano, Jr.

Thomas Dwyer

Angelo P. Ferrara

Wayne H. Wink Jr.

Lee R. Seeman

Fred L. Pollack

EMPLOYEE BENEFITS

Helene Raps-Beckerman
Finance Commissioner

We would like to take this opportunity to welcome you to the Town of North Hempstead. You have been introduced into a new career, which we hope will be mutually productive and satisfying to you and the public we serve.

Please find the enclosed information regarding Town benefits and please do not hesitate to contact us if you have any questions.

Congratulations and best wishes for the successful attainment of your career goals!

TOWN I.D.

All New employees are required to have their Town I.D. photo taken. This can be done at Tully Park, 1801 Evergreen Ave, New Hyde Park (Indoor Pool). This should be done at you earliest convenience so you will be able to cash your paycheck without any difficulty, as well as having identification when you represent the Town. Contact Personnel.

For information 869-7751

PAYROLL

Payroll is processed by the Comptroller's Office. Salary payment is scheduled on a bi-weekly basis.

For information 869-7727

DIRECT DEPOSIT

Please be advised that the Town of North Hempstead offers payroll direct deposit. This convenience does not go into effect until after three (3) months of employment. After the three month period, you can obtain a form from the Payroll Department in the Comptroller's office, or by calling 869-7727.

RETIREMENT

Town operates under the guidelines of the New York State Retirement System. As such, it is mandatory that all full time employees pay a 3% contribution for ten (10) years. This will come directly out of you paycheck.

This money is deferred from Federal tax. If you have any questions, call the Retirement System.

NYS RETIREMENT SYSTEM 1-866-805-0990

VACATION, SICK AND PERSONAL TIME

All new employees start with ½ day of sick and vacation which accumulates each bi-weekly pay period. Personal time is prorated. Employees starting before June 14 are entitled to Flag Day to be used by the end of the calendar year.

CSEA

Employees who are in titles that are either competitive, non-competitive or labor are required to be CSEA (union) members. Dues will be taken automatically from your pay checks. Get in touch with Personnel for enrollment forms. We are under Local #882, Unit 7555.. The CSEA also has benefits such as insurance, accident and health, etc. For further information call CSEA.

CSEA 1-800-342-4146

For immediate assistance contact the Unit office at 869-7784

PEARL, CARROLL AND ASSOCIATES

This insurance is also offered to CSEA employees who are interested in car insurance, homeowners insurance, etc.

PEARL,CARROLL AND ASSOC. 1-800-366-5273

NEW YORK STATE DEFERRED COMPENSATION PLAN

The New York State Deferred Compensation Plan is a voluntary retirement savings plan that provides quality investment options, investment educational programs and related services to help State and local public employees achieve their retirement savings goals.

DEFERRED COMPENSATION 1-800-422-8463
www.nysdcp.com

MEDICAL BENEFITS

New CSEA employees will be eligible for health benefits after a six-month probationary period. Any employee whose start date is on or before the 15th of the month will be covered 6 months from the 1st of that month. An employee whose start date is after the 15th of the month will be covered 6 months from the first day of the following month. **Exempt employees** health benefits begin on the first day of the month following their start date.

All new employees with a start date of January 1, 2005 or after will contribute on a pre-taxed basis 15% of their health benefit cost bi-weekly.

DOMESTIC PARTNER COVERAGE

The Town of North Hempstead offers Domestic Partner Coverage. Any employee who is subject to contributions to their medical will continue to do so pre taxed and the difference for family/Domestic partner to be paid post tax. The imputed income will be reported on the year end W-2.

H.I.P.H.M.O- Health Maintenance Organization/In Network providers only.

OR

EMPIRE BLUE CROSS/BLUE SHIELD, NYS GOVERNMENT EMPLOYEES INSURANCE

UNITED HEALTHCARE (1-877-769-7447)- Physicians, Laboratories
BLUE CROSS BLUE SHIELD (1-877-769-7447)- Hospitalization-Albany
EMPIRE BLUE CROSS BLUE SHIELD/CARE MARK (1-877-769-7447) – Prescriptions
VALUE OPTIONS (GHI) (1-877-769-7447)- Outpatient/Inpatient Counseling
MANAGED PHYSICAL MEDICINE PROGRAM (1-877-769-7447)- Physical Therapy and Chiropractic Care.
EMPIRE PLAN NURSE LINE (1-877-769-7447)-Health information and advice 24 hours a day, seven days a week.

HOME CARE ADVOCACY PROGRAM (1-877-769-7447)-Durable medical equipment, diabetic supplies and other related services.

BLUE CROSS/BLUE SHIELD- Hospitalization and related services. Pre-admission testing, hospital admittance, some procedures must be confirmed, such as MRI'S, or notification of pregnancy, a penalty will apply if company is not notified. Also, if being admitted to the hospital for any reason you must call the toll free number, **1-877-769-7447, within 48 hours.**

If going to the **EMERGENCY ROOM** for any reason you don't have to call, only if you or your dependants are admitted. Emergency Room co-pay is \$50.00 if admitted the co-pay is waived. BLUE CROSS will only pay for semi-private rooms. A call must be made to **HEALTH CALL** within 48 hours, or a \$200.00 penalty will be charged to you. Make sure you get the persons name and note the time called. Also, there is a \$35.00 fee for Pre-Admission testing.

UNITED HEALTHCARE- Physicians, Laboratories \$15.00 co-pay per visit, \$30.00 maximum if procedure is done (blood work etc). If using Participating providers make sure you ask that the specific doctor you will be seeing still participates with Empire when making the appointment. There are also participating providers for laboratories, x-rays and MRI'S and other such testing. The deductible is \$350.00 for enrollee or spouse, and \$350.00 for dependants combined.

MANAGED PHYSICAL MEDICINE PROGRAM-MPM -Network provider: \$15.00 office visit co-payment per visit for medically necessary chiropractic or physical therapy. Additional co-pay of \$15 for related services. Non-Network providers: \$250 Managed Physical Medicine Program deductible, 50 % coinsurance, \$1,500 annual maximum.

EMPIRE BLUE CROSS BLUE SHIELD – Prescription Plan-

UP TO 30 DAY SUPPLY RETAIL PHARMACY:

\$5.00 co-pay **GENERIC** drugs, \$15.00 for **PREFERRED** brand name, \$30.00 **NON-PREFERRED** brand name (generic available)

31-90 DAY SUPPLY RETAIL PHARMACY:

\$10.00 co-pay **GENERIC**, \$30 for **PREFERRED** brand name, \$60.00 **NON-PREFERRED** brand name (generic available)

CARE MARK: 31-90 DAY SUPPLY THROUGH MAIL SERVICE:

\$5.00 co-pay **GENERIC**, \$20.00 **PREFERRED** brand name, \$55.00 **NON-PREFERRED** brand name (generic available)

Brand name with **GENERIC** equivalent dispensed; enrollee pays **NON-PREFERRED** brand-name co-payment **plus** difference in cost between brand name and generic drug, not to exceed cost of drug.

VALUE OPTIONS: – Inpatient and outpatient counseling. Enrollee must call the toll free number, **1-877-769-7447**, for certification and referral. There is \$15.00 co-pay per visit.

FIRST REHABILITATION INS. CO – Excess Medical Coverage and Vision. The out of pocket expense of \$1650.00 is reimbursable under the basic program for the enrollee/spouse of all dependants combined. This basically is the 20% United Healthcare does not pay.

The Optical portion is \$21.00 to \$30.00 reimbursement. This includes exam, lenses, frames or contacts. Once per calendar year per person on policy.

Enrollee is only eligible for a \$50.00 per day in hospital stay reimbursement.

CONNECTICUT GENERAL LIFE INS. – Dental and Optical

The Optical portion is a \$100.00 Maximum per calendar year. This includes exam, lenses, frame or contacts; you may use both First Rehabilitation and Connecticut General for the maximum reimbursement amount.

The Dental portion is a \$2,250.00 maximum per calendar year. Also a \$50.00 deductible per year, \$150.00 per family per year applies. The plan pays 90% preventative care and 80% actual work customary and allowable. This plan also covers Orthodontics at an additional \$2,250.00 lifetime maximum, per person.

ZURICH DISABILITY INSURANCE -

When out on a non-job related disability, after 8 days you are eligible to apply for disability benefits. You must use 80% of accrued sick time to be eligible and start collecting benefits. When absent contact the Finance Department to request the paperwork.

WORKERS COMPENSATION

The Town is self-insured. **Triad Group** is the administrator for the Town. Any employee, who is injured on the job, should report such injury to their immediate supervisor. A **C-2 accident form** should be filled out by the supervisor and sent to the Finance Department as soon as possible. If you wish to contact them directly, call 1-800-337-7419.

Triad Group
Rensselaer Tech Park
185 Jordan Road
Troy, N.Y. 12180

CATASTROPHIC LEAVE BANK PROGRAM

Catastrophic Leave Bank developed for use by employees who meet catastrophic illness/injury eligibility requirements, and have exhausted all of their accumulated time.

This catastrophic leave bank program policy is not intended to create any expectation or promise of continued employment with the Town of North Hempstead, and is intended solely to assist eligible employees during catastrophic medical emergencies.

To be eligible for this leave benefit you must be a full-time permanent employee with a minimum of one year of uninterrupted employment and must have exhausted all sick, vacation, personal and compensatory time. To apply for this program, please contact your department head. If you are interested in donating time, contact the Finance Department at ext.7741.

SICK TIME BUYBACK

Any full-time, permanent employee who does not use any sick time during a whole calendar year, may sell to the Town, for cash, up to four (4) days of accumulated sick time. An employee who used one (1) sick day may sell back 3 days; an employee who used two (2) sick days may sell back 2 days and an employee who used 3 sick days may sell back 1 day. If you want to participate in the program you must notify the Finance Department in writing by January 31st.

DECLINING MEDICAL COVERAGE

Any employee who presents proof to the Commissioner of Finance that he/she has adequate health insurance coverage shall be permitted to withdraw from the Town's coverage. Such employees will be reimbursed for either family or individual depending on the coverage presented as per the CSEA agreement. This reimbursement is issued in two payments per year.

CHILD CARE LEAVE

Child Care Leave (Maternity Leave) shall be provided with benefits but without pay to employees for parenthood leave for up to one year which includes any accrued leave entitlements. Utilization must commence within one hundred and twenty (120) calendar days of the birth of a child. Same for an adoption by an employee of a child less than 5 years of age. Child Care Leave runs concurrently with FMLA leave.

For further details on any of the above items, please contact the Finance Department at ext. 7741, or consult your CSEA Agreement.