



# 2021 Summary of Employee Benefits

See employment openings at:  
[www.ofoinc.org/jobs](http://www.ofoinc.org/jobs)

New eligible employees are subject to a waiting period for insurance coverage.  
 Employees are eligible to receive benefits listed below if they are regularly scheduled to work at least 20 hours per week.  
 Employees must be regularly scheduled to work at least 30 hours per week to be eligible for health insurance.  
 Policies will not be effective until the 1<sup>st</sup> of the month following 30 days of employment.

**Health Insurance: Excellus BlueCross/BlueShield – option to choose single, 2-person, or family coverage**

- **Signature 35-1000** – a plan with co-pays for office visits and deductibles for hospitalization.
- **Signature HDHP 1400** – a plan with high deductibles and Health Savings Account (HSA) option.
- **Signature HDHP 6350** – a plan with high deductibles and Health Savings Account (HSA) option; includes employer HSA contributions.

Excellus Health Insurance									
35+ hours per week					30-34 hours per week				
		Annual Deductions	24 Pay Periods	20 Pay Periods			Annual Deductions	24 Pay Periods	20 Pay Periods
Signature 35-1000	Single	\$2,805.60	\$116.90	\$140.28	Signature 35-1000	Single	\$3,345.60	\$139.40	\$167.28
Signature 35-1000	2-Person	\$6,436.44	\$268.19	\$321.82	Signature 35-1000	2-Person	\$7,432.44	\$309.69	\$371.62
Signature 35-1000	Family	\$8,763.96	\$365.17	\$438.20	Signature 35-1000	Family	\$10,131.96	\$422.17	\$506.60
Signature HDHP 1400	Single	\$888.36	\$37.02	\$44.42	Signature HDHP 1400	Single	\$1,428.36	\$59.52	\$71.42
Signature HDHP 1400	2-Person	\$2,691.72	\$112.16	\$134.59	Signature HDHP 1400	2-Person	\$3,687.72	\$153.66	\$184.39
Signature HDHP 1400	Family	\$3,669.00	\$152.88	\$183.45	Signature HDHP 1400	Family	\$5,037.00	\$209.88	\$251.85
Signature HDHP 6350	Single	\$698.40	\$29.10	\$34.92	Signature HDHP 6350	Single	\$1,034.40	\$43.10	\$51.72
Signature HDHP 6350	2-Person	\$2,219.52	\$92.48	\$110.98	Signature HDHP 6350	2-Person	\$2,783.52	\$115.98	\$139.18
Signature HDHP 6350	Family	\$3,036.96	\$126.54	\$151.85	Signature HDHP 6350	Family	\$3,792.96	\$158.04	\$189.65

Guardian Dental Insurance				Guardian Vision Insurance					
20+ hours per week				20+ hours per week					
		Annual Deductions	24 Pay Periods	20 Pay Periods			Annual Deductions	24 Pay Periods	20 Pay Periods
Single		\$479.28	\$19.97	\$23.96	Single		\$118.56	\$4.94	\$5.93
Family		\$1,362.24	\$56.76	\$68.11	Family		\$254.76	\$10.62	\$12.74
<i>Voluntary Benefit (No Agency Contribution)</i>				<i>Voluntary Benefit (No Agency Contribution)</i>					

**Health Savings Account (HSA)**

Option 1: Employees enrolled in OFO’s Signature HDHP1400 may establish and contribute to an HSA. There is no Agency HSA contribution when enrolled in this plan.

Option 2: Employees enrolled in OFO’s Signature HDHP6350 may contribute to an HSA. There are Agency HSA contributions when enrolled in this plan as indicated on right.

Employer Annual HSA Contributions	35+ hours per week	30-34 hours per week
Signature HDHP 6350 Single	\$2,184.00	\$1,980.00
Signature HDHP 6350 2-Person	\$4,164.00	\$3,732.00
Signature HDHP 6350 Family	\$5,676.00	\$5,064.00

**Guardian Short-Term Disability**

*Voluntary Benefit (No Agency contribution)* – employee cost depends on age and level of coverage.

**Unum Specified Disease**

*Voluntary Benefit (No Agency contribution)* – employee cost depends on age, tobacco use, and level of coverage.

**Unum Accident**

*Voluntary Benefit (No Agency contribution)* – employee cost depends on level of coverage.

**LegalShield Membership**

*Voluntary Benefit (No Agency contribution)* - employee cost is flat rate for family coverage.

Annual Deductions	24 Pay Periods	20 Pay Periods
\$191.40	\$7.98	\$9.57

**Retirement Plan 403(b)**

Employees are eligible to participate in a 403(b) plan thru payroll deductions immediately upon hire. After the employee completes a full year of service (minimum of 1,000 hours of employment in that year), OFO will match employee contributions dollar for dollar up to a maximum of 3% of the employee’s monthly gross income. Employer contributions are subject to a vesting schedule.

**Holidays**

11 days per year

**Annual Leave - Accrual**

Annual leave is earned on an accrual rate of .0615 per hour worked or on paid status.  
 Ex: 40 hrs X 52 weeks = 2080 hrs. 2080 hrs X .0615 = 127.92 hrs annual or 15.99 (8 hr) days  
 Ex: 30 hrs X 44 weeks = 1320 hrs. 1320 hrs X .0615 = 81.18 hrs annual or 13.53 (6 hr) days  
 Annual leave rate increases after five years of service and again after twelve years of service with the agency.

**Sick Leave - Accrual**

This detail will be updated later as updates are pending guidance from NYS DOL following the enactment of NY Paid Sick Leave legislation.

**NOTE:** Details regarding OFO Benefits are provided in Employee Benefits Guide, Summary Plan Descriptions and OFO Personnel Policies.