

Welcome to NYPA

New Hire

Benefits Guide

IBEW Employees
2026





This Guide is only intended as a brief summary of the benefit plans. If there is a difference between this summary and the plan 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.

The NYPA benefits webpage, nypa.gov/benefits, has an icon for IBEW employees. While this New Hire Guide contains a summary of benefits, you can access details on all NYPA's benefits there. You'll find information on various topics such as health & wellness, life at NYPA, planning for the future, forms, communications & regulations and information regarding the annual Open Enrollment process. A schedule of benefit events and benefit vendor contact information is also available.



Eligibility

As a full-time employee, you're eligible to enroll in a range of benefits to customize to your individual and family needs.

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

Medical Coverage

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

- The NYPA Plan, a preferred provider organization (PPO) plan, provides major medical care, hospitalization and prescription drug coverage. If you use a network provider, you are only responsible for the copay. If you use an out-of-network provider, you will be responsible for paying the annual deductible and coinsurance, as well as any charges over the reasonable and customary limit.
- In some geographic locations, Health Maintenance Organizations (HMOs) are also available. HMOs cover your medical expenses when you use a health care provider affiliated with the HMO that you choose. Out-of-network benefits may be available but vary by individual HMO.

Coverage Costs

If you choose to opt out of healthcare coverage you will receive a stipend of \$57.70 per paycheck.

Employees eligible will receive an annual Flex Credit as outlined in the table below.

Annual Flex Credits	
Individual	Family
\$700	\$1,400

The following grid gives you an at-a-glance comparison of the plans offered.

Benefits



**NY Power
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Medical Plans	United Healthcare (UHC) PPO Plan		CDPHP HMO (Generally Albany, BG, Clark, STL locations, plus Dutchess & Orange Counties)	Independent Health HMO Flex Fit Active (Buffalo, Niagara)	Independent Health HMO Flex Fit Family (Buffalo, Niagara)
Bi-Weekly Cost — Employee Only	\$53.84		\$231.18	\$135.22	\$135.22
Bi-Weekly Cost — Family	\$146.15		\$511.64	\$376.33	\$376.33
Type of Services	In-Network	Out-of-Network	In-Network	In-Network	In-Network
Preventive Care copay	\$0	\$0	\$0	\$0	\$0
Virtual Visit copay	\$15	N/A	\$20	General medicine: \$10 adult / \$25 child	General medicine: \$15 adult / \$0 child
Primary Care copay	\$35	20% coinsurance*	\$20	\$10 adult / \$25 child	\$15 adult / \$0 child
Specialist copay	\$35	20% coinsurance*	\$20	\$25	\$25
Chiropractic copay	\$35	20% coinsurance*	\$20	\$25	\$25
Urgent Care copay	\$35	\$35	\$30	\$35	\$35
Emergency room copay**	\$150	\$150	\$50	\$150	\$150
Hospitalization copay	\$0	\$0	\$0	\$0	\$0
Retail Prescription					
Tier 1 / Tier 2 / Tier 3 copay	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$25/\$40	\$4/\$15/\$30	\$4/\$15/\$30
Mail Order Prescription					
Tier 1 / Tier 2 / Tier 3 copay	\$25/\$75/\$1250	N/A	\$20/\$50/\$80	\$10/\$37.50/\$75	\$10/\$37.50/\$75
Deductible					
Single	\$0	\$700	\$0	\$0	\$0
Family	\$0	\$2,100	\$0	\$0	\$0
				Out-of-network: Individual: \$1,000/ Family: \$2,000 (20%)	
Out-of-Pocket Limit					
Single	\$7,150	\$900	\$9,200	\$6,350	\$6,350
Family	\$14,300	\$2,400	\$18,400	\$12,700	\$12,700
Out-of-network: Individual: \$10,000/ Family: \$20,000 (20% coinsurance)					

Dental

The Delta Dental Plan covers charges for services related to the care of the teeth, gums and mouth. Diagnostic and preventive care services are paid at 100%. Other dental expenses, including orthodontics, are covered as referenced in the chart below. 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 an out-of-network provider, payment to the dentist is based on the negotiated rate and you are responsible for any amount over that rate.

Eligibility	Employee, spouse or domestic partner, and eligible dependent children to age 26	
Deductibles (waived for Diagnostic and Preventive Services)	\$50 per person / \$100 per family each calendar year	
Maximums	\$2,000 per person each calendar year	
Benefits and Covered Services	Network Amount	Non-Network Amount
Diagnostic & Preventive Services Exams, cleanings, x-rays, sealants and fluoride	100%	100%
Basic Services, Endodontics, Periodontics Fillings, simple tooth extractions, posterior composite restorations and injectable antibiotics	80%	80%
Oral Surgery Extraction and other oral surgery procedures, incl. pre- and post-operative care	\$35 copay Benefit is excluded from annual dental maximum	\$35 copay Benefit is excluded from annual dental maximum
Major Services, Prosthodontics, Implants Crowns, inlays, onlays, cast restorations, bridges, dentures and implants	50%	50%
Orthodontic Benefits Adult and dependent children	75%	75%
Orthodontic Maximums	\$3,000 lifetime	\$3,000 lifetime



Vision Coverage

The **Core Vision Plan** is available to employees only (not dependents) and is paid by NYPA. Under this option, you are reimbursed up to \$100 during a 12-month period for a routine eye exam, prescription eyeglasses, or prescription contact lenses.

Davis Vision

Active, regular and probationary full-time employees are eligible to select this benefit, either single or family coverage. If you are not currently enrolled, visit Davis Vision's member website at davisvision.com or call 1.877.923.2847 and enter client code 2374 to locate providers or for additional information.

Benefit	Frequency Once every -	In-network Copay	In-network Coverage	
Eye Examination	January 1	\$0	Covered in full. <i>Includes dilation when professionally indicated.</i>	
Spectacle Lenses*	January 1	\$0	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)	
Frame*	January 1	\$0	Covered in Full Frames: OR Frame Allowance: OR Visionworks Frame Allowance:	Any Fashion, Designer or Premier level frame from Davis Vision's Collection/2 (retail value, up to \$195). \$150 toward any frame from provider plus 20% off any balance. [/1] No copay required. \$200 allowance plus 20% off any balance toward any frame from a Visionworks family of store locations. No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	January 1	\$0	Davis Vision Collection Contacts: Non-Collection Standard Contacts: Non Collection Specialty Contacts/3:	Covered in full. 15% discount/1 15% discount/1
Contact Lenses*	January 1	\$0	Covered in Full Contacts: Planned Replacement Disposable OR Contact Lens Allowance: OR Visually Required Contacts:	From Davis Vision's Collection/2, up to: Two boxes/multi-packs** Four boxes/multi-packs** \$180 allowance toward any contacts from provider's supply plus 15% off balance/1 No copay required. Covered up to \$250 with prior approval. **Number of contact lens boxes may vary based on manufacturer's packaging

Hearing Aids

NYPA provides reimbursement for hearing aids, up to a maximum of \$1,500 every three years through a health reimbursement account. This is available at no cost to employees. You may elect to enroll in this benefit or choose not to participate.

Employee Life Insurance

You will automatically receive core life insurance (at no cost to you) equal to 150% of your base annual wage. Life insurance coverage in excess of \$50,000 is considered taxable income and will appear on your W-2.

Short-Term Disability

The Short-Term Disability (STD) Plan provides continuing income for up to thirteen weeks when you are unable to work due to short term illness or injury. The weekly STD benefit payment will equal 50% of your basic weekly wage. *The maximum weekly benefit is \$750.*

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. At no cost to you, you'll receive 50% of covered salary with a maximum monthly amount of \$3,000. Cost-of-living increases, survivor benefits, education benefits, and rehabilitation incentives are built into the coverage options.

Flexible Spending Accounts

You can contribute pre-tax dollars to Flexible Spending Accounts (FSAs), which allow you to pay for eligible out-of-pocket health and dependent day care expenses, up to annual IRS limits. You will receive a debit card to use for both types of FSA expenses.

Health Care FSA

- Pre-tax annual election \$260 to IRS Maximum (\$3,400 in 2026).
- Use this account for medical and dental co-pays and deductibles, vision exams, eyeglasses, contact lenses and some over-the counter medicines without a prescription and menstrual care products.
- Unused health care FSA funds will be rolled over into the to the following year.
- Unused health care FSA funds will roll over to the following year. For 2026, the maximum rollover is \$680.
- The Authority shall match \$0.50 for each \$1.00 of an employee's contribution into the Health Care Flexible Spending Account (FSA), subject to a maximum of \$500.00 in Authority matching funds per employee per year. FSA accounts must otherwise abide by Internal Revenue Code and limitations including, but not limited to, contribution limits, forfeiture of funds and nondiscrimination testing.

Dependent Care FSA

- Pre-tax annual election \$260 to \$5,000. Use this account for eligible dependents' childcare (under age 13) or elder care expenses while you and your spouse are at work.
- Any unused dependent care funds will be forfeited at the end of the plan year. You have until March 31 of the following year to request reimbursement for eligible expenses in the prior year.

Cancer Plan

The Aflac Cancer Plan helps with unexpected expenses if cancer occurs and can help maintain your lifestyle. Benefits are paid directly to you, regardless of any other insurance, copays, etc. The cost of this plan is based on the coverage you choose.

Accident Expense Plan

The Aflac Accident Expense Plan helps with unexpected expenses if an accident occurs. 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. The cost of this plan is based on the coverage you choose.

Default Benefits

If you do not complete your benefit enrollment within 30 days of your first day of employment, you will default to employee-only coverage in the following benefits:

- NYPA Medical Plan
- Dental Plan
- Core Vision Plan
- Life Insurance
- Short Term Disability
- Long Term Disability
- Hearing Aids

If you receive default benefits, you are not eligible to join an HMO, choose the Cancer Plan or the Accident Expense Plan, contribute to a Flexible Spending Account(s), or waive medical coverage until the next open enrollment period or if you incur a qualifying event.

Domestic Partner Benefits

Medical, Dental, Cancer Protection Plan and Accident Expense Plan, benefits may be extended to a domestic partner and dependents of the domestic partner. Eligibility criteria is in the [Domestic Partner Guide](#).

Time Away From Work

Vacation

Refer to your Collective Bargaining Agreement for details.

Sick Time

Refer to your Collective Bargaining Agreement for details.

Military Leave

You're eligible for 30 workdays a year for authorized military leave at full NYPA base pay.

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

IBEW employees receive a total of 16 days per year. Holiday schedules vary depending on your work location.

More Benefits

Employee Assistance Program

A free, confidential assessment and counseling program for employees and family members. The program also includes childcare and elder care resources and referral services. Visit myccaonline.com (Company Code: NYPA) or call **800-833-8707** 24/7.

Tuition Reimbursement

Expenditures for tuition and books for certain courses approved in advance may be eligible for reimbursement after successful completion. Refer to your Collective Bargaining Agreement for details.

Programs Available Through Payroll Deduction

- Credit union membership [Utility Employees Credit Union](#)
- New York's 529 College Savings Program (877-697-2837, NY529@nysaves.org)
- Certain charities through State Employees Federated Appeal (SEFA)

Retirement Programs

NYSLRS

The New York State and Local Retirement System (NYSLRS) is a defined benefit plan which provides a fixed monthly income at retirement with annual cost-of-living adjustments. New hires are generally in Tier 6 under NYSLRS. [Click here](#) for a summary.

Deferred Compensation Plan (457 Plan)

The Deferred Compensation Plan is a retirement savings program 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, but some important differences, such as 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. Maximum contributions are based on IRS regulations.



Benefits New Hire Checklist

- Have original identification for employment verification on your first day.
- Gather documentation for your dependents and submit [via MyHR+ on](#) your first day.
- Enroll in benefits on [MyPageNYPA](#) > Benefits and Payment > New Hire within 30 days of hire date. *(You must be connected to the NYPA network to access [MyPageNYPA](#).)*
- Review your benefit summary to confirm your choices and verify you've included any eligible dependents you want covered.
- Enroll in the New York State and Local Retirement System (NYSLRS) within 30 days of hire date.
- Enroll in the 457 Plan at any time.
- Designate beneficiaries:
 - o Life insurance beneficiaries should be done before your first day.
 - o 457 Plan beneficiaries can be designated on the [T. Rowe Price website](#).
 - o NY State and Local Retirement System beneficiaries must be designated using [this form](#).
- Receive your new ID cards for medical, pharmacy [and](#) dental coverage.
- Find direct contact information for benefit vendors [here](#).