

CSEA SALARY LETTERS 2022-2023 DEFINITIONS AND OTHER INFORMATION

Base Salary/ Base Rate	Your salary or hourly rate for this school year.									
Employee Benefits	These are additional costs that the District incurs to provide retirement and/or health care benefits to employees.									
Basic Life Insurance	The District covers the premium cost of a life insurance policy that will pay \$5,000 to a beneficiary if an employee passes away while employed by the District.									
FICA (Federal Insurance Contributions Act)	This is a federal payroll tax paid by both the District and the employee to fund Social Security Benefits, 6.2% of salary for both parties.									
FICA Medicare	A federal payroll tax paid by both the District and the employee to fund Medicare Health Benefits, 1.45% of salary for both parties.									
NYS Employees' Retirement	This is the District's cost for contributions to the NYS Employees' Retirement System.									
Health Insurance	For eligible, full-time employees who elect to have health insurance provided by the District through the CEWW BOCES Health Insurance Consortium. The District pays 90% of premiums for both individual and family plans. Employees hired before July 1, 2014, may elect either Platinum Plan 1 or Platinum Plan 2. Those hired after July 1, 2014, may elect Platinum Plan 2. The Premiums of the two plans are: <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Platinum Plan 1</th> <th>Platinum Plan 2</th> </tr> </thead> <tbody> <tr> <td>Individual:</td> <td>\$14,103.12</td> <td>\$11,943.96</td> </tr> <tr> <td>Family:</td> <td>\$36,705.36</td> <td>\$31,085.16</td> </tr> </tbody> </table>		Platinum Plan 1	Platinum Plan 2	Individual:	\$14,103.12	\$11,943.96	Family:	\$36,705.36	\$31,085.16
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Individual:	\$14,103.12	\$11,943.96								
Family:	\$36,705.36	\$31,085.16								
Total Salary and Benefits	This is simply the total cost to the District for an employee's salary and benefits for the current school year.									
Vision Care	The District covers the premium cost of a family vision policy for full-time benefit eligible employees. The annual cost is \$232.68									