

Total Rewards



IBEW Benefit Plans – 2025 Bi-weekly Rates

Flex Credits		
Employee Type	Employee	Family
<i>Full-Time</i>	\$26.93	\$53.85

Medical Plans		
Plan Name	Employee	Family
NYPA Plan (UHC) <i>All Locations</i>	\$53.84	\$146.15
Independent Health <i>Niagara</i>	\$53.84	\$152.45
CDPHP Capital District <i>Blenheim Gilboa, Marcy, St Lawrence</i>	\$131.85	\$273.79
Opt-Out Waiver	\$57.70	

Dental, Vision, HRA (for hearing)		
Plan Name	Employee	Family
Delta Dental	Company Paid	
Core Vision	Company Paid	N/A
Health Reimbursement Account (for hearing aid)		

Vision		
Plan Name	Employee	Family
Davis Vision	\$4.61	\$10.61

Employee Life Insurance, Short Term and Long Term Disability		
Coverage Amount	Coverage Amount	Rate
Employee Life Insurance	150% of Salary	Company Paid
Short Term Disability	50% of Salary max \$750/week	
Long Term Disability	50% of Salary max \$3,000/month	

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AFLAC – Cancer & Accident Insurance				
Plan Name	Employee	Employee and Spouse	1 Parent Family	2 Parent Family
Cancer – Red*	\$6.51	\$10.11	\$10.11	\$10.11
Cancer - Green Plus*	\$18.69	\$31.89	\$22.80	\$31.89
Cancer - Classic	\$17.88	\$31.98	\$17.88	\$31.98
Accident Expense Plus*	\$9.37	\$12.14	\$14.08	\$17.72
Accident Advantage*	\$9.78	\$12.48	\$14.64	\$18.66
Accident Advantage – Option 3	\$10.50	\$13.74	\$15.84	\$19.98

**plans are grandfathered, and not open to new participants*