



THE RESEARCH FOUNDATION

The State University of New York

2009
Benefits Summary

10/31/08

RESEARCH FOUNDATION OF SUNY SUMMARY OF BENEFITS
FULL TIME & PART TIME (50% OR MORE)
(www.stonybrook.edu/hr)

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*Benefits are subject to the policies of the Research Foundation of SUNY
and may change from time to time.*

Contact information:

**Human Resource Services
Benefits Office – Z-0751**

(631) 632-6163

Fax (631) 632-2417

RESEARCH FOUNDATION OF SUNY SUMMARY OF BENEFITS

HEALTH INSURANCE COVERAGE - 42 Day waiting period-Employee selects one health option.

CMR - Participants in any Health Insurance Plan offered by the Research Foundation may call Consumer's Medical Resource at 1-888-426-7435 for information on serious illnesses.

Option 1- RF Hospital /Medical Plan

Empire PPO (Participating Provider Organization)

-Member Services - 1-800-409-0272 or visit www.empireblue.com

In-Network - Use Participating Doctors and Hospitals-Participating providers nationwide - \$20.00 office co-pay - no deductible, no claim forms - **no referrals** - Children covered to **age 19 (students to age 25)**

-PPO card - ID# is RFB + random number

-800# nationwide to find a provider when traveling - 1-800-810-2583

-Lab or X-ray - \$20 co-pay

-Mental Health-Unlimited office visits-\$25 co-pay-Needs pre-approval-1-800-626-3643

-Chiropractic Care - \$20 co-pay

Hospital Care

-Inpatient - \$100 deductible - Needs pre-approval - 1-800-982-8089

-Inpatient Mental Health - \$100 deductible - Needs pre-approval - 1-800-626-3643

-Ambulatory surgery - \$100 deductible Needs pre-approval - 1-800-982-8089

-Emergency Room - \$50 co-pay - Waived if admitted & call Empire within 24 hours

-**Medical Management Program Precertification – 1-800-982-8089**

Out-Of-Network - Use Non-Participating Doctors and Hospitals

-Use any doctor - Member pays doctor bill - Sends claim form and receipt to Blue Cross

-Annual Deductible per person - \$300 (\$750 annual maximum deductible per family)

-Reimbursement at 80% of usual & customary charges

RF Prescription Program – Medco Health RX Prescription Drug - 1-800-251-7690 or visit www.medco.com

-PAID Prescription - maximum supply - 30 days, most pharmacies participate

\$10 co-pay for generic drugs at participating pharmacies

\$20 co-pay for brand drugs* at participating pharmacies

\$35 co-pay for non preferred name brand drugs at participating pharmacies

- Mail order available for 90 day supply for \$10 generic, \$40 brand, \$70 non-preferred

-**Generic Substitution Requirement** - plan will cover only **BRAND** drugs if no generic is available.

*When a generic is available, but you or your doctor prefers the Brand name drug, you will need to pay the difference in cost between the generic and the brand name drug.

HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

(All require separate enrollment form)

Option 2

HIP/VYTRA HMO - 631-409-4000 or visit www.vytra.com

Children to age 19, if full time students, to age 25

Choose ONE Primary Care Physician from roster of participating providers
\$20 co-pay per office visit, no charge for maternity care
Specialist referrals needed - \$20 co-pay per office visit
Hospital - \$100 deductible
Emergency Room visit - \$50 deductible
Lab or X-ray – No co-pay
Prescriptions: \$10-Generic, \$20-Preferred Brand, \$35-Non-Preferred Brand
Mail order available for 90 day supply for \$15-Generic, \$30-Preferred Brand,
\$105-Non-Preferred Brand

Option 3

Aetna/US Healthcare HMO - 1-800-323-9930 or visit www.aetna.com

Children to age 19, if full time students, to age 25

Choose ONE Primary Care Physician from roster of participating providers
\$20 co-pay per office visit
Specialist referrals needed - \$20 co-pay per office visit
Hospital - \$100 deductible
Emergency Room visit - \$50 deductible
Lab or X-rays - \$20 co-pay
Prescriptions: \$10-Generic, \$20-Brand, \$35-Non-Preferred Brand at participating
pharmacies
Mail order available for 90 day supply for two month co-pay.

Option 4

Empire HMO - 1-800-453-0113 or visit empireblue.com

Children to age 19, if full time students, to age 23

Choose ONE Primary Care Physician from roster of participating providers
\$20 co-pay per office visit
Specialist referrals needed - \$20 co-pay per office visit
Hospital - \$100 deductible
Emergency Room visit - \$50 deductible
Lab or X-rays – No co-pay
Prescriptions: \$10-Generic, \$20-Preferred Brand, \$40-Non-Preferred Brand
Mail order available for 90 day supply for two month co-pay.

Option 5

HIP - Health Insurance Plan of Greater New York - A Medical Group HMO

1-800-HIP-TALK or visit www.hipusa.com Children to age 19, if full time
students, to age 25

Choose ONE Health Center or ONE Participating Provider: 3 centers in Suffolk
County: Ronkonkoma, N. Babylon, and Riverhead
\$20 co-pay per office visit
Specialists care - \$20 co-pay per office visit

Hospital - \$100 deductible
Emergency Room visit - \$50 deductible
Lab or X-ray – No co-pay
Prescriptions: \$10-Generic, \$20-Preferred Brand, \$35-Non-Preferred Brand
Mail order available for 90 day supply for \$15-Generic, \$30-Preferred Brand,
\$105-Non- Preferred Brand

More information available on each HMO - **request a specific HMO orientation package** from Benefits.

DENTAL INSURANCE - **Delta Dental** (800) 932-0783 or visit www.midatlanticedeltadental.com

6 month waiting period

Children to age 19, if full time student, to age 25

Participating providers available but not mandatory, reimbursement forms available

Preventive Care - Covered in full with NO deductible - Once every 6 months, calculated from your last visit.

General Services - Covered at 75% - \$50 deductible/year to a maximum of 3 per family.

Prosthetic Services - **12 month waiting period** - Includes caps, crowns, dentures
Covered at 50% with a \$50 deductible/year to a maximum of 3 per family.

Maximum of \$1,200 reimbursed per covered individual per calendar year if using the Delta Dental Premier Network or \$1,500 maximum if using the Delta Dental PPO Network.

Orthodontics - **6 month waiting period** - For eligible dependents only -
Covered at 50% with NO deductible - maximum of \$1,500 reimbursed per individual/**lifetime**. Dependents covered up to age 19.

VISION CARE PLAN - **Davis Vision** (800) 999-5431 or visit www.davisvision.com

6 month waiting period - No cost to employee

Children to age 19, if full time student, to age 25

One free eye examination and one free pair of glasses once every **two** years - calculated from the date of your last visit. Effective January 1, 2006, contact lenses from the plan selection may be purchased for a co-payment of either \$25 or \$45, depending on the type of lens, at a network provider.

An occupational vision benefit will be available through Davis Vision providers. This will cover an additional pair of eyeglasses when a different prescription is needed by the employee for job purposes. You must obtain your occupational eyeglasses at the same time that you obtain your regular eyeglasses. This is not a benefit for dependents.

If you decide to use an optometrist who is not on the list, you must submit an itemized receipt along with a completed claim form to the Vision Care Plan.

LIFE INSURANCE – Prudential Financial - Paid by the Research Foundation

Basic Life Insurance

6 month waiting period - \$10,000 coverage.

Accidental Death and Dismemberment

6 month waiting period - \$10,000 coverage.

OPTIONAL LIFE INSURANCE – Prudential Financial - Employee pays through payroll deduction.

6 month waiting period

Amount available - 1,2,3,4 or 5x annual salary up to a maximum amount of \$300,000, minus your \$10,000 free coverage.

Use following steps to calculate the amount you can buy:

- 1 - Multiply your annual salary by desired amount, 1,2,3,4 or 5
- 2 - Subtract \$10,000 from answer
- 3 - Divide by 1000
- 4 - Multiply your answer to #3 by the biweekly premium opposite your age
This will give you your biweekly payroll deduction.

<u>AGE</u>	<u>BIWEEKLY RATE (as of 1/1/07)</u> <u>Cents per \$1,000 of Coverage</u>
Under age 30	\$.024
30 - 34	.028
35 - 39	.036
40 - 44	.044
45 - 49	.064
50 - 54	.098
55 - 59	.151
60 - 64	.264
65 and above	.475

The amount of insurance and the payroll deduction will increase automatically with a salary increase and when you move into a new age bracket.

VOLUNTARY DEPENDENT LIFE INSURANCE – Prudential Insurance

Coverage is available for your spouse/domestic partner from \$10,000 to \$100,000, not to exceed 100% of employee's combined Basic Term Life and Optional Term Life coverage amounts.

Dependent Term Life coverage has one premium rate that covers all eligible children. Coverage is available for all your eligible children in increments of \$2,000 to \$10,000.

WORKERS' COMPENSATION INSURANCE – Chubb Insurance - 7 day waiting period

Accident report must be completed and sent to Benefits - Z-0751 or call 632-6163 for form and information

100% of all medical bills covered for work related injuries or illnesses

Covers 2/3 weekly wages with a maximum weekly payment of \$500

Number of weeks out of work runs concurrently with FMLA, if eligible

NEW YORK STATE SHORT-TERM DISABILITY INSURANCE – First Reliance Standard

4 week waiting period

A disability form must be completed and returned to Benefits - Z-0751, call 632-6163 for form and information

For illness or injury that is not work related

All sick leave accruals must be used first

Pays for up to 26 weeks if eligible, at a maximum weekly payment of \$170

Number of weeks out of work runs concurrently with FMLA, if eligible

VOLUNTARY DISABILITY INCOME PROTECTION INSURANCE – First Reliance Standard

Employees will be able to supplement their current RF-provided disability coverage by purchasing additional voluntary short-term disability coverage. You may choose an amount from \$100 to \$1,250 per week, as long as your selected amount doesn't exceed 60% of covered earnings.

LONG TERM DISABILITY INSURANCE – First Reliance Standard - Full time employees - 1 year waiting period

Coverage includes payment of 60% of monthly salary to a maximum of \$7,500/month (including any payment from Social Security or Workers' Compensation)

Effective after 6 months of approved Short-Term Disability

FMLA - FAMILY AND MEDICAL LEAVE ACT - Must be employed for 12 months and worked at least 1250 hours prior to leave

FMLA provides 12 weeks of unpaid leave in a 12 month period for certain family and medical reasons, including Workers' Compensation and Short-Term Disability

Additional information on these benefits can be found in your Research Foundation Benefits Handbook, the RF Leave Policy Manual and by calling the Benefits Office at 632-6163.

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TUITION WAIVERS - Full time employees only

Subject to space and funds available

Up to 50% credit towards a 3 credit course taken at any SUNY school

Based on career or job-relatedness

Contact Danielle Bray at 632-6167 during the months of July-August and November-December for forms and information

Flexible Spending Accounts (FSAs)

By enrolling in a Flexible Spending Account (FSA) you authorize the Research Foundation to deduct, on a pretax basis, a specified amount from your pay throughout the year, and to deposit this money in an account that is used to reimburse you for eligible health care or dependent care expenses. There are two kinds of FSAs: a Health Care Spending Account and a Dependent Care Spending Account. Employees may contribute to the Health Care FSA, the Dependent Care FSA or both.

Because of the tax advantages of these programs, the IRS requires you to continue participation throughout the calendar year for which you enroll, unless you have a qualifying “change in status” as defined by the IRS. You must carefully estimate your expenses for the year, since any money left in your account at the end of the year will be forfeited if not used.

You may enroll in these programs during open enrollment in November in order to participate for the following calendar year.

- **Health Care Flexible Spending Accounts** – contribute up to a maximum of \$4,000 to pay for uninsured eligible medical, dental, vision care and prescription drug expenses. Employees need to have completed 6-months of service from date of hire and expected to be employed for at least one year following the date of enrollment or re-enrollment.
- **Dependent Care Flexible Spending Accounts** – contribute up to a maximum of \$5,000 depending upon a participant’s tax filing status, to pay for eligible child, adult and elder care expenses for eligible dependents. No waiting period.

If you have questions about Flexible Spending Accounts, call Fringe Benefits Management Company Customer Service at 1-800-342-2017.

College Tuition Savings Program

Participation in the New York College Savings Program will be available through payroll deduction for employees who use payroll direct deposit.

Parent, grandparents, other relatives or friends can set up a Tuition Savings Account for a future college student. The first \$5,000 that is invested each year will be deductible from New York State income when you file your tax return. Investment earnings will not be subject to state or federal tax, nor will funds withdrawn for qualified expenses. A brochure describing this program is enclosed.

If you have questions about the program call 1-877-NYSAVES (1-877-697-2837), or visit the program's web site at www.nysaves.org.

Group Long-Term Care

Regular employees are eligible after 6 months of employment. Employees' spouses, domestic partners, parents, parents' in-law, grandparents and grandparents' in-law are also eligible. Call CNA Group Long-Term Care Customer Service, toll-free, at 1-877-777-9072 for more information and to request an enrollment kit

Liberty Mutual Insurance

The Research Foundation and Liberty Mutual Insurance Company have partnered to offer a program called Group Savings Plus, which provides discounts on auto and homeowners insurance to all employees. Call your local Liberty Mutual Representative, Doug Carlen, at 631-331-7196 ext. 52761 to see how much you can save.

RETIREMENT PLAN - TIAA-CREF

(TEACHERS' INSURANCE AND ANNUITY ASSOCIATION-COLLEGE RETIREMENT EQUITY FUND-(401(a) plan)

Employees Hired July 1, 1994 or Later

No contribution is required of employees.

Effective January 1, 2009, the service requirement for vesting in the basic retirement plan will be one year. Employees will gain ownership of their retirement accounts as soon as the waiting period is completed and the RF contributions begin.

Research Foundation contributions:

- 8% of bi-weekly earnings from years 2-7
- 10% of bi-weekly earnings thereafter

Credit toward vesting

It is possible for you to be given credit toward vesting if you have had immediate prior eligible service with SUNY, with another accredited college or university in the United States or with a non-profit 501 (c) (3) research organization in the United States. You must complete a Prior Service Credit form to qualify for credit. Service credit will be granted upon verification from your prior employer and approval by the Central Office of the Research Foundation in Albany.

Call the Benefits Office at (631) 632-6163 for information and forms.

OPTIONAL TAX-DEFERRED PROGRAMS - Paid by the employee through payroll deductions-(403(b) plan)

A great way to save on taxes!

Investment Options:

TIAA-CREF - Once enrolled, call to change allocations - 1-800-842-2776

Regular Tax-Deferred Annuity (TDA) - Paid out as lifetime annuity.

Supplemental Retirement Annuity (SRA) - Cashable as lump sum under certain conditions, 10% penalty in some cases - Loans available.

Fidelity Mutual Funds - Once enrolled, call to change allocations - 1-800-343-0860

15 options - cashable as lump sum under certain conditions - 10% penalty in some cases. Call the Benefits Office at (631) 632-6163 for information and forms.

2009 Bi-Weekly Payroll Deductions*

(Research Foundation pays 90% of premium for Individual coverage, 75% for Family)

	Employee	Employee And Spouse	Employee And Children	Family

Empire PPO	\$23.00	\$81.57	\$70.31	\$136.96
HIP	\$21.92	\$76.72	\$69.04	\$134.80
Aetna/US Healthcare	\$59.19	\$253.61	\$167.61	\$272.01
Empire HMO	\$77.30	\$185.01	\$164.56	\$306.61
HIP/VYTRA	\$28.39	\$88.05	\$88.89	\$171.41

*During the first 2 paychecks after your enrollment takes effect, **double** deductions will be taken for premium contributions, in order to cover the 28 day extension of benefits which is provided when your employment terminates or drops below eligibility requirements.

If your health deductions are not taken from the paycheck when your insurance becomes effective, there will be more than 2 double deductions taken to pay for your health insurance back to your effective date.

You will be automatically placed in the **Pre-tax Health Insurance Program** unless you sign a waiver. For more information, see page 11 in your Benefits Handbook under Flexible Benefits Plan.

A decision on health coverage must be made within 60 days of employment or you will not be able to be covered by health insurance for another 5 pay periods (to be determined by the date the Benefits Office receives your completed forms).

KEY TERMS

Annuity - A contract that provides an annual income for a lifetime or a specified number of years.

Co-pay - A set charge a patient pays a provider at the time of service.

Deductible - A specific dollar amount a patient must have paid out for services before a health plan begins paying benefits.

HMO - Health Maintenance Organization - Healthcare organization that provides comprehensive medical/hospital coverage through a restricted network of physicians/hospitals.

In-Network Provider - Doctors who participate in a plan's authorized network (dental, health or vision)

Out-of-Network Provider - Doctors who do **not** participate in a plan's authorized network (dental, health or vision)

PPO - Participating Provider Organization - Health care organization that provides comprehensive medical/hospital coverage at a discounted cost through a network of physicians/hospitals; but also provides coverage at a higher cost for services received outside their network.

Primary Care Physician - HMO physician that coordinates all treatment and access to specialists for a patient to receive full benefits.

Qualifying Event - A change in an employee's personal or employment status that permits a change to be made in pretax health insurance coverage outside of the annual open enrollment period (example: a change from individual to family coverage on date of marriage)

Tax-Deferred Contributions - Retirement plan contributions, made through payroll deductions, which are not subject to state or federal income tax until you begin receiving them as income from the plan.

UCR - Usual, customary, reasonable charges are common levels of charges made by medical providers in the same geographic area for similar services or treatment.

Vesting Period - Number of years of service you must have with employer before gaining ownership rights to employer-made retirement contributions.

Waiting Period - Specified period of time you must be employed before you can participate in a benefit plan.