

## **FULL-TIME AND PART-TIME (50% OR MORE) EMPLOYEES FRINGE BENEFITS**

This summary is only a guide to your benefits coverage. Please read the fringe benefits booklets for details on covered services.

HEALTH INSURANCE COVERAGE - 42 day waiting period, from the date of appointment.\*  
Payroll deductions will be made on a pre-tax basis unless you sign a form to decline this benefit.

### **Option 1**

**The Empire Plan** (Blue Cross and United HealthCare);

**Blue Cross** – Hospitalization - **1-877-769-7447**; website address: <http://empireblue.com>

365 days inpatient hospital coverage at 100% of semi-private room rate  
Outpatient diagnostic testing and ambulatory surgery - \$25 co-pay per visit  
Emergency room - \$35 co-pay per visit (waived if emergency admission)

A pre-admission certification call must be made to HealthCall at **1-877-769-7447** before any hospital admission for non-emergency, non-maternity care. If the call is not made, the Insured will be responsible for the first \$200 **and** \$100 per unnecessary day. For emergency or urgent admissions, call within 48 hours of the admission. You must call before admission for the birth of a child, preferably as soon as the doctor confirms the pregnancy.

**United HealthCare** - Major Medical Participating Provider Network; **1-877-769-7447**  
website address: <http://www.cs.state.ny.us>

**Participating Providers**: Website address: [Http://www.cs.state.ny.us](http://www.cs.state.ny.us)

Office visits - \$10 co-payment (maximum - 2 co-pays, e.g., visit where x-rays are taken)

No co-pay for chemotherapy, radiation therapy, hemodialysis

No co-pay for routine well child care, including examinations, immunizations and cost of oral and injectable substances

Adult immunizations are covered for influenza, pneumonia, measles-mumps (MMR), varicella (chicken pox) and tetanus, subject to a \$10 co-pay

\$10 co-pay for each visit to a chiropractor when you choose a Managed Physical Network (MPN) Provider.

Call **1-877-769-7447** for a list of providers.

**Non-participating Providers**:

\$309 annual deductible for enrollee

\$309 annual deductible for spouse

\$309 annual deductible for all dependent children then reimbursement at 80% of usual, customary, reasonable (UCR) rate

Maximum coinsurance (the 20% you pay) is \$1,050 for Individual or Family. Expenses then reimbursed at 100% of UCR

## **Prospective Procedure Review**

If the Empire Plan is your primary coverage, to protect your benefits, you must call **1-877-769-7447** if you or one of your enrolled dependents is scheduled as an outpatient for the following procedure: Magnetic Resonance Imaging (**MRI**).

**Remember to call, or there will be financial penalties.**

## **Mental Health and Substance Abuse Program – 1-877-769-7447**

This new program has two levels of benefits, Network and Non-Network, and will be administered by ValueOptions and insured by Group Health Incorporated (GHI). By using a Network provider, out of pocket expense is significantly reduced; modest co-payments are required for outpatient care and inpatient care is paid in full (mental health – \$15 co-pay, substance abuse - \$10 co-pay). Unlimited number of out patient visits when medically necessary. Using a Non-Network provider without referral from ValueOptions requires a substantial deductible and considerable out of pocket expense on the part of the patient. All inpatient admissions must be pre-certified by calling ValueOptions prior to admission. This applies to Network and Non-Network benefits.

## **Home Care and Durable Medical Equipment/Supplies Program (HCAP) - 1-877-769-7447**

Administered by United HealthCare. You may use an HCAP provider for medically necessary home care services and/or durable medical equipment/supplies prescribed by your doctor, and have a paid-in-full benefit for durable medical equipment/supplies; home nursing; home infusion therapy; certain home health care services when they take the place of hospitalization or care in a skilled nursing facility: home health aides, physical, occupational and speech therapy. Laboratory services and prescription drugs may be covered if the Empire Plan would have paid for these services in a hospital or skilled nursing facility. Call HCAP at **1-877-769-7447** for pre-certification or penalties will apply.

You may call the HCAP network supplier directly for most diabetic and ostomy supplies.

**Call 1-888-306-7337 for diabetic supplies.** Insulin pumps and Medijectors must be pre-certified by HCAP, call 1-800-638-9918.

**Call Byram HealthCare at 1-800-354-4054 for ostomy supplies.**

## **NURSELINE - 1-877-769-7447**

Nurseline provides health and medical information, education and support by RNs, 24 hours a day, 365 days a year -- at no cost to the enrollee or dependents.

## **COMPLEMENTARY AND ALTERNATIVE MEDICINE PROGRAM (CAM)**

Empire Plan enrollees receive a 25% discount from the normal fee for services from CAM network massage therapists, acupuncturists, dieticians and nutritionists. To locate network providers, call CAM at 888-447-2144 or visit the CAM website at [www.empireplancam.com](http://www.empireplancam.com).

**EMPIRE PLAN PRESCRIPTION DRUG PROGRAM** - 42 day waiting period\*

Administered by Express Scripts - **1-877-769-7447**

\$ 5.00 co-payment for mandatory generic drugs

\$ 15.00 co-payment for brand-name drug without a generic equivalent.

\$ 15.00 co-payment plus difference in cost for brand-name drug with generic equivalent.

Mail Service: A prescription may be filled through mail service by using a mail service envelope. To obtain a mail service envelope, call 1-877-769-7447 or the Benefits Dept at 632-6165. The same co-payments and rules apply as if using a participating pharmacy. One co-payment covers up to a 90 day supply.

All participating, non-participating and Mail Service pharmacies can fill prescriptions written for supplies of up to 90 days. Prescriptions may be refilled for up to one year.

You must have prior authorization for certain drugs. Please contact the Empire Plan at 877-769-7447 or visit the website at: [www.cs.state.ny.us](http://www.cs.state.ny.us), click on Employee Benefits, then Express Scripts for a current list of drugs that need prior authorization.

## Option 2

Health Insurance Plan of Greater New York (HIP) – 1-800- HIP-TALK

**website address: <http://www.hipusa.com>**

Choice of Multi-specialty Suffolk Health Centers located in Ronkonkoma and North Babylon or Choice of primary care physician from roster of participating providers

\$ 5 co-pay for preventive, routine and specialty care

No co-pay for Gynecological visit

Labs and X-rays covered at 100%

Hospitalization and surgery covered in full when arranged by HIP

Hospital affiliates include North Shore University Hospital and Syosset Hospital

Hospitals affiliated with primary care physician chosen from HIP roster

Emergency Room - \$ 25 per visit (waived if admitted)

Mental Health: Outpatient: 20 visits per calendar year - no co-pay

Inpatient: 30 days per calendar year - no co-pay

Prescription Drugs:

- \$ 5 co-pay for generic and brand (Subject to Drug Formulary)

Co-pays are reduced by 50% through the HIP Mail Order Pharmacy Service – 90-day supply may be obtained.

## Option 3

Vytra Healthcare An IPA (Individual Practice Association) HMO

**631-694-6565 for current employees - website address: <http://www.vytra.com>**

**800-406-0806 for prospective employees**

Choice of Primary Care Physician from roster of participating providers

\$5 co-pay for office visits

Outpatient labs and X-rays covered at 100%; Pre- and post-natal care covered at 100%

Hospitalization and Surgery covered in full when arranged by Primary Care Physician

Admission to hospital where physician has privileges

Emergency room - \$25 per visit (waived if admitted)

Mental Health: Outpatient: up to 20 visits for short term treatment in a 12 month period -

\$5 charge for 1st - 3rd visit; \$25 charge per 4th - 20th visit

Inpatient: maximum 30 days – no co-pay

Prescription Drugs :

Retail: 30 day supply at participating pharmacies

\$5 co-pay for generic drugs; \$12 preferred brand drug; \$35 non-preferred brand drug

Mail order prescriptions: **90 day supply** for maintenance medications

\$10 generic drug

\$24 preferred brand drug

\$70 non-preferred drug

**CALL:** Vytra Pharmacy Services for mail order envelope at 800-477-0210

Health Education includes: Lamaze, Weight Control, Parenting, Smoking Cessation

## **Option 4**

**Aetna – IPA 1-800-323-9930; website address: <http://www.aetna.com>**

Choice of Primary Care Physician from roster of participating providers

\$15 co-pay per office visit, pre- and post-natal care, specialist visits, and outpatient labs and X-rays

Hospitalization and surgery covered in full when arranged by Primary Care Physician

Admission to hospital where physician has privileges

Emergency room - \$35 per visit (waived if admitted)

Mental Health: Outpatient: 20 visits per year. \$25 charge for 1<sup>st</sup> – 20<sup>th</sup> visit

Prescription Drugs: Retail, 30 day supply: \$10/\$15/\$30 co-pay (subject to a formulary)

Mail Order, 90 day supply: \$20/\$30/\$60 co-pay (subject to a formulary) member will be sent information on the mail order process

Health Education – Healthy Outlook, Healthy Breathing, Healthy Eating, Stress Management, Fitness Reimbursement

## **Option 5**

**Empire Blue Cross Blue Shield HMO – 1-800-662-5193;**

**website address: [www.empirehealthcare.com](http://www.empirehealthcare.com)**

Choice of Primary Care Physician from roster of participating providers

\$10 co-pay for office visits

\$10 co-pay for Gynecological visit – no primary care referral required for 2 visits per year

No charge for outpatient labs and X-Rays

Hospitalization and surgery covered in full when arranged by Primary Care Physician

Admission to hospital where Primary Care Physician has privileges

Emergency Room - \$50 – waived if admitted within one day

Mental Health – up to 20 outpatient visits in office or facility - \$25.00 co-pay per visit

Up to 30 inpatient visits per calendar year at no cost

Prescription Drugs (subject to a Formulary)

\$ 5.00 co-pay for Generic Drugs

\$15.00 co-pay for Brand Name Drugs

\$25.00 co-pay for non-formulary

Mail Order Prescriptions – covered for a 90-day supply of maintenance medications for 2 co-payments only

## **Empire Blue Cross Blue Shield Healthline**

- Call toll-free 24-hours-a-day, 7- days-a-week
- Get the information you need to decide if a medical situation requires emergency treatment
- Speak to a Registered Nurse
- Locate a doctor or other provider
- Access an easy-to-use audio library, covering more than 1,100 topics - from colds and sore throats to diabetes and cancer

## **Wellness and Education**

- Free educational and wellness brochures
- Health club memberships at preferred rates
- No registration fee for Weight Watchers

## **FLEX SPENDING ACCOUNT**

Have money deducted on a pre-tax basis to pay for IRS eligible expenses.

## **HEALTH CARE SPENDING ACCOUNT**

Medical, dental, vision and hearing expenses that are not reimbursed by your insurance. Minimum contribution is \$150 and the maximum contribution is \$3,000.

## **DEPENDENT CARE ADVANTAGE ACCOUNT**

SUNY makes a contribution based on salary.

Dependent care expenses for a child under age 13, or a parent, or a disabled dependent who requires care so that you can work.

Maximum contribution is \$ 5,000.

## **ELIGIBILITY**

- a. must be eligible for enrollment in a health insurance plan
- b. must have a permanent appointment
- c. 60 day waiting period
- d. must submit enrollment form within 30 days of start date
- e. call 1-800-358-7202

Call 1-800-358-7202 or visit the website at [www.flexspend.state.ny.us](http://www.flexspend.state.ny.us) for detailed information.

**DENTAL INSURANCE** – 6 month waiting period

No cost to employee

GHI Preferred Dental Plan

No deductible

Covered in full through participating dentists; based on Schedule of Allowances for non-participating dentists

**VISION CARE PLAN** - 28 day waiting period\*

No cost to employee

Plan administered by the Division of Employee Benefits

Examination, lenses and frames covered in full or at minimal cost through participating providers. One exam every 2 years.

Reimbursement based on Schedule of Allowances through non-participating providers and/or when contact lenses selected.

Call Davis Vision at **1-800-999-5431** to request an enrollment form to include eligible dependents.

**RETIREMENT PLAN** - New York State Employees' Retirement System

Enrollment is mandatory for full-time permanent employees and full-time contingent permanent employees; voluntary for temporary, provisional and part-time employees

3% employee contribution required

State pension provided on retirement after vesting

Vested in pension after 5 full-time years of service

**SURVIVOR'S BENEFIT PROGRAM**

Supplements ordinary death benefit from retirement system

## **OPTIONAL TAX DEFERRED ANNUITIES**

### **TIAA-CREF**

TDA (Tax Deferred Annuity) - non-cashable, voluntary contributions

Deferred Compensation Plan - call 1-800-422-8463

## **TUITION ASSISTANCE PROGRAMS** – FOR CLASSES TAKEN AT SUNY-OPERATED CAMPUSES

**Tuition Waivers** - Available to full-time employees; a percentage of up to 3 credits waived for courses taken at SUNY-operated campuses in fall and spring semesters. Subject to waiver guidelines

**Council 82 Tuition Reimbursement** - Available to full-time employees with 6 months of continuous service; covered tuition expenses for courses taken at an accredited institution will be reimbursed at 50%; maximum fiscal allowance is \$600.

## **New York State Public Employee and Retiree Long-Term Care Insurance Plan (NYPERL)**

An insurance plan to cover long-term care costs you may incur in the future, i.e., nursing home costs. Available to employees eligible for health insurance (NYSHIP), retirees eligible for NYSHIP, vestees enrolled in NYSHIP, and spouse/domestic partner, parents and parents-in-law, and dependent children ages 18-24 of those just mentioned. Dependent survivors enrolled in NYSHIP are also eligible. Payroll deduction available. New hires must enroll within 60 days of appointment date or be subject to medical underwriting. Administered through MedAmerica.

**Call 1-866-474-5824 or visit the web site at [www.nyperl.net](http://www.nyperl.net) for details and an enrollment package.**

**SUMMARY OF BENEFITS  
PUBLIC SAFETY EMPLOYEES**

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** If your work week is 40 hours, you must work at least 20 hours per week to be eligible for benefits.
** If your work week is 37.5 hours, you must work at least 18.75 hours per week to be eligible for benefits.
* Waiting periods for benefits are usually eliminated if you are transferred from one bargaining unit to another