



MANAGERIAL/CONFIDENTIAL

BENEFITS SUMMARY

STATE UNIVERSITY OF NEW YORK
AT STONY BROOK

Negotiating Unit 13
Managerial/Confidential
Human Resource Services/Benefits Office
January 1, 2009

**SUMMARY OF BENEFITS
MANAGERIAL/CONFIDENTIAL EMPLOYEES**

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BENEFITS OFFICE CONTACT INFORMATION

The office is located on the West Campus in the Administration Building, Suite 390

Hours of operation are 8:30 a.m. to 5:00 p.m. Monday through Friday

Interoffice zip = 0751

State Benefit Fax Numbers are completely confidential; only a Benefits staff member can view these faxes **632-1350** or **632-2416**

Lisa Coleman - Manager of Employee Benefits
Lisa.Coleman@stonybrook.edu

Questions on Retirement, Tax Deferred Programs and Tuition Waivers contact:

- **632-6167**

Questions on Health Insurance contact:

- **Debbie Giacopelli, State Benefits Specialist - 632-6165**
Deborah.Giacopelli@stonybrook.edu

Please explore our website at <http://www.stonybrook.edu/hr/benefits>

MANAGERIAL/CONFIDENTIAL EMPLOYEES FRINGE BENEFITS

This summary is a guide to our benefits coverage. Please read the fringe benefits booklets for details on covered services. If your work week is 37.5 hours, you must work at least 18.75 hours per week to be eligible for benefits.

HEALTH INSURANCE COVERAGE - 56 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 New York State Empire Plan- Blue Cross and United HealthCare

Blue Cross – Hospitalization –1-877-769-7447; <http://www.cs.state.ny.us>

HOSPITAL NETWORK COVERAGE

- 365 days inpatient hospital coverage at 100% of semi-private room rate
- Outpatient diagnostic testing and ambulatory surgery - \$35 co-pay per visit
- Emergency room - \$60 co-pay per visit (waived if admitted)
- Services provided by an anesthesiologist, radiologist or pathologist related to hospitalization illness are paid in full

HOSPITAL NON-NETWORK COVERAGE

- Enrollee is responsible for 10% of charges up to a coinsurance maximum of \$1500
- Outpatient diagnostic testing and ambulatory surgery – enrollee is responsible for 10% of billed charges or \$75, whichever is greater
- Emergency room - \$60 co-pay per visit

A pre-admission certification call must be made to HealthCall at 1-877-769-7447 before any network or non-network hospital admission for non-emergency care. For emergency or urgent admissions, call within 48 hours of the admission. If the call is not made, you will be responsible for one of the following:

- a \$200 inpatient deductible will be applied to the charges if Blue Cross certifies the hospitalization as medically necessary
- you will be responsible for the full cost if Blue Cross does not certify the hospitalization as medically necessary

You must call before an admission for the birth of a child, preferably as soon as the doctor confirms the pregnancy.

Note: If you are eligible for the State Health Insurance programs but do not enroll, you can still enroll in Dental and Vision Care coverage.

United HealthCare - Major Medical Participating Provider Organization
1-877-769-7447; <http://www.empireplanproviders.com>

Participating Providers

- \$18 co-pay for office visits, surgical procedures performed during office visit, radiology services, diagnostic lab services
- 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
- \$18 co-pay for adult immunizations are covered for influenza, pneumonia, measles-mumps (MMR), varicella (chicken pox) and tetanus
- \$18 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
- \$18 co-pay Herpes Zoster (shingles) immunization is covered for enrollees and dependents age 55 or older

Basic Medical Provider Discount Program (Non-Participating Provider)

- Empire Plan must be primary coverage
- Consists of non-participating providers in a MultiPlan Network
- Enrollee's share of the cost will be based on the MultiPlan fee schedule rather than the provider's usual charge
- \$363 annual deductible for enrollee
- \$363 annual deductible for spouse
- \$363 annual deductible for all dependent children
- United HealthCare will pay the provider directly at 80% of discounted fee
- Enrollee is responsible for remaining 20%

Non-participating Provider

- \$363 annual deductible for enrollee
- \$363 annual deductible for spouse
- \$363 annual deductible for all dependent children
- then reimbursement at 80% of usual, customary, reasonable (UCR) rate. Maximum coinsurance (the 20% you pay) is \$1,000 or Individual or Family; expenses then reimbursed at 100% of UCR.
- No maximums - Unlimited coverage

Prospective Procedure Review

If the Empire Plan is primary, 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 procedures:

- Magnetic Resonance Imaging (MRI)
- Computerized Axial Tomography (CAT)
- Positron Emission Tomography (PET)
- Magnetic Resonance Angiography (MRA)
- Computerized Tomography (CT)/Nuclear Medicine tests that use radioactive substances

Remember to call, or there will be financial penalties.

Mental Health/Substance Abuse Program – 1-877-769-7447: Administered by OptumHealth Behavioral Solutions

Mental Health Services Network Benefits:

- Hospital Inpatient: paid in full when medically necessary
- Outpatient Benefits: Network provider: \$18 co-pay
- **Non-Network Provider Benefits:** \$363 annual deductible for enrollee, spouse and all dependent children combined

Alcohol/Substance Abuse Network Benefits:

- Inpatient Rehabilitation: paid in full
- Structured Outpatient Rehabilitation Program: \$18 co-pay
- **Non-Network Provider and Facility Benefits:** requires a substantial deductible and considerable out of pocket expenses

BEFORE SEEKING TREATMENT YOU MUST CALL VALUE OPTIONS TO ENSURE COVERAGE

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 888-306-7337 for diabetic supplies.** Insulin pumps and Medijectors must be pre-certified by HCAP, call **1-877-769-7447**.
- **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.

EMPIRE PLAN PRESCRIPTION DRUG PROGRAM - 56 day waiting period
 Administered by United Healthcare/Medco - **1-877-769-7447**

CO-PAYMENTS: You have the following co-payments for drugs purchased from a participating pharmacy or through the mail service:

Up to a 30 day supply from a participating retail pharmacy or through the mail service:		31 to 90 day supply from a participating retail pharmacy:		31 to 90 day supply through the mail service:	
Generic Drug	\$ 5	Generic Drug	\$10	Generic Drug	\$ 5
Preferred Brand-Name	\$15	Preferred Brand-Name	\$30	Preferred Brand Name	\$20
Non-Preferred Brand-Name	\$40	Non-Preferred Brand-Name	\$70	Non-Preferred Brand-Name	\$65

If you choose to purchase a brand name drug which has a generic drug equivalent, you will pay the non-preferred brand-name drug co-payment plus the difference in cost between the brand-name drug and the generic drug. Certain drugs are excluded from this requirement. You pay only the applicable co-payment for these brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid and Tegretol. One co-payment covers up to a 90 day supply.

Mail Service: A prescription may be filled through Medco mail service by using the mail service envelope. To obtain a mail service envelope, call **1-877-769-7447** and choose option 4, The Empire Plan Prescription Drug Program. You may also visit the New York State Department of Civil Service web site at <http://www.cs.state.ny.us>. From the home page, click on “Benefit Programs”; next page click on “NYSHIP Online”; then, click on “Find a Provider”; then, scroll down the page to Medco.

Non-Participating Pharmacy: If you do not use a participating pharmacy, you must submit a reimbursement claim form to Medco, P.O. Box 14711, Lexington, KY 40512. To obtain reimbursement forms, call **1-877-769-7447** and choose option 4. If your prescription is filled with a generic drug or a brand name drug with no generic equivalent, you will be reimbursed up to the amount the program would reimburse a participating pharmacy for that prescription. If your prescription is filled with a brand name drug that has a generic equivalent, you will be reimbursed up to the amount the program would reimburse a participating pharmacy for filling the prescription with that drug’s generic equivalent. In most cases, you will **not** be reimbursed the total amount you paid for the prescription.

Flexible Formulary: Effective January 1, 2009, The Empire Plan Prescription Drug Program will have a flexible formulary for prescription drugs. The Flexible Formulary Drug List is designed to provide enrollees and the Plan with the best value in prescription drug spending. This is accomplished by: excluding coverage for a small number of drugs; placing brand-name drugs that provide the best value to the plan on the Flexible Formulary Drug List; and applying the highest copayment to non-preferred brand-name drugs that provide no clinical advantage over generic or preferred brand-name drug alternatives.

Half Tablet Program: Dramatically lowers the costs on select medication that you take on a regular basis. To participate in the program, your doctor must write a new prescription for twice the dosage and half the quantity. When you fill the prescription, you automatically pay only half your usual copayment. Split each tablet and take half to get your usual supply at half the cost. To obtain a list of medications available under this program, go to www.cs.state.ny.us and select “Benefit Programs”. Follow the prompts to NYSHIP Online and choose “Find a Provider”. Scroll to the Medco links and click on “Empire Plan Half Tablet Program”. The Empire Plan will provide participants with one free tablet splitter by mail upon request.

5 - continued

You must have prior authorization for the following drugs:

<ul style="list-style-type: none">• Amevive• Aranesp• Avonex• Betaseron• Botox• Cimzia• Copaxone• Enbrel• Epogen/Procrit• Flolan• Forteo• Growth Hormones• Humira	<ul style="list-style-type: none">• Immune Globulins• Increlex• Infergen• Intron-A• Iplex• Kineret• Kuvan• Lamisil• Letairis• Myobloc• Orencia• Pegasys• Peg-Intron• Provigil	<ul style="list-style-type: none">• Raptiva• Rebif• Remicade• Remodulin• Revatio• Sporanox• Synagis• Tracleer• Tysabri• Ventavis• Xolair
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For the most current list of drugs requiring prior authorization please call The Empire Plan Prescription Drug Program at **1-877-769-7447** and choose option 4. You may also visit the New York State Department of Civil Service web site at <http://www.cs.state.ny.us>. From the home page, click on "Benefit Programs"; next page click on "NYSHIP Online"; then, click on "Find a Provider"; scroll down the page to Medco.

Option 2**Health Insurance Plan of Greater New York (HIP) –1- 800- HIP-TALK
<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 well child care visits up to age 19 including immunizations
- No co-pay for pre and postnatal office visits
- Labs and X-rays covered at 100%
- Hospitalization and surgery covered in full when arranged by HIP
- HIP members have access to 108 of the area's leading hospitals, including major teaching institutions
- \$25 charge for emergency room 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

- Retail, 30 day supply - \$ 5 co-pay Generic Brand Drug and Brand-Name Drug (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

Empire Blue Cross Blue Shield HMO – 1-800-662-5193 <http://www.empireblue.com>

- Choice of Primary Care Physician from roster of participating providers
- \$20 co-pay for office visits (Primary Care Physician or Specialist)
- \$20 co-pay for Gynecological visit – no primary care referral required
- No co-pays for pre and postnatal visits
- No co-pays for well child care visits up to age 19; including covered immunizations
- No co-pay for 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 24 hours

Mental Health

- Outpatient: up to 20 visits per calendar year in office or facility - \$20.00 co-pay per visit
- Inpatient: up to 30 visits per calendar year at no cost

Prescription Drugs (subject to a Formulary)

- \$10.00 co-pay for Generic Drugs
- \$20.00 co-pay for Brand Name Drugs
- \$40.00 co-pay for non-formulary

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

Empire Blue Cross Blue Shield HMO Healthline 1-800-662-5193

- 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 1-800-662-5193

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

Option 4

Aetna (HMO) – 1-800-323-9930; website address: <http://www.aetna.com>

- Choice of Primary Care Physician from roster of participating providers
- \$20 co-pay for office visits (Primary Care Physician or Specialist)
- \$20 co-pay for Gynecological visits
- \$20 co-pay for pre- and post-natal care (initial visit only)
- \$20 co-pay for labs and X-rays
- No co-pay for well care child visits
- Hospitalization and surgery covered in full when arranged by Primary Care Physician
- Admission to hospital where physician has privileges
- Emergency room - \$ 50 per visit (waived if admitted)

Mental Health:

- Outpatient: 20 visits per calendar year - \$20 per visit
- Inpatient: maximum 30 days per calendar year – no co-pay

Prescription Drugs (subject to a formulary)

- \$10 co-pay for Generic Drugs
- \$20 co-pay for Brand Name Drugs
- \$35 co-pay for non-formulary

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

DISCOUNT PROGRAMS AND SERVICES

- Fitness club membership
- Complementary health care program: provides savings for massage therapy, acupuncture, chiropractic care, dietetic counseling and over-the-counter vitamins and health supplements
- Weight Management Discount Program

INFORMED HEALTH LINE - 800-556-1555

Registered nurses are available 24/7 to offer information on more than 5,000 health topics

DENTAL INSURANCE - Coverage effective 1st day of the month following 6 full months of employment; no cost to employee. If you are eligible for the State Health Insurance programs but do not enroll, you can still enroll in Dental and Vision Care coverage.

GHI Preferred Dental – 800-947-0101; <http://www.empireplanproviders.com>

- Participating Dentist: No charge, or minimal charge for some services
- Non-participating dentist: No deductible for Preventive Care, Diagnostic Care and Orthodontics; \$25 annual deductible per person (\$75 family maximum) for all other services
- Reimbursement based on Schedule of Allowances for non-participating GHI dentists

VISION CARE PLAN – EyeMed-1-877-226-1412 <http://www.cs.state.ny.us>

56 day waiting period -No cost to employee

- Examination, lens and frames covered in full or at minimal cost through participating providers.
- One exam every 2 years.
- Reimbursement based on Schedule of Allowances for non-participating providers and/or when contact lens selected.

LIFE INSURANCE - Metropolitan Life **1-518-473-3566**

- Paid by employee through payroll deduction
- 12 week window for enrollment without health evaluation
- Select up to a maximum of 5 times annual salary (\$500,000) - Premiums are based on age, smoker or non-smoker status, salary and amount of coverage. Yearly dividends may be paid based on claims payout.

M/C GROUP AUTOMOBILE INSURANCE PLAN/HOMEOWNERS/RENTERS/CATASTROPHIC

Available through biweekly payroll deduction - underwritten by Pearl Carroll & Associates.
Call **1-800 743-6751** for individual quote on coverage needed

FLEXIBLE SPENDING ACCOUNT - 61 day waiting period

Pocket more of your paycheck by joining the New York State Flex Spending Account Programs. For details on the enrollment process and how FSA works please go to <http://www.flexspend.state.ny.us> or call the FSA hotline 1-800-358-7202.

ELIGIBILITY

- must be eligible for enrollment in a health insurance plan,
- must have a permanent appointment
- must submit enrollment form within 60 days of start date

Health Care Spending Account - Medical, dental, vision and hearing expenses that are not reimbursed by your insurance. Minimum contribution is \$100 and maximum contribution is \$4,000.
Dependent Care Advantage Account - Dependent care expenses for a child under age 13, a parent, or a disabled dependent who requires care so that you can work. Maximum contribution is \$5,000.

RETIREMENT PLANS

Enrollment in a retirement plan is mandatory for most full-time employees but is voluntary for part-time employees. Choose one plan. This is an irrevocable decision.

TIAA-CREF – (Teachers’ Insurance Annuity Association/College Retirement Equity Fund)

- Available to Full-time Employees and Part-time Employees with Term Appointments
- 3% employee contribution required for the first 10 years of membership; no contribution thereafter – 3% contribution not subject to federal tax
- An initial membership date that began more than ten years ago will qualify for the elimination of the required 3% employee contribution regardless of actual length of service or any breaks in service
- SUNY contributes – 8% of salary for the 1st - 7 years of employment; 10% thereafter
- Vested in SUNY contribution after 366 days
- Employees with previous TIAA-CREF retirement annuity contracts (RA) vest immediately

Money in CREF can be transferred to the following carriers after vesting, AIG VALIC/**1-800-892-5558** ext 89575, ING AETNA/**1-800-759-9317**, and MetLife/631-851-5749

ERS - New York State Employees’ Retirement System – available to all employees

TRS - New York State Teachers’ Retirement System – available to Faculty, Librarian, Coach titles, Presidents, Vice-President, Provost, Dean and Associate Dean

- 3% employee contribution required for the first 10 years of membership; no contribution thereafter – 3% contribution not subject to federal tax
- An initial membership date that began more than ten years ago will qualify for the elimination of the required 3% employee contribution regardless of actual length of service or any breaks in service
- State pension provided on retirement after vesting
- Vested in pension after 5 full-time years of service

OPTIONAL TAX-DEFERRED PROGRAMS

TIAA-CREF –Contact Benefits Office at **632-6167** or **632-6136** for an enrollment package
TIAA-CREF website: TIAA-CREF.org

- Supplemental Retirement Annuity (SRA) – Cashable: Restrictions and penalties may apply

TIAA-CREF is available for individual counseling appointments several days a month on either East or West campus. Please call **1-516-454-4025** to schedule an appointment with **Kevin Fahy**.

Fidelity Investments – **1-800-343-0860**
 Supplemental Retirement Annuity (SRA) - Cashable

NYS provides
 New York State Deferred Compensation – **1-800- 422-8463** or **http://www.nysdcp.com**

Long Term Disability – THE STANDARD

- No cost to employee
- 60% of covered monthly salary; maximum is \$7,500 per month inclusive of Social Security, Workers Compensation
- Benefit paid after six months of total disability
- Coverage begins after 1 year of eligible service

Tuition Assistance Program – FOR CLASSES TAKEN AT SUNY-OPERATED CAMPUSES

- **Tuition Waiver Program** - Available to **full-time** employees; a percentage of up to 3 credits waived for spring and fall semester. Subject to waiver guidelines.
- **M/C Tuition Reimbursement Program** – Available to M/C employees who have completed 6 full months of continuous service before the course begins and are State employees when the course ends. Employees are entitled to reimbursement of 75% up to \$2,000 per fiscal year with no limit on the number of courses. Courses must be job/career-related.

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 <http://www.nyperl.net> for details and an enrollment package.

**2009 HEALTH INSURANCE PAYROLL DEDUCTIONS
BI-WEEKLY PREMIUM**

INSURANCE PLAN OPTIONS	M/C B.U. 06, 13	CSEA B.U. 02,03,04	PEF B.U. 05	NYSCOPBA COUNCIL82B .U. 21, 31	UUP B.U. 08
EMPIRE PLAN					
Individual	\$ 22.16	\$ 22.46	\$ 22.16	\$ 22.61	\$ 22.16
Family	\$ 97.06	\$ 98.16	\$ 97.06	\$ 98.77	\$ 97.06
<u>AETNA – HMO</u>					
Individual	\$ 97.26	\$ 97.26	\$ 97.26	\$ 96.59	\$ 97.26
Family	\$ 363.03	\$ 363.03	\$ 363.03	\$ 361.58	\$ 363.03
HIP-HMO					
Individual	\$ 34.92	\$ 34.92	\$ 34.92	\$ 34.25	\$ 34.92
Family	\$ 129.53	\$ 129.53	\$ 129.53	\$ 128.08	\$ 129.53
EMPIRE BLUE CROSS BLUE SHIELD HMO					
Individual	\$ 82.62	\$ 82.62	\$ 82.62	\$ 81.95	\$ 82.62
Family	\$ 286.97	\$ 286.97	\$ 286.97	\$ 285.52	\$ 286.97
EMPIRE PLAN Deductible	\$ 363.00	\$ 225.00	\$ 363.00	\$ 363.00	\$ 363.00
EMPIRE PLAN Out of Pocket Maximum	\$ 1,000.00	\$ 500.00	\$1,000.00	\$1,345.00	\$1,000.00

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 – Health care organization that provides comprehensive medical/hospital coverage through a restricted network of physicians/hospitals.

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.

Tax Deferred Contributions – Retirement plan contributions, made through payroll deductions, that 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.