



MANAGERIAL/CONFIDENTIAL

BENEFITS SUMMARY

STATE UNIVERSITY OF NEW YORK
AT STONY BROOK

While this summary is intended to be a useful reference, it is not a substitute for your Group Certificate or handbook. If there are any discrepancies between this summary and the handbook or the Group Certificate, the handbook and the Group Certificate will prevail.

Negotiating Unit 13
Managerial/Confidential
Human Resource Services/Benefits Office
January 1, 2011

**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

Interoffice zip = 0751

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

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

Email – HRS_Benefits@notes.cc.sunysb.edu

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

- **632-6180**

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 and be scheduled to work for six consecutive bi-weekly pay periods, to be eligible for benefits.

HEALTH INSURANCE COVERAGE – there is a **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; website address <http://www.cs.state.ny.us>

HOSPITAL NETWORK COVERAGE

- 365 days inpatient hospital coverage at 100% of semi-private room rate
- Emergency room - \$70 co-pay per visit (waived if admitted)
- Outpatient diagnostic testing ordered by a physician and done in a hospital, i.e.; lab tests, X-rays - \$40 co-pay per visit
- Outpatient surgery - \$60 co-pay per visit
- Ambulatory surgery – scheduled surgery performed in an ambulatory center - \$30 co-pay
- 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 - \$70 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.

Option 1 continued

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

Participating Providers

- \$20 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 administered according to pediatric immunization guidelines
- \$20 co-pay for adult immunizations - coverage is for influenza, pneumonia, measles-mumps (MMR), varicella (chicken pox) and tetanus
- \$20 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
- \$20 co-pay for Herpes Zoster (shingles) immunization - coverage is for enrollees and dependents age 55 or older
- \$20 co-pay for Human Papilloma Virus (HPV) immunization for cervical cancer prevention (coverage for female dependent students age 19 through 26)

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
- \$388 annual deductible for enrollee
- \$388 annual deductible for spouse
- \$885 annual deductible for **all** dependent children combined
- United HealthCare will pay the provider directly at 80% of discounted fee
- Enrollee is responsible for remaining 20%

Non-participating Provider

- \$388 annual deductible for enrollee
- \$388 annual deductible for spouse
- \$388 annual deductible for **all** dependent children combined
- then reimbursement at 80% of usual, customary, reasonable (UCR) rate. Maximum coinsurance (the 20% you pay) is \$1,033 or Individual or Family; expenses then reimbursed at 100% of UCR.
- No maximums - Unlimited coverage

Option 1 continued

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: unlimited; paid in full when medically necessary
- Outpatient Benefits: Network provider: \$20 co-pay per visit
- **Non-Network Provider Benefits:** \$388 annual deductible for enrollee, spouse and all dependent children combined

Alcohol/Substance Abuse Network Benefits:

- Inpatient Rehabilitation: unlimited; paid in full when medically necessary
- Structured Outpatient Rehabilitation Program: \$20 co-pay per visit
- **Non-Network Provider and Facility Benefits:** requires a substantial deductible and considerable out of pocket expenses

BEFORE SEEKING TREATMENT YOU MUST CALL TO ENSURE COVERAGE

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

This program is 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, including one pair of diabetic shoes per year. Home nursing; home infusion therapy; certain home health care services are covered when they take the place of hospitalization or care in a skilled nursing facility. 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.

Option 1 continued

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>. Click on Employee; State Government Employees; NYS Health Insurance Program; New York State Active Employee; provide your group(union) and health insurance plan information. Click on Find a Provider; 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: The Empire Plan Prescription Drug Program has a flexible formulary for prescription drugs. The Flexible Formulary Drug List is designed to provide 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. 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.

Option 1 continued

You must have prior authorization for the following drugs:

<ul style="list-style-type: none"> • Adcirca • Amevive • Aranesp • Avonex • Betaseron • Botox • Cimzia • Copaxone • Dysport • Enbrel • Epogen/Procrit • Extavia • Flolan • Forteo • Growth Hormones • Humira 	<ul style="list-style-type: none"> • Immune Globulins • Increlex • Infergen • Intron-A • Iplex • Kineret • Kuvan • Lamisil • Letairis • Myobloc • Nuvigil • Orencia • Pegasys • Peg-Intron • Provigil 	<ul style="list-style-type: none"> • Raptiva • Rebif • Remicade • Remodulin • Revatio • Simponi • Sporanox • Synagis • Tracleer • Tysabri • Tyvaso • Ventavis • Weight Loss Drugs • Xolair • Xyrem
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Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed above. 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>. Click on Employee; State Government Employees; NYS Health Insurance Program; New York State Active Employee; provide your group(union) and health insurance plan information. Click on "Find a Provider"; scroll down the page to Medco.

Excluded Drugs: Certain drugs are excluded from the 2010 Empire Plan Flexible Formulary list. A list of accepted alternatives to these excluded drugs will be available online as of 1/01/2010. You may visit the New York State Department of Civil Service web site at <https://www.cs.state.ny.us>. Click on Employee; State Government Employees; NYS Health Insurance Program; New York State Active Employee; provide your group(union) and health insurance plan information. Click on Find a Provider; scroll down the page to Medco, then scroll down the page to the 2010 Empire Plan Flexible Formulary link.

New prescription drugs may be subject to exclusion when they become available on the market. Check the web site for current information regarding exclusions of new prescription drugs. Coverage for prescription drugs excluded under the benefit plan are not subject to exception.

The following are excluded drugs:

Adoxa Amrix Asacol HD Caduet Clobex Shampoo Coreg CR Dextrol LA Doryx Flector	Genotropin (PA) * Humatrope (PA) ** Kapidex lansoprazole (effective 11/1/09) Nexium Norditropin (PA) *** Olux/Olux-E (Complete Pack)	Omnitrope (PA) Prevacid Capsules Requip XL Soma 250 Testim Treximet Veramyst Xopenex Inhalation Solution
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* Excluded except for treatment of growth failure due to Prader-Willi Syndrome or Small for Gestational Age.

** Excluded except for treatment of growth failure due to SHOX deficiency of Small for Gestational Age.

*** Excluded except for treatment of short Stature Associated with Noonan syndrome or Small for Gestational Age.
(PA) Prior authorization is required.

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 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 104 of the area's leading hospitals, including major teaching institutions
- \$25 charge for emergency room visit (waived if admitted)

Mental Health

- Outpatient: unlimited visits - no co-pay
- Inpatient: unlimited days - 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; website address <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 - \$75 – waived if admitted within 24 hours

Mental Health

- Outpatient: unlimited visits – \$20 co-pay per visit
- Inpatient: unlimited days as medically necessary – no co-pay

Prescription Drugs (subject to a Formulary)

- \$10.00 co-pay for Generic Drugs
- \$25.00 co-pay for Brand Name Drugs
- \$50.00 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: unlimited visits - \$20 per visit
- Inpatient: unlimited days – 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 HEALTHLINE - 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 coverage.

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

- Annual maximum is \$2,000 per eligible dependent based on a schedule of allowances
- Participating Dentist: No charge, or minimal charge for some services based on a schedule of allowances
- 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
- Lifetime maximum orthodontia benefits \$1998 per eligible dependent

VISION CARE PLAN – 56 day waiting period; no cost to employee. If you are eligible for the State Health Insurance programs but do not enroll; you can still enroll in vision care coverage.

EyeMed-1-877-226-1412; website address <http://www.cs.state.ny.us>

- 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 – administered through 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/HOMEOWNERS/RENTERS/CATASTROPHIC INSURANCE PLANS-are underwritten by Pearl Carroll & Associates; call 1-800 743-6751 for quote on coverage needed; available through bi-weekly payroll deduction.

FLEXIBLE SPENDING ACCOUNT

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

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.

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

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.

RETIREMENT PLANS

Enrollment in a retirement plan is mandatory for most full-time employees but is voluntary for part-time employees. . Does not apply to employees who have retired from a state or participating agency. Choose one plan. ***This is an irrevocable decision.***

- I. **New York State and Local Employees' Retirement System (ERS)** – available to all employees
Defined Benefit Plan – (guaranteed pension) is based on your *final average salary*, years of service, age at retirement and a percentage (1.66% under 20 years or 2% for 20 years or more).
 - 3% employee contribution required the length of employment. The 3% contribution not subject to federal tax – contribution limit based on maximum annual salary earning of \$245,000 for 2011
 - University contributes an annual lump sum to the fund based – contribution limit based on maximum annual salary earning of \$245,000 for 2011
 - State pension provided on retirement after vesting
 - Vested in pension after 10 full-time years of service

- II. **New York State Teachers' Retirement System (TRS)** – available to employees who teach or supervise teachers
Defined Benefit Plan – (guaranteed pension) is based on your *final average salary*, years of service, age at retirement and a percentage (1.66% under 20 years or 2% for 25 years or more).
 - 3.5% employee contribution required the length of employment. The 3.5% contribution not subject to federal tax – contribution limit based on maximum annual salary earning of \$245,000 for 2011
 - University contributes an annual lump sum to the fund based – contribution limit based on maximum annual salary earning of \$245,000 for 2011
 - State pension provided on retirement after vesting
 - Vested in pension after 10 full-time years of service

- III. **Teachers' Insurance Annuity Association/College Retirement Equity Fund (TIAA-CREF)**
 available to full-time employees and part-time employees with TERM appointments

Defined Contribution Plan – is based on the Employee (EE)/Employer (ER) contributions and success of investments.

- 3% employee contribution required for the first 10 years of membership; no contribution thereafter – 3% contribution not subject to federal tax – contribution limit based on maximum annual salary earning of \$245,000 for 2010
- 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% for the 7th – 10 years of employment; 13% thereafter – contribution limit based on maximum annual salary earning limit of \$245,000 for 2011
- Vested in SUNY contribution after 366 days
- Employees with previous TIAA-CREF, VALIC, ING or MetLife retirement annuity contracts (RA) vest immediately

Once vested, you can transfer funds from CREF only to any of the Alternate Funding Vehicles (AFV):
 Dennis Klein at VALIC 1-800-892-5558 ext 89575, Tony Amalfitano at ING 1-800-759-9317, Tom Gavorcin at MetLife 631-851-5749

VOLUNTARY RETIREMENT SAVINGS PROGRAMS

You may save up to \$16,500 of your salary in 2011 (additional contributions up to \$5,500 are allowed for employees over age 50) on a tax-deferred basis with these carriers:

TIAA-CREF – enroll online at www.tiaa-cref.org/suny or Kevin Fahy at 1-516-454-4025

Fidelity Investments – enroll online at www.fidelity.com with PLAN ID 72777 or Joseph Mendell at 1-800-343-0860

- Supplemental Retirement Annuity (**SRA**) **403 (B)**: Cashable but restrictions and penalties may apply.

New York State also provides another program:

You may save an **additional** amount up to \$16,500 of your salary in 2011 (up to \$22,000 is allowed for employees over age 50) on a tax-deferred basis with this carrier:

- Deferred Compensation Plan (**457**) – enroll online at <http://www.nysdcp.com> with State Account Code/EMP ID 28050 or call 1-800-422-8463

In addition you must submit a completed SUNY 403(b) Voluntary Savings Salary Reduction Agreement form to the Benefits Office z=0751.

For a calculation of what your net check will be go to www.paycheckcity.com

Completing TIAA-CREF enrollment application online: Visit www.tiaa-cref.org/suny and select the plan you wish to enroll in.

- You still need to complete the Retirement Election Form if enrolling in the ORP or a Salary Reduction form if enrolling in the Voluntary Savings plan.

Retirement Comparison Chart

	NYS Employees' Retirement System (ERS) NYS Teachers' Retirement System (TRS)	Optional Retirement Program (ORP) (VALIC, ING, MetLife & TIAA/CREF)*
Plan Type	Defined benefit plan that provides a fixed, lifetime monthly income at retirement. The amount of the benefit generally depends on how long you work and how much you earned. Benefits are guaranteed by the State constitution.	Defined contribution plan benefits are based on the amounts contributed by the employer and employee and the success of the investments. Amount of contributions is known, but the amount of future benefit varies according to investment performance. Benefits are not guaranteed.
Vesting	10 years of full-time service credit.	Immediate if employee owns retirement contracts with any of the four vendors through a previous employer; or if the employee has 366 days of prior service in ERS/TRS; otherwise, after 366 days of employment if full time; for part-time term employees, the 366-day waiting period begins with the date of appointment if enrolled with 30 days of appointment; after 30 days, it begins the date the enrollment form is received in the Office of Employee Benefits.
Employee Contribution	ERS - 3% lifetime contribution while in active membership TRS - 3.5% lifetime contribution while in active membership	For employees joining on or after 7/27/76 - 3% of salary for the first 10 years of service; none thereafter.
University Contribution	A lump sum made annually to its pension funds, not to individual accounts. The annual amount is determined by the actuary of the pension systems.	For employees joining on or after 7/17/92 - 8% of salary for the first seven years of service; 10% from seven to 10 years; 13% thereafter.
Minimum Retirement Age	ERS/TRS - 62 with 10 years of service. Reduced benefits available between ages 55 and 61. TRS - 57 with 30 or more years of service without reduced benefits.	No minimum retirement age.
Retirement Income Options	Lifetime annuity (options are available for a reduced annuity to continue to a beneficiary after your death).	Lifetime annuity (including options for beneficiaries) or cash withdrawals (subject to certain limitations).
Calculation of Retirement Benefit	Retirement benefit based on a formula which takes into account your Final Average Salary (average of highest 36 consecutive months) and your length of service. Varies by Tier.	Retirement benefit based on the accumulated value of contributions made by employee and University. Benefits vary depending upon vendor investment experience.
Death Benefit	Calculated by formula taking into account salary and length of service. Varies by Tier. Maximum: three times salary. Minimum for UUP: the lesser of ½ salary or \$10,000. Minimum for M/C: the lesser of full salary or \$50,000.	Value of contracts. Minimum for UUP: the lesser of ½ salary or \$10,000. Minimum for M/C: the lesser of full salary or \$50,000.
Loans	75% of contributions plus interest for Tiers 3 & 4.	IRS restricts loans to 50% of the accumulated value of your contracts, to a maximum of \$50,000. Individual vendors may have specific requirements resulting in a lower maximum.
Military Service	May purchase (3% of salary plus interest) up to 3 years of military service for retirement service credit.	No credit option.
Prior Public Service	May receive credit for state service prior to joining ERS/TRS. Tiers 3 & 4 are required to pay 3% of salary contributions plus interest.	No credit given for periods of service prior to ORP membership.

New Employees: Should Consider These Key Differences Between ERS and TRS:

- TRS allows Tier 1 members (joined prior to July 1, 1973) with 35 years of service to retire at any age; ERS minimum retirement age is 55.
- ERS allows unused sick leave to be used in calculating service credit; TRS does not.
- Professional & Classified Staff Only: ERS allows for the inclusion of payment for unused vacation towards Final Average Salary (must have joined prior to 4/1/72 or after 7/26/76) if Final Average Salary is based on the 36 months preceding retirement; TRS allows no such inclusion. Information can be found on page 9 red book for tier 3 & 4 ----->page 13 green book for tier 1 ----> Tier 2 not eligible page 7 white book
- Faculty Only: TRS gives a full year's service credit for sabbatical at half-pay; ERS allows a half-year's credit.

Current Employees: Should Consider These Points If Offered The Opportunity To Move From ERS or TRS To The Optional Retirement Program (ORP):

- Members of the ORP who leave SUNY and move to another employer where they are required to join ERS/TRS will not be able to receive service credit in ERS/TRS for any period of time during which they were a member of the ORP.
- ERS/TRS and the ORP allow tier reinstatement. That is, if you join in one tier, leave state service and return at a later date, you will re-enter in your old tier rather than being covered by the provisions of the tier in effect at the time you rejoin. If you move from ERS/TRS to the ORP, you will join the ORP in the current (contributory) tier, even if you are a Tier 1 or 2 member of ERS or TRS.
- Persons who are Tier 1 or 2 members of ERS/TRS and in public service on April 1, 1999 and October 1, 2000 will receive an additional one month's service credit for each year of service up to 24 months maximum. As ORP benefits are not based on years of service, no similar provisions exist in the ORP.
- Initial ORP membership date that began more than ten years ago will qualify for the elimination of the required 3% contribution regardless of actual length of service or any breaks in service.

WORK-LIFE SERVICES

NYS-Balance is a confidential resource and referral service designed to save employees time and help them better balance work and life. The employee and family members may call a NYS-Balance consultant at **866-320-4760** or visit the website at **www.nysbalance.ny.gov**. **The employee is required to key in a username (nys) and password (balance) to access the website.**

This service is available 24 hours a day, 7 days a week. It provides a variety of useful resources to state employees.

- The Employee Assistance Program is a confidential peer assistance program designed to provide a wide range of information and assess, identify and refer employees and their family members in need.
- Worksite Child Care Centers provide convenient, quality care at affordable rates for children of State employees.
- Pre-retirement Planning seminars provide confidential and informative guides to assist State employees in establishing goals towards retirement.
- The Dependent Care Advantage Account is a pre-tax eligible child care, elder care and care for disabled dependent benefit administered through the Flex Spending Accounts (FSA).
- NYS-Ride (pronounced NICE Ride) is a transportation benefit that allows State employees to use pre-tax salary to pay for their public transportation fare. The employee may view additional information on the NYS-Ride website at www.nysride.com or 1-866-428-7781.

The employee may view additional information on the HRS web page at www.stonybrook.edu/hr under the WORK-LIFE SERVICES category.

**2011 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 COUNCIL82 B.U. 21 & 31		UUP B.U. 08
	EMPIRE PLAN					
Individual	\$ 27.26	\$ 28.01	\$ 27.26	\$ 27.26	\$ 28.11	\$ 27.26
Family	\$ 115.12	\$ 117.74	\$ 115.12	\$ 115.12	\$ 118.22	\$ 115.12
AETNA – HMO						
Individual	\$ 101.87	\$ 101.87	\$ 101.87	\$ 101.87	\$ 101.12	\$ 101.87
Family	\$ 453.24	\$ 453.24	\$ 453.24	\$ 453.24	\$ 451.54	\$ 453.24
HIP-HMO						
Individual	\$ 47.27	\$ 47.27	\$ 47.27	\$ 47.27	\$ 46.52	\$ 47.27
Family	\$ 172.77	\$ 172.77	\$ 172.77	\$ 172.77	\$ 171.07	\$ 172.77
EMPIRE BLUE CROSS BLUE SHIELD HMO						
Individual	\$ 124.21	\$ 124.21	\$ 124.21	\$ 124.21	\$ 123.46	\$ 124.21
Family	\$ 411.99	\$ 411.99	\$ 411.99	\$ 411.99	\$ 410.29	\$ 411.99
EMPIRE PLAN Deductible	\$ 388.00	\$ 250.00	\$ 388.00	\$ 388.00		\$ 388.00
EMPIRE PLAN Out of Pocket Maximum	\$ 1,069.00	\$ 515.00	\$ 1,069.00	\$ 828	\$ 1,438	\$ 1,069.00

MyNYSHIP Enrolling On Line

MyNYSHIP (My New York State Health Insurance Program) is a secure website where active, eligible New York State employees can:

- enroll in the health insurance plan
- have access to your health insurance enrollment information
- update or change your mailing address
- order cards

Register for MyNYSHIP: You must request an activation code by going to www.cs.state.ny.us

- Click on Benefit Programs
- Then NYSHIP ONLINE
- Click "I am a New York Active Employee" click continue
- Select your group
- Choose your plan
- Select MyNYSHIP Employee Self-Service
- Proceed to Login/Registration
- Click on "don't have a civil service user ID"
- Enter your last name, social security number, date of birth and zip code.

Once you are registered, an activation code will be sent to your home address within 3 – 5 business days. If you are unable to register for MyNYSHIP, please call 632-6180.

MyNYSHIP Enrollment Request: When you receive the activation code, you may request enrollment in a health insurance plan by entering the following information into the health insurance system:

- Choice of Plan
- Individual or Family Coverage
- If family coverage is requested, add the dependents name, social security number, relationship, sex, date of birth, and address if different than the employee
- Election to participate in or decline Pre-Tax Contribution Program
- An e-mail address if you would like to be notified when your enrollment request is approved

All enrollment requests are "pending" for approval until all required proofs are submitted and reviewed by the Health Benefits Administrator. **Copies** of the required proofs for yourself and all dependents can be sent to Debbie Giacobelli in the Human Resource Services, Benefits Department, Z = 0751 or fax them to 632-2416 (**please put your name and Stony Brook ID number on the top copy of ALL proofs**).

All of the required proofs will be reviewed and then the enrollment request will be approved or disapproved.

Approved Enrollments: If you provided an email address, you will receive an e-mail notification, when the Health Benefits Administrator approves the enrollment request. If you do not provide an email address you will not be notified.

Disapproved Enrollments: The Health Benefits Administrator will notify you, by email, if your enrollment has NOT been approved.

REQUIRED PROOFS

If you are eligible for health insurance and would like to enroll please make sure you bring **copies** of the following documents for **yourself, spouse** and any **dependents** you would like to enroll, to the orientation. **No Substitutions** will be allowed and the Department of Civil Service will not accept any enrollment applications without the required documents.

- Birth certificate **AND** Social Security card (Medicare card if applicable) - For yourself, spouse and any dependents you would like to enroll
- Marriage Certificate for couples married **ONE** year;
Couples married more than one year must submit **BOTH** marriage certificate and proof of **CURRENT** joint ownership(enrollee's name and spouse's name must be listed on this documentation) Examples of joint ownership: prior year tax return, mortgage statement; bank account statement; homeowners/renters insurance policy; renter/lease agreement
 - If you cannot provide the joint financial documents as described above, you may submit an Affidavit of Marriage Certificate.
- Proof of full-time student status (for dependents 19-25 years old) **(if applicable)**
- Proof of support/dependence for other children **(if applicable)**
- Proof of disability **(if applicable)**

***All documents must be translated into English.**

TRANSLATORS *You have to pay for the translation

ISTRA BUSINESS SERVICE SAYVILLE, NEW YORK 631-567-5742	MULTINATIONAL TRANSLATING SERVICE CENTRAL ISLIP, NEW YORK 631-581-8956 (877-442-1743 TOLL FREE)	ALL-ROUND TYPING & TRANSLATIONS GERMAN-FRENCH-ITALIAN-SPANISH MASSAPEQUA PARK 516-541-2586
MMR ENTERPRISES NORTHPORT 631-754-2057	ROMANIAN & FRENCH LANGUAGE SERVICES MASSAPEQUA 516-799-5176	FIRST TRANSLATIONS CO. GARDEN CITY 516-992-3455
AUDIO-TO-GO EAST HAMPTON 631-329-6231	ALLS TRANSLATIONS ANY LANGUAGE MANHATTAN 516-625-9519 (800-322-0284 TOLL FREE)	

You may request to submit a passport in lieu of a birth certificate by writing to the Employee Benefits Division in Albany.
Employee Benefits Division
State of New York
Dept. of Civil Service
Program Services
Alfred E. Smith State Office Building
Albany NY 12239

COUNTRIES NOT ISSUING A BIRTH CERTIFICATE

These are the only countries at this time that we can accept passports

Albania	Iran	Russia
Algeria	Iraq	Taiwan
Bulgaria	North Korea	Vietnam
Burma	Pakistan	Yemen
East Germany	People's Republic of China	Yugoslavia
Grenada	Poland	
Hungary	Romania	

BIRTHDAY RULE

Coordination of Benefits Change - New York State Law

Coordination of benefits establishes the order of payment when more than one policy is involved.

If the child is covered by both parent's plans, the order of payment for dependent children's claims will be determined by which parent's birthday falls earlier in the calendar year,

In the case of divorce or separation of the parents, the order of payment works as follows:

- If a court decree states that one of the parents is responsible for the child's health care expenses, the policy of that parent will pay first.
- If a court decree does not specify the parent responsible for the child's health care expenses, the policy Of the parent with custody pays first. The policy of the parent without custody pays second.

If the parent with custody has remarried, the order is:

1. The policy of the parent with custody.
2. The policy of the step-parent.
3. The policy of the parent without custody.

3 MONTH EXTENSION OF HEALTH INSURANCE COVERAGE FOR DEPENDENT STUDENTS

Unmarried dependent full time students, between the ages of 19-25 may continue health insurance coverage up to 3 months upon completion of a semester as a full-time student or as a graduating dependent student.

The enrollee must be able to provide verification of the dependent's graduation or verification of successful completion of classes for the semester. "Successful completion" means that the student attended classes through the last scheduled classes of the semester.

Dependent students who withdraw from school after classes have begun for the semester, must provide documentation of the date of withdrawal of classes. Coverage ends on the last day of the month in which the dependent attended classes as a full-time student.

Enrollee must complete a PS 404 form and submit a letter from the dependent's college verifying graduation or the completion of a semester. The PS 404 form and verification letter must be sent to The Benefits Dept.; Z = 0751 by the end of the month of the last day of classes.

Young Adult Dependent Coverage

Effective January 1, 2011, the new Health Care Reform Act allows young adults ages 19 through 26 to be covered through a parent's group health insurance policy

Under the new Young Adult **Dependent** Option. Eligible young adults may continue coverage once they reach the maximum age of dependency (age 19 or 26) or lose eligibility for group health insurance coverage (i.e.; not a full time student between ages 19 and 25).

Please note, that the Young Adult Option premiums are included in the cost of family coverage. However, in order to continue dental/vision benefits with your union you will need to provide proof of full-time student status for eligible dependents 19 – 25. The Health Care Reform act only covers Health Insurance not Dental/Vision.

Once a dependent reaches the maximum age of 26 the Young Adult Option Coverage will be available. Please see criteria below.

Young Adult Option Coverage

Effective January 1, 2010, there is a new state law (Chapter 240 of the Laws of 2009) that allows unmarried young adults ages 19 through 29 to be covered through a parent's group health insurance policy under a new Young Adult Option. Eligible young adults may continue coverage once they reach the maximum age of dependency (age 19 or 25) or lose eligibility for group health insurance coverage (i.e.; not a full time student between ages 19 and 25).

Please note, that the Young Adult Option premiums are paid by the young adult or parent, not the employer. The cost is the full cost of individual coverage for the NYSHIP option selected.

You may visit the Employee Benefits Division website for information and an application:

<http://www.cs.state.ny.us/youngadultoptionnype/index.cfm>

COBRA - Continuation of Health Insurance Coverage for you and your dependents

A Federal law known as COBRA (Public Law 99-272-Title XXII).

This law allows employees and dependents to continue health insurance coverage for up to 36 months, by paying the full group premium plus 2% administrative charge, in the following circumstances:

1. The employee terminates employment and is not covered under any other group health plan, including Medicare: The Employee Benefits Division will automatically send information to the employee's home address after employment terminates. The employee must apply for COBRA coverage within 60 days of losing eligibility.
2. The employee dies: If dependents are not covered by any group health plan, they may continue coverage for up to 36 months.
3. The employee is divorced: The ex-spouse, if not covered by another group health plan, may continue for up to 36 months.
4. A dependent loses eligibility (e.g., over 19 and no longer a full-time student; attains age 25 even though a full-time student): The dependent, if not covered by any other group health plan, may continue coverage for up to 36 months. Your dependent may be eligible for the Young Adult Option Plan. Please see below.

Your dependent must apply for this continuation of coverage within 60 days of losing eligibility by calling the COBRA Unit in Albany at (518) 457-5754. Please call the Benefits Dept. at 2-6180 to delete your dependent from our health insurance files.

If you are represented by a union, you should contact the union Benefit Fund for information on continuing union benefit programs.

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.