



PUBLIC EMPLOYEES FEDERATION  
BENEFITS SUMMARY

STATE UNIVERSITY OF NEW YORK  
AT STONY BROOK

**Bargaining Unit 05  
Public Employee Federation  
Human Resource Services/Benefits Office  
January 1, 2009**

**SUMMARY OF BENEFITS  
PUBLIC EMPLOYEE FEDERATION**

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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 Benefits 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](mailto: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](mailto:Deborah.Giacopelli@stonybrook.edu)

Please explore our website at [www.stonybrook.edu/hr/benefits](http://www.stonybrook.edu/hr/benefits)

## 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.

- 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.

**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 I

**The 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 hospital coverage @100% of semi-private room
- Outpatient diagnostic testing and ambulatory surgery - \$35 per visit
- Emergency room - \$60 per visit (waived if emergency admission)
- 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 \$1,500
- Outpatient diagnostic testing and ambulatory surgery – enrollee is responsible for 10% of billed charges or \$75, whichever is greater
- Emergency room - \$60 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.

**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.empireplanproviders.com/>**

- Office visits - \$18 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 well child visits, allergen immunotherapy, hemodialysis, radiation therapy and allergy injection
- \$18 co-pay for adult immunizations - 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 – Major Medical:**

- \$363 annual deductible for enrollee
- \$363 annual deductible for spouse
- \$363 annual deductible for all dependent children
- Reimbursement at 80% of usual, customary, reasonable (UCR) rate
- Maximum coinsurance (the 20% you pay) is \$1,000 for Individual or Family. Expenses then reimbursed at 100% of UCR
- No maximum – 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, prescription drugs, laboratory services.

- 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

**EMPIRE PLAN PRESCRIPTION DRUG PROGRAM** - 56 day waiting periodAdministered 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:

<b>Up to a 30 day supply from a participating retail pharmacy or through the mail service:</b>	<b>31 to 90 day supply from a participating retail pharmacy:</b>	<b>31 to 90 day supply through the mail service:</b>
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](http://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"><li>• Amevive</li><li>• Aranesp</li><li>• Avonex</li><li>• Betaseron</li><li>• Botox</li><li>• Cimzia</li><li>• Copaxone</li><li>• Enbrel</li><li>• Epogen/Procrit</li><li>• Flolan</li><li>• Forteo</li><li>• Growth Hormones</li><li>• Humira</li></ul>	<ul style="list-style-type: none"><li>• Immune Globulins</li><li>• Increlex</li><li>• Infergen</li><li>• Intron-A</li><li>• Iplex</li><li>• Kineret</li><li>• Kuvan</li><li>• Lamisil</li><li>• Letairis</li><li>• Myobloc</li><li>• Orencia</li><li>• Pegasys</li><li>• Peg-Intron</li><li>• Provigil</li></ul>	<ul style="list-style-type: none"><li>• Raptiva</li><li>• Rebif</li><li>• Remicade</li><li>• Remodulin</li><li>• Revatio</li><li>• Sporanox</li><li>• Synagis</li><li>• Tracleer</li><li>• Tysabri</li><li>• Ventavis</li><li>• Xolair</li></ul>
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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 pre and postnatal office visits
- No co-pay for well-child care visits up to age 19 including immunizations
- 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
- \$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 at a participating pharmacy,
- \$5.00 co-pay for Generic Drugs, Brand- Name Drug (Subject to Drug Formulary)

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

### Option 3

#### Empire Blue Cross Blue Shield HMO – 1-800-662-5193; <http://www.empirehealthcare.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-pay for pre and postnatal visits
- No co-pay for well-child care up to age 19; including covered immunizations
- 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 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 inpatient 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 – covered for a 90-day supply of maintenance medications for 2 co-payments only

#### Empire Blue Cross Blue Shield 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 visit
- \$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 child care 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

## Flex Spending Account (FSA)

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.

**Dental Insurance** - 56 day waiting period

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

**GHI Preferred Dental – 1-800-947-0101**

- 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**

56 day waiting period

No cost to employee

- Examination, lenses, and frames covered in full or at minimal cost through participating providers once every two years
- For eligible dependent children under age 19, the benefit is available once every 12 months
- Reimbursement based on Schedule of Allowances for non-participating providers.

**Pearl Carroll & Associates – 1-800-743-6751**

Group rate life insurance, disability insurance and more

## 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 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

## Survivor's Benefit Program

Benefit supplements ordinary death benefit from retirement system

## Optional Tax Deferred Programs

**TIAA-CREF** -Contact Benefits Office at **632-6167** or **632-6136** for an enrollment form.  
**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 **1-516-454-4026** to schedule an appointment with **Kevin Fahy**.

**New York State Deferred Compensation Plan- 1-800-422-8463 or <http://www.nysdcp.com>**

## Tuition Assistance Programs - FOR COURSES TAKEN AT SUNY-OPERATED CAMPUSES

**Tuition Waivers** – available to full-time employees; a percentage of up to 3 credits waived for spring and fall semesters. Subject to waiver guidelines.

**Professional, Scientific and Technical Services(PS&T) Tuition Reimbursement** - 6 full months continuous State service

Available to PEF employees. Subject to guidelines established by the State/PEF Professional Development and Quality of Working Life Committee. For more information call **(518) 474-6612** or visit the website at **[www.PSTtraining@goer.state.ny.us](http://www.PSTtraining@goer.state.ny.us)**

## 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.**

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

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