

2026

Benefits Summary

State Classified

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.

Bargaining Unit 02, 03, 04, 05, 21, 31
State Classified
Human Resource Services/Benefits Office
January 2026



DARE TO BE

STATE CLASSIFIED SUMMARY OF BENEFITS

<http://www.stonybrook.edu/hr/benefits>

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Benefits Office – Z-0751

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Benefits are subject to the policies of Stony Brook University and are subject to change.

CLASSIFIED FULL TIME & PART TIME (50% OR MORE) EMPLOYEES BENEFITS

This summary is a guide to our benefits coverage. Please read the Choices booklets for details on covered services. Waiting periods are usually eliminated if you are transferred from one bargaining unit to another.

ELIGIBILITY REQUIREMENTS:

1. If your work week is 40 hours, you must work at least 20 hours per week to be eligible for benefits.
2. 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

APSU, PEF AND C82 employees have a 28-day wait period from the date of appointment. Coverage is effective on 29th day of employment and you must enroll within 30 days of your appointment date.

If you decline health insurance, you can still enroll in dental and vision benefits provided by the union. If you delay in enrolling more than 30 days, you will be subject to a 5 pay period waiting period and your premiums will be deducted on an after-tax basis.

Changes to your health insurance can be made during the Option Period (typically in November or December) or within 30 days of experiencing a “qualified event” (i.e., birth of a child, marriage, divorce). Additional changes may be made without a qualifying event; however, you will be subject to a 5 pay period wait plus after-tax premium deductions.

If you terminate your state employment, your health insurance will remain in effect for 28 days from the end of the pay period in which you leave.

2026 BENEFIT SUMMARY COMPARISON CHART

	Empire Network Hospital Benefits	Empire Participating Provider	Emblem Health HIP HMO – 050
Office/Telehealth Co-Pay		\$25.00 copay	\$5.00 copay
Specialist Co-Pay		\$25.00 copay	\$10.00 copay
Out of Network Option		Yes	No
Out of State Coverage		Yes	No - Emergencies Only
Diagnostic Services			
Radiology	\$50 per outpatient visit	\$25.00 copay	\$5 PCP/\$10 Specialist
Lab Tests	\$50 per outpatient visit	\$25.00 copay	\$5 PCP/\$10 Specialist

Pathology	No copay	\$25.00 copay	No-Copay
EKG/EEG	\$50 per outpatient visit	\$25.00 copay	\$5 PCP/\$10 Specialist
Radiation	No copay	No- copay	\$10.00 Specialist
Chemotherapy	No copay	No- copay	\$5 PCP/\$10 Specialist
Dialysis	No copay	No copay	\$5 PCP/\$10 Specialist
Women's Health (copay's may be waived if preventative)			
Screenings & Maternity-Related Lab Tests	\$50 per outpatient visit	\$25.00 copay	No-Copay
Mammogram	No copay	No-copay	No-Copay
Prenatal/postnatal Visits		\$25.00 copay	No-Copay
Bone Density Tests	\$50 per outpatient visit	\$25.00 copay	No-Copay
Breastfeeding Services and Equipment		No-Copay	No-Copay
External Mastectomy Prosthesis		No network benefit; non-participating provider	No-Copay
Family Planning		\$25.00 copay	\$5.00 PCP/\$10 Specialist
Infertility Services	50 per outpatient visit	\$25.00 copay (no copay if using a designated center for excellence)	\$10.00 per visit
Contraceptive Drugs		No copayment for certain FDA approved oral contraception methods (including outpatient surgical implantation and counseling)	No-Copay
Inpatient Hospital Surgery	No copay	No- copay	No-Copay
Outpatient Surgery	\$95 per visit	\$50 per visit	No-Copay
Weight Loss/Bariatric Surgery	Applicable inpatient hospital surgery or outpatient surgery copay (see above)	Applicable inpatient hospital surgery or outpatient surgery copay (see above)	No-Copay
Emergency Room	\$100- Waived if admitted	No copay	\$75- Waived if admitted
Urgent Care	\$50 per outpatient visit	\$30.00 per visit	\$25.00 copay
Ambulance	No copay	\$70 per trip	No-copay

Outpatient Mental Health		\$25.00 copay	No-copay
Inpatient Mental Health		\$25.00 copay	No-copay
Outpatient Drug/Alcohol Rehab		\$25.00 copay	\$5 per visit
Inpatient Drug/Alcohol Rehab		No- Copay	No-Copay
Durable Medical Equipment		No- Copay	No-Copay
Prosthetics		No- Copay	No-Copay
Orthotics		No- Copay	No-Copay
Rehab Care, Physical, Speech & Occupational Therapy			
Inpatient	No copay as inpatient; \$25per visit for outpatient2	\$25.00 per visit	No-Copay- max 30 days
Outpatient		\$25.00 copay	\$5 PCP visit/\$10 Specialist/\$0 out-patient facility 90 visits max
Diabetic Supplies		No- Copay (HCAP)	\$5- 34-day supply
Diabetic Shoes		\$500 annual max benefit	No-copay when medically necessary
Hospice	No copayment, no limit	No- Copay No limit	No-copay – 210-day max
Skilled Nursing Facility	No copay	No-Copay up to 120 benefit days	No-copay No limit
Prescription Drugs		\$5/\$30/\$60	\$5/\$20
Mail Order Prescription Program		Yes	Yes
Hearing Aids		\$1,500 per aid per year every 4 years (every 2 years for children)	Cochlear implants only

Empire PPO In- Network Out of Pocket Limits

Coverage Type	Prescription Drug Program		Hospital, Medical/Surgical and Mental Health & Substance Abuse Programs, combined		Total	
	<u>PPO</u>	<u>HMO</u>	<u>PPO</u>	<u>HMO</u>	<u>PPO</u>	<u>HMO</u>
Individual Coverage	\$1,494	\$0	\$2,750	\$6,850	\$4,244	\$6,850
Family Coverage	\$2,977	\$0	\$5,510	\$13,700	\$8,487	\$13,700

- Once you reach the limit on your in-network benefit, you will have no additional copayments for the benefit calendar year.

Empire PPO Out of Network Coverage

Empire will pay 80% of “reasonable and customary” charges after the annual deductible has been satisfied. Once your deductible and out of pocket maximum have been met, Empire will reimburse 100% of reasonable and customary charges. The employee will be responsible for charges above the reasonable and customary rates.

Annual Deductible for non-network coverage:

- Employee - \$1,250
- Spouse/Domestic partner – \$1,250
- All Children (combined) - \$1,250

BI-WEEKLY MEDICAL PREMIUM

Salary	Empire PPO	HIP HMO
Salary Grade 9 and Below \$50,885	Individual - \$65.99 Family - \$272.67	Individual - \$171.02 Family - \$445.52
Salary Grade 10 and Above \$50,885	Individual - \$87.99 Family - \$355.24	Individual - \$194.44 Family - \$506.98

OTHER ADMINISTERED BENEFITS

<u>For PBANYA/NYSCOPBA Employees</u>	<u>For PEF Employees</u>
<u>NORVEST</u> – 1 (888) 869-8252 (Group Life Insurance, Disability Insurance & more)	<u>PEARLE CARROL & ASSOC</u> – 1 (800) 743-6751 (Group Life Insurance, Disability Insurance & more)

CSEA ADMINISTERED BENEFITS

- DENTAL INSURANCE
- VISION CARE PLAN
- PEARLE CARROL & ASSOCIATES – (Group Life Insurance, Disability Insurance)

For more information on the CSEA benefits listed above, contact your Union at 1-800-323-2732 or the on-campus office at x2-6575

Online - My NYSHIP

MYNYSHIP (My New York State Health Insurance Program) is a secure website where active, eligible New York State employees can access their health insurance enrollment information, update, or change their mailing address and order new insurance cards. Enroll 45 days from the date of your orientation.

To register for MyNYSHIP, you must request an activation code

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

- Scroll down to Benefit Programs
- Then click on NYSHIP ONLINE
- Click “I am a New York Active Employee” click continue
- Select your group
- Choose your plan (Empire Plan Enrollee, HMO Enrollee, Dental and/or Vision Only); click finish
- Select MyNYSHIP Employee Self-Service
- click “create an account”
- Click on “don’t have an account?”
- Click on “Personal”
- Click “Sign up for Personal NY.gov ID”
- Enter your first name, last name, email, and preferred username
- You will receive an email to activate your account. Please select 3 questions and answers before moving on; click continue
- Enter your last name, social security number, zip code, date of birth

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.

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.

Individual	Spouse	• Child(ren)
<ul style="list-style-type: none"> • Birth Certificate, Passport or other government issued photo ID 	<ul style="list-style-type: none"> • Birth Certificate, Passport or other government issued photo ID 	<ul style="list-style-type: none"> • Birth Certificate
<ul style="list-style-type: none"> • Social Security Card 	<ul style="list-style-type: none"> • Marriage Certificate 	<ul style="list-style-type: none"> • Proof of support/dependence of other children (if applicable)
	<ul style="list-style-type: none"> • Joint Ownership Document – prior year tax return; mortgage statement, bank statement; homeowner/renters insurance policy or lease agreement; utility statement; credit card statement. Documents must have enrollee’s name and spouse’s name on the statement. 	<ul style="list-style-type: none"> • Proof of disability (if applicable)
	<ul style="list-style-type: none"> • Affidavit of Marriage Certificate (if you cannot provide a joint financial document) 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • *All documents must be translated into English. 		

TRANSLATORS *You have to pay for the translation

Service	Address	Phone Number
Istra Business Service	759 Durham Road Sayville, NY 11782	631-567-5742
Multinational Translating Service	36 Carleton Ave Islip Terrace, NY 11752	631-581-8956
All-Round Typing & Translations German, French, Italian, Spanish	Gisela Zabriskie giselaz1@optonline.net	516-541-2586
MMR Enterprises	20 Earl Avenue Northport, NY 11768	631-754-2057
Romanian & French Language Services	239 N Hawthorne Street Massapequa, NY 11758	516-799-5176
Accredited Language Services	18 John Street Suite 300 New York, NY 10038	1-800-322-0284

DENTAL INSURANCE COVERAGE- PEF, NYSCOPBA, PBANYS

Anthem

Employees have a 28-day wait period from the date of appointment. Coverage is effective on the 29th day of employment and you must enroll within 30 days of your appointment date.

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

You will receive dental and vision cards along with plan summary descriptions 2 to 3 weeks after enrollment

- Annual maximum \$2,300 reimbursed 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 for participating GHI dentists
- Non-Participating Dentist: No deductible; reimbursement based on a schedule of allowances for non-participating dentists
- Lifetime Orthodontia Maximum is \$2,300 per eligible dependent

VISION INSURANCE COVERAGE- PEF, NYSCOPBA, PBANYS

Davis Vision

Employees have a 28-day wait period from the date of appointment. Coverage is effective on the on the 29th day of employment and you must enroll within 30 days of your appointment date.

- No cost to employee
- Examination, lenses, and frames covered in full or at minimal cost through participating providers; one exam every 2 years
- For eligible dependent children under age 19, the benefit is available once every 12 months
- Reimbursement based on Schedule of Allowances through non-participating providers and/or when contact lenses selected

CSEA DENTAL AND VISION-

For more information on the CSEA benefits listed above, contact your Union at 1-800-323-2732 or the on-campus office at x2-6575

Coordination of Benefits Change - New York State Law

The coordination of benefits establishes the order of payment when more than one healthcare policy is involved. If a child is covered by both parent's health insurance 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 the 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 the 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 as follows:
 1. The policy of the parent with custody;
 2. The policy of the stepparent

3. The policy of the parent without custody

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 regardless of their student status. Under the new Young Adult Dependent Option, eligible young adults may continue coverage once they reach the maximum age of dependency (age 26).

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

At the end of the month in which your child reaches age 26, they will no longer be dependents under your active employee health plan. Information will automatically be mailed to the address on file from the Department of Civil Service Employee Benefits Division regarding continuing coverage under the plan.

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: <http://goo.gl/7RENWH>

Opt-Out Program

Employees who can demonstrate and attest to having other employer-sponsored group health insurance may elect to opt out of NYSHIP's Empire Plan or Health Maintenance Organizations. Employees who elect to opt out of NYSHIP will receive annually \$1,000 for waiving individual coverage or \$3,000 for waiving Family coverage. This amount will be credited to the bi-weekly paychecks as taxable income over the plan year. Unless newly eligible to enroll, employees must be enrolled in NYSHIP Individual or Family coverage prior to April 1st of the previous plan year to eligible to opt out of that coverage the following calendar year. In order to participate, employees must have other employer sponsored group health insurance.

There are two times a year when employees may elect to opt out of coverage; as newly eligible for health benefits and for currently enrolled employees, during the option transfer period. Only employees who experience a qualifying event will be allowed to withdraw their opt-out election and enroll in a health insurance plan mid-year.

- Opt out during the first 30 days of employment
- Opt out payments will begin 29 days from your hire date
- Additional application and proof required (proof of other coverage)

- If your alternate insurance coverage is NYSHIP and is through SUNY, you are not eligible for the opt out incentive
- If your alternate insurance coverage is NYSHIP and is through a Participating Agency, you are only eligible for the individual opt out.

Birthday Rule

The 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 for the parent without custody pays second.
- If the parent with custody has remarried, the order is as follows:
 - The policy of the parent with custody
 - The policy of the stepparent
 - The policy of the parent without custody

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

A Federal law known as COBRA (Public Law 99-272-Title XXII) 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
2. Employee’s home address after employment terminates. The employee must apply for COBRA coverage within 60 days of losing eligibility.
3. The employee dies: If dependents are not covered by any group health plan, they may continue coverage for up to 36 months.
4. The employee is divorced: The ex-spouse, if not covered by another group health plan, may continue for up to 36 months.
5. A dependent loses eligibility (e.g., over 26 for health insurance only): 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.

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

Flexible Spending Account (FSA)

Pocket more of your paycheck by joining the New York State Flex Spending Account Programs. For information about the programs and enrollment please call the TASC hotline **1-888-204-4512** or **(800) 358-7202** or visit <http://www.flexspend.ny.gov>

<http://www.flexspend.ny.gov>.

Negotiating Unit Code = 31, 21 OR 02, 03, 04 or 05

Department Code= 28050 OR 28058

N#- on pay stub

Eligibility

- Must be eligible for enrollment in a health insurance plan.
- Must have a permanent appointment or are expected to be on payroll for the entire calendar year.
- 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 \$3,400. (61 day waiting period)

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 \$7,500. (Coverage effective immediately)

Adoption Advantage Account- Pre-tax deductions to help pay for a qualified adoption. Although you will not save on FICA you can save on federal and state taxes (where applicable) by having up to \$17, 670 withheld from your paycheck pre-tax.

If your Salary is....	State will contribute up to...
Over \$70,000	\$600
\$60,001 - \$70,000	\$700
\$50,001 - \$60,000	\$800
\$40,001 - \$50,000	\$900
\$30,001 - \$40,000	\$1,000
Up to \$30,000	\$1,100

Edenred NYS Ride

Allows employees to save money on a monthly basis on eligible public transportation expenses through pre-tax payroll deductions up to \$315 per month. To learn more or enroll in the plan visit

<https://goer.ny.gov/nys-ride>.

Educational Opportunities

New York State Tuition Waiver

The program is available to all Full-time State employees attending a SUNY or Empire State College. A percentage of the tuition for three (3) credits may be waived each Spring and Fall semesters, based on career-relatedness and availability of funds.

- Course(s) must be taken at a SUNY operated school or Empire State College
- Course(s) must be job related or going towards a degree; up to 3 credits
- % of tuition is reimbursed and is based on total availability of funds
- notices sent in November and July
- <https://www.stonybrook.edu/human-resources/total-rewards/tuition-assistance.php>

GOER – NYS Governor’s Office of Employee Relations

- <http://www.goer.stateny.us/Train>

RETIREMENT PLANS –TIER VI – Effective April 1, 2012

PEF - Enrollment in a retirement plan is mandatory for most full-time employees but is voluntary for part-time employees. This does not apply to employees who have retired from a state or a 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.

- Employee contribution for the duration of employment
- Contribution limit is based on maximum annual earnings of \$250,000.
- Vested in pension after 5 full-time equivalent years of service
- State pension provided on retirement after vesting
- Full retirement benefits at age 63

PBANYS University Police Officers ONLY

- I. **New York State and University Police Officers Local Police and Fire Retirement System (PFRS)**

Defined Benefit Plan – (guaranteed pension) is based on your earned salary, years of service, age at retirement and a percentage.

- You may retire at any age after completing 25 years of SUNY police service or you may qualify for a service retirement if you reach age 60 before having served 25 years as a SUNY police officer
- With 25 years of creditable service, your benefit will equal 2% of your final average salary for each year of SUNY police service
- Contribute a specific percentage of your annual salary until you retire or have 32 years of service, whichever comes first
- First three-year period your contribution is based on your annual wage; after three-year period, your contribution rate is based on what you actually earned two years prior.

FEDERAL SECURE ACT 2.0 – New for 2026

Employees with 2025 FICA earnings of \$150,000 or more are required to make all catch-up contributions on a Roth (after-tax) basis. This applies to 403(b) and 457(b) contributions exceeding the standard pre-tax limit of \$24,500.

Employee age	Total Annual Contribution Limit	Type of Catch-Up Contribution	
		Prior year FICA wages <u>less than or equal to \$150,000</u>	Prior year FICA wages <u>greater than \$150,000: Catch up must be</u>
50-59	\$32,500 (\$24,500, plus \$8,000 Catch-up)	Pretax and/or Roth after-tax contributions	Roth contribution
60-63	\$35,750 (\$24,500, plus \$11,250 Catch-up)	Pretax and/or Roth after-tax contributions	Roth contribution
64 or older	\$32,500 (\$24,500, plus \$8,000 Catch-up)	Pretax and/or Roth after-tax contributions	Roth contribution

*Located on box 3 of your year-end W2 statement.

VOLUNTARY RETIREMENT SAVINGS PROGRAMS

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

- TIAA– enroll online at www.tiaa.org/suny
- Fidelity Investments – enroll online at www.fidelity.com
- VOYA – website address: <https://www.voya.com/>
- Corebridge Financial– website address: www.aig.com

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

You may save an **additional** amount up to \$24,500 of your salary in 2026 (additional contributions up to \$8,000 for employees over the age of 50) on a tax-deferred basis. If you are aged 60-63 (age at the end of the calendar year) there is an additional catchup of \$3,750, so the total amount you can contribute in 2026 is \$35,750.

For a calculation of what your net check will be go to <https://www.paycheckcity.com/>

NYS COLLEGE SAVINGS PROGRAM 529: NOT TAX-DEFERRED

A way to save for your child’s college education: Available for parents, grandparents, relatives, or friends to open an investment account for future college students at a minimum rate.

Contact NYS College Savings Program at
877.697.2837
NYSAVES.com

WHO TO CALL

Benefit	Provider	Phone	Website
Health Insurance	Empire Blue Cross - PPO	877-7-NYSHIP 877-769-7447	https://www.empireblue.com/nys www.myuhc.com Group#003050
Dental Insurance	Anthem	833-821-1949	https://www.anthembluecross.com/mcr/nys-dental
Vision Insurance	Davis Vision	888-588-4823	Davis Vision
Prescription Drug	Empire – CVS Caremark	877-769-7447 Option 4	
Flex Spending Account	TASC	888-204-4512 or 800-358-7202	http://flexspend.ny.gov
Long Term Disability	NORVEST (APSU) Pearl Carroll & Assoc	888-869-8252 800-743-6751	
NYS – Ride	Edenred	866-428-7781	https://login.edenredbenefits.com/NYS-Ride/NYSDefault.aspx
Retirement at Work		866-271-0960	www.retirementatwork.edu/suny
Retirement Accounts 401(A), 403(B)	TIAA	800-732-8353	www.tiaa.org/suny
	Corebridge Financial (formerly AIG)	800-892-5558 x89575	www.aig.com
	VOYA	800-759-9317	www.voya.com
	Fidelity	800-343-0860	www.fidelity.com/schedule
College Savings Program	NYS College Savings Program	877-697-2837	www.nysaves.org

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.

In-Network Provider- This refers to a physician or hospital that accepts the health insurance plan.

Out-of-Network Provider- This refers to a physician or hospital that does not accept the health insurance plan.

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.