



CSEA

STATE CLASSIFIED

BENEFITS SUMMARY

STATE UNIVERSITY OF NEW YORK  
AT STONY BROOK

## SUMMARY OF BENEFITS

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**BENEFITS OFFICE CONTACT INFORMATION**

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

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

**Interoffice zip:** 0751

**State Benefit Phone Number:** 632-6180

**State Benefit Fax Number:** 632-1350

**Email:** HRS\_Benefits@stonybrook.edu

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

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

This summary is only a guide to your 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.

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

**2015 Benefit Summary**

	Empire PPO 001	AETNA HMO 210	Empire HMO 290	HIP HMO 050
Office Co-Pay	\$20.00	\$20.00	\$20.00	\$5.00
Specialist Co-Pay	\$20.00	\$20.00	\$20.00	\$10.00
Out Of Network Option	Yes	No	No	No
Out of State Coverage	Yes	No- Emergencies Only	No- Emergencies Only	No- Emergencies Only
Diagnostic Services				
Radiology	\$20.00	\$20.00	\$20.00	No-Copay
Lab Tests	\$20.00	No-Copay	No-Copay	No-Copay
Pathology	\$20.00	No-Copay	No-Copay	No-Copay
EKG/EEG	\$20.00	\$20.00	\$20 per visit	No-Copay
Radiation	No- Copay	\$20.00	No-Copay	No-Copay
Chemotherapy	No- Copay	\$20.00	No-Copay	\$10.00
Women's Health (copay's may be waived if preventative)				
Pap Test	\$20.00	No-Copay	No-Copay	No-Copay
Mammogram	\$20.00	No- Copay	No-Copay	No-Copay
Prenatal Visits	\$20.00	No-Copay	No-Copay	No-Copay
Postnatal Visit	\$20.00	\$20 for initial visit	No-Copay	No-Copay
Bone Density Tests	\$20.00	\$20.00	No-Copay	No-Copay
Breastfeeding Services and Equipment	No-Copay			
Family Planning	\$20.00	\$20.00	\$20.00	\$5.00 PCP/\$10 Specialist
Infertility Services	\$20.00	\$20.00	\$20.00	\$10.00

Contraceptive Drugs	\$20/visit	Applicable RX Co-Payment	Applicable RX Co-Payment	No-Copay
Inpatient Hospital Surgery	No- Copay	No-Copay	No-Copay	No-Copay
Outpatient Surgery	\$40 per visit	\$20 per visit	\$75 per visit	\$10 per visit
Emergency Room	\$60- Waived if admitted	\$50- Waived if admitted	\$75- Waived if admitted	\$75- Waived if admitted
Urgent Care	\$30.00	\$35.00	\$20.00	\$5.00 PCP/\$10 Specialist
Ambulance	\$35 per trip	\$50 per trip	No-Copay	No-Copay
Outpatient Mental Health	\$20.00	\$20.00	\$20.00	No-Copay
Inpatient Mental Health	No- Copay	No-Copay	No-Copay	No-Copay
Outpatient Drug/Alcohol Rehab	\$20.00	\$20.00	No-Copay	\$10.00
Inpatient Drug/Alcohol Rehab	No- Copay	No-Copay	No-Copay	No-Copay
Durable Medical Equipment	No- Copay	20% Co-Insurance	20% Co-Insurance	No-Copay
Prosthetics	No- Copay	No-Copay	20% Co-Insurance	No-Copay
Orthotics	No- Copay	No-Copay	20% Co-Insurance	No-Copay
Rehab Care, Physical, Speech and Occupational Therapy				
Inpatient	No- Copay	No-Copay	No-Copay- max 30 days	No-Copay- max 30 day
Outpatient	\$20.00	\$20- max 60 day	\$20- 30 visits per calendar year	\$10- max 90 day
Diabetic Supplies	No- Copay	\$20.00	\$20.00	\$5- 34 day supply
Diabetic Shoes	\$500 annual max benefit	No-Copay - One pair per calendar year	\$20 per pair	No-Copay when medically necessary
Hospice	No- Copay	No-Copay	No-Copay- max 210 days	No-Copay - max 210 day
Skilled Nursing Facility	No-Copay up to 365 benefit days	No-Copay	No-Copay- max 60 days	No-Copay
Prescription Drugs	\$5/\$25/\$45	\$10/\$20/\$35	\$10/\$25/\$50	\$5/\$20
Mail Order Prescription Program	Yes	Yes	Yes	Yes

**HEALTH INSURANCE PAYROLL**  
**BIWEEKLY DEDUCTIONS**

<b>INSURANCE PLAN OPTIONS</b>	<b><u>GRADE 9 AND BELOW</u></b>	<b><u>GRADE 10 AND ABOVE</u></b>
<b>EMPIRE PLAN (PPO)</b>		
Individual	\$ 35.42	\$ 47.23
Family	\$ 149.56	\$ 178.28
<b>AETNA – HMO</b>		
Individual	\$ 153.25	\$ 165.62
Family	\$ 592.09	\$ 622.57
<b>HIP-HMO</b>		
Individual	\$ 93.02	\$ 104.28
Family	\$ 261.20	\$ 289.69
<b>EMPIRE BLUE CROSS BLUE SHIELD HMO</b>		
Individual	\$ 172.33	\$ 184.18
Family	\$ 517.86	\$ 548.22
<b>EMPIRE PLAN Deductible</b>	\$ 1,000 \$ 500 Grade 6 & below	\$ 1,000 \$ 500 Grade 6 & below
<b>EMPIRE PLAN Out of Pocket Maximum</b>	\$ 3,000 \$1,500 Grade 6 & below	\$ 3000 \$1,500 Grade 6 & below

**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.ny.gov](http://www.cs.ny.gov)

- 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 Human Resource Services, Benefits Department, Z = 0751 or fax them to 632-1350 **(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.***

**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, Passport or Certificate of Citizenship **AND** Social Security card (copy of 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, **OR** most recent 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 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	ALLS TRANSLATIONS ANY LANGUAGE MANHATTAN 516-625-9519 (800-322-0284 TOLL FREE)



## 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 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 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.ny.gov/youngadulthoodoptionnype/index.cfm>

### 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.

## 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 \$1,000 for waiving Individual coverage or \$3,000 for waiving Family coverage. This amount will be credited to the bi-weekly paycheck's 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 be eligible to opt out of that coverage. 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.

**YOU MUST RE-ENROLL IN THE OPT OUT PROGRAM EACH YEAR DURING THE OPTION TRANSFER PERIOD.**

**For instructions and forms please go to;**

<http://www.stonybrook.edu/hr/benefits/state/health-insurance-opt-out-program.shtml>

### All Employees:

#### 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 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 Dependent or Young Adult Option Plan. Please see below for additional details.

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.

**Other Benefits Offered Through Unions:**

CSEA Benefit Fund Administers the following benefits to you:

Dental

Vision

Pearl Carrol & Associates- Group Life Insurance, Disability Insurance, etc.

Contact your Union at 1-800-323-2732 or the On- Campus Office at 2-6575

## Flexible 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.ny.gov> or call the FSA hotline **1-800-358-7202**.

To enroll you will need your negotiating unit code and department code. To obtain these codes contact Benefits at 2-6180.

### **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

*\* Hourly Employees are only eligible to enroll in the Dependent Care Advantage Account*

**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 \$2,500.

**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.

### **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.

For details and enrollment info call **1-866-474-5824** or visit the website at <http://www.nyperl.net>

### **Educational Opportunities**

#### **New York State Tuition Waiver**

- available to full-time employees only
- course must be taken at a SUNY operated school
- course must be job related or going toward a degree
- % of up to 3 credits is waived
- notices sent in November and July
- <http://www.stonybrook.edu/hr/benefits/state/tuition-assistance.shtml>

#### **Clerical & Secretarial Employee Advancement Program (CSEAP)**

- call **1-518-457-6306**
- <http://www.cs.state.ny.us/CSEAP>

#### **Labor Education Action Program (LEAP)**

- call **1-800-253-4332**

#### **GOER – NYS Governor’s Office of Employee Relations**

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

## Retirement Plan

### Defined Benefits Plan:

#### ERS - New York State Employees' Retirement System

- Enrollment is mandatory for full-time permanent employees and is voluntary for temporary provisional and part-time employees. (Does not apply to employees who have retired from a state or participating agency).
- The employee contribution will vary based on compensation. Contribution limit is based on maximum annual earnings of \$179,000.
- University contributes an annual lump sum to the Fund base – contribution limit based on maximum annual salary earning of \$250,000
- Vested in pension after 10 full-time equivalent years of service
- State pension provided on retirement after vesting
- Full retirement benefits at age 63

### VOLUNTARY RETIREMENT SAVINGS PROGRAMS

You may save up to \$18,000 of your salary in 2015 (additional contributions up to \$6,000 are allowed for employees over age 50) on a tax-deferred basis with these carriers:

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

Vendors include:

**TIAA-CREF** – enroll online at [www.tiaa-cref.org/suny](http://www.tiaa-cref.org/suny) or Kevin Fahy at 1-516-454-4025

**Fidelity Investments** – enroll online at [www.fidelity.com](http://www.fidelity.com) with PLAN ID 72777 or Joseph Mendell at 1-800-343-0860

**VALIC** – website address: [www.valic.com](http://www.valic.com) or contact representative Michael L. Growsick, phone # 1-800-892-5558 ext. 88013

**VOYA** – website address: [www.voya.com](http://www.voya.com) or contact representative Tony Amalfitano, phone # 1-800-759-9317

**METLIFE** – website address: [www.metlife.com](http://www.metlife.com) or contact representative Tom Gavorcin, phone # 631-851-5749 or Pamela Sugihara, phone # 516-683-5516

### New York State also provides:

You may save an **additional** amount up to \$18,000 of your salary in 2015 (up to \$24,000 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](http://www.paycheckcity.com)**

**NYS college Savings Program 529:** 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  
<https://uui.nysaves.s.upromise.com>

## **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](http://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](http://www.nysride.com) or 1-866-428-7781.

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

**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.