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.

January 2019
Benefits are subject to the policies of the Research Foundation of SUNY and are subject to change.
**ELIGIBILITY REQUIREMENTS:** Full Time and Part Time 50% employees are eligible for health insurance benefits.

Hourly Employees- Must work 3 consecutive pay periods averaging 40 hours each to be eligible. If 2 consecutive pay periods are missed then benefits will be terminated and the employee must re-enroll and be subject to a new waiting period.

**HEALTH INSURANCE COVERAGE** – is effective on the 43rd day. If you delay in enrolling more than 60 days after your hire date, you will be subject to a 5 pay period wait.

Employee selects one health option.

<table>
<thead>
<tr>
<th></th>
<th>RF Traditional PPO (Empire BlueCross/Blue Shield)</th>
<th>RF Deductible PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Co-Pay</strong></td>
<td>$20</td>
<td>$30</td>
</tr>
<tr>
<td><strong>In-Network Deductible</strong></td>
<td>None</td>
<td>$500</td>
</tr>
<tr>
<td><strong>In-Network Co-Insurance</strong></td>
<td>None</td>
<td>90/10 coinsurance</td>
</tr>
<tr>
<td><strong>Non-Network Coverage</strong></td>
<td>Yes ($1000 deductible)</td>
<td>Yes ($1500 deductible)</td>
</tr>
<tr>
<td><strong>Non-Network Co-Insurance</strong></td>
<td>80/20 coinsurance</td>
<td>40/60 coinsurance</td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td>$100</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td><strong>ER Visit</strong></td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Lab or X-rays</strong></td>
<td>$20</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td><strong>Prescriptions</strong></td>
<td>$10/$25/$45</td>
<td>$10/$25/$45</td>
</tr>
</tbody>
</table>

*Please refer the Benefits Handbook and Plan Certificate for more detailed information regarding these plan options.*
During the first 2 paychecks after your enrollment takes effect, double deductions will be taken for premium contributions, in order to cover the 28 day extension of benefits which is provided when your employment terminates or drops below eligibility requirements.

If your health deductions are not taken from the paycheck when your insurance becomes effective, there will be more than 2 double deductions taken to pay for your health insurance back to your effective date.

You will be automatically placed in the Pre-tax Health Insurance Program unless you sign a waiver.

A decision on health coverage must be made within 60 days of employment or you will not be able to be covered by health insurance for another 5 pay periods and your deductions will be taken on an after tax basis for the duration of the plan year (to be determined by the date the Benefits Office receives your completed forms).

DENTAL INSURANCE - Delta Dental (800) 932-0783 or visit: www. deltadental.com
Group # 1591 6 month waiting period -covered till age 26

Preventive Care - Covered in full with no deductible - Once every 6 months, calculated from your last visit.

General Services - Covered at 75% - $50 deductible/year to a maximum of 3 per family. Maximum combine yearly benefit of $2,000 per person

Prosthetic Services - 12 month waiting period - Includes caps, crowns, dentures Covered at 50% with a $50 deductible/year to a maximum of 3 per family.

Orthodontics - 6 month waiting period - For eligible dependents only - Covered at 50% with NO deductible - maximum of $2,000 reimbursed per individual/lifetime. Dependents covered up to age 19.

<table>
<thead>
<tr>
<th>Insurance Plan</th>
<th>Employee</th>
<th>Employee and Spouse</th>
<th>Employee and Children</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>RF Traditional PPO</td>
<td>$64.79</td>
<td>$205.99</td>
<td>$164.54</td>
<td>$322.97</td>
</tr>
<tr>
<td>RF Deductible PPO</td>
<td>$29.60</td>
<td>$135.60</td>
<td>$101.19</td>
<td>$217.49</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.59</td>
<td>$7.03</td>
</tr>
</tbody>
</table>
VISION CARE PLAN – Davis Vision (800) 999-5431 or visit: www.davisvision.com
6 month waiting period - No cost to employee

One free eye examination and one free pair of glasses once every two years - calculated from the date of your last visit. (Examination and glasses must be purchased at the same time.) Contact lenses from the plan selection may be purchased for a co-payment of either $25 or $45, depending on the type of lens, at a network provider.

An occupational vision benefit will be available through Davis Vision providers. This will cover an additional pair of eyeglasses when a different prescription is needed by the employee for job purposes. You must obtain your occupational eyeglasses at the same time that you obtain your regular eyeglasses. This is not a benefit for dependents.

If you decide to use an optometrist who is not on the list, you must submit an itemized receipt along with a completed claim form to the Vision Care Plan.

ENHANCED VISION PLAN - Davis Vision

This enhanced vision plan provides additional benefits to RF employees and their eligible dependents including yearly eye exams and enhanced frame and contact allowances.

Employees have the option to either enroll in the regular vision plan at no cost or enroll in the Vision Plan Plus by paying the bi-weekly premium noted below:

<table>
<thead>
<tr>
<th>2019 Vision Plan Plus Bi-Weekly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit Comparison</th>
<th>Regular Vision Plan</th>
<th>Vision Plan Plus Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Frame Allowance</td>
<td>Up to $14</td>
<td>Up to $130 plus 20% discount on overage</td>
</tr>
<tr>
<td>Contact Lens Allowance</td>
<td>Up to $45</td>
<td>Up to $105 plus 15% discount on overage</td>
</tr>
<tr>
<td>Eye Exams, Frames, Contacts (in lieu of eyeglasses)</td>
<td>Every 24 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Davis Vision Exclusive Collection (in lieu of allowance) Fashion/Designer/Premier</td>
<td>$0/$0/$25</td>
<td>$0/$0/$0</td>
</tr>
</tbody>
</table>

For full details, please refer to the RF Benefit Handbook
**LIFE INSURANCE** – Securian Life - Paid by the Research Foundation.

- **Basic Life Insurance**
  - 6 month waiting period - $50,000 coverage at no cost to employee.

- **Accidental Death and Dismemberment**
  - 6 month waiting period - $50,000 coverage.

**OPTIONAL LIFE INSURANCE** – Securian Life

- Employee pays through payroll deduction.
- 6 month waiting period
- Amount available – 1 to 7 x annual salary up to a maximum amount of $350,000, including your $50,000 free coverage.

Use following steps to calculate the amount you can buy:
1. Multiply your annual salary by desired amount, 1 to 7 times
2. Multiply your answer by the biweekly premium opposite your age
   This will give you your biweekly payroll deduction.

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate/$1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$0.024</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.028</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.036</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.044</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.064</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.098</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.151</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.264</td>
</tr>
<tr>
<td>65 and over</td>
<td>$0.475</td>
</tr>
</tbody>
</table>

The amount of insurance and the payroll deduction will increase automatically with a salary increase and when you move into a new age bracket.

**VOLUNTARY DEPENDENT LIFE INSURANCE** – Securian Life

Coverage is available for your spouse/domestic partner from $10,000 to $100,000, not to exceed 100% of employee’s combined Basic Term Life and Optional Term Life coverage amounts.

Dependent Term Life coverage has one premium rate that covers all eligible children. Coverage is available for all your eligible children in increments of $2,000 to $10,000.

For more information and the application please visit [www.stonybrook.edu/hr](http://www.stonybrook.edu/hr) and select the Optional Life Insurance Enrollment Form link under Benefits.
**NEW YORK STATE SHORT-TERM DISABILITY INSURANCE** – First Reliance Standard

- Coverage begins after a 4 week waiting period
- Disability insurance covers non-work related illness or injury
- All sick leave accruals must be used first
- Benefits will begin after 7 calendar days or when all sick accruals are exhausted, whichever is later.
- Pays for up to 26 weeks if eligible, at a maximum weekly payment of $170
- Number of weeks out of work runs concurrently with FMLA, if eligible
- For information regarding filing a claim contact the Benefits Department at 632-6180.

**VOLUNTARY DISABILITY INCOME PROTECTION INSURANCE** – First Reliance Standard

Employees will be able to supplement their current RF-provided disability coverage by purchasing additional voluntary short-term disability coverage. You may choose an amount from $100 to $2,000 per week, as long as your selected amount doesn’t exceed 60% of covered earnings.

For rates and additional plan information, please visit [www.stonybrook.edu/hr](http://www.stonybrook.edu/hr) and select the Voluntary Short Term Disability link under Benefits.

**LONG TERM DISABILITY INSURANCE** – First Reliance Standard - Full time employees - 1 year waiting period

Coverage includes payment of 60% of monthly salary to a maximum of $7,500/month (including any payment from Social Security or Workers’ Compensation)
Effective after 6 months of approved Short-Term Disability

**WORKERS’ COMPENSATION INSURANCE** – Chubb Insurance

Any work related injury or illness must be reported within 10 days of occurrence
Accident report must be completed and sent to Benefits - Z-0751 or call 632-6180
100% of all medical bills covered for work related injuries or illnesses
Covers 2/3 weekly wages with a maximum weekly payment of $772.96
Number of weeks out of work runs concurrently with FMLA, if eligible
**FMLA - FAMILY AND MEDICAL LEAVE ACT** - Must be employed for 12 months and worked at least 1250 hours prior to leave.

FMLA provides 12 weeks of unpaid leave in a 12 month period for certain family and medical reasons, including Workers' Compensation and Short-Term Disability.

Additional information on these benefits can be found in your Research Foundation Benefits Handbook, the RF Leave Policy Manual and by calling the Benefits Office at 632-6180.

**Paid Family Leave (PFL)** - Starting in 2018, if you take an approved paid family leave, you will be eligible to receive 50 percent of your average weekly wages for up to eight weeks. The average weekly wage used to calculate the Paid Family Leave benefit is capped at the State's Average Weekly Wage amount, which is currently $1,305.92, and is subject to change annually.

Virtually every full-time or part-time RF employee will be eligible for the new Paid Family Leave Program. Employees with a regular schedule of 20 or more hours per week are eligible after 26 continuous weeks of employment. Employees with a regular schedule of less than 20 hours per week are eligible after 175 days worked.

Participation in the program is not optional for most RF employees. You will be offered the ability to complete a Paid Family Leave waiver if it is determined your regular employment schedule is 20 hours or more per week but you will not work 26 consecutive weeks, or when your regular employment schedule is less than 20 hours per week and you will not work 175 days. Please contact the Benefits department if you feel you may qualify for a waiver.

**PFL will phase in over four years**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks available in any 52-week period</td>
<td>8</td>
<td>10</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Max % of employee average weekly wage</td>
<td>50%</td>
<td>55%</td>
<td>60%</td>
<td>67%</td>
</tr>
<tr>
<td>Cap % of state average weekly wage</td>
<td>50%</td>
<td>55%</td>
<td>60%</td>
<td>67%</td>
</tr>
</tbody>
</table>

For more information please contact the Benefits office at 6321-632-6180.
TUITION WAIVERS

- Full Time employees only
- SUNY operated schools
- Course must be job related or going towards a degree
- Up to 3 credits per Fall and Spring Semester
- % of tuition is waived
- Memo is sent regarding application process and deadlines in July and November

Flexible Spending Accounts (FSAs)
By enrolling in a Flexible Spending Account (FSA) you authorize the Research Foundation to deduct, on a pretax basis, a specified amount from your pay throughout the year, and to deposit this money in an account that is used to reimburse you for eligible health care or dependent care expenses. Employees’ may enroll in either a Health Care Spending Account or a Dependent Care Spending Account or both.

Because of the tax advantages of these programs, the IRS requires you to continue participation throughout the calendar year for which you enroll, unless you have a qualifying “change in status” as defined by the IRS. You must carefully estimate your expenses for the year, since any money left in your account at the end of the year will be forfeited if not used.

You have 60 days from your hire date to elect to enroll in these programs and you must re-enroll in these programs annually during open enrollment (usually in November) in order to participate for the following calendar year.

- **Health Care Flexible Spending Accounts** – contribute up to a maximum of $2,600 to pay for uninsured eligible medical, dental, vision care and prescription drug expenses. Employees need to have completed 6-months of service from date of hire and expected to be employed for at least one year following the date of enrollment or re-enrollment.

- **Dependent Care Flexible Spending Accounts** – contribute up to a maximum of $5,000 depending upon a participant’s tax filing status, to pay for eligible child, adult and elder care expenses for eligible dependents. Employees need to have completed 6-months of service from date of hire. RF will provide a lump-sum subsidy for employees who are enrolled in a dependent care flexible spending account. The amount of the subsidy will depend on your annual RF earnings at the time you enroll.
If your salary is...  |  The Research Foundation contribution is up to...
--- | ---
Over $70,000 | $300
$60,001 - $70,000 | $400
$50,001 - $60,000 | $500
$40,001 - $50,000 | $600
$30,001 - $40,000 | $700
Up to $30,000 | $800

If you have questions about Flexible Spending Accounts, visit PayFlex’s website at [www.payflex.com](http://www.payflex.com) or call them at 1-844-729-3539.

**College Tuition Savings Program**
Participation in the New York College Savings Program will be available through payroll deduction for employees who use payroll direct deposit. Parent, grandparents, other relatives or friends can set up a Tuition Savings Account for a future college student. The first $5,000 that is invested each year will be deductible from New York State income when you file your tax return. Investment earnings will not be subject to state or federal tax, nor will funds withdrawn for qualified expenses. If you have questions about the program call 1-877-NYSAVES (1-877-697-2837), or visit the program’s web site at [www.nysaves.org](http://www.nysaves.org).

**Liberty Mutual Insurance**
The Research Foundation and Liberty Mutual Insurance Company have partnered to offer a program called Group Savings Plus, which provides discounts on auto and homeowners insurance to all employees. Call your local Liberty Mutual Representative, Doug Carlen, at 631-331-7196 ext. 52761 to see how much you can save.

**Public Transportation Benefits**
RF-Ride is a new benefit program that allows employees to pay for their work-related commuting expenses on a pre-tax basis through payroll deduction. All RF employees are eligible RF-Ride, which is administered by PayFlex. To enroll you will need the last four digits of your Social Security Number to register:
- Online at [www.payflex.com](http://www.payflex.com)
- By phone at 1-844-729-3539

**RETIREMENT PLAN - TIAA (401a)**
The service requirement for vesting in the basic retirement plan will be one year. Employees will gain ownership of their retirement accounts as soon as the waiting period is completed and the RF contributions begin. Employees will receive a notice from TIA, notifying them a life cycle fund has been opened in the employee’s name. If the employee wishes to change the allocations, they must contact TIAA directly at (800) 842-2733.
Research Foundation contributions:
- 7% of annual earnings
**Credit toward vesting**

It is possible for you to be given credit toward vesting if you have had immediate prior eligible service with SUNY, with another accredited college or university in the United States or with a non-profit 501 (c) (3) research organization in the United States. You must complete a Prior Service Credit form to qualify for credit. Service credit will be granted upon verification from your prior employer and approval by the Central Office of the Research Foundation in Albany. Call the Benefits Office at (631) 632-6180 for information and forms.

Note: Forms not submitted timely may have an impact on contributions that can be remitted based on IRS regulations.

**OPTIONAL TAX-DEFERRED PROGRAMS** - Paid by the employee through payroll deductions-(403(b) plan)

*A great way to save on taxes!*

The Optional Retirement Plan is a defined contribution plan operating under section 403(b) of the IRC, under which employees can contribute on a before-tax basis to an annuity contract. The IRS places limitations on the amount of your salary that may be placed in a tax-deferred annuity. The limit for 2018 is $18,500 and if over the age of 50 an additional $6,000 may be contributed.

**TIAA** - Once enrolled, call to change allocations - 1-800-842-2776 or call 516-454-4025 to schedule an appointment for an individual counseling session

Supplemental Retirement Annuity (SRA) - Loan available.
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 - Healthcare organization that provides comprehensive medical/hospital coverage through a restricted network of physicians/hospitals.

**In-Network Provider** - Doctors who participate in a plan's authorized network (dental, health or vision)

**Out-of-Network Provider** - Doctors who do not participate in a plan's authorized network (dental, health or vision)

**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.

**Qualifying Event** - A change in an employee's personal or employment status that permits a change to be made in pretax health insurance coverage outside of the annual open enrollment period (example: a change from individual to family coverage on date of marriage)

**Tax-Deferred Contributions** - Retirement plan contributions, made through payroll deductions, which 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.