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.
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](http://www.stonybrook.edu/hr/benefits)
**MANAGERIAL/CONFIDENTIAL EMPLOYEES**

**FRINGE BENEFITS**

**HEALTH INSURANCE COVERAGE** – there is a **56** day waiting period, from the date of appointment. Payroll deductions will be made on a pre-tax basis unless you sign a form to decline this benefit.

If your work week is **37.5 hours**, you must work at least **18.75 hours** per week and be scheduled to work for six consecutive bi-weekly pay periods, to be eligible for benefits.

### 2018 Benefit Summary Comparison Chart

<table>
<thead>
<tr>
<th></th>
<th>Empire PPO 001</th>
<th>Empire HMO 290</th>
<th>HIP HMO 050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Co-Pay</td>
<td>$20.00</td>
<td>$20.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>Specialist Co-Pay</td>
<td>$20.00</td>
<td>$20.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>Out Of Network Option</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Out of State Coverage</td>
<td>Yes</td>
<td>No- Emergencies Only</td>
<td>No- Emergencies Only</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td>$20.00</td>
<td>$20.00</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Lab Tests</td>
<td>$20.00</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Pathology</td>
<td>$20.00</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>EKG/EEG</td>
<td>$20.00</td>
<td>$20 per visit</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Radiation</td>
<td>No-Copay</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>No-Copay</td>
<td>No-Copay</td>
<td>$10.00</td>
</tr>
<tr>
<td>Women’s Health (copay’s may be waived if preventative)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap Test</td>
<td>$20.00</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Mammogram</td>
<td>$20.00</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Prenatal Visits</td>
<td>$20.00</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Postnatal Visit</td>
<td>$20.00</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Bone Density Tests</td>
<td>$20.00</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Breastfeeding Services and Equipment</td>
<td>No-Copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Planning</td>
<td>$20.00</td>
<td>$20.00</td>
<td>$5.00 PCP/$10 Specialist</td>
</tr>
<tr>
<td>Infertility Services</td>
<td>$20.00</td>
<td>$20.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>(no copay if using a designated center for excellence)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptive Drugs</td>
<td>$20/visit</td>
<td>Applicable RX Co-Payment</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Inpatient Hospital Surgery</td>
<td>No-Copay</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$60 per visit</td>
<td>$75 per visit</td>
<td>$10 per visit</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$70- Waived if admitted</td>
<td>$75- Waived if admitted</td>
<td>$75- Waived if admitted</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$20.00</td>
<td>$20.00</td>
<td>$5.00 PCP/$10 Specialist</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$35 per trip</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Outpatient Mental Health</td>
<td>$20.00</td>
<td>$20.00</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Inpatient Mental Health</td>
<td>No-Copay</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Outpatient Drug/Alcohol Rehab</td>
<td>$20.00</td>
<td>No-Copay</td>
<td>$10.00</td>
</tr>
<tr>
<td>Inpatient Drug/Alcohol Rehab</td>
<td>No-Copay</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Service</td>
<td>Copay Status</td>
<td>Percentage Co-Insurance</td>
<td>Copay Status</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------</td>
<td>--------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>No-Copay</td>
<td>20% Co-Insurance</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>No-Copay</td>
<td>20% Co-Insurance</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Orthotics</td>
<td>No-Copay</td>
<td>20% Co-Insurance</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Rehab Care, Physical, Speech and Occupational Therapy</td>
<td>No-Copay</td>
<td>No-Copay- max 30 days</td>
<td>No-Copay- max 30 day</td>
</tr>
<tr>
<td>Inpatient</td>
<td>No-Copay</td>
<td>No-Copay- max 30 days</td>
<td>No-Copay- max 30 day</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$20.00</td>
<td>$20- 30 visits per calendar year</td>
<td>$10- max 90 day</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>No-Copay</td>
<td>$20.00/item</td>
<td>$5- 34 day supply</td>
</tr>
<tr>
<td>Diabetic Shoes</td>
<td>$500 annual max benefit</td>
<td>$20 per pair</td>
<td>No-Copay when medically necessary</td>
</tr>
<tr>
<td>Hospice</td>
<td>No-Copay</td>
<td>No-Copay- max 210 days</td>
<td>No-Copay - max 210 day</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>No-Copay up to 365 benefit days</td>
<td>No-Copay- max 60 days</td>
<td>No-Copay No limit</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$5/$25/$45</td>
<td>$10/$25/$50</td>
<td>$5/$20</td>
</tr>
<tr>
<td>Mail Order Prescription Program</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

For additional information please read your Choices book or go to [http://goo.gl/z62Be](http://goo.gl/z62Be)
## 2018 HEALTH INSURANCE PAYROLL DEDUCTIONS
### BI-WEEKLY PREMIUM

<table>
<thead>
<tr>
<th>INSURANCE PLAN OPTIONS</th>
<th>Salary Below $41,756</th>
<th>Salary Above $41,756</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMPIRE PLAN (PPO)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$ 43.00</td>
<td>$ 57.33</td>
</tr>
<tr>
<td>Family</td>
<td>$ 188.41</td>
<td>$ 224.29</td>
</tr>
<tr>
<td><strong>HIP-HMO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$ 91.93</td>
<td>$ 106.15</td>
</tr>
<tr>
<td>Family</td>
<td>$ 255.18</td>
<td>$ 291.83</td>
</tr>
<tr>
<td><strong>EMPIRE BLUE CROSS BLUE SHIELD HMO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$ 264.69</td>
<td>$ 279.42</td>
</tr>
<tr>
<td>Family</td>
<td>$ 762.29</td>
<td>$ 800.78</td>
</tr>
</tbody>
</table>
Enrolling On Line
My NYSHIP

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
- 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 “pended” 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 the Benefits Office in 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.

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

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

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

- Birth certificate AND Social Security card (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 full-time student status (for dependents 19-25 years old) (if applicable) for dental & vision coverage only
- 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

<table>
<thead>
<tr>
<th>ISTRA BUSINESS SERVICE</th>
<th>MULTINATIONAL TRANSLATING SERVICE</th>
<th>ALL-ROUND TYPING &amp; TRANSLATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAYVILLE, NEW YORK</td>
<td>CENTRAL ISLIP, NEW YORK</td>
<td>GERMAN-FRENCH-ITALIAN-SPANISH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MMR ENTERPRISES</th>
<th>ROMANIAN &amp; FRENCH LANGUAGE SERVICES</th>
<th>ALLS TRANSLATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTHPORT</td>
<td>MASSAPEQUA</td>
<td>ANY LANGUAGE</td>
</tr>
<tr>
<td>631-754-2057</td>
<td>516-799-5176</td>
<td>MANHATTAN 516-625-9519 (800-322-0284 TOLL FREE)</td>
</tr>
</tbody>
</table>
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 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.

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

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
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.

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

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

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

1. The employee terminates employment and is not covered under any other group health plan, including Medicare: The Employee Benefits Division will automatically send information to the employee's home address after employment terminates. The employee must apply for COBRA coverage within 60 days of losing eligibility.

2. The employee dies: If dependents are not covered by any group health plan, they may continue coverage for up to 36 months.

3. The employee is divorced: The ex-spouse, if not covered by another group health plan, may continue for up to 36 months.

4. A dependent loses eligibility (e.g., over 19 and no longer a full-time student; attains age 25 even though a full-time student): The dependent, if not covered by any other group health plan, may continue coverage for up to 36 months. Your dependent may be eligible for the Young Adult Option Plan. Please see below.

Your dependent must apply for this continuation of coverage within 60 days of losing eligibility by calling the COBRA Unit in Albany at (518) 457-5754. Please call the Benefits Dept. at 2-6180 to delete your dependent from our health insurance files.
**DENTAL INSURANCE** - Coverage effective 1st day of the month following 6 full months of employment; no cost to employee. If you are eligible for the State Health Insurance programs but do not enroll; you can still enroll in dental coverage.

GHI Preferred Dental – 800-947-0101; website address: http://www.GHI.com
- Annual maximum is $1,800 per eligible dependent based on a schedule of allowances
- Participating Dentist: No charge, or minimal charge for some services based on a schedule of allowances
- Non-participating dentist: No deductible for Preventive Care, Diagnostic Care and Orthodontics; $25 annual deductible per person ($75 family maximum) for all other services
- Reimbursement based on Schedule of Allowances for non-participating GHI dentists
- Lifetime maximum orthodontia benefits $2,000 per eligible dependent

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

Davis Vision - 1-888-588-4823
website address: http://www.cs.ny.gov: on the Civil Service website home page select Benefits programs, then select NYSHIP Online, choose your group(M/C), then select Vision Benefits and follow the links to Davis Vision
Examination, lens 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
- 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 and/or when contact lens selected.

**LIFE INSURANCE** – administered through Metropolitan Life 1-800-833-4344
- Paid by employee through payroll deduction
- 12 week window for enrollment without health evaluation
- Select up to a maximum of 5 times annual salary ($500,000) - Premiums are based on age, smoker or non-smoker status, salary and amount of coverage. Yearly dividends may be paid based on claims payout.

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

You will need your Negotiating Unit Code= 13, Department Code= 28050 and your N# (found on your pay stub) to enroll

- **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 $2,600.
- **Dependent Care Advantage Account** - Dependent care expenses for a child under age 13, a parent, or a disabled dependent who requires care so that you can work. Maximum contribution is $5,000.

**Eligibility:**
- must be eligible for enrollment in a health insurance plan
- must have a permanent appointment or are expected to be on payroll for the entire calendar year
- must submit enrollment form within 60 days of start date
M/C GROUP AUTOMOBILE/HOMEOWNERS/RENTERS/CATASTROPHIC INSURANCE PLANS are underwritten by Pearl Carroll & Associates; call 1-800 743-6751 for quote on coverage needed; available through bi-weekly payroll deduction.

**Long Term Disability – THE STANDARD**

- No cost to employee
- 60% of covered monthly salary; maximum is $7,500 per month inclusive of Social Security,
- Workers Compensation
- Benefit paid after six months of total disability
- Coverage begins after 1 year of eligible service

**Tuition Assistance Program – FOR CLASSES TAKEN AT SUNY-OPERATED CAMPUSES**

- **Tuition Waiver Program** - Available to **full-time** employees; a percentage of up to 3 credits waived for spring and fall semester. Subject to waiver guidelines.

**New York State Public Employee and Retiree Long-Term Care Insurance Plan (NYPERL)**

**NOTE:** Effective April 30, 2016, the NYPERL contract with MedAmerica Insurance Co. has expired. Once a new vendor is selected and a contract is executed, new employees hired on or after May 1, 2016, will be given the opportunity to elect NYPERL coverage. New information will be provided as soon as it is available

**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
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 $179,000.
   - Vested in pension after 10 full-time equivalent years of service
   - State pension provided on retirement after vesting
   - Full retirement benefits at age 63

II. **New York State Teachers’ Retirement System (TRS)** – available to employees who teach or supervise teachers

   Defined Benefit Plan – (guaranteed pension) is based on your final average salary, years of service, age at retirement and a percentage
   - Employee contribution for the duration of employment
   - Contribution limit is based on maximum annual earnings of $179,000.
   - Vested in pension after 10 full-time equivalent years of service
   - State pension provided on retirement after vesting
   - Full retirement benefits at age 63

III. **Optional Retirement Plan** – Available to full-time employees and part-time employee’s with TERM appointments.

   Defined Contribution Plan – is based on the Employee (EE)/Employer (ER) contributions and success of investments.
   - Employee contribution for the duration of employment
   - SUNY contribution is 8% for the first seven years of employment and 10% thereafter
   - Vested in SUNY contribution after 366 days
   - Employees with previous TIAA, VALIC, VOYA, or Fidelity retirement annuity contracts (RA) vest immediately

To elect your retirement plan you must visit the SUNY Retirement At Work website: https://goo.gl/8Sr5EW
To make your retirement plan election, you must register at www.retirementatwork.org/suny.

ERS: (518) 474-7736;  http://www.osc.state.ny.us/retire/index.htm
TRS: (800) 348-7298; www.nystrs.org

Fidelity: (800) 343-0860; www.netbenefits.com/SUNY
TIAA: (800) 842-2252; www.tiaa-cref.org/suny
VALIC: (888) 569-7055; www.valic.com/suny
Voya: (800) 438-1272; (800)-677-4636;

https://suny.prepare4myfuture.com/emadmin/landingpage.action

To make your retirement plan election, you must register at www.retirementatwork.org/suny.
New Employees: Should Consider These Key Differences Between ERS and TRS:

- ERS allows unused sick leave (up to 100 days) to be used in calculating service credit; TRS does not.
- Faculty Only: TRS gives a full year’s service credit for sabbatical at half-pay; ERS allows a half-year’s credit.

Current Employees: Should Consider These Points If Eligible To Move From ERS or TRS to the Optional Retirement Program (ORP):

- Members of the ORP who leave SUNY and move to another employer where they are required to join ERS/TRS will not be able to receive service credit in ERS/TRS for any period of time during which they were a member of the ORP.

- ERS/TRS and the ORP allow tier reinstatement. That is, if you join in one tier, leave state service and return at a later date, you will re-enter in your old tier rather than being covered by the provisions of the tier in effect at the time you rejoin. If you move from ERS/TRS to the ORP, you will join the ORP in the current (contributory) tier.

- Persons who are Tier 1 or 2 members of ERS/TRS and in public service on April 1, 1999 and October 1, 2000 will receive an additional one month’s service credit for each year of service up to 24 months maximum. As ORP benefits are not based on years of service, no similar provisions exist in the ORP.
You may save up to $18,500 of your salary in 2018 (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** – enroll online at [www.tiaa.org/suny](http://www.tiaa.org/suny) or Dave Flynn at 516-454-4038
- **Fidelity Investments** – enroll online at [www.fidelity.com](http://www.fidelity.com) or Cara Every at 1-845-490-4007
- **VALIC** – website address: [www.valic.com](http://www.valic.com) or contact representative Michael L. Grofsick, 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

Go to [www.retirementatwork.org/suny](http://www.retirementatwork.org/suny) to enroll in a 403b plan and elect your payroll contributions.

**New York State also provides:**

You may save an additional amount up to $18,500 of your salary in 2018 (up to $24,500 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](http://www.nysdcp.com) with State Account Code/EMP ID 28050 or call 1-800-422-8463

For a calculation of what your net check will be go to [www.paycheckcity.com](http://www.paycheckcity.com)
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.