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 13
Managerial/Confidential
Human Resource Services/Benefits Office
January 2020
M/C SUMMARY OF BENEFITS
http://www.stonybrook.edu/hr/benefits

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Human Resource Services
Benefits Office – Z-0751
390 Administration Building, 3rd Floor
Benefits (631) 632-6180 Fax (631) 632-1350 hrs_benefits@stonybrook.edu

Benefits are subject to the policies of Stony Brook University and are subject to change.
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 37.5 hours, you must work at least 18.75 hours per week to be eligible for benefits.

HEALTH INSURANCE COVERAGE
Management Confidential employees have a 56 day wait period from the date of appointment. Coverage is effective on the 57th day 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. If you delay in enrolling more than 30 days, you may be subject to a 5 pay period (10 week) 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.

2020 BENEFIT SUMMARY COMPARISON CHART

<table>
<thead>
<tr>
<th></th>
<th>Empire PPO 001 – Participating Provider</th>
<th>HIP HMO 050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Co-Pay</td>
<td>$25.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>Specialist Co-Pay</td>
<td>$25.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>Out Of Network Option</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Out of State Coverage</td>
<td>Yes</td>
<td>No - Emergencies Only</td>
</tr>
<tr>
<td>Diagnostic Services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td>$25.00</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Lab Tests</td>
<td>$25.00</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Pathology</td>
<td>$25.00</td>
<td>No-Copay</td>
</tr>
<tr>
<td>EKG/EEG</td>
<td>$25.00</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Radiation, Chemotherapy</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Dialysis</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>
</tr>
<tr>
<td>Service</td>
<td>Cost</td>
<td>Copay</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td>Screenings and Maternity-Related Lab Tests</td>
<td>$25.00</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Mammogram</td>
<td>No-Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Prenatal Visits</td>
<td>$25.00</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Postnatal Visit</td>
<td>$25.00</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Bone Density Tests</td>
<td>$25.00</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Breastfeeding Services and Equipment</td>
<td>No-Copay; one double-electric breast pump per birth</td>
<td>No-Copay</td>
</tr>
<tr>
<td>External Mastectomy Prostheses</td>
<td>No network benefit. See non participating provider.</td>
<td>No Copay</td>
</tr>
<tr>
<td>Family Planning</td>
<td>$25.00</td>
<td>$5.00 PCP/$10 Specialist</td>
</tr>
<tr>
<td>Infertility Services</td>
<td>$25.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>(no copay if using a designated center for excellence)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptive Drugs</td>
<td>No copayment for certain FDA approved oral contraception methods (including outpatient surgical implantation and counseling)</td>
<td>No Copay</td>
</tr>
<tr>
<td>Inpatient Hospital Surgery</td>
<td>No- Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$95 per visit</td>
<td>$10 per visit</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100- Waived if admitted</td>
<td>$75- Waived if admitted</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$30.00</td>
<td>$5.00 PCP/$10 Specialist</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$70 per trip</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Outpatient Mental Health</td>
<td>$25.00</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Inpatient Mental Health</td>
<td>No- Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Outpatient Drug/Alcohol Rehab</td>
<td>$25.00</td>
<td>$5.00 PCP/$10.00</td>
</tr>
<tr>
<td>Inpatient Drug/Alcohol Rehab</td>
<td>No- Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>No- Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>No- Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Orthotics</td>
<td>No- Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Rehab Care, Physical, Speech &amp; Occupational Therapy:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>No- Copay</td>
<td>No-Copay- max 30 day</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$25.00</td>
<td>$10 - max 90 day</td>
</tr>
<tr>
<td>Services</td>
<td>Copay Type</td>
<td>Cost</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>No-Copay</td>
<td>$5-34 day supply</td>
</tr>
<tr>
<td>Diabetic Shoes</td>
<td>$500 annual max benefit</td>
<td>No-Copay when medically necessary</td>
</tr>
<tr>
<td>Hospice</td>
<td>No-Copay</td>
<td>No-Copay - max 210 days</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>No-Copay up to 120 benefit days</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$5/$30/$60</td>
<td>$5/$20</td>
</tr>
<tr>
<td>Mail Order Prescription Program</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**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 pay 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**

<table>
<thead>
<tr>
<th>Salary Grade 9 and Below</th>
<th>Empire PPO</th>
<th>HIP HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary Below $45,198</td>
<td>Individual - $44.63</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family - $196.04</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual - $113.44</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family - $312.07</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Salary Grade 10 and Above</th>
<th>Empire PPO</th>
<th>HIP HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary Above $45,198</td>
<td>Individual - $59.51</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family - $233.35</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual - $129.45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family - $353.16</td>
<td></td>
</tr>
</tbody>
</table>

**Enrolling On Line - My NYSIP**
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.

To register for MynYSHIP, you must request an activation code

**Register for MyNYSIP:** You must request an activation code by going to [www.cs.ny.gov](http://www.cs.ny.gov)
- Click on Benefit Programs
- Then NYSIP 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, gender, 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
- Once you have made your election, email hrs_benefits@stonybrook.edu to notify the benefits office you have made your elections and your enrollment is ready for review.

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 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.
### Table: Required Documents for NYSHIP Enrollment

<table>
<thead>
<tr>
<th>Individual</th>
<th>Spouse</th>
<th>Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Birth Certificate or Passport</td>
<td>• Birth Certificate or Passport</td>
<td>• Birth Certificate</td>
</tr>
<tr>
<td>• Social Security Card</td>
<td>• Marriage Certificate</td>
<td>• Proof of support/dependence of other children (if applicable)</td>
</tr>
<tr>
<td></td>
<td>• Joint Ownership Document – prior year tax return; mortgage 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.</td>
<td>• Proof of disability (if applicable)</td>
</tr>
<tr>
<td></td>
<td>• Affidavit of Marriage Certificate (if you cannot provide a joint financial document)</td>
<td></td>
</tr>
</tbody>
</table>

*All documents must be translated into English.*

### Translators: You have to pay for the translation

<table>
<thead>
<tr>
<th>Service</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Istra Business Service</td>
<td>759 Durham Road Sayville, NY 11782</td>
<td>631-567-5742</td>
</tr>
<tr>
<td>Multinational Translating Service</td>
<td>36 Carleton Ave Islip Terrace, NY 11752</td>
<td>631-581-8956</td>
</tr>
<tr>
<td>All-Round Typing &amp; Translations German, French, Italian, Spanish</td>
<td>Gisela Zabriskie <a href="mailto:giselaz1@optonline.net">giselaz1@optonline.net</a></td>
<td>516-541-2586</td>
</tr>
<tr>
<td>MMR Enterprises</td>
<td>20 Earl Avenue Northport, NY 11768</td>
<td>631-754-2057</td>
</tr>
<tr>
<td>Romanian &amp; French Language Services</td>
<td>239 N Hawthorne Street Massapequa, NY 11758</td>
<td>516-799-5176</td>
</tr>
<tr>
<td>Accredited Language Services</td>
<td>18 John Street Suite 300 New York, NY 10038</td>
<td>1-800-322-0284</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 annually $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 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 43 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 step-parent
  - 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.

**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 step-parent
  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](http://goo.gl/7RENWH)

DENTAL INSURANCE COVERAGE
Emblem Health GHI Preferred

There is a 56 day wait period from the date of appointment. Coverage is effective on the 57th day 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 enroll in dental coverage.

- Annual maximum $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 for participating GHI dentists
- Non-Participating Dentist: No deductible for Preventive Care, Diagnostic Care and Orthodontics; $25 annual deductible per person ($75 family maximum) for all other services.
- Lifetime Orthodontia Maximum is $1,998 per eligible dependent

VISION INSURANCE COVERAGE
Davis Vision

There is a 56 day wait period from the date of appointment. Coverage is effective on the 57th day 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 enroll in vision care coverage.

- No cost to employee
- 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

LIFE INSURANCE
Metropolitan Life

- Paid by employee through payroll deduction
- 6 pay period 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 (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 FSA hotline 1-800-358-7202 or visit
Negotiating Unit Code = 13
Department Code= 28050
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 $2,750. (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 $5,000. (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 $13,810 withheld from your paycheck pre-tax.

NYS RIDES
Allows employees to save money on a monthly basis on eligible public transportation expenses through pre-tax payroll deductions up to $270 per month. To learn more or enroll in the plan visit www.nysride.com.

M/C GROUP AUTOMOBILE/HOMEOWNERS/RENTERS/CATASTROPHIC INSURANCE PLANS –
Underwritten by Pearl Carroll & Associates. Call 1-800-743-6751 for a quote on coverage needed; available through bi-weekly payroll deductions.

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
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
• [http://www.stonybrook.edu/hr/benefits/state/tuition-assistance.shtml](http://www.stonybrook.edu/hr/benefits/state/tuition-assistance.shtml)

**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

**RETIREMENT PLANS – TIER VI – Effective April 1, 2012**
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

VOLUNTARY RETIREMENT SAVINGS PROGRAMS
You may save up to $19,500 of your salary in 2020 (additional contributions up to $6,500 are allowed for employees over age 50) on a tax-deferred basis with these carriers:

1. **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
   
   **AIG** – website address: [www.aig.com](http://www.aig.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.

2. **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

   You may save an additional amount up to $19,500 of your salary in 2020 (up to $26,000 is allowed for employees over age 50) on a tax-deferred basis.

**New Employees: Should Consider These Key Differences Between ERS and TRS:**
1. ERS allows unused sick leave (up to 100 days) to be used in calculating service credit; TRS does not.
2. 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):**
1. 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.
2. 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.

3. 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.

To elect your retirement plan you must visit the SUNY Retirement At Work website: https://goo.gl/8Sr5EW
<table>
<thead>
<tr>
<th>Plan Type</th>
<th>NYS Employees’ Retirement System (ERS) NYS Teachers’ Retirement System (TRS) Tier 6</th>
<th>SUNY Optional Retirement Program (ORP) (Fidelity, TIAA, VALIC, and Voya)** Tier 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vesting</td>
<td>10 years of full-time service credit. Part-time service is pro-rated. (For example: if working part-time at 50%, vesting will occur after attaining 20 years of service.)</td>
<td>366 calendar days of service; immediate if employee owns employer-funded retirement contracts with any ORP vendors, or if employee has 366 days prior service in ERS/TRS</td>
</tr>
<tr>
<td>Employee Contribution</td>
<td>Contribution rates based on member salary: 3% for salary $45,000 or less; 3.5% for greater than $45,000 up to $55,000; 4.5% for greater than $55,000 up to $75,000; 5.75% for greater than $75,000 up to $100,000; 6% for greater than $100,000 up to $179,000. Other limitations may apply (OT cap, two-employer max, etc.)</td>
<td>Contribution rates are based on member’s salary: 3% for $45,000 or less; 3.5% for salary greater than $45,000 up to $55,000; 4.5% for salary greater than $55,000 up to $75,000; 5.75% for salary greater than $75,000 up to $100,000; 6% for salary greater than $100,000 (subject to IRS annual contribution limits).</td>
</tr>
<tr>
<td>University Contribution</td>
<td>A contribution is made to the pension funds, rather than to individual accounts. The annual amount is determined by the actuary of the pension systems.</td>
<td>8% of salary (subject to IRS annual contribution limits) for the first seven years of service; 10% thereafter.</td>
</tr>
<tr>
<td>Minimum Retirement Age</td>
<td>Full benefit at age 63 with 10 years of service. May retire as early as age 55 with a 6.5% reduction for each year under age 63.</td>
<td>No minimum retirement age; tax penalties generally apply to withdrawals before age 59 ½</td>
</tr>
<tr>
<td>Retirement Income Options</td>
<td>Lifetime annuity; options are available for a reduced annuity to continue to a beneficiary after your death; includes Cost of Living Adjustments (COLA).</td>
<td>Lifetime annuity (including options for beneficiaries) or variety of cash withdrawals (subject to certain limitations).</td>
</tr>
<tr>
<td>Calculation of Retirement Benefit</td>
<td>Retirement benefit based on a formula which takes into account Final Average Salary X years of service X a pension factor based on years of service.</td>
<td>Retirement benefit based on the accumulated value of contributions made by the employee and the University, plus investment performance.</td>
</tr>
<tr>
<td>Death Benefit</td>
<td>Calculated by formula using salary and length of service. Maximum: 3 times’ salary.</td>
<td>Value of contracts.</td>
</tr>
<tr>
<td>Loans</td>
<td>A loan feature on up to 75% of employee contribution balance.</td>
<td>IRS restricts loans to 50% of the accumulated value of contracts, to a maximum of $50,000. Individual providers may have other requirements resulting in a lower maximum.</td>
</tr>
<tr>
<td>Military Service</td>
<td>May receive service credit if applied for and/or paid for within established guidelines. Generally required to pay 6% of salary.</td>
<td>Missed contributions may be paid within time frame of no more than three times the duration of the military leave, not to exceed five years.</td>
</tr>
<tr>
<td>Prior Public Service</td>
<td>May receive credit for state service rendered prior to joining ERS/TRS. Required to pay 6% of salary (plus interest as applicable).</td>
<td>No credit given for periods of service prior to ORP membership.</td>
</tr>
</tbody>
</table>
Vendor Contact Numbers

TIAA – (516) 454-4038  
AIG – (800) 892-5558 ext. 89575

VOYA (800) 677-4636  
FIDELITY – (800) 343-0860

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

To make your retirement plan election, you must register at www.retirementatwork.org/suny.

VOLUNTARY RETIREMENT SAVINGS PROGRAMS

You may save up to $19,500 of your salary in 2020 (additional contributions up to $6,500 are allowed for employees over age 50) on a tax-deferred basis with these carriers:

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

   Vendors include:

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   **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.

4. 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

   You may save an **additional** amount up to $19,500 of your salary in 2020 (up to $26,000 is allowed for employees over age 50) on a tax-deferred basis.

   **For a calculation of what your net check will be go to [www.paycheckcity.com](http://www.paycheckcity.com)**
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Provider</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>Empire Blue Cross - PPO</td>
<td>877-7-NYSHIP</td>
<td><a href="http://www.cs.ny.us/mynyship">www.cs.ny.us/mynyship</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>877-769-7447</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Group#003050</td>
</tr>
<tr>
<td>Dental Insurance</td>
<td>Emblem Health GHI Preferred</td>
<td>800-947-0101</td>
<td><a href="http://www.ghi.com">www.ghi.com</a></td>
</tr>
<tr>
<td>Vision Insurance</td>
<td>Davis Vision</td>
<td>888-588-4823</td>
<td></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>Empire – CVS Caremark</td>
<td>877-769-7447 Option 4</td>
<td></td>
</tr>
<tr>
<td>Flex Spending Account</td>
<td></td>
<td>800-358-7202</td>
<td><a href="http://flexspend.ny.gov">http://flexspend.ny.gov</a></td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>Pearl Carroll &amp; Assoc</td>
<td>800-743-6751</td>
<td></td>
</tr>
<tr>
<td>Retirement Accounts 401(A), 403(B)</td>
<td>TIAA</td>
<td>516-454-4038</td>
<td><a href="http://www.tiaa.org/suny">www.tiaa.org/suny</a></td>
</tr>
<tr>
<td></td>
<td>AIG</td>
<td>800-892-5558 x89575</td>
<td></td>
</tr>
<tr>
<td></td>
<td>VOYA</td>
<td>800-759-9317</td>
<td><a href="http://www.voya.com">www.voya.com</a></td>
</tr>
<tr>
<td></td>
<td>VALIC</td>
<td>800-892-5558 x88013</td>
<td><a href="http://www.valic.com">www.valic.com</a></td>
</tr>
<tr>
<td></td>
<td>Fidelity</td>
<td>845-490-4007</td>
<td><a href="http://www.fidelity.com">www.fidelity.com</a></td>
</tr>
<tr>
<td>College Savings Program</td>
<td>NYS College Savings Program</td>
<td>877-697-2837</td>
<td><a href="http://www.nysaves.org">www.nysaves.org</a></td>
</tr>
</tbody>
</table>
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.