STATE CLASSIFIED

BENEFITS SUMMARY

STATE UNIVERSITY OF NEW YORK
AT STONY BROOK

Bargaining Unit 05, 31 & Council 92
State Classified
Human Resource Services/Benefits Office
January 2019,
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
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** – APSU, PEF, and C82 employees have a 56 day waiting period from the date of appointment.

### 2019 Benefit Summary Comparison Chart

<table>
<thead>
<tr>
<th>Service</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>Service</td>
<td>Inpatient Drug/Alcohol Rehab</td>
<td>Durable Medical Equipment</td>
<td>Prosthetics</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------------</td>
<td>---------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>No-Copay</td>
<td>No-Copay</td>
<td>20% Co-Insurance</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></td>
<td></td>
<td></td>
</tr>
<tr>
<td></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>

This chart does not replace information outlined in the Health Insurance Choices. To view this document go to [http://goo.gl/z62Be](http://goo.gl/z62Be) or call the Benefits Department at 632-6180.
## 2019 HEALTH INSURANCE PAYROLL DEDUCTIONS
### BI-WEEKLY PREMIUM

<table>
<thead>
<tr>
<th>INSURANCE PLAN OPTIONS</th>
<th>Salary Grade 9 and Below</th>
<th>Salary Grade 10 and Above</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMPIRE PLAN (PPO)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$ 43.71</td>
<td>$ 58.29</td>
</tr>
<tr>
<td>Family</td>
<td>$ 192.68</td>
<td>$ 229.33</td>
</tr>
<tr>
<td><strong>HIP-HMO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$ 100.12</td>
<td>$ 115.50</td>
</tr>
<tr>
<td>Family</td>
<td>$ 279.18</td>
<td>$ 318.67</td>
</tr>
<tr>
<td><strong>EMPIRE BLUE CROSS BLUE SHIELD HMO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$ 224.02</td>
<td>$ 239.20</td>
</tr>
<tr>
<td>Family</td>
<td>$ 658.03</td>
<td>$ 697.61</td>
</tr>
</tbody>
</table>
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
- 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 support/dependence for other children (if applicable)
- Proof of disability (if applicable)

*All documents must be translated into English.

<table>
<thead>
<tr>
<th>TRANSLATORS *You have to pay for the translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISTRA BUSINESS SERVICE SAYVILLE, NEW YORK 631-567-5742</td>
</tr>
<tr>
<td>MULTINATIONAL TRANSLATING SERVICE CENTRAL ISLIP, NEW YORK 631-581-8956 (877-442-1743 TOLL FREE)</td>
</tr>
<tr>
<td>ALL-ROUND TYPING &amp; TRANSLATIONS GERMAN-FRENCH-ITALIAN-SPANISH MASSAPEQUA PARK 516-541-2586</td>
</tr>
<tr>
<td>MMR ENTERPRISES NORTHPORT 631-754-2057</td>
</tr>
<tr>
<td>ROMANIAN &amp; FRENCH LANGUAGE SERVICES MASSAPEQUA 516-799-5176</td>
</tr>
<tr>
<td>ALL’S TRANSLATIONS ANY LANGUAGE MANHATTAN 516-625-9519 (800-322-0284 TOLL FREE)</td>
</tr>
</tbody>
</table>
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

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 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](http://www.stonybrook.edu/hr/benefits/state/health-insurance-opt-out-program.shtml)

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**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) 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 Option Plan.

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:

For APSU Employees:
NORVEST - 1-888-869-8252
   Group rate life insurance, disability insurance and more

For PEF Employees:
Pearl Carroll & Associates- 1-800-743-6751
Group rate life insurance, disability insurance and more
**Dental and Vision Plans:**
**APSU, PEF AND C82 EMPLOYEES**

- **DENTAL INSURANCE** – Emblem Health GHI Preferred – 800-947-0101 website address [http://www.GHI.com](http://www.GHI.com)

- **NYSCOPA, APSU, PEF** - 56 day waiting period

- **Council 82** - 6 month waiting period

For detailed information on your Emblem Health GHI Preferred dental plan, please visit the Civil Service website: [http://www.cs.ny.gov](http://www.cs.ny.gov). On the home page select Benefits programs and select NYSHIP online, choose your group (APSU), then select Dental Benefits and follow the link to Ghi Preferred Dental Plan for NYS Employees Represented by Agency Police Services Unit.

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

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

**VISION CARE PLAN:** Davis Vision – 1-888-588-4823

- **NYSCOPBA, APSU, PEF** - 56 day waiting period

- **Council 82** - 28 day waiting period

Website address: [http://www.cs.ny.gov](http://www.cs.ny.gov): on the Civil Service website home page select Benefits programs, then select NYSHIP Online, choose your group, then select Vision Benefits and follow the links to Davis Vision

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

Negotiating Unit Code= on pay stub
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 $2,650. (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)

NY Rides - Allows employees to save money on a monthly basis on eligible public transportation expenses through pre-tax payroll deductions up to $260 per month. To learn more or enroll in the plan visit www.nyride.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 or visit https://uii.nysaves.s.upromise.com

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

GOER – NYS Governor’s Office of Employee Relations
- http://www.goer.stateny.us/Train
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.
- Vested in pension after 10 full-time equivalent years of service
- State pension provided on retirement after vesting
- Full retirement benefits at age 63

For complete details on the ERS plan, please refer to the Plan Summary Description. To obtain a copy, you may contact the Benefits Department at 632-6180.

University Police Officers Only:

NYS Police and Fire Retirement System (PFR):
As a Tier 6 member, you are required to contribute a specific percentage of your annual salary, as shown below, until you retire or have 32 years of service credit, whichever occurs first. During the first three years of membership, your contribution rate is based on your annual wage, as provided by your employer on your Membership Application. After this three-year period, your contribution rate is based on what you actually earned two years prior. For part-time employees, your contribution rate is based on your annualized wage. Contribution rates are set April 1 of each year. Regardless of whether you work on a full- or part-time basis, however, the amount of your contribution is determined by applying your contribution rate to your current reportable earnings. These mandatory contributions are not annuity savings contributions and will not provide you with an annuity when you retire.

For complete details on the ERS or PFR, please refer to the Plan Summary Description. To obtain a copy, you may contact the Benefits Department at 632-6180.

VOLUNTARY RETIREMENT SAVINGS PROGRAMS

You may save up to $19,000 of your salary in 2019 (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 1-516-454-4038
- **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 $19,000 of your salary in 2019 (up to $25,000 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](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.