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 02, 03, 04
State CSEA Classified
Human Resource Services/Benefits Office
January 2020
CSEA 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.
CSEA 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 40 hours, you must work at least 20 hours per week to be eligible for benefits.

2. 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

Coverage is effective on the 43rd 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 provided by the CSEA union. If you delay in enrolling more than 30 days, you will be subject to a 5 pay period 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</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</td>
<td>No- Copay</td>
<td>No-Copay</td>
</tr>
<tr>
<td>Chemotherapy</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>-------------------------------------------------------</td>
<td>-----------------</td>
<td>-----------------</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</td>
<td></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>$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>-------------------------------</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 day</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</th>
<th>Empire PPO</th>
<th>HIP HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary Grade 9 and Below</td>
<td>Individual - $44.63 Family - $196.04</td>
<td>Individual - $113.44 Family - $312.07</td>
</tr>
<tr>
<td>Salary Grade 10 and Above</td>
<td>Individual - $59.51 Family - $233.35</td>
<td>Individual - $129.45 Family - $353.16</td>
</tr>
</tbody>
</table>

**CSEA ADMINISTERED BENEFITS**

- DENTAL INSURANCE
- VISION CARE PLAN
- PEARLE CARROL & ASSOCIATES – (Group Life Insurance, Disability Insurance)

For more information on the CSEA benefits listed above, contact your Union at 1-800-323-2732 or the on campus office at x2-6575
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 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 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, 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>
<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></td>
</tr>
<tr>
<td></td>
<td>• Joint Ownership Document – prior year tax return; mortgage statement, bank 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 support/dependence of other children (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>
**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)

**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.

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

Negotiating Unit Code= 02, 03, 04 (please look on your pay stub)
Department Code= 28050 or 28058
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 Ride
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.

Educational Opportunities

New York State Tuition Waiver
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

Clerical & Secretarial Employee Advancement Program (CSEAP)
- Contact 1-518-457-6306
- http://www.cs.state.ny.us/CSEAP

Labor Education Action Program (LEAP)
- Contact 1-800-253-4332

GOER – NYS Governor’s Office of Employee Relations
- http://www.goer.stateny.us/Train

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
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 2019 (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)

**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
## WHO TO CALL

<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>Prescription Drug</td>
<td>Empire – CVS Caremark</td>
<td>877-769-7447</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>The Standard Life Insurance Company</td>
<td></td>
<td><a href="http://www.suny.edu/insurance/ltd">www.suny.edu/insurance/ltd</a></td>
</tr>
<tr>
<td>Retirement at Work</td>
<td></td>
<td></td>
<td><a href="http://www.retirementatwork.org/suny">www.retirementatwork.org/suny</a></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>
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<td>AIG</td>
<td>800-892-5558 x89575</td>
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<td>VOYA</td>
<td>800-759-9317</td>
<td><a href="http://www.voya.com">www.voya.com</a></td>
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<td>VALIC</td>
<td>800-892-5558 x88013</td>
<td><a href="http://www.valic.com">www.valic.com</a></td>
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<td>Fidelity</td>
<td>845-490-4007</td>
<td><a href="http://www.fidelity.com">www.fidelity.com</a></td>
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<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>
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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.