Health Insurance Frequently Asked Questions

The following are a list of questions and answers regarding eligible Research Foundation employee’s medical benefits. The medical/health insurance benefits (does not include dental and vision benefits) for which eligible employees are entitled to are determined their employment status as an employee of The Research Foundation for SUNY (RF). The below is only meant to serve as informational purposes only and does not replace current or updated RF benefit policies, procedures or coverage. For more detailed information go to https://portal.rfsuny.org/portal/page/portal/employee_benefits/benefits/Home

1.) What is the difference between having my health insurance premiums deducted on a pre-tax or post-tax basis?

• Pre-tax status allows an employee to have their bi-weekly health insurance premiums deducted on a before tax basis. Participation in this program may lower your taxes. However, it will limit some types of voluntary changes (unless you have a special enrollment right or other qualifying event) which will prevent you from making changes to your plan outside of the open enrollment period (generally during the month of November) to be effective the next calendar year. Some examples of changes you can make during this time are:

  • change coverage from Empire Traditional PPO to Empire Deductible PPO or MVP,
  • change coverage from MPV to Empire Traditional PPO or Empire Deductible PPO,
  • enroll for health insurance or change from individual to employee/spouse, employee/child(ren), or family,
  • change from family to individual to employee/spouse, employee/child(ren), or family or cancel coverage.

Please note: Pre-tax status will also reduce your social security income. Post-tax status means that you will pay taxes on your bi-weekly employee premium amounts, but it will allow you to make voluntary changes in your plan outside of the open enrollment period.

2.) If I select one health insurance plan and at a later date decide that particular plan is not right for me, can I make a change?

Yes, once a year (during the month of November) there is an open enrollment period. This is the time in which employees can change their health insurance option (e.g. change from an HMO to the PPO) for any reason. The change will then take effect on or around the beginning of the New Year.
3.) When can I change my health coverage level?

Employees can enroll for insurance or change from individual to family at anytime; however, the effective date is dependent upon the reason for the change. If an employee is enrolled in a family plan, they may add new dependents at any time, however if adding a newborn, such must be done within 60 calendar days for the coverage to be effective the date of birth.

- Employees can enroll for insurance or change from individual to family at anytime. If done within 60 calendar days of a qualifying event, the change would be effective the date of the event. The employee would need to contact the Human Resources RF Benefits Office (ext. 4-4945).

- Without prompt notification or without a qualifying event, coverage will start on the first day of the fifth pay period following the day your local campus Benefits Office receives the completed RF Benefits Enrollment Form.

Employees can change from family to individual or cancel insurance completely--
- If your employee premiums are paid on a post-tax basis, you may change at anytime.
- If your employee premiums are paid on a pre-tax basis, you may change with prompt notice of a qualifying event or during the open enrollment period only.

4.) What are the applicable “waiting periods” for enrolling in health insurance coverage?

a.) For new or newly benefits eligible employees there is a 42 calendar day waiting period. Please note that there will be an applicable extension of such waiting periods if the employee ends up in an unpaid status for part or all of a pay-period.

b.) For enrollments outside of the annual open enrollment period without a qualifying event, coverage will start on the first day of the fifth pay period following the day your local campus Benefits Office receives the completed RF Benefits Enrollment Form.

5.) If I currently am not enrolled in a health insurance plan due to other coverage (i.e. through a spouse), and such coverage is lost or no longer available, is there a different “waiting” period compared to the above?

Yes, depending on the reason or qualifying event will determine whether or not a waiting period is required as noted above.
6.) **What is considered a qualifying event?**

Under the Internal Revenue Service (IRS) rules, an employee may change their health insurance deductions during the plan year only after one of the following pre-taxed-qualifying events:

- You have a change in family status (e.g. marriage, birth, death, legal separation, divorce, only dependent child's attaining the maximum age for coverage up to age 26 years).
- You are enrolled in an HMO and no longer live or work in that HMO's service area and you must choose another HMO or the Empire Plan (PPO).
- Your spouse loses coverage due to termination of employment and you apply for coverage for your spouse.
- You first become eligible for health insurance coverage after the beginning of the tax year.
- Your employment terminates or you retire.
- Your spouse has a change in employment status which results in either acquiring or losing eligibility for health insurance coverage.
- You receive a divorce/legal separation and are required under a court order to provide health insurance coverage for your eligible dependent children and/or legally separated spouse.
- There is a significant change in your or your spouse's health coverage which is attributable to your or your spouse's employment.

Changes in pre-tax health insurance deductions that stem from any of the above qualifying events must be made within 60 days. Delays may be expensive. For example, if in June you qualify to change from Family coverage to Individual coverage but you miss the 60 day deadline to make the change, you must keep Family coverage through December (end of the Plan year). For most options, the extra six months of Family coverage could cost the employee several hundred dollars.

7.) **I was just married, legally separated, divorced, or had a baby... what forms do I need to complete?**

If an employee wishes to change their coverage by adding or removing a dependent, they will need the appropriate form.

You would need to complete a RF Benefits Enrollment Form available at the following link (https://portal.rfsuny.org/portal/page/portal/employee_benefits/files/benefits_enroll_form.pdf).

You may also need to change or update your beneficiary or other benefits related information. Employees please contact the Human Resources Benefits Office at 464-4945. You may also visit the following HR Benefits web site link that will provide a checklist of contacts regarding beneficiary updates: http://www.upstate.edu/hr/intra/document/change_address.pdf
8.) **Who qualifies as a dependent?**

Eligible dependents include your spouse including your same sex spouse (if you have a marriage certificate from a jurisdiction in which same sex marriage is legal - ask for more details), or opposite sex domestic partner, your children, including young adult children up to age 26 (new effective 1/1/11 based on the Federal Patient Protection and Affordable Care Act-PPACA). Dependent children include your natural children, legally adopted children, dependent step children or domestic partner’s child.

9.) **Who qualifies as a domestic partner?**

Your same or opposite sex domestic partner who must be 18 years of age or older, unmarried and not related in a way that would ban marriage. You must be living together, involved in a lifetime relationship and financially interdependent. To enroll a domestic partner at the time of application, you must have been in the partnership for 12 months and be able to provide proof of residency and financial interdependence. You must be able to provide documented proof regarding both residential and financial interdependence.

Please note that there are tax implications, referred to as "imputed income", when adding a domestic partner. For further information please go to the Human Resources Benefits forms page at [http://www.upstate.edu.libproxy1.upstate.edu/hr/docman/index.php?cid=131](http://www.upstate.edu.libproxy1.upstate.edu/hr/docman/index.php?cid=131) then select the “Domestic Partnership Coverage”.

10.) **I just moved. Are there any forms I need to complete to ensure my health insurance and other benefits related records are up to date?**

Yes. An “Address Change Form” found at the following HR Benefits web site [http://www.upstate.edu/hr/intra/document/change_address.pdf](http://www.upstate.edu/hr/intra/document/change_address.pdf) should be completed and submitted to the Human Resources Benefits Office (fax 464-4390) or be done via “self-serve”. Once completed, received, and processed by Human Resources, the form or the self serve change will update your health insurance records only.

You will need to change on Self-Serve [https://selfserve-upstate-edu.libproxy1.upstate.edu/ais/applications/](https://selfserve-upstate-edu.libproxy1.upstate.edu/ais/applications/) your address for Payroll and HR records purposes as well as write or notify your retirement plan, and supplemental retirement provider (TIAA-CREF), (see HR Benefits Link to “Benefits Contact & Resources”: [http://www.upstate.edu.libproxy1.upstate.edu/hr/intra/staff_resources/benefits/benefits_resources.php](http://www.upstate.edu.libproxy1.upstate.edu/hr/intra/staff_resources/benefits/benefits_resources.php).
11.) I recently turned age 65 - - does this have any effect on my health insurance benefits?

As long as an employee is actively working in a benefits eligible position, no matter your age you are not required to enroll in Medicare. Once you are age 65 and eligible for Medicare, we suggest that while you are still working, that you enroll in Medicare Part A only. Part A is the hospitalization portion and is a free benefit to you. Keep in mind that in this scenario, Medicare Part A would be secondary coverage for you as long as you are working and eligible for benefits. You must be enrolled in Medicare Part B the first of the month in which you are going to retire or separate from service, therefore you would need to apply for Medicare three months prior to leaving.

12.) If my employment is terminating or my dependent is losing eligibility (i.e. divorce, child turning age 26, etc.), can health insurance be continued?

Yes, through COBRA, a Federal continuation of benefits program. If you or a dependent (child, spouse) loses eligibility, enrollment information will be sent to your last known home address from the Human Resources Benefits Office within 60 days of coverage termination with forms to be returned to Research Foundation central benefits office: COBRA unit, 35 State Street, Albany, NY 12207.

(Revised 06/16)