

CLASSIFIED SERVICE EMPLOYEES

UPSTATE
MEDICAL UNIVERSITY

- * Administrative Services Unit
- * Operational Services Unit
- * Institutional Services Unit

Represented by CIVIL SERVICE EMPLOYEES ASSOCIATION (CSEA)

Summary of Employee Benefits



Are Upstate

Drive Innovation & Discovery

Respect People

Serve Our Community

Value Integrity

We drive innovation and discovery

by empowering our university family
to bring forth new ideas and to insure quality.

We respect people

by treating all with grace and dignity
and embracing diversity

We serve our community

by living our mission.

We value integrity

by being open and honest
to build trust and teamwork.

SUMMARY OF EMPLOYEE BENEFITS

FOR

**CLASSIFIED SERVICE
EMPLOYEES**

in

* Administrative Services Unit

* Operational Services Unit

* Institutional Services Unit



January 2025

Table of Content

Introduction - Disclaimer	7
SECTION 1: Holidays, Vacations & Leaves of Absence.	7
ELIGIBILITY FOR VACATION AND SICK LEAVE	7
VACATION	7
SICK LEAVE	8
NEW CHILD LEAVE	8
PAID PARENTAL LEAVE	8
PERSONAL LEAVE	8
VACATION/SICK LEAVE ACCRUAL SCHEDULE	9
WORKERS' COMPENSATION LEAVE	10
FAMILY MEDICAL LEAVE ACT (FMLA)	10
SECTION 2: Education & Training	11
SECTION 3: Health Insurance, Dependent Care & Health Care Spending Accounts	11
ELIGIBILITY	11
EFFECTIVE DATE OF COVERAGE	11
NYSHIP OPTIONS	11
THE EMPIRE PLAN	11
HMO – BLUE	12
MVP	12
OPT OUT PROGRAM	12
COST OF COVERAGE	13
HOW TO ENROLL	13
CHANGE OF ENROLLMENT STATUS	14
CHANGE OF PLAN OPTION	14
RETIREMENT COVERAGE	14
PRESCRIPTION DRUG PROGRAM-EMPIRE PLAN & HMO	14
NYSHIP YOUNG ADULT OPTION	14
DENTAL/VISION ELIGIBILITY	15
DENTAL INSURANCE	15
VISION CARE	16
USING A PARTICIPATING PROVIDER	16
USING A NON-PARTICIPATING PROVIDER	16
VIDEO DISPLAY TERMINAL (VDT) EYE GLASS BENEFIT	16
FLEX SPENDING ACCOUNT PROGRAM	16
HEALTH CARE SPENDING ACCOUNT	17
DEPENDENT CARE ADVANTAGE ACCOUNT	17
ADOPTION ADVANTAGE ACCOUNT	18
SECTION 4: Optional Group Insurance	19
TERM AND WHOLE LIFE INSURANCE PLANS FROM PEARL CARROLL	19
PERSONAL LINES INSURANCE PROGRAM	19
OTHER PROGRAMS	20

SECTION 5: Retirement Coverage	20
N.Y.S. EMPLOYEES' RETIREMENT SYSTEM (ERS)	20
PRIOR SERVICE	20
SUNY VOLUNTARY SAVINGS PROGRAM - 403(b)	21
N.Y.S. DEFERRED COMPENSATION PLAN - 457(b)	21
SOCIAL SECURITY	21
SECTION 6: Disability Coverage	22
ORDINARY DISABILITY RETIREMENT	22
ACCIDENTAL DISABILITY ALLOWANCE	22
BENEFIT ALLOWANCE	22
CSEA DISABILITY INSURANCE PROTECTION	22
SOCIAL SECURITY DISABILITY ALLOWANCE	22
SECTION 7: Death Benefits (Please also refer to Section 4)	23
NYS EMPLOYEES' RETIREMENT SYSTEM (ERS) BENEFITS	23
NEW YORK STATE SURVIVOR'S BENEFIT PROGRAM	23
NEW YORK STATE ACCIDENTAL DEATH/TUITION BENEFIT	24
SOCIAL SECURITY BENEFITS	24
CSEA ACCIDENTAL DEATH BENEFIT	24
SECTION 8: Miscellaneous Benefits	24
BROADVIEW FEDERAL CREDIT UNION	24
NEW YORK'S COLLEGE SAVINGS PROGRAM (529 PLAN)	24
SARAH LOGUEN CHILD CARE CENTER	25
EMPLOYEE ASSISTANCE PROGRAM (EAP)	25
NYS RIDES	25
SUNY "PERKS AT WORK"	25
CAMPUS ACTIVITIES BUILDING (CAB) MEMBERSHIP	26
IMPORTANT WEB SITES/ TELEPHONE NUMBERS	27

INTRODUCTION - DISCLAIMER

This booklet is a general guide to the benefit programs available to employees of SUNY Upstate Medical University ("Upstate") represented by the Civil Service Employees Association (CSEA) and serving in positions in the Administrative Services, Operational Services, or Institutional Services negotiating units. It does not provide complete details or descriptions. If you need any additional information or explanation, please contact the appropriate representative(s) noted on the inside back cover. **The information provided is based on the benefit provisions in effect at the time of the printing of this booklet and is subject to change. This summary will not convey, grant or guarantee any benefits or employment rights.**

SECTION 1: HOLIDAYS, VACATIONS & LEAVES OF ABSENCE

HOLIDAYS

The following days are observed as holidays:

New Year's Day	Labor Day
Martin Luther King Day	Columbus Day
Lincoln's Birthday *	Election Day
Washington's Birthday	Veterans Day
Memorial Day	Thanksgiving Day
Juneteenth	Christmas Day
Independence Day	

**The State has designated this day as a floating holiday. Employees who are scheduled to work and are eligible to observe the holiday will earn a compensatory day off.*

Employees who are entitled to time off with pay on days observed as holidays by the State are entitled to be compensated in cash for time worked on such holidays unless they waive such additional compensation and, instead, elect to receive compensatory time off for such time. Holiday pay may be waived for **all** holidays which fall during the period of the waiver but may **not** be waived for individual holidays. Time worked on Thanksgiving and/or Christmas will be earned (compensatory time or additional compensation based on Employee's chosen option) and the rate of time and one-half. All employees are entitled to change their holiday waiver during the holiday waiver period April 1 to April 30.

Part-time employees who are eligible to observe holidays, shall be granted leave with pay for the observance of a holiday only if the holiday falls on a normal workday for such employees.

ELIGIBILITY FOR VACATION AND SICK LEAVE

Full-time and part-time employees covered by the New York State Civil Service Time & Attendance Rules who are compensated on an annual salary basis and who are employed on a fixed schedule of at least half-time shall be eligible to earn and accumulate vacation and sick leave. Employees covered by the New York State Civil Service Time & Attendance Rules who are compensated on a per diem or hourly basis (including those designated as seasonal) and who are employed on a fixed schedule of at least half-time continuously for nine (9) months, without a break in service exceeding one full payroll period, shall be eligible for vacation, sick leave, and personal leave benefits on a prorated basis.

VACATION

Generally, full-time employees start to earn vacation upon completion of 13 qualifying pay periods of employment. Six and one-half (6½) days are credited after this period, after which the employee accumulates vacation at the rate of one-half day per pay period. The employee must be in a full-pay status for at least seven **working** days during each bi-weekly pay period in order to earn vacation credits for that pay period. Eligible

part-time employees *earn* vacation accruals on a pro-rata basis.

During the second through seventh year of employment a “bonus” vacation day is credited for each year of completed service.

After completing seven years of service, bonus vacation days are no longer credited. However, long-term employees receive additional vacation days depending upon agreements reached with their respective negotiating units. On April 1st of each year, leave accrual record will be adjusted to reflect a maximum of 40 days.

SICK LEAVE

General — An employee may request sick leave for personal illness, and for medical or dental appointments. Up to 25 days a year may be charged for illness or death in an employee’s family. Full-time employees earn sick leave at the rate of one-half day per pay period. Eligible part-time employees *earn* sick leave on a pro-rata basis. Employees may accumulate up to a *maximum* of 225 sick leave days:

Upon retirement, eligible employees may use up to 200 days of accumulated sick leave credits to offset their health insurance premiums in retirement. Up to 100 days of accumulated sick leave credits will be used in your benefit calculation under ERS. The credit is determined by dividing your sick days (up to 100) by 260.

Sick Leave at Half Pay — A permanent employee who has at least one full year of service, depending upon bargaining unit, may be eligible for consideration of sick leave at half-pay for an absence due to a **personal illness**, after exhausting all other leave credits (i.e. sick leave, vacation, holiday comp, etc). For each complete six (6) months of employment, the employee may not exceed one payroll check at half-pay. Sick leave at half-pay may be granted in full-day units only. When an employee is determined to be permanently disabled and unable to perform the duties of his/her position, sick leave at half pay may be terminated, or not granted.

NEW CHILD LEAVE

Upon approval, an employee, male or female, is entitled to a leave of absence without pay for up to seven months following delivery of his/her child. If a child is required to remain hospitalized following birth at the employee’s request, the seven months period can begin when the child is released from the hospital. In cases of adoption, unpaid leave for either parent will be granted up to seven months after adoption. If the child is placed with the family prior to final adoption, the seven-month period may begin upon placement. Absences for these purposes may also be charged to vacation credits or other available leave credits. However, charging leave credits does not extend the seven-month period.

PAID PARENTAL LEAVE

Employees may take leave **with full pay** for up to 12 weeks for each qualifying event, defined as the birth of a child or placement of a child for adoption or foster case. Paid Parental Leave is available for use once every 12-month period. A qualifying event begins the 12-month period.

- Eligibility: Employees who work at least 50% part-time are eligible for this benefit.
- Paid Parental Leave cannot be used intermittently and must be taken in a block of time. Employees do not have to take the full 12 weeks, but once they return from Paid Parental Leave, they can no longer use this leave and forfeit any remaining leave entitlement.

PERSONAL LEAVE

Personal leave is intended to provide employees with time off with pay to attend to matters that cannot be reasonably attended to outside of normal work hours, (e.g., religious observances or extraordinary weather conditions, etc.), and is subject to

VACATION/SICK LEAVE ACCRUAL SCHEDULE CLASSIFIED SERVICE

BARGAINING UNIT	VACATION				SICK LEAVE	
	BASIC ACCRUAL	ADDITIONAL CREDIT	MAXIMUM ACCUMULATION	BASIC ACCRUAL	MAXIMUM ACCUMULATION	
CSEA * Administrative Services, 02	6 1/2 days after 6 months service	Completed Years Service	40 days (30 payable upon separation)	1/2 day per pay period to total 13 per year	225 days (225 upon separation) **	
	1 1/2 day per pay period thereafter;	15-19 20-24 25-29 30-34 35+	Additional Days 1 2 3 4 5			
CSEA Operational Services, 03	1 bonus day after each year of service to maximum of 20 days;	20-24 25-29 30-34 35+	40 days (30 payable upon separation)	1 1/2 day per pay period to total 13 per year	225 days (225 upon separation)**	
	Completed Years Service	1 2 3 4				
CSEA Institutional Services, 04	Vacation	20-24 25-29 30-34 35+	40 days (30 payable upon separation)	1/2 day per pay period to total 13 per year	225 days (225 upon separation)**	
	14 (13+1) 15 (13+2) 16 (13+3) 17 (13+4) 18 (13+5) 19 (13+6) 20 (13+7) (see *** below)	1 2 3 4 5 6 7 8+				

* Civil Service Employees' Association

** Eligible employees accumulate sick leave credits up to maximum indicated, however, no more than 100 days of such credits may be used for retirement service credit & no more than 200 days of such credits may be used to pay for health insurance in retirement

*** After 7 years of service, bi-weekly accrual is increased from 1/2 day to 3/4 day (i.e. bonus days no longer accrued until entitled to additional vacation credit as indicated in Column 2 of above schedule).

All time accruals are subject to accumulation and use in units of no less than 1/4 (.25) hour

departmental approval. A new full time employee is given 5 days of personal leave and is restored to 5 days of personal leave each year on his/her personal leave anniversary date. Eligible part-time employees are credited with five pro-rated days of personal leave. An employee who is not in a pay status on his/her anniversary date will not be credited personal leave until he/she returns to the payroll.

Employees may *not* accumulate personal leave, and any balance remaining the day prior to the employee's personal leave anniversary date will be forfeited.

WORKERS' COMPENSATION LEAVE

Workers' Compensation is intended to protect employees against loss of income or loss of employment when they are necessarily absent from work because of an on-the-job injury or disease. It is essential that you report any job-related accident immediately to your supervisor. Failure to do so could mean loss of benefits.

Here are the steps to ensure that workers' compensation claims are handled properly.

- If necessary, seek medical treatment
- If you haven't done so already, notify your supervisor and complete an injury report
- If the injury or illness involves an absence from work of greater than four (4) consecutive work days, a Certification of Health Care Provider (CHCP) form should be completed by your treating health care provider. Send completed forms via email at leaves@upstate.edu or fax at (315) 464-4390 to the attention of Human Resources Workers Compensation Office.
- A call must also be placed to the Accident Reporting System (ARS) toll-free number 888-800-0029. This call to ARS will ensure that workers' compensation benefits are available as soon as possible.
- Express Scripts, Inc., is the pharmacy network through which employees who incur a work-related injury/illness obtain their medications. If you are obtaining medication through a workers compensation claim, you should obtain that medication through a pharmacy that participates with Express Scripts. To find a participating pharmacy call Express Scripts Call Center at 866-533-7011. For more information visit www.express-scripts.com

During the first 9 months (39 weeks) if you are absent due to an occupational injury, disease or condition as defined in the workers' compensation law, you have a "total" or "marked" disability, you may be eligible for a supplemental payment in addition to the wage replacement from the State Insurance Fund (SIF). The supplement is designed to bring your bi-weekly Income (SIF payment and supplement combined) up to 66% of your pre-disability gross salary, which is defined as your annual salary plus inconvenience pay.

FAMILY MEDICAL LEAVE ACT (FMLA)

To be eligible for FMLA leave, an employee must have completed at least one year of service and have worked a minimum of 1,250 hours during the 12 month period immediately preceding the requested date of departure.

Eligible employees are entitled to an aggregate of 12 weeks of FMLA leave during each calendar year for absences necessitated by a personal serious health condition or to care for a seriously ill spouse, child, parent or qualifying military exigency leave. The 12-week maximum will include any FMLA qualifying absences that are charged to leave credits. Up to 26 work weeks may be granted for military caregiver leave.

If an employee qualifies for FMLA leave and does not have sick leave, vacation, or other leave credits to charge, the employee will be in an unpaid status once his/her leave credits are exhausted.

For additional information, please contact the Human Resources Benefits Leave Office by email at leaves@upstate.edu.

SECTION 2: EDUCATION & TRAINING

For information on available educational and training opportunities, please contact the Bursar's Office, Room 200, Campus Activities Building, phone 315-464-5148 and/or Professional Development and Learning, phone (315) 464-5463.

SECTION 3: HEALTH INSURANCE, DEPENDENT CARE & HEALTH CARE SPENDING ACCOUNTS

ELIGIBILITY

If you work at least half-time on a regularly scheduled basis, and it is anticipated that you will be employed for at least three (3) months, you are eligible to apply for enrollment in the New York State Health Insurance Program (NYSHIP) immediately upon employment.

You may select individual coverage which provides protection for you only, or family coverage, which provides protection for you and your eligible dependents (which may include a qualified domestic partner).

EFFECTIVE DATE OF COVERAGE

Coverage for eligible employees who enroll within the first 28 days of employment, and remain on the payroll, **will become effective on the 29th day of employment.**

NYSHIP OPTIONS

1. The Empire Plan
2. HMO – Blue
3. MVP Health Plan
4. OPT Out Program

Note: The options listed above are available for employees residing or working in Onondaga County. If you reside outside of Onondaga County, please refer to the Choices publication for additional coverage options. See your benefits packet for a brief description of each of these plans and participating directories.

THE EMPIRE PLAN

The Empire Plan provides coverage for hospitalization through Blue Cross, and combined medical/surgical and major medical coverage through United HealthCare.

The plan features a network of participating providers. Services rendered by participating providers will generally be paid in full with the exception of the appropriate copayment (listed below). the insurance carrier pays the provider directly.

2025 Copayments

- \$100 Emergency room (waived if admitted to the hospital)
- \$50 Outpatient hospital visit
- \$95 Outpatient surgery
- \$25 Office visit, laboratory, radiology
- \$30 Urgent Care Center

Claims for services by providers who do not participate in the Plan (Out-of-Network) must be submitted using a claim form. Once the deductible (listed below) is met, major medical will pay 80% of reasonable and customary charges. Once the coinsurance limit (listed below) is met the plan will pay 100% of reasonable and customary charges for the remainder of the calendar year.

Grade 6 and below 2025 deductible/coinsurance

Employee	\$625/\$1,875
Spouse	\$625/\$1,875
Child/ren	\$625/\$1,875 for all dependent children combined

Grade 7 and above 2025 deductible/coinsurance

Employee	\$1,250/\$3,750
Spouse	\$1,250/\$3,750
Child/ren	\$1,250/\$3,750 for all children combined

Note: Please refer to the Choices publication and Empire Plan Certificate for more information.

HMO – BLUE

HMO – Blue is an Individual Practice Association (IPA) that provides medical services through private practice physicians who have contracted independently with HMO – Blue. Under HMO – Blue, you choose your own primary care physician from a list of local physicians. In most cases, your medical care will be provided by this physician in his/her office.

Services received by your primary care physician, or by a specialist when referred by your primary care physician, are paid in full with the exception of the appropriate copayment (listed below).

2025 Copayments

- \$100 Emergency room copayment (waived if admitted to the hospital)
- \$25 Office visit, laboratory, radiology billed by your primary care physician
- \$40 Office visit, laboratory, radiology billed by a specialist

MVP

MVP is an Individual Practice Association (IPA) that provides medical services through private practice physicians who have contracted independently with MVP. Under MVP, you choose your primary care physician from a list of local physicians. In most cases, your medical care will be provided by this physician in his or her office.

Services received by your primary care physician or by a participating specialist when referred by your primary care physician are paid in full with the exception of the appropriate copayment (listed below).

2025 Copayments

- \$75 Emergency room copayment (waived if admitted to the hospital)
- \$0 Office visit by your primary care physician
- \$15 Laboratory, radiology billed by your primary care physician
- \$25 Office visit, laboratory, radiology billed by a specialist

Note: Hospital admissions must be arranged by your primary care physician. Non-medical care received without insurance carrier's authorization is not covered, and will be your responsibility for payment. Emergency care of a life-threatening nature is covered in full, subject to an emergency room charge, providing that the insurance carrier is notified within 48 hours of treatment.

OPT OUT PROGRAM

Eligible employees of New York State who have other employer-sponsored group health insurance (Non-NYSHIP) may opt out of their NYSHIP coverage in exchange for an annual incentive payment of \$1,000 for waiving individual coverage and \$3,000 for waiving family coverage (pro-rated for new employees).

COST OF COVERAGE

The State pays 84-88% of the cost of the premium for individual coverage and 69-73% of the cost of dependent coverage provided under the Empire Plan. The State pays 84-88% of the individual coverage and 69-73% of the cost of dependent coverage towards

the Hospital/Medical/Mental Health and Substance Abuse components for each HMO, however, not to exceed 105% of its dollar contribution for those components under the Empire Plan. Your portion of the premium will be automatically deducted from your bi-weekly salary. The 2025 bi-weekly costs for participation in these plans are as follows:

	Individual Coverage	Family Coverage
<u>Salary Grade 9 or Below</u>		
Empire Plan	\$60.23	\$272.67
HMO–Blue	58.77	248.57
MVP	87.54	245.35
<u>Salary Grade 10 or Above</u>		
Empire Plan	\$80.31	\$324.22
HMO–Blue	78.36	296.28
MVP	107.07	293.19

These costs are subject to change. You may elect to pay your share of health insurance premiums on a pre-tax basis.

If an employee takes leave without pay or is otherwise temporarily removed from the payroll, he or she may pick up the full cost of the health insurance program and thereby continue coverage while off the payroll. Should such leave without pay occur as part of an authorized leave under FMLA, he or she may be entitled to continue coverage by paying the employee share. Arrangements for continued coverage must be made in advance through the Human Resources Benefits Office.

If an employee covered by the **Empire Plan** is totally disabled (non workers comp only), and on authorized leave without pay or unpaid Family and Medical Leave, the requirement that he or she pay a premium may be waived for a period of up to one year. Additional information is available from the Human Resources Benefits Office. This does not apply to individuals enrolled in the HMO's.

HOW TO ENROLL

Employees who wish to enroll or opt out must complete the appropriate sections of the NYS Health Insurance Transaction form (PS-404) and submit it to the Human Resources Benefits Office. Failure to enroll in a timely manner may result in an additional waiting period.

Proof of eligibility and proof of other coverage if opting out must be provided in order for you and your eligible dependent to enroll or opt out of NYSHIP. For enrollee, spouse and child(ren), documentation of the following is required:

- Date of Birth (original birth certificate or valid passport for enrollee and spouse only)
- Social Security Number (social security card)
- Date of Marriage (marriage certificate, in addition, if married over 1 year must provide proof of interfinancial dependence, i.e. most recent joint tax return)

The following documentation may also be required:

- Domestic Partner - Completed PS-425, proof of date of birth, and proof of social security number
- Adopted child(ren) - proof of adoption
- Stepchild(ren) who do not reside with you - proof of substantial support or legal requirement to pay
- Other Child(ren) - PS-457

CHANGE OF ENROLLMENT STATUS

If an employee wishes to change health insurance coverage (individual to family, family to individual, or add a family member) as a result of a birth, death, or other change in family status, he or she must submit an application for change to the Human Resources Benefits Office **within 30 calendar days of the qualifying event**. Delay in filing in a timely manner will result in a waiting period.

CHANGE OF PLAN OPTION

There is an annual transfer period (usually begins in November and ends in December) during which you can change your NYSHIP option (e.g. change from MVP to Empire Plan). This is not an open enrollment period.

RETIREMENT COVERAGE

If you meet specific criteria, you will be eligible to continue individual coverage and that of eligible dependents during retirement. In general, you must complete at least ten (10) years of benefits eligible service; be at least 55 years of age or retirement age eligible, and have NYSHIP coverage at the time you retire. You may defer coverage at the time of your retirement if you have other coverage, or at your discretion, suspend health insurance coverage after you retire.

PRESCRIPTION DRUG PROGRAM

Each of the health insurance options provides prescription drug coverage for covered employees and dependents.

Empire Plan	Retail 30 day	Retail 90 day	Mail Order 90 day
Generic	\$ 5	\$10	\$ 5
Preferred	\$30	\$60	\$55
Non-Preferred	\$60	\$120	\$110

There is a mandatory generic substitution requirement. If you purchase a brand name drug with a generic equivalent, you will pay the co-payment plus the difference in cost between the brand name and generic drugs.

HMO

Under each of the Health Maintenance Organization options, prescriptions must be filled at a participating pharmacy or via mail order (if available). The co-payments for the each of the Health Maintenance Organizations options are as follows:

HMO	Tier 1	Tier 2	Tier 3
MVP 30 day	\$0	\$30	\$ 50
MVP 90 day	\$0	\$75	\$125
HMO-Blue 30 day	\$10	\$30	\$ 50
HMO-Blue 90 day	\$20	\$60	\$100

NYSHIP YOUNG ADULT OPTION

New York State law allows a young adult child up to age 30 to purchase coverage through his/her parent's group health insurance policy (for medical coverage only). The young adult's coverage is subject to all terms of the group policy; however, premiums are to be paid by the young adult or his/her parent, not the employer. The premium is the **full cost of individual coverage for the NYSHIP option selected**.

Eligibility Criteria

The Young Adult Option is available to young adults who meet all of the following eligibility requirements:

1. Be a child, adopted child, or step child of a NYSHIP enrollee (including those enrolled under COBRA)
2. Be age 29 or younger
3. Be unmarried
4. Not be insured by or eligible for coverage through the young adult's own employer-sponsored health plan, whether insured or self-funded, provided that the health plan includes both hospital and medical benefits.
5. Live, work or reside in New York State or the plan's service area
6. Not be covered under Medicare

In addition, the young adult does not need to live with the parent, be financially dependent upon the parent, or be a student. The young adult's parent does not need to have family coverage, nor is the young adult required to have been previously covered as a dependent under NYSHIP, to be eligible to enroll in this option.

When Young Adult Children Can Enroll

Either the young adult or his/her parent may enroll the young adult in the Young Adult Option and either may pay the NYSHIP premium. A young adult or his/her parent has the following opportunities to elect this option:

1. Within sixty (60) days of when the young adult would otherwise lose coverage due to age under the parent's policy.
2. Within sixty (60) days of when the young adult becomes eligible due to: a loss of his/her employer coverage; relocation of residence or employment into New York State or the Plan's service area (please note, The Empire Plan provides coverage regardless of place of residence); or otherwise becomes newly eligible due to a change in circumstances (such as divorce).
3. During the annual 30-day open enrollment period.

How to Enroll

To enroll in NYSHIP's Young Adult Option, the young adult child or his/her parent must complete and sign the [Young Adult Option form](#) and send it to the Employee Benefits Division in Albany, NY (contact the HR Benefits office by email at benefits@upstate.edu for form). Applicants should include the first month's premium with the form to ensure the earliest possible effective date of coverage.

DENTAL/VISION ELIGIBILITY

New eligible employees can enroll for these plans upon completion of 28 days continuous service. Detailed information concerning the Dental and Vision Care plans will be mailed directly to you at home by the CSEA Employee Benefit Fund.

DENTAL INSURANCE

The Civil Service Employees Association (CSEA) Employee Benefit Fund provides ASU, OSU and ISU employees who work half-time or more *and* their dependents with a group dental plan. Note: the union benefit fund exists solely to provide benefit coverage to CSEA-represented employees. The cost is funded by payments CSEA negotiates for, and receives from, the state. Union dues and agency shop fees do not pay for these benefits.

There is a \$2,850 maximum on dental benefits per calendar year (no annual/maximum for children under age of 19). Whenever the estimated cost of recommended treatment will exceed \$500, it must be submitted to the Employee Benefit Fund *before treatment* begins. The maximum does not apply to orthodontics or implant body placement.

There is no cost to the employees for coverage in this plan and as long as the service is provided by a dentist who has agreed to accept the published fee schedule as payment in full.

VISION CARE

The Civil Service Employees Association (CSEA) Employee Benefit Fund provides a Vision Care Plan for ASU, OSU and ISU employees who work half-time or more, *and* their dependents. Note: the union benefit fund exists solely to provide benefit coverage to CSEA-represented employees. The cost is funded by payments CSEA negotiates for, and receives from, the state. Union dues do not pay for these benefits. New employees become eligible for coverage as soon as they complete 28 days of continuous service.

Using a Participating Provider

Members/spouses/domestic partners and dependents over the age of 19 are entitled to a routine eye examination every two years (24-month). The benefits provided are:

- One (1) pair of eyeglasses (lenses and frames); or
- Plan contact lenses; or
- A \$25 allowance toward non-plan contact lenses. Specialty contact lenses (i.e., colored, toric, gas permeable, etc., are not covered in full.)

Dependent children up to the age of 19 are entitled to:

- A routine eye examination every year (12 months). One pair of eyeglasses (lenses and frames); or
- Plan contact lenses; or
- A \$25 allowance toward non-plan contact lenses. Specialty contact lenses (i.e. colored, toric, gas permeable, etc., are not covered in full).

Using a Non-Participating Provider

When you choose to receive services from a non-participating provider, payments will be made to the employee based on a fee schedule.

Video Display Terminal (VDT) Eye Glass Benefit

Members/employees whose job duties require 50% or more of their work hours on a video display terminal will be examined and a determination made, which may warrant a different prescription and an additional pair of glasses.

The VDT benefit is for eligible employees only and does not include dependents. The panel provider determines if an additional pair of glasses is required. If you are eligible for a VDT benefit, you will receive your regular corrective wear and the VDT glasses at a panel provider at the same time.

FLEX SPENDING ACCOUNT (FSA) PROGRAM

There are two parts to the Flex Spending Account - the Dependent Care Advantage Account (DCAA) and the Health Care Spending Account (HCSA). FSAs give you a way to pay for your dependent care or health care expenses with pre-tax dollars. FSAs are voluntary - you decide how much to have taken out of your paycheck and put into your DCAA and/or HCSA.

Change in Family Status — The IRS regulations allow participants to modify contribution elections to their dependent care account if the family situation changes. A change in family situation includes (1) marriage, (2) divorce or separation, (3) birth or adoption of a child, (4) change in you or your spouse's employment status or situation, or (5) death of a dependent.

HEALTH CARE SPENDING ACCOUNT

The Health Care Spending Account (HCSA) allows State employees to pay for health-related expenses with tax-free dollars. This includes medical, hospital, laboratory, prescription drug, over the counter drug expenses (requires a doctor's prescription or directive to be eligible), dental, vision and hearing expenses that are not reimbursed by your insurance. To be reimbursed through the HCSA, expenses must be for health care received primarily for the prevention or treatment of a physical or mental defect or illness. Out-of-pocket expenses are generally eligible if they are not reimbursed by insurance. Whether these expenses are incurred by you or your eligible dependents, they must be incurred during the Plan Year. An expense is incurred when you or one of your dependents receives the health care service, and not when you are billed, charged for, or pay for the service. To be eligible for reimbursement, a health care expense must be:

- for you or an eligible dependent;
- permitted under the Internal Revenue Code;
- medically necessary; and
- not reimbursed by your health insurance.

You may claim eligible expenses under the HCSA program for the following individuals:

- yourself
- your spouse and
- your eligible tax dependents

Before participating in the HCSA program, you should carefully consider what your eligible expenses might be. Reviewing your expenses from previous years can help. Once you have estimated the amount of your expenses, you may then determine how much to contribute to your HCSA. Under federal law, any money that you put into your HCSAccount must be used for expenses incurred during the Plan Year in which it was contributed. For the 2025 Plan Year, the maximum annual contribution allowed by the program is \$3,300 and the minimum annual contribution is \$100.

No reimbursement can be made prior to the service actually being provided. However, you are entitled to receive full reimbursement for eligible expenses, up to the amount of your annual election, once proper documentation has been submitted, even before you have fully contributed to your HCSA.

You will have until March 31 of the following year to send in claims for expenses you incurred the previous year. Any remaining funds up to the IRS limit from the previous year will then carryover into the current plan year's account balance after the run out period end date. The current IRS carryover limit for 2024 into 2025 is \$640, and \$660 for 2025 into 2026

If you meet the eligibility criteria to participate, new employees must enroll on line within **sixty (60) days** of their employment start date. Your Plan Year contribution amount will be prorated over the remaining pay periods. You will also have an opportunity to enroll in the HCSAccount each fall during an open enrollment period.

If you are interested in participating in this Health Care Spending Account, you may contact the FSA Hotline at 800-358-7202, or visit <https://oer.ny.gov/fsa>

DEPENDENT CARE ADVANTAGE ACCOUNT

New York State employees are eligible to participate in this benefit. Under this plan, participating employees contribute **pre-tax** dollars to a flexible spending account to pay for expenses incurred for dependent care.

Generally, a qualifying “dependent” is a person who:

- qualifies as a dependent on your federal tax return, **and**
- in the case of a family member, is a child *under age 13*, or an individual physically or mentally incapable of self-care.

Married persons filing a joint income tax return, and single parents, may contribute up to \$5,000 per calendar year to a dependent care account, while married persons filing a separate return may contribute up to \$2,500. The Internal Revenue Service requires you to provide the name, address and taxpayer identification number (or Social Security number) of your dependent care provider. Eligible expenses are those for the care of a qualifying dependent either inside or outside the home (but not residential expenses, e.g., nursing home) to enable you (or if married, you **and** your spouse) to work. If care is provided outside the home, your “dependents” must spend at least eight hours a day in your household.

Your dependent care account can be used to pay for such expenses as:

- nursery schools and day care centers
- centers that provide day care for qualifying adult dependents (not residential care)
- care provided either in or outside the home by individuals other than your dependents or your children under age 19
- day camps

You may use any funds remaining in your account after the plan year ends to pay for expenses incurred between January 1 - March 15 of the following year. Claims must be submitted by the March 31st deadline. If you wish to participate in this program, you should *carefully estimate the costs of your dependent care for the year before deciding on the amount you wish to contribute per pay period, since your annual election to contribute to the plan is irrevocable (i.e., cannot be changed) except for a “change in your family status.”*

If you *presently qualify* for participation in the Dependent Care Advantage Account, you must enroll in the program within **sixty (60) days** of your State appointment. If you do not enroll within this “window” period, you will not be able to enroll at a later date, unless you enroll during an annual open enrollment period or you have a qualified change in family status.

If you are eligible, an employer contribution of up to \$1,100 may be deposited into your DCAA account, provided you are enrolled. The 2025 employer contribution rates are:

IF YOUR SALARY IS:	THE EMPLOYER CONTRIBUTION IS:
---------------------------	--------------------------------------

OVER \$70,000	\$600
\$60,001 - \$70,000	\$700
\$50,001 - \$60,000	\$800
\$40,001 - \$50,000	\$900
\$30,001 - \$40,000	\$1000
UP TO \$30,000	\$1100

The deadline for filing a claim for reimbursement from your Dependent Care Account is March 31st following the year in which the services were rendered.

If you are interested in participating in this Dependent Care Advantage Account, contact the FSA Hotline at 800-358-7202, or visit <https://oer.ny.gov/fsa>

ADOPTION ADVANTAGE ACCOUNT

Eligible employees can now enroll in a Flexible Spending Account for expenses related to the adoption of an eligible child. Pre-tax payroll deductions contributed to the Adoption

Advantage Account can help pay for a qualified adoption. You can save on federal and state taxes (where applicable) by having up to \$17,280 withheld from your paycheck on a pretax basis.

ELIGIBLE EXPENSES

- Home study and application fees
- Reasonable and necessary legal adoption fees
- Court costs
- Attorney fees
- Agency fees
- Medical services associated with a child with special needs
- Travel and lodging fees
- Other expenses which are directly related to, and for the principal purpose of a legal adoption

For additional information go to <https://oer.ny.gov/fsa>

SECTION 4: OPTIONAL GROUP INSURANCE

TERM AND WHOLE LIFE INSURANCE PLANS FROM PEARL CARROLL

The Civil Service Employees Association (CSEA) sponsors a group term life insurance program exclusively for its members. Employees selecting this optional insurance pay the full cost of the insurance, which is offered at competitive rates. **Major features of this plan are:**

TERM POLICY

- \$50,000 Guaranteed Issue within the first 180 days of CSEA membership
- \$250,000 plan maximum for members only
- Accidental Death and Dismemberment Benefit
- Group rates
- Payroll deduction

WHOLE POLICY

- \$25,000 Guaranteed Issue new members under age 50 within 180 days of CSEA membership
- \$100,000 plan maximum for members only
- Spouse and dependent coverage available

For additional information, contact Pearl Insurance at 518-640-8100.

PERSONAL LINES INSURANCE PROGRAM

CSEA sponsors an insurance programs that provides comprehensive homeowner's insurance, renter's insurance, automobile insurance coverage, umbrella liability insurance and a package policy.

A variety of carriers are offered to provide the best match for your coverage needs. Under this program you can purchase the insurance coverage you need, and pay for it through convenient payroll deduction.

For additional information, contact Pearl Insurance at 518-640-8100.

OTHER PROGRAMS

CSEA sponsors other insurance programs such as Protection Plus Universal Life Insurance, Hospital Income Insurance and Long Term Care.

For additional information, contact Pearl Insurance at 518-640-8100.

SECTION 5: RETIREMENT COVERAGE

N.Y.S. EMPLOYEES' RETIREMENT SYSTEM (ERS) - DEFINED BENEFITS PLAN

Benefits vary by tier level. Membership in each tier is generally determined by the date of an employee's appointment. Presently there are six (6) tiers. *Employees who join the ERS on or after April 1, 2012, are tier 6 members.* Membership in ERS for full-time employees is effective as of their entry into service and provides for immediate participation. Membership for part-time employees is effective the date their applications are received by the Retirement System.

ERS is a *contributory* retirement system. Employee's will contribute throughout active membership (before federal income taxes) based on their salary per the schedule below.

\$0 - \$45,000: 3%

\$45,000.01 - \$55,000: 3.5%

\$55,000.01 - \$75,000: 4.5%

\$75,000.01 - \$100,000: 5.75%

\$100,000+ but less than the Governor's current salary of \$250,000: 6%

A member with 5 or more years of full time equivalent service is eligible for a vested benefit which entitles you to a retirement allowance as early as age 55. In the event an employee with less than 5 years service terminates employment, his/her contributions, plus interest, may be withdrawn upon request.

The below formulas will be generally applied for Tier 6 members:

- with at least 5, but fewer than 20 years of service credit, the benefit is 1.66% of final average salary* for each year of credited service.
- with 20 or more years of service credit, the benefit is 1.75% of final average salary.
- For years exceeding 20 years of service credit, the benefit is 2% for each year in excess of 20.

**Final Average Salary - Average salary with certain limitations, for the highest salaried 60 consecutive months of employment. The amount earned above the Governor's salary (currently \$250,000) will not be eligible for pension calculation under Tier 6 when determining Final Average Salary.*

Tier 6 members may retire at age 63, or later, with full benefits, or as early as age 55 with reduced benefits.

Detailed information concerning this plan can be obtained from the Employees Retirement System (866) 805-0990, or from the Human Resources Benefits Office by email at benefits@upstate.edu

PRIOR SERVICE

If you have previous service with a public employer in New York State or military service, please notify the Human Resources Benefits Office. You may be eligible to receive credit (and/or tier reinstatement) by notifying the ERS Member Service Bureau in writing. ERS will make a determination regarding the eligibility and the cost (if any).

Detailed information concerning this plan can be obtained from the Employees Retirement System (866) 805-0990, or from the Human Resources Benefits Office by email at benefits@upstate.edu

SUNY VOLUNTARY SAVINGS PROGRAM - 403(b)

As a SUNY employee, you are eligible to participate in the SUNY Voluntary Savings Program with VOYA, TIAA, or AIG, as well as a 403(b)(7) custodial account with Fidelity Investments. This program affords you the opportunity to make supplemental

contributions via reduction of your salary to a retirement annuity. Your contribution is subtracted from your income before federal and state taxes are computed.

You will be taxed on your contributions, plus earnings, at the time you withdraw the funds. Additional information can be obtained from the Human Resources Benefits Office by email at benefits@upstate.edu.

N.Y.S. DEFERRED COMPENSATION PLAN - 457(b)

The New York State Deferred Compensation Plan is a *voluntary* savings plan available to employees of New York State that has the following features:

- Your contributions are made automatically through the convenience of payroll deduction.
- You don't pay federal or New York State income tax on your Plan savings until you receive the money from your Plan Account.
- Investment options are grouped into three tiers (Retirement Date Funds, Do-It-Yourself, and Self-Directed option).
- Enrolled participants can make Roth (post-tax) contributions. Roth designated contributions are deducted from participants paycheck on an after tax basis. Participants select the total percentage or amount to be deferred from your paycheck and how that amount is allocated between regular pre-tax deferrals and Roth designated deferrals.
- An annual fee of \$20 (two \$10 fees assessed semi-annually) will be charged to each New York State Deferred Compensation Plan participant regardless of the investment fund(s) selected.
- Participants are also charged a variable asset-based fee that is assessed quarterly against investment returns.

Additional information may be obtained by calling 800-422-8463, or by calling Jason Dixon at 518-203-0244.

SOCIAL SECURITY

Social Security is the United States' basic method of providing income when family earnings are reduced or cease upon retirement, disability, or death. Social Security retirement benefits are based on your salary history up to the maximum Social Security taxable wage base. Each pay period, payroll deductions for Social Security are deducted from your check. *New York State matches this deduction.* For additional information, please visit www.ssa.gov.

SECTION 6: DISABILITY COVERAGE

Note: *New York State Employees are NOT covered by New York State Statutory Disability.*

ORDINARY DISABILITY RETIREMENT

The New York State Employees Retirement System (ERS) provides an employee with at least 10 years of service credit a disability retirement allowance if it is determined that he/she is permanently unable to perform his/her job duties. The 10 year service credit is waived if disability is the result of a work related illness/injury.

ACCIDENTAL DISABILITY ALLOWANCE

In the case of disability resulting from an on-the-job accident the 10 year requirement is waived, providing the disabling accident is not a result of the employee's own willful negligence. An application must be filed with the Retirement System on a timely basis in order to apply for this benefit.

BENEFIT ALLOWANCE

Generally, the Disability Benefit for Tier 6 members will be the greater of:

- 1/60th (1.66%) of final average salary for each year of credited service; or
- 1/60th (1.66%) of final average salary for each year of credited service plus 1/60th (1.66%) of final average salary for each year of credited service that would have been earned before attaining age 60, but not more than one-third of final average salary.

There is no reduction or offset allowance of this benefit for Social Security Benefits.

Additional information and appropriate application forms can be obtained from the Human Resources Benefits Office or from the New York State Employees' Retirement System 866-805-0990.

CSEA DISABILITY INSURANCE PROTECTION

The Civil Service Employees Association (CSEA) sponsors an **optional** Disability Insurance Protection Plan exclusively for its members. *Employees selecting this plan pay the full low cost of the insurance.*

The plan pays participants a monthly benefit in the event of *total disability* resulting from sickness, accident on-or-off-the-job, or pregnancy. The benefit payable is based on the employee's annual salary *at time of application* and does *not* increase automatically as salary increases. You must apply *to the insurance carrier* for additional coverage as your salary changes.

Benefits are not provided for a disability due to any condition which required medical care of treatment during the six-month period before coverage commences, until such time as coverage has been in effect for 12 consecutive months.

The plan is available to CSEA members under age 65.

Survivor benefits and accidental death and dismemberment benefits are also provided.

More complete details are contained in the booklet, ***CSEA Sponsored Insurance Program***, or you can call the Pearl Carroll & Associates at 800-929-6656.

SOCIAL SECURITY DISABILITY ALLOWANCE

The U.S. Social Security Administration provides a disability benefit to employees who are disabled to the extent that they cannot perform substantial gainful work; *and* who are fully insured—that is, have the necessary amount of quarters of coverage. The amount of disability benefit is the employee's Primary Insurance Amount (PIA) at the time he/she became disabled. There is a "waiting period" of 5 full consecutive months from the time a disability is determined until benefits begin. Additionally, disability benefits may be reduced if the employee is receiving payments under a workers' compensation or another disability plan. Additional information concerning this benefit can be obtained from the Social Security Administration (800-772-1213), www.ssa.gov.

SECTION 7: DEATH BENEFITS *(Please also refer to Section 4 - Optional Group*

Insurance)

If an employee dies while in State service, their designated beneficiaries may be eligible to receive the following death benefits:

NYS EMPLOYEES' RETIREMENT SYSTEM (ERS) BENEFITS

Ordinary Death Benefit - Tier 6 Members

After one year of service, the death benefit equals the deceased member's salary. After two years of service, the benefit equals two times salary, and after three years of service, the benefit equals the maximum amount of three times salary. However, if an employee last joins the Retirement System at age 52 or later, the benefit is reduced based on the member's age when last joining the retirement system.

The death benefit will be reduced by 4% for each year of service after age 60.

The death benefit is payable *after* retirement. It will be reduced by 50% at the time of retirement, and by an additional 25% upon completion of the first year of retirement. At the beginning of the third year of retirement, the benefit will equal 10% of the benefit in force at age 60, if any, or at the time of retirement, if retirement proceeded age 60.

An employee must complete at least one year of creditable service after last becoming a member before an ordinary death benefit is payable on his or her behalf.

Accidental Death Benefit

Should death result from an accident on-the-job; not caused by the employee's willful negligence, the accidental death benefit is a pension equal to 50% of the member's last year's salary.

Detailed information concerning this plan can be obtained from the Employee Retirement System (866) 805-0990 or from the Human Resources Benefits Office by email at benefits@upstate.edu.

NEW YORK STATE SURVIVOR'S BENEFIT PROGRAM

If you belong to a retirement system that pays an ordinary death benefit, but do not qualify for a benefit of one-half your annual salary or at least \$2,000, Survivor's Benefit Program will supplement the death benefit payment made by your retirement system.

The amount of survivor's benefit in this case would be 1/2 of your annual salary (not to exceed \$10,000) minus the ordinary death benefit payable. The minimum total payment (ordinary death benefit plus survivor's benefit) is \$2,000. If the ordinary death benefit payable from your retirement system is over \$10,000, no additional survivor's death benefit would be paid.

If an accidental death benefit payment is made by your retirement system, the Survivor's Benefit program will pay an additional \$2,000 lump-sum payment to your beneficiary.

If you do not belong to a retirement system, or if your retirement system does not provide an ordinary death benefit, the payment to the beneficiary will come entirely from the Survivor's Benefit Program. The survivor's benefit payment will equal up to 1/2 your annual salary but no more than \$10,000.

You will automatically participate in the plan after you have been employed for 90 days, providing you work at least 20 hours per week, or your annual salary exceeds \$2,000. This benefit is provided at no cost to you.

For additional information, please contact the Human Resources Benefits Office by email at benefits@upstate.edu.

NEW YORK STATE ACCIDENTAL DEATH/TUITION BENEFIT

This program provides a \$50,000 accidental death benefit; and a college tuition benefit to eligible surviving children of New York State employees *who die as a result of an accidental on-the-job injury*, where a death benefit is paid under the New York State Workers' Compensation Law. The tuition benefit is full tuition reimbursement for dependent children admitted to the State University of New York, or any college in New York State with tuition assistance limited to the amount charged for the SUNY system.

Detailed information concerning this program can be obtained from the Human Resources Benefits Office by email at benefits@upstate.edu.

SOCIAL SECURITY BENEFITS

The U.S. Social Security Administration may provide a death benefit for those who are either currently insured or fully insured. The exact amount payable is determined by such factors as salary at the time of death, number and age of dependents, and whether any of the dependents has a disability. A lump-sum benefit may also be payable. Additional information concerning these benefits can be obtained from the Social Security Administration (Phone 800-772-1213 or www.ssa.gov).

CSEA ACCIDENTAL DEATH BENEFIT

- \$10,000 accidental death benefit up to age 65
- No cost to active employed members (worked at least 20 hours over the last 7 consecutive calendar days)

CSEA, INC
Attn: Insurance Dept.
143 Washington Ave
Albany, NY 12210

SECTION 8: MISCELLANEOUS BENEFITS

BROADVIEW FEDERAL CREDIT UNION

You and your family members are eligible to join the Broadview Federal Credit Union. The Credit Union offers a wide variety of savings and investment accounts through payroll deduction, and lends funds to its members at very competitive rates. The National Credit Union Association insures savings up to \$100,000.

Additional information can be obtained from the Credit Union Office 315-428-8822.

NEW YORK'S COLLEGE SAVINGS PROGRAM (529 PLAN)

New York's 529 College Savings Program - Direct Plan (NY 529 Direct Plan) can help you save for a child, grandchild, friend-or even yourself. Anyone can open NY 529 Direct Plan accounts at any time. As the account owner, you set up each account for a specific beneficiary. An account can be opened with \$1 or more per paycheck through payroll deduction, or a recurring contribution from your checking account.

You can withdraw money to pay for the qualified education expenses of the beneficiary at any eligible 2- or 4-year college or university, vocational or technical school, or graduate school in the United States or abroad, or apprenticeship programs registered and certified with the Secretary of Labor (apprenticeship expenses). When used for qualified education expenses at eligible educational institutions, money can be used to pay for tuition, certain room-and-board expenses, books, supplies, and the expenses for the purchase of certain computer equipment, software, and computer-related services.

Also, New York taxpayers can deduct their contributions up to \$5,000 per year for single tax filer and up to \$10,000 per year for married couples filing jointly. While in the

account, earnings are tax deferred. Qualified withdrawals are exempt from New York and federal income tax. If you want to take advantage of the annual NYS income tax deduction for your NY 529 Direct Plan contributions, contributions must be made on or before December 31. For complete information on the NY 529 Direct Plan, or to open an account, please visit www.ny529atwork.org. Program representatives are available at 1-800-420-8580 weekdays from 8 am to 8pm EST.

SARAH LOGUEN CHILD CARE CENTER

All employees are eligible to enroll their children in the Sarah Loguen Child Care Center. The cost of enrolling your child full time in the Center is based on a sliding fee scale for affordability. Early placement on the waiting list is advised. The Child Care Center is located at 650 S. Salina St. For more information please contact the Child Care Center at (315) 464-4438.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

All Upstate employees and their families, can, if and when the need arises, obtain assistance for a variety of personal problems through the Joint Labor–Management Employee Assistance Program.

This free referral program is designed to *confidentially* help you cope with personal problems such as emotional stress, family and marital discord, financial and legal difficulties, alcoholism, and drug abuse problems, which may not only disrupt your personal life, but may seriously impair your ability to do your job. Further details concerning this program can be obtained from the Upstate EAP Office, phone 315-492-5296.

NYS RIDES

Eligible NY State employees can enroll in the **NYS-Ride** program, using pre-tax salary to pay for their public transportation fare media. Eligible bargaining units and the new statewide program information can be found on the website at <https://oer.ny.gov/nys.ride> or by calling 1-888-235-9223 to enroll.

Allows employees to save money on a monthly basis on eligible public transportation expenses through pre-tax payroll deductions.

When employees make a pre-tax purchase for eligible commuting expenses through **NYS-Ride**, they save money each month because no federal, state, social security, Medicare, or New York City taxes are withheld from the amount set aside, up to the current pre-tax maximum of \$325 per month allowed by the IRS.

The benefit could save workers up to 43 percent of every dollar spent up to the statutory limits.

SUNY “PERKS AT WORK”

The SUNY PerksCard and "Perks Connect" program enables members of the SUNY family to save money on many of their everyday purchases, including: dining, retail, auto services, pet needs, home services, health & beauty, fitness, recreation, travel, entertainment and much more! Membership is free to members of the SUNY family.

Enroll today to find savings from a variety of local businesses and online merchants, as well as printable coupons and discounts on gift cards!

To enroll and get started saving today, or for more information, click on any of the links below to obtain the access code and discount information for your region:

Go to: www.perksatwork.com to set up your account.

Please note that SUNY does not endorse, support, or benefit from any of the programs or offers listed, and that this information is provided strictly for your information and further exploration. You should review and research any programs or offers before enrolling or providing any personal information. Only representatives

from each program, vendor, or merchant are knowledgeable and experienced enough to address your questions or to assist you with their respective programs.

**Note: If you use a campus email address/system to access the SUNY Perks-Employee Discount Program, such must still be done in accordance with University Wide Policy UWC-08 Electronic Mail Policy; which states that the use of any Upstate Medical University communication resource may be used for incidental and occasional personal use, providing such is not excessive or illegal, does not interfere with University operations, or does not interfere with the user's employment or other obligations to the University.*

Please remember that you are subject to all Upstate policies regarding use of campus electronic equipment. Failure to comply may lead to disciplinary action up to and including termination of employment.

CAMPUS ACTIVITIES BUILDING (CAB) MEMBERSHIP

Employees of the SUNY Upstate Medical University may apply for individual or family CAB memberships. This entitles members to utilize the CAB fitness and recreational facilities. For additional information, please contact the Office of Campus Activities at 315-464-5618.

IMPORTANT WEB SITES/ TELEPHONE NUMBERS

WebsiteTelephone Number

Upstate Medical University

Benefits - benefits@upstate.edu	315-464-4923
Leaves of Absence- leaves@upstate.edu	315-464-4923
Ask HR - solutions.upstate.edu	315-464-4830

CSEA Benefit Trust Fund

Dental (Employee Benefit Fund)	800-323-2732
Vision (Employee Benefit Fund)	800-323-2732

Empire Plan	www.cs.ny.gov	877-769-7447
------------------------------	--	--------------

Use the general phone number listed above and select from the following menu options:

- Press 1. United HealthCare (Medical Surgical)
 - HCAP (Home Care Advocacy Program/Equipment/Supplies)
 - MPN (Chiropractic and Physical Therapy Managed Program)
 - Benefits Management Program (MRI Pre-Certification)
 - Infertility Treatment (Centers of Excellence)
 - CAM (Complementary/Alternative Medicine Program)
- Press 2. Anthem Blue Cross and Blue Shield (Inpatient/Skilled Nursing/Transplant Pre-Certification)
- Press 3. Carelon Behavioral Health (Psychiatric and Substance Abuse Pre-Certification)
- Press 4. CVS/Caremark (Prescriptions)
- Press 5. Nurseline (Health Information, Education and Support 24 Hours a day)

Health Maintenance Organizations

HMO/Blue	www.excellusbcbs.com	800-499-1275
MVP	www.mvphealthcare.com	800-687-6277

Flex Spending Account

Health Care Spending Account (HCSA)	https://oer.ny.gov/fsa	800-358-7202
Dependent Care Advantage Account (DCAA)	https://oer.ny.gov/fsa	800-358-7202

Retirement

NYS Employees Retirement System	www.osc.state.ny.us/retire/	866-805-0990
---	--	--------------

Optional Retirement Savings

TIAA	www.tiaa.org/suny	800-732-8353
VOYA	https://suny.beready2retire.com	800-584-6001
Corebridge	www.corebridgefinancial.com	800-448-2542
Fidelity	https://www.fidelity.com	800-343-0860
NY State Deferred Compensation Plan 457(b)	www.nysdcp.com	800-422-8463

CSEA of New York	www.cseainc.org	800-342-4146
-----------------------------------	--	--------------

CSEA Insurance Representative		800-697-2732
--	--	--------------

Pearl Insurance		518-640-8100
----------------------------------	--	--------------

NYS Department of Civil Service (Division of Employee Benefits)

.	www.cs.ny.gov	800-833-4344
-----------	--	--------------

Other

NYS Tax Information	www.tax.ny.gov	800-CALL-TAX
Social Security Administration	www.ssa.gov	800-772-1213
Internal Revenue Service	www.irs.gov	800-829-1040
Broadview Federal Credit Union	www.broadviewfcu.com	315-428-8822
Employee Assistance Program		315-492-5296
Sarah Loguen Child Care Center		315-464-4438
NY College Savings Program	www.nysaves.org	800-420-8580
Accident Reporting System (ARS)		888-800-0029
NYS Rides (Tax Free Transportation Program)	https://oer.ny.gov/nys-ride	866-428-7781

**Human Resources
Benefits Division
State University of New York
Upstate Medical University**

