

# PROFESSIONAL MANAGEMENT/ CONFIDENTIAL EMPLOYEES

## 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

**PROFESSIONAL  
MANAGEMENT/  
CONFIDENTIAL  
EMPLOYEES**

(M/C)

March 2023



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## INTRODUCTION - DISCLAIMER

This booklet is a general guide to the benefit programs available to new unclassified Management/Confidential employees of the SUNY Upstate Medical University ("Upstate"). It does not provide complete details or descriptions. You should contact the appropriate representative(s) noted on the inside back cover, if you need any additional information or explanation. **The information provided is based on the benefits 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	Memorial Day	Election Day
Martin Luther King Day	Juneteenth	Veterans Day
Lincoln's Birthday*	Independence Day	Thanksgiving Day
Washington's Birthday	Labor Day	Christmas Day
	Columbus Day	

\* Designated as a Floating Holiday - Employees required to work who are eligible to observe the holiday will receive a compensatory day off.

### VACATION AND SICK LEAVE ACCRUALS

An employee who is eligible to observe holidays is required to work on a holiday will be granted a compensatory day off.

Full-time Management/Confidential employees earn vacation credits at the rate of 1¼ days a month. Eligible part-time employees earn vacation credits on a pro-rata basis. Full-time employees must be in a full-pay status for the major fraction of a month in order to earn credits for that month. Part-time employees must be in a pay status consistent with their part-time service for each month, or major fraction thereof. On January 2nd, one vacation day is given to all employees eligible to accrue vacation leave.

Though you continue to accumulate vacation credits as outlined above, on January 1st each year your vacation accrual record will be adjusted to reflect a maximum of 40 days.

### SICK LEAVE USAGE

An employee may request sick leave when s/he is unable to perform his/her duties because of a temporary disability. Sick leave may also be used for medical or dental appointments, and a maximum of 30 days a year may be requested for illness or death in his/her immediate family.

Full-time Management/Confidential employees earn sick leave credits at the rate of 1¼ days per month and may accumulate up to a maximum of 200 sick leave days.

Once all sick leave accruals have been exhausted, the College President may grant eligible employees additional sick leave at full salary, partial salary, or without salary.

Upon retirement eligible employees may use up to 200 days of accumulated and unused sick leave credits to offset their health insurance premiums in retirement.

**NYS Paid Family Leave (PFL)** is insurance that provides job protected paid time off for among other reasons, bond with newly born, adopted, or fostered child.

- Eligibility: Employees with a regular work schedule of 20 or more hours per week are eligible after 26 consecutive weeks of employment.
- You are eligible regardless of your citizenship or immigration status.
- In 2022, you can take up to twelve weeks of Paid Family Leave and receive 67% of your average weekly wage, capped at 67% of the New York State average weekly wage. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting Paid Family Leave.

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## **NEW CHILD LEAVE**

Upon approval, an employee 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 month period can begin when the child is released from the hospital. In cases of adoption, unpaid leave for either parent will be granted for 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 permissible accruals. However, charging accruals does not extend the seven-month period.

## **WORKERS COMPENSATION**

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 injury report
- If the injury or illness involves an absence from work or greater than four (4) consecutive work days, a Certification of Health Care Provider (CHCP) form should be completed by your treating health care provider and mailed or faxed to the attention of Ryan Van Wormer, Human Resources, Room 204 Jacobsen Hall, fax # (315) 464-4390
- 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 should 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/custom/expresscomp pharm](http://www.express-scripts.com/custom/expresscomp pharm)

During the first 9 months (39 weeks) 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 geographic differential, shift differential, inconvenience pay, and location 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.



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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 at (315) 464-4943.

## **SECTION 2: EDUCATION AND TRAINING**

For information on available educational and training opportunities, please contact Organizational Training & Development, 7th Floor Jacobsen Hall, phone (315) 464-6125.

## **SECTION 3: HEALTH INSURANCE, DEPENDENT CARE & HEALTH CARE SPENDING ACCOUNT**

### **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 Plan 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 56 days of employment, and remain on the payroll, **will become effective on the 57th day of employment.**

### **NEW YORK STATE HEALTH INSURANCE PROGRAM (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.*

### **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

#### 2023 Copayments

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

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.

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### 2023 Deductible/Coinsurance

Employee	\$1,250/\$3,750
Spouse	\$1,250/\$3,750
Children	\$1,250/\$3,750 for all dependent children combined

*Note: Please refer to the Choices publication and Empire Plan Certificate for additional 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 participating specialist when referred by your primary care physician, are paid in full with the exception of the appropriate copayment (listed below).

#### 2023 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 specialist

*Note: All referrals and hospital admissions must be arranged by your HMO-Blue primary care physician. Non-emergency care received without HMO-Blue 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 HMO-Blue is notified within 48 hours of treatment.*

### **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, are paid in full with the exception of the appropriate copayment (listed below).

#### 2023 Copayments

- \$75 Emergency room copayment (waived if admitted to the hospital)
- \$15 Office visit, 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 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 100% 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 2023 bi-weekly costs for participation in these plans are as follows:

	<b>Individual Coverage</b>	<b>Family Coverage</b>
Salary \$47,023 or Below		
Empire Plan	\$56.01	\$241.79
HMO–Blue	49.00	206.60
MVP	52.54	206.63
Salary \$47,024 or Higher		
Empire	\$74.68	\$287.98
HMO–Blue	65.33	246.29
MVP	70.05	246.97

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 or PFL, 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, 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 need to complete the appropriate sections of the NYS Health Insurance Transaction form (PS-404) and submit to the Upstate 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 in 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 option (e.g. change from MVP to the 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, be a member of a state administered retirement system 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	\$ 5.00	\$10.00	\$ 5.00
Preferred	\$30.00	\$60.00	\$55.00
Non-Preferred	\$60.00	\$120.00	\$110.00

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	\$30.00	\$ 50.00
MVP 90 day	\$0	\$75.00	\$125.00
HMO-Blue 30 day	\$10.00	\$30.00	\$ 50.00
HMO-Blue 90 day	\$20.00	\$60.00	\$100.00

## 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-funder, 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 at 315-464-4858 for form). Applicants should include the first month's premium with the form to ensure the earliest possible effective date of coverage.

### **Additional Information**

If you have any questions, please call the Employee Benefits Division of Civil Service at 518-457-5754 or 1-800-833-4344 between 9:00 am and 3:00 pm.

## **DENTAL INSURANCE**

New York State provides Management/Confidential employees who work at least half time, and their eligible dependents, with a group dental plan; Emblem Health. New employees' coverage under this plan is effective upon completion of 56 days of service.

Payments under this plan are made according to a schedule of allowances, and include all necessary preparation and related services. No additional payments are made for related services such as x-rays, local anesthesia, and post care. If you use a *participating dentist*, you will have no additional expenses for services. Participating dentists limit their fees to the plan's payment schedule. You *must* advise the dentist of your Emblem Health coverage before services are rendered.

Should you elect a non-participating dentist, you will be responsible for any difference between the dentist's fees and the plan's payment schedule.

A pre-determination of benefits is required for any non-emergency dental surgery, prosthetic or orthodontic procedure. A treatment plan describing the proposed course of treatment and the estimated costs must be submitted to Emblem Health before the course of treatment begins. Treatment plans should be sent to Emblem Health at: Emblem Health Dental Professional Review, P.O. Box 2838, New York, NY 10116-2838

Emblem Health will notify your dentist of the amount of benefits approved. There is a \$3,000 maximum annual benefit per person covered under the plan.

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You pay no premium for coverage under this plan. However, there is an annual deductible of \$25.00 per person, with a \$75.00 maximum per family for all services covered by the plan except preventive and diagnostic care, and orthodontics.

Detailed information concerning this plan can be obtained by calling the Emblem Health Preferred Plan toll free number, 800-947-0101.

### **VISION CARE PLAN**

New York State provides a Vision Care Plan for Management/Confidential employees who work at least half-time, and their eligible dependents. New employees' coverage under this plan is effective upon completion of 56 days of service. There is no cost to you for coverage under this plan.

Benefits under this Plan are available to you, your spouse or domestic partner and covered dependents age 19 or over in any 24-month period. Benefits are available to your covered dependents under age 19 once in any 12-month period.

When you or your dependents need vision care services you simply contact a participating provider to schedule an appointment for an examination. Advise the provider that you are covered under the "New York State Program". The provider will call Davis Vision for eligibility, authorization and benefit information. You have 45 days to receive your examination after the provider has received an authorization. You may call 888-588-4823 to verify your eligibility.

A list of participating providers is available by calling Davis Vision at 888-588-4823. A participating provider will accept your Vision Care Plan benefit as payment in full if you select frames and lenses offered by the Plan. If you select non-Plan frames or lenses, you will receive an allowance toward the purchase, and you must pay any difference directly to the provider. If you select Plan contact lenses instead of eyeglasses, you will be required to pay a \$25 or \$45 copayment. If you select contact lenses other than those provided by the Plan, you will receive a \$40 allowance toward the purchase.

If you or your eligible dependents receive services from a non-participating provider, you must pay the provider directly and you will receive an allowance toward the cost of the eye examination and materials. To be reimbursed, you must: 1) Request a claim form from Davis Vision. 2) Present your claim form at the time you receive services. 3) Ask the provider(s) to complete the provider section(s) of the claim form. 4) Sign the claim form and return it to Davis Vision.

The plan also contains an Occupational Vision Benefit for employees only - spouses/ domestic partners and dependents are not eligible for this benefit. The Occupational Vision Benefit covers the cost of job-related eyeglasses if that need is determined by a participating provider through special testing done in conjunction with your regular vision examination. This benefit is available only through a participating provider and in conjunction with your regular vision benefit once in any 24-month period.

### **FLEX SPENDING ACCOUNT 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.

## 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

Because of the tax advantages of a flexible spending account, the Internal Revenue Service has imposed strict limitations on the use of before-tax contributions. One IRS rule, commonly referred to as the “use it or lose it” rule, requires a forfeiture of any amounts credited to your account which are not used to pay eligible expenses during the plan year. 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 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 \$1,000 may be deposited into your DCAA account, provided you are enrolled. The 2023 employer contribution rates are:

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<b>IF YOUR SALARY IS:</b>	<b>THE EMPLOYER CONTRIBUTION IS:</b>
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OVER \$70,000 . . . . .	\$500
\$60,001 - \$70,000 . . . . .	\$600
\$50,001 - \$60,000 . . . . .	\$700
\$40,001 - \$50,000 . . . . .	\$800
\$30,001 - \$40,000 . . . . .	\$900
UP TO \$30,000 . . . . .	\$1000

**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.**

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If you are interested in participating in this Dependent Care Advantage Account, contact the FSA Hotline at 800-358-7202, or visit [www.oer.ny.gov/FSA](http://www.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 \$15,950 withheld from your paycheck pre-tax.

### **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 [www.oer.ny.gov/FSA](http://www.oer.ny.gov/FSA)

## **HEALTH CARE SPENDING ACCOUNT**

The Health Care Spending Account (HCSA) allows State employees to pay for eligible health-related expenses with tax-free dollars. This includes medical, hospital, laboratory, prescription drug, over-the-counter medicines (requires a doctor's prescription or directive to be eligible) and medical supplies, 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 HCSA must be used for expenses incurred during the Plan Year in which it was contributed. For the 2023 Plan Year, the maximum annual contribution allowed by the program is \$3,050 and the minimum annual contribution is \$100.



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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 limits is \$610.

If you meet the eligibility criteria to participate, new employees must enroll online 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 HCSA each fall during an open enrollment period.

If you are interested in participating in the Health Care Spending Account, contact the FSA Hotline at 800-358-7202 or visit [www.oer.ny.gov/FSA](http://www.oer.ny.gov/FSA).

## SECTION 4: OPTIONAL INSURANCE

### GROUP LIFE INSURANCE

New York State offers an optional group term life insurance program for management/confidential employees called "M/C Life," which is currently underwritten by the Metropolitan Life Insurance Company. Employees who enroll pay the full cost of this insurance. Various levels of coverage are offered at competitive group rates. The plan offers term life insurance for employees and their eligible dependents; an accidental death and dismemberment benefit is also included.

Employees who are non-smokers are eligible for a non-smoker premium discount. To be eligible for the reduced premium schedule, an employee must not have smoked cigarettes, cigars, or a pipe for the 12 months preceding either initial enrollment in the program or September 1 of the year in which a change in status is made.

The major features of the plan are:

- Employees may choose between a fixed amount of life insurance or an amount based on annual salary, with a maximum coverage of \$500,000 available. An employee may select \$5,000, \$10,000, or \$15,000 worth of coverage, or may select from one to five times annual salary (but not to exceed \$500,000).
- In the event of death due to an accident prior to age 70, an additional accidental death benefit equal to the full amount of life insurance coverage (to a maximum of \$250,000) is payable to the beneficiary. Double indemnity payments up to \$500,000 are provided if death is caused by an accident that occurred while the employee was traveling on a common carrier (e.g., bus, train, or commercial airline).
- In the event of accidental dismemberment, half of the accidental death benefit is payable for the loss of a hand, foot, or the sight of one eye. The full amount is payable for any combination of these losses from any one accident.
- Dependent group life insurance is also available: up to 50 percent of the enrollee's benefit to a maximum of \$20,000 for a spouse, and in a flat amount of \$4,000 for each eligible child.
- Enrollees may continue group life insurance or convert to an individual policy upon retirement subject to the terms of the policy and provisions of State Insurance Law. If an individual leaves State service prior to retirement, he or she also may purchase an individual conversion policy.

If you do not enroll in this program at the time of employment, you may have to furnish evidence of insurability to qualify for coverage in the future.

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Additional information can be obtained from the Human Resources Benefits Office at (315) 464-4941.

### **M/C PERSONAL INSURANCE PROGRAM (PIP)**

The M/C Personal Lines Insurance Program is an optional program that offers M/C employees automobile, homeowners/renters, and personal (umbrella) liability coverage. It is currently administered by Pearl Carroll and Associates. All M/C employees are eligible to take part in this program and may sign up for any of these coverages at any time. Obtaining umbrella liability insurance, however, may require that underlying automobile or homeowner coverage be written through the same company that provides the umbrella coverage. Employees may elect to pay insurance premiums through payroll deduction or by direct payment.

To receive additional information and/or a personal rate quotation for any of these coverages, employees should contact Pearl Insurance by calling 866-913-0128.

## **SECTION 5: RETIREMENT PROGRAMS**

Management/Confidential employees of Upstate are eligible to elect one of two different retirement programs. **Once an election is made, it cannot be changed during any period of SUNY employment.**

- 1) New York State Employees' Retirement System (ERS)
- 2) SUNY Optional Retirement Program (ORP)

Employees in certain designated titles also qualify for membership in the New York State Teacher's Retirement System (TRS). If you are interested in joining TRS, please contact the Human Resources Office to verify eligibility.

You must elect to join one of these plans within thirty (30) days of your appointment, and you will not be given another opportunity to change to another retirement program. Each of these programs offer certain advantages. You should consider each program in relation to your own particular needs and objectives. If you have a prior membership in any of these retirement programs, please consult with the SUNY Upstate Benefits Office to be sure that you understand your rights and options.

Each of these retirement programs is briefly summarized in the following pages. Additional information can be obtained from the Human Resources Benefits Office.

### **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 contribute throughout active membership (before federal income taxes) base 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 of service credit 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 of service in excess of 20.

*\*Final Average Salary - Average salary with certain limitations, for the highest salaried 60 consecutive months (5 years) 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 (315) 464-4946.

**\*\* Prior Service:** If you have previous service with SUNY, other public employer in New York State or the armed services of the US, please notify the Human Resources Benefits Office. You may be eligible to receive credit (and/or apply for tier reinstatement).

## **THE SUNY OPTIONAL RETIREMENT PROGRAM (ORP) - DEFINED CONTRIBUTION PLAN**

Full-time employees electing this option have the choice of investing in retirement annuity contracts from one or more of four life insurance/annuity companies. These four companies are:

1. Corebridge (formely AIG)
2. Teachers Insurance & Annuity Association – College Retirement Equities Fund (TIAA)
3. VOYA
4. Fidelity Investments

Each of the companies offer a variety of investment choices.

Your employer cannot give you advice with regard to how to invest your retirement plan contributions. You should discuss this with the representative of the company you select. However, among the things you should consider when making this decision are the degree of risk you are willing to assume, other sources and types of income you expect will be available during retirement, and the value to you of broad diversification of the types of investments underlying your pension annuity income.

The phone numbers of the SUNY Optional Retirement Program representatives are:

1. Corebridge (Mr. Taylor Jaquays) ..... (315) 922-2379
2. TIAA (Mr. Darryl Fiasconaro) ..... (315) 477-9004
3. VOYA (Mr. Robert Laferriere) ..... (315) 446-0060
4. Fidelity (Mr. Ken Wood) ..... (718) 916-8354

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Contributions to the ORP for employees hired on or after April 1, 2012 (Tier 6) are:

Employee's contribute throughout active membership (before federal income taxes based on their salary per 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+ maximum salary limitation for 2021 calendar year of \$290,000: 6%*

- SUNY Contribution
- 8% of gross State salary for the first seven years service
  - 10% of gross State salary thereafter

Participation is immediate for employees who own qualifying TIAA, VOYA, Fidelity or AIG Active Employer Sponsored Retirement Annuity Contracts at the time of their employment and elect the SUNY Optional Retirement Program. New annuity contract applications may need to be completed.

Employees who do not own contracts with the companies noted above and elect the SUNY Optional Retirement Program will have State contributions made on their behalf once they complete 366 days of service. At the end of 366 days of service, the State will make a single lump sum contribution with interest for this initial period and then make regular bi-weekly contributions thereafter. If you separate from service before completing 366 days, no State contributions will be made on your behalf.

The employee contributions deducted during the first 366 days, plus interest, will be transmitted at the end of the 366 day period. If service does not continue for 366 days, the employee contributions and accumulated interest will be refunded.

You will receive quarterly reports from your pension plan administrator for each account, listing all activity during the quarter: premiums paid, interest credited, accumulation units (shares) purchased, and the value of your total accumulations. The actual amount of your retirement income will depend on the number of years you participate in the plan, the amount of premiums paid each year, your age at retirement, your investment experience, the income option(s) you select, and other factors.

Detailed information concerning your retirement plan options can be obtained from the Human Resources Benefits Office (315) 464-4964.

### **SUNY VOLUNTARY SAVINGS PROGRAM**

As a SUNY employee, you are eligible to participate in a SUNY Voluntary Savings Program through a 403(b) annuity contract 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 toward your retirement, through reduction of your salary. Your contribution is subtracted from you 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 (315) 464-4951.

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

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

- Your contributions are made automatically through the convenience of payroll deductions.
- 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 \$20.00 (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.

## **SOCIAL SECURITY**

Social Security may provide 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 and *New York State matches this deduction*. For additional information please visit [www.ssa.gov](http://www.ssa.gov).

## **SECTION 6: DISABILITY COVERAGE**

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

### **SUNY GROUP TOTAL DISABILITY INSURANCE PLAN**

Upon completion of one (1) year\* full-time service with SUNY, Management/Confidential employees will automatically be enrolled in this long-term disability plan. The objective of this plan is to ensure a portion part of your income will be protected in the event of a catastrophic illness or injury of long-term (more than 6 months) duration. **There is no cost to you for this protection.**

*\*Note: If your immediate prior employer provided a long-term disability plan which provided similar benefits, you may be eligible to waive the one-year service eligibility requirement.*

The plan provides an income of 60% of your basic monthly salary, to a maximum of \$7,500 per month. These benefits will begin following (6) months of total disability, and will continue during disability or after the disability ceases under the terms outlined in the SUNY LTD Certificate, regardless of eligibility or death, whichever occurs first.

Additional information can be obtained from the Human Resources Benefits Office.

### **ORDINARY DISABILITY RETIREMENT (ERS MEMBERS ONLY)**

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.

### **ACCIDENTAL DISABILITY**

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 negligence.

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.

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## **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 (Phone: 800-772-1213), [www.ssa.gov](http://www.ssa.gov).

## **SECTION 7: DEATH BENEFITS** *(Also refer to Section 4 - Insurance Program)*

If an employee dies while in State service, beneficiaries may receive death benefit payments from the Retirement System the employee elected, the Social Security Administration, and the New York State Civil Service Survivor's Benefit Program for Management/Confidential Employees.

### **RETIREMENT SYSTEM BENEFITS (ERS & TRS MEMBERS ONLY)**

**Ordinary Death Benefit**—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.

At age 61, the death benefit will be reduced by 4% each year you continue in service, up to age 70. It will not be reduced below 60% of the ordinary death benefit payable.

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 preceded age 60.

### **ACCIDENTAL DEATH BENEFITS**

In addition to the above outlined ordinary death benefits, accidental death benefits are payable on behalf of members who die as the direct result of on-the-job accidents which were not caused by the employee's willful negligence. There is no minimum service requirement for the accidental death benefit.

### **SUNY OPTIONAL RETIREMENT PLAN (ORP) BENEFITS**

Should an employee who selected the ORP, die before his/her annuity benefits begin, the full accumulations (both the employee's and the State's contributions and all investment earnings) are payable to the employee's designated beneficiary. Death benefits after retirement, if any, will be determined by the retirement income option selected.

### **THE SURVIVOR'S BENEFIT PROGRAM FOR NYS M/C STATE EMPLOYEES**

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, the 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.

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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 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 at (315)464-4946.

### **N. Y. S. 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; and they may also be eligible for tuition reimbursement at the SUNY level while attending an accredited non-SUNY institution.

Detailed information concerning this program can be obtained from the from the Human Resources Benefits Office.

### **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](http://www.ssa.gov).

## **SECTION 8: MISCELLANEOUS BENEFITS**

### **STATE EMPLOYEES FEDERAL CREDIT UNION**

You and your family members are eligible to join the State Employees Federal Credit Union (SEFCU). 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)**

A parent, grandparent, relative, or friend can set up an account for a future college student. You can even set up an account for yourself. There are no restrictions based on age, income, or state of residence.

Contributions to the account are invested according to the investment options selected by the account owner. The Program's investments are managed by the Vanguard Group, a leading financial services organization.

An account owner sets up an account for a specific beneficiary, the account owner can withdraw money without penalty to pay for the qualified higher education expenses of the beneficiary.

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The Program provides significant tax advantages. New York taxpayers can deduct their contributions up to \$5,000 per year from their New York taxable income. A husband and wife filing jointly can deduct up to \$10,000 per year in contributions. Generally, this deduction will be somewhat more valuable to New York residents than to non-residents. While in the account, earnings are exempt from New York and federal income taxes. Withdrawals used for qualified higher education expenses are also exempt from New York and federal income tax.

The money in the account can be used to pay tuition and other qualified higher education expenses at any eligible public or private college or university, trade, vocational or professional school anywhere. Other qualified higher education expenses include fees, eligible room and board, books, supplies, and required equipment.

An account can be opened with as little as \$15. Employees can also make regular contributions of \$15 or more per paycheck through payroll deduction. For additional information, please call 800-420-8580. Program representatives are available weekdays from 8 a.m. to 11 p.m. EST. You can also visit the NY College Savings Program website at [www.nysaves.com](http://www.nysaves.com).

### **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.

### **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.

### **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 [www.nysride.com](http://www.nysride.com) or by calling 1-866-428-7781 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 \$260 per month allowed by the IRS, effective January 2017.



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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 program and "Perks Connect" 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](http://www.perksatwork.com) to set up your account

Need help registering? Call 518-320-1149

*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.*

# IMPORTANT WEB SITES/ TELEPHONE NUMBERS

Web Site . . . . .Telephone Number

## Upstate Medical University

Health Insurance Office . . . . .	315-464-4858
Workers' Compensation . . . . .	315-464-4945
Leaves of Absence . . . . .	315-464-4943
Paid Family Leave . . . . .	315-464-4964
All Other Benefit Inquires . . . . .	315-464-4923
Emblem Health (Dental) . . . . .	800-947-0101
Davis Vision . . . . .	www.davisvision.com . . . . . 888-588-4823

## 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. Empire Blue Cross and Blue Shield (Inpatient/Skilled Nursing/Transplant  
 Pre-Certification)
- Press 3. Beacon Health Options (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.excellusbcb.com . . . . . 800-499-1275
MVP . . . . .	www.mvphhealthcare.com . . . . . 800-687-6277

## Flex Spending Account

Health Care Spending Account (HCSA) . . . . .	www.goer.ny.gov/FSA . . . . . 800-358-7202
Dependent Care Advantage Account (DCAA)www.goer.ny.gov/FSA . . . . .	800-358-7202

## Retirement Systems

NYS Employees Retirement System . . . . .	www.osc.state.ny.us/retire/ . . . . . 866-805-0990
NYS Teachers Retirement System . . . . .	www.nystrs.albany.ny.us . . . . . 800-348-7298

## Retirement Programs

TIAA . . . . .	www.tiaa.org . . . . . 800-732-8353
VOYA . . . . .	https://sunny.beready2retire.com/ . . . . . 800-584-6001
Corebridge . . . . .	https://sunny.aigrs.com/home . . . . . 888-448-2542
NYS Deferred Compensation Plan (457(b)) . . . . .	www.nysdcp.com . . . . . 800-422-8463
Fidelity . . . . .	www.fidelity.com . . . . . 800-343-0860

## M/C Life Insurance

NYS Department of Civil Service (Division of Employee Benefits)  
 . . . . . www.cs.state.ny.gov . . . . . 800-833-4344

## Other

NYS Governor's Office of Employee Relations . . . . .	www.goer.state.ny.us . . . . . 800-473-8766
NYS Tax Information . . . . .	www.tax.state.ny.us . . . . . 800-CALL-TAX
Social Security Administration . . . . .	www.ssa.gov . . . . . 800-772-1213
Internal Revenue Service . . . . .	www.irs.gov . . . . . 800-829-1040
State Employees Federal Credit Union . . . . .	www.sefcu.com . . . . . 316-428-8822
Employee Assistance Program . . . . .	315-464-5760
Sarah Loguen Child Care Center . . . . .	315-464-4438
NY College Savings Program . . . . .	www.nysaves.com . . . . . 800-420-8580
M/C Personal Insurance Program . . . . .	866-913-0128
Accidental Reporting System (ARS) . . . . .	888-800-0029
NYS Rides (Tax Free Transportation Program) . . . . .	www.nysrides.com . . . . . 866-428-7781



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