

# CLASSIFIED SERVICE EMPLOYEES

*Represented by*  
PUBLIC EMPLOYEES FEDERATION (PEF)

## 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**

*Represented by*  
PUBLIC EMPLOYEES FEDERATION  
(PEF)

December 2021



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## INTRODUCTION - DISCLAIMER

This booklet is a general guide to the benefit programs available to new employees of SUNY Upstate Medical University (“Upstate”) represented by the Public Employees Federation (PEF) and serving in positions in the professional, scientific and technical unit. 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 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         | 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     |                  |

*\*Floating holiday - Employees required to work will receive a compensatory day which must be taken within 12 months.*

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, will 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 annual salaried employees and part-time employees working a fixed number of hours five days per week or who work at least half-time on a bi-weekly basis are eligible to earn vacation and sick leave. Employees compensated on a per diem or hourly basis must have a regular work schedule of at least 3 3/4 hours per day, five days per week, and complete “qualifying” service of 19 payperiods without a break of more than one complete pay period before being eligible to earn vacation and sick leave.

### VACATION

Generally, full-time employees start to earn vacation upon completion of 13 qualifying pay periods. Six and one-half (6-1/2) 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 credits on a pro-rata basis.

From the second through seventh year of employment “bonus” vacation days are earned, equal to one vacation day for each year of completed service. After completing seven years service, bonus vacation days are no longer credited. Once 20 years or more of service are completed, additional bonus days accrue as follows:

| <u>Years Service</u> | <u>Additional Days</u> |
|----------------------|------------------------|
| 20–24                | 1                      |
| 25–29                | 2                      |
| 30–34                | 3                      |
| 35 or more           | 4                      |

On April 1st each year, vacation 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 15 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. The maximum amount of sick leave that can be accumulated is 200 days. Eligible part-time employees earn sick leave credits on a pro-rata basis.

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 may be eligible for sick leave at half-pay after exhausting all other leave credits (i.e. sick leave, vacation, holiday comp, etc.). Sick leave at half pay entitlement accumulates at the rate of one payperiod for each completed six months of State service. To qualify for sick leave at half pay, an employee must be absent because of **personal** incapacity verified by his/her physician, and have been absent for at least 10 consecutive days, at least 5 of which have been charged to sick leave. Sick leave at half-pay may be granted in full-day units only.

## **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 or adoption 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 be charged to vacation, holiday compensatory time, overtime-compensatory time, or personal leave credits. However, use of leave credits does not extend the seven-month period.

## **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, extraordinary weather conditions, etc.) subject to departmental approval. A new full time employee is given 5 days of personal leave and is then 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.

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.



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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.

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 & 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 Organizational Training & Development, 7th floor, Jacobsen Hall, phone (315) 464-6125, website <http://www.upstate.edu/hr/training>.

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

### 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.

#### 2022 Copayments

- \$100 Emergency room copayment (waived if admitted to the hospital)
- \$50 Outpatient hospital visit copayment
- \$95 Outpatient surgery copayment
- \$20 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 coinsurance limit (listed below) is met the plan will pay 100% of reasonable and customary charges for the remainder of the calendar year.

#### 2022 Deductible/Coinsurance

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

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

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## 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).

### 2022 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, are paid in full with the exception of the appropriate copayment (listed below).

### 2022 Copayments

\$75 Emergency room copayment (waived if admitted to the hospital)

\$25 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 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 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% of the cost of the premium for individual coverage and 69% of the cost of dependent coverage provided under the Empire Plan. The State pays 84% of the individual coverage and 69% 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 2022 bi-weekly costs for participation in these plans are as follows:

|                    | <b>Individual Coverage</b> | <b>Family Coverage</b> |
|--------------------|----------------------------|------------------------|
| <b>Empire Plan</b> | <b>\$67.85</b>             | <b>\$261.73</b>        |
| <b>HMO-Blue</b>    | <b>61.91</b>               | <b>233.33</b>          |
| <b>MVP</b>         | <b>70.39</b>               | <b>236.91</b>          |

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

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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 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 enrolment 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 retirement if you have other coverage, or suspend health insurance coverage after you retire.

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## PRESCRIPTION DRUG PROGRAM

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

### Empire Plan

|                      | <b>Retail<br/>30 day</b> | <b>Retail<br/>90 day</b> | <b>Mail Order<br/>90 day</b> |
|----------------------|--------------------------|--------------------------|------------------------------|
| <b>Generic</b>       | \$ 5                     | \$10                     | \$ 5                         |
| <b>Preferred</b>     | \$30                     | \$60                     | \$55                         |
| <b>Non-Preferred</b> | \$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:

| <b>HMO</b>      | <b>Tier 1</b> | <b>Tier 2</b> | <b>Tier 3</b> |
|-----------------|---------------|---------------|---------------|
| 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.

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## 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 employees represented by the Public Employees Federation who work at least half time, and their eligible dependents, with a group dental plan; **Emblem Health Preferred Dental Plan**.

New eligible employees' coverage under this plan will begin on the 57th calendar day of employment.

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 GHI 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 is begun. 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.

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.

Additional information can be obtained by calling Emblem Health at 800-947-0101.

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## **VISION CARE PLAN**

New York State provides a Vision Care Plan for employees represented by the Public Employees Federation 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 eligible child(ren) every 24-months. 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 contact 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 1-888-588-4823 or visit the Davis Vision website to verify your eligibility.

A list of participating providers is available by calling Davis Vision at or visit the Davis Vision website. 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, depending on the lenses selected. If you select contact lenses other than those provided by the Plan, you will be required to pay \$25/\$40 copayment plus 80% of balance over the retail allowance.

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 (DCAAccount) and the Health Care Spending Account (HCSAccount). 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 DCAAccount and/or HCSAccount.

*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 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 \$800 may be deposited into your DCAA account, provided you are enrolled. The 2022 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 . . . . .       | \$300 |
| \$60,001 - \$70,000 . . . . . | \$400 |
| \$50,001 - \$60,000 . . . . . | \$500 |
| \$40,001 - \$50,000 . . . . . | \$600 |
| \$30,001 - \$40,000 . . . . . | \$700 |
| UP TO \$30,000 . . . . .      | \$800 |

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



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## HEALTH CARE SPENDING ACCOUNT

The Health Care Spending Account (HCSAccount) allows State employees to pay for health-related expenses with tax-free dollars. This includes medical, hospital, laboratory, prescription drug, dental, over-the-counter medicines (requires a doctor's prescription or directive to be eligible) and medical supplies, vision and hearing expenses that are not reimbursed by your insurance. To be reimbursed through the HCSAccount, 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 HCSAccount program for the following individuals:

- yourself
- your spouse and
- your eligible tax dependents

Before participating in the HCSAccount 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 HCSAccount. 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 2022 Plan Year, the maximum annual contribution allowed by the program is \$2,750 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 HCSAccount.

You will forfeit any money that remains in your account. **You will have until March 31 of the following year to send in claims for expenses you incurred the previous year.** Any forfeitures will be used by the State to offset the costs of administering the program. This is the "use it or lose it" feature of the plan, as required by the Internal Revenue Code.

To participate, new employees must enroll online within sixty (60) calendar 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 the Health Care Spending Account, contact the FSA Hotline at 800-358-7202 or visit [www.goer.ny.gov/FSA](http://www.goer.ny.gov/FSA).

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## **SECTION 4: OPTIONAL INSURANCE PROGRAMS**

### **TERM LIFE INSURANCE**

The Public Employees Federation (PEF) sponsors a Term Life Insurance Plan exclusively for its active due paying members, underwritten by Sun Life Financial Company. Employees selecting this optional insurance pay the full cost of coverage, which is offered at attractive rates.

There are five basic Life Insurance options available under this plan:

- \$20,000
- 1x annual salary
- 2x annual salary
- 3x annual salary
- 4x annual salary
- 5x annual salary

All options include Accidental Death and Dismemberment Coverage 24 hours a day, both on and off the job and an accelerated death benefit for terminal illness at no additional cost. For an additional charge, a waiver of premium option is also available.

Dependent coverage is also available under this plan providing \$20,000-100,000 life insurance for qualified spouse/domestic partner and \$4,000 life insurance for each eligible child. Additional protection is available through a Survivors Income Protection Option which provides \$200 per month to the eligible beneficiary.

If you have any questions or desire additional information, please call or write the PEF Membership Benefits Program Office:

1168 Troy-Schenectady Road  
P.O. Box 12414  
Albany, NY 12212-2414  
800-342-4306, ext. 243, option 2

### **PERSONAL LINES**

The Personal Lines Insurance Program is an optional payroll deduction plan that provides PEF members with automobile, homeowners, renters and umbrella liability insurance. MetLife or Liberty Mutual offer competitive rates and the convenience of payroll deduction.

If you have any questions or desire additional information, please call MetLife at 1-800-438-6388 or Liberty Mutual at 1-888-747-2146.

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## SECTION 5: RETIREMENT COVERAGE - DEFINED BENEFITS PLAN

### N.Y.S. EMPLOYEES' RETIREMENT SYSTEM (ERS)

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) 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 \$225,000: 6%*

A member with 10 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 10 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 of service 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 \$225,000) 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.

### 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 \$20.00 (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.

Detailed information may be obtained by calling (toll free) 800–422–8463.

### **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 eligibility and the cost (if any).

### **SUNY VOLUNTARY SAVINGS PROGRAM - 403(b)**

As a SUNY employee, you are eligible to participate in the Tax Deferred Retirement 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 (315) 464-4951.

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

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## SECTION 6: DISABILITY COVERAGE

### DISABILITY RETIREMENT ALLOWANCE

#### 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.

### PEF SHORT-TERM DISABILITY INSURANCE PLAN

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

The Public Employees Federation (PEF) offers you an **optional** Short Term Disability Protection Plan, underwritten by Sun Life Financial Company. Coverage is NOT AUTOMATIC. Employees wishing this optional insurance coverage must enroll in this plan. You must also *join* the PEF union in order to be eligible. Premiums can be deducted from your bi-weekly paychecks.

To avoid being subject to a medical health statement review, employees are required to enroll within 120 calendar days of employment as a PEF represented employee. Members can select a 26-week duration plan and choose a weekly benefit of \$100, \$200, \$300, \$400 or \$500. Disability benefits are payable:

- on the 1st day of an accident
- on the 8th day of an illness

This policy covers you for either job or non-job-related injury or illness. Benefits will not be reduced by sick leave pay, other pay, or have other insurance coverage. If you have any questions or desire additional information, please call or write the PEF Membership Benefits Program Office:

1168 Troy-Schenectady Road  
P.O. Box 12414  
Albany, NY 12212-2414  
800-342-4306, ext. 243

### PEF LONG-TERM DISABILITY INSURANCE PLAN (PEF LTD)

The Public Employee Federation (PEF) offers an **Optional Long Term Disability Plan**, underwritten by Sun Life Financial Company. Employees wishing this optional insurance coverage must enroll in this plan. Coverage is NOT AUTOMATIC. Employees wishing this optional insurance coverage must enroll in this plan. You must also *join* the PEF union in order to be eligible. Premiums can be deducted from your bi-weekly paychecks.

All active due paying *members* of the Public Employees Federation (PEF) who work at least 35 hours biweekly on a regularly scheduled basis, are eligible to participate in this plan.

After a six month waiting period, the plan replaces 50% or 60% of your monthly income. You do not have to be *permanently* disabled to qualify for these benefits. Benefits are offset by income from workers compensation, sick pay, social security, NYS Disability/Retirement pension benefits, and any other group or association benefits for disability, retirement or unemployment.

The cost of the plan is based on your annual salary and your age.

For an application and brochure, contact the PEF Membership Benefits Program at 1-800-342-4306 ext. 243.

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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 other disability plan. Additional information concerning this benefit can be obtained from the Social Security Administration (800-772-1213).

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

If an employee dies while in active 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.

If you are in service 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 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 (315) 464-4946.

### **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.

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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.

For additional information, please contact the Human Resources Benefits Office at (315) 464-4946.

### **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 (315) 464-4945.

### **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 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 \$25. Employees can 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 464–5760 or (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 [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 2016.

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.



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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 accounts

Need help registering? Call 518-320-1194

*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.

### **PUBLIC EMPLOYEES' FEDERATION SPONSORED MISCELLANEOUS BENEFITS**

Your union offers several attractive programs for its membership. The following is a listing of some of these benefits. You can speak to your union representative for further information concerning these programs.

**Voluntary Legal Service Plan** — The Public Employees Federation (PEF) has endorsed a Legal Service Plan, which for a low cost, affords its members and their families the opportunity to purchase comprehensive legal benefits, including:

- A basic will
- Unlimited legal advice/consultation via toll-free numbers
- Consumer & Credit Resolution
- Simple document review
- Discounted fees on major legal matters
- Referral to local attorneys at discounted rates
- An optional business protection rider and Elder Law rider that are available for an additional annual charge.
- For an application, contact membership benefits at 800-342-4306 x243

**Theme/Amusement Park Discounts** — PEF members and their families can receive special discounts on admission at the following theme parks: Busch Gardens, Universal Studios, and Sea World. Each summer, a variety of family amusement parks also offer PEF members special admission discounts.

**Travel Program** — PEF Travel Corp. is a full service travel agency. The agency can serve all of your travel needs from airline tickets to complete vacation planning. Special travel packages are offered. PEF members receive a rebate on all travel booked and paid for through the agency. Call 800-767-1840, for additional information.

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**Driver Safety Training** — This 6-hour class is offered through the National Traffic Safety Institute at a special reduced fee. NTSI may be contacted at 800-541-5154

**Car Rental Services** — Car rental discounts are available to PEF members through the Alamo, Avis and National Rental Car Companies. Discounts range from 10% to 30%, depending on location. These discounts can be utilized for both personal and business travel.

If you have any questions or desire additional information, please call or write the PEF Membership Benefits Program Office:

1168 Troy-Schenectady Road  
P.O. Box 12414  
Albany, NY 12212-2414  
800-342-4306 x243

**Other Discounts** — Please refer to the PEF Website ([www.pef.org](http://www.pef.org)) for additional discounts on goods and services, such as baseball park discounts, video rental discounts, movie ticket discounts, and ski discounts.

# 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 |
| All Other Benefit Inquires . . . . . | 315-464-4923 |

## PEF Membership Benefits Programs

|  |                       |
|--|-----------------------|
| Life Insurance and Short Term Disability Insurance . . . . . | 800-342-4306 ext. 243 |
| Automobile, Homeowners/Tenant Insurances . . . . .           | 800-342-4306 ext. 243 |
| Legal Service Plan . . . . .                                 | 800-833-4557          |
| Hospital Indemnity Insurance . . . . .                       | 800-487-8004          |
| Car Rentals and Magic Kingdom Card . . . . .                 | 800-342-4306 ext. 243 |
| Long-Term Disability . . . . .                               | 800-233-3394          |
| Travel Program . . . . .                                     | 800-767-1840          |

**Emblem Health (Formerly GHI Preferred Dental)** . . . . . [www.ghi.com](http://www.ghi.com) . . . . . 800-947-0101

**Davis Vision** . . . . . [www.davisvision.com](http://www.davisvision.com) . . . . . 888-588-4823

**Empire Plan** . . . . . [www.cs.ny.gov](http://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 . . . . . <a href="http://www.excellusbcbcs.com">www.excellusbcbcs.com</a> . . . . . | 800-499-1275 |
| MVP . . . . . <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a> . . . . .      | 800-687-6277 |

## Flex Spending Account

|  |              |
|--|--------------|
| Health Care Spending Account (HCSA) . . . . . <a href="http://www.goer.ny.gov/FSA">www.goer.ny.gov/FSA</a> . . . . .     | 800-358-7202 |
| Dependent Care Advantage Account (DCAA) . . . . . <a href="http://www.goer.ny.gov/FSA">www.goer.ny.gov/FSA</a> . . . . . | 800-358-7202 |

## Retirement Savings

NYS Employees Retirement System . . . . . [www.osc.state.ny.us/retire/](http://www.osc.state.ny.us/retire/) . . . . . 866-805-0990

## Optional Retirement Programs

|  |              |
|--|--------------|
| TIAA . . . . . <a href="http://www.tiaa.org">www.tiaa.org</a> . . . . .  | 800-732-8353 |
| VOYA . . . . . <a href="https://suny.prepare4myfuture.com/emadmin/landingpage.action">https://suny.prepare4myfuture.com/emadmin/landingpage.action</a> . . . . . | 800-584-6001 |
| AIG . . . . . <a href="http://www.valic.com">www.valic.com</a> . . . . .   | 800-448-2542 |
| Fidelity . . . . . <a href="http://www.fidelity.com">http://www.fidelity.com</a> . . . . .   | 800-343-0860 |
| NY State Deferred Compensation Plan 457(b) . . . . . <a href="http://www.nysdcp.com">www.nysdcp.com</a> . . . . .  | 800-422-8463 |

## NYS Department of Civil Service (Division of Employee Benefits)

. . . . . [www.cs.state.ny.gov](http://www.cs.state.ny.gov) . . . . . 800-833-4344

## Other

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| NYS Tax Information . . . . . <a href="http://www.tax.state.ny.us">www.tax.state.ny.us</a> . . . . .                 | 800-CALL-TAX |
| Social Security Administration . . . . . <a href="http://www.ssa.gov">www.ssa.gov</a> . . . . .                      | 800-772-1213 |
| Internal Revenue Service Information . . . . . <a href="http://www.irs.gov">www.irs.gov</a> . . . . .                | 800-829-1040 |
| State Employees Federal Credit Union . . . . . <a href="http://www.sefcu.com">www.sefcu.com</a> . . . . .            | 315-428-8822 |
| Employee Assistance Program . . . . .  | 315-464-5760 |
| Sarah Loguen Child Care Center . . . . .   | 315-464-4438 |
| NY College Savings Program . . . . . <a href="http://www.nysaves.com">www.nysaves.com</a> . . . . .                  | 800-420-8580 |
| Public Employee Federation . . . . . <a href="http://www.pef.org">www.pef.org</a> . . . . .                          | 800-342-4306 |
| Accident Reporting System (ARS) . . . . .  | 888-800-0029 |
| NYS Rides (Tax Free Transportation Program) . . . . . <a href="http://www.nyrides.com">www.nyrides.com</a> . . . . . | 866-428-7781 |

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

