

# FACULTY AND PROFESSIONAL STAFF EMPLOYEES

Represented by  
UNITED UNIVERSITY PROFESSIONS (UUP)

## 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.



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SUMMARY OF EMPLOYEE BENEFITS  
FOR  
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PROFESSIONAL STAFF  
EMPLOYEES**

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(UUP)



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# INTRODUCTION - DISCLAIMER

This booklet is a general guide to the benefit programs available to new faculty and professional staff employees of SUNY Upstate Medical University ("Upstate") who are represented by the United University Professions (UUP) and serving in positions in the State University Professional Services Negotiating Unit. It does not provide complete details or descriptions. Please contact the appropriate representative(s) noted on page 27 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	Columbus Day
Martin Luther King Day	Election Day
Lincoln's Birthday*	Veterans Day
Memorial Day	Thanksgiving Day
Independence Day	Day after Thanksgiving**
Labor Day	Christmas Day

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

\*\* The President of the SUNY Upstate Medical University has designated the day after Thanksgiving as an official holiday in lieu of Washington's birthday.

An employee who is eligible to observe holidays who is required to work on a holiday will be granted a compensatory day off. An employee who is eligible to observe Thanksgiving or Christmas, and is required to work on such holiday, will be granted one and one-half compensatory days off or one and one half days pay. Compensatory days off should be scheduled at times mutually convenient to the employee and his/her department. Any such days must be used within one year of accrual or they will be forfeited.

### VACATION AND SICK LEAVE ACCRUALS

Employees who serve on a full-time basis, are eligible to accrue credits for vacation and sick leave during the term of their professional obligation as follows:

Years of Service	Vacation Accrual Rate (in days)
Less than 2	1 1/4 a month (15 days annually)
2	1 1/3 a month (16 days annually)
3, 4, 5	1 1/2 a month (18 days annually)
6	1 2/3 a month (20 days annually)
7 or more	1 3/4 a month (21 days annually)

To accrue credits for vacation and sick leave during each month, eligible full-time employees must be in a full-pay status for such month, or major fraction thereof.

\*Effective July 1, 2015, part-time faculty (those whose duties primarily consist of teaching) or professional staff employees earn vacation and sick leave credit on the basis of their annual salary as follows:

*Number of Courses:	Receive:
1	1/4 day per month
2	1/2 day per month
3	1 day per month

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### **Employees Initially Hired on or after July 1, 2018:**

Employees who work-receive:

.20 to <.40 FTE - 1/4 day per month

.40 to <.60 FTE - 1/2 day per month

.60 to <.80 FTE - 1 day per month

.80 to <1.00 FTE - 1 1/4 day per month

To accrue vacation credit during each month, eligible part-time employees must be in a pay status consistent with their part-time service for such month, or major fraction thereof.

An employee's total vacation leave credits may exceed 40 days during the calendar year, but the employee must use their days over 40 or forfeit them on the last day of the calendar year.

### **SICK LEAVE USAGE**

An employee may request sick leave when s/he is unable to perform his/her duties because of a temporary mental or physical disability. Subject to approval of the College President, up to a maximum of 30 days per contractual year (July 2 - July 1) may be requested for illness or death in his/her immediate family.

All full and part-time faculty and professional staff employees accrue sick leave credits on the same basis as vacation credits above, and may accumulate up to a maximum of 200 sick leave days.

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

Upon retirement, with 10 or more years of benefits-eligible service, employees may use up to 200 days of accumulated 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 2020, you can take up to ten weeks of Paid Family Leave and receive 60% of your average weekly wage, capped at 60% 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.

### **NEW CHILD LEAVE**

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



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## **SABBATICAL LEAVE**

*Academic employees* and certain administrative officers, with at least six (6) years of consecutive SUNY employment, or those who have completed at least six (6) years of service since their last sabbatical leave, are eligible for sabbatical leave.

The objective of a sabbatical leave is to increase an employee's value to SUNY through planned travel, study, formal education, research, writing, and/or other experience of professional value.

The President may grant a sabbatical leave for one-year at half-basic salary, or for six-months at full basic salary. Employees will *not* earn vacation or sick leave credits while on sabbatical leave, and must agree, in writing, to serve a minimum of one year upon return, and to submit a detailed report of professional activities and accomplishments while on sabbatical leave.

## **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 Susan Gasiorowski, 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.

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## 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 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, 4th floor, Jacobsen Hall, phone 315-464-6125, website <http://www.upstate.edu/hr/training>.

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

### ELIGIBILITY

The following employees are eligible for health insurance under the New York State Health Insurance Plan (NYSHIP) coverage for themselves and/or their dependents (which will include a qualified domestic partner).

- Full-time faculty and professional staff;
- Part-time (non-casual) faculty and professional staff employees who have a professional obligation is at least half time.
- Part time academic employees who teach six or more credit hours

### EFFECTIVE DATE OF COVERAGE

Coverage for eligible employees who enroll within the first 42 days of employment, and remain on the payroll, **will become effective on the 43rd day of employment.**

### NYSHIP OPTIONS

1. The Empire Plan
2. HMO – Blue
3. MVP Health Plan

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

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## 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.

### 2020 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.

### 2020 Deductible/Coinsurance

#### Salary \$38,650 or below 2020 deductible/coinsurance

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

#### Salary \$38,651 or above 2020 deductible/coinsurance

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

**NOTE:** Please refer to the Choices publication and Empire Plan Certificate for 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).

### 2020 Copayments

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

## MVP

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

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

## 2020 Copayments

\$75 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

**Note:** Hospital admissions must be arranged by your primary care physician. Non-medical care received without the 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.

## **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 2020 bi-weekly costs for participation in these plans are as follows\*:

	<b>Individual Coverage</b>	<b>Family Coverage</b>
<b>Annual Salary \$45,197 or below</b>		
Empire	<b>\$44.63</b>	<b>\$196.04</b>
HMO-Blue	<b>47.64</b>	<b>190.68</b>
MVP	<b>81.74</b>	<b>194.82</b>
<b>Annual Salary \$45,198 or above</b>		
Empire	<b>\$59.51</b>	<b>\$233.35</b>
HMO-Blue	<b>62.58</b>	<b>227.29</b>
MVP	<b>96.30</b>	<b>232.25</b>

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

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 (PS404) and submit to the Human Resources Benefits Office.

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 (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 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 eligible service; be at least 55 years of age and have coverage at the time you retire. You may, defer coverage at time of retirement if you have other coverage, or 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.

<b>Empire Plan</b>	<b>Retail 30 day</b>	<b>Retail 90 day</b>	<b>Mail Order 90 day</b>
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:

<b>HMO</b>	<b>Generic</b>	<b>Preferred</b>	<b>Non-preferred</b>
MVP 30 day	\$10.00	\$30.00	\$ 50.00
MVP 90 day	\$25.00	\$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 for form). Applicants should include the first month's premium with the form to ensure the earliest possible effective date of coverage.

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## 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

### Delta Dental PPO Program

The Delta Dental "PPO", or Preferred Provider Organization, allows eligible UUP members to utilize dental providers both in and out of the PPO network. Additionally, UUP members will have access to the larger Delta Dental Premier network. The plan covers preventive and diagnostic services at 100% of the dental network allowance with a total annual maximum benefit of \$2,500 per eligible member and/or dependent. Orthodontic services are available for both children and adults.

**Freedom of Choice of Dentists:** You can select any dentist you want for service and receive applicable benefits.

**In-Network Dentists:** You can locate an in-network dentist by calling Delta Dental Customer Service at 800-471-7093, or by visiting [www.deltadentalins.com/uup](http://www.deltadentalins.com/uup)

### DELTA DENTAL DHMO PROGRAM (DELTACARE USA):

The DeltaCare USA plan is being offered to UUP members as an alternative dental option. In addition to the original Delta Dental PPO plan, DeltaCare USA is an HMO-type dental program that is designed to encourage regular visits to the dentist by having no copayments on most diagnostic and preventive benefits. The plan covers most preventive and diagnostic services at 100%. Reduced costs for basic restorative services. Orthodontic services are available for both children and adults.

**You must select a dentist that has contracted specifically with DeltaCare USA.** If you receive services from any other dental facility there would be no coverage. This dentist will serve as your primary care dentist. You can locate a DeltaCare dentist by calling Delta Dental Customer Service at 800-471-7093 or by visiting [www.deltadentalins.com/uup](http://www.deltadentalins.com/uup)

## VISION CARE

The United University Professions (UUP) Benefit Trust Fund provides employees in the Professional Services Negotiating Unit who are eligible for enrollment in the NYSHIP with vision benefits (Davis Vision).

**Note:** *the union benefit fund exists solely to provide benefit coverage to UUP-represented employees. The cost is funded by payments UUP negotiates for, and receives from, NYS. Union dues do not pay for these benefits.*

New employees become eligible for coverage as soon as they complete 42 days of continuous service. Eligible employees who transfer directly from another state agency, will become eligible for benefits the day after their previous coverage ends.

Eligible members and dependents receive benefits from Davis Vision once every 12 months. The plan allows payment for one pair of eyeglasses without a co-payment (from a select frame assortment) or plan-covered contact lenses with a co-payment. Davis vision will send eligible employees a listing of participating providers. If a member chooses to use a non-participating provider, s/he will be eligible for reimbursement of \$10 for the exam and \$35 for glasses, frames or contact lenses. Additional benefits (such as scratch coating and upgraded frames) are available to members at a discounted cost.

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## 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 **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.



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If you are eligible, an employer contribution of up to \$800 may be deposited into your DCAA account, provided you are enrolled. The 2020 employer contribution rates are:

<b>IF YOUR SALARY IS:</b>	<b>THE EMPLOYER CONTRIBUTION IS:</b>
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 31<sup>st</sup> following the year in which the services were rendered.**

If you are interested in participating in this Dependent Care Advantage Account, contact the DCAA Hotline at 800-358-7202, or visit [www.flexspend.ny.gov](http://www.flexspend.ny.gov).

### **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 \$13,810 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.flexspend.ny.gov](http://www.flexspend.ny.gov)

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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 2020 Plan Year, the maximum annual contribution allowed by the program is \$2,700 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) 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 1-800-358-7202 or visit [www.flexspend.ny.gov](http://www.flexspend.ny.gov).

## SECTION 4: INSURANCE PROGRAMS

### GROUP LIFE INSURANCE

The United University Professions (UUP) provides a \$6,000 group life insurance plan exclusively for all active members and agency fee payers of UUP. There is no cost to you for enrollment in this Plan, which is effective the date you are placed on the State payroll. Additional information concerning this plan is contained in the UUP Benefit Trust Fund Benefit Booklet, or can be obtained from your union representative at 315-422-5028, or the UUP Benefits Office at 1-800-342-4206.

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Full-time faculty in the College of Medicine who have State appointments may be eligible for \$150,000 of life insurance coverage. This coverage is provided at no cost to eligible faculty members by the Medical Service Group Governing Board and the Chief Administrator's Fund. Participants also have the option of purchasing additional insurance at group rates. Additional information can be obtained by calling the Human Resources Benefits Office at 315-464-4942, or Stacy Mehlek at 315-464-5239.

### **OPTIONAL GROUP INSURANCE PROGRAMS**

The United University Professions (UUP), through its affiliation with the NYS United Teachers (NYSUT) and the American Federation of Teachers (AFT), has contracted with various insurance carriers to provide its members with a variety of low-cost group term life, accident, auto, homeowners, and disability insurance plans. Employees selecting any of these optional plans pay the full cost of coverage. Additional information concerning any of these plans can be obtained from your local union office at 315-422-5028, or the UUP Benefits Office at 1-800-342-4206.

## **SECTION 5: RETIREMENT PROGRAMS**

Full-time faculty or professional staff employees of Upstate are eligible to elect one of two different retirement programs:

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

Part time employees who are appointed with other than a "term" appointment may join ERS, but are not eligible to enroll in the ORP.

Employees in certain designated faculty, librarian, and management 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 Benefits Office to verify eligibility.

Full time employees must elect to join one of these plans within thirty (30) days of their appointment. This is the only opportunity they will have to make an election. Each of these programs offer certain advantages. You should consider each program in relation to your own particular needs and objectives.

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

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 credit is eligible for a vested benefit which entitles him/her to a retirement allowance as early as age 55.

In the event an employee with less than 10 years of service credit terminates employment, his/her contributions, plus interest, may be withdrawn upon request.

The formulas noted below will generally apply for Tier 6 members retiring at age 63 or later:

- with at least 10, 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 during 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.*

Additional information concerning this plan is contained on the ERS website, or 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 forces 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 the following four companies. These four companies are:

- 1) 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, or with your financial advisor. 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) AIG (Mr. Taylor Jaquays) . . . . . (315) 922-2379
- 2) TIAA (Mr. Darryl Fiasconaro) . . . . . (315) 477-9004
- 4) VOYA (Mr. Brendan Dunuwila) . . . . . (315) 446-0100
- 5) Fidelity (Mr. Ken Woods) . . . . . (718) 916-8354

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

Employee Contribution • 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%*

• 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 must 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 do not serve at least 366 days, no State contributions will be made.

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 investment provider(s) 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 315-464-4946.

### **SUNY VOLUNTARY SAVINGS PROGRAM**

As a SUNY employee, you are eligible to participate in the 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 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.

For additional information, please contact the Human Resources Benefits Office at 315-464-4966.

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## N.Y.S. DEFERRED COMPENSATION PLAN - 457b

The NYS 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 split into three tiers (Retirement Safe 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.

Additional information may be obtained from 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. *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, faculty and professional staff employees will automatically be enrolled in this plan. Also, **part-time** (non-casual) faculty and professional staff employees will also be enrolled after one year of service, if they are employed at 50% FTE or more. If your immediate prior employer provided a long-term disability plan which provided similar benefits, you may be entitled to a waiver of the 1-year service requirement.

**\*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 objective of this plan is to ensure that a portion 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 eligible employees for this coverage.**

The plan provides an income of 60% of 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.

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

### **Ordinary Disability Retirement**

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

### **ACCIDENTAL DISABILITY**

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 Employee's Retirement System 866-805-0990.

### **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** *(Please also refer to Section 4 Insurance Programs)*

If an employee dies while in State service, beneficiaries may be entitled to receive death benefit payments, depending upon the Retirement System the employee elected.

### **NYS EMPLOYEES' RETIREMENT SYSTEM BENEFITS**

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 for tier 2, 3 or 4 members. 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 are not caused by the employee's willful negligence. There is no minimum service requirement for the accidental death benefit.

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

Should an employee who elected 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.

## **SURVIVOR'S BENEFIT PROGRAM FOR NY STATE UUP REPRESENTED 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.

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, 315-464-4923.

## **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 of \$255 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).



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## **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.

The Credit Union has a branch office on 704 South Crouse Ave., Syracuse, NY, as well as branches in Cicero, downtown Syracuse and Midler Ave, Syracuse, NY.

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.

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 SUNY Upstate Medical University 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.

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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 at 315-464-5760.

### **UNITED UNIVERSITY PROFESSIONS (UUP) SPONSORED BENEFITS**

Through its own efforts and its affiliation with the New York State United Teachers (NYSUT) and the American Federation of Teachers (AFT), UUP offers several additional optional programs for its members. For detailed information, contact your local union representative at 315-422-5028, the UUP Benefits Office 800-342-4206 or visit [www.uupinfosyr.org](http://www.uupinfosyr.org).

### **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 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 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 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.*

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**\*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 UW C-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.

# IMPORTANT WEB SITES/ TELEPHONE NUMBERS

Web Site . . . . . Telephone Number

## Upstate Medical University

Health Insurance Office . . . . .	464-4941
Workers' Compensation . . . . .	464-4945
Leaves of Absence . . . . .	464-4943
Retirement . . . . .	464-4946
All Other Benefit Inquires . . . . .	464-4923

## UUP Offices

Administrative Office . . . . .	<a href="http://www.uupinfo.org">www.uupinfo.org</a>	800-342-4206
Local Chapter . . . . .	<a href="http://www.uupinfosyr.org">www.uupinfosyr.org</a>	422-5028

## UUP Benefit Trust Fund . . . . . 800-UUP-FUND

Delta Dental . . . . .	<a href="http://www.deltadentalins.com/uup">www.deltadentalins.com/uup</a>	800-471-7093
Davis Vision . . . . .	<a href="http://www.davisvision.com">www.davisvision.com</a>	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.excellusbcb.com">www.excellusbcb.com</a>	800-499-1275
MVP . . . . .	<a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>	800-687-6277

## Flex Spending Account . . . . . [www.flexspend.ny.gov](http://www.flexspend.ny.gov)

Health Care Spending Account (HCSA) . . . . .	800-358-7202
Dependent Care Advantage Account (DCAA) . . . . .	800-358-7202

## Retirement Systems

NYS Employees Retirement System . <a href="http://www.osc.state.ny.us/retire/">www.osc.state.ny.us/retire/</a> . . . . .	866-805-0990
NYS Teachers Retirement System . . . . . <a href="http://www.nystrs.albany.ny.us">www.nystrs.albany.ny.us</a> . . . . .	800-348-7298

## Retirement Programs

TIAA . . . . .	<a href="http://www.tiaa.org">www.tiaa.org</a>	800-732-8353
VOYA . . . . .	<a href="https://suny.beready2retire.com/">https://suny.beready2retire.com/</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">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

## New York State United Teachers (NYSUT)

General Information . . . . .	<a href="http://www.nysut.org">www.nysut.org</a>	800-342-9810
Member Benefits Department . . . . .	<a href="http://www.member-benefits.nysut.org">www.member-benefits.nysut.org</a>	800-626-8101

## American Federation of Teachers (AFT) . . . . . [www.aft.org](http://www.aft.org) 800-238-1133

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## IMPORTANT WEB SITES/ TELEPHONE NUMBERS

Web Site . . . . . Telephone Number

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

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

### **Other**

NYS Tax Information . . . . . [www.tax.state.ny.us](http://www.tax.state.ny.us) . . . . . 800-CALL-TAX

Social Security Administration . . . . . [www.ssa.gov](http://www.ssa.gov) . . . . . 800-772-1213

Internal Revenue Service . . . . . [www.irs.gov](http://www.irs.gov) . . . . . 800-829-1040

State Employees Federal Credit Union . . . . . [www.sefcu.com](http://www.sefcu.com) . . . . . 428-8822

Employee Assistance Program . . . . . 464-5760

Sarah Loguen Child Care Center . . . . . 464-4438

NY College Savings Program . . . . . [www.nysaves.com](http://www.nysaves.com) . . . . . 800-420-8580

Accident Reporting System (ARS) . . . . . 888-800-0029

NYS Rides (Tax Free Transportation Program) . [www.nyrides.com](http://www.nyrides.com) . . . . . 866-428-7781





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