

# HOUSE 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.



---

SUMMARY OF EMPLOYEE BENEFITS

FOR

HOUSE STAFF  
EMPLOYEES

REPRESENTED BY  
UNITED UNIVERSITY PROFESSIONS  
(UUP)

March 2014

**3**

---



---

# TABLE OF CONTENT

<b>Introduction</b> .....	<b>7</b>
<b>SECTION 1:</b> .....	<b>7</b>
<b>Holidays, Vacations &amp; Leaves of Absence</b> .....	<b>7</b>
VACATION .....	7
SICK LEAVE .....	8
NEW CHILD LEAVE .....	8
WORKERS' COMPENSATION .....	8
FAMILY MEDICAL LEAVE ACT (FMLA) .....	9
<b>SECTION 2:</b> .....	<b>9</b>
<b>Health Insurance &amp; Dependent Care</b> .....	<b>9</b>
ELIGIBILITY .....	9
EFFECTIVE DATE OF COVERAGE .....	9
NYSHIP OPTIONS .....	9
THE EMPIRE PLAN .....	9
MVP .....	10
COST OF COVERAGE .....	10
HOW TO ENROLL .....	11
CHANGE OF ENROLLMENT STATUS .....	11
CHANGE OF PLAN OPTION .....	11
ADDITIONAL INFORMATION .....	12
PRESCRIPTION DRUG PROGRAM .....	12
DENTAL INSURANCE .....	12
TRADITIONAL PLAN .....	12
VISION CARE .....	13
FLEX SPENDING ACCOUNT (FSA) PROGRAM .....	13
DEPENDENT CARE ADVANTAGE ACCOUNT .....	14
HEALTH CARE SPENDING ACCOUNT .....	15
<b>SECTION 3:</b> .....	<b>16</b>
<b>Insurance Programs</b> .....	<b>16</b>
GROUP LIFE INSURANCE .....	16
OPTIONAL GROUP INSURANCE PROGRAMS .....	16
LONG TERM CARE INSURANCE .....	16
MALPRACTICE PROTECTION .....	16
<b>SECTION 4:</b> .....	<b>17</b>
<b>Retirement Programs</b> .....	<b>17</b>
N.Y.S. EMPLOYEES' RETIREMENT SYSTEM (ERS) .....	17
THE SUNY OPTIONAL RETIREMENT PROGRAM (ORP) .....	18
PRIOR SERVICE .....	19

SPECIAL ANNUITY PROGRAM.....	19
N.Y.S. DEFERRED COMPENSATION PLAN .....	19
SOCIAL SECURITY.....	19
<b>SECTION 5:</b> .....	<b>20</b>
<b>Disability Coverage</b> .....	<b>20</b>
SUNY GROUP TOTAL DISABILITY INSURANCE PLAN .....	20
SOCIAL SECURITY DISABILITY ALLOWANCE .....	20
<b>SECTION 6:</b> .....	<b>20</b>
<b>Death Benefits</b> <i>(Please also refer to Section 4 Insurance Programs)</i> .....	20
SURVIVOR'S BENEFIT PROGRAM FOR STATE EMPLOYEES .....	20
SOCIAL SECURITY BENEFITS .....	21
<b>SECTION 7:</b> .....	<b>21</b>
<b>Miscellaneous Benefits</b> .....	<b>21</b>
STATE EMPLOYEES FEDERAL CREDIT UNION .....	21
SUNY UPSTATE MEDICAL UNIVERSITY CHILD CARE CENTER .....	21
NEW YORK'S COLLEGE SAVINGS PROGRAM .....	21
EMPLOYEE ASSISTANCE PROGRAM (EAP) .....	22
UNITED UNIVERSITY PROFESSIONS (UUP) SPONSORED BENEFITS .....	22
CAMPUS ACTIVITIES BUILDING (CAB) MEMBERSHIP .....	22

---

# INTRODUCTION

This booklet is a general guide to the benefit programs available to House Staff employees of the 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. You should contact the appropriate representative(s) noted on page 23 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

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. 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

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

<b>Years of Service</b>	<b>Vacation Accrual</b>
0-1	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 leave during each month, eligible full-time employees must be in a full-pay status for such month, or major fraction thereof.

---

On January 2, one vacation day is added to the accrual balance of all employees eligible to accrue vacation leave.

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

In the event of death, retirement, resignation or other nondisciplinary separation from service, an employee will be compensated for any accumulated and unused vacation leave credit, not to exceed a maximum of 30 days. This payment will be computed on the basis of the basic annual salary otherwise payable.

## **SICK LEAVE**

An employee may request sick leave when s/he is unable to perform his/her duties because of a temporary disability. Subject to approval of the College President, up to a maximum of 30 days between 7/2 - 7/1 of the succeeding year may be requested for illness or death in the employee's immediate family.

Sick leave credits accrue at the same monthly rates noted in the vacation section, and may accumulate up to a maximum of 200 sick leave days.

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

## **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 birth of his/her child. If a child is required to remain hospitalized following birth, at the employee's request, the seven month period can begin when the child is released from the hospital. In cases of adoption, unpaid leave for either parent will be granted 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.

## **WORKERS' COMPENSATION**

Employees who incur an occupational injury or disease may also be eligible for benefits provided under the New York State Workers' Compensation Law. Reporting all work-related injuries and illnesses is critical to ensuring that workers' compensation claims are handled properly.

Here are the steps you take to report a work-related injury or illness:

- If you haven't done so already, notify your supervisor.
- Complete an Injury Report and submit it to your supervisor within 24 hours of the incident.
- If the injury or illness involves an absence from work, medical documentation should be completed by your treating health care provider and mailed or faxed to Human Resources, Room 204 Jacobsen Hall, fax # 464-4390.
- State employees must also call the Accident Reporting System toll-free number 888-800-0029 to report a work-related injury or illness.
- Pursuant to new regulatory requirement enacted in March, 2007, the New York State Insurance Fund (NYSIF) has entered into an agreement with Express Scripts, Inc. which is a pharmacy network through which employees who incur a work-related injury/illness obtain their medications. If you are obtaining medication through a workers compensation claim, you should obtain that medication through a pharmacy that participates in the pharmacy network by calling the 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).



---

## **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 or 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 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:**

## **HEALTH INSURANCE & DEPENDENT CARE**

### **ELIGIBILITY**

The following employees are eligible for health insurance under the New York State Health Insurance Plan (NYSHIP) coverage for themselves and/or their eligible families members (which includes qualified domestic partners).

- Full-time faculty and professional staff;
- Part-time house staff employees who are employed at a salary rate which will yield total compensation of \$14,147 or more.

### **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 each of these plans and participating directories.*

### **THE EMPIRE PLAN**

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

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

#### 2014 Copayments

- \$70 Emergency room copayment (waived if admitted to the hospital)
- \$30 Outpatient hospital visit copayment
- \$60 Outpatient surgery copayment
- \$20 Office visit, laboratory, radiology

Claims for services by providers who do not participate in the Plan 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.

2014 Deductible/Coinsurance

Employee	\$1,000/\$3,000
Spouse	\$1,000/\$3,000
Children	\$1,000/\$3,000 for all dependent children combined

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

**HMO-BLUE**

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

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

2014 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).

2014 Copayments

- \$50 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

**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 cost for 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 2014 bi-weekly costs for participation in these plans are as follows:

	<b>Individual Coverage</b>	<b>Family Coverage</b>
Empire Plan	\$53.78	\$191.35
HMO-Blue	\$164.59	\$449.08
MVP	\$72.44	\$221.78

---

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 continue coverage. 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 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.

## HOW TO ENROLL

Employees who wish to enroll need to complete the appropriate sections of the NYS Health Insurance Transaction form and submit it to the Upstate Human Resources Benefits Health Insurance office.

Proof of eligibility must be provided in order for you and your eligible dependent(s) to enroll in NYSHIP.

Enrollee and Spouse:

- Documentation of Date of Birth (Birth Certificate\* or Valid Passport)
- Documentation of Social Security Number (Social Security Card)
- \* You must provide original Birth Certificate from the Bureau of Vital Statistics or a certified copy from a hospital or other governing body (i.e. raised or multi color seal). Copies cannot be accepted.

Spouse (in addition to above):

- Documentation of Marriage (Marriage License). If your marriage license is over one year old, you must also submit proof of financial interdependence (most recent joint tax return).

All Children:

- Documentation of Date of Birth (Birth Certificate\*)
- Documentation of Social Security Number (Social Security Card)
- \*You must provide original Birth Certificate from the bureau of Vital Statistics or a certified copy from a hospital or other governing body (i.e. raised or multi color seal). Copies cannot be accepted.

In addition the following may be required:

- Domestic Partner (with completed PS-425)
- Documentation of Adoption (i.e. Final Custody Documents, Legal Custody Documentation if covering before adoption finalized)
- Other Children PS-457 must be completed

## CHANGE OF ENROLLMENT STATUS

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

## 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. This is not an open enrollment period.

---

## ADDITIONAL INFORMATION

Specific information on the NYSHIP is provided in these booklets available from the Human Resources Benefits Office, or by visiting <http://www.cs.ny.gov/ebd>

1. "NYSHIP General Information Book and Empire Plan Certificate for Employees of the State of New York represented by UUP",
2. "NYSHIP General Information Book for Employees of the State of New York represented by UUP",
3. "Choices",
4. "Rates and Deadlines"

## PRESCRIPTION DRUG PROGRAM

Each of the health insurance options provides prescription drug coverage for covered employees and dependents. This is not an open enrollment period.

### Empire Plan

	<b>Retail 30 Day</b>	<b>Retail 90 Day</b>	<b>Mail Order 90 Day</b>
Generic	\$ 5	\$10	\$ 5
Preferred	\$25	\$50	\$50
Non-Preferred	\$45	\$90	\$90

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 under the Health Maintenance Organization options are as follows:

<b>HMO</b>	<b>Generic</b>	<b>Preferred</b>	<b>Non-preferred</b>
HMO-Blue	\$10	\$30	\$50
MVP	\$10	\$30	\$50

## DENTAL INSURANCE

### Traditional Plan

The UUP Benefit Trust Fund provides employees in the Professional Services Negotiating Unit who are eligible for enrollment in the New York State Health Insurance Program with dental benefits (Delta Dental). 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, the state. Union dues and agency shop fees 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 employees are free to select a dentist of their choice. The participating dentists have entered into an agreement with Delta Dental to abide by established policies regarding services, charged fees and other matters. A listing of participating dentists can be obtained from directory listings available from the UUP Benefit Trust Fund or by calling Delta Dental.

---

For eligible members, diagnostic, and preventative services are covered at 100% of the local Usual and Customary and Reasonable (UCR) fees. For basic restoration services, coverage is 80%, major services and orthodontics, coverage is 50% of (UCR) fees. Orthodontics are covered for eligible enrollees, spouses, and dependent children under the age of 19, or under age 25 if a full-time student.

When using a participating dentist, the dentist will receive payment and the member will receive an explanation of benefits. The dentist will bill the patient for the remaining balance up to Delta Dental's approved amount. When using a non-participating dentist, the member will receive the payment (calculated on a UCR basis) and be responsible for payment of the non-participating dentist's total fee.

*Special Notes:*

- *For charges in excess of \$500, a pre-determination is required.*
- *Claims submitted six months or more beyond the date of service will not be eligible for payment.*
- *Dental benefits may be based on the least costly treatment that conforms to generally accepted dental practice.*
- *Orthodontic benefits may be pro-rated for treatment begun before the patient is covered.*

Claim forms are available at your local UUP chapter office, the Human Resources Benefits Office, the UUP Benefit Trust Fund, or the UUP website.

## **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, the state. Union dues and agency shop fees 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 may 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 up to \$35 for glasses, frames or contact lenses. Additional benefits (such as scratch coating and upgraded frames) are available to members at a discounted cost.

## **FLEX SPENDING ACCOUNT (FSA) 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 2014 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-\$50,001	\$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, you may contact the Upstate Benefits Office for an application ((315) 464-4923). You may also contact the FSA Hotline at 800-358-7202, or visit [www.flexspend.ny.gov](http://www.flexspend.ny.gov).

### **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, over the counter drug expenses (requires a doctor's prescription or directive to be eligible), dental, vision and hearing expenses that are not reimbursed by your insurance. To be reimbursed through the 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 2014 Plan Year, the maximum annual contribution allowed by the program is \$2,500 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.

Your Plan Year contribution amount will be prorated over the remaining pay periods. You will also have an opportunity to enroll in the HCSAccount each fall during an open enrollment period.

If you are interested in participating in this Health Care Spending Account, you may contact the Upstate Benefits Office for an application (315) 464-4923. You may also contact the FSA Hotline at 800-358-7202, or visit [www.flexspend.ny.gov](http://www.flexspend.ny.gov).

---

## **SECTION 3:**

# **INSURANCE PROGRAMS**

### **GROUP LIFE INSURANCE**

The United University Professions (UUP) provides a \$6,000 group life insurance plan exclusively for employees it represents. 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 422-5028, or the UUP Benefits Office at 1-800-342-4206.

Arrangements have also been made with the Hartford Life Insurance Company to provide residents of Upstate with a \$34,000 group life insurance plan. This coverage, which is provided at no cost to residents, begins on the first day of employment and continues while employed as a resident at Upstate. Additional information can be obtained by calling the David B. Schultz Insurance Agency at (315) 474-6419.

### **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 the UUP website, your local union representative at 422-5028, or the UUP Benefits Office at 1-800-342-4206.

### **LONG TERM CARE INSURANCE**

The New York Public and Employee and Retiree Long Term Care Insurance Plan (NYS PERL) is available to New York State employees and retired employees, as well as their spouses, domestic partners, dependent children ages 18 through 24, parents and parents-in-law. New York State employees and retirees who are eligible for the State's health insurance program are eligible to apply.

The New York State Department of Civil Service selected MedAmerica Insurance Company of New York to insure and administer NYS PERL.

Long-term care encompasses a wide variety of services for personal or custodial care that help a person perform activities of daily living, such as bathing and dressing, to remain as independent as possible.

Active employees are not be required to submit proof of medical eligibility if they enroll within 60 days of employment. Eligible family members must meet MedAmerica's medical underwriting requirements for acceptance into the plan.

For more information or to order and enrollment kit, call toll free 1-866-474-LTCI (5824) or visit the NYS PERL website at [www.nyperl.net](http://www.nyperl.net)

### **MALPRACTICE PROTECTION**

In most situations, the State University of New York and Upstate provide liability protection for current and/or future claims related to events occurring while you are/were performing assigned and approved training activities at University Hospital. This coverage is provided at no cost to residents.

For additional information, please contact Risk Management at (315) 464-6178.



---

## SECTION 4:

### RETIREMENT PROGRAMS

Full-time House 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)

In accordance with guidance provided by SUNY system Administration, Unclassified Service "temporary status" full time employees have the option of joining one of these plans within thirty (30) days of their appointment.

If an employee (part-time or full-time) fails to enroll during the initial election period, they may enroll in the applicable retirement plan at a later date, however their "tier" membership will be based on their future enrollment date. Each of these programs offer certain advantages. You should consider each program in relation to your own particular circumstances, needs and objectives.

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

#### **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.* 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+:	6%

A member with 10 or more years of 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.

Additional information concerning this plan is contained in the pamphlet, "**Your Retirement Plan**", which is available on the ERS website, or can be obtained from the Employees Retirement System (866) 805-0990, or from the Human Resources Benefits Office (464-4946).

---

## THE SUNY OPTIONAL RETIREMENT PROGRAM (ORP)

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

1. VALIC
2. Teachers Insurance & Annuity Association – College Retirement Equities Fund (TIAA-CREF)
3. Metropolitan Life & Affiliated Companies (MetLife)
4. ING

Each of the companies offer a variety of investment choices. Some of the factors you should consider when making your investment decisions 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) VALIC (Mr. Mark Nardella) . . . . . (315) 530-7458
- 2) TIAA-CREF (Mr. Darryl Fiasconaro) . . . . . (315) 477-9001
- 3) MET LIFE (Mr. Giulio Lustrinelli) . . . . . (315) 451-4020 ext. 1032
- 4) ING (Mr. Adrian Dunuwila) . . . . . (315) 471-0200

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

- |                       |   |
|-----------------------|---|
| Employee Contribution | <ul style="list-style-type: none"><li>• (before federal income taxes) based on their salary per the schedule below</li></ul>                            |
|                       | \$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+: 6%  |
| SUNY Contribution     | <ul style="list-style-type: none"><li>• 8% of gross State salary for the first 7 years service</li><li>• 10% of gross State salary thereafter</li></ul> |

Participation is immediate for employees who own qualifying TIAA-CREF, ING, MetLife, or VALIC contracts at the time of their employment and elect the SUNY Optional Retirement Program. A new annuity contract application 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 pension plan administrator for each account, listing all activity during the quarter: premiums paid, interest credited, accumulation units (shares) purchased, and the value of your total accumulations.

---

The actual amount of your retirement income will depend on the number of years you participate in the plan, the amount of premiums paid each year, your age at retirement, your investment experience, the income option(s) you select, and other factors.

Detailed information concerning your retirement plan options can be obtained from the Human Resources Benefits Office (315) 464-4946.

### **PRIOR SERVICE**

If you have prior SUNY service and were a member of the ORP, please notify the Human Resources Benefits Office. If you elect ERS and 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 service credit (and/or tier reinstatement).

### **SPECIAL ANNUITY PROGRAM**

As a SUNY employee, you are eligible to participate in a Special Annuity Program through a 403(b) annuity contract with ING, MetLife, TIAA-CREF, or VALIC, 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. The amount you contribute to this plan will not be taxed to you until you start withdrawing monies during your retirement years.

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

### **N.Y.S. DEFERRED COMPENSATION PLAN**

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.
- You can invest in your choice of 29 different investment options.
- The Small Business Jobs Act of 2010 permits Deferred Compensation Plan participants to make Roth (post-tax) contributions. Roth designated contributions are deducted from participants paycheck on an after tax basis. Participants select the total percentage or amount to be deferred from your paycheck and how that amount is allocated between regular pre-tax deferrals and Roth designated deferrals.
- An annual fee of \$20.00 (assessed semi-annually) will be charged to each New York State Deferred Compensation Plan participant regardless of the investment fund(s) selected.
- Participants are also charged a variable asset-based fee that is assessed against investment returns.

Additional information may be obtained by calling 800-422-8463.

### **SOCIAL SECURITY**

Social Security may provide income when family earnings are reduced or cease upon retirement, disability, or death. Social Security retirement benefits are based on your salary history up to the maximum Social Security taxable wage base.

Each pay period, payroll deductions for Social Security are taken from your check and *New York State matches this deduction*. For additional information, please visit [www.ssa.gov](http://www.ssa.gov).

---

## SECTION 5:

### DISABILITY COVERAGE

#### SUNY GROUP TOTAL DISABILITY INSURANCE PLAN

Upon completion of one (1) year **full-time** service with SUNY, employees will automatically be enrolled in this long term disability plan. Also, **part-time** employees will also be enrolled after one year of service, if they are employed at a salary rate which will yield a total compensation of at least \$14,147 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.

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 you for this protection.

The plan provides an income of 60% of your basic monthly salary, to a maximum of \$7,500 per month. These benefits will begin following (6) months of total disability, and will continue during disability until age 65, or death, whichever occurs first.

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

#### 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 6:

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

If a House Staff employee dies while in State service, their beneficiaries may receive death benefit payments from the following sources:

#### SURVIVOR'S BENEFIT PROGRAM FOR STATE EMPLOYEES

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

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

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.

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

## **SECTION 7:**

### **MISCELLANEOUS BENEFITS**

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

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

The Credit Union has an administrative office located at 195 New Karner Road, Albany, New York, and a branch office at 721 South Crouse Avenue, Syracuse.

Additional information can be obtained from the Credit Union branch office (315) 428-8822.

#### **SUNY UPSTATE MEDICAL UNIVERSITY 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.

#### **NEW YORK'S COLLEGE SAVINGS PROGRAM**

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 1-800-420-8580. Program representatives are available weekdays from 8 a.m. to 9 p.m. EST. You can also visit the NYS College Savings Program website at [www.ny529atwork.com](http://www.ny529atwork.com).

### **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 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 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), your union offers several additional optional programs for its membership. For detailed information, contact your local union representative at (315) 422-5028 or visit the UUP, NYSUT, and/or AFT websites.

### **CAMPUS ACTIVITIES BUILDING (CAB) MEMBERSHIP**

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

## IMPORTANT WEB SITES/ TELEPHONE NUMBERS

Web Site . . . . Telephone Number

### Upstate Medical University

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

### UUP Offices

Administrative Office . . . . .	www.uupinfo.org . . . . .	800-342-4206
Local Chapter . . . . .		422-5028

### UUP Benefit Trust Fund

Delta Dental . . . . .	www.deltadentalins.com/uup . . . . .	800-UUP-FUND
Davis Vision . . . . .	www.davisvision.com . . . . .	800-999-5431

### Empire Plan

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

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

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

### Health Maintenance Organizations

HMO/Blue . . . . .	www.excellusbcbs.com . . . . .	800-447-6269
MVP . . . . .	www.mvphhealthcare.com . . . . .	800-687-6277

### Flex Spending Account

Health Care Spending Account . . . . .	www.flexspend.state.ny.gov . . . . .	800-358-7202
Dependent Care Advantage Account . . . . .	www.flexspend.ny.gov . . . . .	800-358-7202

### Retirement Programs

TIAA-CREF . . . . .	www.tiaa-cref.org . . . . .	800-842-2776
ING . . . . .	www.ingretirementplans.com/custom/suny . . . . .	800-677-4636
MetLife . . . . .	www.metlife.com . . . . .	800-662-0916
VALIC . . . . .	www.valic.com . . . . .	800-892-5558
Fidelity . . . . .	https://enrollonline.fidelity.com . . . . .	800-502-7526
NY State Deferred Comp Plan 457(b) . . . . .	www.nysdcp.com . . . . .	800-422-8463
NYS Teachers Retirement System . . . . .	www.nystrs.albany.ny.us . . . . .	800-348-7298
NYS Employees Retirement System . . . . .	www.osc.state.ny.us/retire/. . . . .	866-805-0990

### New York State United Teachers (NYSUT)

General Information . . . . .	www.nysut.org . . . . .	800-342-9810
Member Benefits Department . . . . .	www.memberbenefits.nysut.org . . . . .	800-626-8101

### American Federation of Teachers (AFT)

	www.aft.org . . . . .	800-238-1133
--	-----------------------	--------------

### Other

NYS Department of Civil Service (Division of Employee Benefits) . . . . .	www.cs.state.ny.gov . . . . .	800-833-4344
NYS Tax Information . . . . .	www.tax.state.ny.us . . . . .	800-CALL-TAX
Social Security Administration . . . . .	www.ssa.gov . . . . .	800-772-1213
Internal Revenue Service . . . . .	www.irs.gov . . . . .	800-829-1040
State Employees Federal Credit Union . . . . .	www.sefcu.com . . . . .	428-8822
Employee Assistance Program . . . . .		464-5760
SUNY Upstate Medical University Child Care Center . . . . .		464-4438

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