

# 2020

## Benefits Quick Reference Guide

Graduate Student



The Research  
Foundation for

The State University of New York

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This *Benefits Quick Reference Guide* provides you with an at-a-glance view of your comprehensive benefits package, which includes health care coverage, dental and vision benefits, income protection if you become disabled, and even special benefits that can help you save money on expenses related to your work commute. For detailed information about your RF benefits, refer to the *Benefits Handbook for Graduate Student Employees* or log on to the RF Benefits Website at [www.rfsuny.org/benefits](http://www.rfsuny.org/benefits) any time 24 hours a day, 7 days a week. On the site you'll find everything you need to know about your benefits, including handbooks, forms and helpful contact information.

## Eligibility

A graduate student employed by the Research Foundation in an RF student title who is receiving an annual salary of at least \$4,293, and who is appointed to a position for which funds are anticipated to be available for a period of at least one semester; or a fellow of the RF receiving an annual stipend of at least \$4,293 is eligible for health care, dental and vision coverage. International SUNY graduate students can be eligible for the plan if they hold an F-visa or J-visa.

### Who Is an Eligible Dependent?

Your eligible dependents may include a spouse, domestic partner or child up to age 26. These dependents are eligible for health, dental and vision care coverage.

### Eligibility During the Summer

You do not need to be in active pay status to continue coverage under the Graduate Student Employee Health Plan during the summer period; however, you must have been covered by the plan during the preceding semester, be expected to be reappointed in the fall, and pre-pay your entire share of the employee premium for the summer period.

### Benefits Continuation

You can continue your health care, dental and vision coverage for a limited time after you are no longer on the RF's payroll.

You must continue to pay any required premiums during the continuation period, and there are limits to how long you can continue your benefits coverage. For more information about COBRA continuation, refer to the *Graduate Student Employee Health Plan Summary Plan Description*. You may also be able to purchase less expensive coverage through the national Health Insurance Marketplace. Refer to [www.healthcare.gov](http://www.healthcare.gov) for more information.

## A Quick Look at Eligibility for Graduate Student Employees

If You Are a ...	Benefit Eligibility	Waiting Period
Graduate student employee with a minimum annual salary of \$4,293 or a scholar receiving a fellowship annual stipend of at least \$4,293	Health Care	None
	Dental and Vision Care	None
Graduate student employee	Unemployment Insurance	None
	Workers' Compensation	None
	New York State Short-Term Disability	28 days
	RF Ride Commuter Transit Benefit	None
	New York State Paid Family Leave	26 weeks or 175 working days, depending on schedule

# Health Care

## Health Care

The RF's Graduate Student Employee Health Plan (GSEHP) provides hospital, medical and prescription drug benefits for you and your eligible dependents. The provider network for hospital and medical care is offered through UMR (a United Healthcare company) and other provider networks, and includes student health centers. Prescription drug benefits are administered by Express Scripts.

This plan gives you the flexibility to visit any health care providers you choose, but visiting in-network providers can save you money and the time associated with filing claims for reimbursement. For most types of care received in-network, you pay only a copayment at the time you receive services. Preventive care services have no copayment.

### Eligibility

A graduate student employee of the RF receiving an annual salary of at least \$4,293 or a scholar receiving a fellowship stipend of at least \$4,293.

### When Coverage Begins

On the day you are hired or your first day of eligible employment, if you choose to enroll.

### How You and the RF Share the Cost

The RF pays 90 percent of the cost for individual coverage and 75 percent of the cost for dependent coverage. You pay the balance through biweekly payroll deductions. You also are responsible for paying any copayments and coinsurance at the time you receive services. Fellows pay the full cost for individual and dependent coverage.

### How to Enroll

You can enroll through Self Service ([www.rfsuny.org/selfservice](http://www.rfsuny.org/selfservice)) within 45 days of your employment or otherwise becoming eligible, and annually during Open Enrollment.

You will have a choice of individual, individual + one, or family coverage. You will need to list your covered dependents.

If you are unable to enroll online, download the Health Plan Enrollment form from the RF Benefits Website ([www.rfsuny.org/benefits](http://www.rfsuny.org/benefits)), complete and return it to your campus Benefits Office.

## Health Insurance Marketplace

You have the option to evaluate and consider whether coverage through the national Health Insurance Marketplace ([www.healthcare.gov](http://www.healthcare.gov)) will better meet your health care needs. Since you are eligible for the GSEHP as a graduate student employee, it is unlikely that the Marketplace will offer you a better plan. However, you should visit the site to learn more, and decide for yourself.

## Dental Care

Participation in the Dental Care plan is automatic when you enroll in the GSEHP. The plan is offered through Delta Dental and provides you and your eligible dependents coverage for preventive services (exams and cleanings), basic services (fillings), major services (dentures and bridges) and orthodontics. In the Dental Care plan, you have the freedom to visit any licensed dentist, but your costs are usually lowest when you see a dentist in the plan's network. Delta Dental dentists will also file claim forms for you and accept payment directly from the plan. Nonparticipating providers will submit a claim to Delta Dental, which will reimburse you according to the plan's benefits. You may have to pay for the services first.

### Eligibility

A graduate student employee of the RF receiving an annual salary of at least \$4,293 or a scholar receiving a fellowship stipend of at least \$4,293.

### When Coverage Begins

On the day you are hired or your first day of eligible employment, if you choose to enroll.

### How You and the RF Share the Cost

The RF pays 90 percent of the cost for individual coverage and 75 percent of the cost for dependent coverage. The graduate student share is included in the GSEHP payroll deduction. Fellows pay the full cost for individual and dependent coverage. You also are responsible for paying any copayments and coinsurance at the time you receive services.

### How to Enroll

Enrollment is automatic when you enroll in the Health Care plan.

## Vision Care

When you enroll in the GSEHP, you will automatically be enrolled in the Vision Care plan. This plan provides quality vision care services and products at a reasonable cost. The plan is administered by Davis Vision, Inc., and covers the full cost of an eye examination, lenses and frames from the plan selection once in a 12-month period. Contact lenses (in the plan collection) can be selected in lieu of eyeglasses. You receive a discount on your cost above the plan's allowance: 20 percent for frames and lenses and 15 percent for contact lenses. If you use a provider outside of the plan's network, the benefits will be much lower, based on a fixed-dollar schedule. Visionworks are in-network retail locations in the state of New York.

### Eligibility

A graduate student employee of the RF receiving an annual salary of at least \$4,293 or a scholar receiving a fellowship stipend of at least \$4,293.

### When Coverage Begins

On the day you are hired or your first day of eligible employment, if you choose to enroll.

### How You and the RF Share the Cost

The RF pays 90 percent of the cost for individual coverage and 75 percent of the cost for dependent coverage. The graduate student share is included in the GSEHP payroll deduction. Fellows pay the full cost for individual and dependent coverage. You also are responsible for paying any copayments and coinsurance at the time you receive services.

### How to Enroll

Enrollment is automatic when you enroll in the Health Care plan.

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## International Business Travel and Health Care Assistance

To support our research, education and training activities around the globe, the RF provides international travel assistance coverage as well as health insurance benefits for eligible employees traveling overseas on official RF business. Some coverage is also available to your accompanying dependents.

## GeoBlue Traveler

GeoBlue Traveler provides up-front payment guarantees to hospitals and physicians worldwide for non-routine medical care.

GeoBlue also provides Worldwide Emergency Assistance Services, including global security services and a travel assistance call center that provides access to numerous services 24 hours a day, 365 days a year.

### Eligibility

RF employees traveling outside the country on official RF business. Your spouse/domestic partner and/or your children are covered if they are traveling with you.

### When Coverage Begins

Coverage begins when international travel is scheduled.

### How You and the RF Share the Cost

The RF pays the full cost for this coverage.

### How to Enroll

Contact your campus Benefits Office for information or visit the RF Benefits Website ([www.rfsuny.org/benefits](http://www.rfsuny.org/benefits)). On the website, select *Graduate Student Employees > International Travel* to download your materials.

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## Disability and Income Protection

### Workers' Compensation

If you are unable to work because of an injury or illness directly caused by your job, Workers' Compensation coverage will pay you up to two-thirds of your average weekly wages (up to the maximum benefit set by the New York State Workers' Compensation Board). Income replacement benefits begin seven days after the day the disability begins and continue until your physician approves your return to work. If the disability extends beyond 14 days, income replacement benefits will be retroactive to the first day of the disability.

### Eligibility

All RF employees.

### When Coverage Begins

You are covered as of your first day of active work.

### How You and the RF Share the Cost

The RF pays the full cost for this coverage.

### How to Enroll

You are automatically enrolled in this benefit.

## ***Paid Family Leave***

The New York State Paid Family Leave Program provides job-protected, paid leave to bond with a new child, care for a loved one with a serious health condition or to help relieve family pressures when someone is called to active military service.

### **Eligibility**

Employees with a regular schedule of 20 or more hours per week are eligible after 26 continuous weeks of employment. Employees with a regular schedule of less than 20 hours per week are eligible after 175 days worked.

### **When Coverage Begins**

Once your Paid Family Leave is approved, your benefits begin on the first day of your leave.

### **How You and the RF Share the Cost**

As required by the State of New York, this program is entirely funded with employee contributions, made through payroll deduction.

### **How to Enroll**

You are automatically enrolled in this benefit; participation is not optional. However, if you believe you qualify for a waiver, contact Human Resources.

## ***New York State Short-Term Disability***

If you are unable to work for more than seven days because of an eligible off-the-job illness or injury, this coverage pays you 50 percent of your average weekly salary (up to the maximum benefit of \$170 per week) for up to 26 weeks, including time you receive sick leave benefits. However, benefits end if your current appointment ends. If you are eligible for leave under the Family and Medical Leave Act (FMLA), the period of time you are out for that leave runs concurrently with the time period under New York State Short-Term Disability.

No benefits are paid under this coverage for any disability that is the result of injury or sickness sustained during the performance of an illegal act (for example, driving while intoxicated) or any act of war.

### **Eligibility**

All RF employees. Fellows are not eligible.

### **When Coverage Begins**

If you established eligibility with a previous employer, there is no waiting period for this coverage. If you were not eligible with a previous employer, coverage for full-time employees begins after four consecutive weeks of service; for part-time employees, coverage begins after 25 regular workdays.

### **How You and the RF Share the Cost**

The RF pays the full cost for this coverage.

### **How to Enroll**

You are automatically enrolled in this benefit.

## ***Unemployment Benefits***

This coverage pays you 50 percent of your average weekly wage (up to \$405 per week) if you involuntarily terminate employment with the RF. Benefits begin after a seven-day waiting period and end when you are no longer unemployed or after 26 weeks.

You can file your claim for unemployment insurance benefits online using the Department of Labor website or by calling the Telephone Claims Center at 888-209-8124 (for New York state residents) or 877-358-5306 (for out-of-state residents). Your campus Benefits Office will provide you with a record of employment slip that includes your exact date of termination.

### **Eligibility**

Employees who involuntarily terminate employment with the RF.

### **When Coverage Begins**

There is a seven-day waiting period after you file your claim. The first week of unemployment is an unpaid waiting week.

### **How You and the RF Share the Cost**

The RF pays the full cost of this benefit.

### **How to Enroll**

Enrollment is automatic.

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## Savings and Discounts

### *College Savings Program*

This benefit allows RF employees to set aside up to \$5,000 per year (\$10,000 per year for a married couple) to pay for the higher education expenses of a specific beneficiary, including yourself. Your contribution will be deductible from New York state gross income, and earnings will not be taxed by state or federal government.

#### Eligibility

Employees who use payroll direct deposit.

#### When Coverage Begins

You can withdraw money without tax penalty to pay for the beneficiary's qualified higher education expenses.

#### How You and the RF Share the Cost

The employee pays for this coverage.

#### How to Enroll

Contact your campus Benefits Office.

### *RF Ride Commuter Transit Benefit*

RF Ride lets you use pretax payroll deductions to pay for public transportation expenses related to your commute to work. No income tax, Social Security or Medicare tax will be withheld from the amount of your eligible commuting expenses.

#### Eligibility

All RF employees.

#### When Coverage Begins

You can enroll at any time.

#### How You and the RF Share the Cost

The employee pays for this coverage.

#### How to Enroll

Enroll online at [www.payflex.com](http://www.payflex.com) or call 844-729-3539.

### *Auto, Homeowner's and Renter's Insurance Discount Program*

RF employees enjoy a discount of up to 10 percent off standard rates for personal auto, homeowner's and renter's insurance with this program. Convenience fees for making payments in installments are waived when you sign up for scheduled electronic payments.

#### Eligibility

Generally, a graduate student employee of the RF receiving an annual salary of at least \$4,293 or a scholar receiving a fellowship stipend of at least \$4,293.

#### When Coverage Begins

You may begin participating in this program as soon as you are eligible.

#### How You and the RF Share the Cost

The employee pays for this coverage.

#### How to Enroll

Call Liberty Mutual directly at 800-524-9400 and identify yourself as an RF employee (or provide them with the RF client number 111756). You also can enroll online at [www.libertymutual.com/rfsuny](http://www.libertymutual.com/rfsuny), or in person at your local Liberty Mutual office. There are no payroll forms to complete.

### *Pet Insurance*

RF employees can get preferred pricing on pet insurance through Nationwide's My Pet Protection<sup>®</sup> plan. You can use any veterinarian you want and the plan saves you money on your vet bills. The plan covers accidents and illnesses, hereditary and congenital issues, cancer, dental diseases, prescription therapeutic diets and supplements, as well as specialty and ER visits. (Note: pre-existing conditions are not covered.) You pay the full cost of this plan and you can sign up at any time by going to [www.petinsurance.com/rfsuny](http://www.petinsurance.com/rfsuny).

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## Discrimination Is Against the Law

The RF complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The RF does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The RF:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters, and
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters, and
  - Information written in other languages.

If you need these services, contact Kathleen Caggiano-Siino by phone (518-434-7132), fax (518-434-8348), or email ([kathleen.caggiano-siino@rfsuny.org](mailto:kathleen.caggiano-siino@rfsuny.org)).

If you believe that the RF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Kathleen Caggiano-Siino  
Vice President of Human Resources  
PO Box 9, Albany, NY 12209  
Phone: 518-434-7132  
Fax: 518-434-8348

Email: [kathleen.caggiano-siino@rfsuny.org](mailto:kathleen.caggiano-siino@rfsuny.org).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Kathleen Caggiano-Siino, Vice President of Human Resources, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201  
Phone: 1–800–368–1019, 800–537–7697 (TDD).

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>

### **The Research Foundation for The State University of New York**

Post Office Box 9

Albany, NY 12201-0009

Corporate office for benefits administration: 518-434-7101

This Benefits Quick Reference Guide is intended to provide general information about Research Foundation (RF) benefits and is not intended to serve as an official plan document or summary plan description. If there is a conflict between this summary and any official plan document, the plan documents will prevail.

For more detailed information about these plans, please refer to the following documents, all of which are available on the RF Benefits Website or from your campus Benefits Office:

- The Benefits Handbook for Graduate Student Employees
- The Graduate Student Employee Health Plan Summary Plan Description
- Delta Dental Fact Sheet
- Vision Care Plan Brochure

**Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-518-434-7101.

**Chinese**

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-518-434-7101。

**Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-518-434-7101.

**French Creole**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-518-434-7101.

**Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-518-434-7101. 번으로 전화해 주십시오.

**Italian**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-518-434-7101.

**Yiddish**

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. 1-518-434-7101. דופט

**Arabic**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1- (رقم هاتف الصم والبكم: 1-518-434-7101).

**Urdu**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں 1-518-434-7101. دستیاب ہیں۔ کال کریں

**Bengali**

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নথিখরচায় ভাষা সহায়তা পরষিবো উপলব্ধ আছে। ফোন করুন ১-518-434-7101।

**Polish**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-518-434-7101.

**French**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-518-434-7101.

**Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-518-434-7101.

**Greek**

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-518-434-7101.

**Albanian**

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-518-434-7101.