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# Summary of Health and Welfare Benefits

Full-Time Instructional Staff  
(Teaching and Non-Teaching)  
and Executive Compensation  
Plan Members

**The University Benefits Office**

Office of Human Resources Management

Fall 2017

# Full-Time Instructional Staff (Teaching and Non-Teaching) and Executive Compensation Plan Members

Welcome to the City University of New York (CUNY). We are pleased to introduce you and your eligible dependents to the benefits provided by CUNY, the New York City Health Benefits Program (NYCHBP), the PSC-CUNY Welfare Fund and New York State United Teachers Program (NYSUT). Also in this handbook you'll find an overview of the other benefits available to you including information on the CUNY Worklife Program and Transit Benefit Program.

CUNY strives to offer a comprehensive benefits package that meets both the present and future needs of our employees and their families. Please take time to review this handbook carefully and take an active role in understanding your benefits and how they work.

We hope you find this handbook both informative and helpful. Should you have questions about any of the programs, please do not hesitate to contact your College Human Resources Office. Please review the following online resources for additional information about your benefits:

- [CUNY Benefits webpage](#)
- The NYCHBP Summary Program Description: [www.nyc.gov/html/olr](http://www.nyc.gov/html/olr)
- The PSC-CUNY Welfare Fund: <http://www.pscunyw.org>
- NYSUT: [www.nysut.org](http://www.nysut.org)

Once again, welcome to The City University of New York.

***Please note:***

*The University Benefits Office provides this Summary of Benefits solely for informational purposes. Although every effort has been made to assure its accuracy, the interpretations and rules of the benefit providers and retirement systems are binding. This handbook does not create a contract, nor does it ensure that particular benefits will be provided. If any discrepancies exist between the information presented herein and the information contained in the plan documents, the actual provisions of each benefit plan will govern. These benefits are subject to change at any time, with or without notice.*

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# I. NEW YORK CITY HEALTH BENEFITS PROGRAM (NYCHBP)

## A) Basic Health Plans (Major Medical and Hospitalization)

### Who is Eligible?

Members of the Instructional Staff and the Executive Compensation Plan of The City University of New York, you are eligible for health coverage under the City of New York's Health Benefits Program (NYCHBP) and for benefits provided by the Professional Staff Congress/CUNY (PSC-CUNY) Welfare Fund if:

- You work at least 20 hours per week, and
- Your appointment is expected to last for more than six months, and
- You are paid from tax-levy funds

\*Classified Managerial Staff titles are also eligible for benefits. Please check with your Campus Human Resources Office to confirm that you are in an eligible title.

### Who are Eligible Dependents?

Your dependents are eligible if their relationship to you is one of the following:

1. A legally married husband or wife, but never an ex-spouse.
2. A domestic partner at least 18 years of age, living together with you in a current continuous and committed relationship, although not related by blood to you in a manner that would bar marriage in New York State.
3. Children under age 26, as defined by the Affordable Care Act (ACA) (whether married or unmarried), except as noted in item f below and New York State Law Chapter 240 law.

The term "children" means the following:

- a. Natural children;
- b. Children for whom a court has accepted a consent to adopt and for the support of whom an employee or retiree has entered into an agreement;
- c. Children required to be covered under a qualified medical child support order until the court order expires, at which time the child may continue to be eligible for coverage under (a) or (b) above;
- d. Children for whom a court of law has named the employee or retiree as legal guardian;
- e. Any other child who lives with an employee or retiree in a regular parent/child relationship and is the employee's or retiree's tax dependent. A child is the employee's or retiree's tax dependent if the employee or retiree claims the child on his/her income tax return as a dependent;
- f. Unmarried children age 26 and older who cannot support themselves because of a disability, including mental illness, developmental disability, mental retardation or physical handicap are eligible for coverage if the disability occurred before the age at which the dependent coverage would otherwise terminate.
  - Employees or retirees must provide medical evidence of the disability. The proof of disability must be submitted to the health plan within 31 days of the date the dependent reaches age 26. Eligibility for such dependents only applies to current employees whose disabled dependent children reach the age limitation while covered by a City health plan. New employees with disabled dependent children already over the age limitation may not include such children as dependents on their City health plan coverage. In addition, employees may not add disabled

dependent children to their health plan coverage, if the child is already over age 26. Coverage will terminate for children reaching age 26 (other than those previously covered eligible disabled children) at the end of the month in which the child reaches age 26.

**Under New York State Law Chapter 240 of the Laws of 2009** young adults have coverage expansion through the age of 29. This “Young Adult Option” permits eligible young adults through the age of 29 to continue or obtain coverage through a parent’s group policy once they reach the maximum age of dependency. The New York State Law extends the age limit provided under the ACA noted above. They may also elect this coverage when they newly meet the eligibility criteria, such as if they lose eligibility for group health insurance coverage. The young adult or his or her parent will be responsible for a separate premium over and above what the parent pays for the group coverage. For more information on benefits and costs, visit [www.nyc.gov/html/olr](http://www.nyc.gov/html/olr).

- More details concerning eligibility and tax consequences are available from your college or the Office of Labor Relations Domestic Partnership Liaison Unit at 212 306-7605.

## How and when do I enroll?

### As an Employee

1. Obtain and file a Health Benefits Application (Form ERB) from the College Human Resources Office.
  2. If you are probable permanent employee the form must be filed within 30 days of your appointment date.
    - If you do not file the form within 30 days of your appointment date, the start of your coverage will be delayed and you may be subject to a loss of benefits.
  3. If you are a provisional or temporary employee the form must be filed prior to the first day of the pay period following the completion of 90 days.
- ▶ **NOTE:** You must provide acceptable documentation to support the eligibility status of everyone to be covered by the NYCHBP. Documentation may include a birth certificate, Social Security card, marriage certificate, divorce papers, and/or domestic partner registration forms (or the CUNY alternative Affidavit of Domestic Partnership). You are responsible for making your own selections and decisions. ***Always review your paycheck stub to ensure the appropriate deductions are being taken. Notify your College Benefits Officer if there are any discrepancies.*** Retain a copy of Form ERB for your records

## When is Coverage Effective?

### Employees

Coverage goes retroactive to your appointment date (with the exception of provisional and temporary classified managerial), as long as you submit your Health Benefits Application (Form ERB) to the College Human Resources Office within 30 days of that date. The eligible dependents listed on your application will be covered effective on the same date. Dependents you add later will be covered from the date of the qualifying event, as long as you submit the required notification and documentation within 30 days of the change in status event.

### Late Enrollment

Coverage for late applications will begin on the first day of the first payroll period 90 days following the receipt of the application. Medical claims prior to this date will not be covered.

## When can I change my benefits?

### **Annual Transfer Period**

Health benefits transfer periods are usually scheduled once a year, generally in the Fall. During this period you may transfer to another plan, add/drop an optional rider, add/drop dependents, elect to waive coverage, and/or change your health premium tax status. All changes will be effective on the first full payroll period in January following the transfer period; therefore, any coverage will cease effective the previous day.

### **Changes in Family or Enrollment Status:**

**If you have a qualifying event such as a marriage, divorce, birth of a child, loss of coverage and you wish to change your health coverage you must notify your College Benefits Officer within 30 days of the change in family status. You will be required to submit a new Health Benefits Application and provide documentation to support the change in status. For example, a marriage license to support adding a spouse to the employee's coverage.**

## Basic Health Plan Models

As a CUNY employee your basic health plans are covered and administered by the New York City Office of Labor Relations.

The following section will provide you with highlights for the plans as well as costs. For more detailed information please refer to New York City's Office of Labor Relations website for more detailed information. In the case of any discrepancy between this document and the New York City Office of Labor Relations documents, New York City Office of Labor Relations shall control.

[www.nyc.gov/html/olr](http://www.nyc.gov/html/olr)

New York City provides several health plans including Health Maintenance Organizations (HMOs); Preferred Provider Organizations (PPO's); Exclusive Provider Organizations (EPO) and Point of Service plans (POS's). A brief description of these organizations is provided on the next page:

Please refer to the link below for a comparison of plan rates and provisions. There is no monthly premium for basic coverage under some of the health plans offered by the city while others require a bi-weekly payroll premium deduction. Additional benefits can be purchased through Optional Riders. Please note for members of the Professional Staff Congress (PSC) prescription coverage is provided at no cost through your union welfare benefits. This is discussed later in this booklet.

Type of plan	Key characteristics	Plans offered
HMO	Restricted to a defined network; primary care physician coordinates all care; referrals required; generally no deductibles just co-pays	Cigna Healthcare; GHI HMO; Empire HMO; HIP Prime HMO; Vytra Health Plans; MetroPlus Gold
PPO	Participants can use in-network or out of network physicians or hospitals. In-network providers accept a negotiated rate for services. If utilizing an out of network provider the participant is subject to deductibles and co-insurance	GHI-CHP/EBCBS (GHI also has a preferred network <u>within</u> their participating network. When seeing an AdvantageCare Physician (ACPNY) there is no copay for primary or specialist visits.
EPO	Similar to an HMO however a participant may see anyone in an Exclusive Network. There is no requirement to see a primary care physician. No claim forms or referrals are necessary. There is no out of network coverage under these plans	Aetna EPO; Empire EPO
POS	Provides in and out of network access. If services are sought from an in-network provider they are paid at the negotiated rate. If seeking care from an out of network provider the participant is subject to deductibles and co-insurance	HIP Prime POS

## What factors should I consider when selecting a Health Plan?

- *Coverage:* Look for covered services that you use most. Some plans provide preventive services and routine podiatric care, for example, while others do not.
- *Choice of Doctor:* Some plans provide partial reimbursement when you see non-participating providers; other plans only pay for you to see participating providers.
- *Convenience of Access:* Consider the location of participating physicians' offices and hospital affiliations before selecting a health plan.
- *Cost:* Think about the types of and frequency of services you expect to use and consider the out-of-pocket costs of these services and premiums paid through your paycheck. Remember, some plans require a co-payment for each routine doctor visit and some require you pay an annual deductible and coinsurance before you are reimbursed for the use of non-participating providers. There are many variables, so consider each plan carefully.

## Coordination of Benefits (COB)

If you are covered by two or more group health benefit plans, your NYCHBP plan will coordinate benefit payments with the other plan.

- To prevent duplicate or overpayments, one plan will pay full benefits as the primary insurer and the other plan will pay secondary benefits.
- The NYCHBP follows certain established rules which determine the primary plan. These rules apply whether or not you make a claim under both plans.
- In no event shall payments exceed 100% of a charge.
- If you are an active employee (even if you or your spouse is 65 or over) your coverage through NYCHBP will be primary if you are enrolled in Medicare, with the exception of Domestic Partners covered under the plan who are 65 or older, as they must apply for Medicare.

## Deductions for Basic Coverage and Optional Riders

Your paycheck will itemize the premium deduction for your plan's basic coverage or optional rider.

- ▶ **NOTE:** Incorrect deductions must be reported to your College Benefits Officer within 31 days.

## B) PICA Program

The PICA Program is a prescription drug benefit that is provided to employees and their eligible dependents who are enrolled in a health plan offered by the NYCHBP. A separate card is issued for this purpose. PICA covers medications in two specific drug categories:

1. *Injectable:* Most injectable medications not requiring administration by a health care professional.
  - a. *Chemotherapy:*
    - a. Medications used to treat cancer
    - b. Medications used to treat the side effects of chemotherapy
- ▶ **NOTE:** There is an annual deductible per person for Injectable and Chemotherapy medications. This deductible is independent of any other deductibles. Refer to the NYCHBP Summary Program Description (SPD) for details on the Mandatory Mail Order Program, Generics Preferred Program, Prior Authorization Program, Step Therapy Program, Fertility Medication Maximum and CuraScript Specialty Care Pharmacy.

For more information, refer to the NYCHBP Summary Program Description (SPD) or visit [www.nyc.gov/html/olr](http://www.nyc.gov/html/olr).

## C) Flexible Spending Accounts (FSA) Program

The FSA Program consists of several programs: The Health Care Flexible Spending Account Program (HCFSA), The Dependent Care Assistant Program (DeCAP), and The Medical Spending Conversion Health Benefits Buy-Out Waiver Program. All forms may be found on the Office of Labor Relations website by visiting [www.nyc.gov/html/olr](http://www.nyc.gov/html/olr).

- ▶ **NOTE:** If you are eligible, you may choose to participate in all of the programs. Participation in any of the programs, is on a voluntary basis and must be elected for each new plan year during the annual transfer period

## HCFSA/DeCAP Eligibility, Enrollment and Effective Date of Coverage

You are eligible to participate in the HCFSA and DeCAP if you are eligible for health coverage under the NYCHBP.

- You may enroll in the program within 30 days of becoming eligible for City benefits or during the annual open enrollment period, generally in the fall, by completing an Enrollment/Change Form.
- The plan year is January 1<sup>st</sup> through December 31<sup>st</sup>.
- Newly hired employees may participate as soon as they become eligible for NYCHBP.
  - Contributions will be prorated over the remaining pay periods.
  - Due to payroll processing and cut-off dates (usually November 15<sup>th</sup>), deductions for employees who enroll in November and December in any given year are not guaranteed to begin in the same calendar year.
- Enrollment in the HCFSA and DeCAP is not automatic from year to year. You must re-enroll each year during the annual open enrollment period. If you participate in both the HCFSA and DeCAP, the amount you allocate to one account cannot be transferred to the other.

### To obtain forms:

Contact your Human Resources Office, print a form from the FSA website at [www.nyc.gov/html/olr](http://www.nyc.gov/html/olr) or contact the FSA Administrative Office's voice response system at 212-306-7760. Submit completed forms to:

City of New York  
Flexible Spending Program  
Bowling Green Station  
PO Box 707  
New York, NY 10274

## 1.) The Health Care Flexible Spending Account Program (HCFSA)

The HCFSA Program helps you pay for eligible out-of-pocket medical expenses while reducing your taxable income. HCFSA is funded through pre-tax payroll deductions and helps pay for eligible out-of-pocket medical and dental expenses. Premiums paid for coverage under a health plan are not eligible for reimbursement through HCFSA.

There is an annual contribution limit to the HCFSA Program of \$2,600 for 2017 (amount is subject to change based on IRS limits, please refer to OLR website noted above for current annual limits). The minimum annual contribution is \$260.

### How to file a Claim:

To file a claim, complete an HCFSA Claims Form, which is available at the NYC OLR website and provide proper documentation such as an Explanation of Benefits (EOB), receipts or billing statements to the address noted on the form. **For HCFSA only**, there is a grace period following the end of a plan year.

- During the grace period, you may submit claims for eligible medical expenses incurred from January 1<sup>st</sup> through March 15<sup>th</sup> of the following year using the remaining balance in your previous plan year account, if any.
- A claims run-out period will follow the grace period until May 31<sup>st</sup> of the following year to submit claims for services performed in the previous plan year or accompanying grace period.
- The program is subject to an annual administrative fee of \$48.00 (\$4 monthly).

## Can I make a change mid-year change?

To process mid-year changes you must notify the FSA Administrative Office by submitting an Enrollment/Change Form and a Qualifying Event Mid-Year Change Form along with proper documentation within 30 days from the qualifying event.

- You cannot decrease or discontinue your contribution for any reason during the plan year.
- You must participate for the entire plan year.
- You will only be permitted to increase your annual contribution if you are adding new dependents.
- Qualifying events include: 1) newly hired employee; 2) marriage; 3) adoption or birth of a child or 4.) An employee returning from an approved unpaid leave of absence taken during the open enrollment period.

## Termination of Employment/Unpaid Leave of Absence

If your employment is terminated, or if you take an unpaid leave of absence, you can select Continuation Coverage to remain in the HCFSA Program for the remainder of the Plan Year.

### Continuation Coverage Details:

If the Qualifying Event is due to termination, your participation in the HCFSA Program will end as of your termination date. However, you may elect to continue participation in the HCFSA Program through the end of the Plan Year by funding the remainder of your HCFSA goal amount by selecting one of the following options:

- Have your remaining goal amount balance taken from your final paycheck.
  - Have your remaining goal amount balance prorated from your remaining paychecks.
  - Submit your remaining goal amount balance paid on a post-tax basis either by lump sum or monthly payments.
- ▶ **NOTE:** You must notify the College HR Office in writing 30 days prior to your termination or unpaid leave of absence or prior to the payroll processing cut-off date of your last paycheck in order for the payroll deductions to be made. If you fail to provide the required written notification, you may fund the remainder of your account with after-tax payments up to your annual contribution.

## How do I use the Funds?

Federal regulations require that you use the entire amount you allocate to your HCFSA account during the Plan Year or by the end of the grace period, or you will forfeit the unused balance remaining in your HCFSA account at the end of the grace period.

- ▶ **NOTE:** Before making your annual allocation, carefully consider what your eligible expenses might be for the upcoming Plan Year. Use the worksheet in the HCFSA brochure to calculate your annual allocation. If you overestimate your expenses and contribute more to your account than your actual expenses, or if you do not submit eligible claims equaling in total your annual allocation prior to the end of the Claims Run-Out Period, you will permanently forfeit any unused amount.

## 2.) The Dependent Care Assistance Program (DeCAP)

**DeCAP** allows you to use pre-tax money to pay for childcare and expenses associated with caring for other eligible dependents while you and your spouse work or attend school full-time.

The annual contribution limit to DeCAP is \$5,000 and the minimum contribution is \$500. ***(Amount is subject to change based on IRS limits, please refer to OLR website noted above for current annual limits).***

- If your child will turn 13 years old during the Plan Year (the age he/she is no longer eligible as a dependent care recipient), your DeCAP goal amount can only be calculated for months when your child is under age 13.

#### **How to file DeCAP Claims:**

To file a claim, complete a DeCAP Claims form on the NYC OLR website. The dependent care provider must sign the form and provide address and federal tax ID or Social Security number.

- A claims run-out period, from January 1<sup>st</sup> through February 28<sup>th</sup> of the following year, is provided to submit claims for services performed in the previous plan year.
- The program is subject to an annual administrative fee of \$48.00 (\$4 monthly).

#### **Can I make a mid-year Change?**

You must notify the FSA Administrative Office to process mid-year changes. Submit an Enrollment/Change Form and a Qualifying Event Mid-Year Change Form along with proper documentation within 30 days from the qualifying event.

- You may increase, decrease or terminate your annual contribution if you experience a mid-year qualifying event.
- Qualifying events include: 1) marriage, divorce or annulment; 2) birth or adoption of a child; 3) death of a spouse or dependent; 4) ineligibility of a dependent; 5) start or termination of employment of participant or participant's spouse; 6) change in employment status of participant or participant's spouse; 7) taking an approved unpaid leave of absence by participant or participant's spouse; or 8.) changing from part-time to full time employment status or vice-versa by participant or participant's spouse.

#### **How do I use the funds?**

Federal regulations require you to use the entire amount you allocate to your DeCAP account during the plan year or forfeit the unused balance.

- ▶ **NOTE:** Before making your annual allocation, carefully consider what your eligible expenses might be for the upcoming Plan Year. If you overestimate your expenses and contribute more to your account than your actual expenses, or if you do not submit eligible claims equaling in total your annual allocation prior to the end of the Claims Run-Out Period, you will permanently forfeit any unused amount.

For more information on any of the benefits offered by the New York City Health Benefits Program, refer to the Summary Program Description or visit [www.nyc.gov/olr](http://www.nyc.gov/olr).

### **3.) The Medical Spending Conversion (MSC) Health Benefits Buy-Out Waiver Program**

The MSC Health Benefits Buy-Out Waiver Program offers eligible employees an annual cash incentive payment if they have non-City group health benefits and waive their City health benefits.

**Eligibility:**

You are eligible to participate in the Health Benefits Buy-Out Waiver Program if you are covered under:

- 1) A spouse's/domestic partner's employer-provided, non-City group health plan; or
- 2) A group health plan available through other employment.
  - Employees may enroll in the program within 30 days of becoming eligible for benefits or during the open enrollment period by completing and submitting an MSC Health Benefits Buy-Out Waiver Program Form and a "Health Benefits Application" also known as a Form ERB along with required documentation to your College Human Resources Office. Please see page 3 for documents required to establish eligibility.

Note: Please retain copies for your records

**Buy-out waiver details:**

You will be taxed on the annual incentive payment of \$500 for individual coverage or \$1,000 for family coverage.

- You will receive the incentive payment semi-annually in your regular paycheck in June and December if you receive your paycheck from the City of New York; or in July and January if you receive your paycheck from the State of New York.
  - The incentive payment will be prorated for any period less than 6 months, by the number of days you participate in the Health Benefits Buy-Out Waiver Program.
  - In domestic partner situations, you can only receive the \$500 individual incentive payment, unless there is a family contract between you and your domestic partner and the domestic partner is, for tax purposes, your legal dependent, in which case you can receive the \$1,000 family incentive payment. Documentation is required.
  - Changes may only be made during the open enrollment period or within 30 days of a qualifying event. Review the New York City Flexible Spending Accounts (FSA) Program booklet for a list of eligible qualifying events at [www.nyc.gov/olr](http://www.nyc.gov/olr).
- **NOTE:** The IRS does not permit retroactive participation to a prior plan year.

For additional details on any of the FSA plans, refer to the New York City Flexible Spending Accounts (FSA) Program booklet at [www.nyc.gov/olr](http://www.nyc.gov/olr).

**Election of COBRA Continuation (NYCHBP)**

To elect COBRA, the eligible person must complete a *COBRA – Continuation of Coverage Application*. Employees and/or eligible family members can obtain application forms from the College Office of Human Resources.

Eligible persons electing COBRA must do so **within 60 days** of the date on which they receive notification of their rights, and must **pay the initial health insurance premium within 45 days** of their election.

- Payments after the initial payment will have a 30-day grace period.
- Going forward, premiums are payable monthly.

## II. PSC-CUNY WELFARE FUND BENEFITS

### A) General Information

#### Eligibility

You are eligible for benefits provided by the PSC-CUNY Welfare Fund if you are:

- A member of either The City University of New York's Instructional Staff or Executive Compensation Plan, with an appointment expected to last for more than six months, and
- You are paid from tax-levy funds, and
- You work at least 20 hours per week, and
- You are eligible for health coverage under the City of New York's Health Benefits Program (NYCHBP).

► **NOTE:** These benefits are funded by the University, and not through union dues or fees.

\* Classified Managerial Staff titles are also eligible for benefits. Please check with your Campus Human Resources Office to confirm that you are in an eligible title

**This document provides highlights of PSC-CUNY Welfare Fund benefits. For a detailed summary plan description please see the Fund website, [psccunywf.org](http://psccunywf.org)**

#### Eligible Dependents

You may enroll your dependents if their relationship to you is one of the following listed below. For a definition of these terms please visit the Fund website, [psccunywf.org](http://psccunywf.org)

- *A legally married husband or wife.*
- *A domestic partner*
- *Children to age 26*
- *Unmarried disabled children age 26, or older who cannot support themselves*
- **Young Adult Coverage to Age 26**
- **Young Adult Option Coverage Expansion Through Age 29 under New York State Law Chapter 240 of the Laws of 2009**

#### How do I Enroll?

To enroll, you must obtain a PSC-CUNY Welfare Fund Enrollment Form from your College Human Resources Office and file the form within 30 days of your appointment date (for Provisional /temporary or Classified Managerial employees following the completion of 90 days, on the first of the month after eligible for health benefits). Your benefits begin on the 1<sup>st</sup> day of the month following your appointment date or if your appointment date falls on the first working day of the month your benefits will begin on that date. If you do not file the form within 30 days of your appointment date, the start of your coverage will be delayed and you may be subject to a loss of benefits.

You are required to provide acceptable documentation to support the eligibility status of everyone to be covered by the PSC-CUNY Welfare Fund, which may include a birth certificate, marriage certificate, divorce papers, and/or domestic partner registration form. Please visit the Welfare Fund website for further details.

## Do I pay for Benefits provided by the Welfare Fund?

The University pays the entire premium for non-contributory plans. The PSC Welfare fund provide the following Non-contributory plans:

Prescription Drug	Dental Plan
Vision Benefit	Hearing Aid Benefit
Death Benefit	Free One-Year Term Life Insurance
Group Total Disability Insurance	Extended Medical Benefit (for members in GHI-CBP Empire BCBS)

In a contributory plan, you are required to pay the entire premium. These plans are voluntary for you and your eligible dependents. CUNY and the PSC Welfare fund offers the following contributory plans:

Optional Long-Term Disability Coverage	Term Life Insurance
Senior Term Life Insurance Plan	

## B) Summary of Plans Offered:

### 1.) Prescription Drug Plan

This description presents only highlights of the PSC-CUNY Welfare Fund CVS/Caremark Prescription Plan. For full details, please see the PSC-CUNY Welfare Fund website, [pscunywf.org](http://pscunywf.org). The plan is available to all members enrolled in a health plan under the NYC Health Benefits Program. Members, who choose CIGNA Healthcare, HIP Prime POS, or GHI HMO as their primary health carrier and decide to purchase the health benefit drug rider through payroll deductions, will be eligible for an annual stipend from the PSC-CUNY Welfare Fund of \$300 for individual and \$700 for family coverage.

The plan covers most drugs that legally require a prescription and have FDA approval for treatment of the specified condition. The plan does not cover "over the counter" (OTC) drugs that are available without a prescription, even if prescribed by a physician.

- ▶ **NOTE: Diabetic medication is not covered by the Welfare Fund drug plan. Diabetic medication is covered by employees' NYC HBP basic health insurance plan.**
- ▶ **Injectable and Chemotherapy medications are available only through the PICA [program](#), sponsored by the N.Y. City Employee Health Benefits Program (212-306-7200), which should be consulted for further detail and updates. Eligible individuals will be issued a drug card for PICA coverage.**
- ▶ **Certain preventive medications are covered by employees' NYC HBP basic health insurance plan**

Coordination of Benefits provisions do not apply to this benefit.

The first three times you use your local pharmacy for a new prescription, your co-pay for a single fill or 30-day supply is:

<b>How Much You Pay for a Covered Prescription Drug*</b>			
	<b>Retail Pharmacy (up to a 30-day supply)</b>		<b>CVS/Caremark Mail or CVS Pharmacy (90-day supply)</b>
	<b>First Three Fills</b>	<b>Each Subsequent Refill</b>	
Generic	20% (\$5 minimum)	35% (\$5 minimum)	20% (\$10 minimum)
Preferred Formulary	20% (\$15 minimum)	35% (\$15 minimum)	20% (\$30 minimum)
Non-Preferred Formulary	20% (\$30 minimum)	35% (\$30 minimum)	20% (\$60 minimum)

Ninety-day supplies of maintenance medication can be filled by mail order or at retail, *for the same price*, at CVS pharmacy outlets. To receive maintenance medication by mail, register at [Caremark.com](http://Caremark.com), or call CVS Caremark at 866-209-6177.

\*Under the benefit, you continue to pay a 20% co-pay until the cost to the Fund reaches \$10,000. For co-pay rates once the annual plan expenses exceed \$10,000, please see the Welfare Fund website, [psccunywf.org](http://psccunywf.org). There you will also find a more detailed description of the Welfare Fund prescription drug plan, including plan restrictions and limitations.

## Ordering New Prescriptions or Refills at Nonparticipating Pharmacies

You must pay the full cost of the prescription if you fill your retail prescription at a nonparticipating pharmacy (however, most retail pharmacies, including Rite Aid, Duane Reade, Walmart, etc., as well as independents, are all in-network). CVS/Caremark will reimburse you the cost of the medication minus the coinsurance you would have paid if you complete a direct reimbursement claim form and submit it to CVS. Reimbursement forms are available at [psccunywf.org](http://psccunywf.org).

If you are a Medicare-eligible Active Employee enrolled in one of the City's health plans, refer to the City's [Creditable Coverage Disclosure Notice](#).

## 2.) Dental Plan

Active employees and their eligible dependents may elect to participate in the Guardian DentalGuard Preferred PPO or DeltaCare USA dental HMO. ID cards are issued for the plan you enroll in.

### Guardian Dental Guard Preferred

The Guardian Dental Guard Preferred is a PPO Plan, maintained by Guardian Life, which offers the freedom to use participating or non-participating dentists and receive reimbursement according to the schedule. There are

no premiums, deductibles or annual dollar maximums and you are automatically enrolled in this plan, unless you elect to participate in the DeltaCare USA program.

- Out-of-pocket expenses will vary depending on services provided.
- Orthodontia coverage for children is available under this plan.
- Implants are covered.

Please visit [pscunywf.org](http://pscunywf.org) for a complete schedule of benefits

## DeltaCare USA Program

The DeltaCare USA Program is a dental HMO managed by Delta Dental. You have the option to enroll in this program if you reside in or obtain services New York or New Jersey. To find a participating dentist, use the “Find a Dentist” feature on the [Delta website](#), or call 800-422-4234. There are no premiums, claim forms, deductibles, or annual dollar limits and there is flexibility in choosing and switching dentists within the HMO network.

To enroll, indicate your choice of Delta Dental on the PSC-CUNY Welfare Fund enrollment form. Delta will automatically assign you a Delta dentist nearest to your home. Upon receipt of your Delta Dental ID card, you may switch to a different participating Delta provider by calling Delta or registering on the website.

- If you do not indicate Delta Dental on the Welfare Fund enrollment form, you will be automatically enrolled in the Guardian PPO Plan.
- You will have the opportunity to switch plans during a transfer period, usually scheduled once a year, generally in the fall.
- Out-of-pocket expenses will vary depending on services provided.
- Orthodontia coverage for children is available under this plan.

## 3.) Vision Plan

The Welfare Fund has contracted with Davis Vision as its exclusive network provider for glasses and contact lenses for members and their covered dependents. If you use a licensed provider that is not part of Davis Vision, you'll need to submit the [Direct Reimbursement claim form](#).

Each participant is entitled to an eye exam and a pair of eyeglasses (lenses and frames) once every two years (24 months; once every 12 months for a dependent child up to age 19). If you use a participating Davis Vision provider, you can purchase discounted frames, lenses or contact lenses. If you choose a nonparticipating provider, you can submit a claim form for reimbursement of up to \$200 every two years.

### **Eye examinations other than for purchase of glasses or contact lenses are not covered.**

To use your benefit at Davis Vision, access Davis Vision’s website at [davisvision.com](http://davisvision.com) and use the “Find a Doctor” feature, or call 1.800.999.5431 for the names and addresses of the network providers nearest you. Call the network provider of your choice and schedule an appointment.

You may also create a personal account by logging onto the Davis Vision website. For information on member and dependent eligibility and most recent date of service, contact Davis Vision at 1.800.999.5431.

If you go to a Davis Vision location without first registering and making an appointment, you will not receive service. See the [Davis Vision benefit brochure](#).

## 4.) Hearing Aid Benefit

The Fund has chosen HearUSA to be the exclusive hearing aid network to provide members and their eligible dependents with a program for hearing tests and hearing aids.

To obtain service from HearUSA, members must begin by scheduling an appointment with a provider by first calling the HearUSA toll free number, (800) 442-8231. You will be given the names of three participating HearUSA practitioners in your area and the nearest HearUSA store. You may continue to request additional names of participating practitioners until you are satisfied with your choices. If you have a specific hearing aid manufacturer in mind, you may also request the names of nearby HearUSA participating practitioners who carry hearing aids from that particular manufacturer. HearUSA offers hearing aids from 11 manufacturers.

Members and Dependents are eligible for:

- Free annual hearing screening
- In plan hearing aid benefits \$750 per ear every 36 months
- Guaranteed price discounts on hearing aids
- Unlimited visits during the first year of purchase (adjustments, cleaning, programming)
- Loaner hearing aids available when your hearing aids are being serviced
- 3-year Warranty: repair and one-time replacement due to loss or damage
- 3-year supply of batteries
- 12-month interest free financing available
- 10% off [hearingshop.com](https://www.hearingshop.com) for accessories and batteries using code EARUSA
- Out-of-network maximum direct reimbursement of \$500 every 36 months in lieu of in-network purchase. For out-of-network claims first contact HEARUSA at 1-800-442-8231 prior to your appointment to be eligible for reimbursement.

## 5.) Death Benefit (Active Employees Only)

If you die while in active service, your designated beneficiary is entitled to a \$2,500 death benefit.

- You must have completed a Death Benefit Beneficiary Designation Card.
- Please share this information with a family member or designee.
- The designated beneficiary shall obtain payment of the death benefit by contacting your campus benefits officer and the PSC-CUNY Welfare Fund.

## 6.) Survivor Benefits

The Welfare Fund provides a package of benefits for the surviving eligible spouse or domestic partner and/or dependent child (ren) of an active covered employee who dies in active service. The duration of the coverage depends on the employee's length of service. Survivor benefits may fully or partially replace the federally mandated COBRA continuation of coverage.

Please refer to the PSC Welfare Fund website for additional information.

## 7.) Term Life Insurance Plan

PSC-CUNY Welfare Fund members sponsors a New York State United Teachers (NYSUT) Trust Term Life Insurance Plan administered by Mercer Consumer.

### Free One-Year Term Life Insurance Plan (Employee Only)

New full-time CUNY employees covered by PSC-CUNY Welfare Fund and hired after September 1, 2005, will receive free Term Life coverage up to \$25,000 for one year with the option to purchase the \$25,000 coverage at the end of the free year with no underwriting. The year of free Term Life Insurance will run for 12 months from the effective date (not the first date of employment).

New NYSUT Members of all titles are automatically enrolled after the 3rd consecutive payroll. A certificate of coverage and a notice of payment will be mailed to you covering a six (6) month period. At the end of the six months you will receive a second notice covering the remaining six (6) months of free life insurance. After the completion of the free one-year coverage, you will receive a notice to continue the \$25,000 option without a medical exam. A NYSUT Benefit Trust payroll deduction authorization card is enclosed in the package. If you elect to pay for your coverage via payroll deductions, you must remit the notice of payment along with the authorization card

- ▶ **NOTE:** You are not eligible for the free year of coverage if you had prior NYSUT covered membership.

### Term Life Insurance Plan (through NYSUT)

You may purchase term life insurance by completing an application with NYSUT within 30 days of your date of hire. Life insurance premiums may be paid semi-annually through individual billing. A \$2 semi-annual processing fee will be added to the total premium. Premiums may also be paid through payroll deductions.

You and your spouse or certified domestic partner under age 65 may purchase up to \$1,000,000 of life insurance through the NYSUT Term Life Insurance Plan. A physical examination may be required for amounts of \$200,000 and more. Unmarried, dependent children ages 15 days to 23 years are eligible for \$10,000 coverage. One premium covers all children. Coverage limits are governed by age, not employment status.

At age 65 the amount of insurance coverage is reduced by 50% and will end at age 70.

## Senior Term Life Insurance Plan

This plan is designed for individuals between ages 65 and 84. Coverage amounts are lower and decrease with age. Coverage ends at age 85.

If you are participating in the Term Life Insurance Plan you will be given the option to convert into the Senior Term Life Insurance Plan at age 70. You may apply for coverage under Plan A or Plan B. A higher benefit amount is available under Plan B.

## Accelerated Benefits Provision

You may elect to receive up to 60% of your life insurance benefit before death, if you or your spouse/domestic partner is under age 70 and diagnosed as terminally ill with less than 12 months to live. This can be used to help pay medical costs or maintain financial security. The remaining 40% will be paid to the beneficiary upon the death of the covered member.

- ▶ **NOTE:** Only you and the carrier will have records of this benefit. Be sure you notify your family or the appropriate party of your beneficiary selection.

## 8.) Group Total Disability Insurance (Employee Only)

Long-Term Disability (LTD) is defined as the employee's inability to perform any occupation for which he or she is reasonably suited by education, training or experience because of sickness, bodily injury or pregnancy. You must be under the regular care of a physician, other than yourself.

You are eligible for Basic LTD coverage, through the Standard Life Insurance Company, at no cost, on the 1<sup>st</sup> of the month following completion of one year of service. You must be an actively-at-work, full-time permanent employee and eligible for PSC-CUNY Welfare Fund benefits.

You may purchase additional LTD coverage by enrolling in the Optional Long-Term Disability Insurance.

## Basic Long-Term Disability Coverage

The Basic LTD coverage pays 50% of the pre-disability salary with a minimum of \$1,250 per month and a maximum of \$2,500 per month before offsets.

- This basic monthly income benefit begins on the first of the month following six (6) consecutive months of total disability.
- If you continue to receive sick leave payments, which equal the monthly wage for the past six consecutive months of total disability, benefits will begin on the first day of the month after the month in which the last sick leave payment equal to the monthly wage base is paid.
- Benefits continue to the earlier of five years or attainment of age 70, whichever comes first.
- ▶ **Note:** The monthly income benefit provided by this plan is offset by any employer-provided benefits, such as Social Security, Workers' Compensation, sick leave or other retirement or disability benefits, from your monthly disability check and may be subject to Federal, State and local taxes.

## Optional Long-Term Disability Coverage

To participate, you must complete an application and a Payroll Deduction Authorization Card. You have 60 days after the completion of one year of service to enroll in the Optional LTD, without the obligation to submit a Medical Information questionnaire.

- To be eligible you must be actively-at-work on the date of enrollment eligibility.
- If you elect the optional coverage within the 60-day enrollment period, coverage goes into effect on the date you elect the coverage.
- If you elect coverage after the 60-day enrollment period, coverage will go into effect on the date The Standard Insurance Company approves your written evidence of good health.

### Optional LTD Insurance provides:

- *Increased Monthly Benefit:* Benefits increase from 50% to 60% of the pre-disability salary with a minimum benefit of \$1,500 per month and a maximum of \$6,000 per month before offsets. The monthly income benefit begins on the first of the month following six (6) consecutive months of total disability.
- *The Annuity Premium Benefit:* If you are a member of TIAA-CREF, TRS, NYCERS, or BERS, contributions equal to 10% of your monthly pre-disability salary will be made to a TIAA-CREF Group Retirement Annuity (GRA).
- *A Longer Benefit Payment Period:* Benefits are extended to age 65. If disability occurs after age 60, the five year/age 70 provision of the basic plan applies.
- *Minimum Benefit Payment:* The optional plan offers a minimum TIAA benefit of \$100 a month, even if your disability income from other sources equals or exceeds your monthly-calculated income benefit.

## Restrictions

If you become disabled during your first year of coverage due to a pre-existing condition, the disability is not covered by the Plan. After your insurance has been in effect for a full year, you are covered for any disability, including one resulting from a pre-existing condition.

## Conversion

Basic Long-Term Disability and Optional Long-Term Disability Insurance cease with termination of employment or at retirement.

## 9.) Extended Medical Benefit

Plan participants who have basic coverage through GHI-CBP have an additional level of medical cost protection through the PSC-CUNY Welfare Fund Extended Medical benefit. The program is administered by **Administrative Services Only, Inc. (ASO)**. This benefit is designed to provide some reimbursement when using an out-of-network medical provider. The Extended Medical Benefit does not cover any procedures or services that have a frequency or number limitation beyond the number allowed under the GHI-CBP Plan.

- Plan participants with GHI-CBP and coverage under the Catastrophe Major Medical (CMM) Insurance Plan should first submit claims to the CMM plan before submitting to ASO.
- Expenses are considered after an annual deductible has been met.

For a complete description, see the benefit description on the [Fund website](http://psscunywf.org), [psscunywf.org](http://psscunywf.org).

## C) When do PSC-CUNY Welfare Fund Benefits terminate?

Coverage for welfare fund benefits terminate:

1. For you and your covered dependents, at the end of the calendar month when you stop receiving a paycheck, with the exception of employees on SLOAC, FMLA or an approved leave of absence without pay for up to 24 months.
2. For an ex- spouse, when divorced from the employee or retiree.
3. For a domestic partner, when partnership terminates.
4. Children who attain the age of 26.
5. For all dependents, unless otherwise eligible, when the employee or retiree dies.

## D) HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that the plan administrator issue certificates of group health plan coverage to employees upon termination of employment which results in the termination of group health coverage. Beginning June 1, 1997, and thereafter, each individual, upon termination, will receive a certificate of creditable coverage. If you receive your paycheck from the State of New York, you will be given a certificate from the College Human Resources Office. If you receive your paycheck from the City of New York, you will be sent a certificate from the City of New York's Health Benefits Program (NYCHBP). This certificate provides the necessary information to certify coverage that will be credited against any pre-existing condition exclusion period provided under a new health plan.

## E) COBRA Continuation of Benefits

The Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that the City offer employees, retirees and their families the opportunity to continue group health and/or welfare fund coverage in certain instances where the coverage would otherwise terminate. You will be provided with the general notice of COBRA rights within 90 days of your enrollment in the health plan.

The monthly COBRA premium will be 102% of the group rate (or 150% of the group rate for the 19th through 29th month in cases of total disability). All group health benefits, including Optional Riders and PSC-CUNY Welfare Fund health benefits are available. The maximum period of continuation of coverage under New York State (mini-COBRA) will extend coverage from 18 to 36 months of employer-sponsored coverage.

## Eligibility

The following individuals are eligible for continuation of coverage under COBRA:

- *Employees Not Eligible for Medicare:* You are eligible for continuation of coverage under COBRA if your health and welfare fund coverage is terminated due to a reduction in hours of employment or termination of employment (for reasons other than gross misconduct). Termination of employment includes unpaid leaves of absence of any kind.
- *Spouses/Domestic Partners Not Eligible for Medicare:* Spouses/Domestic Partners who lose coverage for any of the following reasons:

- Death of the employee or retiree;
- Termination of employee's employment (for reasons other than gross misconduct);
- Loss of health coverage due to a reduction in employee's hours of employment;
- Divorce from the employee or retiree;
- Termination of domestic partnership with the employee or retiree; or
- Retirement of employee.
- Parents' divorce or legally separate
- Coverage under the plan changes from family to individual
- *Dependent Children Not Eligible for Medicare*: Dependent children who lose coverage for any of the following reasons:
  - Death of a covered parent (employee or retiree);
  - The termination of a covered parent's employment (for reasons other than gross misconduct);
  - Loss of health coverage due to the covered parent's reduction in hours of employment;
  - The dependent ceases to be a "dependent child" under the terms of NYCHBP; or
  - Retirement of the covered parent.
- ▶ **NOTE:** Individuals covered under another group plan are not eligible for COBRA continuation of benefits unless the other group plan contains a pre-existing condition exclusion. However, these individuals may be able to purchase certain welfare fund benefits. For more information, contact the appropriate fund.

More detail on COBRA is available in the PSC Summary Program Description (SPD) or [www.pscunywf.org](http://www.pscunywf.org)

## Election of COBRA Continuation (PSC-CUNY Welfare Fund)

You may also elect to purchase the CORE benefits or CORE plus NON-CORE benefits.

- CORE benefits are GHI Extended Medical Benefit for GHI-CBP participants, Prescription Drug Coverage, Hearing Aid, and Appliance Riders for HIP participants.
- NON-CORE benefits are Dental and Optical.
- You cannot choose the NON-CORE benefits by themselves.
- Basic City health coverage must be continued to obtain the Supplement to GHI Extended Medical Benefit.

Quarterly, semi-annual or annual payments must be paid to the PSC-CUNY Welfare Fund by the 1<sup>st</sup> of the month.

- No invoices will be mailed; it is the member's responsibility to make payments when due.
- Non-payment of premiums in a timely manner will result in termination of coverage.

### III. ADDITIONAL OPTIONAL BENEFITS

#### A) Commuter Benefit Program through the City of New York

The Commuter Benefit Program is a voluntary benefit that allows you to pay for your mass transit commute by setting aside pre-tax dollars from your paycheck specifically for that use. The program is currently administered by WageWorks, funded by your paycheck deductions, and provides access to virtually any transit system in the Tri-State area.

- ▶ **NOTE:** The IRS determines a monthly limit to pre-tax deductions which is subject to change. If you exceed the monthly limit, your deductions will be taken on an after-tax basis.

#### Program Options:

The Transit Benefits Program covers the following systems:

- MTA NYCT, Long Island Railroad, Metro-North Railroad (see item 1 and 2 below)
- NJ Transit, PATH, NY Waterway and more (see item 1 and 2 below)
- Paratransit and the MTA's Access-A-Ride program (see item 3 below)
- Parking at or near public transit to get to work (as long as you are enrolled in one of the other Commuter Benefits Programs, see item 4 below)

For more details on the brief descriptions below, visit [www.getwageworks.com/nyc](http://www.getwageworks.com/nyc).

**1.) Commuter Card Unrestricted Plan:** The Commuter Card is a stored value card loaded with your Pre-tax and post-tax payroll deductions that can be used to purchase transit passes and tickets at transit providers throughout the New York tri-state area. The Commuter Card works just like a credit card at transit provider ticket vending machines, ticket windows and online/web stores. It is accepted at almost 90 providers. For a complete list of where the Commuter Card is accepted, visit:

<http://getwageworks.com/nyc/transitcard>.

- Under this plan, you select the payroll deduction amount to be loaded to your card to meet your monthly transit costs. You will receive a Commuter Card that can be used to purchase any transit fare media including, but not limited to, Metro Cards, LIRR and Metro-North tickets up to the balance on your card.
  - You will pay an administrative fee of \$1.77 per month through post-tax payroll deductions.
- 2.) Transit Pass Plan:** This plan allows you to arrange for home delivery of your transit provider passes and tickets through the City's provider, WageWorks.
  - You will fund an account with WageWorks with your payroll deductions and select a pass on the WageWorks system using the funds in your account. You can select from their extensive catalog of transit providers and transit passes covering the New York tri-state area. To see a list of the providers available in the Transit Pass Plan visit <http://getwageworks.com/nyc/transitplan>.
  - WageWorks will deliver your pass or ticket to your designated mailing address by the 1<sup>st</sup> day of each calendar month, as long as you have placed your order by the 10<sup>th</sup> of the month prior to the delivery month. For example, if you want a pass mailed to you by September 1<sup>st</sup>, you must submit your order by August 10<sup>th</sup>.
    - You will pay an administrative fee of \$3.05/month through post-tax payroll deductions.

- 3.) Access-A-Ride/Paratransit Plan:** This plan allows you to participate in the MTA’s Access-A-Ride program or other paratransit programs supported by other transit providers.
- You will fund an account with WageWorks with your payroll deductions and select your Access-A-Ride coupons or other paratransit options on the WageWorks system using the funds in your account.
  - WageWorks will deliver your Access-A-Ride coupons or tickets to your designated mailing address by the 1<sup>st</sup> day of each calendar month.
  - You must be enrolled in and pay the administrative fee for the Transit Pass Plan to participate in this plan.
    - You will pay an additional administrative fee of \$3.05/month through payroll deductions.
- 4.) Park-n-Ride Plan:** This plan allows you to use your deductions to pay for parking at or near a public transportation stop or station that you use to commute to work.
- Only transit-related parking is eligible.
  - You must be jointly enrolled in either the Commuter Card Unrestricted or Transit Pass Plan in order to enroll in this plan and will be required to pay the administrative fee for that plan.
    - You will pay an additional administrative fee of \$3.05/month through payroll deductions.

### Who is Eligible?

All full-time and part-time employees may participate in the Transit Benefit Program.

### How do I Enroll?

You may elect to participate in the Transit Benefit Program at any time. To enroll, download an enrollment form from the CUNY website at [www.cuny.edu/transitbenefit](http://www.cuny.edu/transitbenefit) or contact your College Transit Benefit Coordinator.

### How do make an enrollment Change?

- *Suspending your Transportation Deduction:* You may suspend your transportation deductions at any time. You will be subject to administrative fees if you use your WageWorks card during this period. You may restart your transportation deductions at any time.
- *Changing your Transportation Deduction:* You may change your Transit Plan and/or increase or decrease your transportation deduction at any time as your needs change.
- *Cancelling Participation in the Program:* You may terminate your Transit Plan payroll deductions at any time.
- *Termination Employment:* The Internal Revenue Code does not allow you to be refunded any remaining funds in your account when you leave CUNY employment. However, you will have access to your funds as follows:
  - **Commuter Card Unrestricted Plan:** You have 90 days after your separation date to spend the remaining funds on your Commuter Card.
  - **Transit Pass Plan:** You have 90 days after your separation date to spend the remaining funds in your transit account.
  - **Access-A-Ride/Paratransit Plan:** You have 90 days after your separation date to spend the remaining funds in your transit account.
  - **Park-n-Ride Plan:** Access to the remaining funds in your parking account is limited to the funds allocated to expenditures prior to your separation date.

### What if I transfer to another CUNY school?

Your enrollment will not carry over if you transfer to another college or another City or State agency. You may need to re-enroll to start payroll deductions; however, your account at WageWorks will stay intact. You must

notify your College Transit Benefit Coordinator of your intent to continue in the Commuter Benefits Program or you will be subject to the 90 day spend down.

- ▶ **NOTE:** To suspend, cancel, terminate or change deductions and personal information, contact your College Transit Benefit Coordinator.

### Leave Status

- *Paid Leave of Absence:* You may elect to suspend your transportation deductions if you are on paid leave or an extended vacation.
  - To maintain an active WageWorks Card, administrative fees will continue to be deducted.
- *Unpaid Leave of Absence:* Your participation in the WageWorks Transit Benefit Program will automatically terminate if you are on an unpaid leave. You may elect to re-enroll upon your return to paid status and a new card and account number will be issued.
  - You will have 90 days from the date your unpaid leave begins to spend down your account balance.
  - Any funds remaining after the 90-day period will be forfeited.

### Forfeiture Rules

The Internal Revenue Code does not permit any funds remaining in your account to be refunded to you. The payroll deductions taken for this program must be used to purchase a qualified transit pass either from your account or with your Commuter Card.

### More Information

For more information on the WageWorks Commuter Benefit Program contact your College Human Resources Office or visit [www.cuny.edu/transitbenefit](http://www.cuny.edu/transitbenefit). To check your WageWorks transaction history or account balance, visit the WageWorks website at [www.wageworks.com](http://www.wageworks.com) or call 1-877-WageWorks (1-877-924-3967).

## B) CUNY WorkLife Program (through CUNY)

This voluntary, free and confidential benefit is available to you and your family and is administered by Deer Oaks EAP. The program provides information and support to help you manage your daily life including traditional counseling for stress; family issues or substance abuse; access to legal and financial assistance; referrals for child care; and referral for elder care. Deer Oaks team of experienced, professional WorkLife counselors is available around the clock to help assess your needs and clarify your options. Please refer to the website below. Please use "CUNY" for your username and password.

<https://www.deeroakseap.com/member-login/>

## C) New York's 529 College Savings Program Direct Plan (through CUNY)

You are eligible to participate in New York's 529 College Savings Program, currently managed by Vanguard and Upromise Investments Inc. This program provides a flexible, convenient, and low-cost way to save for qualified higher education expenses.

- The program allows you to save for a child, grandchild, friend, yourself or other relative through payroll deductions.

- New York State taxpayers will receive a New York State income tax deduction of up to \$5,000 annually (\$10,000 for married couples filing jointly).
- There is a management fee of 0.17%, accrued on a daily basis and deducted from the trust monthly.

Contact your College Human Resources Office or New York’s 529 College Savings Program at [www.ny529atwork.com](http://www.ny529atwork.com) for more information or call 1-(800) 420-8580.

## D) Tuition Fee Waivers (Employee Only)

Your Tuition Fee may be waived for undergraduate and graduate courses at any college of The City University of New York on a space-available, no-cost basis. Non-teaching adjuncts are not eligible for the Tuition Waiver benefit.

- Unlimited **undergraduate credits** for fall & spring semester may be waived.
  - You must be on staff for one year to qualify for an undergraduate tuition waiver.
  - No waivers are available for courses in the summer or winter sessions.
  - To attend summer or winter sessions you must pay the applicable tuition and fees.
- Tuition may be waived for six **graduate credits** per semester.
  - There is no service requirement for graduate tuition waiver.
  - No waivers are available for courses in the summer or winter sessions.
- The Tuition Fee Waiver may be used for **Online Baccalaureate** Program courses.

Contact your College Human Resources Office to obtain the CUNY Employee Tuition Fee Waiver (Form OFSR 305) and information regarding tax implications of the Tuition Fee Waiver benefit.

## E.) Credit Unions (McGraw Hill Federal Credit Union & Municipal Credit Union)

You are eligible to become a member of the McGraw Hill Federal Credit Union and/or the Municipal Credit Union (MCU).

*McGraw Hill Federal Credit Union:* Provides financial products and services including competitive dividend rates paid on savings and investment accounts, and competitive interest rates on loans. The products and services are designed to help you manage your personal financial affairs at the lowest possible cost. For more information visit [www.mcgrawhillcreditfcu.org/home/home](http://www.mcgrawhillcreditfcu.org/home/home) or the CUNY eMail at [www.cuny.edu](http://www.cuny.edu).

*MCU:* Offers a full range of high-quality, low-cost services to assist you with your financial needs such as buying a car or a new home, or planning for retirement. Services include basic savings and installment loans, individual retirement accounts (IRA), certificate accounts, and home equity lines of credit. For more information visit [www.nymcu.org](http://www.nymcu.org) or the CUNY eMail at [www.cuny.edu](http://www.cuny.edu).

## F.) CUNY eMail

The CUNY eMail is a virtual shopping plaza offering a variety of discounts and promotional programs. You must have a CUNY Portal account to access the CUNY eMail. Through the CUNY eMail employees also have access to Plum Benefits, which provides discounts to sporting and entertainment events.

### To create a CUNY Portal account:

1. Enter [www.cuny.edu](http://www.cuny.edu) in your web browser
2. On the upper right hand side of the home page, click "Log in."
3. Click "CUNY portal"
4. Fill in the appropriate information and click "Submit."
5. Your account has been created. Log into the CUNY Portal.

## G.) NYC Work Well- Weight Watchers Program:

The NYC Employee Benefits Program has partnered with Weight Watchers to provide services to NYC employees. With the City's program, employees have access to a subsidy reducing the cost **of membership by more than 50% off the regular price**. Benefit-eligible dependents (spouses, children 18-26) and retirees can enjoy discounted pricing. **Spouses and dependents of retirees are not eligible for the discount**. The dollar value of this contribution/benefit will be included as taxable income to the employee.

Please visit the NYC website below to learn more about the weight watchers program and other work well initiatives sponsored by NYC.

<http://www1.nyc.gov/site/olr/wellness/wellnesshome.page>

## IV. CONTACT/TELEPHONE DIRECTORY

Organization	Phone Number	Note	Website
Administration Services Only, Inc.	1 877 362-2869	PSC-CUNY Extended Medical Benefit Plan	Administrative Services Only, Inc. Department # 178 PO Box 9009 Lynbrook, NY 11563-9009
Aetna HMO	1 800 445-8742	Health Plan offered by NYCHBP	<a href="http://www.aetna.com">www.aetna.com</a>
Cigna Healthcare	1 800 244-6224	Health Plan offered by NYCHBP	<a href="http://www.cigna.com">www.cigna.com</a>
College Savings Program	1 800 420-8580	Upromise College Savings Program	<a href="http://www.ny529atwork.com">www.ny529atwork.com</a>
CuraScript Specialty Care Pharmacy	1 866 848-9876	PICA Program – For certain specialty injectable medication	Not Available
Davis Vision	1 800 999-5431	PSC-CUNY Optical Benefit	<a href="http://www.davisvision.com">www.davisvision.com</a>
	1 800 422-4234		
	NJ Residents Only : 1 800 722-3524		
Empire BCBS	1 800 433-9592	For GHI-CBP Members Only	<a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a>
Empire EPO & Empire HMO	1 800 767-8672 1 888 476-6986 (NJ)	Health Plan offered by NYCHBP	<a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a>
Express Scripts General Phone Numbers	1 800 467-2006 1 800 233-7139	PICA Program - Specialty care mail service pharmacy	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Family Health Plus	1 877 934-7587	Public Health Insurance Program for adults ages 19 thru 64	<a href="http://www.health.state.ny.us/nysdoh/fhplus">www.health.state.ny.us/nysdoh/fhplus</a>
Flexible Spending Accounts Program Administrative Office	1 212 306-7760	Employee's Helpline Number – HCFSA, DeCAP, Buy-Out Waiver and Premium Conversion Program	<a href="http://www.nyc.gov/html/olr">www.nyc.gov/html/olr</a>
Freedom Fertility Pharmacy	1 800 660-4283	PICA Program – Injectable medication for infertility	<a href="http://www.freedomfertility.com">www.freedomfertility.com</a>
GHI HMO	1 877 244-4466	Health Plan offered by NYCHBP	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>
Group Health Incorporated (GHI/CBP)	1 212 501-4444	Health Plan offered by NYCHBP	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>
Guardian Dental Guard Preferred	1 800 848-4567	PSC-CUNY Dental Benefit	<a href="http://www.glic.com">www.glic.com</a>
HIP Prime POS & HIP Prime HMO	1 800 HIP-TALK 1 800 447-6929	Health Plan offered by NYCHBP	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>
McGraw Hill Federal Credit Union	1-800-226-6428	Federal Credit Union	<a href="http://www.mcgrawhillfcu.org/home/hon">www.mcgrawhillfcu.org/home/hon</a>
Municipal Credit Union	1 212 693-4900	Municipal Credit Union	<a href="http://www.nymcu.org">www.nymcu.org</a>

PSC-CUNY Welfare Fund	1 212 354-5230	PSC/CUNY Member Benefit Information	<a href="http://www.pscunywf.org">http://www.pscunywf.org</a>
PSC-CUNY	1 212 354-1252	Union/Pension & Welfare Benefits Counseling	<a href="http://www.pscunywf.org">http://www.pscunywf.org</a>
PICA Program Express Scripts	1 800 467-2006	PICA Program – Mandatory mail order program	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
PICA Interactive Voice Response System	1 800 233-7139	PICA Program – Renew prescriptions over the phone	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
The Standard	1 914 989-4400	Long -Term Disability	<a href="http://www.pscunywf.org">http://www.pscunywf.org</a>
Vytra Health Plan	1 800 448-2527	Health Plan offered by NYCHBP	<a href="http://www.vytra.com">www.vytra.com</a>
WageWorks	1 877 924-3967	Transit Benefit Program	<a href="http://www.wageworks.com">www.wageworks.com</a>