Summary of Benefits
Executive Compensation Plan

The University Benefits Office
Office of Human Resources Management
Welcome to the City University of New York. We are pleased to introduce you and your eligible dependents to the benefits provided by the New York City Health Benefits Program (NYCHBP) and the PSC-CUNY Welfare Fund. Also in this handbook you’ll find an overview of the other benefits available to you including retirement plans, tax-deferred annuity plans, the New York State Deferred Compensation plan, the leave policy, and 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. *We leave it up to you to determine which plans are best for you and your family.* 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:

- The PSC-CUNY Welfare Fund: [http://www.pscunywf.org](http://www.pscunywf.org)

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

The University Benefits Office

*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)

Health Care Reform – 2010 Patient Protection and Affordable Care Act (PPACA)

The new federal health care law will have a profound impact on the health and economic well-being of American families, businesses and the economy.

These reforms have given Americans new rights and benefits: helping more children get health coverage, eliminating lifetime and most annual limits on care, allowing young adults under 26 to stay on their parents’ health insurance plan.

Another change relates to Flexible Spending Accounts. Effective January 1, 2011, employees may no longer be reimbursed through the Healthcare FSA for over-the-counter medications and supplies except when prescribed by your physician.

Other key changes for 2013 include:

- Requiring employers to disclose the value of the employer-provided health insurance coverage benefit on the employee’s annual W-2 (beginning with tax year 2012).
- Limiting maximum contribution to a flexible spending account for medical expenses to $2,500 per year (increases annually to coincide with cost of living adjustments)
- Increasing Medicare Part A (hospital insurance) tax on high-earners by 0.9% (from 1.45% to 2.35%) on earnings over $200,000 for individuals and $250,000 for married couples filing jointly, and imposing a 3.8% assessment on unearned income for higher-income taxpayers
- Increasing itemized deduction for medical expenses increases. 7.5% to 10%. Over age 65 still claim 7.5% until 2016

A) Basic Health Plans (Major Medical and Hospitalization)

Eligibility

As a member of the Executive Compensation Plan staff (ECP) 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

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.

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- More details concerning eligibility and tax consequences are available from your agency or the Office of Labor Relations Domestic Partnership Liaison Unit at 212 306-7605 (employees) or 212 513-0470 (retirees).

  ► NOTE: If your domestic partner or same sex spouse is 65 or more he/she must enroll in Medicare Part A & B. The city health plan would serve as secondary coverage.

3. Children under age 26 (whether married or unmarried), except as provided below (relating to adult children eligible for other health coverage).

**Effective July 1, 2011 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 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. 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).

  ► NOTE: You and your dependents cannot be covered by two City health contracts at the same time. If you are eligible for City health benefits coverage as both an employee and a dependent, you must choose one status or the other. All eligible dependent children must be enrolled together as dependents of one parent. If both spouses/domestic partners are eligible and one is enrolled as the dependent of the other, the dependent may pick up coverage in his or her own name if the other’s contract is terminated.
Enrollment

As an Employee
1. Obtain and file a Health Benefits Application (Form ERB) from the College Human Resources Office.
2. The form must be filed within 31 days of your appointment date.
   - If you do not file the form within 31 days of your appointment date, the start of your coverage will be delayed and you may be subject to a loss of benefits.

► 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. 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.

Changes in Enrollment Status
1. Report all changes in family status to your College Benefits Officer.
2. Complete and submit a Health Benefits Application within 31 days of the change in status event.

At Retirement
1. Prior to retirement, obtain and file a Health Benefits Application (Form ERB) from the College Human Resources Office to ensure your benefits continue without any lapse in coverage.
2. If you are Medicare-eligible and enrolling in an HMO, you must obtain and file an additional application form directly from the health plan. Medicare retirees enrolled in GHI-CBP must switch to GHI Senior Care, those enrolled in HIP Prime POS must switch to HIP VIP. Please contact your health plan for the appropriate forms. Refer to Retiree Health Benefits Section V for eligibility requirements. There may be a delay in the initial appearance of the deduction in your pension check. However, any arrears will be captured retroactively. Always review your pension check to ensure the appropriate deductions are being taken.

Effective Dates of Coverage

Employees
Coverage begins on your appointment date, as long as you submit your Health Benefits Application (Form ERB) to the College Human Resources Office within 31 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 marriage, domestic partnership, birth or adoption, as long as you submit the required notification and documentation within 31 days of the change in status event.

Late Enrollment
Coverage for late applications will begin on the first day of the payroll period following the receipt of the application.

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.
At Retirement
Employees who had previously waived coverage can reenroll upon retirement. The effective date of the reinstatement will be the date of retirement, or the first day of the month following the processing of the health benefits application. Health benefits transfer periods are usually scheduled during even-numbered 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. Contact (212) 513-0470 for TRS/ERS/BERS members. Contact (212) 306-7378 for TIAA-CREF members.

Pre-Tax Deductions (MSC Premium Conversion Program)
Allows employees to use pre-tax dollars through salary reduction to pay their share of employer-sponsored benefit premiums, including health. Employees enrolled in pre-tax status are not permitted to voluntarily change coverage from family to individual, or drop coverage except during the annual transfer period or for a qualifying event. Automatic unless you choose post-tax payments.

Deductions for Basic Coverage and Optional Riders
Your paycheck will itemize the premium deduction for your plan's basic coverage or optional rider. The PSC-CUNY Welfare Fund pays premiums for the HIP Prime HMO Appliances and Private Duty Nursing rider on behalf of employees.

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

Basic Health Plan Models
We are pleased to offer you several health plans.
- There is no cost for basic coverage under some of the health plans offered by the City; others require a payroll deduction. Additional benefits can be purchased through Optional Riders.

Current health plan models available to active employees:

Health Maintenance Organizations (HMO)
Provides managed, hospital and medical services to its members. HMO members choose a Primary Care Physician (PCP) from within the HMO network who manages all medical services, provides referrals and is responsible for non-emergency admissions. Members make co-payments and there are usually no deductibles to meet or claim forms to file.

► NOTE: If an HMO member uses a physician outside of the health plan without a referral from the PCP, the member is responsible for all bills incurred.

We currently offer the following HMO Health Plans:
- Aetna HMO
- CIGNA Healthcare
- GHI HMO
- Empire HMO
- HIP Prime HMO
- Vytra Health Plans
Participating HMO providers offer the following services:
Outpatient Care/Office Visits
Specialist Care
Outpatient Diagnostic Tests (X-rays, labs, etc.)
Inpatient Hospital Care
Maternity Care (Mother and Newborn)

Emergency Room Care
Mental Health (Inpatient/Outpatient Care)
Substance Abuse (Inpatient/Outpatient Care)
Chemical Dependency (Inpatient/Outpatient Care)
Prescription Drug Coverage (Optional Rider)*

*Except HIP Prime HMO or GHI-CBP/EBCBS

► **NOTE:** Effective July 1, 2008, CIGNA Healthcare is an Open Access Plus In-Network (OAPIN) plan. This plan allows you to visit any doctor who participates in the OAPIN network without referrals.

Participating Provider Organization (PPO)
Offers the freedom to use either a network provider or an out-of-network provider for medical and hospital care. Participating plans contract with health care providers who agree to accept a negotiated lower payment for the health plan, with co-payments from the member as payment in full for medical services.

► **NOTE:** When using non-participating providers, the member is subject to deductibles and/or coinsurance.

We currently offer the following PPO Health Plan:

- Group Health Incorporated – Comprehensive Benefits Plan/Empire Blue Cross Blue Shield (GHI-CBP/EBCBS)

► **NOTE:** Employees enrolled in GHI-CBP/EBCBS plan may purchase an optional rider for additional benefits. The rider – the Enhanced NYC non-participating provider reimbursement schedule – provides increased reimbursement (for certain services) of the basic GHI’s non-participating provider fee schedule. The prescription drug rider cannot be purchased.

Exclusive Provider Organization (EPO)
Offers a higher level of choice and flexibility than many other managed care plans by allowing members to see any EPO network provider. With this plan, there is no need to choose a PCP and no referrals are necessary to see a specialist. There are no claim forms to file and members will never have to pay more than the co-payment for covered services. There is no out-of-network coverage.

We currently offer the following EPO Health Plan:

- Empire EPO

Point-of-Service (POS)
Offers the freedom to use either a network or an out-of-network provider for medical and hospital care. With network providers, health care delivery resembles a traditional HMO; with out-of-network providers, healthcare delivery resembles that of a traditional indemnity plan, subject to deductibles and/or coinsurance.

We currently offer the following POS Health Plan:

- HIP Prime POS
The PPO, EPO & POS plans provide the following in- and out-of-network services:

- Physician’s Office Visits
- Outpatient Diagnostic Tests (X-rays, labs, etc.)
- Inpatient Hospital Care (Includes Maternity Care)
- Maternity Care (Mother and Newborn)
- Emergency Room Care
- Prescription Drug Coverage (Optional Rider)*
- Mental Health (Inpatient/Outpatient Care)
- Substance Abuse (Inpatient/Outpatient Care)
- Chemical Dependency (Inpatient/Outpatient Care)

*Except GHI-CBP/EBCBS or HIP Prime HMO

Selecting a Health Plan

Consider the following factors 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.

For more information on benefits and costs, refer to the NYCHBP Summary Program Description (SPD) or visit [www.nyc.gov/html/olr](http://www.nyc.gov/html/olr), or visit the individual plan websites located at the end of this summary to find directories of participating plan doctors and office locations.

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.

Rules of Coordination

The rules for determining primary and secondary benefits are as follows:

1. The plan covering you as an employee is primary before a plan covering you as a dependent.
2. When two plans cover the same child as a dependent, the child’s coverage will be as follows:
   a. The plan of the parent whose birthday falls earlier in the calendar year provides primary coverage.
   b. If both parents have the same birthday, the plan that has been in effect the longest is primary.
c. If the other plan has a gender rule (stating that the plan covering a dependent of a male employee is primary before a plan covering a dependent of a female employee), the rule of the other plan will determine which plan will cover the child.

3. If no other criteria apply, the plan covering you the longest is primary. However, the plan covering you as a laid-off or retired employee, or as a dependent of such a person, is secondary, and the plan covering you as an active employee, or as a dependent of such a person, is primary, as long as the other plan has a COB provision similar to this one.

Special Rules for Dependents of Separated or Divorced Parents

If two or more plans cover a dependent child of divorced or separated parents, benefits will be determined in the following order:

1. The plan of the parent who has custody of the child is primary.
2. If the parent with custody of a dependent child remarries, that parent’s plan is primary. The stepparent’s plan is secondary and the plan covering the parent without custody is tertiary (third).
3. If the specific decree of the court states one parent is responsible for the health care of the child, the benefits of that parent’s plan are determined first. You must provide the appropriate plan with a copy of the portion of the court order showing responsibility for health care expenses of the child.

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. PICA covers medications in two specific drug categories:

1. Injectable: Most injectable medications not requiring administration by a health care professional.
2. 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.
C) Long-Term Care (LTC) Program

LTC insurance helps you pay for long-term care services that are not usually covered under your health insurance plan. These services include nursing home care and community-based care.

- Employees and eligible family members may elect to participate in the City of New York’s LTC program, administered and insured by Metropolitan Life Insurance Company (MetLife).
- The program is available to all employees eligible for health insurance coverage under the NYCHBP.
- MetLife’s LTC coverage is guaranteed renewable, as required by the New York State Insurance Law, for existing program participants. Those current participants will be able to continue coverage as long as premiums are paid directly to MetLife on a timely basis. Please note that the City’s program currently has a rate guarantee in place through 2013.

► NOTE: As of August 31, 2011, MetLife, the City of New York’s Long-Term Care (LTC) Program Administrator, stopped accepting new entrants to its employer group business.

D) 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), The Medical Spending Conversion (MSC) Premium Conversion Program and The Medical Spending Conversion (MCS) Health Benefits Buy-Out Waiver Program.

► NOTE: If you are eligible, you may choose to participate in all of the programs. Participation in any of the programs, except the MSC Premium Conversion Program, is on a voluntary basis.

If an amount was deducted or deferred from your salary under a flexible benefits program (permissible under the Internal Revenue Code (IRC) Section 125), this amount must be added to the Federal adjusted gross income on your New York State Income Tax return. The amount of your IRC benefit will be shown in Box 14 of your W2 Statement.

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 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 $2,500. The minimum annual contribution is $260.

► NOTE: The HCFSA Program is covered by the administrative simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA). This means that the FSA Program is required by law to safeguard a participant’s and eligible health care recipient’s Protected Health Information (PHI). The FSA Program may use PHI in the course of administering the HCFSA Program. The FSA Program will only release PHI to third parties upon the completion of the HIPAA PHI Authorization Form. As a result of the 2010 Patient Protection and Affordable Care Act the annual contribution limit beginning with tax year 2013 has been reduced to $2,500 from $5,000.
HCFSA Claims:
To file a claim, complete an HCFSA Claims Form and provide proper documentation such as an Explanation of Benefits (EOB), receipts or billing statements. **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 1st through March 15th 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 31st 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).

HCFSA Mid-year Changes:
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; or 3) adoption or birth of a child.

➤ **NOTE:** Effective January 1, 2011, amounts paid for over-the-counter (OTC) drugs will no longer be qualified medical expenses eligible for tax-free reimbursement from your HCFSA, unless prescribed by a doctor. The prescription requirement applies only to OTC drugs purchased after December 31, 2010. It does not apply to insulin and certain other items.

Using 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 HCFSA worksheet in this 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.

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.
- 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.
DeCAP Claims:
To file a claim, complete a DeCAP Claims form. 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 1st through February 28th 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).

DeCAP Mid-year Changes:
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; or 7) taking an approved unpaid leave of absence by participant or participant’s spouse.

Using 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.

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 1st through December 31st.
- 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 15th), 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 HCFSA/DeCAP 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:

Flexible Spending Accounts Program, Office of Labor Relations
40 Rector Street, 3rd Floor
New York, NY 10006

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.

Buy-Out Waiver 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; 2) a group health plan available through other employment; or 3) Medicare Part A and Part B.

- 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 Form ERB to your College Human Resources Office.
- 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.
- 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.

The Medical Spending Conversion (MSC) Premium Conversion Program

The MSC Premium Conversion Program allows eligible employees to pay for their health plan premium deductions on a pre-tax basis, thereby reducing the gross income for tax purposes. The overall reduction in gross salary is shown on the Form W-2 at the end of the year, but no change is reflected in the gross salary amount on your bi-weekly paycheck.
Enrollment in the MSC Premium Conversion Program is **automatic**.

You may **decline enrollment in the program** when you first become eligible for health plan coverage or during the FSA Open Enrollment Period, which is usually during the fall of each calendar year.

- To decline enrollment, you must complete an MSC Form and submit it along with the Health Benefits Application (Form ERB) to your College Human Resources Office.

- Retain copies for your records.

- Changes may only be made during the open enrollment period or within 30 days of a qualifying event.
  - To make any changes you must submit a completed MSC Form along with the required documentation to your College Human Resources Office.

- 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).

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).

### E) Mid-Year Changes/Qualifying Events

To process a mid-year change, notify the FSA Program Administrative Office by submitting an FSA Program Enrollment/Change Form and a Qualifying Event Mid-Year Change Form with proper documentation within 30 days after the date of the Qualifying Event. The definition of Qualifying Event is determined by the IRC.

- You will be permitted to increase your annual contribution if you are adding new dependents.
- You will be terminated from participation in the HCFSA Program if you cease employment with the college.
- You cannot decrease or discontinue your HCFSA Program contribution for any other reason.

**Qualifying Events**

When you incur one or more of the following Qualifying Events, you may enroll in and add dependents to the HCFSA Program or increase your annual contributions.

- becoming a newly eligible employee
- marriage
- birth or adoption of a child
- returning from approved unpaid leave of absence (employee) taken during the Open Enrollment Period
- termination of your employment; or
- death of participant

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).

### F) 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 of 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 the remaining goal amount balance 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 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.

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 The City University of New York’s 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).

For additional details on PSC-CUNY Welfare Fund benefits visit www.psccunywf.org.

Eligible Dependents
You may enroll your dependents if their relationship to you is one of the following:

- **A legally married husband or wife**: An ex-spouse is not eligible for coverage under the PSC-CUNY Welfare Fund regardless of the provisions of any legal settlement.

- **A domestic partner**: A person, at least eighteen years of age, living together with you in a current continuous and committed relationship, not related by blood to you in a manner that would bar marriage in New York State, and who has registered as your domestic partner with the City of New York or other recognized government organization. If you live in a jurisdiction that has adopted a policy of allowing legal registration for domestic partners, you must legally register your domestic partnership in the state or county of residency. If you live in a jurisdiction that has not adopted a policy of allowing legal registration for domestic partners, you must submit a notarized Alternative Affidavit of Domestic Partnership and a sworn Declaration of Financial Interdependence. New York City residents are required to register their partnership with the City Clerk’s Office and will be issued an Affidavit of Domestic Partnership. There are tax consequences, credit and collection implications, debt obligations, and legal consequences of your domestic partnership registration and health benefits enrollment. Please consult your tax and legal advisors. Due to Federal legislation once the partner has attained the age of 65 Medicare is primary for the partner so the partner must file for Medicare Parts A & B.
• **A same-sex spouse:** If you are adding a same-sex spouse to coverage, the marriage must have occurred in a jurisdiction where same-sex marriages or civil unions are legal. The marriage certificate issued by such jurisdiction will be sufficient documentation to add the spouse to welfare fund benefits coverage. However, the spouse will be added to coverage as a domestic partner for purposes of reporting to the Federal the market value of fringe benefits provided to you and your spouse. There are tax consequences, credit and collection implications, debt obligations, and legal consequences of your same sex marriage and health benefits enrollment. Please consult your tax and legal advisors. Due to Federal legislation once the same sex spouse has attained the age of 65 Medicare is primary for same sex spouse so the same sex spouse must file for Medicare Parts A & B.

• **Children:** The term “children” for purposes of this and the following definitions, include: natural children; children for whom a court has accepted a consent to adopt and for the support of whom you have entered into an agreement; children for whom a court of law has made you legally responsible for support and maintenance; and children who live with you in a regular parent/child relationship and are supported by you.

• **Unmarried children who cannot support themselves:** Any disability including mental illness, developmental disability, mental retardation, or physical handicap qualifies, providing their disability occurred while the dependent was covered by the City.

• **Young Adult Coverage to Age 26:** Under the Affordable Care Act, effective July 1, 2011, you can add or keep your children on your health insurance policy until they turn 26 years old. Both married and unmarried children qualify for this coverage.

• **Young Adult Option Coverage Expansion Through Age 29:** 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. 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.

Enrollment
To enroll, you must obtain a PSC-CUNY Welfare Fund Enrollment Form (Data Sheet) at your College Human Resources Office and file the form within 30 days of your appointment date. Your benefits begin on the 1st day of the month following your appointment date or on the first of the month if you start on the 1st day of the month. 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.

B) **Non-Contributory vs. Contributory Plans**
The University pays the entire premium for non-contributory plans. The PSC-CUNY Welfare Fund provides these benefits to you and your eligible dependents at no cost. We provide the following non-contributory plans:

<table>
<thead>
<tr>
<th>Prescription Drug</th>
<th>Group Total Disability Insurance</th>
<th>Death Benefits</th>
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<tbody>
<tr>
<td>Optical Plan</td>
<td>Free One-Year Term Life Insurance</td>
<td>Hearing Aid Benefit</td>
</tr>
<tr>
<td>Dental Plan</td>
<td>Extended Medical Benefit (for members in GHI-CPB Empire BCBS)</td>
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In a contributory plan, you are required to pay the entire premium. These plans are voluntary for you and your eligible dependents. We offer the following contributory plans:

- Optional Long-Term Disability Coverage
- Term Life Insurance
- Senior Term Life Insurance Plan
- Long-Term Care Plans*
- Catastrophe Major Medical Insurance Plan**

**NOTE:** *Effective January 1, 2012, this benefit is no longer available to any newly appointed employees and any current employees who do not participate in the John Hancock LTC Program. However, all existing policies will continue to be honored and serviced.

**NOTE:** **Effective January 1, 2012, this benefit is no longer available to any newly appointed employees and any current employees who do not participate in the Catastrophe Major Medical Insurance Plan. However, all existing policies will continue to be honored and serviced.

C) Prescription Drug Plan

The Medcohealth Prescription Drug Card Plan* is available for all members enrolled in a health plan under the NYCHBP. Enrollment under this plan is automatic once you have completed and filed a PSC-CUNY Enrollment Form.

The plan covers most drugs that legally require a prescription and have FDA approval for treatment of the specified condition, including psychotropic and asthma drugs. The plan does not cover drugs which are available without a prescription or are “over the counter” (OTC) or diabetic medication.

**NOTE:** While diabetic medication is not covered under the Medco Health Plan, it is available through your health plan or Express Scripts for GHI members. In retirement, once you have attained age 65 these medications are covered through your basic health plan (e.g., GHI)

- Coordination of Benefits provisions do not apply to this benefit.
- The Prescription Drug Plan has an annual cap of $10,000 per individual which could change as a result of the Affordable Health Care Act of 2010.

Members, who choose Aetna HMO, 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. If you only pay for the rider for part of a year, your reimbursement, which is typically processed in January, will be prorated accordingly.

*Medco has recently merged with Express Scripts. However new cards will not be issued.

Medco Health Network of Participating Retail Pharmacies

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

- $5 for generic drugs
- $15 for formulary
- $30 for non-formulary drugs
- or 20% coinsurance, whichever is greater

If the retail cost of the drug is less than the minimum co-payment, you only pay the retail cost.
If you wish to continue to use your local pharmacy for maintenance medication after the third fill, the co-payments are as follows:

- $5 for generic drugs
- $15 for formulary
- $30 for non-formulary
- or 35% coinsurance, whichever is greater

**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. Medco 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 Medco Health. You may order claim forms online at [www.medcohealth.com](http://www.medcohealth.com).

**The Medcohealth Home Delivery Pharmacy Service**

For a 100-day (three-month) supply your co-pay is:

- $10 for generic drugs
- $30 for formulary
- $60 for non-formulary
- or 20% coinsurance, whichever is greater
- Standard shipping and handling is free

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](#).

**At Retirement**

Effective January 1, 2012, Medicare eligible retirees are automatically enrolled by the Fund in the Medco Medicare Prescription Plan when their Welfare Fund retiree forms are processed. *Therefore, do not enroll yourself or your dependent spouse/partner in any Medicare Part D drug program.* The following are the enhancements:

- The current $50 deductible is removed
- The current $10,000 annual per-person cap is removed
- If annual drug expenditures reach $8,000 (approximately), co-payments drop to 5%

For HIP and Aetna Prescription drugs are provided through the health plans.

**D) Dental Plan**

Active employees and their eligible dependents may elect to participate in the DeltaCare USA or the Guardian PPO.

**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 in a serviced state. There are no premiums, claim forms, deductibles, or annual dollar limits and there is flexibility in choosing and switching dentists within the HMO network.

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To enroll, submit a completed Delta Dental Enrollment Form to your College Benefit Officer along with the PSC-CUNY Data Sheet and your Health Benefits Application (Form ERB).

- If you do not complete a Delta Dental 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.
- Implants are covered.

**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.

**E) Optical Plan**
Optical benefits may be available to you and your eligible dependents once every 24 months through your City Basic Health Plan. If your basic health plan does not offer the benefit, the PSC-CUNY Welfare Fund will provide the benefit.

**Direct Reimbursement Plan**
Members and eligible dependents will be reimbursed up to $100 for an eye exam and/or pair of prescription glasses purchased through an out-of-network provider once every 24 months.

- Claims should be submitted within 90 days of service.
- Eye examinations other than for purchase of glasses or contact lenses are not covered.
- To obtain reimbursement you must file an out-of-network provider claim form available at the PSC-CUNY Welfare Fund or College Human Resources Office.
- Completed forms must be sent to the PSC-CUNY Welfare Fund for processing.

**Davis Vision**
This plan covers in-network eye examination and prescription glasses once every 24 months; no co-payment is required. During the “off year,” Davis Vision offers discounts on contact lenses and glasses (frames and lenses).

- There is an in-network co-payment for contact lenses.
- No claim forms for in-network services or ID cards required.
- Other options are available at your expense.
- For new members you must notify the PSC-CUNY Welfare Fund so that they can contact Davis to verify your eligibility.

**General Vision Services (GVS)**
This plan covers in-network eye examination and prescription glasses once every two years; no co-payment is required. No claim forms are necessary for in-network services and you are responsible for additional costs incurred if you choose frames and services not covered by GVS.

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GVS offers the “off year” benefit for children:
- To qualify for the “off year” benefit, the child’s prescription must have changed.
- The child receives a modified benefit in the year following the year of use of the benefit.
- If you use the “off year” benefit for your child, you must notify the GVS office that you are using this particular benefit at the time of service.
- Contact the PSC-CUNY Welfare Fund to determine if your child is due this benefit.

F) Hearing Aid Benefit

Hearing aid benefits may be available to you and your eligible dependents once every 36 months through your City Basic Health Plan. If your basic health plan does not offer the benefit, the PSC-CUNY Welfare Fund will provide the benefit.

Direct Reimbursement Plan

- General Hearing Services (a division of General Vision Services, GVS) offers a program valued at $1,500. A $250 co-pay covers a hearing screening and one hearing aid instrument with a choice of the following styles: 1) In The Canal (ITC); 2) In The Ear (ITE); and 3) Behind The Ear (BTE). The benefit may be used every 3 years. If a second aid is required it can be purchased at discount.

- If you use a non-participating doctor, the reimbursement for services is $500 every 3 years. Your $500 hearing benefit can be applied to the “Completely in the Canal” aid or the State-Of-The-Art Programmable and Digital Products. A second hearing aid and any upgrades not covered by the plan are offered at a discount. Members are eligible for one aid every three years.

To take advantage of the hearing aid benefit, obtain and send a completed claim form to the PSC-CUNY Welfare Fund office.

The Speech and Hearing Center of Brooklyn College

The Center offers services and hearing aids at low costs and accepts assignment from Medicaid, Medicare Part B and HIP for some services. Also, the Center provides diagnostic and rehabilitative services for children and adults with speech, language, voice or hearing impairment. All services are done by graduate students and overseen by licensed speech language pathologists and audiologists.

Fees vary depending on services provided.
- Employees receive a 40% discount on audiology services, speech therapy and speech language evaluation.
- You must pay the out-of-pocket fees and the Center will provide you with an itemized bill.

To obtain reimbursement you must call the PSC-CUNY Welfare Fund and complete a voucher. We also advise you to contact your health insurance company to determine if they provide reimbursement for this service. For further information contact the Speech and Hearing Center at 718 951-5186 or visit their website [http://www.brooklyn.cuny.edu/web/academics/centers/slhc.php](http://www.brooklyn.cuny.edu/web/academics/centers/slhc.php).
G) 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.
- To obtain payment of death benefit your beneficiary must contact the PSC-CUNY Welfare Fund.

H) 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.

The package of benefits includes:
- prescription drugs
- dental
- optical
- hearing aid
- major medical (if applicable)

If you were actively covered by the PSC for 10 years or more, coverage is extended for up to three years (36 months).
- Thereafter, the survivors may purchase a Survivor Benefits package, which carries a premium charge.
- The package of benefits is the same as indicated above with the exclusion of Major Medical.

If you were actively covered by the PSC for less than 10 years, coverage is extended for up to one year (12 months).
- Thereafter, survivors may purchase up to 24 months of COBRA coverage for a premium.
- After COBRA entitlement expires, survivors may purchase a Survivor Benefits package, which carries a premium charge.
- The package of benefits is the same as indicated above with the exclusion of Major Medical.

It is the responsibility of the surviving spouse or domestic partner and/or covered dependents to notify the College Human Resources Office and the Welfare Fund of the death of the covered employee. An application form will be provided by the Welfare Fund upon notification.

These benefits will end if your survivors no longer meet the definition of eligible dependent under the Welfare Fund. This coverage is available only to those without other comparable coverage. Coverage will be permanently discontinued if premiums are not paid.

I) Term Life Insurance Plan
The PSC-CUNY Welfare Fund sponsors a New York State United Teachers (NYSUT) Trust Term Life Insurance Plan administered by Marsh Affinity Group Services.
Free One-Year Term Life Insurance Plan (Employee Only)

New full-time Executive Compensation Plan 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).

Executive Compensation Plan employees 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

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.

Payroll Deduction Payment Option

Members purchasing insurance through payroll deduction will receive a 15% discount, as well as free Travel, Accidental Death and Dismemberment Insurance (AD&D) up to a maximum of $100,000, with an additional $25,000 of AD&D benefits to cover any physical assault while involved in an employment activity.

When you retire, you can maintain your life insurance coverage by purchasing an associate membership. Premiums will be transferred from payroll deduction to individual billing on a semi-annual basis. Once you start to receive monthly pension benefits, you may change your payment option to pension deductions.

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.

► **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.

J) 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 Insurance Company, at no cost, on the 1st 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 underwriting.

- 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.

**K) Extended Medical Benefit**

The Extended Medical Benefit, managed by Administration Services Only, Inc (ASO), applies to full-time active employees enrolled in the GHI-CBP/Empire Blue Cross Blue Shield (BCBS) plan. This benefit is designed to provide additional protection against the extraordinary cost of a serious or long-term illness not covered by your basic GHI-CBP allowances. Additionally, it provides some reimbursement when using an out-of-network medical provider.

Some of the same procedures and items covered under the basic GHI-CBP Plan are covered under the Extended Medical Benefit. 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 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).*

- Plan participants with GHI coverage should first submit large medical claims to ASO before submitting to the Catastrophe Major Medical Insurance Plan.
- This extended medical benefit does not cover procedures that are not covered under the basic health plan, nor does it lift any frequency limitations.
- Expenses are considered after an annual deductible has been met.

For more information, visit [Extended Medical Benefit || PSC-CUNY Welfare Fund.](#)
Eligibility
You and your dependents are eligible for this coverage if you are: 1) an active full-time member of the Executive Compensation Plan; and 2) you are enrolled in the GHI-CBP Empire BCBS Plan.

Enrollment
If eligible, you and your dependents will automatically be enrolled in the Extended Medical Benefit.

Deductible
If you have covered medical expenses that are not completely reimbursed by your basic GHI-CBP plan, you must first meet a deductible.

- This means you must incur a certain dollar amount of out-of-pocket expenses before the Extended Medical Benefit will reimburse you.
- The amount of the deductible varies depending on whether or not you purchase the Optional Rider from the City.
- If you buy the Optional Rider, the individual annual deductible is $1,000 and $2,000 for family.
- If you do not buy the Optional Rider, the individual annual deductible is $4,000 and $8,000 for family.
- All out-of-pocket medical expenses for covered services are applied toward the deductible. These include the difference between your actual costs and GHI's schedule for non-participating providers.
- There is no annual maximum.
- The lifetime maximum is $5 million.
- Any expenses incurred during a calendar year are only applied to that year's deductible and coinsurance limits.
- There is no carryover from one calendar year to the next.

Coinsurance
Once your applicable deductible has been met, Extended Medical Benefit will pay 60% of the difference between the amount reimbursed and the reasonable and customary charges. The unreimbursed 40% balance is the co-insurance amount you must pay. After the 60% coinsurance equals $3,000 for individual or $6,000 for family in a calendar year, Extended Medical Benefit will pay 100% of the difference between the amount reimbursed and the reasonable and customary charges according to the schedule.

For more information, visit Extended Medical Benefit || PSC-CUNY Welfare Fund.

At Retirement
You and your dependents are eligible for this coverage if you are under age 65 and you are enrolled in the GHI-CBP Empire BCBS Plan.
L) Long-Term Care Plans (LTC)

These plans provide services ranging from nursing home care to custodial care at home, including help with daily activities such as eating and dressing to professional attention, such as skilled nursing care. They also include services offered through adult day health care programs and other community agencies. The plans are designed to help you safeguard financial assets and plan for the future by providing financial protection against the devastating cost of long-term care.

LTC provides benefits when you are unable to care for yourself because of a chronic illness, severe physical impairment or disease that lasts a long time, the normal aging process, or because of a cognitive impairment, such as Alzheimer’s disease or senile dementia, which requires constant supervision.

Eligibility

As a full-time member of the Executive Compensation Plan you may enroll in a LTC plan. Your spouse or domestic partner, parents and parents-in-law may also be covered, even if you choose not to enroll yourself.

Upon separation from service, you may elect to continue LTC coverage by making direct payments.

Enrollment

To qualify for coverage, each applicant must complete and return the application directly to the LTC carrier. You may elect to enroll in the following contributory plans:

- John Hancock Mutual Life Insurance Company (offered by the PSC-CUNY Welfare Fund).
  - Premiums may be paid through payroll deductions.
- New York State United Teachers’ Long-Term Care Program.
  - Premiums may be paid through payroll deductions.
  - You must purchase a NYSUT Associate Membership to be able to participate in this program.

Premium

Premiums are determined by your age at initial enrollment and the benefit level you choose.

**NOTE:** Effective January 1, 2012, the John Hancock benefit is no longer available to any newly appointed employees and any current employees who do not participate in the John Hancock LTC Program. However, all existing policies will continue to be honored and serviced.

M) Catastrophe Major Medical Insurance Plan $2 million
(Marsh Affinity Group Services)

This plan is designed to supplement your basic health insurance policy as well as supplement policies provided by the PCS-CUNY Welfare Fund. In addition, it pays in excess of Medicare Parts A & B.

- The plan includes a large deductible and may limit certain benefits.
- In addition to addressing uncovered expenses of the basic health insurance, benefits covered under this plan include:
  - Convalescent Home Benefits
  - Home Health Benefits
  - Private Duty Nursing Services
Eligibility

Full-time or retired members, spouses and domestic partners are eligible to apply for coverage, regardless of age, as long as all are covered under the NYC Health Benefits Program or Medicare (Parts A and B). An insured member’s unmarried, dependent children from birth to 21 years (27 if attending school full-time) are also eligible.

Deductible

There is a $10,000 deductible (or the amount paid by your health insurance if higher). When insured, reasonable and customary eligible expenses count toward your deductible in full. Even those eligible expenses paid for by your basic health insurance policy, as well as those paid out of your own pocket, count toward meeting your deductible.

Enrollment

- Active employees should complete the Catastrophe Major Medical Insurance Plan Application and return to Marsh Affinity Group Services along with a Payroll Deduction Authorization Card.
- Premiums will be deducted annually from your paycheck over 26 pay periods.
- TRS or TIAA-CREF retirees should complete the Catastrophe Major Medical Insurance Plan Application and return to Marsh Affinity Group Services along with the Pension Deduction Authorization Card.

Effective Date

Coverage will be effective following receipt and acceptance of the written application and applicable premium payment. Applicants must meet medical conditions of insurability.

Premium

The premium for this plan is based on your age when the insurance becomes effective and on your attained age on renewal dates.
- Premiums will increase when you enter a new age bracket.
- Premiums may be paid through payroll deduction, automatic check withdrawal or direct billing.
- You must complete the appropriate Authorization Card when selecting payment options other than direct billing.

Termination of Benefit Period

An insured's benefit period begins on the date the first eligible expense is incurred and will end at the earlier of: completion of 10 years from the day eligible expenses were first incurred; $2 million have been paid; the insured recovers; after 24 months from the date the first eligible expense is incurred if 90 consecutive days pass without at least $150 of eligible expenses being incurred; or the end of 12 consecutive months during which no charge is incurred.
Survivor’s Coverage

Coverage continues for your covered dependent spouse or domestic partner and children as long as the dependents meet eligibility requirements, premiums are paid at the adjusted rate (depending on the survivor’s age) and the policy remains in force.

► NOTE: Effective January 1, 2012, the Catastrophe benefit is no longer available to any newly appointed employees and any current employees who do not participate in the program. However, all existing policies will continue to be honored and serviced.

III. MEDICAL EXECUTION (National Medical Support Notices)

Under recently enacted Federal legislation called the National Medical Support Act, employers are responsible for enforcing orders of Medical Execution, also known as National Medical Support Notices. These notices are issued by a governing authority, usually a State, against non-custodial parents, and require the employee to provide health coverage for any child named in the notice.

Your child will be automatically enrolled if you have coverage and the existing coverage is available in the area where your child resides. The College Office of Human Resources will notify you of your child’s addition to coverage.

If you do not have coverage, the Human Resources Office will notify you in writing that you must enroll in health coverage and include the named child to that coverage.

IV. TERMINATION OF COVERAGE

A) Basic Health Plans (Major Medical and Hospitalization)

Coverage for basic health plans terminate:

1. For an employee or retiree and covered dependents, when the employee or retiree stops receiving a paycheck or pension check, with the exceptions of employees on SLOAC or FMLA.
2. For an ex-spouse, when divorced from the employee or retiree.
3. For a domestic partner, when partnership terminates.
5. For all dependents, unless otherwise eligible, when the employee or retiree dies.

► NOTE: Refer to Section VIII for further details on FMLA & SLOAC.
B) PSC-CUNY Welfare Fund Benefits

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.
5. For all dependents, unless otherwise eligible, when the employee or retiree dies.

► NOTE: Refer to Section VIII for further details on FMLA & SLOAC.

C) 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.

D) 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 leave of absence of any kind.

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• **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.

• **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 NYCHBP Summary Program Description (SPD) or [www.nyc.gov/html/olr](http://www.nyc.gov/html/olr).

**Periods of Continuation**

If benefits are lost due to termination of employment or reduction of work schedule, COBRA can continue for a maximum of 36 months, calculated from the date of loss of coverage under the NYCHBP program.

However, if a beneficiary becomes disabled (as determined under Title II or XVI of the Social Security Act) during the first 60 days of the 18-month COBRA continuation period, coverage can be extended for an additional 11 months after the end of the original continuation period.

- Notification must be made to the plan within 60 days after the Social Security Administration’s determination of disability and before the end of the initial 18-month COBRA continuation period.
- The plan must also be notified within 30 days if the Social Security Administration determines that the disability no longer exists. The otherwise applicable COBRA premium, i.e., 150% of the premium, must be paid during any extension period.

► **NOTE**: If dependents lose benefits as a result of death, divorce, domestic partnership termination, or loss of coverage due to the Medicare-eligibility of the contract holder, or due to the loss of dependent child status, the maximum period for which COBRA can continue coverage is 36 months. This period will be calculated from the date of the loss of coverage under the NYCHBP program.
Qualified Beneficiaries:
The definition of a qualified beneficiary includes a child born to or adopted by certain qualified beneficiaries during the COBRA continuation period.

- Only if you are a qualified beneficiary (having been an employee), will a child born to or adopted by you during the COBRA continuation period become a qualified beneficiary in his or her own right.
  - This means that if you should lose your COBRA coverage, your new child may have an independent right to continue his or her coverage for the remainder of the otherwise applicable continuation period.
  - However, you must cover your new child as a dependent within 30 days of the child’s birth or adoption in order to have this added protection.
- Any increase in COBRA premium must be paid while the coverage is in effect.

Loss of Coverage:
Continuation of coverage can never exceed a total of 36 months.

- Coverage will terminate if the enrollee fails to make timely premium payments or becomes enrolled in another group health plan (unless the new plan contains a pre-existing condition exclusion).

Notification Responsibilities:
Under the law, you or a family member are responsible for notifying the College Payroll Office, the College Office of Human Resources and the applicable Welfare Fund within 60 days of death, divorce, domestic partnership termination, change of address, or of a child’s losing dependent status.

If you are totally disabled (as determined by Social Security) on the date of termination of your employment or reduction of hours, you must notify your health plan of the disability. The notice must be provided within 60 days of Social Security’s determination and before the end of the 18-month continuation period.

- You must also notify the health plan if Social Security subsequently determines that you are no longer disabled.
  - The notice must be submitted within 30 days from Social Security’s final determination.

When the Qualifying Event (such as death of participant, spouse or dependent, termination of employment, or reduction in hours) occurs, you or your family will receive a COBRA information packet from the College Human Resources Office describing the continuation coverage options.

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 care 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.
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 1st 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.

V. RETIREE HEALTH BENEFITS

A) Retiree Health Benefits (For TRS/NYCERS/BERS Members)

You are eligible for retiree health benefits coverage, under the NYCHBP, if you meet all of the following criteria:

1. You have, at the time of retirement, at least ten (10) years of credited service as a member of a retirement or pension system maintained by the City of New York. If you were an employee of the City on or before December 27, 2001, then at the time of your retirement you must have at least five (5) years of credited service as a member of a retirement system maintained by the City. This requirement does not apply if you retire because of accidental disability; and

2. You have been employed by the City immediately prior to retirement, as a member of such system, and have worked regularly for at least 20 hours per week; and

3. You receive a pension check from a New York City retirement system (TRS, NYCERS or BERS).

Please verify your eligibility for health insurance as a retiree with your College Office of Human Resources.

► NOTE: Tier 1 NYCERS members who retire with deferred payability can retain benefits for five (5) years while in such status. If the deferment lasts longer than five (5) years, benefits will be suspended until the retiree begins receiving retirement income from NYCERS.

B) Retiree Health Benefits (For TIAA-CREF Members)

If you are a member of the ORP (see Retirement Systems section below) and collecting retirement benefits, you are eligible for retiree health benefits coverage under the NYCHBP as follows:

- If you are separated from CUNY service at age 55 or older with at least ten (10) years of pensionable, continuous full-time service, or;
- If you are separated from CUNY service prior to age 55 with at least ten (10) years of pensionable, continuous full-time CUNY service upon attainment of age 55, with no subsequent full-time employment at another institution of post-secondary education with duties related to those performed by the instructional staff at CUNY.
Once you meet the eligibility for retiree health care benefits you cannot relinquish your right to them. Eligible members must maintain $50,000 in reserve with TIAA-CREF to fund retiree health insurance premiums.

► **NOTE:** You may require additional reserve amounts depending on the health plan you select or to cover future insurance rate changes.

You must elect a monthly Lifetime Income Annuity option, on a minimum of $10,000, as the settlement option used to satisfy the standard health care premium deduction. You may be required to annuitize additional amounts from your $50,000 required reserve if enrolled in a more costly health plan.

► **NOTE:** Interest Only, Minimum Distribution and Transfer Payout Annuity are not settlement options used to satisfy health care premium deductions.

### VI. RETIREMENT SYSTEMS

With the creation of the Optional Retirement Program (ORP) came New York State Education Law Article 125-A, Section 6253, which mandates participation in a retirement system. As a new staff member who is paid from tax-levy funds, you have 30 days from your appointment date to choose a retirement program. **That choice is irrevocable.** If you do not file a choice within 30 days, the law mandates that you be assigned to The Teachers’ Retirement System of the City of New York (TRS).

- You may choose between TRS and the Optional Retirement Program (ORP) currently funded through TIAA-CREF, The Teachers Insurance and Annuity Association of America – the College Retirement Equities Fund or remain in NYCERS as a Transferred Contributor.

- If you are already a member of the TRS, the Board of Education Retirement System (BERS) or NYCERS, you may remain in that program. Section 6253 prohibits membership in The Teachers’ Retirement System of the City of New York (TRS) and the New York City Employees’ Retirement System (NYCERS) if you choose the ORP and remain continuously employed in any position within the University.

- If you are retired and receiving a pension from New York State or New York City or any of its political subdivisions, you may seek to obtain approval to work without affecting your pension.
  - Under Section 213 of the Retirement and Social Security Law, no retired person employed in public service pursuant to the provisions of this article shall be required or permitted to become a member of any retirement system or pension plan administered by the state or any of its political subdivisions.

- Additionally, member service credit may not be purchased or granted in any retirement system or pension plan administered by the state or any of its political subdivisions for any period of employment in public service authorized under the provisions of this article.
  - However, TRS and NYCERS members, who are rehired after their retirement date and who elect to stop their pension, are allowed to become a member of the retirement system.
  - Members who elect to stop their pension will no longer be considered retired. In this case, members must work five (5) or more years to affect their Final Average Salary.
  - You must file for a waiver under sections 211 and/or 212 of the Retirement and Social Security Law. Please note there are earnings limitations under these circumstances. Consult your College Human Resources Office for further information.
  - If you are age 65 or older, you are not required to file a 211/212 waiver.
A) The Teachers’ Retirement System of the City of New York (TRS):

TRS is a public pension fund that provides New York City educators with retirement, disability and death benefits. TRS offers members two vehicles for retirement planning:

Qualified Pension Plan (QPP): All TRS members participate in a 401(a) defined-benefit plan. This employee and employer funded plan provides TRS members with a monthly retirement allowance upon meeting certain eligibility requirements.
- Benefits are guaranteed and are not affected by investment returns and are determined by a formula that includes age, final average salary (FAS), and Total Service Credit;
- Vesting occurs after ten years of Total Service Credit.

Tax-Deferred Annuity (TDA) Program: TRS members may also participate in a defined-contribution program established under Section 403(b) of the Internal Revenue Code. The TDA program provides TRS members with a way to invest money for the future on a tax-deferred basis.
- This structured method of long-term investing offers the convenience of automatic payroll deductions, the security of professionally managed funds, and low administrative fees;
- The program offers six investment options, loans, and there is no vesting requirement but you must be a member to participate.

Retirement Eligibility

TRS members are generally eligible to receive a service retirement allowance after attaining ten years of Total Service Credit and meeting minimum age requirements. When members retire, they may be eligible to choose from among several retirement plan options. Member eligibility for specific retirement plans depends on tier status, Total Service Credit, and age. For more information on the plans, visit the TRS website at www.trs.nyc.ny.us.

Tier Status

<table>
<thead>
<tr>
<th>Tier</th>
<th>If you last joined TRS before</th>
<th>If you last joined after</th>
<th>If you last joined after</th>
<th>If you last joined on or after</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier II</td>
<td></td>
<td></td>
<td></td>
<td>April 1, 2012 (Tier V does not apply to CUNY)</td>
</tr>
</tbody>
</table>

Qualified Pension Plan (QPP) Contribution Rates

- Tier I and II contribution rates are based on factors such as age and credited prior service.
- Members in Tier III and IV with less than 10 years of membership or credited service are required to pay 3% of their gross compensation toward the QPP account. After 10 years of membership or credited service has been attained, contributions are no longer required.
• Tier VI members are required to contribute 3% of gross pensionable compensation through March 31st, 2013. Thereafter the contribution rate for the remainder of your service may range from 3% to 6%, depending on your wages:
  - $45,000 or less: 3%
  - $45,001 to $55,000: 3.5%
  - $55,001 to $75,000: 4.5%
  - $75,001 to $100,000: 5.75%
  - More than $100,000 but less than $179,000: 6%

  ► NOTE: To ensure the pension is appropriately funded, each year the Office of the Actuary of the City of New York, determines the lump sum amount that CUNY must contribute to your pension fund.

TDA Contribution Rates

The IRS sets calendar-year limits on the maximum annual amount that members may generally contribute to the TDA Program. Certain members (i.e., those over age 50 or who have at least 15 years of Total Service Credit) are also eligible to “catch up” on their retirement savings by making contributions in excess of the maximum TDA amount.

Retirement Allowance

If you are a Tier I member who has served at least three years in the position from which you are retiring, your Final Average Salary (FAS) would generally be the actual gross salary earnable during the 12 months prior to your retirement. If you are a Tier II, III/IV or VI member, your FAS is generally the average of your highest three consecutive salaries. Calculation methods are as follows:

• For eligible Tier I Plan A members: 50% of your FAS for your first 20 years of qualifying service, provided you meet your minimum accumulation; 1.2% of your FAS for each additional year of Total Service Credit rendered before July 1, 1970; 1.7% of your FAS for each additional year of Total Service Credit not previously covered; an amount based on any Increased-Take-Home-Pay (ITHP) accumulations in excess of those required to fund the full benefit; an amount based on any Annuity Savings Fund (ASF) balance in excess of the minimum accumulation; and a benefit reduction if you retire before age 55 under the 30-Year Demand Plan.

• For eligible Tier I Plan B members: 1.2% of your FAS for each year of Total Service Credit rendered prior to July 1, 1970; 1.53% of your FAS for each year of credited service rendered after June 30, 1970; and an amount based on the balance of your ASF and ITHP as of your retirement date.

• For eligible Tier II Plan C members: 50% of your FAS for your first 20 years of Total Service Credit, provided you meet your minimum accumulation; 1.7% of your FAS for each additional year of Total Service Credit; an amount based on any ITHP accumulations in excess of those required to fund the full benefit; an amount based on any ASF balance in excess of the minimum accumulation; and a benefit reduction if you have less than 30 years of Total Service Credit and retire before age 62.
• **For eligible Tier II Plan D members:** 1.2% of your FAS for each additional year of Total Service Credit rendered before July 1, 1970; 1.53% of your FAS for each year of Total Service Credit rendered after June 30, 1970; an amount based on your ITHP and ASF accounts as of your retirement date; and a benefit reduction if you have less than 30 years of Total Service Credit and retire before age 62.

• **For Tier III/IV members:** 1 2/3% of your FAS multiplied by your years of Total Service Credit if you have less than 20 years of service; 2% of your FAS multiplied by your years of Total Service Credit if you have between 20-29 years of service; or 60% of your FAS for the first 30 years of service under Tier IV retirement, plus 1 ½ % of your FAS for each additional year over 30 years of service. For a Tier III retirement, the maximum calculation is 60% of your FAS.

• **For Tier VI members:** 1 2/3% of your FAS multiplied by your years of Total Service Credit if you have less than 20 years of service; 1 3/4% of your FAS multiplied by your years of Total Service Credit if you have 20 or more years of service; or 35% of your FAS for the first 20 years of service under Tier IV retirement, plus 2 % of your FAS for each additional year over 20 years of service.

► **NOTE:** To provide members with retirement income as quickly as possible, TRS issues advance allowance payments beginning with the payroll approximately one to two months following the effective retirement date (or initial payability date, if retirement is under deferred payability). However, if member’s regular retirement allowance is available at that time, they receive the regular retirement allowance instead.

**Supplemental Retirement Funds**

At retirement, members with TDA accounts may elect to withdraw their TDA funds, receive a monthly annuity of their TDA balance, or defer distribution of their TDA funds (in accordance with IRS regulations).

**Transferring A Membership to TRS**

If you are a member of one of the following retirement systems, you may transfer your membership to TRS if you become employed in a TRS-membership eligible position.

- NYC Employees’ Retirement System
- NYC Board of Education Retirement System
- NYC Fire Department Pension Fund
- NYC Police Pension Fund
- NYS and Local Employees’ Retirement Systems
- NYS and Local Police and Fire Retirement System
- NYS Teachers’ Retirement System

► **NOTE:** You must notify your previous retirement system if you choose to transfer your eligible membership to TRS. Your previous system will transfer your service credit and accumulated pension funds to TRS.
Disability Benefits

You are eligible to retire with disability benefits if you have 10 or more years of Total Service Credit and are deemed physically or mentally incapable of performing work duties.

- There is no minimum service requirement if you are disabled as a natural and proximate result of an accident that was sustained in the performance of duties in active service and that was not caused by your negligence.
- You may be eligible for a Lump-Sum Disability benefit if you are an in-service member or on an official leave of absence and have been diagnosed with a terminal illness and have a life expectancy of no more than 12 months.
- You are responsible for filing the applicable disability retirement application.

Death Benefit

If a Tier I in-service member dies before becoming eligible for retirement, the death benefit equals the member’s Annuity Savings Fund (ASF) balance, ITHP balance, and an amount based on his/her salary and years of Total Service Credit. If the member is eligible for a service retirement at the time of death, or dies within the first 30 days after retiring, the death benefit is the greater of the amount previously mentioned or a benefit based on the reserves that would have been payable under Option I Modified had the member retired on the day before he/she died.

If a Tier II, III, IV or VI member dies while in service and is credited with at least one year of service since last joining TRS, the member’s designated beneficiary can apply to receive Ordinary Death Benefits. The death benefit equals the balance in the member’s ASF for Tier II members or Member Contributions Accumulation Fund (MCAF) and in the Annuity Savings Accumulation Fund (ASAF) for Tiers III, IV and VI members, plus the amount of either Death Benefit #1 or Death Benefit #2 as applicable. Visit the TRS website, [www.trs.nyc.ny.us](http://www.trs.nyc.ny.us), for an explanation of Death Benefit #1 and Death Benefit #2.

Portability

As a TRS member, you may transfer your membership to any eligible New York State or New York City public retirement system.

- Tier I and II members who separate from service may elect to withdraw their ASF funds.
- Tier III, IV and VI members who separate from service with fewer than 10 years of Total Service Credit may elect to withdraw their MCAF and ASAF funds.
- In either case, the withdrawal terminates your TRS membership.

Loans

- Tier I and II members become eligible for a Qualified Pension Plan (QPP) loan after three years of membership.
- Tier III, IV and VI members may qualify for a QPP loan after one year of membership.
- All members enrolled in the TDA Program become eligible for a TDA loan after one year of participation.
Tier Reinstatement

Section 645 of the Retirement and Social Security Law enables members who lost their TRS membership rights to be reinstated to their previous membership date in TRS.

- If that membership was based on a different tier, members may also be reinstated to the previous tier.
- To be reinstated under Section 645, you must repay the amount of any contributions refunded to you when your membership ended, plus interest compounded annually from the date of the refund to the date of repayment.

To request a calculation of the repayment amount, you must file a Membership/Tier Reinstatement Request Form. Members reinstated to a former tier will be issued a new membership number for that tier.

Age 55 Retirement Program (55/25 Provisions)

The Age 55 Retirement Program was established on February 27, 2008 under Chapter 19 of the Laws of 2008. The 55/25 Provisions of this program provide eligible Tiers II, III, IV and VI TRS members with the option to retire with unreduced benefits as early as age 55, provided they have at least 25 years of Total Service Credit as of their retirement date.

► NOTE: CUNY employees are generally not eligible to participate in the Age 55 Retirement Program, unless they are also employed in an eligible position with the Department of Education (DOE) or a participating Charter School.

Normal Retirement Age

- Tier I members- Age reductions would not apply if you are at least age 55 at your payability date. You may retire before age 55 (with an age-reduction factor) if you have at least 30 years of service credit.
- Tiers II, III & IV members: 62, with benefit reductions for earlier retirement, with less than 30 years of service credit.
- Tier VI members: 63, with benefit reductions for earlier retirement.

TRS Resources

TRS provides a variety of resources to its members. These include a website, the TRS Service Line (a 24-hour voice response system), a multi-functional Member Services Center, publications describing TRS benefits and services, on-site educational programs, and account and benefit statements. For additional information, visit the TRS website at www.trs.nyc.ny.us or call 888 8-NYC-TRS to speak with a Member Services Representative.
B) The Optional Retirement Program (ORP)

Currently funded through TIAA-CREF (Teachers Insurance and Annuity Association – College Retirement Equities Fund), this 401(a) Qualified Defined Contribution Plan provides benefits based on amounts contributed by you and your employer, and the investment experience of the allocations you select.

- TIAA-CREF is a Fortune 100 financial services organization and a leading provider of retirement benefits nationwide with $487 billion in combined assets under management (as of 3/31/12).
- TIAA-CREF serves 3.7 million individuals and more than 15,000 institutions in the academic, medical, governmental, research and cultural fields.
- TIAA-CREF financial consultants and advisors are available to work with you at no cost, either in person or by phone.
  - The financial consultants work with you to understand your particular goals and risk tolerance, and provide objective recommendations, including an appropriate mix of investments. They will review your progress with checkups and help make adjustments as your circumstances change.

Vesting

You are considered vested after the first 366 days of continuous employment as an ECP Staff member. During the vesting period, employee contributions are held in a deposit fund at TIAA-CREF (if you receive your paycheck from the City of New York), or in an escrow account at the office of the State Comptroller (if you receive your paycheck from the State of New York).

- Your account will be credited a one-time lump sum employer retroactive contribution for the first 366 days, plus 2% interest, when you complete the vesting period.
- TIAA-CREF will mail you quarterly statements once you are vested.

Even if you are on a leave of absence (with or without pay), you are considered to be employed. Therefore, you will receive credit for this time when determining the completion date of your vesting period. However, if you have a break in service (termination or retirement) this time will not count toward the completion of the vesting period.

If you separate from CUNY service prior to completing the vesting period, you must contact your College Human Resources Office to initiate the refund process for your employee contributions to the plan.

► **NOTE:** If you have an open pre-existing vested TIAA-CREF retirement plan contract, your vesting and participation will be immediate. You must notify your College Benefits Officer of your pre-existing contract and provide the contract number to avoid delays of employer and employee contributions credited to your account.

Retirement Age

There is no minimum retirement age to begin collecting retirement income, but a minimum retirement age may be in effect for other benefits.
Retirement and Rehiring

Section 150 of the Civil Service Law of New York does not allow you to participate in the retirement plan if you separate from service and begin drawing retirement income and are then subsequently re-hired.

- If you are re-hired after retirement, you are limited in what you may earn without impacting your retirement benefits.
- You must file for a waiver under sections 211 and/or 212 of the Retirement and Social Security Law.
- If you are collecting a retirement income from a NY State or NY City pension system, make sure you discuss your specific situation with your College Human Resources Director.
- If you are age 65 or older, you are not required to file a 211/212 waiver.

Tier Status

<table>
<thead>
<tr>
<th>Tier</th>
<th>Appointed Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier I</td>
<td>Appointed before June 30, 1973</td>
</tr>
<tr>
<td>Tier II</td>
<td>Appointed between July 1, 1973 and July 26, 1976</td>
</tr>
<tr>
<td>Tier III</td>
<td>Appointed between July 27, 1976 and August 31, 1983</td>
</tr>
<tr>
<td>Tier IV</td>
<td>Appointed between September 1, 1983 and July 16, 1992</td>
</tr>
<tr>
<td>Tier V</td>
<td>Appointed between July 17, 1992 and March 31, 2012</td>
</tr>
<tr>
<td>Tier VI</td>
<td>Appointed after March 31, 2012</td>
</tr>
</tbody>
</table>

Contribution Rates

Employee Contributions:

- Tier I, II, III and IV members: After March 31, 2009, no employee contributions are required.
- Tier V members with less than ten (10) years of participation in this plan: 3% of compensation.
- Tier V members with ten (10) or more years of participation in this plan: After March 31, 2010, no employee contributions are required.
- Tier VI members are required to contribute 3% of gross pensionable compensation until April 1, 2013. Then the contribution rate for the remainder of your service depends on your wages:
  - $45,000 or less: 3%
  - More than $45,000 to $55,000: 3.5%
  - More than $55,000 to $75,000: 4.5%
  - More than $75,000 to $100,000: 5.75%
  - More than $100,000: 6%

Employer Contributions:

CUNY will contribute to the plan according to the following schedule:

Tier I, II, III and IV members
- After March 31, 2009, 12% of the first $16,500 of employee compensation and 15% of compensation above $16,500
Tier V members
- Employees with less than seven (7) years of service as an eligible employee, 8% of employee compensation.
- Employees with seven (7) or more years of service as an eligible employee, 10% of employee compensation.
- Effective April 1, 2010, Tier V members with ten (10) or more years of participation in the plan will receive an additional 3% employer contribution because the employee 3% contribution has stopped.

Tier VI members
- Employees with less than seven (7) years of service as an eligible employee, 8% of employee compensation.
- Employees with seven (7) or more years of service as an eligible employee, 10% of employee compensation.

Even if you are on a leave of absence (with or without pay), you are considered to be employed. Therefore, you will receive credit for this time when determining the completion date for the seven (7) year period. However, if you have a break in service (termination or retirement) this time will not count toward the completion of the seven (7) year period.

► NOTE: If you are making retirement contributions through IRC 414 (h), you must remember to add these contributions to your Federal adjusted gross income on your New York State Personal Income Tax return. The amount you contribute during the calendar year will be shown in Box 14 on your W2 statement.

► IMPORTANT NOTE: Chapter 617 amended the Education Law to eliminate the mandatory employee contribution for Tiers I, II, III, IV and V. This law required the State and the City to assume payments of individual contributions for those employees with 10 or more years of membership in the CUNY Optional Retirement Program. The legislation provided for a three-year phased process of elimination of employee contribution beginning with phase I in 2008 and ending with phase III in 2010.

- The individual savings resulting from the phased elimination of employee contributions presents an opportunity for employees to increase their retirement savings by participating in a 403(b) voluntary tax-deferred savings plan. Voluntary savings plans are available through TIAA-CREF, Lincoln Life and Annuity Company (represented by Halliday Financial Corporation), and the 457 (b) NYS Deferred Compensation Plan.

Retirement Allowance
Retirement benefits are based on your annuity accumulations, age at retirement, and the income option you select.

Disability Benefits
You may choose to retire and begin annuity income, or elect to receive distributions from an array of alternate payment options at any time. However, the City-provided health benefits are only available after you have completed at least 10 years of full-time CUNY service immediately prior to your becoming disabled.
Death Benefit

The death benefit is the total amount in your Group Retirement Annuity and TDA accounts.

Requirements for Retiree Health Benefits (For TIAA-CREF Members)

Effective September 1, 2005, if you are eligible for retiree health benefits, you must maintain a balance of at least $50,000 in reserve at TIAA-CREF in order to pay for retiree health benefits premiums. This amount is not available to be distributed to you as a cash distribution. When your retiree health coverage begins, you must purchase a life annuity under the contract on at least $10,000 to pay for the coverage. Unless you convert your entire account balance to a life annuity, the remaining amount of the reserve must remain in the contract in the event your healthcare costs exceed the amount of monthly income provided by the $10,000 lifetime annuity that you purchased. Reserve amounts may vary depending on the health plan you selected and future changes to the health plans made available and rates. Upon the retirees death any balances in the reserve are given to the beneficiaries. Retiree health benefits are mandatory. Once you meet the eligibility for retiree health care benefits you cannot relinquish your right to them.

Loans

Loans are available from your ORP plan as well as the Voluntary Tax-Deferred Annuity Plan.

- Details about available funds for you to borrow are available from your individual investment provider for your accounts. Please consult your vendor for details.

  ► NOTE: Due to Federal legislation, all loans must be approved by a CUNY plan administrator. Loans cannot exceed a total of $50,000 from all providers and all plans.

Tier Reinstatement

If you participate in the ORP (vested or not) and you separate from CUNY service, you are eligible to participate again and retain your previous tier status upon your return to service, regardless of your new appointment status.

- Employees who had not previously vested and had withdrawn their contributions must repay their contributions to be covered by this provision.
  - If those contributions are not repaid, your pension enrollment will be processed according to the most current new employee policies.

Cash Withdrawals

Upon separation from service, former employees may be able to withdraw a portion or all of the cash accumulated for retirement in the ORP.

- Withdrawal amounts are determined by your age and years of service with CUNY.
- As of September 1, 2005, if you are a health benefits-eligible retiree, you are required to maintain $50,000 in reserve with TIAA-CREF in order to fund retiree health insurance premiums.
- Additional reserve amounts may be required depending on the health plan you select or to cover future insurance rate increases.
- Once you meet the eligibility for retiree health care benefits you cannot relinquish your right to them.

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If you separate from CUNY service and will never be eligible for retiree health benefits coverage provided by the City, you are able to make a cash withdrawal of up to 100% of your ORP accumulations at any age. You are eligible to receive a lump sum of your accumulations if you meet all of the following three conditions:

1. Terminate employment with the University.
2. Reach normal retirement age, which is age 55 for Tiers I and II employees and age 62 for Tiers III, IV, and V employees.
3. Obtain spousal concurrence for the lump sum distribution of funds in excess of the 10% Retirement Transition Benefit*. You will be required to complete a spouse consent or unmarried representation form, verified by a Notary Public to meet this requirement.

* Retirement Transition Benefit allows you to withdraw in cash up to 10% of your accumulation at the beginning of a conversion to lifetime annuity income. The amount you withdraw will reduce your lifetime annuity income accordingly.

Active employees diagnosed with a terminal illness can make a withdrawal prior to reaching normal retirement age, thereby making cash available to meet financial obligations resulting from the illness.

Effective September 1, 2005, cash withdrawals may be taken directly from the TIAA Traditional Annuity Account via a Transfer Payout Annuity that will provide annual cash payments over a nine year period.

CUNY’s cash withdrawal policy remains in effect for funds accumulated in the Group Retirement Annuity during employment with CUNY in the event of subsequent employment.

Consult your College Human Resources Office or TIAA-CREF at 800 842-2252 for more information.

► NOTE: Cash withdrawals prior to age 59½ may be subject to an early withdrawal tax penalty. Consult your tax professional.

Alternate Funding Vehicles (AFV)

Under the Optional Retirement Plan (ORP), you are permitted to split your pension contributions among the various AFV options to maximize your investment performance. The AFVs currently available are The Guardian and Met Life. You may transfer your assets from your Group Retirement Annuity into an AFV at the end of the vesting period, 366 days from your date of appointment.

The Guardian Insurance & Annuity Company, administered by Halliday Financial

The Guardian Insurance & Annuity Company was founded in 1860 and has superior rating. Guardian offers a number of variable and fixed investment options from some of the best known and respected investment companies. The Guardian option is being administered by Halliday Financial, an independent financial planning and investment advisory firm. Halliday Financial has representatives on every CUNY campus who are available to assist you in planning your retirement savings and income goals.

For further information on Guardian and their investment offerings for your participation, please contact Halliday Financial at 800 786-1598 or log on to Hallidayfinancial.com/CUNY.

Investment options include:

- RS Money Market Fund
- Value Line Centurion Fund
- RS Investment Quality Bond Fund
- Value Line Strategic Asset Mgmt Trust
- MFS Investors Trust Series
- RS Large Cap Alpha
- RS Small Cap Core Equity
- RS International Growth Fund
- Gabelli Capital Asset Fund
- RS Emerging Markets Fund
- Guardian Fixed

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As agent for the Guardian, Halliday Financial Group/HRC campus representatives will assist you in evaluating your risk tolerance and analyzing appropriate Guardian options available to you.

**MetLife Resources Alternative Funding Vehicle**

MetLife has approximately $730.9 billion in assets and offers both fixed and variable annuities to accommodate the different needs of each investor. Currently, MetLife offers 15 fund options:

- Calvert VP SRI Mid Cap Growth
- Fidelity VIP Equity-Income
- MFS Total Return Portfolio
- BlackRock Diversified Portfolio
- Blackrock Aggressive Growth
- Baillie Gifford International Stock

- Calvert VP SRI SRI Balanced
- Fidelity VIP Growth
- Blackrock Large Cap Core
- Oppenheimer Global Equity
- Blackrock Bond Income
- Morgan Stanley Mid Cap Growth

MetLife Resources representatives are available to meet with you and help you prepare to meet your specific needs. Contact your College Human Resources Office for more information.

**C) Tax-Deferred Annuity (TDA) Program**

*also known as Group Supplemental Retirement Annuity (GSRA)*

**Type of Plan**

You may participate in a 403(b) IRS Tax Code Tax-Deferred Annuity Program, which allows you to set aside pre-tax dollars subject to Internal Revenue Service (IRS) limits. The voluntary 403(b) investment plan provides you with a convenient and flexible way to accumulate personal investments for your retirement. **You may enroll at any time during the calendar year.**

**Contribution Rates**

You may designate a contribution percentage within IRS limits. You can change the amount you contribute to your TDA based on your financial situation.

- **If you have 15 years or more of full-time service with CUNY, you may be eligible for a catch-up contribution not to exceed the $15,000 lifetime maximum.** You may begin catch-up contributions during the calendar year in which you obtain 15 years of service.
- **If you are age 50 or older, you may be eligible to make additional pre-tax contributions.**

Tax-deferred annuity funds may be used to purchase past service credit from governmental defined benefits plans such as the TRS and NYCERS.
- The University does not maintain individual member retirement account information.

If you would like to use your TDA funds to buy past service credit, contact your retirement system for information. Also contact your TDA vendor/administrator to obtain information about your account balances.
- Any monies used to buy back previous service credit will be treated as a rollover amount.

► **NOTE:** You may only enroll in ONE tax deferred annuity program. The IRS does not permit retroactive participation to a prior year.
Internal Revenue Services (IRS) TDA Limits

The IRS sets calendar-year limits on the maximum amount of money you can contribute to a TDA and may adjust these limits from time to time. Current limits are:

**Employee:** The lesser of (a) $17,500 in 2013 (subject to cost-of-living adjustments in later years), or (b) 100% of includable compensation.
- If the employee is age 50 or older, a "catch-up" contribution is also allowed.
- The additional catch-up contribution amount is $5,500 for 2013 (subject to cost-of-living adjustments in later years). If you will become age 50 during the calendar year, it is not necessary to wait until your 50th birthday to begin Age 50 and Over Catch-up contributions.

**Employer/Employee:** The lesser of $51,000 in 2013 (subject to cost-of-living adjustments in later years) or 100% of includable compensation (after required and elective deductions).

➤ **NOTE:** The employee is still limited to the employee elective deferral limit ($17,500 for 2013); the employer can add up to another $33,500 (for a total of $51,000 for 2013).

Federal law limits the amount of your annual salary that the University can use to determine contributions to your Retirement Plan account. The amount of compensation taken into account is limited to $255,000 in 2013 (subject to cost-of-living adjustments for later years).

TDA Vendors

The College has selected the following vendors to provide you with Tax Deferred Annuity options. Consult your College Human Resources Office or the individual vendors for more information on TDAs.

**TIAA-CREF**

TIAA-CREF is a Fortune 100 financial services company and a leading provider of retirement benefits nationwide with $453 billion in combined assets under management (as of 12/31/10).
- TIAA-CREF serves 3.7 million individuals and more than 15,000 institutions in the academic, medical, governmental, research and cultural fields.
- TIAA-CREF offers a full range of financial services, including:
  - retirement plans
  - IRAs
  - mutual funds
  - brokerage services
  - life insurance
  - 529 college savings plans.
- TIAA-CREF consultants and advisors are available to work with you at no cost, either in person or by phone.
  - The consultants work with you to understand your particular goals and risk tolerance, and provide objective recommendations.

You can work with a TIAA-CREF consultant face-to-face on campus or by using the dedicated CUNY phone center. Just call 800 842-2252 to make an appointment or visit [http://www.tiaa-cref.org/cuny](http://www.tiaa-cref.org/cuny).
TIAA-CREF offers you a variety of investment choices from a wide array of asset classes designed to help you diversify your retirement portfolio. Among your choices are:

- TIAA or CREF Equities
- TIAA Real Estate
- CREF or TIAA Fixed Income Accounts
- Money Market
- TIAA Traditional Guaranteed Account
- TIAA Access Account Lifecycle Funds
- CREF Social Choice

Contact TIAA-CREF at 800 842-2252 for fund information and assistance, or visit www.tiaa-cref.org/cuny.

**Halliday Financial**

Halliday Financial is an independent financial planning and investment advisory firm. Halliday Financial offers you access to some of the world’s leading investment companies to help you evaluate and plan for your future retirement goals. Halliday Financial has representatives on every CUNY campus who are available to assist you in planning your retirement savings and income goals. Currently you may select to invest your TDA savings in the following investment options:

- American Funds
- Franklin Templeton Funds
- Oppenheimer Funds
- American Century Funds
- Lincoln Fixed & Variable
- Vanguard Funds

For further information on these approved investment options and services offered, please contact Halliday Financial at 800 786-1598 or log on to www.hallidayfinancial.com/data.

**TRS (Only For Members Enrolled In The TRS Defined Benefit Plan)**

TRS offers you an opportunity to participate in the TDA Program as a way of supplementing your retirement income under the Qualified Pension Plan (QPP). If you are an in-service member, you may initially enroll in the TDA Program at any time during the year by filing a TDA Enrollment Form through TRS (code TD1). TRS offers six (6) options for the investment of TDA contributions, as well as a portion of the QPP funds for Tier I and II members, provided by the Passport Funds. Investment funds are:

- Fixed Return Fund
- International Equity Fund
- Stable-Value Fund
- Diversified Equity Fund
- Inflation Protection Fund
- Socially Responsive Equity Fund

Refer to Section VI(A) The Teachers’ Retirement System of the City of New York (TRS) for further details on the Tax-Deferred Annuity provided by TRS.

**D) New York State Deferred Compensation Plan (NYSDCP)**

This State-sponsored 457(b) voluntary deferred compensation program allows you to set aside pre-tax dollars subject to Internal Revenue Service (IRS) limits.

**Contribution Rates**

You may designate a contribution rate within IRS limits and can change the amount you contribute to your 457(b) plan based on your financial situation.

- You can contribute the maximum amount of up to $17,500 in 2013 to your 457(b) account and the maximum amount to your 403(b) plan at the same time.

Transfers between colleges require the completion of a new enrollment form at the new college of employment, in order for deductions to continue.
The plan offers catch-up provisions; however you may only use one of these provisions at a time.
- If you are age 50 or older, you may be eligible to make additional pre-tax contributions.
- You may be eligible to make additional contributions during the Retirement Catch-Up period, which is the three consecutive calendar years prior to your retirement catch-up age.

Contributions to the NYSDCP may be used to purchase past service credit from governmental defined benefits plans such as the TRS and NYCERS.

► **NOTE:** The University does not maintain individual member retirement account information.

If you would like to use your 457(b) funds to buy past service credit, contact your retirement system for information. Also contact the New York State Deferred Compensation Plan to obtain information about your account balances. Money used to buy back previous service credit will be treated as a rollover amount.

### Plan Fees

NYSDCP participants are charged an annual administrative fee of $20, assessed as two $10 charges in April and October of each plan year. The Deferred Compensation Board may waive such a charge when circumstances permit.

### Enrollment Application

When completing your Enrollment Application make sure to include the appropriate CUNY Plan ID Number along with the appropriate Agency Code:

<table>
<thead>
<tr>
<th>College</th>
<th>CUNY Plan ID #</th>
<th>CUNY Agency Code</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Colleges (funded by the State of NY)</td>
<td>211809</td>
<td></td>
<td>Contact your College HR Office</td>
</tr>
<tr>
<td>Borough of Manhattan Community College</td>
<td>211791</td>
<td>466</td>
<td></td>
</tr>
<tr>
<td>Queensborough Community College</td>
<td>211792</td>
<td>464</td>
<td></td>
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<tr>
<td>Bronx Community College</td>
<td>211793</td>
<td>463</td>
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<tr>
<td>Hostos Community College</td>
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<td>468</td>
<td></td>
</tr>
<tr>
<td>Kingsborough Community College</td>
<td>211795</td>
<td>465</td>
<td></td>
</tr>
<tr>
<td>LaGuardia Community College</td>
<td>211796</td>
<td>469</td>
<td></td>
</tr>
<tr>
<td>Hunter Campus Schools</td>
<td>211800</td>
<td>470</td>
<td></td>
</tr>
<tr>
<td>Guttman Community College</td>
<td>212076</td>
<td>462</td>
<td></td>
</tr>
</tbody>
</table>

► **NOTE:** Any information missing on the enrollment form, such as, Plan ID # or Agency Code, may delay your deferral start date.

### Enrollment Application Age 50 and Over Catch-Up

To participate in this catch-up of up to $5,500 in 2013, you must complete and submit an Age 50 and Over Catch-Up application. For an application, visit [www.nysdcp.com](http://www.nysdcp.com) or call the NYSDCP helpline.
Internal Revenue Services (IRS) Deferred Compensation Limits

The IRS sets calendar-year limits on the maximum amount of money you can contribute to a 457(b) plan and may adjust these limits from time to time.

You may be eligible to make additional pre-tax contributions under the Age 50 and Over Catch-Up provision.

- If you will turn age 50 during the calendar year, it is not necessary to wait until your 50th birthday to begin Age 50 and Over Catch-up contributions.
- Under the Retirement Catch-Up provision, you may be eligible to make additional contributions during the three consecutive calendar years prior to your retirement catch-up age.

VII. WORKERS’ COMPENSATION (WC)

You are covered for Workers’ Compensation benefits if you suffer a job-related injury or illness.

► NOTE: To file a claim, you must seek emergency medical treatment immediately and contact the College Human Resources Office to complete forms and provide medical documentation pertaining to the injury.

VIII. LEAVE POLICY

The City University of New York is pleased to provide employees with leave for holidays, vacation, childcare, military duty and more.

Short-term Disability Benefits

The New York State Consolidated Laws, Workers’ Compensation, Article 9, Disability Benefits, does not mandate public employers to provide short-term disability benefits to employees.

► NOTE: CUNY and The City of New York do not provide short-term disability benefits. If you have questions about this policy, please contact your College Human Resources Office.

A) Family and Medical Leave Act (FMLA) Policy

Members of the Executive Compensation Plan of The City University of New York are eligible for leave under FMLA. Your FMLA request must be approved by the Chancellor or the President of CUNY.

CUNY recognizes the concerns of balancing the demands of the workplace with the needs of your family and has adopted the provisions of The Family and Medical Leave Act of 1993 (FMLA). CUNY extends those provisions to cover domestic partner relationships.

The CUNY FMLA policy allows eligible employees up to 12 weeks of unpaid, job-protected leave for qualifying reasons during the designated leave year, September 1st through August 31st.

- The 12-week FMLA leave period entitlement resets each September 1st through August 31st, provided that the eligibility requirements are fulfilled.
- The FMLA also provides for 26 weeks of leave during a single 12-month period for a spouse, son, daughter, parent or next of kin to care for a member of the Armed Forces (including the National Guard or Reserves) who has a serious injury or illness.
While you are on approved paid or unpaid FMLA leave, your group health benefits are maintained in the same manner as prior to your leave.

- Pension contributions will continue only during the paid portion of your leave.

  ► **NOTE:** During FMLA leave, you remain responsible for paying your share of the health benefits premium through direct pay to your health plan. The employer share will continue to be paid by CUNY.

### Eligibility

You are eligible to receive the FMLA benefit if you:

- Have been employed by the University for at least 12 cumulative (but not necessarily consecutive) months; and have worked for at least 1,250 hours during the 12-month period immediately preceding the start of the leave.
- Are a reemployed member of the National Guard or reserve whose military service combined with your CUNY employment time and hours satisfy the time and service requirements above (in compliance with the Uniformed Services Employment and Reemployment Rights Act of 1994).

### Reasons for Family and Medical Leave

The following situations may qualify as events for using FMLA benefits:

- Birth and care of your newborn child (within the first 12 months of birth);
- Adoption or new foster care placement (within the first 12 months of the adoption or placement);
- Care of your spouse, domestic partner, child or parent with a serious health condition; or
- Medical leave for your own serious health condition
- Circumstances relating to a call to active duty in the Armed Forces for your spouse, son, daughter, or parent;
- Your need to care for a spouse, son, daughter, parent, or next of kin who is a seriously injured or ill service member.

Contact your College Human Resources Office for a copy of the entire policy and further information and required forms to file.

### B) Jury Duty

When you serve as a juror you will receive your regular salary if you furnish the College Office of Human Resources with a copy of the summons to serve. You will also be asked to remit the amount you received as compensation for jury duty. If you receive any compensation for carfare, deduct this amount from the total amount remitted to the college.

  ► **NOTE:** If you serve on jury duty during your annual leave or holidays, you will not be required to remit the jury compensation to the University.

### C) Special Leave of Absence Coverage (SLOAC)

SLOAC provides up to four months of additional health coverage for your own illness for each of the following categories of leave without pay:

- Temporary Disability/Illness
- Worker’s Compensation
- Military Leave (may be offered in time of military conflict)
To be eligible for SLOAC you must meet all of the following:
- You must have exhausted all accumulated leave balances including sick leave, annual leave and compensatory time (this does not apply for employees on Worker’s Compensation), and
- You must be enrolled in the NYCHBP, on pay status and have received a paycheck immediately preceding the SLOAC event, and
- You must be on an approved leave of absence, and
- If you receive a partial paycheck for the payroll period immediately prior to being placed on SLOAC you must have received a full paycheck for the preceding payroll period.

If you are returning to pay status after a leave period, or if you are a new employee, you are not eligible for SLOAC until you have worked one full pay period.

► NOTE: You remain responsible for paying your share of the health benefits premium through direct pay to your health plan. The employer share will continue to be paid by CUNY.

D) Temporary Disability Leave (Sick Leave)

This leave, commonly referred to as Sick Leave, is defined as a temporary physical or mental incapacity, including pregnancy, complications of pregnancy and childbirth.
- Each year you earn 20 calendar days of temporary disability leave exclusive of Saturdays, Sundays and authorized holidays and recesses.
- The unused portions of temporary disability leave can be accumulated to a maximum of one hundred and sixty (160) calendar days.
- Sick leave is earned only after a full month of service and no accruals are granted for service of less than a calendar month.

E) Military Leave

New York State Military Law Section 242 provides for paid military leave for 30 work days in any calendar year or any continuous period of absence which spans more than one calendar year. This leave is available for any type of military activation.

After the exhaustion of military leave with full pay pursuant to Section 242 of New York State Military Law, you may also be eligible for Supplemental Military Leave (at full pay), Military Leave At Reduced Pay (base pay reduced by military pay) and Continuation of Health Insurance Coverage for your dependents, if you are activated for military service in response to the events of September 11, 2001 and in light of the continuing evolution of the response to September 11, 2001 into a wider campaign against terror, including military action in Iraq.
- This benefit is extended until 12/31/2013.

You are required to submit duty orders to your College Human Resources Office. For further information contact your College Human Resources Office.
F) Travia Leave (Retirement Leave)

Section 13.3 of the Bylaws of the Board of Trustees of the City University of New York governs retirement leaves for members of the Executive Compensation Plan. After announcing your bona fide intention to retire and filing the appropriate application, you will be granted a retirement leave of absence with full pay consisting of a maximum of five (5) months of pay if you have accrued 160 temporary disability (sick days) or one-half of your accumulated unused sick days if you have accrued fewer than 160 temporary disability (sick days).

To be eligible for Travia Leave you must have unused temporary disability leave (sick leave) and must have completed the minimum requirements for a service retirement if you have been enrolled in the public retirement systems. Additionally, you must meet one of the following requirements:

- You are a member of a public retirement system (TRS, NYCERS or BERS) and you meet the eligibility requirements for service retirement under Section 3107 of the New York State Education Law.

- You are a Tier I or II member of the Optional Retirement Program (TIAA-CREF) and have separated from CUNY service at age 55 or with at least twenty (20) years of pensionable, continuous, full-time CUNY service.

- You are a Tier III, IV or V member and have separated from CUNY service at age 55 and with at least five (5) years of pensionable, continuous, full-time CUNY service.

If you take Travia Leave and use all your Travia, you will never be eligible for future Travia payments. If you elect to return to service before using all of your Travia Leave, you forfeit the future right to the number of days of retirement leave already taken. Employees who elect a service retirement plan with future payments are not eligible for Travia leave.

Accrued Annual Leave Lump Sum
Upon retirement, ECP members receive the balance of any accrued annual leave in a lump sum in accordance with the terms and conditions of employment for staff in the ECP.

Retiring Chancellors and Presidents
Any individual who retires from service as Chancellor or President, after having served in the title for at least seven (7) years, shall be eligible to receive one semester’s salary paid in a lump sum upon retirement from the University. This amount will be in addition to any Travia and/or lump sum payment for accrued annual leave to which you may be entitled.

► NOTE: Any individual who receives a severance benefit because of involuntary separation will not be eligible for this payment.

Please consult your College Human Resources Office for further information.
G) Dedicated Sick Leave

The Dedicated Sick Leave Program allows you to donate sick leave and/or annual leave to a fellow employee who is seriously ill or injured. You must be employed full time and on an annual salary basis to designate this time be donated to the eligible recipient.

- The recipient(s) may receive up to one-hundred and twenty (120) days or six (6) months of paid sick leave, whichever is greater, in any one (1) program year (September 1 – August 31), inclusive of the annual leave period for teaching faculty.
- Donated leave may be approved in increments not exceeding two (2) months.
- The Dedicated Sick Leave Program permits donations of annual leave and/or sick leave across campuses and across eligible titles.
- The recipient must be in a full-time title, employed on an annual salary basis, and have at least two (2) years of continuous full-time service with the University.
- The employee’s illness or injury must not be job-related and must require an absence of at least thirty (30) continuous working days. Absence due to illness or injury must be supported by medical documentation acceptable to the recipient's college.
- The donor must be in a full-time eligible title, employed on an annual basis.
- Donations must be made in increments of one day.
- Employees with fewer than five (5) years of full-time continuous service may donate only annual leave.
- Employees with five (5) years or more of full-time continuous service may donate annual leave (without limitation) and/or sick leave up to ten (10) per program year and must maintain a sick leave balance of at least twenty-four (24) days.
- The time that an employee is on paid leave will count towards service in calculating the five (5) year service requirement for donating DSL.
- The time that an employee is on unpaid leave will serve to bridge service in calculating the five (5) year service requirement for donating DSL.

If you wish to donate annual leave and/or sick leave to a designated employee, you must complete the “Application to Dedicate Sick Leave” form and return it to your College Office of Human Resources as soon as possible.

▶ **NOTE:** The application will include an attestation by the donor that he/she understands that the decision to donate sick leave and/or annual leave to another employee is irrevocable and that the donated leave will not be returned to the donor, unless the intended recipient is deemed ineligible to receive the dedicated leave.

The employee receiving dedicated sick leave must complete the ”Application to Receive Sick Leave” form and include medical documentation. The application must be returned to his/her College Office of Human Resources.

▶ **NOTE:** The application will include a release by the intended recipient permitting the College Office of Human Resources or a physician retained by the College to seek clarification or additional information from the employee’s physician concerning the medical documentation submitted.
IX. ADDITIONAL BENEFITS

A) Transit Benefit Program

The Transit 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
- NJ Transit, PATH, NY Waterway and more
- Paratransit and the MTA's Access-A-Ride program
- Parking at or near public transit to get to work

For more details on the brief descriptions below, visit www.getwageworks.com/nyc.

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, MetroCards, LIRR and Metro-North tickets up to the balance on your card.
  - You will pay an administrative fee of $1.77/month through payroll deductions

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 1st day of each calendar month.
  - You will pay an administrative fee of $3.05/month through payroll deductions

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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 1st 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

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

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

Enrollment
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 or contact your College Transit Benefit Coordinator.

Enrollment Changes

- **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.
Transfers
Your enrollment will not carry over if you transfer to another College or another 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 Benefits Coordinator of your intent to continue in the Commuter Benefits Program or you will be subject to the 90 days 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.
  o 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.
  o You will have 90 days from the date your unpaid leave begins to spend down your account balance.
  o 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 Transit Benefit Program contact your College Human Resources Office or visit www.cuny.edu/transitbenefit. To check your WageWorks transaction history or account balance, visit the WageWorks website at www.wageworks.com or call 1-877-WageWorks (1-877-924-3967).

B) CUNY WorkLife Program
This voluntary, free and confidential benefit is available to you and your family, and is administered by Corporate Counseling Associates, Inc. (CCA). 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. CCA’s team of experienced, professional WorkLife counselors is available around the clock to help assess your needs and clarify your options.

Contact your College Human Resources Office or Corporate Counseling Associates, Inc. (CCA) at 800 833-8707 or www.myccaonline.com Company Code: CUNY for more information.
C) Medicare Part B Premium Reimbursement (Retirees Only)
You and your eligible dependent(s) may be eligible to receive partial reimbursement of the monthly Medicare Part B premium if you are a retired member of one of the following retirement systems:
- Optional Retirement Annuity - TIAA-CREF
- Teachers’ Retirement System of the City of New York (TRS)
- New York City Employees’ Retirement System (NYCERS)
- Board of Education Retirement System (BERS)

Federal Law requires that some retirees pay a higher premium for Medicare Part B coverage based on income. If you and/or your eligible dependent paid a Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA), which means you paid more than the standard monthly premium, you may be entitled to an additional reimbursement.

Please contact your College Benefit Officer for eligibility requirements and enrollment information.

D) New York’s 529 College Savings Program (Upromise)
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 for more information or call 800 420-8580.

E) 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 7 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.
F) Credit Unions (Education Affiliates Federal Credit Union & Municipal Credit Union)

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

- **Education Affiliates FCU (formerly PSC-CUNY FCU):** 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.eafcu.org](http://www.eafcu.org) or the CUNY eMall 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 eMall at [www.cuny.edu](http://www.cuny.edu).

G) CUNY eMall

The CUNY eMall is a virtual shopping plaza offering a variety of discounts and promotional programs. You must have a CUNY Portal account to access the CUNY eMall.

**To create a CUNY Portal account:**

1. Enter [www.cuny.edu](http://www.cuny.edu) in your web browser.
2. On the left hand side of the home page, in the orange navigation bar, click "Log in."
3. Click "Register Now."
4. Fill in the appropriate information and click "Submit."
5. Your account has been created. Log into the CUNY Portal.
## CONTACT/TELEPHONE DIRECTORY

<table>
<thead>
<tr>
<th>Organization</th>
<th>Phone Number</th>
<th>Note</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Services Only, Inc.</td>
<td>1 877 362-2869</td>
<td>PSC-CUNY Extended Medical Benefit Plan</td>
<td>Administrative Services Only, Inc Department # 178 PO Box 9009 Lynbrook, NY 11563-9009</td>
</tr>
<tr>
<td>Aetna HMO</td>
<td>1 800 445-8742</td>
<td>Health Plan offered by NYCHBP</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td>American Association of Retired Persons (AARP)</td>
<td>1 888 OUR-AARP 1 888 687-2277</td>
<td>General Retirement Planning Information</td>
<td><a href="http://www.aarp.org">www.aarp.org</a></td>
</tr>
<tr>
<td>American Association on Aging (AOA)</td>
<td>1 800 677-1116</td>
<td>Eldercare &amp; Retirement Planning Resources</td>
<td><a href="http://www.n4a.org">www.n4a.org</a></td>
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<tr>
<td>Centers for Medicare &amp; Medicaid Services</td>
<td>1 877 267-2323</td>
<td>Administrators of the Medicare Program</td>
<td><a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a></td>
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<tr>
<td>Child Health Plus</td>
<td>1 800-698-4KIDS 1 800-698-4543</td>
<td>NYS Health Plan For Kids – Affordable Health Insurance For Low or No Income Families</td>
<td><a href="http://www.health.state.ny.us/nysdoh/chplus">www.health.state.ny.us/nysdoh/chplus</a></td>
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<tr>
<td>Cigna Healthcare</td>
<td>1 800 244-6224</td>
<td>Health Plan offered by NYCHBP</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
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<tr>
<td>CNA Insurance Companies</td>
<td>1 800 221-7174</td>
<td>CNA’s Customer Service Dept – Long-Term Insurance Program</td>
<td><a href="http://www.cna.com">www.cna.com</a></td>
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<tr>
<td>College Savings Program</td>
<td>1 800 420-8580</td>
<td>Upromise College Savings Program</td>
<td><a href="http://www.ny529atwork.com">www.ny529atwork.com</a></td>
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<tr>
<td>Corporate Counseling Associates, Inc. (CCA)</td>
<td>1 800 833-8707</td>
<td>CUNY WorkLife Program</td>
<td><a href="http://www.cuny.edu/worklife">www.cuny.edu/worklife</a></td>
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<tr>
<td>CuraScript Specialty Care Pharmacy</td>
<td>1 866 848-9876</td>
<td>PICA Program – For certain specialty injectable medication</td>
<td>Not Available</td>
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<tr>
<td>Davis Vision</td>
<td>1 800 999-5431</td>
<td>PSC-CUNY Optical Benefit</td>
<td><a href="http://www.davisvision.com">www.davisvision.com</a></td>
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<tr>
<td>DeltaCare USA Program</td>
<td>1 800 422-4234</td>
<td>PSC-CUNY Dental Benefit</td>
<td><a href="http://www.deltadentalins.com/deltacareusa">www.deltadentalins.com/deltacareusa</a></td>
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<tr>
<td>Department of Veterans Affairs</td>
<td>1 800 827-1000</td>
<td>Information &amp; Resources</td>
<td><a href="http://www.va.gov">www.va.gov</a></td>
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<tr>
<td>Education Affiliates Federal Credit Union</td>
<td>1 212 302-1954</td>
<td>Federal Credit Union</td>
<td><a href="http://www.eafcu.org">www.eafcu.org</a></td>
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<tr>
<td>Empire BCBS</td>
<td>1 800 433-9592</td>
<td>For GHI-CBP Members Only</td>
<td><a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a></td>
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<td>Empire EPO &amp; Empire HMO</td>
<td>1 800 767-8672 1 888 476-6986 (NJ)</td>
<td>Health Plan offered by NYCHBP</td>
<td><a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a></td>
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<tr>
<td>Express Scripts General Phone Numbers</td>
<td>1 800 467-2006 1 800 233-7139</td>
<td>PICA Program - Specialty care mail service pharmacy</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
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<tr>
<td>Express Scripts</td>
<td>1 866 386-3797</td>
<td>PS-CUNY Prescription Benefit</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
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<tr>
<td>Family Health Plus</td>
<td>1 877 934-7587</td>
<td>Public Health Insurance Program for adults ages 19 thru 64</td>
<td><a href="http://www.health.state.ny.us/nysdoh/fhplus">www.health.state.ny.us/nysdoh/fhplus</a></td>
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<tr>
<td>Freedom Fertility Pharmacy</td>
<td>1 800 660-4283</td>
<td>PICA Program – Injectable medication for infertility</td>
<td><a href="www.freedomfertility.com">link</a></td>
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<td>General Vision Services</td>
<td>1 800 VISION1</td>
<td>PSC-CUNY Optical Benefit</td>
<td><a href="www.generalvision.com">link</a></td>
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<tr>
<td>GHI HMO</td>
<td>1 877 244-4466</td>
<td>Health Plan offered by NYCHBP</td>
<td><a href="www.emblemhealth.com">link</a></td>
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<td>Group Health Incorporated (GHI/CBP)</td>
<td>1 212 501-4444</td>
<td>Health Plan offered by NYCHBP</td>
<td><a href="www.emblemhealth.com">link</a></td>
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<td>Guardian Dental Guard Preferred</td>
<td>1 800 848-4567</td>
<td>PSC-CUNY Dental Benefit</td>
<td><a href="www.glic.com">link</a></td>
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<tr>
<td>HIP Prime POS &amp; HIP Prime HMO</td>
<td>1 800 HIP-TALK 1 800 447-6929</td>
<td>Health Plan offered by NYCHBP</td>
<td><a href="www.emblemhealth.com">link</a></td>
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<td>HRC Investment Services, Inc. (Halliday Financial Group)</td>
<td>1 800 786-1598</td>
<td>Broker for Alternative Funding Vehicle &amp; TDA</td>
<td><a href="www.hallidayfinancial.com/data">link</a></td>
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<td>Internal Revenue Service</td>
<td>1 800 829-1040</td>
<td>Federal Tax Information &amp; Forms</td>
<td><a href="www.irs.gov">link</a></td>
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<td>John Hancock</td>
<td>1 800 441-5741</td>
<td>Long-Term Care Insurance</td>
<td><a href="http://psccuny.jhancock.com/">link</a></td>
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<tr>
<td>Marsh Affinity Group Svcs.</td>
<td>1 800 503-9230</td>
<td>Catastrophe Major Medical Insurance</td>
<td><a href="www.seaburychicago.com">link</a></td>
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<tr>
<td>Medicare</td>
<td>1 800 MEDICARE</td>
<td>Medicare Information</td>
<td><a href="www.medicare.gov">link</a></td>
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<tr>
<td>Met Life Financial Services</td>
<td>1 212-840-8610 or 1 800-872-3888</td>
<td>MetLife as an Alternative Funding Vehicle (AFV) for ORP</td>
<td><a href="www.metlife.com">link</a></td>
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<tr>
<td>MetLife</td>
<td>1 800 438-6388</td>
<td>City of NY Long-Term Care Insurance – questions or claim information</td>
<td><a href="www.metlife.com/mybenefits">link</a></td>
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<td>Municipal Credit Union</td>
<td>1 212 693-4900</td>
<td>Municipal Credit Union</td>
<td><a href="www.nymcu.org">link</a></td>
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<tr>
<td>New York State United Teachers (NYSUT) Trust</td>
<td>1 800 626-8101</td>
<td>Term Life Insurance Plan</td>
<td><a href="www.nysut.org">link</a></td>
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<tr>
<td>Office of the City Clerk</td>
<td>1 212 669-8190</td>
<td>Registration of Domestic Partnership For NYC Residents</td>
<td><a href="www.cityclerk.nyc.gov">link</a></td>
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<td>PSC-CUNY Welfare Fund</td>
<td>1 212 354-5230</td>
<td>PSC/CUNY Member Benefit Information</td>
<td><a href="http://www.pscunywf.org">link</a></td>
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<td>PSC-CUNY</td>
<td>1 212 354-1252</td>
<td>Union/Pension &amp; Welfare Benefits Counseling</td>
<td><a href="http://www.pscunywf.org">link</a></td>
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<tr>
<td>PICA Program Express Scripts</td>
<td>1 800 467-2006</td>
<td>PICA Program – Mandatory mail order program</td>
<td><a href="www.express-scripts.com">link</a></td>
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<tr>
<td>PICA Interactive Voice Response System</td>
<td>1 800 233-7139</td>
<td>PICA Program – Renew prescriptions over the phone</td>
<td><a href="www.express-scripts.com">link</a></td>
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<td>Social Security Administration</td>
<td>1 800 772-1213</td>
<td>Social Security Information</td>
<td><a href="http://www.ssa.gov">www.ssa.gov</a></td>
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<td>Speech and Hearing Center of Brooklyn College</td>
<td>1 718 951-5186</td>
<td>Hearing Aid Benefit</td>
<td><a href="http://www.brooklyn.cuny.edu/web/academics/centers/slhc.php">http://www.brooklyn.cuny.edu/web/academics/centers/slhc.php</a></td>
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<td>The Guardian Insurance &amp; Annuity Co.</td>
<td>1 800 221-3253</td>
<td>Guardian - An Alternative Funding Vehicle (AFV) for ORP</td>
<td><a href="http://www.guardianlife.com">www.guardianlife.com</a></td>
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<td>The Standard</td>
<td>1 914 989-4400</td>
<td>Long-Term Disability</td>
<td><a href="http://www.pscunywf.org">http://www.pscunywf.org</a></td>
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<td>TIAA-CREF Retirement System</td>
<td>1 800 842-2252</td>
<td>TIAA-CREF Retirement Plan and TDA Participants</td>
<td><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a></td>
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<td>Vytra Health Plan</td>
<td>1 800 448-2527</td>
<td>Health Plan offered by NYCHBP</td>
<td><a href="http://www.vytra.com">www.vytra.com</a></td>
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<tr>
<td>WageWorks</td>
<td>1 877 924-3967</td>
<td>Transit Benefit Program</td>
<td><a href="http://www.wageworks.com">www.wageworks.com</a></td>
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