



SUMMARY OF BENEFITS

Executive Compensation Plan


&

Retirees

The University Benefits Office

Office of Faculty and Staff Relations

Updated Spring 2007



The City University of New York
University Benefits Office
Office of Faculty and Staff Relations
535 East 80th Street
New York, N.Y. 10021

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The City University of New York (CUNY) offers benefits to its eligible Executive Compensation Plan staff and their eligible dependents. This handbook is designed to introduce you to basic information regarding benefits provided by the New York City Health Benefits Program (NYCHBP) and the PSC-CUNY Welfare Fund. An overview of other available benefits, such as retirement plans, leaves, and the TransitBenefit is also included in this handbook.

Our goal is to continue to offer a comprehensive benefits package that will meet both the present and future needs of our employees and their families. The University Benefits Office provides the Summary of Benefits solely for information purposes and although every effort has been made to assure its accuracy, it is the interpretations and rules of the benefit providers and retirement systems that are binding. This handbook does not create a contract, nor does it assure 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.

We hope that you find this handbook both informative and helpful. However, should you have questions or require clarification on any of the programs, please do not hesitate to contact your College Human Resources Office.

It is your responsibility to determine which plans are best for you and your family. Take time to review this handbook carefully. It is important for you to play an active role in understanding your benefits and how they work.

For more information about your benefits, you may want to review:

The NYCHBP Summary Program Description at www.nyc.gov/html/olr
The PSC-CUNY Welfare Fund at www.psc-cuny.org

Once again, we are pleased to welcome you to The City University of New York.

The University Benefits Office

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I. NEW YORK CITY HEALTH BENEFITS PROGRAM (NYCHBP)

A) Basic Health Plans (Hospitalization and Major Medical)

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

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 NYCHBP 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, and submit a sworn Declaration of Financial Interdependence. 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.

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 health benefits coverage. However, the spouse will be added to coverage as a domestic partner for purposes of reporting to the City and State the market value of fringe benefits provided to you and your spouse.

Unmarried children under age 19: 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

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children who live with you in a regular parent/child relationship and are supported by you. Coverage will terminate for children reaching 19 at the end of the payroll period during which the age of 19 was attained.

Unmarried dependent children age 19 to 23: Dependents who are full-time students at an accredited degree-granting educational institution, receiving at least 50% of financial support from you. (Refer to [Section IV](#) for information on termination of coverage).

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.

Enrollment

As an Employee

To enroll you must obtain and file a Health Benefits Application (Form ERB) at your College Human Resources Office. 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. The College may not make health benefit selections on your behalf. You are responsible for making your own selections and decisions. Always review your paycheck stub to ensure the appropriate deductions are being taken. Notify your College Benefits Officer if there are any discrepancies. Retain a copy of Form ERB for your records.

You are required to provide acceptable documentation to support the eligibility status of all persons to be covered by the NYCHBP, which may include a birth certificate, Social Security card, marriage certificate, divorce papers, and/or domestic partner registration forms.

At Retirement

To enroll you must obtain and file Form ERB at your College Human Resources Office prior to retirement. This will ensure that benefits continue without any lapse in coverage. If you are Medicare-eligible and are enrolling in an HMO you must complete an additional application form, which must be obtained directly from the health plan. (Refer to Retiree Health Benefits [Section V](#) for eligibility requirements).

After Retirement

If you are eligible for City health benefits coverage, you must obtain and file Form ERB at your College Human Resources Office.

Changes in Enrollment Status

You must report all changes in family status to your College Benefits Officer. If you are a retiree you must report changes to the Health Benefits Program Office. You must complete and submit a Health Benefits Application within 31 days of the event.

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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/retiree and a dependent, you must choose one status or the other. Eligible dependent children must all be enrolled as dependents of one parent. If both spouses or 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.

Effective Dates of Coverage

Employees

Coverage begins on your appointment date, provided your College Human Resources Office has received your Health Benefits Application (Form ERB) within 31 days of that date. Eligible dependents listed on your application will be covered effective on the date that you become covered. Dependents acquired after you submit your application will be covered from the date of marriage, domestic partnership, birth or adoption, provided that you submit the required notification and documentation within 31 days of the event.

Retirees

If you file Form ERB for continuation of coverage into retirement (ideally 4 to 6 weeks notice), coverage begins on the day of retirement for most retirees.

Employees who had previously waived coverage can re-enroll 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.

Late Enrollment

An enrollment is considered late if the application is filed more than 31 days after the event that made the employee, retiree or dependent eligible. In this case, coverage will begin on the first day of the payroll period following the receipt of the application (for retirees the first day of the month following the processing of Form ERB).

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 1st full payroll in January following the transfer period.

Retirees may make changes during the even-numbered year transfer periods, by contacting NYCHBP.

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Deductions for Basic Coverage and Optional Riders

Employees

If there is a payroll deduction for your plan's basic coverage or if you apply for an optional rider, your paycheck should reflect the premium deduction. The PSC-CUNY Welfare Fund pays premiums for the HIP Prime HMO Appliances and Private Duty Nursing rider on behalf of employees. You must report incorrect deductions to your College Benefits Officer within 31 days.

Retirees

It may take considerable time before health plan deductions start from your pension check. Retroactive deductions will be made to cover the period from retirement to the time of the first deduction. Although it may take one or two months for deductions to begin, your coverage is still in effect. If you or your dependents become Medicare eligible, your deductions will be adjusted accordingly after you notify the Health Benefits Program Office of Medicare coverage. This adjustment may also take time to be processed. You must report incorrect deductions to the Health Benefits Program within 31 days.

Basic Health Plan Models

As an eligible participant in the NYCHBP you may choose from several health plans. There is no cost for basic coverage under some of the health plans offered by the City, but others require a payroll or pension deduction. You may purchase additional benefits through Optional Riders at a cost.

The health plan models presently available to you as an active employee are:

Health Maintenance Organizations (HMO)

A system of healthcare that provides managed, pre-paid hospital and medical services to its members. An HMO member chooses a Primary Care Physician (PCP) from within the HMO network. The PCP manages all medical services, provides referrals and is responsible for non-emergency admissions. Members are subject to a co-payment. There are usually no deductibles to meet or claim forms to file. If a physician outside of the health plan is used without a referral from the PCP, the member is responsible for all bills incurred.

HMO Health Plans presently offered are Aetna HMO, CIGNA Healthcare, GHI HMO, Empire HMO New York, Healthnet, HIP Prime HMO, and Vytra Health Plans.

The following services are provided from participating providers only:

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

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Preferred 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. When using non-participating providers, the member is subject to deductibles and/or coinsurance.

PPO Health Plans presently offered is the Group Health Incorporated-Comprehensive Benefits Plan/Empire Blue Cross Blue Shield (GHI-CBP/EBCBS).

GHI-CBP/Empire BlueCross members may receive additional benefits by purchasing the optional riders. If you opt to enroll in the riders, you must purchase both.

- 1) Outpatient mental health and inpatient chemical dependency treatment – provides additional outpatient psychiatric and inpatient chemical dependency treatment services.
- 2) Enhanced NYC non-participating provider reimbursement schedule – provides increased reimbursement, for certain services, of the basic GHI's non-participating provider fee schedule.

Exclusive Provider Organization (EPO)

Offers a higher level of choice and flexibility than many other managed care plans. Members can see any EPO network provider. 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.

The EPO Health Plan presently offered is the 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. When using network providers, health care delivery resembles that of a traditional HMO. When using out-of-network providers, healthcare delivery resembles that of a traditional indemnity plan, subject to deductibles and/or coinsurance.

POS Health Plans presently offered are Aetna QPOS, and HIP Prime POS.

The following services are provided both in-and out-of-network for the PPO, EPO & POS:

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)

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Selecting A Health Plan

To select a health plan that best meets your needs, you should consider the following factors:

Coverage: Some plans provide preventive services; others do not. Some cover routine podiatric (foot) care; others do not.

Choice of Doctor: Some plans provide partial reimbursement when non-participating providers are used. Other plans only pay for or allow the use of participating providers.

Convenience of Access: Certain plans may have participating providers or centers that are more convenient to either your home or workplace. You should consider the location of physicians' offices and hospital affiliations before selecting a health plan.

Cost: Some plans require payroll deductions for basic coverage. The cost of Optional Riders also differs. Some plans require a co-payment for each routine doctor visit. Some plans require the payment of a yearly deductible and coinsurance before the plan reimburses you for the use of non-participating providers. If a plan does not cover certain types of services that you expect to use, then you must also consider the out-of-pocket cost of these services.

To obtain further information on these benefits and costs please refer to the NYCHBP Summary Program Description (SPD) or visit their website www.nyc.gov/html/olr. A directory for participating doctors and office locations may be accessed via the links available on this website for individual health plans.

Coordination of Benefits (COB)

You may be covered by two or more group health benefit plans, which may provide similar benefits. Should you have services covered by more than one plan, your plan through the NYCHBP will coordinate benefit payments with the other plan. In order to prevent duplicate or over payments, one plan will pay its full benefit as a primary insurer

and the other plan will pay secondary benefits. In no event shall payments exceed 100% of a charge. The NYCHBP follows certain rules, which have been established to determine which plan is primary. These rules apply whether or not you make a claim under both plans.

Rules of Coordination

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

- a. The plan covering you as an employee is primary before a plan covering you as a dependent.

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- b. When two plans cover the same child as a dependent, the child's coverage will be as follows:
 - The plan of the parent whose birthday falls earlier in the calendar year provides primary coverage.
 - If both parents have the same birthday, the plan that has been in effect the longest is primary.
 - 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.
 - c. 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.
 - d. If you are a Medicare-eligible retiree, Medicare provides your first level of health benefits. The Health Benefits Program provides a second level of benefits intended to fill certain gaps in Medicare coverage.

Special Rules for Dependents of Separated or Divorced Parents

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

- a. The plan of the parent who has custody of the child is primary.
- b. 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).
- c. 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 covers medications in two specific drug categories. PICA coverage is available with all plans offered by the City.

- *Injectable:* 1) Most injectable medications not requiring administration by a health care professional.
- *Chemotherapy:* 1) Medications used to treat cancer; 2) Medications used to treat the side effects of chemotherapy.

You are eligible to participate in the PICA Program if you are eligible for health coverage under the NYCHBP. To obtain further information on these benefits, participating doctors, office locations, and costs, please refer to the NYCHBP Summary Program Description (SPD) or visit their website www.nyc.gov/html/olr.

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C) Long Term Care (LTC) Program

Employees/retirees 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).

This program is available to all employees and retirees eligible for health insurance coverage under the NYCHBP.

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

Payroll deduction is mandatory for active employees paying premiums for themselves or their spouses/domestic partners. Automatic checking account deduction and direct billing are available for retirees and other eligible family members.

For further information on this benefit, visit the NYCHBP website www.nyc.gov/html/olr.

NOTE: This program was formerly administered by CNA. If you elected to remain insured under the CNA program, premiums are paid to CNA on a direct-billed basis.

D) Flexible Spending Accounts (FSA) Program

The FSA Program is permissible under the Internal Revenue Code (IRC) Section 125 and 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.

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.

The Health Care Flexible Spending Account Program (HCFSA)

HCFSA is funded through pre-tax payroll deductions, thereby reducing your taxable income. HCFSA helps pay for eligible out-of-pocket medical expenses. However, premiums paid for coverage under a health plan are not eligible for reimbursement through HCFSA.

To file a claim, complete an HCFSA Claims Form and provide proper documentation such as 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

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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.

In order 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 31 days from the qualifying event. You will only be permitted to increase your annual contribution if you are adding new dependents. You cannot decrease, or discontinue your contribution for any reason during the plan year. You must participate for the entire plan year. Qualifying events include: 1) newly hired employee; 2) marriage; or 3) adoption or birth of a child.

The Dependent Care Assistance Program (DeCAP)

DeCap is funded through pre-tax payroll deductions, thereby reducing your taxable income. DeCap helps pay for expenses to care for your child (ren) or other eligible dependents, while you and your spouse work or attend school full-time.

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, until, 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.

In order 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 31 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.

HCFS/DeCAP Eligibility, Enrollment and Effective Date of Coverage

You are eligible to participate in the HCFS and DeCAP if you are eligible for health coverage under the NYCHBP. You may enroll in the program within 31 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, deductions for employees who enrolled in November and December in any given year are not guaranteed to begin in the same calendar year.

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Enrollment in the HCFSA and DeCAP is not automatic from year to year. You must re-enroll each year during the annual open enrollment period. If you participate in both the HCFSA and DeCAP, the amount you allocate to one account cannot be transferred to the other.

To obtain forms: contact your Human Resources Office, print a form from the FSA website at www.nyc.gov/html/olr or contact the FSA Administrative Office's automated help line. Forms should be submitted to: Flexible Spending Accounts Program, Office of Labor Relations, 40 Rector Street, 3rd Floor, New York, NY 10006.

HCFSA/DeCAP Forfeiture Rules (Use It or Lose It Rule)

Federal regulations require you to use the entire amount allocated to your HCFSA and/or DeCAP account by the end of plan year (or by the end of the HCFSA grace period for HCFSA claims), or forfeit the unused balance. Therefore, before making your annual allocation, carefully consider what your eligible expenses might be.

The Medical Spending Conversion (MSC) Health Benefits Buy-Out Waiver Program

The MSC Health Benefits Buy-Out Waiver Program enables eligible employees who have non-City group health benefits to waive their City health benefits in return for an annual cash incentive payment.

The annual incentive payment of \$500 for individual coverage or \$1,000 for family coverage is taxable to you, the employee. You will receive the incentive payment semi-annually in your regular paycheck in June & December if you receive your paycheck from the City of New York or in July & 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.

You are eligible to participate in the Health Benefits Buy-Out Waiver Program if you are covered under: 1) a spouses'/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 31 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.

Changes may only be made during the open enrollment period or within 31 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.

NOTE: The IRS does not permit retroactive participation to a prior plan year.

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The Medical Spending Conversion (MSC) Premium Conversion Program

The MSC Premium Conversion Program enables 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**. However, 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 do so, you must complete a 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 31 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.

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.

To obtain further information on any of the benefits offered by the New York City Health Benefits Program, refer to their Summary Program Description or visit their website at www.nyc.gov/olr.

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).

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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 NYCHBP 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, and submit a sworn Declaration of Financial Interdependence. 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.

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 City and State the market value of fringe benefits provided to you and your spouse.

Unmarried children under age 19: 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. Coverage will terminate for children reaching 19 at the end of the payroll period during which the age of 19 was attained.

Unmarried dependent children age 19 to 23: Dependents who are full-time students at an accredited degree-granting educational institution, receiving at least 50% of financial support from you. (Refer to [Section IV](#) for information on termination of coverage).

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.

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Enrollment

To enroll, you must obtain a PSC-CUNY Welfare Fund Data Sheet at your College Human Resources Office. The form must be filed within 31 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 31 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 all persons to be covered by the PSC-CUNY Welfare Fund, which may include a birth certificate, Social Security card, marriage certificate, divorce papers, domestic partner registration form, and/or college enrollment data.

B) Non-Contributory vs. Contributory Plans

Non-contributory plans are those plans for which the University pays the entire premium. PSC-CUNY Welfare Fund provides these benefits to you and your eligible dependents at no cost. The following are non-contributory plans:

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

Contributory plans are those plans for which you are required to pay the entire premium. These plans are voluntary for you and your eligible dependents. The following are contributory plans:

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

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 Data Sheet.

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: Diabetic medication is not covered under the Medcohealth Plan. However, it is available through your NYCHBP medical carrier.

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Coordination of Benefits provisions do not apply to this benefit. The Prescription Drug Plan has an annual cap of \$10,000 per individual. Retirees have a \$50 annual family deductible per calendar year.

Members who choose Aetna HMO, Aetna QPOS, 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 pro-rated accordingly.

Medco Health Network of Participating Retail Pharmacies

The first two 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 preferred brand name drugs, \$30 for non-preferred brand name 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 second fill, the co-payments are as follows: \$5 for generic drugs, \$15 for preferred brand name drugs, \$30 for non-preferred brand name drugs, 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. Complete a direct reimbursement claim form, and submit it to Medco Health. Medco will reimburse you the cost of the medication minus the coinsurance you would have paid. You can order claim forms online at www.medcohealth.com.

The Medco Health Home Delivery Pharmacy Service

For a 100-day (three-month) supply your co-pay is: \$5 for generic drugs, \$30 for preferred brand name drugs, \$60 for non-preferred brand name drugs, or 20% coinsurance, whichever is greater. Standard shipping and handling is free.

Medicare Part D (For Medicare-Eligible Retirees Only)

Effective January 1, 2006, the Medicare Modernization Act (MMA) of 2003 amended the Social Security Act by establishing Medicare Part D, a prescription drug benefit available to Medicare-eligible retirees. Medicare Part D prescription drug coverage is a voluntary insurance program provided by private companies that have been approved by Medicare.

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If you are a Medicare-eligible retiree currently receiving prescription drug coverage through the PSC-CUNY Welfare Fund contact the PSC-CUNY Welfare Fund for further information regarding enrollment in the Medicare Part D Program.

If you are a Medicare-eligible retiree currently enrolled in one of the City's health plans and have prescription drug coverage through that health plan, refer to the City's Medicare Part D brochure at http://www.nyc.gov/html/olr/downloads/pdf/healthb/med_d_broch.pdf.

D) Dental Plan

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

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

To enroll in this program you must 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 and adults is available under this plan.

Guardian PPO Plan

The Guardian PPO Plan 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 maximum. 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.

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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 prescription glasses purchased through an out-of-network provider. 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

Plan covers in-network eye examination and prescription glasses every 24 months, no co-payment required. 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.

During the “Off Year”, Davis Vision offers discounts on contacts and glasses (frames and lenses).

General Vision Services (GVS)

Plan covers in-network eye examination and prescription glasses every 24 months, no co-payment required. No claim forms necessary for in-network services. You are responsible for additional cost incurred if you choose frames and services not covered by GVS.

GVS offers the “Off Year” benefit for children and dependent students. To qualify for the “Off Year” benefit, the child’s prescription must have changed. They receive 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

Your \$500 maximum hearing benefit covers one of the following hearing aid products: 1) In The Canal (ITC); 2) In The Ear (ITE); and 3) Behind The Ear (BTE).

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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 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, and hearing disorders. All services are done by graduate students and overseen by licensed speech language pathologists and audiologists.

Fees will 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. The Center will provide you with an itemized bill.

To obtain reimbursement you must call the PSC-CUNY Welfare Fund and complete a voucher. Also you may want 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://dewey.brooklyn.cuny.edu/bcshc>.

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 complete a Death Benefit Beneficiary Designation Card. It is important that you 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) Special Rules for Survivors

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 and major medical (if applicable).

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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 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.

1) 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 payment 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 membership.

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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 over. Unmarried, dependent children ages 15 days to 23 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: The records of this benefit reside only with you and the carrier. It is important that you notify your family or the appropriate party of your beneficiary selection.

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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 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 age 65 if you become disabled at age 60 or less, four-and-a-half years if you become disabled between age 60 and 65, to age 70 if you are 65 but less than 68 ½, and one year if you are 68 ½ or older.

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

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.

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The Optional LTD Insurance provides the following:

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 \$5,000 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, ERS, or BOERS, contributions equal to 10% of your monthly pre-disability salary will be made to a TIAA-CREF Group Retirement Annuity (GRA). This benefit is in addition to the monthly income cash benefit.

A Longer Benefit Payment Period: Benefits are extended to age 65. If disability occurs after age 60, the duration of benefits will continue as under the Basic plan.

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) GHI Major Medical Supplement

The GHI Major Medical Supplement applies to full time active employees and non-Medicare eligible retirees enrolled in the GHI-CBP/Empire Blue Cross Blue Shield (BCBS) plan. The GHI Major Medical Supplement is designed to provide additional protection against the extraordinary cost of a serious or long-term illness not covered by your 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 GHI Major Medical Supplement. The GHI Major Medical Supplement does not cover any procedures or services that have a frequency or number limitation beyond the number allowed under the GHI-CBP Plan.

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Eligibility

You and your dependents are eligible for this coverage if you are: 1) an active full-time or non-Medicare eligible retiree member of the Instructional Staff; and 2) you are enrolled in the GHI-CBP Empire BCBS Plan.

Also, if you are a non-Medicare eligible retiree, you may enroll in the outpatient mental health and inpatient chemical dependency treatment optional rider, as well as in the enhanced NYC non-participating provider reimbursement schedule optional rider (these optional riders are not offered to Medicare eligible retirees). If you are a Medicare eligible retiree you may enroll in the 365-day hospital optional rider (not available to non-Medicare eligible retirees).

Enrollment

If eligible, you and your dependents will automatically be enrolled in the GHI Major Medical Supplement.

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 GHI Major Medical Supplement 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 towards 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 carry over from one calendar year to the next.

Coinsurance

Once your applicable deductible has been met, GHI Major Medical Supplement will pay 60% of the reasonable and customary charges not reimbursed by GHI-CBP. The un-reimbursed 40% balance is the co-insurance amount you must pay. After your 60% coinsurance equals \$3,000 for individual or \$6,000 for family in a calendar year, GHI Major Medical Supplement will pay 100% of reasonable and customary charges not reimbursed by GHI-CBP.

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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 or retired member of the Instructional Staff Instructional Staff 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

In order to qualify for coverage, each applicant must complete a medical questionnaire and return the application directly to the LTC carrier. You may enroll in one of the following contributory plans:

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

Premium

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

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M) Catastrophe Major Medical Insurance Plan \$2,000,000 (Marsh Affinity Group Services)

The Catastrophe Major Medical Insurance Plan has been designed to supplement your basic policy and help pick up eligible expenses not covered by the various NYCHBP programs, any other major medical, hospitalization plans or Blue Cross/Blue Shield. Additionally, it pays in excess of Medicare Parts A & B. These plans may provide adequate health insurance protection, but may “Limit Benefits on a Yearly Basis” and may “Limit Benefits Again” as to covered charges.

Benefits covered under this plan include: Convalescent Home Benefits, Home Health Benefits, and Private Duty Nursing Services.

Eligibility

As a full-time or retired member, you and your spouse/domestic partner are eligible to apply for coverage, regardless of age as long as all are covered under the NYCHBP 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.

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

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

If you are an active employee, 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.

If you are a TRS or TIAA-CREF retiree, complete the Catastrophe Major Medical Insurance Plan Application For Retired Members and return to Marsh Affinity Group Services along with the Pension Deduction Authorization Card. Pension Deductions will be taken over 12 months each year.

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Effective Date

Coverage will be effective following receipt and acceptance of the written application and applicable premium payment.

Premium

The premium for this plan is based on your age when 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/pension 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 cease at the earlier of: completion of 10 years from the day eligibility expenses were first incurred; two million dollars 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.

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 Human Resources Office 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.

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IV. TERMINATION OF COVERAGE

A) Basic Health Plans (Hospitalization and Major Medical)

Coverage for basic health plans terminate:

- a. 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 FML.
- b. For a spouse when divorced from the employee or retiree.
- c. For a domestic partner when partnership terminates.
- d. For a child, upon marriage or reaching an ineligible age, except for unmarried dependent full-time students who are covered on most plans up to age 23. Coverage for full-time students terminates when the student graduates or ceases to be a full-time student or on December 31 of the year of the student's 23rd birthday, whichever is earlier. Coverage is applied from term to term as defined by the school, with coverage for a term remaining in effect up to the first day of the next term.
- e. For all dependents, unless otherwise eligible, when the employee or retiree dies.

NOTE: Refer to [Section IX](#) for further details on [FML](#) & [SLOAC](#).

B) PSC-CUNY Welfare Fund Benefits

Coverage for welfare fund benefits terminate:

- a. 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, FML or an approved leave of absence without pay for up to 24 months.
- b. For a spouse, when divorced from the employee or retiree.
- c. For a domestic partner, when partnership terminates.
- d. For a child, upon marriage or reaching an ineligible age, except for unmarried dependent full-time students who are covered on most plans up to age 23. Coverage for full-time students terminates when the student graduates or ceases to be a full-time student or on December 31st of the year of the student's 23rd birthday, whichever is earlier. Coverage is applied from term to term as defined by the school, with coverage for a term remaining in effect up to the first day of the next term.
- e. For all dependents, unless otherwise eligible, when the employee or retiree dies.

NOTE: Refer to [Section IX](#) for further details on [FML](#) & [SLOAC](#).

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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. The general notice of COBRA rights are provided within 90 days of an employee's enrollment in the health plan.

The monthly premium will be 102% of the group rate (or 150% of the group rate for the 19th through 29th months 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 coverage is 18, 29, or 36 months depending on the reason for continuation.

Eligibility

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.

Spouses/Domestic Partners Not Eligible for Medicare: Spouses/Domestic Partners of employees or retirees have the right to choose continuation of coverage if they lose coverage for any of the following reasons:

- a. Death of the employee or retiree;
- b. Termination of employee's employment (for reasons other than gross misconduct);
- c. Loss of health coverage due to a reduction in employee's hours of employment;
- d. Divorce from the employee or retiree;
- e. Termination of domestic partnership with the employee or retiree; or
- f. Retirement of employee.

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Dependent Children Not Eligible for Medicare: Dependent children of employees or retirees have the right to continue coverage if coverage is lost for any of the following reasons:

- a. Death of a covered parent (employee or retiree);
- b. The termination of a covered parent's employment (for reasons other than gross misconduct);
- c. Loss of health coverage due to the covered parent's reduction in hours of employment;
- d. The dependent ceases to be a "dependent child" under the terms of NYCHBP; or
- e. 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.

More detail on COBRA is available in the NYCHBP Summary Program Description (SPD) or the website www.nyc.gov/html/olr.

Periods of Continuation

Continuation of coverage for the former employee, retiree, family, or individual dependent as a result of termination of employment (for reasons other than gross misconduct), reduction of work schedule, or loss of welfare fund benefits due to retirement is available for a maximum period of 18 months. This period will be calculated from the date of loss of coverage.

If you are totally disabled on the date of termination of employment or reduction of hours, continuation of coverage for you and your eligible dependents may be extended from 18 to 29 months. The monthly premium for the 19th through 29th month will be 150% of the group rate. To qualify for 29 months of COBRA, Social Security must determine that you are totally disabled. If Social Security later determines that you are no longer totally disabled, COBRA may terminate before the end of the 29th month.

Continuation of coverage for your spouse/domestic partner or dependents as a result of your death, divorce, domestic partnership termination, or loss of coverage due to Medicare-eligibility, or loss of dependent child status, is available for a maximum of 36 months.

Continuation of coverage can never exceed 36 months in total, regardless of the number of events related to a loss in coverage. Coverage during the continuation period will terminate if the enrolled fails to make timely premium payments or becomes enrolled in another group health plan (unless the new plan contains a pre-existing condition exclusion).

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Notification Responsibilities

Under the law, you or a family member have the responsibility of notifying the College Payroll Office, the College Human Resources Office 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.

Retirees and/or family members must notify the NYCHBP and the applicable welfare fund within 60 days in case of the occurrence of any of the events mentioned above.

If you are totally disabled (as determined by Social Security) on the date of termination of 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. If Social Security subsequently determines that you are no longer disabled, you must also notify the health plan of this. This notice must be provided 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 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 Human Resources Office. As a retiree, your eligible family members can obtain application forms by contacting the NYCHBP.

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 premium within 45 days of their election. Premium payments will be made on a monthly basis. Payments after the initial payment will have a 30-day grace period.

Election of COBRA Continuation (PSC-CUNY Welfare Fund)

You may elect to purchase the CORE benefits or CORE plus NON-CORE benefits. You cannot choose the NON-CORE benefits by themselves. The CORE benefits are GHI Major Medical Supplement for GHI-CBP participants or non-Medicare eligible retirees, Prescription Drug Coverage, Hearing Aid, and Appliance Riders for HIP participants.

Basic City health coverage must be continued to obtain the Supplement to GHI Major Medical.

NON-CORE benefits are Dental and Optical.

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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, therefore 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/ERS/BOERS Members)

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

- a. 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
- b. 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
- c. You receive a pension check from a New York City retirement system (TRS, ERS or BOERS).

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

NOTE: Tier 1 ERS 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 ERS.

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

If you are a member of the ORP 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 over 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

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Eligible members must maintain \$50,000 in reserve, with TIAA-CREF, to fund retiree health insurance premiums. You may require additional reserve amounts depending on the health plan you select or to cover future insurance rate changes. However, you are required to annuitize at least \$10,000 to initiate your retiree health benefits deductions.

VI. RETIREMENT BENEFITS

New York State Education Law Section 6253 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, and the choice is irrevocable. If no choice is filed 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 or the Optional Retirement Program (ORP) currently funded through The Teachers Insurance and Annuity Association of America – the College Retirement Equities Fund (TIAA-CREF). If you select TIAA-CREF upon initial appointment to a position on the ECP Staff, you must continue participation in TIAA-CREF upon transfer or reclassification into another position within the University.

If you are already a member of the TRS, the Board of Education Retirement System (BOERS) or ERS, you may remain in that program. If you were recently appointed to an ECP Staff title and were previously a member of BOERS or ERS you may elect to remain a member by filing an application for Transferred Contributor status within 30 days of your appointment.

If you are retired and receiving a pension from New York State or New York City or any of its political subdivisions, you may 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.

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.

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A) The Teachers' Retirement System of the City of New York (TRS):

Type of Plan

This is a 401(a) Defined Benefit Plan. Benefits are based on age, final average salary (FAS) and years of service credit.

Vesting

Five (5) years of total service credit.

Retirement Eligibility

If you are an in-service member who is at least age 55 and has completed at least five years of membership service, you would be eligible to receive immediate payment of a reduced retirement allowance.

A member who separates from service before age 55 with at least five years of membership service would be eligible to receive a reduced retirement allowance upon reaching age 55.

If you are a Tier I, as described below, you may retire before age 55 if you have 30 years or more of service credit but you will receive an actuarially reduced benefit.

If you are a Tier II, III or IV member as described below, and you retire before age 62 with less than 30 years of service credit, you will receive an actuarially reduced benefit.

Contribution Rates

In general, you qualify for Tier I status if you last joined TRS before July 1, 1973; for Tier II if you last joined after June 30, 1973 and before July 27, 1976; for Tier III if you joined after July 26, 1976 and before September 1, 1983; for Tier IV if you last joined after August 31, 1983.

Contributions for Tier I and II are based on factors such as your age and credited prior service. If you are a Tier III or IV member with less than 10 years of membership or

credited service, you must contribute 3% of your gross pay to TRS' Qualified Pension Plan (QPP) until you have attained at least 10 years of membership or credited service. CUNY contributes to the pension fund, an annual lump sum as determined by the actuary of the pension system.

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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 or III/IV 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; 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 service credit if you have less than 20 years of service; 2% of your FAS multiplied by your years of 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.

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Transferring A Membership to TRS

After joining TRS, and if you are a member of one of the following retirement systems, you may transfer your membership to TRS. If you elect to transfer an eligible membership to TRS, you must notify your previous retirement system. That system will transfer your service credit and accumulated pension funds to TRS.

- 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

Disability Benefits

You are eligible to retire with disability benefits if you have 10 or more years of service credit and are physically or mentally incapable of performing work duties. However, 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 must file the applicable disability retirement application.

Death Benefit

If a Tier I in-service member dies before becoming eligible for retirement, the death benefit would equal the member's Annuity Savings Fund (ASF) balance, ITHP balance, and an amount based on his/her salary and years of 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 would be 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, or IV 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 would equal the balance in the member's ASF for Tier II members or Member Contributions Accumulation Fund (MCAF) and Annuity Savings Accumulation Fund (ASAF) for Tiers III and IV members, plus the amount of either Death Benefit #1 or Death Benefit #2 as applicable. (Refer to the TRS website at www.trs.nyc.ny.us for explanation of Death #1 and Death #2).

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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/II members who separate from service may elect to withdraw their ASF funds. Tier III/IV members who separate from service with fewer than 10 years of service credit may elect to withdraw their MCAF and ASAF funds. In either case, doing so would terminate their TRS membership.

Loans

If you are a Tier I/II member, you become eligible for a Qualified Pension Plan (QPP) loan after three years of membership. If you are a Tier III/IV member, you 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

Chapter 640 enables members who lost their TRS membership rights to be reinstated to their previous membership (*i.e.*, to have their membership date changed to their former membership date in TRS). If that membership was based on a different tier, members may also be reinstated to that tier. To be reinstated under Chapter 640, 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.

NOTE: For additional information refer to www.trs.nyc.ny.us, or call the TRS Service Line at 1 (888) 8-NYC-TRS.

B) The Optional Retirement Program (ORP)

Currently funded through Teachers Insurance and Annuity Association – College Retirement Equities Fund (TIAA-CREF).

Type of Plan

This is a 401(a) Defined Contribution Plan. Benefits are based on the amounts contributed by the employer and the employee and the investment experience of the allocations you selected.

Vesting

Vesting occurs 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 and in an escrow account at the office of the State Comptroller if you receive your paycheck from the State of New York. A one-time

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lump sum employer retroactive contribution, plus 2% interest, for the first 366-days will be credited to your account upon completion of the vesting period; thereafter TIAA-CREF will mail you quarterly statements.

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.

Vesting and participation will be immediate if you have a preexisting vested open TIAA-CREF retirement plan contract. You must notify your College Benefits Officer of your pre-existing contract and provide the contract number in order to avoid delays of employer and employee contributions credited to your account.

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 of employee contributions.

Retirement Age

There is no minimum retirement age to begin collecting retirement income. However, a minimum retirement age may affect eligibility for other benefits. If you separate from service and begin retirement income, Section 150 of the Civil Service Law of New York does not allow you to participate in the retirement plan if you are 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.

Contribution Rates

Tier I (appointed before June 30, 1973) and Tier II (appointed between July 1, 1973 and July 26, 1976) members: You are required to contribute 1.5% of your NET pay to your TIAA-CREF ORP Account. CUNY contributes an amount equal to 10.5% of your salary for the first \$16,500 earned per year, plus an amount equal to 13.5% of your salary earned in excess of \$16,500 per year.

Tier III (appointed between July 27, 1976 and August 31, 1983) and Tier IV (appointed between September 1, 1983 and July 16, 1992) members: You are required to contribute 1.5% of your GROSS pay to your TIAA-CREF ORP Account. CUNY contributes an amount equal to 10.5% of your salary for the first \$16,500 earned per year, plus an amount equal to 13.5% of your salary earned in excess of \$16,500 per year.

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Tier V (appointed after July 16, 1992) members: You are required to contribute 3% of your GROSS pay to your TIAA-CREF ORP Account. CUNY contributes an amount equal to 8% of your yearly salary. Once you reach seven (7) years of employment as an ECP Staff Member, CUNY will contribute an amount equal to 10% of your yearly salary thereafter. 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.

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 Retirement Annuity and TDA accounts.

Portability

Accumulations are transferable to more than 15,000 institutions that have TIAA-CREF plans. Effective September 1, 2005, if you are eligible for retiree health benefits, you must maintain \$50,000 in reserve at TIAA-CREF to pay for retiree health benefits premiums. Reserve amounts may vary depending on health plan selected and future changes to health plan selection and rates.

Loans

Loans are available from your Retirement Annuity and TDA accounts, subject to limitations.

Tier Reinstatement

If you participate in the ORP (whether vested or not) and you separate from CUNY service, you are eligible to participate upon your return to service regardless of your appointment status at that time and retain your tier status. Employees who had not vested and had withdrawn their contributions must repay their contributions to be covered by this provision. If contributions are not repaid, your pension enrollment will be processed according to policies applicable to new employees.

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Cash Withdrawals

Upon separation from service, former employees may be able to make cash withdrawals of a portion or all of their retirement accumulations 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.

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. Attain 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. Participants will be required to complete a spouse consent or unmarried representation form, verified by a Notary Public to meet this requirements.

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 at a yearly rate of 10% over 10 annual payments.

CUNY's cash withdrawal policy remains in effect for funds accumulated in the retirement annuity during employment with CUNY in the event of subsequent employment.

Consult your College Human Resources Office or TIAA-CREF for more information.

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

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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 Retirement Annuity into an AFV upon completion of the vesting period, 366 days from date of appointment.

The Guardian Alternative Funding Vehicle – Represented by Halliday Financial Group

The Guardian Insurance & Annuity Co. has been an AFV under the ORP since 1994. The company has \$9.8 billion in assets and manages over \$150,000,000 for CUNY members, and with more than 1,000 participants. The Guardian Insurance & Annuity Co. offers 10 fund choices within Guardian for your investment selection, plus a Fixed Rate Option that provides a guarantee of principal and interest. Investment options include:

Guardian Cash Management Fund	Value Line Centurion Fund
Guardian Bond Fund	Value Line Strategic Asset Mgmt Trust
Guardian Stock Fund	MFS Investors Trust Series
Guardian Small Cap Stock Fund	Baillie Gifford International Growth Fund
Gabelli Capital Asset Fund	Baillie Gifford Emerging Markets Fund

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 Financial Services Alternative Funding Vehicle

MetLife has approximately \$290.1 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 Social Balanced	Janus Mid Cap
Calvert Social Mid Cap Growth	MetLife Stock Index
Fidelity VIP II Asset Manager	Putnam International Stock
Fidelity VIP Equity-Income	State Street Research Aggressive Growth
Fidelity VIP Growth	State Street Research Diversified
Fidelity VIP II Investment Grade Bond	State Street Research Growth
Fidelity Money Market	State Street Research Income
Fidelity VIP Overseas	

MetLife Financial Services Representatives are available to meet with you and help you prepare to meet your specific needs.

Please contact your College Human Resources Office for more information.

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C) Tax Deferred Annuity (TDA) Program also known as Supplemental Retirement Annuity (SRA)

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.

Type of Plan

This is a voluntary 403(b) investment plan that 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 rate within IRS limits. You can change the amount you contribute to your TDA based on your financial situation.

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.

Members of the defined benefits plans wishing to use their TDA funds to buy back past service credit should contact their retirement system to obtain information. In addition, they should contact their TDA vendor/administrator to obtain information regarding their account balances.

Monies used to buy back previous service will be treated as a rollover.

NOTE: You may enroll in only 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. The IRS may adjust these limits from time to time.

Those age 50 or older may be eligible to make additional pre-tax contributions.

If you have 15 years or more of full-time service in CUNY, you may be eligible for a catch-up contribution not to exceed a \$15,000 lifetime maximum.

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TDA Vendors

TIAA-CREF

TIAA-CREF is a major financial services organization and one of the world's largest retirement systems with \$266 billion in assets under management. TIAA-CREF offers a range of fixed and variable annuity accounts enabling you to build a retirement portfolio to fit your goals and risk tolerance. TIAA-CREF representatives are available on campus to assist you in choosing the right alternatives to meet your objectives. Currently, there are 10 investment accounts to choose from:

TIAA Traditional Annuity	TIAA Real Estate Account
CREF Money Market Account	CREF Stock Account
CREF Inflation-Linked Bond Account	CREF Equity Index Account
CREF Bond Market Account	CREF Global Equities Account
CREF Social Choice Account	CREF Growth Account

Lincoln Life & Annuity Co – Represented by Halliday Financial Group

Lincoln Life is one of the largest insurance and annuity companies today specializing in TDA plans. You may allocate your TDA contributions among a variety of fixed and/or variable investment options. Halliday Financial Group/HRC representatives are available on campus to assist you in meeting your individual retirement savings objectives and choosing the investment options that are right for you. You may select to invest your TDA Funds in the following family of funds:

Lincoln Life & Annuity Co.	American Funds
Oppenheimer Funds	Franklin/Templeton Funds
Evergreen Funds and others	

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

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 (code TD1). TRS offers three (3) different TDA investment programs:

- The Fixed Annuity Program
- The Variable A Annuity Program
- The Variable B Annuity Program

Consult your College Human Resources Office for more information on TDA's.

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VII. MID-YEAR CHANGES / QUALIFYING EVENTS

If you have a change in family or employment status during the year, you may make changes to your health benefits coverage and welfare fund benefits within 31 days of the qualifying change. The following changes in family or employment status are considered triggering events to make certain mid-year changes to your coverage:

- A change in family status such as marriage, divorce, annulment or legal separation;
- The death of a participant, spouse, or dependent;
- The birth or adoption of a child who will be the participant's dependent;
- The attainment of the maximum age for coverage of a dependent child;
- The participant becomes divorced and is required under court order to provide health insurance coverage for eligible dependent children;
- A choice of another carrier (e.g., resulting from a move out of an HMO service area);
- A participant has a change in title which necessitates a change in health plan (e.g., Med-Team participants must be DC-37 members; Metropolitan participants must be HHC employees);
- The termination of the participant's employment for any reason including retirement;
- A change in spouse's coverage that is significant and outside the spouse's control (e.g., due to termination of employment or benefit reduction);
- A spouse has a change in employment status that results in a change for health insurance coverage (either acquiring or losing eligibility for coverage);
- A change in employment status from part-time to full-time, or vice-versa, by the participant or the participant's spouse;
- The taking of, or returning from, an approved unpaid leave of absence by the participant or the participant's spouse;
- An increase in the employee's health plan premium deduction by more than 20%, subject to the City of New York's determination.

VIII. WORKERS' COMPENSATION (WC)

You are covered for workers' compensation benefits if you suffer a job-related injury or illness. 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.

IX. LEAVES

The City University of New York provides holidays, unscheduled holidays and a variety of other leaves such as vacation, leave for childcare, fellowship leave, etc. Please contact your College Human Resources Office for further details.

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A) CUNY Family and Medical Leave (FML) & The Family and Medical Leave Act of 1993 (FMLA)

As a member of the Executive Compensation Plan of The City University of New York you are eligible for leave under FMLA. However, FML for ECP members must be approved by the Chancellor or the President.

CUNY Family and Medical Leave (FML) policy entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave for family (including Domestic Partners) and medical care during the designated FML year, September 1st through August 31st. CUNY FML runs concurrently with the federal FMLA unless otherwise stipulated. While employees are on approved FML/FMLA, group health benefits are maintained in the same manner as prior to leave.

NOTE: You are responsible for paying your share of the health benefits premium through direct pay to your health plan. The employer share is paid by CUNY.

You are eligible to receive this benefit if you:

- a. Have been employed by the University for at least 12 cumulative months, not necessarily consecutive; and
- b. Have worked for at least 1,250 hours during the 12-month period immediately preceding the start of the leave.
- c. Reemployed members of the National Guard or reserve whose military service combined with the time employed and hours actually worked for CUNY satisfy the time and service requirements are eligible for FML.
- d. When counting the number of work-hours necessary for an employee to meet the maximum hourly requirements, all regular scheduled and overtime hours must be included.
- e. An eligible CUNY employee who has met the FML eligibility requirement at his/her college, and then transfers or moves to another college without a break in continuous service, shall be eligible to request use of any unused FML/FLMA entitlement for that year at the receiving college.

Reasons for Family and Medical Leave

- a. Birth and care of employee's newborn child;
- b. Placement of child for adoption or foster care with employee;
- c. Care of employee's spouse, domestic partner, child or parent with a serious health condition; or
- d. Medical leave for employee's own serious health condition.

Please consult your College Human Resources Office for a copy of the policy and further information.

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B) Jury Duty

Executive Compensation Plan Staff members who serve as jurors receive their regular salary provided they furnish the Human Resources Office with a copy of the summons to serve and remit to the college an amount equal to the compensation received for jury duty. If you receive any compensation for carfare, deduct this amount from the total amount remitted to the college. Employees in the Executive Compensation Plan on jury duty during annual leave or holidays shall not be required to remit to the University compensation for such duty.

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: 1) Temporary Disability/Illness; 2) Worker's Compensation; and 3) Military Leave (may be offered in time of military conflict).

To be eligible for SLOAC:

- a. 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
- b. You must be enrolled in the NYCHBP, on pay status and have received a paycheck immediately preceding the SLOAC event, and
- c. You must be on an approved leave of absence, and
- d. 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 are responsible for paying your share of the health benefits premium through direct pay to your health plan. The employer share is paid by CUNY.

D) Temporary Disability Leave

Temporary disability leave (also known 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.

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E) Military Leave

New York State Military Law Section 242 provides for paid military leave for 30 calendar days or 22 workdays (whichever provides the greater benefit to the employee) 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.

You may also be eligible for Supplemental Military Leave, Military Leave At Reduced 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.

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)

a) 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 bonafide intention to retire and filing the appropriate application, you shall 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 had you been enrolled in the public retirement systems. Additionally, you must meet one of the following requirements:

1. If you are a member of a public retirement system (TRS, ERS or BOERS) and you meet the eligibility requirements for service retirement under Section 3107 of the New York State Education Law.
2. If you are a Tier I or II member of the Optional Retirement Program (TIAA-CREF) you must have separated from CUNY service at age 55 or with at least twenty (20) years of pensionable, continuous, full-time CUNY service.
3. If you are a Tier III, IV or V member you must have separated from CUNY service at age 55 and at least five (5) years of pensionable, continuous, full-time CUNY service.

If you go out on 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.

b) 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.

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c) 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. Any individual who receives a severance benefit because of involuntary separation shall not be eligible for this payment.

Please consult your College Human Resources Office for further information.

X. ADDITIONAL BENEFITS OFFERED

A) CUNY TransitBenefit Transportation Spending Account (TSA)

The TransitBenefit Transportation Spending Account (TSA) is a voluntary benefit funded by transportation deductions taken from your pay. Transportation deductions are taken from pre-tax earnings, however there is a monthly limit to pre-tax deductions determined and subject to change by the Internal Revenue Service. Any deduction exceeding the month limit will be deducted on a post-tax basis. An annual post-tax administrative fee will also be deducted from your pay on an annualized pro-rated basis. You may choose from several Transportation Deduction Plans – Occasional Rider, Monthly Unlimited Card, Weekly Trip, and Express Bus Rider – depending on your transportation needs.

The TSA Card is linked to a special Transportation Spending Account secured by JPMorgan Chase Bank.

If you receive a paycheck from the City of New York, your deductions will be taken each pay period. If you receive your paycheck from the State of New York your deductions will be taken twice each month (the first 2 pay dates of the month).

Eligibility

Full-time and part-time employees may participate in the TSA Program.

Enrollment

You may elect to participate in the TSA Program at any time. To enroll in the program obtain a TransitBenefit Transportation Spending Account (TSA) Enrollment/Change Form, the TransitBenefit TSA Terms & Conditions (T&C's), and the TransitBenefit TSA Frequently Asked Questions (FAQ) from your College Human Resources Office or the CUNY website at www.cuny.edu/transitbenefit.

You must read the TransitBenefit TSA T&C's and FAQ's before completing the TransitBenefit TSA Enrollment/Change Form.

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The completed enrollment/change form must be submitted to your College Benefits Officer. Make sure to initial the box next to the deduction plan you wish to enroll in and next to the statement authorizing the replacement card fee to be deducted from your pay. The replacement card fee will be deducted from your pay each time you request a replacement TSA card. You will receive a TransitBenefit TSA PIN-based debit card two weeks after enrollment.

NOTE: Your Tax Deferred Annuity (TDA) contribution will be reduced as a result of your pre-tax TSA deduction. Please contact your College Benefits Officer if you wish to make changes to your TDA contribution.

Enrollment Changes

Suspending Your Transportation Deduction: You may elect to suspend transportation deductions at any time. However, administrative fees will continue to be deducted while your TSA Card remains active. You will be able to restart your transportation deductions at any time.

Changing Your Transportation Deduction: You may elect to increase or decrease your transportation deduction at any time to meet your needs.

Canceling Participation in the TSA Program: You may elect to cancel participation in the TSA Program at any time. You will have 30 days from the date your TSA is closed to spend down your account balance. Any funds remaining after the 30-day period will be forfeited. You may elect to re-enroll in the program at any time and a new card and account number will be issued.

Termination of Employment: Your participation in the TSA Program will automatically end with termination of service. You will have 30 days from the date of termination to spend down your account balance. Any funds remaining after the 30-day period will be forfeited.

NOTE: Administrative fees will continue to be deducted for an additional 30 days while your TSA Card remains active. This applies if you cancel your participation in the program or terminate employment.

To ensure your 30-day spend down grace period, you must notify your College Benefits Officer of all changes to your TSA enrollment. You must complete and submit a TSA Enrollment/Change Form. **Do not contact JP Morgan Chase to close or update your account.**

Leave Status

Paid Leave of Absence: If you are on a paid leave or an extended vacation, you may elect to suspend your transportation deductions. However, in order to maintain an active TSA card, administrative fees will continue to be deducted.

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Unpaid Leave of Absence: If you are on an unpaid leave, your participation in the TSA Program will automatically terminate. You will have 30 days from the date your unpaid leave begins to spend down your account balance. Any funds remaining after the 30-day period will be forfeited. You may elect to re-enroll upon your return to paid status. A new card and account number will be issued.

Forfeiture Rules

You have 30 days from the day your Transportation Spending Account is closed to purchase MetroCards. After 30 days, your TSA Card will be deactivated. Any remaining balance will be forfeited. The Internal Revenue Code does not permit any funds remaining in your TSA Account to be refunded.

For further information on the TransitBenefit TSA Program contact your College Human Resources Office or visit the website at www.cuny.edu/transitbenefit. To check your TSA transaction history or account balance visit the Chase website at www.efundscard.com.

B) Medicare Part B Premium Reimbursement (Retirees Only)

TIAA-CREF Retirees

If you are enrolled in Medicare Part A and B, you may be eligible to receive a partial reimbursement of the monthly Medicare Part B premium if you meet all of the following requirements:

- a. You must be receiving a TIAA-CREF retirement annuity check; and be
- b. Enrolled in and paying premiums for a NYCHBP plan as the contract holder (premiums must be deducted from your monthly pension check); and be
- c. Enrolled in and paying premiums for Medicare Part B

Your spouse/domestic partner and/or disabled dependent may be eligible to receive Medicare Part B reimbursement in the year in which you retire (or in the year they become eligible for Medicare Part B following your retirement date) if they are:

- a. Enrolled in Medicare Part B; and
- b. Covered under your retiree health benefits plan

In the event of death, reimbursements cease for the spouse/domestic partner and/or disabled dependent. Notification must be sent to the University Benefits Office of the death of a retiree, eligible spouse or domestic partner, or dependent.

Active employees are not covered for the reimbursement unless they are receiving Medicare Disability benefits because of permanent kidney failure.

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To enroll you must complete and forward a Medicare Part B Application for Reimbursement to the University Benefits Office at 535 East 80th Street, New York, NY 10021. You must include a copy of the Health Insurance and Medicare Part A and Part B cards for yourself and eligible spouse/domestic partner and/or disabled dependent(s).

Medicare Part B Applications for Reimbursement may be obtained from your College Human Resources Office. Reimbursements are not permitted for retirees who live outside of the United States.

Medicare Part B reimbursement checks are processed, by the City of New York, in the year following your retirement provided you are Medicare eligible, or the year after you become Medicare-eligible. The City will generally process the payments once a year for those who retired during the previous calendar year. As a result, the application approval process may take six (6) months or more depending on the application submission date.

Medicare reimbursement checks are mailed to the address listed on your application.

NOTE: You must notify the University Benefits Office in writing as soon as possible if you have a change in home address or a change in family status.

TRS/ERS/BOERS Retirees

The City will reimburse retirees and eligible dependents on Medicare for a portion of the monthly premium for Medicare Part B.

You must be receiving a City pension check and be enrolled as the contract holder for City health benefits in order to receive reimbursement for Medicare Part B premiums. The Health Benefits Program automatically issues refunds for Medicare Part B, generally once a year. You must notify the Health Benefits Program in writing immediately upon receipt of your and your dependent's Medicare card. Medicare Part B reimbursements will be made to retirees who elect Medicare as primary coverage. Contact the Health Benefits Program for further information on Medicare Part B reimbursement.

C) New York's 529 College Savings Program (Upromise)

You are eligible to participate in New York's 529 College Savings Program, currently managed by Upromise Investments Inc. This program provides a flexible, convenient, and low-cost way to save for qualified higher education expenses. There is a management fee of 0.58%. The management fee is accrued on a daily basis and deducted from the trust monthly.

You can 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).

For further information, consult your College Human Resources Office or New York's 529 College Savings Program at www.nysaves.org.

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D) Tuition Waivers (Employee Only)

Tuition may be waived for undergraduate & graduate courses at any college of The City University of New York on a space available no cost basis.

- a. The number of undergraduate credits per semester for which tuition may be waived is unlimited. In order to qualify for an undergraduate tuition waiver, you must be on staff for one year. No waivers are available for courses in the summer session.
- b. The number of graduate credits per semester for which tuition may be waived is six. There is no service requirement for graduate tuition waiver. No waivers are available for courses in the summer session.

Tuition Fee Waiver may be used for courses taken under the Online Baccalaureate Program.

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

E) Credit Unions (Education Affiliates Federal Credit Union & Municipal Credit Union)

You are eligible to participate in the Education Affiliates Federal Credit Union (FCU) & the Municipal Credit Union (MCU).

Education Affiliates FCU (formerly PSC-CUNY FCU) provides financial products and services such as competitive dividend rates paid on savings and investment accounts, and competitive interest rates on loans. The products and services available are designed to help you manage your personal financial affairs at the lowest possible cost. For more information visit www.pscunyfcu.org or the CUNY eMall at www.cuny.edu.

MCU offers a full range of high quality, low costs 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 or the CUNY eMall at www.cuny.edu.

F) CUNY eMall

The CUNY eMall is a virtual shopping plaza offering a variety of discounts and promotional programs. To access the savings you must be registered and logged on to the CUNY portal.

To obtain further information, visit the CUNY website www.cuny.edu, log in and access the CUNY eMall.

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XI. CONTACT/TELEPHONE DIRECTORY

Organization	Phone Number	Note	Website
Aetna QPOS & Aetna HMO	1 800 445-8742	Health Plan	www.aetna.com
American Association of Retired Persons (AARP)	1 800 OUR-AARP 1 800 687-2277	General Retirement Planning Information	www.aarp.org
American Association on Aging (AOA)	1 800 677-1116	Eldercare & Retirement Planning Resources	www.aoa.dhhs.gov
Centers for Medicare & Medicaid Services	1 877 267-2323	Administrators of the Medicare Program	www.cms.hhs.gov
Child Health Plus	1 800-698-4KIDS 1 800-698-4543	NYS Health Plan For Kids – Affordable Health Insurance For Low or No Income Families	www.health.state.ny.us/nysdoh/chplus
Children’s Defense Fund – New York	1 212 697-2323	The Earned Income Tax Credit and Child Tax Credit	www.cdfny.org
Cigna Healthcare	1 800 832-3211	Health Plan	www.cigna.com
CNA Insurance Companies	1 800 221-7174	CNA's Customer Service Dept – Long Term Insurance Program	Not Available
College Savings Program	1 877 NYSAVES	Upromise College Savings Program	www.nysaves.com
Delta Dental	1 800 422-4234	DeltaCare USA Program	www.deltadentalins.com/deltacareuse
Department of Veteran’s Affair	1 800 827-1000	Information & Resources	www.va.gov
Education Affiliates Federal Credit Union	1 212 302-1954	Federal Credit Union	www.psccunycfu.org
Empire BCBS	1 800 433-9592	For GHI-CBP Members Only	www.empireblue.com/nyc
Empire EPO & Empire HMO NY	1 800 767-8672	Health Plan	www.empireblue.com/nyc
Family Health Plus	1 877 934-7587	Public Health Insurance Program For Adults Between The Ages of 19 And 64	www.health.state.ny.us/nysdoh/fhplus
Flexible Spending Accounts Program Administrative Office	1 212 306-7760	Employee’s Helpline Number – HCFSA, DeCAP, MSC Buy-Out Waiver and MSC Premium Conversion Program	www.nyc.gov/html/olr
GHI HMO	1 877 244-4466	Health Plan	www.ghi.com
Group Health Incorporated (GHI/CBP)	1 212 501-4444	Health Plan	www.ghi.com
Guardian Employee Benefits Hotline	1 888 600-1600 or ebh@glic.com	Information about benefits and services for Guardian PPO Plan	www.glic.com
Healthnet	1 800 441-5741	Health Plan	www.healthnet.com
HIP Prime POS & HIP Prime HMO	1 800 HIP-TALK 1 800 447-6929	Health Plan	www.hipusa.com
HRC Services Inc.	1 800 786-1598	Broker for Alternative Funding Vehicle & TDA	www.hallidayfinancial.com
Internal Revenue Service	1 800 829-1040	Federal Tax Information & Forms	www.irs.gov
John Hancock	1 800 543-7108	Long Term Care Insurance	www.jhancock.com/gltc
JP Morgan Chase	1 888 606-7058	TransitBenefit TSA Program	www.efundscard.com

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Organization	Phone Number	Note	Website
Marsh Affinity Group Svcs.	1 800 503-9230	Catastrophe Major Medical Insurance	www.seaburychicago.com
Medco Health Prescription	1 800 386-3797 1 866 FUNDRXS	Obtain Claim Forms	www.medcohealth.com
Medicare	1 800 MEDICARE	Medicare Information	www.medicare.gov
Met Life Financial Services	1 646 227-5033 or 1 646 227-5017	MetLife as an Alternative Funding Vehicle (AFV)	www.metlife.com
MetLife	1 800 438-6388	City of NY LTC Ins. – questions or claim information	www.metlife.com/mybenefits
Municipal Credit Union	1 212 693-4900	Municipal Credit Union	www.nymcu.org
New York City Board of Education Retirement System (BERS)	1 718 935-5400 1 800 843-5575	BERS Retirement System Members	www.nycbers.org
New York City Employees' Retirement System (NYCERS)	1 347 643-3000	NYCERS Retirement System Members	www.nycers.org
New York City Health Benefits Program (NYCHBP)	1 212 306-7200	General Information	www.nyc.gov/html/olr
	1 212 513-0470	Health Benefits Program – Retiree Inquiries Only, including Medicare Part B Reimbursement	
New York City Teachers' Retirement System (TRS)	1 888 869-2877 1 888 8NYCTRS	TRS Retirement System Members	www.trs.nyc.ny.us
New York State & Local Retirement System	1 866 805-0990	Information On Retirement Service With The NYS System	www.osc.state.ny.us/retire
New York State Department of Taxation & Finance	1 800 CALL-TAX	NYS Tax Information & Forms	www.tax.state.ny.us
New York State Insurance Department	1 800 342 3736	Consumer Insurance Information Complaints	www.ins.state.ny.us
New York State United Teachers (NYSUT) Trust	1 800 626-8101	Term Life Insurance Plan	www.nysut.org
Office of the City Clerk	1 212 669-8190	Registration of Domestic Partnership For NYC Residents	
PSC-CUNY Welfare Fund	1 212 354-5230	PSC/CUNY Member Benefit Information	www.psc-cuny.org
PSC-CUNY	1 212 354-1252	Union/Pension & Welfare Benefits Counseling	www.psc-cuny.org
PICA Program	1 800 467-2006	General Information	www.nyc.gov/html/olr
PICA Express Scripts	1 800 233-7139	Injectable and Chemotherapy Prescriptions	www.expressscripts.com
Social Security Administration	1 800 772-1213	Social Security Information	www.ssa.gov
The Guardian Insurance & Annuity Co.	1 800 221-3253	Guardian - An Alternative Funding Vehicle (AFV)	www.guardianlife.com
TIAA-CREF Retirement System	1 800 842-2776	TIAA-CREF Retirement Plan Participants	www.tiaa-cref.org
U.S. Savings Bonds	1 800 426-9314	Savings Bonds	www.publicdebt.treas.gov/sav/sav.htm
Vytra Health Plan	1 800 448-2527	Health Plan	www.vytra.com

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