



**RESEARCH FOUNDATION OF CUNY**  
BENEFITS GUIDE 2024

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**DISCLAIMER:**

This guide contains highlights of only the major provisions of the benefit programs of the Research Foundation of CUNY. Legal documents describe the plan in complete detail and govern its operation. If there is a disagreement between this guide and any legal document, the terms of the legal document always govern. The Research Foundation of CUNY, at its discretion, may change any benefits, term or conditions contained therein without notice.

None of the Benefits or Policies stated herein are intended to be contractual in nature. They do not confer any right or privilege but are informational only. The Research Foundation retains the absolute right to amend or terminate any Benefit or Policy at any time.

## WELCOME

Welcome to the Research Foundation of the City University of New York (RFCUNY). We are pleased that you have accepted a position with us. This guide will outline the many group insurance benefits offered. RFCUNY's goal is to provide you with well-balanced coverage that allows you to create a package of health benefits suited to your needs and your budget. Some of the benefits available to you require contributions on your part and some are provided by RFCUNY at no cost to you. The amount you will need to contribute for your benefits will vary, based on your selection of coverage.

All employees must log-on to [www.rfcuny.org](http://www.rfcuny.org) > **Electronic Tools > My Payroll and Benefits** portal in order to view eligibility, enroll, or waive coverage. Newly hired employees have until their benefits eligibility date to elect their benefits online.

## IMPORTANT CONTACTS

Research Foundation Benefits: 212-417-8600, option 4; [benefits@rfcuny.org](mailto:benefits@rfcuny.org)

	<u>Baruch, City, CUNY Law, John Jay, Queens</u>	
<a href="#"><u>Cecilia Patxot</u></a>	Benefits Manager	212-417-8632

	<u>Brooklyn, CUNY SPH, Graduate, Hunter, Journalism, Medgar Evers, NYCCT, CUNY ASRC</u>	
<a href="#"><u>Lisa Mayo</u></a>	Sr. Campus Benefits Coordinator	212-417-8631

	<u>Bronx CC, College of Staten Is, BMCC, Hostos, KBCC, LaGuardia, Lehman, Queensborough, York</u>	
<a href="#"><u>Tricia Abarro</u></a>	Campus Benefits Coordinator	212-417-8633

	<u>Schools: CUNY Central, CUNY ISLG, CUNY SPS, Macaulay Honors, S&amp;C Guttman</u>	
<a href="#"><u>Sara Tahir</u></a>	Campus Benefits Coordinator	212-417-8634

Unemployment information: 212-417-8630 [Ratna\\_Karki@rfcuny.org](mailto:Ratna_Karki@rfcuny.org)

Employment Verifications: [www.QuickConfirm.com](http://www.QuickConfirm.com); 1-631-651-8730 or 888-505-6745 option 3

Anthem Customer Service: 800-453-0113; [www.anthem.com](http://www.anthem.com)

Cigna Dental Customer Service: 800-244-6224; [www.cigna.com](http://www.cigna.com)

Advanced Benefits Strategies: 877-732-8125; [www.abs125.com](http://www.abs125.com)

Aflac: Denise Perez 201-739-6897; [denise\\_perez@us.aflac.com](mailto:denise_perez@us.aflac.com)

Health Advocate: 866-799-2728; [www.healthadvocate.com/rfcuny](http://www.healthadvocate.com/rfcuny)

TIAA: 800-842-2252; <https://www.tiaa.org/public/tcm/rfcuny>

## **ABOUT THE RESEARCH FOUNDATION of CUNY (RFCUNY)**

The Research Foundation of CUNY(RFCUNY) is a private, not-for-profit educational corporation chartered by the State of New York in 1963. The RFCUNY supports City University of New York (CUNY) faculty and staff in identifying and obtaining external support (pre-award) from government and private sponsors and is responsible for the administration of all such funded programs (post-award). CUNY is the nation's largest urban public university. RFCUNY was established to manage the distinctive environment of sponsored programs and to respond quickly to a wide variety of conditions and changing sponsor requirements. Approximately 6,000 full- and part-time staff are employed by the RF annually and can be found in the laboratories, theaters, studios, libraries, and offices of CUNY's 25 colleges and professional schools, as well as at numerous off-campus sites.

Although the RFCUNY serves CUNY, it is governed by its own Board of Directors, issues its own independently audited financial statements, operates its own payroll system and benefits plan, and purchases a wide variety of goods and services in accordance with its own rules and regulations.

## **BENEFITS AT A GLANCE**

### **FULL TIME PROJECT EMPLOYEES**

#### **PAID TIME-OFF (PTO)**

- 15 Vacation Days
- 20 Sick Days
- 18 Scheduled and Unscheduled Holidays

#### **Vacation (Annual Leave)**

- Maximum annual accrual is 15 days (105 hours) per fiscal year
- Accrued at a rate of .057692 hours per 1 hour worked

#### **Sick**

- Maximum annual accrual is 20 days (140 hours) per fiscal year
- Accrued at a rate of .078571 hours per 1 hour worked
- 56 hours of Sick time is also available under the NYC & NYS Earned Sick Time Act

#### **Personal Days (Unscheduled Holiday)**

- 4 days per year, earned on the 1<sup>st</sup> day of the quarter
- Eligible after 90 days of employment

#### **Holiday**

- 14 days per year
  - Independence Day
  - Labor Day
  - Columbus Day
  - Thanksgiving Holiday (Thursday)
  - Day After Thanksgiving (Friday)
  - Christmas Holiday
  - Day After Christmas
  - New Year's Holiday
  - Day After New Year's
  - Martin Luther King Jr.
  - Lincoln's Birthday
  - President's Day
  - Memorial Day
  - Juneteenth



**MEDICAL INSURANCE**

- Anthem BlueCross BlueShield, national network of providers
- In-network coverage only
- Medical insurance package is bundled with dental and vision insurance
- Eligible on the 1<sup>st</sup> day of the month following 30 days of employment
- Three plans available through Anthem – EPO, DPOS and EPO
- Anthem DPOS Plan is a local plan with participating providers in NY and counties bordering NY, NJ and CT
- Anthem PPO has a national and international network of participating providers
- Anthem EPO shares a national network of PPO providers
- Employees who waive medical insurance and show proof of coverage elsewhere will be credited \$38.47/paycheck (individual plan) or \$57.70/paycheck (family plan)

Employee Coverage  
 Employee + Spouse Coverage  
 Employee + Child (ren) Coverage  
 Family Coverage

- Prescription drug coverage offered on all three plans. Co-pays vary by plan and drug tier. See Summary Plan Descriptions for more information

<b>Prescription Drug Deductible</b>	Applies to PPO plan only; Annual deductible is per person for Brand and Non-Formulary prescription drugs
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**DENTAL INSURANCE**

- Cigna Dental PPO, national network of providers
- In-network and out-of-network coverage
- Eligible on the 1<sup>st</sup> day of the month following 30 days of employment
- Dental insurance is bundled with medical insurance. Costs per paycheck above include dental insurance.

**DENTAL INSURANCE - PPO**

	In-Network	Out-Of-Network
<b>Diagnostic &amp; Preventative</b> exams, X-rays, sealant, fluoride treatment, prophylaxis	100%	80%
<b>Basic Restorative</b> filling, endodontics, routine extractions	100%	60%
<b>Major Restorative</b> periodontics, oral surgery, prosthetics	60%	50%
<b>Orthodontia</b> (coverage for dependent children up to age 19)	50%	50%
<b>Deductible</b>	\$0	\$50 Individual \$100 Family

**VISION INSURANCE**

- Eligible on the 1st day of the month following 30 days of employment
- Benefit is covered every 24 months
- Vision insurance is bundled with medical insurance. Costs per paycheck above include vision insurance.
- Anthem BlueCross BlueShield, national network of providers
- In-network and out-of-network coverage

**VISION BENEFITS**

<b>Eye Exam Co-Payment (every 24 months)</b>	\$5
<b>Frames Co-Payment (every 24 months)</b>	\$130 allowance
<b>Lenses Co-Payment</b>	\$0
<b>Non-Network Frames</b>	\$45 allowance
<b>Non-Network Lenses</b>	\$25 -\$55 allowance

**PRE-TAX FLEXIBLE SPENDING ACCOUNTS****Healthcare Flexible Spending Account**

- Eligible after 90 days of employment
- Maximum annual deferral is \$3,200

**Dependent Care Flexible Spending Account**

- Available upon benefits eligibility date
- Maximum annual deferral is \$5,000

**Transit Flexible Spending Account**

- Available upon benefits eligibility date
- Maximum monthly election is \$315

**Parking Flexible Spending Account**

- Available upon benefits eligibility date
- Maximum monthly election is \$315

## DISABILITY INSURANCE

### Short-Term Disability Insurance

- Eligible after 30 days of employment
- Maximum weekly benefit is 50% of weekly salary, up to \$170 per week
- 7-day waiting period
- 26-week maximum

### Paid Family Medical Leave Disability Insurance

- Eligible scheduled to work 20 hours or more per week for 26 consecutive weeks
- To bond with a new child during first 12 months
- To provide care for an eligible family member with a serious illness
- To participate in qualifying exigencies as defined by FMLA due to spouse, domestic partner, child, or parent's active military service
- The amount of coverage may not be based on their specific salary.
- Coverage is capped at the amount an average New York worker would receive
- The maximum payout in 2024, will be \$1,151.16

### Long-Term Disability Insurance

- Eligible after 1 year of employment
- Maximum weekly benefit is 60% of monthly wage, up to \$15,000 per month
- 26-week waiting period
- Maximum benefit determined by plan rules

## LIFE AND AD&D INSURANCE

- Covered by RFCUNY at 100%
- Project employees earning over \$30,000 annually have \$30,000 coverage
- Project employees earning less than \$30,000 annually have \$15,000 coverage
- Eligible on the 1<sup>st</sup> day of the month following 30 days of employment

## RESEARCH EDUCATIONAL ASSISTANCE PROGRAM (REAP) – Tuition Reimbursement

- Eligible after 1 year of employment
- Eligible for Full Time and Part Time A employees only for matriculated and job-related at CUNY colleges
- Contact Ratna Karki 212-417-8630 for more information

## PENSION PLAN

### Group Retirement Annuity Plan (GRA)

- Only applies to Full Time and Part Time A employees (see Plan Summary for details)
- Eligible after 1 year of employment
- Employees are 100% vested after completing 3 years of employment
- Employee contributions are not available
- Employer contributions are 8% of earnings for first 7 years of service, 10% thereafter

### 403(b) Group Supplement Retirement Annuity (GSRA)

- Annual maximums are set by IRS
- 2024 employee contributions are capped at \$23,000 (under age 50) and \$30,500 (over age 50)
- No employer contributions
- No waiting period
- All employees, regardless of status, are eligible

**AFLAC VOLUNTARY SUPPLEMENTAL INDEMNITY PLANS**

- Disability Income Protection Plan
- Accident Advantage Plan
- Hospital Advantage Plan – Essential
- Cancer Care Plan
- Contact Denise Perez at 201-739-6897 or via email at [Denise.Perez@us.aflac.com](mailto:Denise.Perez@us.aflac.com)

**EMPLOYEE ASSISTANCE PROGRAM & HEALTH ADVOCACY PLAN**

- By Health Advocate, 100% employer paid
- Available for use by employee, spouse, dependents, grandparents and/or in-laws
- Call 866-799-2728 or visit [www.healthadvocate.com/rfcuny](http://www.healthadvocate.com/rfcuny)

**RFCUNYPERKS**

RFCUNYPerks gives employees access to premium discounts and access to shows, travel, car rentals, restaurants, shopping, special events, subscription services and more. Enjoy limited time and exclusive offers for holidays savings, savings for amusement parks such as Disney, Universal Orlando Resorts, Legoland, Sesame Place, and more. Registration is free.

RFCUNYPerks are available to all RFCUNY employees through partnership with:

- Working Advantage (formerly Plum Benefits) <https://rfcuny.savings.workingadvantage.com/home>
- FunEx <https://rfcuny.funex.com/>

**UNION DUES**

Employees at LaGuardia Community College, the Graduate Center and New York City Technical College may be covered under PSC-CUNY collective bargaining agreement. Under the CBA, as a condition of continued employment, within 30 calendar days of employment, the employee covered under the agreement must become a member of PSC-CUNY and pay dues or PSC-CUNY agency fees. Failure to pay union dues or agency fees will result in termination of employment as per the PSC-CUNY agreement. PSC-CUNY will contact eligible employees.

## ELIGIBILITY

New appointments (or rehire after a 30-day break in service) as a Full-time or Part-time A employee will become eligible to participate in RFCUNY's health insurance program on the first day of the second complete calendar month of employment.

If the first day of the calendar month is a non-business day (Saturday, Sunday, or Holiday), the first business day of the month will count as the first day of the waiting period and benefits will begin on the first day of the following month.

The following employees are eligible for coverage:

1. All employees regardless of status or length of appointment are eligible for statutory benefits and RFCUNY Employee Perks. New York State Short Term Disability coverage, Unemployment Insurance, and Worker's Compensation coverage are government required benefits. RFCUNY Perks are available through Working Advantage and FunEx.
2. Full-time employees (those who work 70 or more hours biweekly and have a 90 day or more appointment) are eligible for Individual, Employee & Spouse, Parent and Child (ren), or Family coverage of Health, Prescription, Vision, Dental, Group Life and Accidental Death & Dismemberment (AD&D) Insurance, Long Term Disability Insurance (LTD), the Employee Assistance Program (EAP), Retirement Plan, Flexible Spending Accounts, Tuition Assistance Program, and Statutory benefits.
3. Part-time A employees (those who work more than 38 hours but fewer than 70 hours biweekly and have a 90 Day or more appointment) are eligible for coverage of Individual Health, Prescription, Vision, Dental, Employee Assistance Program (EAP), Retirement Plan, Flexible Spending Accounts, Tuition Assistance Program, and Statutory Benefits.

Part-time A employees have the option to directly purchase additional Health, Prescription, Vision, and Dental coverage for their eligible dependents through our Direct Pay Program (see Direct Pay for more information).

4. Part-time B employees who work fewer than 38 hours biweekly are eligible for Parking and Transit Pre-tax Flexible Spending Plans and voluntary Tax Deferred Annuity plan.
5. J1 Visa scholars with new appointment (or rehire after a 30-day break in service) as Full-time or Part-time A who is eligible to participate in RFCUNY's health insurance program must enroll as of the first day of employment. For example, the J1 Visa scholar with a start date of March 1, will begin participation on March 1.

Benefits Eligible Dependents:

1. Spouse
2. Domestic Partner
3. Dependent children are covered to the end of the month following the month in which they turn age 26.

The New York State Insurance Law permits young adults who have exceeded the age for dependent coverage under their parent's group health insurance plan to purchase coverage through their parent's policy or contract through the age of 29.

The eligibility date for health insurance is effective on the first day of the second complete calendar month of employment. For example, John Doe was hired on June 15, therefore, he is eligible for benefits on August 1.

<b>Benefit</b>	<b>Full-Time Eligible?</b>	<b>Part-time A Eligible?</b>	<b>Part-time B Eligible?</b>	<b>Effective Date</b>
<b>Health and Prescription</b>	Yes	Yes (Direct Pay for dependents)	No	Eligibility Date
<b>Vision</b>	Yes	Yes	No	Eligibility Date
<b>Dental</b>	Yes	Yes	No	Eligibility Date
<b>Life and AD&amp;D</b>	Yes	No	No	Eligibility Date
<b>Short-Term Disability</b>	Yes	Yes	Yes	FT- after 30 calendar days. PT - after 20 workdays
<b>Long-Term Disability</b>	Yes	No	No	After 1 year of employment
<b>Workers' Compensation</b>	Yes	Yes	Yes	Eligibility Date
<b>REAP Tuition Assistance Program</b>	Yes	Yes	No	After 1 year of employment
<b>Group Retirement Annuity (GRA)</b>	Yes	Yes	No	After 1 year of employment
<b>Group Supplemental Retirement Annuity (GSRA) *Optional</b>	Yes	Yes	Yes	Eligibility Date
<b>Health Care FSA</b>	Yes	Yes	No	After 90 Days of employment
<b>Dependent Care FSA</b>	Yes	Yes	No	Eligibility Date
<b>Parking/Transit</b>	Yes	Yes	Yes	Eligibility Date
<b>Voluntary/ Supplemental Plans (Aflac)</b>	Yes	Yes	No	Eligibility Date

## MEDICAL BENEFITS

Research Foundation offers health insurance coverage through Anthem BlueCross BlueShield. Benefits eligible employees may enroll in the following plans: Anthem EPO, Anthem Direct Share POS, Anthem PPO, or the Health Insurance Waiver (see page 12). The chart below highlights the major provisions of the plans. Please note, for a detailed list of the plans, see the summary plan descriptions on [www.rfcuny.org](http://www.rfcuny.org) > Employees > Explore & Enroll in Employee Benefits.

<b>Anthem Plan Comparison-Project Employees (21%) January 1 to December 31, 2024</b>			
	<b>PPO w/Dental</b>	<b>POS w/Dental</b>	<b>EPO w/Dental</b>
<b>Primary Care Co-pay</b>	<b>\$30</b>	<b>\$20</b>	<b>\$20</b>
<b>Specialist Co-pay</b>	<b>\$40</b>	<b>\$25</b>	<b>\$25</b>
<b>Emergency Rm. Co-pay</b>	<b>\$75</b>	<b>\$75</b>	<b>\$75</b>
<b>In Network Co-Insurance</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>In-Patient Hospital Co-pay</b>	<b>\$300 per episode</b>	<b>\$250 per episode</b>	<b>\$300 per episode</b>
	<b>\$750 Annual Max</b>	<b>\$625 Annual Max</b>	<b>\$750 Annual Max</b>
<b>Out of Network Deductibles</b>	<b>\$750</b>	<b>\$500</b>	<b>No Out of Network Coverage</b>
	<b>\$1875 max. per family</b>	<b>\$1250 max. per family</b>	
<b>Network</b>	<b>National</b>	<b>NY Metro area</b>	<b>National</b>
<b>Drug Co-pay</b>	<b>\$50 Annual Deductible for Brand and Non-Formulary Drugs</b>	<b>No deductible</b>	<b>No deductible</b>
	<b>Deductible waived for generic drugs</b>		
	<b>\$5 Generic</b>	<b>\$5 Generic</b>	<b>\$5 Generic</b>
	<b>\$25 Brand</b>	<b>\$25 Brand</b>	<b>\$25 Brand</b>
	<b>\$50 Non-Formulary</b>	<b>\$50 Non-Formulary</b>	<b>\$50 Non-Formulary</b>

For additional information and a complete list of providers, contact Anthem BlueCross and BlueShield at [www.anthem.com](http://www.anthem.com) or at member services 1 (844) 995-1736.

## DENTAL BENEFITS

Dental benefits are provided by Cigna. The plan summary is listed below.

Cigna Dental PPO				
Network Options	In-Network Total Cigna DPPO Network		Out-of-Network Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fee		Maximum Allowable Charge	
<b>Calendar Year Deductible</b>				
Individual	\$0		\$50	
Family	\$0		\$150	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
<b>Class I: Diagnostic &amp; Preventive</b> Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge No Deductible	80% No Deductible	20% No Deductible
<b>Class II: Basic Restorative</b> Restorative: fillings Endodontics: minor and major Oral Surgery: minor Brush biopsy	100% No Deductible	No Charge No Deductible	80% After Deductible	20% After Deductible
<b>Class III: Major Restorative</b> Inlays and Onlays Oral Surgery: major Periodontics: minor and major Prosthesis Over Implant Crowns: prefabricated stainless steel /resin Crowns: permanent cast and porcelain Bridges and Dentures Anesthesia: general and IV sedation Endodontics: minor and major Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments	60% No Deductible	40% No Deductible	50% No Deductible	50% No Deductible
<b>Class IV: Orthodontia</b> Coverage for Dependent Children to age 26 Lifetime Benefits Maximum: \$1,750	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible

CIGNA customer service number 1-800-Cigna24 (800-244-6224) or visit Cigna.com



## VISION BENEFITS

This benefit is for Full-time and Part-time A employees and is bundled with the Medical plan through Anthem. RFCUNY offers Anthem Vision Care through Blue View Vision. The plan summary is listed below.

<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Routine Eye Exam (once exam every 24 months)</b>	\$5 co-pay	\$40 allowance
<b>Eyeglass Frames (once every 24 months)</b>	\$130 allowance, then 20% off any remaining balance	\$45 allowance
<b>Eyeglass Lenses (single vision, bifocal, or trifocal) One pair once every 24 months</b>	\$0 co-pay	\$25 - \$55 allowance
<b>Elective Conventional Lenses (Hard)</b>	\$130 allowance, then 15% off any remaining balance	\$105 allowance
<b>Elective Disposable Contact Lenses (Soft)</b>	\$130.00 allowance (must be used in full). Only applies to first purchase.	\$105 allowance
<b>Non-Elective Contact Lenses</b>	Covered in Full	\$210 allowance
<b>Eyeglass Lens Upgrades</b>	\$15 - \$110 member cost depending on upgrade	

For information on participating eye care providers, locations, and vision services, you can login at [www.anthem.com](http://www.anthem.com). For more information about how to access the system, call Blue View Vision Customer Service at **(866) 723-0515**. Once on the Anthem website follow the steps.

## WAIVING HEALTH COVERAGE

This benefit is for Full-time and Part-time A employees.

Eligible employees have the option to waive their right to participate in RFCUNY's Health Insurance programs and receive a monetary incentive in lieu of health, dental, and vision insurance. Employees who apply for the waiver must provide proof (supporting documentation) that they are covered through another health insurance carrier. Medicare, Medicaid, and ACA Health Exchange (Obamacare) are ineligible for opt-out incentives. This means that anyone who is enrolled in a government issued health insurance subsidy plan such as **Medicare, Medicaid and other government sponsored health insurance exchange does NOT qualify as alternative coverage.**

Depending on the tier level of their alternate coverage, employees can receive an annual incentive of \$1,000 for waiving an individual plan or \$1,500 for waiving a family plan and it is paid in prorated bi-weekly installments. You would receive the annualized amounts if you are on the payroll for 26 pay periods in a year.

Waiver Type	Biweekly	Annual
Individual	\$38.47	\$1,000
Parent and Child(ren)	\$57.70	\$1,500
Couple	\$57.70	\$1,500
Family	\$57.70	\$1,500

**Under no circumstances will waivers be paid retroactively. Enrollment for the waiver program is for one calendar year only. Re-enrollment in the Benefits Waiver Program is not automatic.**

Employees who choose to waive their health insurance benefits may not re-enroll in coverage until the next open enrollment period unless they experience a qualifying life event.

Examples of supporting documentation include a letter from the other health insurance carrier, a print-out of the profile page with employee's name and effective date of coverage, or a letter on official letterhead from the spouse or domestic partner's employer indicating that the RFCUNY employee is covered. RFCUNY will not accept copies of insurance cards or any supporting documentation without the RFCUNY employee's name on it.

## COVERAGE LEVEL OPTIONS

The RFCUNY insurance program consists of the following insurance types and coverage level options: Individual, Parent & Child(ren), Employee & Spouse/Couple, and Family.

January 1, 2024 through December 31, 2024

### FULL-TIME:

Program	Option	Monthly Premium Due
<b>Anthem EPO(Medical) + Cigna PPO (Dental)</b>	Individual	\$170.50
	Parent & Child(ren)	\$309.62
	Employee & Spouse/Couple	\$350.53
	Family	\$521.60
<b>Anthem POS(Medical) + Cigna PPO (Dental)</b>	Individual	\$226.22
	Parent & Child(ren)	\$418.15
	Employee & Spouse/Couple	\$474.72
	Family	\$711.22
<b>Anthem PPO(Medical) + Cigna PPO (Dental)</b>	Individual	\$233.89
	Parent & Child(ren)	\$425.84
	Employee & Spouse/Couple	\$482.60
	Family	\$720.60

### PART-TIME A are only eligible for individual coverage (Direct Pay option available)

Program	Option	Monthly Premium Due
<b>Anthem EPO(Medical) + Cigna PPO (Dental)</b>	Individual	\$170.50
<b>Anthem POS(Medical) + Cigna PPO (Dental)</b>	Individual	\$226.22
<b>Anthem PPO(Medical) + Cigna PPO (Dental)</b>	Individual	\$233.89

Medical, prescription, vision and dental coverage are bundled. When enrolling in medical coverage there is automatic enrollment in prescription and vision. Dental coverage is included for Full-time and Part-Time A employees.

The monthly premium is deducted from the first paycheck of every month. Please note that new hires and newly eligible employees will have a double deduction when they first enroll in benefits. The first deduction covers the current month of enrollment while the additional deduction provides for an extra month of coverage after separation from RFCUNY employment or otherwise loss of coverage.

**Direct Pay Program (for Part Time A Employees)**

Individual health insurance coverage is available to all Part-time A employees along with the option to directly purchase additional coverage for their spouse/ domestic partner and /or children at 100% of the cost for the dependent(s)' coverage. A deduction will be taken from the employee's paycheck each month for the employee's individual coverage. In addition, the employee will need to submit payment directly to RFCUNY each month to cover any additional dependents. RFCUNY's Department of Human Resources must receive payment no later than the fifth calendar day of the month for which coverage applies. (Example - a check must be received by July 5<sup>th</sup> for coverage during the month of July). Failure to provide full payment will result in the cancellation of the dependent's coverage. Payment may be furnished through a direct debit to a bank account, or by check or money order.

In order to participate in the Direct Pay program, the employee must enroll in Health Insurance online in the **My Payroll and Benefits** system and elect an option other than Individual coverage.

**DIRECT PAY PROGRAM (This chart includes rates for insuring Dependents up to the age of 29)**

<b>Program</b>	<b>Option</b>	<b>Monthly Premium Due</b>
<b>Anthem EPO(Medical) + Cigna PPO (Dental)</b>	Individual (Dep. up to age 29)	\$811.91
	Parent w/Child(ren)	\$662.46
	Employee & Spouse/Couple	\$857.26
	Family	\$1,671.89
<b>Anthem POS(Medical) + Cigna PPO (Dental)</b>	Individual (Dep. up to age 29)	\$1,077.23
	Parent w/Child(ren)	\$913.96
	Employee & Spouse/Couple	\$1,183.32
	Family	\$2,309.51
<b>Anthem PPO(Medical) + Cigna PPO (Dental)</b>	Individual (Dep. up to age 29)	\$1,113.76
	Parent w/Child(ren)	\$914.04
	Employee & Spouse/Couple	\$1,184.34
	Family	\$2,317.67

# Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Research Foundation The City University Of NY: EPO

Your Network: EPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	<b>K Health:</b> No charge <b>LiveHealth Online:</b> \$20 copay per visit
Mental Health & Substance Use Disorder Services	\$20 copay per visit
Specialist care	\$25 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$0 person / \$0 family	Not covered
Overall Out-of-Pocket Limit	\$5,080 person / \$12,700 family	Not covered

The family out-of-pocket limit is embedded, meaning each covered person is capped at his or her per person out-of-pocket limit; in addition, cost shares for all covered family members apply to the family out-of-pocket limit, yet no one member will pay more than the per person out-of-pocket limit.

All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit.

**Doctor Visits (virtual and office)** *You are encouraged to select a Primary Care Physician (PCP).*

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$20 copay per visit	Not covered
<b>Specialist Care</b> <i>virtual and office</i>	\$25 copay per visit	Not covered
<b><u>Other Practitioner Visits</u></b>		
<b>Routine Maternity Care</b> (Prenatal and Postnatal)	No charge	Not covered
<b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$20 copay per visit	Not covered
<b>Chiropractic Services</b>	\$20 copay per visit	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Acupuncture</b>	\$20 copay per visit	Not covered
<b><u>Other Services in an Office</u></b>		
<b>Allergy Testing</b>	No charge	Not covered
<b>Prescription Drugs</b> <i>Dispensed in the office</i>	No charge	Not covered
<b>Surgery</b>	No charge	Not covered
<b>Preventive care / screenings / immunizations</b>	No charge	Not covered
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	Not covered
<b><u>Diagnostic Services</u></b>		
<b>Lab</b>		
Office	No charge	Not covered
Freestanding Lab/Reference Lab	No charge	Not covered
Outpatient Hospital	No charge	Not covered
<b>X-Ray</b>		
Office	No charge	Not covered
Outpatient Hospital	No charge	Not covered
<b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i>		
Office	No charge	Not covered
Outpatient Hospital	No charge	Not covered
<b><u>Emergency and Urgent Care</u></b>		
<b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	\$25 copay per visit	Covered as In-Network
<b>Emergency Room Facility Services</b> <i>Your copay will be waived if admitted within 24 hours.</i>	\$75 copay per occurrence for the first 1 visit	Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Emergency Room Doctor and Other Services</b>	No charge	Covered as In-Network
<b>Ambulance</b>	No charge	Covered as In-Network
<b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b> Facility Fees  Doctor Services	No charge  No charge	Not covered  Not covered
<b><u>Outpatient Surgery</u></b> <b>Facility Fees</b> Hospital  Ambulatory Surgical Center  <b>Physician and other services</b> <i>including surgeon fees</i> Hospital  Ambulatory Surgical Center	No charge  No charge  No charge  No charge	Not covered  Not covered  Not covered  Not covered
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b> <i>If readmitted within 90 days for the same or related condition, no additional facility copay is required. If transferred between facilities, only one copay will apply.</i> <b>Facility Fees</b>  <b>Physician and other services</b> <i>including surgeon fees</i>	\$300 copay per admission up to \$750 maximum per benefit period  No charge	Not covered  Not covered
<b>Home Health Care</b> <i>Coverage is limited to 200 visits per benefit period.</i>	No charge	Not covered
<b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 30 visits combined per benefit period. Coverage for speech therapy is limited to 30 visits per benefit period.</i>		

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Office	\$20 copay per visit	Not covered
Outpatient Hospital	\$25 copay per visit	Not covered
<b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i>	No charge	Not covered
<b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i> <i>Coverage is limited to 36 visits per benefit period.</i>	\$25 copay per visit	Not covered
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i> <i>Coverage is limited to 10 visits per benefit period. Applies to Non Network.</i>	No charge	No charge
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	No charge	Not covered
<b>Skilled Nursing Care (facility)</b> <i>Coverage is limited to 60 days per benefit period.</i>	No charge	Not covered
<b>Inpatient Hospice</b> <i>Coverage is limited to 210 days per lifetime.</i>	No charge	Not covered
<b>Durable Medical Equipment</b>	No charge	Not covered
<b>Prosthetic Devices</b> <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	No charge	Not covered
<b>Hearing Aids</b> <i>Coverage is limited to 1 item per ear every 2 years.</i>	No charge	Not covered
Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not covered
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Not covered
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National</i></b>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy 30 day supply (cost shares noted below)</b>		



Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<p><b>Retail 90 Pharmacy</b> 90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).</p> <p><b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail. You will need to call us on the number on your ID card to sign up when you first use the service.</p> <p><b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.</p>		
Tier 1 - Typically Generic	\$5 copay per prescription (retail and home delivery)	Not covered
Tier 2 – Typically Preferred Brand	\$25 copay per prescription (retail and home delivery)	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs	\$50 copay per prescription (retail and home delivery)	Not covered

**Notes:**

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

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Questions: Visit us at [www.anthem.com](http://www.anthem.com)

# Your summary of benefits



Anthem® BlueCross BlueShield

Your Plan: Research Foundation The City University Of NY:

POS Your Network: POS

Out-of-Network Reimbursement rate: 330% of National Medicare

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	<b>K Health:</b> No charge <b>LiveHealth Online:</b> \$20 copay per visit
Mental Health & Substance Use Disorder Services	\$20 copay per visit
Specialist care	\$25 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Overall Deductible</b>	\$0 person / \$0 family	\$500 person / \$1,250 family
<b>Overall Out-of-Pocket Limit</b>	\$5,080 person / \$12,700 family	\$1,500 person / \$3,750 family

The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.

All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit.

In-Network and Non-Network out-of-pocket limit amounts are separate and do not accumulate toward each other.

**Doctor Visits (virtual and office)** *You are encouraged to select a Primary Care Physician (PCP).*

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$20 copay per visit	30% coinsurance after deductible is met
<b>Specialist Care</b> <i>virtual and office</i>	\$25 copay per visit	30% coinsurance after deductible is met
<b><u>Other Practitioner Visits</u></b>		
<b>Routine Maternity Care</b> (Prenatal and Postnatal)	No charge	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Retail Health Clinic</b> for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.	\$20 copay per visit	30% coinsurance after deductible is met
<b>Chiropractic Services</b>	\$20 copay per visit	30% coinsurance after deductible is met
<b>Acupuncture</b>	\$20 copay per visit	30% coinsurance after deductible is met
<b><u>Other Services in an Office</u></b> <b>Allergy Testing</b> <b>Prescription Drugs</b> <i>Dispensed in the office</i> <b>Surgery</b>	No charge No charge No charge	30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	30% coinsurance after deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	30% coinsurance after deductible is met
<b><u>Diagnostic Services</u></b> <b>Lab</b> Office Freestanding Lab/Reference Lab Outpatient Hospital	No charge No charge No charge	30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met
<b>X-Ray</b> Office Outpatient Hospital	No charge No charge	30% coinsurance after deductible is met 30% coinsurance after deductible is met
<b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i> Office Outpatient Hospital	No charge No charge	30% coinsurance after deductible is met 30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b><u>Emergency and Urgent Care</u></b></p> <p><b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i></p> <p><b>Emergency Room Facility Services</b> <i>Your copay will be waived if admitted within 24 hours.</i></p> <p><b>Emergency Room Doctor and Other Services</b></p> <p><b>Ambulance</b></p>	<p>\$25 copay per visit</p> <p>\$75 copay per occurrence</p> <p>No charge</p> <p>No charge</p>	<p>\$25 copay per visit deductible does not apply</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>30% coinsurance after deductible is met</p>
<p><b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>No charge</p> <p>No charge</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b><u>Outpatient Surgery</u></b></p> <p><b>Facility Fees</b></p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p><b>Physician and other services</b> <i>including surgeon fees</i></p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>No charge</p> <p>No charge</p> <p>No charge</p> <p>No charge</p> <p>No charge</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b></p> <p><i>If readmitted within 90 days for the same or related condition, no additional facility copay is required. If transferred between facilities, only one copay will apply.</i></p> <p><b>Facility Fees</b></p> <p><b>Physician and other services</b> <i>including surgeon fees</i></p>	<p>\$250 copay per admission up to \$625 maximum per benefit period</p> <p>No charge</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Home Health Care</b> <i>Coverage is limited to 200 visits per benefit period.</i>	No charge	30% coinsurance after deductible is met
<b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 30 visits combined per benefit period. Coverage for speech therapy is limited to 30 visits per benefit period.</i>  Office  Outpatient Hospital	\$20 copay per visit  \$25 copay per visit	30% coinsurance after deductible is met  30% coinsurance after deductible is met
<b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i>	No charge	30% coinsurance after deductible is met
<b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i> <i>Coverage is limited to 36 visits per benefit period.</i>	\$25 copay per visit	30% coinsurance after deductible is met
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	No charge	30% coinsurance after deductible is met
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	No charge	30% coinsurance after deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage is limited to 30 days per benefit period.</i>	\$250 copay per admission up to \$625 maximum per benefit period	30% coinsurance after deductible is met
<b>Inpatient Hospice</b> <i>Coverage is limited to 210 days per lifetime.</i>	No charge	30% coinsurance after deductible is met
<b>Durable Medical Equipment</b>	No charge	30% coinsurance after deductible is met
<b>Prosthetic Devices</b> <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	No charge	30% coinsurance after deductible is met
<b>Hearing Aids</b> <i>Coverage is limited to 1 item per ear every 2 years.</i>	No charge	30% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not covered
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Not covered
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National</i></b>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
Tier 1 - Typically Generic	\$5 copay per prescription (retail) and \$10 copay per prescription (home delivery)	Not covered
Tier 2 – Typically Preferred Brand	\$25 copay per prescription (retail) and \$50 copay per prescription (home delivery)	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs	\$50 copay per prescription (retail) and \$100 copay per prescription (home delivery)	Not covered

**Notes:**

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.

# Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Research Foundation The City University Of NY: PPO

Your Network: PPO

Out-of-Network Reimbursement rate: 330% of National Medicare

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
<b>Primary Care, and medical services for urgent/acute care</b>	<b>K Health:</b> No charge <b>LiveHealth Online:</b> \$30 copay per visit
<b>Mental Health &amp; Substance Use Disorder Services</b>	\$30 copay per visit
<b>Specialist care</b>	\$40 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Overall Deductible</b> <i>Your plan applies a separate Pharmacy Deductible to prescription drugs obtained at a pharmacy. See the Covered Prescription Drug Benefits section.</i>	\$0 person / \$0 family	\$750 person / \$1,875 family
<b>Overall Out-of-Pocket Limit</b>	\$5,080 person / \$12,700 family	\$3,000 person / \$7,500 family
<p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit.</p> <p>In-Network and Non-Network out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<b>Doctor Visits (virtual and office)</b> <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$30 copay per visit	30% coinsurance after deductible is met
<b>Specialist Care</b> <i>virtual and office</i>	\$40 copay per visit	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b><u>Other Practitioner Visits</u></b></p> <p><b>Routine Maternity Care</b> (Prenatal and Postnatal)</p> <p><b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p> <p><b>Chiropractic Services</b></p> <p><b>Acupuncture</b></p>	<p>No charge</p> <p>\$30 copay per visit</p> <p>\$30 copay per visit</p> <p>\$30 copay per visit</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b><u>Other Services in an Office</u></b></p> <p><b>Allergy Testing</b></p> <p><b>Prescription Drugs</b> <i>Dispensed in the office</i></p> <p><b>Surgery</b></p>	<p>No charge</p> <p>No charge</p> <p>No charge</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Preventive care / screenings / immunizations</b></p>	<p>No charge</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i></p>	<p>No charge</p>	<p>30% coinsurance after deductible is met</p>
<p><b><u>Diagnostic Services</u></b></p> <p><b>Lab</b></p> <p>Office</p> <p>Freestanding Lab/Reference Lab</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>No charge</p> <p>No charge</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>X-Ray</b></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>No charge</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>No charge</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b><u>Emergency and Urgent Care</u></b></p> <p><b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i></p> <p><b>Emergency Room Facility Services</b> <i>Your copay will be waived if admitted within 24 hours.</i></p> <p><b>Emergency Room Doctor and Other Services</b></p> <p><b>Ambulance</b></p>	<p>\$30 copay per visit</p> <p>\$75 copay per occurrence for the first 1 visit</p> <p>No charge</p> <p>No charge</p>	<p>\$30 copay per visit deductible does not apply</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>No charge</p> <p>No charge</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b><u>Outpatient Surgery</u></b></p> <p><b>Facility Fees</b></p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p><b>Physician and other services</b> <i>including surgeon fees</i></p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>No charge</p> <p>No charge</p> <p>No charge</p> <p>No charge</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b>  <i>If readmitted within 90 days for the same or related condition, no additional facility copay is required. If transferred between facilities, only one copay will apply.</i></p> <p><b>Facility Fees</b></p> <p><b>Physician and other services</b> <i>including surgeon fees</i></p>	<p>\$300 copay per admission up to \$750 maximum per benefit period</p> <p>No charge</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Home Health Care</b>  <i>Coverage is limited to 200 visits per benefit period.</i></p>	<p>No charge</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i>  <i>Coverage for physical and occupational therapies is limited to 30 visits combined per benefit period. Coverage for speech therapy is limited to 30 visits per benefit period.</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>\$30 copay per visit</p> <p>\$40 copay per visit</p>	<p>Not covered</p> <p>Not covered</p>
<p><b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i></p>	<p>No charge</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i>  <i>Coverage is limited to 36 visits per benefit period.</i></p>	<p>\$40 copay per visit</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i></p>	<p>No charge</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i></p>	<p>No charge</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Skilled Nursing Care (facility)</b>  <i>Coverage is limited to 60 days per benefit period.</i></p>	<p>No charge</p>	<p>Not covered</p>
<p><b>Inpatient Hospice</b>  <i>Coverage is limited to 210 days per lifetime.</i></p>	<p>No charge</p>	<p>Not covered</p>
<p><b>Durable Medical Equipment</b></p>	<p>No charge</p>	<p>Not covered</p>
<p><b>Prosthetic Devices</b>  <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i></p>	<p>No charge</p>	<p>Not covered</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Hearing Aids</b> <i>Coverage is limited to 1 item per ear every 2 years.</i>	No charge	Not covered
Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<b>Pharmacy Deductible</b>	\$50 Person (does not apply to Tier 1 drugs)	Not covered
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Not covered
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National</i></b>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
<b>Tier 1 - Typically Generic</b>	\$5 copay per prescription, Pharmacy deductible does not apply (retail and home delivery)	Not covered
<b>Tier 2 – Typically Preferred Brand</b>	\$25 copay per prescription after Pharmacy deductible is met (retail) and \$25 copay per prescription, Pharmacy deductible does not apply (home delivery)	Not covered
<b>Tier 3 - Typically Non-Preferred Brand/Specialty Drugs</b>	\$50 copay per prescription after Pharmacy deductible is met (retail) and \$50 copay per prescription, Pharmacy deductible	Not covered

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
	does not apply (home delivery)	

**Notes:**

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

Anthem Blue Cross and Blue Shield is the trade name of Anthem HealthChoice Assurance, Inc. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Questions: Visit us at [www.anthem.com](http://www.anthem.com)

## Blue View Vision<sup>SM</sup>

### FS.D.5.0.130.130



### Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at [anthem.com](https://www.anthem.com), or the Sydney app. You may also call member services for assistance at **1-866-723-0515**.

**Out-of-Network** – If you choose to, you may instead receive covered benefits outside of the Blue View Vision. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

Your vision plan includes coverage for routine eye exams and prescription eyewear from your choice of eye care providers.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$5 Copay	Reimbursed Up To \$40	Once every 24 months
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$130 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every 24 months
<b>Eyeglass Lenses (instead of contact lenses)</b>			
One pair of standard plastic prescription lenses			
<ul style="list-style-type: none"> <li>• Single vision lenses</li> <li>• Bifocal lenses</li> <li>• Trifocal lenses</li> </ul>	\$0 Copay \$0 Copay \$0 Copay	Reimbursed Up To \$25 Reimbursed Up To \$40 Reimbursed Up To \$55	Once every 24 months
<b>Eyeglass Lens Enhancements</b>			
<i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
<ul style="list-style-type: none"> <li>• <i>Transitions</i> Lenses (for a child under age 19)</li> <li>• Standard polycarbonate (for a child under age 19)</li> <li>• Factory Scratch Coating</li> </ul>	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
<b>Contact Lenses (instead of eyeglass lenses)</b>			
<i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i>			
<ul style="list-style-type: none"> <li>• Elective conventional (non-disposable) OR</li> <li>• Elective disposable OR</li> <li>• Non-elective (medically necessary)</li> </ul>	\$130 Allowance, then 15% off any remaining balance  \$130 Allowance (no additional discount)  Covered in full	Reimbursed Up To \$105  Reimbursed Up To \$105  Reimbursed Up To \$210	Once every 24 months

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package. .

#### EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

**Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.

**Excess Amounts.** Amounts in excess of covered vision expense.

**Sunglasses.** Plano sunglasses and accompanying frames.

**Safety Glasses.** Safety glasses and accompanying frames.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY (Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage.)		In-Network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> - at member's option, can be performed at time of eye exam		Not More Than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>• Transitions lenses (Adults) \$75</li> <li>• Standard Polycarbonate (Adults) \$40</li> <li>• Tint (Solid and Gradient) \$15</li> <li>• UV Coating \$15</li> <li>• Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>• Standard \$65</li> <li>• Premium Tier 1 \$85</li> <li>• Premium Tier 2 \$95</li> <li>• Premium Tier 3 \$110</li> </ul> </li> <li>• Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>• Standard \$45</li> <li>• Premium Tier 1 \$57</li> <li>• Premium Tier 2 \$68</li> </ul> </li> <li>• Other Add-ons (i.e. high index lenses, anti-fog coating) 20% off retail price</li> </ul>	
<b>Additional Pairs of Eyeglasses</b> <b>Anytime from any Blue View Vision network provider</b>	<ul style="list-style-type: none"> <li>• Complete Pair 40% off retail price</li> <li>• Eyeglass materials purchased separately 20% off retail price</li> </ul>	
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail</li> </ul>	
<b>Conventional Contact Lenses (non-disposable type)</b>	<ul style="list-style-type: none"> <li>• Discount applies to materials only 15% off retail price</li> <li>•</li> </ul>	
<b>Contact lens fit and follow-up</b> <b>A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.</b>	<ul style="list-style-type: none"> <li>• Standard contact lens fitting<sup>3</sup> Up to \$55</li> <li>• Premium contact lens fitting<sup>4</sup> 10% off retail price</li> </ul>	

<sup>1</sup> Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

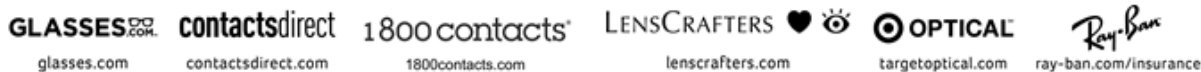
<sup>3</sup> Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

<sup>4</sup> Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations. Some of our in-network providers include:



Online stores:



Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at [anthem.com](http://anthem.com), select discounts, then Vision, Hearing & Dental. \* Discounts cannot be used in conjunction with your covered benefits.

#### OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at [anthem.com](http://anthem.com), or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

**TO FAX:** 866-293-7373  
**TO EMAIL:** [oonclaims@eyewearspecialoffers.com](mailto:oonclaims@eyewearspecialoffers.com)  
**TO MAIL:** Blue View Vision  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

## Get Help in Your Language

**Curious to know what all this says? We would be too. Here's the English version:**

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

### Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

### Albanian

Keni të drejtën të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për ndihmë, telefononi numrin e shërbimeve për anëtarët, të shënuar në kartën tuaj ID. (TTY/TDD: 711)

### Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD: 711).

### Bengali

বিনামূল্যে এই তথ্য পাওয়ার ও আপনার ভাষায় সাহায্য করার অধিকার আপনার আছে। সাহায্যের জন্য আপনার আইডি কার্ডের থাকা সদস্য পরিষেবা নম্বরে কল করুন। (TTY/TDD: 711)

### Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

### French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

### Greek

Έχετε το δικαίωμα να λάβετε αυτές τις πληροφορίες και αυτήν τη βοήθεια στη γλώσσα σας δωρεάν. Καλέστε τον αριθμό του Τμήματος Υπηρεσιών Μέλους (Member Services) που αναγράφεται στην ταυτότητά σας (ID card) για βοήθεια. (TTY/TDD: 711)

### Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

### Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

### Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

### Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

**Russian**

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

**Tagalog**

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

**Urdu**

آپ کو اپنی زبان میں مفت ان معلومات اور مدد کے حصول کا حق ہے۔ مدد کے لیے اپنے آئی ڈی کارڈ پر موجود ممبر سروس نمبر کو کال کریں۔  
(TTY/TDD:711)

**Yiddish**

רופט די מעמבער באדינונגען נומער אויף אייער קארטל איר האט די רעכט צו באקומען דעם אינפארמאציע און הילפט אין אייער שפראך בחינם.  
פאר הילף (TTY/TDD:711)

**It's important we treat you fairly**

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## DOMESTIC PARTNERSHIP

RFCUNY offers benefits to employees' domestic partners (DP) and the domestic partner's eligible child(ren). Please be advised that the tax consequences of providing health benefits to your domestic partner are subject to the guidelines of the Internal Revenue Code and may result in additional taxable income to you. Similarly, there may be other legal consequences for you if you register a domestic partner.

**DEFINITION OF A DOMESTIC PARTNERSHIP:** Two people, both of whom are eighteen years of age or older, neither of whom is married to anyone or related by blood in a manner that would bar their marriage in New York State; who have a close and committed personal relationship; who have registered as domestic partners; and have not terminated the domestic partnership.

**TAX DEPENDENCY:** Covering your domestic partner is considered imputed income by the IRS. This means that the cost of covering your domestic partner is taxable to you for both the employee and the employer paid portion of your health insurance premium. If your domestic partner is your tax dependent, you will not be taxed on the premium. To claim tax dependency, you must complete the Domestic Partner Certificate of Tax Dependency (see website). Domestic Partner coverage may include Pre and Post tax premium deductions.

The following documentation is required to enroll in Health Insurance:

- You must provide a copy of your Domestic Partnership Registration Certificate from the jurisdiction in which you live, or
- A copy of the notarized Alternative Affidavit of Domestic Partnership (non-resident); together with
- A notarized, statement of financial interdependence, with corresponding documents; and
- A health insurance carrier enrollment form.

Policies are available under **Learning & Resources > Review Policies & Procedures**. The forms are available under **Learning & Resources > Find Documents & Forms**. For non-tax dependent rates, please contact your Campus Benefits Coordinator. For more information, please contact Human Resources (212) 417-8600 option 4.

### PROJECT EMPLOYEE DOMESTIC PARTNER RATES FOR TAX DEPENDENTS

January 1, 2024 through December 31, 2024

Program	Option	Monthly Premium Due
Anthem EPO(Medical) + Cigna PPO (Dental)	Employee & DP	\$350.53
	Employee (Child) & DP	\$521.60
	Employee & DP (Child)	\$521.60
Anthem POS(Medical) + Cigna PPO (Dental)	Employee & DP	\$474.72
	Employee (Child) & DP	\$711.22
	Employee & DP (Child)	\$711.22
Anthem PPO(Medical) + Cigna PPO (Dental)	Employee & DP	\$482.60
	Employee (Child) & DP	\$720.60
	Employee & DP (Child)	\$720.60

## QUALIFYING LIFE EVENTS

Changes may be made to your benefit elections only during the annual open enrollment period, unless there is a qualifying life event as defined by the IRS. If a qualifying life event occurs, you are permitted to make changes consistent with the event.

Qualifying Life Events include:

- Loss of coverage
- Marriage
- Legal Separation
- Divorce
- Birth or Adoption of a child
- Loss of a dependent (through death or emancipation/reaching the maximum age)
- Start or termination of your spouse's employment or benefits.
- Change in work status (for you or your spouse) from PT B to PT A, PT A to FT, etc.
- Open enrollment of your spouse's employer

If any of these changes occur, it is **your responsibility** to make changes in the **My Payroll and Benefits** portal under "Qualifying Life Event" and provide the required document(s) to Human Resources within 30 days of the event. If you do not notify Human Resources within 30 days, changes to your coverage will not be permitted until the next open enrollment period.

Employees will then have the chance to change benefit elections (such as enrolling in or cancelling out of coverage and adding or removing dependents). The effective date of the change in benefits will be the date the major life event occurs. Employees will be required to supply supporting documentation (such as a marriage certificate, birth certificate, etc.).

## COBRA

Federal legislation has made continuation of certain group health benefits available to employees and eligible dependents that have lost these benefits due to a “qualifying event.” These rules are known as the **Consolidated Omnibus Budget Reconciliation Act of 1986** (COBRA). If employees experience one of the qualifying events listed below, they may become eligible to continue health coverage under COBRA. Employees should also be aware that under certain circumstances, they and/or their dependent might be covered under both COBRA and another insurance plan where a pre-existing condition is present.

<b>Federal COBRA Qualifying Event</b>	<b>Maximum Length of COBRA</b>
<b>Termination of employment (other than gross misconduct)</b>	36 months
<b>Reduction of working hours (losing health benefits eligibility)</b>	36 months
<b>Retirement</b>	36 months or until Medicare eligible
<b>Death of an employee</b>	36 months (for spouse and dependents)
<b>Employee becomes Medicare eligible</b>	36 months (for spouse and dependents)
<b>End of FMLA</b>	36 months
<b>Divorce or legal separation</b>	36 months (for spouse and dependents)
<b>Dependent becomes ineligible due to age</b>	36 months (for dependents)

Please be advised that upon the employee’s termination from RFCUNY, they and their covered family members have the right to continue your present Group Health Plan in accordance with COBRA and HIPAA laws. The COBRA elections package will be mailed to employees by Human Resources.

The monthly cost for employees continuing current coverage will be provided on a COBRA benefit election form after they experience one of the qualified events. The cost represents 102% of the premium that RFCUNY pays for those benefits. In the case of extension of coverage due to a disability, the cost is 150% of the premium.

Coverage must be elected on the form within 60 days of the qualified event and their first payment is due within 45 days of your COBRA election date. Payments are due by the fifth (5<sup>th</sup>) of each month. If payment is not received by that date, coverage will cease immediately, retroactive to the last date for which payment was made.

## LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

RFCUNY provides eligible Full-time employees with Life Insurance and Accidental Death and Dismemberment (AD&D) coverage through Guardian Life Insurance. We provide this benefit at no cost to employees and enrollment is automatic. Plan highlights are detailed below.

Eligibility	Full-time employees
Project employee earning over \$30,000 annually	\$30,000 Coverage
Project employee earning up to and including \$30,000 annually	\$15,000 Coverage

Life insurance coverage is terminated when employment ends or the employee retires. Employees may then be eligible to convert their group life insurance to an individual life insurance policy as outlined in the RFCUNY Certificate of Coverage.

To add or change beneficiary designation(s), employees must go to **My Payroll and Benefits** in the RFCUNY website. The link is called “Life Insurance Beneficiaries” located under the Employee Services tab.

## **RESEARCH FOUNDATION EDUCATIONAL ASSISTANCE PROGRAM (REAP)**

RFCUNY supports its employees' ongoing professional development by providing tuition assistance benefits. RFCUNY recognizes that providing lifelong higher education opportunities to staff is in the best interest of the organization and its employees. The RF reimburses eligible employees for actual tuition paid, at the then current CUNY tuition rates, for any undergraduate or graduate level courses offered by or taken at any CUNY institution (senior or community college).

The REAP program includes reimbursement for job-related certificates, credit-bearing and non-credit bearing courses, regardless of matriculated status. The Foundation reserves the right, at its sole discretion, to reduce and/or eliminate this benefit at any time.

### **ELIGIBILITY:**

RFCUNY project employees who have been continuously employed in Full-Time status for at least one year without a break in service and Part-Time A employees whose scheduled hours equal at least 19.5 hours of assigned work per week for at least one year without a break in service are eligible.

For the REAP policy, a "break in service" is defined as a lapse in employment for a period of time in excess of 30 days, from the end of one appointment and the beginning of the next appointment.

An eligible RFCUNY employee must be employed in an eligible status as described above, on the first day of classes and must continue in such eligible status without a break in service, through the last day of scheduled examinations.

### **WHAT WILL BE REIMBURSED?**

1. For courses taken in pursuit of an undergraduate or graduate degree by eligible matriculated students:

Actual tuition paid, at then current CUNY tuition rates, for any undergraduate or graduate level courses offered by and taken at any CUNY institution (senior or community college) as a matriculated student, as follows:

- For eligible Full-Time (or its equivalent) employees the program shall pay the full tuition for a maximum of two courses per academic year, regardless of cost.
- For Part-Time A (or its equivalent) employees the program shall pay the full tuition for one course per academic year, regardless of cost.

2. For certificate, credit-bearing and non-credit bearing courses taken at any CUNY institution, that are job related, as attested to by the Principal Investigator/Project Director:

- For eligible Full-Time (or its equivalent) employees the program shall pay the tuition equivalent to that of a three (3) credit undergraduate or graduate level course, whichever is applicable, for a maximum of two courses per academic year.
- For Part-Time A (or its equivalent) employees the program shall pay the tuition equivalent to that of a three (3) credit undergraduate or graduate level course, whichever is applicable, for a maximum of one course per academic year.

Reimbursement for job-related courses is not dependent upon matriculated status

**APPLICABLE LIMITATIONS:**

Reimbursement is not available for remedial coursework.

Reimbursement is for tuition only; no fees, books, etc.

Reimbursement is for actual out of pocket expenses, not reimbursed from other sources, e.g., financial aid (other than student loans).

The academic year begins with the fall semester. There will be no rollover of unused funds from one academic year to another.

To be reimbursed, the employee/student must prove that he/she has achieved either a grade of C or better in the course(s) taken, a grade of Pass in a course taken Pass/Fail (limited to one Pass/Fail course per session), or a "P" or "SP" in a non-graded doctoral dissertation course, and that he/she has maintained an average of C or better for the applicable session.

Eligibility for tuition reimbursement for credit-bearing courses taken in pursuit of a degree extends for up to six (6) consecutive academic years, from and including the year of the first award of benefits.

**REIMBURSEMENT PROCEDURE:**

1. Employee must submit an application to RFCUNY's Office of Human Resources on or before the last day he/she is entitled to add or drop the class. Since reimbursement is available on a first come, first served basis, employees are encouraged to submit their applications upon course registration. The application process requires that the employee applicant's Principal Investigator/Project Director confirm that the course(s) for which tuition reimbursement is being sought will not interfere with the employee's work schedule.
2. All applications, whether approved or disallowed, will be returned to the employee as soon as practicable. If the application is disallowed, the reason for disallowance will be indicated.

3. Upon completion of the courses(s) approved for tuition reimbursement, and within 60 days of the last day of final exams, the employee must present the following to RFCUNY's Office of Human Resources in order to receive reimbursement:
  - A copy of the original application, indicating that the course(s) was approved by RFCUNY's Office of Human Resources;
  - Proof of matriculated status in a CUNY degree program (when applicable);
  - The original bursar's receipt indicating the amount of tuition paid directly by the employee (employees will not be reimbursed for any part of their tuition which was covered by financial aid other than by student loans);
  - A copy of the employee's grade report for the approved course(s), indicating the achievement of at least a grade of C, P, or SP if applicable;
  - A copy of the employee's transcript indicating the maintenance of an average of a C or better for the applicable session.

The application is available under "Forms" in **My Payroll and Benefits**. For more information, please refer to the RFCUNY website or contact Ratna Karki at (212) 417-8630.

## FLEXIBLE SPENDING ACCOUNT PLANS (FSA)

### PARKING AND COMMUTER FLEXIBLE SPENDING ACCOUNTS

RFCUNY provides parking and commuter savings programs for all employees. These programs offer employees the opportunity to set aside money on a pre-tax basis to cover the cost of parking and public transit expenses. Deductions will automatically be taken from the employee's paycheck, which makes the program convenient to use.

Employees choose the amount to be deducted when they enroll in the program. They can contribute up to \$315 a month (\$3,780.00 per year) for transit and \$315 a month (\$3,780.00 per year) for parking towards the program on a pre-tax basis. Parking Expenses on or near place of employment and Parking Expenses at a commuting center such as a train or bus station.

<b>Carrier</b>	ABS
<b>Eligibility</b>	All employees
<b>Maximum Monthly Amount</b>	\$315 for transit - \$315 for parking
<b>Year End Run-off Period</b>	Reimbursements may be submitted up to 90 days following the end of the plan year.
<b>Plan Year Payroll Deductions</b>	24 payroll deductions (Twice a month)

1. The employee enrolls in the desired FSA plan through My Payroll and Benefits.
2. The employee may use the debit card to make purchase or purchase as an out-of-pocket expense to be submitted to reimbursement with claim form and receipts.
3. The employee submits receipt(s) along with Advanced Benefits Strategy's (ABS) Reimbursement Request form by email [rfcunyclaims@abs125.com](mailto:rfcunyclaims@abs125.com) or fax to 860-673-2207
4. Reimbursements are made directly by ABS and will be made via check or direct deposit set up with ABS. There are no payroll reimbursements.

The total dollar amount you select is deducted from your paycheck over 24 pay periods in the plan year and deposited into your flexible benefit account.

The funds set aside in your Flexible Spending Account are reimbursed back to you, untaxed, for any healthcare expenses not covered by your insurance plan, certain dependent care costs, and commuting and parking expenses.

But there's more good news... because you've set aside money every paycheck on a pre-tax basis, you've now lowered your gross taxable paycheck by that amount. Your employer takes out less federal, state, local, Medicare and Social Security taxes. The savings may look small at first, but over the year it adds up. Think of this as a bonus in every paycheck, compliments of the IRS.

For more information, please contact ABS at [www.abs125.com](http://www.abs125.com) or call (877) 732-8125.



## HEALTH CARE AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) allow employees to set aside money on a pre-tax basis for certain expenses related to Health Care and Dependent Care. This provides an immediate tax break to cover out-of-pocket expenses.

Flexible Spending Account	Maximum Annual Contribution	Covered Expenses
Health Care FSA	<b>\$3,200.00 (\$250 minimum)</b>	Copays, deductibles, prescription, dental work, eyeglasses, contact lenses, etc.
Dependent Care FSA	<b>\$5,000.00 (\$250 minimum)</b>	After school programs, childcare and preschool (up to age 13). Elder care for tax dependents.

Employees will have to select a fixed annual amount. IRS regulations require that individuals forfeit any money left in an FSA account after the claim's submissions deadline. This is known as the "use it or lose it" rule. Conservative calculations should be made for the employee's own as well as dependent expenses when making FSA elections.

<b>Carrier</b>	ABS
<b>Eligibility</b>	Full-time and Part-time A Employees
<b>Waiting Period</b>	Employees are eligible to participate in the DC FSA on their eligibility date. HC FSA requires a 90 Day waiting period.
<b>Year End Run-off Period and Grace Period</b>	2 ½ Month after plan year ends.
<b>Plan Year Payroll Deductions</b>	24 payroll deductions (Twice a month)

For more information, please contact ABS at [www.abs125.com](http://www.abs125.com) or call (877) 732-8125.

### **HOW THIS PLAN WORKS**

It is important that you fully understand how these plans work. Flexible Spending Plans allow you to set aside money on a pre-tax basis to cover public transit or parking expenses used to commute to and from your work place, out of pocket medical costs, or dependent care expenses (for children up to age 13 or eldercare). For the Transit and Parking plans are based on a monthly election amount. A minimum \$1.00 election must be made in order to remain enrolled in these plans. For the Healthcare or Dependent care plans, a minimum \$250 annual election (\$10.42 per deduction) is required to enroll. Deductions are automatically taken from your paycheck twice a month. Reimbursement is on a post-tax basis allowing for tax savings.

**Do not overestimate your eligible expenses when enrolling in these plans.** Enrollment and reimbursement will follow IRS rule. Transit, Parking, and Dependent Care plans allow for enrollment, changes, and cancellations at any time. The Healthcare plan is an annual enrollment which cannot be increased, decreased, or changed outside of initial eligibility, within 31 days of a qualifying life event, or during annual open enrollment.

**RFCUNY Plans have a 2 ½ month grace period following the end of the plan year.** A grace period extends the period of time in which you can use your FSA funds on eligible expenses, such as going to the doctor or purchasing prescriptions and FSA eligible over-the-counter medications. The deadlines for Plan Year 2024 are as follows:

- Grace Period to Incur Claims: March 15, 2025
- Deadline to Submit Claims: March 31, 2025

**FSA Plans follow IRS rule. Claims submitted after the deadline will not be approved. Use It or Lose It.**

Healthcare and Dependent care funds do not roll over and remaining plan balances will not be refunded. Unclaimed Transit and Parking funds will automatically roll over to the next plan year **IF** you re-enroll. If you have the debit card, it will continue to work as normal, using the funds remaining in your prior plan year first.

### **DEBIT CARD REIMBURSEMENTS**

For the Transit, Parking, and Healthcare eligible expenses, you may use the FSA Debit Card provided by Advanced Benefit Strategies. See the attached Instructions for more information on How to Use the Debit Card. Dependent Care reimbursement is not available through Debit Card.

### **REIMBURSEMENT USING CLAIM FORM AND RECEIPTS**

**Save your Receipts!** The IRS views certain expenses as automatically eligible, while others will require an itemized receipt. *For example; vision centers and dental expenses (FSA).* Duplicate expenses submitted via claim form for expenses already charged to the ABS Debit Card will not be reimbursed. ABS will review manual claims and reject claims submitted for the same dates of service which were previously charged to the ABS Debit Card.

**There will be no payroll reimbursements.** You can submit the reimbursement form by ABS Mobile App, through the ABS portal [www.abs12.com](http://www.abs12.com), via email at [rfcunyclaims@abs125.com](mailto:rfcunyclaims@abs125.com), fax to 860-675-2260, or mail to ABS at 30 Mill Street, Unionville, CT 06085. The [reimbursement claim form](#) may be accessed on the RFCUNY site under Employees > Explore & Enroll in Benefits > Pre-Tax Flexible Spending Plans. Employees who submit claims will be reimbursed directly by ABS via direct deposit set up through ABS or via manual check. If you need assistance submitting your claims, please contact [Support@abs125.com](mailto:Support@abs125.com)

### **ABS Consumer Portal and Mobile App**

The ABS mobile App provides you with a centralized view of:

- Account balances, account activity, claim history and payment (reimbursement) history
- Submit claims online to reimburse yourself or pay a provider – snap a photo of a receipt and submit with a new or existing claim.
- Track your expenses, update personal profile information, and report a lost/stolen card to receive a new one
- Sign up for **Direct Deposit** – Mobile App, Consumer Portal or paper form
- Face enabled and contactless payments with Mobile Pay (mobile app)
- Built in eligibility scanner and EOB Smart Scan (mobile app)
- “Let's Chat” your AI-Virtual Account Manager is live on the [ABS Consumer Portal](#) to help with questions 24/7/365.



# ABS DEBIT CARD

Our benefits debit card is the fastest and most convenient way to access your funds and pay for eligible expenses. Just one debit card is all you need for your card-eligible benefits with us.

While the IRS requires documentation for certain spending and reimbursement benefits, we automate some of that substantiation through:



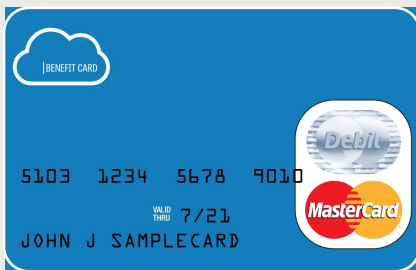
**IIAS approval:** If a merchant uses the Inventory Information Approval System (IIAS), the debit card will automatically approve eligible expenses. You can view a list of IIAS merchants at [www.sig-is.org/card-holders/store-locator](http://www.sig-is.org/card-holders/store-locator).



**Copayments:** If your employer provides us copayment amounts for your insurance plans, we can auto-approve expenses that match these copayment amounts.



**Recurring claims:** If you use your debit card for a purchase that requires substantiation, once the claim has been approved and you make that same purchase for the same dollar amount at that merchant, the recurring claim will be automatically approved.



## How do I get a card?

We'll automatically mail you two debit cards to the address listed in your account the first time you enroll. If you're already enrolled, continue using the debit card you have.



### Additional cards

You can request additional debit cards for your spouse or dependents from your online account. Log in, under Accounts select Banking/Cards



### Expiring debit card

We will automatically mail you a new debit card 30 or more days prior.



### Lost or stolen cards

If your debit card is lost or stolen, you can report it in your online account or mobile app and request a new card.

# Mobile payments from ABS

Faster payments, more secure, and contactless = a better user experience for you as a participant



## Contactless payments

Mobile payments = contactless! less germs, faster (and more secure) purchases, and a better user experience.



## Add your benefits debit card to your mobile wallet

Whether you use Google Pay, Apple Pay, or Samsung Pay, quickly add the benefits debit card to your mobile wallet with just a few taps on your device.



## Access the benefits debit card via mobile wallet to pay for eligible expenses

With mobile payments, you don't need to use (or even bring) your debit card when you want to pay for eligible expenses. The card will be accessible (alongside the rest of your credit or debit cards) in your mobile wallet.



With mobile payments, you have the option to add the debit card to the mobile wallet to pay for an eligible expense or take advantage of commuter or parking benefits are on-the-go.

## RESEARCH FOUNDATION RETIREMENT POLICY

This policy applies to all employees of the Research Foundation of the City University of New York unless otherwise provided for in a collective bargaining agreement or other governing document. Any deviations from this policy must be approved in writing by the President of the Research Foundation. Eligibility for retirement benefits is determined by employee status and length of service.

- A Research Foundation employee hired before July 1, 2012 is considered eligible for retirement with benefits when he/she:

has reached age 55, and  
at the point of retirement has been employed full-time by the Research Foundation for a period of at least 10 years without a break in service, or was a part-time A employee on May 1, 1981 and has since been employed without a break in service, and  
has a combination of age and years of service which equals 70 or more.

- A Research Foundation employee hired on or after July 1, 2012 is considered eligible for retirement with benefits when he/she:

has reached age 62, and  
at the point of retirement has been employed full-time by the Research Foundation for a period of at least 10 years without a break in service, or was a part-time A employee on May 1, 1981 and has since been employed without a break in service.

In the case of instructional personnel on a 10-month academic year assignment, 12 months of employment in a 14-month period will be considered the equivalent of one year of service.

### Break in Service

A lapse in employment by the Research Foundation lasting more than 30 days constitutes a break in service.

### Retirement Benefit

The Research Foundation Retirement Benefit is a one-time cash payment. The employee may choose one of the following options:

- OPTION A A benefit period is derived using the formula of three calendar days of leave for each 12 full months of continuous service up to the last day actually worked, for a maximum of eighty calendar days. Actual payment is figured by determining the number of work days (i.e., Monday through Friday), in the benefit period.
- OPTION B One-half the temporary disability leave (sick leave) balance as of the last day actually worked. The maximum payment permitted is six days for each 12 full months of continuous service, not to exceed a maximum payment of 80 days.

## Health Insurance

Upon application, health benefits will be continued by the Research Foundation for retired employees, their spouses or domestic partners, and dependents for the level of coverage for which they are eligible at the time of retirement. The retiree will contribute a share of the health insurance premium that equals the rate of contribution that active employees pay toward their health insurance premium, paid directly to the Research Foundation. The preferred method of payment is by direct debit. Eligible retirees and their spouses must enroll in Medicare to be eligible for this continued benefit. Upon request and with proof of payment, the Research Foundation will reimburse the retiree, and their spouse or domestic partner, a percentage of the standard monthly Medicare Part B premium (pursuant to the Research Foundation of the City University of New York Retiree HRA Plan), less an amount that equals the rate of contribution that the retiree pays toward their health insurance premium.

Eligible retirees must request each year to receive the Medicare Part B reimbursement benefit as either one lump sum annual reimbursement payment or two semi-annual reimbursement payments. If the eligible retiree chooses one annual lump sum payment, the required proof of payment must be submitted by March 31st of the following year. If the retiree chooses two semi-annual payments, proof of payment must be submitted by September 30th of the current year (for January through June Medicare Part B premiums) and March 31st of the following year (for July through December Medicare Part B premiums). The Medicare Part B reimbursement shall be payable in accordance with the terms of the Research Foundation of the City University of New York Retiree HRA Plan. The proper documentation for requesting reimbursement is a memo from the Social Security Administration (SSA) stating the amount of Medicare Part B premiums paid for each of the months for which you are requesting reimbursement, or a copy of the IRS 1099 issued by SSA.

Eligible retirees must also provide the Research Foundation with a copy of his/her Medicare enrollment card.

## Waiver

Eligible retirees may waive their right to enroll and participate in health benefits. Eligible retirees who waive coverage and later choose to participate in the health insurance plan may do so only during the next scheduled open enrollment period, unless a "qualifying event" occurs.

## Death of Retiree

Upon the death of the retiree, the spouse and/or qualified dependent(s) enrolled in a Research Foundation health insurance program may continue coverage in that same health insurance program by making payments pursuant to COBRA. Following the expiration of the COBRA period, the spouse and/or qualified dependent(s) may continue to participate in the health insurance program so long as they continue to satisfy the program's dependent eligibility criteria and make the requisite payments, which shall be equal to the applicable COBRA premium in effect at that time.

## Annual Leave

The accumulation of time and leave benefits terminates on the last day worked. Retiring employees will receive payment for any unused annual leave balance if permitted by the sponsoring agency at the salary rate then in effect.

## Reemploying Retirees

Research Foundation retirees may not be rehired by the Research Foundation unless there has been a break in service of at least 180 days. The appointment for which a retiree is being considered may not have been contemplated at the time of retirement. Further, there can be no agreement with a retiree before the end of a required break in service that the Research Foundation will use his or her services after such break.

In the event a retiree has commenced a distribution under the Research Foundation's retirement plans, the retiree may not be reemployed by the Research Foundation prior to the later of

- (1) the end of the break in service period specified above, or
- (2) the end of the calendar year in which the retiree received the distribution. If a retiree is reemployed, the retiree is subject to all applicable terms and limitations under the Research Foundation retirement plans relating to rehired employees.

A reemployed retiree may work no more than 19 hours per week (Part-time B).

The Research Foundation may recognize an exception to the 180-day restriction for a retiree who had a bona fide retirement, but unanticipated circumstances require the retiree to seek reemployment (e.g., death or disability of a working spouse). Any exception granted on this basis must be supported by credible evidence of an unanticipated change in circumstances and a legitimate change in plans to seek reemployment. Any exception must be approved by the Senior Director of Human Resources. Exceptions to the 180-day restriction should be rare.

### Rehired Retiree Time and Leave Accrual

For purposes of time and leave accrual, a lapse in employment by the Research Foundation lasting more than four (4) months constitutes a break in service for purposes of leave accrual rates, which results in an employee re-starting at 0 years of service for the purpose of accrual rates.

### Notification

The employee must notify the Research Foundation, in writing, of his/her intention to retire at least 90 days prior to the intended date of retirement.



## **GROUP RETIREMENT ANNUITY (GRA) DEFINED CONTRIBUTION PLAN**

All employees look forward to retirement which is why it is important to plan financially.

Full-Time and Part-Time A employees, who are appointed for at least 90 days, are eligible to participate in a defined contribution retirement plan administered by TIAA (the "pension plan"). Some of the key terms of the pension plan are summarized below. For all employees, participation in the pension plan is mandatory.

For employees in TIER IV (those first hired, or rehired after a break in service\*, on or after January 1, 2009), there is a one-year waiting period to participate in the pension plan. After the employee enrolls in the plan, the Foundation contributes 8% of the employee's earnings during the first seven (7) years of service (as defined in the Plan), and 10% of the employee's earnings thereafter. The employer contribution for each year is allocated to the plan in a lump sum as soon as practicable after the final payroll for that year. Employees are vested in their employer contributions after three (3) years of service. (The one-year waiting period counts toward this vesting requirement.) No employee contributions are required.

For the purpose of determining an employee's Pension Tier level, a "break in service" is defined as a lapse in employment in excess of 120 days.

With regards to the Research Foundation of CUNY Group Retirement Annuity Plan (Defined Contribution Pension Plan) if employment ends before the vesting requirements are met, as per the plan rules, any employer contributions made to the plan which are not vested at the time of the end of employment will not be eligible for withdrawal, loan, or roll over. Should you be rehired in an eligible position under the Research Foundation of CUNY within a five-year period from the last day worked, you will be given the opportunity to complete the vesting requirement. Non-vested employer contributed funds will be forfeited after a five-year break in employment service.

## GROUP SUPPLEMENTAL RETIREMENT ANNUITY (GSRA) TAX DEFERRED ANNUITY PLAN

The Group Supplemental Retirement Annuity (GSRA) is a tax-deferred annuity 403(b) individualized personal retirement savings account plan.

All employees may contribute to RFCUNY's GSRA program, which allows them to have a percentage of their pre-tax income withheld for retirement. GSRA deductions usually commence on the first of the month following RFCUNY's receipt of the employee's GSRA application and salary reduction agreement forms.

Changes in the amount of an employee's contributions of pre-tax income to their GSRA plan may be made during the annual open enrollment period and once a year outside of the open enrollment period. If employees are currently participating in the GSRA program and do not wish to change the amount of contribution to the plan in subsequent years, no action is necessary. If employees are not participants in the GSRA program or are participants and wish to change the amount of their contribution to the plan, they must complete a Salary Reduction Agreement form and submit the form to the Human Resources Department.

The Plan permits rollover contributions from qualified retirement plans (e.g., a 401(k) plan or money purchase pension plan), other 403(b) plans, and certain IRAs provided that certain criteria are satisfied. For more information, please contact TIAA National Contact Center at 1 800 842-2252.

To choose investment allocations, enroll online at [www.tiaa.org/rfcuny](http://www.tiaa.org/rfcuny).

<b>Maximum Annual Contribution (2024)</b>	\$23,000 (Under age 50)
	\$30,500 (Age 50 or older)
<b>Withdrawal Permissions</b>	Retirement
	Termination of employment
	Attainment of age 59 ½
	Financial hardship as defined in the plan
	Disability or death
<b>Early Withdrawal Penalty</b>	If you take a withdrawal prior to age 59 1/2, you will pay a 10% penalty in addition to taxes.

### 457(b) SALARY DEFERRAL PLAN

The 457(b) Salary Deferral plan is a tax-deferred compensation plan only available to employees who have satisfied the eligibility requirements as described in the plan document. This plan allows voluntary pre-tax contributions for your retirement savings. Plan contributions and subsequent earnings will not be subject to applicable tax until you receive a distribution or withdrawal after your end of RF employment. Eligible employees will be notified by the Office of Human Resources. Participation is voluntary. Annual re-enrollment for the 457(b) plan is not required. **Upon separation of employment, 457(b) participants must contact TIAA within 90 days. Failure to contact TIAA within the required time will result in lump sum distribution of 457(b) funds as taxable earnings.**

## HEALTH ADVOCATE - EMPLOYEE ASSISTANCE PROGRAMS (EAP)

Committed to helping its employees maintain an optimum quality of life, the Research Foundation offers the Health Advocate & Employee Assistance Program, which is available to employees, their dependents, parents, and parents-in-law. Your EAP+Work/Life online services website has all the tools, tips, and resources you need to support your mental, emotional, physical, and financial well-being!

Health Advocate is the nation's leading healthcare advocacy and employee assistance program. The Healthcare Help service features personalized help to resolve clinical and insurance-related issues. The EAP+Work/Life program offers short-term counseling and support for personal, family, and work issues. Health Advocate is available 24/7 and ensures that all personal information is kept completely confidential.

### Getting Started:

- Visit the Health Advocate website at [www.HealthAdvocate.com/rfcuny](http://www.HealthAdvocate.com/rfcuny) or call toll-free at 866-799-2728 to reach Health Advocate's Healthcare Help and EAP+Work/Life services.

### **Feature 1:** Healthcare Help - Provides the right answers at the right time

You have unlimited access to a highly trained Personal Health Advocate (PHA) who can help you navigate the healthcare and insurance systems efficiently and dependably. The PHA can help you find the right providers, negotiate fees on uncovered medical bills, locate second opinions, provide cost comparisons for medical procedures, and much more.

### **Feature 2:** EAP+Work/Life - Real-life help

A licensed EAP professional can provide short-term counseling by phone or e-mail to help you better cope with personal, family, and work issues. Work/Life specialists can help you locate the right support services, from childcare and eldercare to legal help.

## **EARNED SAFE AND SICK TIME ACT (ESSTA)**

On May 5, 2018, an amendment to the New York City Earned Sick Time Act (ESTA) took effect, expanding the law to allow paid leave to be used by employees when they or their family members are victims of family offense matters (which include disorderly conduct, harassment, and other offenses), sexual offenses, stalking, and human trafficking. The amendment also expands the definition of "family member" under the Act. The law is now known as the "Earned Safe and Sick Time Act (ESSTA)."

## STATUTORY BENEFITS

### WORKERS' COMPENSATION

(Work related illness/injury)

Although RFCUNY strives to have an injury-free workplace, accidents occasionally happen. RFCUNY has a Workers' Compensation program that provides benefits for any employee who is unable to work as a result of a work-related illness or injury. If the Workers' Compensation claim is approved, the employee is deemed compensable for any medical services incurred as a result of the injury.

<b>Carrier</b>	Hartford
<b>Eligibility</b>	All employees
<b>Weekly Benefit Amount</b>	2/3 of average weekly salary, up to \$1,125.46
<b>Waiting Period</b>	Seven (7) days from the day of the incident. Benefits begin on the eighth day.

#### Note

1. If an employee has accrued time and leave, salary will continue to be paid in full by RFCUNY for the time allotted by those balances. Once Workers' Compensation leave is confirmed by the Workers' Compensation Board, any used time and leave will be credited back to the employee and payments will be paid directly from the Workers' Compensation carrier.
2. An employee's medical expenses will be reimbursed whether or not there was time lost from work.
3. If the employee's claim qualifies under FMLA, it will run concurrent with Workers' Compensation.

#### How to File a Workers' Compensation Claim

1. If an employee incurs an injury of any type on the job, the incident must be immediately reported to the supervisor.
2. The employee must complete the "Employee's Notice of Injury" form and submit it to the office of Human Resources within 30 days.
3. The employee will be assigned a claim number and must refer to this number when seeking medical attention. The employee does not pay for medical services. Shortly after the employee receives the claim number, a letter will be sent from our Workers' Compensation carrier with instructions on how to submit claims for medical services incurred as a result of the injury.
4. The employee must provide a "Fitness for Duty" certificate from the attending physician stating the employee's ability to return to work.

For more information, please contact the Leaves Administration team at 212-417-8600 and select Time and Leave from the menu options or you may email [#LeavesAdministration@rfcuny.org](mailto:#LeavesAdministration@rfcuny.org).

## SHORT TERM DISABILITY

(Non-occupational illness/injury)

Short Term Disability (STD) insurance provides income replacement for up to 26 weeks for an injury or illness suffered off-the-job. An employee who is disabled due to an injury or illness unrelated to the workplace for six (6) or more consecutive workdays may be eligible for STD.

<b>Weekly Benefit Amount</b>	50% of average weekly salary, up to \$170
<b>Waiting Period</b>	Seven (7) calendar days from the day the employee is unable to work. Benefits begin on the eighth day.
<b>Maximum Period of STD Coverage</b>	26 weeks (including usage of accrued sick hours)

### How to File a Short-Term Disability Claim

The employee and the employee's physician must complete a NYS DB-450 form. Form DB-450, Application for Leave under FMLA (if applicable), and corresponding WH-380E form (if applicable) must be sent to Human Resources to review the claim and file for NYS Disability benefits. RFCUNY is required to file claims thirty (30) days after the commencement of the disability. Late submissions of claims may result in delays of payments and possible rejection of claims.

Upon returning to work, employees must provide an RF Fitness for Duty Certification or letter/note from their treating physician in order to return to work. An employee may not return to their position without this Fitness for Duty Notice.

### Benefits

Sick time will be paid from the first day of the leave if the employee has time and leave accruals available. Once sick time has been exhausted, Annual leave may be used and the NYS Disability benefit will then be paid directly to the employee up to a maximum of twenty-six (26) weeks. These benefits are fifty percent (50 %) of the employee's weekly wage, up to a maximum of \$170 per week.

For more information, please contact the Leaves Administration team at 212-417-8600 and select Time and Leave from the menu options or you may email [#LeavesAdministration@rfcuny.org](mailto:LeavesAdministration@rfcuny.org).

## NEW YORK STATE PAID FAMILY LEAVE (PFL)

Effective January 1, 2018, employees will be eligible for Paid Family Leave (PFL) as permitted under the New York Paid Family Leave Benefits Law. After this date, eligible Part-time and Full-time employees may take Paid Family Leave under certain conditions, including: (i) to care for a family member with a serious health condition, (ii) to bond with a child after birth or placement for adoption or foster care within the first 12 months after the birth or placement, or (iii) because of any qualifying exigency arising from the fact that an employee's spouse, domestic partner, child or parent is on active duty (or has been notified of an impending call or order to active duty) in the armed forces of the United States.

### **Eligibility:**

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

Paid Family Leave will phase in over 4 years with a gradually increasing benefit amount and duration, as depicted below.

<b>Effective Date</b>	<b>Maximum Length of Paid Leave</b>	<b>Amount of PFL Benefits (expressed as % of the employee's average weekly wage (AWW))</b>	<b>Maximum Amount of PFL Benefits Payable (expressed as % of the NY AWW)</b>
January 1, 2018	8 weeks	50%	50%
January 1, 2019	10 weeks	55%	55%
January 1, 2020	10 weeks	60%	60%
January 1, 2021-Present	12 weeks	67%	67%

The 2024 payroll contribution is 0.373% of your weekly wage and is capped at an annual maximum of \$333.25.

**Requests for PFL leave should be submitted to [#leavesadministration@rfcuny.org](mailto:#leavesadministration@rfcuny.org).**

## LONG TERM DISABILITY

RFCUNY offers eligible Full-time employees Long Term Disability (LTD) coverage. This coverage is provided through Prudential Insurance Company at no cost to the employee.

LTD insurance provides employees with an ongoing source of income if they remain totally disabled and unable to work due to an illness or injury.

<b>Eligibility</b>	Full-time Employees
<b>Employment Waiting Period</b>	1 <sup>st</sup> of the month following one year of service in an eligible class
<b>Monthly Benefit Amount</b>	60 % of your monthly wage
<b>Maximum Monthly Benefit</b>	\$15,000
<b>Minimum Monthly Benefit</b>	\$50
<b>Elimination Period</b>	180 Days
<b>Mental Illness Limitation (including drug and alcohol)</b>	24 Month Maximum

### Maximum Period for Benefits:

<b>Your Age on Date Disability Begins</b>	<b>Your Maximum Benefit Duration</b>
<b>Under age 60</b>	To age 65
<b>Age 60 but under age 65</b>	4 ½ Years
<b>Age 65 but under age 68 ½</b>	To age 70
<b>Age 68 ½ and over</b>	1 Year

### **Employees hired after July 1, 1994 with eight or more years of service:**

If the employee is receiving payments for disability under the plan and has been continuously disabled for at least 180 days, please contact the [#LeavesAdministration@rfcuny.org](mailto:#LeavesAdministration@rfcuny.org) for more information.



## PAID TIME OFF (TIME AND LEAVE ACCRUALS)

The paid time off accruals as detailed in the Time Off and Leave Benefits policy applies to all RFCUNY employees unless otherwise provided for in collective bargaining agreements. Unless expressly provided for otherwise, it does not apply to Graduate Research Assistants, students on stipends or on the CUNY College Work Study Program, or to foreign nationals employed outside the United States, its territories, or Canada. The benefits or policies stated herein are not intended to be contractual in nature. They do not confer any right or privilege, but are informational only. The RF retains the absolute right to amend or terminate any benefit or policy at any time. See *RFCUNY's Policy 506 Time Off and Leave Benefits* for more details.

The following time and leave eligibility rules and accrual rates apply to all full-time and part-time RFCUNY employees, unless otherwise provided for in an applicable collective bargaining agreement. Please note that RFCUNY Central Office employee accruals may vary slightly from what is listed below. Please contact the Office of Human Resources for more information.

### Full Time and Part Time A Annual and Sick Leave Eligibility Rules and Accrual Rates

Years of Service	Annual Leave Accrual Rates		Sick Leave Accrual Rates	
	<u>Days</u>	<u>Per hours worked</u>	- <u>Days</u>	<u>Per hours worked</u>
Less than 3 years	15	0.057692	20	0.078571
3 years or more but less than 8	22	0.084615	20	0.078571
years 8 years or more	25	0.096154	20	0.078571

**Research Foundation of CUNY  
2024 Payroll Calendar**

<b>Period</b>	<b>Pay Period Covered</b>	<b>Timesheet Due</b>	<b>Pay Date</b>
1	12/18/2023-12/31/2023	01/02/2024	01/10/2024
2	01/01/2024-01/14/2024	01/16/2024	01/24/2024
3	01/15/2024-01/28/2024	01/29/2024	02/07/2024
4	01/29/2024-02/11/2024	02/13/2024	02/21/2024
5	02/12/2024-02/25/2024	02/26/2024	03/06/2024
6	02/26/2024-03/10/2024	03/11/2024	03/20/2024
7	03/11/2024-03/24/2024	03/25/2024	04/03/2024
8	03/25/2024-04/07/2024	04/08/2024	04/17/2024
9	04/08/2024-04/21/2024	04/22/2024	05/01/2024
10	04/22/2024-05/05/2024	05/06/2024	05/15/2024
11	05/06/2024-05/19/2024	05/20/2024	05/29/2024
12	05/20/2024-06/02/2024	06/03/2024	06/12/2024
13	06/03/2024-06/16/2024	06/17/2024	06/26/2024
14	06/17/2024-06/30/2024	07/01/2024	07/10/2024
15	07/01/2024-07/14/2024	07/15/2024	07/24/2024
16	07/15/2024-07/28/2024	07/29/2024	08/07/2024
17	07/29/2024-08/11/2024	08/12/2024	08/21/2024
18	08/12/2024-08/25/2024	08/26/2024	09/04/2024
19	08/26/2024-09/08/2024	09/09/2024	09/18/2024
20	09/09/2024-09/22/2024	09/23/2024	10/02/2024
21	09/23/2024-10/06/2024	10/07/2024	10/16/2024
22	10/07/2024-10/20/2024	10/21/2024	10/30/2024
23	10/21/2024-11-03/2024	11/04/2024	11/13/2024
24	11/04/2024-11/17/2024	11/18/2024	11/27/2024
25	11/18/2024-12/01/2024	12/02/2024	12/11/2024
26	12/02/2024-12/15/2024	12/16/2024	12/24/2024
<b>2025</b>			
1	12/16/2024-12/29/2024	12/30/2024	01/08/2025

<b>Independence Day</b>	<b>7/4/2023</b>
<b>Labor Day</b>	<b>9/4/2023</b>
<b>Columbus Day</b>	<b>10/9/2023</b>
<b>Thanksgiving Holiday</b>	<b>11/23/2023</b>
<b>Thanksgiving Holiday</b>	<b>11/24/2023</b>
<b>Christmas Holiday</b>	<b>12/22/2023</b>
<b>Christmas Holiday</b>	<b>12/25/2023</b>
<b>New Year's Holiday</b>	<b>12/29/2023</b>
<b>New Year's Holiday</b>	<b>1/1/2024</b>
<b>Martin L. King, Jr.'s Birthday</b>	<b>1/15/2024</b>
<b>Lincoln's Birthday</b>	<b>2/12/2024</b>
<b>President's Day</b>	<b>2/19/2024</b>
<b>Memorial Day</b>	<b>5/27/2024</b>
<b>Juneteenth</b>	<b>6/19/2024</b>