

**FAQ'S REGARDING MEDICAL BENEFITS FOR
FACULTY AND PROFESSIONALS REPRESENTED BY UUP
(United University Professions)**

NOVEMBER 2016

Q. What qualifies me for medical benefits?

A.

- If you are employed full time with an appointment which exceeds 6 biweekly pay periods
- If you are a part-time faculty member teaching at least 2 courses per semester with an appointment which exceeds 6 biweekly pay periods or
- If you are a part-time professional employee, you must be paid at a salary rate which would yield a compensation of \$14,430 between July 2, 2015 and July 1, 2016 and have an appointment which exceeds 6 biweekly pay periods.

Q. How do I enroll for medical benefits?

A. Shortly after you begin employment, you will receive an invitation from the staff of Employee Benefits to attend an orientation session. This is a benefits information session at which time you can ask questions and complete forms. If for some reason you are not contacted by the benefits office within two weeks you should contact the benefits team at 777-6950.

Q. When do my medical, including vision and dental benefits go into effect?

A. Your benefits will go into effect on your 43rd day of employment. Enrollment forms must be completed within your first 42 days of employment in order to avoid a late enrollment waiting period.

Q. What does my coverage include?

A. Hospitalization, medical, surgical, and prescription drug coverage. Vision and dental coverage is provided by the UUP Benefit Fund. For further information concerning the UUP Benefit Fund, please go to <http://www.uupinfo.org> and select Benefits

Q. What is the cost to have this insurance?

A. You are offered two levels of coverage: individual and family and four options for health insurance carriers.

At this time, the State pays the largest portion of the cost of your coverage.

Current Biweekly Premium Rates can be found at <http://www.binghamton.edu/human-resources/employee-benefits/benefits-at-a-glance.html>

All health plan premiums are deducted on a pre-tax basis unless specifically declined by an individual employee. All of our plans cover pre-existing conditions.

Q. What is the difference between having my health insurance premiums deducted on a pre-tax or post-tax basis?

A.

- Pre-tax status allows you to have your health insurance premiums deducted on a before tax basis. Participation in this program may lower your taxes. However, it will limit some types of voluntary changes you can make to your plan outside of the option transfer period.

****Please note: Pre-tax status will also reduce your social security income.****

- Post-tax status means that you will pay taxes on your premium amounts, but it will allow you to make voluntary changes in your plan outside of the option transfer period.

Q. If I select one health insurance plan and at a later date decide that particular plan is not right for me, can I make a change?

A. Yes, once a year (during the month of November) there is an option transfer period. This is the time in which you can change your health insurance option for any reason. The change will then take effect with the start of the New Year.

*Contact Employee Benefits at 777-6950 for any exceptions to this rule.

Q. When can I change my health coverage level?

A. You can enroll for insurance or change from individual to family at anytime; however, the effective date is dependent upon the reason for the change.

- With prompt notification of a qualifying event, the change could be effective as of the date of the event or shortly thereafter.
- Without prompt notification or without a qualifying event, the effective date may be as long as 10 weeks from the request date.

Change from family to individual or to cancel insurance completely

- If you are pre-taxing, you may change with prompt notice of a qualifying event or during option transfer period only.
- If post-tax, you may change at anytime.

Q. What is considered a qualifying event?

A. A change in family status, for example:

- Marriage, birth, death, or divorce
- Your only dependent child attains the maximum age for coverage
- If you are enrolled in an HMO and you no longer live or work in the HMO's service area, you must choose another HMO or the Empire Plan.
- Your spouse loses coverage due to termination of employment
- You first become eligible for health insurance coverage
- Your employment with the State terminates
- Your spouse has a change in employment status which results in either acquiring or losing eligibility for health insurance coverage
- You receive a divorce/legal separation
- You are required under court order to provide insurance for your eligible dependent children and/or legally separated spouse

Q. Who qualifies as a dependent?

A. Eligible dependents include your spouse, same or opposite sex domestic partner, your children up to the end of the month in which they reach age 26, which includes your natural children, legally adopted children and dependent step children. Please contact Human Resources (777-6950) to ask about eligibility for 'other' dependents. Please note dependent eligibility is different for dental and vision benefits.

Q. Who qualifies as a domestic partner?

A. Your same or opposite sex domestic partner who must be 18 years of age or older, unmarried and not related in a way that would ban marriage. You must be living together, involved in a lifetime relationship and financially interdependent. At the time of application, you must have been in this partnership for 6 months. You must be able to prove both residential and financial interdependence. Please note that there are tax implications, referred to as “imputed income”, when adding a domestic partner. For further information please go to: <http://www2.binghamton.edu/human-resources/forms/index.html>, then select the Domestic Partnership forms under the alphabetical list.

Q. What information do I need to enroll my dependents?

A. You must provide the following document(s), as applicable:

- Yourself – copy of social security card and proof of date of birth
- Spouse - Marriage certificate (if married more than 1 year, also required is current proof of financial inter-dependence), social security card **AND** birth certificate.
- Child dependents – copy of social security card **AND** birth certificate.

Additional information is required to enroll a domestic partner, please ask for a special packet of information from Human Resources or go to <http://www2.binghamton.edu/human-resources/forms/index.html>, then select the Domestic Partnership forms under the alphabetical list.

Q. Do we have prescription drug coverage?

A. Yes, your prescription benefit is dependent upon the health insurance plan that you choose. Each plan has a 3 tiered plan and each includes option for retail or mail service. See specifics on each plan in the Choices book in Human Resources or at <https://www.cs.ny.gov/employee-benefits/hba/shared/publications/choices/2017/active-choices-2017.pdf>.

Q. Who provides my vision and dental benefits?

A. Coverage for these benefits is provided through the UUP Benefit Trust Fund. These benefits are free to you and any eligible dependents, but coverage is not automatic. You must enroll and provide the necessary documentation. Children are eligible up to age 19 and from 19 to 25 only if they are enrolled as a full-time student.

The current providers are: Davis Vision for vision benefits and Delta Dental for dental benefits. Coverage includes partial reimbursement for services through participating and non-participating providers. For further information concerning the UUP Benefit Fund, please go to <http://www.uupinfo.org> and select Benefits

Q. What should I do if my health insurance deduction is incorrect or if I have a question regarding the amount?

A. Contact the Human Resources Office right away at 777-6950 or email ldirico@binghamton.edu or kavery@binghamton.edu

Q. If my employment at Binghamton University ends, when will my insurance benefits end?

A. Health and prescription drug coverage will end 28 days from the last day of the pay period in which you are on the payroll. Dental and Vision coverage will end at the end of the month following the last month in which you are on the payroll.

Q. What is a premium?

A. A premium is the amount of money that you, the employee, will pay for your insurance. This amount will be deducted from your paycheck on a bi-weekly basis.

Q. What is a co-payment?

A. It is a routine out-of pocket expense that the enrollee/patient pays when using a participating provider.

Q. What is a deductible?

A. The amount of out of pocket expenses you must pay before your insurance will begin to pay. This is only applicable when using an out of network provider under the Empire Plan.

[Click here](#) for the listing of Employee Benefits "*Where to Call*" contact information
(vendor phone numbers, websites and addresses)