

**STATE FUNDED GA/TA (GSEU) FREQUENTLY ASKED QUESTIONS  
HEALTH INSURANCE/PRESCRIPTION DRUG & PAYROLL INFORMATION**

**DECEMBER 2018**

- Q. Where do I complete the required employment, payroll, and health insurance enrollment paperwork?  
A. Please visit the Human Resources Office located in the Couper Administration Building, 2<sup>nd</sup> floor, Room 242. Please be sure to bring your original supporting documentation with you – i.e. passport; photo id; social security card; birth certificate; I20 & I94 (international employees); etc.

Q. What qualifies me for health insurance **ELIGIBILITY**?

- A. You must have a state funded graduate or teaching assistantship position earning a minimum of \$xxxxx annualized.

Q. Is this health insurance coverage automatic?

- A. No, **COVERAGE IS NOT AUTOMATIC**, you must enroll in this program. This is done by completing an SEHP enrollment form in the Human Resources Office (Couper Administration Bldg.), Monday-Friday, 9:00 am to 4:00 pm.

Q. **IS ENROLLING** in this health insurance plan **MANDATORY**?

- A. Yes for F-1 **and** J-1 Visa holders (unless you can prove equivalent coverage elsewhere) – No for all others.

Q. Is there a **COST** to have this insurance?

- A. Yes, there is a standard charge which will be deducted from your paycheck depending upon the coverage that you have chosen.

The coverage options and per-paycheck rates for 2019 are:

Individual coverage = \$16.91

Family coverage = \$118.85

Q. What is the **PRE-TAX CONTRIBUTION PROGRAM**?

- A. Under this program, you may have your share of your health insurance premium deducted from your gross wages before taxes are withheld. This program may lower your taxes. However, if you pre-tax you are limited in the types of changes you can make to your plan. You may NOT cancel your plan or remove otherwise eligible dependents and change to an individual plan unless you have a qualifying event. See below for qualifying events.

Q. What is the **NAME** of my health insurance plan?

- A. It is the **SUNY Student Employee Health Plan (SEHP)** for Graduate Student Employees Union (GSEU), which is administered by New York State Health Insurance Program (NYSHIP). For carrier information within this plan, go to <http://www.cs.ny.gov/employee-benefits/login/>, Choose your Group/Health Benefits/Summary of Health Benefits

Q. What does my **COVERAGE INCLUDE**?

- A. Hospitalization, major medical including surgical coverage, prescription drug, dental and vision coverage. Refer to the SEHP At-a-Glance booklet at <https://www.cs.ny.gov/employee-benefits/hba/shared/publications/at-a-glance/2019/sehp-aag-jan-2019.pdf>.

Q. What is the **EFFECTIVE DATE** of my insurance coverage?

- A. If you have a new benefits eligible appointment and your application is received within 45 days of your appointment date, you are eligible as of the date the form is received or the effective date of the appointment, which is later.

Exception:

- F-1 **and** J-1 visa holders must have health insurance coverage as of the first day of their appointment.
- If your enrollment form is received after your first 45 days of employment, then there will be a 30 day waiting period.

Q. Can my **DEPENDENTS** be covered on my plan?

A. Yes, eligible dependents include your spouse or domestic partner, your children up to age 26 which include your natural children, legally adopted children and your dependent step children. For other types of dependents ask Human Resources.

**Please note: Under no circumstances are parents or siblings eligible for coverage as a dependent through this plan.**

Q. How do I **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 such as tax return, rental agreement, credit card statement in both your names, etc), social security number **AND** birth certificate.
- Child dependents – copy of social security number **AND** birth certificate.

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. For a complete list of requirements please review instructions - <http://www.binghamton.edu/human-resources/forms/forms-doc-files/Domestic-Partnership-Instructions-PS425-052011.pdf>

Q. Can I **enroll or change from individual to family** coverage anytime?

A. Yes – with a 30 day waiting period or if you notify us within 30 days of a **qualifying event** such as:

- Marriage
- Birth of a baby
- The employee becomes a child's legal guardian, step-parent or adoptive parent.
- The arrival of an eligible dependent to the US.
- Completion of the 6 month waiting period for attainment of domestic partnership status.
- Involuntary loss of other coverage.

Q. Can I **change from family coverage to individual coverage or cancel** my insurance completely at any time?

A. Only as the result of a **qualifying event** such as:

- Change in marital status
- Termination of employment
- With proof of other newly acquired insurance coverage

Or, if you are **not** participating in the pre-tax program (see check stub or contact Human Resources to determine your pre-tax status)

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. For a complete list of co-pay amounts go to <http://www.cs.ny.gov/employee-benefits/login/> Choose your Group/Health Benefits/Summary of Health Benefits

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 out of network providers. The plan then will reimburse a portion of any covered expenses.

Q. What is a **PARTICIPATING PROVIDER**?

A. Participating providers are independent physicians who have agreed to participate with your plan. This means that you will only be responsible for paying a small co-payment and their office will process the billing for you. To determine if a physician participates, you should ask their office – Do you participate

with the New York State Empire Plan? Or by using this website: <http://www.empireplanproviders.com>. Please keep in mind it is still best to ask the physician's office directly even if they appear on this list.

- Q. I have **tested positive on the tuberculosis test (PPT-Mantoux)**. Will the X-ray be covered and what do I do without a health insurance card?
- A. If you have enrolled, you are covered. Contact University Health Services and they will provide you with a method to complete the necessary x-ray.
- Q. My employment is **changing from the Research Foundation payroll to the state payroll**. Will I have to sign up for health insurance again?
- A. Yes. The Research Foundation is a completely separate employer and therefore you will need to complete a new health insurance enrollment form in the Human Resources Office, Couper Administration Bldg., Monday – Friday 8:30 -4:00. The insurance will be entirely different.
- Q. What should I do if my **health insurance deduction** from my paycheck is **incorrect** or not being deducted at all?
- A. Contact the Human Resources Office right away at 607-777-2042, email [kkocan@binghamton.edu](mailto:kkocan@binghamton.edu) or stop by the Couper Administration Bldg. AD-242, Monday – Friday 8:30 am to 4:00 pm.
- Q. Is the **EXPIRATION DATE** printed on my health insurance card the actual date in which my benefits will end?
- A. Not necessarily. The date on the card is the end of the annual period for this insurance. Your coverage will end at the end of your appointment even if different than the date on the card. If you are still eligible after the end date on the card, you will be sent an updated ID card.
- Q. When does my **COVERAGE END**?
- A. Your coverage will end 28 days from the last day of the pay period in which you are being paid for.  
**\*\*Even if the date on your health insurance ID card is different\*\***
- Q. Am I eligible for **SUMMER COVERAGE**?
- A. GA/TA's who are employed in the spring semester and are expected to return in a GA/TA position for the subsequent fall semesters are eligible for summer coverage. Your department must verify that you are expected to return. **You** will be sent an email in the spring notifying you that you must complete this form in order to continue summer coverage. Without this verification form, your coverage will be terminated.
- Q. How do I **PAY FOR SUMMER COVERAGE** since I will not be receiving a paycheck?
- A. Once Human Resources receives confirmation from you and your department, extra deductions will be deducted from the last checks in the spring semester. These advance payments will pay for summer coverage and will automatically continue your coverage into the fall semester.
- Q. Do we have **PRESCRIPTION DRUG COVERAGE**?
- A. Yes, you are responsible for a co-pay when using a participating pharmacy. The plan has 3 tiers for co-pays depending upon the drug that is prescribed. There is also a mail service feature, which in some cases allows you to pay a smaller co-pay amount.
- Q. Do I have to use a **PARTICIPATING PHARMACY**?
- A. No, but you will be required to pay for the prescription in full at the time of the purchase and then submit the receipt for reimbursement. Keep in mind, you will only be reimbursed a portion of the cost.

## **DENTAL & VISION INFORMATION**

- Q. What are my **DENTAL BENEFITS**?
- A. Visits are subject to a co-pay per visit when using a participating dentist. You are covered for a maximum of two examination visits per year at a participating provider in the GSEU Dental Program. Coverage includes two fillings per year at a specified co-pay per filling.

Q. How do I **find a participating dentist** and/or more information regarding my dental plan?

A. Go to <http://www.cs.ny.gov/employee-benefits/login/>. Choose your Group/Health Benefits/Other Benefits

Q. What **information** do I need to **provide the dentist** with?

A. Your group is "GSEU Preferred (EmblemHealth)" and you should also show them your EmblemHealth ID card. Emblem Health customer service may be reached at 800-947-0101.

Q. What are my **VISION CARE BENEFITS**?

A. You and your eligible dependents are covered for a routine eye examination once in any 24-month period and a set dollar allowance toward frames or contact lenses when using a participating provider. The eye exam and lens benefit must be claimed during the same visit (benefit cannot be split). For more details including participating providers, contact Davis Vision Care (the plan administrator) at 1-888-588-4823 or link to their website at <http://www.cs.ny.gov/employee-benefits/login/>. Choose your Group/Health Benefits/Other Benefits/Vision

### **PAYROLL INFORMATION**

Q. Am I **considered an employee** of the University?

A. Yes, you are, and you are represented by a union as well. You are represented by the Graduate Student Employees Union, the educational division of the Communications Workers of American Local 1104.

Q. **WHEN** will I receive my **FIRST PAYCHECK**?

A. The state pays on a 2 week lag basis, therefore, you will need to complete your first 2 weeks of employment and you will receive your paycheck two weeks after that. This is provided that **all** required paperwork is completed. Unfortunately checks will be delayed if the paperwork indicated on the GA/TA checklist is not complete.

Q. **WHERE do I receive my paychecks** or direct deposit advices?

A. GA/TA paychecks or direct deposit advices are picked up by your department and are generally distributed by departmental secretaries – please check with your department secretary for specifics regarding this.

Q. I **DID NOT RECEIVE my first check** on the date I had expected, what should I do?

A. There may be several different explanations, you should contact Jessica Larson 607-777-3624 or [jelarson@binghamton.edu](mailto:jelarson@binghamton.edu)

Q. When will I receive my **FINAL PAYCHECK**?

A. You should receive your final paycheck approximately two weeks after your last day of employment (your last day of employment should be stated on your appointment letter).

Q. Who is my **PRIMARY CONTACT** for questions about my GA/TA appointment within the Human Resources office?

A. Jessica Larson at [jelarson@binghamton.edu](mailto:jelarson@binghamton.edu) or 607-777-3624.