Leave Without Pay: Benefits Information

As a result of your leave without pay from SUNY Geneseo, several of your employee benefits will be affected. I hope the following information will be helpful to you. If you have any questions or need further assistance, please call Human Resources at 585.245.5616.

TIME ACCRUALS
Your time accruals will be frozen and you will not accumulate time during your leave without pay.

HEALTH INSURANCE
Please see the NYS Department of Civil Service, Employee Benefits Division Memorandum entitled ***Health Insurance and Dental/Vision Insurance for Employees on Leave without Pay (PS-431).*** This memorandum outlines general information concerning your health coverage and important actions you may need to take. Your medical coverage is automatically continued during Leave without Pay (LWOP) status. You will be direct billed for the cost of health insurance. If you wish to cancel coverage while on leave without pay, or cancel coverage permanently, you will need to complete form PS-404. Contact Human Resources regarding this important decision as soon as possible at 585.245.5616.

It is important that you make a decision regarding your health insurance and dental and vision benefits prior to your leave of absence effective date. Prescription coverage is included in your health insurance coverage. When you are placed on leave without pay, you should decide if you would like to:

1. Continue your health insurance coverage at full cost and submit payment directly to Civil Service (please see the biweekly rates chart below showing the cost for health insurance while you are on leave without pay), or
2. Suspend health insurance coverage while on leave and have it reinstated upon returning to the payroll, or
3. Cancel your coverage and not have it reinstated upon return to payroll.

For options (2) and (3) above, you must complete the enclosed PS-404 form and return it to Human Resources, Erwin 219 prior to your leave effective date or as soon as practicable.

FAMILY MEDICAL LEAVE ACT & HEALTH INSURANCE
For those employees on leave under the Family Medical Leave Act: you will be notified by the Department of Civil Service regarding the procedures for paying the employee share of your health insurance premium. Should your leave extend beyond the 12 week maximum per calendar year for family medical leave and you remain in a leave without pay status, you will be responsible for paying the employee and employer share (full share) premiums to continue your health insurance coverage. If you cancel your coverage at this time, your coverage with automatically be reinstated when you return to the payroll and will be effective on the first day of the second pay period.

DENTAL AND VISION

CSEA represented employees: Your coverage will end 28 calendar days after you are placed on leave without pay if you choose not to continue coverage. You will automatically receive an application to continue coverage after your coverage ends from the CSEA Benefits Trust Fund. The cost per month is $85.00 for individual or family coverage. If you have any questions or changes of address you should contact CSEA at 1-800-323-2732.

UUP represented employees: Contact your union at 1-800-887-3863 to inquire about continuation of dental and vision coverage. Please inform UUP of any address changes you may have during this leave period. Your coverage will end on the last day of the month following the month you are placed on leave without pay if you choose not to continue coverage. The cost per quarter is $114.18 for individual coverage, $282.03 per quarter for two individuals and $413.40 per quarter for 3 or more individuals.

PEF and Management Confidential employees: Your coverage will end two complete pay-periods after you are placed on leave without pay. The cost for continuation of coverage per pay period is $31.74 for individual coverage and $82.50 for family coverage. You should indicate on the enclosed PS-404 form if you wish to continue this coverage as well. You will be billed directly from Civil Service for these benefits.

NYSCOPBA and PBA employees: Your coverage will end two complete pay-periods after you are placed on leave without pay. The cost for continuation of coverage per pay period is $49.15 for individual coverage and $99.91 for family coverage. You should indicate on the enclosed PS-404 form if you wish to continue this coverage as well. You will be billed directly from Civil Service for these benefits.

2013 BIWEEKLY RATES FOR HEALTH INSURANCE
WHILE ON LEAVE WITHOUT PAY (Employee & Employer Share)

CODE	Health Insurance Plan	M/C, CSEA, PEF, Council 82, APSU, NYSCOPBA PER PAY PERIOD		UUP PER PAY PERIOD	
		I*	F**	I*	F**
001	**Empire Plan** 1-877-769-7447 https://www.cs.state.ny.us	$280.58	$676.89	$284.66	$686.61
066	**Blue Choice** (HMO) https://www.excellusbcbs.com	$211.53	$522.13	$211.53	$522.13
067	**BCBS WNY** (HMO) 716-887-8840 https://www.bcbswny.com	$273.74	$713.65	$273.74	$713.65
059	**Independent Health Association** (HMO) 1-800-453-1910 https://www.independenthealth.com	$276.12	$679.30	$276.12	$679.30
058	**MVP Health Care** (HMO) (585) 325-3920 or 1-800-933-3920 https://www.mvphealthcare.com	$231.66	$567.36	$231.66	$567.36

**I = Individual **F = Family*

RETIREMENT:
For questions about your retirement while on leave without pay you should contact your appropriate retirement system. For ERS and TRS members, your time on leave without pay will not count towards service credit in the retirement system. For ORP participants, contributions will not be made to your Optional Retirement Plan (TIAA-CREF, AIG, ING, nd MetLife).

ERS Members:
New York State Employees' Retirement System
Alfred E. Smith State Office Building
Albany, New York 12244
518.474.7736.

TRS Members:
New York State Teachers' Retirement System
10 Corporate Woods Drive
Albany, New York 12211
518.447.2919 or 1.800.348.7298

ORP Participants:

TIAA-CREF
Scott DuMond 585.246.4603 or 1.800.842.277
sdumond@tiaa-cref.org

MetLife
John Ceddia 716.634.2117
jceddia@metlife.com

AIG/Valic
Marc Poudier 800.892.5558
ext 89115
marc_poudrier@aigvalic.com

ING
Gary Witten 716.626.3922
OR (800) 326-8410 (toll free)
SUNYORP@us.ing.com