



2026

Benefits Summary

Active Employees

While this summary is intended to be a useful reference, it is not a substitute for your Group Certificate or handbook. If there are any discrepancies between this summary and the handbook or the Group Certificate, the handbook and the Group Certificate will prevail.

Updated 1/2026

RESEARCH FOUNDATION FOR SUNY SUMMARY OF BENEFITS

FULL TIME & PART TIME (50% OR MORE)

[Benefits](#)

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Human Resource Services Benefits Office – Z-0751

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Fax (631) 632-1350

hrs_benefits@stonybrook.edu

Benefits are subject to the policies of the Research Foundation for SUNY and are subject to change.

RESEARCH FOUNDATION FOR SUNY SUMMARY OF BENEFITS

ELIGIBILITY REQUIREMENTS: Full Time and Part Time (50 % FTE or greater) employees are eligible for health insurance benefits.

Hourly Employees- Must work 3 consecutive pay periods averaging 40 hours each to be eligible. If hours worked are less than 40 hours per pay period for two consecutive pay periods, then benefits will be terminated, and the employee must re-enroll and be subject to a new waiting period.

RECEIVE RF BENEFITS TEXT ALERTS! Simply text RFBENEFITS to 24587. You'll receive up-to-date notifications and reminders about your benefits! (Standard messaging rates apply. You may opt out at any time by texting STOP).

HEALTH INSURANCE COVERAGE – Employees choose one health option.

Effective on the 29th day of employment. If you delay in enrolling more than 60 days after your hire date, you will be subject to a 5 pay period wait.

Employees select one health option:

	RF Traditional PPO (Empire BlueCross Blue Shield)	RF Deductible PPO (Empire BlueCross Blue Shield)
Co-Pay	\$20	\$30
In-Network Deductible	None	\$500 Individual / \$1,250 Family
In-Network Co-Insurance	None	90/10 coinsurance
Out of Network Deductible	Yes (\$1000 Individual/ \$2500 Family deductible)	Yes (\$1500 Individual/ \$3750 Family deductible)
Out of Network Co-Insurance	80/20 coinsurance	40/60 coinsurance
Preventive Care	\$0 (up to \$300 gym reimbursement/plan year)	\$0 (up to \$300 gym reimbursement/plan year)
Hospital	\$100	Deductible and coinsurance
ER Visit	\$50	\$50
Lab or X-rays	\$20	Deductible and Coinsurance
Prescriptions	\$10/\$25/\$45	\$10/\$25/\$45
Annual out of pocket limit		
In network	\$4,224 Individual \$10,560 Family	\$1,500 Individual \$3,750 Family
Out of Network	\$4,000 Individual \$10,000 Family	\$5,500 Individual \$13,750 Family

**Please refer to the Benefits Handbook and Plan Certificate for more detailed information regarding these plan options.*

HEALTH INSURANCE BIWEEKLY RATES

Insurance Plan	Employee	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Family
RF Traditional PPO	\$99.66	\$316.73	\$253.12	\$496.68
RF Deductible PPO	\$44.31	\$206.07	\$153.51	\$331.19

During the first 2 paychecks after your enrollment takes effect, **double** deductions will be taken for premium contributions, to cover the 28-day extension of benefits which is provided when your employment terminates or drops below eligibility requirements.

If your health deductions are not taken from the paycheck when your insurance becomes effective, there will be more than 2 double deductions taken to pay for your health insurance back to your effective date.

You will be automatically placed in the **Pre-tax Health Insurance Program** unless otherwise requested.

A decision on health coverage **must** be made within **60** days of employment, otherwise you will not be able to be covered by health insurance for 5 pay periods after your enrollment request and your deductions will be taken on an after-tax basis for the duration of the plan year (to be determined by the date the Benefits Office receives your **completed** forms).

DENTAL INSURANCE - Delta Dental (Group # 1591) (800) 932-0783 or deltadentalins.com

There is a 28-day waiting period for most dental and orthodontic benefits, and a 12-month waiting period for prosthodontic services. Dependents are covered until age 26.

PREVENTIVE CARE	Covered in full with no deductible - Once every 6 months, calculated from your last visit.
GENERAL SERVICES	Covered at 75% - \$50 individual/\$150 family deductible per year. Maximum combined yearly benefit of \$2,000 per person.
MAJOR SERVICES	Covered at 50% with a \$50 individual/\$150 family deductible per year
PROSTHETIC SERVICES	12 month waiting period - Includes bridges, dentures, implants. Covered at 50% with a \$50 individual/\$150 family deductible per year. Maximum combine yearly benefit of \$2,000 per person (non-delta dental dentist \$1,500 per person)
ORTHODONTICS	For eligible dependents only - Covered at 50% with NO deductible - maximum of \$2,000 reimbursed per

	individual/ lifetime . Dependents covered up to age 26.
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DENTAL BIWEEKLY RATES

Individual	Family
\$1.59	\$7.03

VISION CARE PLAN – Davis Vision (800) 999-5431 or visit davisvision.com

There is a 28-day waiting period before benefits are active and there is no cost for the employee.

One free eye examination and one free pair of glasses once every **two** years - calculated from the date of your last visit. (Examinations and glasses must be purchased at the same time.) Contact lenses from the plan selection may be purchased for a co-payment of either \$25 or \$45, depending on the type of lens, at a network provider.

An occupational vision benefit will be available through Davis Vision providers. This will cover an additional pair of eyeglasses when a different prescription is needed by the employee for job purposes. You must obtain your occupational eyeglasses while you obtain your regular eyeglasses. This is **not** a benefit for dependents.

If you decide to use an optometrist who is not on the list, you must submit an itemized receipt along with a completed claim form to the Vision Care Plan.

VISION PLAN PLUS - Davis Vision

This enhanced vision plan provides additional benefits to RF employees and their eligible dependents including yearly eye exams and enhanced frame and contact allowances.

Employees have the option to either enroll in the regular vision plan at no cost or enroll in the Vision Plan Plus by paying the bi-weekly premium noted below:

VISION PLAN PLUS BIWEEKLY RATES

Individual	Family
\$3.64	\$8.48

BENEFIT COMPARISON

Plan Feature	Regular Vision Plan	Vision Plan Plus Benefit
Retail Frame Allowance	Up to \$14	Up to \$130 plus 20% discount on overage
Contact Lens Allowance	Up to \$45	Up to \$105 plus 15% discount on overage
Eye Exams, Frames, Contacts (in lieu of eye glasses)	Every 24 months	Every 12 months
Davis Vision Exclusive Collection (in lieu of allowance)	\$0/\$0/\$25	\$0/\$0/\$0

For full details, please refer to the RF Benefit Handbook

LIFE INSURANCE – Securian Life

Paid by the Research Foundation.

Type of Coverage	Waiting Period	Amount of Coverage
Basic Life Insurance	28-days	\$50,000
Accidental Death & Dismemberment	28-days	\$50,000

OPTIONAL LIFE INSURANCE – Securian Life

- Enroll within the 60-day initial eligibility period, no statement of health needed.
- Employee pays through after-tax payroll deduction.
- Amount available – 1 to 8 x annual salary up to a maximum amount of \$500,000.
- Optional Life benefits are reduced, beginning at age 70.

Use following steps to calculate the amount you can buy:

- 1 - Multiply your annual salary by desired amount, 1 to 8 times
- 2 - Multiply your answer by the biweekly premium opposite your age
This will give you your biweekly payroll deduction.

BI-WEEKLY COST OF INSURANCE (RATES PER \$1,000 OF COVERAGE)

Age	Employee	Spouse
Under 25	\$0.020	\$0.030
25-29	\$0.019	\$0.039
30-34	\$0.022	\$0.044
35-39	\$0.028	\$0.049
40-44	\$0.033	\$0.062
45-49	\$0.046	\$0.090
50-54	\$0.070	\$0.136
55-59	\$0.106	\$0.219
60-64	\$0.183	\$0.413
65 -69	\$0.327	\$0.625
70+	\$0.327	\$0.958

The amount of insurance and the payroll deduction will increase automatically with a salary increase and when you move into a new age bracket.

VOLUNTARY DEPENDENT LIFE INSURANCE – Securian Life

Coverage is available for your spouse/domestic partner from \$10,000 to \$100,000, not to exceed 100% of employee's combined Basic Term Life and Optional Term Life coverage amounts.

Dependent Term Life coverage has one premium rate that covers all eligible children. Coverage is available for all your eligible children in increments of \$2,000 to \$10,000.

*For more information and the application please visit <https://benefits.rfsuny.org/regular--postdoctoral-employees/life-insurance/> and select the *Optional Life Insurance Enrollment Form link under Benefits**

NEW YORK STATE SHORT-TERM DISABILITY INSURANCE – First Reliance Standard

- Coverage begins after a 4-week waiting period.
- Disability insurance covers non-work-related illness or injury.
- All sick leave accruals must be used first.
- Benefits will begin after 7 calendar days or when all sick accruals are exhausted, whichever is later.
- Pays for up to 26 weeks if eligible, at a maximum weekly payment of \$170.
- The number of weeks out of work runs concurrently with FMLA, if eligible.
- For information regarding filing a claim contact the Benefits Department at 632-6180.

VOLUNTARY DISABILITY INCOME PROTECTION INSURANCE – First Reliance Standard

Employees will be able to supplement their current RF-provided disability coverage by purchasing additional voluntary short-term disability coverage. You may choose an amount from \$100 to \$2,000 per week, if your selected amount doesn't exceed 60% of covered earnings.

LONG TERM DISABILITY INSURANCE – First Reliance Standard

Employees who are full-time and part-time are eligible after a 28-day waiting period. Coverage includes payment of 60% of monthly salary to a maximum of \$7,500/month (including any payment from Social Security or Workers' Compensation). The benefit becomes effective after 6 months of approved Short-Term Disability.

WORKERS' COMPENSATION INSURANCE – Chubb Insurance

Any work-related injury or illness must be reported within 10 days of occurrence. An accident report must be completed and sent to the Benefits Department. This benefit covers 100% of all medical bills covered for work related injuries or illnesses. Workers' compensation covers up to 2/3 of weekly wages with a maximum weekly payment of \$1,222.42. The number of weeks out of work runs concurrently with FMLA, if eligible.

FMLA - FAMILY AND MEDICAL LEAVE ACT - Must be employed for 12 months and have worked at least 1250 hours prior to leave.

FMLA provides 12 weeks of unpaid leave in a 12-month period for certain family and medical reasons, including Workers' Compensation and Short-Term Disability.

Additional information on these benefits can be found in your Research Foundation Benefits Handbook, the RF Leave Policy Manual, and by calling the SBU Leave Administration Unit at (631) 632-6182.

PAID FAMILY LEAVE (PFL) - In 2026, if you take approved paid family leave, you will be eligible to receive 67 percent of your average weekly wages for up to twelve weeks. The average weekly wage used to calculate the Paid Family Leave benefit is capped at the State's Average Weekly Wage amount and is subject to change annually. The maximum weekly benefit for 2026 is \$1,228.53.

Virtually every full-time or part-time RF employee will be eligible for the new Paid Family Leave Program. Employees with a regular schedule of 20 or more hours per week are eligible after 26 continuous weeks of employment. Employees with a regular schedule of less than 20 hours per week are eligible after 175 days worked.

Participation in the program is not optional for most RF employees. You will be offered the ability to complete a Paid Family Leave waiver if it is determined your regular employment schedule is 20 hours or more per week, but you will not work 26 consecutive weeks, or when your regular employment schedule is less than 20 hours per week, and you will not work 175 days. Please contact the Benefits department if you feel you may qualify for a waiver.

For more information, please contact the SBU Leave Administration Unit at 631-632-6182.

TUITION ASSISTANCE

- Full-time employees only.
- SUNY operated schools.
- The course must be job related or going toward a degree.
- Up to 3 credits per Fall and Spring Semester.
- The percentage of tuition is waived depending on funding and how many employees apply.
- A memo is sent regarding the application process and **deadlines** in July and November.

FLEXIBLE SPENDING ACCOUNTS (FSA)

By enrolling in a Flexible Spending Account (FSA) you authorize the Research Foundation to deduct, on a pretax basis, a specified amount from your pay throughout the year, and to deposit this money in an account that is used to reimburse you for eligible health care or dependent care expenses. Employees may enroll in either a Health Care Spending Account or a Dependent Care Spending Account or both.

Because of the tax advantages of these programs, the IRS requires you to continue participation throughout the calendar year for which you enroll, unless you have a qualifying "change in status" as defined by the IRS. You must carefully estimate your expenses for the year, since **any money left in your account at the end of the year will be forfeited if not used.**

You have 60 days from your hire date to enroll in these programs and you must re-enroll in these programs annually during open enrollment (November) to participate for the following calendar year.

- **Health Care Flexible Spending Accounts** – contribute up to a maximum of \$3,400 to pay for uninsured eligible medical, dental, vision care and prescription drug expenses. There is a 28-day waiting period before benefit is active.
- **Dependent Care Flexible Spending Accounts** – contribute up to a maximum of \$7,500 depending upon a participant’s tax filing status, to pay for eligible child, adult, and elder care expenses for eligible dependents. There is a 28-day waiting period before benefit is active.
- RF will provide a lump-sum subsidy for employees who are enrolled in a dependent care flexible spending account. The amount of the subsidy will depend on your annual RF earnings at the time you enroll.

If your salary is...	The Research Foundation contribution is up to...
Over \$70,000	\$300
\$60,001 - \$70,000	\$400
\$50,001 - \$60,000	\$500
\$40,001 - \$50,000	\$600
\$30,001 - \$40,000	\$700
Up to \$30,000	\$800

If you have questions about Flexible Spending Accounts, visit PayFlex’s website at www.inspirafinancial.com or call them at 1-844-729-3539.

COLLEGE TUITION SAVINGS PROGRAM

Participation in the New York College Savings Program will be available through payroll deduction for employees who use payroll direct deposit. Parents, grandparents, other relatives, or friends can set up a Tuition Savings Account for a future college student. The first \$5,000 that is invested each year will be deductible from New York State income when you file your tax return. A married couple filing a joint return may deduct up to \$10,000 per year. Investment earnings will not be subject to state or federal tax, nor will funds withdrawn for qualified expenses. If you have questions about the program, call 1-877-NYSAVES (1-877-697-2837), or visit the program’s web site at www.nysaves.org.

LIBERTY MUTUAL INSURANCE

The Research Foundation and Liberty Mutual Insurance Company have partnered to offer a program called Group Savings Plus, which provides discounts on auto and homeowners insurance to all employees. Call Liberty Mutual at 1-800-524-9400 (RF Client number 111756) or enroll online at www.libertymutual.com/rfsuny.

PUBLIC TRANSPORTATION BENEFITS

RF-Ride is a benefit program that allows employees to pay for their work-related commuting expenses on a pre-tax basis through payroll deduction. All RF employees are eligible for RF-Ride, which is administered by PayFlex. To enroll you will need the last four digits of your Social Security Number to register:

- Online at www.inspirafinancial.com
- By phone at 1-844-729-3539

WELLNESS PROGRAM

The Research Foundation and Personify Health have partnered to provide employees with monetary incentives by completing simple healthy behaviors. Employees can earn up to \$100 in cash or gift cards each quarter, totaling up to \$400 for the year. Any money earned is considered taxable income, so tax withholding rules will be applied. To enroll, visit join.personifyhealth.com/rfsuny

PET INSURANCE

As an RF employee, you can receive preferred pricing on pet insurance through Liberty Mutual's Pet Protection Plan. You can use any veterinarian you want, and the plan saves you money on vet bills. Employees pay the full cost of this plan and can sign up by visiting <https://pet.libertymutual.com/rfsuny> Use promocode sunyrf to apply your discount.

RETIREMENT PLAN - TIAA (401a)

All non-student RF employees working the required hours of service (975 hours of service for a 37.5-hour week or 1,000 hours for a 40-hour week) shall participate in the Basic Retirement plan upon completing a waiting period of one year of qualified service.

After you complete the one-year waiting period, RF will make contributions to your Basic Retirement plan account. These contribution amounts will be equal to a percentage of your annual earnings. The current contribution rate for Tier 5 is 7% of annual earnings.

Employees will receive notification once the hour requirement for the one-year waiting period has been satisfied. This notification will also inform the employee of the default investment funds and beneficiary. TIAA will send your contract information directly to you. Should you decide you want something other than the default options, visit www.tiaa.org/rfsuny prior to your first contribution and enroll in the investment fund of your choice.

VESTING

Vesting refers to your ownership of your account. You are considered fully vested as soon as you become a participant in the plan by completing the one-year waiting period.

CREDIT TOWARD VESTING

It is possible for you to be given credit toward vesting if you have had immediate prior eligible service with SUNY, with another accredited college or university in the United States or with a non-

profit 501 (c) (3) research organization in the United States. You must complete a Prior Service Credit form to qualify for credit. Service credit will be granted upon verification from your prior employer and approval by the Central Office of the Research Foundation in Albany.

Call the Benefits Office at (631) 632-6180 for information and forms.

Note: Forms not submitted timely may have an impact on contributions that can be remitted based on IRS regulations.

Federal Secure Act 2.0 – New for 2026

Employees with 2025 FICA earnings of \$150,000 or more will be required to make all catch-up contributions on a Roth (after-tax) basis. This applies to any 403(b) and 457(b) contributions exceeding the standard pre-tax limit of \$24,500.

Employee age	Total Annual Contribution Limit	Type of Catch-Up Contribution	
		Prior year FICA wages <u>less than or equal to</u> \$150,000	Prior year FICA wages <u>greater than</u> \$150,000: Catch up must be
50-59	\$32,500 (\$24,500, plus \$8,000 Catch-up)	Pretax and/or Roth after-tax contributions	Roth contribution
60-63	\$35,750 (\$24,500, plus \$11,250 Catch-up)	Pretax and/or Roth after-tax contributions	Roth contribution
64 or older	\$32,500 (\$24,500, plus \$8,000 Catch-up)	Pretax and/or Roth after-tax contributions	Roth contribution

*Located on box 3 of your year-end W2 statement.

OPTIONAL TAX-DEFERRED PROGRAMS - Paid by the employee through payroll deductions- (403(b) plan) and no waiting period. *A great way to save on taxes!*

The Optional Retirement Plan is a defined contribution plan operating under section 403(b) of the IRC, under which employees can contribute on a before-tax basis to an annuity contract. The IRS places limitations on the amount of your salary that may be placed in a tax-deferred annuity. The limit for 2026 is \$24,500 and \$31,000 if age 50 or older.

Once enrolled, call TIAA to change allocations - 1-800-842-2776 or call 516-454-4025 to schedule an appointment for an individual counseling session.

Deferred Compensation 457B Retirement Plan - Allows employees who already contribute the maximum amount allowed by the Optional Retirement plan to save even more on a pre-tax basis, up to an additional \$24,500 in 2026. This plan is eligible for “highly compensated employees” as defined by the IRS, with an annual salary of at least \$160,000 in 2026. Additional information regarding this plan can be found on page 55 of the benefits handbook.

WHO TO CALL

Benefit	Provider	Phone	Website
Health Insurance	Anthem Blue Cross	800-342-9816	www.anthem.com
Prescription Drug	Express Scripts	800-251-7690	www.express-scripts.com
Dental	Delta Dental	800-932-0783	www.deltadentalins.com
Vision	Davis Vision	800-999-5431	www.davisvision.com
Flex Spending Account	Inspira Financial	844-729-3539	www.inspirafinancial.com
Basic Life & Accidental Death and Dismemberment	Securian Life Insurance	877-491-5265	www.securian.com
Retirement Accounts – ORP, 401(A), 403(B)	TIAA	800-842-2252	www.tiaa.org/rfsuny
College Savings Program	Vanguard/Upromise	877-697-2837	www.nysaves.org
Auto, Homeowner’s and Renters Insurance Discount	Liberty Mutual Insurance	800-524-9400	www.libertymutual.com/rfsuny
RF Ride Commuter Transit	Inspira Financial	844-729-3539	www.payflex.com
Wellness Program	Personify Health		join.personifyhealth.com/rfsuny
Medical Support	Alight Solutions	888-361-3944	mymedicalally.alight.com
Pet Insurance	Liberty Mutual	1-844-250-9199	Pet.libertymutual.com/rfsuny

KEY TERMS

Annuity - A contract that provides an annual income for a lifetime or a specified number of years.

Co-pay - A set charge a patient pays a provider at the time of service.

Deductible - A specific dollar amount a patient must have paid out for services before a health plan begins paying benefits.

HMO - Health Maintenance Organization - Healthcare organization that provides comprehensive medical/hospital coverage through a restricted network of physicians/hospitals.

In-Network Provider - Doctors who participate in a plan's authorized network (dental, health or vision)

Out-of-Network Provider - Doctors who do not participate in a plan's authorized network (dental, health or vision)

PPO - Participating Provider Organization - Health care organization that provides comprehensive medical/hospital coverage at a discounted cost through a network of physicians/hospitals; but also provides coverage at a higher cost for services received outside their network.

Primary Care Physician - HMO physician that coordinates all treatment and access to specialists for a patient to receive full benefits.

Qualifying Event - A change in an employee's personal or employment status that permits a change to be made in pretax health insurance coverage outside of the annual open enrollment period (example: a change from individual to family coverage on date of marriage)

Tax-Deferred Contributions - Retirement plan contributions, made through payroll deductions, which are not subject to state or federal income tax until you begin receiving them as income from the plan.

UCR - Usual, customary, reasonable charges are common levels of charges made by medical providers in the same geographic area for similar services or treatment.

Vesting Period - Number of years of service you must have with employer before gaining ownership rights to employer-made retirement contributions.

Waiting Period - Specified period of time you must be employed before you can participate in a benefit plan.