



2024 New Hire Guide Non-Union Administrators



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Welcome to Your Benefits Enrollment!

Long Island University (“the University”) offers a competitive and comprehensive benefit program that makes up an important part of your total compensation package. The University’s benefit program is designed to provide employees and their families with a wide range of benefits to meet your healthcare, financial and work/life needs. This Benefits Guide provides an overview of the important information about the University’s benefit program to assist in making enrollment decisions.

The University offers an extensive range of programs and benefits that you can take advantage of during your employment. We believe by offering programs that address different areas of work and personal life, the University is working towards becoming an “Employer of Choice” in higher education.

Detailed information about each of our programs can be found in this guide. The health & welfare benefit choices you make are binding. They will remain in place until the next benefit period, beginning January 1 of the following year, unless you experience a “life status change.” A life status change is a personal change in status which may allow you to change your benefit elections. Examples of life status changes include, but are not limited to, the following:

- » Change in legal marital status
- » Change in number of dependents (birth, adoption, award of legal guardianship)
- » Change in employment status (applicable to you and your dependents)
- » Child satisfies or ceases to satisfy eligibility requirement.

If you experience such a change and you have written proof of the event (marriage certificate, birth certificate, etc.), you may update your benefit election **within 30 days** of the event, provided the benefit change is consistent with the event. No exceptions will be made.

Example: In the event of a birth, you may add your new baby to the medical plan, but you cannot add or drop a spouse as that is not consistent with the event.

About this Enrollment Booklet

This enrollment booklet is not intended to be, nor shall it be construed as, a contract of any type. It highlights features of the Long Island University Health & Welfare and Retirement Plans. It is not intended to cover the programs in detail. Every effort has been made to ensure the accuracy of the information presented. However, in the event of any discrepancies, your actual coverage will be determined by the legal plan documents that govern these plans. Any discrepancies with benefit policies, such as time off, will be governed by Long Island University’s policy(ies).

Long Island University reserves the right to change or end any of the benefit plans, at any time and for any reason, to the extent allowed by the law. If you have any questions, please contact the Benefits Office.



The Long Island University Benefit Plan

How It Works

The University pays a portion of the cost of many of your benefit plans which is considered part of your “total compensation” package. Your contributions, if any, for most University benefits, are made with “pre-tax” dollars. The cost of the option you choose is deducted from your pay before taxes are computed. Because your annual income is reduced by the amount of your deductions for elected benefits, you pay less in taxes. Details on whether contributions are deducted from your pay on a pre-tax or after-tax basis for a benefit option are identified in this booklet.

Who Is Eligible to Participate?

All full-time active employees who regularly work a normal full-time workweek are eligible to enroll in the University’s benefit program. New hires meeting this eligibility requirement are eligible to enroll in the medical, dental, vision, FSA, life insurance (for employees who work a minimum of 30 hours per week), and retirement plan. Employees meeting the eligibility requirements will automatically be enrolled in the long-term disability program. Part-time employees averaging 30 hours per week in accordance with the Affordable Care Act are eligible to enroll in the LIU medical plan.

Medical, dental and vision coverage is extended to your eligible dependents. Eligible dependents include:

- » Your legal spouse
- » Any of your dependent children
- » Any of your spouse’s dependent children

Proof of dependent relationship is required for all dependents (marriage or birth certificate)

The term child includes any of the following:

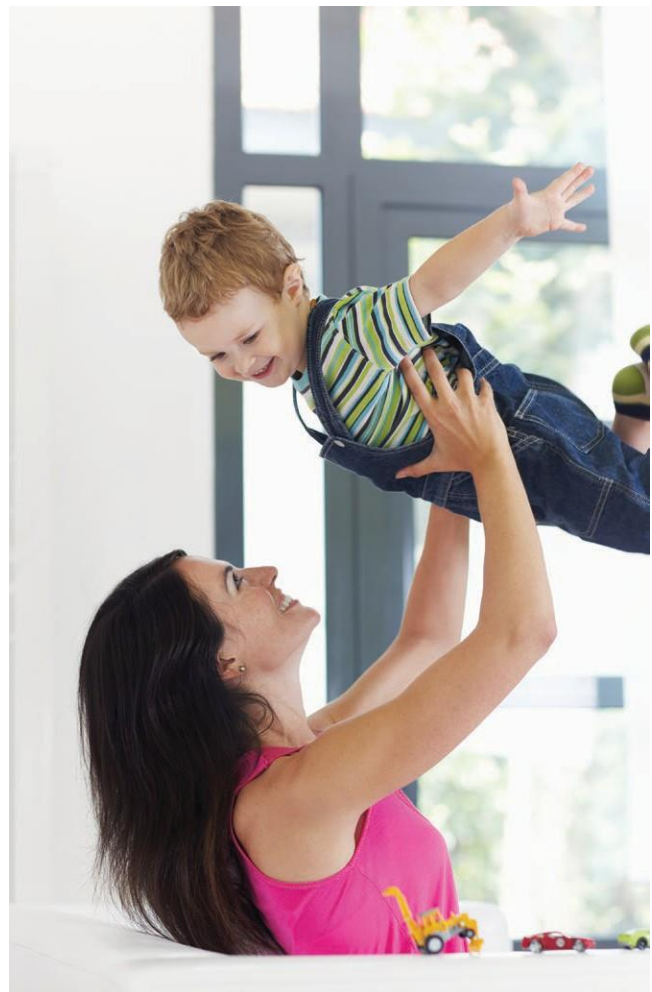
- » A natural child
- » A stepchild
- » A legally adopted child
- » A child placed for adoption
- » A child for whom legal guardianship has been awarded to you or your spouse.

For MEDICAL COVERAGE only

A Dependent includes any dependent child through the end of the year in which they turn age 26 regardless of full-time student or marital status.

For DENTAL & VISION only

A Dependent includes any dependent child through the end of the year in which they turn age 26 regardless of full-time student status.



It is your responsibility to make sure all dependents you enroll are eligible for coverage. Dependent children who no longer qualify for benefits under the University's plan may continue coverage under COBRA for up to 36 months. It is your responsibility to notify the Benefits Office within 60 days of your dependent reaching the plan's limiting age in order to ensure your dependent is eligible to continue coverage under COBRA.

Waive Coverage

You may elect to waive medical, dental, vision, FSA, or life insurance coverage. Your next opportunity to enroll in these plans will be the next annual enrollment period unless you experience a life status change. If you do not enroll in the life insurance plan when you are first eligible (during new-hire enrollment period), you will be required to complete a medical questionnaire. Eligible employees may waive medical coverage entirely and receive an annual \$1,000 medical waiver credit. **To receive the waiver credit, you will be required to provide proof of other medical coverage during this open enrollment period.**

When Benefits Begin

Newly eligible employees have 30 days to make their benefit elections. Benefits begin on the first of the month coincident with or next following date of hire for medical, dental, vision, FSA, and life insurance. Once you have satisfied one year of service, you will be automatically enrolled in the long-term disability plan.

When Benefits End

Your medical, dental, vision, FSA, life, and disability benefits terminate on the date your employment ends.



Long Island University Medical Program Features

LIU's medical plan is administered by Cigna. There are two options to choose from. A "Traditional Core Plan" or a "High Deductible Health Plan (HDHP)." HDHP enrollees also participate in a Health Savings Account (HSA). You are eligible to enroll in the University medical plan on the first of the month coincident with or next following your date of hire. Your share of the cost of this plan will be deducted from your paycheck on a pre-tax basis.

Core Plan

The Cigna-administered "Traditional Core Plan" is a Point-of-Service (POS) plan providing participants with a choice of in-network and out-of-network benefit levels each time medical services are sought. Providers who participate in the Cigna "Open Access Plus" (OAP) network accept negotiated rates, which reduce your claim costs and out-of-pocket expenses. You are not required to designate a Primary Care Physician (PCP) as a "gatekeeper" responsible for coordination of all referrals to specialists.

Out-of-network services are subject to the plan's out-of-network deductible and coinsurance. Non-network providers may require payment at the time of service, in which case you will need to file a claim to receive reimbursement up to the allowable charge for that service in your geographic area. Providers have the right to "balance bill" you for amounts in excess of the allowable charge.

Be sure to identify Cigna network physician's and facilities on the Cigna website with a Cigna Care Designation symbol, who have been awarded a superior quality designation.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

High Deductible Health Plan (HDHP)

The High Deductible Health Plan has a separate annual deductible for in and out-of-network services. The deductible must be met before benefits are paid by Cigna. If you have family coverage, you must meet the family deductible before benefits are payable. Prescription drugs are subject to the deductible. After your deductible has been met, prescription drugs will be subject to the plan's prescription drug copayments: \$20 for generics, \$40 for preferred brand drugs and \$60 for non-preferred brand drugs.

Health Savings Account (HSA)

HSA is a bank account administered by HSA Bank (Webster Bank). The HSA allows you to save money to pay for current or future healthcare expenses on a tax-free basis. Funds in an HSA can be used to pay for medical expenses incurred while meeting the deductible and to pay for other qualified healthcare expenses not covered by the medical plan such as vision and dental expenses or out-of-network services. The HSA can also be used for any tax dependent's eligible healthcare expenses. Contributions to the HSA are deducted from your paycheck on a pre-tax basis and will be deposited in your Health Savings Account.

For 2024, the federal maximum allowable contribution to an HSA is \$4,150 for an individual and \$8,300 for a family. **LIU offers an annual HSA participant subsidy of \$500 for an individual and \$1,000 for a family** The maximum contribution amount is offset by the LIU seed, meaning the combination of your contribution and LIU's contribution cannot exceed the \$4,150 / \$8,300 annual limit. Additionally, catch up contributions of \$1,000 are permitted for people aged 55 and older.

How the Plan Works

- » Think of the High Deductible Health Plan and the Health Savings Account as two separate benefits.
- » To contribute to the HSA, you must be enrolled in the HDHP medical plan.
- » You cannot be enrolled in a non-HDHP if you wish to contribute to the HSA, including coverage through a family member's health plan, a general-purpose Healthcare FSA or Medicare.
- » After your out-of-network deductible has been met, all services are covered at 70%, up to the plan's allowable charges.

Who May Be Interested in Electing the HDHP with HSA?

The following types of employees may want to consider the HDHP:

- » Employees who want to have less deducted from their paychecks for medical insurance coverage.
- » Employees who appreciate that accumulated HSA accounts are portable upon employment termination or retirement.
- » Employees who wish to use the HSA as a medical IRA by investing HSA money into mutual funds, similar to a 403(b). You need to have \$2,000 in your account to invest. Your contributions and the investment gain are entirely tax avoided as long as they are spent on HSA qualified healthcare expenses.
- » Employees who typically only go to their healthcare provider for preventive or relatively minor visits.
- » Employees seeking to accumulate a war chest of tax-free money via their HSA to fund anticipated retiree medical expenses.

Be sure to consult the brochure entitled “FAQ - Frequently Asked Questions: High Deductible Health Plan (HDHP) and Health Savings Account (HSA).”

In-Network Services

For in-network, non-preventive services, you will be charged the Cigna contracted physician and/or facility fee. Do not pay at time of service.

You will receive the following in the mail:

- » Explanation of Benefits (EOB) from Cigna.
- » Invoice/bill from the physician and/or facility.
- » You are responsible to pay the amount on your EOB. The physician will receive the same EOB and invoice you for your portion of the service.

Compare the following on your EOB and invoice/bill:

- » Date of service
- » Physician and/or Facility name
- » Amount owed.

If the information on the EOB and invoice match – pay the required amount to the physician/facility. Make sure you receive both the EOB and the invoice/bill before making a payment. After your deductible has been met, all services are covered at 100%, except prescription drugs.

Preventive Services

The following preventive services are covered at no charge when utilizing in-network providers (coinsurance applies out-of-network):

- » Adult and well-child routine exams
- » Routine lab or radiology services
- » Women’s preventive care services
- » Immunizations
- » Preventive screenings

Prescription Drugs

For information on quantity limits, step therapy and/or precertification requirements for certain prescription drugs, please contact Cigna by calling the member services number on the back of your Member ID card or visit the Cigna website at www.myCigna.com or www.cigna.com (if you are not yet a Cigna member).

The mail-order program benefits employees who are on maintenance medications for chronic conditions such as diabetes, asthma, and high blood pressure (or any medication you take on a regular basis). By ordering prescriptions by mail, you can receive a 3-month supply of prescriptions delivered directly to your home for what you would pay for a 30-day supply from a retail pharmacy. Once you are enrolled in the Cigna medical plan, you will be able to order prescriptions online via www.myCigna.com.

Benefit Summaries

Below is a side-by-side of benefit reimbursement levels under both LIU plan options, as well as the monthly cost of each plan option to you. Please review and remember, you can find a more detailed benefit summary or locate participating providers online at www.myCigna.com.

	CORE PLAN		HDHP PLAN*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Gatekeeper	No	N/A	No	N/A
Deductible ^{1&2}	N/A	\$750 / \$2,250	\$1,500 / \$3,000	\$3,000 / \$6,000
Coinsurance ^{1&2}	N/A	70%	100%	70%
Out-of-Pocket Max (includes deductible)	\$1,500 / \$4,500	\$1,500 / \$4,500	\$3,000 / \$6,000	\$4,500 / \$9,000
Office Visit Copay	\$25	Ded. & Co-ins.	Ded. & Co-ins.	Ded. & Co-ins.
Specialist Copay	\$50	Ded. & Co-ins.	Ded. & Co-ins.	Ded. & Co-ins.
Hospital Copay (Inpatient)	\$500	Ded. & Co-ins.	Ded. & Co-ins.	Ded. & Co-ins.
Hospital Copay (Outpatient)	\$250	Ded. & Co-ins.	Ded. & Co-ins.	Ded. & Co-ins.
Emergency Room Copay	\$100, waived if admitted	Ded. & Co-ins.	Ded. & Co-ins.	Ded. & Co-ins.
Urgent Care Copay	\$50	Ded. & Co-ins.	Ded. & Co-ins.	Ded. & Co-ins.
Prescription Drug Copay	\$20 / \$40 / \$60	Not Covered	Deductible, then \$20 / \$40 / \$60 copay	Not Covered

*The University will "seed" your HSA account annually with \$500 (single coverage) or \$1,000 (family coverage)

1. Out-of-network deductible and out-of-pocket maximum amounts satisfied also apply towards satisfaction of your in-network deductible and out-of-pocket amounts, but not vice versa.
2. Preventive care coverage payable at 100% with no deductible.

MONTHLY EMPLOYEE CONTRIBUTIONS		
Level of Coverage	Core Plan	HDHP/HSA Plan
Single	\$386.06	\$331.03
Family	\$982.60	\$842.57

Choosing an Option

In choosing an option, you should consider the combined savings impact of both lower required monthly payroll deductions under the HDHP along with the HSA “seed” money that LIU will fund for employees who enroll in the HSA. The monthly contribution difference between the Traditional plan and the HDHP can be used to fund the HSA. When you add this redirected contribution to the money LIU will fund into the HSA on your behalf, you will have funded the majority of the HDHP deductible. Remember, there is no charge for preventive care under both plans. Would you prefer to pay a higher monthly payroll contribution for a plan you may not use, or would you prefer to pay yourself in the form of contributions to an HSA and save for retirement?

Cigna Care Designated Providers

By knowing which Cigna network doctors excel in providing quality, cost-effective care, you can more confidently choose a doctor that is right for you. Compared to other doctors, these top performers have treatment cost that average 16% less, are 14% less likely to have patients readmitted to the hospital after an initial hospitalization and are more compliant with meeting national clinical standards for diabetes care and managing high cholesterol.

Cigna identifies the primary and specialty care doctors in the Cigna network who have treated many Cigna customers in one of the following 22 specialties:

- » Allergy/immunology
- » Cardiology
- » Cardiothoracic surgery
- » Colon & rectal surgery
- » Dermatology
- » Ear, nose & throat
- » Endocrinology
- » Family practice
- » Gastroenterology
- » General surgery
- » Internal medicine
- » Hematology/oncology
- » Nephrology
- » Neurology
- » Neurosurgery
- » OB/GYN
- » Ophthalmology
- » Orthopedics & surgery
- » Pediatrics
- » Pulmonology
- » Rheumatology
- » Urology

Cigna also checks their education and board certifications, as well as if the quality of their care has earned recognition from within the medical industry. Only Cigna providers who receive top results in both quality and cost-of-care testing earn the Cigna Care Designation.

You can search for Cigna Care Designated providers at www.mycigna.com, sorting by “Cigna Care Designation.” Top-performing doctors are shown with a special Cigna Care Designation symbol. If you utilize a provider with a Cigna Care Designation, you will benefit by receiving a better quality of care with a shorter duration of treatment.

Cigna Centers of Excellence

Like doctors, some hospitals are better at treating certain conditions than others. To help you choose an in-network hospital that’s right for you, Cigna reviews how successful a hospital is in treating 31 common conditions such as, cardiac care, general surgery, neurology, gastroenterology, obstetrics, orthopedics, and respiratory conditions.

Hospitals are compared nationally by condition on both patient outcome and cost efficiency. Hospitals that earn three (3) stars for both patient outcome and cost efficiency earn the Centers of Excellence designation. You can search for Centers of Excellence on the www.mycigna.com website.

ID Cards

You should typically receive your ID cards within 10–15 business days after you make your benefit elections.

Dental and Vision Plans

LIU offers voluntary participation in the Aetna Dental Plans and the UnitedHealthcare Vision Plan. Your share of the cost of this plan will be deducted from your paycheck on a pre-tax basis.

Dental

Aetna offers two dental options, a DMO and a PPO dental plan. The DMO works similarly to an HMO, in that you select a primary care network dentist. You are not permitted to utilize providers outside of the Aetna DMO network. With the DMO, you will pay a discounted fee for all services provided.

With the PPO dental plan, you may go in or out of the provider network. Dentists in the network charge a discounted fee for service, allowing your benefit dollars to go further. If you utilize a non-network provider, you will be reimbursed based on the usual and customary charges for the service provided.

BENEFIT PROVISIONS	PPO		DMO
	In-Network	Out-of-Network	In-Network
Deductible			
Individual	\$50	\$50	\$0
Family	\$150	\$150	\$0
Waived for Type A	Yes	Yes	No
Calendar Year Maximum	\$1,000	\$1,000	N/A
Coinsurance (limit/age restrictions may apply for certain services)			
Type A-Preventive*	100%	80%	Fee Schedule
Type B-Basic**	80%	60%	Fee Schedule
Type C-Major***	50%	50%	Fee Schedule
Orthodontia	50%	50%	Fee Schedule
Orthodontia Lifetime Maximum	\$1,000	\$1,000	N/A

*Preventive services include oral exams, cleanings, bitewing x-rays and fluoride treatment.

**Basic services include fillings, root canal therapy (anterior/bicuspid), scaling/root planning, stainless steel crowns, and uncomplicated extractions.

***Major services include inlays, onlays, crowns, full/partial dentures, surgical removal of bony impacted teeth.



Vision

The Vision Plan, administered by United Healthcare, also allows for network and non-network services. Services may be obtained from private practice vision providers as well as retail chains.

	In-Network	Out-of-Network
Frequency Exam/Frames/Lenses Contacts Lenses (in lieu of frames)	Once Every 12 months/12 months/ 12 months	Once every 12 months/12 months/ 12 months
Copay Exam Materials	\$10 \$25	Reimbursement Up to \$40 Up to \$40
Lens Options (after applicable copay) Single Vision Bifocal Trifocal Lenticular	After applicable copay: Paid in full Paid in full Paid in full Paid in full	Reimbursement Up to \$40 Up to \$60 Up to \$80 Up to \$80
Frame Allowance	\$150 retail frame allowance at private practice centers and retail chains	Up to \$45
Contact Lens (after applicable copay) Covered in full	The fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered-in-full for many popular brands, such as Acuvue by Johnson & Johnson and Optima by Bausch & Lomb. If covered disposable contact lenses are chosen, up to 8 boxes (depending on prescription) are included when obtained from a network provider. Note: UHC's covered-in-full contact lenses may vary by provider.	N/A
All other elective	\$200 allowance towards fitting/evaluation fees and purchase of contact lenses outside of UHC's covered-in-full contacts (materials copay does not apply).	Up to \$105
Medically Necessary	Covered in full	Up to \$210

This chart illustrates the dental and vision pre-tax monthly employee contributions.

Level of Coverage	Aetna Dental		UnitedHealthcare Vision
	PPO	DMO	Vision Plan
Single	\$49.80	\$13.02	\$7.66
Family	\$120.17	\$35.09	\$18.44

For more detailed information on the dental and vision plans, visit the benefits website at:

- » Dental: www.aetna.com
- » Vision: www.UHCvision.com



Flexible Spending Accounts

The University offers employees the opportunity to enroll in a flexible spending account plan, administered by WageWorks. A Flexible Spending Account (FSA) is an employee benefit that allows you to set aside money, on a pre-tax basis, for many kinds of common unreimbursed healthcare and dependent care expenses. With an FSA, you can reduce your taxable income while paying for services you would pay for anyway.

Your election is binding. Once you elect to contribute funds to an FSA, you cannot change or cancel that election unless you experience a life status change or until the next open enrollment period.

The IRS has put into place a “Use it or Lose It” rule which requires that any unused money in your Healthcare or Dependent Care FSA be forfeited after December 31, 2024. The University offers a 2½ month grace period extension that allows you to request reimbursement for expenses incurred from January 1, 2025 through March 15, 2025. FSA contributions are lost if not incurred by the end of the 2½ month grace period.

Healthcare FSA

Your Healthcare FSA election is made on behalf of your entire family whether or not they participate in the University insurance plans. Common eligible Healthcare FSA expenses include out-of-pocket medical, dental and vision expenses.

The maximum annual Healthcare FSA contribution is \$3,200 for calendar year 2024.

Limited Purpose Healthcare FSA

Those enrolled in a High Deductible Health Plan may only select a “Limited Purpose” Healthcare FSA. Limited Purpose FSA's can be used to address out-of-pocket dental and vision expenses, but not medical.

Dependent Care FSA

A Dependent Care FSA allows you to pay for child/elder care services for eligible dependents that live with you. These services must make it possible for you (and your spouse) to work or seek work. It is also possible to use a Dependent Care FSA to pay for care for a disabled spouse or disabled dependent over age 13 if it enables you to work. Common eligible Dependent care FSA expenses include the following:

- » Services inside or outside of home by anyone other than your spouse, a person you list as a dependent or one of your children under the age 19;
- » Dependent care/childcare center.
- » A housekeeper whose services include providing care for a qualifying individual; and
- » Adult daycare, nursery, preschool, after school and summer day camp programs.

The maximum annual Dependent Care FSA contribution is **\$5,000** (\$2,500 if married and filing separately) for calendar year 2024.

You may initially enroll in the FSA accounts by contacting WageWorks at www.wageworks.com.

Carefully estimate the amount you wish to contribute and make sure your estimated expenses are IRS eligible expenses under the FSA. Visit www.wageworks.com or www.irs.gov for more information on the “Use It or Lose It” rule and to find a listing of eligible expenses.



Life Insurance

Long Island University offers a voluntary group term life insurance plan, administered by **Lincoln Life**. You are eligible to purchase life insurance on the first of the month coincident with or next following your date of hire.

In the event of your death, your beneficiary will receive 200% of your basic annual earnings, rounded to the nearest \$1,000, up to a maximum of \$500,000. You are required to contribute towards the cost of this benefit. Your portion of the monthly cost (\$0.40/\$1,000 of coverage) is deducted from your pay on a post-tax basis. **The University will payfor the first \$50,000 of this coverage.**

If you purchase coverage when you are initially eligible, you are guaranteed to be issued the full benefit amount. If you do not purchase coverage when you are initially eligible (making you a late entrant), you will be required to complete a health questionnaire which Lincoln Life will use to determine if you are insurable.

Internal Revenue Code (IRC) Section 79 provides tax exclusion for the first \$50,000 of group-term life insurance coverage. In compliance with IRC Section 79, Long Island University must report, as taxable income, the premium paid for group-term life insurance in excess of \$50,000 provided by the University. The amount of imputed income, identified as "Life Insurance Imputed Income" on Form W2, is also subject to Social Security and Medicare taxes.

You must designate a beneficiary for this benefit. You may designate more than one primary beneficiary or choose primary and contingent beneficiaries. It is important to review your beneficiary designation regularly to ensure that it is current.

Benefits end on your last day of employment with the University or when you cease to be eligible for benefits (work less than 30 hours per week). If you lose coverage for any reason, you are eligible to convert your group term life insurance (at your own expense) into an individual policy or take your group term life insurance with you under the portability option.

LIU Death Benefits to Designated Beneficiary

If an employee dies while actively employed, the University will pay the surviving spouse or other designated beneficiary a monthly grant equal to one month's continued salary for each year of service up to six years. In the absence of a spouse or beneficiary designation, LIU will next look to any life insurance beneficiary designation in making payment. The maximum that will be paid is the greater of these monthly grants or accrued salary owed to the deceased for the contract year. The assigned beneficiary will receive a 1099 and be responsible for the taxes at the end of the year.

Time Away from Work

Leave Policies

Vacation, Holidays & Floating Holidays

Full-time employees are entitled to 2 weeks' vacation, a total of 10 working days. Employees accrue vacation days at a rate of .8333 days per month.

After 10 years of full-time employment, an additional 5 days will be accrued, for a total of 15 vacation days per academic year. Vacation days will accrue at 1.25 days per month.

Earned vacation must be taken within the academic fiscal year (9/1 - 8/31) and at a time approved by your supervisor. Except for special circumstances, all vacation will be considered as having been taken during the fiscal year, and there will be no carryover from one year to the next.

The University urges that all administrators take their full vacation during the period prescribed. Your paystub will show the total amount of vacation and floating holiday time remaining to you during the fiscal year in hours. However, if you leave before the end of the fiscal year, the University will only payout unused vacation accrued up to that point, using an accrual rate of .8333 days per month. For example, if an employee leaves on October 1 and has not used any vacation time, the employee will only be paid out .83 days of vacation.

Holiday observance is designated at each campus, normally, a total of 6 holidays are observed each year. Administrators are entitled to six floating holidays per year, accruing at a rate of one and half day each quarter. Upon termination, floating holidays are prorated in a manner similar to vacation days as outlined above.

Sick Leave

Full-time employees and non-teaching professionals may receive full or partial salary during periods of illness or disability. The entitlement is;

0-5 years of service; accrual of up to 10 days per each academic year, up to a maximum of 4 months

6+ years of service; accrual of up to 15 days per each academic year, up to a maximum of 4 months

Accruals

All accrued time is prorated from your start date.

All accruals run on the academic year of September 1st through August 31st.

Vacation time must be used by August 31st and cannot be carried over.

Sick time will stop accruing once the maximum accrual has been reached.

Short-Term Disability

In the event you suffer a non-work-related illness or injury that prevents you from working, this benefit, administered by Lincoln Life, provides income protection for 50% of your weekly salary, to a maximum of \$170 per week. You are automatically enrolled in the Short-Term Disability plan on your date of hire. This benefit is paid to employees once the Sick Leave benefits, mentioned above, are exhausted.

To apply for benefits, you must be disabled for at least 7 calendar days. Benefits are payable for up to 26 weeks, contingent upon insurance carrier approval.

Long-Term Disability

Long Island University offers an income replacement opportunity through a long-term disability plan administered by Lincoln Life. This benefit is paid for entirely by the University. You are automatically enrolled in the Long-Term Disability Plan after one year of employment. If an employee is unable to return to work after a medical leave of six months, they are entitled to and are encouraged to file for long-term disability benefits.

In the event you suffer a disabling illness or injury that prevents you from working, you may be eligible to receive 60% of your monthly income to a maximum benefit of \$15,000. You must be disabled for at least 180 days before benefits commence. Benefits will continue for the duration of your disability (as approved by the insurance carrier) up to the following age/time limit:

AGE WHEN DISABILITY STARTS	TIME LIMIT
Less than 60	To age 65
60 but less than 64	5 years
65 but less than 69	To age 70
70 or over	1 year

This benefit will be offset by any other income you receive from other sources as a result of your disability (e.g., statutory disability, social security, etc.).

In addition, once you are receiving long-term disability benefits, Lincoln Life will make ongoing contributions to your Retirement Plan (administered by TIAA).

Maternity Leave

After one year of full-time employment, a six-week maternity leave, with pay, shall be granted to full-time employees, provided no replacement costs are incurred by the University and that the employee resumes her duties with the University on a full-time basis after the birth of the child. Eight weeks will be approved in the event of a caesarean section.

Maternity Leave benefits are paid in addition to your sick leave allotment.

Employees are expected to request Maternity leave in advance of the child's birth. A doctor's letter confirming the employee's expected date of delivery is required. Requests should be submitted to the employee's supervisor and forwarded to the Benefits Office.

Family and Medical Leave Act (FMLA) of 1993

Under FMLA, the University is required to provide up to 12 weeks unpaid, job-protected leave to eligible employees for certain family and medical reasons. Reasons include:

- » Time needed to care for the employee's child after birth, placement for adoption or foster care.
- » Time needed to care for the employee's spouse, son or daughter or parent who has a serious health condition.
- » Time needed due to a serious health condition that makes the employee unable to perform his or her job.

The University may coordinate and/or substitute paid leave for all, or part of the unpaid leave identified under FMLA. Paid leave types are described below.

Employees are eligible for FMLA if they have worked for the University for at least one year and have completed a total of 1,250 hours within the previous 12 months.

FMLA provides 12 weeks of unpaid leave in any one 12-month period. Leave may be taken in increments of less than 12 weeks. That is, absences of one or more days up to a maximum of 12 weeks may be charged to FMLA. The University requires that other types of leaves of absence run concurrently with FMLA. Paid disability (occupational and non-occupational) paid maternity leave and unpaid medical leave will be considered as part of the 12-week FMLA entitlement. Paid medical leave, which is available to an employee for his or her illness but not for the illness of a relative, will reduce the FMLA leave.

A written request for job-protected leave under FMLA must be submitted to the employee's supervisor and to the Benefits Office at University Center. Ordinarily, a 30-day advance notice is required. All requests, except those for adoption and foster care, must be supported by medical documentation. That is, a doctor's note is required for a leave due to the employee's health or the health of his or her spouse, child, or parent.

During leave under FMLA, the employee's group health insurance remains in effect. Arrangements must be made to pay any premiums that may be required. At the end of FMLA, the employee will be reinstated to his or her original job or to an equivalent position.

NYS Paid Family Leave Act (PFL)

Under PFL, NYS provides eligible employees with up to 12 weeks of job protected paid time off. Reasons include:

- » to bond with a new child
- » to care for a family member with a serious health condition
- » to assist with loved ones when a family member is deployed abroad on active military service

Employees taking Paid Family Leave will receive up to 67% of their average weekly wage, up to a cap of 67% of the Statewide Average Weekly Wage (SAWW).

All leaves require the appropriate provider documentation and the carrier will approve or deny the claim as well as facilitate the payment, once approved.

Please note: all time out runs concurrently and will be applied towards PFL & FMLA, if applicable.



Employee Assistance Program (EAP)

As an employee covered under your employer's Group Long Term Disability and Group Life Insurance Policies issued by Lincoln Financial Group, you are eligible for *EmployeeConnect*SM assistance services provided by ComPsych® Corporation.

*EmployeeConnect*SM: Employee Assistance Program (EAP)

*EmployeeConnect*SM EAP services are available to you and your immediate family members.

<i>EmployeeConnect</i> SM : EMPLOYEE ASSISTANCE PROGRAM (EAP)			
5 face-to-face sessions per person, per issue, per year » Marital/Family » Personal » Alcohol/Drug abuse » Stress/Anger » Death and dying	Confidential help 24 hours a day seven days a week for employees and their family members » Family / Parenting » Addictions » Depression / Stress » Relationships	Access to information: » Childcare » Elder care » Adoption » College Planning » Vacation Planning » Moving » Car Buying	Download the GuidanceNow SM app for: » Articles » Tutorials » Videos

*EmployeeConnect*SM EAP: Web Services

Administered by Lincoln Financial Group, the *EmployeeConnect*SM website is user-friendly and offers practical EAP-related information that addresses emotional well-being, health and wellness and daily living concerns. Available resources include interactive self-assessments, a comprehensive library of articles and guides and financial calculators. The website provides faculty and their immediate family members with the information they need, 24 hours a day, seven days a week and is conveniently organized in the following categories:

- » Emotional Well-being: Self-help tools, self-assessments and information on emotional resilience, self-esteem, and grief and bereavement, as well as how to access help for conditions such as anxiety, depression, and addiction.
- » Family Life: Resources to help address responsibilities and issues concerning family, such as pregnancy, childcare, parenting, child and adolescent development, and elder care. This site also includes a locator that allows users to search for child and elder care options.
- » Healthy Living: Tips and articles on maintaining a healthy lifestyle. Topics include alcohol and substance abuse, nutrition, exercise, weight loss, wellness, and stress reduction.
- » Leadership Skills: Employee and supervisor work performance toolboxes with articles, videos, and information to help develop workplace and leadership skills. Information on managing work-related issues such as conflict and communication are also available.
- » Legal/Financial Resources: Articles to help address financial and legal questions, such as debt, investments, retirement, taxes, bankruptcy, wills and estate planning, and identity theft. Financial calculators are also available for the following topics:
 - Mortgage
 - Loan
 - Auto
 - Credit cards and debt management
 - Savings

To access *EmployeeConnect*SM EAP

Online: GuidanceResources.com

Username: LFGNY Password: LFGNY1

Telephone: 833.475.0980

Download the GuidanceNowSM mobile app.

Group Legal

According to a study by the American Bar Association, 71% of U.S. households report experiencing some event in the past 12 months that might have led them to hire a lawyer. What's more, according to the study, many consumers who need a lawyer do not seek legal help, partly because they fear the cost and do not know how to find a good attorney. In an effort to provide employees with affordable coverage, the University is sponsoring a group legal plan through ARAG. They have an extensive network of attorneys who participate in their plan. These attorneys are available for legal consultations on an unlimited number of personal legal matters by telephone or in person. All covered services provided by in-network attorneys are fully covered by the plan. You also have the ability to use out-of-network attorneys. Covered services provided by out-of-network attorneys will be reimbursed according to a reimbursement fee schedule. Covered services include:

- » Preparation of wills, living wills and trusts
- » Divorce (Contested/Uncontested)
- » Purchase, sale, and refinancing of primary residence
- » Debt collection defense
- » Identity theft
- » Landlord/tenant problems
- » Civil litigation defense
- » Adoptions
- » Defense of traffic offenses

The monthly contribution of \$21.90 will be deducted from your paycheck on a post-tax basis if you elect this plan. There is a one-year benefit commitment. Once you enroll, you cannot terminate your benefit until the next open enrollment period. If you have questions or need to access legal services, call 800.247.4184.

Coverage now includes 1) Expanded ID theft, 2) Property tax actions to reduce assessments, 3) State tax audit legal defense, 4) Credit records correction, and 5) Tax services.

Pet Insurance

If your pet becomes sick or hurt, do you have enough saved to cover the expense? The University offers access to discounted pet insurance through Nationwide that provides access to care without straining your budget. You will be provided with a rate quote based on the type of pet you have (dog, cat, bird, or exotic), the age of your pet, and your pet's resident state. With Nationwide pet insurance, you can use any veterinarian (worldwide) including specialists and emergency providers. There is no additional charge for chronic care and there are no lifetime limits. You may pay for this benefit via post-tax payroll deduction. Visit PetInsurance.com/Affiliates/LIU or call 1.877.738.7874 to receive a rate quote.

Plum Benefits

Plum Benefits is powered by TicketsatWork, as one of the leading entertainment and perk providers for employees. Plum Benefits allows LIU employees to access discounts to some of the top entertainment and travel destinations including:

- Universal Studios
- Walt Disney World Resort
- Broadway Shows
- Theme Parks
- Sporting Events
- Cirque du Soleil
- Movie Tickets
- Rental Cars
- Hotels Worldwide
- And more!

Company Code: ac0129086

Contact: contact@plumbenefits.com ; 212-660-1888



To sign up, visit www.plumbenefits.com and click **BECOME A MEMBER**

Join the world's largest corporate benefits program!

Serving more than 40 million employees and over 10,000 corporations nationwide.

How Does It Work?

- 1 Once signed up, log in 24/7 to www.plumbenefits.com.
- 2 Select your preferred destination from the drop-down list.
- 3 Browse all the current offers.
- 4 Select the event you want to attend.
- 5 Purchase tickets directly on Plum Benefits' secure site – no need for special codes.

Long Island University 403(b) Retirement Plan

RETIREMENT ANNUITY ACCOUNT (RA) ¹	GROUP SUPPLEMENTAL RETIREMENT ACCOUNT (GSRA) ²
LIU contribution source	Employee pre-tax source
Employee "mandatory" source (pre-tax) after 2 years of service	Employee after-tax "Roth" source
Rollover source	Rollover source
Employee "additional" source (pre-tax)	

¹ Must participate by making "mandatory" source contributions after 2 years of service. Can participate earlier if hired directly from another university.

² Available immediately upon hire, provided regularly scheduled to work at least 20 hours/week.

As indicated by the chart above, eligible newly hired LIU employees (regularly scheduled to work at least 20 hours per week) can begin saving and investing for retirement immediately by participating in the GSRA (Group Supplemental Retirement Account) administered by TIAA. Elected participant contributions made via payroll deduction to the GSRA can be made on a tax-deferred (pre-tax) basis or on an after-tax (Roth) basis, or both. Pre-tax contributions and related investment earnings are not taxed until your money actually is distributed from the Plan. Roth employee contributions are taxed as they go into the Plan, but both Roth employee contributions and related investment earnings generally are not taxable at all when a distribution from the Plan occurs.

Please note that newly hired employees may also rollover assets from a prior employer-sponsored 403(b) or 401(k) Plan into the GSRA if they so elect.

Once the employee has attained two years of service, the employee will be required to enroll in the RA (Retirement Account) administered by TIAA and contribute **4%** of base pay, on a pre-tax basis, and in turn will receive an LIU match of **5%** of base pay. Of course, an employee can elect to supplement his or her mandatory contribution with "additional" contributions. Additional contributions can be made to either the RA or GSRA account and will not, however, generate any corresponding employer contributions. Employees with prior college or University service in the immediate months before coming to LIU can use that time to satisfy the two-year waiting period for RA participation.

Participants can change their additional contribution levels to both the GSRA and RA at any time. Generally speaking, employee additional contributions cannot exceed \$23,000 (\$30,500 if turning at least age 50 in 2024). In addition, the sum of employee contributions and employer contributions may not exceed \$69,000 (\$76,500 if turning at least age 50 in 2024). These contribution maximums are set by the IRS and are the current maximums as of the date this booklet was printed.

There are a variety of mutual investment funds and annuity options made available under the Plan, including Vanguard Target Date funds. Generally speaking, the same investment fund lineup exists under both the RA and GSRA account. Employees who enroll and fail to specify an investment fund option will have contributions defaulted to an age-appropriate Target Date fund. Participants are always 100% vested in both their own employee contributions and any University contributions made to the Plan. That is, employees own all account balances.

To enroll, designate a contribution rate, select investment fund options, and designate beneficiaries, you will want to go to the TIAA website at www.tiaa.org/liu and register.

To learn more or to find out about upcoming orientation/counseling sessions, please call 516.299.3686.

While it is expected that this Plan will continue indefinitely, Long Island University reserves the right to modify or discontinue it at any time.

Tuition Remission and Assistance

Tuition Remission is available to employees, their spouses and their dependent children for most courses taken at Long Island University. Tuition Assistance is available to dependent children for undergraduate study at other colleges and universities.

A. Tuition Remission*

Newly hired (or newly eligible) administrators begin accruing tuition remission benefits in accordance with their length of LIU service following the schedule below.

EMPLOYEE TUITION REMISSION SCHEDULE	
0-1 Year	0%
1-2 Years	50%
2-3 Years	75%
4+ Years	100%
SPOUSE TUITION REMISSION SCHEDULE	
0-1 Year	0%
1-2 Years	25%
2-3 Years	50%
4-5 Years	75%
5 Years +	100%
DEPENDENT CHILD TUITION REMISSION SCHEDULE	
0-1 Year	0%
1-2 Years	25%
2-3 Years	50%
4-5 Years	75%
5 Years +	100%

In utilizing tuition remission, employees may not take more than 18 credits in an academic year. Spouses are entitled to remission of tuition for most courses taken within the University. Their dependents may receive remission benefits until they complete their undergraduate degree or up to 8 semesters of graduate coursework. Candidates for tuition remission, whether pursuing full-time or part-time courses of study, are required to complete the TAP and Federal PELL applications. The criteria determining dependency are those established by the Internal Revenue Service for income tax purposes. The term "children" is the legal definition: natural born, adopted or stepchildren by marriage.

The benefits under this plan, apply to all schools and colleges within the University except doctoral programs. Unit members and/or spouses who wish to take continuing education courses may do so under the following conditions: 1) On the first-class meeting of the course, space is available for the individual in such course and; 2) There are no additional costs to the University caused by the inclusion of such individual in the course. Tuition Remission may not be applied to application fees, late registration or late payment fees, health insurance fees, room and board, or courses taught on an individual instruction basis.

Please note that IRS regulations may require that the Tuition Remission be subject to taxation. All employees are required to pay income taxes on all graduate tuition remission in excess of \$5,250 in any calendar year. All graduate tuition remission for spouses and dependent children is fully taxable.

An application for tuition remission must be completed and submitted to the University Benefits Office at the University Center at least one month before the registration period for each member of the family for whom tuition remission benefits are sought. Failure to apply for the remission benefits when required will result in forfeiture of registration for courses. Again, enrollment in doctoral programs is not covered under Tuition Remission.

*Applicants are required to apply for any financial assistance available under federal, state, and local laws. The amount of remission and assistance granted by the University will be net of the legally allowable awards. An application for tuition remission can be obtained from the Campus Bursar or the University Benefits Office. A new application is required each academic year.

B. Tuition Assistance (Undergraduate Only)

The University provides a tuition assistance plan for the dependent children of full-time employees, who are enrolled in accredited colleges other than those of Long Island University. A grant will be made directly to the college the dependent is attending. Applications for such grants may be obtained from the University Benefits Office. Applications should be submitted to the Benefits Office together with a copy of the child's tuition bill. The maximum benefit per semester = \$299.50. A dependent child shall be eligible for either tuition remission or tuition assistance benefits during each fiscal year, but not both benefits in the same fiscal year.

Benefits Under Tuition Remission and Tuition Assistance Apply:

- » To children of full-time administrators, who are currently employed or on leave for a period not to exceed one calendar year.
- » Only to children who are dependent as defined in the regulations of the Internal Revenue Service.
- » To children who have started a program of collegiate study under the tuition remission plan if the parent dies before the student's academic program is completed.

There is a maximum of 8 semesters for each dependent child (4 collegiate years) for Tuition Assistance (summer session attendance not counted) or 8 semesters or the equivalent part-time study for Tuition Remission.

Ancillary Benefits

Medicare Tax on Highly Compensated Employees

Employees with income in excess of \$200,000 and couples filing jointly, with incomes in excess of \$250,000, will see an increase of 0.9% in their Medicare tax. The additional Medicare tax will only be withheld on amounts exceeding these thresholds for employees making in excess of \$200,000. The Medicare tax will also be applied to net investment income for individuals or couples meeting the above income thresholds.

Social Security Benefits

Social Security payments are required from most University employees, including non-citizens. The tax rate is determined each year by the federal government. The 2023 rates are 6.2% social security tax on wages up to \$128,700 (LIU contribution rate is 6.2%) and 1.45% Medicare tax on total wages. The employer/employee Medicare Payroll tax is 1.45% of all wages. For employees with wages exceeding \$200,000 (or \$250,000 for joint filers), there is an additional Medicare tax of 0.9%.

Unemployment Insurance

Effective January 1, 1971, the Unemployment Insurance Law mandated unemployment insurance coverage in non-profit educational institutions. Information on New York State Unemployment Insurance for claimants is available from local offices of the New York State Department of Labor, Division of Employment. Application for unemployment benefits should be made at a local Department of Labor Office.

New York State Workers' Compensation

In general, workers' compensation benefits are payments to employees who incur occupational disabilities, without regard to any fault involved. This coverage provides weekly benefits and medical expense reimbursement to employees in the event of accidental injuries or illness sustained during the course of employment. Claims for workers' compensation benefits should be submitted to the Benefits Office.

Tax-Advantaged Commutation Benefits

You may elect to contribute up to \$255 per month for transit expenses and/or \$255 per month for parking expenses (or up to the IRS monthly maximums if they differ from what is noted above) to pay for eligible commuter expenses. The program is administered by Wage Works.

Living Well with Long Island University

The University offers a voluntary "Wellness Report Card Program" designed to encourage participants to take good care of their physical, mental, and financial health. The program offers health education seminars and workshops; health screenings; health risk assessments; on-site behavior-change programs addressing issues like weight management and smoking cessation; and incentive programs for the improvement of health and fitness behaviors.

The report program is based on a 10-point system. In order to successfully complete the Report Card Program, employees must complete all of the "6 required" components, as well as "4 elective" components.

Cigna benefit eligible employees who successfully complete all 10 components of the Report Card Program will receive a medical premium reduction of 1%. All 10 components of the program must be completed by December 1, 2024, in order to be eligible for the premium rebate.

To enroll please email: benefits@liu.edu with a subject line of "Living Well Report Card Program". Upon enrollment the report card will be emailed to you.

For email submission of report card please email to: benefits@liu.edu with a subject line of "Report Card Completion."

To learn more, please go to LIU.edu/LivingWell.

Credit Union Participation

Please be sure to consult the flyer contained within the new employee information packet to learn about the advantages of credit union participation available through BFCU (Bethpage Federal Credit Union).

Important Reminders Mandated by Law

Pages 21 through 33

Women's Health and Cancer Rights Act of 1998 Notification

In 1998, the U.S. Congress passed the Women's Health and Cancer Rights Act of 1998 that provides coverage for reconstructive surgery and related services following a mastectomy in conjunction with a diagnosis of breast cancer. This act affects group and individual plans that provide medical/surgical coverage for a mastectomy. Your benefit plan's current guidelines already closely mirror this federal mandate. What this means for you is:

- » Coverage will be provided for the reconstructive surgery of the breast on which a mastectomy has been performed.
- » Coverage will be provided for surgery and reconstruction of the other breast to produce a symmetrical appearance.
- » Coverage will be provided for prostheses and physical complications through all stages of a mastectomy, including swelling associated with the removal of lymph nodes.
- » This coverage will be determined in consultation with the attending physician and patient.

Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers that have maternity coverage generally, may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours if applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay in excess of 48 hours (or 96 hours).

HIPAA Privacy Notice

Long Island University protects your individual health information. When you first became covered by our health plans you received a Privacy Notice that explains how we do that. A copy of the Privacy Notice is available to you on request and without charge. If you want a copy of it for any reason, contact the Benefits Office.



Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility –

<p style="text-align: center;">ALABAMA-Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p style="text-align: center;">CALIFORNIA-Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov</p>
<p style="text-align: center;">ALASKA-Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p style="text-align: center;">COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442</p>
<p style="text-align: center;">ARKANSAS-Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p style="text-align: center;">FLORIDA-Medicaid</p> <p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>

<p align="center">GEORGIA-Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>	<p align="center">MASSACHUSETTS-Medicaid and CHIP</p> <p>Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p>
<p align="center">INDIANA-Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p align="center">MINNESOTA-Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p align="center">IOWA-Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/imc/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/imc/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p align="center">KENTUCKY-Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx</p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA-Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA-Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE-Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

<p align="center">NEW JERSEY-Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">SOUTH DAKOTA-Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">NEW YORK-Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p align="center">TEXAS-Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p align="center">NORTH CAROLINA-Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">UTAH-Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">NORTH DAKOTA-Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p align="center">VERMONT-Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p align="center">OKLAHOMA-Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">VIRGINIA-Medicaid and CHIP</p> <p>Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>
<p align="center">OREGON-Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p align="center">WASHINGTON-Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p align="center">PENNSYLVANIA-Medicaid</p> <p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p align="center">WEST VIRGINIA-Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">RHODE ISLAND-Medicaid and CHIP</p> <p>Website: http://www.cohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItc Share Line)</p>	<p align="center">WISCONSIN-Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p align="center">SOUTH CAROLINA-Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">WYOMING-Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)
CHIPRA Notice 9/2021 NF1080

Important Notice From Long Island University About Your Prescription Drug Coverage and Medicare

If you (and/or your dependents) have Medicare or will become eligible for Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Long Island University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Long Island University has determined that the prescription drug coverage offered by Cigna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Long Island University coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Long Island University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the Benefit Office.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Long Island University changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1.800.772.1213 (TTY 1.800.325.0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	11/1/2023
Name of Plan Sponsor:	Long Island University
Contact—Position/Office:	Kim Wilkins Executive Director of HR Processing and Payroll
Plan Sponsor's Address:	University Center 700 Northern Blvd. Brookville, NY 11548
Plan Sponsor's Phone Number:	516.299.2547

Initial Notice about Special Enrollment Rights in Long Island University's Group Health Plan

Long Island University
700 Northern Boulevard
Brookville, NY 11548

A federal law called HIPAA requires that we notify you about two very important provisions in the plan. The first is your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Second, this notice advises you of the plan's preexisting condition exclusion rules that may temporarily exclude coverage for certain preexisting conditions that you or a member of your family may have.

Special Enrollment Provision

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete an enrollment form indicating your intent to waive coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan. To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Maria Greco at maria.greco@liu.edu.

Eligibility for Medical Benefits Using Healthcare Reform Requirements

Under the Patient Protection and Affordable Care Act (PPACA), we are required to offer medical benefits to certain “full-time equivalent” employees. In general, we will track your hours of service during what is called a “measurement period” to determine your eligibility for medical benefits during the corresponding stability period (January 1, 2024, through December 31, 2024).

The measurement period ran from October 15, 2022, through October 14, 2023. To be eligible for medical benefits, you must have at least an average of 30 hours of service per week (or an average of at least 130 hours of service per month) during the measurement period. Hours of service that count towards your eligibility for medical benefits are: (1) those hours for which you are paid to work, and (2) the hours for which you are paid for vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty, or leave of absence.

If you average at least 30 hours of service per week (or an average of at least 130 hours of service per month) during the measurement period, then you will be eligible for medical benefits from January 1, 2024, through December 31, 2024. You must elect coverage, pay your share of premiums, and continue to be employed during this period in order to maintain coverage.

If you do not average at least 30 hours of service per week (or an average of at least 130 hours of service per month) during the measurement period, then you will not be eligible for medical benefits from January 1, 2024 through December 31, 2024 unless you have a change in employment status that makes you eligible for benefits.

If you are a part-time employee who worked an average of 30 hours during the measurement period, you will receive information on how to enroll in the medical plan. If you elect to enroll, benefits will become effective January 1, 2024. If you do not work an average of 30 hours per week during future measurement periods, you will not be offered benefits during the next applicable stability period (January 1 through December 31).

If you have any questions, please contact the LIU Benefits Office at 516.299.3686.





New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 10-31-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Long Island University		4. Employer Identification Number (EIN) 11-1633516	
5. Employer address University Center, 700 Northern Blvd		6. Employer phone number 516-299-3686	
7. City Brookville	8. State NY	9. ZIP code 11548	
10. Who can we contact about employee health coverage at this job? Maria Greco			
11. Phone number (if different from above) 516-299-3686		12. Email address Maria.Greco@liu.edu	

Here is some basic information about health coverage offered by this employer:

• As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Either full-time administrative or clerical staff, faculty, post public safety employees or professional administrative association employees. The following full-time LIU groups are not eligible for the LIU medical plan but may access medical coverage via their union: Local 153, Local 1102, Local 66, Local 32BJ, Local 30, Post/Brooklyn carpenters and post painters. The following full-time employees are not eligible for subsidized employer-sponsored coverage: part-time clerical, adjunct professors, visiting librarians, continuing education faculty/staff, working students.

• With respect to dependents:

We do offer coverage. Eligible dependents are:

Legal spouse, a natural, adopted or foster child or child which you or your spouse have legal guardianship, of the year in which they turn age 26 regardless of full-time student or marital status and unmarried disabled children over the age of 26 if the disability began prior to age 26.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, to request FMLA leave you **must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your employer **may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your employer **must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your employer **cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your employer **must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your employer **must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit dol.gov/fmla to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

SCAN ME





YOUR RIGHTS UNDER USERRA THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <https://www.dol.gov/agencies/vets/>. An interactive online USERRA Advisor can be viewed at <https://webapps.dol.gov/elaws/vets/userra>
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <https://www.dol.gov/agencies/vets/programs/userra/poster> Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



U.S. Department of Labor
1-866-487-2365



U.S. Department of Justice



Office of Special Counsel



1-800-336-4590

Publication Date — May 2022

Quick Links

Cigna: www.cigna.com

Aetna Dental: www.aetna.com

United Health Vision: www.uhcvision.com

Wage Works: www.wageworks.com

ARAG Legal: www.araglegal.com

Nationwide Pet Insurance: www.PetInsurance.com/Affiliates/LIU

Lincoln Life Insurance: <https://www.mylincolnportal.com/customer/public/login>
Company code LIUBENEFITS

Questions?

Contact Benefits:

benefits@liu.edu

Theresa Leonard

Benefits Administrator

Phone: 516-299-4236

Email: Theresa.leonard@liu.edu

Maria Greco

Director of Benefits

Phone: 516-299-3686

Email: Maria.Greco@liu.edu