Minutes of a Stated Meeting of the Administrative Management Council
Tuesday, September 27, 2016

A stated General Meeting of the New York University Administrative Management Council was held on Tuesday, September 27, 2016 at 9:00 a.m., in Lipton Hall at the NYU School of Law, 108 West 3rd Street. The meeting was convened with Ray Lutzky as the AMC Chair.

AMC Representatives & Senators Present: Ahmad, Razi (for Albrecht, Barbara); Amparado, Keith D; Bagley, Lauren M; Balogh, Sarah; Biondi, Jonathan (for Humphrie, Jamila A.); Bisberg, Laura Jessamyn; Bonaparte, Melissa; Boneta, Caroline E; Borge, Lisa; Botos, Rachel L.; Carey, Helena Jane; Cariaso, Mark; Chin, Nelson; Cleary, Kacie (for Duke, Elizabeth M); Cleveland, John Paul; Coombs, Amy; Cureton, Nadia N; De Leon, Evelyn M; Deacetis, Maria; Del Valle, Bruss; DeLeonard, Nora Anne; Denney, Katrina; Depena, Toni; Desantis, John; Devjani, Manish; DiGiovanni, Carly Rose; Drew, Regina Syquia; Fair, Amy M; Fannelli, Erica; Malina Maude; Laura Borge, N; Serret, Depena, Justine E; Leon, Kyle Atkinson; Meeting (for Nelson; Pamela; Zachary; B; Boneta, Vassallo, Ray Osse, Webb, Mainiero, David; Carly. Rose; Syquia, Jasmine Jessica; Markowitz, Garofalo, A; 9:00 Council Tie, Guarino-Ramirez, of Romeo; Kelly-Fierro, 3rd Biondi, Gisela (for Lee Tyhovych, Devjani, Nicolussi, Amy; Santiago, Wasserman, Humphreys, Bonaparte, Brenda Gore, Monahan, Gregory Huggins, Holub, Sarah; Krista L); Barbara); 2016 John; Cleveland, K. Anne; G.; Caroline Hollingsworth, H; Urbano, Vogelsang, was Kelvin Natalia; Pudjak, Melissa; on A; Mendez, Kim, Shelosky, Lance; Hye; New Beth Jennifer); Aaron Shivers, Elizabeth at Adam Irving, Ritter, Rachel Stephanie Malin, A.; Niedenthal, Duke, Hector M); Toni; Evan; Kathleen; K; Vergara, Coombs, of Levine, Anne; (for Paul; Henry; Del Heba Stedfeld, David; Amanda; Patricia Pathripala, Deacetis, De Nora Gee, Matthew (for Michelle Lisa; Jamila Vintinner, Popp, Stephen Management the M; Reading meeting University Goldkranz, at Denney, Pruitt, Mark; Carrie Rothstein, waived, was Stevin Cureton, Siegel, John McCullough, Carrie Valle, Martin, General La Vergara-Spagnola, William Helena Alexandra; Harrell, Toni K.S.; Tuysuzian, 27, Kavalam, Minteer-Baysal, Jamie; Jennifer Carolyn Adam Manish; Solomon, Nicole; Paul; Prendergast, Scott Kebbon, Spangler, Kacie McKelvin, Haughton, Humphrie, Kumar, Kenigsberg, Leizel Michael; Kushner, Melissa; La Rosa, Letizia; Ladisa, Ann Marie Laveau, Daniel; Levine, Melissa; Lewis, Scott G; L; Stephen F; Lutzky, Raymond Allen; Mainiero, Michael A; Malin, Gwynneth C. (for Nicolussi, Christopher L); Maristany, Alita; Markowitz, Beth A; Martin, Jessica N; McCaw, Michael; McCormack, William (for Atkinson, Mary Lou); McCullough, Kevin; McGowan, Susan A (for Monahan, Jennifer); McKelvin, Patricia K. (for Hayes, Brianne); Meconis, Carrie A.; Mendez, Greg; Michels, Stevin Azo; Minteer-Baysal, Krista M.; Mitchell, Brenda S; Neilson, Kathleen; Niedenthal, David A; Osse, Caroline M (for Harrell, Zachary W); Pathripala, Aaron R.; Pearson, Patricia Anne; Piyasena, Hasanthi; Popp, Adam J; Prendergast, Carrie A.; Pruitt, Henry; Pudjak, Caitlin; Remmers, Jamie; Rendall, Meredith (for Vergara-Spagnola, Leizel G); Ritter, Carolyn S.; Rivas, Gregory Anthony (for Gore, Heba Nassef); Romano, Johanna; Ross, Aaron B.; Rothstein, Erica; Santiago, Stephanie Lynn; Santo, Katie; Seltzer, Heather; Serret, Alexandra; Sforza,Michael; Shelosky, Matthew; Shivers, Kelvin O.; Siegel, Wendy E; Silberman, Evan; Solomon, Jasmine A; Sowell, Scott; Spangler, Michelle (for Webb, Malina Jai); Stedfeld, Eric L Stockwell, Kyle W; Stuart, Jennifer Lee (for Urbano, Toni T); Thilman, Daniel; Tie, Juan H.; Tuysuzian, Arly; Tyhovych, Natalia; Vassallo, Marni; Vergara, Paul; Vintinner, David; Vogelsang, David; Warrington, Patricia A; Wasserman, Jessica; Watson, Alan; Watts, Leigh G.; Wiker, Jason; Williams, Claudine-Lonje A; Williams, Paul; Willyard, Sarah; Wrightson, Rachel; and Wu, Nancy.

Guest Administrators Present: 19

AMC Chair, Ray Lutzky opened the meeting by welcoming members of the AMC and calling the meeting to order at 9:06 am.

PRELIMINARY MATTERS - Approval of the Minutes

The minutes from the last meeting on May 5, 2016, were provided in advance with the agenda. Reading of the minutes was waived, and the minutes were approved unanimously. The final version of the minutes is posted on the AMC website.
GUEST SPEAKER - Trish Halley, Senior Director of Global Benefits

Trish Halley [not verbatim, presentation attached]:

- Here today to talk about Open Enrollment
  - Open Enrollment dates: October 24th - November 7th, 2016
  - Benefit Fairs: October 26th, 27th, and November 2nd, 2016
    - PeopleLink
    - Health, Welfare and Retirement representatives
    - WageWorks
    - CareBridge
    - AMC will have a table this year for the first time
    - Coupled with flu shots
- No changes to the Unitedhealthcare medical, MetLife dental, and VSP vision plans in 2017
- One change that did occur in middle of 2016
  - As of May 1, 2016
  - ABA [Applied Behavior Analysis] therapy for children diagnosed with autism
  - This will carry forward into 2017
- This is a passive enrollment (Flexible Spending is the exception)
  - If you are keeping the same plan and have no changes to your elections, they will carry forward if you do nothing
  - This is your opportunity to change things
  - For those people enrolled in a Flexible Spending Account - if you wish to contribute to this - then you MUST enroll in this as the elections from the prior year DO NOT roll over. This is an IRS regulation.
- Side-by-side comparison chart overview guide (attached to minutes) was reviewed
  - Coverage isn't different between the plans, just the costs
  - All Unitedhealthcare plans
- Employee contributions increase
  - 4.9% increase - Value & High Deductible Plan
  - 9.5% increase - Advantage Plan
  - NYU projected to have approximately 8% cost increase increase for 2017
    - Slightly above the national average
    - Population at NYU is a little bit older
    - We're in NYC so cost of healthcare is a bit more expensive than across the country
- Dental plan enhancements made last year - this year, same plan no employee increases for 2017
- Rx drug coverage - no plan changes and co-pays remain the same
  - Continuation of generic step therapy program
  - If you are prescribed a medication within a certain drug class, you are required to try a generic drug first
  - Benefits Overview Guide includes an FAQ on this program
  - You'll get a letter from Caremark if a Rx you are impacted by this well in advance of January 1, 2017.
- VSP vision plan - same plan, no changes, no contribution increases in 2017
- Administrator coverage numbers
  - Medical
    - 42% of Administrators are in the Advantage Plan
    - 40% Unitedhealthcare Plan
    - 7% High Deductible Health Plan
- 11% waive out of coverage
  - Other
    - Dental - 91%
    - Vision - 57%
    - FSA - 29%
    - Legal - 9%
    - Supplemental Life - 43%
    - Supplemental Life Spouse & Child - not as high
      - During annual enrollment, if you have supplemental life insurance now you can go up one level without any medical evidence
      - Spouse or Domestic Partner - medical evidence is required
      - Child coverage - not required ever

- High Deductible Health Plan
  - 7% participation seems low, but higher than most peer institutions
  - AMC is hosting an event about the HDHP coming up (Oct 5, 2016)
  - Word of mouth on this plan is positive
  - Suggested that you review your plan options are compare out-of-pocket expenses
  - Trish shared her personal experience with the HDHP and how it makes her more aware of her healthcare costs
  - Health Savings Plan (HSP)
    - Pre-tax dollars into a HSP to offset out of pocket expenses
    - Rolls over and grow, year to year, tax-free (as opposed to the FSA), tax free when you use it for medical related expenses
    - You can also save HSP money for when you retire
    - Travels with you if you leave NYU

- Flexible Spending Account (FSA)
  - Great way to pay for out-of-pocket expenses
  - Through WageWorks
  - About 30% participation
  - Debit card - whatever you elect to contribute, comes out pre-tax from your paycheck
  - Whole election for the year is available in January
  - Use it or lose it plan - forfeit money at the end of the year
  - Roll over provision - $500 can be rolled over

- If you are in a FSA and you decide to enroll in the HDHP, you have to zero-out your FSA balance before starting an HSP with the HDHP - IRA regulation

- Legal Plan
  - $16.75 per month - access to network of attorneys
  - Trish shared a personal story about selling her house and positive
  - AMC member shared a personal experience about selling a condo this year and because the property was not the primary residence is wasn’t covered
    - Trish would like to encourage that any Administrators with feedback about any of the plans, especially the new ones, to please come forward or alert your AMC rep so she can be aware and continue to improve the coverage where possible

- Annual Enrollment Communication starting next week
  - Postcard coming to home address
  - Emails to all benefits eligible employees (with lots of links)
    - Decision Support Tool link
○ Videos on benefit plans
○ Reminders throughout open enrollment - email and voicemail at office phone
○ Scenarios flyer (attached to minutes)
○ Other resources
  ■ PeopleLink team
  ■ Benefits Overview Guide
  ■ Benefit Fairs
  ■ Health Advocate
    ● Can help you decide what plan is best
    ● Available to employees and your family (parents & parents-in-law)
    ● Speak to the same person every time
    ● Assistance getting appointments (sometimes sooner)
    ● Reading health care bills
    ● General claims questions
  ■ Decision Support Tool
    ● Walk you through your specifics
    ● Can stay general (age & gender) or get very specific
    ● Side by side comparison of plans
    ● Summary and decision for most cost effective plan
    ● Compares tax savings
  ■ MyUHC.com
  ■ Health Savings Account calculator
  ● New (last year) 1095c form
    ○ Identifies coverage and who is covered
    ○ IRS doesn’t state whether it is required for 2016 tax return year, but NYU will send them regardless
    ○ By January 31, 2017, they will be sent out
  ● In the works for 2017
    ○ Work-Life Balance Committee
      ■ Reviewing current services and identifying gaps
      ■ Will be making suggestions/recommendations by the end of this AY
    ○ Tuition Remission Committee
      ■ Surveying current data
      ■ Will be making suggestions/recommendations by the end of this AY
  ● Q&A
    ○ Why are non-Langone employees unable to access the Child Health Care Center at NYU Langone?
      ■ Trish - This isn’t covered in her office, but she’ll look into it and report back
    ○ Will NYU start offering long term care insurance?
      ■ Trish - NYU did offer this, but our provider stopped offering it due to expensive rates. If you had it, we still honor it, but we don’t plan to offer it in the future.
OFFICER REPORTS
AMC Chair, Ray Lutzky rlutzky@nyu.edu

- What I hope to accomplish as Chair this year:
  - Encourage good governance and work with other councils
  - Maintain the work being done on the various committees
  - Continue affordability conversations
  - Continue diversity, equity, and inclusion conversations
  - Bring our campuses together - Come visit Brooklyn!

- Events
  - Inauguration - Regina Drew, thank you!
  - New Rep Breakfast - Welcome!

- Open AMC
  - Visit the site
  - Vote and add your ideas

- Senate
  - Committees starting up
  - First Executive Committee meeting already happened
    - Mercer Street Coles site work is starting soon
    - Want to make sure the needs of the staff working in those spaces are met

- Housekeeping
  - January meeting date change from 3rd and 10th
  - Working on guest speakers for the year

- Announcements
  - Supplier Expo - October 7th
  - Pride at Work event tonight, RSVP by email
  - Global Home roll out - add AMC as an “interest”

AMC Treasurer, Daniel Holub daniel.holub@nyu.edu

- ID stickers for Administrator’s taking classes that allow for “student discounts” coming soon
- AMC has funding for our Senior Unit Reps to request for AMC School/Unit events
- Email or stop by with any questions

SENATOR REPORTS - None

COMMITTEE REPORTS
Bylaws, Norma Kenigsberg norma.kenigsberg@nyu.edu

- Vote to increase size of the AMC Senate representation by one additional seat
- Approved by Board of Trustees in June 2016
- Norma reviewed the changes in Bylaws
  - 7 Senate seats total
  - Number of senators elected each year adjusted appropriately
  - Language added on how to select new senators in between elections if needed
  - Ad hoc committees present for 2 years can be added as official committees
    (Communications and Professional Development)
- QUESTION
  - How do you replace the alternate Senator that moves up to Senator if needed?
● Friendly amendment - language added “and alternate Senators” to make this clear
  ○ VOTE HELD - MOTION PASSED (none opposed or abstained)
    ■ Moved - Carol Hollingsworth
    ■ Second - Carrie Prendergast

Benefits, Katrina Denney (for Kristi Schwindt-Ramos) katrina.denney@nyu.edu
● Benefits Committee met in May, June, September 2016
● Kristi met with Sabrina Ellis re Flextime policies and salary bands - discussion continuing
● Awaiting the results of the Work-Life Balance Committee survey
● Benefits Spotlight event
  ○ 10/5 High Deductible Health Plan - email to SURs later today
  ○ Future event ideas “Hacking Health Care,” “Maximizing Employee Discounts” - send your ideas to Kristi or a committee member
● AMC table at Benefit Fairs
● Ray Lutzky, Special Note on Retiree Lawsuit
  ○ Ray will be present at the upcoming October 13 meeting regarding the retiree lawsuit
  ○ Nothing to report until after that meeting takes place, but he will keep the AMC updated

Tuition Remission, Meredith Rendall mr173@nyu.edu
● Meeting all summer
● All changes must be zero sum
● Spoke with the Bursar’s Office to ask about sliding scale for coverage
  ○ This is not an option - only yes/no calculation is possible (not if/then)
  ○ Faculty unhappy with this too
● Looking at raising the $50k threshold - looking at impact
● Looking into loan program for first year of program
● Putting a tuition calculator in place to clarify cost and taxes
● Improving language on website, scholarships vs loans

Special Events, Julie Kaplan jhk1@nyu.edu
● December 9, 2016 - Town Hall luncheon meeting with President Hamilton, Rosenthal
● January 10, 2017 - Reminder that the January 3rd AMC General Meeting has been moved
● May 4, 2017 - End of year AMC luncheon
● All future meetings will have more seating in regular location!

Professional Development, Mike McCaw mike.mccaw@nyu.edu
● Doubled enrollment in mentor program (global sites - Abu Dhabi, code 106 staff, & Deans group)
● Meal vouchers have been provided to all program participants
● Special events details in future emails
● Call for volunteers - please contact Mike

OTHER BUSINESS - New Business: Call for Volunteers
● Community Service Committee - Carrie Meconis, carrie.meconis@nyu.edu
  ○ Last year’s Lunch n’ Learns topics - library, real estate, diabetes
  ○ Looking for ideas & volunteers for this year - please contact Carrie
- Halloween parade on 10/31/16 - looking for volunteers
- Next meeting on 10/20/16 @ 12:30pm

**Administrators Inclusion, Equity, & Diversity (AIDE) Committee - Justine Kelly-Fierro, justine@nyu.edu**
- Early October meeting to discuss mission and vision for the year
- Pride at Work this evening
- Administrators of Color social event tomorrow

**Senior Unit Reps - Pamela Kavalam, pamela.kavalam@nyu.edu**
- “Main Rep” who handles the communications
- October 28th meeting - announcement coming soon!
- Look to this rep for school/unit resources, support, and communication with executive council or officers

### ANNOUNCEMENTS

- **Equity, Diversity, and Inclusion Task Force (EDI) - Juan Tie, juan.tie@nyu.edu & Gwynneth Malin gcm207@nyu.edu**
  - First meeting earlier this month
  - Will be leading a working group for Administrators to define outcomes and recommendations
  - President has committed to hiring Chief Diversity Officer
    - Committee met last week with Isaacson & Miller hiring firm (same firm from President and Provost search)
    - All campus service climate in Spring 2017
  - Task force held an event this past Friday “NYU Together”
    - 200 participants
    - President, Provost, and special guests spoke
    - Discussions and great suggestions were generated
  - Working with AIDE to fuse efforts and gain feedback
  - Reach out to Juan or Gwynneth with comments/questions and especially looking for outcome suggestions
  - Email with more information coming soon

- **Public Safety - Matt Shelosky**
  - Running “Prepare NYU” campaign
  - Raffle on social media now - USB charger / flashlight and other prizes available

There being no further business, the meeting was adjourned at 10:30 a.m.

Respectfully submitted,
Katrina Denney
AMC Secretary
NYU 2017 Benefits Annual Enrollment
AMC Meeting
September 27, 2016
• 2017 Annual Enrollment dates:
  • Monday, **October 24**th through Monday, **November 7**th

• Benefit Fairs scheduled for:
  • Wednesday, October 26, NYU Palladium, 10 a.m. to 2 p.m.
  • Thursday, October 27, Tandon SoE, 10 a.m. to 2 p.m.
  • Wednesday, November 2, Kimmel Center, 10 a.m. to 2 p.m.
2017 Benefit Plans

Healthcare Plans

• No changes to UnitedHealthcare medical, Metlife dental and VSP vision plan designs for 2017
  • Applied Behavior Analysis (ABA) Therapy added to UHC medical plans as of May 1, 2016 for children who have been diagnosed with Autism Spectrum Disorder.

• Employees who do not make an active election during Annual Enrollment will remain in the same health care plans, covering the same dependents, as long as they remain eligible, in 2017.

• **Important**: Employees who wish to contribute to a Health Care or Dependent Care Flexible Spending Account (FSA) **must** make an active election during Annual Enrollment.
UHC Value and HDHP Plan contributions will increase 4.9% and the UHC Advantage Plan will increase 9.5% for 2017.
### Dental Plan

**Coverage Type**

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Plan Covers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TYPE A: Diagnostic and Preventive</strong></td>
<td>100%*</td>
</tr>
<tr>
<td>• Routine oral exams, cleanings, fluoride treatments, X-rays, space maintainers</td>
<td>(Not subject to deductible. Limited to two covered visits per calendar year.)</td>
</tr>
<tr>
<td>• One application of sealant every five years (restricted to non-restored/non-decayed first and second molars, dependent children up to age 19)</td>
<td></td>
</tr>
<tr>
<td><strong>TYPE B: Basic Restorative</strong></td>
<td>80%*</td>
</tr>
<tr>
<td>• Fillings, simple extractions, crowns, dentures and bridge repairs, endodontics (root canal), oral surgery, periodontics</td>
<td></td>
</tr>
<tr>
<td><strong>TYPE C: Major Restorative</strong></td>
<td>50%*</td>
</tr>
<tr>
<td>• Bridges and dentures, crowns, inlays, and onlays</td>
<td></td>
</tr>
<tr>
<td>• Temporomandibular Joint Syndrome (TJS)</td>
<td></td>
</tr>
<tr>
<td><strong>TYPE D: Orthodontia (per person)</strong></td>
<td>50%*</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>• Individual: $50</td>
<td></td>
</tr>
<tr>
<td>• Family: $150</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit</strong></td>
<td>$2,000 per person</td>
</tr>
<tr>
<td><strong>Orthodontia Lifetime Maximum</strong></td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>TMJ Lifetime Maximum</strong></td>
<td>$1,500</td>
</tr>
</tbody>
</table>

No increase to Dental Plan Contributions for 2017
As a continuation of the generic step therapy program that was introduced 1/1/2015 for high blood pressure and cholesterol drugs, effective 1/1/2017, additional therapeutic classes of medications will require members to first try a generic drug to treat your condition.

<table>
<thead>
<tr>
<th>Type of Prescription</th>
<th>UnitedHealthcare Choice Plus Value Plan and UnitedHealthcare Choice Plus Advantage Plan</th>
<th>UnitedHealthcare HDHP with HSA Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail pharmacy</strong></td>
<td><strong>30-day supply</strong></td>
<td><strong>Coinsurance</strong> (your portion after deductible is met)</td>
</tr>
<tr>
<td>• Retail Generic</td>
<td>$10</td>
<td>10%*</td>
</tr>
<tr>
<td>• Brand-name on CVS/Caremark’s Primary Drug List</td>
<td>$35</td>
<td></td>
</tr>
<tr>
<td>• Brand-name not on CVS/Caremark’s Primary Drug List</td>
<td>$55</td>
<td></td>
</tr>
<tr>
<td>• Maintenance medication filled three or more times</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td><strong>Mail Order</strong></td>
<td><strong>90-day supply</strong></td>
<td></td>
</tr>
<tr>
<td>• Mail Order Generic</td>
<td>$5</td>
<td>10%*</td>
</tr>
<tr>
<td>• Brand-name on CVS/Caremark’s Primary Drug List</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td>• Brand-name not on CVS/Caremark’s Primary Drug List</td>
<td>$90</td>
<td></td>
</tr>
</tbody>
</table>
No increase to Vision Plan Contributions for 2017

<table>
<thead>
<tr>
<th>Service</th>
<th>VSP Provider</th>
<th>Non-VSP Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellVision Exam*</td>
<td>• 100% covered after $15 copay</td>
<td>• Covered up to $50</td>
</tr>
<tr>
<td>Retinal Screenings</td>
<td>• 100% covered after $39 copay</td>
<td>• Not covered</td>
</tr>
<tr>
<td>Lenses*</td>
<td>• 100% covered after $15 copay</td>
<td>• Covered up to $50</td>
</tr>
<tr>
<td>• Single</td>
<td>• 100% covered after $15 copay</td>
<td>• Covered up to $75</td>
</tr>
<tr>
<td>• Lined bifocal</td>
<td>• 100% covered after $15 copay</td>
<td>• Covered up to $100</td>
</tr>
<tr>
<td>• Lined trifocal</td>
<td>• 100% covered after $15 copay</td>
<td></td>
</tr>
<tr>
<td>Frames*</td>
<td>• Covered up to $160</td>
<td>• Covered up to $70</td>
</tr>
<tr>
<td>Elective Contact Lenses (in place of lenses and frames)</td>
<td>• Covered up to $160</td>
<td>• Covered up to $105</td>
</tr>
</tbody>
</table>
## Current Plan Enrollment - Full-Time Administrators

<table>
<thead>
<tr>
<th>Plan</th>
<th>Provider</th>
<th>% of Administrators Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>UHC Advantage</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>UHC Value</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>UHC HDHP with Health Savings Account</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Waive Coverage</td>
<td>11%</td>
</tr>
<tr>
<td>Dental</td>
<td>Metlife</td>
<td>91%</td>
</tr>
<tr>
<td>Vision</td>
<td>Vision Service Plan (VSP)</td>
<td>58%</td>
</tr>
<tr>
<td>Flexible Spending Account</td>
<td>Health Care FSA</td>
<td>29%</td>
</tr>
<tr>
<td>Group Legal</td>
<td>Hyatt</td>
<td>9%</td>
</tr>
<tr>
<td>Supplemental Life</td>
<td>Prudential</td>
<td>43%</td>
</tr>
<tr>
<td>Spouse Life</td>
<td>Prudential</td>
<td>10%</td>
</tr>
<tr>
<td>Child Life</td>
<td>Prudential</td>
<td>8%</td>
</tr>
</tbody>
</table>
Annual Premium is Lower!

Let's look at the cost you're paying for coverage out of your paycheck assuming you have family coverage and earn $70,000 per year:

<table>
<thead>
<tr>
<th>2017 Medical Plan Contributions</th>
<th>UHC High Deductible Health Plan</th>
<th>UHC Advantage Plan</th>
<th>UHC Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premium</td>
<td>$227</td>
<td>$419</td>
<td>$291</td>
</tr>
<tr>
<td>Annual Premium</td>
<td>$2,724</td>
<td>$5,028</td>
<td>$3,492</td>
</tr>
<tr>
<td>HDHP Savings</td>
<td></td>
<td>$2,304</td>
<td>$768</td>
</tr>
</tbody>
</table>

You're paying $2,304 more for the Advantage Plan and you haven't seen a doctor yet!
A Health Savings Account (HSA) is a tax-advantaged savings account you can use for eligible healthcare expenses. There are many advantages to having an HSA, such as:

You benefit from triple-tax savings:
- Tax-free contributions,
- Tax-free interest and earnings, and
- Tax-free withdrawals for qualified healthcare expenses.

- Money in your account rolls over from year to year, so you can save for the future.
- Your HSA is yours to keep — you can take it with you if you leave NYU or use it during retirement.
- NYU contributes money to cover your eligible medical expenses if you earn less than $75,000.
2017 Flexible Spending Accounts (FSAs)

Health Care FSA – Maximum pre-tax contribution: $2,550
• $500 Carryover of unused funds into next plan year
• 2016 balances in excess of $500 unclaimed as of 3/31/2017 are forfeited

Dependent Care FSA – Maximum pre-tax contribution: $5,000
• Maximum contribution for highly compensated employees: $2,600

Important: Employees electing the HDHP for the first time in 2017 must have a zero balance in their Health Care FSAs by 12/31/2016 in order to open a Health Savings Account in 2017.
Services provided by Hyatt Legal Plans’ network attorneys to you, your spouse/domestic partner and dependents include:

- Will Preparation
- Debt Collection Assistance
- Legal Representation
  - When purchasing a home
  - Small claims actions
  - Traffic Ticket Defense
- Domestic Violence Protection
● Postcards to employees’ homes

● E-mails to benefits eligible employees scheduled for week of October 5\textsuperscript{th} with 2017 Benefits Overview Guide and links to:
    - Decision Support Tool
    - “Scenarios” Flyer with cost comparisons of UHC medical plan options
    - Videos with information on
      - Health Savings Accounts
      - Group Legal Plan
      - Health Advocate support

● Email and voice mail reminders throughout Annual Enrollment
2017 Benefits Annual Enrollment

October 24 – November 7, 2016

This is your **opportunity to review** your current benefit elections and **make changes** to your coverage for 2017.
Kevin

Kevin is single, has no children, earns $55,000 a year, and lives in New York. He doesn't anticipate any major health care expenses in 2017 and wants a plan where his paycheck contribution will be low. Kevin will see his in-network doctor for his regular preventive care visit.

<table>
<thead>
<tr>
<th></th>
<th>HDHP with HSA</th>
<th>UMC Choice Plus Advantage Plan</th>
<th>UMC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual preventive care visit</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>In-network primary doctor visit (in-network primary doctor discount rate of $70 per visit)</td>
<td>$80</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Kevin's total out-of-pocket cost for services</td>
<td>$80</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Kevin's annual medical plan payroll contribution</td>
<td>$588</td>
<td>$1,128</td>
<td>$684</td>
</tr>
<tr>
<td>NYU Contribution to HSA</td>
<td>$250</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Kevin's total cost (services plus payroll contributions) minus NYU's HSA contribution</td>
<td>$418</td>
<td>$1,158</td>
<td>$714</td>
</tr>
</tbody>
</table>

Kevin's estimated total cost under each medical option assuming he elects Employee Only coverage:

- One annual preventive care visit
- One additional doctor visit

Kevin's End Result

Kevin's least expensive option is the HDHP with HSA. He is paying the lowest premium out of his paycheck for medical insurance, and he's getting the benefit of NYU's $250 contribution to the Health Savings Account, which he can use to pay his out-of-pocket expenses or carry the balance forward to use toward future health care expenses.
Resources Available to Employees Prior to and During Annual Enrollment

- People Link: askpeoplelink@nyu.edu or 212-992-LINK (5465)
- Health Advocate
- Decision Support Tool
- UnitedHealthcare Pre-Enrollment Site
- Health Savings Account Calculator
Health Advocate

Full-Time
Part-Time
Retirees
Benefits Forms
Benefits Legal Notices
Vendor Links
FAQs
Health Advocate
Fairs
The Decision Support Tool will open when you click on the “Medical” enrollment screen when making your elections. Click yes to open a new window to use the tool.
Choose who you will cover under your plan and enter their age and gender.
Select health care needs estimates by choosing low, moderate, or high, or customize by entering estimate of healthcare usage throughout the year.
Choose plan preferences. Is lower cost or lower financial risk more important?
The Decision Support Tool will rank your options according to the information you entered.
Tools and Resources – UHC Pre-Enrollment Site

The Annual Enrollment period is from October 24 through November 7

I want to...

32 Days until Enrollment Begins
Open Enrollment starts on October 24, 2016 and ends on November 7, 2016

Online access to care
A virtual visit lets you see and talk to a doctor from your computer or mobile device at any time.

› Learn more about Virtual Visits

Your Health Plan Options
# Health Savings Account Calculators

- Figure out your **maximum contribution**
- Estimate your tax savings with an HSA
- See how your savings may grow over time

**What you’ll need before you start:**
- Your type of medical coverage - individual or family
- The year and month when your medical coverage takes effect
- Your federal income tax bracket
- Your state income tax rate, if your state has an income tax

## Maximum HSA Contribution

<table>
<thead>
<tr>
<th>Select your plan coverage type</th>
<th>Single</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select a tax year</td>
<td>2016</td>
</tr>
</tbody>
</table>
In accordance with the Individual and Employer Shared Responsibility mandates of the Affordable Care Act, employees who were full-time employees for at least one month will receive Form 1095-C for 2016 tax filing purposes.

The form identifies:

- The employee and the employer
- Which months during the year the employee was eligible for coverage
- The lowest cost monthly premium the employee could have paid under the plan
- Details on the employee’s insurance coverage, including who in the employee’s family was covered.
Form 1095-C  
Employer-Provided Health Insurance Offer and Coverage

Part I
Employee

1. Name of employee: JOYCE MANIS
2. Social security number (SSN): 005-XX-0529
3. Street address (including apartment no.): 123 Second St
4. City or town: Sample City
5. State or province: WA

Employee Member (Employer)

7. Name of employer: Medical Center, Inc.
8. Employer identification number (EIN): 56-122598
9. Street address (including room or suite no.): 100 First St
10. City or town: Sample City

Part II
Employee Offer and Coverage

14. Offer of Coverage (enter required code):
   - 1A: Jan
   - 1A: Feb
   - 1A: Mar
   - 1A: Apr
   - 1A: May
   - 1A: June
   - 1A: July
   - 1A: Aug
   - 1A: Sept
   - 1A: Oct
   - 1A: Nov
   - 1A: Dec

15. Employee Share of Lowest Cost Family Plan:
   - (Required)

16. Applicable Section 4980H Safe Harbor (enter code if applicable):
   - 2C: 2C
   - 2C: 2C
   - 2C: 2C
   - 2C: 2C
   - 2C: 2C
   - 2C: 2C
   - 2C: 2C
   - 2C: 2C
   - 2C: 2C
   - 2C: 2C

Part III
Covered Individuals

17. Name of covered individual: JOYCE MANIS
18. SSN: XXX-XX-5769

Coverage:

19. (a) Name of covered individual: JOYCE MANIS
   (b) SSN: XXX-XX-5769
   (c) Date of birth (if not available): 2015
   (d) Covered for all 12 months: X
   (e) Coverage Dates: Jan
      Feb
      Mar
      Apr
      May
      June
      July
      Aug
      Sept
      Oct
      Nov
      Dec

For Privacy Act and Paperwork Reduction Act Notices, see separate instructions.

Cat. No. 60708M
Form 1095-C (2015)
Initiatives in 2017

**Ad Hoc Committee on Work Life Balance** - Representatives from five councils (Deans, Students, T-FSC, C-FSC, AMC) will review current NYU services, identify gaps in services, assess the NYU community’s needs for services, and make recommendations to meet those needs.

**Ad Hoc Committee on Tuition Remission** - AMC, T-FSC and C-FSC representatives will collaboratively consider and unitedly express a recommended roadmap for the NYU Tuition Remission Policy and Portable Tuition Benefit programs.
Questions?
Choosing the Right Medical Plan

Let's look at a few scenarios to show the cost comparison of the medical plans NYU offers based on three fictitious scenarios. You can estimate your personal medical expenses for the year by using the Benefits Resource Center’s online decision support tools. The tools allow you to estimate medical expenses specific to your family’s needs, compare the plans offered and project what your annual cost for each plan will be.
Kevin

Kevin is single, has no children, earns $55,000 a year, and lives in New York. He doesn’t anticipate any major health care expenses in 2017 and wants a plan where his paycheck contribution will be low. Kevin will see his in-network doctor for his regular preventive care visit.

Kevin’s estimated total cost under each medical option assuming he elects Employee Only coverage.

- One annual preventive care visit
- One additional doctor visit

<table>
<thead>
<tr>
<th>Annual preventive care visit</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>In-network primary doctor visit (in-network primary doctor discount rate of $80 per visit)</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
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<tbody>
<tr>
<td>$80</td>
<td>$30</td>
<td>$30</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kevin's total out-of-pocket cost for services</th>
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<td></td>
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<table>
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<tr>
<th>Kevin’s annual medical plan payroll contribution</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
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<td>$588</td>
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</table>

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<tr>
<th>NYU Contribution to HSA</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kevin's total cost (services plus payroll contributions) minus NYU's HSA contribution</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
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</thead>
<tbody>
<tr>
<td>$418</td>
<td>$1,158</td>
<td>$714</td>
<td></td>
</tr>
</tbody>
</table>

Kevin’s End Result

Kevin’s least expensive option is the HDHP with HSA. He is paying the lowest premium out of his paycheck for medical insurance, and he’s getting the benefit of NYU’s $250 contribution to the Health Savings Account, which he can use to pay his out-of-pocket expenses or carry the balance forward to use toward future health care expenses.

Kevin may consider: Contributing $1,000 to his HSA.

Although it’s additional money out of his paycheck, the tax-free contribution lowers his taxable income and could mean approximately $310 in tax savings (assuming a 25% federal tax rate and a 6% state tax rate). What’s more, the earnings and interest are tax-free, as are the withdrawals when he uses savings from the account for qualified healthcare expenses!

Note: State tax savings do not apply for New Jersey residents.
2 Julie

Julie is married, has two children in middle school, earns $85,000 a year, and lives in New York. She includes her husband in the medical coverage offered by NYU so she elects the Employee + Spouse + Child(ren) coverage level. Julie and her husband are both healthy but anticipate each may need one sick visit to their in-network primary care doctor. Their children are typical kids — they get sick a few times a year and will require a visit to the doctor, filling of a prescription, and a trip to an urgent care facility when their doctor is not available.

Julie’s estimated total cost under each medical option.
• Two well-child exams
• One well-woman (preventive care) visit
• One well-man (preventive care) visit
• Two additional doctor visits
• Four pediatric visits
• Four generic prescription drugs, filled at the pharmacy
• One Urgent Care visit

<table>
<thead>
<tr>
<th></th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual preventive care visit:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Two-well child exams</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>• One well-woman exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• One well-man exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Two primary doctor visits in-network</strong></td>
<td>$160 ($80 x 2)</td>
<td>$60 ($30 copay x 2)</td>
<td>$60 ($30 copay x 2)</td>
</tr>
<tr>
<td><strong>Four pediatric visits in-network</strong></td>
<td>$320 ($80 x 4)</td>
<td>$120 ($30 copay x 4)</td>
<td>$120 ($30 copay x 4)</td>
</tr>
<tr>
<td><strong>Four generic drugs, bought at the pharmacy</strong></td>
<td>$48 (approx. total cost)</td>
<td>$40 ($10 copay x 4)</td>
<td>$40 ($10 copay x 4)</td>
</tr>
<tr>
<td><strong>One visit to an Urgent Care Facility (in-network)</strong></td>
<td>$90</td>
<td>$35</td>
<td>$35</td>
</tr>
<tr>
<td><strong>Julie’s total out-of-pocket cost for services</strong></td>
<td>$618</td>
<td>$255</td>
<td>$255</td>
</tr>
<tr>
<td><strong>Julie’s annual medical plan payroll contribution</strong></td>
<td>$3,612</td>
<td>$6,696</td>
<td>$5,028</td>
</tr>
<tr>
<td><strong>Julie’s total cost (services plus payroll contributions)</strong></td>
<td>$4,230</td>
<td>$6,951</td>
<td>$5,283</td>
</tr>
</tbody>
</table>

Julie’s End Result
Julie’s least expensive option is the HDHP with HSA. She is paying the lowest premium out of her paycheck for medical insurance, and even though she pays for the medical services, her total cost is still lower. In addition, if Julie chooses to make pretax contributions to her HSA equal to the plan’s family deductible of $3,200, she’d save an additional $992 in taxes. She can use her HSA funds to pay for her total out-of-pocket expenses for the year and still have $2,582 in her account that will roll over into the following year.

→ HSA tax savings = $992

$800 federal tax, assuming a 25% tax rate
$192 for state tax, assuming a 6% tax rate
(Waiver of state tax on HSA contributions is not available to New Jersey residents.)
George is married, has two adult children, earns $130,000 a year, and lives in New York. His children work and have their own healthcare coverage so he elects Employee + Spouse medical coverage. George and his wife each generally visit the doctor a few times a year and George has a planned surgery that will involve a $35,000 in-network hospital stay.

<table>
<thead>
<tr>
<th>Annual preventive care visit:</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>One well-woman exam</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>One well-man exam</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Three primary doctor visits in-network</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$240 ($80 x 3)</td>
<td>$90 ($30 copay x 3)</td>
<td>$90 ($30 copay x 3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>One in-network hospital surgery – $35,000</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$2,960 remaining of the $3,200 family deductible + 10% of the remaining cost until the out-of-pocket maximum is reached ($6,000).</td>
<td>$400 deductible, plus $1,510 in coinsurance (10%) of remaining cost. George has now reached his in-network out-of-pocket maximum in this plan.</td>
<td>$500 deductible, plus $2,910 in coinsurance (20%) of remaining cost. George has now reached his out-of-pocket maximum in this plan.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Four specialist visits in-network</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0 (out-of-pocket maximum reached)</td>
<td>$0 (out-of-pocket maximum reached)</td>
<td>$0 (out-of-pocket maximum reached)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Four generic drugs, bought at the pharmacy</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0 (out-of-pocket maximum reached)</td>
<td>$40 ($10 copay x 4)</td>
<td>$0 (out-of-pocket maximum reached)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Two preferred brand drugs, bought at the pharmacy</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0 (out-of-pocket maximum reached)</td>
<td>$70 ($35 copay x 2)</td>
<td>$70 ($35 copay x 2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>George's total out-of-pocket cost for services</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$6,000</td>
<td>$2,110</td>
<td>$3,610</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>George's annual medical plan payroll contribution</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$3,300</td>
<td>$6,108</td>
<td>$4,788</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>George's total cost (services plus payroll contributions)</th>
<th>HDHP with HSA</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$9,300</td>
<td>$8,218</td>
<td>$8,398</td>
</tr>
</tbody>
</table>

George's estimated total cost under each medical option.
- One well-woman (preventive care) visit
- One well-man (preventive care) visit
- Three additional doctor visits
- One in-network hospital surgery
- Four follow-up specialist visits
- Four generic drugs, bought at the pharmacy
- Two preferred maintenance drugs, bought through mail order

George’s End Result
Although George’s total cost is the highest with the HDHP, consider if he contributed $6,000 (his total out of pocket maximum for the year) to his HSA, his approximate tax savings would be $2,040, which in total would make the HDHP the lowest cost option.

HSA tax savings = $2,040
$1,680 federal tax, assuming a 28% tax rate
$360 for state tax, assuming a 6% tax rate
(Waiver of state tax on HSA contributions is not available to New Jersey residents.)
Thinking about switching health plans?

**Consider the benefits of the High Deductible Health Plan with Health Savings Account**

There are many reasons for switching to the HDHP. In addition to having the same network of doctors as the UHC Choice Plus Value and Advantage Plans, it’s the only health plan that allows you to contribute to a tax-advantaged Health Savings Account (HSA). Many colleagues have found enrolling in the HDHP saves them money, compared to the Advantage or Value plans. Let’s take a closer look.

**Annual premium is lower!**

Let’s look at what you’re paying for coverage out of your paycheck, assuming you have family coverage and your base salary is $70,000.

<table>
<thead>
<tr>
<th>2016 Medical Contributions</th>
<th>UHC HDHP with HSA Plan</th>
<th>UHC Choice Plus Advantage Plan</th>
<th>UHC Choice Plus Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premium</td>
<td>$227</td>
<td>$419</td>
<td>$291</td>
</tr>
<tr>
<td>Annual Premium</td>
<td>$2,724</td>
<td>$5,028</td>
<td>$3,492</td>
</tr>
</tbody>
</table>

⇒ You're paying **$2,304 MORE** for the UHC Choice Plus Advantage Plan and **$768 MORE** for the UHC Choice Plus Value Plan, and you haven’t seen a doctor yet!

**What about the deductible?**

You may be thinking “Doesn’t the HDHP have a high deductible?” Yes, it has a higher deductible than the Advantage and Value plans for in-network coverage — $3,200 compared to $800 for the Advantage Plan and $1,000 for the Value Plan. This is where the tax benefits of saving in the Health Savings Account come in.

**Four main components of the HDHP with HSA**

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>Deductible</th>
<th>Coincurrence</th>
<th>Out-of-pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered at 100% in-network. There is no deductible, coinsurance or copayment required for eligible in-network preventive care.</td>
<td>The amount you pay before the plan will begin paying for care.</td>
<td>You and the plan share a percentage of the costs until you meet the out-of-pocket maximum.</td>
<td>Your safety net. Once the out-of-pocket maximum is met, the plan pays 100% of eligible expenses for the remainder of the calendar year.</td>
</tr>
</tbody>
</table>
Key Features of the Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged savings account you can use for eligible healthcare expenses. There are many advantages to having an HSA, such as:

• You benefit from **triple-tax savings**:
  - Tax-free contributions,
  - Tax-free interest and earnings, and
  - Tax-free withdrawals for qualified healthcare expenses.

• Money in your account **rolls over from year to year**, so you can save for the future.

• Your **HSA is yours to keep** — you can take it with you if you leave NYU or use it during retirement.

• If your annual base salary is less than $75,000, **NYU contributes** money to your HSA, which you can use to cover your eligible out-of-pocket medical expenses.

How can I get help deciding?

Our benefit enrollment site offers decision support tools to help you decide which medical plan you should elect. The tools allow you to estimate medical expenses specific to your family’s needs, compare the plans offered, and project what your annual cost under each plan will be.

Health Savings Account

<table>
<thead>
<tr>
<th></th>
<th>Employee only</th>
<th>All other coverage levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum employee pre-tax contribution for 2017</td>
<td>$3,400</td>
<td>$6,750</td>
</tr>
<tr>
<td>Catch-up contribution*</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

*Eligible individuals who are age 55 and over are allowed to make additional “catch-up” contributions to their HSA, up to the maximum of $1,000 for 2017.

Colleagues who have enrolled in the HDHP have found the transition easier than expected and enjoy the tax advantages associated with contributing to the HSA and the convenience of using the HSA Debit Card to pay for expenses.

“A system in which consumers directly pay part of their medical expenses discourages unnecessary spending, lowering the cost of the plan. Combined with the pre-tax savings account, the result in many cases, including that of my family, is lower overall cost for identical services.”

**Allen Mincer, T-FSC Chair**

“Due to the significantly lower payroll contributions and the tax advantages of contributing to the Health Savings Account, the HDHP with HSA has proven to be the most cost-effective plan for me. I and my family find the plan easy to use, and it’s definitely made us more educated health care consumers.”

**David Vintinner, Chairperson, Administrative Management Council (2014-2016)**

Learn more about the HDHP with HSA

To view an informational video, visit benefits webpages for faculty ([http://www.nyu.edu/faculty/benefits.html](http://www.nyu.edu/faculty/benefits.html)) and employees ([www.nyu.edu/employees/benefit.html](http://www.nyu.edu/employees/benefit.html)). If you have questions about the plan, or any of your NYU benefits, contact PeopleLink, NYU’s benefits and payroll service center, at askpeoplelink@nyu.edu or 212-992-LINK (5465).
Virtual Visits
Get access to care online. Any where. Any time.

When you don’t feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don’t have to.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription*, if needed, that you can pick up at your local pharmacy. And, it’s part of your health benefits.

Conditions commonly treated through a virtual visit
Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/Urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat
- Stomach ache
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
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- Sinus problems
- Sore throat
- Stomach ache
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat
- Stomach ache

To learn more, login to myuhc.com

Use virtual visits when:
- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:
- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/ broken bones

Access virtual visits
Log in to myuhc.com® and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

* Prescription services may not be available in all states.

Access to virtual visits and prescription services may not be available in all states or for all groups. Go to myuhc.com for more information about availability of virtual visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual visits are not an insurance product, health care provider or a health plan. Virtual visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member’s responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member’s benefit plan. Payment for virtual visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.