INTRODUCTION

New York University is proud of the opportunities and advantages it offers to faculty and employees, and is committed to providing high-quality benefits, resources, and programs that meet the needs of our diverse global community.

This Benefits Overview Guide contains comprehensive information about the benefits available to you. Additionally, a robust set of decision support tools are available on the Benefits Resource Center to assist your selection of benefits that best fit your needs. Please consult and consider these resources during Annual Enrollment each fall or, if you are new to NYU, when making your elections within 31 days of your date of hire. In addition to the Benefits Overview Guide, please consult the Benefits Legal Notices.

The success of the University is critically linked to the physical health and total well-being of those who support NYU’s educational mission around the world. In presenting and providing these benefits, the University thanks and appreciates the thoughtful contributions of the Faculty and Housing Benefits Committees of the T-FSC and C-FSC, Administrative Management Council, and human resources professionals across the University.

Wishing you a productive and healthful academic year.

NEED ASSISTANCE?
A PeopleLink representative can help you enroll in benefit plans, process changes in enrollment, assist with claim issues, and more.

- By email: askpeoplelink@nyu.edu
- By phone: 212-992-LINK (5465) (Please have your NetID available when you call)
- By fax: 212-995-4333
As a part-time Adjunct Faculty member in the College of Arts and Science, Rory Meyers College of Nursing, Courant Institute of Mathematical Sciences, Gallatin School of Individualized Study, Graduate School of Arts and Science, Institute of Fine Arts, Institute for the Study of the Ancient World, Leonard N. Stern School of Business, Robert F. Wagner Graduate School of Public Service, School of Professional Studies, Silver School of Social Work, Steinhardt School of Culture, Education, and Human Development, and Tisch School of the Arts, you may be eligible for some of the same benefits as full-time employees.

On this page, you will find links to general information about benefits for all adjunct or part-time faculty employed by the Employer in New York and covered by the Collective Bargaining Agreement between NYU and Local 7902, who provide at least a total of 40 contact hours of instruction in one or more courses in an academic year (September 1 – August 31), or at least a total of 75 contact hours of individual instruction or tutoring during a semester, including faculty in positions currently designated under Adjunct Family and any equivalent or successor job family group to which such faculty may be appointed in the future.

Excluded are all full-time faculty and all other employees including Visiting Professors, Visiting Associate Professors, Visiting Assistant Professors, confidential employees, managerial employees and guards and supervisors as defined by the National Labor Relations Act. You can also access benefits forms and contact information for NYU benefit plan administrators. See the Collective Bargaining Agreement between NYU and Local 7902 for the Adjunct Faculty contract.
2017 BENEFITS FOR ADJUNCT FACULTY

Eligibility
Enrolling in Your Benefits
Medical Plans
Prescription Drug Plan
ELIGIBILITY

Eligibility is determined by the number of contact hours worked in the previous academic year. After qualifying, adjunct faculty must have an appointment for the next Academic Year in order to participate. Adjunct Faculty who are employed for one year and do not obtain an appointment for the next Academic Year are not qualified to participate. All semesters’ contact hours determine eligibility for medical coverage beginning January 1, 2017 for the 2017 calendar year.

There are four eligibility categories, based on the number of contact hours you taught in the prior academic year, as follows:

<table>
<thead>
<tr>
<th>Category F:</th>
<th>Category A:</th>
<th>Category B:</th>
<th>Category C:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- If you taught a minimum of 188 contact hours of instruction in the fall, spring or summer of the 2015-2016 academic year, individualized instruction hours are not taken into consideration for this category</td>
<td>- If you taught a minimum of 126 contact hours of instruction in the fall, spring or summer of the 2015-2016 academic year, or</td>
<td>- If you taught less than 126 hours, but at least 84 contact hours of instruction in the fall, spring or summer of the 2015-2016 academic year, or</td>
<td>- If you are eligible for the Bargaining Unit by working at least 40 hours, but less than 84 hours in either the fall, spring and/or summer of the 2015-2016 academic year and do not meet the qualifying service criteria for subsidized coverage</td>
</tr>
<tr>
<td>- If you taught a minimum of 225 total hours of individualized instruction in the 2015-2016 academic year with a minimum of 75 hours in two semesters (Fall, Spring OR Summer)</td>
<td>- If you taught a minimum of 225 total hours of individualized instruction in the 2015-2016 academic year, with a minimum of 75 hours in two semesters (Fall, Spring OR Summer)</td>
<td>- If you taught less than 225 hours, but at least 150 hours of individualized instruction in the 2015-2016 academic year</td>
<td></td>
</tr>
</tbody>
</table>

Adjuncts whose hours fall within Category A, B, and F are eligible to receive an NYU contribution toward the cost of their health care. Adjuncts whose hours fall within Category C do not receive an NYU contribution, but are eligible to enroll in the Aetna HMO and pay the full premium cost.

If you have any questions about your eligibility or required contributions, you should contact the Human Resources Officer in the unit where you work.

When Eligibility Ends

If you do not make payments on time, your coverage will end on the last day of the month for which you paid for coverage. Once coverage lapses, there will be no reinstatement of coverage.

To continue coverage beyond December 31, you must satisfy the eligibility requirements as specified in the union contract.
If you qualify under the eligibility rules in the union contract in subsequent academic years, you will be offered the opportunity to enroll through the program and obtain the NYU group rate and any applicable University subsidy for your coverage at that time.

There is a one-year qualification period for eligibility. After qualifying, adjunct faculty must have an appointment for the next academic year in order to participate. Adjunct faculty who are employed for one year and do not obtain an appointment for the next academic year are not qualified to participate. Service that occurred prior to the effective date of the Collective Bargaining Agreement may satisfy the qualification period.
ENROLLING IN YOUR BENEFITS

Learn more about enrolling in your benefits:

- Enrollment Basics
- Where to Enroll: NYU Benefits Resource Center
- Who Can I Enroll?
- How to Enroll

Enrollment Basics

NYU offers group health insurance coverage to qualified adjunct faculty who have met the specified service requirements as stated in the Collective Bargaining Agreement between New York University and the UAW.

- Eligible adjunct faculty members may enroll during NYU’s designated Annual Enrollment period, which is held in the fall. Individual and dependent coverage in an NYU HMO plan is available.
- Reminder: Unless you experience a qualifying life event, Annual Enrollment is the only opportunity to make benefit elections and changes.
- When you enroll, you must certify that you are not eligible for group health insurance through employment elsewhere.
- Take note of any documentation that is required as a result of your elections, specifically, if you add a new dependent to your coverage. You will be required to submit proof of relationship documentation to NYU PeopleLink.

Where to Enroll: NYU Benefits Resource Center

The Benefits Resource Center provides secure and efficient access for Annual Enrollment, offers decision support tools, allows users to declare life events, and more.

To access the Benefits Resource Center, login to NYUHome with your NetID (printed on the back of your NYU identification card) and password credentials. Select the Work tab, and click the Benefits Resource Center Login button. Information and tools will help you:
Who Can I Enroll?

Eligible Dependent(s)

Medical Coverage for Your Eligible Dependent(s)

When you enroll in an NYU medical plan, you may also enroll your eligible dependent(s) for coverage.

Proof of Relationship

Proof of relationship documentation must be submitted to NYU PeopleLink by November 30 for Annual Enrollment or within 31 days of hire or qualifying life event in order for coverage to become effective for a newly-added dependent(s). Coverage will pend until the documentation is received. Birth certificates/adoption papers and marriage certificates can be sent to NYU PeopleLink by email ataskpeoplelink@nyu.edu, by fax at 212-995-4333, or by mail at 105 East 17th Street, First Floor, New York, NY 10003.

- Marriage certificate
- Approved NYU Statement of Domestic Partner Form and supporting documentation
- Birth certificate with names of both the parent and the child
- Adoption papers
- Legal documentation substantiating placement for adoption
- Court order from a court of competent jurisdiction showing legal guardianship or permanent or temporary custody

Eligible Dependent(s) Include:

- Your legal spouse
- Your domestic partner whom you registered through NYU PeopleLink
- Your child, through the end of the month in which age 26 is attained
- Your unmarried, dependent child over age 26 if mentally or physically disabled

Dependent Child(ren) Include:

- Your natural child
- Your stepchild
• Your registered domestic partner’s child
• Your legally-adopted child, or child placed with you for legal adoption
• A child for whom you have been appointed legal guardian by a court of competent jurisdiction
• A child for whom you have been given temporary or permanent custody under an order issued by a court of competent jurisdiction

When Child(ren) Become Eligible for Coverage

• A newborn child is eligible for coverage at birth
• In the case of adoption, placement for adoption, custody, or guardianship, a child becomes eligible for coverage when the child is placed in your home; the adoption is final; or the date the court awards guardianship, temporary, or permanent custody
• When a child loses coverage elsewhere

In order to obtain coverage for your child, you must enroll the child within 31 days of the child’s birth; the date the child is placed in your home for adoption; the date the adoption is final; the date that you have been appointed legal guardian or the date you were awarded temporary or permanent custody; the date the child lost coverage elsewhere.

Note: In the case of temporary custody, you will be required to submit either another order that extends the period of temporary custody or an order of permanent custody for the child’s coverage to remain in effect.

When Your Dependent Child(ren) is No Longer Eligible for Coverage

When your child is no longer eligible to continue coverage as a dependent on your NYU medical plan, his/her coverage will terminate at the end of the month in which he/she becomes ineligible. He/she may continue coverage through COBRA for up to 18 months (or up to 36 months in some cases) by paying the full group rate, plus an additional two percent for administrative expenses. COBRA information will be sent by NYU’s third party COBRA administrator to the home address on file.

Coverage Under One Plan Only

If both you and your spouse or registered domestic partner work for the University and are both eligible for a medical plan through NYU, only one of you may cover your child as a dependent under one plan; both of you cannot cover your child concurrently.

Also, you may cover your spouse or partner as a dependent under your plan, or your spouse or partner may elect separate employee coverage; you and your spouse or partner cannot be covered as both employee and dependent under a medical, dental, or vision plan through NYU.

When Your Legal Spouse is No Longer Eligible for Coverage
A divorced or legally-separated spouse is no longer eligible for coverage under your NYU medical plan as of the date the divorce or separation is finalized. You must elect to terminate his/her coverage within 31 days of the date of finalization of your divorce by declaring a qualifying life event on the Benefits Resource Center. Your ex-spouse may continue coverage through COBRA for up to 18 months (or up to 36 months in some cases) by paying the full group rate, plus an additional two percent for administrative expenses. COBRA information will be sent by NYU’s third party COBRA administrator to the home address on file.

Domestic Partnership

A domestic partnership is defined as two individuals who live together in a long-term relationship of indefinite duration. Additionally, partners agree to be jointly responsible for each other’s common welfare and to share financial obligations. Partners may not be related by blood to a degree of closeness that would prohibit legal marriage in the state in which they legally reside. You must register your domestic partner with NYU PeopleLink before you may enroll him/her for coverage under an NYU medical, dental, or vision plan.

How to Enroll

To enroll in your 2016 benefits, follow these steps (see minimum system requirements for accessing the Benefits Resource Center):

— Login to NYUHome at home.nyu.edu using your NetID and NYUHome password. Then select the Work tab located near the top of the screen and click on the “Benefits Resource Center”.
— Click the “Enroll Now” button at the bottom of the Welcome screen.
— Once you’ve read the information on the Annual Enrollment Event screen, click on “Start Your Enrollment” and:

• Enter your dependent information
• Enter your beneficiary information
• Elect your medical benefits
• Review and confirm your benefit elections
• Print or save your elections in PDF format

Important Note If You are Adding a Dependent:

If you are adding a dependent to be covered under one of your health plans, be sure to follow these simple steps:

• Click on “Add/Remove Your Dependent” on the “Review Your Information” screen.
Once the dependent has been successfully added, go to “Making Your Elections” and check the box next to the dependent’s name on the election screen(s) to add the newly-added dependent to your coverage.

Remember, you may change your benefit elections online any time during Annual Enrollment.

**NEED ASSISTANCE?**
A PeopleLink representative can help you enroll in benefit plans, process changes in enrollment, assist with claim issues, and more.

- **By email:** askpeoplelink@nyu.edu
- **By phone:** 212-992-LINK (5465) (Please have your NetID available when you call)
- **By fax:** 212-995-4333

Accessing the Benefits Resource Center requires the following *minimum versions* of desktop operating systems, web browsers, and Adobe Flash Player:

**Desktop Operating Systems**

- Windows 7, Vista, or XP SP3
- Mac OS X 10.5

**Web Browsers**

- Internet Explorer 7
- Safari 6
- Firefox 17
- Google Chrome 23

**Adobe Flash Player**

- Flash 10
MEDICAL PLANS

Learn more about your medical plan options and contributions:

- Medical Plan Options
- Medical Plan Contributions

Medical Plan Options

The following two medical plans will be offered for 2017, depending on your eligibility:

- Oxford Freedom HMO
- Aetna HMO

The Aetna and Oxford HMO Plans provide coverage only when you use in-network providers.

Effective May 1, 2016: Additional coverage for the treatment of Autism Spectrum Disorder.

Decision Support Tool

The Decision Support Tool available through the Benefits Resource Center can be used to help you identify the plan that best fits your needs. When you arrive at the medical enrollment screen, a pop-up window will open that will ask if you would like help choosing the plan that is right for you. See the step-by-step instructions (PDF) on how to best utilize the Decision Support Tool.
## Key Medical Plan Features

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Aetna HMO and Oxford Freedom HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong> (Amount you pay before plan begins paying benefits)</td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td>• $200</td>
</tr>
<tr>
<td>• Family</td>
<td>• $400</td>
</tr>
<tr>
<td><strong>PCP visit</strong> (other than routine physical)</td>
<td>$30 copay</td>
</tr>
<tr>
<td><strong>Specialist office visit</strong></td>
<td>$40 copay</td>
</tr>
<tr>
<td><strong>Routine physical</strong></td>
<td>No copay; Covered at 100% before deductible</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong> (includes deductible)</td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td>• $2,000</td>
</tr>
<tr>
<td>• Family</td>
<td>• $4,000</td>
</tr>
<tr>
<td><strong>Inpatient hospital stays</strong></td>
<td>You pay 10% of discounted fee after deductible; pre-certification required</td>
</tr>
<tr>
<td><strong>Outpatient surgery</strong></td>
<td>You pay 10% of discounted fee after deductible</td>
</tr>
<tr>
<td><strong>Emergency room visits</strong></td>
<td>$75 copay (waived if admitted)</td>
</tr>
</tbody>
</table>

Regular preventive care is one of the best ways to keep you and your family members healthy and to identify any potential health risks. Eligible in-network preventive care services are covered at no cost to you in all NYU medical plans. Examples of preventive care services include annual routine physicals, immunizations, mammograms, prostate screenings, and colonoscopies.

**As required by the Patient Protection and Affordable Care Act (PPACA), all employee medical cost share (copays, coinsurance, etc.) for in-network services and out-of-network emergency services, will apply toward the in-network out-of-pocket maximum.**

For more details on covered services, please contact your medical plan insurance carrier.

## Medical Plan Contributions

### Category F: 2017 Medical Plan Options and Monthly Contributions

Adjuncts in Category F are eligible to choose one of two HMO options. NYU pays 75% of the cost of individual coverage, or 100% of the cost of individual coverage, provided it is to be applied toward family/dependent coverage.
### Category A: 2017 Medical Plan Options and Monthly Contributions

Adjuncts in Category A are eligible to choose one of two HMO options. NYU pays 75% of the cost of individual coverage, or 85% of the cost of individual coverage, provided it is to be applied toward family/dependent coverage.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage Category</th>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna HMO</td>
<td>• Employee</td>
<td>$220</td>
</tr>
<tr>
<td></td>
<td>• Employee + Spouse/Domestic Partner</td>
<td>$968</td>
</tr>
<tr>
<td></td>
<td>• Employee + Child(ren)</td>
<td>$792</td>
</tr>
<tr>
<td></td>
<td>• Employee + Spouse/Domestic Partner + Child(ren)</td>
<td>$1,760</td>
</tr>
<tr>
<td>Oxford Freedom HMO</td>
<td>• Employee</td>
<td>$231</td>
</tr>
<tr>
<td></td>
<td>• Employee + Spouse/Domestic Partner</td>
<td>$1,014</td>
</tr>
<tr>
<td></td>
<td>• Employee + Child(ren)</td>
<td>$830</td>
</tr>
<tr>
<td></td>
<td>• Employee + Spouse/Domestic Partner + Child(ren)</td>
<td>$1,844</td>
</tr>
</tbody>
</table>

Click chart to enlarge.

### Category B: 2017 Medical Plan Options and Monthly Contributions

Adjuncts in Category B are eligible to choose one of two HMO options. NYU pays 50% of the cost of individual coverage, or 60% of the cost of individual coverage, provided it is to be applied toward family/dependent coverage.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage Category</th>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna HMO</td>
<td>• Employee</td>
<td>$440</td>
</tr>
<tr>
<td></td>
<td>• Employee + Spouse/Domestic Partner</td>
<td>$1,320</td>
</tr>
<tr>
<td></td>
<td>• Employee + Child(ren)</td>
<td>$1,144</td>
</tr>
<tr>
<td></td>
<td>• Employee + Spouse/Domestic Partner + Child(ren)</td>
<td>$2,112</td>
</tr>
<tr>
<td>Oxford Freedom HMO</td>
<td>• Employee</td>
<td>$461</td>
</tr>
<tr>
<td></td>
<td>• Employee + Spouse/Domestic Partner</td>
<td>$1,383</td>
</tr>
<tr>
<td></td>
<td>• Employee + Child(ren)</td>
<td>$1,199</td>
</tr>
<tr>
<td></td>
<td>• Employee + Spouse/Domestic Partner + Child(ren)</td>
<td>$2,213</td>
</tr>
</tbody>
</table>
Category C: 2017 Medical Plan Options and Monthly Contributions

Adjuncts in Category C are eligible to elect coverage under the Aetna HMO and pay 100% of the cost of coverage, regardless of the level of coverage selected.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage Category</th>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna HMO</td>
<td>• Employee</td>
<td>$880</td>
</tr>
<tr>
<td></td>
<td>• Employee + Spouse/Domestic Partner</td>
<td>$1,848</td>
</tr>
<tr>
<td></td>
<td>• Employee + Child(ren)</td>
<td>$1,672</td>
</tr>
<tr>
<td></td>
<td>• Employee + Spouse/Domestic Partner + Child(ren)</td>
<td>$2,640</td>
</tr>
</tbody>
</table>

Please note: If you are paid semi-monthly, Your Current Benefits statement on the Benefits Resource Center will reflect a semi-monthly Pay Period Cost for your benefits, half the amount on your monthly invoices from EBPA. **Premium Payments** You will receive a package of 12 monthly invoices in late December from Employee Benefit Plan Administration, Inc. (EBPA), the billing administrator for NYU. To keep your coverage in effect, **payments must be received by EBPA each month before the due date indicated on each invoice.**

- You can sign up for automatic debit payments from a checking or savings account.
- You may make multiple payments.
- Partial payments are not accepted.
- Please do not send cash.
- Payments should be made by check or money order and sent to:

  **Employee Benefit Plan Administration, Inc.**
  P.O. Box 1316
  Williston, VT 05495
  1-888-232-3203
PRESCRIPTION DRUG PLAN

When enrolling in an NYU medical plan, participants automatically receive prescription drug coverage through CVS Caremark. Your CVS Caremark identification card should arrive at your home address within three weeks of a new enrollment.

The cost of medication will depend on the type of drug (i.e., generic, brand-name on the CVS Caremark Performance Drug List (PDF), or brand-name not on the list) as well as whether you fill the prescription through a retail pharmacy or mail order service.

You can save the most money on prescriptions by opting for the generic prescription. Generic drugs are FDA-approved, chemically-identical versions of brand-name drugs. You can also save money when you use a brand-name drug on the CVS Caremark Performance Drug List (PDF).

Encouraging Your Use of Generic Drugs

A key goal of your prescription drug plan is to provide pharmacy benefits in a convenient and cost-effective way. One way to save money is to use generic drugs. CVS Caremark will dispense a generic medicine, if available, as a substitute for a brand-name medicine when filling your prescriptions. If either you or your doctor request a brand-name medicine when a generic equivalent is available (your doctor may indicate “DAW” or Dispense As Written on the prescription), you will pay the generic drug copay, PLUS the difference in cost between the brand-name and the generic medicine. See a DAW example (PDF) for more detail.

The Generic Step Therapy program applies to therapies to treat the following conditions: high blood pressure and cholesterol, acne, prostate, asthma, osteoporosis, pain and inflammation, cholesterol (triglycerides), allergies, glaucoma, stomach/ulcer, migraine, sleep related problems, and incontinence. This program helps you and your doctor choose a lower-cost, generic medicine as the first step in treating these health conditions. If you try (or have tried) a generic drug and it does not work for you, then you may receive coverage for a non-preferred brand drug that your doctor prescribes. If no generic is available—or if it is not right for you—your plan provides coverage for preferred select brand drugs, which may also save you money. However, if you choose to use a non-preferred brand drug without trying a generic first or without your doctor getting prior approval for a non-preferred brand, coverage may
be denied and you may have to pay the full cost of the brand drug. CVS Caremark will contact you and your doctor prior to any Step Therapy change. See the Step Therapy FAQs (PDF) for more details.

For each prescription you fill, your cost will be as follows:

<table>
<thead>
<tr>
<th>Type of Prescription</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail pharmacy</td>
<td></td>
</tr>
<tr>
<td>• Retail Generic</td>
<td>$10 30-day supply</td>
</tr>
<tr>
<td>• Brand-name on CVS/Caremark’s Primary Drug List</td>
<td>$35</td>
</tr>
<tr>
<td>• Brand-name not on CVS/Caremark’s Primary Drug List</td>
<td>$55</td>
</tr>
<tr>
<td>• Maintenance medication filled three or more times</td>
<td>$75</td>
</tr>
<tr>
<td>Mail Order</td>
<td></td>
</tr>
<tr>
<td>• Mail Order Generic</td>
<td>$5 90-day supply</td>
</tr>
<tr>
<td>• Brand-name on CVS/Caremark’s Primary Drug List</td>
<td>$75</td>
</tr>
<tr>
<td>• Brand-name not on CVS/Caremark’s Primary Drug List</td>
<td>$90</td>
</tr>
</tbody>
</table>

Out-of-Pocket Maximums

- Individual: $2,500
- Family: $5,000

Maintenance Medications

If you or your dependent(s) take any maintenance medications regularly (i.e., for three months or more), you are required to fill your prescription through the convenient mail order service to your home. If you choose to fill your maintenance medication at a retail pharmacy, you will be required to pay a $75 copayment on your third and subsequent retail fills. An alternative option is to request that your mail order prescription be delivered to your local CVS pharmacy, rather than your home, through CVS Caremark’s Maintenance Choice program. You may refill a 90-day prescription through Caremark mail service at day 50. You may also receive as much as a 180-day supply at mail service, for the cost of two mail order copays, if your physician will write a prescription for a 180-day supply.

If you use a pharmacy that does not participate in CVS Caremark to fill a prescription, you will pay 100% of the retail price. You will then need to submit a claim form for reimbursement, along with an original prescription receipt. You will only be reimbursed for the cost the plan would have paid had you gone to a network pharmacy (discounted price), less the applicable copay. In most cases, the discounted price will be less than the retail price, so you will end up paying more. You may view a list of network pharmacies on the CVS Caremark website or call a CVS Caremark representative at 800-421-5501.