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
2017 BENEFITS FOR LOCAL 153

Enrolling in Your Benefits

Medical Plans

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

Prescription Drug Plan

Dental Plan

Vision Plan

Flexible Spending Accounts

Retirement Plan Benefits

Insurance Benefits

More Valuable Benefits
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

- New hires must enroll for benefits within 31 days of your date of hire.
- Medical coverage is effective 90 days from your date of hire. Dental benefits are effective three months from your date of hire. Once you complete your enrollment, effective dates for all benefits plans you elect will display under the “Your Benefits” tab in the Benefits Resource Center.
- Once you have made your benefit elections or are automatically enrolled, you must wait until the next Annual Enrollment to make any benefit change unless you experience a qualifying life event.
- If you experience a qualifying life event (e.g. marriage, divorce, birth or adoption of a child, loss or gain of spouse/domestic partner coverage), you may make certain changes to your benefits within 31 days of the event by logging on to the Benefits Resource Center and clicking on “Declare a Life Event” and choosing from a drop-down list of life events.
- Documentation may be required as a result of your elections, such as including or adding a new dependent(s) to your coverage. You will be required to submit proof of relationship to NYU PeopleLink within 31 days of your date of hire or qualifying life event in order for your dependent(s) to have coverage.

*New hires who do not submit elections within 31 days of their date of hire will be automatically enrolled for individual coverage in the UnitedHealthcare Choice Plus Medical Plan, the NYU Dental Plan, and Basic Life Insurance. Eligible dependent(s) will not be enrolled in the default plans, and you will be unable to change plans or enroll dependent(s) without experiencing a qualifying life event before the next Annual Enrollment.
Where to Enroll: NYU Benefits Resource Center

The Benefits Resource Center provides secure and efficient access to plan information and decision support tools, and allows users to make new hire and Annual Enrollment elections, declare life events, designate a life insurance beneficiary, 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:

- Compare NYU health plans and identify the optimal plan for you and your dependent(s)
- Estimate anticipated total health care costs
- Estimate total out-of-pocket expenses for Flexible Spending Account (FSA) contributions
- Contact health plan vendors

Who Can I Enroll?

Eligible Dependent(s)

Medical, Dental, and Vision Coverage for Your Eligible Dependent(s)

When you enroll in an NYU medical, dental, or vision 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 at askpeoplelink@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, dental, or vision 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, dental, or vision 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.

Imputed Income

The value, or premium equivalent, of healthcare coverage for non-dependent domestic partners and/or their children must be included in earned income for tax purposes. The amount of this imputed income depends upon the plan in which you are enrolled and the level of coverage elected and will be reflected on the Benefits Resource Center once you make your benefit elections. Imputed income is reported on your annual W-2 form. If your domestic partner and/or children of your domestic partner qualify as dependents under Section 152 of the Internal Revenue Code, imputed income will not apply.
How to Enroll

To enroll in your benefits as a new hire, during Annual Enrollment, or as the result of a qualifying life event, follow these steps (see *minimum system requirements* for accessing the Benefits Resource Center):

- Login to NYUHome at [home.nyu.edu](http://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 Welcome screen, click on “Start Your Enrollment” and you can:
  
  — Enter your dependent information
  — Enter your beneficiary information
  — Elect your medical, dental, and vision benefits
  — Elect to contribute to a Health Care or Dependent Care FSA Plan, or a Health Savings Account (HSA) if you are enrolled in the High Deductible Health Plan (HDHP)
  — Elect other NYU 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.

**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](mailto: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 desk-top operating systems, web browsers, and Adobe Flash Player:

Desktop Operating Systems

- Windows 7, Vista, or XP SP3
- Mac OSX 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

NYU is pleased to offer these medical plans in which you are eligible to participate:

- Oxford Freedom HMO
- Aetna HMO
- UnitedHealthcare Choice Plus Point-of-Service Plan
- UnitedHealthcare High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Tip: To access additional resources, view plan coverage, check the status of a claim, search for a provider, and print a temporary identification card, you may visit your carrier’s website (listed below) First time users will need the member ID number from their medical ID card to register for access.

- United Healthcare
- Oxford HMO
- Aetna HMO

Effective May 1, 2016: Additional coverage for the treatment of Autism Spectrum Disorder (PDF).
**IMPORTANT: Reasonable and Customary (R&C) out-of-network charges are the maximum charges that the plan will consider for a particular service in a particular area when you use an out-of-network provider. R&C limits are generally determined by geography, as charges can vary for the same service in different parts of the country. Your total out-of-pocket cost may include provider charges that are above the plan’s R&C allowance.

**Until the combined medical and prescription drug deductible is met, you will pay the full cost of your non-preventive medical expenses and non-preventive prescription drug expenses. Preventive drugs on the CVS/Caremark Preventive Drug Therapy List are not subject to the deductible. Coinsurance of 10% will apply.

**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**

Your monthly medical plan contributions are based on the plan you choose and your level of coverage. The University pays the majority of the cost of health care coverage for all eligible employees.

<table>
<thead>
<tr>
<th>Coverage Category</th>
<th>Oxford Freedom HMO and Aetna HMO</th>
<th>UHC Choice Plus Plan</th>
<th>UHC HDHP with HSA Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$70</td>
<td>$40</td>
<td>$0</td>
</tr>
<tr>
<td>Employee + Spouse or Domestic Partner</td>
<td>$125</td>
<td>$85</td>
<td>$0</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$125</td>
<td>$85</td>
<td>$0</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner + Child(ren)</td>
<td>$175</td>
<td>$105</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Tip:** The consumer-driven health plan offered by NYU, the **High Deductible Health Plan (HDHP) with Health Savings Account (HSA)**, provides 100% coverage of eligible preventive care services with no payroll deductions.

**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.

You may also call Health Advocate at 866-695-8622 to review your benefit options with a Health Advocate representative.
HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH HEALTH SAVINGS ACCOUNT (HSA)

Among the medical plans NYU offers is the High Deductible Health Plan (HDHP) with Health Savings Account (HSA), also known as a consumer-driven health plan. To learn more about the HDHP + HSA plan, access the tools and resources below:

- Watch an introductory 25-minute video
- View a summary flyer (PDF)
- Compare participant scenarios (PDF)
- Discover the advantages of contributing to an HSA (PDF) and read HSA FAQs (PDF)
- View short introductory HSA videos: Making Deposits and Paying with an HSA
- Calculate your savings potential (HSA calculator)
- Visit the NYU benefits website for additional HDHP plan information, deductibles and levels of coverage, the HSA component, and a decision support tool

Key Features of the HDHP with HSA Medical Plan:

**KEY HDHP FEATURES**

- **Lower payroll deductions** than the other medical plan options
- **100% in-network preventive care coverage**
- **Access to in-network and out-of-network providers**
- **10% in-network coinsurance** once you have met your deductible
- **Tax-advantaged HSA** to help you build savings for medical expenses
- **NYU contribution to the HSA** if you earn less than $75,000 per year
Four Levels of Coverage plus a Health Savings Account (HSA):

KEY HSA FEATURES

- You can contribute to an HSA through pre-tax payroll deductions.
- If your annual salary is less than $50,000, **NYU will contribute $500** to your HSA. If your annual salary is between $50,000 and $74,999, **NYU will contribute $250** to your HSA.
- Once funds are available in your HSA, you can use the money to pay for eligible out-of-pocket expenses such as deductibles, coinsurance, prescription drug costs, dental care, and vision care.
- Your money can **earn interest** and you can **invest your funds** once your account balance reaches $2,000.
- Unused **funds roll over** from year to year.
- Your **HSA stays with you**, even if you retire or leave NYU.
<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Until the combined medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and prescription drug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>deductible is met, you will</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pay the full cost of your</td>
<td></td>
<td></td>
</tr>
<tr>
<td>non-preventive medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>expenses and non-preventive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prescription drug expenses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee Only</strong></td>
<td>$1,600</td>
<td>$1,600</td>
</tr>
<tr>
<td><strong>Family coverage includes:</strong></td>
<td>$3,200</td>
<td>$3,200</td>
</tr>
<tr>
<td>• Employee + Spouse/Domestic Partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Employee + Child(ren)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Employee + Spouse/Domestic Partner + Child(ren)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your portion after annual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>deductible is met.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Primary Care Physician Visit</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>• Specialty Care Physician Visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inpatient Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lab Tests (outpatient facility)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Rx Retail (30 Days)</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>• Rx Mail (90 Days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>The most you pay each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calendar year for covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>services; includes deductible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee Only</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family coverage includes:</strong></td>
<td>$6,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>• Employee + Spouse/Domestic Partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Employee + Child(ren)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Employee + Spouse/Domestic Partner + Child(ren)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
*Prescribed preventive drugs on the CVS/Caremark Preventive Drug Therapy list are not subject to the deductible. Coinsurance of 10% will apply.

**IMPORTANT HSA RULES**

- You must be covered under the High Deductible Health Plan to contribute to an HSA and cannot be covered under another plan (e.g. a spouse’s plan), unless that plan is a qualifying High Deductible Health Plan.
- You may not contribute to a Health Savings Account if you are enrolled in Medicare.
- You may not have both a Health Savings Account and a Health Care Flexible Spending Account (FSA). Also, Your spouse cannot have a Health Care Flexible Spending Account.
- For 2017, the maximum contribution to an HSA is $3,400 for individual coverage and $6,750 for family coverage.
- If you are age 55 or older, you can contribute an additional $1,000 per year.
- You may change your HSA pre-tax contribution amounts any time during the year.
- If you enroll in the HSA after January 1, you may contribute up to the IRS-allowed maximum, however, you must remain enrolled in an HDHP with HSA until the end of the 12th month from your initial enrollment or be subject to tax implications.
- Expenses for domestic partners and/or children not claimed as dependents on your tax return are ineligible for reimbursement from an HSA.
- Non-qualified health care expenses reimbursed through your HSA are subject to income tax. A tax penalty will apply if the non-qualified distribution is taken prior to age 65.

If you elect the HDHP with HSA for the first time during Annual Enrollment and are currently enrolled in a Health Care Flexible Spending Account (FSA), your FSA balance must be at $0 as of December 31, 2016 in order to open an HSA in 2017.
**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).*

<table>
<thead>
<tr>
<th>For each prescription you fill, your cost will be as follows:</th>
<th>Oxford Freedom HMO, Aetna HMO, and UnitedHealthcare Choice Plus Point-of-Service Plan</th>
<th>UnitedHealthcare HDHP with HSA Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Prescription</td>
<td>Copayment</td>
<td>Coinsurance (your portion after deductible is met)</td>
</tr>
<tr>
<td>Retail pharmacy</td>
<td>30-day supply</td>
<td></td>
</tr>
<tr>
<td>• Retail Generic</td>
<td>$5</td>
<td>10%*</td>
</tr>
<tr>
<td>• Brand-name on CVS/Caremark’s Primary Drug List</td>
<td>$20</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>Mail Order</td>
<td>90-day supply</td>
<td></td>
</tr>
<tr>
<td>• Mail Order Generic</td>
<td>$10</td>
<td>10%*</td>
</tr>
<tr>
<td>• Brand-name on CVS/Caremark’s Primary Drug List</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>• Brand-name not on CVS/Caremark’s Primary Drug List</td>
<td>$75</td>
<td></td>
</tr>
</tbody>
</table>

*HDHP with HSA Plan: Until the combined medical and prescription drug deductible is met, you will pay the full cost of your non-preventive medical expenses and non-preventive prescription drug expenses. Preventive drugs on the CVS Caremark Preventive Drug Therapy List (PDF) are not subject to the deductible. Coinsurance of 10% will apply.*
Out-of-Pocket Maximums*

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

*Does not apply to the High Deductible Health Plan.

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.
With the NYU Dental Plan, administered by MetLife, participants have the **freedom of choice to visit any dentist**, whether they are in or out of the MetLife Preferred Dentist Program (PDP) network.

With over 110,000 participating MetLife dentists in the network, and 500 located in Manhattan, you and your family have a **flexible array of options and locations**. To learn if a dentist participates in the PDP network, or to locate a MetLife dentist, visit the MetLife website or call a MetLife representative at 800-942-0854.

### 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></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>• Individual: $50</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>

### DENTAL PLAN CONTRIBUTIONS

If you elect to participate in the NYU MetLife Dental Plan, your monthly contributions will depend on the level of coverage you select, as follows:

- Employee Only: $5 per month
- Employee + Spouse/Domestic Partner: $15 per month
- Employee + Child(ren): $15 per month
- Employee + Spouse/Domestic Partner + Child(ren): $15 per month
Tip: To access additional resources, view plan coverage, check the status of a claim, search for a dentist, and print an identification card, visit MetLife’s MyBenefits portal and enter New York University when prompted for Company Name. Then click on the Dental tab and then follow the prompts to either sign in using your username and password, or to register if this is your first time visiting the site, using your Social Security number.

* Reasonable and Customary (R&C) charges are the maximum charges that the NYU MetLife Dental Plan will consider for a particular service in a particular area when you use a provider who does not participate in MetLife’s network of dentists. R&C limits are generally determined by geography, as charges can vary widely for the same service in different parts of the country. Your total out-of-pocket cost for dental work may include provider charges that are above the plan’s R&C allowance.
VISION PLAN

You may enroll yourself and/or your eligible dependent(s) in vision coverage for eye exams, eyeglasses, and contact lenses administered by Vision Service Plan (VSP). The VSP network is comprised of more than 24,000 private-practice doctors located throughout the U.S.

Participants receive the highest level of coverage when using an in-network VSP provider. Visit the VSP website to view eye care resources, locate a doctor, or print an identification card.

<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></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>• 100% covered after $15 copay</td>
<td>• Covered up to $50</td>
</tr>
<tr>
<td>Lined bifocal</td>
<td>• 100% covered after $15 copay</td>
<td>• Covered up to $75</td>
</tr>
<tr>
<td>Lined trifocal</td>
<td>• 100% covered after $15 copay</td>
<td>• Covered up to $100</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>

2016 VISION COVERAGE CONTRIBUTIONS

If you elect to participate in vision coverage, your monthly contributions will depend on the level of coverage you select, as follows:

- Employee Only: $7.22 per month
- Employee + One: $15.17 per month
- Employee + Family: $23.56 per month

Tip: To access additional resources, view plan coverage, check the status of a claim, search for a provider, and print an identification card (ID cards are not issued automatically), visit VSP's website and click on the green ACCESS button under View My Benefits. Follow the prompts to either sign in using your username and password, or register if this is your first time using
the site by clicking on CREATE AN ACCOUNT and enter your University ID number, including the “N”, in the member ID field.

*Wellness exam, lenses, and frames: once every 12 months.
FLEXIBLE SPENDING ACCOUNTS

The Flexible Spending Account (FSA), administered by WageWorks, provides you with a way to pay for eligible health care and/or dependent care expenses with pre-tax dollars.

- **A Health Care FSA** pays for qualified health care expenses incurred by you and your eligible tax dependents that are not covered or reimbursed by your health insurance plan (e.g., copays, coinsurance, etc.).
- **A Dependent Care FSA** may be used for eligible dependent care (day care, elder care) expenses incurred so that you (or you and your spouse) may work. Your dependent care expenses must be for the care of one or more qualified dependent(s) but not for dependent health care expenses. Qualified dependent(s) for a dependent care FSA may include:
  - Your child(ren) under age 13
  - Dependents of any age who are mentally or physically incapable of caring for themselves, and whom you claim as a dependent on your federal income tax return

The maximum amount you can contribute to a Health Care FSA is $2,600. You are able to roll over up to $500 of unused money in your Health Care FSA to the following plan year. You will forfeit any remaining balance over $500.

In order to contribute to either a health care FSA and/or a dependent care FSA, participants must enroll within 31 days of the date of hire. To continue the FSA in subsequent years, you must actively enroll each year during the Annual Enrollment period.

Participants may enroll in either the health care FSA or the Health Savings Account (HSA); per Federal law, you may not enroll in both accounts in one plan year.

Additionally, participants in the HDHP with HSA may not elect the health care FSA; the HSA is designed to reimburse you for all eligible, out-of-pocket health care expenses.

FSA Reimbursement Options Through WageWorks
If you enroll in a health care FSA, you will be issued a WageWorks debit card that may be used instead of cash or credit at health care providers and pharmacies for eligible services, goods, and prescriptions. Payment comes from your health care FSA; in most cases, you will not need to submit a claim or wait for reimbursement.

Through WageWorks’ “Pay My Provider” option, you may choose to have WageWorks pay a provider directly, or you may choose to submit a claim online through Wagesworks’ “Pay Me Back” feature.

For more information regarding tools and resources available to manage your FSA, visit the WageWorks website.

Below is an overview of how FSAs work. Be sure to note which expenses are covered, and not covered, under each account.

<table>
<thead>
<tr>
<th>How much you can contribute per year</th>
<th>Health Care FSA</th>
<th>Between $120 and $2,600</th>
<th>Dependent Care FSA</th>
<th>Between $120 and $5,000 (up to $2,500 if you are married and file taxes separately)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of eligible expenses</td>
<td>• Annual deductibles</td>
<td>• Adult day care centers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Copayments</td>
<td>• Babysitters* for children under age 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Coinsurance</td>
<td>• Child day care for children under age 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medical products such as bandages, saline solution, etc.</td>
<td>• Elder care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Examples of non-eligible expenses | • Cosmetic procedures | • Educational fees/tuition |
|                                   | • Late charges | • Overnight camps |
|                                   | • Weight loss program food | • Food |
|                                   | • Over-the-counter medications (unless you have a written prescription from your doctor or it is insulin) | • Clothing |
|                                   | • Health care expenses incurred by a dependent |

1 You are classified as a highly compensated employee as defined by the IRS if your compensation is equal to or exceeds $120,000.

*To submit a dependent care FSA claim for a babysitter, you must provide his/her employee identification number (EIN) or Social Security number (SSN).

Tip: To file for reimbursement, first make sure that you or your provider submits the expense to any benefit plan in which you are covered for the same services. As a new hire or first-time participant in the health care FSA, your account is set to reimburse you automatically for eligible expenses using WageWorks’ Automatic Health Plan Claim (AHPC) feature. You may use the AHPC feature as long as you do not activate your WageWorks debit card; activating the card will turn the auto-pay feature off.
AUTOMATIC HEALTH PLAN CLAIM (AHPC)

When you visit a health care provider such as a doctor or dentist and are enrolled in one of the NYU medical plans, the NYU MetLife Dental Plan, and/or the NYU Vision Plan, your insurance carrier provides the amount of the transaction not covered by the health plan to WageWorks. The amount not covered represents the “out-of-pocket” cost for which your FSA can be used. A payment will be made directly to you from your FSA as long as the claim is filed and processed by the claims administrator by March 31st of the following calendar-year deadline.

USE YOUR WAGEWORKS HEALTH CARE CARD

You may use your Card instead of cash or credit at health care providers and pharmacies for eligible services, goods, and prescriptions. You can also use the Card at general merchants and through stores that have an industry standard (IIAS) check-out system that can automatically verify if the item is eligible for purchase with your account. If WageWorks is unable to determine that your Card was used to pay for eligible health care products and services, you will be contacted with instructions on how to submit verification of the expense.

IMPORTANT:

If you enroll in a 2017 FSA, only qualified expenses incurred between January 1, 2017, and December 31, 2017, will be eligible for reimbursement. Claims must be submitted to WageWorks by March 31, 2018.

Remember, you cannot use the Dependent Care FSA to reimburse for health care expenses incurred by a dependent.
New York University offers outstanding retirement plan benefits that compare favorably with those of other top research universities and are unparalleled outside of the academic community.

You currently have the opportunity to contribute to the plans through TIAA and/or Vanguard. You can learn more about these two providers and your available investment options by contacting them directly:

- **TIAA**: [http://www.tiaa-cref.org/nyu](http://www.tiaa-cref.org/nyu) or 800-842-2252
- **Vanguard**: [http://nyu.vanguard-education.com/ekit](http://nyu.vanguard-education.com/ekit) or 800-523-1188

**Advantages**

- **Simple to Save** – Since your contribution comes out of your salary, NYU makes it easy to save for your future.
- **Tax-Deferral** – Both your and NYU’s contributions are tax-deferred, which means you pay no Federal, New York State, or New York City taxes on contribution amounts. (Check the provisions of your locality, if different, for the tax-deferred status of your contributions. Learn more about the **IRS contribution and maximum compensation limits (PDF)** for all Plans.)
- **Vesting** – As soon as you begin participating in the Plan, you are fully vested; you have a non-forfeitable right to your account, even if you leave NYU.
- **Transfers** – You may transfer money between vendors (TIAA and Vanguard), or between funds, at any time:
  - You can update your investment options online or over the phone with TIAA and Vanguard.
    - **TIAA**: Login to your account at [www.tiaa-cref.org/nyu](http://www.tiaa-cref.org/nyu) or call 800-842-2252
    - **Vanguard**: Login to your account at [vanguard.com/retirementplans](http://vanguard.com/retirementplans) or call 800-523-1188
    - Transfer forms are also available online and you can also call TIAA and/or Vanguard directly for support:
      - **TIAA**: [www.tiaa-cref.org/forms](http://www.tiaa-cref.org/forms) or 800-842-2252
Withdrawals – You may withdraw money from your account when you retire from or leave NYU. Learn more about your available distribution options by contacting TIAA and Vanguard directly:
  - **TIAA**: 800-842-2252
  - **Vanguard**: 800-523-1188

Counseling Sessions – Both TIAA and Vanguard offer one-on-one counseling sessions where you can meet with a financial advisor to discuss your retirement planning needs including enrollment in the plan, contributions investment allocations, distribution options, and more. These sessions are offered at no additional cost to you. You can schedule your session online:
  - **TIAA**: www.tiaa-cref.org/schedulenow
  - **Vanguard**: meetvanguard.com

Enrollment

To enroll in any of the Plans, login to PeopleSync via NYUHome, select the Benefits section, then Change Benefits. Follow the steps in Making Your Retirement Benefit Elections (PDF) to learn more.

NYU Retirement Plan

The NYU Retirement Plan is a tax-deferred defined contribution plan under Section 403(b) of the Internal Revenue Code* to which both you and the University contribute. You may join the Plan if you are an eligible employee (PDF); normally work at least 20 hours per week and 1,000 hours per year; and have completed one year of service. For additional details on eligibility and participation, please review the Summary Plan Description (PDF).

Plan Information

- After one year of service, NYU provides a non-matching contribution of 5% of your retirement-eligible salary.
- In addition, for every 1% of salary you elect to contribute to the Plan, NYU will match each 1% up to a maximum of 5% of your retirement-eligible salary:
You may contribute above 5% by participating in the Supplemental Tax-Deferred Annuity (STDA) Plan.

- You choose how to invest your contributions from an extensive choice of TIAA and Vanguard funds. Visit NYU Employee Benefits to review recent TIAA and Vanguard fund performance.

*Note: The IRS limit for retirement-eligible earnings is $265,000.

Supplemental Tax-Deferred Annuity (STDA) Plan

The STDA Plan is a tax-deferred defined contribution plan under Section 403(b) of the Internal Revenue Code to which eligible employees solely contribute. For additional details on eligibility and participation, please review the Summary Plan Description (PDF).

Plan Information

- Participation in the STDA Plan is voluntary and funded wholly by your own contributions; NYU makes no contributions to the STDA Plan.
- Contributions may begin or be changed at any time.
- You choose how to invest your contributions from an extensive choice of TIAA and Vanguard funds. Visit NYU Employee Benefits to review recent TIAA and Vanguard fund performance.

Amount you can contribute to the Plan:

<table>
<thead>
<tr>
<th>Your Contribution*</th>
<th>NYU Contribution</th>
<th>Total Employee and NYU Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>1%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>2%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>3%</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td>4%</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>5%</td>
<td>10%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Above 5% The University does not match contributions above 5% but you can still contribute up to IRS annual limits ($18,000 if you are under age 50 and $24,000 if you are age 50 or older).
INSURANCE BENEFITS

Learn more about your insurance and voluntary benefits and options:

- Basic Life Insurance
- Supplemental Life Insurance

Basic Life Insurance

At no cost to you, NYU provides all eligible employees with basic life insurance coverage of $50,000, administered by The Prudential Insurance Company of America.

Supplemental Life Insurance

You may purchase supplemental life insurance and pay for the additional coverage through convenient payroll deductions. New hires may elect coverage up to a maximum benefit of $60,000 in $5,000 increments.

If you enroll in supplemental life insurance for the first time during Annual Enrollment, or increase your existing supplemental life insurance during Annual Enrollment, you are required to provide evidence of insurability (EOI), or proof of good health, to Prudential through EOI Connect, available to supplemental life participants on the Benefits Resource Center. Any new amount you elect will not be in effect until EOI has been received and approved by Prudential.

The monthly cost for the supplemental insurance will be determined by the amount elected, and in accordance with the following schedule:
<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Payroll Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>$0.65 per month</td>
</tr>
<tr>
<td>$10,000</td>
<td>$1.28 per month</td>
</tr>
<tr>
<td>$15,000</td>
<td>$1.93 per month</td>
</tr>
<tr>
<td>$20,000</td>
<td>$2.56 per month</td>
</tr>
<tr>
<td>$25,000</td>
<td>$3.21 per month</td>
</tr>
<tr>
<td>$30,000</td>
<td>$3.84 per month</td>
</tr>
<tr>
<td>$35,000</td>
<td>$4.49 per month</td>
</tr>
<tr>
<td>$40,000</td>
<td>$5.12 per month</td>
</tr>
<tr>
<td>$45,000</td>
<td>$5.77 per month</td>
</tr>
<tr>
<td>$50,000</td>
<td>$6.40 per month</td>
</tr>
<tr>
<td>$55,000</td>
<td>$7.05 per month</td>
</tr>
<tr>
<td>$60,000</td>
<td>$7.68 per month</td>
</tr>
</tbody>
</table>
MORE VALUABLE BENEFITS

Learn more about additional NYU benefits and options:

- Voluntary Benefits:
  - Auto, Home, and Pet Insurance
  - Group Legal Plan
  - Identify Theft Protection
  - Tuition Remission
  - Commuter Benefits
  - LiveSmart
  - Carebridge (Employee Assistance Program)
  - Health Advocate

Voluntary Benefits

- **Auto, Home, and Pet Insurance** are available to you at special group discounted rates.
- **The Group Legal Plan** provides access to a nationwide network of more than 12,000 attorneys to help you and every member of your family with vital legal matters such as wills, real estate, estate planning, financial matters, and more. (Administered by Hyatt Legal Plans.)
  - $16.75 per month for yourself, your spouse/domestic partner and dependents
- **Identity Theft Protection** provides identity and credit monitoring to quickly alert you of suspicious activity before major damage has been done. (Administered by InfoArmor.)
  - $7.95 per month for yourself
  - $13.95 per month for yourself and your family

How to Enroll in Voluntary Benefits:

- The **Group Legal Plan** is only available as a new hire and during the Annual Enrollment period on the Benefits Resource Center.
- **Identity Theft Protection**, and **Auto, Home, and Pet Insurance** are available for enrollment at any time on the NYU Voluntary Benefits website or by calling 866-486-1945.
All Voluntary Benefits offer the convenience of payroll deductions to pay your monthly premiums. For additional information, visit NYU Voluntary Benefits website or call 866-486-1945.

**Tuition Remission**

You and your dependent(s) may be eligible for NYU tuition remission. For more information, visit the NYU benefits website for Local 153 employees. To view a tuition remission tutorial on NYUiLearn, login to NYUHome and click on NYUiLearn Login under the Work tab.

**Commuter Benefits**

The commutation benefit administered by WageWorks offers a convenient opportunity to use pre- and post-tax payroll deductions to pay for your commuting expenses. You may enroll in commuter benefits at any time throughout the year:

- Enroll via the WageWorks website
  - First time users will need to register using the last four digits of your University ID.
- Select your transit pass (PDF) and/or parking provider (PDF)
- Check your home mailbox for your monthly pass

You may submit claims by hard copy or one of the flexible payment options:

- Convenient home delivery of your monthly transit pass
- Pre-paid local transit agency smart cards, if available
- WageWorks commuter card that works like a debit card

You may also arrange to have your monthly payment sent directly to your parking provider, or pay to park, and then get reimbursed.

**The IRS sets the maximum pre-tax contributions each year:**

<table>
<thead>
<tr>
<th>The minimum and maximum allowable pre-tax contributions:</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mass Transit</strong></td>
<td>$10.00</td>
<td>$255.00</td>
</tr>
<tr>
<td><strong>Parking</strong></td>
<td>$10.00</td>
<td>$255.00</td>
</tr>
</tbody>
</table>
NYU LiveSmart

LiveSmart programs and activities are offered throughout the year on a wide range of health and wellness topics. Each session is led by professionals in their fields — physicians, therapists, nutritionists, educators, and financial planning experts. Leaders offer practical, timely information and respond to individual questions and concerns.

Important basic health screenings for cholesterol, blood pressure, glucose, skin cancer, and osteoporosis are offered periodically; a highlight each fall is the free, highly recommended flu shot clinic. Seminars on critical wellness issues such as smoking cessation, weight management, fitness, and finance, including reducing debt and building wealth, are offered regularly.

Employee Assistance

The employee assistance program, offered by Carebridge Life Resources at no cost to you, provides reassuring, confidential support for personal and family problems common in contemporary life. You, your spouse or registered domestic partner, and eligible dependent(s) may lean on Carebridge services at a time of need.

Health Care Advocacy

You and your family also have no-cost access to the services of Health Advocate, the nation’s leading independent health care advocacy and assistance company. Health Advocate is an independent company with nurses, doctors, claims specialists, social workers, and other health professionals who can help you navigate the intricacies of the health care system. Call Health Advocate at 866-695-8622 or visit the Health Advocate website.