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 POST DOCTORAL FELLOWS

Enrolling in Your Benefits
Medical Plans
Prescription Drug Plan
Dental Plan
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 with 31 days of your date of hire.
- Medical and dental coverage is effective on your date of hire.
- 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 Value Medical Plan and the NYU Dental Plan. 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,
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
- Contact health plan vendors

Who Can I Enroll?

Eligible Dependent(s)

Medical and Dental Coverage for Your Eligible Dependent(s)

When you enroll in an NYU medical and dental 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
- 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 or dental 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 or dental 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 or dental 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 or dental 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 elect your 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 Welcome screen, click on “Start Your Enrollment” and you can:

—Enter your dependent information
—Enter your beneficiary information
—Elect your medical and dental 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?**

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• 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 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

The following two medical plans will continue to be offered for 2017:

- UnitedHealthcare Choice Plus Value Plan
- UnitedHealthcare Choice Plus Advantage Plan

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 United Healthcare’s website. First time users will need the member ID number from their UHC ID card to register for access.

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.

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### Key Medical Plan Features:

<table>
<thead>
<tr>
<th></th>
<th><strong>UHC Choice Plus Value Plan</strong></th>
<th></th>
<th><strong>UHC Choice Plus Advantage Plan</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network*</td>
<td>In-network</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>Individual: $500</td>
<td>Individual: $2,600</td>
<td>Individual: $400</td>
</tr>
<tr>
<td></td>
<td>Family: $1,000</td>
<td>Family: $5,200</td>
<td>Family: $800</td>
</tr>
<tr>
<td><strong>Primary Care Doctor’s Office Visit</strong></td>
<td>$30 copay</td>
<td>50% after annual deductible is met</td>
<td>$30 copay</td>
</tr>
<tr>
<td><strong>Specialist Office Visit</strong></td>
<td>$40 copay</td>
<td>50% after annual deductible is met</td>
<td>$40 copay</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>20%</td>
<td>50%</td>
<td>10%</td>
</tr>
<tr>
<td>(Your portion after you meet the deductible. Coinsurance does not apply to services with copays.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>Individual: $3,500</td>
<td>Individual: $8,000</td>
<td>Individual: $2,000</td>
</tr>
<tr>
<td></td>
<td>Family: $6,000</td>
<td>Family: $15,000</td>
<td>Family: $5,000</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$75 copay</td>
<td>$75 copay</td>
<td>$75 copay</td>
</tr>
</tbody>
</table>

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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, level of coverage and your annual base salary. The University pays the majority of the cost of health care coverage for all eligible employees.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage Category</th>
<th>Tier 1 Base Salary Under $50,000</th>
<th>Tier 2 Base Salary $50,000-$74,999</th>
<th>Tier 3 Base Salary $75,000-$124,999</th>
<th>Tier 4 Base Salary $125,000+</th>
</tr>
</thead>
<tbody>
<tr>
<td>UnitedHealthcare Choice Plus Value Plan</td>
<td>Employee</td>
<td>$15</td>
<td>$57</td>
<td>$99</td>
<td>$133</td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse/Domestic Partner</td>
<td>$134</td>
<td>$204</td>
<td>$291</td>
<td>$399</td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td>$120</td>
<td>$186</td>
<td>$265</td>
<td>$360</td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse/Domestic Partner</td>
<td>$191</td>
<td>$291</td>
<td>$419</td>
<td>$570</td>
</tr>
<tr>
<td></td>
<td>+ Child(ren)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare Choice Plus Advantage Plan</td>
<td>Employee</td>
<td>$48</td>
<td>$94</td>
<td>$140</td>
<td>$175</td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse/Domestic Partner</td>
<td>$216</td>
<td>$292</td>
<td>$391</td>
<td>$509</td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td>$196</td>
<td>$265</td>
<td>$355</td>
<td>$461</td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse/Domestic Partner</td>
<td>$307</td>
<td>$419</td>
<td>$558</td>
<td>$726</td>
</tr>
<tr>
<td></td>
<td>+ Child(ren)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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</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</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.
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

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Plan Covers</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE A: Diagnostic and Preventive</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>TYPE B: Basic Restorative</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>TYPE C: Major Restorative</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>TYPE D: Orthodontia (per person)</td>
<td>50%*</td>
</tr>
</tbody>
</table>

**Annual Deductible**
- Individual: $50
- Family: $150

**Annual Maximum Benefit**
- $2,000 per person

**Orthodontia Lifetime Maximum**
- $1,500

**TMJ Lifetime Maximum**
- $1,500

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**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**: $11 per month
- **Employee + Spouse/Domestic Partner**: $41 per month
- **Employee + Child(ren)**: $39 per month
- **Employee + Spouse/Domestic Partner + Child(ren)**: $54 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.*