NEW YORK UNIVERSITY

Notice of Continuation of Coverage Rights under COBRA

Introduction
You are receiving this notice because you have recently become covered under New York University’s Health and Welfare Plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan’s Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

The Plan Administrator is New York University Benefits Office, 105 East 17th Street, 1st Floor, New York, NY 10003-4475, 212-998-1270. COBRA continuation coverage for the Plan is administered by Employee Benefits Plan Administration, Inc. (EBPA), 37 Industrial Avenue, Suite E, Exeter, NH 03833-4593.

COBRA Continuation Coverage
COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses/registered domestic partners of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

1. Your hours of employment are reduced, or
2. Your employment ends for any reason other than your gross misconduct.

If you are the spouse or registered domestic partner of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

1. Your spouse/partner dies,
2. Your spouse/partner’s hours of employment are reduced,
3. Your spouse/partner’s employment ends for any reason other than his or her gross misconduct,
4. Your spouse/partner becomes enrolled in Medicare (Part A, Part B, or both), or
5. You become divorced or legally separated from your spouse or registered domestic partner.

Your dependent children or dependent children of your registered domestic partner will become qualified beneficiaries if they lose coverage under the Plan because of any of the following qualifying events happens:

1. The parent-employee dies,
2. The parent-employee’s hours of employment are reduced,
3. The parent-employee’s employment ends for any reason other than his or her gross misconduct,
4. The parent-employee becomes enrolled in Medicare (Part A, Part B, or both),

5. The parents become divorced or legally separated, or
6. The child stops being eligible for coverage under the plan as a “dependent child.”

Sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to New York University, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee’s spouse, surviving spouse, and dependent children will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event within 30 days following the date coverage ends.

For other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs. You must send this notice to: New York University, Benefits Office, 105 East 17th Street, 1st floor, New York, NY 10003-4475, 212-998-1270.

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that the Plan coverage would otherwise have been lost.

COBRA continuation coverage is a temporary continuation of coverage.

When the qualifying event is death of the employee, enrollment of the employee in Medicare (Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 Months.

When the qualifying event is the end of employment or reduction of the employee’s hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage
If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled at anytime during the first 60 days of COBRA continuation coverage and you notify the Plan Administrator in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that the Plan Administrator is notified of the Social Security Administration’s determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to: New York University, Benefits Office, 105 East 17th Street, 1st floor, New York, NY 10003-4475, 212-998-1270.

Second qualifying event extension of 18-month period of continuation coverage
If your family qualifies for another qualifying event while receiving COBRA continuation coverage, the spouse/domestic partner and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse/domestic partner and dependent children if the former employee dies, enrolls in Medicare (Part
A, Part B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to: New York University, Benefits Office, 105 East 17th Street, 1st Floor, New York, NY 10003-4475, 212-998-1270.

**If you have questions**
If you have questions about your COBRA continuation coverage, you should contact New York University, Benefits Office, 105 East 17th Street, 1st floor, New York, NY 10003-4475, 212-998-1270 or you may contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s web site at www.dol.gov/ebsa.

**Keep Your Plan Informed of Address Changes**
In order to protect your family’s rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**The Women’s Health and Cancer Rights Act of 1998**
In 1998 the United States Congress passed the Woman’s Health and Cancer Rights Act. This act affects both group and individual health plans that provide medical surgical coverage for a mastectomy. It requires these health plans to provide coverage for reconstructive surgery and related services that may follow a mastectomy.

In compliance with the law, NYU medical plans cover the following services:

- Coverage will be provided for reconstructive surgery of the breast on which a mastectomy has been performed.

- Coverage will be provided for surgery and reconstruction of the other breast to produce a symmetrical appearance.

- Coverage will be provided for prostheses and physical complications through all stages of a mastectomy, including swelling associated with the removal of lymph nodes.

- Coverage will be in a manner that is determined in consultation with the attending physician and patient.

The plan deductible, coinsurance, and copayments that are in effect at the time service is provided will apply to the coverage described above.

All other terms and conditions of your NYU medical plan will apply to this coverage.

If you have questions or concerns about how this legislation affects you and your health plan, please call the customer service telephone number on your identification card.

You may download a copy of this Notice at any time from www.nyu.edu/hr/benefits, click on your employee classification, go to Rights & Policies and select Legal Notices; or you may contact the NYU Benefits Office via email at benefits@nyu.edu or call 212-998-1270.

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