



NYU Benefits Overview Guide For Group Codes 104, 106, 107

The information and plan descriptions in this booklet only highlight your employee benefits. More complete information and important exclusions can be found in the Summary Plan Descriptions, which are available online on the NYU Benefits Resource Center or in the NYU Benefits Office. The official Plan documents available in the NYU Benefits Office contain all the plan details and legally govern their operation. The official Plan documents will govern in the event of any conflict with the information in this booklet. The University reserves the right to change, amend, or terminate the benefit plans at any time.

Date of Issue: January 2009

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WELCOME TO NEW YORK UNIVERSITY!

As a leading institute of higher learning, NYU prides itself on hiring the best and brightest leaders in the academic field. NYU understands that a premier benefits package is critical to attracting and retaining this level of talent and is proud to offer these excellent benefits to you and your family.

This package contains information about a number of benefits and programs available to enable you to access quality health care, provide for your financial security and the security of your family, maintain a healthy lifestyle, and balance your work and home responsibilities. Information is enclosed about a number of online tools to assist you in selecting the NYU benefit plans that will best fit your needs.

It's important that you get familiar with your NYU benefits right away because you will need to make some important benefits decisions and return your completed enrollment forms within 31 days of completing your 3-month probationary period.

If you do not submit your elections within 31 days from the completion of your 3-month probationary period, you will automatically be enrolled for individual coverage in the Aetna HMO** Medical plan, the NYU Dental Plan, and Basic Life Insurance with a \$20,000 level of coverage. Your eligible dependents will not be enrolled in the default plans and will not be eligible for coverage until the next open enrollment period.

Once you have made your elections (or are automatically enrolled) you will not be eligible to make a change to your benefits until the next annual enrollment period, unless you have a qualifying status change.

To learn about your NYU benefits:

- Read this enrollment kit now
- Attend the next Benefits Seminar (invitation enclosed).
- Log on to the NYU Benefits Resource Center as soon as you get access (usually within two weeks of your start date).

If you have questions after your review of the benefits information in this booklet and on the NYU Benefits Resource Center, please contact the NYU Benefits Office at benefits@nyu.edu or call 212-998-1270 to speak with a Benefits Specialist. You may also make an appointment with a Benefits Specialist at the NYU Benefits Office at 7 East 12th Street, 2nd Floor. Hours: 9 a.m. to 5 p.m., Monday through Friday.

EFFECTIVE DATES for Employee Codes 104, 106, 107:

Medical	Day after completion of three months of employment.
Dental	Day after completion of three months of employment.
Basic Life Insurance	Day after completion of three months of employment.
Supplemental Life Insurance	Day after completion of three months of employment or anytime later. Requires evidence of insurability (EOI) if not elected when first eligible or within 31 days of event.
Long-Term Disability (LTD)	Day after completion of three months of employment.
Health Care Flexible Spending Account (FSA) and Dependent Care FSA	First of the month following one month of employment.

HEALTH BENEFITS

NYU'S COST-SHARING STRATEGY

New York University has a long-standing commitment to provide high-quality employee benefits and programs that meet the needs of our diverse community. When you are covered by an NYU health plan, you and NYU share the cost of health care. The amount you pay includes your salary-based payroll contributions and any coinsurance, copayments or deductibles that the plan you choose requires. In order to keep costs down, both you and NYU need to be wise consumers of health care.

NYU encourages you to view and purchase health care almost like any other major consumer product or service, such as a car or even car insurance. When you adopt a healthy lifestyle and visit your doctor for annual physicals, you are taking the first steps toward being a better health care consumer. Ask questions up front, consider what will best suit your needs, and look for the highest quality and value for your health care dollars. Understanding your health care needs and how your health plan works can help ensure that you are buying the best coverage for you.

Online Tools for You

This Guide is intended to be used with the online NYU Benefits Resource Center to help you make informed enrollment decisions.

Once you are issued a University Net ID, found on the back of your ID card, you will be able to activate your NYU Home account so you can visit the NYU Benefits Resource Center (see page 26 for instructions). The Benefits Resource Center intranet site is designed to help you understand and manage your health care needs, select the NYU plan that's right for you, and keep you informed about your NYU benefits. The information and tools on the Benefits Resource Center can help you:

- Compare the NYU health plans and identify the plan that's right for you,
- Estimate your anticipated total health care costs,
- Estimate your total out-of-pocket expense to see how much you should contribute to a Flexible Spending Account,
- Evaluate and compare hospitals should you need treatment for a serious condition,
- Enroll in NYU's commuter benefits program, WageWorks
- Access contact information for the health plan vendors,
- View a calendar of Wellness events,
- Find current information from the NYU Benefits Office under News & Updates, and
- Download and print forms that you need.

MEDICAL PLAN OPTIONS

Medical coverage will be effective the day after you have completed three months of employment at NYU.

You have two types of plans from which to choose: a health maintenance organization (HMO) or a point-of-service (POS) plan. The plans differ from each other in both their cost-sharing approach and in the amount of flexibility you have in seeking health care. [Click here for this year's contribution rates.](#)

Health Maintenance Organizations

You may choose to enroll in one of the following two HMOs as long as its services are available in your residential area:

- Aetna HMO with the Standard network (identified with 2 stars)
- Oxford HMO with the Oxford Freedom network.

How the HMO Plans Work...

Primary Care Physician: When you enroll in an HMO, you select a Primary Care Physician (PCP) from the HMO's web site provider directory. To receive care from a specialist or other provider who is part of the network, you must obtain a referral from your PCP.

Copays, Deductibles and Coinsurance: HMOs usually require copays for doctor's office visits or a deductible and coinsurance for certain other services. Visit the NYU Benefits Resource Center and click on the "Compare My Health Plan Features" tab to create a comparison chart showing the costs you will incur for each type of service under the HMO.

Out-of-Pocket Costs: With an HMO, your out-of-pocket costs are typically limited. That's because the HMO negotiates with providers in its network to provide quality services at discounted rates; in exchange, you're required to receive all your treatment from physicians, specialists, hospitals, and other providers who are part of the HMO's network. You generally are not covered for services received from a provider outside the network, except in an emergency.

The NYU Point-of-Service Plan

You may want to consider the flexibility available to you with the UnitedHealthcare Choice Plus Point-of-Service (POS) Plan. The POS plan offers the advantages of an HMO through the in-network part of the plan, but also allows you the flexibility to use out-of-network providers.

How the Point-of-Service (POS) Plan Works...

The UnitedHealthcare Choice Plus Point-of-Service (POS) Plan gives you the freedom to seek care from any UnitedHealthcare (UHC) Network provider or facility without a referral. With this plan, you will receive the highest level of benefits when you seek care from a UHC Network provider or facility. In addition, you do not have to worry about any claim forms for in-network care.

You may also choose to seek care outside the UHC Network, without a referral. However, you should know that care received from a non-UHC Network physician, facility or other health care professional means a higher deductible and out-of-network expense. If you choose to seek care outside the UHC Network, your plan only pays a portion of those charges and it is your responsibility to pay the remainder. Charges in excess of what the Plan will consider for a particular service in a particular area (the Reasonable and Customary or R&C charges) can affect your out-of-network out-of-pocket costs considerably, so it is important to keep this in mind when seeking out-of-network care under the POS Plans, since any remaining balance is your responsibility.

Fast Facts about Your Medical Options

Whether you choose to enroll in an HMO or the POS Plan, here are some important facts to consider:

- **Cost** — You may enroll in single coverage at no contribution cost to you. If you wish to enroll any dependents in the plan, you will pay part of the cost for your Medical Plan coverage. Contributions are based on your Collective Bargaining Agreement.
- **Covering Dependents** — You may choose one of the following coverage categories:
 - Employee (self only)
 - Employee + Spouse / Registered Domestic Partner
 - Employee + Child or Children*; or
 - Employee + Spouse / Domestic Partner + Child or Children*

*Unmarried dependent children are eligible for coverage up to age 19 or up to age 25 while a full-time student.

Note: Proof of the dependent relationship (e.g., marriage certificate, birth certificate that shows the names of both the parent and the child) is required before dependents can be enrolled. See page 22 for details about eligible dependents and required proofs. Domestic partners must be registered with the NYU Benefits Office (see page 23 for more details).

- **Changing Coverage** — You can change your health care coverage once a year during the fall open enrollment period. If you change your coverage during the enrollment period, your new coverage will go into effect January 1 of the following year. You can change the level of your coverage during the year only if you have a qualifying status change (see page 24 for more details).
- **No Coverage** — You can choose not to enroll in an NYU Medical Plan option as long as you certify that you currently have coverage under another medical plan (e.g., your spouse's plan). You still need to complete the enrollment process by indicating that your option is to "waive coverage."

Note: If you do not submit your elections within 31 days from the completion of your 3-month probationary period, you will automatically be enrolled for individual coverage in the Aetna HMO** Medical Plan, the NYU Dental Assistance Plan, and Basic Life Insurance. Your eligible dependents will

not be enrolled in the default plans. You will not be able to change plans or enroll dependents until the next available open enrollment period, unless you have a qualifying change in status during the year.

What's Covered Under The Two Types Of Plans?

The NYU POS plan and the HMOs cover hospitalizations, doctor's office visits, surgery, and other medically necessary care. In addition, each of the plans offer some wellness and preventive care services. All plans also provide prescription drug coverage, which is administered by CVS/Caremark, Inc. For details on rules and coverage, read the Summary Plan Descriptions available online at the NYU Benefits Resource Center.

Not sure about the differences between the health plans? Visit the NYU Benefits Resource Center via NYUHome at www.home.nyu.edu to identify and compare the health services covered by each plan. Use the tool called "Compare My Health Plan Features" to create your own side-by-side comparison of any or all of your health plan choices on the coverage provisions that interest you.

HMO vs. POS — At a Glance

The primary difference between the two plans is in their cost-sharing approach and level of flexibility. Generally, you will have lower out-of-pocket costs under the HMOs and more flexibility under the POS plans.

Feature	HMO	POS
In-Network and Out-of-Network Care	Coverage is provided for in-network care only.	Coverage is provided for both in- and out-of-network care, with the highest level of benefits available for in-network care.
Primary Care Physician (PCP)	When you enroll, you will select a PCP from the HMO's web site provider directory. PCP referrals are required when seeking care from a specialist or other network provider.	You do not need to designate a PCP. PCP referrals are not required for specialist care.
Copays, Deductibles and Coinsurance	Generally you will pay a copay for office visits or a deductible and coinsurance for certain other services.	You pay a copay for in-network office visits, and coinsurance for out-of-network office visits. You pay coinsurance for hospital visits—both in-and out-of-network, with high reimbursement provided for in-network services.
Reasonable and Customary (R&C)	Not applicable, since only in-network care is covered	Not applicable when you use in-network care. When using out-of-network services, reimbursement will be determined based on R&C* charges for each service.
Claim Forms	Not required	Not required for in-network care. Required for out-of-network services.

**R&C charges are the maximum charges that the United Healthcare POS plans will consider for a particular service in a particular area when you use the out-of-network part of the plan. R&C limits are generally determined by geography, as charges can vary widely for the same service in different parts of the country. Charges in excess of R&C can affect your out-of-network out-of-pocket costs considerably, so it's important to keep this in mind when seeking out-of-network care under the POS plan. In-network care is not subject to R&C since the amount the plan covers is based on a network-negotiated rate for the service. R&C limits do not apply to the HMOs because they only cover in-network care.*

PRESCRIPTION DRUG BENEFITS

CVS/Caremark administers prescription drug benefits for all NYU medical plans, including the HMO plans. You should use a Caremark retail pharmacy for immediate and short-term drug needs. Use Caremark's Mail Order Pharmacy for maintenance or long-term medications.

Copayment amounts will depend upon whether the prescription that your physician writes is for a generic or a brand name drug. Prescriptions written for a specific brand-name medication will have a higher copayment. There is also a \$50 copayment if you use a retail pharmacy for the third or any subsequent refills of maintenance drugs. Any time the price of the drug is less than the required copayment, you will pay the actual price of the prescription.

TYPE OF PRESCRIPTION	COPAYMENTS	
	30-day supply	
Purchased at Retail	30-day supply	
Retail Generic	\$5	
Brand-name on CVS/Caremark's Preferred Drug List	\$10	
Brand-name not on CVS/Caremark's Preferred Drug List	\$30	
Mail Order	90-day supply	180-day supply
Mail Order Generic	\$10	\$20
Brand-name on CVS/Caremark's Preferred Drug List	\$30	\$60
Brand-name not on CVS/Caremark's Preferred Drug List	\$50	\$100

Notes:

1. If you purchase a brand-name drug that is not on Caremark's preferred drug list because there is no other brand on the market, you'll pay the preferred drug list copay.
2. For more information about CVS/Caremark's preferred drug list, register on the secure caremark.com web site, then select "My Drug List" from the left navigation bar.

If you use an out-of-network pharmacy 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 original prescription receipt(s). 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 can get a list of network pharmacies from the Caremark website at www.caremark.com, or call 1-800-421-5501.

Maintenance Medications

Prescription drugs that you take on a long-term, recurring basis are considered maintenance medications. These prescriptions must be obtained through Caremark's mail order pharmacy and are limited to 2 fills per calendar year at retail. Third and subsequent fills at retail during a calendar year are subject to a \$50 copay. 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.

Controlled Substances

In some instances, even though you take a specific medication on a regular, recurring basis, it may be classified by law as a "controlled substance." Examples of prescriptions that are classified as controlled substances are: Vicodin®, Acetaminophen with codeine and Marinol®, Valium®, Ambien®, Xanax®, Robitussin AC®, and Lomotil®. Federal and state laws regulate the dispensing of controlled substances and the law may limit the quantity that can be dispensed at one time. It may also prohibit dispensing through the mail. Therefore, the plan will not consider controlled substances to be maintenance medications, even if you take them on a regular, ongoing basis. You can use your retail pharmacy to obtain prescriptions for controlled substances without paying a \$50 penalty on the third and subsequent refill.

VISION SERVICE PLAN (VSP)

NYU has partnered with Vision Service Plan (VSP) to provide employees with a full service vision plan. The plan will help you save money on eye care by giving you access to a nationwide network of vision professionals, as well as by providing benefits when you use a non VSP provider.”

When you sign up for VSP you can expect...

Personalized Care

You and your doctor. It's an important relationship. VSP private-practice doctors will take the time to get to know you and your eyes to deliver the best quality care.

More Choices

The right doctor, right around the corner. VSP will help you find a doctor that is right for you and your family. You will have great choices in eyewear, doctors, and locations.

Your eye care plan: More than the basics and at a great price

WellVision Exam	Thorough eye exam every 12 months
Prescription Glasses	Lenses every 12 months Frames every 24 months
Contact Lenses	You can choose contacts instead of glasses every 12 months

These services are available for a \$15.00 copay for exams and lenses. You also receive a \$130.00 allowance for frames every 24 months plus a 20% discount over your allowance. There are also discounts on many other eye care services that make your eye care work to best advantage to you

THE NYU DENTAL PLAN

Dental coverage begins after three months of employment at NYU. You are automatically enrolled in dental coverage for yourself under the NYU Dental Plan, which is administered by MetLife. You may elect to enroll any eligible dependents for coverage. If you elect dental for your dependents you are required to make a pre-tax contribution for the cost of coverage you select.

What's Covered?

Some dental expenses are covered in full, while others are covered up to a percentage of the Reasonable and Customary Charges based on the classification of dental service you receive.

- The NYU Dental plan will cover each year, a percentage of participating dentist's charges, or , for non-participating dentists, a percentage of the reasonable and customary charges, based on the classification of dental service you receive, up to the annual plan maximums shown below.
- Under the new plan, you have the option of using a dentist who participates in the MetLife Preferred Dentist Program (PDP), or a non-participating dentist of your choice. If you go to a MetLife Participating Dentist, the plan's percentage reimbursement is applied to the negotiated rates between the dentist and MetLife. These replace the reasonable and customary (R&C) cost of the care, offering you potential additional savings on services you receive from a PDP. If you obtain service from a non-participating dentist, the plans' percentage reimbursement amounts are applied to the usual, customary reasonable charge in the area where service is obtained (R&C).

Why obtain service from a MetLife dentist? With better reimbursements on some treatments and access to discounted fees for services, you may be able to stretch the annual dollar limit available to you.

Here are the categories of Dental Services and the Plan's reimbursement percentages:

- TYPE A: DIAGNOSTIC & PREVENTIVE: 100%
Routine oral exams, cleaning, fluoride treatments, x-rays, space maintainers. (Not subject to deductible. Limited to two covered visits per calendar year.)
- TYPE B: BASIC RESTORATIVE: 80%
Fillings, simple extractions, crowns, dentures and bridge repairs, endodontics (root canal). Subject to deductible and plan maximums. Pretreatment estimates are recommended if the cost of treatment will be over \$300.

- TYPE C: MAJOR RESTORATIVE: 50%
Bridges and dentures, crowns, inlays and onlays. Subject to deductible and plan maximums.
Pretreatment estimates are recommended.
 - TYPE D: ORTHODONTIA: 50% (per person)
Subject to annual deductible and the plan's annual and lifetime maximums
- Note:** All reimbursements will continue to be subject to the plan's annual deductible, and annual and lifetime maximums.

Here is how the Plan determines its benefits:

Annual Deductible	Individual: \$50 Family: \$150
Annual Maximum Benefit (per covered person) Includes separate lifetime maximums	\$2,000
Orthodontia Lifetime Maximum	\$1,500
Periodontal Lifetime Maximum	\$2,500
TMJ Lifetime Maximum	\$1,500

With the new, enhanced NYU Dental Plan, you have the freedom of choice to visit any dentist, whether they are in or out of the MetLife PDP network. With over 110,000 participating MetLife dentists in the network, and 500 located in Manhattan, you and your family have a wide range of choices.

To find out if a dentist participates in the PDP network, or to locate a MetLife dentist, call 1-800-942-0854, or go to MetLife and logon to the MetLife Dental Center (in the bottom left corner of the page).

Contributions: A contribution is required each month toward the cost of your coverage and any family members who are eligible to participate.

TAX-ADVANTAGED BENEFITS

FLEXIBLE SPENDING ACCOUNTS (FSAs)

You are eligible to participate in the Flexible Spending Accounts (FSA) on the first day of the month following completion of one month of employment at NYU. For participation to begin, the NYU Benefits Office must receive your completed enrollment form within 31 days from the completion of your 3-month probationary period.

If you do not submit your elections and you are automatically enrolled in health care coverage, you will not be enrolled in the FSA program, since IRS regulations stipulate that a participant must actively elect coverage in this type of benefit. If you miss the deadline, you may sign up during the next fall open enrollment period.

How the NYU Flexible Spending Accounts Work...

The FSA Plans enable you to lower the after-tax cost of your out-of-pocket expenditures by setting aside money from your paycheck each month in one or both of these accounts, before taxes are calculated. This money can then be used to reimburse yourself for certain eligible expenses incurred by you, your spouse, or dependents. When you have an eligible health care or dependent care expense, you pay it and then file a claim to reimburse yourself with the money from the appropriate FSA.

NYU offers two different types of Flexible Spending Accounts (FSAs):

- Health Care FSA that can be used to reimburse yourself for medical, dental and vision expenses incurred by you and your dependents. In general, expenses that are eligible for reimbursement from a health care FSA include annual deductibles, copayments or coinsurance, and certain over-the-counter medications, such as aspirin, cough medicine, and pain relievers.
- Dependent Care FSA that can be used to reimburse yourself for child or other dependent care expenses that are necessary for you and your spouse/registered domestic partner to work, or for you to work and your spouse/partner to attend school full time or look for work. Note: out-of-pocket health care (medical) expenses are not reimbursable from a Dependent Care FSA, You must open a Health Care FSA for those expenses.

You don't pay federal, New York State, New York City or Social Security taxes on the amounts you set

aside in your FSAs. However, you will need to check the provisions of your locality for tax treatment of these contributions. Some states (other than New York) may tax FSA contributions and if so, you'll be required to add your FSA contributions to your taxable income when you file your taxes for that locality.

More complete information about NYU Flexible Spending Accounts can be found online on the NYU Benefits Resource Center. For additional information on allowable expenses and IRS regulations, visit the IRS web site at www.irs.gov and refer to publications 502 and 503.

How much should you contribute?

If you decide that enrolling in an FSA is appropriate for you, you will also have to decide how much to contribute. The answer depends on what expenses you anticipate having during the calendar year.

If you choose to open an FSA, you can contribute any amount from the minimum, up to a stated maximum amount in each account each year. The minimum and maximum allowable contributions for 2009* are:

	Minimum	Maximum
Health Care FSA	\$120	\$12,000
Dependent Care FSA**	\$120	\$5,000

**If you are considered a highly compensated employee by the IRS, your maximum contribution for a calendar year may be decreased. Refer to the NYU Flexible Spending Accounts SPD for specific information on IRS regulations.*

***The Dependent Care FSA maximum of \$5,000 is limited by law (\$2,500 if you're married and you and your spouse file separate income tax returns).*

Reimbursement from your FSAs

Reimbursement from your Health Care FSA will be processed automatically for reimbursable, out-of-pocket expenses under the UnitedHealthcare Point-of-Service (POS) Plans, the Caremark Prescription benefit, and the NYU Dental Plan administered by MetLife. This process is performed by an automatic, electronic data interface between UnitedHealthcare, MetLife, and Caremark. This reduces the need for you to submit manual paper claims.

You will still need to send an FSA Withdrawal Request to claim reimbursement from your Health Care FSA for expenses that were not automatically submitted to your FSA (e.g., vision care, Aetna, Oxford, copayments, or claims processed via your spouse's plan).

Dependent Care FSA Claims for expenses related to the care of eligible dependents must be submitted to your Dependent Care FSA for reimbursement.

Here are some important things you should know about FSA reimbursements:

- If you and your dependents are covered by another insurance program and you coordinate benefits with the other plan, your claim must be processed by both of your medical or dental plans before you can file a claim with your NYU FSA. If this situation applies to you, you should cancel the automatic claim reimbursement feature, by calling UnitedHealthcare at the number shown on your member ID card.
- A qualified expense is "incurred" at the time the service is provided, not when you are billed or when you actually pay for the service. This is important to note when filing claims at the end of a calendar year.
- The minimum reimbursement amount is \$25. If the amount of unreimbursed expense is less than \$25, the claim will be held until additional claims are received and processed, and the total accumulates to \$25.
- You will receive separate reimbursements and explanations of benefits for your NYU POS plan claims, your NYU Dental plan claims, your Caremark prescription drug claims, and your Health Care FSA claims.

Pended Claims

At times, a medical or dental claim might not be processed. The claim could be "pended" for additional information, either from you or from the provider of services. If a claim is pended, it won't roll over to your FSA until it is fully processed and the amount of the charges that you are responsible for is determined. It is very important to review your FSA account periodically to determine whether all of your medical, dental, and prescription drug claims have been processed. If any of your claims are pended, you need to

be sure to take any additional steps required to properly resolve your claim.

Direct Deposit of FSA Reimbursements

If you have direct deposit of your NYU paycheck, your FSA claims will be reimbursed through direct deposit. Once your FSA claim has been processed, the reimbursement will be deposited directly into the same bank account that is used for your paycheck, and you will receive an Explanation of Benefits (EOB). If you do not have direct deposit of your NYU paycheck, you'll receive your FSA reimbursement in a separate check from UnitedHealthcare. You can arrange to have direct deposit of your NYU paycheck by contacting the NYU Payroll Services Office at 212-998-2920 to obtain a direct deposit authorization form. Once this is in effect for your NYU paycheck, your FSA reimbursement will be directly deposited.

Please note: If you and your spouse have separate health care coverage that allows for coordination of benefits, you will need to contact United Healthcare at 866-633-2474, or online at <http://www.myuhc.com>, to turn off the automatic rollover of your health care claims to your health care flexible spending account. You can also turn off the automatic rollover of FSA funds for any other reason at <http://www.myuhc.com>.

CAUTION!

Before making your FSA elections, carefully estimate the amount you want to contribute to each type of FSA. Your FSA elections do not roll over from one year's enrollment to the next. You need to set up your accounts each year during open enrollment. You cannot stop, start, or change this decision during the calendar year, unless you experience a change in your family status as defined by the IRS and the Plan.

Contributions to an FSA will be taken out of your paycheck before taxes are applied. This will reduce both your taxable income and your take-home pay. Keep in mind that you will not get this money back until you file a claim. Also, reducing your taxable income may affect your future Social Security Benefits and depending upon your personal situation, the Dependent Care Tax Credit may be more advantageous than the pre-tax Dependent Care FSA.

You have until June 30 to submit your claims for the previous calendar year. Any unused amount remaining in the account after June 30 will be forfeited. This is an IRS regulation.

Fast Facts about Flexible Spending Accounts

- Any money not used for allowable expenses within the benefit's plan year (January 1 through March 15 of the following year) will be forfeited and can not be refunded (an IRS regulation for this type of plan).
- Requests for reimbursement must be submitted along with the required documentation prior to the plan filing deadline.
- Expenses reimbursed through FSA accounts cannot be claimed as deductions or credits when you file income taxes.
- Flexible Spending Account (FSA) elections do not "roll over" from year to year. Therefore, if you want to participate, you must make a new election for your FSA every year, even if you want to contribute the same amount.

COMMUTER EXPENSE REIMBURSEMENT ACCOUNT

NYU's Commuter Expense Reimbursement Account is offered through WageWorks. WageWorks is the nation's leading provider of tax-advantaged commuter benefits programs. All full-time regular employees are eligible for this benefit. WageWorks enables you to pay for your commuting expenses through convenient pre-tax and post-tax payroll deductions. All you have to do is register online, choose your transit pass, parking provider, or both, and your monthly passes will automatically be renewed and delivered to your home prior to the month you need them.

Here is an example of how WageWorks provides not only convenience but significant savings on your daily commute:

Example	Original Cost	Tax Savings Using WageWorks
Train Ticket (monthly):	\$230	\$92
Parking at train station (monthly):	\$230	\$92
Total (per month):	\$460	\$184
Annual Total:		\$2,208

WageWorks makes it as easy as possible to take advantage of a commuter benefits program. You can continue to submit your claims by paper, or through one of the new, easy-to-use, flexible payment options:

- Convenient home delivery of your monthly transit pass,
- Pre-paid local transit agency Smartcards (if available), or
- WageWorks Commuter card that works like a debit card.

You may also arrange to have WageWorks send your monthly payment directly to your garage, or pay to park and then get reimbursed.

The minimum and maximum allowable pre-tax contributions for 2009 are:

	Minimum	Maximum
Mass Transit	\$10.00	\$230.00
Parking	\$10.00	\$230.00

NYU RETIREMENT BENEFITS

SUPPLEMENTAL TAX-DEFERRED ANNUITY PLAN

You may begin to make contributions to the NYU Supplemental Tax Deferred Annuity (STDA) Plan with your first paycheck or any time thereafter. The plan is a defined contribution plan under Section 403(b) of the Internal Revenue Code.

How the Supplemental Tax-Deferred Annuity Plan Works...

- Participation in the Supplemental Tax-Deferred Annuity Plan is voluntary and funded completely by your own contributions.
- NYU does not make contributions to the STDA.
- You determine the amount you wish to contribute, although the allowed maximum contribution amount is limited by law, specifically under the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) see box. The maximum contributions are reduced by any contributions that you have made in the same calendar year to a defined contribution plan through your previous employer.

Amount You Can Contribute to STDA in 2009	
If You Are Under Age 50	\$16,500
If You Are Age 50 or Older	\$22,000

Advantages of the Plan

While participation in the STDA plan is voluntary, the sooner you join, the sooner you'll enjoy many of the advantages the STDA Plan offers such as:

- Savings. You may generally contribute a portion of your base salary to a 403(b) plan account set up in your name.
- Vesting. You are fully vested from the day you join the plan.
- Investments. You may select from over 70 funds available through TIAA-CREF and Vanguard, allocate your contributions among these funds, and change your savings strategy from time to time. Any investment income your account may earn compounds tax-deferred while your funds are invested in the plan, so your returns grow faster.
- Loans and Withdrawals. While you generally cannot withdraw our contributions until you are at least age 59-1/2, you may be able to borrow against your TIAA-CREF account before then, or make a hardship withdrawal on a limited basis (subject to tax penalties).
- Deferred Taxes. Your savings come out of your paycheck before taxes are taken out, which lowers your income for federal, state, and city tax purposes (except for MA, NY, and PA). You, therefore, pay less in current taxes.

NYU STAFF PENSION PLAN

The NYU Staff Pension Plan is designed to provide you with a foundation of retirement income. Together with your other retirement income resources – Social Security, the NYU Supplemental Tax Deferred Annuity Plan and your own personal saving – the NYU Staff Pension Plan can help you ensure a steady monthly income throughout your post-working years. The University funds the Plan, manages its assets, calculates benefits and makes sure they are paid. There are no employee contributions to the NYU Staff Pension Plan, NYU pays the full cost. The NYU Staff Pension Plan is what is known as a “defined benefit” plan. You can generally begin participating in the NYU Staff Pension Plan on the September 1, after you reach age 21 and have completed one year of service with NYU.

- **Figuring Your Benefit.** Plan benefits are calculated using a formula that multiplies your final average earnings by a percentage that increases with each service milestone that you reach. In other words, the longer you’re with the University, the higher your pension will be.
- **Vesting.** You are fully vested once you have completed five years of service provided you have worked at least 1000 hours each of those years, which means you have a non-forfeitable right to your account even if you leave NYU.
- **Normal Retirement.** Generally, normal retirement is at age 65, although you may retire before or after then (assuming you meet Plan requirements). The earliest you can collect your Staff Pension Plan benefits is age 60 (at a reduced amount) provided you are vested or at any age if you have 25 years of service.
- **Payment Options.** While benefits are normally paid to you as an annuity, there are a number of payment options that allow you to provide benefits to your surviving spouse or other beneficiary. Please refer to the NYU Staff Pension Plan Summary Description which is available online at www.nyu.edu/hr.

OTHER BENEFITS

DISABILITY AND LIFE INSURANCE

Your life insurance coverage begins on the date that you complete your 3-month waiting period. This three month waiting period does not apply to Travel Accident Insurance or New York State Disability benefits.

Plan	Premium
<p>GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PLAN</p> <ul style="list-style-type: none"> • This is a group term life insurance plan insured by The Standard Life Insurance Company of New York. • You are automatically enrolled for \$20,000 of individual coverage under the basic life insurance plan. Please note that the coverage amount decreases after the age of 65 (See the chart below). • In addition, you have \$20,000 of coverage in case of accidental death or dismemberment. 	<p>NYU provides this coverage at no cost to you.</p>
<p>SUPPLEMENTAL LIFE INSURANCE PLAN</p> <ul style="list-style-type: none"> • You may purchase additional life insurance coverage through payroll deductions from The Standard Life Insurance Company of New York • You can select coverage up to a maximum of \$40,000 in \$5,000 increments. The maximum amount starts to decline at age 65. • If you do not elect supplemental life insurance when you are first eligible and apply for coverage at a later date, your application to begin coverage or to increase your coverage must be approved by The Standard, who will require proof of your good health. • If you elect supplemental life insurance coverage, you will have supplemental accidental death and dismemberment coverage equal to the amount of your supplemental life insurance. 	<p>You pay a small amount per month for each \$5,000 of supplemental life insurance coverage that you elect.</p>

Coverage amounts begin at \$20,000 if you are under age 21 and decrease gradually each year until age 80. See below for specific coverage amounts.

Your Basic Life Insurance Coverage			
Your Age on January 1	Coverage Amount	Your Age on January 1	Coverage Amount
<65	20,000	73	9,808
65	18,600	74	9,072
66	17,205	75	8,392
67	15,915	76	7,763
68	14,721	77	7,181
69	13,617	78	6,607
70	12,596	79	6,045
71	11,588	80 and older	5,501
72	10,661		

Note: At the beginning of each calendar year, your coverage amount, which is shown above, will decrease based on your age on January 1 of that year. You may purchase Supplemental Life and AD&D in increments of \$5,000, up to a maximum amount of \$40,000. The schedule and rates shown are for employees under age 65. For employees age 65 and over the Schedule of Insurance and corresponding costs decrease each year. Contact the Benefits Office if you require a copy of the schedule for over age 65. Your supplemental accidental death and dismemberment coverage equals your supplemental life insurance coverage amount.

Supplemental Life Insurance Coverage			
Coverage Amount	Payroll Deduction	Coverage Amount	Payroll Deduction
\$ 5,000	\$1.10 per month	\$25,000	\$5.50 per month
\$10,000	\$2.20 per month	\$30,000	\$6.60 per month
\$15,000	\$3.30 per month	\$35,000	\$7.70 per month
\$20,000	\$4.40 per month	\$40,000	\$8.80 per month

<p>Sick Pay</p> <ul style="list-style-type: none"> You start earning sick days on your first day at work (although you cannot use them until you have completed your probationary period). You earn one day of sick pay for each full calendar month worked, and can carry over unused days of sick pay from year to year, up to a 120-day maximum accrual. You may use up to six sick days in a calendar year to care for your sick child; three of these days may be used instead for care of a sick spouse, grandchild, registered domestic partner, sibling, parent-in-law, or grandparent. Refer to the Staff handbook for details. 	<p>NYU provides this coverage at no cost to you.</p>
<p>New York State Disability Benefits</p> <ul style="list-style-type: none"> Should you use up your accumulated days of sick pay, you can start to collect New York State Disability benefits, which replace 50% of your average weekly pay to a maximum benefit of \$170 a week. Benefits start after you've been absent in excess of five consecutive working days and are payable for up to 26 weeks from the start of a qualifying period of disability. 	<p>New York State requires that you pay \$.60 per week for New York State Disability benefits.</p>
<p>LONG-TERM DISABILITY (LTD) INSURANCE</p> <ul style="list-style-type: none"> This plan is insured by The Standard Life Insurance Company of New York. If you are totally disabled, in excess of six months, you will receive 50% of your monthly wage base, up to a maximum of \$250 per month. This benefit will be offset by Social Security and other disability benefits. There are age and time limits applicable to payment duration. If you are age 64 or younger, the duration of the benefit is 5 years; if you are age 65 through 68, the duration of the benefit is to age 70; if you are age 69 or older, the duration of the benefit is 1 year. 	<p>NYU provides this coverage at no cost to you.</p>

<p>BUSINESS TRAVEL ACCIDENT/ASSISTANCE BENEFITS You are covered under this plan when you travel on NYU business. For more information about Travel Accident/Assistance Benefits, contact the NYU Insurance Department. This insurance is provided through a policy with ACE.</p>	<p>NYU provides this coverage at no cost to you.</p>
<p>MEDEX Travel Assist MEDEX Travel Assist is a comprehensive program of information, referral, assistance, transportation, and evacuation services designed to help you respond to medical care situations and many other emergencies that arise during travel. You are covered when you travel 100 miles or more from home or internationally for trips of up to 90 days, regardless of whether your travel is for business or pleasure.</p>	<p>NYU provides this coverage at no cost to you.</p>

LONG-TERM CARE INSURANCE

You are eligible to enroll in the NYU Long-Term Care Insurance Plan on the date you are hired by NYU.

NYU Long-Term Care Insurance Plan

NYU offers a voluntary Long-Term Care Insurance Plan through John Hancock Financial Services, Inc. Long-term care insurance is not medical insurance; rather, it protects you and your family against costs associated with extended care needs because of an accident, long-term illness, or the effects of aging. The plan covers charges for care received in a qualified nursing home, an alternate care facility, an adult day care center, or care at home.

Eligibility

The plan is available to all full-time benefits-eligible employees and/or their spouse or registered domestic partner, retired employees and their spouses, surviving spouses or registered domestic partners, and parents and parents-in-law of eligible employees and retirees (under the age of 80).

Cost

If you elect long-term care insurance, you pay the full cost of this plan.

Why Enroll In The Plan?

If you, as an employee, apply for coverage within 31 days from your date of hire, you will be accepted automatically for coverage regardless of your current health status. You must be actively working for coverage to begin.

Note: You can apply for Long-Term Care Insurance coverage later, but you will have to complete a health questionnaire, and may be declined.

Your spouse or registered domestic partner who applies within 31 days of your eligibility date for University benefits must provide proof of good health by completing an enrollment form. All other applicants will be required to provide proof of good health by completing the standard applications, including the statement of health section.

Note: If you are in good health, you may want to carefully consider an individual long-term care policy and compare its features and cost to this plan before joining.

For More Information

Visit the NYU long-term care web site at www.nyu.jhancock.com and enter the following information:

- Username: nyu
- Password: jhancock

THE NYU TUITION REMISSION PLAN

You are eligible to participate in the Tuition Remission Plan after you have completed three months of employment at NYU and successfully completed your probationary period.

Your spouse or registered domestic partner is eligible for undergraduate tuition remission after you have completed three months of employment and successfully completed your probationary period.

Your dependent children are eligible for undergraduate tuition remission after you have completed three years of employment.*

What's Covered

You, your spouse or your registered domestic partner, and your dependent children receive 100% tuition remission for the following programs at NYU, provided your course of study qualifies for tuition remission (see Fast Facts about Tuition Remission below):

- Associate's degree
- Bachelor's degree

In addition, your spouse or your registered domestic partner receive 100% tuition remission for

- One Master's degree

In addition, you receive

- Two Master's degrees
- One Doctoral degree program
- Diploma programs
- Approved work-related courses at SCPS
- Certificate programs at degree granting schools, except at the School of Continuing and Professional Studies (SCPS).

And, you receive 80% tuition remission for the following programs at NYU:

Certificate programs at SCPS that are non-credit, non-work-related.

Tuition Remission for Employees will also cover 50% of the course registration fees. Spouse/registered domestic partners and dependents will pay 100% of the course registration fees. Service fees and any other incidental expenses are not covered by Tuition Remission for employees or dependents.

Who Is Eligible to Participate?

You, your spouse or your registered domestic partner, and your dependent children are eligible to receive tuition benefits at NYU.

Note: The tuition benefits described here do not extend to temporary or part-time employees.

Fast Facts about Tuition Remission

- Tuition remission benefits are not available for any programs at the following NYU schools:
 - NYU School of Law
 - NYU School of Medicine
 - Post Graduate Medical School
 - NYU College of Dentistry*
 - Brooklyn Polytechnic University
 - Stern School of Business MBA program (except the Langone part time MBA program which is available to employees but not spouses, registered Domestic Partner or dependent children).
 - Any courses at SCPS that are not approved for tuition remission.
- Credit limits may apply to you and your spouse or registered domestic partner
- The value of graduate tuition remission may be subject to taxation by the IRS. Please check with the NYU Benefits Office for details

Note: The provisions of NYU's Tuition Remission Plan are subject to change.

*Tuition remission benefits are available for the following programs at the NYU College of Dentistry:

- AAS in Dental Hygiene
- BS in Dental Health Education
- MS in Biomaterials
- MS in Clinical Research

- MS in Bio/Oral Biology.

Applying for Tuition Benefits through NYUHome

NYU employees can access the Tuition Remission System and process requests for tuition remission for themselves or their eligible family members. This system can be used for degrees at all NYU Schools and programs, eligible under Tuition Remission, with the exception of SCPS non-credit courses. SCPS non-credit courses still require a paper Tuition Remission Form.

1. Log in to NYUHome (www.home.nyu.edu) with your NetID and password. From the NYUHome homepage, click on the “Work” tab in the navigation bar.
2. From the “Work” tab, click on “login again” under Administrative Systems. On the Administrative Services screen, click on “Tuition Remission System”.

Important: You must be matriculated at NYU in order to receive tuition benefits. You may take up to two courses while matriculation is pending.

SPECIAL PROGRAMS

Another valuable part of your NYU benefits are the many supplementary programs, offered throughout the year. These special programs provide opportunities to integrate wellness practices, behavioral health, and balance work and family life so you and your family can achieve a higher level of well being.

NYU’S LIVESMART WELLNESS INITIATIVE

LiveSmart programs 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. They offer practical, up-to-date information in small groups and are designed to respond to your individual questions and concerns.

Important basic health screenings for cholesterol, blood pressure, glucose, pulmonary lung function, skin cancer, and osteoporosis are offered periodically. A highlight each fall is the free flu shot program.

LiveSmart seminars on health and wellness issues such as smoking cessation, weight management, fitness programs, and financial-wellness programs, such as reducing debt and building wealth are offered on a regular basis.

Programs are offered at no cost and are generally scheduled on weekdays, during the lunch hour (noon to 1 p.m.). A calendar of offerings is sent by email each month to all employees. To register for a LiveSmart program, use the convenient online registration form found at www.nyu.edu/hr.

CAREBRIDGE LIFE RESOURCES

Another valuable part of your NYU benefits is the Employee Assistance Program which can provide support for personal and family problems common in contemporary life. Coverage includes you, your spouse or registered domestic partner, and eligible dependents. These confidential services are provided at no cost to you or your family members, and are as easy as making a toll-free phone call.

Through Carebridge Life Resources, you have the option to obtain face-to-face counseling (up to 4 sessions per life issue) or telephonic counseling to resolve a wide variety of everyday concerns. Services include coaching, goal-setting, short-term counseling and support, referrals for in-depth needs, and educational self-help materials.

Carebridge has an extensive network of providers in the tri-state area and nationwide so that you can seek out a counselor at work, at home, while you are away on vacation, at a temporary residence, or for your child away at school.

Online, on the phone, or in person, Carebridge Life Resources offers FREE guidance and information to support the health and total well-being of you and your family. You or any one of your eligible family members can call Carebridge Life Resources toll-free at 1-800-437-0911, 24 hours a day, 7 days a week, 365 days a year.

Behavioral Health Counselors can provide consultative assistance on issues such as marital and relationship issues, substance abuse, stress management, depression, coping with change, grief, and

loss. Skilled Carebridge Counselors will listen to your concerns, help identify the source of the problem, and work with you to bring about a workable solution as quickly as possible.

Carebridge also offers concierge and convenience services such as relocation and home buying help, child care and elder care referrals, travel and transportation services, legal and financial counseling. Wellness Referral Specialists can help you find services in your community, such as smoking cessation, weight management, and fitness programs to enhance your health.

The Carebridge website, myliferesource.com provides access to major libraries on physical and emotional health, over 500 interactive wellness education programs, along with 250 health and wellness multimedia videos.

Confidential Services

All services provided by Carebridge are confidential to the extent permitted by law. No names are identified or reported to anyone without your written authorization. No one at NYU will know that you or your family member called or met with a counselor unless you choose to tell someone.

Cost of Coverage

The Carebridge Life Resources program is provided by New York University at no cost to you. However, if you are referred to an outside provider for services, Carebridge will help locate a provider that is in your network. You will then be responsible for adhering to your insurance plan provisions and for copayments your plan may require.

Carebridge services are available 24 hours a day, 7 days a week, 365 days a year.

Speak with an experienced board-certified counselor at a time that is convenient for you.

By Phone 1-800-437-0911

By email clientservice@carebridge.com

A Carebridge Counselor will provide a quick response to your questions by email.

Online www.myliferesource.com

When you log on for the first time, you will be asked to register. Secure NYU member access code: FTN59

FAMILY CARE

NYU Family Care provides information and resources to assist families with children – from newborn through college – and to help all employees with elder care needs. Among the services available are:

- Information and referral services for child care, educational options for pre-k through college, enrichment opportunities and summer camps
- Educational programming and resource materials on parenting, child care and elder care
- Consultations on becoming a parent, adopting a child, step-parenting, and child development
- Guidance for individuals with adult/elder care responsibilities including understanding the aging process, long distance care giving, housing options, home care options and community services, legal and financial planning
- Financial assistance for adoption and child care expenses
- Subsidized back-up child and adult care
- Advice on NYU time and leave policies, including maternity, child care and bonding leaves
- Nursing mother rooms

The establishment of a Child Care Fund in 2007 provided NYU Family Care with the opportunity to increase the supply of child care through the recruitment and support of a family child care network, pilot a campus-based summer camp program, and more.

For more information about these or other family care issues, visit the Family Care website at www.nyu.edu/family.care or contact NYU Family Care by phone, 212-998-9085 or email, family.care@nyu.edu.

Adoption Assistance Program

Eligible employees can request reimbursement for up to \$5,000 (\$6,000 for a child with special needs) for qualified adoption expenses. These expenses include reasonable and customary adoption fees, court costs, attorney fees, and other expenses directly related to the legal adoption of a child. For more

information about the Adoption Assistance Program, contact the Office of Work-Life Services or visit www.nyu.edu/hr/worklife/adoption.html.

MORTGAGE PROGRAMS

The University's mortgage programs assist certain eligible employees with the cost of first mortgage origination fees associated with the purchase of a principal residence within a reasonable commuting distance to NYU locations in Manhattan. Under this program active, full-time employees who have completed five or more years of full-time service and who have a base salary of \$100,000 or less may apply for reimbursement of first mortgage origination fees, up to 3 points or a maximum of \$5,000 (less applicable taxes). The \$5,000 figure is a lifetime limit. Fees associated with mortgage refinancing are not eligible for reimbursement. Check the NYU Human Resources web site at www.nyu.edu/hr for details.

INFORMATION ABOUT DEPENDENT COVERAGE

ELIGIBLE DEPENDENTS

Medical and Dental Coverage for Your Eligible Dependents

When you enroll in an NYU medical or dental plan, you may also enroll your eligible dependents for coverage.

Proof of Relationship

You are required to provide proof of relationship to your dependents if you elect to cover them under an NYU medical or dental plan. This may include a copy of one of the following:

- Marriage certificate
- Approved NYU Statement of Domestic Partner Form
- Birth certificate that shows the names of both the parent and the child
- Final adoption papers
- Legal documentation substantiating placement for adoption
- A court order from a court of competent jurisdiction showing legal guardianship, permanent or temporary custody.

Your Eligible Dependents Are Any Of The Following:

- Your legal spouse
- Your domestic partner whom you registered with the NYU Benefits Office
- Your unmarried, dependent child under age 19 (through the end of the calendar year in which age 19 is attained if the child is not a full-time student)
- Your unmarried, dependent child over age 19, up to age 25, if a full-time student at an accredited educational institution
- Your unmarried, dependent child over age 19 if mentally or physically disabled.

Your Dependent Children 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 Children 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, and the date the court awarded guardianship, temporary or permanent custody.

In order to obtain coverage for your new child, you must enroll the child within 31 days of: its 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, the date you were awarded temporary or permanent custody.

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 in order for the child's coverage to remain in effect.

An Unmarried Dependent Child's Coverage May Continue:

- Through the end of the calendar year in which age 19 is attained if the child is not a full-time student
 - If over age 19:
 - Through the end of the month in which he or she ceases to be a full-time student; or
 - To the end of the calendar year in which age 25 is attained, if still a full-time student; or
 - Indefinitely, if your child was found to be physically or mentally disabled, , or developmentally disabled before the age of 19 and continues to be fully dependent on you for support.

When Your Dependent Child 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 you will need to end his or her coverage. You must notify the NYU Benefits Office within 31 days of the date he or she is no longer eligible for dependent coverage. He or she may continue coverage through COBRA for up to 36 months by paying the full group rate, plus an additional two percent for administrative expenses. However, if you do not notify the NYU Benefits Office within 31 days of your child becoming ineligible for coverage, he or she will lose the right to continue coverage under COBRA.

Coverage under One Plan Only

If both you and your spouse or registered domestic partner work for NYU and are both eligible for a medical plan through NYU, only one of you can cover your child as a dependent under one plan. Both of you cannot cover your child at the same time. Also, you can cover your spouse or partner as a dependent under your plan, or your spouse or partner can elect separate employee coverage. You and your spouse or partner cannot be covered as both an employee and as a dependent under a medical or dental plan through NYU.

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 the NYU Benefits Office before you can enroll him or her for coverage under an NYU medical or dental plan.

Legal Spouse

A divorced spouse is no longer eligible for coverage under your NYU medical or dental plan as of the end of the month in which the divorce is finalized. You must end his or her coverage within 31 days of the date of finalization of your divorce by notifying the NYU Benefits Office. Your ex-spouse may continue coverage through COBRA for up to 36 months by paying the full group rate, plus an additional two percent for administrative expenses. If you do not notify the NYU Benefits Office within 31 days from the date of your divorce, your ex-spouse will lose the right to continue coverage under COBRA.

WHEN YOU CAN CHANGE YOUR COVERAGE (QUALIFYING STATUS CHANGE)

Generally, you can only change your benefit elections during the open enrollment period unless you have a qualifying status change. A qualifying status change is a change in your personal life that may impact your eligibility or your dependents' eligibility for benefits. If you are eligible to make changes, you must make the change within 31 days from the date of your qualifying life event by notifying the NYU Benefits Office and providing any required proof of the qualifying event. Any changes made must be consistent with the qualifying event experienced. After the 31-day deadline, you will have to wait until the next Open Enrollment Period to make further changes.

Eligible Qualifying Status Changes

A qualifying status change occurs when:

- Your marital status changes (or you register or revoke a domestic partnership)
- You increase or decrease your number of dependents (birth, death, adoption or placement for adoption, guardianship, permanent or temporary custody)
- Your dependent child is no longer eligible for coverage according to the terms of the plan(s) (exceeds age 19 or 25 if a full-time student, or marries)
- A court decree orders that you must provide health coverage for your dependent
- You or your dependent's work site changes
- You or your dependent's residence changes
- Your dependent's Medicare/Medicaid eligibility status changes
- Your spouse's/partner's employer's plan has a different plan year and open enrollment period than NYU's
- Coverage under your spouse's/partner's plan is significantly curtailed or ceases
- Your spouse's/partner's employer adds new health plan options
- Your provider of dependent care changes
- Your cost for dependent care significantly increases or decreases
- You or your spouse/partner commences or returns from a Family and Medical Leave Act (FMLA) leave.

Note: The term "dependent" refers to any of the following as defined by the plan: your spouse, your domestic partner that you have registered with the NYU Benefits Office, your child, your stepchild, your adopted child or child placed with you for adoption, the child of your registered domestic partner, a child for whom you have been appointed legal guardian or been granted temporary or permanent custody.

Changing Dependent Coverage and FSA Contributions

You can add or delete eligible dependents from your medical or dental coverage or begin or change your FSA contributions only:

- During the fall open enrollment period each year; or
- Within 31 days of a qualifying status change.

Changing Supplemental Life Insurance Coverage

You may begin or increase the level of your supplemental life insurance coverage without proof of good health only:

- When you are first eligible for supplemental life insurance coverage; or
- Within 31 days of a qualifying status change.

To begin or increase the level of your supplemental insurance coverage at any other time, you are required to submit a written application for coverage and proof of good health to the insurance carrier. If your application is approved, coverage will begin on the first day of the month after the NYU Benefits Office receives the insurance carrier's approval. You can decrease or cancel your supplemental life insurance coverage at any time.

Note: The change in your level of coverage will be effective as of the date of the status change or, for supplemental life insurance, the date the NYU Benefits Office receives your written election.

RESOURCES

THE NYU BENEFITS RESOURCE CENTER

The Benefits Resource Center (BRC), NYU's secure intranet portal is your resource for understanding your health care needs, selecting the NYU plan that's right for you, and keeping up to date on news about your NYU benefit plans.

How to Access the Benefits Resource Center

You can access the Benefits Resource Center, NYU's secure, online benefits portal from any computer with access to the Internet...from work, from home, or a library, in the U.S. or abroad.

Step 1: Log on to NYUHome at www.home.nyu.edu, using your NetID and password. If you don't remember your NYU NetID, you can find it printed on the back of your NYU Identification Card.

Step 2: Select the "Work" tab located near the top of the screen.

Step 3: Click on the button for "Benefits Resource Center"

You can also find a direct link to the Benefits Resource Center from the “Benefits” tab on the Human Resources (HR) web site at <http://www.nyu.edu/hr>. The BRC homepage is your launching pad for your benefits, wellness tools and resources throughout the year.

NEED ASSISTANCE?

The NYU Benefits Office

The NYU Benefits Office is available to assist you. Benefits Specialists conduct monthly benefits orientation seminars, enroll employees in benefit plans, process changes in enrollment, assist with claim problems, and more. They are available by e-mail, phone, and appointment for a one-on-one consultation.

- By e-mail: benefits@nyu.edu
- By phone: 212-998-1270 (Please have your Net ID available when you call).
- By fax: 212-995-4050
- In person (please call to make an appointment):

Fairchild Building

7 East 12th Street, 2nd Floor

Campus Mail Code: 8923

Hours: Monday—Friday 9:00 a.m. to 5:00 p.m.

PLAN ADMINISTRATORS

Most of NYU’s plan administrators have online tools and customer service departments to work with you in getting the most from each plan. Once you are enrolled in a plan, be sure to register for that plan’s web site tools.

Plan or Group Number	Provider	Phone Number	Internet Address
Health Benefits			
175396	UnitedHealthcare (NYU Point-of-Service Plans)	866-633-2474	www.myuhc.com
SI 139423	Aetna HMO** (Network is identified by 2 stars)	800-323-9930	www.aetna.com
NY00901	Oxford Freedom HMO	800-444-6222	www.oxfordhealth.com
CRK NYUNV	CVS/Caremark (Prescription Drug Plan)	800-421-5501	www.caremark.com
84542	Metropolitan Life Insurance Co. (Dental Plan)	800-942-0854	https://mybenefits.metlife.com/MyBenefits
9236977	Vision Service Plan	800-877-7195	www.vsp.com
Tax Advantaged Benefits			
175399	Flexible Spending Accounts (Administrator: UnitedHealthcare)	800-521-5505	www.myuhc.com
639	Commutation Expense Reimbursement Accounts (Administrator: WageWorks)	Phone: 1-877-924-3967	WageWorks.com
NYU Retirement Plans			
102192			

(NYU Retirement Plan) 102193 (NYU STDA Plan) 102194 (NYU 457[b] Plan)	TIAA-CREF	800-842-2776	www.tiaa-cref.org
090789 (NYU Retirement Plan and NYU STDA Plan) 078006 (NYU 457[b] Plan)	Vanguard	800-523-1188	www.vanguard.com
Other Benefits			
	Carebridge Life Resources (Employee Assistance Program)	800-437-0911 (24 hours a day, 7 days a week)	www.myliferesource.com (secure access code: FTN59)
	John Hancock (Long-term Care Insurance)	800-888-3754	www.nyu.jhancock.com • Username: nyu • Password: jhancock
N/A	NYU Travel Accident Insurance (Business-related travel abroad)	212-998-2755	
	MEDEX Travel Assist (Personal Travel Accident Insurance)	800-527-0218 410-453-6330	www.medexassist.com