

2009 NYU Retiree Medical Plan Summary of Benefits

Participants Under Age 65 Not Medicare-Eligible

(Coordination with Medicare Part A & B not applicable)

Retirement Date on or after January 1, 1989

Plan Feature	
Office visit	You pay 20% of R&C* fees after deductible has been met
Preventive Care	Routine, not covered Mammograms: One baseline mammogram for persons age 30-34; every 2 years for persons age 35-39; annual mammograms for persons age 40 and over.
Annual Deductible	Individual: \$200 per year Family: \$500 (after one individual in family meets individual deductible)
Out-of-pocket maximum	Individual: \$1,000 Family: \$2,000
Lifetime maximum	\$ 1,000,000
Inpatient hospitalization	You pay 20% of R&C fees after deductible has been met
Pre-Certification of Surgeries and Procedures	Not required
Surgeon's Fees	You pay 20% of R&C fees after deductible has been met
Anesthesia, Lab Tests, X-Rays, In-Hospital Doctors Visits	You pay 20% of R&C fees after deductible has been met
Emergency Room	You pay 20% of R&C fees after deductible has been met
Skilled Nursing Facility	You pay 20% of R&C fees after deductible has been met
Maternity (Prenatal and Postnatal) and Newborn Nursery	You pay 20% of R&C fees after deductible has been met
Vision Care – Routine Exam	Not covered
Vision Care – Glasses & Contacts	Not covered
Outpatient Mental Health	You pay 20% of R&C fees after deductible has been met (maximum of 30 visits per year)
Podiatry	You pay 20% of R&C fees after deductible has been met

**In general, reasonable & customary (R&C) charges are the normal range of fees for care and service charged by health care providers in a given geographic area. Benefits are paid based on reasonable & customary rates.*

Prescription Drug Coverage for NYU Retiree Medical Plan

Under the NYU Retiree Health Plan, you are automatically enrolled in the Caremark Prescription Drug Plan, at no additional cost.

NYU Prescription Drug Plan* (Administered by Caremark, Inc.)	
Annual Deductible	None
Annual Maximum	None
Lifetime Maximum	None
Prescription Drugs – Retail (30-day supply)	\$5 Generic \$20 Brand-name on Caremark's Primary Drug List \$35 Brand-name not on Caremark Primary Drug List
Prescription Drugs – Mail Order (90 day supply)	\$10 Generic \$40 Brand - Preferred \$60 Brand Non-Preferred
Prescription Drugs – Mail Order (180 day supply)	\$20 Generic \$80 Brand - Preferred \$120 Brand Non-Preferred

Notes:

- Two fills of maintenance drugs are covered at retail pharmacy per calendar year; third and subsequent fills of maintenance drugs at retail pharmacy will be subject to a \$50 copayment. Contact Caremark to determine if your medication is considered "maintenance."
- If you purchase a brand-name drug that is not on Caremark's Primary Drug List because there is no other brand on the market, you will pay the Primary Drug List copay.
- You now have more flexibility when filling your prescriptions for maintenance prescription drugs. The new cost-saving option, called "Maintenance Choice," lets you choose which is more convenient for you and your covered dependents -- getting your long-term maintenance prescriptions mailed to your home, or picking up the maintenance at your local CVS pharmacy. The copay will be the same either way. After the first time you fill a maintenance medication through mail order you will receive a notice from CVS/Caremark offering you the choice of how you want your maintenance medications filled.