

**SUMMARY OF RETIREE HEALTH CARE COVERAGE THROUGH MEDICARE  
AND THE NYU RETIREE MEDICAL PLAN  
EFFECTIVE 1/1/2009**

*For those age 65 and over who retired prior to 1/1/1989*

The chart below outlines some of the key benefits provided by Medicare and shows how the NYU Retiree Medical Plan supplements your Medicare coverage. The NYU Plan, administered by UnitedHealthcare, has a lifetime maximum benefit of \$200,000.

**HOSPITAL AND SKILLED NURSING HOME COVERAGE <sup>1</sup>**

COVERED SERVICES	BENEFIT PERIOD	MEDICARE PART A PAYS <sup>2</sup>	NYU SUPPLEMENT PAYS
<b>HOSPITAL:</b> Semi-private room, meals, general nursing services, miscellaneous hospital services and supplies	<b>FOR EACH BENEFIT PERIOD</b> Day 1- 60	All but \$1,068 deductible	\$1,068 Medicare deductible
	Day 61-90	All but \$267 per day coinsurance <sup>3</sup>	\$267 per day Medicare coinsurance
	Day 91-365	Nothing – Unless Reserve Days used – See below	Up to 100% of eligible expenses
	<b>DURING YOUR LIFETIME</b> 60 Medicare Reserve Days	All but \$534 per day coinsurance	\$534 per day Medicare coinsurance
<b>SKILLED NURSING HOME:</b> Semi-private room, meals, services, and supplies in a Medicare approved facility	<b>FOR EACH BENEFIT PERIOD</b> Day 1- 20	100 % of eligible expenses	Nothing
	Day 21 - 100	All but \$133.50 per day coinsurance	\$133.50 per day Medicare coinsurance
	Day 101 – 120	Nothing	Up to 100% of eligible expenses
	Day 121 and after	Nothing	Nothing
<b>FOREIGN HOSPITAL:</b> Semi-private room, meals, services, and supplies if you are eligible	<b>FOR EACH TRIP</b> Day 1 -90	Nothing	Up to 100% of eligible hospital costs; 80% of eligible doctors' and medical charges

1. In all cases, the official contracts between NYU and health insurance providers govern provisions and administration of the plan.
2. Dollar amounts are effective for 2009. They are expected to rise each year.
3. Coinsurance, also called copayment, is the amount not covered by Medicare that must be paid either by you or by supplemental insurance.

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**MEDICAL INSURANCE<sup>1</sup>**

COVERED SERVICES	MEDICARE PART B PAYS <sup>2</sup>	NYU SUPPLEMENT PAYS
<b>DOCTOR'S SERVICES FOR EACH CALENDAR YEAR PROVIDED BY:</b> <ul style="list-style-type: none"> <li>▪ Doctors of Medicine &amp; Osteopathy</li> <li>▪ Dentists – performing dental surgery of setting certain fractures</li> <li>▪ Podiatrists – excluding routine foot care</li> <li>▪ Chiropractors – for certain treatments involving manual manipulation of the spine</li> </ul>	80% of Medicare approved (limiting) charges (after you have paid the \$135 calendar year deductible)	80% of reasonable and customary charges LESS Medicare reimbursement AFTER \$250 calendar year deductible. (NYU deductible includes Medicare \$135 deductible.)
<b>AMBULANCE SERVICES</b>	80% of Medicare approved costs (after you have paid the \$135 calendar year deductible)	Nothing

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2. Dollar amounts are effective for 2008. They are expected to rise each year.

**PRESCRIPTION DRUG COVERAGE<sup>1</sup>**

With NYU's Medicare Supplement plan you are automatically enrolled in NYU's prescription coverage --- at no additional cost to you. You can, but do not need to, enroll in Medicare Part D as long as you are enrolled in NYU's Medicare Supplement plan. (You would need to complete an enrollment process and pay an additional monthly premium to enroll in Medicare Part D.) The chart below explains how your NYU prescription drug coverage works.

NYU PRESCRIPTION DRUG PLAN (ADMINISTERED BY CAREMARK, INC)	
Annual Deductible	None
Copay Per Prescription Filled	Purchase at Caremark Retail Pharmacy (30-day supply): <ul style="list-style-type: none"> <li>▪ \$5 copay for generic Rx</li> <li>▪ \$20 copay for Rx on Caremark's preferred brand-name list</li> <li>▪ \$35 copay for Rx not on Caremark's preferred brand-name list</li> </ul> Purchase Through Caremark's Mail Order or CVS/Caremark Retail Pharmacy (90-day supply): <ul style="list-style-type: none"> <li>▪ \$10 copay for generic Rx</li> <li>▪ \$40 copay for Rx on Caremark's preferred brand-name list</li> <li>▪ \$60 copay for RX not on Caremark's preferred brand-name list</li> </ul> Purchase through Caremark's Mail Order Pharmacy (180-day supply): <ul style="list-style-type: none"> <li>▪ \$20 copay for generic Rx</li> <li>▪ \$80 copay for Rx on Caremark's preferred brand-name list</li> <li>▪ \$120 copay for Rx not on Caremark's preferred brand-name list</li> </ul>
Annual Maximum	None
Lifetime Maximum	None

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**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.