

NEW YORK UNIVERSITY HEALTH AND WELFARE PLAN
and
NEW YORK UNIVERSITY EMPLOYEE SPENDING ACCOUNT PLAN
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

New York University ("NYU") as an employer is committed to protecting the privacy of health information maintained by the health plans it sponsors, the NYU Health and Welfare Plan and the NYU Employee Spending Account Plan. This Notice is provided to you as required by the Health Insurance Portability and Accountability Act and the HIPAA Privacy Regulations (collectively, "HIPAA"). It applies to employees and covered dependents enrolled in the New York University Health and Welfare Plan which includes the following:

- the Point-of-Service–Plans, administered by UnitedHealthcare
- the Health Maintenance Organization (HMO) Plan administered by Aetna, Inc.
- the HMO Plan administered by Oxford Health Plans,
- the HMO Plan administered by HIP Health Plans,
- the Retiree Medical Plan, administered by UnitedHealthcare,
- the Retiree HMO Plan administered by NYU HIP VIP Premier,
- the Secure Horizons Plan administered by UnitedHealthcare,
- the Prescription Drug benefits administered by Caremark,
- the Employee Assistance Program (EAP) administered by Corporate Counseling Associates (CCA),
- the Dental Assistance Plan administered by Metropolitan Life Insurance Company (MetLife).

It also applies to employees enrolled in the New York University Employee Spending Account Plan which includes the following:

- the Health Care Spending Account Plan, administered by UnitedHealthcare

This Notice describes how the NYU Health and Welfare Plan and the NYU Employee Spending Account Plan (hereinafter, "the Plans") may use health information about you and your covered dependents and when such information may be used and disclosed. This Notice also describes how you may have access to this information.

WHAT HEALTH INFORMATION IS COLLECTED?

The Plans consider personal health information to be confidential. The Plans will protect the privacy of that information in accordance with federal and state privacy laws, as well as the Plans' privacy policies. "Health Information" is used to mean information that identifies you and relates to your medical history, such as the health care you receive and or the amounts paid for that care.

Health information subject to the provisions explained in this Notice is information maintained by the Plans. The provisions do not extend to similar information which may be on file with NYU as an Employer in its normal course of doing business. The type of health information typically received and maintained by the Plans which is subject to this Notice includes claims information, benefit determinations, appeals information, eligibility, and case management information.

SUMMARY OF PERMISSIBLE USES AND DISCLOSURES AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION WHICH DO NOT REQUIRE YOUR AUTHORIZATION

In order to provide and administer your benefits, the Plans may use your and disclose your health information in various ways without your express authorization. These include:

- **Payment.** The Plans may use and disclose your health information for purposes of paying for your health care services or to obtain premiums/contributions from you. The Plans may also use and disclose your health information to make determinations about your eligibility for benefit plan coverage, for coordination of benefits with other benefit plans, to perform claims management and collection activities, to review the

medical necessity or the appropriateness of the care you received, and to conduct utilization reviews such as pre-authorizations, or reviews, of services.

- **Health Care Operations.** The Plans may use and disclose your health information as necessary to operate and manage their business operations. For example, NYU, on behalf of the Plans, has contracts with outside firms called third party administrators (TPAs) to provide administrative services to the Plans, e.g. UnitedHealthcare. The Plans may use your health information to evaluate the performance of the TPA in managing and providing you with health care benefits. The Plans might use and disclose your health information to contract for reinsurance or to investigate the validity of benefits claims. In addition, the Plans may share your health information with another company that performs certain services, such as billing or compiling information to help the Plans determine how the Plans are doing relative to other health plans. Whenever the Plans have such an arrangement, they will have a written confidentiality agreement to ensure that the company that performs these services will protect the privacy of your health information, maintain its confidentiality and limit the uses or further disclosures to the purpose for which the information was disclosed or as required by law.
- **Benefits and Services.** As part of their health care operations, the Plans may use your health information to contact you regarding benefits or services that may be of interest to you, such as benefits that are included in the Plans, your medical treatment, case management and coordination of benefits, recommendations for alternative treatments, therapies, health care providers or settings of care.
- **Employer.** The Plans (with the exception of the FSAP) may disclose certain health information to NYU since it is the Employer which sponsors the NYU Health and Welfare Plan and the NYU Employee Spending Account Plan. Upon a request from NYU as the Employer, the Plans may disclose health information about enrolled employees and their covered dependents to enable NYU to obtain premium bids from other health plans, or to modify, amend, or terminate the Plans; however, the information the Plans disclose in such situations will not include any information that identifies individuals other than your zip code. The Plans may disclose to NYU information on whether you are participating in, enrolled in, or disenrolled from the Plans. The Plans also may disclose health information about you, including information that identifies you, only if it is necessary for NYU to administer the Plans. For example, NYU may need such information to process health benefits claims, to audit or monitor the business operations of the Plans, or to ensure that the Plans are operating effectively and efficiently. The Plans may also disclose information to NYU as Employer with respect to workers' compensation and the Family and Medical Leave Act. The Plans, however, will restrict NYU's uses of your information to purposes related only to Plan administration. The Plans prohibits the Employer from using your information for uses unrelated to Plan administration. Under no circumstances will the Plans disclose your health information to NYU for the purpose of employment-related actions or decisions or for the purpose of administering any other plan that NYU may offer. NYU as Employer will only disclose the health information it received from the Plans to third parties, such as to consultants or advisors, if NYU has first obtained a confidentiality agreement from the person or organization which will receive your health information. Health information that is maintained by the FSAP is not disclosed to NYU as Employer.
- **Disclosures to Friends and Family Involved in Your Care and Payment for Your Care.** The Plans may share information about your health benefits to a person involved in your care such as a family member unless you object. If you have provided a friend or family member with copies of your claim and other relevant identifying information, the Plans will assume that you do not object.
- **Emergencies or Public Need.** The Plans may use or disclose your health information in an emergency or for important public needs. For example, the Plans may share your information with public health officials authorized to investigate and control the spread of diseases. The Plans may have information to prevent or lessen a serious and imminent threat to health or safety.
- **As Required By Law.** The Plans may use or disclose your health information if the Plans are required by law to do so. The Plans will notify you of these uses and disclosures if notice is required by law.
- **Business Associates:** The Plans may share information with UnitedHealthcare, Aetna, Inc., Oxford Health Plans, Inc. Caremark, Inc., and Metropolitan Life Insurance Company who provide administrative services for the Plans.
- **Research.** In most cases, your written authorization will be obtained before using your health information or sharing it with others in order to conduct research. However, under some circumstances, your health information may be used or disclosed without your written authorization if approval is obtained through a special process to ensure that research without your written authorization poses minimal risk to your privacy.

Under no circumstances, however, will researchers be allowed to use your name or identity publicly. Your health information may also be released, without your written authorization, to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, your health information may be shared with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

Other Uses and Disclosures. The Plans do not currently use or disclose their members' health information for purposes to benefit the public such as research. The Plans promise that they will not use or disclose your information for such purposes in the future without your authorization. If this were to change the Plans would notify you.

USES AND DISCLOSURES OF HEALTH INFORMATION WHICH *REQUIRE* YOUR WRITTEN AUTHORIZATION

Except as otherwise described in this Notice, the Plans, through their third party administrators, will generally obtain your written authorization before using your health information or disclosing it outside the Plans. If you provide the Plans with such a written authorization, you may revoke that authorization at any time, except to the extent that the Plans have already relied on it. To revoke an authorization, write to the Plans in which you are enrolled. Please refer to the contact list at the end of this Notice.

Access and Control of Your Health Information.

The Plans must provide you certain rights with respect to access and control of your health information in your health claims file. Because the Plans have provided your information to a third party administrator (Aetna, Oxford, UnitedHealthcare, MetLife, and Caremark) you must request access directly from the administrator that administers the Plan in which you are enrolled. Please refer to the contact list at the end of this Notice. You have the following rights to access and control your health information:

- You generally have the right to inspect and copy your health information.
- You have the right to request that the Plans amend your protected health information if you believe it is inaccurate or incomplete. You must submit your request in writing to the third party administrator of the Plan in which you are enrolled.
- You have the right to receive from the Plans an accounting of disclosures of protected health information. Your request must be in writing to the third party administrator (Aetna, Oxford, UnitedHealthcare, MetLife, Caremark). Many routine disclosures the Plans make, including disclosures to NYU for Plan administration, will not be included in the accounting; the accounting will identify only non-routine disclosures.
- You have the right to request further restrictions on the way the Plans use your health information or shares it with others. The Plans are not required to agree to the restriction you request, but if the Plans do, the Plans will be bound by the agreement.
- You have the right to request that the Plans contact you in a way that is more confidential for you, such as at work instead of at home, if disclosure of your health information could put you in danger and you clearly state that in your request. The Plans will accommodate all reasonable requests.

To Have Someone Act on Your Behalf

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information.

Special Protections for HIV, Substance Abuse, and Mental Health Information

Special privacy protections may apply to HIV-related information, substance abuse information, and mental health information. Some parts of this Notice may not apply to these types of information.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plans or with the Secretary of the Department of Health and Human Services. *No one will retaliate or take action against you for filing a complaint.* To file a complaint with the Plans, please contact:

Privacy Officer
New York University - Benefits Office
7 East 12th Street, 2nd floor
New York, NY 10003-4475.
NYU Mail Code: 8923
www.nyu.edu/hr

Copies of the Notice

The Plans may change their privacy practices from time to time. If that happens, the Plans will revise this Notice so you will have an accurate summary of the Plans' practices. The revised Notice will apply to all of your health information. If you received this Notice electronically, you have the right to obtain a paper copy of the Notice. To request a paper copy of this Notice or any revised Notice, please call the Privacy Officer at 212-998-1270. If this Notice is substantially revised, a new Notice will be mailed to you within 60 days. You may also obtain a copy of this Notice or any revised Notice online at www.nyu.edu/hr. The effective date of the Notice will always be located in the top right corner of the first page. The Plans are required by law to abide by the terms of the Notice currently in effect.

Contact Information

For further information, please contact the Plans' Privacy Officer at 212-998-1270.

THIRD PARTY ADMINISTRATORS

To access and control your information, please direct your request to the following Third Party Administrators of the NYU Health and Welfare Plan and the NYU Employee Spending Account Plan:

NYU HMO Plan Administered by Aetna

Group # SI 139423
Aetna, Inc.
Chief Privacy Officer
1000 Middle Street
Middletown, CT 06457
1-800-US-AETNA
http://www.aetna.com/about/information_practices.html

Prescription Drug Benefits (for all health plans)

Group # CRK NYU NV
Caremark, Inc.
Privacy Officer
2211 Sanders Road
Northbrook, IL 60062
1-800-323-8083

NYU HMO Plan Administered by HIP Group # 1009164001

NYU Retiree HMO Plan Administered by HIP VIP Premier Group # H3330H06370
HIP Health Plan of New York
55 Water Street
New York, NY 10041-8190
1-800-447-8255
www.hipusa.com

NYU HMO Plan Administered by Oxford

Group # NY00901
Oxford Health Plans, Inc.
P.O. Box 7081
Bridgeport, CT 06601-7081
1-800-444-6222
<https://www.oxhp.com/main/privacy.html>

NYU Dental Assistance Plan

Group # 84542
Metropolitan Life Insurance Company (MetLife)
P.O. Box 14587
Lexington, KY 40512
1-800-942-0854
www.metlife.com, click on 'About Your Privacy'

NYU Faculty and Staff Assistance Program

113-15 University Place, Ninth Floor. Rm. 908
New York, NY 10003-4551
NYU Mail Code: 8701
Telephone: 212-998-4370

NYU Point-of-Service Plan Group # 175396

NYU Retiree Medical Plan Group # 175396

NYU Health Care Spending Account Plan Group # 175399

UnitedHealthcare
Customer Service – Privacy Unit
P.O. Box 740815
Atlanta, GA 30374-0815
1-866-633-2474 (POS)
1-800-214-1736 (Retiree Medical)
1-877-311-7849 (Health Care Spending Account)

NYU Secure Horizons Plan Group # H3307802

UnitedHealthcare
Attn: MedicareComplete Retiree Plan
48 Monroe Turnpike
Trumbull, Ct 06611
1-800-201-4972
www.securehorizons.com

NYU Employee Assistance Program

Corporate Counseling Associates
475 Park Avenue South
Fifth Floor
New York, NY 10016
1-800-833-8707
www.corporatecounseling.com

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, 7 East 12th Street, 2nd 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's/partner's hours of employment are reduced,
3. Your spouse's/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, 7 East 12th Street, 2nd 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, 7 East 12th Street, 2nd Floor, New York, NY 10003-4475, 212-998-1270.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences 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, 7 East 12th Street, 2nd 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, 7 East 12th Street, 2nd 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.



NEW YORK UNIVERSITY

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