

SUMMARY OF MATERIAL MODIFICATIONS
To the Summary Plan Description for
New York University Employee Welfare Benefit Plan

Effective: January 1, 2017

Group Number: 175396

A Summary Plan Description (SPD) was published effective January 1, 2017. The following are modifications and clarifications that are effective January 1, 2017 unless otherwise stated. These modifications and clarifications are intended as a summary to supplement the SPD. It is important that you keep this summary with your SPD since this material plus the SPD comprise your complete SPD.

In the event of any discrepancy between this Summary of Material Modifications (SMM) and the SPD, the provisions of this SMM shall govern.

Effective January 1, 2017, coverage is provided for gynecomastia, subject to Medical Necessity guidelines and requirements.

The following exclusion under *All Other Exclusions* in Section 8 – *Exclusions: What the Medical Plan Will Not Cover* is removed:

1. treatment of benign gynecomastia (abnormal breast enlargement in males);