At NewYork-Presbyterian, we make a significant investment in our employees by offering a comprehensive and competitive Total Rewards package designed to support our employees and their families in every aspect of their lives. We’re continually evaluating our coverage to provide valuable benefits.

Review this guide to learn what’s new, see an overview of your benefits, and understand what you need to do to enroll or make changes to your benefits for 2019.

2019 ANNUAL ENROLLMENT:
OCTOBER 22 – NOVEMBER 12

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YOUR TOTAL REWARDS AT NEWYORK-PRESBYTERIAN

Total Rewards encompasses everything you receive as an employee—your pay, health care benefits, wellness programs, retirement and savings, learning and development opportunities, and work/life benefits. We are always looking for ways to offer greater flexibility and choice—so there’s something for everyone. The benefits described in this guide are just one component of your overall Total Rewards package.
What’s Changing for 2019?

With the goal of an enhanced employee experience, you will see the following changes and enhancements to your health care benefits in 2019.

*There are no changes to your other benefits, such as life and disability plans.*

INTRODUCING AETNA — YOUR NEW MEDICAL AND VISION CARRIER

You will continue to have the choice of two medical plan options: an EPO Plan (in-network services only) and a POS Plan (in- and out-of-network services), administered by Aetna. Both medical options offer vision coverage through Aetna EyeMed. There will be no changes to the medical and vision plan designs (such as deductibles, copayments, and coinsurance amounts).

NEW MEDICAL TOOLS AND RESOURCES WITH AETNA

• **Aetna Mobile App:** Search for a provider, locate urgent care centers and walk-in clinics, and access benefits information anytime, anywhere.

• **Informed Health® Line:** 24/7 personalized advice from registered nurses.

• **Aetna In Touch Care℠:** Access a personal health advocate to help you navigate the health care system.

• **Beginning Right®:** New mother and maternity support.

**Get to Know Aetna**

*nyp.aetna.com* (viewed best in Chrome) is the place to learn about your new medical and vision carrier:

• Check if your providers are part of Aetna’s network *(over 99% of Empire providers participate).*

• Learn more about transition of care if you or a covered dependent is currently receiving treatment that will continue beyond December 31, 2018.

• Explore the new resources and tools available.

**MEDICAL ENHANCEMENTS**

• Hearing Aid benefit is increasing to $6,000.

• In Vitro Fertilization Benefit increase: If you are enrolled in the Aetna Point of Service (POS) Plan, NYPH will reimburse up to $15,000 for eligible IVF expenses at certain NYP facilities.

• New Comprehensive Lactation Benefits with Aetna.

**WHAT ABOUT HEALTH CARE CONTRIBUTIONS?**

We invest in your wellbeing and continue to share in the cost of your health care coverage, with NYPH paying for the majority of the cost. In fact, the percentage that NYPH covers is more competitive than our peers in the market.

For 2019, there will be minimal increases to your health care contributions. Your personalized contribution amounts will be displayed in Workday starting October 22 when enrollment begins.
DENTAL PLAN ENHANCEMENTS

You will have access to the same dental plans as you have today: Aetna DMO (in-network services), Aetna PPO (in- and out-of-network services), and the Columbia Dental Plan (in-network services).

There will be several enhancements to the dental plans, including an increased orthodontia lifetime maximum for covered children in the PPO Plan, and coverage for implants. See page 6 for more details.

FAMILY-FRIENDLY BENEFIT ENHANCEMENTS

• The Adoption Assistance benefit will increase to $15,000 per year for eligible expenses related to the birth or adoption of a child.

• New Surrogacy Benefit: For those interested in surrogacy, NYPH will reimburse up to $15,000 for all eligible, related expenses.

No enrollment required.

NYP OnDemand Urgent Care: Convenient, Quality Care When You Need It Most

The same great service we provide to our patients is available to our employees and their covered dependents who are enrolled in an NYPH medical plan. Communicate with NYP doctors from the web, on your mobile device, or from NYP OnDemand Kiosks at select Duane Reade locations.

Video chat with a doctor to get an examination, diagnosis, and treatment for non-life-threatening illness and injuries quickly and conveniently.

With Aetna coverage, an NYP OnDemand Urgent Care visit costs $25—so it’s quality care at a lower cost. Simply download the NYP App from the App Store® or Google Play.

Important note: With our move to Aetna, prior users of NYP OnDemand Urgent Care will be prompted to update their plan and member ID information when first using NYP OnDemand Urgent Care after 12/31/2018.
Following is a summary of your 2019 benefits options. More information about each of these benefits can be found on www.nyp.org/benefits, the Total Rewards App, and External Links in Workday.

MEDICAL

With Aetna, you continue to have the choice of two medical plans: an EPO Plan (in-network only) and a POS Plan (in- and out-of-network services). With both plans, you automatically receive vision coverage through Aetna EyeMed.

<table>
<thead>
<tr>
<th>PLAN PROVISION</th>
<th>EXCLUSIVE PROVIDER ORGANIZATION (EPO) AND POINT OF SERVICE (POS)</th>
<th>POINT OF SERVICE (POS)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Services</td>
<td>Out-of-Network Services</td>
<td></td>
</tr>
<tr>
<td>Annual Deductible*</td>
<td>Not applicable</td>
<td>Individual: $750</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family: $1,875</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Not applicable</td>
<td>You pay 30%</td>
<td></td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>Not applicable</td>
<td>Individual: $4,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family: $11,250</td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>Covered at 100% after:</td>
<td>You pay 30%, after deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $25/primary care visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $35/specialist visit**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Covered at 100%</td>
<td>You pay 30%, after deductible</td>
<td></td>
</tr>
<tr>
<td>NYP OnDemand Urgent Care</td>
<td>$25 copay</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$35 copay</td>
<td>You pay 30%, after deductible</td>
<td></td>
</tr>
<tr>
<td>In-Patient Hospital</td>
<td>$100 per hospital day, not to exceed $300 per admission</td>
<td>You pay 30%, after deductible</td>
<td></td>
</tr>
<tr>
<td>Radiology Services</td>
<td>Covered at 100% after:</td>
<td>You pay 30%, after deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $25/primary care visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $35/specialist visit**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Visits</td>
<td>$150 copay (waived if admitted within 24 hours)</td>
<td>$150 copay (waived if admitted within 24 hours)</td>
<td></td>
</tr>
<tr>
<td>Maternity</td>
<td>Covered at 100%***</td>
<td>You pay 30%, after deductible</td>
<td></td>
</tr>
<tr>
<td>Infertility Treatment</td>
<td>Coverage for medically necessary diagnostic tests and certain procedures (subject to copay)</td>
<td>Coverage for medically necessary diagnostic tests and certain procedures (subject to deductible and coinsurance)</td>
<td></td>
</tr>
<tr>
<td>In-Vitro Fertilization (IVF)</td>
<td>Not covered</td>
<td>Total lifetime maximum $15,000 Services covered only if provided by NYP/Weill Cornell or NYP/Columbia</td>
<td></td>
</tr>
<tr>
<td>Mental Health Services (Precertification required for in-patient only)</td>
<td>Covered at 100% after:</td>
<td>You pay 30%, after deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $25/primary care visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $35/specialist visit**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* For coverage where only one dependent is covered in addition to the employee, each member is subject to an individual deductible. For Employee + Family coverage, each family member is subject to an individual deductible until the aggregate Family deductible is met.

** All visits to a provider other than a Primary Care Physician or Emergency Department will be subject to the $35 specialist copay.

*** In-patient copay applies to hospital admission.
<table>
<thead>
<tr>
<th>PLAN PROVISION</th>
<th>EXCLUSIVE PROVIDER ORGANIZATION (EPO) AND POINT OF SERVICE (POS)</th>
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<tbody>
<tr>
<td></td>
<td>In-Network Services</td>
<td>Out-of-Network Services</td>
</tr>
<tr>
<td>Substance Abuse Services</td>
<td>Covered at 100%, 30 days/year</td>
<td>You pay 30%, after deductible 30 days/year rehabilitation, unlimited detox</td>
</tr>
<tr>
<td>(Precertification required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy Services</td>
<td><strong>In-patient</strong> Covered at 100%, 30 days/year***</td>
<td><strong>In-patient</strong> You pay 30%, after deductible</td>
</tr>
<tr>
<td>(Precertification required)</td>
<td><strong>Out-patient</strong> Covered at 100% after:</td>
<td><strong>Out-patient</strong> Subject to coinsurance and deductible</td>
</tr>
<tr>
<td></td>
<td>• $25/primary care visit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $35/specialist visit**</td>
<td></td>
</tr>
<tr>
<td>Vision Care (through Aetna EyeMed)</td>
<td>Exams, lenses for glasses, frames, contact lenses (in lieu of lenses and frames); covered once every 24 months</td>
<td>Limited out-of-network services</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Retail (30-day supply)</td>
<td>No out-of-network coverage</td>
</tr>
<tr>
<td>(generic / brand-name formulary / brand-name non-formulary)</td>
<td>$10 / $30 / 40% up to $120 max copay/prescription</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mail Order (90-day supply)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$20 / $60 / 40% up to $240 max copay/prescription</td>
<td></td>
</tr>
</tbody>
</table>

* For coverage where only one dependent is covered in addition to the employee, each member is subject to an Individual deductible. For Employee + Family coverage, each family member is subject to an Individual deductible until the aggregate Family deductible is met.

** All visits to a provider other than a Primary Care Physician or Emergency Department will be subject to the $35 specialist copay.

*** In-patient copay applies to hospital admission.
You continue to have the choice of three dental plans: Aetna DMO (in-network), Aetna PPO (in- and out-of-network), and the Columbia Dental Plan (in-network). The plans cover preventive, basic, major, restorative care, and orthodontia benefits for children. Adult orthodontia is only covered in the Aetna DMO and Columbia Dental plans. The following table highlights the benefits offered. **Enhancements for this year are in blue.**

<table>
<thead>
<tr>
<th>PLAN PROVISION</th>
<th>AETNA DMO In-Network Only</th>
<th>COLUMBIA DENTAL In-Network Only</th>
<th>AETNA PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Individual: $50 Family: $150</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Individual: $50 Family: $150</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>Cleanings (2x/year), exams (4x/year), x-rays, cleanings (as needed)</td>
<td>Covered at 100%</td>
<td>Cleanings and exams (2x/year), x-rays, Covered at 100% Not subject to deductible</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>Fillings, simple periodontics, simple endodontics, simple extractions (with some exceptions)</td>
<td>Covered at 100%</td>
<td>Fillings, simple periodontics, simple endodontics, simple extractions, Covered at 80%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>Onlays, dentures, crowns, bridgework, implants</td>
<td>Covered at 60%</td>
<td>Onlays, dentures, crowns, bridgework, implants</td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>Covered at 50% for children and adults</td>
<td>Covered at 50% for children and adults $2,000 lifetime maximum</td>
<td>Covered at 50% for children $2,000 lifetime maximum</td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
<td>None</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

* **Calendar Year Limits Apply**
ADDITIONAL BENEFITS

Below is a summary of other benefits to consider during Annual Enrollment, including Flexible Spending Accounts, life insurance, and disability benefits.

Flexible Spending Accounts (FSAs)

- **Health Care FSA** – Contribute up to the allowable maximum (currently $2,650 per year) on a pre-tax basis for eligible, out-of-pocket health care expenses, including copays and deductibles.
- **Dependent Care FSA** – Contribute up to the allowable maximum (currently $5,000 per household per year) on a pre-tax basis for eligible dependent care expenses, including day care and elder care.
- **Mass Transit FSA** – Contribute up to the allowable maximum (currently $260 per month) on a pre-tax basis for work-related public transit.
- **Commuter Parking FSA** – Contribute up to the allowable maximum (currently $260 per month) on a pre-tax basis for work-related parking.

The ‘use it or lose it’ rule applies to Flexible Spending Accounts. If you set aside more money than you use in the given plan year, you forfeit the unused amount. So be conservative when deciding how much to contribute to an FSA each year.

* For Commuter Benefits, you can enroll at any time through WageWorks (the plan administrator). (Select “NewYork-Presbyterian Hospital” when identifying yourself.)

Life and Accident Insurance

- **Life Insurance and Dependent Life Insurance**
  
  NYPH provides you with Basic Life Insurance equal to 1x your annual salary, at no cost to you (no enrollment is required).
  - You may purchase additional Supplemental Life Insurance to complement your Basic Life Insurance Coverage (Evidence of Insurability may be required).
  - You may also purchase life insurance for your dependents, including your spouse/domestic partner and your children/domestic partner’s children (Evidence of Insurability may be required).

- **Accidental Death & Dismemberment (AD&D) Insurance**
  
  You have the option to purchase AD&D Insurance, which protects you and your family if an injury results in your accidental death or dismemberment.

Disability Insurance

- **Long-Term Disability (LTD) Insurance**
  
  Disability coverage provides income if you become unable to work due to an illness, injury, or other disability.
  - The Hospital-paid Basic LTD plan provides 40% of your pre-disability monthly earnings, with a monthly maximum of $4,000 (no enrollment is required).
  - You may enroll in the Buy-Up LTD plan for a total LTD benefit of 60% of your pre-disability monthly earnings, up to a monthly maximum of $15,000 when combined with Basic LTD (preexisting condition limitations apply).

Other Benefits

- **Hyatt Legal Plan**
  
  The legal plan can assist you with concerns such as debt collection, family law, immigration law, estate, traffic, and criminal matters.

Access NYP Benefit Information—Anytime, Anywhere With the Total Rewards App

- Text NYP to 313131 from any iPhone® or Android device
- Download the App from the App Store® or Google Play
ANNUAL ENROLLMENT: 
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Annual Enrollment is your opportunity to review your coverage options and make changes to your benefits. Take the time to explore your options — consider your coverage today and how your needs may change in 2019.

You must enroll through Workday by November 12 to:

- Change your 2019 benefits coverage.
- Add or change dependents.
- Contribute to a Health Care and/or Dependent Care Flexible Spending Account. Due to IRS regulations, Flexible Spending Account elections do not roll over from year to year.

For domestic partners or married employees who are both NYPH benefits-eligible, the partner/spouse earning the higher salary is required to elect the medical coverage. Neither partner/spouse can cover an employee partner/spouse under Spouse/Domestic Partner Life Insurance. Only one parent can elect life insurance for dependent children.

If You Do Not Enroll

- Effective January 1, 2019, your current medical and vision elections will default to the same plan(s) and coverage level as you have today, and they will be administered through Aetna at 2019 costs.
- Except for Flexible Spending Accounts, your coverage, including dental, will default to the same plans you have today at 2019 costs.

ENROLLING FOR BENEFITS

1. Go to the Employee Resources section of the Infonet and click Workday Self Service, under HR Resources, or go to www.myworkday.com/nyp.

2. While in Workday, click on the Benefits worklet (icon).

3. Follow the Annual Benefit Enrollment Instructions under External Links.

Once you have reviewed and updated your benefits for 2019, click Submit to record your elections. You may download or print a PDF of your benefit elections.

Important note: You can go back at any time to make changes to your elections before November 12. After the Annual Enrollment Period closes, your elections will remain in effect through the 2019 plan year, unless you have a qualified life event (such as marriage, divorce, birth or adoption of a child), and you elect to make change(s) in coverage within 31 days of the event.
THREE IMPORTANT REMINDERS

Review and/or update Social Security Information for your covered dependents.
NewYork-Presbyterian Hospital is required to report the Social Security numbers of covered dependents participating in NYPH Benefits Plans to the medical, dental, and prescription vendors. Complete and accurate information is necessary for the continued coverage of all dependent(s).

Click on the Benefits worklet (icon) in Workday and under Change, click Dependents. Select Edit. Scroll down to Identifier Information and click on Add under National IDs. Enter the required information and click Submit.

Review and update your beneficiary information in Workday. See your designated beneficiaries and make any updates.

Click on the Benefits worklet (icon) in Workday and under Change, click Benefits. From the drop down menu next to Benefit Event Type, choose Beneficiary Change, and complete the form.

You will receive new ID cards for medical and vision. Look for new ID cards mailed to your home in mid-December.

Use your new ID cards beginning January 1, 2019.

QUESTIONS?

Contact the NewYork-Presbyterian Benefits Service Center at 212-297-5771 (Monday – Friday, 8 a.m. to 5 p.m., Eastern Time) or e-mail Benefitsbridge@nyp.org.

This guide highlights some of the employee benefit plans and programs sponsored by NewYork-Presbyterian Hospital. NewYork-Presbyterian Hospital’s formal employee benefit plan documents govern the terms and conditions of the plans. In the event of any conflict between the formal plan documents and this guide or between the formal plan documents and any written or oral statement by a Hospital representative, the formal documents shall govern.

NewYork-Presbyterian Hospital has reserved the right to modify, change and revise the terms and conditions of NewYork-Presbyterian Hospital’s employee benefits plans, as well as the right to terminate the plans upon notice to employees. The information provided in this brochure is not a guarantee of the future availability or design of NewYork-Presbyterian Hospital’s employee benefits.