

2020 NYPH Graduate Staff Benefits Overview

NewYork-Presbyterian (NYP) offers you a comprehensive Total Rewards package designed to support you in every aspect of your life. Your benefits program is one important component of your Total Rewards at NYP. Following is a summary of your 2020 benefits.

More details can be found at www.hrc.nyp.org/hc. If you are not on the NYP network, enter your NYP CWID and password when prompted. You will need Duo Mobile to access from home. (**Note:** Google Chrome is the recommended browser for HR Connects.) Or, from the NYP Infonet, follow this path: Infonet > Employee Resources > HR Connects. Information can also be found on the Total Rewards App and on Workday.

ELIGIBILITY	
Who is eligible?	<ul style="list-style-type: none"> • Full-time or part-time employees scheduled to work at least 17.5 hours per week are eligible to enroll in NYP benefit plans. You are eligible starting from your date of hire. • Your Spouse or Domestic Partner: If you and your spouse/domestic partner are both NYP benefit-eligible employees, the spouse/domestic partner earning the higher salary must enroll in medical coverage. • Children: Benefits are available for your biological, adopted, step-children, children for whom you are legal guardian and any child(ren) you or your spouse/domestic partner are required to provide coverage for pursuant to a qualified medical child support order. <p><i>For Medical Insurance:</i> Coverage is effective until the end of the year the dependent attains age 26. Regardless of age, disabled unmarried dependent children are eligible for medical coverage.</p> <p><i>For Dental & Life Insurance:</i> Coverage is effective until the end of the year the dependent attains age 19, or until the end of the year the dependent attains age 23 if enrolled as a full-time student.</p>
MEDICAL, DENTAL AND FLEXIBLE SPENDING ACCOUNTS	
Medical Plans	<ul style="list-style-type: none"> • You have the choice of two Aetna medical plans: EPO (in-network only) or POS (in- and out-of-network services). • You automatically receive prescription drug coverage through CVS Caremark with either Aetna medical option. • You automatically receive vision coverage through Aetna AetnaVisionSM Preferred with either Aetna medical option.
Dental Plans	<ul style="list-style-type: none"> • There is a choice of three dental plans: Aetna DMO, Aetna PPO, and the Columbia Dental Plan. • The plans provide preventive, basic, and major services (including implants). • Orthodontia care is provided for children up to age 19 (age 23 if attending school) in all the plans. Adult orthodontia is covered in the Aetna DMO Dental Plan and Columbia Dental Plan.

Flexible Spending Accounts (FSAs)	<p>Flexible Spending Accounts allow you to reduce your taxable income and pay for eligible Health Care, Dependent Care, Mass Transit, and Commuter Parking expenses with pre-tax dollars up to annual IRS limits.</p> <ul style="list-style-type: none"> • Health Care FSA: Contribute up to the allowable maximum (currently \$2,700 per year) on a pre-tax basis for eligible, out-of-pocket health care expenses, including copays and deductibles. • Dependent Care FSA: Contribute the allowable maximum (currently \$5,000 per household per year) on a pre-tax basis for eligible dependent care expenses, including elder care. • Mass Transit FSA*: Contribute up to the allowable maximum (currently \$265 per month) on a pre-tax basis for work-related public transit. • Commuter Parking FSA*: Contribute up to the allowable maximum (currently \$265 per month) on a pre-tax basis for work-related parking. <p><i>* You can enroll for Commuter benefits at any time through WageWorks, the plan administrator. (Select "NewYork-Presbyterian Hospital" when identifying yourself.)</i></p>
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LIFE, ACCIDENT, AND DISABILITY INSURANCE

Life Insurance Plans	<ul style="list-style-type: none"> • Group Life Insurance: 100% Hospital-paid in the amount of \$100,000. • Supplemental Life Insurance: As a complement to the 100% Hospital-paid Life Insurance policy, you can purchase additional coverage. • Accidental Death & Dismemberment (AD&D) Insurance: This coverage provides you with benefits if the injury results in your accidental death or dismemberment. • Spouse Life Insurance: This plan provides you with the ability to insure your legally married spouse or your domestic partner. • Child Life Insurance: This plan provides you with the ability to insure your unmarried dependent child(ren) until the year he/she attains age 19, or until the end of the year he/she attains age 23 if enrolled as a full-time student. • Universal Life: Provides permanent coverage to last beyond your working years. Option to purchase policies for your spouse and/or children without covering yourself.
Short-Term Disability	You are automatically eligible for state mandated Short-Term Disability and Paid Family Leave.
Long-Term Disability	This is 100% Hospital paid. The insurance provides you with a benefit equal to 60% of your pre-disability monthly earnings to a maximum of \$10,000. Benefit payments commence after being disabled for 180 consecutive days.

FAMILY-FRIENDLY BENEFITS

Adoption Assistance	Reimbursement of up to \$15,000 per adoption for eligible employees.
Surrogacy Assistance	Reimbursement of up to \$15,000 per birth event for eligible employees.
Parental Leave	Parental leave benefits, which include six weeks of paid leave for the primary parents and two weeks of paid leave for the secondary parent, are available to eligible employees with at least one year of service.

OTHER BENEFITS

Critical Illness Support Program	This program is a voluntary program through NYPBeHealthy to help assist NYP employees who are currently facing severe health challenges. The intent of this program is to provide enhanced support and benefit navigation services to all NYP employees when they most need it. This program offers employees who are experiencing a severe health condition a dedicated, compassionate, and coordinated approach to navigating the resources and benefits NYP offers.
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Healthy Mind (Employee Assistance Program)	<p>You, your family, or household members can call Healthy Mind at 844-860-0365 (TDD: 800-697-0353) 24/7 to speak with a licensed counselor about any issue(s) you may be going through. Healthy Mind offers complimentary, confidential counseling. Online educational resources are available on a variety of wellness topics at www.guidanceresources.com (Web ID: NYPEAP).</p>
Voluntary Programs	<ul style="list-style-type: none"> • Hyatt Legal Plan: The Hyatt Legal Plan can assist you with concerns such as debt collection defense, estate planning, family law, immigration law, real estate, traffic, and criminal matters. • ASPCA Pet Insurance: NYP employees receive a 5% discount on the base premium, or a 10% discount if you have more than one pet. • Identity Theft Protection: InfoArmor provides comprehensive services to counteract fraud and resolve identity theft issues. • MetLife Auto & Home Insurance: The auto insurance policies include coverage for motorcycles, recreational vehicles, and boats; homeowners' includes policies for your home, rental, vacation residence, and personal liability insurance. • 529 College Savings Program: This program is administered and managed through Upromise College Fund.
RETIREMENT PLAN	
The Retirement Savings Plan	<ul style="list-style-type: none"> • The Retirement Savings Plan offers an opportunity for you to personally save for retirement. You may choose to make pre-tax contributions or post-tax Roth contributions up to 75% of your pay up to annual IRS limits.

This summary highlights some of the employee benefit plans and programs sponsored by NewYork-Presbyterian Hospital (NYP) for Graduate Staff. NYP'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 summary or between the formal plan documents and any written or oral statement by a Hospital representative, the formal documents shall govern.

Graduate Staff Bi-Weekly Paid Employee 2019 Contributions (26 Paychecks)

MEDICAL (INCLUDES PRESCRIPTION & VISION COVERAGE)

FULL-TIME				
Coverage Level	Aetna EPO		Aetna POS	
	Employee Contribution per Paycheck	Imputed Income*	Employee Contribution per Paycheck	Imputed Income*
Under \$50,000				
Employee (EE)	\$16.16	—	\$71.38	—
EE + Spouse	\$39.50	—	\$162.53	—
EE + Child(ren)	\$29.67	—	\$139.27	—
EE + Spouse + Child(ren)	\$48.81	—	\$216.27	—
Employee (EE) + Domestic Partner (DP)	\$39.50	\$414.31	\$162.53	\$357.87
EE + DP + Child(ren)	\$48.81	\$421.38	\$216.27	\$376.93
EE + DP + DP Child(ren)	\$48.81	\$842.65	\$216.27	\$753.15
EE + DP + DP Child(ren) & Child(ren)	\$48.81	\$421.38	\$216.27	\$376.93
\$50,000 - <\$70,000				
Employee (EE)	\$25.87	—	\$80.90	—
EE + Spouse	\$63.37	—	\$184.21	—
EE + Child(ren)	\$47.59	—	\$157.85	—
EE + Spouse + Child(ren)	\$78.32	—	\$245.07	—
Employee (EE) + Domestic Partner (DP)	\$63.37	\$400.15	\$184.21	\$345.72
EE + DP + Child(ren)	\$78.32	\$411.54	\$245.07	\$367.33
EE + DP + DP Child(ren)	\$78.32	\$822.85	\$245.07	\$733.88
EE + DP + DP Child(ren) & Child(ren)	\$78.32	\$411.54	\$245.07	\$367.33
\$70,000 - <\$120,000				
Employee (EE)	\$44.26	—	\$99.87	—
EE + Spouse	\$108.33	—	\$227.35	—
EE + Child(ren)	\$81.36	—	\$194.82	—
EE + Spouse + Child(ren)	\$133.88	—	\$302.51	—
Employee (EE) + Domestic Partner (DP)	\$108.33	\$373.58	\$227.35	\$321.54
EE + DP + Child(ren)	\$133.88	\$393.02	\$302.51	\$348.19
EE + DP + DP Child(ren)	\$133.88	\$785.68	\$302.51	\$695.41
EE + DP + DP Child(ren) & Child(ren)	\$133.88	\$393.02	\$302.51	\$348.19

MEDICAL (INCLUDES PRESCRIPTION & VISION COVERAGE) *continued*

FULL-TIME				
Coverage Level	Aetna EPO		Aetna POS	
	Employee Contribution per Paycheck	Imputed Income*	Employee Contribution per Paycheck	Imputed Income*
\$120,000 - <\$200,000				
Employee (EE)	\$55.62	—	\$112.38	—
EE + Spouse	\$136.17	—	\$255.82	—
EE + Child(ren)	\$102.26	—	\$219.21	—
EE + Spouse + Child(ren)	\$168.45	—	\$340.39	—
Employee (EE) + Domestic Partner (DP)	\$136.17	\$357.11	\$255.82	\$305.58
EE + DP + Child(ren)	\$168.45	\$381.50	\$340.39	\$335.56
EE + DP + DP Child(ren)	\$168.45	\$762.48	\$340.39	\$670.03
EE + DP + DP Child(ren) & Child(ren)	\$168.45	\$381.50	\$340.39	\$335.56
Over \$200K				
Employee (EE)	\$69.51	—	\$126.44	—
EE + Spouse	\$170.22	—	\$287.81	—
EE + Child(ren)	\$127.84	—	\$246.62	—
EE + Spouse + Child(ren)	\$210.53	—	\$382.84	—
Employee (EE) + Domestic Partner (DP)	\$170.22	\$336.94	\$287.81	\$287.65
EE + DP + Child(ren)	\$210.53	\$367.47	\$382.84	\$321.41
EE + DP + DP Child(ren)	\$210.53	\$734.28	\$382.84	\$641.64
EE + DP + DP Child(ren) & Child(ren)	\$210.53	\$367.47	\$382.84	\$321.41

* Your contribution toward coverage of your domestic partner will be post-tax. Federal law also requires that your employer's contribution towards this coverage be included in your wages as taxable income. The amount appearing in the Imputed Income column is subject to federal tax withholding, employment, and social security taxes.

MEDICAL (INCLUDES PRESCRIPTION & VISION COVERAGE)

PART-TIME				
Coverage Level	Aetna EPO		Aetna POS	
	Employee Contribution per Paycheck	Imputed Income*	Employee Contribution per Paycheck	Imputed Income*
Under \$50,000				
Employee (EE)	\$26.20	—	\$114.71	—
EE + Spouse	\$64.12	—	\$261.34	—
EE + Child(ren)	\$48.15	—	\$223.94	—
EE + Spouse + Child(ren)	\$79.18	—	\$347.56	—
Employee (EE) + Domestic Partner (DP)	\$64.12	\$399.73	\$261.34	\$302.40
EE + DP + Child(ren)	\$79.18	\$411.26	\$347.56	\$333.17
EE + DP + DP Child(ren)	\$79.18	\$822.32	\$347.56	\$665.20
EE + DP + DP Child(ren) & Child(ren)	\$79.18	\$411.26	\$347.56	\$333.17
\$50,000 - <\$70,000				
Employee (EE)	\$40.31	—	\$130.03	—
EE + Spouse	\$98.60	—	\$296.50	—
EE + Child(ren)	\$74.05	—	\$254.07	—
EE + Spouse + Child(ren)	\$121.87	—	\$393.87	—
Employee (EE) + Domestic Partner (DP)	\$98.60	\$379.36	\$296.50	\$282.55
EE + DP + Child(ren)	\$121.87	\$397.03	\$393.87	\$317.74
EE + DP + DP Child(ren)	\$121.87	\$793.74	\$393.87	\$634.22
EE + DP + DP Child(ren) & Child(ren)	\$121.87	\$397.03	\$393.87	\$317.74
\$70,000 - <\$120,000				
Employee (EE)	\$66.10	—	\$160.44	—
EE + Spouse	\$161.92	—	\$365.44	—
EE + Child(ren)	\$121.60	—	\$313.14	—
EE + Spouse + Child(ren)	\$215.82	—	\$486.13	—
Employee (EE) + Domestic Partner (DP)	\$161.92	\$341.83	\$365.44	\$244.02
EE + DP + Child(ren)	\$215.82	\$365.71	\$486.13	\$286.98
EE + DP + DP Child(ren)	\$215.82	\$725.58	\$486.13	\$572.37
EE + DP + DP Child(ren) & Child(ren)	\$215.82	\$365.71	\$486.13	\$286.98

MEDICAL (INCLUDES PRESCRIPTION & VISION COVERAGE) *continued*

PART-TIME				
Coverage Level	Aetna EPO		Aetna POS	
	Employee Contribution per Paycheck	Imputed Income*	Employee Contribution per Paycheck	Imputed Income*
\$120,000 - <\$200,000				
Employee (EE)	\$79.99	—	\$180.54	—
EE + Spouse	\$195.98	—	\$411.16	—
EE + Child(ren)	\$147.18	—	\$352.32	—
EE + Spouse + Child(ren)	\$242.15	—	\$547.01	—
Employee (EE) + Domestic Partner (DP)	\$195.98	\$321.67	\$411.16	\$218.40
EE + DP + Child(ren)	\$242.15	\$356.94	\$547.01	\$266.69
EE + DP + DP Child(ren)	\$242.15	\$713.14	\$547.01	\$531.58
EE + DP + DP Child(ren) & Child(ren)	\$242.15	\$356.94	\$547.01	\$266.69
Over \$200K				
Employee (EE)	\$96.01	—	\$203.10	—
EE + Spouse	\$235.17	—	\$462.56	—
EE + Child(ren)	\$176.62	—	\$396.37	—
EE + Spouse + Child(ren)	\$290.55	—	\$615.37	—
Employee (EE) + Domestic Partner (DP)	\$235.17	\$298.49	\$462.56	\$189.57
EE + DP + Child(ren)	\$290.55	\$340.80	\$615.37	\$243.90
EE + DP + DP Child(ren)	\$290.55	\$680.76	\$615.37	\$485.78
EE + DP + DP Child(ren) & Child(ren)	\$290.55	\$340.80	\$615.37	\$243.90

* Your contribution toward coverage of your domestic partner will be post-tax. Federal law also requires that your employer's contribution towards this coverage be included in your wages as taxable income. The amount appearing in the Imputed Income column is subject to federal tax withholding, employment, and social security taxes.

DENTAL**FULL-TIME**

Coverage Level	Aetna DMO		Aetna PPO		Columbia Dental	
	Employee Contribution per Paycheck	Imputed Income*	Employee Contribution per Paycheck	Imputed Income*	Employee Contribution per Paycheck	Imputed Income*
Employee (EE)	\$2.62	—	\$11.28	—	\$13.99	—
EE + Spouse	\$5.10	—	\$25.45	—	\$26.22	—
EE + Child(ren)	\$4.82	—	\$23.25	—	\$26.22	—
EE + Spouse + Child(ren)	\$8.07	—	\$39.73	—	\$36.02	—
Employee (EE) + Domestic Partner (DP)	\$5.10	\$2.98	\$25.45	\$8.08	\$26.22	\$6.60
EE + DP + Child(ren)	\$8.07	\$2.98	\$39.73	\$8.08	\$36.02	\$6.60
EE + DP + DP Child(ren)	\$8.07	\$6.84	\$39.73	\$17.05	\$36.02	\$11.87
EE + DP + DP Child(ren) & Child(ren)	\$8.07	\$2.21	\$39.73	\$10.32	\$36.02	\$5.27

PART-TIME

Coverage Level	Aetna DMO		Aetna PPO		Columbia Dental	
	Employee Contribution per Paycheck	Imputed Income*	Employee Contribution per Paycheck	Imputed Income*	Employee Contribution per Paycheck	Imputed Income*
Employee (EE)	\$3.93	—	\$16.91	—	\$20.99	—
EE + Spouse	\$7.65	—	\$38.16	—	\$39.33	—
EE + Child(ren)	\$7.24	—	\$34.87	—	\$39.33	—
EE + Spouse + Child(ren)	\$12.10	—	\$59.61	—	\$54.03	—
Employee (EE) + Domestic Partner (DP)	\$7.65	\$1.74	\$38.16	\$1.00	\$39.33	\$0.49
EE + DP + Child(ren)	\$12.10	\$1.74	\$59.61	\$1.00	\$54.03	\$0.49
EE + DP + DP Child(ren)	\$12.10	\$4.12	\$59.61	\$2.80	\$54.03	\$0.86
EE + DP + DP Child(ren) & Child(ren)	\$12.10	\$0.60	\$59.61	\$2.06	\$54.03	\$0.37

* Your contribution toward coverage of your domestic partner will be post-tax. Federal law also requires that your employer's contribution towards this coverage be included in your wages as taxable income. The amount appearing in the Imputed Income column is subject to federal tax withholding, employment, and social security taxes.

SPENDING ACCOUNTS

Dependent Care Spending Account	Annual Maximum of \$5,000
Health Care Spending Account	Annual Maximum of \$2,650
Mass Transit Pre-Tax Account	Monthly Maximum of \$260
Commuter Parking Pre-Tax Account	Monthly Maximum of \$260

LIFE INSURANCE & ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Group Term Life Insurance <i>100% Employer paid benefit.</i>	Basic Life Insurance equal to \$100,000	Provided at no cost to Graduate Staff Automatic enrollment Benefit cannot be waived
Supplemental Life Insurance <i>Your contribution may change during the plan year to reflect changes in your salary and/or age.</i>	Option to purchase additional coverage of 1x, 2x, 3x, 4x or 5x your annual base salary (EOI required for 4x & 5x coverage)	Cost based on age & annual salary
Spouse/Domestic Partner Life Insurance	Option to purchase:	
	\$20,000	\$2.65
	\$40,000	\$5.30
	\$60,000	\$7.95
	\$80,000	\$10.60
Child/Domestic Partner Child Life Insurance	Option to purchase:	
	\$2,000	\$0.19
	\$4,000	\$0.38
	\$6,000	\$0.57
	\$8,000	\$0.76
\$10,000	\$0.95	
Accidental Death & Dismemberment	Option to purchase 1x, 2x, 3x, 4x or 5x your annual base salary	Cost based on annual salary

LONG-TERM DISABILITY (LTD)

Long Term Disability (LTD) <i>(100% Hospital paid)</i>	Automatic enrollment which provides a benefit equal to 60% of your pre-disability monthly earning to a maximum of \$10,000	Provided at no cost to Graduate Staff
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LEGAL PLANS

Hyatt Legal Plans	\$7.50
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