



NYU Hospitals Center, NYU Langone Health System  
and NYU School of Medicine

# Retiree Medical Account Plan

Summary Plan Description

# Introduction

The NYU Hospitals Center Retiree Medical Account Plan, NYU Langone Health System Retiree Medical Account Plan, and the New York University School of Medicine Retiree Medical Account Plan (collectively, the “Plans”) have been established to provide Qualified Medical Care benefits to you and your family members when you leave NYU Hospitals Center, NYU Langone Health System, or NYU School of Medicine (collectively, NYULMC) and meet the Retiree Medical Eligibility Rules. The Plans are 100% employer funded and give you a valuable opportunity to build tax-free assets that you can use exclusively to pay for Qualified Medical Expenses in retirement. When you retire, reimbursements from your account are also provided tax-free, making this an attractive way to save for future retiree medical expenses. The NYU Hospitals Center Retiree Medical Account Plan and the New York University School of Medicine Retiree Medical Account Plan became effective January 1, 2012. The NYU Langone Health System Retiree Medical Account Plan was established effective January 1, 2016.

This booklet summarizes the provisions contained in the legal Plan documents for the Plans. The official Plan documents will govern in the event of any conflict with the terms of this booklet. The Plan documents are available for you to read; to obtain a copy, contact the NYU Langone Medical Center Benefits Services Office at **212-404-3787** or via email at **NYUBenefits@nyumc.org**. NYULMC reserves the right to discontinue or change the Plans at any time. Nothing in this Summary Plan Description (“SPD”) should be interpreted as implying a contract of employment. Being a Participant in the Plans does not imply any right of continued employment with any employer in the NYU controlled group of employers.

---

## Participation in the Plan

Unless you fall into one of the categories described below, you are eligible to participate in the Plans and receive Employer Contributions when you reach age 40, are employed in a regular position working 17.5 hours a week or more, and are eligible for medical benefits under the NYULMC Employee Benefit Plan. If you were age 40 prior to January 1, 2012, you began participating on that date, and NYULMC made a retroactive catch-up contribution (without earnings) for you. The amount of this catch up contribution was determined based on the date you attained age 40. You are also eligible to participate in these Plans when you move into a position where you are regularly scheduled to work at least 17.5 hours per week, you are eligible for medical benefits under the NYULMC Employee Benefit Plan, and you are age 40 or more. Effective January 1, 2017, the NYU Hospitals Center Retiree Medical Account Plan was offered to eligible employees of NYU Lutheran. If you were age 40 on or before January 1, 2017 and employed in a benefits-eligible position at NYU Lutheran, you began participating in the Plan on January 1, 2017.

The following classes of Employees are not eligible to receive Employer Contributions to these Plans:

- (a) Employees who are eligible to receive benefits under the NYU Hospitals Center Retiree Welfare Benefit Plan or the New York University School of Medicine Retiree Welfare Benefit Plan.
- (b) Employees who, on January 1, 2012, are at least age 40, have completed a minimum of 10 years of Continuous Service and whose age plus years of Continuous Service equals at least 60.
- (c) Employees subject to any collective bargaining agreement unless the agreement explicitly allows covered Employees to be eligible for the Plans.

Once you have met the eligibility requirements to receive Employer Contributions, you become a Participant in the Plans. Employer Contributions will be credited to the account of the Participant upon entry into the Plans and will cease when the Participant is no longer eligible.

## Employer Contributions

The amount of the Employer Contribution is \$4,000 per calendar year, divided by the number of full months in each year that you are eligible. For all pay cycles, the first monthly contribution will be made to your account with the first pay cycle of the month following any of these events: attaining age 40, being hired at NYULMC at age 40 or above, or moving from an ineligible to an eligible status at age 40 or above. All subsequent contributions will be made in the first available paycheck of each month. Any retroactive contributions shall be made in a lump sum as soon as administratively practicable and, if made in the year following the year in which the entry date falls, shall not reduce the annual contribution which the eligible employee is entitled for that year.

Contributions are invested on the date received in good order by TIAA. You are not required to be employed as of the last day of the Plan Year in order to be eligible to receive Employer Contributions for that Plan Year.

### “Catch Up” Contributions

If you were at least age 40 on January 1, 2012, you were eligible to receive a one time “catch up” payment into the Plans. Only service after age 40, and from your most recent date in an eligible position, was used to calculate your one time “catch up” contribution amount.

### Amount of “Catch Up” Contribution

If you were an Eligible Employee on January 1, 2012, and you had attained age 40 on or before that date, you received an employer-funded “catch up” contribution to the Plans equal to the following:

1. \$100; multiplied by
2. Your age in excess of 40 years (expressed in completed years and months) as of January 1, 2012; multiplied by
3. Your years and months in the most recent medical benefits-eligible position after attainment of age 40 (in completed years and months) as of January 1, 2012. If you had a break in service after age 40 that resulted in loss of medical benefits eligibility, then only service from the most recent hire date or status change date in a medical benefits-eligible position was used to calculate the time used to calculate this “catch-up” contribution amount.

Please see the following example of how a catch-up contribution worked:

<b>Birth Date</b>	March 31, 1962
<b>Age as of 01/01/2012</b>	49.75 years
<b>Age in Excess of 40 as of 01/01/2012</b>	9.75 years
<b>Continuous Benefits-Eligible Service as of 01/01/2012</b>	4.5 years
<b>Catch-Up Contributions</b>	$\$100 \times 9.75 \times 4.5 = \$4,387.50$

The “catch up” contribution was credited to your account as soon as it was received in good order by TIAA. It was invested in the Plans’ default investment fund (the TIAA-CREF Lifecycle Index Fund whose target year is nearest to the year you attain age 65).

## NYU Langone Medical Center Retiree Medical Eligibility Rule

### When Employer Contributions “Vest”

You are fully vested in Employer Contributions made to your account when any of the following occur:

- You are at least 55 years old and have completed 15 years of Continuous Service, as that term is defined below, beginning on or after you reached age 40; or
- You die while in a benefits-eligible position having otherwise met the eligibility requirements in this section; or
- You are Totally Disabled after completing at least 10 years of Continuous Service.

If you have a break in Continuous Service prior to your termination of employment but have met NYU Langone’s Retiree Medical Eligibility Rule, your RMA account balance will be frozen and available when you terminate employment and obtain age 65.

Note: You can lose your account if you leave NYU Langone Medical Center and you do not meet the Retiree Medical Eligibility Rule at the time of separation. You can also forfeit your account if you do not meet the Retiree Medical Eligibility Rule and you move into a position that is not medical-benefits-eligible and in which you work scheduled base hours of less than 17.5 per week; you are a Faculty member whose status has changed to Part-Time status in which you work scheduled base hours of less than 17.5 per week; or you transfer to a union position in which you are eligible to receive medical benefits through your union.

## How Continuous Service is calculated

Continuous Service means all years of continuous benefits-eligible service with NYULMC, including benefits-eligible service with NYU Lutheran affiliates commencing on or after January 1, 2017, with no break in benefits-eligible service, as well as prior years of continuous benefits-eligible service at New York University, New York University School of Medicine, NYU Langone Health System or NYU Hospitals Center provided there was no break in benefits-eligible service while employed at these entities. Continuous service shall include any benefits-eligible service in an 1199 position at NYU Hospitals Center, New York University School of Medicine, or NYU Hospital for Joint Diseases provided there was no break in benefits-eligible service both while employed in the 1199 position and during the transition from the 1199 position to a non-represented position.

Benefits-eligible service includes the period of a leave of absence approved by the Employer. For the avoidance of doubt, if an Eligible Employee waived health insurance coverage under the NYULMC Employee Benefit Plan, such Employee will be deemed to have benefits-eligible service with NYULMC for so long as he or she remains eligible for health insurance coverage under the NYULMC Employee Benefit Plan. Prior service at NYU Hospital for Joint Diseases, Woodhull Medical Group, Columbus Medical Group, NYU Lutheran Medical Center or Aptium shall not be counted toward the Continuous Service requirement under the Plans. Furthermore, service earned while an employee of any organization acquired by the Employer shall not count toward the Continuous Service requirement under the Plans unless specifically stated in the affiliation or acquisition agreement or in the Plans.

## Voluntary After-Tax Employee Contributions

Unless permitted by the Plans, Employees are not allowed to make any voluntary after-tax employee contributions to the Plans.

## When Contributions Begin

The date that you actually begin participation is the Entry Date. The Entry Date will be the first administratively practicable day of the payroll period following your becoming an Eligible Employee. For example, if you begin a benefits-eligible position on July 15, your Entry Date will be the first day of the next payroll period.

If you are a Participant and have incurred a break in Continuous Service, you will be eligible to participate in the Plans on the first Entry Date following your reemployment in a benefits-eligible position.

## Rules Governing Contributions

TIAA has been selected by NYULMC to offer investment options under the Plans. You can direct TIAA to invest your Employer Contributions to your account in one or more of the underlying investment options in accordance with the administrative rules of the Trust that holds contributions. When your account is opened, contributions made for you are invested in the TIAA-CREF Lifecycle Index Fund of the year that is nearest to your 65th birthday. The Plans also allow you to select your own investments and create your portfolio from their menu of investments in several asset classes. You can transfer the opening balances to other funds, or you may change the investment of your future contributions. You can also transfer funds between options.

Before making any investment decision, you should read the TIAA booklet and the prospectuses for each fund in which you may wish to invest. Some of the funds available involve moderate to substantial investment risk and do not guarantee your principal or investment return. When you retire and want to start using the account to pay benefits, you will need to make sure there are sufficient funds in the TIAA-CREF Money Market Fund, as claims are paid from this fund.

You can order prospectuses directly from TIAA by calling the dedicated customer service center at **855-200-7240**. You may also download or view prospectuses by visiting the TIAA website at: **[TIAA.org/retirenyulmcma](https://www.tiaa.org/retirenyulmcma)**.

## Accessing your Account to pay for Qualified Medical Expenses

Your account will become available to you, according to the rules described below, as long as the Plans exist, you are entitled to receive benefits, and your account has not been forfeited. Once all of the funds in your account have been paid, whether in payment of Qualified Medical Expenses, upon termination of the Plans, or upon forfeiture of the account, you will no longer be entitled to any further benefits.

## Entitlement to Receive Benefits

As long as the following conditions are satisfied, your claim for payment of a Qualified Medical Expense will be considered: You are a member of the Plans, and you are at least 65 years of age and you have completed at least 15 years of Continuous Service after reaching age 40, prior to your separation from NYULMC. If you left employment with NYULMC because of Total Disability (as determined by Cigna and/or the Social Security Administration), and you are eligible for Medicare disability benefits, your claim for payment of a Qualified

Medical Expense will also be considered as long as you have completed 10 years of Continuous Service at the time of separation. If you die and you completed at least 15 years of Continuous Service after reaching age 40, your survivors who qualify as dependents under section 213 of the Internal Revenue Code will also be able to claim payment for Qualified Medical Expenses.

Upon the occurrence of any of these events, the NYU Langone Medical Center Benefits Services Office will authorize you or your surviving beneficiary in the event of your death, to activate your account.

Once access to your account is authorized, you can activate your account with Connect Your Care, the Claims Administrator. Money in your account can be used to pay for Qualified Medical Expenses for you and your family members who meet the definition of dependent under section 213 of the Internal Revenue Code.

### **Plan Rules**

The Plans require you to follow the rules of the Plan Administrator when submitting a request for benefits; otherwise, your request may be denied. To access benefits under the Plans, you may submit claims online, through the mail or use your Health Care Payment Card. You may access information regarding your account at [TIAA.org/retirenyulmcma](http://TIAA.org/retirenyulmcma) or by calling **855-200-7240**.

### **Loss of Dependent Status**

It is your duty to notify the Plan Administrator, or its authorized delegate, of any loss of qualifying dependent status of any person classified as your dependent under the Plans.

### **Forfeiture of your Account**

The money in your account may be forfeited if any of the following occurs:

- a. You die before becoming entitled to receive benefits or you die without dependents (see "In the Event of Your Death" below);
- b. You terminate employment and have not met the retiree medical eligibility rule;
- c. You cannot be located. (Keep your address current with the Plan Administrator at all times); or
- d. Your account balance becomes a Small Account Balance, which means that your account contains less than \$500 and there has been no account activity for at least one year.

### **In the Event of Your Death**

1. If you die without dependents, benefits would be payable only for claims arising on or before the date of your death. After those claims are paid, your remaining account balance will be forfeited.
2. If you have IRS-qualified dependents and die after you were entitled to receive benefits, benefits will be payable for claims related to your Qualified Medical Expenses arising before your date of death, and benefits will be payable to those dependents until there are no longer any assets in your account or no surviving dependents, whichever comes first. If those dependents die while there is still a balance in the account any remaining balance will be forfeited. Payment of benefits from your account will be made to your surviving spouse if your surviving spouse has incurred a Qualified Medical Care expense, or if there is no surviving spouse, your dependent has incurred a Qualified Medical Care expense. If you have not satisfied the requirements to receive benefits at the time of your death, then payment of benefits from your account will not be made until your surviving spouse is at least 65 years of age and has incurred a Qualified Medical Care expense or, if there is no surviving spouse, your dependent has incurred a Qualified Medical Care expense.

### **Federal Tax Consequences of Contributions and Payments Under the Plan**

Employer Contributions paid to your account on your behalf are not taxable. Any growth in your accumulation attributable to investment earnings or credited interest is not subject to taxation. Generally, all amounts paid to you for Qualified Medical Expenses from your account will not be treated as taxable income. You should consult your tax advisor for further information about the federal and state tax treatment of the contributions and payments under the Plans.

# How to Use the Retiree Medical Account Plan

To access benefits from the Plans, you can submit claims online, through the mail or using your Health Care Payment Card. Claims are handled by Connect Your Care, a third-party claims processor under contract with TIAA. If you have questions about medical expenses, claims or other health-related issues, you can speak with a Connect Your Care representative by calling **877-554-1004**.

To file a claim, visit **TIAA.org/retirenyulmcma** and log in to your secure account information. In the "Other Investments" section, you will see your Retiree Medical Account Plan listed. There you can click on the "Actions" link and select "File A Claim." This will take you to the "Claims" Administrator page. See "Filing a Claim" below for more information about seeking reimbursement for your expense. You also have access to a wide range of online health and wellness tools and resources. You'll be able to locate health care services, compare prescription drugs, and much more. And you can use these resources preretirement or postretirement.

## More Information

For answers to your questions about eligibility for and Employer Contributions to the Plans, visit the NYU Langone Medical Center Benefits Services Office or call **212-404-3787**.

## Future of the Plan

NYULMC plans to continue to offer the Plans to all eligible employees. NYULMC, however, reserves the right to change, terminate, suspend, withdraw, reduce, amend or modify the Plans at any time.

## Filing a Claim Initial Claim for Reimbursement

All claims for Qualified Medical Expenses must be submitted to Connect Your Care for reimbursement within ninety (90) days of the end of the Plan Year in which the expense was incurred. You may obtain a claim form by calling **877-554-1004** option 2. To file a claim you must complete the appropriate claim form and attach original itemized receipts or explanations of benefits from your insurance carrier to verify your out-of-pocket expenses. All paperwork must be faxed or mailed to Connect Your Care.

Claims fax number: **866-879-0812**

Claims mailing address:  
Connect Your Care  
Claims Department  
PO Box 400  
Beltsville, MD 20704

## Claim Notification

You will receive a decision on your claim for reimbursement within 90 days of receipt of the claim by Connect Your Care. This 90-day period may be extended for up to another 90 days if special circumstances warrant an extension. If such an extension is needed, you will be notified by the Claims Administrator in writing prior to the end of the initial 90-day period. The extension notice will indicate the special circumstances requiring an extension of time and the date by which the Plans expect to render a decision.

In the event your claim is denied in part or in its entirety, the notification of the decision will include:

- The specific reasons for the denial;
- Reference to the specific Plan provision on which the decision was based;
- If information is needed to complete the claim, a description of additional information necessary from you to complete the claim and a description of why this information is necessary;
- A description of the Plans' review procedures and time limits applicable to the procedures; and
- A statement of your rights to bring civil action under section 502(a) of ERISA following a denial of benefits on review.

## Right to Appeal

If you disagree with the decision of Connect Your Care, you have the right to reasonable access to and copies of all documents, records and other information relevant to the claim for benefits. A document is considered "relevant" to your claim if it meets any of the following criteria.

- It was relied upon in making the benefit determination;
- It was submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record or other information was relied upon in making the benefit determination; or
- It demonstrates compliance with the administrative processes and safeguards within these claims procedures in making the benefits determination. You have 60 days to file an appeal in writing.

You may submit written comments, documents, records and other information relevant to your claim for benefits to Connect Your Care. Send your written appeal to:

Claims Department  
307 International Circle, Suite 200  
Hunt Valley, MD 21030.

A full and fair review will be conducted and a decision rendered by Connect Your Care no later than 60 days after receipt of the request for review. If there are special circumstances requiring additional time (such as the need to hold a hearing), the decision will be made as soon as possible, but not later than 120 days after receipt of the request for review. If such an extension of time is needed, you will be notified in writing prior to the end of the initial 60-day period.

The extension notice will indicate the special circumstances requiring an extension and the date by which the decision is expected to be reached. The decision with respect to your requested claim review will be provided in writing and will include specific reasons for the decision, specific references to the pertinent Plan provisions on which the decision is based, a statement indicating that you are entitled to receive upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits and a statement of your right to bring action under section 502(a) of ERISA.

### **Litigation**

No legal action shall be brought to recover from the Plans prior to exhaustion of the administrative remedies outlined in this Claims and Appeals Procedures section of this summary, and no such action shall be brought at all unless brought within one year from when the final appeal is denied.

### **Plan Administration**

- A. The Plan Administrator has the authority to manage the operation of the Plans. Factual determinations and interpretations of the Plans' provisions by the Plan Administrator shall be final and binding on all Participants and their dependents.
- B. The Plan Administrator may delegate responsibilities of managing the Plans to other people or entities. Any such delegation will be in writing.
- C. The Plan Administrator may adopt rules and procedures to administer the Plans.
- D. The Plans' expenses and fees may be paid from the Plans' assets subject to the terms of the Trust. Fees that are related to the administration of your individual account may be assessed against your account.

- E. While the Plans were adopted with the expectation that they would continue indefinitely, the Employer has no obligation to maintain them for any length of time and may discontinue contributions or otherwise amend or terminate the Plans at any time.
- F. Your accumulation under the Plans is not subject to the claims of your creditors or your dependents' creditors. You and your dependent(s) may not have the right to sell, assign, transfer, or otherwise convey the right to receive any payments or any interest under the Plans.
- G. Nothing in the Plans should be considered as giving you any right to continued employment.
- H. The Plans were drafted to comply with the provisions of the Internal Revenue Code and will be interpreted in a manner consistent with applicable sections of the Internal Revenue Code and ERISA. Please note that in accordance with applicable law, coverage continuation rights under COBRA are not available under the Plans.

### **Rights under ERISA**

As a Participant under the Plans, you are entitled to certain rights and protections under ERISA.

- A. ERISA provides that all Plan Participants are entitled to:
  1. Examine, without charge, at the Plan Administrator's office, all documents governing the Plans, including the Trust Agreement.
  2. Obtain upon written request copies of documents governing the Plans including the Trust Agreement and an updated SPD. The Plan Administrator may make a reasonable charge for the copies.
  3. Receive a summary of the Plans' annual financial reports, which the Plan Administrator will provide to each Participant.
- B. ERISA imposes duties upon the people who are responsible for the operation of the Plans. The people who operate the Plans, called fiduciaries of the Plans, have a duty to do so prudently and in the interests of you and other Plan Participants and their dependents. No one, including the Employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

C. If your claim for a benefit under the Plans is denied in whole or in part, you have a right to receive an explanation of why and to obtain copies of documents relating to the decision without charge. You have a right to appeal the denial to the Plan Administrator. Under ERISA, there are steps you can take to enforce your rights. For example, if you request a copy of documents and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive them, unless they were not sent because of reasons beyond the Plan Administrator's control.

D. In addition, if you disagree with the Plans' decision on a claim for benefits, you may file suit in federal court. If it should happen that Plan fiduciaries misuse the Plans' money, or you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

E. If you have any questions about the Plans, you should contact the Plan Administrator at the following:

NYU Langone Medical Center  
Benefits Services Office  
One Park Avenue – 4th floor  
New York, NY 10016

Phone: **212-404-3787**

Email: **NYUBenefits@nyumc.org**

You can also contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration or going to **dol.gov**.

#### **Other Relationships between the Parties to this Agreement**

- A. Teachers Insurance and Annuity Association of America ("TIAA") is the third party administrator and recordkeeper of the Plans.
- B. TIAA has a relationship with Connect Your Care to administer all claims under this agreement. Connect Your Care charges fees to process claims, a copy of the fee schedule is available upon request.



# Frequently Asked Questions

## **Q. What is the Retiree Medical Account Plan?**

A. The Retiree Medical Account Plan is designed to help you save for healthcare expenses in retirement. NYU Langone makes contributions to the Plan on your behalf when you are at least age 40, and are employed in a regular benefits-eligible position where you work at least 17.5 hours a week. NYU Langone's contribution is \$4,000 a year and it is not taxable income to you. When you retire, reimbursements from the Plan are not taxable income either, making this an attractive way to save for future retiree medical expenses.

## **Q. What is the Retiree Medical Account Plan for?**

A. You use funds in the Plan to pay for qualified medical expenses once you retire from NYU Langone, meet NYU Langone's Retiree Medical Eligibility Rule, and are Medicare eligible. You can use the funds to pay for eligible medical expenses in retirement for yourself and eligible dependents who meet the IRS dependent criteria. You'll read more about this later. If you retire prior to age 65, retiree medical plan coverage will be available through NYU Langone, up to age 65 (does not apply to HJD and NYU Lutheran employees).\*

\*Employees who transferred from HJD to NYU Hospitals Center or NYU School of Medicine prior to 1/1/2012 may be eligible for Retiree Medical Plan coverage prior to age 65 if they otherwise meet NYU Langone's Retiree Medical Eligibility Rule.

## **Q. When do I begin to participate in the Plan?**

A. You participate in the Plan when you reach age 40 and are employed in a regular position of 17.5 hours a week or more, and are eligible for medical benefits. If you reached age 40 prior to January 1, 2012, NYU Langone made a retroactive catch-up contribution (without earnings) on your behalf for the period from attainment of age 40 to January 1, 2012.

## **Q. How are the contributions invested?**

A. You direct the investment of the contributions among a selection of TIAA-CREF and Vanguard mutual funds. When your account is opened, the contributions will be made into the TIAA-CREF Lifecycle Index Fund with the target year nearest the year of your 65th birthday. Once the account is established, you can direct the investment of your account into any of the available options. A list of the options can be found by going to the Plan's website at [TIAA.org/retirenyulmcrma](https://www.tiaa.org/retirenyulmcrma). As with all mutual funds, the principal value in a Lifecycle Fund is not guaranteed. Also, please note that the target date of the Lifecycle Fund is an approximate date when investors may plan to begin withdrawing from the fund.

## **Q. Who is administering the Retiree Medical Account Plan?**

A. TIAA is the administrator of the Plan and will provide recordkeeping services for all funds made available under the Plan, including the Vanguard funds. This allows you to manage your account all in one place at [TIAA.org/retirenyulmcrma](https://www.tiaa.org/retirenyulmcrma). In addition, TIAA is providing call center support for your questions and transactions.

## **Q. When are contributions made?**

A. For all pay cycles, the first monthly contribution will appear in the first available paycheck in the month following any of these events: you attain age 40, you are newly hired at NYU Langone Medical Center and are age 40 or above, or you move from an ineligible to eligible status (provided you are age 40 or over when the move to eligible status occurs). All subsequent contributions will be made in the first available paycheck of each month.

## **Q. When do contributions cease?**

A. When you leave employment, commence an unpaid leave or change to an ineligible status, contributions will cease. If you receive a paycheck for regular types of pay during the month in which you terminate, begin an unpaid leave or become ineligible, you are entitled to that final monthly contribution and contributions cease the following month.

## **Q. How will I know how much money is in my account?**

A. You will see each NYU Langone contribution on your pay stub under the EMPLOYER PAID BENEFITS section on the pay advice with the tag "Retirement Healthcare Plan." You can see the value of your account by logging in to [TIAA.org/retirenyulmcrma](https://www.tiaa.org/retirenyulmcrma). You will also see your account balance on your TIAA Quarterly Retirement Portfolio Statement.

## **Q. When can the account be used?**

A. The account can be accessed when you retire, are Medicare eligible (including Medicare eligible due to disability) and meet the NYU Langone Medical Center Retiree Medical Eligibility Rule.

**Q. What is the Retiree Medical Eligibility Rule?**

A. For benefits eligibility, the Rule requires that you be regular full-time or part-time Faculty or Staff with base hours of 17.5 per week or greater with 15 years of continuous eligible service after age 40.

**Q. What happens if I transfer to a union position?**

A. If you are in a union position when you retire from NYU Langone Medical Center, you may be eligible to receive retiree medical benefits through your union. If you are eligible to receive retiree medical benefits through your union, you lose eligibility for the NYU Langone Medical Center Retiree Medical Account Plan.

**Q: How will I be able to access the funds available in my account?**

A: When you become eligible to access your account, there are two ways to pay for your Qualified Medical Expenses:

You will be issued a Healthcare Payment Card, which allows you to pay for Qualified Medical Expenses quickly, easily and with almost no paperwork. The Healthcare Payment Card is accepted at IIAS-compliant retail stores and health care service providers. When using the card is not possible, the online system enables claims processing of your paper-submitted expenses and a quick turnaround of reimbursements, which are sent to you via direct deposit or check. Keep in mind that you should maintain sufficient funds in the TIAA-CREF Money Market Fund to cover payment of your submitted claims. You can log in to your account at **TIAA.org/retirenyulmcrma** to monitor the account balance and transfer funds to the TIAA-CREF Money Market Fund when necessary.

**Q: Can I access my Retiree Medical Account Plan information and make transactions online?**

A: Yes, you will be able to securely log in to your account through the TIAA website at **TIAA.org/retirenyulmcrma** to view your account balances, make transfers and allocation changes and update personal information. You may also link to the Participant Claims page to submit claims online and view past and pending submitted claims.

**Q: What are Qualified Medical Expenses?**

A: Qualified Medical Expenses include: co-pays, deductibles, prescription drugs and other out-of-pocket related costs including premiums on health insurance. Examples of other Qualified Medical Expenses include: hospital and surgical expenses, physical therapy, psychotherapy, dental care, weight control programs, eye exams and eyeglasses, special medical equipment and hearing aids. Premiums for Medicare supplemental plans, qualified long-term care insurance and Medicare Parts B and D are also included.

**Q: Are there other services or benefits available through the program?**

A: Along with the investment services from TIAA, you have access to many services offered by Connect Your Care. You'll be able to contact the Claims Call Center 24 hours a day, seven days a week. You can log on to **TIAA.org/retirenyulmcrma** for tools and information.

**Q: What about Medicare? I thought I was covered once I turn 65.**

A: You are eligible for Medicare at age 65, but Medicare does not cover 100% of medical expenses. Many retirees will consider purchasing a Medicare supplemental insurance policy to help pay for costs not covered by Medicare. You can use your account to help pay the premiums for a Medicare supplemental policy or any other Qualified Medical Expense that Medicare doesn't cover.

**Q: Can I use my Retiree Medical Account for nonmedical expenses?**

A: No, in accordance with federal tax rules and the terms of the Plans, you can only use your account to seek reimbursement for Qualified Medical Expenses.

**Q: When can I take money from the Retiree Medical Account Plan?**

A: Once you reach age 65 with 15 continuous years of service in a benefits-eligible position after age 40, and separate from NYULMC employment, you may access benefits to pay for Qualified Medical Expenses. Cash withdrawals are not permitted.

**Q: Can I roll over my Retiree Medical Account Plan balance or transfer it to another employer?**

A: No, your Retiree Medical Account cannot be rolled over or transferred to any other retirement health care plan another employer may offer. NYU School of Medicine, NYU Hospitals Center and NYU Langone Health System are separate employers and IRS regulations do not allow a consolidation of account balances or any rollovers to other employers.

**Q: What if I die before using all the benefits in my Retiree Medical Account?**

A: Your spouse and other eligible dependents may continue to have access to benefits from the Plans. If unused benefits remain in the Plans after both you and your spouse die, only IRS-qualified eligible dependents at the time of your death may continue receiving benefits. If there are no eligible dependents, the unused benefits will be forfeited. Please see the "In the Event of Your Death" section in this SPD for further details.

# Plan Facts

## Official Plan Name

NYU Hospitals Center Retiree Medical Account Plan  
NYU Langone Health System Retiree Medical Account Plan  
New York University School of Medicine Retiree Medical Account Plan

## Plan Number

NYU Hospitals Center: R90022  
NYU Langone Health System: R90031  
New York University School of Medicine: R90021

## Type of Plan

Internal Revenue Code section 105 Medical Reimbursement Plan

## Plan Sponsor

NYU Langone Medical Center  
c/o Benefits Services Office  
One Park Avenue – 4th floor  
New York, NY 10016

## 212-404-3787

Email: [NYUBenefits@nyumc.org](mailto:NYUBenefits@nyumc.org)

## Employer Identification Number

NYU Hospitals Center: 13-3971298  
NYU Langone Health System: 47-2613531  
New York University School of Medicine: 13-5562308

## Plan Year

January 1 - December 31

## Plan Administrator

NYU Langone Medical Center  
c/o Benefits Services Office  
One Park Avenue – 4th floor  
New York, NY 10016

## 212-404-3787

Email: [NYUBenefits@nyumc.org](mailto:NYUBenefits@nyumc.org)

## Claims Administrator

TIAA, as delegated to Connect Your Care  
Claims Department  
PO Box 400  
Beltsville, MD 20704

## Agent for Service of Legal Process

If, for any reason, you wish to seek legal action, you may serve legal process on the Plan sponsor at the following address:

Office of Legal Counsel  
NYU Langone Medical Center  
530 First Avenue  
Schwartz Building, HCC – 15th floor  
New York, NY 10016

## Plan Funding

Contributions to the Plans are made by the Plan Sponsor.