



Sunset Park Health Council

Retiree Medical Account Plan

Summary Plan Description



Introduction

The Sunset Park Health Council Retiree Medical Account Plan ("the Plan") has been established effective January 1, 2017. The Plan provides qualified medical care benefits to you and your family members when you leave Sunset Park Health Council ("Sunset Park") and meet the Retiree Medical Eligibility Rule. The Plan is 100% employer funded and gives 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.

This booklet summarizes the provisions contained in the legal plan document for the Plan. The official Plan document will govern in the event of any conflict with the terms of this booklet. The Plan document is available for you to read; to obtain a copy, contact the NYU Langone Health Human Resources Department at **212-404-3787** or via email at **NYULMCBenefits@nyulangone.org**. Sunset Park Health Council reserves the right to discontinue or change the Plan at any time. Nothing in this Summary Plan Description ("SPD") should be interpreted as implying a contract of employment. Being a Participant in the Plan does not imply any right of continued employment with Sunset Park Health Council.

Participation in the Plan

You are eligible to participate in the Plan 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 Sunset Park Health Council Employee Benefit Plan. If you were age 40 and in a benefits-eligible position prior to January 1, 2017, you began participating on January 1, 2017. You are also eligible to participate in the Plan 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 Sunset Park Health Council Employee Benefit Plan, and you are age 40 or more.

Note: Employees subject to any collective bargaining agreement are not eligible to receive Employer Contributions to the Plan unless the agreement explicitly allows covered employees to be eligible for the Plan. Once you have met the eligibility requirements to receive Employer Contributions, you become a Participant in the Plan. Employer Contributions will be credited to the account of the Participant upon entry into the Plan 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, you will receive your first monthly contribution in the first pay cycle of the month following any of these events: attaining age 40, being hired at Sunset Park 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.

If you were at least age 40 and in a benefits-eligible position on January 1, 2017, your first monthly contribution to the Plan was made retroactive to January 2017. If you were not yet age 40 on January 1, 2017, contributions to the Plan will begin automatically the month following the month you attain age 40, provided you are in a benefits-eligible position.

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. 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.

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 complete at least 15 years of Continuous Service beginning on or after age 40 and work in a position eligible to receive Continuous Service (as described below) until age 62;
- You Die or are Totally Disabled after completing at least 10 years of Continuous Service.

If you meet NYU Langone’s Retiree Medical Eligibility Rule, your RMA account balance will be available to help cover your medical expenses when your employment at NYU Langone Health ends and you are at least age 62.

Upon a break in Continuous Service, any balance in the RMA that is not vested shall be forfeited immediately, except as indicated in the Appendix. Any forfeited account will not be eligible for reinstatement and the Continuous Service earned prior to the break in Continuous Service will be reset to zero as of the date of such forfeiture and will not be available for purposes of determining the vesting of future Employer Contributions to the Plan.

HOW CONTINUOUS SERVICE IS CALCULATED

Continuous Service means all years of continuous benefits-eligible service with NYU Langone Hospitals, NYU Grossman School of Medicine, NYU Langone Health System, or Sunset Park Health Council, provided that there were no breaks in benefits-eligible service for a period of longer than one year. Continuous Service also includes periods of paid severance.

As of January 1, 2022, the service rule for the Sunset Park Health Council Retiree Medical Account Plan expands to honor prior continuous benefits-eligible service from the later of age 40 or January 1, 2004.

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 Sunset Park Health Council Employee Benefit Plan, such employee will be deemed to have benefits-eligible service with Sunset Park for so long as such employee remains eligible for health insurance coverage under the Sunset Park Health Council Employee Benefit Plan. Furthermore, service earned while an employee of any organization acquired by the employer shall not count toward the Continuous Service requirement under the Plan unless specifically stated in the affiliation or acquisition agreement or in the Plan.

If an employee moves from a union position to a non-union position or a position with a union participating in the Plan, Continuous Service shall include any benefits-eligible service in a union position provided there were no breaks in service greater than one year both while employed in the union position and during the transition from the union position to a non-union position or a position with a union participating in the Plan. For more details on how service is treated when an employee moves from one company and/or union to another, please refer to the chart in the Appendix.

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 Plan on the first Entry Date following your re-employment in a benefits-eligible position.

RULES GOVERNING CONTRIBUTIONS

TIAA has been selected by NYULH to offer investment options under the Plan. 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 Plan also allows 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 Plan exists, 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 Plan, 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 Plan, and you are at least 62 years of age and you have met the “vesting” requirement as defined above prior to your separation from Sunset Park Health Council.

If you left employment with NYULH because of Death or Total Disability (as determined by New York Life 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. 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 starting at age 62, or when they become Medicare eligible, if sooner.

Upon the occurrence of any of these events, the NYU Langone Health Human Resources Department 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 Optum Financial (formerly known as 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 Plan requires 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 Plan, you may submit claims online, through the mail or use your Healthcare Payment Card. You may access information regarding your account at **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 Plan.

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 62 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 Plan.

How to Use the Retiree Medical Account Plan

To access benefits from the Plan, you can submit claims online through the mail or using your Healthcare Payment Card. Claims are handled by Optum Financial, 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 Optum Financial representative by calling **877-554-1004**. To file a claim, visit **TIAA.org/retirenyulmcrrma** 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 healthcare 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 Plan, visit the NYU Langone Health Human Resources Department or call **212-404-3787**.

FUTURE OF THE PLAN

Sunset Park Health Council plans to continue to offer the Plan to all eligible employees. Sunset Park Health Council, however, reserves the right to change, terminate, suspend, withdraw, reduce, amend or modify the Plan at any time.

FILING AN INITIAL CLAIM FOR REIMBURSEMENT

All claims for qualified medical expenses must be submitted to Optum Financial 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 Optum Financial.

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

Claims mailing address:
Optum Financial 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 Optum Financial. 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 Plan expects 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 Plan's 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 Optum Financial, 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 Optum Financial. 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 Optum Financial 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 Plan 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 Plan. Factual determinations and interpretations of the Plan's 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 Plan to other people or entities. Any such delegation will be in writing.
- C. The Plan Administrator may adopt rules and procedures to administer the Plan.
- D. The Plan's expenses and fees may be paid from the Plan's 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 Plan was 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 Plan at any time.
- F. Your accumulation under the Plan 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 Plan.
- G. Nothing in the Plan should be considered as giving you any right to continued employment.
- H. The Plan was 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 Plan.

RIGHTS UNDER ERISA

As a Participant under the Plan, 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 Plan, including the Trust Agreement.
- 2. Obtain upon written request copies of documents governing the Plan 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 Plan's 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 Plan. The people who operate the Plan, called fiduciaries of the Plan, 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 Plan 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 Plan's decision on a claim for benefits, you may file suit in federal court. If it should happen that Plan fiduciaries misuse the Plan's 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 Plan, you should contact the Plan Administrator at the following:

NYU Langone Health
Human Resources Department
One Park Avenue – 4th floor
New York, NY 10016

Phone: **212-404-3787**

Email: **NYULMCBenefits@nyulangone.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 Plan.
- B. TIAA has a relationship with Optum Financial to administer all claims under this agreement. Optum Financial charges fees to process claims, a copy of the fee schedule is available upon request.

Frequently asked questions

Q: HOW WILL I BE ABLE TO ACCESS THE FUNDS AVAILABLE IN MY ACCOUNT?

A: Once you are entitled to receive benefits under the plan, all claims are handled by Optum Financial, a third-party claims administrator who works in collaboration with TIAA. Several options are available for you to pay for your medical expenses. They include:

- Pay direct with your Healthcare Payment Card: You will be issued a Healthcare Payment Card, which allows you to pay for qualified healthcare expenses quickly, easily and with almost no paperwork. The Healthcare Payment Card is accepted at IIAA-compliant retail stores and healthcare service providers. You need to save your receipts in case there are any questions about your claim.
- Submit claim online for reimbursement: You may also pay for your medical expenses out of your own pocket and then submit your receipts to Optum Financial for reimbursement from your account. Most claims are processed and reimbursed in fewer than three days.
- Set up a recurring payment: This convenient payment option helps individuals who have chronic medical conditions. It allows you to set up recurring payments online to your specified healthcare providers.

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/retirenyulmcrrma 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/retirenyulmcrrma to view your Retiree Medical Account Plan balances, make transfers and allocation changes, and update personal information. You may also link to the claims center page to submit claims online, and view past and pending submitted claims.

Q. WHAT ARE QUALIFIED HEALTHCARE EXPENSES?

A: Qualified healthcare expenses include: co-pays, deductibles, prescription drugs and other out-of-pocket related costs including premiums on health insurance. These also include:

- Hospital and surgical expenses, physical therapy, psychotherapy, dental care, weight control programs, eye exams and eyeglasses, special equipment and hearing aids.
- Premiums for Medicare supplemental plans, long-term care insurance and Medicare Parts B and D.

Q: WHAT IF I INCUR A MEDICAL EXPENSE OUTSIDE OF THE USA? ARE ELIGIBLE EXPENSES COVERED?

A: All eligible medical expenses are covered, even if outside the USA. If the RMA Spending Card is not recognized in a foreign country, you can submit the claim for reimbursement.

Q: WHAT IS THE IMPACT IF I DECIDE TO RETURN TO WORK AS A FULL TIME, PART TIME, OR PER DIEM EMPLOYEE AFTER I RETIRE UPON VESTING IN THE PLAN?

A: While actively working, if you return to work after retirement, you cannot use your RMA funds. Upon re-termination, you can access your RMA funds again.

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 Optum Financial. You can also take advantage of Optum Financial's ad-free library of health and wellness resources from WebMD™ to help you make informed healthcare decisions in retirement. You'll be able to contact the Claims Call Center 24 hours a day, seven days a week. You can log in to TIAA.org/retirenyulmcrrma 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 retiree healthcare plan account to help pay the premiums for a Medicare supplemental policy or any other qualified healthcare expense that Medicare doesn't cover.

Q. CAN I USE MY RETIREE MEDICAL ACCOUNT PLAN FOR NON-MEDICAL EXPENSES?

A: No, in accordance with federal tax rules you can only use your Retiree Medical Account Plan to pay claims for qualified healthcare expenses.

Q. CAN I ROLL OVER MY RETIREE MEDICAL ACCOUNT PLAN BALANCE OR TRANSFER IT TO ANOTHER EMPLOYER?

A: No, your Retiree Medical Account Plan balance cannot be rolled over or transferred to any other retiree healthcare plan.

Q. WHAT IF I DIE BEFORE USING ALL THE BENEFITS IN MY RETIREE MEDICAL ACCOUNT PLAN BALANCE?

A: Your spouse and other eligible dependents may continue to have access to benefits from the Plan. If unused benefits remain in the Plan after both you and your spouse die, only 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.

Plan Facts

Official Plan Name

Sunset Park Health Council Retiree Medical Account Plan

Plan Number

Sunset Park Health Council: R90032

Type of Plan

Internal Revenue Code section 105 Medical Reimbursement Plan

Plan Sponsor

NYU Langone Health
c/o Human Resources Department
One Park Avenue – 4th floor
New York, NY 10016

212-404-3787

Email: NYULMCBenefits@nyulangone.org

Employer Identification Number

Sunset Park Health Council: 20-2508411

Plan Year

January 1 - December 31

Plan Administrator

NYU Langone Health
c/o Human Resources Department
One Park Avenue – 4th floor
New York, NY 10016

212-404-3787

Email: NYULMCBenefits@nyulangone.org

Claims Administrator

TIAA, as delegated to Optum Financial
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 Health
530 First Avenue
Schwartz Building, HCC – 15th floor
New York, NY 10016

Plan Funding

Contributions to the Plan are made by the Plan Sponsor.

Sunset Park Health Council Retiree Medical Account Plan

Appendix

Moving to Eligible to Participate in the Plan from Another Company/Union

From Company	To Company	Impact on Continuous Service
NYU Langone Hospitals Non-Union; Local 1 Union; 1199 Union; Local 810 Union	Sunset Park Health Council Non-Union	Benefits-eligible service under the old company/union counts towards Continuous Service.
NYU Langone Orthopedic Hospital Non-Union; Brotherhood of Security Personnel, Officers and Guards International Union; 1199 Union		
NYU Grossman School of Medicine Non-Union; Doctor's Council Union; 1199 Union; 32BJ Union		
NYU Langone Hospital-Brooklyn Non-Union; 1199 Union; UFT Union; Local 1 Union		Benefits-eligible service after 1/1/2004 under the old company/union counts towards Continuous Service.
Sunset Park Health Council 1199 Union; DC-1707 Union; CSA Local 1 Union		
NYU Langone Hospital-Long Island Non-Union; 1199 Union; Local 810 Union		NYU Langone Hospital-Long Island benefits-eligible service after 1/1/2004 counts towards Continuous Service.
NYU Langone MSO, Inc. NYU Langone Florida; NYU Langone Nevada		Service at NYU Langone MSO, Inc. and NYU Imaging, Inc. does not count towards Continuous Service.
NYU Imaging, Inc. Non-Union; 1199 Union		

Sunset Park Health Council Retiree Medical Account Plan

Moving from Eligible to Participate in the Plan to Another Company/Union

From Company	To Company	Impact on Continuous Service
Sunset Park Health Council Non-Union	NYU Langone Hospitals Non-Union; Local 1 Union	Balance in the Plan will freeze. Benefits-eligible service under the new company will count towards Continuous Service.
	NYU Langone Orthopedic Hospital Non-Union; Brotherhood of Security Personnel, Officers and Guards International Union	
	NYU Langone Hospital-Brooklyn Non-Union	
	NYU Langone Hospital-Long Island Non-Union	
	NYU Grossman School of Medicine Non-Union; Doctor's Council Union	
	NYU Langone Health System Non-Union	
	NYU Langone MSO, Inc. NYU Langone Florida NYU Langone Nevada	
	NYU Imaging, Inc. Non-Union	
	NYU Langone Hospitals 1199 Union; Local 810 Union	Balance in the Plan will freeze. Union service does not count towards Continuous Service.
	NYU Langone Orthopedic Hospital 1199 Union	
	NYU Langone Hospital-Brooklyn 1199 Union; UFT Union; Local 1 Union	
	NYU Grossman School of Medicine 1199 Union; 32BJ Union	
	NYU Langone Hospital-Long Island 1199 Union; Local 810 Union	
	NYU Imaging, Inc. 1199 Union	
	Sunset Park Health Council 1199 Union; DC-1707 Union; CSA Local 1 Union	

