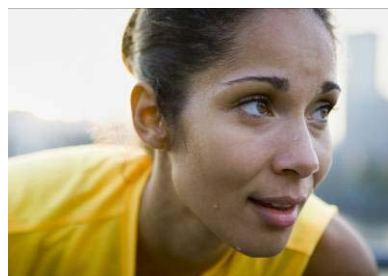


Juilliard

2019 Benefits Guide



Welcome to Your Juilliard Benefits

We know that our success depends on our people.

Who Is Eligible

- All full-time administrative and facilities staff members, as well as College and Pre-College Division faculty members who teach at least 10 hours per week, are eligible on the first day of the month following their hire or full-time status date.
- Coverage is available to your spouse, same-sex domestic partner, or opposite-sex domestic partner
- Your children, step-children and children of your domestic partner through the month in which they turn 26.
- Adult children, stepchildren, children of your domestic partner, or children in your guardianship, of any age, who are disabled.

One of the ways we take care of you is by offering comprehensive, high-quality benefits. These benefits are designed to protect you and your family and are a valuable part of the total rewards package that Juilliard offers.

We've designed our benefits to give you choices — so you can pick the benefits that are best for you and your family. You'll need to enroll for benefits when you first become eligible or during the annual open enrollment period. You may change benefit choices after open enrollment only if you experience a qualifying event, such as marriage, divorce, or birth or adoption of a child.

Take a look inside for more information about the benefit plans available to you for the January 1 through December 31, 2019 plan year.

**2019 Open Enrollment Is
November 14, 2018 -
November 28, 2018**

It's your annual opportunity to review and make changes to your benefits. Be sure to read this enrollment guide so you

understand your options and can make informed benefit decisions for you and your eligible family members.

This guide summarizes the key features of The Juilliard School's benefit plans. Please refer to the plan documents for exact terms and conditions of coverage. If any conflict arises between this guide and the official plan documents, the terms of the actual and plan documents or other applicable documents will govern in all cases. Juilliard reserves the right to change, modify or terminate the benefit plans at any time. This guide isn't a contract for purposes of employment or payment of benefits.

Medical Plans

Employees will continue to have a choice of 2 medical plans through Aetna effective January 1, 2019:

- Point-of-Service/Traditional Plan (POS)
- Consumer Directed Health Plan (CDHP) with a Health Savings Account (HSA)

We want you to make smart healthcare decisions for you and your eligible family members—and we're providing the tools and resources to help. That means taking some time to compare your options, so you can choose the plan that's best for your situation.

	POS		CDHP with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Individual/Family	Individual/Family	Individual/Family	Individual/Family
Health Savings Account Contribution from Juilliard	None		\$500/\$1,000	
Annual deductible	\$500/\$1,000	\$750/\$1,500	\$1,750/\$3,000*	\$3,000/\$6,000*
Annual out-of-pocket maximum	\$2,700/\$5,400	\$4,800/\$9,600	\$3,000/\$6,000	\$6,000/\$12,000
Member Coinsurance (after deductible)	10%	30%	10%	30%
Routine and preventive care	Covered at 100%	30% after deductible	Covered at 100%	30% after deductible
Primary care visits	\$45 copay	30% after deductible	You pay allowed cost until deductible is met	30% after deductible
Specialist visits	\$60 copay	30% after deductible	You pay allowed cost until deductible is met	30% after deductible
Emergency room	\$100 copay	\$100 copay	You pay allowed cost until deductible is met	Same as In-network benefit
Hospitalization	\$500 copay	30% after deductible	You pay allowed cost until deductible is met	30% after deductible
Prescription Drugs (network pharmacy only)	\$50/\$100 deductible for Tier 2 & 3 drugs Tier 1 = \$10, Tier 2=\$25, Tier 3 = \$50 Mail order is 2.5x retail copay	\$50/\$100 deductible for Tier 2 & 3 drugs 30% of submitted cost for retail drugs; after rx deductible and applicable retail copay. Out-of-network mail order not available.	Copays apply only after In-network medical plan deductible is satisfied Tier 1 = \$10, Tier 2=\$25, Tier 3 = \$50 Mail order is 2.5x retail copay	30% of submitted cost for retail drugs; after out-of-network deductible and applicable retail copay. Out-of-network mail order not available

Point of Service Plan (POS)

The POS plan includes both In-Network and Out-of-Network coverage. You are not required to select a primary care physician or obtain referrals to see specialists. You pay less when you receive care from doctors, hospitals and other healthcare facilities that participate in the network.

Plan Features

With network providers

- Preventive care is covered 100%
- For other network medical care and services, you pay the applicable copay or deductible and coinsurance
- Claims are filed for you and there is no balance billing

With out-of-network providers

- For all services, you pay the deductible and coinsurance up to out-of-pocket maximum
- For covered services, the plan pays 70% of reasonable and customary (R&C) charges, and you pay 30% plus any amount over the R&C limit (i.e. balance billing)
- You file claims yourself and the plan reimburses you

Medical Plan Basics:

- **Annual Deductible** – the amount you pay out of your pocket each year before the plan begins sharing costs for services.
- **Annual Out-of-Pocket Maximum** – the most you'll have to pay out of your pocket in a plan year for covered services.
- **Coinsurance** – is the cost sharing between you and the plan after you meet the plan year deductible. After you meet your deductible, you share any remaining covered expenses with the plan.

Prescription Drug Coverage

When you enroll in a medical plan, you automatically receive prescription drug coverage.

When you go to a participating retail pharmacy, a 30-day supply costs:

- Preferred Generic drugs (Tier 1): \$10
- Brand-name formulary drugs (Tier 2): \$25
- Non-Preferred Generic and Brand-name drugs (Tier 3): \$50

You can also order your prescriptions through the mail order program. Doing so typically gives you a 90-day supply of the prescription.

Mail order copays are 2.5x retail pharmacy copays. That means you will save a half of a copay by using mail order versus going to a retail pharmacy 3 months in a row.

Consumer Directed Health Plan (CDHP)

The CDHP is a high deductible plan with a Health Savings Account (HSA) and no copays. It gives you the opportunity to lower your

monthly contributions significantly, while the HSA offers you the opportunity to set aside pre-tax savings to pay for current or future healthcare expenses—even after you retire.

Similar to the PPO plan, the CDHP is administered by Aetna and includes comprehensive medical and prescription coverage. In-network preventive care is covered at 100%, with no deductible, to help you and your family stay as healthy as possible. And, you can save money when you use in-network providers.

What's different is that for most services, you'll have to meet a higher deductible before the plan pays 90% — \$1,750 for a covered individual, or \$3,000 for a family. In exchange, the monthly contributions for this plan are lower.

It gets better—Juilliard contributes additional money to your HSA just for enrolling—\$500/individual and \$1,000/family. Depending on how you use health care in a typical year, you could save money by enrolling in the CDHP with HSA. The H.S.A. is administered by Payflex; you can view your medical and H.S.A. account information through one portal on Aetna Navigator.

How the CDHP Works

The Deductible	The Out-of-Pocket Maximum
<ul style="list-style-type: none"> • For employee only coverage, you meet the individual deductible—\$1,750 in-network. • If you enroll your spouse/child(ren) and/or your family, you and your dependents must meet the full family deductible before the plan shares in the cost of non-preventive care for any covered person—\$3,000 in-network. You are responsible for 10% of allowed costs after you meet your deductible when you use a participating provider, while the plan will pay 90%. • You pay all expenses other than preventive services and preventive prescriptions until you meet the plan year deductible. This includes non-preventive prescription drugs. 	<ul style="list-style-type: none"> • The individual out-of-pocket maximum applies to employee only coverage. • If you enroll one or more dependents, the family out-of-pocket maximum must be met before the plan begins paying 100% for any individual. • Remember, the out-of-pocket maximum <i>does</i> include the deductible.

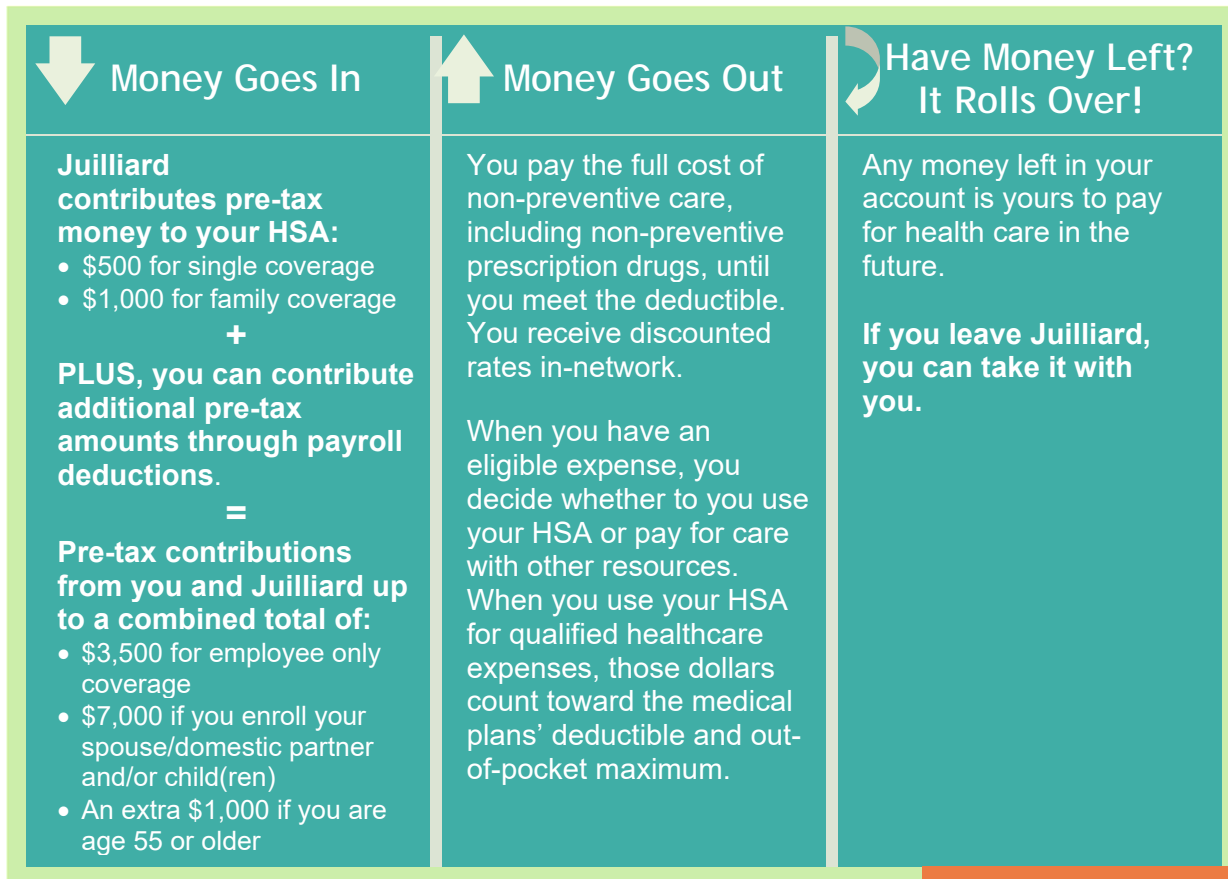
Think about it...

With the dollars you save in CDHP premiums, you can contribute to your HSA pre-tax, use it to pay medical costs and carry an unused balance forward from year to year to use for future healthcare expenses—even if you leave Juilliard.

The CDHP and HSA have specific rules that apply, and it's important to understand how they work. So read this guide carefully before making a decision.



How the HSA Works



To participate in the HSA, you must:

- Be enrolled in the CDHP.
- Not be covered by any other health plan, such as a spouse's medical plan or a Medical Flexible Spending Account.
- Not be enrolled in Medicare, TRICARE or TRICARE for Life.
- Not have received VA benefits for medical or prescription drugs in the last three months.
- Not be claimed as a dependent on someone else's tax return.

The CDHP Could Be Right for You If...

- You want to pay lower monthly contributions.
- You only use doctors in the Aetna Open Access Managed Choice network.
- You have a way to budget for the deductible and other out-of-pocket costs (either by using the HSA or other savings).
- You want to use the HSA to build savings that you can use to help fund future healthcare costs (for example, using the HSA to help fund your healthcare costs in retirement).

A complete list of qualified HSA expenses can be found in IRS Publication 502: Medical and Dental Expenses, available by visiting www.irs.gov.

If you use your HSA money for anything other than qualified healthcare expenses, you may pay regular income tax on those amounts, plus a 20% IRS penalty. (The IRS penalty does not apply if you are age 65 or over.)

Dental Plan

Healthy teeth and gums are an important part of maintaining your overall health. Juilliard offers a DMO and PPO dental plan administered by Aetna.

BENEFIT	DMO {In Network Only}	PPO {In & Out Network*}
Deductible	N/A	\$50 individual/\$150 family
Calendar year maximum	N/A	\$1,500
Preventive care <i>Exams, cleanings, X-rays, fluoride, sealants</i>	Covered at 100% (no deductible)	Covered at 100% (no deductible)
Basic services <i>Fillings, simple extractions, root canal therapy</i>	Covered at 100% (after deductible)	Covered at 80% (after deductible)
Major services <i>Inlays/onlays, crowns, bridges, dentures implants</i>	Covered at 60% (after deductible)	Covered at 50% (after deductible)
Orthodontia <i>Eligible dependents under the age of 19</i>	Covered at 50%	Covered at 50% up to \$1,500 lifetime maximum benefit; separate \$50 deductible

*Subject to Reasonable & Customary fees and balance billing when you receive dental care Out-of-Network

Vision Plan

The Vision Plan, administered by VSP, provides a benefit for exams and materials on a yearly basis. You have the freedom to see any vision provider you choose, but the plan generally pays better benefits when you receive care from in-network providers.

	In- Network	Out-of-Network
Exam*	Covered 100% after a \$10 copay	Reimbursed up to \$45
Lenses*	Covered 100% after a \$25 copay	Fixed reimbursement schedule by type of lens
Frames*	\$130 allowance; 20% discount over allowance	Reimbursed up to \$70

*Subject to frequency limitations

Help When You Need It

We are committed to providing you with the tools and resources you need to make smart decisions about your health care. That's why we offer two confidential services at no cost to you:

- Employee Assistance Program
- Health Advocate

Employee Assistance Program (EAP)

Employees automatically have access to our EAP—a confidential resource available to help you with life's everyday issues. When you contact the EAP, which is provided by Morneau Shepell, you can speak to a trained professional who can help answer your health-related questions. You'll also have access to licensed counselors who can help with other issues, such as:

- Parenting issues
- Work-related situations
- Relationship problems
- Substance abuse issues
- Legal Services
- Financial Services

Health Advocate Program

Our Health Advocate Program provides ***confidential, unbiased and objective assistance on healthcare decisions—it's available anytime and at no cost to you.*** The program complements your medical plan and helps you and your eligible family members make informed decisions to ensure you receive top quality healthcare.

Health Advocate helps you understand how to use your medical plan by:

- Finding qualified doctors, dentists, hospitals and other healthcare providers.
- Expediting appointments, including hard-to-reach specialists and arrange for specialized treatments and tests.
- Resolving insurance claims and negotiate billing/payment arrangements.
- Obtaining unbiased health information about complex medical conditions to help you make informed decisions.
- Working with insurance companies to obtain appropriate approvals for needed services.
- Answering general questions about test results, treatments and medication prescribed by your physician.
- And more!

For more information call their toll free number at 888-293-6948 or visit workhealthlife.com/Standard3

For more information call 866.695.8622 or visit www.HealthAdvocate.com.

Flexible Spending Accounts (FSAs)

With an FSA, you can set aside tax-free money to pay for eligible expenses. Choose from two FSAs:

- The Medical FSA
- The Dependent Care FSA

When you participate in an FSA, you decide how much you want to contribute each plan year. The FSA plan year is January 1 through December 31. The money you contribute is then taken from your pay before taxes are taken out—**this lowers your taxable income, which means lower taxes for you!**

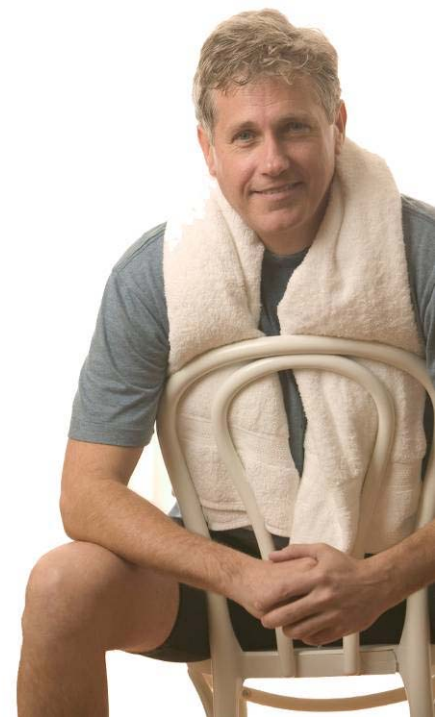
You can contribute up to \$2,700 in 2019 to your Medical FSA, and you can use the money in the account to cover many expenses that aren't covered by your healthcare plans, including:

- Copays, deductibles, and coinsurance;
- Many over-the-counter medications;
- Smoking cessation programs; and
- Vision care not covered by your plan, including contact lens solution and LASIK surgery.

You can contribute up to \$5,000 per married couple to the Dependent Care FSA each year. This FSA can be used to cover expenses for the care of an eligible dependent (a child or a dependent adult), such as nursery or day care costs, so you and your spouse (if you're married) can work.

If you want a Medical or Dependent Care Flexible Spending Account FSA for 2019, you must enroll by November 28, 2018. **Remember: You're not eligible for the Medical FSA if you participate in the Health Savings Account.**

It is important to remember that funds in a Medical or Dependent Care FSA are forfeited if not used within the plan year. IRS regulations do not allow unused FSA funds to be returned to the participant.



As with any great tax break, there are a few important rules for FSAs, so make sure to review the information before you enroll.

Basic Life and Accidental Death & Dismemberment Insurance

Eligible employees automatically receive Juilliard-paid **basic life insurance** and **basic accidental death & dismemberment insurance (AD&D)**. Each of these benefits is equal to your annual salary, up to \$300,000.

Life insurance pays a benefit in the event of your death, while AD&D insurance provides an additional benefit to you or your beneficiaries in the event of certain accidental losses or death.

This coverage is provided through The Standard Life Insurance Company of New York, and is 100% paid by Juilliard.

Voluntary Life and AD&D

As a supplement to Basic Life and Accidental Death & Dismemberment, employees also have the option to enroll in a voluntary life insurance policy.

Disability Coverage

Juilliard provides eligible employees with three **disability plans, at little or no cost to you:**

- **New York State Statutory Disability** – After a 7 day waiting period, the benefit pays 50% of your weekly wages up to a maximum benefit of \$170.00 per week. These payments can last for up to 26 weeks. The plan is administered by The Standard Life Insurance Company of New York. Faculty members are not covered by this benefit.
- **Short-term disability** – Full-time administrative staff members are covered the first of the month following 6 consecutive months of eligible service. The plan will pay wage replacement at the rate of 60% of the first \$8,333.00 of weekly pre-disability earnings, reduced by any deductible income. The minimum weekly benefit is \$15.00 and the maximum weekly benefit is \$5,000.00. There is a 7 day waiting period before benefits become payable. Covered staff members are required to exhaust their accrued sick time before they can apply for short-term disability benefits. The plan is administered by The Standard Life Insurance Company of New York. Faculty members are not covered by this benefit.
- **Long-term disability (LTD)** – After 1 year of completed, full-time service, administrative staff and College Division faculty members become covered under the School's Long-term Disability plan. If your disability extends beyond 26 weeks, the LTD plan provides a

Remember: Update Your Beneficiary

You can update your Health Savings Account and Life Insurance beneficiary (basic and voluntary) at any time during the year. See HR for forms and details.



benefit with a maximum of 60% of your pre-disability earnings, up to \$15,000 per month. The plan is administered by The Standard Life Insurance Company of New York.

All disability leave requests should be communicated to the HR department as soon as possible.

Health Care Reform—Key Facts to Know

Public Health Insurance Marketplace

The new public health insurance marketplace (also called exchanges) began January 1, 2014. Some people without employer coverage who fall under certain income levels will qualify for subsidized coverage in the health insurance exchanges. For more information, go to healthcare.gov.



Who to Contact?

For...	Contact...
2019 Benefits	Dylan Flynn, Room 231 (212) 799-5000 x 356 benefits@juilliard.edu
Medical Dental Prescription Drugs	
Flexible Spending Accounts Vision Voluntary Life Insurance	
Life Accidental Death and Dismemberment New York State Statutory Disability Short-term Disability Long-term Disability	
Employee Assistance Program	
Health Advocate Program	
