

When Your Gracie Square Hospital Employment Ends

Plan	When Coverage Ends	Vendor	Extension of Coverage
Medical (including Vision and Rx) and Dental	Last day of month in which termination occurs	<p>HealthEquity WageWorks COBRA Participant Services:</p> <ul style="list-style-type: none"> 877-722-2667 (M – F, 8am – 8pm ET) https://mybenefits.wageworks.com/ 	<ul style="list-style-type: none"> Your COBRA Eligibility Date is the first of the month following your Termination Date. Once eligible, COBRA election paperwork is mailed to your home within 10-14 business days. You will have up to 60 days to make an election for you and your covered dependents. If elected, upon payment of your first monthly premium, coverage is retroactive to your COBRA Eligibility Date.
Health Care Flexible Spending Account* (HC FSA)	Last day of month in which termination occurs	<p>HealthEquity WageWorks:</p> <ul style="list-style-type: none"> 877-924-3967 www.healthequity.com Click on Login Select WageWorks Select Employee login Call: 877-722-2667 for Healthcare FSA-Cobra related inquiries <p>*HealthEquity debit cards are deactivated on termination date</p>	<ul style="list-style-type: none"> Expenses are eligible for reimbursement through the last day of the month in which termination occurs. You must pay out of pocket and then submit receipts via the HealthEquity website or the EZ Receipts app. Refer to the EZ Receipts app and/or the HealthEquity website for the deadline to submit claims. Contact HealthEquity to inquire if you are eligible to extend your Healthcare FSA on a post-tax basis under COBRA.

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Dependent Care Flexible Spending Account (DC FSA)	Last day of month in which termination occurs	HealthEquity WageWorks: <ul style="list-style-type: none"> 877-924-3967 www.healthequity.com Click on Login Select WageWorks Select Employee login	<ul style="list-style-type: none"> Expenses incurred through the last day of the month in which termination occurs are eligible for reimbursement. Refer to the EZ Receipts app and/or the HealthEquity website for the deadline to submit claims.
Mass Transit Account	Termination date	HealthEquity WageWorks: <ul style="list-style-type: none"> 877-924-3967 www.healthequity.com Click on Login Select WageWorks Select Employee login	<ul style="list-style-type: none"> You have ninety (90) days following your termination date to use the transit funds on your commuter debit card for eligible expenses. If you purchased a transit pass that does not expire, you can use it in the future. Any unused pre-tax funds will be forfeited, and any post-tax funds will be refunded to you at the end of the ninety (90)-day period.
Commuter Parking Account	Termination date	HealthEquity WageWorks: <ul style="list-style-type: none"> 877-924-3967 www.healthequity.com Click on Login Select WageWorks Select Employee login	<ul style="list-style-type: none"> Funds on your commuter card for parking are forfeited on your termination date. Parking Pay My Provider: Payments stop on termination date and funds forfeited. Parking Pay Me Back: Funds are available for reimbursement for 6 months from contribution date.

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Life and Accident Insurance <ul style="list-style-type: none"> • Basic Life • Supplemental Life • Spouse/Domestic Partner Life • Child Life • Accidental Death & Dismemberment (AD&D) 	Termination date	The Hartford: <ul style="list-style-type: none"> • 877-320-0484 (M – F, 8am – 8pm ET) • http://www.thehartford.com/mybenefits 	<ul style="list-style-type: none"> • Option to convert and/or port to the same or lower level of insurance coverage. • Conversion/Port letter will be mailed to home address directly from The Hartford. • Deadline to respond to the Conversion/Port letter is 31 days from your termination date or the date reflected on the letter.
Voluntary Insurance Benefits by The Hartford <ul style="list-style-type: none"> • Hartford Short-Term Disability (STD) • Accident • Critical Illness 	Termination Date	The Hartford: <ul style="list-style-type: none"> • 877-320-0484 (M – F, 8am – 8pm ET) • http://www.thehartford.com/mybenefits 	Voluntary STD Coverage: <ul style="list-style-type: none"> • No option to convert. Voluntary Critical Illness and Voluntary Accident Coverage: <ul style="list-style-type: none"> • An option to extend coverage at the same or lower level is available. • An Extended Continuation letter is mailed to your home address directly from The Hartford. • Deadline to respond to the Extended Continuation letter is the latter of 31 days from your termination date or the date reflected on the letter.
Long Term Disability Insurance (LTD)	Termination date	The Hartford: <ul style="list-style-type: none"> • 877-320-0484 (M – F, 8am – 8pm ET) 	No option to convert coverage.

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Legal Plan	Termination date	MetLife Legal: <ul style="list-style-type: none"> 800-821-6400 (M – F, 8am –7pm ET) www.legalplans.com Individual Link: <ul style="list-style-type: none"> https://www.metlife.com/insurance/legal-plans/individual-refresh/ 	<ul style="list-style-type: none"> You must contact MetLife within 30 days of your termination date. There are 2 options to continue coverage: <ul style="list-style-type: none"> Continue under the NYP policy for one year. A full year of premium is required upfront. OR Continue as an individual policy. More details available via the “individual” link.
Voluntary Insurance Benefits (Grandfathered) <ul style="list-style-type: none"> Whole Life Short Term Disability Universal Life 	Termination date	Unum <ul style="list-style-type: none"> 866-679-3054 (M – F, 8am – 8pm ET) EFP (Employee Family Protection) <ul style="list-style-type: none"> 855-656-7759 (M-F, 8am to 7pm ET) NYP@efpnow.com 	<ul style="list-style-type: none"> A Conversion Letter is mailed to your home address generally within 31 days following your termination date. These are individually-owned policies and to maintain coverage, you must respond to the Conversion Letter and set up a Direct Billing arrangement. Deadline to respond to the Conversion/Port letter is 31 days from your termination date or the date reflected on the letter.
Adoption/Surrogacy Assistance	Termination date	HealthEquity WageWorks: <ul style="list-style-type: none"> 877-924-3967 www.healthequity.com Click on Login Select WageWorks Select Employee login	<ul style="list-style-type: none"> All reimbursements must be paid on or before your final paycheck. The typical processing time for fully supported claims is 6 to 8 weeks. Final claims should be submitted at least 8 weeks prior to your Termination Date.

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Education Assistance	Termination date	EdAssist: <ul style="list-style-type: none"> • 877-276-7110 • https://nyp.edassist.com 	<ul style="list-style-type: none"> • No education/tuition benefits will be processed after your termination date. You will be obliged to repay any benefits for an application that is not completed with grades uploaded while you are an active employee.
Gracie Square Hospital Retirement Plan – (Pension – Employer Contribution)	Termination date	Empower: <ul style="list-style-type: none"> • 833-961-5287 • http://www.Empowermyretirement.com 	<ul style="list-style-type: none"> • If you are a participant in the Plan with at least 3 years of service, you are vested in the benefit. • To access or transfer funds, you may apply for a distribution following your termination date.
Gracie Square Hospital 403(b) Plan – (Voluntary Contributions)	Termination date	Empower: <ul style="list-style-type: none"> • 833-961-5287 • http://www.Empowermyretirement.com For contributions prior to 2021: <ul style="list-style-type: none"> • Fidelity: 800-343-0860 	<ul style="list-style-type: none"> • Participants are 100% vested in the plan • To access or transfer these funds, you may apply for a distribution following your termination date.
Update Contact or Personal Information		HR Connects: <ul style="list-style-type: none"> • 646-697-4727 • hrc@nyp.org 	<ul style="list-style-type: none"> • You can update future contact details in Workday prior to termination. • After termination, reach out to HR Connects to update your contact information so you will receive future benefits and/or tax information where applicable.
Paid Time Off	Termination date	HR Connects: <ul style="list-style-type: none"> • 646-697-4727 • hrc@nyp.org 	<ul style="list-style-type: none"> • For information about how time may be paid out upon termination date.

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Unemployment Insurance	Termination date	New York State Department of Labor Unemployment Insurance Claim Line: <ul style="list-style-type: none"> 888-209-8124 	To determine your eligibility, you must file a claim with the Unemployment Insurance program in the state where you worked.

This summary highlights some of the employee benefit plans and programs sponsored by Gracie Square Hospital. Gracie Square Hospital's formal employee benefit plan documents govern the terms and conditions of the plans. In the event of any conflict between the formal plan documents and this summary or between the formal plan documents and any written or oral statement by a Hospital representative, the formal documents shall govern.