New York Public Library

Full Time Non-Union Staff

Benefits Resource Guide

2026

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This brochure summarizes the Non-Union Benefits Program. The descriptions of each plan do not provide all plan details. You can request each Summary Plan Description through the Benefits Office. Official plan documents will take precedence if there are discrepancies in information presented in this guide.

This guide is intended to provide information on current benefit plans offered and is not to be construed as a promise of employment or future benefits. The New York Public Library reserves the right, in its sole and absolute discretion, to amend, modify or discontinue, in whole or in part, any of the provisions of the benefits described herein, including any health benefits that may be extended to employees, retirees and their dependents.

Further, The Library reserves the exclusive right, power and authority, in its sole and absolute discretion, to administer, apply and interpret the benefit plans described herein and to decide all matters arising in connection with the operation or administration of such plan.

INTRODUCTION

WELCOME TO THE NEW YORK PUBLIC LIBRARY'S BENEFITS PROGRAM FOR FULL-TIME, NON-UNION STAFF!

We offer a comprehensive and competitive benefits program, which provides valuable health and financial protection to you and your family. It also encourages and supports healthy behaviors and living well! Our benefits program gives you the choice and flexibility to elect the plans that will best meet your needs.

This guide provides a summary of the Library's benefits. We encourage you to review this guide carefully along with other benefits information available to you and share it with your family before deciding which benefits are right for you.

If you have any questions about the Library's benefits and/or enrolling for coverage, contact the Benefits Office at 1.212.621.0500 Option 4. Detailed benefits information including summary plan descriptions can be found on Lair.

THINGS TO CONSIDER BEFORE YOU ENROLL

- Do you need medical, dental and/or vision coverage through the Library? Or do you have coverage under your parent(s), or a partner's employer? You may want to compare health care offerings and cost to determine which plan will meet your needs. You may want to consider the Buy Out Waiver Program if enrolled in coverage elsewhere.
- Consider a flexible spending account if you anticipate out-of-pocket health care and/or dependent care expenses for the plan year.
- Do you have monthly commuting expenses? If so, you may want to consider participating in the commuter benefits plan to help offset the cost.
- Be sure to review your retirement plan options carefully to ensure you choose the plan(s) that will help you meet your retirement savings goals.

BENEFITS-AT-A-GLANCE

Below is a quick glance at the benefits available to you at The Library.

* NY Paid Family Leave is 100% employee paid.

HEALTH CARE BENEFITS	
Medical Plans (Includes Prescription Coverage through OptumRx)	UnitedHealthcare HDHP Core Essential Network– In-Network Only Plan UnitedHealthcare Choice — In-Network Only Plan UnitedHealthcare Choice Plus Plan — In- & Out-of-Network Plan
Dental	UnitedHealthcare
Vision	UnitedHealthcare
RETIREMENT BENEFITS	
New York Public Library Retirement Plans	The New York State and Local Retirement System SUNY Voluntary Defined Contribution Plan (If eligible)
EMPLOYER-PAID BENEFITS	
Life & Accident; Long Term Disability	Lincoln Financial Group
Short Term Disability / NY Paid Family Leave*	Lincoln Financial Group
Business Travel Accident Insurance	Chubb
Employee Assistance Program; Health Care Help	Corporate Counseling Associates
Paid Time Off	New York Public Library
VOLUNTARY BENEFITS	
Flexible Spending Accounts	Benefit Resource, Inc.
Commuter Benefits	Benefit Resource, Inc.
Voluntary Life & Accident Insurance	Lincoln Financial Group
Health Savings Account (If eligible)	Optum Bank
403(b) Tax Deferred Annuity Plans	TIAA and Voya Financial
College Savings Plan	NY State's 529 College Savings Program
Back-Up Daycare / Elder Care	Bright Horizons Care Advantage
ID Theft Insurance	Allstate Identity Protection
Pet Insurance	Pet's Best

ELIGIBILITY & ENROLLMENT

ELIGIBILITY

For You. You are eligible to participate in the benefits program if you are a full-time, Non-Union employee consistently scheduled to work 30 or more hours per week.

For Your Dependents. Your dependents are eligible for coverage if they are your:

- Legal spouse/domestic partner (with documentation),
- Children up to age 26, including stepchildren, foster children and adopted children (to the end of the month in which they turn age 26), or
- Disabled child of any age (with documentation) who is dependent on you for support due to a mental or physical handicap that occurs before reaching age 26.

Dependent Verification

When you enroll your dependents, you will need to provide supporting documentation as proof of eligibility (e.g., birth certificate, marriage certificate, domestic partner registration certificate, adoption paperwork, etc.).

Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of disability status must be provided).

To provide dependent verification documentation, you can upload it in Workday through your Benefit Change - New Hire event, or email it to HRServiceCenter@nypl.org.

DOMESTIC PARTNER ELIGIBILITY REQUIREMENTS

You may enroll your domestic partner in group health and supplemental benefits.* Benefits available will be the same as benefits offered to married spouses (and dependents) of New York Public Library employees but contributions for domestic partner benefits are made on an after-tax basis, and there are tax consequences for domestic partner benefits.

Tax Implications Defined. Under federal law, unless your domestic partner (or domestic partner's dependent child), is considered to be your "dependent" within the meaning of the Internal Revenue Code, you will be taxed on the value of the employer-financed portion of domestic partner healthcare and/or supplemental benefits coverage. In addition to the imputed income to you, this amount will be treated as wages subject to withholding for income tax and FICA purposes and will be reported on your W-2.

Example: If the value of the plan equals $600/month, you will be taxed on this amount. Assuming a 40% tax bracket, this would mean $240/month in additional cost. You may want to consult with your CPA, attorney or tax advisor with regard to tax implications on benefits for your domestic partner.

Note: Flexible Spending Account (FSA) dollars cannot be used to reimburse out-of-pocket health care costs your domestic partner incurs due to the tax savings on your contributions to an FSA.

For more information about adding a domestic partner to your benefits, please visit Lair or contact the Benefits Office for the domestic partner guide and forms.

ELIGIBILITY & ENROLLMENT

ENROLLMENT

As a new hire, you have 31 days from your date of hire to make your health benefit elections. If you do not enroll when first eligible, you will have to wait until the next enrollment period to make any changes, unless you experience a qualifying life event. See Making Changes During the Year below.

HOW TO ENROLL

Upon your hire, you will receive a task in your Workday inbox to make your health benefits elections. You must complete the task within 31 days of your hire date.

Note: Any missed deductions due to delayed submission will be taken from the next available paycheck.

MAKING CHANGES DURING THE YEAR

The IRS requires that elections for benefits paid on a pretax basis remain in effect for the full plan year. However, the IRS permits mid-year changes within 31 days of a qualifying event. Examples of qualifying life events include:

- Your marriage, divorce, legal separation or annulment,
- The birth of your baby, or adoption or placement of a child with you for adoption, or another change in the number of your dependents,
- The death of a dependent,
- Dependents eligibility or ineligibility for coverage (e.g., they reach the plan's eligibility age limit),
- A change in work location or home address for you, your spouse or your dependents,
- A change in coverage of your spouse or your dependent under another plan,
- Your qualification for a special enrollment under the Health Insurance Portability and Accountability Act of 1996 (HIPAA),
- A court order received by the plan, such as a Qualified Medical Child Support Order (QMCSO), or
- You, your spouse or your dependent's qualification for Medicare or Medicaid.

If you need to make an election change during the year or have questions about what constitutes a life status change, contact the Benefits Office at 1.212.621.0500 Option 4.

WAIVING COVERAGE

You may decide to waive health insurance coverage through NYPL. If during the year you need to enroll in health insurance due to loss of other coverage, you may do so within 31 days of the loss. See Making Changes During the Year to the left for more information.

You may also enroll in health and supplemental benefits, or make changes to current benefits during the annual open enrollment period. Any open enrollment changes are made in Workday and will be effective January 1st of the following calendar year.

BUY-OUT WAIVER PROGRAM

You may apply for the Buy-Out Waiver Program if you are covered under another medical plan (such as your spouse's plan), provided the plan is not a Library or City of New York health plan, Medicare, Medicaid, or a health care exchange program. The Buy-Out Waiver Program provides eligible employees who waive coverage an annual cash payment of:

- Individual: $500
- Family: $1,000

Payments are considered taxable income, and are paid in two installments — half in June and half in December each year. The amounts are prorated for mid-year enrollments and changes.

An enrollment form and proof of other coverage are necessary to obtain the payment.

ELIGIBILITY & ENROLLMENT

ABOUT YOUR CONTRIBUTIONS

To help make coverage as affordable as possible, any contributions for health care coverage, flexible spending accounts and commuter benefits will be deducted from your paycheck automatically on a pre-tax basis — before Federal and Social Security taxes are withheld. By paying for coverage on a pre-tax basis, taxable income is lowered. As a result, you will pay less in taxes at the end of the year.

Note: Pre-tax deductions reduce your salary used to calculate your Social Security benefit at retirement. The impact on your Social Security is typically minor and most of the time, the money you save through pre-tax deductions outweighs the benefit gained by waiving the deduction. You may want to consult with your tax adviser if you have questions.

A NOTE ABOUT VOLUNTARY & EMPLOYER-PAID PLANS

Voluntary programs are available to you all year and are paid by you. Eligibility for these benefits is not based on a qualifying event.

Note: Voluntary programs are for active employees only.

The New York Public Library also provides employer-paid programs to assist you when you need help for life challenges. There is no cost for these benefits and you can utilize them when necessary during your employment with NYPL.

Note: Non-Union employees hired on or after July 1, 2015 will not be eligible for retiree health benefits at NYPL.

Current eligibility is outlined in the Summary Plan Description. Retiree health benefits are not vested benefits, and The Library reserves the right to amend or modify coverage at any time.

Please visit Lair for additional details on your NYPL benefits and to view Summary of Benefits.

COORDINATION OF BENEFITS

If you or your dependents are covered under The Library's medical plan and another group medical plan, payment for claims will be determined as follows:

For You. Employer-paid coverage is always primary Therefore, any claims for you will be paid by The Library plan first, and the other plan (such as your spouse or domestic partner's plan in which you are covered) will pay second.

For Your Spouse/Domestic Partner. Your spouse/domestic partner's employer-paid plan will be primary for them. Therefore, any claims paid by The Library plan, on behalf of the spouse will be secondary to your spouse/domestic partner's employer paid coverage.

For Your Dependent Children. Primary and secondary coverage is determined by the month and day of birth of the parents who are covering the dependent child(ren). The plan of the parent whose birthday falls earlier in the year will be the primary coverage for the dependent child(ren). Review each plans' coordination of benefits rules carefully if you are considering coverage under more than one plan.

MEDICAL PLAN OPTIONS

PREVENTION IS THE BEST MEDICINE.

When you elect a medical plan, you have full coverage for important preventive care services. Taking preventive measures now can help keep you healthy and identify any potential health issues early. Plus, medical benefits help protect you and your family in the event you need non-preventive care — illnesses, injuries, and health conditions/diseases.

So, whether you need to see a doctor, have outpatient surgery, visit the emergency room or an urgent care facility, or get a prescription, you can rest easy knowing you have coverage.

The plan you choose will depend on your personal needs so be sure to review this section and additional materials available on Lair.

Note: If you have medical coverage available from another source, you do not have to elect an NYPL medical plan. Plus, if you have coverage through your spouse's employer, you can apply for the Buy-Out Program (see page 6) provided your plan meets the eligibility requirements to enroll.

You have three medical plan options from which to choose through UnitedHealthcare (UHC).

UHC Choice (In-Network Only Plan)

The UHC Choice option provides nationwide coverage without the need for a referral. You must use in-network providers and facilities to receive coverage under the plan. With the UHC Choice plan, you pay a copay for doctor's office visits as well as urgent and emergency care services.

Generally, there are no benefits payable outside the network except in the case of a true emergency.

This plan utilizes the UHC Choice Network

UHC Choice Plus (In- and Out-of-Network Plan)

The UHC Choice Plus option also provides nationwide coverage without the need for a referral. With the UHC Choice Plus plan, you have access to in-network providers as well as out-of-network providers. However, when you use an out-of-network provider, you will pay more out-of-pocket through higher deductibles and coinsurance. In addition, non-network doctors do not accept negotiated fees, which means you may also be balanced billed for amounts above what the plan will pay.

This plan utilizes the UHC Choice Plus Network

UHC High Deductible Health Plan w/ HSA

The HDHP w/ HSA option provides coverage through the UHC Core Essential network and is in-network only, meaning all care must be received from participating providers. This plan does not cover out-of-network services, so it's important to stay within the UHC Core Essential Network to receive benefits. This plan allows you to enroll in a Health Savings Account (HSA), and set aside tax-free money to cover qualified medical expenses. Any unused HSA funds roll over from year to year, and the account remains yours, even if you change jobs or retire.

This plan utilizes the UHC Core Essential network.

UNITEDHEALTHCARE MEDICAL PLANS

	Choice Plan	Choice Plus Plan		HDHP - Core Essential Network Plan[2]
Plan Provisions	**In-Network**	**In-Network**	**Out-of-Network[1]**	**In-Network**
Preferred Provider Network	Choice	Choice Plus	N/A	Core Essential
Annual Deductible (Individual)	$350	$350	$1,400	$1,700
Annual Deductible (Family)	$700	$700	$2,800	$3,400
Coinsurance	10%	10%	50%	20%
Out-of-Pocket Max (Individual)	$1,800	$1,800	$3,200	$3,400
Out-of-Pocket Max (Family)	$3,600	$3,600	$6,400	$6,800
Routine Preventive Care Services	$0 (Covered 100%)	$0 (Covered 100%)	Not covered	$0 (Covered 100%)
PCP Office Visit	$20 copay	$20 copay	50% co-insurance	Ded & Coin.
Specialist Office Visit	$40 copay	$40 copay	50% co-insurance	Ded & Coin.
Emergency Room	$100 copay	$100 copay	$100 copay	Ded & Coin.
Urgent Care*	$35 copay	$35 copay	Ded & Coin.	Ded & Coin.
Inpatient Hospital Admission	$350 copay	$350 copay	Ded & Coin.	Ded & Coin.
Inpatient Hospital Healthcare	Ded & Coin.	Ded & Coin.	Ded & Coin.	Ded & Coin.
Outpatient Facility Surgery	Ded & Coin.	Ded & Coin.	Ded & Coin.	Ded & Coin.
Lab, X-Ray and Diagnostics - Outpatient	$0 (Lab Testing)	$0 for Lab Testing	Ded & Coin.	Ded & Coin.
Major Diagnostic and Imaging	10% co-insurance	10% co-insurance	Ded & Coin.	Ded & Coin.
Mental Health Care - Inpatient	$350 co-pay per admission + 10% co-insurance	$350 co-pay per admission + 10% co-insurance	Ded & Coin.	Ded & Coin.
Mental Health Care - Outpatient	$20 co-pay per visit	$20 co-pay per visit	Ded & Coin.	Ded & Coin.
Durable Medical Equipment (DME)	10% co-insurance	10% co-insurance	Ded & Coin.	Ded & Coin.
Maternity Services	$350 co-pay per admission + 10% co-insurance	$350 co-pay per admission + 10% co-insurance	50% co-insurance	Ded & Coin.
Virtual Visits	$10 co-pay per visit	$10 co-pay per visit	Not covered	Ded & Coin.
Rehabilitation Services - Outpatient	$20 co-pay per visit	$20 co-pay per visit	50% co-insurance	Ded & Coin.
Skilled Nursing Facility	$350 co-pay per admission + 10% co-insurance	$350 co-pay per admission + 10% co-insurance	50% co-insurance	Ded & Coin.
Hearing Aids	10% co-insurance	10% co-insurance	50% co-insurance	Ded & Coin.
Acupuncture	$20 co-pay per visit	$20 co-pay per visit	50% co-insurance	Ded & Coin.
Retail Prescription Drugs (Mail Order 2.5x Retail)	$10 / $35 / $60	$10 / $35 / $60		After deductible, $10 / $35 / $60

Notes:
1. UHC will pay Reasonable & Customary (R&C) charges based on 300% of Medicare equivalence for out of network.
2. For the HDHP, if you enroll any dependents on the plan, the full family deductible applies before benefits are paid.

*Member cost share for Urgent Care may be different based on type of facility utilized.

HEALTH SAVINGS ACCOUNT

As part of your comprehensive benefits package, a Health Savings Account (HSA) is available through Optum Bank, if you elect the HDHP. This account offers a tax-advantaged way to save for eligible healthcare expenses, providing flexibility and control in managing your healthcare spending.

What is a Health Savings Account?

A Health Savings Account (HSA) is a personal savings account that enables you to set aside funds on a pre-tax basis to pay for qualified medical expenses. The HSA offers several advantages:

- Triple Tax Advantage: Contributions to your HSA are tax-deductible, funds grow tax-free, and withdrawals for eligible expenses are not subject to taxes.
- Ownership & Portability: The HSA is owned by you, meaning the funds remain with you even if you change employers or retire.
- Rollover Feature: Unlike other healthcare accounts, there is no "use it or lose it" rule. Any unspent balance rolls over year after year, allowing your money to grow over time.
- Flexibility: Funds may be used to cover a wide range of eligible healthcare expenses, including deductibles, copayments, prescriptions, dental and vision care, and more.

Benefits of an HSA

- Tax Savings: Contributions are made pre-tax, reducing your taxable income.
- Control: You decide how much to contribute and when to use the funds for eligible expenses.
- Long-Term Savings: Funds not used for current medical expenses can accumulate and grow tax-free for future healthcare needs, including retirement.

Employer Contribution

To support you in building your HSA, NYPL will contribute the following amounts annually:

- $500 for single coverage
- $1,000 for family coverage

These contributions will be deposited directly into your HSA on a per paycheck basis and will be prorated depending on your date of hire.

The Library's contributions will be prorated for mid-year enrolled, based on your total number of paychecks for the year.

How Does the HSA Work?

- Pairing with a High Deductible Health Plan (HDHP): The HSA is paired with a HDHP which features lower premiums compared to your other health plan options.
- Contribution Limits: You may contribute additional funds to your HSA, up to the IRS annual limit for 2026, which is $4,400 for single coverage and $8,750 for family coverage. These limits include any employer contributions. Your annual contribution limit will be determined by the number of months you are enrolled in the HDHP.
- Qualified Expenses: HSA funds can be used to pay for a variety of eligible healthcare expenses, such as deductibles, prescriptions, and other out-of-pocket costs, defined by the IRS.

Enrollment Process

- During the benefits enrollment period, you will have the opportunity to enroll in the HSA.
- Employer contributions will be deposited into your HSA once it is established on a per-paycheck basis. Funds available can be used immediately.
- Your may also elect to contribute additional funds via payroll deductions to further grow your HSA balance.
- More information on opening an HSA Account can be found on **Lair**.

By enrolling in the Health Savings Account, you appoint The New York Public Library as the agent for opening and administering a health savings account (HSA) on your behalf. You authorize Optum Bank to provide information about your HSA, including your account number, to The Library and those acting on behalf of The Library or Optum Bank in connection with the establishment and maintenance of your HSA.

Please visit Lair for additional details on your NYPL benefits and to view Summary of Benefits.

MEDICAL PLAN RESOURCES

Get access to a doctor anywhere — at home, at the office or even on vacation! Plus, take advantage of UnitedHealthcare's self-service web tools anytime, anywhere.

UHC'S VIRTUAL VISITS

Through UHC, you have access to virtual visits, which lets you get the care you need (including most prescriptions) for a wide range of minor, non-life-threatening conditions such as sore throat, headache, fever, cold/flu, allergies, rash, and more. A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription,* if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits. This is a cost-effective alternative to a convenience care clinic, urgent care center or even the emergency room.

*Prescription services may not be available in all states.

Access Virtual Visits

Log in to myuhc.com® and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay a $10 copay, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

PREVENTIVE CARE

For all plan options, annual preventive care exams and age-appropriate health screenings are covered 100%. Be sure to schedule your annual physical and health screenings! Prevention is the best medicine.

Use virtual visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

Virtual visits are not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/broken bones

MEDICAL PLAN RESOURCES

Get access to a doctor anywhere — at home, at the office or even on vacation! Plus, take advantage of UnitedHealthcare's self-service web tools anytime, anywhere.

MYUHC.COM: SELF-SERVICE WEB TOOLS

Administrative Services

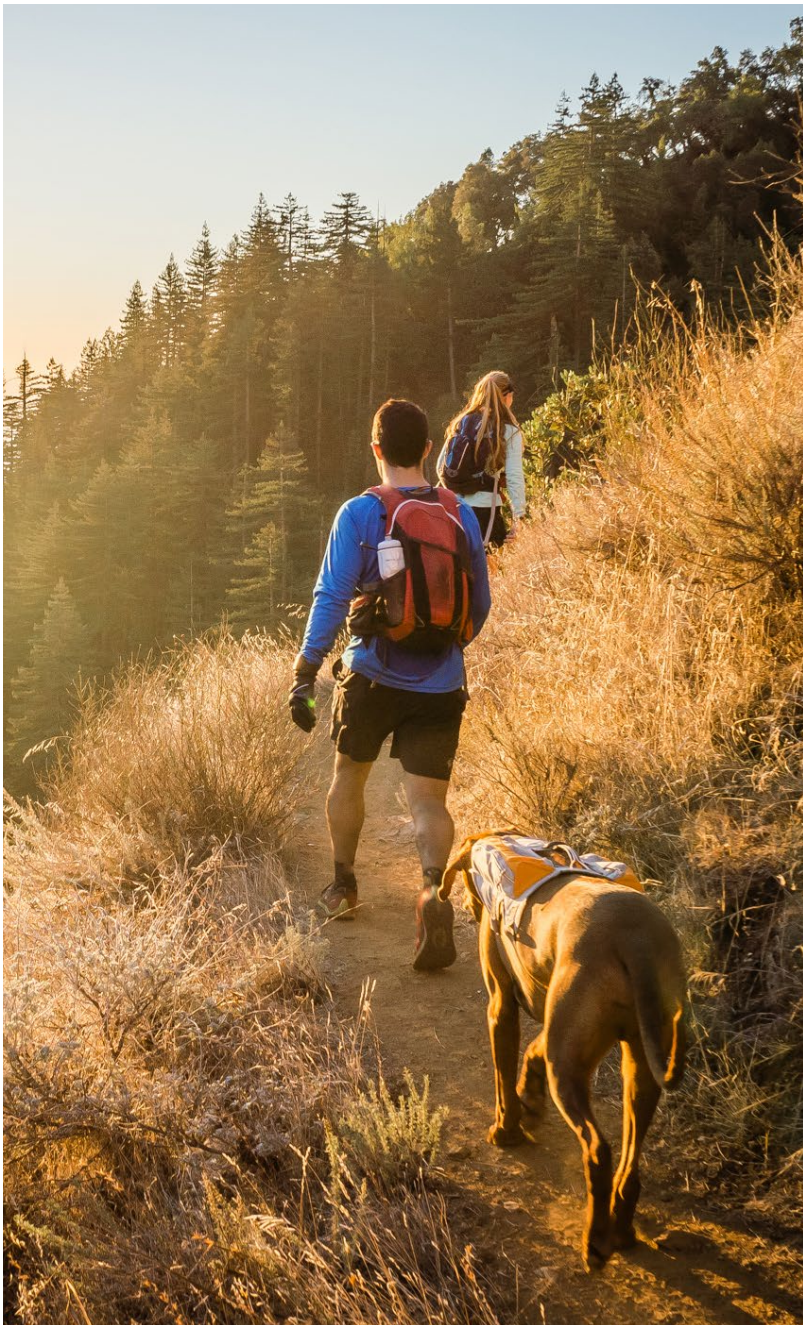
- Print temporary ID cards or order replacement ID cards.
- Find out about what services require pre-notification.

Estimate Costs for Services That Apply to Your In-Network & Out-of-Network Deductibles

- Estimate medical costs for common medical conditions and services so you know the cost of services before you are treated.
- Compare hospitals by cost, number of procedures performed, patient outcomes.

Health & Wellness Resources

- Find information on health conditions, first aid, medical exams, wellness and more with an interactive medical library. Get the facts you need to make informed decisions about specific procedures and treatments.
- WebMD® Personal Health Record. Keep your medical history at your fingertips by automatically storing and tracking medical conditions, medications, allergies, procedures, immunizations and emergency contacts online, performed, patient outcomes.



PREVENTIVE CARE

For all plan options, annual preventive care exams and age-appropriate health screenings are covered 100%. Be sure to schedule your annual physical and health screenings! Prevention is the best medicine.

BEHAVIORAL HEALTH RESOURCES

NYPL recognizes the importance of mental health and is offering high-quality mental health resources and solutions. Traditional behavioral health care is available through the UHC medical plans. Providers are accessible for office visits and/or virtual care. Please be sure to filter the search function on the liveandworkwell.com.

PROVIDING GREATER ACCESS TO BEHAVIORAL CARE

UnitedHealthcare is using virtual technology to help expand member access to care. Members may receive help from a behavioral health specialist using 1 of 3 approaches:

Office Only

Provider sees patients in an office setting.

Virtual Only

Provider sees patients via video-enabled technology; they do not have a physical office location.

Office and Virtual

Provider conducts sessions in the office and via video-enabled technology. Patients may choose to see the provider in 1 or both settings.

Behavioral health virtual visits may provide similar outcomes for many conditions — and cost the same as in-person office visits.

BEHAVIORAL HEALTH RESOURCES

RESOURCES

Below are various tools and resources to help you maintain or regain your emotional wellbeing.

Telephone & Websites

- 1.844.636.5298 or myuhc.com to find providers
- myuhc.com > liveandworkwell.com to find mental health related content

Emotional Support Line
1.866.342.6892, available 24/7
Free of charge and available to anyone

Substance Use Disorder Helpline
1.855.780.5955
Anonymous and available 24/7

AbleTo
On-demand access to self-help for stress and emotional well-being

Talkspace
talkspace.com/connect
A digital platform that offers an alternative to face-to-face therapy with over 5,000 licensed behavioral health clinicians

AbleTo, supported by UHC, provides tailored digital behavioral health programs. It offers personalized, structured support to members facing emotional and mental challenges, ensuring they receive the right care at the right time.

Talkspace is a digital platform that offers an effective alternative to face-to-face therapy with over 5,000 licensed behavioral health clinicians, giving individuals greater flexibility to engage with their care and improve their overall health.

HEALTH APPS

CALM HEALTH

The Calm Health app provides programs and tools to help support your mental health and well-being — all at your own pace. As a UnitedHealthcare member, Calm Health is included in your health plan and available at no additional cost.

Resources to help support your mental health

To help tailor your Calm Health experience, you'll begin with a short mental health screening. Then, Calm Health will suggest certain programs for you to consider based on where you are in your well-being journey.

Tap into tools and support

The Calm Health app bring you a library of support, including mindfulness content and programs created by psychologists, for a variety of health experiences and life stages. This information is designed to help you:

- Learn techniques to improve well-being — find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm.
- Work toward goals — join self-guided self-care programs and track your progress along the way.
- Support your mind and body — access mental health information and support to help you strengthen the mind-body connection.

Access Calm Health

To access your Calm Health Benefits, visit https://member.uhc.com/coverage/mental-health.

Once you've logged in, under Self-Care Courses & Tools, click Calm Health.

KAIA HEALTH

UHC has partnered with Kaia Health to bring you 24/7 access to virtual physical therapy. The Kaia app gives you access to a tailored program complete with exercise guidance, relaxation, education, and 1:1 support from a dedicated health coach whenever you need it. No waiting rooms. No driving.

Innovation

Digital-first support for back, joint and chronic pain with multimodal action plans, available 24/7.

Approach

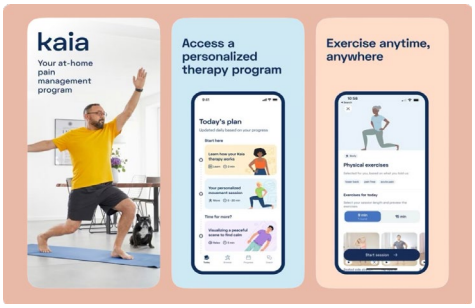
Mobile app delivers multimodal action plans and real-time exercise feedback with no sensors or equipment needed.

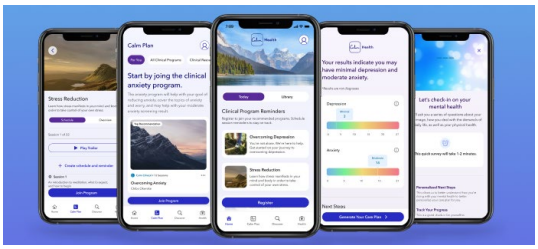
Delivery

Integrated, personalized support and education led by our coaches and physical therapists with joint marketing, reporting and predictive analytics.

Access Kaia Health

To access your benefits through Kaia Health, visit uhc.care/getkaia.





2ND MD

2nd MD is a market leader in providing second opinions by offering members virtual consultations with a national network of specialists across various adult and pediatric specialties. Activation forms and more information can be found at https://www.2nd.md/.

You will receive:

- Access to trained specialists who will provide independent, unbiased second opinions.
- Independent expert advice before major health events or decisions.
- Specialized team offering personalized support to you.
- Comprehensive digital tools across various medical and behavioral health conditions.
- Speed to consult: Virtual second opinions delivered within days, not weeks.
- Interactive experience: Live member interactions, from specialty nurse intake to video consults with specialists.

THREE SIMPLE STEPS

1. Activate your account and request a consult

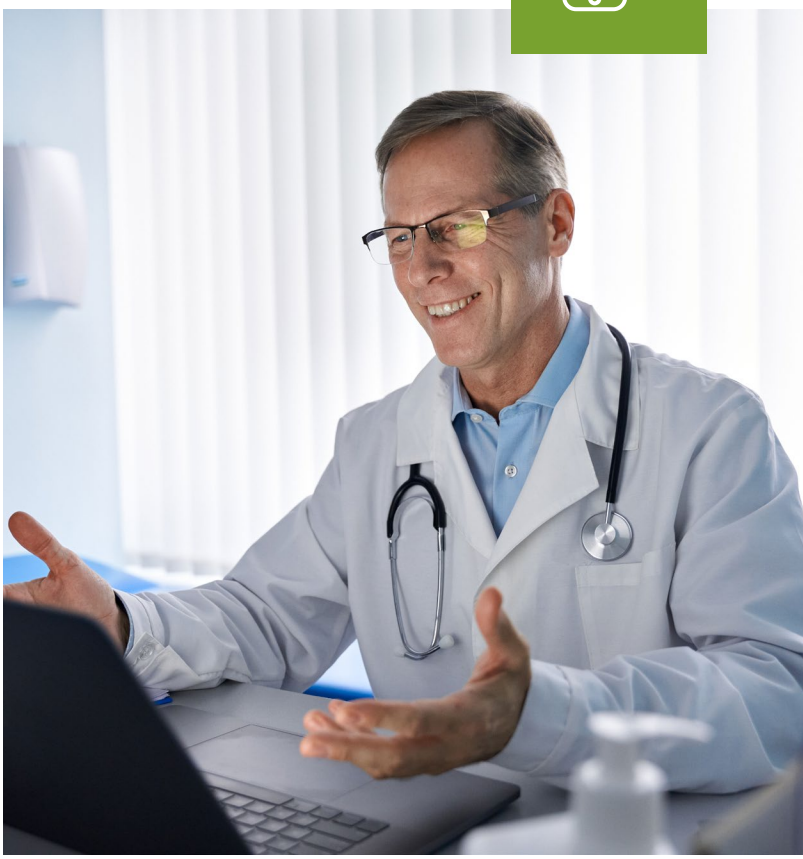
While activating your account we verify your eligibility to ensure that your 2nd MD services are available at no cost to you. Simply complete the activation form. You can also complete our contact form and a Care Team Member will connect with you in less than 24 hours, or if you prefer, you can call us at 1.866.841.2575.

2. Speak with a Nurse

Explain your medical issues, and an experienced nurse will handle the rest, including collecting medical records and connecting you with a leading specialist who is an expert in your condition.

3. Consult with a Leading Specialist

Get information about your diagnosis, treatment plan and next steps in care from a nationally recognized specialist. Consult via video or phone at a time that works best for you, including evenings and weekends!



MAVEN MATERNITY

Maven offers 24/7 support for pregnancy and postpartum. You can book virtual appointments or message providers. Join groups, access clinically vetted articles, and take classes, too. The best part? Your Maven membership is free through your UHC plan. There are no out-of-pocket costs for Maven visits and resources.

Visit mavenclinic.com/join/getstarted or download the Maven Clinic app.

HEALTH ADVOCATE – ADVOCACY SERVICES

As healthcare has become more complicated, sorting out billing and care coordination issues can take longer than the actual medical appointment. Health Advocate is an independent service that can help you manage those time-consuming issues.

A Personal Health Advocate can help you:

- Find doctors, hospitals and other health care providers,
- Research and locate treatments for medical conditions,
- Understand test results, treatment recommendations and prescribed medications,
- Provide estimates on common medical services and treatments, and
- Address elder care issues.

A Personal Health Advocate can explain how to:

- Coordinate benefits between physicians and insurance companies,
- Schedule specialist treatment and tests,
- Deal with insurance company pre-certifications and other approvals for services,
- Transfer medical records, X-rays and lab results, and
- Arrange for home-care equipment following a hospital stay.

Confidentiality

Health Advocate is an independent third-party company, not connected to any provider. Your personal information will be kept strictly confidential under the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

How to Access Health Advocate

You can access Health Advocate for health care help as follows:

- Phone: 1.866.695.8622
- Website: www.healthadvocate.com/nypl
- Email: answers@HealthAdvocate.com

A mobile app is also available for Apple and Android devices so you can access services on the go.

2026 MEDICAL CONTRIBUTIONS

2026 Pre-Tax Employee Contributions: UHC Choice, Choice Plus, & HDHP Plans

Below are the monthly and semi-monthly employee contributions by salary band.

Annual Salary	Medical Plan	Coverage Level	2026 Monthly Contributions	2026 Semi-Monthly Contributions
Under $50,000	Choice Plan	Employee Only Employee+Spouse Employee+Child(ren) Family	$130.12 $273.26 $227.71 $396.87	$65.06 $136.63 $113.86 $198.44
	Choice Plus Plan	Employee Only Employee+Spouse Employee+Child(ren) Family	$312.32 $655.88 $546.56 $952.58	$156.16 $327.94 $273.28 $476.29
	HDHP	Employee Only Employee+Spouse Employee+Child(ren) Family	$110.32 $231.28 $194.00 $332.46	$55.16 $115.64 $97.00 $166.23
$50,000-$79,999	Choice Plan	Employee Only Employee+Spouse Employee+Child(ren) Family	$187.95 $394.70 $328.92 $573.26	$93.98 $197.35 $164.46 $286.63
	Choice Plus Plan	Employee Only Employee+Spouse Employee+Child(ren) Family	$327.94 $688.67 $573.89 $1,000.22	$163.97 $344.34 $286.95 $500.11
	HDHP	Employee Only Employee+Spouse Employee+Child(ren) Family	$136.28 $285.71 $239.66 $410.70	$68.14 $142.86 $119.83 $205.35
$80,000-$124,999	Choice Plan	Employee Only Employee+Spouse Employee+Child(ren) Family	$231.33 $485.79 $404.82 $705.54	$115.67 $242.90 $202.41 $352.77
	Choice Plus Plan	Employee Only Employee+Spouse Employee+Child(ren) Family	$343.55 $721.47 $601.22 $1,047.85	$171.78 $360.74 $300.61 $523.93
	HDHP	Employee Only Employee+Spouse Employee+Child(ren) Family	$175.21 $367.33 $308.13 $528.03	$87.61 $183.67 $154.07 $264.02
$125,000-$159,999	Choice Plan	Employee Only Employee+Spouse Employee+Child(ren) Family	$279.04 $585.98 $488.32 $851.06	$139.52 $292.99 $244.16 $425.53
	Choice Plus Plan	Employee Only Employee+Spouse Employee+Child(ren) Family	$390.40 $819.85 $683.21 $1,190.73	$195.20 $409.93 $341.61 $595.37
	HDHP	Employee Only Employee+Spouse Employee+Child(ren) Family	$201.17 $421.76 $353.78 $606.27	$100.59 $210.88 $176.89 $303.14
Over $160,000	Choice Plan	Employee Only Employee+Spouse Employee+Child(ren) Family	$336.87 $707.43 $589.52 $1,027.45	$168.44 $353.72 $294.76 $513.73
	Choice Plus Plan	Employee Only Employee+Spouse Employee+Child(ren) Family	$452.87 $951.02 $792.51 $1,381.25	$226.44 $475.51 $396.26 $690.63
	HDHP	Employee Only Employee+Spouse Employee+Child(ren) Family	$240.11 $503.39 $422.26 $723.61	$120.06 $251.70 $211.13 $361.81

PRESCRIPTION DRUG COVERAGE

Prescription drug benefits are a component of UHC's comprehensive medical plans. As a UHC member, both the UHC Choice and UHC Choice Plus include the following prescription drug benefits, which are categorized into three tiers.

	UHC Choice	UHC Choice Plus		UHC HDHP
	In-Network Only	In-Network	Out-of-Network	In-Network Only
Prescription Drug Coverage				
Retail (30 Day Supply)				
Tier 1	$10 copay	$10 copay	Your cost share will be the copay plus the amount over the In-Network allowed amount	$10 after deductible
Tier 2	$35 copay	$35 copay		$35 after deductible
Tier 3	$60 copay	$60 copay		$60 after deductible
Mail Order (90 Day Supply)				
Tier 1	$25 copay	$25 copay	Your cost share will be the copay plus the amount over the In-Network allowed amount	$25 after deductible
Tier 2	$87.50 copay	$87.50 copay		$87.50 after deductible
Tier 3	$150 copay	$150 copay		$150 after deductible

To determine the out-of-pocket cost for your prescriptions, you may view the UHC Prescription Drug Listing at myuhc.com and selecting the Advantage 3 Tier PDL, or you may also view it on Lair.

Note: UHC will directly contact any members affected by any prescription drug formulary changes.

Choose Home Delivery

By going online: visit myuhc.com, register and follow the simple step-by-step instructions.

By phone: Call the member phone number on the back of your plan ID card. It's helpful to have your plan ID card and medication bottle available.

By ePrescribe: Your doctor can send an electronic prescription. Prescriptions for controlled substances such as opioids, can only be ordered by ePrescribe.

DENTAL BENEFITS

Good oral care is essential to maintaining overall health. Dental benefits offer comprehensive coverage to help keep you and your family smiling. You have access to preventive dental services such as routine exams and cleanings as well as basic and major restorative services and orthodontia.

Note: If you have dental coverage through another source, you do not have to elect the NYPL dental plan.

	UHC PPO	
	In-Network	**Out-of-Network**
Calendar Year Deductible Individual Family	$50 $150	$100 $300
Calendar Year Benefit Maximum	$1,500	
Diagnostic & Preventive Oral exam&cleaning, fluoride treatments, sealants on permanent molars, x-rays	100%	100%
Basic Restorative Scaling & root planning, amalgam fillings, composite fillings (anterior teeth) uncomplicated extractions	Plan pays 80% after deductible	Plan pays 60%* after deductible
Major Restorative Inlays, onlays, crowns, dentures, root canal therapy, surgical tooth removal	Plan pays 60% after deductible	Plan pays 50%* after deductible
Orthodontia	Plan pays 60% after deductible	Plan pays 50%* after deductible
Calendar Year Benefit Maximum	$1,500 (dependent children to age 19)	

*Subject to Reasonable and Customary (R&C) Charges

Dental benefits are offered through the UnitedHealthcare (UHC) Dental Preferred Provider Organization (DPPO).

Dental Plan Features

UHC DPPO In-Network. You will have access to dentists who participate in UHC's PPO Network. If you utilize these dentists, you will be subject to the in-network deductible and coinsurance. UHC's In-Network PPO dentists also submit claim forms on your behalf and charge only the patient share at the time of treatment.

Out-of-Network. Under the UHC Dental PPO, you also have the freedom to use any provider outside the network. When you do, you may be required to pay the entire amount of the bill for services in advance, submit the claim on your own to UHC Dental, and wait for reimbursement. Out-of-network providers may balance bill above the Reasonable & Customary (R&C) charge for services, which result in higher out-of-pocket costs.

Details on the difference in out-of-pocket costs between network and non-network dentists can be found by visiting www.myuhc.com.

The chart to the left outlines a brief summary of dental coverage. For plan details, refer to the UHC dental benefits summary available on Lair.

DENTAL BENEFITS

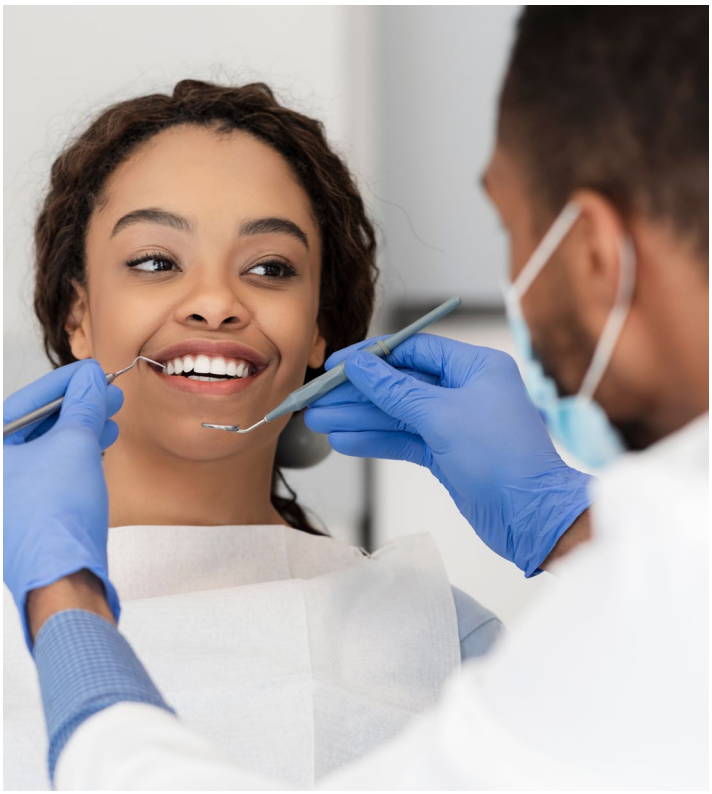
Transitioning from Another Plan

Procedures that are in process (opened or prepared) — such as crowns, root canals, dentures and bridgework — prior to the effective date of UHC's dental coverage are considered to be the responsibility of the previous carrier. UHC assumes responsibility for claims for procedures that began after the effective date of UHC's dental coverage.

Typical procedures that may overlap carriers include: orthodontics, endodontics (root canals), and prosthodontics and major restorative services (crowns).

Pre-Treatment Estimates

If your dental bill is expected to be $200 or more, before the dentist starts the treatment you can find out what dental services will be paid under the plan and what the patient responsibility will be.



In-Network & Out-of-Network Difference—Important Note: UHC PPO network providers are contracted with UHC and not subject to R&C. There is a higher overall level of benefits in-network. Out-of-network providers are subject to R&C and balance billing and will lead to higher out-of-pocket costs for you.

About UHC Network Providers!

To search for a network dentist by name, specialty or location, visit www.myuhc.com. Scroll down to "Find a Dentist," then click "Employer and Individual Plans." Enter the address in which you want to find a dentist near, and select "PPO National Network" to search providers.

Note: You can also use the myuhc mobile app on your smartphone to locate a provider near you.

2026 Pre-Tax Employee Contributions: UnitedHealthcare DPPO	
Coverage Level	**Monthly Contribution**
Employee Only	$5
Family	$10

VISION BENEFITS

Getting your eyes checked routinely will help you see clearly. Eye health is just as important as maintaining your overall health. Vision benefits offer comprehensive coverage such as routine eye exams, eye wear and other discounts.

Note: If you have vision coverage through another source, you do not have to elect the NYPL vision plan.

Vision benefits are offered through UnitedHealthcare. The UnitedHealthcare vision plan provides both in and out-of network coverage, however, in-network providers offer a higher level of benefits as they accept discounted fees for service.

Out-of-network services will lead to higher out-of-pocket costs for you. The chart below outlines a brief summary of vision coverage. For plan details, refer to the UnitedHealthcare vision benefits summary available on Lair.

	UnitedHealthcare Vision Plan	
	In-Network	**Out-of-Network**
Eye Exam (every calendar year)	$0 copay	Up to $40 reimbursement
Standard Plastic Lenses (every calendar year) • Single Vision • Bifocals • Trifocal • Standard Progressive	$0 copay $0 copay $0 copay $70 copay	Up to $80 reimbursement Up to $90 reimbursement Up to $120 reimbursement Up to $90 reimbursement
Standard Frames (every calendar year)	$150 allowance; 30% off balance over $150	Up to $100 reimbursement
Contact Lenses (every calendar year)	$200 allowance – non formulary *If you choose the formulary contact lens, you can receive up to 8 boxes	Up to $200 reimbursement

Additional Purchases & Out-of-Pocket Discounts

In addition to coverage above, UnitedHealthcare also provides coverage and discounts on other services such as lens options and Lasik vision correction surgery. Members can receive a 30% discount (at certain locations) on eyeglass purchases once the funded benefit has been used. Additional discounts do not apply to UnitedHealthcare providers' professional services or disposable contact lenses.

2026 Pre-Tax Employee Contributions: UnitedHealthcare	
Coverage Level	**Monthly Contribution**
Employee Only	$2
Family	$4

FLEXIBLE SPENDING ACCOUNTS

With Flexible Spending Accounts (FSAs), you can experience valuable tax savings while guaranteeing money is available for important expenditures. If you anticipate out-of-pocket health care and dependent care expenses during the year, you may want to consider contributing to one or both FSAs.

There are two types of FSAs:

- Health Care FSA
- Dependent Care FSA

You determine whether to contribute to one or both accounts. If you participate, your contributions are deducted from your pay on a pre-tax basis.

Important! If you wish to participate in an FSA in the next plan year, you must make a new election during the open enrollment period. FSA elections do not carry over from year to year.

Health Care FSA

This account allows you to set aside money to help pay for unreimbursed out-of-pocket medical, dental and vision care expenses for you and your eligible dependents. Examples of eligible expenses include:

- Deductibles, coinsurance and copays
- Orthodontia expenses and other out-of-pocket dental expenses
- Vision care such as frames, lenses, contact lenses and solutions and supplies and laser eye surgery
- Insulin
- First aid supplies

Health Care FSA: Beniversal Card
When you participate in a Health Care FSA, you will receive a Beniversal card. This card works like any other credit card. You can use it to pay for eligible health care expenses at the time of service or purchase.

Keep in mind that you should retain your receipts in the event Benefit Resource, Inc. requests that you to verify an expense.

How much can I contribute? You can contribute up to $3,400 per year into a Health Care FSA.

Accessing Your Health Care

FSA Funds

You have access to the full amount of your annual contribution immediately, regardless of your current account balance.

Dependent Care FSA

This account allows you to set aside pre-tax money to help pay for eligible dependent care services for your dependent child(ren) under age 13, disabled spouse or disabled child over age 13 and or a parent. Examples of eligible expenses include:

- Dependent/child care centers
- Adult day care
- Nursery school/preschool
- After school/summer day camp

How much can I contribute? You can contribute up to $7,500 per year ($3,750 if married and filing separately). Highly Compensated employees (i.e., earning $160,000+ in 2025) may not be able to contribute the full amount into a Dependent Care FSA due to IRS non-discrimination testing rules.

Accessing Your Dependent Care FSA Funds

You will only be reimbursed for the amount of money available in your account at the time of your claim. Reimbursement will be issued for past claims after services are rendered. If you submit a claim for services that has not been rendered as of the date of the claim, you will not be reimbursed until the service has actually occurred (e.g., paying for summer camp in March).

Note: Health care and dependent care FSAs are separate. You cannot use your health care FSA to pay for dependent care expenses and vice versa.

FLEXIBLE SPENDING ACCOUNTS

Grace Period

If you have not used your full contribution amount by December 31, you can benefit from the claim submission grace period. Any claims for services rendered between January 1 and March 15 of the next year can be applied to the previous year's balance. You have until April 15th to submit these claims for reimbursement. Any unused money remaining in your account after April 15th will be forfeited. Paper claim submission is the only way to get reimbursed for these claims.

The Beniversal card will only reimburse you out of the current calendar year's health care amount.

Plan Carefully: Use-It-or-Lose-It

While there is no way to predict what the future will bring, it is a good idea to take a few minutes to review your current health care and/or dependent care expenses, and estimate what your expenses will be for the plan year, which ends December 31st. In exchange for the favorable tax breaks, the IRS requires that you forfeit any balance not used by the end of the grace period.

You can use the calculators available on benefitresource.com to help you determine how much to set aside and your projected tax savings.

Note: You do not need to be a registered participant to access these tools.

Claim Payment/Submission Method

Claim Submission Method	Description
Beniversal Card	Use this card like a credit card to pay for eligible health care expenses such as copays, deductibles, prescriptions, etc. You should save your itemized receipts in lieu of claims substantiation.
Paper Claim	Complete and submit a paper claim form for eligible dependent care expenses and/or any expenses incurred during the grace period. Claims can be faxed or mailed to Benefit Resource, Inc. with itemized receipts outlining payment of services.

Accessing & Managing Your Account

When you enroll and register on the Benefit Resource website at benefitresource.com, you can check your account balance and claims status, view a list of eligible/ineligible health care and dependent care expenses, download forms, and more. You may also contact Benefit Resource Customer Service at 1.800.473.9595.

COMMUTER BENEFITS

The commuter benefit program, administered by Benefit Resource, Inc., offers you the opportunity to set aside pre-tax money from your paycheck to cover mass transit and work-related parking expenses. The maximum monthly pre-tax deductions are:

- Transit: $340
- Parking: $340

You may, however, elect to contribute additional after-tax money above the allowable limit for each type of expense to cover the full cost of your monthly transit expenses. The allowed pre-tax amounts for mass transit and parking is exempt from Federal Income Tax, New York State and City Income, Social Security and Medicare taxes, however, deductions are not currently exempt from New Jersey State Income Tax. You may wish to consult with your tax advisor on the most recent state tax treatment of a pre-tax commuter benefit program when preparing your annual tax return.

Note: Effective January 1, 2016, participants may no longer submit expenses and receive cash reimbursement for mass transit expenses on a pre-tax basis due to IRS rules.

How to Enroll

Employees can enroll in the commuter benefits program through Workday. Workday changes will be reflected in the first paycheck of the month following the benefit event approval unless Payroll has already closed for that paycheck. You will receive an email confirmation once your benefit event has been approved. Once enrolled, you will receive a Beniversal MasterCard that can be used to pay for eligible expenses. Paper claim forms are also available if you pay cash and receive a receipt for your parking. **See Lair for more information, FAQs about the transit program and instructions on how to enroll.** All enrollment and contribution adjustment transactions must be done through Workday. You can also view your current claims, eligible expenses, the plan summary and more when you are logged in to your account at benefitresource.com.

Changing or Stopping your Contributions

If you wish to change or stop contributions to the commuter benefit program, you can do so through Workday. **See Lair for more information.**

LIFE & ACCIDENT INSURANCE

Life Insurance and Accidental Death & Dismemberment (AD&D) coverage is administered by Lincoln Financial Group. Basic life insurance is provided at no cost to you. You then have the option of purchasing additional life and AD&D coverage for yourself and your eligible dependents. Life insurance pays a benefit to your beneficiary or your dependent's beneficiary in the event of death.

AD&D coverage pays a benefit to your beneficiary in the event of your death from a serious accident, or to you if you sustain bodily injury such as a loss of limbs or sight. The benefit you would receive depends on the severity of the injury.

Additional Benefits include Accelerated Death Benefit, Seatbelt/Airbag coverage, and conversion options.

Eligibility

You are eligible for the basic life and voluntary life and AD&D insurance upon date of hire. Spouses and Domestic Partners under age 70 and unmarried dependent children between the ages of 14 days and 19 years (or under age 23 if a full-time student) are eligible for voluntary dependent coverage.

Voluntary life and AD&D elections must be made within 31 days of hire date to avoid evidence of insurability, unless your coverage option is in excess of the guaranteed issue amount. See Evidence of Insurability below.

Evidence of Insurability (EOI)

Evidence of Insurability (EOI), or proof good health, is necessary for amounts over the guaranteed issue amount ($150,000) or after the 31-day enrollment period.

Choosing a Beneficiary

Your beneficiary is the person who will receive payment from the life and accident insurance plans if you die. If you elect coverage for your spouse or children, you are automatically the beneficiary of that coverage. You can change your beneficiary(ies) at any time.

Paying for Coverage

There is no cost for basic life and accident insurance; you are enrolled automatically. The cost for voluntary life and AD&D for yourself and eligible dependents depend on the level of coverage chosen (see next page), and will be deducted from your paycheck on an after-tax basis.

How Benefits are paid

The life insurance coverage available through The Library is "term" life insurance. If you die while covered under these plans, your designated beneficiary will receive your full coverage amount. Benefits become payable to your estate if there is no surviving beneficiary to receive the benefit or the beneficiary is a minor or other person who is not considered competent to give a valid release.

Conversion Privilege

Your basic term life insurance may be converted to an individual life policy without evidence of insurability if you terminate employment, have a reduction in the amount of coverage due to age, a change in class or policy amendment, or at the termination of the policy. You may choose to convert your voluntary life insurance at the same time, and the conversion privilege will be available to dependents upon your death, divorce, annulment, or your child ceasing to be an eligible dependent.

See next page for a summary of life and accident benefits as well as the cost for voluntary coverage.

LIFE & ACCIDENT INSURANCE

Basic Life & AD&D	Employee	
Benefit Amount	50% of basic annual earnings, rounded to the next higher $1,000; any amount in excess of $50,000 is subject to imputed income tax	
Maximum Amount	$700,000	
Guarantee Issue Amount	$700,000	
Voluntary Life & AD&D	**Employee**	**Spouse/Domestic Partner&Dependent Child**
Benefit Amount	Choose 1x, 2x or 3x annual salary	Spouse/Domestic Partner: $10,000 • Child(ren): $4,000
Maximum Amount	$1,200,000 (basic + voluntary combined)	Spouse/Domestic Partner: $10,000 • Child(ren): $4,000
Guarantee Issue Amount	Up to $150,000	Spouse/Domestic Partner: $10,000 • Child(ren): $4,000

Benefit Reduction

Your life insurance benefits will reduce beginning at age 65 as follows:

At Age...	Percent Reduction of Original Amount
65	35%
70	Additional 20%
75	Additional 15%
80	Additional 10%

There is no age reduction for spouse and child coverages. Spouse coverage terminates at age 70, while child life ceases at age 19 or 23 if full-time student. Your life insurance benefits terminate at retirement, unless you are eligible for retiree benefits.

There is no cost for basic life and AD&D insurance. See below for the monthly cost for voluntary life insurance.

Your contributions will be deducted from your paycheck bi-weekly on an after-tax basis.

Employee/Spouse/ Domestic Partner Age	Monthly Cost per $1,000 of Coverage	How to Calculate Your Monthly Contribution
29 & under	$0.05	If you are age 45 – 49 and would like to purchase $50,000 of voluntary life insurance coverage, you would calculate your cost as follows: 50x $0.15=$7.50per month Note: If you are purchasing coverage for your spouse/ domestic partner, you will use the rate for his/ her age.
34 & under	$0.08	
35 – 39	$0.09	
40 – 44	$0.10	
45 – 49	$0.15	
50 – 54	$0.23	
55–59	$0.43	
60 – 64	$0.66	
65 – 69	$1.27	
70 – 74	$2.06	

The monthly cost for voluntary child(ren) and spouse life insurance is $1.61, regardless of the number of children you cover.

LIFE & ACCIDENT INSURANCE

Business Travel Accident Insurance

If you are a full-time active employee, you are covered for "injuries" sustained anywhere in the world while traveling on business with The Library.

A business trip begins when you leave your residence or place of regular employment for the purpose of going on such trip, whichever first occurs, and continues until such time as you return to your residence or place of regular employment, whichever occurs first.

The term "while on business with The Library" means while on assignment by or at the direction of The Library. Injuries sustained during the course of everyday travel to and from work and during leaves of absence or vacation is not considered business travel with The Library.

Beneficiary Designation

Benefits paid in the event of your death will be paid your designated beneficiary. This designation must be on file with The Library.

Payment of Benefits

Three times your base annual earnings, up to a maximum of $1,000,000.

Value-Added Program through Lincoln Financial

As part of our life and accident insurance services through Lincoln Financial, you also have access to additional value-added services.

LifeKeys

This program helps you and your dependents with will preparation, identity theft, and final arrangements. You also have access to articles, tutorials and videos on topics such as money and investments, and family and relationships.

In addition, legal support, financial services, grief counseling, guidance with day-to-day concerns such as day care, moving and major purchases are provided to your beneficiary(ies).

For more information on the LifeKeys program, visit Lincoln Financial Group's website at www.lfg.com or contact Customer Service at 1.800.423.2765.

INCOME PROTECTION BENEFITS

You are covered under the short-term and long-term disability plans automatically at no cost to you. Disability coverage is provided to protect you financially if you are unable to work due to a serious illness or injury.

Short Term Disability (STD)

Lincoln Financial administers the state-mandated short-term disability plan. Under this plan, you can receive up to 50% of your regular salary (up to a maximum of $170 per week) for up to 26 weeks of disability.

You must notify the HR Service Center of absences exceeding five (5) consecutive scheduled workdays, as additional documentation will be required.

Long Term Disability (LTD)

Lincoln Financial Group, Inc. administers the long term disability plan. If you have a disability that continues beyond 26 weeks, you are eligible to receive 60% of your regular salary, up to a maximum benefit of $16,000 per month. The monthly LTD benefit represents the total disability income from all sources to which NYPL contributes. The benefit will be reduced by any amount you receive from other income sources such as Workers' Compensation and Social Security.

Refer to the LTD summary plan description for full details on how benefits are paid out and the effect of other income sources on your benefit. The chart below provides a summary of coverage for both the STD and LTD plans.

Short Term Disability	
Elimination Period	Seven consecutive days of disability and have exhausted sick leave accrual
Benefit Duration	Up to 26 weeks
Benefit Amount	50% of regular earnings
Maximum Benefit	Up to $170 per week*
Long Term Disability	
Elimination Period	26 weeks
Benefit Duration	Up to age 65
Benefit Amount	60% of regular earnings
Maximum Benefit	Up to $16,000 per month*

*Disability benefits are subject to tax withholding

Applying for Disability

Before disability benefits are paid out, Lincoln Financial Group will review the documents to determine benefit eligibility for short-term disability, long-term disability, or both.

RETIREMENT BENEFITS

New York State and Local Retirement System Pension Plan

The New York State and Local Retirement System (NYSLRS) is a defined benefit pension plan.

Enrollment is mandatory for Non-Union employees earning less than $75,000, and union employees.

Note: Non-Union employees hired after July 1, 2013 earning more than $75,000 at the time of hire have the option to enroll in the NYSLRS plan or the Voluntary Defined Contribution Plan (VDC) (see page 34 for details). Part-time employees have the option of enrolling or waiving the NYSLRS plan.

Upon date of hire, you become a member of NYSLRS when you complete the NY State membership application. You will be a Tier 6 member if you join (or rejoin) after April 1, 2012. Benefits associated with Tier 6 membership under Article 21 of the New York State Retirement and Social Security Law (RSSL) are described below.

Contributions

Beginning April 1, 2013, Tier 6 members are required to contribute a percentage of their gross earnings toward the pension based on the chart below. NYSLRS will notify NYPL before April 1 each fiscal year if your contribution percentage requires a change based on your earnings.

Annual Earnings	Contribution Percent
$45,000 or less	3%
$45,000.01 - $55,000	3%
$55,000.01 - $75,000	3%
$75,000.01 - $100,000	4%
$100,000.01 - $125,000	5.25%
$125,000.01 or greater	5.75%

Important Note: Contributions are required as of your date of hire. You may be subject to retroactive contributions if enrollment in the NYSLRS plan or the VDC plan (if eligible) is delayed.

Contributions are tax-deferred and reduce federal reported earnings. Contributions become reportable taxable income (federal tax) if they are withdrawn upon termination of membership or at retirement. Contributions should be included in NY State income at the time of filing.

NYSLRS vs VDC: Comparing the Plans
Refer to the NYSLRS and VDC plan comparison on page 32 for assistance in deciding between the NYSLRS and VDC plans. You may also visit www.vdc.ny.gov for more information.

Note: This is for Non-Union staff that meet the salary requirement (earning $75,000 or more).

Vesting

Upon reaching 5 years of membership (as determined by NYSLRS, not The Library), Tier 6 members are considered vested. You can request a retirement benefit at age 55 with 5 years of vested service in the system. When you reach age 63, there is no reduction in the retirement benefit calculation.

Prior Service

Prior service credit with NYSLRS, or another New York City or State pension system before becoming employed by NYPL, may be eligible for credit under the current membership. Be sure to consult the prior system to determine how to transfer that service time to the new system. It is important to transfer service before filing for your retirement benefit to ensure it will be considered in overall service of your retirement calculation.

Death Benefit

In the event of your death while employed in covered service (not as a result of an on-the-job accident), an Ordinary Death Benefit will be paid to your designated beneficiary(ies). This benefit is your annual salary times your years of service (not to exceed three years of salary). Your contributions plus interest earned are also payable to your beneficiary. Up to $50,000 of this benefit is paid in the form of group term life insurance, which is currently exempt from federal tax. The death benefit is reduced 4% per year if you are still in service after reaching age 61.

A post-retirement death benefit is also available and pays 50% of the ordinary death benefit amount to designated beneficiaries if you retired directly from service or filed for retirement within one year of leaving covered employment. You should consult the NYSLRS plan booklet for more details.

RETIREMENT BENEFITS

Estimates

You can apply for a pension calculation estimate no more than 18 months prior to reaching age 55. The estimate shows what your pension benefit might be based on current age, final average salary and service.

Applying for Retirement

Service retirement occurs if you are at least age 55, fully vested and apply for a retirement benefit directly upon termination of employment from a participating employer.

Vested retirement occurs when vested members who left public employment prior to age 55 apply for a retirement benefit upon becoming eligible.

See chart for calculation of Tier 6 benefits.

Tier 6 Benefit Calculations

Years of Service	Calculation	Between Ages 55 & 63	Over Age 63
Less than 20	1.66% of FAS* for each year of service	Reduced by age	No age reduction
20 or More	1.75%of FAS* for each year of service up to 20 + 2% of FAS for years of service over 20	Reduced by age	No age reduction

*Final Average Salary

Final Average Salary (FAS)

The average of the highest 60 consecutive months of earnings in covered public employment. FAS is typically calculated using the last five years of employment, but can also be from an earlier point in your career. Earnings may be adjusted to suit the limitations based on when you joined the system and your Tier. Wages in excess of the Governor's salary are not included in the FAS calculation (currently $250,000). Other payments not included are: unused sick leave, payments made as a result of working vacation, any form of termination pay, payments made in anticipation of retirement, lump sum payments for deferred compensation, any payments made for time not worked, and lump sum payments for accumulated vacation. Overtime pay that exceeds the limit cannot be used in the FAS calculation. The limit for 2025 is $20,958. The limit is indexed for inflation and may change annually based on the Consumer Price Index.

For More Information / Member Resources

Visit the NYSLRS website at www.osc.state.ny.us/retire to review the complete booklet of benefits associated with your Tier and take advantage of the Retirement Online tool, which gives you access to their individualized pension benefits.

- Member statements are mailed out annually after the fiscal year (April 1 – March 31) has ended.
- E-News retirement bulletin provides periodic updates to members who have signed up for the service.

You may also contact the NYSLRS as follows:

General Phone Number: 1.866.805.0990

In-Person Consultation Phone: 1.866.805.0990

Consultation Website: https://www.osc.ny.gov/retirement/members/pre-retirement-consultations

General Fax Number: 1.518.402.4433

Street Address: 110 State Street, Albany, New York (open 7:30 a.m. to 4:15 p.m., Monday through Friday)

RETIREMENT BENEFITS

New York State Voluntary Defined Contribution Plan

As of July 1, 2013, non-represented (Non-Union) employees with an estimated annual salary of $75,000 or more (of an employer participating in the New York State and Local Employee Retirement System) have an alternative option to the Tier 6 pension plan. You can participate in the Voluntary Defined Contribution Plan (VDC).

To be eligible, you must be hired, or become eligible after July 1, 2013 and have an annual base salary of $75,000 or more at date of hire.

How to Enroll

Eligible employees have 30 days to choose between the NYSLRS defined benefit plan and the VDC plan. Automatic placement in the NYSLRS plan will occur if no choice is made within 31 days. You will enroll in the VDC online through the TIAA VDC portal (login information will be provided to you.) Note: Once you enroll in this plan, you forfeit your right to enroll in the NYSLRS plan at a later date.

Contributions

As of your date of hire, you are required to contribute a portion of your estimated gross annual wages into the VDC plan based on the chart below.

Gross Annual Wages	Employee Contribution	Employer Contribution
Less than $75,0000	3%	9%
$75,000.01 to $100,000	4%	9%
$100,000.01 to $125,000	5.25%	9%
$125,000.01 and over	5.75%	9%

Contributions are made on a pre-tax basis and are not subject to Federal income tax until they are withdrawn. If enrollment in the VDC plan is delayed, retroactive contributions will be taken on the first paycheck after enrollment in the plan has been established.

Earnings on plan contributions are also tax-deferred until withdrawn. All contributions are made based on IRS compensation and contribution limits, which are determined annually; 2026 limits are as follows:

- Compensation limit: $350,000
- Contribution limit: $72,000

NYSLRS vs VDC: Comparing the Plans

Refer to the NYSLRS and VDC plan comparison, on the next page for assistance in deciding between the NYSLRS and VDC plans. You may also visit www.vdc.ny.gov for more information.

Vesting

You will become fully vested in the VDC plan after 366 days of service. Contributions begin upon your hire date and accumulate in an escrow account held by the New York Public Library. At the end of the vesting period, all employee and employer contributions plus interest are released to the investment options chosen when you enrolled in the plan.

Exceptions to the vesting rule are as follows:

- Immediate vesting for employees who become eligible and have previously vested employer-funded retirement contracts from any of the VDC investment providers (Fidelity, TIAA-CREF, CoreBridge Financial (formerly AIG), or Voya).
- Immediate vesting for employees who are active members of any public retirement system within NYS with at least 366 days of service credit. If less than 366 days of service, credit is applied to the vesting period.
- Immediate vesting for employees who have 366 days of service with any public employer within New York State.

Investment Options

Plan options include investments through TIAA, AIG, Fidelity, and Voya. You can choose a combination of investments with all of the providers. Additional information about the fund options can be found on the VDC website at www.vdc.ny.gov.

RETIREMENT BENEFITS

Defined Benefit or Defined Contribution? A Comparison of Your Retirement Plan Choices

If you are Non-Union staff that meet the salary requirement (earning $75,000 or more), you have to make a very important retirement decision within 30 days of your hire date. You must choose between the Defined Benefit (DB) plan and the Voluntary Defined Contribution (VDC) Program. What is the difference between the two? Which one should you choose?

Both the Defined Benefit and the Defined Contribution plans are sound methods of providing for income needs in retirement. However, there are differences between the two plans, and which one is best for you likely depends on your individual circumstance. Choosing a retirement plan is a very important decision. Once you make a selection or default into the Defined Benefit Plan, your decision is irrevocable. For a comparison of the two options, please refer to the Summary Plan Description located at www.vdc.ny.gov.

Retirement Plan Features	New York State and Local Retirement System (NYSLRS) Defined Benefit Plan	New York State Voluntary Defined Contribution Program (VCC)
Plan Type	Provides a fixed, predictable lifetime monthly income at retirement. Your contributions are made on a tax deferred (pretax) basis, which means you don't pay taxes until you take a distribution.	Provides lifetime income benefits and other withdrawal options that are based on the amounts contributed by your employer and you, and the success of the investments. Your contributions are made on a tax-deferred (pretax) basis, which means you don't pay taxes until you take the money out.
Benefit	Could provide smaller benefit/advantage for participants who are employed with the institution for a shorter time period.	Portable benefits, which is becoming more important for workers in today's evolving marketplace where the average worker may switch jobs and even careers multiple times over the course of a lifetime. Contributions deposited into the plan continue to accrue interest and experience investment earnings even after you cease contributions into the plan. Once vested, the account is yours to keep.
Portability	If you leave before reaching the 5-year vesting period,your contributions are refunded—employer contributions will be forfeited.	Subject to plan rules, employee and employer contributions plus applicable earnings are yours to keep after reaching the 366 days of vesting, regardless of where your career takes you.
Control	Funds are managed for you by the Defined Benefit plan (e.g., NYSLRS, TRS) to meet current and future liabilities.	Flexibility to manage the investment of your funds and set up a portfolio that's right for you based on the investment options in your plan. Education — you must be able to understand investment choices and assess which options work best for your circumstances. Consultants from the program's investment providers are available to offer you guidance and advice.
Vesting	Vested after 5 years of full-time service credit. This means you will have a right to a benefit after 5 years of service. Part-time service is pro-rated. (For example: if working part-time at 50%, vesting will occur after attaining 20 years of service.)	Vested after 366 days of service, which means you own the employee and employer contributions plus applicable earnings. You will be immediately vested if you owned employer-funded retirement contracts with any of the four vendors (TIAA, VALIC, VOYA, MetLife and Fidelity) through a previous employer, or if you have 366 days of prior service in ERS/TRS. This will not include previous contracts used to fund voluntary tax deferred/sheltered (TDA or TSA), employee funded plans such as a 457 plan.
Expected Income	Determined by a formula, regardless of investment performance. The amount of the retirement benefit depends on length of service, earnings, tier and age at retirement. Benefits are guaranteed by the State. Monies are pooled together and professionally managed, and the employer or government bears funding and investment risk. You will receive a fixed monthly payment with annual cost-of-living adjustments.	Determined by your account balance—you have the opportunity for higher or lower retirement income based on your investment decisions and the performance of the underlying investment options, which include securities. Investing in securities involves risk, including loss of principal. The amount of future accumulations available upon retirement varies according to investment selection and performance. The retirement income benefit will depend on several factors, including salary level, duration of contributions, investment earnings and age at retirement. Benefits are not guaranteed, but a fixed annuity option can also supply guaranteed lifetime income for you and a partner that you will never outlive. Additional withdrawal options are available as well. You can design a payment stream based on your individual needs.
Convenience	No need to think about your account—all decisions are handled by ERS/TRS.	Flexibility to allocate your funds among the investment options under the program. You have a choice of various investment options provided by the authorized investment providers of the plan. The investment providers may also provide advice regarding allocation of your contributions among the program investment options they offer.
Guaranteed Income for Life	Provides a guaranteed monthly payment during retirement.	Ability to invest your dollars in an account, which offers a payment option of guaranteed income for life. You also have the option of choosing guaranteed income for you and a partner under a joint life income option as well as additional withdrawal options. In short, you have the flexibility to design a payment stream that is right for you.

VOLUNTARY RETIREMENT SAVINGS PLANS

Tax Deferred 403(b) Annuity Plan

The Library allows all employees to enroll in a **403(b) Tax Deferred Annuity Plan** to save for retirement. You can decide to contribute on a pre-tax basis, a Roth after tax basis, or a combination of both. There is no waiting period to enroll in a TDA.

- **403(b) tax-deferred -** Contributions are made with pre-tax dollars, which lowers your taxable income in the year you contribute. When you withdraw the money in retirement, you'll pay income tax on the distributions.
- **Roth 403(b) -** Contributions are made with after-tax dollars, so you pay taxes on your contributions in the year you contribute. However, withdrawals in retirement, including earnings, are tax-free if you meet certain requirements (see the IRS explanation for more information).

Plan Choices

TIAA — Tax Deferred Annuity TIAA plan gives you the option to build your own retirement portfolio (choosing from individual investments in different asset classes) or to participate in a LifeCycle fund, which targets funds according to your estimated retirement year and invests automatically, adjusting from a more aggressive to a more conservative investment allocation as the targeted retirement date approaches.

Contact: 1.800.842.2252 or tiaa.org/public/tcm/nypl

Voya Financial — Tax Deferred Annuity Voya Financial offers 30 investment options, including 10 Target Date Retirement Funds to help you plan for retirement. Retirement planning tools and account access are available online at www.VoyaRetirementPlans.com. Voya also offers a Retirement Readiness Contact Center at 800-584-6001 to provide you with account information once you have enrolled in the plan.

Contact: 1.800.584.6001 or VoyaRetirementPlans.com

Contributions

You can elect, through Workday, to have a percentage of your salary deducted pre-tax or post tax from each paycheck and contributed to your 403(b). There is no minimum contribution percentage amount.

- The maximum contribution limit for 2026 is $24,500.
- If you are over age 50, you have a "Catch-Up" opportunity, and can contribute an additional $8,000 during 2026.
- The year in which you turn 60-63, you will be allowed to contribute a total of $11,250 to the "Catch-Up".
- Starting January 1, 2026, based on a new IRS rule, employees who earned more than $150,000 in the prior calendar year (2025) and wish to contribute age-based catch-up contributions must do so on a Roth (after-tax) basis.

If you contributed to another TDA prior to your NYPL employment, your total contributions between all accounts for the calendar year cannot not exceed the maximum amount. Indirect or direct rollovers and plan-to-plan transfer contributions are permitted. If you wish to roll over or transfer funds, you must contact the TDA provider for any rules and restrictions.

VOLUNTARY RETIREMENT SAVINGS PLANS

Vesting

All contributions made to your account will be 100% vested upon enrollment.

Designating Beneficiaries

Upon enrollment in the TDA, you will need to designate a beneficiary(ies) who would be entitled to your benefit in the event of your death.

Distributions

You can begin receiving distributions from your account upon termination of employment (tax penalty applies if under age 59 1/2), becoming disabled, attaining age 59 1/2, death, or a financial hardship you incur.

Loans & Financial Hardship Withdrawals

Loans are available and shall not exceed the value of your individual account. You may also apply for a withdrawal in the event of a financial hardship. For rules and restrictions contact TIAA or Voya Financial directly.

Enroll

For TIAA: You can enroll online at www.tiaa.org/public/tcm/nypl. The access code for NYPL employees is **NY103500**. Once enrolled in TIAA, you can access your account and view your elections via tiaa.org.

For Voya Financial: Go to https://enroll.voya.com and enter Plan Number: **664352**, Verification Code: **081787** and Location Code: **1-0000**. Once enrolled, you can access your account at www.VoyaRetirementPlans.com.

Contributions will begin once you have established an account (under NYPL) with either TIAA Cref or VOYA Financial **and** initiated a 403(b) Contribution Change in Workday.

VOLUNTARY SAVINGS PLANS

OTHER SAVINGS PROGRAMS

NYSaves 529 College Savings Program

The NYSAVES 529 College Savings Program is a state sponsored plan to help you save for college tuition and associated higher education expenses. You can choose from a number of investment portfolios or age-based tracks that match your savings timeline. A New York State tax deduction can be taken for plan contributions. Investment earnings are not subject to federal or state tax upon withdrawal for qualified expenses.

Contributions to this program can be made through convenient payroll deductions on an after-tax basis.

After enrolling in the program, you must submit the NYSAVES employer deduction form to the Payroll Office for your deductions to begin.

More information about NYSAVES can be found at www.nysaves.org.

Municipal Credit Union

The Municipal Credit Union is a member-owned, not-for-profit financial cooperative that offers favorable interest rates on savings and loans as well as low cost products and services.

Some of the services you can take advantage of as a member include:

- Savings and checking accounts
- Online banking
- Direct deposit
- Certificate of deposits
- Holiday and vacation club accounts
- Loans, mortgages, and home equity lines of credit

You can enroll in the Municipal Credit Union online at www.nymcu.org.

EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance Program (EAP)

The Library provides an Employee Assistance Program (EAP) through Corporate Counseling Associates (CCA).

The EAP + Work/Life is a comprehensive program designed to support you and your eligible family members in a time of need, with:

- 24/7/365 telephonic assistance and up to 5 in-person visits
- Access to licensed, Master's or Ph.D. level professional counselors help with stress, anxiety, depression, family issues, substance abuse and more,
- Coordinate referrals to a provider under medical plan for long-term counseling or specialized care,
- Locate eldercare, childcare, legal and financial counselors, and other support services, and
- Access to the Work/Life website, webinars and on site seminars.

The Employee Assistance Program and Work/Life Specialists can assist with the following:

- Stress, depression and anxiety
- Marital relationship and family/parenting issues
- Work conflicts
- Anger, grief and loss
- Substance abuse
- Legal and financial issues
- Time management
- Parenting and adoption

Access CCA

You can access CCA for EAP and Work/Life services as follows:

- **Phone:** 1.800.833.8707
- **Website:** http://ccaplatform.com/go/nypl

A mobile app is also available for Apple and Android devices so you can access services on the go.

Confidentiality

Corporate Counseling Associates is an independent third-party company, not connected to any provider. Your personal information will be kept strictly confidential under the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

CARE.COM
BACKUP CHILDCARE AND ELDERCARE PROGRAM

The Care.com Backup Childcare and Eldercare program helps support our staff (see eligibility below) when they experience unexpected child care and elder care issues.

The Care.com Backup Childcare and Eldercare program can provide up to eight days of care annually for your child or adult elder relative when regular arrangements fall through. You can have quick access to family care throughout the United States using one of their partner facilities, or by requesting in-home care, all for a nominal fee. Note: You are welcome to visit participating centers before you sign up for the benefit.

Back-Up Child & Adult/Elder Care

High-quality replacement care provides eight days* of care for your child or adult/elder relative when regular arrangements fall through. Care.com offers a variety of services to help you manage your family's care needs, including:

- Backup child care in partner centers.
- In-home backup elder care and child care
- Access to the Care Membership, a broader network of individual and corporate care providers for ongoing childcare and other services.
- Access to helpful Lifemart discounts.
- Access to summer camps.

The cost for care is as follows:

- $15 per child per day in center-based care facilities
- $25 per family per day in center-based care facilities
- $6 per hour for in-home care (up to three care recipients)

*Benefit is available to union employees and full-time non-union employees on a first come, first-served basis. Continuation of the benefit is subject to overall Library usage limits quality review.

The value of the back-up day care benefit is taxable to you, however, in general, you can receive up to $7,500 ($3,750 if married filing a separate tax return) in tax-free dependent care benefits each year. There are several important things to keep in mind:

- The $7,500 maximum includes the total value of the emergency back-up day care benefit plus any pre-tax contributions you, or your spouse if applicable, made to a dependent care FSA if you participate.
- If you contribute the maximum to a Dependent Care FSA, you can still take advantage of the emergency backup care benefits, but they will be taxable to you.
- For married couples, $7,500(or $3,750 if filing separate tax returns) is the maximum amount the couple can receive in tax-free dependent care benefits, even if they have different employers. You will want to keep this in mind if you decide to make pre-tax contributions to a dependent care FSA.
- To satisfy the IRS' nondiscrimination tests, highly compensated staff members (earning above $160,000 in 2025; this threshold changes annually) may not be able To receive a full $7,500 (or $3,750) on a tax-free basis.
- The total value of dependent care benefits you receive from NYPL will be reported in Box 10 of your Form W-2, which you will receive after the end of each year. You must file Form 2441, and file it with your federal tax return, to demonstrate how much of your dependent care benefits are tax-free each year.

Register Now. Avoid Worry Later.

- Go to **nypl.care.com**.
- Your employer name will be pre-populated. Enter your preferred email address (this can be either your personal email address or your work email - whichever you prefer).
- Select Join Now. Enter your personal information to create your profile.
- Enter your NYPL email address (when prompted) to confirm your eligibility.
- Set your password.
- Log in and explore your Care.com benefits!

PAID LEAVE

Annual Leave

Newly hired Non-Union employees accrue 4 weeks (20 days) of annual leave in a calendar year. Annual leave will be pro-rated in your first year based on your hire date. Annual leave accruals are posted monthly in eTime on the first of the month. Annual leave can be used for vacation, personal business, and any religious holidays not included in The Library's Paid Holiday calendar. You may begin to take the annual leave you have accrued after completing four full months of service. All requests for annual leave are to be made in advance and will require the approval of your manager. You can view your current annual leave balance on E-time.

All employees hired into a Non-Union position after September 1, 2020, may "bank" any annual leave earned up to a maximum aggregate of four weeks.

Once you have banked four weeks of annual leave, any further vacation earned must be used in the year it is earned or it will be forfeited. If you were promoted from a union position, your annual leave balance at the end of the month in which you are promoted from union to Non-Union will be used towards the application of this policy as follows:

If you are a former union staff member with a hire date prior to September 1, 2020, any annual leave greater than five weeks at the time of the promotion, will be "grandfathered" and is "banked." You must use all annual leave earned from the date of your promotion to the end of that year and in subsequent years or it will be lost. If at the end of any calendar year, your annual leave balance is less than the "grandfathered" balance, your new maximum bank allowed will be the balance at the end of that calendar year, or five weeks, whichever is greater. If you are a former union staff member with a hire date after September 1, 2020, any annual leave greater than four weeks at the time of the promotion, will be "grandfathered" and is "banked." You must use all annual leave earned from the date of your promotion to the end of that year and in subsequent years or it will be lost. If at the end of any calendar year, your annual leave balance is less than the "grandfathered" balance, your new maximum bank allowed will be the balance at the end of that calendar year, or four weeks, whichever is greater.

Wellness Days

Two (2) days of paid time off, which will be known as "Wellness Days," will be available to all employees (prorated for part-time and hourly employees; those who receive management leave will not be eligible for the two (2) additional days; employees hired November 1 and later will not be eligible for Wellness Days for that calendar year, but will be eligible the following year.). "Wellness Days" are meant to be flexible and can be used for any reason, including unexpected personal or family emergencies or your own need for a wellness day to focus on self-care. More information can be found in the policy on Lair.

Floating Holidays

Non-Union employees will receive two (2) Floating Holidays per calendar year. Non-Union salaried staff who begin employment on or after July 1st are eligible for one "floating holiday" for the remainder of that calendar year. All salaried staff who begin employment on or after November 1st are not eligible for any "floating holidays" for the remainder of that calendar year.

PAID LEAVE

Sick Leave

Employees who accumulate 15 calendar days of paid service per month shall earn Sick Leave credit for that month, up to 12 days per year. Sick Leave can be used for any qualifying reasons under NYC's Paid Safe and Sick Leave Law. Up to fifty-six (56) hours of an employee's available unused Sick Leave may be used for the following reasons:

- To care for a family member per calendar year;
- Closure of The Library due to a public health emergency or to care for a child whose school or child care provider closed due to a public health emergency; and/or
- When an employee is a victim of any act or threat of domestic violence or unwanted sexual physical contact, stalking, or human trafficking, and needs to take actions necessary to restore the physical, psychological, or economic health or safety.

When the need for Sick Leave is not foreseeable, The Library requires all Library employees to provide notice of the need for the use of Sick Leave by contacting their manager as soon as practicable. If an employee uses Sick Leave for more than three (3) consecutive days, the employee may be required to submit certification substantiating the need for such leave and, upon the conclusion of the leave, confirming that the employee is able to return to work.

Bereavement

Up to a maximum of four (4) workdays of paid bereavement leave may be granted in the case of the death of an employee's spouse, domestic partner, natural, foster, or step-parent, sibling, child, parent-in-law, grandchild, or a relative residing in the employee's household. The Library recognizes the emotional, physical, and mental toll of a miscarriage and, as such, provides four (4) workdays of leave for this circumstance. One (1) day of paid bereavement leave may be granted in the case of the death of an aunt, uncle, niece, nephew, grandparent, sister-in-law, or brother-in-law who does not reside in the employee's household. Such time should be indicated as "Bereavement Leave" on the employee's eTime record. All "Bereavement Leave" should be taken within a reasonable period following an individual's death.

Jury Duty

Paid leave for jury duty shall be granted, subject to approval in advance by the unit head. You must notify your supervisor as soon as the jury notification is received.

NYS Paid Family Leave

In accordance with the New York Paid Family Leave Benefits Law, eligible employees are entitled to a leave of absence to care for a family member with a serious health condition, bond with a new child, or assist with obligations that arise when a spouse, domestic partner, child or parent is called into active military service. PFL may not be taken for the employee's own disability or health condition.

If eligible, you may be eligible to receive wage replacement benefits during the leave through a state-mandated Paid Family Leave Benefits program or through The Library's paid time off policies.

You are required to contribute to PFL unless you will not meet the requirement of 175 working days in a calendar year. The current contribution for 2026 is 0.432% of the employee's weekly wages not to exceed $411.91 per year. More information on PFL, eligibility, and contributions can be found on Lair or in the employee handbook.

Non-Union Paid Parental Leave

The Library will provide eligible employees with six (6) weeks of Paid Parental Leave to care for a newborn, a newly adopted child under the age of thirteen (13), or a child under the age of thirteen (13) who is newly placed with the employee for adoption.

The six (6) weeks of Paid Parental Leave will be coordinated with NYS PFL, and will be considered part of the employee's twelve (12) week entitlement.

TUITION.IO

The New York Public Library has partnered with Tuition.io, a service that provides PSLF Guidance and Student Loan Debt Counseling. The Tuition.io platform can help you:

- Get a counselor to provide step-by step-guidance for the PSLF program.
- Find the best student loan repayment strategy.
- Calculate how much a college education will cost you (or a college-bound family member) and explore cost savings.

Eligibility

The Tuition.io Student Loan Assistance Program is available to all full-time NYPL employees and their family members.*

*Eligible family members are considered Parents, Spouses, Siblings, Children, and Grandparents. New hires will need to wait approximately two (2) weeks before being able to access the Tuition.io platform. Eligibility files are sent on the 1st and 15th of the month.

How to Sign Up?

You can access the Tuition.io portal at https://nypl.tuition.io. You will be automatically redirected to the Tuition.io portal and logged in through Single Sign On (SSO).

PET INSURANCE & ID THEFT

Pet Insurance

Keep your pet's health and protected with customizable Pet Insurance from Pets Best, now available to employees at an exclusive discount. Whether you have a cat or dog, this plan offers comprehensive coverage and peace of mind when it comes to your pet's care.

Key features include:

- Covers cats & dogs: Flexible coverage options for your furry companions.
- Nationwide Veterinary Access: Use your coverage with any licensed veterinarian across the U.S., Canada, and U.S. Territories.
- Customizable Plans: Tailor your plan to meet your pet's needs, with options for guidance on your pet's health.
- Exclusive Employee Discount: Enjoy up to a 10% discount on your pet insurance premium as part of your employee benefits.
- Pets Best Mobile App: Easily manage your policy, submit claims, and access coverage details through the convenient Pets Best mobile app.
- Simple Claims Submission: Fast and easy claims process for reimbursement of eligible expenses.

To enroll, visit www.petsbest.com/nypl or call 1.888.984.8700. Use referral discount code **NYPL** for your employee-exclusive discount.

ID Theft

Protect your identity and online presence with Allstate's AIP Pro + Cyber plan, now available as part of your benefit package. This comprehensive service provides extensive protection and monitoring to help safeguard you and your family from identity theft and cyber threats.

Key features of the plan include:

- Identity Monitoring: continuous monitoring of personal information across various databases to detect suspicious activity.
- Credit Report & Score: access to your credit report and score to help you stay on top of any changes or unauthorized inquiries.
- Coverage for minors: safeguard your children's personal information from identity theft.
- Social Media Monitoring: alerts for potential privacy and security risks on your social media accounts.
- Allstate Digital Footprint: stay informed on where and how your personal data is being used online, providing greater visibility and control.

Plan Costs

- $7.50 per month for employee only coverage
- $14.50 for employee + family coverage

Protect your identity and digital life with Allstate's trusted expertise! Please visit Lair for instructions on enrolling in Allstate ID Theft Insurance.

GLOSSARY OF TERMS

Brand preferred drugs – A drug with a patent and trademark name that is considered "preferred" because it is appropriate to use for medical purposes and is usually less expensive that other brand name options.

Brand non-preferred drugs – A drug with a patent and trademark name. This type of drug is "not preferred" and is usually more expensive than alternative generic and brand preferred drugs.

Calendar Year Maximum – The maximum benefit amount paid each year for each family member enrolled in the dental plan.

Coinsurance – The sharing of cost between you and the plan.

Copay – A fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible – The amount you have to pay for covered services each year before your health plan begins to pay.

Elimination Period – The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.

Flexible Spending Account (FSA) – An FSA allows you to pay for eligible health care and dependent care expenses using tax-free dollars. The money in the account is subject to the "use it or lose it" rule which means you must spend the money in the account before the end of each plan year.

Generic drugs – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.

In-network – A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the Company.

Inpatient – Services provided to an individual during an overnight hospital stay.

Mail Order Pharmacy – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, Mail Order Pharmacies offer the convenience of shipping directly to your door.

Out-of-network – Providers that are not in the plan's network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the Company. Higher deductibles and coinsurance will apply.

Out-of-pocket maximum – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.

Outpatient – Services provided to an individual at a hospital facility without an overnight hospital stay.

Primary Care Provider (PCP) – A doctor (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.

Reasonable & Customary Charges (R&C) – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable & Customary rates may apply to out-of-network charges.

Specialist – A provider who has specialized training in a particular brand of medicine (e.g., a surgeon, cardiologist or neurologist).

Specialty drugs – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

IMPORTANT CONTACT INFORMATION

NYPL Resource: Benefits Office	Phone: 1.212.621.0500, Option 4 Fax: 1.646.918.1962 E-mail: hrcervicecenter@nypl.org Submit a ticket in ServiceNow

Benefit	Administrator	Telephone	Website
Medical	UnitedHealthcare	1.866.633.2446	www.myuhc.com
Dental	UnitedHealthcare	1.877.816.3596	www.myuhc.com
Vision	UnitedHealthcare	1.800.638.3120	myuhcvision.com
Flexible Spending Accounts	Benefit Resource, Inc.	1.866.996.5200	www.benefitresource.com
Health Savings Accounts	Optum Bank	1.877.470.1771	www.mycdh.optum.com
Life and Accident	Lincoln Financial Group	1.800.423.2765	www.lfg.com
Business Travel Accident	Chubb	N/A	www.chubb.com
Disability: STD/LTD	Lincoln Financial Group	1.800.423.2765	www.lfg.com
Commuter Benefits	Benefit Resource, Inc.	1.866.996.5200	www.benefitresource.com
403(b) Tax Deferred Annuity Plan	TIAA Voya Financial	1.800.842.2252 1.800.584.6001	www.tiaa-cref.org/nypl www.voyaretirementplans.com
Retirement Plans	New York State and Local Retirement System (NYSLRS) VDC	1.866.805.0990 N/A	www.osc.state.ny.us/retire/members/index.htm www.suny.edu/benefits/vdc.cfm
Core Advocacy Services	Health Advocate (Help w/ Claims & Finding Doctors)	1.866.695.8622	www.healthadvocate.com/nypl
Employee Assistance Program	Corporate Counseling Associates (CCA)	1.800.833.8707	www.myccaonline.com/nypl
ID Theft Protection	Allstate	1.855.821.2331	www.allstateidentityprotection.com
Pet Insurance	Pet's Best	1.877.738.7237	www.petsbest.com/customerportal

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