

For Your Benefit



2014 Registered Nurses Medical Comparison

Your Medical benefits pay for a variety of medical services and supplies in and out of the hospital. As an eligible registered nurse, you can choose Montefiore's Registered Nurses Health Plan, or you can elect no coverage. The Registered Nurses Health Plan is designed to encourage you to make use of Montefiore providers and facilities. Of course, you're free to use any physician or facility you choose.

If you work a full-time schedule, Montefiore pays the full cost of coverage.

RN Plan Montefiore Provider Network

If you use this network, the plan pays 100% of the services and supplies provided by:

- **Physicians and Therapists:**
 - A Montefiore Medical Group Primary Care Physician (PCP) at a Medical Group facility
 - A salaried Montefiore specialist at a Montefiore facility. (This Network does not include voluntary Montefiore Primary Care Physicians or voluntary Montefiore specialists.)
- Hospitals and Other Facilities – Including Moses, Weiler, Wakefield, Westchester Square, The Children's Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital, Montefiore Ambulatory Surgical Facilities, Schaffer Extended Care Center, Montefiore Imaging Center and Montefiore Department of Radiology
- Laboratories – Quest Laboratories, LabCorp and all Montefiore laboratories.

Preferred Provider Network

A Preferred Provider Network includes hospitals, laboratories, physicians and other health care providers who have agreed to charge negotiated rates for their services. These negotiated rates are lower than typically charged. Many healthcare providers belong to more than one network.

Montefiore has contracted with Empire for access to its **Empire Traditional/Indemnity Network** of physicians, hospitals and other health-care providers. You can visit any physician in any specialty without a referral. Services received through the **Empire's Traditional/Indemnity Network** are discounted but adhere to the cost-sharing percentages for in-network and out-of-network care established by the Plan.

You are not required to use these preferred providers. However, you may save money if you do.

Provider Network Summary

Health Care Providers	RN Plan Montefiore Provider Network	Preferred Provider Network
Physicians and Therapists	<ul style="list-style-type: none"> • A Montefiore Medical PCP at a Medical Group facility • A salaried Montefiore specialist at a Montefiore facility 	Empire Traditional/Indemnity Network
Hospitals and Other Facilities	Moses, Weiler, Wakefield, Westchester Square, The Children's Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital, Montefiore Ambulatory Surgical Facilities, Schaffer Extended Care Facility, Montefiore Imaging Center and Montefiore Department of Radiology	Empire Traditional/Indemnity Network
Laboratories	Quest Laboratories, LabCorp and all Montefiore laboratories	Any hospital laboratory participating in the Empire Traditional/Indemnity Network

2014 Montefiore Health Plan for Registered Nurses

		RN Montefiore Provider Network
Financial		
• Individual/Family Deductible		None
• Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance)		\$6,350/\$12,700
Inpatient Care		
• Hospitalization – Illness or Injury		\$0
• Mental Health Care		
• Substance Abuse Care		
• Physical/Occupational Therapy or Rehab		
• Hospice – 210 days		\$0
• Skilled Nursing Facility		\$0
Emergency Room Care		
• Bona Fide Emergency		\$0
• Other than Bona Fide Emergency		\$0
• Urgent Care Facility		\$0
Preventive Care		
• Routine Physical Exam with PCP including OB/GYN		\$0
• Routine Child Exam/Immunizations		\$0
• Routine Mammography		\$0
Outpatient Diagnostic and Laboratory Tests		
• X-rays, bone density, blood, urine, etc.		\$0
• MRI, MRA, CAT Scan, PET, Nuclear Cardiology		\$0
Physicians' Services		
• PCP Visit including OB/GYN and Mental Health/Substance Abuse Care		\$0
• Specialist Visit		\$0
• Chiropractic Care Visit		\$0
• Surgery		\$0
Outpatient Care		
• Outpatient Surgery		\$0
• Home Health Care – 100 visits		\$0
• Maternity		\$0
• Allergy Testing and Treatment		\$0
• Physical, Occupational and Speech Therapy		\$0
Durable Medical Equipment		Not applicable

¹ Percentage is applied to covered charges, which are based on the rate paid to like-kind Empire in-network facilities if the facility is within the Empire area (i.e., the New York metropolitan area including NJ and CT) or the facility's actual charge if it is outside of the Empire area.

Registered Nurses Health Plan – Your cost if you use:³

	Empire Traditional/Indemnity Network	Out-of-network
Financial		
• Individual/Family Deductible	\$50/\$150	\$50/\$150
• Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance)	\$6,350/\$12,700	None
Inpatient Care		
• Hospitalization – Illness or Injury	\$0	\$0
• Mental Health Care		
• Substance Abuse Care		
• Physical/Occupational Therapy or Rehab		
• Hospice – 210 days	\$0	\$0
• Skilled Nursing Facility	\$0	\$0
Emergency Room Care		
• Bona Fide Emergency	\$0	\$0
• Other than Bona Fide Emergency	\$0	\$0
• Urgent Care Facility	20% coinsurance after deductible	20% ² coinsurance after deductible
Preventive Care		
• Routine Physical Exam with PCP including OB/GYN	\$0	20% ² coinsurance
• Routine Child Exam/Immunizations	\$0	20% ² coinsurance/20% ² coinsurance after deductible
• Routine Mammography	\$0	20% ² coinsurance after deductible
Outpatient Diagnostic and Laboratory Tests		
• X-rays, bone density, blood, urine, etc.	20% coinsurance	20% ² coinsurance
• MRI, MRA, CAT Scan, PET, Nuclear Cardiology	20% coinsurance	20% ² coinsurance
Physicians' Services		
• PCP Visit including OB/GYN and Mental Health/Substance Abuse Care	20% coinsurance	20% ² coinsurance
• Specialist Visit	20% coinsurance	20% ² coinsurance
• Chiropractic Care Visit	20% coinsurance after deductible	20% ² coinsurance after deductible
• Surgery	\$0 up to \$2,000; then 20% coinsurance after deductible	\$0 up to \$2,000; then 20% coinsurance after deductible
Outpatient Care		
• Outpatient Surgery	\$0	\$0
• Home Health Care – 100 visits	\$0	\$0
• Maternity	\$0 up to \$2,000; then 20% coinsurance after deductible	\$0 up to \$2,000; then 20% ² coinsurance after deductible
• Allergy Testing and Treatment	20% coinsurance	20% ² coinsurance
• Physical, Occupational and Speech Therapy	20% coinsurance after deductible; 20% ² coinsurance for physical therapy	20% ² coinsurance after deductible; 20% ² coinsurance for physical therapy
Durable Medical Equipmen	20% coinsurance after deductible	20% ² coinsurance after deductible

² Reasonable and Customary charges are based on 330% of Medicare's National Provider Rate. The Plan benefit is then determined by applying the cost-sharing percentage (80%) to this amount; you are responsible for paying the balance of the bill to the provider.

³ Coinsurance – when you pay 20%, the plan pays 80%.

Prescription Drug Coverage

Prescription drug benefits are included in your medical coverage.

- Montefiore's outpatient pharmacies provide prescription drug benefits (up to a 90-day supply) at no cost for you and your covered family members.
- Express Scripts prescription drug benefits (subject to copayments) are also available through participating retail pharmacies and the Home Delivery Pharmacy Service. Copayments are based on the generic, preferred or non-preferred brand name drug classification of each prescription.

Prescription Drug Benefits Overview

If you use:	Your cost if you use:		
	Generic	Preferred Brand Name	Non-preferred Brand Name
<ul style="list-style-type: none"> • Moses and Weiler Outpatient Pharmacies – Montefiore Pharmacy Formulary Drugs (up to a 90-day supply of each prescription) 	\$0	\$0	\$0
<ul style="list-style-type: none"> • Express Scripts¹ 			
<ul style="list-style-type: none"> • Participating Retail Pharmacy² (up to a 30-day supply of each prescription) 	\$7 copay	\$10 copay	\$20 copay
<ul style="list-style-type: none"> • Home Delivery Pharmacy Service (up to a 90-day supply of each prescription) 	\$7 copay	\$10 copay	\$20 copay

¹ If you purchase a brand name medication (preferred and non-preferred):

- When a generic equivalent is not available, you will be required to make a copayment of \$10 for a preferred brand and \$20 for non-preferred brand.
- When a generic equivalent is available, you will pay the generic copay plus the difference in cost between the generic and brand name drug.

² If you use a non-participating pharmacy in an area where there is a participating pharmacy available, your reimbursement will be 75% of the R&C cost of the prescription.

Vision

- Participants in the Montefiore Health Plan for Registered Nurses have access, through Empire BlueCross BlueShield, to discounts on vision care services (including eye exams, eyewear and contact lenses) as well as laser vision correction.
- Montefiore LASIK Surgery – Montefiore Laser and Eye Care Center at Montefiore Medical Specialists of Westchester offers LASIK Surgery discounts of 20% off of the regular charge for you and your family members.

Contact Information

Medical	
Montefiore Health Plan for Registered Nurses	Empire BlueCross BlueShield 866.236.6748 www.empireblue.com/montefiore <ul style="list-style-type: none"> • RN Plan Montefiore Provider Network • Empire's Traditional/Indemnity Network (Select Indemnity Plan)
Employee Assistance Program (EAP)	<ul style="list-style-type: none"> • HealthCare EAP (ESI/Longview Associates) 800.225.2527/800.252.4555 www.MyHealthCareEAP.com
Care Guidance Program	<ul style="list-style-type: none"> • 855.MMC.WELL (855.662.9355)
Prescription Drug Program	<ul style="list-style-type: none"> • Express Scripts 800.631.7780 www.express-scripts.com
Vision	
LASIK Surgery	<ul style="list-style-type: none"> • 718.920.2020 Montefiore Laser and Eye Care Center at Montefiore Medical Specialists of Westchester



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