FOR YOUR BENEFIT
ELIGIBILITY & ENROLLMENT
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# 2019 BENEFITS SUMMARY

## HOUSE STAFF OFFICER

**Corporate Human Resources Division**
**HR Benefits Office**

Montefiore Medical Center
111 East 210th Street Bronx, NY 10467-2490

montebenefits@montefiore.org
www.mymontebenefits.com

Montefiore

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# FOR YOUR BENEFIT

## www.MyMonteBenefits.com

**www.MyMonteBenefits.com** gives you and your family members easy, one-stop access to everything you need to know about your Montefiore Benefits Program.

- **Spotlight On** – Check here often for useful articles, important notices and the latest information about Montefiore's Benefits Program including Annual Enrollment materials.
- **Resource Center** – You'll find Contact Information, Forms, Resources and Regulatory Notices (print versions are available upon request).
- **For Your Benefit**
  - *Montefiore's Benefits Program* – Learn about your options for Healthcare coverage, Flexible Spending Accounts, Life, Accident & Disability Insurance and saving for your future financial security.
  - *Voluntary Benefits* – Direct access to Employee Discounts, Individual Insurance Policies and Special Promotions. You may enroll at any time during the year.
  - *Eligibility & Enrollment* – Find out who is eligible and how to enroll in Montefiore's Benefits Program.
  - *Life Events* – Learn how changes in your marital and family status affect your benefits.
- **Retirement Center** – Essential information if you are thinking of retiring.

## Montefiore Benefits Program

Montefiore's Benefits Program covers many different areas, which can be tailored to best fit your needs, forming a comprehensive benefits package.

Before you enroll in Montefiore's Benefits Program, it is important to familiarize yourself with your benefit options. Be sure to register for the Benefits Orientation webinar on **www.MyMonteBenefits.com**.

- Select "IF YOU WORK FOR: Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital or Schaffer Extended Care Center – Enter Here".
- Click on the Benefits Orientation photo.
- Under the House Staff section, everything you need to know as a new plan participant is available to view and/or print, including a Rate Sheet and Medical Comparison.
- Click on the House Staff Benefits Orientation "Register Here" link.
- Once you register you will be emailed a link to the Benefits Webinar.

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# ELIGIBILITY & ENROLLMENT

You are eligible to enroll in the House Staff Benefits Program if you are a regular or temporary intern or resident of Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital, Schaffer Extended Care Center and work at least 50% of a full-time schedule.

Your family members are also eligible for coverage. Eligible family members include your spouse and children (including stepchildren, legally adopted children, and children for whom you are legal guardian) whom you can cover through December 31 of the year they reach age 26.

## Enrollment

When you first begin at Montefiore and each year thereafter during the Fall Annual Benefits Election Period, you have the opportunity to elect your benefit options.

You enroll online at Montefiore's Enrollment Website – **www.montebenefits.com** – or call the Benefits Enrollment Call Center at 888.860.6166 Monday through Friday between 8am and 8pm EST. You'll speak to an enrollment specialist who will help you enroll.

If you have any questions:

- About the enrollment process or the Enrollment Website, you can use the online Chat feature for assistance (Monday through Friday between 8am and 8pm EST). Just click on the Chat icon on the top, right toolbar after you log in.
- Regarding your benefits, contact the HR Benefits Office at 914.349.8531 or at **montebenefits@montefiore.org**.

## Enrolling a Family Member

To enroll a family member, you must provide proof of that individual's family status with a copy of the following documentation:

- Marriage License or the first page of your most recent tax return (1040 form).
- Birth Certificate, Affidavit of Dependency, final Adoption Decree or Court Order.

Please send the documents via email, fax or mail to:

- Email: **mmcdepverify@winstonbenefits.com**
- Fax: **732.903.1166**
- Mail: **Winston Financial Services**
  Montefiore Dependent Audit
  PO Box 430
  Manasquan, NJ 08736

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# ELIGIBILITY & ENROLLMENT

## Verify Your Personal Information

If you need to make any changes to your personal information, please email the HR Benefits Office at **montebenefits@montefiore.org**.

- You are required to enter a Primary Contact name and telephone number. It is important for Montefiore to know who to contact on your behalf in the event of an emergency.
- Enter your family member information. You must include each dependent's name, date of birth and Social Security Number.
- List your beneficiary designation(s) information for life insurance coverage. Be sure you have each beneficiary's name, date of birth and Social Security Number.

## Select Your Benefits

- When you enroll, indicate whether you use tobacco. If you have used tobacco products and answer "Yes" to the tobacco use question(s), you will be assessed a higher tobacco user premium on your Medical (if any) and Voluntary Life Insurance. If you do not answer the tobacco use question, you will pay the higher tobacco user premium for Medical and Voluntary Life Insurance coverage even if you are not a tobacco user.
- Enroll family members for healthcare coverage.
- You must make a Healthcare and/or Dependent Care Flexible Spending Account election each year if you want either or both of these accounts.
- Designate a beneficiary for your Life and AD&D Insurance.

## Complete Your Enrollment

After you have completed your "To Do" list, select "Complete Enrollment" to review your elections. You can:

- Return to the benefits selection process and make changes, as long as the Election Period is open.
- Select "Exit Enrollment" to complete the selection process and receive a confirmation number. A benefits summary displays your confirmation number.

***The benefits selection process is not complete until you receive a confirmation number.***

## If You Don't Enroll

If you don't enroll within 30 days after you become eligible, you will default to the following coverages and will not be able to make any changes during the year until the next Annual Benefits Election Period, unless you have a qualified change in status:

- MontePrime EPO – medical coverage for yourself only.
- Preventive & Diagnostic Dental Care Option– single dental coverage for preventive and diagnostic care only.
- Basic Life and AD&D Insurance each equal to one times your annual stipend.
- Business Travel Accident (BTA) and Mandatory Basic Long-term Disability Insurance.

You will not have coverage for any family members.

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# HEALTHCARE

## Medical

Montefiore offers two Medical options from which you can choose – MontePrime EPO and MonteCare PPO – or you can waive coverage.

## Care Guidance

Montefiore also offers a confidential, personal health management program that provides health and lifestyle support to associates and their family members who are covered by Montefiore's medical plans. It's entirely voluntary, completely confidential and totally free! For more information, call 855.MMC.WELL (855.662.9355) or email **mmccareguidance@montefiore.org**.

## Provider Networks

MontePrime EPO and MonteCare PPO both use provider networks. However they are not identical.

- MontePrime EPO requires you to use in-network providers to receive benefits. No benefits are paid for out-of-network care except in a bona fide emergency.
- MonteCare PPO gives you the flexibility to choose any provider you wish (however, you'll pay more for healthcare services from Network Non-preferred Facilities).

Montefiore pays 100% of the MontePrime EPO premium for you and your family members. You and Montefiore share the premium cost of MonteCare PPO medical coverage.

| IN-NETWORK PROVIDERS | MONTEPRIME EPO | MONTECARE PPO |
|---|---|---|
| **Hospitals and Other Facilities** | Montefiore Moses Hospital, Jack D. Weiler Hospital (Einstein), Montefiore Wakefield Hospital, Westchester Square, Children's Hospital at Montefiore, Montefiore Mt. Vernon Hospital, Montefiore New Rochelle Hospital, White Plains Hospital, Burke Rehabilitation Hospital, Montefiore Ambulatory Surgical Facilities, Montefiore Imaging Center, Department of Radiology, Advanced Endoscopy Center and New York GI Center | • Empire BlueCard PPO<br>◦ Preferred Facilities<br>◦ Non-preferred Facilities<br>• Montefiore Network (including Montefiore Moses Hospital, Jack D. Weiler Hospital (Einstein), Children's Hospital at Montefiore, Montefiore Mt. Vernon Hospital, Montefiore Wakefield Hospital, Montefiore New Rochelle Hospital, Westchester Square, White Plains Hospital, Montefiore Ambulatory Surgical Facilities, Department of Radiology, Montefiore Imaging Center, Advanced Endoscopy Center, Burke Rehabilitation Hospital, and New York GI Center) |
| **Skilled Nursing Facility, Hospice** | Empire BlueCard PPO Network and Schaffer Extended Care Center | Empire BlueCard PPO Network and Schaffer Extended Care Center |
| **Laboratories** | Quest Laboratories, LabCorp and any Montefiore laboratory (including Montefiore Moses Hospital, Jack D. Weiler Hospital (Einstein), Montefiore Wakefield Hospital, Westchester Square, Children's Hospital at Montefiore, Montefiore Mt. Vernon Hospital, Montefiore New Rochelle Hospital) | Quest Laboratories, LabCorp and any hospital laboratory participating in the Empire BlueCard PPO and Montefiore Network (including Montefiore Moses Hospital, Jack D. Weiler Hospital (Einstein), The Children's Hospital at Montefiore, Montefiore Mt. Vernon Hospital, Montefiore Wakefield Hospital, Montefiore New Rochelle Hospital, and Westchester Square) |
| **Pharmacies** | Montefiore outpatient pharmacies | Express Scripts participating retail pharmacies, home delivery pharmacy service and Montefiore outpatient pharmacies |
| **Physicians, Therapists, and Counseling for Mental Health and Substance Abuse** | • Montefiore Integrated Provider Association (MIPA)<br>• Empire BlueCard PPO Network<br>• Montefiore Behavioral Care Integrated Provider Association (MBCIPA)<br>• Empire Behavioral Health Network | |

**Note:** If you do not enroll within 30 days of the date you first become eligible, you will automatically be enrolled in MontePrime EPO medical coverage for **yourself only**.

| | MONTEPRIME EPO – YOUR COST IF YOU USE: | | |
|---|---|---|---|
| | MONTEFIORE NETWORK | EMPIRE BLUECARD PPO NETWORK | OUT-OF-NETWORK |
| **Financial** | | | |
| Individual/Family Deductible | None | None | Not covered |
| Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance) | $6,100/$12,200 | $6,100/$12,200 | Not covered |
| Inpatient Care<br>• Illness or Injury<br>• Mental Health/Substance Abuse Care<br>• Physical/Occupational Therapy or Rehab | $0 | Not covered except in the case of an emergency admission | Not covered except in the case of an emergency admission |
| High-Tech Radiology Services (including diagnostic MRI, MRA, CAT Scan, PET, Nuclear Cardiology) | $0 | Not covered | Not covered |
| Outpatient Surgery | $0 | Not covered | Not covered |
| Hospice – 210 days | $0 | $0 | Not covered |
| Skilled Nursing Facility – 120 days | $0 | $0 | Not covered |
| **Emergency Room Care** | | | |
| • Bona Fide Emergency | $50 copay; waived if admitted | $50 copay; waived if admitted | $50 copay; waived if admitted |
| • Other than Bona Fide Emergency | Not covered | Not covered | Not covered |
| • Urgent Care Facility | $0 | $0 | Not covered |
| • Urgent Care Professional | $0 | $50 copay/visit | Not covered |
| Preventive Care – Routine Physical Exam with PCP including OB/GYN; Routine Child Exam/ Immunizations; Routine Mammography | $0 | $0 | Not covered |
| Outpatient Diagnostic and Laboratory Tests X-rays, Bone Density, Blood, Urine, etc. | $0 | Not covered | Not covered |
| **Physician Services (office visits)** | | | |
| • Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care | $0 | $35 copay/visit | Not covered |
| • Specialists | $0 | $50 copay/visit | Not covered |
| • Chiropractic Care – 10 visits | Not covered | Not covered | Not covered |
| • Surgery | $0 | $50 copay/visit | Not covered |
| Home Health Care – 200 visits | $0 | $0 | Not covered |
| Maternity | $0 | $0 | Not covered |
| Allergy Testing and Treatment | $0 | $35/$50 copay/visit; $0 for treatment | Not covered |
| Physical, Occupational and Speech Therapy | $0 | Not covered | Not covered |

| | MONTECARE PPO – YOUR COST IF YOU USE: | | | |
|---|---|---|---|---|
| | MONTEFIORE NETWORK | EMPIRE BLUECARD PPO NETWORK | | OUT-OF-NETWORK |
| **Financial** | | | | |
| Individual/Family Deductible | None | $625/$1,250 | | $1,250/$2,750 |
| Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance) | $5,350/$10,700 | $5,350/$10,700 | | $6,000/$17,500 |
| | | PREFERRED FACILITIES | NON-PREFERRED FACILITIES | |
| Inpatient Care<br>• Illness or Injury<br>• Mental Health/Substance Abuse Care<br>• Physical/Occupational Therapy or Rehab | $0 | $1,000 copay if precertified by Conifer Value Based Care[1]; otherwise $1,500 copay | $2,000 copay if precertified by Conifer Value Based Care[1]; otherwise $2,500 copay | 40%[2] coinsurance after $1,000 copay if precertified by Conifer Value Based Care[1]; otherwise $1,500 copay |
| High-Tech Radiology Services (including diagnostic MRI, MRA, CAT Scan, PET, Nuclear Cardiology) | $0 | $250 copay | $500 copay | 40%[2] coinsurance after deductible |
| Outpatient Surgery | $0 | $500 copay | $1,000 copay | 40%[2] coinsurance after deductible |
| Hospice – 210 days | $0 | $0 | | 40%[2] coinsurance after deductible |
| Skilled Nursing Facility – 120 days | $0 | $0 | | 40%[2] coinsurance after deductible |
| **Emergency Room Care** | | | | |
| • Bona Fide Emergency | $100 copay; waived if admitted | $100 copay; waived if admitted | | $100 copay; waived if admitted |
| • Other than Bona Fide Emergency | 30%[3] coinsurance | 30%[3] coinsurance after deductible | | 40%[2] coinsurance after deductible |
| • Urgent Care Facility | $0 | $30 copay/visit | | 40%[2] coinsurance after deductible |
| • Urgent Care Professional | $15 copay/visit | $30 copay/visit | | 40%[2] coinsurance after deductible |
| Preventive Care – Routine Physical Exam with PCP including OB/GYN; Routine Child Exam/ Immunizations; Routine Mammography | $0 | $0 | | 40%[2] coinsurance after deductible |
| Outpatient Diagnostic and Laboratory Tests X-rays, Bone Density, Blood, Urine, etc. | $0 | 20%[3] coinsurance after deductible | | 40%[2] coinsurance after deductible |
| **Physician Services (office visits)** | | | | |
| • Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care | $15 copay/visit | 20%[3] coinsurance after deductible | | 40%[2] coinsurance after deductible |
| • Specialists | $15 copay/visit | 20%[3] coinsurance after deductible | | 40%[2] coinsurance after deductible |
| • Chiropractic Care – 10 visits | $35 copay/visit | 20%[3] coinsurance after deductible | | 40%[2] coinsurance after deductible |
| • Surgery | $0 | 20%[3] coinsurance after deductible | | 40%[2] coinsurance after deductible |
| Home Health Care – 200 visits | $0 | $0 | | $0 after deductible |
| Maternity | $0 | 20%[3] coinsurance after deductible | | 40%[2] coinsurance after deductible |
| Allergy Testing and Treatment | $15 copay/visit; $0 for treatment | 20%[3] coinsurance after deductible | | 40%[2] coinsurance after deductible |
| Physical, Occupational and Speech Therapy | $0 | 20%[3] coinsurance after deductible | | 40%[2] coinsurance after deductible |

[1] Pre-certification will ensure that services are medically necessary and provided in an appropriate treatment setting.

[2] Reasonable and Customary charges are based on 150% of the National Medicare Physician Fee Schedule. The Plan benefit is then determined by applying the cost-sharing percentage to this amount; you are responsible for paying the balance of the bill to the provider.

[3] If services are billed by a facility, then percentages are 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.

# Prescription Drug Benefits

Prescription drug benefits are available for participants in MontePrime EPO and MonteCare PPO medical plans.

| IF YOU USE: | GENERIC | PREFERRED (FORMULARY) | NON-PREFERRED (NON-FORMULARY) | SPECIALTY |
|---|---|---|---|---|
| **MontePrime EPO** | | | | |
| • **Montefiore Outpatient Pharmacies**[1] | | | | |
| ◦ 30-day supply for new prescriptions for chronic medications and seasonal allergy medications | $0 | $20 copay | You pay 100% of discounted cost | $20 copay |
| ◦ 90-day supply for refills and all other medications | $0 | $40 copay | You pay 100% of discounted cost | $40 copay |
| **Montecare PPO** | | | | |
| • **Montefiore Outpatient Pharmacies**[1] | | | | |
| ◦ 30-day supply for new prescriptions for chronic medications and seasonal allergy medications | $0 | $20 copay | You pay 100% of discounted cost | $20 copay |
| ◦ 90-day supply for refills and all other medications | $0 | $40 copay | You pay 100% of discounted cost | $40 copay |
| **Express Scripts**[1] | | | | |
| • Retail pharmacy[2] (up to a 30-day supply for each prescription) | $15 copay | $45 copay | You pay 100% of discounted cost | $100 copay |
| • Home Delivery Pharmacy Service | | | | |
| ◦ 30-day supply for new prescriptions for chronic medications and seasonal allergy medications | $15 copay | $45 copay | You pay 100% of discounted cost | $100 copay |
| ◦ 90-day supply for refills and all other medications | $30 copay | $90 copay | You pay 100% of discounted cost | $150 copay |

[1]If you purchase a preferred formulary brand name medication when a generic equivalent is available, you are responsible for the:
- difference in cost between the generic and the preferred brand name medication at Montefiore's Outpatient Pharmacies.
- retail or mail order generic copayment plus the difference in cost between the generic and the preferred formulary brand name medication.

[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.

# Prescription Drug Out-of-pocket Maximum

Your share of out-of-pocket prescription drug expenses are limited to:

- MontePrime EPO — $750 for any one covered person ($1,500 for a family) for prescriptions obtained from Montefiore outpatient pharmacies.
- MonteCare PPO — $1,500 for any one covered person ($3,000 for a family) for prescriptions obtained from Montefiore outpatient pharmacies, Express Scripts participating retail pharmacies, home delivery pharmacy service and out-of network pharmacies.

Once the maximum is reached, the Plan pays 100% of any remaining prescription drug expense for that individual for the rest of the calendar year. The expenses of any remaining family member or members would then be applied to the family maximum amount. No one individual is required to pay more than the individual out-of-pocket amount.

# Dental

You can waive coverage or select one of the following:

- Preventive & Diagnostic Dental Care only — Montefiore pays the full cost of coverage for you and your family.
- Cigna DPPO Dental Plan — You and Montefiore share the cost of coverage.
- Cigna Dental Care (DHMO) — You are required to use dentists in the Cigna DHMO network. Montefiore pays the full cost of coverage.

# Dental Plan Reimbursement Levels

## In-network Benefits

The Preventive & Diagnostic Dental Care and Cigna DPPO Dental Plan options provide access to the Total Cigna DPPO Network which includes Montefiore's Department of Dentistry.

Reimbursement levels for these plans are based on contracted fees with providers in the network. These contracted fees lower your out-of-pocket costs. It does not affect the cost-sharing percentages for care established by the Plan.
You are not required to use these providers. However, you may save money if you do.

## Out-of-network Benefits

If you go outside of the Total Cigna DPPO Network, reimbursement levels are based on the Cigna Fee Schedule. It does not affect the cost-sharing percentages for care established by the Plan. For example, if you visit a dentist outside of the network for Basic Restorative Care, the Plan pays 80% of the Cigna Fee Schedule (not the Billed Charges) and you are responsible for 20% of the Cigna Fee Schedule plus the difference between Billed Charges and the Cigna Fee Schedule.

| | **DHMO** (IN-NETWORK ONLY) | **PREVENTIVE & DIAGNOSTIC** | **DPPO** |
|---|---|---|---|
| Dentists | Use DHMO dentist | Use any dentist | Use any dentist |
| Annual Deductible | None | None | $100 single/ $300 family (for basic, major and orthodontic services combined) |
| Annual Maximum Benefits (for each covered person) | None | None | $1,500/ $2,500 if you use a Montefiore dentist |
| Preventive & Diagnostic Services | 100% | 100%[1] | 100%[1] |
| Basic Services | 70% coinsurance | Not covered | 80%[1] coinsurance after deductible |
| Major Services | 70% coinsurance | Not covered | 50%[1] coinsurance after deductible |
| Orthodontics | 50% coinsurance | Not covered | 80%[1] coinsurance after deductible |
| Lifetime Orthodontic Maximum | None | None | $2,000 |

[1] Based on DPPO contracted fee schedules.

**Note:** If you do not enroll within 30 days of the date you first become eligible, you will automatically be enrolled in the Preventive & Diagnostic dental coverage for **yourself only**.

# Vision

UnitedHealthcare Vision Plan provides benefits for routine eye exams, eyeglasses or contact lenses. The Plan offers a High and a Low option. You pay 100% of the premium for UnitedHealthcare vision coverage with before-tax dollars.

In-network, covered-in-full benefits (up to plan allowance and after applicable copay) include a comprehensive exam, eye glasses with standard single vision, lined bifocal, or lined trifocal lenses, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eye glasses.

| RATES | LOW OPTION | HIGH OPTION |
|---|---|---|
| Employee | $2.30 Bi-weekly | $3.54 Bi-weekly |
| Employee + One | $4.10 Bi-weekly | $6.79 Bi-weekly |
| Family | $6.95 Bi-weekly | $9.39 Bi-weekly |
| **Copays for in-network services** | | |
| Exam | $10.00 | $0 |
| Materials | $15.00 | $0 |
| **Benefit frequency** | | |
| Comprehensive Exam | Once every 12 months | Once every 12 months |
| Spectacle Lenses | Once every 12 months | Once every 12 months |
| Frames | Once every 24 months | Once every 12 months |
| Contact Lenses in Lieu of Eye Glasses | Once every 12 months | Once every 12 months |
| **Frame benefit** | | |
| Private Practice Provider | $150.00 | $150.00 |
| Retail Chain Provider | $150.00 | $150.00 |
| **Lens options** | | |
| For both the Low Option and High Option plans, standard scratch-resistant coating lenses are covered in full. Other optional upgrades may be offered at a discount. (Discount varies by provider.) The High Option Plan covers the following additional lens options in full: standard progressive lenses, standard anti-reflective coating, polycarbonate lenses, ultraviolet coating, tints. | | |
| **Contact lens benefit** | | |
| **Covered-in-full elective contact lenses** – The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full (after a copay). If you choose disposable contacts, up to 4 boxes are included when obtained from a network provider. High Option Plan; 6 boxes are included. | | |
| **All other elective contact lenses** – A $125.00 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply). $150 allowance for High Option Plan. | | |
| **Necessary contact lenses** – Covered in full after applicable copay. | | |

Montefiore's Vision Plan includes UnitedHealthcare's **Children's Eye Care Program** for members up to age 13 — at no additional cost.

For covered children under the age of 13, the Children's Eye Care Program provides:

- A second eye examination each plan year.
- A second pair of glasses (frames and lenses) if as the result of the second exam there is a prescription change of 0.5 diopter or more. A diopter is the unit used to measure the optical power of the lens an eye requires.
- Depending on your Vision option, the same exam and materials co-payments that are effective for the first eye exam will apply and the frame and lens benefits will replicate the plan's core coverage levels.
- Polycarbonate lenses for dependent children are also available at no additional cost.

| | OUT-OF-NETWORK REIMBURSEMENTS UP TO (COPAYS DO NOT APPLY) | |
|---|---|---|
| SERVICE | STANDARD | BUY-UP |
| Exam | $50.00 | $50.00 |
| Frames | $45.00 | $45.00 |
| Single Vision Lenses | $50.00 | $50.00 |
| Bifocal Lenses | $60.00 | $60.00 |
| Trifocal Lenses | $80.00 | $80.00 |
| Lenticular Lenses | $80.00 | $80.00 |
| Elective Contacts in Lieu of Eye Glasses | $125.00 | $150.00 |
| Necessary Contacts in Lieu of Eye Glasses | $210.00 | $210.00 |
| **Laser vision benefit** | | |
| UnitedHealthcare Vision is partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call **1.888.563.4497** or visit **www.uhclasik.com**. | | |

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# FSA/GROUP LEGAL

## Flexible Spending Accounts

You can establish a Flexible Spending Account (FSA) to pay out-of-pocket healthcare and/or dependent care expenses for you and your family members with dollars that are never taxed. Your contributions are deducted from each bi-weekly paycheck before taxes are calculated and withheld, lowering your taxable income.

- Use the Healthcare Account to pay out-of-pocket healthcare expenses for you and anyone you claim as a dependent on your federal income tax return – as well as children to age 26, regardless of whether they are dependent upon you – and whether or not they are enrolled in Montefiore's medical and/or dental plans. You may contribute up to $2,700 each year to this account.
- Use the Dependent Care Account to pay day care related expenses for children under age 13 and/or an incapacitated adult you claim as a dependent on your federal income tax return. The care must be necessary so that you (and your spouse if you are married) can work. You may contribute up to $5,000 each year to this account.

## Group Legal Services

Are you buying a home, getting married or planning to adopt a child? Discover how Hyatt Legal Plans can help you. This coverage helps pay all or part of the cost of a wide range of personal legal services – for you and your covered family members – through a network of participating attorneys. You pay the full cost of coverage through regular payroll deductions on an after-tax basis. You may use any lawyer, although a greater portion of your cost is generally paid if you use the services of an in-network attorney.

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# BTA, LIFE & ACCIDENT INSURANCE

## Business Travel Accident (BTA) Insurance

In addition to your Life and Accident Insurance, this plan pays benefits in case of your death or dismemberment as the result of an accident while traveling on Montefiore business. Montefiore provides BTA Insurance equal to four times your annual stipend (minimum benefit $100,000 maximum benefit $1,000,000) at no cost to you.

## Life & Accident Insurance

Life Insurance is designed to pay a benefit to your beneficiary if you die from any cause while coverage is in effect. Accidental Death & Dismemberment (AD&D) Insurance pays a benefit to you or to your beneficiary for covered losses include loss of limbs, sight, speech and hearing, various forms of paralysis and coma. You make separate elections for Life and Accident Insurance.

- **Basic Life Insurance** – Montefiore provides Basic Life Insurance equal to one times your annual stipend (annual stipend is capped at $250,000) – at no cost to you after you complete one year at Montefiore or you may waive coverage. For the first year, you pay the full cost of the Basic Life Insurance. Age reductions do apply. If your annual stipend is greater than $50,000, you may lower your coverage to $50,000 to avoid imputed income. If you elect $50,000 or waive coverage and, in the future, decide to elect the full Basic Life Insurance amount, you will be required to submit Evidence of Insurability.
- **Supplemental Life Insurance** – You may elect Supplemental Life Insurance coverage from one to eight times your annual stipend (annual stipend is capped at $250,000) up to a maximum of $1,000,000. Age reductions do apply. Amounts in excess of the lesser of three times your annual stipend or $750,000 require Evidence of Insurability. You pay the cost of Supplemental Life Insurance based on your age, whether or not you use tobacco and the amount of coverage you elect.
- **Dependent Life Insurance** – If you are insured for Life Insurance, you may either select from two Dependent Life Insurance options or elect no coverage. The two options are:
  - $10,000 for your spouse; $5,000 for each child.
  - $20,000 for your spouse; $10,000 for each child.
- **Basic AD&D Insurance** – Montefiore provides Basic AD&D Insurance equal to one times your annual stipend (annual stipend is capped at $250,000) – at no cost to you after you complete one year at Montefiore or you can also waive coverage. Age reductions do apply.
- **Supplemental AD&D Insurance** – You may elect Supplemental AD&D Insurance coverage from one to eight times your annual stipend (up to a maximum of $750,000). You must elect Basic AD&D coverage to elect Supplemental AD&D. No Evidence of Insurability is required. Premiums are based on the amount of coverage you elect. The combined amount of Basic and Supplemental AD&D insurance cannot exceed the lesser of nine times annual stipend or $1,000,000.
- **Dependent AD&D Insurance** – If you elect Supplemental AD&D Insurance, you may also choose coverage for your spouse and/or child(ren) in $10,000 increments (up to a maximum of the lesser of eight times your annual stipend or $350,000 for your spouse and the lesser of one times your annual stipend or $50,000 for each child). You pay the full cost of Dependent AD&D coverage.

Montefiore



# PAID TIME OFF/DISABILITY

## Paid Time Off

Your Paid Time Off benefits include:

- Vacation: 28 days annually (July 1 — June 30).
- Sick Leave: 12 days annually (July 1 — June 30).

## Disability

Disability benefits continue part or all of your earnings if you are ill or injured and unable to work. Benefits are provided under the following programs:

- **Short Term Disability** – Includes Paid Sick Leave, Supplementary Sick Pay and New York State Statutory Disability benefits for up to 26 weeks. After you have been at Montefiore for 90 days and exhausted your Paid Sick Leave, Supplementary Sick Pay provides 2/3 of your annual stipend up to a maximum weekly benefit of $1,300, inclusive of New York State Disability or Worker's Compensation benefits.
- **Long Term Disability (LTD)** – Basic Long Term Disability (LTD) continues 60% of your predisability earnings up to a maximum benefit of $3,000 a month if you are disabled for more than 26 weeks. If your covered earnings are more than $60,000 annually, you have the option to purchase a Buy-up LTD benefit. Buy-up LTD benefits continue 60% of your predisability earnings up to an additional maximum benefit of $2,000 a month. The combined maximum monthly LTD benefit is $5,000 each month. You pay the cost of mandatory Basic LTD and any Buy-up LTD coverage you elect with after-tax dollars.

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# FINANCIAL SECURITY

## Voluntary Tax Deferred Annuity 403(b) Plan

### Pre-tax Contributions

Your before-tax contributions are deducted from your paycheck and accumulate earnings on a tax-deferred basis. Qualified distributions of your contributions and earnings are taxable at the time of withdrawal.

### Annual Increase Program (AIP)

The Annual Increase Program allows you to increase your contributions automatically each year. It's an easy way to help keep yourself on track, as you get closer to retirement. Choose the amount and date for your contributions to increase by the amount you elected.

### Roth Elective Deferral Post-tax Option

If you participate in the Voluntary Tax Deferred Annuity 403(b) Plan you may also make after-tax (Roth Elective Deferral) contributions to the plan. An after-tax contribution means that the contribution is taken out of your pay after taxes have been withheld. Qualified distributions of Roth after-tax contributions plus any earnings on those contributions will be tax-free.

### Maximum Contributions

You may simultaneously make both pre-tax elective deferral contributions and Roth after-tax elective deferral contributions to the Voluntary Tax Deferred Annuity 403(b) Plan. However, the combined maximum elective deferral contribution cannot exceed the annual Internal Revenue Service maximum. For 2019, you can save up to a maximum of $19,000. If you are 50 or older in 2019, you can make an additional catch-up contribution of $6,000.

Log on to NetBenefits at **www.netbenefits.com/atwork** or call the Fidelity Retirement Service Center at **800.343.0860.**

- Set up your username and password to access your account.
- Enter your beneficiary information.
- Add your preferred email address and elect eDelivery.
- Change your contribution amount, and/or change your future contribution investment elections.
- Review your account balance.
- Move money between investments within your account.
- Go mobile. Download the NetBenefits mobile app.

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# VOLUNTARY BENEFITS

Montefiore's Voluntary Benefits present a variety of products and services for you and your family. Some offer group discounts and the convenience of payroll deduction. You have direct access and control of your benefits and can enroll at any time during the year.

## Commuter Benefits Program

Whether you use mass transit, drive or a combination of both, you can save money just about any way you commute to work.

Through the Commuter Benefits Program you can qualify for significant tax advantages when you pay your mass transit and parking expenses through pre-tax payroll deductions. Your contributions are automatically deducted from your paycheck before taxes are calculated and withheld. This lowers your taxable income, so you save money on taxes!

It's convenient and easy to use with online ordering and home delivery plus direct payment – you don't have to wait for reimbursement. For more information contact WageWorks at **877.924.3967** or **www.wageworks.com**.

### 511NY Rideshare

511NY Rideshare is a no cost Ridematching, Traveler Services and Guaranteed Ride Program. You create a profile and find travelers who have similar travel routes and patterns. **511nyrideshare.org**.

## Employee Discounts

- Corporate Offers – Save up to 70% on Broadway tickets. **www.CorporateOffers.com 646.290.6419.**
- Health Club Discounts – Montefiore has arrangements with Falk Recreation Center/Friedman Athletic Center, Mosholu Montefiore Community Center's Fitness Center, Crunch, Equinox, New York Sports Club and YMCA (located in all boroughs).
- PerksConnect – Discounts on products and services from nationally recognized merchants as well as participating local businesses. There are no fees to register and you pay nothing to use the card. **montefiore.perksconnection.com 877.253.7100** Code: montefioremc.
- Pet Insurance – Nationwide Pet Insurance offers a choice of plans with different levels of coverage. Monthly premiums vary based on the type of plan you elect and the breed, age, and location of your cat or dog. There are also plans for avian and exotic animals. **www.petsnationwide.com 877.738.7874.**
- Plum Benefits powered by TicketsatWork — Special offers give you access to the leading travel and entertainment corporate benefits program in the world, **www.plumbenefits.com/signup 212.660.1888** Code: ac1025828.
- Wireless Discounts
  - Sprint – **www.sprint.com/montefiore** Code: HCMDA_MMC_ZZZ.
  - Verizon Connections – **www.verizon.com/connections.**
  - T-Mobile – Advantage Direct **866.464.8662** Code 12425TMOFAV.

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# VOLUNTARY BENEFITS

## Special Promotions

- Automobile and Homeowners Insurance offered through:
  - MetLife Auto & Home® – **www.metlife.com 800.438.6388**.
  - Travelers – **www.travelers.com 888.695.4640.**
- 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. **718.920.2020.**
- Municipal Credit Union – Offers a full range of financial services. **www.nymcu.org 212.693.4900.**
- Purchasing Power – Purchase new, brand-name computers, electronics and home appliances through payroll deductions. Shop Purchasing Power's secure website and enjoy the convenience of home delivery direct from the manufacturer. **www.Montefiore.PurchasingPower.com 800.537.3134**.

## Voluntary Insurance

You can purchase individual insurance policies offered at group rates.

- Voluntary Insurance Program (VIP) **www.mymmcbenefits.com 866.795.0355.**
  - Critical Illness Insurance.
  - Personal Accident Insurance.
  - Universal Life Insurance with Long Term Care.

This overview provides only highlights of the Montefiore Associate Benefits Program in effect on January 1, 2019 and does not attempt to cover all details. The actual provisions of the plans are governed by the legal documents for each. If there is a discrepancy between the information presented here and the legal documents, the legal documents will govern.

Montefiore expects and intends to continue the plans indefinitely, but reserves the right to change, modify or terminate them, in whole or in part, at any time and for any reason.

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# REGULATORY NOTICES

Employers are required to provide regulatory notices regarding your rights and procedures to protect those rights, You may view, download or print a copy of these notices from MyMonteBenefits or request a print version of these notices from the HR Benefits Office by emailing **montebenefits@montefiore.org** or by calling **914.349.8531**. Here's a summary of the notices.

**Children's Health Insurance Program (CHIP)**
If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from its Medicaid or CHIP programs.

**Claiming Healthcare Benefits**
Federal law requires your healthcare coverage to provide a process for filing claims for services and supplies that are urgent in nature in addition to procedures for post service claims.

**Consolidated Omnibus Budget Reconciliation Act (COBRA)**
COBRA gives workers and their families who lose their health benefits under certain circumstances the right to choose to continue their group health benefits for limited periods of time.

**Family and Medical Leave Act (FMLA)**
FMLA provides up to 12 work weeks of unpaid leave for certain family and medical reasons. If you utilize FMLA leave, you can elect to continue your health coverage provided you pay the required premium. At the end of the leave, you generally have the right to return to the same job or an equivalent position.

**Genetic Information Nondiscrimination Act (GINA)**
GINA prohibits employers, employment agencies, and labor unions from discriminating against employees based on genetic information. It also prohibits insurers from charging higher premiums based on genetic information or from using genetic information in underwriting decisions.

**HIPAA Special Enrollment Rights**
You may request a special enrollment in Montefiore's healthcare coverage under the following circumstances:

- Within 30 days of the date:
  - You or a family member loses other group health plan coverage (such as a spouse's plan).
  - You acquire a new family member through marriage, birth, adoption or legal guardianship.
- Within 60 days of the date you or a family member:
  - Is no longer eligible for coverage under the State's Children's Health Insurance Program (CHIP) or Medicaid.
  - Become eligible for premium assistance under the State's Children's Health Insurance Program (CHIP) or Medicaid.

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# REGULATORY NOTICES

**Marketplace Notice**
This notice provides some basic information about the Marketplace and employment-based health coverage offered by Montefiore-sponsored group health plans.

**Medicare Part D Notice**
If you and/or your family members are Medicare-eligible, federal law offers more choices for prescription drug coverage.

**Newborns' and Mothers' Health Protection Act (Newborns' Act)**
The Newborns' and Mothers Health Protection Act requires group health plans that offer maternity coverage to pay for at least a 48-hour hospital stay following childbirth (96-hour hospital stay in the case of Cesarean section).

**New York City's Earned Safe and Sick Time Act (ESSTA)**
ESSTA provides employees who work in New York City the right to use safe and sick leave for the care and treatment of themselves or a family member and to seek legal and social services assistance or take other safety measures if the employee or a family member may be the victim of any act or threat of domestic violence or unwanted sexual contact, stalking or human trafficking.

**NY Paid Family Leave (PFL)**
New York Paid Family Leave provides job security and paid time off from work for a specified period of time to care for a new child, a seriously ill family member or if a family member is called to active military service.

**Non-Discrimination Notice**
Montefiore's Benefits Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, sex, national origin, disability, sexual orientation, gender identity or expression, physical appearance or age.

**Notice of Privacy Practices**
These privacy rules set limits on how health plans, pharmacies, hospitals, clinics, nursing homes and other direct-care providers use individually identifiable health information.

**Summary of Benefits and Coverage (SBC)**
A Summary of Benefits and Coverage (SBC) is a standardized summary describing the benefits and limitations of each medical option.

**Uniform Services Employment and Re-employment Rights Act of 1994 (USERRA)**
USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

**Women's Health and Cancer Rights Act (WHCRA)**
The Women's Health and Cancer Rights Act (WHCRA) requires group health plans and health insurance issuers, which provide coverage for medical and surgical benefits with respect to mastectomies, to also cover certain post-mastectomy benefits. These benefits include reconstructive surgery and the treatment of complications.