

FOR YOUR BENEFIT
ELIGIBILITY & ENROLLMENT
HEALTHCARE

- MEDICAL
- PRESCRIPTION DRUGS
- DENTAL
- VISION

FSA/GROUP LEGAL

BTA, LIFE & ACCIDENT INSURANCE

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VOLUNTARY BENEFITS

REGULATORY NOTICES



ALBERT EINSTEIN COLLEGE OF MEDICINE 2021 BENEFITS SUMMARY

EXEMPT AND NON-EXEMPT STAFF MEMBERS



Benefits Office

1300 Morris Park Avenue, Room 1201
Bronx, NY 10461

benefits@einsteinmed.org

Montefiore



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 Einstein Benefits Program.

- **Resource Center** – You'll find Contact Information, Forms, Resources and Regulatory Notices (print versions are available upon request).
- **For Your Benefit**
 - *Einstein's Benefits Program* – Learn about your options for Healthcare coverage, Flexible Spending Accounts, Life, Accident & Disability Insurance, Group Legal Services and saving for your future financial security.
 - *Voluntary Benefits* – Direct access to Commuter Benefits and Employee Discounts. You may enroll at any time during the year.
 - *Eligibility & Enrollment* – Find out who is eligible and how to enroll in Einstein'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.

Einstein Benefits Program

Einstein'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 Einstein's Benefits Program, it is important to familiarize yourself with your benefit options. Go to www.MyMonteBenefits.com.

- Select "IF YOU WORK FOR: Albert Einstein College of Medicine – Enter Here".
- Click on the Benefits Orientation photo.
- Everything you need to know as a new plan participant is available to view and/or print, including a Rate Sheet and Medical Comparison.



ELIGIBILITY & ENROLLMENT

You are eligible to enroll in the Benefits Program if you are a regular, exempt or non-exempt staff member of the Albert Einstein College of Medicine regularly scheduled to work at least 20 hours per week.

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 Einstein 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 Benefits Office at 718.430.2547 or at benefits@einsteinmed.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



ELIGIBILITY & ENROLLMENT

Verify Your Personal Information

If you need to make any changes to your personal information, please go to Employee Self Service on the Einstein Intranet page.

Select Your Benefits

- Your record will be sent to the Benefits Center and you will receive an email informing you that you can enroll for benefits. You have 30 days to enroll.
- You may elect or waive coverage in each benefit area. If you wish to waive coverage you must actively elect that option.
- 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 Supplemental Life Insurance. If you do not answer the tobacco use question, you will pay the higher tobacco user premium for Medical and Supplemental Insurance coverage even if you are not a tobacco user.
- Make your benefit elections for Medical, Dental, Vision, Supplemental Life Insurance, Dependent Life Insurance, Supplemental AD&D, Buy-up LTD and Group Legal Services. Basic LTD is a mandatory benefit.
- 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:

- MonteCare 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 base salary (up to a maximum of \$250,000).
- Business Travel Accident (BTA) and Mandatory Basic Long Term Disability Insurance.

You will not have coverage for any family members.



HEALTHCARE

Medical

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

Provider Networks

MonteCare EPO and MonteCare PPO both use the Empire Network (Preferred and Non-preferred Facilities) and Montefiore Network:

- MonteCare EPO requires you to use in-network providers to receive benefits. Your share of the cost will be higher when you use Empire Network Non-preferred Facilities.
- 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).

Care Guidance

The Care Guidance Program for Einstein employees provides you with a Personal Health Nurse (PHN) who will work one-on-one with you for as long and as often as you need. This is a voluntary program that can provide support and resources to help you, or a member of your family, manage your or their health. Einstein provides this program at no cost to Einstein employees and their family members who are covered by Montefiore's Empire BlueCross BlueShield medical plans. All services are completely confidential and at any point in time, you have the opportunity to OPT OUT of the program. For more information, call 855.MMC.WELL (855.662.9355) or email mmccareguidance@montefiore.org.

IN-NETWORK PROVIDERS	MONTECARE EPO/MONTECARE PPO
Hospitals and Other Facilities	<ul style="list-style-type: none"> • Empire Network <ul style="list-style-type: none"> ◦ Preferred Facilities ◦ Non-preferred Facilities • 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, Westchester Square, White Plains Hospital, Montefiore Nyack Hospital, Montefiore St Luke's Cornwall 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 Network and Schaffer Extended Care Center
Laboratories	Quest Laboratories, LabCorp and any hospital laboratory participating in the Empire and Montefiore Networks (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, Westchester Square, Montefiore Nyack Hospital) and Montefiore St Luke's Cornwall Hospital
Pharmacies	Express Scripts participating retail pharmacies, home delivery pharmacy service and Montefiore outpatient pharmacies
Physicians, Therapists, and Counseling for Mental Health and Substance Abuse	<ul style="list-style-type: none"> • Montefiore Integrated Provider Association (MIPA) • Empire Network • Highland Medical, P.C. • Montefiore Behavioral Care Integrated Provider Association (MBCIPA) • 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 MonteCare EPO medical coverage for yourself only .	

HEALTHCARE

MONTECARE EPO – YOUR COST IF YOU USE:

MONTEFIORE NETWORK		EMPIRE NETWORK		OUT-OF-NETWORK
Financial				
Individual/Family Deductible	None	\$500/\$1,000		Not covered
Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance)	\$5,350/\$10,700	\$5,350/\$10,700		Not covered
		PREFERRED FACILITIES	NON-PREFERRED FACILITIES	
Inpatient Care <ul style="list-style-type: none">• Illness or Injury• Mental Health/Substance Abuse Care• Physical/Occupational Therapy or Rehab	\$0	20% ¹ coinsurance after deductible if pre-certified by Conifer Value Based Care ² ; an additional 10% after deductible if the inpatient care is not pre-certified by Conifer	40% ¹ coinsurance after deductible if pre-certified by Conifer Value Based Care ² ; an additional 10% after deductible if the inpatient care is not pre-certified by Conifer	Not covered except in the case of an emergency admission
High-Tech Radiology Services (including diagnostic MRI, MRA, CAT Scan, PET, Nuclear Cardiology)	\$0	20% ¹ coinsurance after deductible	40% ¹ coinsurance after deductible	Not covered
Outpatient Surgery	\$0	20% ¹ coinsurance after deductible	40% ¹ coinsurance after deductible	Not covered
Hospice – 210 days	\$0	\$0		Not covered
Skilled Nursing Facility – 120 days	\$0	\$0		Not covered
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	20% coinsurance	20% ¹ coinsurance after deductible		Not covered
• Urgent Care Facility	\$0	\$30 copay/visit		Not covered
• Urgent Care Professional	\$15 copay per visit	\$30 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	20% ¹ coinsurance after deductible		Not covered
Physician Services (office visits)				
• Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care	\$15 copay/visit	20% ¹ coinsurance after deductible		Not covered
• Specialists	\$15 copay/visit	20% ¹ coinsurance after deductible		Not covered
• Chiropractic Care – 10 visits	\$50 copay/visit	20% ¹ coinsurance after deductible		Not covered
• Surgery	\$0	20% ¹ coinsurance after deductible		Not covered
Home Health Care – 200 visits	\$0	\$0		Not covered
Maternity	\$0	20% ¹ coinsurance after deductible		Not covered
Allergy Testing and Treatment	\$15 copay/visit; \$0 for treatment	20% ¹ coinsurance after deductible		Not covered
Physical, Occupational and Speech Therapy	\$0	20% ¹ coinsurance after deductible		Not covered

¹ 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 facilities actual charge if it is outside of the Empire area.

² Pre-certification will ensure that services are medically necessary and provided in an appropriate treatment setting.

HEALTHCARE

MONTECARE PPO – YOUR COST IF YOU USE:

MONTEFIORE NETWORK		EMPIRE 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 <ul style="list-style-type: none">• Illness or Injury• Mental Health/Substance Abuse Care• Physical/Occupational Therapy or Rehab	\$0	\$1,000 copay if pre-certified by Conifer Value Based Care ¹ ; an additional \$500 copay if the inpatient care is not pre-certified by Conifer	\$2,500 copay if pre-certified by Conifer Value Based Care ¹ ; an additional \$500 copay if the inpatient care is not pre-certified by Conifer	40% ² coinsurance after \$1,000 copay if pre-certified by Conifer Value Based Care ¹ ; an additional \$500 copay if the inpatient care is not pre-certified by Conifer
High-Tech Radiology Services (including diagnostic MRI, MRA, CAT Scan, PET, Nuclear Cardiology)	\$0	\$250 copay	\$625 copay	40% ² coinsurance after deductible
Outpatient Surgery	\$0	\$500 copay	\$1,250 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% 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 facilities actual charge if it is outside of the Empire area.



HEALTHCARE

Prescription Drug Benefits

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

IF YOU USE:	GENERIC	PREFERRED (FORMULARY)	NON-PREFERRED (NON-FORMULARY)	SPECIALTY
Montefiore Outpatient Pharmacies				
◦ 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				
• Retail Pharmacy ¹ (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 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.



HEALTHCARE

Prescription Drug Benefits

< Montefiore Community Outpatient Pharmacy

You can use the Montefiore Community Pharmacy at Montefiore Moses Hospital, 110 East 210th Street, Bronx, NY 10467 to have your prescriptions electronically prescribed.

To begin, you must enroll in the Montefiore Outpatient Pharmacy Management System. To enroll in the Montefiore Outpatient Pharmacy system, go to www.montefiore.org/montefiorepharmacy and complete the Pharmacy Registration Form. Be sure to select your default delivery location as Einstein COM (Einstein Pharmacy).

The Outpatient Pharmacy will send your prescription to the Jack D. Weiler Hospital Pharmacy, 1825 Eastchester Rd, Bronx, NY 10461, located on the first floor of the hospital, where you can pick it up. All prescriptions requested by 11am Monday through Friday will be ready for pick-up at the Weiler Hospital pharmacy the same day after 2pm. Prescriptions are available for pick-up Monday through Friday 8:00am through 5:00pm.

The Montefiore Community Outpatient Pharmacy phone number is 718.920.4934.

Prescription Drug Out-of-pocket Maximum

Your share of expenses for prescriptions obtained from Montefiore outpatient pharmacies, Express Scripts participating retail pharmacies, the home delivery pharmacy service or out-of-network pharmacies is limited to \$1,500 for any one covered person (\$3,000 for a family) in a calendar year. Once that maximum is reached, the Plan pays 100% of any remaining prescription drug expenses for that individual for the rest of the calendar year.

If you purchase a brand name medication (preferred or non-preferred) when a generic equivalent is available, you are responsible for the retail or mail order generic copayment plus the difference in cost between the generic and the brand name medication. The difference in cost between generic and the brand name medications is not included in the out-of-pocket maximum and is not eligible for 100% reimbursement after the out-of-pocket maximum has been met.

Dental

You can waive coverage or select one of the following:

- Preventive & Diagnostic Dental Care.
- Cigna DPPO Dental Plan.
- Cigna DPPO Enhanced Dental Plan.
- Cigna Dental Care (DHMO).

Dental Plan Reimbursement Levels

In-network Benefits

The Preventive & Diagnostic Dental Care, Cigna DPPO Dental Plan and Cigna DPPO Enhanced 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	ENHANCED DPPO
Dentists	Use DHMO dentist	Use any dentist	Use any dentist	Use any dentist
Annual Deductible	None	None	\$100 individual/ \$300 family (for basic, major and orthodontic services combined)	\$50 individual; \$100 family
Annual Maximum Benefits (for each covered person)	None	None	\$1,500/ \$2,500 if you use a Montefiore dentist	\$4,500 regardless of the dentist you use
Preventive & Diagnostic Services	100%	100% ¹	100% ¹	100% ¹
Basic Services	70% coinsurance	Not covered	80% ¹ coinsurance after deductible	80% ¹ coinsurance after deductible
Major Services	70% coinsurance	Not covered	50% ¹ coinsurance after deductible	60% ¹ coinsurance after deductible
Orthodontics	50% coinsurance	Not covered	80% ¹ coinsurance after deductible	80% ¹ coinsurance after deductible
Lifetime Orthodontic Maximum	None	None	\$2,000	\$2,000

¹ Based on DPPO contracted fee schedules.

You pay the cost of dental coverage during your first year at Einstein. After one year, Einstein begins to subsidize the premiums for Preventive and Diagnostic Care, DPPO and the DPPO Enhanced dental plans.

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

Vision

UnitedHealthcare Vision Plan (Spectera) 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.

	LOW OPTION	HIGH OPTION
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. 6 boxes are included under the High Option Plan.		
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.		

A **Maternity Benefit** to help ensure optimal eye health for pregnant and breastfeeding women is also available. The maternity vision benefit offers:

- Coverage for a second eye exam each plan year at no additional premium cost.
- Coverage for a new pair of glasses (frames and lenses) at no additional premium cost if the vision prescription changes .5 diopter or greater in a plan year.

UnitedHealthcare Vision will not require proof of pregnancy.

Einstein'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.

SERVICE	OUT-OF-NETWORK REIMBURSEMENTS UP TO (COPAYS DO NOT APPLY)	
	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.

To locate providers that participate in the UnitedHealthcare Vision plan, go to www.myuhcvision.com.



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 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 the medical and/or dental plans. You may contribute up to \$2,750 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 MetLife 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. >



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 Einstein business. Einstein provides BTA Insurance equal to four times your annual base salary (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 including 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** – Einstein provides Basic Life Insurance equal to one times your annual base salary (annual base salary is capped at \$250,000) – at no cost to you after you complete one year at Einstein or you may waive coverage. For the first year, you pay the full cost of Basic Life Insurance. Age reductions do apply. If your annual salary 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 base salary (annual base salary 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 base salary 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 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** – Einstein provides Basic AD&D Insurance equal to one times your annual base salary (annual base salary is capped at \$250,000) – at no cost to you after you complete one year at Einstein or you can 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 base salary (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 your annual base salary 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 base salary or \$350,000 for your spouse and the lesser of one times your annual base salary or \$50,000 for each child). You pay the full cost of Dependent AD&D coverage.



PAID TIME OFF/DISABILITY

Paid Time Off

Your Paid Time Off benefits include:

- Exempt employees accrue a maximum of 20 days of paid vacation per year; 25 days after 25 years of service.
- Non-Exempt employees accrue a maximum of 10 days of paid vacation per year, 20 days after 5 years of service; 25 days after 25 years of service.
- 4 Personal days accrued (Employees in Central Administration offices will have time off for the Jewish holidays, in lieu of personal days).
- 12 Sick days, accrued one/month.

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 Einstein for 90 days and exhausted your Paid Sick Leave, Supplementary Sick Pay provides 2/3 of your annual base earnings up to a maximum weekly benefit of \$1,300, inclusive of New York State Statutory Disability or Worker's Compensation benefits.
- **Long Term Disability** — 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.



FINANCIAL SECURITY

Einstein 403(b) Retirement Income Plan

The Einstein 403(b) Retirement Income Plan is a defined contribution plan administered by Fidelity Investments. You can choose to contribute on a pre-tax basis which reduces your taxable income now, or you can choose to make Roth after-tax contributions to the plan or a combination of both.

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.

Roth Elective Deferral Post-tax Option

If you participate in the Einstein 403(b) Retirement Income 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; assuming certain conditions are met.

Automatic Enrollment

If you are newly eligible you will automatically be enrolled in the Albert Einstein College of Medicine 403(b) Plan at a 4% pre-tax contribution which will automatically increase each year by 1% until it stops at 8%. Your contributions will begin after 30 days at Einstein. You can opt out of auto-enrollment at any time.

At any time during the year, to decline participation, direct your investments or change your contributions go to www.403b.com.

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.

Einstein Contributions

For eligible employees, Einstein provides a non-elective contribution equal to 7.5% of base pay up to an annual compensation limit of \$265,000.

You must meet a 3-year service requirement in order to become vested. Vesting is your nonforfeitable right to the value of your account — Einstein's contributions and earnings on these contributions.

Maximum Contributions

You may simultaneously make both pre-tax elective deferral contributions and Roth after-tax elective deferral contributions to the Einstein 403(b) Retirement Income Plan. However, the combined maximum elective deferral contribution cannot exceed the annual Internal Revenue Service maximum. For 2021, you can save up to a maximum of \$19,500 each year. If you are 50 or older in 2021, you can make an additional catch-up contribution of \$6,500.

Log on to NetBenefits at www.netbenefits.com/atwork or call the Fidelity Retirement Service Center at **855.498.7283**.

- 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.

VOLUNTARY BENEFITS

Einstein'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**.
- Virtual Exercise Resources (https://www.mymontebenefits.com/sites/default/files/pdf/virtual_exercise_resources_summer_2020.pdf) – Physical fitness is important for wellness and wellbeing. During the pandemic when fitness facilities are closed, there are many free and low-cost virtual offerings available.
- Identity Theft Protection – You can enroll yourself and family members in the Allstate Identity Protection program. To learn more about the program or to enroll, go to www.infoarmor.com/einstein or call 800.789.2720.
- 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. alberteinstein.perksconnection.com **877.253.7100** Code: AECM16.
- 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
 - Verizon Wireless – email: alicia.ingentro@g.verizon.com.



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 Benefits Office by email benefits@einsteinmed.org or by calling **718.430.2547**. 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 Einstein'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.



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

Einstein'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.

This overview provides only highlights of the Einstein Benefits Program in effect on January 1, 2021 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.

Einstein 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.