ELIGIBILITY & ENROLLMENT
HEALTHCARE
- MEDICAL
- PRESCRIPTION DRUGS
- DENTAL
- VISION

VOLUNTARY BENEFITS
REGULATORY NOTICES



ALBERT EINSTEIN COLLEGE OF MEDICINE
2021 BENEFITS SUMMARY
VISITING SCIENTIST OR VISITING PRE-DOCTORAL FELLOW

EINSTEIN
Albert Einstein College of Medicine

Benefits Office

1300 Morris Park Avenue, Room 1201
Bronx, NY 10461

benefits@einsteinmed.org

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ELIGIBILITY & ENROLLMENT

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.

You are eligible to enroll in the Benefits Program if you are Visiting Scientist or Visiting Pre-doctoral Fellow of the Albert Einstein College of Medicine.

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.

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**.

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.

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.

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

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.

Cost

You pay 100% of the cost for MontePrime EPO and UnitedHealthCare Vision High Option individual coverage. The monthly premiums for the following benefit options are:

- MontePrime EPO and vision: $436.51 individual/$979.63 employee plus one/$1,306.90 family
- Cigna Dental Care DHMO: $19.58 individual/$49.00 family

Your Benefits Program offers a bundled benefits package which includes medical and vision coverage. In addition, you may elect dental coverage under the Cigna Dental Care (DHMO).

If You Don't Enroll

If you don't enroll within 30 days of the date you first become eligible, you will automatically be enrolled in MontePrime EPO medical coverage and vision coverage for yourself.

You will not have coverage for any family members.

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HEALTHCARE

Medical

Your medical benefits pay for a variety of medical services and supplies in and out of the hospital. The MontePrime EPO, requires you to use in-network providers to recieve benefits. No benefits are paid for out-of-network care except in a bona fide emergency.

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	MONTEPRIME EPO
Hospitals and Other Facilities	Montefiore Moses Hospital, Jack D. Weiler Hospital (Einstein), Montefiore Wakefield Hospital, Westchester Square, The Children's Hospital at Montefiore, Montefiore Mt. Vernon Hospital, Montefiore New Rochelle Hospital, White Plains Hospital, Montefiore Nyack Hospital, Montefiore St Luke's Cornwall Hospital, Burke Rehabilitation Hospital, Montefiore Ambulatory Surgical Facilities, Montefiore Imaging Center, Department of Radiology, Advanced Endoscopy Center and New York GI Center
Skilled Nursing Facility, Hospice	Empire Network and Schaffer Extended Care Center
Laboratories	Quest Laboratories, LabCorp and any Montefiore laboratory (including Montefiore Moses Hospital, Jack D. Weiler Hospital (Einstein), Wakefield Hospital, Westchester Square, The Children's Hospital at Montefiore, Montefiore Mt. Vernon Hospital, Montefiore New Rochelle Hospital, Montefiore Nyack Hospital and Montefiore St Luke's Cornwall Hospital)
Pharmacies	Montefiore outpatient pharmacies
Physicians, Therapists, and Counseling for Mental Health and Substance Abuse	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 MontePrime EPO medical coverage for **yourself only**.	

	MONTEPRIME EPO – YOUR COST IF YOU USE:		
	MONTEFIORE NETWORK	EMPIRE 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 • Illness or Injury • Mental Health/Substance Abuse Care • 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

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HEALTHCARE

Prescription Drug Benefits

Prescription drug benefits are included in your medical coverage. The MontePrime EPO Plan provides prescription drug coverage only through Montefiore Community Outpatient Pharmacy.

IF YOU USE:	GENERIC	PREFERRED (FORMULARY)	NON-PREFERRED (NON-FORMULARY)	SPECIALTY
MontePrime EPO				
• **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

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HEALTHCARE

Prescription Drug Benefits

Montefiore Community Outpatient Pharmacy

You may 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 Management System. To enroll, 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 Road, Bronx, NY 10461, located on the first floor of the hospital, where you can pick it up. All prescriptions requested by 11:00 a.m. will be ready for pick up after 2:00 pm that same day. The Outpatient Pharmacy is only available Monday through Friday, 8:00 a.m. to 5:00 p.m.

If You Enroll in the MontePrime EPO Plan

The MontePrime EPO Plan provides prescription drug benefits ONLY through the Montefiore Community Outpatient Pharmacy. We recognize that there may be times when the Montefiore Outpatient Pharmacy may not be the best or fastest option available to you for filling your prescriptions and rather than wait, there is an option available to you on an exception basis.

Einstein has made special arrangements to reimburse you for drugs purchased at a retail pharmacy due to the following exceptions:

- If you need to have a prescription filled to treat an acute illness on an emergency basis and you have missed the 11:00 a.m. deadline for same day delivery to the Einstein Pharmacy, or
- If you need to have a prescription filled in the evenings or on the weekend when the Montefiore Outpatient Pharmacy is closed.

On an exception basis, you can fill your prescription at a retail pharmacy but you will have to pay the full cost for the medication. You will receive reimbursement of your out of pocket costs (less any copays/coinsurance that may apply). If you use a pharmacy in the Express Script (ESI) network (CVS, or Rite Aid), your reimbursement will be higher than if you use a pharmacy that is not in the ESI network. Submit your receipts along with the Prescription Drug Reimbursement form to the Benefits Office, Room 1201, Belfer Building for processing. Since the reimbursements are processed directly by ESI, it may take 3-4 weeks to receive your reimbursement.

Prescription Drug Out-of-pocket Maximum

Your out-of-pocket prescription drug expenses are limited to $750 for any one covered person ($1,500 for a family) for prescriptions obtained from Montefiore outpatient pharmacies.

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.

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HEALTHCARE

Dental

You can waive coverage or select the Cigna Dental Care (DHMO) Plan. With a DHMO plan, you choose a DHMO network general dentist to manage your dental care and refer you to any specialists you may need.

	DHMO (IN-NETWORK ONLY)
Dentists	Use DHMO dentist
Annual Deductible	None
Annual Maximum Benefits (for each covered person)	None
Preventive & Diagnostic Services	100%
Basic Services	70% coinsurance
Major Services	70% coinsurance
Orthodontics	50% coinsurance
Lifetime Orthodontic Maximum	None

[1] Based on DPPO contracted fee schedules.

Vision

UnitedHealthcare Vision Plan provides benefits for routine eye exams, eyeglasses or contact lenses. You can receive care from a network eye care professional or an out-of-network provider.

	HIGH OPTION
Copays for In-network Services	
Exam	$0
Materials	$0
Benefit frequency	
Comprehensive Exam	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses in Lieu of Eye Glasses	Once every 12 months
Frame benefit	
Private Practice Provider	$150.00
Retail Chain Provider	$150.00
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 6 boxes are included when obtained from a network provider.	
All other elective contact lenses – A $150.00 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply).	
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.
- 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)
Exam	$50.00
Frames	$45.00
Single Vision Lenses	$50.00
Bifocal Lenses	$60.00
Trifocal Lenses	$80.00
Lenticular Lenses	$80.00
Elective Contacts in Lieu of Eye Glasses	$150.00
Necessary Contacts in Lieu of Eye Glasses	$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 UniteHealthcare Vision plan, go to **www.myuhcvision.com**

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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.

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.**

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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 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 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
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.