



WHAT'S NEW IN BRIEF!

Medical

- Expanded Montefiore Facility Network
- Increased Prescription Drug Out-of-pocket Maximums
- Revised Definition of Reasonable and Customary
- Prior Authorization for Specialty Medications
- Revised Salary Bands to Determine Medical Premium Contributions

Dental

- New Dental Plan Administrator
- Cigna DPPO – Higher Annual Maximum Benefit

Life Insurance

- New EOI Process

Dear Montefiore Associate

Each year, we review our Benefits Program to make sure it remains competitive, provides our associates with comprehensive coverage that meets their needs, offers flexibility, helps to control healthcare costs and provides the best value for the dollars you and Montefiore spend. This newsletter highlights the changes that will become effective on January 1, 2016.

Be sure to take the time to read this newsletter so you are aware of the changes and are better able to make informed choices during this Annual Benefits Election Period. If you need assistance, please contact the HR-Benefits Office by email at montebenefits@montefiore.org or call **914.349.8531**.

The benefit choices you make now – and the lifestyle decisions you make throughout the year – have a direct effect on healthcare costs for you and Montefiore. Take advantage of the tools and resources that are available to you that can help you live a healthier life and plan for a more financially secure future. You can find more information about these tools and resources in this newsletter and at www.MyMonteBenefits.com.

Sincerely,

Eileen Montalto
Director – Employee Benefits

WHAT'S NEW FOR 2016

Medical

Expanded Montefiore Facility Network

As an affiliate of Montefiore Health System, the White Plains Hospital facility will be joining the Montefiore Facility Network. White Plains Hospital is located at 41 East Post Road, White Plains, NY **914.681.0600**. Providers at White Plains Hospital will be in-network **only** if they participate in one of the physician networks shown below.

The Montefiore Provider Network includes:

Hospitals and Other Facilities	Moses, Weiler, Wakefield, Westchester Square, The Children's Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital, White Plains Hospital, Montefiore Ambulatory Surgical Facilities, Montefiore Imaging Center, Montefiore Department of Radiology, Advanced Endoscopy Center and NY GI Center
Skilled Nursing Facility, Hospice	Empire BlueCard PPO Network and Schaffer Extended Care Center
Laboratories	Quest Laboratories, LabCorp, Moses, Weiler, Wakefield, Westchester Square, The Children's Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital
Pharmacies	Moses and Weiler outpatient pharmacies
Physicians, Therapists and Counseling for Mental Health and Substance Abuse	<ul style="list-style-type: none"> • Montefiore Integrated Provider Association (MIPA) • Empire BlueCard PPO Network • Montefiore Behavioral Care Integrated Provider Association (MBCIPA) • Empire Behavioral Health Network

Keep in mind, when you use a Montefiore provider, there is no deductible and your share of the cost is usually less than when you use the Empire BlueCard PPO Network.

Increased Prescription Drug Out-of-pocket Maximums

The annual out-of-pocket maximum for prescription drug copayments and coinsurance and will increase to \$1,500 for any one covered person (\$3,000 for a family) in a calendar year.

The difference between the cost of generic and brand name drugs when a generic equivalent is available does not count towards your out-of-pocket maximum.

Once your share of eligible expenses reaches the out-of-pocket maximum, the plan pays 100% of covered services for the remainder of the calendar year. If you are enrolled for family coverage and one family member reaches the individual out-of-pocket maximum amount, the plan will pay 100% of that family member's eligible expenses 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.

Revised Definition of Reasonable and Customary

Effective January 1, 2016, reasonable and customary charges for out-of-network services will be based on 150% of Medicare's National Provider Rate. The Plan benefit is then determined by applying the cost-sharing percentage (70%/80%) to this amount; you are responsible for paying the balance of the bill to the provider.

Prior Authorization for Specialty Medications

Specialty medications must receive prior authorization before filling a prescription through Montefiore's outpatient pharmacies and Express Scripts participating retail or specialty (Accredo) pharmacies.

Prior Authorization insures that drugs are being used for their designed purpose. Express Scripts will review your prescription to determine if it qualifies for drug coverage based on nationally accepted clinical guidelines and standards.

If you are taking drugs that require prior authorization, Express Scripts will notify you and provide you with instructions for a coverage review.

Medical Insurance Premiums

The medical plans use salary bands to determine medical premium contributions. The salary bands will be restructured – increasing the number of bands from four to seven to better balance medical premium contribution levels with the ability to pay. The impact of the new salary bands – and your medical premium contributions – will depend on whether or not you use tobacco, the medical plan option you select and whether you elect single or family coverage.

New Salary Bands

Under \$39,999	\$40,000 – \$64,999	\$65,000 – \$99,999	\$100,000 – \$149,999	\$150,000 – \$199,999	\$200,000 – \$249,999	\$250,000 and over
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Old Salary Bands

Under \$60,000	\$60,000 – \$99,999	\$100,000 – \$149,999	\$150,000 – over
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2016 Bi-weekly Premium Contributions

Bi-weekly medical premium contributions for 2016 for non-tobacco users are shown below.

2016 Bi-weekly Premium Contributions (Non-tobacco User Rates)

	Full-time Associates		Part-time Associates	
	You Only	You + Your Family	You Only	You + Your Family
MonteCare EPO Salary Band	\$0.00	\$0.00	\$0.00	\$0.00
MonteCare PPO Salary Band				
• Under \$39,999	\$74.77	\$209.34	\$139.43	\$390.38
• \$40,000 – \$64,999	\$81.94	\$229.40	\$144.68	\$405.09
• \$65,000 – \$99,999	\$89.10	\$249.46	\$149.93	\$419.80
• \$100,000 – \$149,999	\$100.56	\$281.55	\$158.34	\$443.33
• \$150,000 – \$199,999	\$106.29	\$297.60	\$162.54	\$455.10
• \$200,000 – \$249,999	\$112.02	\$313.65	\$166.74	\$466.87
• \$250,000 and over	\$117.75	\$329.69	\$170.94	\$478.63



2016 Tobacco Use Surcharge

If you use tobacco, you will pay your regular medical premium contributions plus an additional **20%**. You are considered a non-tobacco user if:

- You have not used tobacco products of any kind during the 6 months immediately before December 31, 2015
or
- You indicate your intention to and arrange for a consultation with OHS to obtain counseling and a referral for Free Nicotine Replacement Therapy by December 31, 2015.

If you do not answer the tobacco use question during the Annual Benefits Election Period, you will pay the tobacco premium contribution surcharge for your medical coverage – even if you are not a tobacco user. Be sure to answer honestly. Failure to accurately respond to the tobacco use question is a violation of Montefiore policy that may subject you to disciplinary action.

Note: If you answered the tobacco use question last year and have not changed your tobacco use (either stopped or started), you do not need to answer the question again.

2016 Bi-weekly Vision Premium Contributions

Spectera Vision Plan High and Low Option premium contributions will continue unchanged for 2016.

Bi-weekly Premium Contributions

	You Only	You + One Family Member	You + Your Family
• Low Option	\$2.30	\$4.10	\$6.95
• High Option	\$3.54	\$6.79	\$9.39

Dental

New Dental Plan Administrator

Cigna will be the new Dental Plan Administrator for:

- Preventive & Diagnostic Dental Care
- Cigna Dental PPO (DPPO) – With a DPPO plan, you can visit any licensed dentist or specialist without a referral. Once you meet your deductible, the DPPO pays a percentage of eligible dental expenses covered by the plan. Total Cigna DPPO Network offers two levels of potential savings from providers:
 - Cigna DPPO Advantage Dentists may provide a better benefit level with greater savings
 - Cigna DPPO Dentists may provide a lesser benefit level while still offering savings
- Cigna Dental Health Maintenance Organization (DHMO) – 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. There are no annual maximum benefits, deductibles or claim forms to file.

You can find a network dentist or specialist online at [Cigna.com](https://www.cigna.com) or sign up at [myCigna.com](https://mycigna.com) for your personalized website. You may also call Customer Service at **800.Cigna24 (800.244.6224)**.

Cigna DPPO – Higher Annual Maximum Benefit

If you enroll in the Cigna DPPO, you may increase your annual maximum benefit by \$1,000 (up to \$2,500) if you use a dentist in Montefiore's Department of Dentistry. Otherwise, the annual maximum benefit will be \$1,500 for each covered person.

Dental Comparison

	Your Cost		
	Preventive & Diagnostic	DPPO	DHMO (In-network Only)
Dentists	Use any dentist	Use any dentist	Use DHMO dentist
Individual Annual Deductible	None	\$100 (does not apply to Preventive Care)	None
Annual Maximum Benefits (for each covered person)	None	\$1,500/\$2,500 if you use a Montefiore dentist	None
Preventive and Diagnostic Services	\$0	\$0	\$0
Basic Services	Not covered	20% ¹ coinsurance after deductible	\$0 or 20% ¹ coinsurance
Major Services	Not covered	50% ¹ coinsurance after deductible	30% ¹ coinsurance
Orthodontics	Not covered	20% ¹ coinsurance after deductible	50% ¹ coinsurance
Lifetime Orthodontic Maximum	None	\$2,000	None

¹Based on DPPO contracted fee schedules

2016 Bi-weekly Dental Premium Contributions

	Bi-weekly Premium Contributions	
	You Only	You + Your Family
Your First Year at Montefiore		
• Preventive & Diagnostic Dental Care Only	\$0.00	\$0.00
• Cigna DPPO Dental Plan	\$17.76	\$49.71
• Cigna DHMO In-network Only	\$0.00	\$0.00
After Your First Year at Montefiore		
• Preventive & Diagnostic Dental Care Only	\$0.00	\$0.00
• Cigna DPPO Dental Plan	\$8.52	\$27.84
• Cigna DHMO In-network Only	\$0.00	\$0.00

Care Guidance

The Care Guidance Program provides health and lifestyle assistance and support to Montefiore associates and their family members who are covered by Montefiore's MonteCare EPO and MonteCare PPO medical plans. It's entirely voluntary, completely confidential and totally free!

The Care Guidance Program is ready to help you be as healthy as you can be! Contact us if you:

- Have questions about your health, your medications or your healthcare
- Want to work with a nurse who can help you make lifestyle changes that will improve your health
- Would like help getting the right healthcare services
- Have been to the emergency room recently or admitted to a hospital
- Want help dealing with a significant change in your health or your life.

Call **1.855.MMC.WELL (1.855.662.9355)** or sign up via email mmccareguidance@montefiore.org.

Pre-Tax Spending Accounts

Easy-to-use Spending Accounts let you pay for essential healthcare, child and elder care and commuter expenses with money deducted from your paycheck before you pay taxes on it. By contributing a portion of your payroll dollars on a before-tax basis, you reduce your taxable income and set funds aside to cover eligible expenses. You may make tax-free contributions to a:

- **Commuter Benefits Account** – to pay for public transportation and parking, which you use in conjunction with your daily commute to work.
- **Healthcare Flexible Spending Account** – to pay for out-of-pocket medical, dental, and vision care expenses. The annual maximum contribution is \$2,550. That amount will continue in effect, even if the IRS increases the permitted maximum in the future.
- **Dependent Care Flexible Spending Account** – to pay for preschool, summer day camp, before/after school programs, and child or elder daycare. The \$5,000 annual maximum contribution to the Dependent Care Account applies to you and your working spouse.

If you want to participate in the Healthcare and/or Dependent Care FSA for 2016, you **must** make a new election. Your 2015 FSA elections **will not automatically** continue for 2016. You may elect to make contributions to the Commuter Benefits Account any time during the year.

Life Insurance

Evidence of Insurability (EOI)

Principal Life Insurance is introducing a *new*, efficient, online process for submitting Evidence of Insurability (EOI). EOI is required if you make any of the following changes:

- Basic Life Insurance – If you previously elected \$50k coverage and elect one times your annual base salary
- Supplemental Life Insurance:
 - If you previously elected one or two times your annual base salary and wish to increase your coverage by any multiple.
 - You previously waived coverage and now wish to elect Supplemental Life Insurance.
 - Your current Supplemental Life Insurance is equal to or greater than three times your annual base salary and you wish to increase your coverage.

If your life insurance election requires EOI, you will receive an email with a link to a secure, encrypted website. After you answer the health questions and submit the form with your electronic signature, you will receive a return email advising that your request is either auto approved or declined. Under certain circumstances, a Principal Life representative may arrange for a telephone interview. If you do not respond to additional steps to collect health information, the request will be closed.

If your election requires EOI, coverage and contributions won't begin until you receive written approval from the insurance company.



Take Control of Your Future Financial Security

Our recent survey revealed that many of our associates are concerned about their future financial security. As a Montefiore associate, you have access to *free* financial planning services that can help you put your mind at ease, create a financial strategy and set realistic goals.

Free Financial Planning Services

You can arrange a confidential 1 on 1 meeting with an on-site Benefit and Planning Counselor who can help you develop an action plan for retirement saving and investing. Go to www.principal.com/Monte1on1 to schedule an appointment.

Learn more about the Montefiore Voluntary Tax Deferred Annuity 403(b) Plan, retirement planning and investing through Principal Financial Group® educational seminars – onsite or online. Go to www.MyMonteBenefits.com for the Group Seminar Schedule or to view the online seminars.

Visit principal.com/financialsecurity for quick, easy access to your retirement account information. You can review your current Retirement Wellness Score and the potential impact of changing your retirement plan contribution. You can view online videos, read articles and use calculators to help you address financial concerns and make saving for your future a priority.

Voluntary Tax Deferred Annuity 403(B) Plan

This is a good time to review your savings strategy.

- If you *are not* currently participating, consider starting with a small contribution. Even a small amount contributed over time can add up to a significant sum.
- If you *are* participating, consider increasing your contributions. Remember, the more you save, the more this Plan can do for you.

Pre-tax Contributions

Saving through the Voluntary Tax Deferred Annuity 403(b) Plan provides you with several advantages you don't get if you save on your own.

- Your before-tax contributions are automatically deducted from your paycheck. Your account is credited with investment earnings based on your portfolio's performance and accumulate tax-free while they remain in the Plan.
- After age 59 ½, pre-tax contributions plus any earnings on those contributions are subject to income taxes at the time of withdrawal. If you make an early withdrawal, there is an additional 10% penalty tax on early distributions.
- You may be eligible to borrow against your account and under certain circumstances you may even make a withdrawal.

Roth Elective Deferral Post-tax Option

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.

An after-tax contribution means that the contribution is taken out of your pay after taxes have been withheld.

Qualified distribution of Roth after-tax contributions plus any earnings on those contributions will be tax-free if you are at least 59½ years old and have maintained the Roth elective deferral account for at least five years. If the distribution is not qualified, your earnings on the after-tax contributions are subject to income taxes at the time of withdrawal and a 10% early distribution tax.

At any time during the year, to elect the Voluntary Tax Deferred Annuity 403(b) Plan, change your election *and/or* if you are eligible for and want to make a "catch-up" contribution, contact The Principal Financial Group at **800.547.7754** or go online to www.principal.com.

Maximum Contributions

The IRS determines maximum contributions and adjusts those amounts annually. There are also two “catch-up” opportunities:

- If you are age 50 or older and you contribute the maximum permitted amount, you are eligible to make an annual Age 50+ Catch-up contribution
- If you have worked for Montefiore for at least 15 years and your previous Voluntary Tax Deferred Annuity 403(b) contributions did not exceed an average of \$5,000 for each year of service, you may be eligible to contribute up to a maximum of \$15,000 of 15+ Years of Service Catch-Up contributions, limited to \$3,000 in any one year.

If you are eligible for both types of catch-up contributions, the dollars that you contribute as catch-up contributions will be treated as 15+ Years of Service Catch-Up contributions, until they reach the maximum. Then, your catch-up contributions will count as Age 50+ catch-up contributions.

Maximum Voluntary Tax Deferred Annuity 403(b) contribution amounts for 2016 are shown below.

If you:	The maximum you can contribute is:
Are under age 50	\$18,000
Qualify for the full annual 15+ Years of Service Catch-up Contribution	\$21,000 (18,000 + \$3,000)
Qualify for the Age 50+ but not the 15+ Years of Service Catch-up Contribution	\$24,000 (\$18,000 + \$6,000)
Qualify for the Age 50+ and the 15+ Years of Service Catch-up Contributions	\$27,000 (\$18,000 + \$3,000 + \$6,000)

ANNUAL BENEFITS ELECTION PERIOD NOVEMBER 8 – NOVEMBER 30, 2015

Enroll online at www.montebenefits.com. Or, call the Benefits Enrollment Call Center at **888.860.6166** Monday through Friday between 8am and 8pm EST.

Make Your Elections and Answer the Tobacco Use Question

- Review your current information (address, phone number, etc.) and notify HR of any corrections on a Change of Information Form (available under the Resource section on www.MyMonteBenefits.com).
- Healthcare
 - Make sure you answer the tobacco use question. Answer "No" if:
 - You have not used tobacco products of any kind during the 6 months immediately before December 31, 2015, or
 - You indicate your intention to and arrange for a consultation with OHS to obtain counseling and a referral for Free Nicotine Replacement Therapy by December 31, 2015.

Note: If you already answered the tobacco use question last year and have not changed your tobacco use, you do not need to answer the question again.
 - Record each family member you wish to enroll in healthcare coverage. All enrolled family members **must** have their Social Security Numbers and date of birth on file to be eligible for coverage.
- Flexible Spending Accounts – You must make a new Healthcare and/or Dependent Care FSA election if you want either or both of these accounts in 2016. Your current elections will not roll over into next year.
- Life Insurance – Make sure your beneficiary designations are up-to-date.

Dependent Verification

If you elect family healthcare coverage for the first time, you must submit verification of your family members' status with a copy of the following documentation:

- Marriage License
- Birth Certificate, final Adoption Papers or Court Documents.

To ensure coverage for January 1, 2016 your documentation must be received by December 15, 2015. Please send 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

Legal Notices

The following are summaries of legal notices regarding your rights and procedures to protect those rights. The actual notices are available in the Montefiore Benefits Program Summary Plan Description or online at www.MyMonteBenefits.com

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.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

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

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

These privacy rules set limits on how health plans, pharmacies, hospitals, clinics, nursing homes and other direct-care providers use individually identifiable health information. It is important that you understand your rights to privacy and the protection of information related to your health. It is also important that you safeguard the privacy of our patients' health care information.

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
 - Becomes eligible for premium assistance under the State's Children's Health Insurance Program (CHIP) or Medicaid.

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).

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.

Medicare Part D

If you and/or your family members are Medicare-eligible, federal law offers more choices for prescription drug coverage. See the "Important Notice from Montefiore about Your Prescription Drug Coverage and Medicare" in the Montefiore Benefits Program Summary Plan Description online at www.MyMonteBenefits.com for more details.

This brochure provides only highlights of the Montefiore Benefits Program in effect on January 1, 2016. Additional information about the Benefits Program can be found in your Summary Plan Description and on www.MyMonteBenefits.com. 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.

Neither Montefiore nor the Benefits Program provides tax advice. Any tax-related information included in this brochure is based on our understanding of current law.