ALBERT EINSTEIN COLLEGE OF MEDICINE
2017 BENEFITS SUMMARY
POST-DOCTORAL RESEARCH FELLOWS AND RESEARCH TRAINEES

Benefits Office
1300 Morris Park Avenue
Room 1201
Bronx, NY 10461

benefits@einstein.yu.edu.
Your Benefits Program includes medical, vision, dental, group legal services and life insurance coverage. You may also elect to contribute to a Flexible Spending Account.

Einstein pays the majority of the single premium cost for MontePrime EPO, UnitedHealthcare High Option Vision, Cigna Dental Health Maintenance Organization (DHMO) and $50,000 life insurance coverage. For 2017, if you elect the following options, the monthly premiums are:

- MontePrime EPO, Cigna DHMO, vision and life insurance: $34.32 single/$451.85 family
- MontePrime EPO, Cigna DPPO, vision and life insurance: $52.88 single/$512.17 family
- MonteCare PPO, Cigna DHMO, vision and life insurance: $207.76 single/$567.83 family
- MonteCare PPO, Cigna DPPO, vision and life insurance: $226.32 single/$628.15 family

If you do not elect coverage within 30 days of the date you first become eligible, you will automatically be enrolled in MontePrime EPO medical coverage, Cigna DHMO dental coverage, vision coverage and life insurance coverage for yourself only.

Eligibility

You are eligible to enroll in the Benefits Program if you are a full time Post-Doctoral Research Fellow or Research Trainee of the Albert Einstein College of Medicine. If you are not supported by a NRSA training grant, you may enroll in the pre-tax benefits offered by the College.

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.

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

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

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

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

Medical – Montefiore offers two Medical options from which you can choose – MontePrime EPO and MonteCare PPO – or you can waive coverage. Under both Medical options, your share of the cost will be lower when you use Montefiore facilities and providers in the Montefiore Integrated Provider Association (MIPA). While each of the options generally covers the same healthcare services, they differ in the following areas:

- **Your share of the cost** – including:
  - Any deductibles, coinsurance or copayments you pay when you receive healthcare services
  - Premiums you pay based on which option you choose, and whether you elect single or family coverage.

- **Provider selection** – MontePrime EPO and MonteCare PPO both use provider networks. However, they are not identical:
  - MontePrime EPO requires you to use in-network providers to receive benefits. No benefits are paid for out-of-network care except in a bona fide emergency.
  - MonteCare PPO gives you the flexibility to choose any provider you wish (however, you’ll pay more for healthcare services if you use Empire BlueCard PPO Network Non-Preferred Facilities or Out-of-network Providers).

<table>
<thead>
<tr>
<th>IN-NETWORK PROVIDERS</th>
<th>MONTEPRIME EPO</th>
<th>MONTECARE PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospitals and Other Facilities</strong></td>
<td>Moses, Weiler, Wakefield, Westchester Square and The Children’s Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital, White Plains Hospital, Burke Rehabilitation Hospital, Montefiore Ambulatory Surgical Facilities, Montefiore Imaging Center, Department of Radiology, Advanced Endoscopy Center and NY GI Center</td>
<td>Empire BlueCard PPO and Montefiore Network (including Moses, Weiler, Wakefield, Westchester Square, The Children’s Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital, White Plains Hospital, Burke Rehabilitation Hospital, Montefiore Ambulatory Surgical Facilities, Montefiore Imaging Center, Department of Radiology, Advanced Endoscopy Center and NY GI Center)</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility, Hospice</strong></td>
<td>Empire BlueCard PPO Network and Schaffer Extended Care Center</td>
<td>Empire BlueCard PPO Network and Schaffer Extended Care Center</td>
</tr>
<tr>
<td><strong>Laboratories</strong></td>
<td>Quest Laboratories, LabCorp, and any Montefiore hospital laboratory (including Moses, Weiler, Wakefield, Westchester Square, The Children’s Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital)</td>
<td>Quest Laboratories, LabCorp and any hospital laboratory participating in the Empire BlueCard PPO and Montefiore Network (including Moses, Weiler, Wakefield, Westchester Square, The Children’s Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital)</td>
</tr>
<tr>
<td><strong>Pharmacies</strong></td>
<td>Montefiore outpatient pharmacies</td>
<td>Express Scripts participating retail pharmacies, Home Delivery Pharmacy Service and Montefiore outpatient pharmacies</td>
</tr>
<tr>
<td><strong>Physicians, Therapists, and Counseling for Mental Health and Substance Abuse</strong></td>
<td>• Montefiore Integrated Provider Association (MIPA) • Empire BlueCard PPO Network • Montefiore Behavioral Care Integrated Provider Association (MBCIPA) • Empire Behavioral Health Network</td>
<td></td>
</tr>
</tbody>
</table>
## Medical

### Financial

<table>
<thead>
<tr>
<th></th>
<th>MONTEFIORE NETWORK</th>
<th>EMPIRE BLUECARD PPO NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Family Deductible</td>
<td>None</td>
<td>None</td>
<td>Not covered</td>
</tr>
<tr>
<td>Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance)</td>
<td>$6,100/$12,200</td>
<td>$6,100/$12,200</td>
<td>Not covered</td>
</tr>
<tr>
<td>Inpatient Care</td>
<td>$0</td>
<td>Not covered except in the case of an emergency admission</td>
<td>Not covered except in the case of an emergency admission</td>
</tr>
<tr>
<td>• Illness or Injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental Health/Substance Abuse Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physical/Occupational Therapy or Rehab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-Tech Radiology Services (including but not limited to diagnostic MRI, MRA, CAT Scan, PET, Nuclear Cardiology)</td>
<td>$0</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$0</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Hospice – 210 days</td>
<td>$0</td>
<td>$0</td>
<td>Not covered</td>
</tr>
<tr>
<td>Skilled Nursing Facility – 120 days</td>
<td>$0</td>
<td>$0</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Emergency Room Care

<table>
<thead>
<tr>
<th></th>
<th>MONTEFIORE NETWORK</th>
<th>EMPIRE BLUECARD PPO NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bona Fide Emergency</td>
<td>$50 copay; waived if admitted</td>
<td>$50 copay; waived if admitted</td>
<td>$50 copay; waived if admitted</td>
</tr>
<tr>
<td>• Other than Bona Fide Emergency</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Urgent Care Facility</td>
<td>$0</td>
<td>$50 copay/visit</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Urgent Care Professional</td>
<td>$0</td>
<td>$50 copay/visit</td>
<td>Not covered</td>
</tr>
<tr>
<td>Preventive Care – Routine Physical Exam with PCP including OB/GYN; Routine Child Exam/Immunizations; Routine Mammography</td>
<td>$0</td>
<td>$0</td>
<td>Not covered</td>
</tr>
<tr>
<td>Outpatient Diagnostic and Laboratory Tests X-rays, bone density, blood, urine, etc.</td>
<td>$0</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Physician Services (office visits)

<table>
<thead>
<tr>
<th></th>
<th>MONTEFIORE NETWORK</th>
<th>EMPIRE BLUECARD PPO NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care</td>
<td>$0</td>
<td>$35 copay/visit</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Specialists</td>
<td>$0</td>
<td>$50 copay/visit</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Chiropractic Care – 10 visits</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Surgery</td>
<td>$0</td>
<td>$50 copay/visit</td>
<td>Not covered</td>
</tr>
<tr>
<td>Home Health Care – 200 visits</td>
<td>$0</td>
<td>$0</td>
<td>Not covered</td>
</tr>
<tr>
<td>Maternity</td>
<td>$0</td>
<td>$0</td>
<td>Not covered</td>
</tr>
<tr>
<td>Allergy Testing and Treatment</td>
<td>$0</td>
<td>$35/$50 copay/visit; $0 for treatment</td>
<td>Not covered</td>
</tr>
<tr>
<td>Physical, Occupational and Speech Therapy</td>
<td>$0</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

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

2 Reasonable and Customary charges are 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.
### Financial

<table>
<thead>
<tr>
<th></th>
<th>MONTEFIORE NETWORK</th>
<th>EMPIRE BLUECARD PPO NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Family Deductible</td>
<td>None</td>
<td>$500/$1,000</td>
<td>$1,000/$2,500</td>
</tr>
<tr>
<td>Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance)</td>
<td>$5,350/$10,700</td>
<td>$5,350/$10,700</td>
<td>$6,000/$17,500</td>
</tr>
</tbody>
</table>

#### Inpatient Care
- Illness or Injury
- Mental Health/Substance Abuse Care
- Physical/Occupational Therapy or Rehab

#### High-Tech Radiology Services (include, but not limited to diagnostic MRI, MRA, CAT Scan, PET, Nuclear Cardiology)

#### Outpatient Surgery

#### Hospice – 210 days

#### Skilled Nursing Facility – 120 days

#### Emergency Room Care

- Other than Bona Fide Emergency
- Urgent Care Facility
- Urgent Care Professional
- Preventive Care – Routine Physical Exam with PCP including OB/GYN; Routine Child Exam/Immunizations; Routine Mammography

#### Outpatient Diagnostic and Laboratory Tests
- X-rays, bone density, blood, urine, etc.

#### Physician Services (office visits)

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

2. Reasonable and Customary charges are 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.
Prescription Drug Benefits

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

<table>
<thead>
<tr>
<th>IF YOU USE:</th>
<th>GENERIC</th>
<th>PREFERRED (FORMULARY)</th>
<th>NON-PREFERRED (NON-FORMULARY)</th>
<th>SPECIALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MontePrime EPO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montefiore Outpatient Pharmacies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 30-day supply for new prescriptions for chronic medications and seasonal allergy medications</td>
<td>$0</td>
<td>$20 copay</td>
<td>You pay 100% of discounted cost</td>
<td>$20 copay</td>
</tr>
<tr>
<td>• 90-day supply for refills and all other medications</td>
<td>$0</td>
<td>$40 copay</td>
<td>You pay 100% of discounted cost</td>
<td>$40 copay</td>
</tr>
<tr>
<td><strong>MonteCare PPO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montefiore Outpatient Pharmacies³</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 30-day supply for new prescriptions for chronic medications and seasonal allergy medications</td>
<td>$0</td>
<td>$20 copay</td>
<td>You pay 100% of discounted cost</td>
<td>$20 copay</td>
</tr>
<tr>
<td>• 90-day supply for refills and all other medications</td>
<td>$0</td>
<td>$40 copay</td>
<td>You pay 100% of discounted cost</td>
<td>$40 copay</td>
</tr>
<tr>
<td><strong>Express Scripts¹</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Retail pharmacy² (up to a 30-day supply for each prescription)</td>
<td>$15 copay</td>
<td>$45 copay</td>
<td>You pay 100% of discounted cost</td>
<td>$100 copay</td>
</tr>
<tr>
<td>• Home Delivery Pharmacy Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 30-day supply for new prescriptions for chronic medications and seasonal allergy medications</td>
<td>$15 copay</td>
<td>$45 copay</td>
<td>You pay 100% of discounted cost</td>
<td>$100 copay</td>
</tr>
<tr>
<td>• 90-day supply for refills and all other medications</td>
<td>$30 copay</td>
<td>$90 copay</td>
<td>You pay 100% of discounted cost</td>
<td>$150 copay</td>
</tr>
</tbody>
</table>

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

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

**Prescription Drug Out-of-pocket Maximum**

Out-of-pocket prescription drug expenses are limited to:

- MontePrime EPO – $750 for any one covered person ($1,500 for a family) for prescriptions obtained from Montefiore outpatient pharmacies

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

Once 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 and 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.

**ScriptCenter**

You can use the Montefiore Outpatient Pharmacy to fill your prescriptions and have them delivered to the ScriptCenter, a pharmacist filled prescription kiosk located on the 1st floor of the Gruss Building MRRC on Einstein’s campus. To use the Montefiore Outpatient Pharmacy for prescriptions, you must enroll in the Montefiore Outpatient Pharmacy Management System at [www.montefiore.org/montefiorepharmacy](http://www.montefiore.org/montefiorepharmacy), and choose Einstein as the delivery location. You must be enrolled in the ScriptCenter to pick-up your prescriptions. You can enroll at the kiosk or on-line at [www.scriptcenter.com](http://www.scriptcenter.com). All prescriptions filled by the Montefiore Outpatient Pharmacy will be delivered to the ScriptCenter on a daily basis.
You can waive coverage or select one of the following two options:

- **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.

- **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.

### DHMO (IN-NETWORK ONLY)

<table>
<thead>
<tr>
<th>Service</th>
<th>DHMO (IN-NETWORK ONLY)</th>
<th>DPPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
<td>Use DHMO dentist</td>
<td>Use any dentist</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>None</td>
<td>$100 single/$300 family (for basic, major and orthodontic services combined)</td>
</tr>
<tr>
<td>Annual Maximum Benefits</td>
<td>None</td>
<td>$1,500/$2,500 if you use a Montefiore dentist</td>
</tr>
<tr>
<td>Preventive &amp; Diagnostic Services</td>
<td>$0</td>
<td>$0¹</td>
</tr>
<tr>
<td>Basic Services</td>
<td>$0</td>
<td>20%¹ coinsurance after deductible</td>
</tr>
<tr>
<td>Major Services</td>
<td>30%¹ coinsurance</td>
<td>50%¹ coinsurance after deductible</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>50%¹ coinsurance</td>
<td>20%¹ coinsurance after deductible</td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum</td>
<td>None</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

¹ Based on DPPO contracted fee schedules.
UnitedHealthcare Vision Plan provides benefits for routine eye exams, as well as eyeglasses (or contact lenses in lieu of eyeglasses). You can receive care from a network eye care professional or an out-of-network provider.

### UNITEDHEALTHCARE VISION BENEFITS SUMMARY

**Customer Service:** 800-638-3120  
**Provider Locator:** 800-839-3242  
**www.myuhcvision.com**

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

### Copays for in-network services

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$10.00</td>
</tr>
<tr>
<td>Materials</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

**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:** $130.00
- **Retail Chain Provider:** $130.00

**Lens options**

Standard scratch-resistant coating lenses are covered in full. Other optional upgrades may be offered at a discount. (Discount varies by provider.) The plan covers the following additional lens options in full: Standard progressive lenses, Standard anti-reflective coating, Polycarbonate lenses, Ultraviolet coating, Tinted lenses.

**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 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.

**Out-of-network reimbursements up to (Copays do not apply)**

<table>
<thead>
<tr>
<th>Exams</th>
<th>Frames</th>
<th>Single Vision Lenses</th>
<th>Bifocal Lenses</th>
<th>Trifocal Lenses</th>
<th>Lenticular Lenses</th>
<th>Elective Contacts in Lieu of Eye Glasses</th>
<th>Necessary Contacts in Lieu of Eye Glasses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50.00</td>
<td>$45.00</td>
<td>$50.00</td>
<td>$60.00</td>
<td>$80.00</td>
<td>$80.00</td>
<td>$150.00</td>
<td>$210.00</td>
</tr>
</tbody>
</table>

**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](http://www.uhclasik.com).
Flexible Spending Account

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 semi-monthly paycheck before taxes are calculated and withheld, lowering your taxable income.

Pre-tax Contributions

- Use the Healthcare Account to pay out-of-pocket healthcare expenses for you and anyone you claim as a dependent on your federal income tax return – as well as children to age 26, regardless of whether they are dependent upon you – and whether or not they are enrolled in Montefiore's medical and/or dental plans. You may contribute up to $2,550 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.

Life Insurance

Life Insurance is designed to pay a benefit to your beneficiary if you die from any cause while coverage is in effect. Einstein provides $50,000 of Basic Life Insurance coverage.

Group Legal Services

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.

If you elect Group Legal Services, the cost is:

- $3.92 semi-monthly for yourself
- $5.25 semi-monthly for you and your family.
Montefiore’s Voluntary Benefits present a variety of products and services for you and your family. Some offer group discounts and the convenience of payroll deduction. You have direct access and control of your benefits and can enroll at any time during the year.

**Employee Discounts**

- **Corporate Offers** – Save up to 70% on Broadway tickets. [www.CorporateOffers.com](http://www.CorporateOffers.com) 212.203.1818

- **Health Club Discounts** – Montefiore has arrangements with Falk Recreation Center/Friedman Athletic Center, Mosholu Montefiore Community Center’s Fitness Center, Crunch, Equinox and New York Sports Club.

- **PerksConnect** – Discounts on products and services from nationally recognized merchants as well as participating local businesses. There are no fees to register and you pay nothing to use the card. [montefiore.perksconnection.com](http://montefiore.perksconnection.com) 877.253.7100 Code: montefioremc

- **Pet Insurance** – Nationwide Pet Insurance offers a choice of plans with different levels of coverage. Monthly premiums vary based on the type of plan you elect and the breed, age, and location of your cat or dog. There are also plans for avian and exotic animals. [www.petsnationwide.com](http://www.petsnationwide.com) 877.738.7874

- **Plum Benefits** – Special offers on tickets for sporting events, theme parks, Broadway and more. [www.plumbenefits.com/signup](http://www.plumbenefits.com/signup) 212.660.1888 Code: ac1025828

- **Wireless Discounts**
  - T-Mobile – Advantage Direct 866.464.8662 Code: 12425TMOFAV

**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](http://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](http://511nyrideshare.org). 

**Voluntary Benefits**
Einstein 403(B) Retirement Plan

The Einstein 403(b) Retirement 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 pre-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.

• Pre-tax contributions plus any earnings on those contributions are subject to income tax at the time of your cash withdrawal. You may also need to pay an additional 10% income tax on cash withdrawals, unless you’re older than 59½, disabled or age 55 or older when separated from service.

• You are always 100% vested in your contributions.

• 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 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 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.

Roth contributions are tracked in a Roth elective deferral account separate from any pre-tax deferral contributions you may make.

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 Plan. However, the combined maximum elective deferral contribution cannot exceed the annual Internal Revenue Service maximum. Maximum contributions are determined by the IRS and are adjusted annually. In addition, if you are age 50 or older you can make an additional “catch-up” contribution.
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](http://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.

**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)**
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.

**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 that 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.

**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.

Marketplace Notice
An important provision of The Patient Protection and Affordable Care Act (PPACA) is the establishment of health insurance marketplaces. 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).

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.