FOR YOUR BENEFIT
ELIGIBILITY & ENROLLMENT
HEALTHCARE
• MEDICAL
• PRESCRIPTION DRUGS
• VISION
• DENTAL
FSA/GROUP LEGAL/LIFE INSURANCE
FINANCIAL SECURITY
VOLUNTARY BENEFITS
LEGAL NOTICES

ALBERT EINSTEIN COLLEGE OF MEDICINE
2018 BENEFITS SUMMARY
POST-DOCTORAL RESEARCH FELLOWS AND RESEARCH TRAINEES

Benefits Office
1300 Morris Park Avenue
Room 1201
Bronx, NY 10461
benefits@einstein.yu.edu
www.MyMonteBenefits.com gives you and your family members easy, one-stop access to everything you need to know about your Einstein Benefits Program.

- **Spotlight On** – Check here often for useful articles, important notices and the latest information about Einstein’s Benefits Program including Annual Enrollment materials.

- **Resource Center** – You’ll find Contact Information, Forms, Resources and Legal 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 and saving for your future financial security.
  - **Voluntary Benefits** – Direct access to Employee Discounts and Commuter Benefits. 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.

Montefiore 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.

- 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 Medical Comparison.
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.

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@einstein.yu.edu

Enrolling a Family Member

To enroll a family member for the first time, 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
Verify Your Personal Information
If you need to make any changes to your personal information, please go to Self Service Banner on the LUMINUS portal or email HRIS-Systems@einstein.yu.edu.

Select Your Benefits
- Enroll family members for healthcare coverage.
- You must make a Healthcare and/or Dependent Care Flexible Spending Account election each year if you want either or both of these accounts.
- Designate a beneficiary for your Life and AD&D Insurance.

Complete Your Enrollment
After you have completed your “To Do” list, select “Complete Enrollment” to review your elections. You can:
- Return to the benefits selection process and make changes, as long as the Election Period is open.
- Select “Exit Enrollment” to complete the selection process and receive a confirmation number. A benefits summary displays your confirmation number.

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

If You Don’t Enroll
If you don’t enroll within 30 days after you become eligible, you will default to the following coverages and will not be able to make any changes during the year until the next Annual Benefits Election Period, unless you have a qualified change in status:
- MontePrime EPO – medical coverage for yourself only
- Cigna DHMO - single dental coverage
- Vision and Life Insurance
You will not have coverage for any family members.
Your Benefits Program offers a bundled benefits package that includes medical, vision, dental and life insurance coverage. You may also elect to purchase group legal services or contribute to a Flexible Spending Account. (Not available if you are supported by an NIH training grant).

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 of life insurance coverage. The monthly premiums for the following benefit options are:

- MontePrime EPO, Cigna DHMO, vision and life insurance: $42.26 single/$347.22 family
- MontePrime EPO, Cigna DPPO, vision and life insurance: $60.73 single/$361.10 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.
Medical

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

Care Guidance

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

Provider Networks

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

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

### IN-NETWORK PROVIDERS

<table>
<thead>
<tr>
<th>Hospitals and Other Facilities</th>
<th>MontePrime EPO</th>
<th>MonteCare PPO</th>
</tr>
</thead>
</table>
| 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 | • Empire BlueCard PPO  
• Preferred Facilities  
• Non-preferred Facilities  
• Montefiore Network (including Montefiore 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) | Empire BlueCard PPO Network and Schaffer Extended Care Center |

<table>
<thead>
<tr>
<th>Skilled Nursing Facility, Hospice</th>
<th>Empire BlueCard PPO Network and Schaffer Extended Care Center</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratories</th>
<th>MontePrime EPO</th>
<th>MonteCare PPO</th>
</tr>
</thead>
</table>
| Quest Laboratories, LabCorp and any Montefiore laboratory (including Moses, Weiler, Wakefield, Westchester Square, The Children’s Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital) | • Empire BlueCard PPO  
• Preferred Facilities  
• Non-preferred Facilities  
• Montefiore Network (including Montefiore Moses, Weiler, Wakefield, Westchester Square, The Children’s Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital) | Empire BlueCard PPO Network and Schaffer Extended Care Center |

<table>
<thead>
<tr>
<th>Pharmacies</th>
<th>Montefiore outpatient pharmacies</th>
</tr>
</thead>
</table>

| Physicians, Therapists, and Counseling for Mental Health and Substance Abuse | Montefiore Integrated Provider Association (MIPA)  
• Empire BlueCard PPO Network  
• Montefiore Behavioral Care Integrated Provider Association (MBCIPA)  
• Empire Behavioral Health Network |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Express Scripts participating retail pharmacies, home delivery pharmacy service and Montefiore outpatient pharmacies</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Financial</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>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Inpatient Care</th>
<th>MONTEFIORE NETWORK</th>
<th>EMPIRE BLUECARD PPO NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### High-Tech Radiology Services (including diagnostic MRI, MRA, CAT Scan, PET, Nuclear Cardiology)

<table>
<thead>
<tr>
<th>High-Tech Radiology Services</th>
<th>MONTEFIORE NETWORK</th>
<th>EMPIRE BLUECARD PPO NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Outpatient Surgery

<table>
<thead>
<tr>
<th>Outpatient Surgery</th>
<th>MONTEFIORE NETWORK</th>
<th>EMPIRE BLUECARD PPO NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Hospice – 210 days

<table>
<thead>
<tr>
<th>Hospice – 210 days</th>
<th>MONTEFIORE NETWORK</th>
<th>EMPIRE BLUECARD PPO NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Skilled Nursing Facility – 120 days

<table>
<thead>
<tr>
<th>Skilled Nursing Facility – 120 days</th>
<th>MONTEFIORE NETWORK</th>
<th>EMPIRE BLUECARD PPO NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Emergency Room Care

- Bona Fide Emergency
- Other than Bona Fide Emergency
- Urgent Care Facility
- Urgent Care Professional

<table>
<thead>
<tr>
<th>Emergency Room Care</th>
<th>MONTEFIORE NETWORK</th>
<th>EMPIRE BLUECARD PPO NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50 copay; waived if admitted</td>
<td>$50 copay; waived if admitted</td>
<td>$50 copay; waived if admitted</td>
<td>Not covered</td>
</tr>
<tr>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>Not covered</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)

- Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care
- Specialists
- Chiropractic Care – 10 visits
- Surgery
- Home Health Care – 200 visits
- Maternity
- Allergy Testing and Treatment
- Physical, Occupational and Speech Therapy

<table>
<thead>
<tr>
<th>Physician Services (office visits)</th>
<th>MONTEFIORE NETWORK</th>
<th>EMPIRE BLUECARD PPO NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$35 copay/visit</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>$0</td>
<td>$50 copay/visit</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>$0</td>
<td>$50 copay/visit</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>$0</td>
<td>$35/$50 copay/visit; $0 for treatment</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>$0</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>
# Healthcare

## Montecare PPO – Your Cost if You Use:

<table>
<thead>
<tr>
<th>Financial</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>

### Preferred Facilities

- **Inpatient Care**
  - Illness or Injury: $0
  - Mental Health/Substance Abuse Care: $0
  - Physical/Occupational Therapy or Rehab: $0

- **High-Tech Radiology Services** (including diagnostic MRI, MRA, CAT Scan, PET, Nuclear Cardiology)
  - $0
  - $250 copay
  - $500 copay

- **Outpatient Surgery**
  - $0
  - $500 copay
  - $1,000 copay

- **Hospice – 210 days**
  - $0
  - $0
  - $0 after deductible

- **Skilled Nursing Facility – 120 days**
  - $0
  - $0
  - $0 after deductible

### Non-Preferred Facilities

- **Inpatient Care**
  - Illness or Injury: $1,000 copay if precertified by Conifer Value Based Care;
    otherwise $1,500 copay
  - Mental Health/Substance Abuse Care: $2,000 copay if precertified by Conifer Value Based Care;
    otherwise $2,500 copay

- **Emergency Room Care**
  - Bona Fide Emergency: $100 copay, waived if admitted
  - Other than Bona Fide Emergency: 30% coinsurance after deductible

- **Urgent Care Facility**
  - $0
  - $30 copay/visit

- **Preventive Care**
  - Routine Physical Exam with PCP including OB/GYN; Routine Child Exam/Immunizations; Routine Mammography: $0

- **Outpatient Diagnostic and Laboratory Tests**, X-rays, bone density, blood, urine, etc:
  - $0
  - 10% coinsurance after deductible

### Physician Services (office visits)

- **Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care**
  - $15 copay/visit
  - 10% coinsurance after deductible

- **Specialists**
  - $15 copay/visit
  - 10% coinsurance after deductible

- **Chiropractic Care – 10 visits**
  - $35 copay/visit
  - 10% coinsurance after deductible

- **Surgery**
  - $0
  - 10% coinsurance after deductible

- **Home Health Care – 200 visits**
  - $0
  - $0 after deductible

- **Maternity**
  - $0
  - 10% coinsurance after deductible

- **Allergy Testing and Treatment**
  - $15 copay/visit; $0 for treatment
  - 10% coinsurance after deductible

- **Physical, Occupational and Speech Therapy**
  - $0
  - 10% coinsurance after deductible

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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 Medicare’s National Provider Rate. 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 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.

**Albert Einstein College of Medicine 2018 Benefits Summary - Post-Doctoral Research Fellows and Research Trainees**
Prescription Drug Benefits

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

<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 Pharmacies¹</td>
<td>$0</td>
<td>$20 copay</td>
<td>You pay 100% of discounted cost</td>
<td>$20 copay</td>
</tr>
<tr>
<td>• 30-day supply for new prescriptions for chronic medications and seasonal allergy medications</td>
<td></td>
<td></td>
<td></td>
<td></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 Pharmacies¹</td>
<td>$0</td>
<td>$20 copay</td>
<td>You pay 100% of discounted cost</td>
<td>$20 copay</td>
</tr>
<tr>
<td>• 30-day supply for new prescriptions for chronic medications and seasonal allergy medications</td>
<td></td>
<td></td>
<td></td>
<td></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>

¹If 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.

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

The MontePrime EPO Plan, provides prescription drug benefits only through the Montefiore Outpatient Pharmacy. We have made it easier to have your prescriptions filled at the Montefiore Outpatient Pharmacy delivered to Einstein’s campus for pick up at the Script Center. We recognize however, 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 Script Center on the Einstein campus, or
- If you need to have a prescription filled in the evenings or on the weekend when the Montefiore Outpatient Pharmacy is closed (the Montefiore Outpatient Pharmacy is open Monday through Friday from 7:00 a.m. to 5:45 p.m.).

On an exception basis only, 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 network (for example, CVS or Rite Aid) your reimbursement will be higher than if you use a pharmacy that is not in the network. Submit your receipts along with the Prescription Drug Reimbursement form to the Benefits Office, Belfer Building, Room 1201 for processing. Since the reimbursements are processed directly by Express Scripts, it may take 3-4 weeks to receive your reimbursement.

ScriptCenter

You can use the Montefiore Outpatient Pharmacy to fill your prescriptions and have them delivered to the Script Center, 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 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. All prescriptions filled by the Montefiore Outpatient Pharmacy will be delivered to the ScriptCenter on a daily basis.

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.
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.

<table>
<thead>
<tr>
<th>Copays for In-network Services</th>
<th>HIGH OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$0</td>
</tr>
<tr>
<td>Materials</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Benefit Frequency**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Exam</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Spectacle Lenses</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Frames</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Contact Lenses in Lieu of Eye Glasses</td>
<td>Once every 12 months</td>
</tr>
</tbody>
</table>

**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 copay). If you choose disposable contacts, up to 6 boxes are included when obtained from an in-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>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$50.00</td>
</tr>
<tr>
<td>Frames</td>
<td>$45.00</td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>$50.00</td>
</tr>
<tr>
<td>Bifocal Lenses</td>
<td>$60.00</td>
</tr>
<tr>
<td>Trifocal Lenses</td>
<td>$80.00</td>
</tr>
<tr>
<td>Lenticular Lenses</td>
<td>$80.00</td>
</tr>
<tr>
<td>Elective Contacts in Lieu of Eye Glasses</td>
<td>$150.00</td>
</tr>
<tr>
<td>Necessary Contacts in Lieu of Eye Glasses</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 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.
Dental

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.

<table>
<thead>
<tr>
<th></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 (for each covered person)</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>$0^1</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% coinsurance</td>
<td>50%^1 coinsurance after deductible</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>50% 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.
Flexible Spending Accounts

If you are not supported by an NIH Training Grant, you can establish a Flexible Spending Account (FSA) to pay out-of-pocket healthcare and/or dependent care expenses for you and your family members with dollars that are never taxed. Your contributions are deducted from each bi-weekly paycheck before taxes are calculated and withheld, lowering your taxable income.

- Use the Healthcare Account to pay out-of-pocket healthcare expenses for you and anyone you claim as a dependent on your federal income tax return – as well as children to age 26, regardless of whether they are dependent upon you – and whether or not they are enrolled in Einstein’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 semi-monthly cost is:
- $4.12 for yourself
- $5.62 for you and your family
Einstein 403(b) 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 deducted from your paycheck and accumulate earnings on a tax-deferred basis. Qualified distributions of your contributions and earnings are taxable at the time of withdrawal.

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

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

Maximum Contributions
You may simultaneously make both pre-tax elective deferral contributions and Roth after-tax elective deferral contributions to the Einstein 403(b) Retirement Plan. However, the combined maximum elective deferral contribution cannot exceed the annual Internal Revenue Service maximum. For 2018, you can save up to a maximum of $18,500. If you are age 50 or older in 2018, you can make an additional catch-up contribution of $6,000.

Log on to NetBenefits at www.netbenefits.com/atwork or call the Fidelity Retirement Service Center at 1-800-343-0860 to:

- 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.
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. wwwCorporateOffers.com 212.203.1818
- Health Club Discounts – Montefiore has arrangements with Falk Recreation Center/Friedman Athletic Center, Moshulu 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. montefioreperksconnection.com 877.253.7100 Code: montefiorem
- 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. wwwpetsnationwide.com 877.738.7874
- Plum Benefits – Special offers on tickets for sporting events, theme parks, Broadway and more. wwwplumbenefitscom/signup 212.660.1888 Code: ac1025828
- Wireless Discounts
  - Sprint – wwwsprintcommontefiore Code: HCMDA_MMC_ZZZ
  - Verizon Connections – wwwverizoncomconnections
  - T-Mobile – Advantage Direct 866.464.8662 Code 12425TMOFAV
The following are summaries of legal notices regarding your rights and procedures to protect those rights. The actual notices are available in the Einstein 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.

**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 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.

**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.

**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.

**Notice of Privacy Practice**
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’ healthcare 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).

Non-Discrimination Notice
Montefiore’s Benefits Plan complies with applicable Federal civil rights laws. The Plan does not exclude people or treat them differently because of race, color, national origin, religion, disability, sexual orientation, gender identity or expression, physical appearance or age.

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.