



RETIREE BENEFITS

- Which Plans Continue During My Retirement?
- Who is Eligible for Retiree Health Benefits?
- How Much Will I Have to Contribute?
- What Benefits do the Retiree Plans Provide?

RETIREMENT PROCEDURES

- Who Do I Notify and When?
- What Forms Do I Need To Complete?

THE PRINCIPAL®

SOCIAL SECURITY AND MEDICARE

CONTACT INFORMATION

Registered Nurses Guide to Retirement

If you're thinking about retiring, you probably have a lot of questions. This Guide provides many of the answers you need to make informed decisions about your retirement.

If you need assistance, contact the HR Benefits Office by email at montebenefits@montefiore.org or call **914.349.8531**.

Sincerely,

Eileen Montalto

Director - Employee Benefits

Retiree Benefits

Which Plans Continue During My Retirement?

One of the factors to consider when you are thinking about retirement is post-retirement benefits. Here is an overview of your benefits and which coverages can continue into retirement.

Medical	<p>Your Montefiore medical benefits stop when you retire.</p> <p>If you are eligible, you have a one-time opportunity at retirement to elect coverage under the Montefiore Health Plan for Retired Registered Nurses. You can waive this coverage at any time. Keep in mind, however, that an election to waive coverage is irrevocable. If you do not enroll at the time you retire or if you elect and later waive coverage, you will not be able to elect Montefiore Retiree Medical coverage again in the future.</p>
Dental	<p>Your Montefiore dental benefits stop when you retire.</p>
Flexible Spending Accounts (Health and Dependent Care)	<p>Stop when you retire.</p>
Life, AD&D and BTA	<p>Montefiore provides continuing Life Insurance at no cost you. The amount of coverage depends on your age at retirement. Accidental Death and Dismemberment (AD&D) Insurance and Business Travel Accident (BTA) Insurance end when you retire.</p>
Disability Benefits	<p>Short-term, Intermediate-term and Long-term Disability benefits end when you retire.</p>
Pension	<p>You may be eligible to receive a pension from the NYSNA Pension Plan.</p>

Am I Eligible for Retiree Health Benefits?

You are eligible for the Montefiore Medical Center Health Plan for Retired Registered Nurses if:

- You retire from Montefiore at age 60 or older
and
- At the time of your retirement you were represented by the New York State Nurses Association
and
- For the 10 consecutive years immediately prior to your retirement you were a full-time or part-time registered nurse and participated in a Montefiore-sponsored health plan (including waiver of coverage)
and
- You elect to receive pension benefits from a plan to which Montefiore contributes.

Are My Family Members Eligible for Retiree Health Benefits?

Your family members are eligible for medical benefits under the Montefiore Health Plan for Retired Registered Nurses if they were covered as eligible dependents under your policy by one of the medical options available under the Registered Nurses Benefit Program immediately prior to your retirement.

If you remarry after your retirement, your new spouse and any new dependent children will not be eligible for coverage.

How Much Will I Have to Contribute?

- **For Retiree Medical Benefits** – If you were an eligible full-time registered nurse and worked at Montefiore for 10 consecutive years immediately prior to retirement, Montefiore currently pays the full cost of Retiree Medical coverage for you and your eligible family members.

If you were an eligible part-time registered nurse or worked part-time at any time during the 10 consecutive years immediately prior to retirement, you contribute towards the cost of Retiree Medical coverage. You can obtain the amount of any required contributions from the HR Benefits Office.

- **For Retiree Life Insurance** – Montefiore currently pays the full cost of Retiree Life Insurance. You pay nothing.

When Does Coverage Begin?

Retiree Medical and Life Insurance coverage begins on the first day of the month on or after your first day of retirement provided you make any required contributions and submit the required forms to Montefiore's HR Benefits Office before then.

What Benefits Do the Retiree Plans Provide?

Here is an overview of Retiree Benefits. Benefits may be subject to certain restrictions and limitations.

The Montefiore Health Plan for Retired Registered Nurses

The Montefiore Health Plan for Retired Registered Nurses provides:

- Hospital benefits – which pay for covered expenses such as semi-private hospital room and board, as well as certain alternatives to in-hospital care
- Medical/Surgical benefits – which help pay the cost of medical services and supplies – after you meet the annual deductible

and

- Prescription Drug benefits – which help pay the cost of prescription drugs obtained at a participating retail pharmacy or through Home Delivery Pharmacy Service.

If You Are Medicare Eligible

If you are Medicare-eligible, your Montefiore Retiree Medical Benefits are determined assuming you are enrolled in both Parts A and B of Medicare. In addition, this Plan will not pay charges that are denied by Medicare as a result of your failure to comply with Medicare pre-admission or second surgical opinion requirements.

Medicare pays its benefits first. Then, retiree medical coverage will reimburse the following expenses, which are *not* covered by Medicare:

- The Medicare deductible for in-hospital care
 - The Medicare copayment for the 61st through the 90th day of in-hospital care in a semi-private room
 - The Medicare copayment for the 91st through the 150th day (60-day lifetime reserve) of in-hospital care in a semi-private room
 - All covered expenses for the 151st through the 365th day of in-hospital care in a semi-private room
 - The Medicare copayment for the 21st through the 100th day in a skilled nursing facility – following a hospital stay of at least three days
 - Accidental injury or emergency occurring outside of the United States
 - Outpatient prescription drugs (if you are not enrolled in Medicare’s prescription drug coverage)
- and*
- Outpatient mental health care.

Coverage for any other expenses you incur that are not paid (or fully reimbursed) by Medicare will depend on how Medicare’s reimbursement compares to reasonable and customary limits under your Retiree Medical coverage.

Treatment Using Preferred Providers

If you are Medicare-eligible, you should use providers who accept Medicare assignment. Providers who do not accept assignment may charge up to 15% over Medicare’s approved amount for services.

If You Are Not Eligible For Medicare

Retiree Montefiore Provider Network

The Medical Center encourages you to use Montefiore providers and facilities by offering the following services – *free of charge* – for you and your covered family members:

- Services provided by a Montefiore Medical Group (MMG) primary care physician at a Medical Group facility
- Services provided at Moses, Weiler, Wakefield, The Children’s Hospital at Montefiore, Montefiore New Rochelle Hospital, Montefiore Mount Vernon Hospital, White Plains Hospital, Burke Rehabilitation Hospital, Montefiore Ambulatory Surgical Facilities, Schaffer Extended Care Center, Montefiore Imaging Center, Department of Radiology, Advanced Endoscopy Center and NY GI Center
- Laboratory tests performed at and billed by Quest Laboratories, LabCorp, Moses, Weiler, Wakefield, The Children’s Hospital at Montefiore, Montefiore New Rochelle Hospital, Montefiore Mount Vernon Hospital.

Empire Provider Network

If you are not yet eligible for Medicare, you may save money on certain health care expenses by using the Empire Provider Network. Montefiore has contracted with Empire for access to its network of physicians, hospitals and other health care providers. You can visit any physician in the Empire Indemnity Network, Empire Behavioral Health Network and Montefiore Integrated Provider Association (MIPA) in any specialty without a referral.

Empire Network providers agree to provide services at a discount, resulting in lower out-of-pocket costs to you. The discount applies to the cost of covered services provided (subject to any deductible or coinsurance). It does not affect the cost-sharing percentages for out-of-network care established by the Plan. For example, if you visit a physician who participates in the Empire Indemnity Network, the Plan pays 80% and you are responsible for 20% of the discounted rate.

MMG and MIPA physicians are listed on the Empire Website

www.empireblue.com/montefiore, or you can contact Montefiore CMO Customer Service Department at **914.377.4400**.

To find an Empire Indemnity Network provider, you can call the Empire Customer Service Call Center at **866.236.6748** or go to www.empireblue.com/montefiore.

Retiree Medical Benefit Overview

Retired RNs Under Age 65	Your Cost If You Use:		
	Retiree Montefiore Provider Network	Empire Indemnity Network	Out-of-network
Financial			
• Individual/Family Deductible	N/A	\$100/\$300	\$100/\$300
• Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance)	N/A	N/A	N/A
• Lifetime Maximum Benefit (exclusive of hospital and Express Scripts prescription benefits)	N/A	\$500,000	\$500,000
Inpatient Care	\$0	\$0	\$0
• Hospitalization – Illness or Injury			
• Mental Health Care/ Substance Abuse Care			
• Physical/Occupational Therapy or Rehab			
• Hospice – 210 days			
• Skilled Nursing Facility			
Emergency Room Care			
• Bona fide emergency	\$0	\$0	\$0
• Other than bona fide emergency	\$0	20% ¹ after deductible	20% ² after deductible
• Urgent Care Facility	\$0	20% ¹ after deductible	20% ² after deductible
Preventive Care	\$0	20% ¹ after deductible	20% ² after deductible
• Routine Physical Exam with PCP including OB/GYN			
• Routine Child Exam/Immunizations			
• Routine Mammography			
Outpatient Diagnostic and Laboratory Tests	\$0	20% ¹ after deductible	20% ² after deductible
• X-rays, bone density, blood, urine, etc.			
• MRI, MRA, CAT Scan, PET, Nuclear Cardiology			
Physicians' Services (office visits)			
• PCP including OB/GYN and Mental Health/Substance Abuse Care	\$0	20% ¹ after deductible	20% ² after deductible
• Specialist			
• Surgery			
• Chiropractic Care – up to \$1,000 each calendar year	N/A	20% ¹ after deductible	20% ² after deductible
Outpatient Care	\$0	20% ¹ after deductible	20% ² after deductible
• Outpatient Surgery			
• Home Health Care – 200 visits			
• Maternity			
• Allergy Testing and Treatment			
• Physical, Occupational and Speech Therapy			
Durable Medical Equipment	\$0	20% ¹ after deductible	20% ² after deductible
<p>¹ If you use a non-participating provider or facility, percentages are applied to covered charges which are based on the rate paid to like-kind Empire in-network facilities if the facility is within the Empire area (i.e., the New York metropolitan area including NJ and CT) or the facility's actual charge if it is outside of the Empire area.</p> <p>² Reasonable and customary rates are set at 330% of the National Medicare Physician Fee Schedule (or approximately at the 70th percentile). The Plan benefit is then determined by applying the cost-sharing percentage (80%) to this amount; you are responsible for paying the balance of the bill to the provider.</p>			

Retired RNs Over Age 65	Your Cost If You Use:		
	In-network		Out-of-network
	Retiree Montefiore Provider Network	Empire Indemnity Network	
Financial			
• Individual	N/A	\$100	\$100
• Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance)	N/A	N/A	N/A
• Lifetime Maximum Benefit (exclusive of hospital and Express Scripts prescription benefits)	N/A	\$500,000	\$500,000
Inpatient Care	\$0	\$0	\$0
• Hospitalization – Illness or Injury			
• Mental Health Care/ Substance Abuse Care			
• Physical/Occupational Therapy or Rehab			
• Hospice – 210 days			
• Skilled Nursing Facility			
Emergency Room Care			
• Bona fide emergency	\$0	\$0	\$0
• Other than bona fide emergency	\$0	20% ¹ after Medicare	20% ² after Medicare
• Urgent Care Facility	\$0	20% ¹ after Medicare	20% ² after Medicare
Preventive Care	\$0	20% ¹ after Medicare	20% ² after Medicare
• Routine Physical Exam with PCP including OB/GYN			
• Routine Child Exam/Immunizations			
• Routine Mammography			
Outpatient Diagnostic and Laboratory Tests	\$0	20% ¹ after Medicare	20% ² after Medicare
• X-rays, bone density, blood, urine, etc.			
• MRI, MRA, CAT Scan, PET, Nuclear Cardiology			
Physicians' Services (office visits)			
• PCP including OB/GYN and Mental Health/Substance Abuse Care	\$0	20% ¹ after Medicare	20% ² after Medicare
• Specialist			
• Surgery			
• Chiropractic Care – up to \$1,000 each calendar year	N/A	20% ¹ after Medicare	20% ² after Medicare
Outpatient Care	\$0	20% ¹ after Medicare	20% ² after Medicare
• Outpatient Surgery			
• Home Health Care – 200 visits			
• Maternity			
• Allergy Testing and Treatment			
• Physical, Occupational and Speech Therapy			
Durable Medical Equipment	\$0	20% ¹ after Medicare	20% ² after Medicare
<p>¹ If you use a non-participating provider or facility, percentages are applied to covered charges which are based on the rate paid to like-kind Empire in-network facilities if the facility is within the Empire area (i.e., the New York metropolitan area including NJ and CT) or the facility's actual charge if it is outside of the Empire area.</p> <p>² Reasonable and customary rates are set at 330% of the National Medicare Physician Fee Schedule (or approximately at the 70th percentile). The Plan benefit is then determined by applying the cost-sharing percentage (80%) to this amount; you are responsible for paying the balance of the bill to the provider.</p>			

Prescription Drug Benefits

Express Scripts Medicare® (PDP) for Montefiore

If you are eligible for Medicare – **Express Scripts Medicare® (PDP) for Montefiore** – will combine Retiree Prescription Drug benefits with the benefits available through an employer-provided Medicare Part D plan. This combined benefits coverage means that you will have **more coverage than the standard Medicare Part D plan.**

Automatic Enrollment

If you or an eligible family member are Medicare-Eligible:	Montefiore will automatically enroll you or your family member in Express Scripts Medicare® (PDP) for Montefiore Medical Center ¹ .
If you or an eligible family member are Not Eligible for Medicare:	You or your family member will be covered by Montefiore’s prescription drug benefits.
¹ You may be contacted if we need additional information to enroll you in the plan, such as your Medicare Health Insurance Claim Number (HICN), which can be found on your Medicare ID card.	

How to Opt Out

You are not required to be enrolled in this plan. If you want to waive Express Scripts Medicare® (PDP) for Montefiore coverage, complete a [Medicare Part D Coverage Waiver Form](#) and return to the HR Benefits Office.

However, please carefully consider your decision to opt out of this plan. If you waive coverage, you will lose both your retiree medical and prescription drug coverage from Montefiore and will not be allowed to re-enroll at any point in the future. Your covered spouse and children will also lose their medical and prescription drug coverage.

Keep in mind that if you opt out of this plan and don't have or get other Medicare prescription drug coverage or creditable coverage that is at least as good as Medicare's standard plan; you may be required to pay a late enrollment penalty (LEP). This happens when you enroll in a Medicare prescription drug plan after going 63 consecutive days or longer without Medicare Part D coverage or other creditable prescription drug coverage.

Prescription Drug Overview

If You Use	Your Cost If You Purchase:		
	Generic	Preferred Brand Name	Non-preferred Brand Name
Montefiore Outpatient Pharmacies <ul style="list-style-type: none"> • 30-day supply • 90-day supply 	\$0	\$0	\$0
Express Scripts Participating Retail Pharmacy			
<ul style="list-style-type: none"> • 31-day supply 	\$7 copay	\$10 copay	\$15 copay
<ul style="list-style-type: none"> • 60-day supply 	\$14 copay	\$20 copay	\$30 copay
<ul style="list-style-type: none"> • 90-day supply 	\$21 copay	\$30 copay	\$45 copay
Express Scripts Home Delivery Pharmacy Service			
<ul style="list-style-type: none"> • 90-day supply 	\$7 copay	\$10 copay	\$15 copay

Annual Out-of-Pocket Maximums

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

If you purchase a brand name medication (preferred 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.

Enrollment in Multiple Medicare Prescription Drug Plans

You may only be enrolled in one Medicare Prescription Drug Plan. If you are already enrolled in another Medicare Part D plan or in a Medicare Advantage plan with or without prescription drug coverage, you will automatically be disenrolled from that plan when you are enrolled in Express Scripts Medicare® for Montefiore Medical Center.

Likewise, if, in the future, you enroll in another Medicare Part D plan or in a Medicare Advantage plan, you will automatically be disenrolled from Express Scripts Medicare® for Montefiore Medical Center.

Note: If you are disenrolled from Express Scripts Medicare®, you will lose both your Montefiore-sponsored medical and prescription drug coverage and will not be able to reenroll in the plan at a later time. If you are the retiree, your covered family members will also lose both their Montefiore-sponsored medical and prescription drug coverage.

Prescriptions filled at Veterans Affairs (VA) pharmacies are **not** covered by the plan. You may receive benefits from only one government program at a time. You may use either your VA benefits at a VA pharmacy or the Medicare Part D benefit through Express Scripts Medicare®.

Extra Help – If You Need It

If you have limited income – less than \$18,090 for an individual or \$24,360 for married filing jointly – you may qualify for Medicare prescription drug coverage Extra Help. Extra Help may pay some or all of your costs, including your monthly premiums annual deductibles and prescription copayments related to a Medicare prescription drug plan.

You will be notified if Medicare identifies you as an individual that qualifies for Extra Help. You may also apply online at www.socialsecurity.gov/extrahelp or call Social Security at **800.772.1213** (TTY 800.325.0778).

If you qualify for Extra Help and contribute toward the cost of your Montefiore-sponsored retiree medical and Express Scripts Medicare prescription drug coverage, Montefiore will reimburse you for the amount that would be covered by Extra Help. For more information, contact HR Benefits at montebenefits@montefiore.org or call **914.349.8531**.

High Income Additional Premium

If your retirement income is more than \$85,000 for an individual or \$170,000 for married filing jointly, Medicare requires that you pay an additional premium, called the Part D Income-Related Monthly Adjustment Amount (D-IRMAA). Medicare Part D beneficiaries affected by IRMAA will be notified by Social Security.

The additional premium ranges from \$13.00 to \$74.80 per month in 2018, depending on your income. The IRMAA contribution will be automatically deducted from your Social Security benefits. If your Social Security benefit is not enough, Medicare will bill you directly.

If you are affected by IRMAA, Montefiore will reimburse you for the additional premiums you are required to pay. Download and complete the Request for High Income Premium Reimbursement Form from www.MyMonteBenefits.com. Send the completed form, along with a copy of the Social Security notice that shows the additional premium amount to the HR Benefits Office. Montefiore will send a check to you for any retroactive amount plus the balance due for the rest of the calendar year.

If you are billed directly, you must pay this additional amount. If you don't, Medicare will disenroll you from Express Scripts Medicare® for Montefiore Medical Center. If you are disenrolled from the plan, you will lose both your Montefiore-sponsored retiree medical and Express Scripts Medicare® prescription drug coverage.

Medicare Part D Notice

Important Notice from Montefiore about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Montefiore Medical Center and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Montefiore is required by law to provide this Medicare Part D Notice to retirees and their families in Montefiore's prescription drug coverage. It does not apply to participants in Express Scripts Medicare® (PDP) for Montefiore Medical Center.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Montefiore Medical Center has determined that the prescription drug coverage offered by Montefiore's medical options is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, you will **not** be eligible to receive Montefiore health and prescription drug benefits

2018 Medicare Standard Level of Prescription Drug Coverage
You pay the first \$405 of prescription drug expenses (annual deductible)
You pay 25% of the next \$3,750 (\$937.50) of prescription drug expenses; Medicare pays the rest (75%) \$3,700
You pay 100% of the next \$3,657.50 of prescription drug expenses (A 65% discount applies to covered brand name drugs and a 56% discount for generic drugs.)
Once you pay \$5,000 in out-of-pocket expenses for prescription drugs for a covered person, you pay 5% (or a small copayment) of any remaining prescription drug expenses for that person for the rest of the calendar year; Medicare pays the rest.

If you do decide to join a Medicare drug plan and drop your current Montefiore coverage, be aware that you and your dependents will not be able to get Montefiore coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Montefiore Medical Center and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about this Notice or Montefiore Prescription Drug Coverage

Call Montefiore's HR Benefits Office at **914.349.8531**.

NOTE: You will receive this notice each year before the next period you can join a Medicare drug plan, and if Montefiore's coverage changes. You also may request a copy at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is available in the “Medicare & You” Handbook. You’ll get a copy of the Handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” Handbook for their telephone number) for personalized help.
- Call 800-MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for a Medicare prescription drug plan is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call 800.772.1213 (TTY 800.325.0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and whether or not you are required to pay a higher premium (a penalty).

Date:	1/1/2018
Name of Entity/Sender:	Montefiore Medical Center
Contact – Position/Office:	HR Benefits Office
Address:	111 East 210 th Street Bronx, NY 10467-2490
Phone Number:	914.349.8531

Montefiore believes the Retiree Health Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Retiree Health Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator via email at montebenefits@montefiore.org or call 914.349.8531. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1.866.444.3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Retiree Life Insurance

The amount of life insurance that continues during retirement depends on your age at retirement, as shown below.

If you retire:	Your Retiree Life Insurance equals:
At age 65 or older	<ul style="list-style-type: none">· 50% of your life insurance coverage in effect on the day before you retire<i>or</i>· \$25,000 <p>... whichever is less – but in no case less than \$5,000.</p> <p>On each subsequent January 1, your life insurance is reduced by 10% of the coverage you received when you retired – subject to a minimum benefit of \$5,000</p>
Before age 65	\$2,000 without reduction

Conversion Opportunity

When you retire you can convert the difference between your active and retiree life insurance (and any subsequent reductions in coverage if you retire at age 65 or older) to an individual policy. You do not need to provide medical evidence of insurability to convert coverage. However, you must apply for the conversion and pay the first premium within 31 days after the coverage you are converting would otherwise end.

Which Benefits Continue If I Die?

The following table shows the benefits provided to your survivors in case of your death after retirement.

Retiree Medical Benefits	<p>Montefiore will pay the full cost of Retiree Medical coverage for any of your enrolled family members for one year following your death. At the end of the one-year period, your family members can elect to continue coverage by paying the full cost in effect at that time. Your family members' coverage will end if they:</p> <ul style="list-style-type: none">· no longer meet the criteria for coverage (e.g., your spouse remarries, a dependent child no longer meets the age and dependency requirements)<p style="text-align: center;"><i>or</i></p>· stop paying the required premiums. <p>Coverage will also stop if Montefiore terminates Retiree Medical benefits.</p>
Retiree Life Insurance	<p>Your Retiree Life Insurance will be paid to your named beneficiary.</p>

Montefiore's Retirement Procedures

Who Do I Notify and When?

You must notify your immediate supervisor in writing prior to the date you plan to retire – at the very least equal to the number of work weeks in your annual vacation entitlement. Then, contact the **HR Benefits Office** to schedule an appointment.

What Forms Do I Need To Complete for Montefiore Medical Center?

If you are eligible, all you need to do to enroll is complete, sign and return the following forms:

- **Retired RN Medical Enrollment Form** – return the completed form to Montefiore's Benefits Department no later than 30 days after your retirement date.
- **Retiree Eligible Family Members/Beneficiary Designation Form** – to enroll eligible family members for retiree medical benefits.
- Life Insurance Conversion Form – to convert reducing amounts of life insurance to individual coverage.

What Forms Do I Need to Complete for the NYSNA Pension Plan?

Contact the NYSNA Pension Plan and Benefits Fund for pension enrollment and application forms. Information is also available online at **www.rnbenefits.org**.

To contact the NYSNA Pension Plan and Benefits Fund by:	Use:
· US Mail – include your Social Security number with all correspondence	NYSNA Pension Plan & Benefits Fund PO Box 12430 Albany, NY 12212-2430
· Email	<u>pensions@rnbenefits.org</u>
· Telephone – pension analysts and participant service representatives are available weekdays from 8:30 a.m. to 4:30 p.m.	877.RN.BENEFITS – 877.762.3633, 800.342.4324, or 518.869.9501

SOCIAL SECURITY AND MEDICARE

Social Security

Social Security is a mandated supplemental retirement system intended to ensure a basic retirement benefit for any worker who has paid into the program. A certain percentage of your paycheck goes directly into the Social Security fund to help provide benefits to current Social Security recipients. When you work and pay Social Security taxes, you earn “credits” toward Social Security benefits. You need 40 credits (10 years of work) to receive retirement benefits.

Your benefit is based on how much you earned during your working career and the age at which you decide to retire. If you retire at age 62 (the earliest possible retirement age for Social Security), your benefit will be lower than if you retire at age 65 or older.

Medicare

Medicare is a health insurance plan for people who are age 65 or older. People who are disabled or have permanent kidney failure may qualify for Medicare at any age.

Medicare has four parts:

- Hospital insurance (Part A) helps pay for inpatient hospital care and certain follow-up services.
- Medical insurance (Part B) helps pay for doctors’ services, outpatient hospital care and other medical services.
- Medicare Advantage plans (Part C) are available in many areas. People with Medicare Parts A and B can choose to receive all of their health care services through a provider organization under Part C.
- Prescription drug coverage (Part D) helps pay for medications doctors prescribe for medical treatment.

How Do I Apply For Social Security?

You may enroll for Social Security benefits at any time starting at age 62. To make sure that your Social Security retirement benefits are not delayed, you should apply three months before the month you want your benefits to begin.

You may be able to apply for Social Security retirement benefits online by visiting the Social Security Website at <https://secure.ssa.gov/iClaim/rib>. You must first answer a series of questions. Your answers will determine if you can apply online.

If you cannot enroll for Social Security benefits on-line, you can apply by calling Social Security's toll-free number, **800.772.1213**. Social Security representatives can make an appointment for your application to be taken over the telephone or at any convenient Social Security office. If you are deaf or hard of hearing, you can call Social Security's toll-free "TTY" number **800.325.0778** from 7 a.m. to 7 p.m. Monday through Friday.

When you apply, you will need the following information:

- Your Social Security Number and birth certificate
- Your W-2 forms
- Your military discharge papers, if you had military service
- Your spouse and/or children's birth certificate and Social Security Number if applying for benefits for them
- Proof of U.S. citizenship or lawful alien status if you (or if a spouse or child applying for benefits) were not born in the U.S.
- Bank account number for direct deposit

You must submit original documents or certified copies

How Do I Apply For Medicare?

If you enroll for Social Security benefits before age 65, you will automatically be enrolled for Medicare when you become eligible (generally at age 65). If you plan to enroll for Social Security benefits after you are age 65, you should **apply** for Medicare three months before you turn age 65.

- You can choose Original Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services. If you want prescription drug coverage, you may also join a Medicare Prescription Drug Plan (Part D).

or

- You can choose to join a Medicare Advantage Plan (Part C). A Medicare Advantage Plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your hospital and medical benefits.

or

- You may be able to join other types of Medicare health plan.

Each year, you have a chance to make changes to your Medicare Advantage or Medicare prescription drug coverage for the following year.

If you are Medicare-eligible and enrolled in Montefiore's Retiree Medical coverage, you do *not* need to enroll in Medicare's prescription drug coverage. That's because Montefiore's plan provides benefits for prescription drugs that are at least equal to Medicare's.

What Benefits Does Medicare Provide?

If you are eligible for Medicare, you can choose from a range of health plans. The Original Medicare Plan is available in all locations. However, not all of the other choices may be available in your area. A "Medicare Personal Plan Finder" is available online at www.medicare.gov to help you choose the plan in your area that's best for you.

Medicare's publication "[Your Medicare Benefits](#)" explains the rules about which health care services and supplies Medicare covers, what specific benefits you can get, and when you can get them. It also explains how much Medicare pays for each service, and how much you pay.

What are the 2018 Medicare Deductibles and Copayments?

Each year, the U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services reviews and revises Medicare's deductibles and copayments. The 2018 deductibles and copayments are shown below.

Medicare Part A (Hospital Benefits)	For 2018
Annual hospital deductible	\$1,340
Daily copayment for the 61 st through the 90 th day of in-hospital care	\$335
Daily copayment for the 91 st through the 150 th day (60-day lifetime reserve) of in-hospital care	\$670
Daily copayment for the 21 st through the 100 th day in a skilled nursing facility (following a hospital stay of at least three days)	\$167.50
Medicare Part B	
Annual Part B deductible	\$183
Medicare Part D	
Part D Income-Related Monthly Adjustment Amount (D-IRMAA)	\$13.00 to \$74.80

Where Can I Get Additional Information?

- [Social Security](#) – 800.772.1213, TTY users 800.325.0778
- [Medicare](#) – 800.633.4227, TTY users 877.486.2048
- [Medicare Contacts](#)
- Sign up for [MyMedicare.gov](#) – a secure online service where you can access your personal Medicare information 24 hours a day, every day.

Resources

- [Social Security Online Retirement Planner](#)
- [Social Security Retirement Benefits](#)
- [Employee Benefits Security Administration \(EBSA\) – Taking the Mystery Out of Retirement](#)
- [Savings Fitness: A Guide to Your Money and Your Financial Future](#)

The Principal®

As a Montefiore associate, you have access to *free* financial planning services. A financial advisor can help you assess your current financial situation, create a financial strategy and set realistic goals. 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.

Who Do I Contact If I Have Questions?

<p>MONTEFIORE MEDICAL CENTER CORPORATE HUMAN RESOURCES DIVISION HR BENEFITS OFFICE Mondays through Fridays (except holidays) 8:30 a.m. to 5:00 p.m. Benefits Main Number 914.349.8531/ Fax 914.349.8584 montebenefits@montefiore.org</p>	
<p>By U.S. Mail: HR Benefits Office Montefiore Medical Center 111 East 210th Street Bronx, NY 10467-2490</p>	<p>By Interoffice Mail or FedEx: HR Benefits Office Montefiore Medical Center 555 South Broadway, Bldg A Tarrytown, NY 10591</p>
<p>Retiree Health Plan Claims Administrator</p>	<p>Empire BlueCross BlueShield PO Box 1407, Church Street Station New York, NY 10008-1407 866.236.6748 www.empireblue.com</p>
<p>Dental</p>	<p>Cigna 800.Cigna24 (800.244.6224) www.cigna.com</p>
<p>Express Scripts</p>	<p>Express Scripts 100 Parsons Pond Drive Franklin Lakes, NJ 07417-2603 800.631.7780 www.express-scripts.com</p>
<p>Retiree Administrator</p>	<p>WageWorks, Inc. Retiree Administration 1155 Reliable Parkway Chicago, IL 60686 877.502.6272 www.wageworks.com</p>
<p>Voluntary Tax Deferred Annuity 403(b) Plan</p>	<p>Principal 800.547.7754 On-site Representative 914.378.6557 www.principal.com</p>
<p>NYSNA Pension</p>	<p>NYSNA Pension Plan & Benefits Fund PO Box 12430 Albany, NY 12212-2430 877.RN.BENEFITS (877.762.3633), 800.342.4324, or 518.869.9501 www.rnbenefits.org</p>
<p>This Guide provides only selected highlights of Retiree Benefits in effect as of January 1, 2017. Additional information about the plans can be found in the Registered Nurses Retiree Summary Plan Description. The actual provisions of the plans are governed by the legal documents. If there is a discrepancy between the information presented here and the legal documents, the legal documents will govern.</p>	