



## RETIREE ELIGIBILITY

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## MONTEFIORE'S RETIREMENT PROCEDURES

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## Associate Guide to Retirement

If you're thinking about retiring, this Guide can help provide the information you need to make informed decisions.

You must notify your immediate supervisor in writing at least 30 days before the date you plan to retire. Then, contact the **HR Benefits Office** to schedule an appointment.

If you need assistance, contact the HR Benefits Office by email at **[montebenefits@montefiore.org](mailto:montebenefits@montefiore.org)** or call **914.349.8531**.

Sincerely,

Eileen Montalto  
Director, Human Resources  
Benefits & Leave Administration

## Eligibility

You are eligible for Retiree Medical, Dental and Life Insurance benefits, if you:

- Are a security guard, non-union clerical associate, physical therapist or exempt associate  
*and*
- Retire from Montefiore at age 60 or older  
*and*
- Participated in one of the Associate medical options (including waiver of coverage if you were a full-time associate at the time of the waiver) for at least 10 consecutive years immediately prior to your retirement.

## Family Members

Your family members are eligible for benefits under the Montefiore Retiree Health Plan if they were covered as eligible dependents under your policy by one of the medical and/or dental options available under Montefiore's Benefits 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.

If you and your spouse both worked for Montefiore:

- You and your spouse cannot be covered both as a retired associate and as a dependent of a retired associate
- Your children cannot be covered as dependents of both you and your spouse.

If one of you is an active associate and one is a retired associate, neither you nor your eligible family members can be covered under both active and retiree health plans.

## Your Cost for Coverage

### Retiree Medical Benefits

- If you are a full-time non-exempt associate (security guard, non-union clerical associate or physical therapist), Montefiore pays 100% of the cost of Basic Retiree Medical (Option 1) for you and your eligible family members.
- If you are a full-time exempt associate, Montefiore contributes \$3,200 towards the annual premium of Basic Retiree Medical (Option 1) coverage for you and your eligible family members if you are Medicare-eligible. You pay the balance of the premium over \$3,200.

All retirees who elect Option 2 pay the full difference in cost between Option 1 and Option 2. Contributions for Option 2 begin when each enrolled individual becomes eligible for Medicare.

Monthly contributions for 2023 Retiree Medical benefits are shown below.

| If you are:   | 2023 Monthly Cost For:                | If You Elect:            |                              |   |
|---|---------------------------------------|--------------------------|------------------------------|---|
|   |                                       | Option 1 (Basic)         |                              | Option 2 Over 65<br>(Basic Plus Supplement) |
|   |                                       | Pre-Medicare Under 65    | Medicare Eligible Over 65    |   |
| A Full-Time* Security Guard, Non-Union Clerical Associate or Physical Therapist   | You                                   | \$0                      | \$0                          | \$66  |
|   | You & Your Family Member Under Age 65 | \$0                      | \$0                          | \$66  |
|   | You & Your Family Member Over Age 65  | \$0                      | \$0                          | \$132<br>(\$66 x 2)                         |
| A Full-Time** Exempt Associate:   | You                                   | \$1,199                  | \$448                        | \$514<br>(\$448 + \$66)                     |
|   | You & Your Family Member Under Age 65 | \$2,398<br>(\$1,199 x 2) | \$1,647<br>(\$448 + \$1,199) | \$1,713<br>(\$514 + \$1,199)                |
|   | You & Your Family Member Over Age 65  | NA                       | \$896<br>(\$448 x 2)         | \$1,028<br>(\$514 x 2)                      |
| <p>* If you worked on a part-time basis at any time during the 10 consecutive years immediately prior to your retirement, you contribute toward the cost of Basic Retiree Medical coverage.</p> <p>** Contributions for part-time exempt associates are higher than the amounts shown here.</p> |                                       |                          |                              |   |

## Retiree Dental Benefits

If you elect Retiree Dental coverage you pay the full cost of coverage for you and your eligible family members. Contribution rates for 2023 are shown below.

| Dental Coverage For                | 2023 Monthly Retiree Contribution Rates |
|------------------------------------|---|
| · Yourself Only                    | \$35                                    |
| · You & One Family Member          | \$70                                    |
| · You & Two or More Family Members | \$105                                   |

## Retiree Life Insurance

Montefiore currently pays the full cost of Retiree Life Insurance.

## Paying for Healthcare Coverage

WageWorks handles the administration of the Retiree Plan and premium payments. WageWorks offers a secure website at

[mybenefits.wageworks.com](https://mybenefits.wageworks.com) where you can access important account information. You may view your payment status, election options and general account information. You may also make online payments and add/modify recurring payments.

You need to register and create a username and password. Complete the wizard to sign up for your account. After you register and log in to the website for the first time, as an additional security measure you will need to verify or enter your email address and phone number.

**If you stop making required contributions, your coverage will stop and you will not be able to reenroll in Montefiore's Retiree Health Plan in the future. If your coverage stops, your family member's coverage ends too.**

## When Does Coverage Begin?

Retiree Medical, Dental 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.

## RETIREE BENEFITS

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

### The Retiree Health Plan

Retiree Medical coverage provides two options:

- **Basic Retiree Medical (Option 1)** is available to all eligible retirees and covered family members regardless of age.
- **Basic Retiree Medical *Plus* Supplement (Option 2)** is available to Medicare-eligible participants – generally age 65 or older. When you (or your spouse) first become Medicare-eligible, you will have a one-time opportunity to enroll in Option 2, as shown in the table below. If you do not enroll in Option 2 at that time, you will not have another opportunity to choose this supplemental coverage.

| If you retire:  | You will have a one-time opportunity to enroll in Basic Retiree Medical <i>Plus</i> Supplement (Option 2):        |
|---|---|
| · Before age 65 and elect single coverage   | · When you become Medicare-eligible   |
| · Before age 65 and cover your spouse   | · When the first of you becomes eligible for Medicare – or at retirement if your spouse is then Medicare-eligible |
| · At age 65 or later whether or not you cover your spouse   | · When you retire*  |
| * If you are covered by Medicare and your spouse is not, your spouse will be covered by Option 1 until he or she becomes Medicare-eligible. |   |

## Changing Your Retiree Medical Election

The only change you can make to your Retiree Medical election is to switch from Option 2 to Option 1. Once you make this change, you will not be able to elect Option 2 in the future.

You can cancel coverage at any time. However, if you do, you will not be able to elect coverage in the future.

The difference between Option 1 and Option 2 is how each option pays benefits if you and your covered family members are covered by Medicare or another group medical plan, as shown below.

|                                    | <b>Basic Retiree Medical<br/>(Option 1)</b>   | <b>Basic Retiree Medical <i>Plus</i> Supplement<br/>(Option 2)</b>   |
|------------------------------------|---|--|
| Option available to:               | All retirees (regardless of age) and their eligible family members<br><br>If you are not eligible for Medicare and are enrolled in the Retiree Health Plan you automatically participate in Option 1. | Retirees and/or family members who are eligible for Medicare (generally age 65)  |
| How the option works with Medicare | Limits benefits from Option 1 and Medicare to what Option 1 would pay on its own (called <i>non-duplication of benefits</i> ).  | Limits benefits from Option 2 and Medicare to 100% of covered expenses (called <i>coordination of benefits</i> ) but not more than it would pay if it were the only plan. Option 2 generally pays the 20% coinsurance not paid by Medicare Part B. |

## 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 Montefiore Moses Hospital, Jack D. Weiler Hospital (Einstein), Montefiore Wakefield Hospital, The Children's Hospital at Montefiore, Montefiore New Rochelle Hospital, Montefiore Mount Vernon Hospital, White Plains Hospital, Montefiore Nyack Hospital, Montefiore St. Luke's Cornwall Hospital, Burke Rehabilitation Hospital, Westchester Square, 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, Montefiore Moses Hospital, Jack D. Weiler Hospital (Einstein), Montefiore Wakefield Hospital, The Children's Hospital at Montefiore, Montefiore New Rochelle Hospital, Montefiore Mount Vernon Hospital, Montefiore Nyack Hospital, Montefiore St. Luke's Cornwall Hospital, Westchester Square.

### Empire Provider Network

If you are not yet eligible for Medicare, you may save money on certain healthcare expenses by using Preferred Providers. Montefiore has contracted with Empire for access to its extensive nationwide network of physicians, hospitals and other healthcare providers. You can visit any physician in the Empire Indemnity and Behavioral Health Network 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. 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 physicians are listed on [My MonteBenefits](#), the Empire Website [www.empireblue.com/montefiore](http://www.empireblue.com/montefiore) (look for the link to the Montefiore Provider Directory for Retirees), or you can contact the Montefiore CMO Customer Service Department at **914.377.4400**.

To find an Empire Indemnity Network provider, call the Empire Customer Service Call Center at **866.236.6748** or go to [www.empireblue.com/montefiore](http://www.empireblue.com/montefiore).

## Basic Retiree Medical Option 1 Benefit Overview – Before Medicare Eligibility

|   | If You Are Under Age 65 – Your Cost If You Use |                                   |                                   |
|---|--|-----------------------------------|-----------------------------------|
|   | Retiree Montefiore Provider Network            | Empire Indemnity Network          | Out-of-network                    |
| <b>Financial</b>  |  |                                   |                                   |
| • Individual/Family Annual Medical Deductible   | N/A  | \$100/\$300                       | \$100/\$300                       |
| • Annual Out-of-pocket Maximum (for each participant)   | N/A  | \$2,000                           | \$2,000                           |
| • Lifetime Maximum Benefit (exclusive of hospital, Express Scripts prescription drug and dental benefits)   | N/A  | \$500,000                         | \$500,000                         |
| <b>Hospital Benefits</b>  |  |                                   |                                   |
| • Illness or Injury, mental health and substance abuse care – semi-private room, board and other services up to 365 days for each admission   | \$0  | \$0                               | \$0                               |
| <b>Alternatives to In-hospital Care</b>   |  |                                   |                                   |
| • Skilled nursing facility – up to 120 days each calendar year  | \$0  | \$0                               | \$0                               |
| • Home healthcare – up to 200 visits each calendar year   | \$0  | \$0                               | \$0                               |
| • Hospice – up to 210 days  | \$0  | \$0                               | \$0                               |
| <b>Medical/Surgical Benefits</b>  |  |                                   |                                   |
| • Physicians' services – services of physicians, surgeons and other specialists for surgical and non-surgical services in the hospital, home or office  | \$0  | 20% <sup>1</sup> after deductible | 20% <sup>2</sup> after deductible |
| • Outpatient diagnostic and laboratory tests – including MRI, MRA, PET and CAT Scans, Nuclear Cardiology, bone density, X-rays, blood, urine and other laboratory tests   | \$0  | 20% <sup>1</sup> after deductible | 20% <sup>2</sup> after deductible |
| • Outpatient Mental Health/Substance Abuse Care   | N/A  | 20% <sup>1</sup> after deductible | 20% <sup>2</sup> after deductible |
| • Other Covered Expenses  | \$0  | 20% <sup>1</sup> after deductible | 20% <sup>2</sup> after deductible |
| <p><sup>1</sup> If services are billed by a facility, then 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><sup>2</sup> Reasonable and customary rates are set at 330% of the National Medicare Physician Fee Schedule (or approximately at the 70<sup>th</sup> 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> |  |                                   |                                   |



## If You Are Eligible for Medicare

Once you are Medicare-eligible, benefits under Montefiore Retiree Health Plan are determined assuming you are enrolled in both Parts A and B of Medicare or a Medicare option.

Medicare pays benefits first. Then, the Montefiore Retiree Health Plan will reimburse the following expenses, which are *not* covered by Medicare:

- The Medicare deductible for in-hospital care
- The Medicare copayment for the 61<sup>st</sup> through the 90<sup>th</sup> day of in-hospital care in a semi-private room
- The Medicare copayment for the 91<sup>st</sup> through the 150<sup>th</sup> day (60-day lifetime reserve) of in-hospital care in a semi-private room
- All covered expenses for the 151<sup>st</sup> through the 365<sup>th</sup> day of in-hospital care in a semi-private room
- The Medicare copayment for the 21<sup>st</sup> through the 100<sup>th</sup> 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 and whether you and your eligible family members are enrolled in Option 1 or Option 2. Under Option 2 (Basic Retiree Medical *Plus* Supplement), the Plan will generally pay the 20% of eligible charges that Medicare Part B does not pay.

### 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.

## Basic Retiree Medical (Option 1) Benefit Overview – Medicare Eligible

|   | If You Are Over Age 65 – Your Cost If You Use |                                 |                                 |
|---|---|---------------------------------|---------------------------------|
|   | Retiree Montefiore Provider Network           | Empire Indemnity Network        | Out-of-network                  |
| <b>Financial</b>  |   |                                 |                                 |
| • Individual/Family Annual Medical Deductible   | N/A   | \$100/\$300                     | \$100/\$300                     |
| • Annual Out-of-pocket Maximum (for each participant)   | N/A   | \$2,000                         | \$2,000                         |
| • Lifetime Maximum Benefit (exclusive of hospital, Express Scripts prescription drug and dental benefits)   | N/A   | \$500,000                       | \$500,000                       |
| <b>Hospital Benefits</b>  |   |                                 |                                 |
| • Illness or Injury, mental health and substance abuse care – semi-private room, board and other services up to 365 days for each admission   | \$0   | \$0                             | \$0                             |
| <b>Alternatives to In-hospital Care</b>   |   |                                 |                                 |
| • Skilled nursing facility – up to 120 days each calendar year  | \$0   | \$0                             | \$0                             |
| • Home healthcare – up to 200 visits each calendar year   | \$0   | \$0                             | \$0                             |
| • Hospice – up to 210 days  | \$0   | \$0                             | \$0                             |
| <b>Medical/Surgical Benefits</b>  |   |                                 |                                 |
| • Physicians' services – services of physicians, surgeons and other specialists for surgical and non-surgical services in the hospital, home or office  | \$0   | 20% <sup>1</sup> after Medicare | 20% <sup>2</sup> after Medicare |
| • Outpatient diagnostic and laboratory tests – including MRI, MRA, PET and CAT Scans, Nuclear Cardiology, bone density, X-rays, blood, urine and other laboratory tests   | \$0   | 20% <sup>1</sup> after Medicare | 20% <sup>2</sup> after Medicare |
| • Outpatient Mental Health/Substance Abuse Care   | N/A   | 20% <sup>1</sup> after Medicare | 20% <sup>2</sup> after Medicare |
| • Other Covered Expenses  | \$0   | 20% <sup>1</sup> after Medicare | 20% <sup>2</sup> after Medicare |
| <sup>1</sup> If services are billed by a facility, then 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.<br><sup>2</sup> Reasonable and customary rates are set at 330% of the National Medicare Physician Fee Schedule (or approximately at the 70 <sup>th</sup> 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. |   |                                 |                                 |

## Basic Retiree Medical *Plus* Supplement (Option 2) Benefit Overview – Medicare Eligible

|  | If You Are Over Age 65 – Your Cost If You Use |                                   |                                   |
|--|---|-----------------------------------|-----------------------------------|
|  | Retiree Montefiore Provider Network           | Empire Indemnity Network          | Out-of-network                    |
| <b>Financial</b>   |   |                                   |                                   |
| • Individual/Family Annual Medical Deductible  | N/A   | \$100/\$300                       | \$100/\$300                       |
| • Annual Out-of-pocket Maximum (for each participant)  | N/A   | \$2,000                           | \$2,000                           |
| • Lifetime Maximum Benefit (exclusive of hospital, Express Scripts prescription drug and dental benefits)  | N/A   | \$500,000                         | \$500,000                         |
| <b>Hospital Benefits</b>   |   |                                   |                                   |
| • Illness or Injury, mental health and substance abuse care – semi-private room, board and other services up to 365 days for each admission  | \$0   | \$0                               | \$0                               |
| <b>Alternatives to In-hospital Care</b>  |   |                                   |                                   |
| • Skilled nursing facility – up to 120 days each calendar year   | \$0   | \$0                               | \$0                               |
| • Home healthcare – up to 200 visits each calendar year  | \$0   | \$0                               | \$0                               |
| • Hospice – up to 210 days   | \$0   | \$0                               | \$0                               |
| <b>Medical/Surgical Benefits</b>   |   |                                   |                                   |
| • Physicians' services – services of physicians, surgeons and other specialists for surgical and non-surgical services in the hospital, home or office   | \$0   | \$0 <sup>1</sup> after deductible | \$0 <sup>2</sup> after deductible |
| • Outpatient diagnostic and laboratory tests – including MRI, MRA, PET and CAT Scans, Nuclear Cardiology, bone density, X-rays, blood, urine and other laboratory tests  | \$0   | \$0 <sup>1</sup> after deductible | \$0 <sup>2</sup> after deductible |
| • Outpatient Mental Health/Substance Abuse Care  | N/A   | \$0 <sup>1</sup> after deductible | \$0 <sup>2</sup> after deductible |
| • Other Covered Expenses   | \$0   | \$0 <sup>1</sup> after deductible | \$0 <sup>2</sup> after deductible |
| <p><sup>1</sup> If services are billed by a facility, then 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. Generally, Medicare pays 80% of R&amp;C rates and the Plan benefit pays 20% of eligible charges that Medicare Part B does not pay.</p> <p><sup>2</sup> Reasonable and customary rates are set at 330% of the National Medicare Physician Fee Schedule (or approximately at the 70<sup>th</sup> 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**.

### Prescription Drug Benefits Automatic Enrollment

|  |   |
|--|---|
| <b>If you are Pre-Medicare:</b><br><br>You will be covered by Montefiore's Retiree Prescription Drug benefits.   | <b>If you are Medicare-Eligible:</b><br><br>Montefiore will enroll you in Medicare Part D <sup>1</sup> . You will get an individual ID card from Express Scripts Medicare.  |
| <b>If an eligible family member is Pre-Medicare:</b><br><br>Your family member will be covered by Montefiore's Retiree Prescription Drug benefits.   | <b>If an eligible family member is Medicare-Eligible:</b><br><br>Montefiore will enroll your family member in Medicare Part D <sup>1</sup> . Your family member will get an individual ID card from Express Scripts Medicare. |
| <sup>1</sup> You may be contacted if we need information in order to enroll you in the plan, such as your Medicare Health Insurance Claim Number (HICN), which can be found on your Medicare Part A 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 it 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

|   | Generic Drugs                                    | Preferred Brand Name Drugs <sup>1</sup>          | Non-Preferred Brand Name Drugs                   | Specialty  |
|---|--|--|--|--|
| <b>Montefiore Outpatient Pharmacies</b>   | \$0  | \$0  | \$0  | \$0  |
| <b>Express Scripts</b>  |  |  |  |  |
| • <i>Participating Retail Pharmacy</i>  |  |  |  |  |
| – 31-day Supply   | 25% coinsurance<br>\$5 minimum<br>\$150 maximum  | 25% coinsurance<br>\$15 minimum<br>\$150 maximum | 25% coinsurance<br>\$30 minimum<br>\$150 maximum | 25% coinsurance<br>\$15 minimum<br>\$150 maximum |
| – 60-day Supply   | 25% coinsurance<br>\$10 minimum<br>\$300 maximum | 25% coinsurance<br>\$30 minimum<br>\$300 maximum | 25% coinsurance<br>\$60 minimum<br>\$300 maximum | 25% coinsurance<br>\$30 minimum<br>\$300 maximum |
| – 90-day Supply   | 25% coinsurance<br>\$15 minimum<br>\$450 maximum | 25% coinsurance<br>\$45 minimum<br>\$450 maximum | 25% coinsurance<br>\$90 minimum<br>\$450 maximum | 25% coinsurance<br>\$45 minimum<br>\$450 maximum |
| • <i>Home Delivery – 90-day Supply</i>  | \$10 copayment                                   | \$25 copayment                                   | \$40 copayment                                   | \$25 copayment                                   |
| <sup>1</sup> If you purchase a brand name medication when a generic equivalent is available, you pay the full difference in cost between the generic and the brand name medication in addition to paying the greater of 25% of the cost of the prescription or the generic copayment. |  |  |  |  |

## 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 \$1,500 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 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.

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.

**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 \$20,385 for an individual or \$27,465 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](https://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](mailto:montebenefits@montefiore.org) or call **914.349.8531**.

### For Medicare Enrollees 36 Months After a Kidney Transplant

Beginning in 2023, certain Medicare enrollees who are 36 months post kidney transplant, and therefore are no longer eligible for full Medicare coverage, can elect to continue Part B coverage for immunosuppressive drugs by paying a premium. For 2023, the immunosuppressive drug premium is \$97.10.

## High Income Additional Premium

If your retirement income is more than \$97,000 for an individual or \$194,000 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 \$12.20 to \$76.40 per month in 2023, 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 and enrolled in the Montefiore Retiree Health Plan, 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](http://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. 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 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.

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 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 15<sup>th</sup> through December 7<sup>th</sup>.

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

**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.**



Here is an overview of Medicare’s standard level of prescription drug coverage.

| 2023 Medicare Standard Level of Prescription Drug Coverage  |
|---|
| You pay the first \$505 of prescription drug expenses (annual deductible)   |
| You pay 25% of the next \$4,155 (\$1,038.75) of prescription drug expenses; Medicare pays the rest (75%) \$3,116.25   |
| You pay 100% of the next \$4,660 of prescription drug expenses (A 75% discount applies to covered brand name drugs and generic drugs.)  |
| Once you pay \$7,400 in out-of-pocket expenses for prescription drugs for a covered person, you pay 5% (or \$4.15 for a generic drug, \$10.35 for all other drugs) 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 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](http://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](http://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:                      | 1/1/2023  |
| Name of Entity/Sender:     | Montefiore  |
| Contact – Position/Office: | HR Benefits Office  |
| Address:                   | 111 East 210 <sup>th</sup> Street<br>Bronx, NY 10467-2490 |
| Phone Number:              | <b>914.349.8531</b>                                       |

## Retiree Dental Benefits

Retiree Dental benefits cover most of the dental services you or your dependents will typically need, except orthodontia. Benefits are subject to reasonable and customary (R&C) limits and most covered services are subject to an annual deductible before benefits are paid. If you elect dental benefits, you pay the full cost of coverage.

| What Does the Plan Cover?  | What Does the Plan Pay? <sup>1</sup>  |
|--|---|
| Preventive and Diagnostic Services<br>(e.g., oral exams, x-rays, cleanings)        | 100% of R&C with no deductible (there are limits on frequency of treatment) |
| Annual Deductible  | \$100 per person  |
| Basic Services<br>(e.g., fillings, periodontics, oral surgery, root canal therapy) | 80% of R&C after the deductible   |
| Major Services<br>(e.g., bridges, crowns, inlays)                                  | 50% of R&C after the deductible   |
| Annual Maximum Benefit   | \$1,200 for preventive and diagnostic, basic and major services combined    |

### Treatment using Preferred Providers

Montefiore has contracted with Cigna for access to its Dental Network including Montefiore's Department of Dentistry. Plan participants can receive treatment from dentists who have agreed to provide services at a discount. The discount applies to the cost of covered services provided. It does not affect the cost-sharing percentages established by the Plan. You are not required to use these providers, but you may save money if you do. Check the Cigna Website [www.cigna.com](http://www.cigna.com) for a list of participating dentists.

## 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:  |
|--|--|
| <ul style="list-style-type: none"><li>At age 65 or older</li></ul> | <ul style="list-style-type: none"><li>50% of your group term life insurance coverage in effect on the day before you retire</li></ul> <p>or</p> <ul style="list-style-type: none"><li>\$25,000</li></ul> <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> |
| <ul style="list-style-type: none"><li>Before age 65</li></ul>      | \$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. To apply for conversion, contact Securian directly.

Securian Financial Group, Inc.

Group Insurance

400 Robert Street North

St. Paul, MN 55101-2098

866.293.6047

[www.Lifebenefits.com](http://www.Lifebenefits.com)

## Which Benefits Continue If I Die?

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

|                                 |   |
|---------------------------------|---|
| <b>Retiree Medical Benefits</b> | <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"> <li>· No longer meet the criteria for coverage (e.g., your spouse remarries, a dependent child no longer meets the age and dependency requirements)</li> <li>or</li> <li>· Stop paying the required premiums.</li> </ul> <p>Coverage will also stop if Montefiore terminates Retiree Medical benefits.</p> |
| <b>Retiree Dental Benefits</b>  | <p>Your enrolled family members can elect to continue dental coverage by paying the full cost. Your family members' coverage will end if they:</p> <ul style="list-style-type: none"> <li>· No longer meet the criteria for coverage (e.g., your spouse remarries, a dependent child no longer meets the age and dependency requirements)</li> <li>or</li> <li>· Stop paying the required premiums.</li> </ul> <p>Coverage will also stop if Montefiore terminates Retiree Dental benefits.</p>   |
| <b>Life insurance</b>           | <p>Your Retiree Life Insurance will be paid to your named beneficiary.</p>  |

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](mailto: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](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

# MONTEFIORE'S RETIREMENT PROCEDURES

## Who Do I Notify and When?

You must notify your immediate supervisor in writing at least 30 days before the date you plan to retire. Then, contact the [HR Benefits Office](#) to schedule an appointment.

## What Forms Do I Need to Complete?

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

- [Retired Management Medical/Dental Enrollment Form](#) – return the completed form to Montefiore's HR-Benefits Office no later than 30 days after your retirement date.
- [Retiree Eligible Family Members/Beneficiary Designation Form](#) – to enroll eligible family members for retiree medical and/or retiree dental benefits.
- Life Insurance Conversion Form – to convert reducing life insurance to individual coverage.

## 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 healthcare 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 online, 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 healthcare. 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 plans.

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](http://www.medicare.gov) to help you choose the plan in your area that's best for you.

Medicare's publication "[Your Medicare Benefits](#)" (Revised January 2022) explains the rules about which healthcare 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.



## New in 2023

**Negotiated Drug Prices** – For the first time, Medicare will be able to negotiate directly with manufacturers for the price of certain high-spending brand-name Medicare Part B and Part D drugs that don't have competition.

In 2023, Medicare will announce the first 10 drugs selected for negotiation. Negotiated prices for these 10 drugs will be effective in 2026.

**Better Access to Vaccines** – Starting in 2023, Medicare Part D drug coverage will cover even more vaccines with no copay, including the shingles vaccine, that are recommended by the Advisory Committee on Immunization Practices.

**Coverage for Insulin** – Starting in 2023, the cost of a one-month supply of each Part D-covered insulin will be capped at \$35, and you won't have to pay a deductible for insulin. This applies to everyone who takes insulin, even if you get Extra Help.

For insulin used with a traditional insulin pump that is covered under the Medicare durable medical equipment benefit, you pay 20% of the Medicare approved amount after you meet the Part B deductible. You pay 100% for insulin-related supplies (like syringes, needles, alcohol swabs, and gauze), unless you have Part D.

## What are the 2023 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 2023 deductibles and copayments are shown below.

| Medicare Part A (Hospital Benefits)   | For 2023           |
|---|--------------------|
| Annual hospital deductible  | \$1,600            |
| Daily copayment for the 61 <sup>st</sup> through the 90 <sup>th</sup> day of in-hospital care   | \$400              |
| Daily copayment for the 91 <sup>st</sup> through the 150 <sup>th</sup> day (60-day lifetime reserve) of in-hospital care                                    | \$800              |
| Daily copayment for the 21 <sup>st</sup> through the 100 <sup>th</sup> day in a skilled nursing facility (following a hospital stay of at least three days) | \$200              |
| Medicare Part B   |                    |
| Annual Part B deductible  | \$226              |
| Medicare Part D   |                    |
| Part D Income-Related Monthly Adjustment Amount (D-IRMAA)   | \$12.20 to \$76.40 |

## 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.gov Helpful Contacts](#)
- Sign up for [MyMedicare.gov](#) to access your personal Medicare information.

## Resources

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

## FIDELITY INVESTMENTS

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. If you have questions about your account, retirement planning, or which investment options may be right for you, Fidelity Retirement Planners can help with all of your investment planning needs. One-on-one consultations may be scheduled either online at [www.fidelity.com/reserve](https://www.fidelity.com/reserve) or by phone at 800.642.7131.

Visit [www.netbenefits.com/atwork](https://www.netbenefits.com/atwork) for quick, easy access to your retirement account information.

## CONTACT INFORMATION

|   |  |
|---|--|
| <p style="text-align: center;"> <b>MONTEFIORE</b><br/> <b>CORPORATE HUMAN RESOURCES DIVISION</b><br/> <b>HR Benefits Office</b><br/> Mondays through Fridays (except holidays) 8:30 a.m. to 5:00 p.m.<br/> Benefits Main Number 914.349.8531/ Fax 914.349.8584<br/> <a href="mailto:montebenefits@montefiore.org">montebenefits@montefiore.org</a> </p> |  |
| <p>By U.S. Mail:<br/> HR Benefits Office<br/> Montefiore<br/> 111 East 210th Street<br/> Bronx, NY 10467-2490</p>   | <p>By Interoffice Mail or FedEx:<br/> HR Benefits Office<br/> Montefiore<br/> 555 South Broadway, Bldg A<br/> Tarrytown, NY 10591</p>  |
| Retiree Health Plan Claims Administrator  | <p>Empire BlueCross BlueShield<br/> 866.236.6748<br/> <a href="http://www.empireblue.com">www.empireblue.com</a></p>   |
| Medical   | <p>Empire BlueCross BlueShield<br/> PO Box 1407, Church Street Station<br/> New York, NY 10008-1407</p>  |
| Dental  | <p>Cigna<br/> 800.Cigna24 (800.244.6224)<br/> <a href="http://www.cigna.com">www.cigna.com</a></p>   |
| Express Scripts Prescription Drug Program   | <p>Express Scripts<br/> 100 Parsons Pond Drive<br/> Franklin Lakes, NJ 07417-2603<br/> 800.631.7780<br/> <a href="http://www.express-scripts.com">www.express-scripts.com</a></p>                          |
| Retiree Administrator   | <p>WageWorks, Inc.<br/> Retiree Administration<br/> 1155 Reliable Parkway<br/> Chicago, IL 60686<br/> 877.502.6272<br/> <a href="http://mybenefits.wageworks.com">mybenefits.wageworks.com</a></p>         |
| Montefiore Medical Center 403(b) Plan   | <p>Fidelity Investments 800.343.0860<br/> <a href="http://www.netbenefits.com/atwork">www.netbenefits.com/atwork</a></p>   |
| Professional Insurance Plan (PIP)<br>Group Variable Universal Life (GVUL)   | <p>Mass Mutual<br/> 800.548.0073 or 212.536.8727</p>   |
| HSRP  | <p>Health Services Retirement Plan<br/> 555 West 57th Street Suite 1530<br/> New York, NY 10019<br/> 212.956.8340</p>  |
| Securian  | <p>Securian Financial Group, Inc.<br/> Group Insurance<br/> 400 Robert Street North<br/> St. Paul, MN 55101-2098<br/> 888.658.0193<br/> <a href="http://www.Lifebenefits.com">www.Lifebenefits.com</a></p> |

This Guide provides only selected highlights of Retiree Benefits in effect as of January 1, 2023. Additional information about the plans can be found in the Retired Management 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.