

ELIGIBILITY & ENROLLMENT
YOUR COST FOR COVERAGE
HEALTHCARE

- MONTECARE BASIC EPO
- PRESCRIPTION DRUGS

REGULATORY NOTICES



2024 BENEFITS SUMMARY

MONTECARE BASIC EPO FOR ACA ELIGIBLE ASSOCIATES

**Corporate Human Resources Division
HR Benefits Office**

Montefiore Medical Center
111 East 210th Street Bronx, NY 10467-2490

montebenefits@montefiore.org
www.mymontebenefits.com

Montefiore Einstein



ELIGIBILITY & ENROLLMENT

Eligibility

You are eligible to enroll in the MonteCare Basic EPO Plan if you are:

- a part-time associate scheduled to work less than 50% of the normal workweek but who actually worked an average of 30 or more hours a week during the Eligibility Measurement Period

or

- a per diem associate who worked an average of 30 or more hours per week during the Eligibility Measurement Period.

You cannot enroll in the MonteCare Basic EPO if you are eligible for any other Montefiore-sponsored medical plan or a medical plan provided under a collective bargaining agreement to which Montefiore makes contributions.

If you are eligible to enroll in the Plan, you may also enroll your:

- spouse, and
- children of you and your spouse through December 31 of the year they reach age 26.

Annual Eligibility Measurement Period

- **Measurement Period** – 12 months from October through October of the following year, depending on the date the October pay period begins and ends.
- **Administrative Period** – October through December 31st, depending on the date the October pay period begins and ends.
- **Stability Period** – January 1st following the end of the Administrative Period through December 31st.

Enrollment

You enroll online at Montefiore's Enrollment Website – www.montebenefits.com – or call the Benefits Enrollment Call Center at **888.860.6166** Monday through Friday between 8am and 8pm EST. You'll speak to an enrollment specialist who will help you enroll.

Enrolling a Family Member

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

- Marriage License or the first page of your most recent tax return (1040 form).
- Birth Certificate, Affidavit of Dependency, final Adoption Decree or Court Order.
- Please send the documents via email, fax or mail to:
- Email: mmcdepverify@winstonbenefits.com
- Fax: **732.903.1166**
- Mail: **Winston Financial Services**
Montefiore Dependent Audit
PO Box 430
Manasquan, NJ 08736



ELIGIBILITY & ENROLLMENT

If you have any questions:

- About the enrollment process or the Enrollment Website, you can use the online Chat feature for assistance (Monday through Friday between 8am and 8pm EST). Just click on the Chat icon on the top, right toolbar after you log in.
- Regarding your benefits, contact the HR Benefits Office at **914.349.8531** or at montebenefits@montefiore.org.

Verify Your Personal Information

If you need to make any changes to your personal information, please email the HR Benefits Office at montebenefits@montefiore.org.

- You are required to enter a Primary Contact name and telephone number. It is important for Montefiore to know who to contact on your behalf in the event of an emergency.
- Enter your family member information. You must include each dependent's name, date of birth and Social Security Number.

Complete Your Enrollment

After you have completed your "To Do" list, select "Complete Enrollment" to review your elections. You can:

- Return to the benefits selection process and make changes, as long as the Special Election Period is open.
- Select "Exit Enrollment" to complete the selection process and receive a confirmation number. A benefits summary displays your confirmation number.

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

If You Don't Enroll

If you don't enroll during the Special Enrollment Period, you will not have coverage for yourself or your eligible dependents. In addition, you will not be able to make any changes during the year until the next Special Election Period, unless you have a qualified change in status:



YOUR COST FOR COVERAGE

	2024 Monthly Premium Contributions (Non-tobacco User Rates) for Eligible Part-time and Per Diem Associates	
MonteCare Basic EPO Hourly Rate Bands	For You Only	For You and Your Family
Less than or equal to \$25.64	\$141.29	\$680.31
\$25.64 – \$41.66	\$254.37	\$712.18
\$41.66 – \$64.10	\$292.96	\$820.26
\$64.10 – \$96.15	\$313.02	\$876.48
\$96.15 – \$128.20	\$323.05	\$904.56
\$128.20 – \$160.26	\$333.11	\$932.67
\$160.25 or higher	\$343.14	\$960.78

Important Note: If you enroll, you will receive a bill from HealthEquity/WageWorks each month. You must pay HealthEquity/WageWorks invoices within 30 days of the invoice date. Otherwise, your coverage will terminate, and you will not be able to re-enroll until the next benefit election period, if you meet the eligibility requirements.

2024 Tobacco Use Surcharge

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

- You have not used tobacco products of any kind during the 6 months immediately before December 31, 2023
- or
- You indicate your intention to and arrange for a consultation with OHS to obtain counseling and a referral for Free Nicotine Replacement Therapy by December 31, 2023.

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



MonteCare Basic EPO

Montefiore offers the MonteCare Basic EPO (Exclusive Provider Organization) medical plan in compliance with the requirements of the Patient Protection and Affordable Care Act (PPACA). This plan requires you to use in-network providers to receive benefits. No benefits are paid for out-of-network care except in a bona fide emergency.

Prescription drug benefits are provided by Montefiore Outpatient Pharmacies. There is no coverage for prescriptions obtained at retail pharmacies nor does it include a home delivery pharmacy service.

MonteCare Basic EPO pays 100% of covered in-network expenses – in some cases after a copay or coinsurance. To receive benefits, you must use in-network services provided by:

	MONTECARE BASIC EPO IN-NETWORK PROVIDERS	
Physicians, Therapists, and Counseling for Mental Health and Substance Abuse	<ul style="list-style-type: none">• Montefiore Integrated Provider Association (MIPA)• Anthem BlueCard PPO Network• Highland Medical, P.C.	<ul style="list-style-type: none">• Montefiore Behavioral Care Integrated Provider Association (MBCIPA)• Anthem Behavioral Health Network
Hospitals and Other Facilities	<ul style="list-style-type: none">• Montefiore Moses Hospital, Jack D. Weiler Hospital (Einstein), Montefiore Wakefield Hospital, Westchester Square, The Children's Hospital at Montefiore, Montefiore Mt. Vernon Hospital, Montefiore New Rochelle Hospital, Montefiore Nyack Hospital, Montefiore St. Luke's Cornwall Hospital, White Plains Hospital, Burke Rehabilitation Hospital, Montefiore Ambulatory Surgical Facilities, Montefiore Imaging Center, Montefiore Department of Radiology, Advanced Endoscopy Center, New York GI Center, and Montefiore Einstein Advanced Care	
Skilled Nursing Facility, Hospice	Anthem BlueCard PPO Network and Schaffer Extended Care Center	
Laboratories	Montefiore Moses Hospital, Jack D. Weiler Hospital (Einstein), Montefiore Wakefield Hospital, Montefiore Nyack Hospital, Montefiore St. Luke's cornwall Hospital, Westchester Square, The Children's Hospital at Montefiore, Montefiore Mt. Vernon Hospital, Montefiore New Rochelle Hospital, White Plains Hospital	
Pharmacies	Montefiore outpatient pharmacies	
Note: No benefits are paid for out-of-network care except in a bona fide emergency.		

MONTECARE BASIC EPO – YOUR COST IF YOU USE:

MONTEFIORE NETWORK		ANTHEM BLUECARD PPO NETWORK		OUT-OF-NETWORK
Financial				
Individual/Family Deductible	None	None		Not covered
Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance)		\$6,100/\$12,200		Not covered
Inpatient Care				
• Hospitalization – Illness or Injury • Mental Health/Substance Abuse Care • Physical/Occupational Therapy or Rehab	\$0	Not covered, except for an emergency admission		Not covered, except for an emergency admission
Hospice – 210 days	\$0	\$0		Not covered
Skilled Nursing Facility – 120 days	\$0	\$0		Not covered
Emergency Room Care				
• Bona Fide Emergency	\$100 copay; waived if admitted	\$100 copay; waived if admitted		\$100 copay; waived if admitted
• Other than Bona Fide Emergency	Not covered	Not covered		Not covered
• Urgent Care Facility	\$15 copay per visit	\$50 copay per visit		Not covered
• Urgent Care Professional	\$15 copay per visit	\$50 copay per visit		Not covered
Preventive Care				
• Routine Physical Exam with Primary Care Physician including OB/GYN	\$0	\$0		Not covered
• Routine Child Exam/Immunizations	\$0	\$0		Not covered
Outpatient Diagnostic Tests				
• X-rays, Bone Density tests, Blood, Urine, etc.	\$0	Not covered		Not covered
• MRI, MRA, CAT Scan, PET, Nuclear Cardiology	\$0	Not covered		Not covered
Physician Services (office visits)				
• Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care	\$15 copay per visit	\$35 copay per visit		Not covered
• Specialists	\$15 copay per visit	\$50 copay per visit		Not covered
• Surgery	\$0	\$50 copay per visit		Not covered
Outpatient Care				
• Outpatient Surgery	\$0	Not covered		Not covered
• Home Health Care – 200 visits	\$0	\$0		Not covered
• Maternity – first obstetric visit	\$0	\$0		Not covered
• Allergy Testing and Treatment	\$0/\$0 for treatment	\$35/\$50 copay/\$0 for treatment		Not covered
• Physical, Occupational and Speech Therapy	\$0	Not covered		Not covered
Durable Medical Equipment	20% ¹ coinsurance	20% ¹ coinsurance		Not covered

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



Prescription Drug Benefits

The MonteCare Basic EPO provides coverage for prescription drugs obtained at Montefiore Outpatient Pharmacies only. The MonteCare Basic EPO does not provide coverage for prescriptions obtained at retail pharmacies nor does it include a home delivery pharmacy program.

MONTECARE BASIC EPO	YOUR COST IF YOU PURCHASE:			
	GENERIC	PREFERRED (FORMULARY)	NON-PREFERRED (NON-FORMULARY)	SPECIALTY
Montefiore Outpatient Pharmacies				
◦ 30-day supply for new prescriptions for chronic medications and seasonal allergy medications	\$0	\$20 copay	You pay 100% of the discounted cost	\$20 copay
◦ 90-day supply for refills and all other medications	\$0	\$40 copay	You pay 100% of the discounted cost	\$40 copay

Prescription Drug Out-of-Pocket Maximum

Your share of expenses for prescriptions obtained from Montefiore Outpatient Pharmacies is limited to \$750 for any one covered person (\$1,500 for a family) in a calendar year. Once that maximum is reached, the Plan pays 100% of any remaining prescription drug expenses purchased from Montefiore Outpatient Pharmacies for that individual or family 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 generic copayment plus the difference in cost between the generic and the brand name medication. The difference in cost between the 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.



REGULATORY NOTICES

Employers are required to provide regulatory notices regarding your rights and procedures to protect those rights. You may view, download or print a copy of these notices from MyMonteBenefits or request a print version of these notices from the HR Benefits Office by emailing montebenefits@montefiore.org or by calling **914.349.8531**. Here's a summary of the notices.

Children's Health Insurance Program (CHIP) – If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from its Medicaid or CHIP programs.

Claiming Healthcare Benefits – Federal law requires your healthcare coverage to provide a process for filing claims for services and supplies that are urgent in nature in addition to procedures for post service claims.

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

Family and Medical Leave Act (FMLA) – FMLA provides up to 12 work weeks of unpaid leave for certain family and medical reasons. If you utilize FMLA leave, you can elect to continue your health coverage provided you pay the required premium. At the end of the leave, you generally have the right to return to the same job or an equivalent position.

Genetic Information Nondiscrimination Act (GINA) – GINA prohibits employers, employment agencies, and labor unions from discriminating against employees based on genetic information. It also prohibits insurers from charging higher premiums based on genetic information or from using genetic information in underwriting decisions.

HIPAA Special Enrollment Rights – You may request a special enrollment in Montefiore's healthcare coverage under the following circumstances:

- Within 30 days of the date:
 - You or a family member loses other group health plan coverage (such as a spouse's plan).
 - You acquire a new family member through marriage, birth, adoption or legal guardianship.
- Within 60 days of the date you or a family member:
 - Is no longer eligible for coverage under the State's Children's Health Insurance Program (CHIP) or Medicaid.
 - Become eligible for premium assistance under the State's Children's Health Insurance Program (CHIP) or Medicaid.



REGULATORY NOTICES

Marketplace Notice – This notice provides some basic information about the Marketplace and employment-based health coverage offered by Montefiore-sponsored group health plans.

Medicare Part D Notice – If you and/or your family members are Medicare-eligible, federal law offers more choices for prescription drug coverage.

Michelle's Law – This law extends health benefits eligibility for up to one year for a student dependent child who would otherwise lose coverage due to loss of student status as a result of a medically necessary leave of absence.

Newborns' and Mothers' Health Protection Act (Newborns' Act) – The Newborns' and Mothers' Health Protection Act requires group health plans that offer maternity coverage to pay for at least a 48-hour hospital stay following childbirth (96-hour hospital stay in the case of Cesarean section).

New York City's Earned Safe and Sick Time Act (ESSTA) – ESSTA provides employees who work in New York City the right to use safe and sick leave for the care and treatment of themselves or a family member and to seek legal and social services assistance or take other safety measures if the employee or a family member may be the victim of any act or threat of domestic violence or unwanted sexual contact, stalking or human trafficking.

Non-Discrimination Notice – Montefiore's Benefits Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, sex, national origin, disability, sexual orientation, gender identity or expression, physical appearance or age.

NY Paid Family Leave (PFL) – New York Paid Family Leave provides job security and paid time off from work for a specified period of time to care for a new child, a seriously ill family member or if a family member is called to active military service.

Notice of Privacy Practices – These privacy rules set limits on how health plans, pharmacies, hospitals, clinics, nursing homes and other direct-care providers use individually identifiable health information.

Summary of Benefits and Coverage (SBC) – A Summary of Benefits and Coverage (SBC) is a standardized summary describing the benefits and limitations of each medical option.

Transparency in Coverage Disclosure – Transparency in coverage (TIC) regulations require that Montefiore make machine-readable files (MRFs), for the plan we administer and maintain, available to the public. The files contain the negotiated rates for in-network providers and allowed amounts derived from historical claims for out-of-network providers. A machine-readable file is a digital representation of data or information in a file that can be imported or read by a computer system for further processing. They are not means for use by members.

Uniform Services Employment and Re-employment Rights Act of 1994 (USERRA) – USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

Women's Health and Cancer Rights Act (WHCRA) – The Women's Health and Cancer Rights Act (WHCRA) requires group health plans and health insurance issuers, which provide coverage for medical and surgical benefits with respect to mastectomies, to also cover certain post-mastectomy benefits. These benefits include reconstructive surgery and the treatment of complications.

This overview provides only highlights of the MonteCare Basic EPO in effect on January 1, 2024. Additional information can be found on www.MyMonteBenefits.com. The actual provisions of the plan 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.

Montefiore expects and intends to continue the plan indefinitely, but reserves the right to change, modify or terminate it, in whole or in part, at any time and for any reason.