

Montefiore Einstein



RETIREE ELIGIBILITY

- Eligibility
- Your Cost for Coverage
- When Does Coverage Begin

RETIREE BENEFITS

- The Montefiore Health Plan for Retired Registered Nurses
 - If You Are Not Eligible for Medicare
 - If You Are Eligible for Medicare
 - Prescription Drug Benefits
- Retiree Life Insurance

MONTEFIORE'S RETIREMENT PROCEDURES

SOCIAL SECURITY AND MEDICARE

FIDELITY INVESTMENTS

CONTACT INFORMATION

Registered Nurses Guide to Retirement

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

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

Sincerely,

Eileen Montalto
Director, Human Resources
Benefits & Leave Administration

Eligibility

You are eligible for the Montefiore 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.

Family Members

Your family members are eligible for 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 and/or dental options available under Registered Nurses 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.

Your Cost for Coverage

- **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.

Paying for Healthcare Coverage

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

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

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.

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.

RETIREE BENEFITS

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

The Montefiore Retiree 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 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, NY GI Center, and Montefiore Einstein Advanced Care
- 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.

Anthem 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 Anthem for access to its extensive nationwide network of physicians, hospitals and other healthcare providers. You can visit any physician in the Anthem Indemnity and Behavioral Health Network in any specialty without a referral.

Anthem 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 Anthem Indemnity Network, the Plan pays 80% and you are responsible for 20% of the discounted rate.

To find a Montefiore or Anthem Indemnity Network provider, go to [MyMonteBenefits.com](https://www.mymontebenefits.com) or call the Anthem Customer Service Call Center at **866.236.6748**.

Retired RNs Under Age 65	If You Are Under Age 65 – Your Cost If You Use		
	Retiree Montefiore Provider Network	Anthem 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 services are billed by a facility, then percentages are 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.</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>			

If You Are Eligible for Medicare

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 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. Generally, the Plan will 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.

Retired RNs Over Age 65	If You Are Over Age 65 – Your Cost If You Use		
	Retiree Montefiore Provider Network	Anthem Indemnity Network	Out-of-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	\$0 ¹ after deductible	\$0 ² after deductible
• Urgent Care Facility	\$0	\$0 ¹ after deductible	\$0 ² after deductible
Preventive Care	\$0	\$0 ¹ after deductible	\$0 ¹ after deductible
• Routine Physical Exam with PCP including OB/GYN			
• Routine Child Exam/Immunizations			
• Routine Mammography			
Outpatient Diagnostic and Laboratory Tests	\$0	\$0 ¹ after deductible	\$0 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	\$0 ¹ after deductible	\$0 ² after deductible
• Specialist			
• Surgery			
• Chiropractic Care – up to \$1,000 each calendar year	N/A	\$0 ¹ after deductible	\$0 ² after deductible
Outpatient Care	\$0	\$0 ¹ after deductible	\$0 ² after deductible
• Outpatient Surgery			
• Home Health Care – 200 visits			
• Maternity			
• Allergy Testing and Treatment			
• Physical, Occupational and Speech Therapy			
Durable Medical Equipment	\$0	\$0 ¹ after deductible	\$0 ² after deductible
<p>¹ If services are billed by a facility, then percentages are 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. Generally, Medicare pays 80% of R&C rates and the Plan benefit pays 20% of eligible charges that Medicare Part B does not pay.</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 ¹ .
If you or an eligible family member is 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 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

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 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

The Inflation Reduction Act expands the Extra Help program in 2024. The program helps some people pay their Medicare drug coverage (Part D) costs – including premiums, deductibles, coinsurance, and other costs.

In 2024, everyone who qualifies for Extra Help will pay:

- \$0 for your Medicare drug plan premium
- \$0 for your plan deductible, and
- A reduced amount for both generic and brand-name drugs.

If you get any level of Extra Help now, and meet the qualifications in 2024, you'll automatically get these cost savings – you don't need to reapply.

To qualify for Extra Help, you must have limited income – 150% of the federal poverty level in 2024 (i.e., less than \$21,870 for an individual or \$29,580 for married filing jointly).

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**.

For Medicare Enrollees 36 Months After a Kidney Transplant

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 2024, the immunosuppressive drug premium is \$103.

High Income Additional Premium

If your retirement income is more than \$103,000 for an individual or \$206,000 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 \$12.90 to \$81.00 per month in 2024, 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. 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.

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.

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 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.

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

2024 Medicare Standard Level of Prescription Drug Coverage
You pay the first \$545 of prescription drug expenses (annual deductible)
You pay 25% of the next \$4,485 (\$1,121.25) of prescription drug expenses; Medicare pays the rest (75%) \$3,363.75
You pay 25% of the next \$5,030 of prescription drug expenses (A 75% discount applies to covered brand name and generic drugs.)
Once you pay \$8,000 in out-of-pocket expenses for prescription drugs for a covered person, you pay nothing for any remaining prescription drug expenses for that person for the rest of the calendar year; Medicare pays the full cost.

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
- 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:	1/1/2024
Name of Entity/Sender:	Montefiore
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 <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/grandfathered-healthplans>. 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:
<ul style="list-style-type: none"> • At age 65 or older 	<ul style="list-style-type: none"> • 50% of your group term life insurance coverage in effect on the day before you retire <li style="text-align: center;"><i>or</i> • \$25,000 • . . . whichever is less – but in no case less than \$5,000. <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"> • Before age 65 	<ul style="list-style-type: none"> • \$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.

MetLife will reach out to you to determine if you wish to convert your coverage and provide instructions for doing so. For more information, go to www.metlife.com/conversion or call 877.275.6387.

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)· or· Stop paying the required premiums. <p>Coverage will also stop if Montefiore terminates Retiree Medical benefits.</p>
Life insurance	Your Retiree Life Insurance will be paid to your named beneficiary.

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?

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

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:
<ul style="list-style-type: none"> • US Mail – include your Social Security number with all correspondence 	NYSNA Pension Plan & Benefits Fund PO Box 12430 Albany, NY 12212-2430
<ul style="list-style-type: none"> • Email 	<u>pensions@rnbenefits.org</u>
<ul style="list-style-type: none"> • 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 your full retirement age or later. The following table shows full retirement age.

Age at which you receive full Social Security benefits	
Year of birth	Full retirement age
1943 to 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 or later	67

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 to help you choose the plan in your area that’s best for you.

Medicare's publication "**Your Medicare Benefits**" (Revised January 2023) 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 2024

Better Access to Vaccines – In 2024, Medicare Part D drug coverage will cover even more vaccines with no copay, including the shingles vaccine, RSV, tetanus/diphtheria, tetanus, diphtheria, and pertussis, Hepatitis A, Hepatitis B if you are at low risk for the virus. Medicare also continues to cover flu shots, COVID-19 vaccines, and pneumococcal shots.

What are the 2024 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 2024 deductibles and copayments are shown below.

Medicare Part A (Hospital Benefits)	For 2024
Annual hospital deductible	\$1,632
Daily copayment for the 61 st through the 90 th day of in-hospital care	\$408
Daily copayment for lifetime reserve days of in-hospital care	\$816
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)	\$204
Medicare Part B	
Annual Part B deductible	\$240
Medicare Part D	
Part D Income-Related Monthly Adjustment Amount (D-IRMAA)	\$12.90 to \$81.00

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 on Fidelity's website at

[**https://digital.fidelity.com/prqw/digital/wos/Appointments?planSponsorName=MONTEFIORE%20MEDICAL%20CENTER**](https://digital.fidelity.com/prqw/digital/wos/Appointments?planSponsorName=MONTEFIORE%20MEDICAL%20CENTER) or by phone at 800.642.7131.

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

CONTACT INFORMATION

<p>MONTEFIORE 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 111 East 210th Street Bronx, NY 10467-2490</p>	<p>By Interoffice Mail or FedEx: HR Benefits Office Montefiore 555 South Broadway, Bldg A Tarrytown, NY 10591</p>
Retiree Health Plan Claims Administrator	<p>Anthem 866.236.6748 www.empireblue.com</p>
Medical	<p>Anthem PO Box 1407, Church Street Station New York, NY 10008-1407</p>
Express Scripts Prescription Drug Program	<p>Express Scripts 100 Parsons Pond Drive Franklin Lakes, NJ 07417-2603 800.631.7780 www.express-scripts.com</p>
Retiree Administrator	<p>Health Equity/WageWorks, Inc. Retiree Administration 1155 Reliable Parkway Chicago, IL 60686 877.502.6272 mybenefits.wageworks.com</p>
Montefiore Medical Center 403(b) Plan	<p>Fidelity Investments 800.343.0860 netbenefits.com/atwork</p>
NYSNA Pension	<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>
MetLife	<p>MetLife 877.275.6387 www.metlife.com</p>
<p>This Guide provides only selected highlights of Retiree Benefits in effect as of January 1, 2024. 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.</p>	