

FOR YOUR BENEFIT

ELIGIBILITY & ENROLLMENT

HEALTHCARE

- MEDICAL
- PRESCRIPTION DRUGS
- DENTAL
- VISION

FSA/GROUP LEGAL

BTA, LIFE & ACCIDENT INSURANCE

PAID TIME OFF/DISABILITY

FINANCIAL SECURITY

VOLUNTARY BENEFITS

REGULATORY NOTICES



2024 BENEFITS SUMMARY

MHS EXECUTIVE ASSOCIATES AND PHYSICIANS

**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



FOR YOUR BENEFIT

www.MyMonteBenefits.com

www.MyMonteBenefits.com gives you and your family members easy, one-stop access to everything you need to know about your Montefiore Benefits Program.

- **Spotlight On** – Check here often for useful articles, important notices and the latest information about Montefiore's Benefits Program including Annual Enrollment materials.
- **Resource Center** – You'll find Contact Information, Forms, Resources and Regulatory Notices (print versions are available upon request).
- **For Your Benefit**
 - *Montefiore's Benefits Program* – Learn about your options for Healthcare coverage, Flexible Spending Accounts, Life, Accident & Disability Insurance and saving for your future financial security.
 - *Voluntary Benefits* – Direct access to Employee Discounts, Individual Insurance Policies and Special Promotions. You may enroll at any time during the year.
 - *Eligibility & Enrollment* – Find out who is eligible and how to enroll in Montefiore's Benefits Program.
 - *Life Events* – Learn how changes in your marital and family status affect your benefits.
- **Retirement Center** – Essential information if you are thinking of retiring.

Montefiore Benefits Program

Montefiore's Benefits Program covers many different areas, which can be tailored to best fit your needs, forming a comprehensive benefits package.

Before you enroll in Montefiore's Benefits Program, it is important to familiarize yourself with your benefit options. Be sure to register for the Benefits Orientation webinar on www.MyMonteBenefits.com.

- Select "IF YOU WORK FOR: Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital or Schaffer Extended Care Center – Enter Here".
- Click on the Benefits Orientation photo.
- Under the Non-union Associate section, everything you need to know as a new plan participant is available to view and/or print, including a Rate Sheet and Medical Comparison.
- Click on the "Click here to register for the Associate Benefit Orientation Webinar" link.
- Once you register you will be emailed a link to the Benefits Webinar.



ELIGIBILITY & ENROLLMENT

Eligibility

You are eligible to enroll in the Montefiore Associate Benefits Program if you are a regular or temporary associate of Montefiore Health System and work at least 50% of a full-time schedule.

Your family members are also eligible for coverage. Eligible family members include your spouse and children (including stepchildren, legally adopted children, and children for whom you are legal guardian) whom you can cover through December 31 of the year they reach age 26.

Coverage begins the first of the month on or after your date of hire. For example, if your hire date is 1/8/2024, you are eligible for benefits effective 2/1/2024. If your date of hire is the first of the month, benefits will start on the first of that month (i.e., your date of hire).

Enrollment

When you first begin at Montefiore and each year thereafter during the Fall Annual Benefits Open Enrollment Period, you have the opportunity to elect your benefit options.

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

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

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.



ELIGIBILITY & ENROLLMENT

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.
- List your beneficiary designation(s) information for life insurance coverage. Be sure you have each beneficiary's name, date of birth and Social Security Number.

Select Your Benefits

- You may elect or waive coverage in each benefit area. If you wish to waive coverage you must actively elect that option.
- When you enroll, indicate whether you use tobacco. If you have used tobacco products and answer "Yes" to the tobacco use question(s), you will be assessed a higher tobacco user premium on your Medical (if any) and Supplemental Life Insurance. If you do not answer the tobacco use question, you will pay the higher tobacco user premium for Medical and Supplemental Life Insurance coverage even if you are not a tobacco user.
- Make your benefit elections for Medical, Dental, Vision, Supplemental Life Insurance, Dependent Life Insurance, Supplemental AD&D, LTD and Group Legal Services.
- You must make a Healthcare and/or Dependent Care Flexible Spending Account election each year if you want either or both of these accounts.
- Designate a beneficiary for your Life and AD&D Insurance.

Complete Your Enrollment

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

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

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

If You Don't Enroll

If you don't enroll within 30 days after you become eligible, you will default to the following coverages and will not be able to make any changes during the year until the next Annual Benefits Open Enrollment Period, unless you have a qualified change in status:

- MonteCare EPO – medical coverage for yourself only.
- Preventive & Diagnostic Dental Care Option – single dental coverage for preventive and diagnostic care only.
- Basic Life and AD&D Insurance each equal to one times your annual base salary (up to a maximum of \$250,000).
- Business Travel Accident (BTA) and Mandatory Basic Long Term Disability Insurance.

You will not have coverage for any family members.



HEALTHCARE

Medical

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

Provider Networks

MonteCare EPO and MonteCare PPO both use the Anthem Network (formerly Empire) (Preferred and Non-preferred Facilities) and Montefiore Network:

- MonteCare EPO requires you to use in-network providers to receive benefits. Your share of the cost will be higher when you use Anthem Network Non-preferred Facilities.
- MonteCare PPO gives you the flexibility to choose any provider you wish (however, you'll pay more for healthcare services from Network Non-preferred Facilities).

Care Guidance

The Care Guidance Program for Montefiore associates provides you with a Personal Health Nurse (PHN) who will work one-on-one with you for as long and as often as you need. This is a voluntary program that can provide support and resources to help you, or a member of your family, manage your or their health. Montefiore provides this program at no cost to Montefiore associates and their family members who are covered by Montefiore's Anthem BlueCross BlueShield medical plans (formerly Empire). All services are completely confidential and at any point in time, you have the opportunity to OPT OUT of the program. For more information, call **855.MMC.WELL (855.662.9355)** or email **mmccareguidance@montefiore.org**.

| IN-NETWORK PROVIDERS | MONTECARE EPO/MONTECARE PPO |
|--|---|
| Hospitals and Other Facilities | <ul style="list-style-type: none">• Anthem Network<ul style="list-style-type: none">◦ Preferred Facilities◦ Non-preferred Facilities• Montefiore Network (including Montefiore Moses Hospital, Jack D. Weiler Hospital (Einstein), The Children's Hospital at Montefiore, Montefiore Mt. Vernon Hospital, Montefiore Wakefield Hospital, Montefiore New Rochelle Hospital, Westchester Square, White Plains Hospital, Montefiore Nyack Hospital, Montefiore St. Luke's Cornwall Hospital, Montefiore Ambulatory Surgical Facilities, Department of Radiology, Montefiore Imaging Center, Advanced Endoscopy Center, Burke Rehabilitation Hospital, New York GI Center, and Montefiore Einstein Advanced Care. |
| Skilled Nursing Facility, Hospice | Anthem Network and Schaffer Extended Care Center |
| Laboratories | Quest Laboratories, LabCorp and any hospital laboratory participating in the Anthem and Montefiore Networks (including Montefiore Moses Hospital, Jack D. Weiler Hospital (Einstein), The Children's Hospital at Montefiore, Montefiore Mt. Vernon Hospital, Montefiore Wakefield Hospital, Montefiore New Rochelle Hospital, Westchester Square, White Plains Hospital, Montefiore Nyack Hospital and Montefiore St. Luke's Cornwall Hospital) |
| Pharmacies | Express Scripts participating retail pharmacies, home delivery pharmacy service and Montefiore outpatient pharmacies |
| Physicians, Therapists, and Counseling for Mental Health and Substance Abuse | <ul style="list-style-type: none">• Montefiore Integrated Provider Association (MIPA)• Anthem Network• Highland Medical, P.C.• Montefiore Behavioral Care Integrated Provider Association (MBCIPA)• Anthem Behavioral Health Network |
| Note: If you do not enroll within 30 days of the date you first become eligible, you will automatically be enrolled in MonteCare EPO medical coverage for yourself only . | |

MONTECARE EPO – YOUR COST IF YOU USE:

| MONTEFIORE NETWORK | | ANTHEM NETWORK | | OUT-OF-NETWORK |
|---|-------------------------------------|--|--|--|
| Financial | | | | |
| Individual/Family Deductible | None | \$500/\$1,000 | | Not covered |
| Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance) | \$5,350/\$10,700 | \$5,350/\$10,700 | | Not covered |
| | | PREFERRED FACILITIES | NON-PREFERRED FACILITIES | |
| Inpatient Care • Illness or Injury • Mental Health/Substance Abuse Care • Physical/Occupational Therapy or Rehab | \$0 | 20% ¹ coinsurance after deductible if pre-certified by Conifer Value Based Care ² ; an additional 10% after deductible if the inpatient care is not pre-certified by Conifer | 40% ¹ coinsurance after deductible if pre-certified by Conifer Value Based Care ² ; an additional 10% after deductible if the inpatient care is not pre-certified by Conifer | Not covered except in the case of an emergency admission |
| High-Tech Radiology Services (including diagnostic MRI, MRA, CAT Scan, PET, Nuclear Cardiology) | \$0 | 20% ¹ coinsurance after deductible | 40% ¹ coinsurance after deductible | Not covered |
| Outpatient Surgery | \$0 | 20% ¹ coinsurance after deductible | 40% ¹ coinsurance after deductible | Not covered |
| 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 | 20% coinsurance | 20% ¹ coinsurance after deductible | | Not covered |
| • Urgent Care Facility | \$0 | \$30 copay/visit | | Not covered |
| • Urgent Care Professional | \$15 copay per visit | \$30 copay/visit | | Not covered |
| Preventive Care – Routine Physical Exam with PCP including OB/GYN; Routine Child Exam/Immunizations; Routine Mammography | \$0 | \$0 | | Not covered |
| Outpatient Diagnostic and Laboratory Tests X-rays, Bone Density, Blood, Urine, etc. | \$0 | 20% ¹ coinsurance after deductible | | Not covered |
| Physician Services (office visits) | | | | |
| • Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care | \$15 copay/visit | 20% ¹ coinsurance after deductible | | Not covered |
| • Specialists | \$15 copay/visit | 20% ¹ coinsurance after deductible | | Not covered |
| • Chiropractic Care – 10 visits | \$50 copay/visit | 20% ¹ coinsurance after deductible | | Not covered |
| • Surgery | \$0 | 20% ¹ coinsurance after deductible | | Not covered |
| Home Health Care – 200 visits | \$0 | \$0 | | Not covered |
| Maternity | \$0 | 20% ¹ coinsurance after deductible | | Not covered |
| Allergy Testing and Treatment | \$15 copay/visit; \$0 for treatment | 20% ¹ coinsurance after deductible | | Not covered |
| Physical, Occupational and Speech Therapy | \$0 | 20% ¹ coinsurance after deductible | | Not covered |

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.

² Pre-certification will ensure that services are medically necessary and provided in an appropriate treatment setting.

MONTECARE PPO – YOUR COST IF YOU USE:

| MONTEFIORE NETWORK | | ANTHEM NETWORK | | OUT-OF-NETWORK |
|---|-------------------------------------|---|---|--|
| Financial | | | | |
| Individual/Family Deductible | None | \$625/\$1,250 | | \$1,250/\$2,750 |
| Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance) | \$5,350/\$10,700 | \$5,350/\$10,700 | | \$6,000/\$17,500 |
| | | PREFERRED FACILITIES | NON-PREFERRED FACILITIES | |
| Inpatient Care • Illness or Injury • Mental Health/Substance Abuse Care • Physical/Occupational Therapy or Rehab | \$0 | \$1,000 copay if pre-certified by Conifer Value Based Care ¹ ; an additional \$500 copay if the inpatient care is not pre-certified by Conifer | \$2,500 copay if pre-certified by Conifer Value Based Care ¹ ; an additional \$500 copay if the inpatient care is not pre-certified by Conifer | 40% ² coinsurance after \$1,000 copay if pre-certified by Conifer Value Based Care ¹ ; an additional \$500 copay if the inpatient care is not pre-certified by Conifer |
| High-Tech Radiology Services (including diagnostic MRI, MRA, CAT Scan, PET, Nuclear Cardiology) | \$0 | \$250 copay | \$625 copay | 40% ² coinsurance after deductible |
| Outpatient Surgery | \$0 | \$500 copay | \$1,250 copay | 40% ² coinsurance after deductible |
| Hospice – 210 days | \$0 | \$0 | | 40% ² coinsurance after deductible |
| Skilled Nursing Facility – 120 days | \$0 | \$0 | | 40% ² coinsurance after deductible |
| 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 | 30% coinsurance | 30% ³ coinsurance after deductible | | 40% ² coinsurance after deductible |
| • Urgent Care Facility | \$0 | \$30 copay/visit | | 40% ² coinsurance after deductible |
| • Urgent Care Professional | \$15 copay/visit | \$30 copay/visit | | 40% ² coinsurance after deductible |
| Preventive Care – Routine Physical Exam with PCP including OB/GYN; Routine Child Exam/ Immunizations; Routine Mammography | \$0 | \$0 | | 40% ² coinsurance after deductible |
| Outpatient Diagnostic and Laboratory Tests X-rays, Bone Density, Blood, Urine, etc. | \$0 | 20% ³ coinsurance after deductible | | 40% ² coinsurance after deductible |
| Physician Services (office visits) | | | | |
| • Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care | \$15 copay/visit | 20% ³ coinsurance after deductible | | 40% ² coinsurance after deductible |
| • Specialists | \$15 copay/visit | 20% ³ coinsurance after deductible | | 40% ² coinsurance after deductible |
| • Chiropractic Care – 10 visits | \$35 copay/visit | 20% ³ coinsurance after deductible | | 40% ² coinsurance after deductible |
| • Surgery | \$0 | 20% ³ coinsurance after deductible | | 40% ² coinsurance after deductible |
| Home Health Care – 200 visits | \$0 | \$0 | | 40% ² coinsurance after deductible |
| Maternity | \$0 | 20% ³ coinsurance after deductible | | 40% ² coinsurance after deductible |
| Allergy Testing and Treatment | \$15 copay/visit; \$0 for treatment | 20% ³ coinsurance after deductible | | 40% ² coinsurance after deductible |
| Physical, Occupational and Speech Therapy | \$0 | 20% ³ coinsurance after deductible | | 40% ² coinsurance after deductible |

¹ Pre-certification will ensure that services are medically necessary and provided in an appropriate treatment setting.

² Reasonable and Customary charges are based on 150% of the National Medicare Physician Fee Schedule. The Plan benefit is then determined by applying the cost-sharing percentage to this amount; you are responsible for paying the balance of the bill to the provider.

³ 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.



Prescription Drug Benefits

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

| IF YOU USE: | 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 discounted cost | \$20 copay |
| ◦ 90-day supply for refills and all other medications | \$0 | \$40 copay | You pay 100% of discounted cost | \$40 copay |
| Express Scripts | | | | |
| • Retail Pharmacy ¹ (up to a 30-day supply for each prescription) | \$15 copay | \$45 copay | You pay 100% of discounted cost | \$100 copay |
| • Home Delivery Pharmacy Service | | | | |
| ◦ 30-day supply for new prescriptions for chronic medications and seasonal allergy medications | \$15 copay | \$45 copay | You pay 100% of discounted cost | \$100 copay |
| ◦ 90-day supply for refills and all other medications | \$30 copay | \$90 copay | You pay 100% of discounted cost | \$150 copay |

¹ If you use a non-participating pharmacy in an area where there is a participating pharmacy available, your reimbursement will be 75% of the R&C cost of the prescription.

Prescription Drug Out-of-Pocket Maximum

Your share of expenses for prescriptions obtained from Montefiore outpatient pharmacies, Express Scripts participating retail pharmacies, home delivery pharmacy service or out-of-network pharmacies is limited to \$1,500 for any one covered person (\$3,000 for a family) 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 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.

Dental

You can waive coverage or select one of the following:

- Preventive & Diagnostic Dental Care
- Cigna DPPO Dental Plan
- Cigna DPPO Enhanced Dental Plan
- Cigna Dental Care (DHMO).

Dental Plan Reimbursement Levels

In-network Benefits

The Preventive & Diagnostic Dental Care, Cigna DPPO Dental Plan and Cigna DPPO Enhanced Dental Plan options provide access to the Total Cigna DPPO Network which includes Montefiore’s Department of Dentistry.

Reimbursement levels for these plans are based on contracted fees with providers in the network. These contracted fees lower your out-of-pocket costs. It does not affect the cost-sharing percentages for care established by the Plan.

You are not required to use these providers. However, you may save money if you do.

Out-of-network Benefits

If you go outside of the Total Cigna DPPO Network, reimbursement levels are based on the Cigna Fee Schedule.

It does not affect the cost-sharing percentages for care established by the Plan. For example, if you visit a dentist outside of the network for Basic Restorative Care, the Plan pays 80% of the Cigna Fee Schedule (not the Billed Charges) and you are responsible for 20% of the Cigna Fee Schedule plus the difference between Billed Charges and the Cigna Fee Schedule.

| | DHMO (IN-NETWORK ONLY) | PREVENTIVE & DIAGNOSTIC | DPPO | ENHANCED DPPO |
|---|---------------------------|----------------------------|---|---|
| Dentists | Use DHMO dentist | Use any dentist | Use any dentist | Use any dentist |
| Annual Deductible | None | None | \$100 individual/ \$300 family (for basic, major and orthodontic services combined) | \$50 individual; \$100 family |
| Annual Maximum Benefits (for each covered person) | None | None | \$1,500/ \$2,500 if you use a Montefiore dentist | \$4,500 regardless of the dentist you use |
| Preventive & Diagnostic Services | 100% | 100% ¹ | 100% ¹ | 100% ¹ |
| Basic Services | 70% coinsurance | Not covered | 80% ¹ coinsurance after deductible | 80% ¹ coinsurance after deductible |
| Major Services | 70% coinsurance | Not covered | 50% ¹ coinsurance after deductible | 60% ¹ coinsurance after deductible |
| Orthodontics | 50% coinsurance | Not covered | 80% ¹ coinsurance after deductible | 80% ¹ coinsurance after deductible |
| Lifetime Orthodontic Maximum | None | None | \$2,000 | \$2,000 |

¹ Based on DPPO contracted fee schedules.

You pay the cost of dental coverage during your first year at Montefiore. After one year, Montefiore begins to subsidize the premiums for Preventive and Diagnostic Care, DPPO and the DPPO Enhanced dental plans.

Note: If you do not enroll within 30 days of the date you first become eligible, you will automatically be enrolled in Preventive & Diagnostic dental coverage for **yourself only**.

Vision

UnitedHealthcare Vision Plan provides benefits for routine eye exams, eyeglasses or contact lenses. The Plan offers a High and a Low option. You pay 100% of the premium for UnitedHealthcare vision coverage with before-tax dollars.

In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, or lined trifocal lenses, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eyeglasses.

| RATES | LOW OPTION | HIGH OPTION |
|---------------------------------------|------------------|------------------|
| Employee | \$2.30 Bi-weekly | \$3.54 Bi-weekly |
| Employee + One | \$4.10 Bi-weekly | \$6.79 Bi-weekly |
| Family | \$6.95 Bi-weekly | \$9.39 Bi-weekly |
| Copays for in-network services | | |
| Exam | \$10.00 | \$0 |
| Materials | \$15.00 | \$0 |

Benefit frequency

| | | |
|--------------------------------------|----------------------|----------------------|
| Comprehensive Exam | Once every 12 months | Once every 12 months |
| Spectacle Lenses | Once every 12 months | Once every 12 months |
| Frames | Once every 24 months | Once every 12 months |
| Contact Lenses in Lieu of Eyeglasses | Once every 12 months | Once every 12 months |

Frame benefit

| | | |
|---------------------------|----------|----------|
| Private Practice Provider | \$150.00 | \$150.00 |
| Retail Chain Provider | \$150.00 | \$150.00 |

Lens options

For both the Low Option and High Option plans, standard scratch-resistant coating lenses are covered in full. Other optional upgrades may be offered at a discount. (Discount varies by provider.) The High Option Plan covers the following additional lens options in full: standard progressive lenses, standard anti-reflective coating, polycarbonate lenses, ultraviolet coating, tints.

Contact lens benefit

Covered-in-full elective contact lenses – The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full (after a copay). If you choose disposable contacts, up to 4 boxes are included when obtained from a network provider. High Option Plan; 6 boxes are included.

All other elective contact lenses – A \$125 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply). \$150 allowance for High Option Plan.

Necessary contact lenses – Covered in full after applicable copay.

A **Maternity Benefit** to help ensure optimal eye health for pregnant and breastfeeding women is also available. The maternity vision benefit offers:

- Coverage for a second eye exam each plan year at no additional premium cost.
- Coverage for a new pair of glasses (frames and lenses) at no additional premium cost if the vision prescription changes 0.5 diopter or greater in a plan year.

UnitedHealthcare Vision will not require proof of pregnancy.

Montefiore's Vision Plan includes UnitedHealthcare's **Children's Eye Care Program** for members up to age 13 — at no additional cost.

For covered children under the age of 13, the Children's Eye Care Program provides:

- A second eye examination each plan year.
- A second pair of glasses (frames and lenses) if as the result of the second exam there is a prescription change of 0.5 diopter or more. A diopter is the unit used to measure the optical power of the lens an eye requires.

Depending on your Vision option, the same exam and materials copays that are effective for the first eye exam will apply and the frame and lens benefits will replicate the plan's core coverage levels.

Polycarbonate lenses for dependent children are also available at no additional cost.

| SERVICE | OUT-OF-NETWORK REIMBURSEMENTS UP TO (COPAYS DO NOT APPLY) | |
|--|---|----------|
| | STANDARD | BUY-UP |
| Exam | \$50.00 | \$50.00 |
| Frames | \$45.00 | \$45.00 |
| Single Vision Lenses | \$50.00 | \$50.00 |
| Bifocal Lenses | \$60.00 | \$60.00 |
| Trifocal Lenses | \$80.00 | \$80.00 |
| Lenticular Lenses | \$80.00 | \$80.00 |
| Elective Contacts in Lieu of Eyeglasses | \$125.00 | \$150.00 |
| Necessary Contacts in Lieu of Eyeglasses | \$210.00 | \$210.00 |
| Laser vision benefit | | |

UnitedHealthcare Vision is partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call **1.888.563.4497** or visit www.uhclasik.com.



FSA/GROUP LEGAL

Flexible Spending Accounts

< You can establish a Flexible Spending Account (FSA) to pay out-of-pocket healthcare and/or dependent care expenses for you and your family members with dollars that are never taxed. Your contributions are deducted from each bi-weekly paycheck before taxes are calculated and withheld, lowering your taxable income.

- Use the Healthcare Account to pay out-of-pocket healthcare expenses for you and anyone you claim as a dependent on your federal income tax return – as well as children to age 26, regardless of whether they are dependent upon you – and whether or not they are enrolled in Montefiore's medical and/or dental plans. You may contribute up to \$3,200 each year to this account.
- Use the Dependent Care Account to pay day care related expenses for children under age 13 and/or an incapacitated adult you claim as a dependent on your federal income tax return. The care must be necessary so that you (and your spouse if you are married) can work. You may contribute up to \$5,000 each year to this account.

Group Legal Services

> Are you buying a home, getting married or planning to adopt a child? Discover how MetLife Legal Plans can help you. This coverage helps pay all or part of the cost of a wide range of personal legal services – for you and your covered family members – through a network of participating attorneys. You pay the full cost of coverage through regular payroll deductions on an after-tax basis. You may use any lawyer, although a greater portion of your cost is generally paid if you use the services of an in-network attorney.



BTA, LIFE & ACCIDENT INSURANCE

Business Travel Accident (BTA) Insurance

In addition to your Life and Accident Insurance, this plan pays benefits in case of your death or dismemberment as the result of an accident while traveling on Montefiore business. Montefiore provides BTA Insurance equal to four times your annual base salary (minimum benefit \$100,000; maximum benefit \$1,000,000) at no cost to you.

Life & Accident Insurance

Life Insurance is designed to pay a benefit to your beneficiary if you die from any cause while coverage is in effect. Accidental Death & Dismemberment (AD&D) Insurance pays a benefit to you or to your beneficiary for covered losses including loss of limbs, sight, speech and hearing, various forms of paralysis and coma. You make separate elections for Life and Accident Insurance.

- **Basic Life Insurance** – Montefiore provides Basic Life Insurance equal to one times your annual base salary (annual base salary is capped at \$250,000) – at no cost to you after you complete one year at Montefiore or you may waive coverage. For the first year, you pay the full cost of Basic Life Insurance. Age reductions do apply. If your annual salary is greater than \$50,000, you may lower your coverage to \$50,000 to avoid imputed income. If you elect \$50,000 or waive coverage and, in the future, decide to elect the full Basic Life Insurance amount, you will be required to submit Evidence of Insurability.
- **Supplemental Life Insurance** – You may elect Supplemental Life Insurance coverage from one to eight times your annual base salary (annual base salary is capped at \$250,000) up to a maximum of \$1,250,000. Age reductions do apply. Amounts in excess of the lesser of three times your annual base salary or \$750,000 require Evidence of Insurability. You pay the cost of Supplemental Life Insurance based on your age, whether or not you use tobacco and the amount of coverage you elect.
- **Dependent Life Insurance** – If you are insured for Life Insurance, you may select from two Dependent Life Insurance options or elect no coverage. The two options are:
 - \$10,000 for your spouse; \$5,000 for each child.
 - \$20,000 for your spouse; \$10,000 for each child.
- **Basic AD&D Insurance** – Montefiore provides Basic AD&D Insurance equal to one times your annual base salary (annual base salary is capped at \$250,000) – at no cost to you after you complete one year at Montefiore or you can waive coverage. Age reductions do apply.
- **Supplemental AD&D Insurance** – You may elect Supplemental AD&D Insurance coverage from one to eight times your annual base salary (up to a maximum of \$750,000). You must elect Basic AD&D coverage to elect Supplemental AD&D. No Evidence of Insurability is required. Premiums are based on the amount of coverage you elect. The combined amount of Basic and Supplemental AD&D insurance cannot exceed the lesser of nine times annual base salary or \$1,000,000.
- **Dependent AD&D Insurance** – If you elect Supplemental AD&D Insurance for yourself, you may also choose coverage for your spouse and/or child(ren) in \$10,000 increments (up to a maximum of the lesser of eight times your annual base salary or \$350,000 for your spouse and the lesser of one times your annual base salary or \$50,000 for each child). You pay the full cost of Dependent AD&D coverage.



PAID TIME OFF/DISABILITY

Paid Time Off

Paid time off benefits include:

- Vacation: 20 days (increasing to 25 days after 25 years of service)
- Personal Days: 4
- Hospital Holidays: 9
- Sick Leave: 12 days (You can accumulate up to 120 unused sick leave days)

You accrue 1/12 of your vacation allowance for each completed full calendar month you work. You accrue 1/4 of your personal day allowance for each completed full calendar quarter you work. You accrue 1/12 of your sick leave allowance for each completed full calendar month you work.

Disability

Disability benefits continue part or all of your earnings if you are ill or injured and unable to work. Benefits are provided under the following programs:

- **Short Term Disability** – Includes Paid Sick Leave, Supplementary Sick Pay, and New York State Statutory Disability benefits for up to 26 weeks. After you have been at Montefiore for 90 days, have exhausted your Paid Sick Leave, and are disabled under the terms of the plan due to a non-occupational sickness or injury for at least 7 days, Supplementary Sick Pay provides 2/3 of your weekly base earnings up to a maximum weekly benefit of \$1,300. If you also receive New York State Statutory Disability benefit payments, the Supplementary Sick Pay benefit will be offset by the New York State Statutory benefit payments.
- **Long Term Disability (LTD)** – Basic Long Term Disability (LTD) continues 60% of your predisability earnings up to a maximum benefit of \$6,000 a month if you are disabled for more than 26 weeks. If your covered earnings are more than \$120,000 annually, you have the option to purchase a Buy-up LTD benefit. Buy-up LTD benefits continue 60% of your predisability earnings up to an additional maximum benefit of \$9,000 a month. The combined maximum monthly LTD benefit is \$15,000 each month. You pay the cost of mandatory Basic LTD and any Buy-up LTD coverage you elect with after-tax dollars.



FINANCIAL SECURITY

Financial Security

The Montefiore Medical Center 403(b) Plan provides an excellent tool to help you save for your future financial security. You make your own investment decisions based on your investment strategy and the level of risk you are willing to accept. You can change your allocations and transfer amounts among investment options. You may be eligible to borrow from your accounts and under certain circumstances you may make a withdrawal. At any time during the year, to participate in the Plan, decline participation, direct your investments, change your contribution percentage or if you are eligible, make a “catch-up” contribution, contact Fidelity at **800.343.0860** or go to www.netbenefits.com/atwork.

Your Pre-Tax Payroll Directed Contributions

A pre-tax contribution is a contribution to the Plan that you elect to have automatically deducted from your paycheck before Federal and, in general, state and local income taxes. Pre-tax payroll contributions are subject to Federal Social Security taxes. Your account is credited with investment earnings based on your portfolio's performance and accumulate tax-free while they remain in the Plan.

Upon distribution, pre-tax payroll contributions and earnings in your account will be subject to income taxation. If you make a withdrawal before reaching age 59½, you may be subject to a 10% Federal tax penalty. You are always 100% vested in your contributions.

Automatic Enrollment and Automatic Escalation

If you are newly eligible, you will automatically be enrolled in the Plan after 90 days at Montefiore. Your contributions (3% of your annual salary) will be deducted on a bi-weekly basis. Each January 1st, your contribution percentage will automatically increase by an additional 1%, up to 8% or the maximum contribution, whichever is less.

Your Roth After-Tax Payroll Directed Contributions

A Roth contribution is a contribution to the Plan that you elect to have deducted from your paycheck after Federal, state and local income taxes and Federal Social Security taxes are withheld.

Qualified distributions of Roth after-tax contributions plus any earnings on those contributions will be tax-free if you are at least 59½ years old and have maintained the Roth account for at least five years. If the distribution is not qualified, your earnings on the after-tax contributions are subject to income taxes at the time of withdrawal and a 10% early distribution tax.

Limits on Payroll Directed Contributions

You may elect to contribute up to 70% of your compensation to the Plan on a pre-tax basis, Roth after-tax basis or a combination of the two.

Maximum Contributions

You may simultaneously make both pre-tax payroll directed contributions and Roth after-tax payroll directed contributions to the 403(b) Plan. However, your combined maximum contribution cannot exceed the annual Internal Revenue Service maximum.

For 2024, you can save up to a maximum of \$23,000. If you are age 50 or older in 2024, an additional catch-up contribution of \$7,500 – for a combined maximum of \$30,500 – will be made unless you “opt out” and choose not to contribute this additional catch-up amount.

Montefiore Contributions

If you are in an eligible position, following your one-year anniversary, Montefiore will contribute 4% of your bi-weekly base salary each pay period – up to a maximum covered bi-weekly base salary of \$6,538.46 (\$170,000 annually). You must meet a 3-year service requirement in order to become vested. Vesting is your non-forfeitable right to the value of your account – Montefiore's contributions and earnings on these contributions.

For additional information,, log on to NetBenefits at www.netbenefits.com/atwork or call the Fidelity Retirement Service Center at **800.343.0860**.



VOLUNTARY BENEFITS

Montefiore's Voluntary Benefits present a variety of products and services for you and your family. Some offer group discounts and the convenience of payroll deduction. You have direct access and control of your benefits and can enroll at any time during the year.

Commuter Benefits Program

Whether you use mass transit, drive or a combination of both, you can save money just about any way you commute to work.

Through the Commuter Benefits Program you can qualify for significant tax advantages when you pay your mass transit and parking expenses through pre-tax payroll deductions. Your contributions are automatically deducted from your paycheck before taxes are calculated and withheld. This lowers your taxable income, so you save money on taxes!

It's convenient and easy to use with online ordering and home delivery plus direct payment – you don't have to wait for reimbursement. For more information contact HealthEquity/WageWorks at **877.924.3967** or www.wageworks.com.

511NY Rideshare

511NY Rideshare is a no cost Ridematching, Traveler Services and Guaranteed Ride Program. You create a profile and find travelers who have similar travel routes and patterns. 511nyrideshare.org.

Employee Discounts

- Corporate Offers – Save up to 70% on Broadway tickets. www.CorporateOffers.com **646.290.6419**.
- Health Club Discounts and Virtual Exercise Resources – Physical fitness is important for wellness and wellbeing. Montefiore has discounted arrangements with fitness facilities in all boroughs and also provides access to many free and low-cost virtual offerings. (<https://www.mymontebenefits.com/to-your-health/fitness-programs>).
- PerksConnect – Discounts on products and services from nationally recognized merchants as well as participating local businesses. There are no fees to register and you pay nothing to use the card. montefiore.perksconnection.com **877.253.7100** Code: montefioremc.
- Pet Insurance – Nationwide Pet Insurance offers a choice of plans with different levels of coverage. Monthly premiums vary based on the type of plan you elect and the breed, age, and location of your cat or dog. There are also plans for avian and exotic animals. www.petsnationwide.com **877.738.7874**.
- Plum Benefits powered by TicketsatWork — Special offers give you access to the leading travel and entertainment corporate benefits program in the world, www.plumbenefits.com/signup **212.660.1888** Code: ac1025828.
- Wireless Discounts
 - Verizon Connections – www.verizon.com/connections.
 - T-Mobile – Advantage Direct **866.464.8662** Code 12425TMOFAV.



VOLUNTARY BENEFITS

Special Promotions

- Automobile and Homeowners Insurance offered through:
 - Farmers Auto & Home® – www.myautohome.farmers.com 844.296.3581.
 - Travelers – www.travelers.com 888.695.4640.
- Lasik Surgery – Montefiore Laser and Eye Care Center at Montefiore Medical Specialists of Westchester offers LASIK Surgery discounts of 20% off of the regular charge for you and your family members. 718.920.2020.
- Municipal Credit Union – Offers a full range of financial services. www.nymcu.org 212.693.4900.
- Purchasing Power – Purchase new, brand-name computers, electronics and home appliances through payroll deductions. Shop Purchasing Power's secure website and enjoy the convenience of home delivery direct from the manufacturer. www.Montefiore.PurchasingPower.com 800.537.3134.

Voluntary Insurance

You can purchase individual insurance policies offered at group rates.

- Voluntary Insurance Program (VIP) www.mymmcbenefits.com 866.795.0355.
 - Critical Illness Insurance.
 - Personal Accident Insurance.
 - Universal Life Insurance with Long Term Care.



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.

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



REGULATORY NOTICES

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 Montefiore Associate Benefits & Wellness Program in effect on January 1, 2024 and does not attempt to cover all details. The actual provisions of the plans are governed by the legal documents for each. 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 plans indefinitely, but reserves the right to change, modify or terminate them, in whole or in part, at any time and for any reason.