

## **SUMMARY ANNUAL REPORT**

### **For MONTEFIORE MEDICAL CENTER EMPLOYEE HEALTH & WELFARE BENEFIT PLAN**

This is a summary of the annual report of the MONTEFIORE MEDICAL CENTER EMPLOYEE HEALTH & WELFARE BENEFIT PLAN, EIN 13-1740114, Plan No. 501, for period 01/01/2022 through 12/31/2022. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

MONTEFIORE MEDICAL CENTER has committed itself to pay certain self-insured Medical, and Dental claims incurred under the terms of the plan.

#### **Insurance Information**

The plan has contracts with METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY, UNITEDHEALTHCARE INSURANCE COMPANY, METROPOLITAN GENERAL INSURANCE COMPANY, SECURIAN LIFE INSURANCE COMPANY, PRINCIPAL LIFE INSURANCE COMPANY, ZURICH AMERICAN INSURANCE COMPANY to pay Vision, Life Insurance, Short-term Disability, Long-term Disability, Accidental Death and Dismemberment, Business Travel Accident, and Legal claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2022 were \$9,564,939.

#### **Your Rights To Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of MONTEFIORE MEDICAL CENTER at 555 SOUTH BROADWAY, BUILDING A, TARRYTOWN, NY, 10591 or by telephone at 914-349-8531.

You also have the legally protected right to examine the annual report at the main office of the plan (MONTEFIORE MEDICAL CENTER, 555 SOUTH BROADWAY, BUILDING A, TARRYTOWN, NY, 10591) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

#### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no

persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 07/31/2023)