Montefiore

Welcome to Montefiore

www.MyMonteBenefits.com

Your Gateway to Montefiore’s Benefits Program

There is a special section just for you! Be sure to enter the site through “Enter Here” – “If You Work At: Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital and Schaffer Extended Care Center”.

My MonteBenefits has everything you will need to help you make informed enrollment decisions – Benefit Summaries and Rate Sheets, Medical Comparisons, Contact Information, Summary of Benefits and Coverage and Summary Plan Descriptions – and a direct link to Montefiore’s Enrollment Website www.montebenefits.com.
HOW TO ENROLL

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

Getting Started

The first time you log on to www.montebenefits.com, you set up your own User Account by selecting “Are You a First-Time Visitor?” On the Personal Information screen, enter your last name, date of birth, postal code and the last four digits of your Social Security Number. Then create your username and password.

Enroll Online

Log on to www.montebenefits.com. Verify Your Personal Information and Dependent Eligibility. If you need to make any changes to your personal information, please email the HR-Benefits Office at montebenefits@montefiore.org. In your email, please specify your work location.
- 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.

If you are planning to enroll your family members in healthcare coverage, you must provide proof of that individual’s family status by submitting a copy of the following documentation:
- Marriage License or Affidavit of Domestic Partnership (if marriage between same sex partners is not recognized in your legal state of residence)
- Birth Certificate, final Adoption Papers or Court Documents.

Please send the documents via email, fax or mail to:
Email: mmcdepverify@winstonbenefits.com
Fax: 732.903.1166
Mail: Winston Benefits
Montefiore Dependent Audit
PO Box 430
Manasquan, NJ 08736
Select Your Benefits

- **If you are an Associate, Teamster or House Staff Officer** – when you enroll, indicate whether you use tobacco. If you have not used tobacco products and answer "No" to the tobacco use question(s), you will pay a lower premium for 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.

- Enroll family members for healthcare coverage.

- You **must** make a Health Care and/or Dependent Care Flexible Spending Account (FSA) election each year if you want either or both of these accounts. This means that if you want to participate in either or both FSA Accounts for 2015, you must make two separate elections.

- 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._

WHAT HAPPENS IF I DON’T ENROLL?

If you do not enroll within 30 days of the date you first become eligible for benefits, you will automatically be enrolled, as follows:

- **If you are an Associate:** MonteCare EPO Medical and Preventive & Diagnostic Dental Coverage for yourself only and Basic Life and AD&D Insurance

- **If you are a House Staff Officer:** MontePrime EPO Medical and Preventive & Diagnostic Dental Coverage for yourself only and Basic Life and AD&D Insurance.

- **If you are a Registered Nurse:** Montefiore Medical Center Health Plan and Dental Benefits for Registered Nurses coverage for yourself only and Basic Life and AD&D Insurance.

- **If you are a Teamster:** MonteCare EPO Medical and Preventive & Diagnostic Dental Coverage for yourself only and Basic Life and AD&D Insurance.

You will not have any other coverage and you will not be able to make any changes to your coverage during the year until the next Annual Benefits Election Period, unless you have a Qualified Change in Status.
DECISION GUIDE

Medical

When choosing a medical option, consider the following:

• **Your healthcare needs** – Make an inventory of anticipated medical needs for you and your family. If last year was a “typical” healthcare year for you, use it as a guide to estimate your needs for the upcoming year. Some things to think about (for both you and any family members you may cover):
  - How often do you and your family members need healthcare?
  - Are your healthcare providers in the network? Do you or a covered family member see a specialist on a regular basis?
  - Do you or a covered family member have a chronic medical condition (asthma, arthritis, high blood pressure, etc.)?
  - Where are you or a covered family member most likely to use services – near your home or at Montefiore?

• **Plan design** – Each medical option has different features, such as:
  - **Cost sharing** – the amount you pay through your paycheck, annual deductibles, and/or coinsurance and copayments.
  - **Provider selection** – the physicians, facilities, and hospitals that participate in each network, whether the plan covers out-of-network care, and network availability. Verify whether your current doctors participate in each plan’s network. Visit the Empire website for a list of participating providers.
  - **Consider the total cost** – your bi-weekly contribution plus the share of expenses you pay out of your own pocket.
  - Determine how the services you use most often are covered. Refer to the Medical Comparison for a side-by-side comparison of your Medical options.
  - Consider any plan you may have access to outside of Montefiore’s Benefits Program – for example, medical coverage your spouse or domestic partner has through his or her employer.

Dental

When choosing a dental option, think about the following:

• How do you and your family members generally use dental services – for routine exams only, or do you require more frequent visits and complex procedures?

• Does your dentist participate in one of the provider networks? If not, are you willing to choose a new dentist who does participate in the network?

• Do you have access to other dental coverage (through your spouse or domestic partner’s employer-sponsored plan, for example)? If so, consider whether it would be more practical for you to cover your dependents (or yourself) under that plan instead of a Montefiore-sponsored dental plan.

• If you are considering the Aetna DMO option, make sure you check for dentists in your area, and that the dentist you choose is accepting new patients.

• Consider your total out-of-pocket cost, including your bi-weekly contributions (if any) as well as any deductible, copayments or coinsurance, to determine which plan makes the most sense for you.
Flexible Spending Accounts

During the past year, did you:

• Pay any medical, dental or vision plan deductibles, copayments and/or coinsurance?

• Have any out-of-pocket expenses not covered by medical, prescription drug, dental, vision or hearing benefits?

• Pay someone to provide day care for your dependents so you can work?

If you answered "yes" to any of these questions, a Flexible Spending Account (FSA) can help you save money!

An FSA is a tax-effective way to pay certain out-of-pocket expenses for you and your family members. By contributing a portion of your payroll dollars on a before-tax basis, you reduce your taxable income as well as setting aside funds to cover eligible expenses.

There are 2 separate accounts for 2 different types of expenses. Each one provides the same tax-saving opportunities:

• Health Care FSA – to pay for healthcare expenses not reimbursed from any plan

• Dependent Care FSA – to pay for baby sitting or day care expenses so you, or you and your spouse, can work.

Annually, you decide how much to contribute to your account, in equal amounts, every pay period. No taxes are withheld from your contributions. Then, you pay eligible expenses from the balance in your account with tax-free dollars.

Life Insurance

What’s the “right” amount of life insurance for you? Here are some tips that can help you decide.

• Family status – Your insurance needs will vary widely based on your family situation. Are you single or married? Do you have children? If so, how old are they? Use the answers to these questions to estimate income needs for your family members if something were to happen to you.

• Income replacement – How much income would your dependents need to maintain your current standard of living? Be sure to subtract any other sources of income you may have, such as Social Security, income from investments, savings, etc.

• Extra expenses – There are other expenses that you may want to factor into your dependents’ future needs, such as funeral expenses, a mortgage, health insurance, college tuition, day care, etc.
NEW HEALTH INSURANCE MARKETPLACE
COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

An important provision of The Patient Protection and Affordable Care Act (PPACA) is the establishment, effective January 1, 2014, of health insurance exchanges or marketplaces where individuals can go to purchase insurance. In compliance with the rules of the PPACA, Montefiore is providing you with the following information about the Health Insurance Marketplace. This notice provides some basic information about the new Marketplace and employment-based health coverage offered by Montefiore-sponsored group health plans.

What is the Health Insurance Marketplace?
The Marketplace is designed to assist individuals, who may not be eligible for employer-provided health insurance, to compare and evaluate, through “one-stop shopping,” private health insurance options for themselves and their family and to find health insurance that meets their needs and fits their budget. Individuals may also be eligible for a new kind of tax credit that lowers their monthly premium right away.

Can an individual save money on his or her Health Insurance Premiums in the Marketplace?
Individuals may qualify to save money and lower their monthly premium, but only if their employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The premium savings that an individual is eligible for depends on his or her household income.

Does the fact that I am offered health coverage through Montefiore affect my eligibility for premium savings through the Marketplace?
Yes. The law provides that if you have an offer of health coverage from your employer that meets certain standards, as Montefiore’s coverage does, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan.

However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage at all or does not offer coverage that meets certain standards.
Specifically, if the cost of a plan for "employee only" (not family) coverage is more than 9.5% of an individual's household income for the year, or if the coverage an employer provides does not meet the "minimum value standard" set by the Affordable Care Act, the individual may be eligible for a tax credit. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986). Montefiore's plans meet this standard.

The law also provides that if an individual purchases a health plan through the Marketplace instead of accepting health coverage offered by their employer, then they may lose the employer contribution (if any) to the employer-offered coverage. As indicated above, if you buy insurance in the Marketplace, Montefiore will no longer make contributions on your behalf.

Also, in the case of Montefiore, this employer contribution, as well as your employee contribution to employer-offered coverage, is excluded from income for Federal and State income tax purposes. In contrast, payments for coverage through the Marketplace are made on an after-tax basis.

Is there a penalty if I don’t have any health insurance coverage?

The law requires every individual to have health insurance or pay a tax penalty. The penalty in 2015 is 2% of your yearly income or $325 per person for the year, whichever is higher. In 2015 the penalty for uninsured children is $162.50 per child. The most a family would have to pay is $975. The penalty increases every year. In 2016 it will be 2.5% of income or $695 per person, whichever is higher.

What Do I Need to Do?

You don't need to do anything, unless you’re interested in Marketplace coverage. If you want to continue your coverage through Montefiore, you don’t need to take further action.

How Can I Get More Information About the Marketplace?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage and its cost.

• Go to www.HealthCare.gov for an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area or call 1-800-318-2596. TYY users should call 1-855-889-4325.

• Keep the attached information because it has information you’ll need to enroll in Marketplace coverage.

If you have any questions when reviewing this information, please contact the HR-Benefits Office by email at montebenefits@montefiore.org or call 914-378-6531 for more information.

For information about Montefiore coverage including eligibility and pricing information, visit www.mymontebenefits.com.
PART B: Information about Health Coverage Offered by Montefiore

This section contains information about any health coverage offered by Montefiore. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. The numbered sections correspond to the Marketplace application.

Here is some basic information about health coverage offered by Montefiore:

- Montefiore offers coverage to all full-time as well as part-time associates who work at least 50% of the normal full-time schedule for their position. Montefiore also offers coverage to the eligible dependents of such eligible associates. Eligible dependents are defined as legally married spouses, associate’s children through the end of the year they reach age 26, and qualified domestic partners. Please refer to your Summary Plan Description (SPD) for further details.

- The coverage Montefiore offers to eligible associates meets the minimum value standard, and the cost of this coverage is intended to be affordable, based on associate wages. Note: Even if Montefiore intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly associate or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [www.HealthCare.gov](http://www.HealthCare.gov) will guide you through the process.
LEGAL NOTICES

The following are summaries of legal notices regarding your rights and procedures to protect those rights. The actual notices are available in the Montefiore Benefits Program Summary Plan Description or online at www.MyMonteBenefits.com.

Claims Procedures and Appeals
Federal law requires your healthcare plan 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)
The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue their group health benefits for limited periods of time under certain circumstances.

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. Genetic information expressly falls within HIPAA’s definition of “protected health information” and must be treated as such.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)
These privacy rules set limits on how health plans, pharmacies, hospitals, clinics, nursing homes and other direct-care providers use individually identifiable health information. It is important that you understand your rights to privacy and the protection of information related to your health. It is also important that you safeguard the privacy of our patients’ healthcare information.

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, establishment of domestic partnership, 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
  ○ Becomes eligible for premium assistance under the State’s Children’s Health Insurance Program (CHIP) or Medicaid.
Newborns’ and Mothers’ Health Protection Act (Newborns’ Act)
The Newborns’ and Mothers Health Protection Act requires group health plans which 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).

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.

Medicare Part D
If you and/or your family members are Medicare-eligible, Federal law offers more choices for prescription drug coverage. See the “Important Notice from Montefiore Medical Center about Your Prescription Drug Coverage and Medicare” in the Montefiore Medical Center Benefits Program Summary Plan Description online at www.MyMonteBenefits.com for more details.