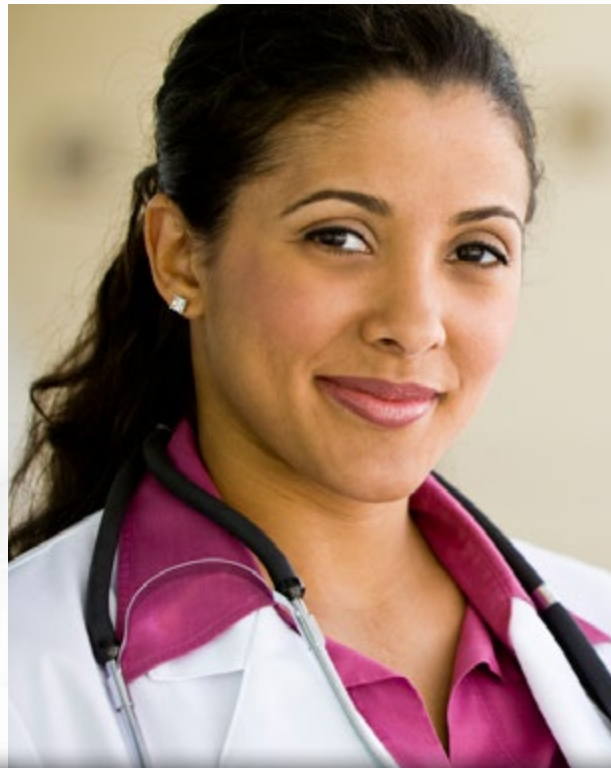


TO YOUR HEALTH  
FOR YOUR BENEFIT  
ELIGIBILITY & ENROLLMENT  
HEALTHCARE

- MEDICAL
- PRESCRIPTION DRUGS
- VISION
- DENTAL

FSA/GROUP LEGAL  
BTA, LIFE & ACCIDENT INSURANCE  
PAID TIME OFF/DISABILITY  
TUITION/REIMBURSEMENT  
FINANCIAL SECURITY  
VOLUNTARY BENEFITS  
LEGAL NOTICES



# 2018 BENEFITS SUMMARY

PHYSICIANS, APPOINTED SCIENTISTS AND DENTISTS

Corporate Human Resources Division  
HR Benefits Office

Montefiore Medical Center  
111 East 210<sup>th</sup> Street  
Bronx, NY 10467-2490

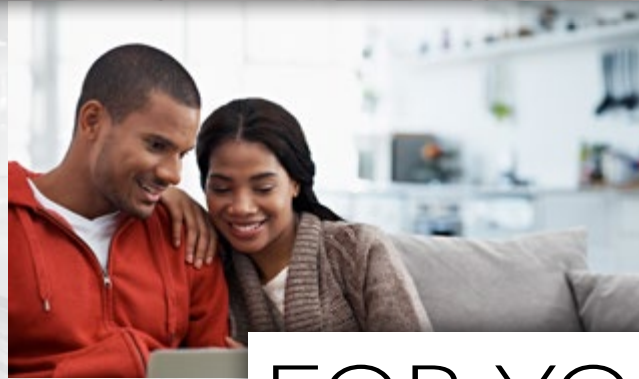
[montebenefits@montefiore.org](mailto:montebenefits@montefiore.org)  
[www.mymontebenefits.com](http://www.mymontebenefits.com)

**Montefiore**



# TO YOUR HEALTH!

- **Associate Health Improvement Program (A-HIP)** – Track your improvement in four verifiable biometric areas (BMI, blood pressure, cholesterol and A1c) and every time you move from a higher risk zone to a lower one, you earn \$100. Do it in all four biometric areas and earn up to \$1,000.
- **Diabetes Prevention Programs** – If you've been told you're at risk or pre-diabetic, Montefiore offers two programs that have been proven to reduce a person's diabetes risk by up to 58%.
- **Fitness Opportunities** – Health Club Membership Discounts and 5 Rhythms movement classes are available to support your fitness routine.
- **Healing Arts** – Healing Arts uses the arts, creative arts therapies and other healing approaches to enhance wellness. Programs include relaxation and arts workshops and a bi-annual Healing Loss intensive retreat. Visit [www.montefiore.org/healingarts](http://www.montefiore.org/healingarts) for more information.
- **HealthCare (ESI/Longview) EAP** – The EAP provides resources to cope with mental health and behavioral issues, family problems and professional matters. Call 800.225.2527 or 800.252.4555 any time for confidential assistance or go to [www.MyHealthCareEAP.com](http://www.MyHealthCareEAP.com).
- **To Your Health! Wellness Portal:** [www.toyourhealth.montefiore.org](http://www.toyourhealth.montefiore.org)
  - Find Montefiore Programs & Events, personalized news, health information and resources to help you take control of your health.
  - Complete the Health Assessment and Workshop on the Wellness Portal and earn a \$25 incentive! The assessment is easy and completely confidential.
  - Healthy Habits Raffle – Each quarter, 6 prizes of \$1,000 dollars are raffled off! To enter, register on the portal and then enter your ToYourHealth! Associate Wellness activities. Each activity is assigned a different number of raffle entries. The more you participate, the higher your chances of winning!
- **Nutrition Counseling** – Take advantage of a free one-on-one, confidential nutrition consultation with a registered dietitian who will advise you how to eat well and manage your weight. For more information, call 347.498.2424 or email [WellnessRD@montefiore.org](mailto:WellnessRD@montefiore.org).
- **Smoking Cessation Programs** – Receive smoking cessation counseling and a FREE 2-week nicotine replacement therapy (NRT) kit through Montefiore outpatient pharmacies. You can return to Occupational Health Services for refills every 2 weeks, for up to 10 weeks. For more information call 914.349.8531 or email [montebenefits@montefiore.org](mailto:montebenefits@montefiore.org).
- **Supportive Wellness Services** – Our Associate Wellness & Wellbeing Coordinator can help with your self-care goals including stress management, overcoming worry, coping skills, lifestyle changes & health behavior goals. For more information or to make an appointment call 347.418.4739 or email [toyourhealth@montefiore.org](mailto:toyourhealth@montefiore.org).
- **Weight Watchers & Weight Watchers for Diabetes** – Register through Montefiore's program to receive a 50% upfront discount and an additional 25% reimbursement upon meeting attendance goals. Weekly meetings are held at Moses, Einstein, Wakefield, Yonkers and Fordham campuses. For more information, call 866.882.2226 or go to [wellness.weightwatchers.com](http://wellness.weightwatchers.com) (Employer ID: 65022/Employer Password: ww65022).



# FOR YOUR BENEFIT

< [www.MyMonteBenefits.com](http://www.MyMonteBenefits.com)

[www.MyMonteBenefits.com](http://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 Legal 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](http://www.MyMonteBenefits.com).

- Select "IF YOU WORK FOR: Montefiore Medical 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 Associate Benefits Orientation "Register Here" link.
- Once you register you will be emailed a link to the Benefits Webinar.



# ELIGIBILITY & ENROLLMENT

< 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.

## Enrollment

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

You enroll online at Montefiore's Enrollment Website – [www.montebenefits.com](http://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.

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](mailto:montebenefits@montefiore.org).

## 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](mailto:mmcdepverify@winstonbenefits.com)
- Fax: **732.903.1166**
- Mail: **Winston Financial Services**  
Montefiore Dependent Audit  
PO Box 430,  
Manasquan, NJ 08736



# 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](mailto: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

- 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 Voluntary Life Insurance. If you do not answer the tobacco use question, you will pay the higher tobacco user premium for Medical and Voluntary Life Insurance coverage even if you are not a tobacco user.
- Enroll family members for healthcare coverage.
- 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 Election 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.

## Care Guidance

Montefiore also offers a confidential, personal health management program that provides health and lifestyle support to associates and their family members who are covered by Montefiore's medical plans. It's entirely voluntary, completely confidential and totally free! For more information, call 855.MMC.WELL (855.662.9355) or email [mmccareguidance@montefiore.org](mailto:mmccareguidance@montefiore.org).

## Provider Networks >

MonteCare EPO and MonteCare PPO both use the Empire BlueCard PPO Network (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 Empire BlueCard PPO 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).

IN-NETWORK PROVIDERS	MONTECARE EPO/MONTECARE PPO
<b>Hospitals and Other Facilities</b>	<ul style="list-style-type: none"> <li>• Empire BlueCard PPO               <ul style="list-style-type: none"> <li>◦ Preferred Facilities</li> <li>◦ Non-preferred Facilities</li> </ul> </li> <li>• Montefiore Network (including Montefiore Moses, Weiler, Wakefield, Westchester Square, The Children's Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital, White Plains Hospital, Burke Rehabilitation Hospital, Montefiore Ambulatory Surgical Facilities, Montefiore Imaging Center, Department of Radiology, Advanced Endoscopy Center and NY GI Center)</li> </ul>
<b>Skilled Nursing Facility, Hospice</b>	Empire BlueCard PPO Network and Schaffer Extended Care Center
<b>Laboratories</b>	Quest Laboratories, LabCorp and any hospital laboratory participating in the Empire BlueCard PPO and Montefiore Network (including Montefiore Moses, Weiler, Wakefield, Westchester Square, The Children's Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital)
<b>Pharmacies</b>	Express Scripts participating retail pharmacies, home delivery pharmacy service and Montefiore outpatient pharmacies
<b>Physicians, Therapists, and Counseling for Mental Health and Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Montefiore Integrated Provider Association (MIPA)</li> <li>• Empire BlueCard PPO Network</li> <li>• Montefiore Behavioral Care Integrated Provider Association (MBCIPA)</li> <li>• Empire Behavioral Health Network</li> </ul>

**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**.

# HEALTHCARE

## MONTECARE EPO - YOUR COST IF YOU USE:

	MONTEFIORE NETWORK	EMPIRE BLUECARD PPO NETWORK		OUT-OF-NETWORK
<b>Financial</b>				
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
		<b>PREFERRED FACILITIES</b>	<b>NON-PREFERRED FACILITIES</b>	
Inpatient Care • Illness or Injury • Mental Health/Substance Abuse Care • Physical/Occupational Therapy or Rehab	\$0	20% <sup>1</sup> coinsurance after deductible if precertified by Conifer Value Based Care <sup>2</sup> ; otherwise 30% <sup>1</sup> coinsurance after deductible	40% <sup>1</sup> coinsurance after deductible if precertified by Conifer Value Based Care <sup>2</sup> ; otherwise 50% <sup>1</sup> coinsurance after deductible	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% <sup>1</sup> coinsurance after deductible	40% <sup>1</sup> coinsurance after deductible	Not covered
Outpatient Surgery	\$0	20% <sup>1</sup> coinsurance after deductible	40% <sup>1</sup> coinsurance after deductible	Not covered
Hospice - 210 days	\$0	\$0		Not covered
Skilled Nursing Facility - 120 days	\$0	\$0		Not covered
<b>Emergency Room Care</b>				
• Bona Fide Emergency	\$100 copay; waived if admitted	\$100 copay; waived if admitted		\$100 copay; waived if admitted
• Other than Bona Fide Emergency	20% <sup>1</sup> coinsurance	20% <sup>1</sup> 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% <sup>1</sup> coinsurance after deductible		Not covered
<b>Physician Services (office visits)</b>				
• Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care	\$15 copay/visit	20% <sup>1</sup> coinsurance after deductible		Not covered
• Specialists	\$15 copay/visit	20% <sup>1</sup> coinsurance after deductible		Not covered
• Chiropractic Care - 10 visits	\$50 copay/visit	20% <sup>1</sup> coinsurance after deductible		Not covered
• Surgery	\$0	20% <sup>1</sup> coinsurance after deductible		Not covered
Home Health Care - 200 visits	\$0	\$0		Not covered
Maternity	\$0	20% <sup>1</sup> coinsurance after deductible		Not covered
Allergy Testing and Treatment	\$15 copay/visit; \$0 for treatment	20% <sup>1</sup> coinsurance after deductible		Not covered
Physical, Occupational and Speech Therapy	\$0	20% <sup>1</sup> coinsurance after deductible		Not covered

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

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

# HEALTHCARE

## MONTECARE PPO - YOUR COST IF YOU USE:

	MONTEFIORE NETWORK	EMPIRE BLUECARD PPO NETWORK		OUT-OF-NETWORK
<b>Financial</b>				
Individual/Family Deductible	None	\$500/\$1,000		\$1,000/\$2,500
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 precertified by Conifer Value Based Care <sup>1</sup> ; otherwise \$1,500 copay	\$2,000 copay if precertified by Conifer Value Based Care <sup>1</sup> ; otherwise \$2,500 copay	40% <sup>2</sup> coinsurance after \$1,000 copay if precertified by Conifer Value Based Care <sup>1</sup> ; otherwise \$1,500 copay
High-Tech Radiology Services (including diagnostic MRI, MRA, CAT Scan, PET, Nuclear Cardiology)	\$0	\$250 copay	\$500 copay	40% <sup>2</sup> coinsurance after deductible
Outpatient Surgery	\$0	\$500 copay	\$1,000 copay	40% <sup>2</sup> coinsurance after deductible
Hospice - 210 days	\$0	\$0		40% <sup>2</sup> coinsurance after deductible
Skilled Nursing Facility - 120 days	\$0	\$0		40% <sup>2</sup> coinsurance after deductible
<b>Emergency Room Care</b>				
• Bona Fide Emergency	\$100 copay; waived if admitted	\$100 copay; waived if admitted		\$100 copay; waived if admitted
• Other than Bona Fide Emergency	30% <sup>3</sup> coinsurance after deductible	30% <sup>3</sup> coinsurance after deductible		40% <sup>2</sup> coinsurance after deductible
• Urgent Care Facility	\$0	\$30 copay/visit		40% <sup>2</sup> coinsurance after deductible
• Urgent Care Professional	\$15 copay/visit	\$30 copay/visit		40% <sup>2</sup> coinsurance after deductible
Preventive Care - Routine Physical Exam with PCP including OB/GYN; Routine Child Exam/ Immunizations; Routine Mammography	\$0	\$0		40% <sup>2</sup> coinsurance after deductible
Outpatient Diagnostic and Laboratory Tests, X-rays, bone density, blood, urine, etc.	\$0	10% <sup>3</sup> coinsurance after deductible		40% <sup>2</sup> coinsurance after deductible
<b>Physician Services (office visits)</b>				
• Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care	\$15 copay/visit	10% <sup>3</sup> coinsurance after deductible		40% <sup>2</sup> coinsurance after deductible
• Specialists	\$15 copay/visit	10% <sup>3</sup> coinsurance after deductible		40% <sup>2</sup> coinsurance after deductible
• Chiropractic Care - 10 visits	\$35 copay/visit	10% <sup>3</sup> coinsurance after deductible		40% <sup>2</sup> coinsurance after deductible
• Surgery	\$0	10% <sup>3</sup> coinsurance after deductible		40% <sup>2</sup> coinsurance after deductible
Home Health Care - 200 visits	\$0	\$0		\$0 after deductible
Maternity	\$0	10% <sup>3</sup> coinsurance after deductible		40% <sup>2</sup> coinsurance after deductible
Allergy Testing and Treatment	\$15 copay/visit; \$0 for treatment	10% <sup>3</sup> coinsurance after deductible		40% <sup>2</sup> coinsurance after deductible
Physical, Occupational and Speech Therapy	\$0	10% <sup>3</sup> coinsurance after deductible		40% <sup>2</sup> coinsurance after deductible

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

<sup>2</sup> Reasonable and Customary charges are based on 150% of Medicare's National Provider Rate. 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.

<sup>3</sup> Percentage is applied to covered charges which are based on the rate paid to like-kind Empire in-network facilities if the facility is within the Empire area (i.e. the New York metropolitan area including NJ and CT) or the facility's actual charge if it is outside of the Empire area.





# HEALTHCARE

## 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
<b>Montefiore Outpatient Pharmacies</b>				
◦ 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
<b>Express Scripts</b>				
• Retail pharmacy <sup>1</sup> (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

<sup>1</sup> 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 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.

# HEALTHCARE

## 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.

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
<b>Copays for in-network services</b>		
Exam	\$10.00	\$0
Materials	\$15.00	\$0
<b>Benefit Frequency</b>		
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 Eye Glasses	Once every 12 months	Once every 12 months
<b>Frame Benefit</b>		
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 copay). If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider; 6 boxes are included under the High Option Plan.

**All other elective contact lenses** – A \$125.00 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.

In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eye glasses 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 eye glasses.

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 Eye Glasses	\$125.00	\$150.00
Necessary Contacts in Lieu of Eye Glasses	\$210.00	\$210.00

### Laser Vision Benefit

UnitedHealthcare Vision is partnered with the Laser Vision Network of America (LVNA) to provide 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](http://www.uhclasik.com).

# HEALTHCARE

## Dental

You can waive coverage or select one of the following:

- Preventive & Diagnostic Dental Care
- Cigna Dental PPO (DPPO)
- Cigna DPPO Enhanced Dental Plan
- Cigna Dental Health Maintenance Organization (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

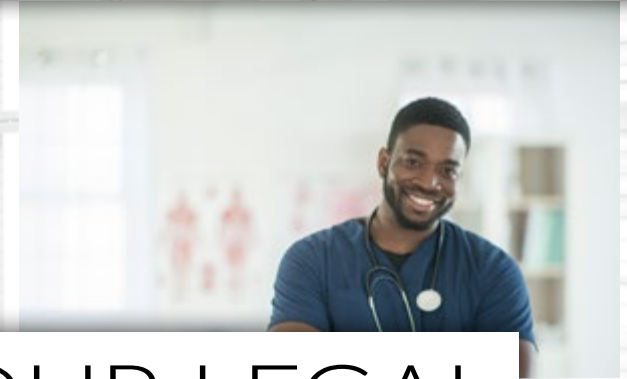
If you go outside of the Total Cigna DPPO Network, reimbursement levels are based on the Cigna Fee Schedule. It does not affect the cost-sharing percentages for care established by the Plan. For example, if you visit a dentist outside of the network for Basic Restorative Care, the Plan pays 80% of the 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 single/ \$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	\$2,500 regardless of the dentist you use
Preventive & Diagnostic Services	\$0	\$0 <sup>1</sup>	\$0 <sup>1</sup>	\$0 <sup>1</sup>
Basic Services	\$0	Not covered	20% <sup>1</sup> coinsurance after deductible	20% <sup>1</sup> coinsurance after deductible
Major Services	30% coinsurance	Not covered	50% <sup>1</sup> coinsurance after deductible	40% <sup>1</sup> coinsurance after deductible
Orthodontics	50% coinsurance	Not covered	20% <sup>1</sup> coinsurance after deductible	20% <sup>1</sup> coinsurance after deductible
Lifetime Orthodontic Maximum	None	None	\$2,000	\$2,000

<sup>1</sup> 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 and 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 the Preventive & Diagnostic dental coverage for **yourself only**.



# 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 \$2,550 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 >

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, if you lose sight or limb, or to your beneficiary, if you die as the result of an accident. 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 (maximum covered salary is \$250,000) – at no cost to you after you complete one year at Montefiore. You can choose to reduce your Basic coverage to \$50,000 to avoid paying taxes on imputed income or you may also waive coverage.
- **Supplemental Life Insurance** – You can elect Supplemental Life Insurance coverage from one to eight times your annual base salary (up to a maximum of \$1,000,000). Amounts in excess of three times your annual base salary 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 elect Basic Life Insurance, you can select from two Dependent Life Insurance options or elect no coverage. You pay the full cost of Dependent Life Insurance.
  - \$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 (maximum covered salary is \$250,000) – at no cost to you after you complete one year at Montefiore. You can also waive coverage.
- **Supplemental AD&D Insurance** – You can elect Supplemental AD&D Insurance coverage from one to eight times your annual base salary (up to a maximum of \$750,000) or elect no coverage. 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.
- **Dependent AD&D Insurance** – If you elect Supplemental AD&D Insurance, you may also choose coverage for your spouse and/or child(ren) in \$10,000 increments (up to a maximum of \$350,000 for your spouse and \$50,000 for each child). You pay the full cost of Dependent AD&D coverage.



# PAID TIME OFF/DISABILITY

## < Paid Time Off

Your Paid Time Off benefits include:

- Vacation: 20 days (increasing to 25 after 25 years of service)
- Personal Days: 4
- Hospital Holidays: 8
- Sick Leave: 12 days (you can accumulate up to 120 unused sick leave days).

## 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 and exhausted your Paid Sick Leave, Supplementary Sick Pay provides 2/3 of your annual base earnings up to a maximum weekly benefit of \$1,300, inclusive of New York State Disability or Worker's Compensation benefits.
- **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.



# TUITION/REIMBURSEMENT FINANCIAL SECURITY

## < Tuition Reimbursement

Montefiore's Tuition Reimbursement Program is designed to promote continuous professional development and growth for associates. Montefiore reimburses your tuition each academic year (September 1 through August 31), subject to certain maximum limitations, for job-related courses leading to an undergraduate or graduate degree at an accredited institution.

You are eligible for the Tuition Reimbursement Program if you are a regular full-time associate or a regular part-time associate working at least 50% of a full-time schedule. Part-time associates are eligible to receive a pro-rated benefit.

## Children's Tuition Reimbursement

Montefiore offers a Tuition Reimbursement Program for each of your unmarried, dependent children based on your job classification - from \$4,500 up to \$6,000 each academic year (September 1 through August 31). The program covers tuition, room, board and books, for each child for up to a maximum of four years; for studies leading to a degree at an accredited institution.

## Financial Security >

Montefiore helps provide for your future financial security by making contributions to the Tax Deferred Annuity 403(b) Plan on your behalf and offering you the opportunity to contribute to the Voluntary Tax Deferred Annuity 403(b) Plan. Fidelity provides administrative services for both plans.

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.

## Tax Deferred Annuity 403(b) Plan

If you are in an eligible position, Montefiore contributes to the Tax Deferred Annuity 403(b) Plan. Beginning with the first pay period following your one-year anniversary, Montefiore will contribute 10% 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 - both Montefiore's contributions and earnings on these contributions.



# FINANCIAL SECURITY

## < Voluntary Tax Deferred Annuity 403(b) Plan >

### Pre-tax Contributions

Your pre-tax contributions are deducted from your paycheck and accumulate earnings on a tax-deferred basis. Qualified distributions of your contributions and earnings are taxable at the time of withdrawal.

### Annual Increase Program (AIP)

The Annual Increase Program allows you to increase your contributions automatically each year. It's an easy way to help keep yourself on track, as you get closer to retirement. Choose the amount and date for your contributions to increase by the amount you elected.

### Roth Elective Deferral Post-tax Option

If you participate in the Voluntary Tax Deferred Annuity 403(b) Plan you may also make after-tax (Roth Elective Deferral) contributions to the plan. An after-tax contribution means that the contribution is taken out of your pay after taxes have been withheld. Qualified distributions of Roth after-tax contributions plus any earnings on those contributions will be tax-free.

## Maximum Contributions

You may simultaneously make both pre-tax elective deferral contributions and Roth after-tax elective deferral contributions to the Voluntary Tax Deferred Annuity 403(b) Plan. However, the combined maximum elective deferral contribution cannot exceed the annual Internal Revenue Service maximum. For 2018, you can save up to a maximum of \$18,500. If you are age 50 or older in 2018, you can make an additional catch-up contribution of \$6,000.

Log on to NetBenefits at [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork) or call the Fidelity Retirement Service Center at **1-800-343-0860** to:

- Set up your username and password to access your account.
- Enter your beneficiary information.
- Add your preferred email address and elect eDelivery.
- Change your contribution amount, and/or change your future contribution investment elections.
- Review your account balance.
- Move money between investments within your account.
- Go mobile. Download the NetBenefits mobile app.





# 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 deductions. 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 WageWorks at **877.924.3967** or [www.wageworks.com](http://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](http://511nyrideshare.org)

## Employee Discounts

- Corporate Offers – Save up to 70% on Broadway tickets. [www.CorporateOffers.com](http://www.CorporateOffers.com) **212.203.1818**
- Health Club Discounts – Montefiore has arrangements with Falk Recreation Center/Friedman Athletic Center, Mosholu Montefiore Community Center's Fitness Center, Crunch, Equinox and New York Sports Club.
- 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](http://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](http://www.petsnationwide.com) **877.738.7874**
- Plum Benefits – Special offers on tickets for sporting events, theme parks, Broadway and more. [www.plumbenefits.com/signup](http://www.plumbenefits.com/signup) **212.660.1888** Code: ac1025828
- Wireless Discounts
  - Sprint – [www.sprint.com/montefiore](http://www.sprint.com/montefiore) Code: HCMDA\_MMC\_ZZZ
  - Verizon Connections – [www.verizon.com/connections](http://www.verizon.com/connections)
  - T-Mobile – Advantage Direct **866.464.8662** Code 12425TMOFAV



# VOLUNTARY BENEFITS

## < Special Promotions

- Automobile and Homeowners Insurance offered through:
  - MetLife Auto & Home® – [www.metlife.com](http://www.metlife.com) 800.438.6388
  - Travelers – [www.travelers.com](http://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 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](http://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](http://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](http://www.mymmcbenefits.com) **866.795.0355**
  - Critical Illness Insurance
  - Personal Accident Insurance
  - Universal Life Insurance
  - Whole Life Insurance
  - Group Personal Excess Liability Program offered through Marsh Private Client Services. [Alexa.C.Carlin@marsh.com](mailto:Alexa.C.Carlin@marsh.com) **212.345.3243**
  - Individual Disability Income (DI) Insurance offered through Principal. [goodman@lenoxadvisors.com](mailto:goodman@lenoxadvisors.com) **212.536.6181**

This overview provides only highlights of the Montefiore Associate Benefits & Wellness Program in effect on January 1, 2018 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.



# 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](http://www.MyMonteBenefits.com).

## **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)**

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.

## **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.

## **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.

## **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.

## **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.

## **Notice of Privacy Practice**

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.



# LEGAL NOTICES



## **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
  - Becomes eligible for premium assistance under the State's Children's Health Insurance Program (CHIP) or Medicaid.

## **Marketplace Notice**

An important provision of The Patient Protection and Affordable Care Act (PPACA) is the establishment of health insurance marketplaces. This notice provides some basic information about the Marketplace and employment-based health coverage offered by Montefiore-sponsored group health plans.

## **Medicare Part D Notice**

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



## **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).

## **Non-Discrimination Notice**

Montefiore's Benefits Plan complies with applicable Federal civil rights laws. The Plan does not exclude people or treat them differently because of race, color, national origin, religion, disability, sexual orientation, gender identity or expression, physical appearance or age.

## **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.