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Commuter Benefits



Albert Einstein College of Medicine 2016 BENEFITS SUMMARY

Faculty



For Your Benefit

Montefiore's Benefits Program covers many different benefit areas which can be individually tailored to best fit your needs. Each area includes key features and many valuable benefits. When joined together they form a comprehensive benefits package.

Eligibility

You are eligible to enroll in the Benefits Program if you are a faculty member of the Albert Einstein College of Medicine 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.

To enroll a family member, you must provide proof of that individual's family status with a copy of the following documentation:

- Marriage License
- Birth Certificate, final Adoption Papers or Court Documents.

Please send the documents via email, fax or mail to:

- Email: mmcdeverify@winstonbenefits.com
- Fax: **732.903.1166**
- Mail: Winston Financial Services
Montefiore Dependent Audit
PO Box 430,
Manasquan, NJ 08736

Annual Benefits Election Period November 8 – November 30, 2015

You enroll online at Montefiore's Enrollment Website – 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.

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 Human Resources at **1.718.430.2547** or at benefits@einstein.yu.edu.

Log on to www.montebenefits.com and create a Username and Password.

- Verify your personal information and dependent eligibility. If you need to make any changes to your personal information, please email Human Resources at benefits@einstein.yu.edu.
- 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.

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 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 your family members for healthcare coverage. You **must** provide a Social Security Number and date of birth for each family member you wish to enroll.
- If you want a Healthcare and/or Dependent Care Flexible Spending Account you must elect either or both of these accounts each year.
- 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.



Healthcare

Medical

Montefiore offers two Medical options from which you can choose – MonteCare EPO and MonteCare PPO – or you can waive coverage. While each of the options generally covers the same healthcare services, they differ in the following areas:

- **Your share of the cost** – including:
 - Any deductibles, coinsurance or copayments you pay when you receive healthcare services *plus*
 - Premiums you pay based on which option you choose, your salary level, whether or not you use tobacco and whether you elect single or family coverage.
- **Provider selection** – MonteCare EPO and MonteCare PPO both use the Empire BlueCard PPO 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 facilities and providers outside of Montefiore and the MIPA.
 - MonteCare PPO gives you the flexibility to choose any provider you wish (however, you'll pay more for healthcare services out-of-network).

In-network Providers

Hospitals and Other Facilities

MonteCare EPO/MonteCare PPO

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, White Plains Hospital, Montefiore Ambulatory Surgical Facilities, Montefiore Imaging Center, Department of Radiology, Advanced Endoscopy Center and NY GI Center)

Skilled Nursing Facility, Hospice

Empire BlueCard PPO Network and Schaffer Extended Care Center

Laboratories

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)

Pharmacies

Express Scripts participating retail pharmacies, home delivery pharmacy service and Montefiore outpatient pharmacies

Physicians, Therapists and Counseling for Mental Health and Substance Abuse

- Montefiore Integrated Provider Association (MIPA)
- Empire BlueCard PPO Network
- Montefiore Behavioral Care Integrated Provider Association (MBCIPA)
- Empire Behavioral Health Network

Care Guidance

This confidential, personal health management program provides health and lifestyle assistance and support to Montefiore faculty and their family members who are covered by Montefiore's MonteCare EPO and MonteCare PPO 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.

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:³

	Montefiore Network	Empire BlueCard PPO 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	Not covered
Inpatient Care			
• Hospitalization – Illness or Injury	\$0	20% ¹ coinsurance after deductible if precertified by Conifer Value Based Care; otherwise 30% ¹ coinsurance after deductible	Not covered except in the case of an emergency admission
• Mental Health/Substance Abuse Care			
• Physical/Occupational Therapy or Rehab			
• 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% ¹ 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
• MRI, MRA, CAT Scan, PET, Nuclear Cardiology	\$0	20% ¹ coinsurance after deductible	Not covered
Physicians' 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
Outpatient Care			
• Outpatient 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 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.

² 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 (70%/80%) to this amount; you are responsible for paying the balance of the bill to the provider.

³ Coinsurance – when you pay 20%, the plan pays 80%; when you pay 30%, the plan pays 70%.



Healthcare

MonteCare PPO – Your cost if you use:³

	Montefiore Network	Empire BlueCard PPO Network	Out-of-network
Financial			
• Individual/Family Deductible	None	\$200/\$400	\$1,000/\$2,500
• Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance)		\$5,350/\$10,700	\$6,000/\$17,500
Inpatient Care			
• Hospitalization – Illness or Injury	\$0	\$1,000 copay if precertified by Conifer Value Based Care; otherwise \$1,500 copay	30% ² coinsurance after \$1,000 copay if precertified by Conifer Value Based Care; otherwise \$1,500 copay
• Mental Health/Substance Abuse Care			
• Physical/Occupational Therapy or Rehab			
• Hospice – 210 days	\$0	\$0	30% ² coinsurance after deductible
• Skilled Nursing Facility – 120 days	\$0	\$0	30% 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% ¹ coinsurance after deductible	30% ¹ coinsurance after deductible	30% ² coinsurance after deductible
• Urgent Care Facility	\$0	\$30 copay/visit	30% ² coinsurance after deductible
• Urgent Care Professional	\$15 copay/visit	\$30 copay/visit	30% ² coinsurance after deductible
Preventive Care			
• Routine Physical Exam with PCP including OB/GYN; Routine Child Exam/Immunizations; Routine Mammography	\$0	\$0	30% ² coinsurance after deductible
Outpatient Diagnostic and Laboratory Tests			
• X-rays, bone density, blood, urine, etc.	\$0	10% ¹ coinsurance after deductible	30% ² coinsurance after deductible
• MRI, MRA, CAT Scan, PET, Nuclear Cardiology	\$0	\$250 copay	30% ² coinsurance after deductible
Physicians' Services (office visits)			
• Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care	\$15 copay/visit	10% ¹ coinsurance after deductible	30% ² coinsurance after deductible
• Specialists	\$15 copay/visit	10% ¹ coinsurance after deductible	30% ² coinsurance after deductible
• Chiropractic Care – 10 visits	\$35 copay/visit	10% ¹ coinsurance after deductible	30% ² coinsurance after deductible
• Surgery	\$0	10% ¹ coinsurance after deductible	30% ² coinsurance after deductible
Outpatient Care			
• Outpatient Surgery	\$0	\$500 copay	30% ² coinsurance after deductible
• Home Health Care – 200 visits	\$0	\$0	\$0 after deductible
• Maternity	\$0	10% ¹ coinsurance after deductible	30% ² coinsurance after deductible
• Allergy Testing and Treatment	\$15 copay/visit ; \$0 for treatment	10% ¹ coinsurance after deductible	30% ² coinsurance after deductible
• Physical, Occupational and Speech Therapy	\$0	10% ¹ coinsurance after deductible	30% ² coinsurance after deductible

¹ 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.

² 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 (70%/80%) to this amount; you are responsible for paying the balance of the bill to the provider.

³ Coinsurance – when you pay 20%, the plan pays 80%; when you pay 30%; the plan pays 70%.



Healthcare

Prescription Drugs

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

Your cost if you purchase:

If you use:	Generic	Preferred (Formulary)	Non-Preferred (Non-Formulary)	Specialty
Montefiore Outpatient Pharmacies				
<ul style="list-style-type: none"> 30-day supply for new prescriptions for chronic medications and seasonal allergy medications 	\$0	\$20 copay	You pay 100% of the discount cost	\$20 copay
<ul style="list-style-type: none"> 90-day supply for refills and all other medications 	\$0	\$40 copay	You pay 100% of the discount cost	\$40 copay
Express Scripts				
<ul style="list-style-type: none"> Participating Retail Pharmacy¹ (up to a 30-day supply of each prescription) 	\$15 copay	\$45 copay	You pay 100% of the discount cost	\$100 copay
<ul style="list-style-type: none"> Home Delivery Pharmacy Service 				
<ul style="list-style-type: none"> 30-day supply for new prescriptions for chronic medications and seasonal allergy medications 	\$15 copay	\$45 copay	You pay 100% of the discount cost	\$100 copay
<ul style="list-style-type: none"> 90-day supply for refills and all other medications 	\$30 copay	\$90 copay	You pay 100% of the discount 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 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

Spectera 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 Spectera vision coverage with before-tax dollars.

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

Rates	Standard	Buy-Up
Employee	\$4.99 Monthly	\$7.66 Monthly
Employee + One	\$8.89 Monthly	\$14.72 Monthly
Family	\$15.05 Monthly	\$20.35 Monthly
Copays for in-network services		
Exam	\$10.00	\$10.00
Materials	\$20.00	\$10.00
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 Eye Glasses	Once every 12 months	Once every 12 months
Frame benefit		
Private Practice Provider	\$130.00	\$130.00
Retail Chain Provider	\$130.00	\$130.00

Lens options

For both the standard and buy-up plans, standard scratch-resistant coating lenses are covered in full. Polycarbonate lenses. Other optional upgrades may be offered at a discount. (Discount varies by provider.) The Buy-up 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 a network provider. Buy Up Plan 6 boxes are included.

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 Buy Up Plan.

Necessary contact lenses – Covered in full after applicable copay.

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

Spectera 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.uhclasic.com.



Healthcare

Dental

You can waive coverage or select one of the following:

- Two dental options with access to dentists in the Cigna Dental Network, which includes Montefiore's Department of Dentistry:
 - Preventive & Diagnostic Dental Care
 - Cigna Dental PPO (DPPO) – With a DPPO plan, you can visit any licensed dentist or specialist without a referral. Once you meet your deductible, the DPPO pays a percentage of eligible dental expenses covered by the plan.
- Cigna Dental Health Maintenance Organization (DHMO) – With a DHMO plan, you choose a DHMO network general dentist to manage your dental care and refer you to any specialists you may need.

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 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**.

Your cost if you enroll in:

	Preventive & Diagnostic	DPPO	DHMO (In-network Only)
Dentists	Use any dentist	Use any dentist	Use DHMO dentist
Individual Annual Deductible	None	\$100 (does not apply to Preventive Care)	None
Annual Maximum Benefits (for each covered person)	None	\$1,500/\$2,500 if you use a Montefiore dentist	None
Preventive and Diagnostic Services	\$0	\$0	\$0
Basic Services	Not covered	20% ¹ coinsurance after deductible	\$0
Major Services	Not covered	50% ¹ coinsurance after deductible	30% ¹ coinsurance
Orthodontics	Not covered	20% ¹ coinsurance after deductible	50% ¹ coinsurance
Lifetime Orthodontic Maximum	None	\$2,000	None

¹ Based on DPPO contracted fee schedules.



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.



Disability

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 \$2,500, 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.





Life & Accident

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 seven times your annual base salary (up to a maximum of \$750,000). 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.
- **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.
- **Optional AD&D Insurance** – You can elect Optional AD&D Insurance coverage from one to seven times your annual base salary (up to a maximum of \$750,000). You must elect Basic AD&D coverage to elect Optional AD&D. No evidence of insurability is required. Premiums are based on the amount of coverage you elect.

Dependent Life Insurance

You can select from two Dependent Life Insurance options or elect no coverage.

- \$10,000 for your spouse; \$5,000 for each child.
- \$20,000 for your spouse; \$10,000 for each child.

You pay the full cost of Dependent Life 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.



Commuter Benefits

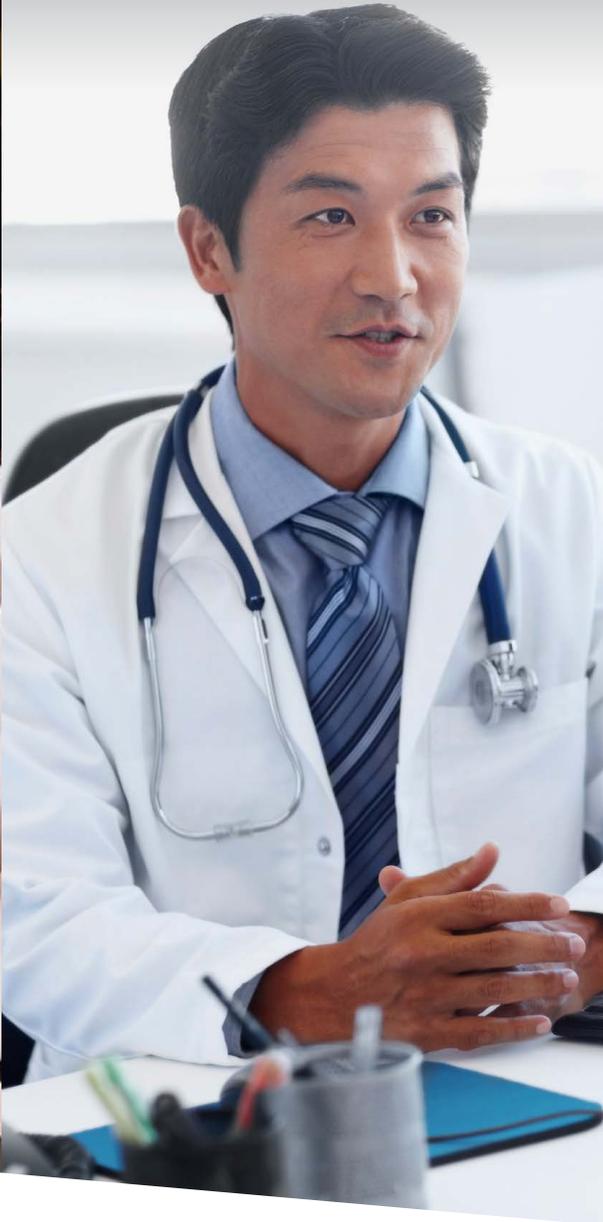
Commuter Benefits

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! For information, contact 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, and with whom you can share a ride. ridematch.511nyrideshare.org





Montefiore

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This overview provides only highlights of Montefiore's Benefits Program in effect on January 1, 2016 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.