

Eligibility

Medical

Prescription Drugs

Dental

Vision

Legal Notices



# Albert Einstein College of Medicine 2016 BENEFITS SUMMARY

Pre-Doctoral MD/PhD or Pre-Doctoral PhD Student



# For Your Benefit

Your Benefits Program includes MontePrime EPO medical coverage and Spectera High Option vision coverage. You may also elect the Cigna Dental Health Maintenance Organization (DHMO).

Montefiore pays 100% of the medical and vision premium cost for single coverage. If you elect family coverage, you and Montefiore share the cost of family coverage. For 2016, your premium cost for family coverage is \$426.63/month.

You pay the full premium cost of any dental coverage you elect:

- \$18.56/month single dental coverage
- \$46.44/month family dental coverage

If you do not elect coverage within 30 days of the date you first become eligible, you will not be covered under the Benefits Program for the remainder of the calendar year. However, you may enroll during the next annual election period.

## Eligibility

You are eligible to enroll in the Benefits Program if you are a Pre-Doctoral MD/PhD or Pre-Doctoral PhD Student 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: [mmcdepverify@winstonbenefits.com](mailto:mmcdepverify@winstonbenefits.com)
- Fax: **732.903.1166**
- Mail: Winston Financial Services  
Montefiore Dependent Audit  
PO Box 430,  
Manasquan, NJ 08736

## Annual Benefits Election Period Now through November 30, 2015

You enroll online at Montefiore's Enrollment Website – [www.montebenefits.com](http://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 Human Resources at **1.718.430.2547** or at [benefits@einstein.yu.edu](mailto:benefits@einstein.yu.edu).

Log on to [www.montebenefits.com](http://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](mailto: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 and enroll family members for medical and vision coverage.

### 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.



# Medical

## Medical

Your Medical benefits pay for a variety of medical services and supplies in and out of the hospital.

MontePrime 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.

## Care Guidance

This confidential, personal health management program provides health and lifestyle assistance and support to Montefiore associates and their family members who are covered by Montefiore’s MontePrime EPO medical plan. 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).

## Empire SpecialOffers

Eligible members can enjoy special savings on fitness club memberships, wellness products, vision care services, weight management programs and services from participating alternative health providers. Members can access these discounts through [www.empireblue.com](http://www.empireblue.com).

### In-network Providers

### MontePrime EPO

<b>Hospitals and Other Facilities</b>	Moses, Weiler, Wakefield, Westchester Square and 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
<b>Skilled Nursing Facility, Hospice</b>	Empire BlueCard PPO Network and Montefiore Schaffer Extended Care Center
<b>Laboratories</b>	Quest Laboratories, LabCorp, and any Montefiore hospital laboratory (including Moses, Weiler, Wakefield, Westchester Square, The Children’s Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital)
<b>Pharmacies</b>	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>



# Medical

## MontePrime EPO – Your cost if you use:<sup>3</sup>

	Montefiore Network	Empire BlueCard PPO Network	Out-of-network
<b>Financial</b>			
• Individual/Family Deductible	None	None	Not covered
• Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance)	\$6,100/\$12,200		Not covered
<b>Inpatient Care</b>			
• Hospitalization – Illness or Injury	\$0	Not covered except in the case of an emergency admission	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
<b>Emergency Room Care</b>			
• Bona Fide Emergency	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted
• Other than Bona Fide Emergency	Not covered	Not covered	Not covered
• Urgent Care Facility	\$0	\$50 copay/visit	Not covered
• Urgent Care Professional	\$0	\$50 copay/visit	Not covered
<b>Preventive Care</b>			
• Routine Physical Exam with PCP including OB/GYN; Routine Child Exam/Immunizations; Routine Mammography	\$0	\$0	Not covered
<b>Outpatient Diagnostic and Laboratory Tests</b>			
• X-rays, bone density, blood, urine, etc.	\$0	Not covered	Not covered
• MRI, MRA, CAT Scan, PET, Nuclear Cardiology	\$0	Not covered	Not covered
<b>Physicians' Services (office visits)</b>			
• Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care	\$0	\$35 copay/visit	Not covered
• Specialists	\$0	\$50 copay/visit	Not covered
• Chiropractic Care – 10 visits	Not covered	Not covered	Not covered
• Surgery	\$0	\$50 copay/visit	Not covered
<b>Outpatient Care</b>			
• Outpatient Surgery	\$0	Not covered	Not covered
• Home Health Care – 200 visits	\$0	\$0	Not covered
• Maternity	\$0	\$0	Not covered
• Allergy Testing and Treatment	\$0	\$35/\$50 copay/visit; \$0 for treatment	Not covered
• Physical, Occupational and Speech Therapy	\$0	Not covered	Not covered



# Prescription Drugs

## Prescription Drug Benefits Overview

Prescription drug benefits are available for participants in MontePrime EPO medical coverage.

If you use:	Your Cost For:			
	Generic	Preferred (Formulary)	Non-Preferred (Non-Formulary)	Specialty
<b>Montefiore Outpatient Pharmacies</b>				
<ul style="list-style-type: none"> <li>30-day supply for new prescriptions for chronic medications and seasonal allergy medications</li> </ul>	\$0	\$20 copay	You pay 100% of discounted cost	\$20 copay
<ul style="list-style-type: none"> <li>90-day supply for refills and all other medications</li> </ul>	\$0	\$40 copay	You pay 100% of discounted cost	\$40 copay

If you enroll in MontePrime EPO, you can only obtain prescriptions the Montefiore outpatient pharmacies. MontePrime does not include Express Scripts retail pharmacy and Home Delivery Pharmacy Service prescription drug benefits.

### Prescription Drug Out-of-pocket Maximum

Your share of expenses for prescriptions obtained from Montefiore outpatient pharmacies is limited to \$750 for any one covered person (\$1,500 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.



# Dental

## Dental

Cigna Dental Health Maintenance Organization (DHMO) – You are required to use dentists in the Cigna DHMO networks.

### Cigna DHMO (In-network Only)

<b>Dentists</b>	Use DHMO dentist
<b>Individual Annual Deductible</b>	None
<b>Annual Maximum Benefits</b>	None
<b>Preventive and Diagnostic Services</b> – Oral Exams, Routine Cleanings, Full Mouth X-rays, Bitewing X-rays, Panoramic X-ray, Periapical X-rays, Fluoride Application, Sealants, Space Maintainers, Emergency Care to Relieve Pain, Local Anesthesia	\$0
<b>Basic Restorative</b> – Fillings, Root Canal Therapy/Endodontics – all except Molar Root Canal, Periodontal Scaling and Root Planing, Denture Adjustments and Repairs, Oral Surgery – Simple Extractions, Repairs to Crowns, Surgical Extractions – Soft Tissue Impacted Tooth Removal, IV Sedation and General Anesthesia	\$0
<b>Major Restorative</b> – Crowns, Stainless Steel Crowns, Inlays/Onlays, Prosthesis Over Implant, Removable Dentures, Bridges Oral Surgery – all except simple extractions, Osseous Surgery, Molar Root Canal, Bony Impacted Tooth and Partial Tooth Removal	30% <sup>1</sup> coinsurance
<b>Orthodontics</b>	50% <sup>1</sup> coinsurance
<b>Lifetime Orthodontic Maximum</b>	1 treatment per lifetime
<b>Temporomandibular Joint (TMJ)</b>	50% <sup>1</sup> coinsurance

<sup>1</sup> Based on DPPO contracted fee schedules



# Vision

## Vision

- Participants in MontePrime EPO have access, through Empire BlueCross BlueShield, to discounts on vision care services as well as laser vision correction.
- LASIK Surgery – Montefiore Laser and Eye Care Center at Montefiore Medical Specialists of Westchester offers LASIK Surgery discounts of 20% off of the regular charge for you and your family members.

### Spectera Vision Plan

Spectera Vision Plan provides benefits for routine eye exams, as well as eyeglasses (or contact lenses in lieu of eyeglasses). You can receive care from a network eye care professional or an out-of-network provider.

### Spectera Vision Benefits Summary

Customer Service: **800-638-3120**

Provider Locator: **800-839-3242**

[www.myspectera.com](http://www.myspectera.com)

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.

#### Copays for in-network services

Exam	\$10.00
Materials	\$10.00
<b>Benefit frequency</b>	
Comprehensive Exam	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses in Lieu of Eye Glasses	Once every 12 months

#### Frame benefit

Private Practice Provider	\$130.00
Retail Chain Provider	\$130.00

#### Lens options

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 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 6 boxes are included when obtained from a network provider.

**All other elective contact lenses** – A \$150.00 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply).

**Necessary contact lenses** – Covered in full after applicable copay.

#### Out-of-network reimbursements up to (Copays do not apply)

Exam	\$50.00
Frames	\$45.00
Single Vision Lenses	\$50.00
Bifocal Lenses	\$60.00
Trifocal Lenses	\$80.00
Lenticular Lenses	\$80.00
Elective Contacts in Lieu of Eye Glasses	\$150.00
Necessary Contacts in Lieu of Eye Glasses	\$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.uhclasik.com](http://www.uhclasik.com).



# 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.

## 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.

## 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' health care 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, 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 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).

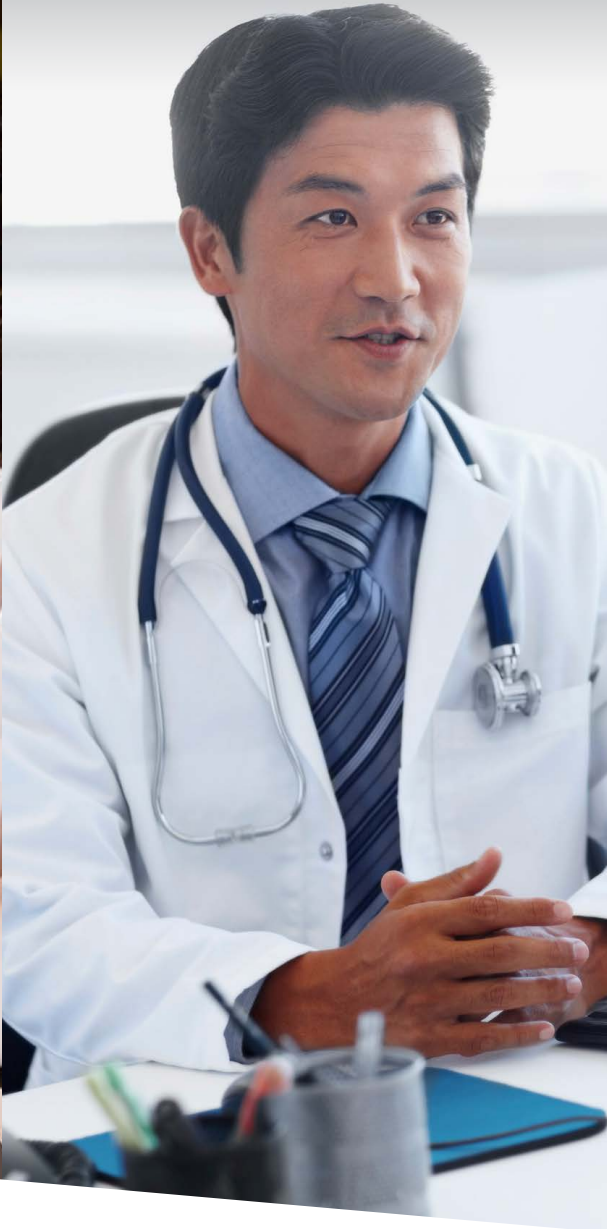
## Women's Health and Cancer Rights Act (WHCRA)

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 about Your Prescription Drug Coverage and Medicare" in the Montefiore Benefits Program Summary Plan Description online at [www.MyMonteBenefits.com](http://www.MyMonteBenefits.com) for more details.





This brochure provides only highlights of the Montefiore Benefits Program in effect on January 1, 2016. Additional information about the Benefits Program can be found in your Summary Plan Description and on [www.MyMonteBenefits.com](http://www.MyMonteBenefits.com). 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

**Corporate Human Resources Division  
HR-Benefits Office**

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