Albert Einstein College of Medicine
2016 BENEFITS SUMMARY
Visiting Scientist or Visiting Pre-Doctoral Fellow
For Your Benefit

Your Benefits Program includes the MontePrime EPO Medical Plan and Spectera High Option Vision Plan. 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.

You pay 100% of the premium cost for medical and vision coverage for you and your family members. For 2016, the premium is:
- $305.13/month for single coverage
- $853.26/month for family coverage.

Eligibility

You are eligible to enroll in the Benefits Program if you are a Visiting Scientist or Visiting Pre-Doctoral Fellow of the Albert Einstein College of Medicine and work at least 50% of a fulltime 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: mrmdepverify@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 – 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 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

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.

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.
<table>
<thead>
<tr>
<th>Medical Benefits</th>
<th>Montefiore Network</th>
<th>Empire BlueCard PPO Network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Legal Notices</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Financial
- Individual/Family Deductible: None
- Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance): $6,100/$12,200

### Inpatient Care
- Hospitalization – Illness or Injury: $0
- Mental Health/Substance Abuse Care: Not covered except in the case of an emergency admission
- Physical/Occupational Therapy or Rehab: Not covered
- Hospice – 210 days: $0
- Skilled Nursing Facility – 120 days: $0

### Emergency Room Care
- Bona Fide Emergency: $50 copay; waived if admitted
- Other than Bona Fide Emergency: Not covered
- Urgent Care Facility: $50 copay/visit
- Urgent Care Professional: $50 copay/visit

### Preventive Care
- Routine Physical Exam with PCP including OB/GYN; Routine Child Exam/Immunizations; Routine Mammography: $0

### Outpatient Diagnostic and Laboratory Tests
- X-rays, bone density, blood, urine, etc.: $0
- MRI, MRA, CAT Scan, PET, Nuclear Cardiology: $0

### Physicians’ Services (office visits)
- Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care: $0
- Specialists: $50 copay/visit
- Chiropractic Care – 10 visits: Not covered
- Surgery: $50 copay/visit

### Outpatient Care
- Outpatient Surgery: $0
- Home Health Care – 200 visits: $0
- Maternity: $0
- Allergy Testing and Treatment: $35/$50 copay/visit; $0 for treatment
- Physical, Occupational and Speech Therapy: $0

---

**MontePrime EPO – Your cost if you use:**

- None
- None
- Not covered
- Not covered
- Not covered except in the case of an emergency admission
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered
Prescription Drug Benefits Overview

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

If you use:

<table>
<thead>
<tr>
<th>Montefiore Outpatient Pharmacies</th>
<th>Generic</th>
<th>Preferred (Formulary)</th>
<th>Non-Preferred (Non-Formulary)</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 30-day supply for new prescriptions for chronic</td>
<td>$0</td>
<td>$20 copay</td>
<td>You pay 100% of discounted</td>
<td>$20 copay</td>
</tr>
<tr>
<td>medications and seasonal allergy medications</td>
<td></td>
<td></td>
<td>cost</td>
<td></td>
</tr>
<tr>
<td>• 90-day supply for refills and all other medications</td>
<td>$0</td>
<td>$40 copay</td>
<td>You pay 100% of discounted</td>
<td>$40 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>cost</td>
<td></td>
</tr>
</tbody>
</table>

If you enroll in MontePrime EPO, you can only obtain prescriptions from 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.
Eligibility Medical Prescription Drugs Vision Legal Notices

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

- 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

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$10.00</td>
</tr>
<tr>
<td>Materials</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

Benefit frequency

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Exam</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Spectacle Lenses</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Frames</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Contact Lenses in Lieu of Eye Glasses</td>
<td>Once every 12 months</td>
</tr>
</tbody>
</table>

Frame benefit

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Practice Provider</td>
<td>$130.00</td>
</tr>
<tr>
<td>Retail Chain Provider</td>
<td>$130.00</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Service</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$50.00</td>
</tr>
<tr>
<td>Frames</td>
<td>$45.00</td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>$50.00</td>
</tr>
<tr>
<td>Bifocal Lenses</td>
<td>$60.00</td>
</tr>
<tr>
<td>Trifocal Lenses</td>
<td>$80.00</td>
</tr>
<tr>
<td>Lenticular Lenses</td>
<td>$80.00</td>
</tr>
<tr>
<td>Elective Contacts in Lieu of Eye Glasses</td>
<td>$150.00</td>
</tr>
<tr>
<td>Necessary Contacts in Lieu of Eye Glasses</td>
<td>$210.00</td>
</tr>
</tbody>
</table>

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, 3% 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.uhlasik.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.

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 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. 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.