

# 2023 Benefits At-A-Glance

## House Staff



- Mount Sinai Hospital
- Mount Sinai Queens
- Mount Sinai Beth Israel
- Mount Sinai Brooklyn
- Mount Sinai Morningside
- Mount Sinai West
- New York Eye and Ear Infirmary of Mount Sinai
- Icahn School of Medicine at Mount Sinai
- City Hospital at Elmhurst Affiliation
- Queens Hospital Center Affiliation

This brochure explains some of the features of the Mount Sinai benefit plans. Complete details of each of the plans are contained in the official plan documents or insurance contracts. If there is ever a conflict between this brochure and the official plan documents or insurance contracts, the plan document or insurance contract will prevail.

Employment does not guarantee eligibility — this benefit brochure does not create a contract of employment between Mount Sinai and House Staff members or any candidate for a Faculty or Staff position.



# Benefits

The Mount Sinai Health System's health and welfare program is available to eligible House Staff and provides the option to enroll in the plans that will best meet the needs of you and your family members.

## What Benefits are Provided?

The benefits plan offered by Mount Sinai Health System (MSHS) is a comprehensive suite of benefits that include several options for medical and dental coverage.

The plan also offers vision, prescription, short-term disability, long-term disability, basic and supplemental life insurance.

**How do I enroll in the Benefits Plans?**

### Enrollment is easy!

Log on to Sinai Cloud at

<https://ejis.fa.us6.oraclecloud.com>.

Click on the **Me** tab on your Sinai Cloud home page.

Click on the **Benefits** icon. The Benefits home page opens.

Click on the **Enroll Here** button to begin enrolling in benefits.

Employees paid monthly will use Workforce Now at

<https://workforcenow.adp.com> to manage their benefits.

## Who's eligible for Benefits?

Mount Sinai Health System House Staff members who are scheduled to work at least 60% of a normal work week are eligible for

benefits. A House staff member is eligible for coverage on their date of hire.

Examples:

Start Date: 2/1/2023 | Coverage Begins: 2/1/2023

Start Date: 2/15/2023 | Coverage Begins: 2/15/2023

## Can I enroll my dependents?

House Staff members may enroll the following dependents in the Benefit plans:

- **Spouse:** proof of marriage will be required. Upload documents to Sinai Cloud, under Document Records on the Benefits home page.

- **Dependent children,** regardless of their student and/or marital status may be enrolled through the end of the month in which they reach age 26. Proof of dependent status is required. Upload documents to Sinai Cloud, under Document Records on the Benefits home page.

## When can I enroll?

You will receive an email notification sent to your Mount Sinai email account advising you when to access the benefits enrollment website and elect benefits. All elections must be made within 30 days of the date of hire. House Staff members who do not elect or decline

benefits will receive default coverage. (please see page 2)

Once you select your benefits they will be in effect for the remainder of the year, unless you have a qualifying event.

## What is the Benefits Center and how does it help House Staff members?

The Benefits Center is the administrator of the benefits program.

House Staff members may contact the Benefits Center to ask questions about their plans and/or receive assistance with:

- Enrolling in Benefits
- Adding or removing a dependent
- Making mid-year plan changes (Qualifying event)

## Mount Sinai Benefits Call Center

**646-605-4620**

<https://ejis.fa.us6.oraclecloud.com>

# Benefits

## Declining Coverage

Faculty and Staff wishing to decline enrollment in a medical plan must complete a waiver form and upload it to Sinai Cloud, under “Document Records,” on the Benefits home page, within 30 days. If your waiver form is not received, the “Waive” option will be removed from your Benefits record and you will be issued default medical coverage in the UMR Traditional PPO Plan, for the remainder of the year. You will pay applicable payroll deductions for the defaulted Traditional medical plan and will not be able to change this waiver unless you have an eligible qualifying event (marriage, gained coverage elsewhere). The “waive” option is not available for all benefits.

## Default Coverage

Faculty and Staff who do not enroll in medical coverage or submit a waiver form to waive medical coverage within the 30 day period will receive the following default coverage: United HealthCare/UMR Traditional Plan, MedImpact prescription coverage, Basic life insurance, basic short-term disability and basic long-term disability. All other coverages will be waived. Dependents are not covered when an employee receives default coverage.

## Qualifying Events

Once benefits selections have been made, they will remain in effect until the end of the year unless the employee has a qualifying event. A qualifying event signifies a change in an employee's family status

such as: marriage, divorce, birth, adoption of a child, or if a dependent loses or gains new insurance. A qualifying event allows House Staff members to make changes to their benefits within 31 days of the event.

If you experience a Qualifying Event and you wish to make benefit plan changes, log onto Sinai Cloud, click on the Benefits icon, select “*Report a Life Event*” and make your new elections. Proof of your family status change is required; marriage certificate, birth certificate and other forms of proof must be uploaded to Sinai Cloud, under Document Records on the Benefits home page. If proof is not received your coverage will not be updated.

## Continuation of Coverage

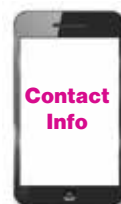
If you become newly ineligible (for instance if you terminate employment, your hours drop below the hours required for benefits eligibility), your coverage under the Medical, Prescription Drug, Dental, and Vision Plans will cease on the last day of the month (unless you become newly ineligible on the first day of a month, in which case coverage will end that day).

Under certain circumstances, such as termination of employment, age limitations for your child(ren) or reduction in your hours affecting your benefits eligibility, you and your eligible covered dependents may be entitled to continue your coverage under the federal law COBRA (Consolidated Omnibus Budget Reconciliation Act of 1986). Information regarding COBRA can be

*Continued*

**I have medical coverage under my spouse's plan; can I decline to enroll in the medical plans offered by Mount Sinai?**

**Yes,** House Staff may waive medical coverage. You may only waive coverage if you are currently enrolled in another medical plan. You must provide proof of this coverage by uploading a completed waiver form to Sinai Cloud, under **Document Records** on the Benefits home page.



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<https://ejis.fa.us6.oraclecloud.com>

## Benefits

found on the Intranet at

<http://intranet1.mountsinai.org/HumanResources/Benefits/index.asp>

### Annual Open Enrollment & Medical Cost-Share Premium Savings

During the Annual Open Enrollment period, House Staff members are able to make benefit plan changes without having a qualifying event. Prior to open enrollment, House Staff members are asked to see their primary care physician, between the dates specified by the Benefits Administration Department. Those who meet this criteria within the time frame allotted will receive a reduction in their medical cost-share premium. The reduction is provided in the form of a monetary credit that is added to the employee's paychecks in the following year.

The notation "MED CREDIT" can be found on the employee's paystub and confirms that they are receiving the credit. All new hires automatically receive the credit for 2023.

In order to receive the credit in 2024 and subsequent years, House Staff members will be required to visit their primary care physician by August 31 each year.



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## Accolade

Mount Sinai Health System will continue to partner with Accolade, a personalized advocacy partner that will provide support for your health and benefits needs in 2023. This confidential service is provided at no additional cost to you and your covered family members.

You and your family will have access to an Accolade Health Assistant® who can help you understand your benefits, answer your questions and even resolve issues related to healthcare bills and insurance claims. Your Health Assistant will have an in-depth understanding of your available benefits and choices to help you select the best care plans for you and your family.

Accolade will work closely with United Healthcare/ UMR and MedImpact, so your Health Assistant can access your claims and benefits in real time to assist with questions.

In addition, Accolade will be available to answer basic questions about your dental and vision healthcare benefits.

Here are some questions Accolade can help with:

### Benefits and Claim Support

- Why did I get this bill?
- Does my plan cover this treatment?

### Provider Support

- Can you help me find a Top-Tier provider?
- Is this doctor In-Network?
- Where can I go to have my MRI?
- What questions should I ask my doctor?

### Care and Condition Support

- Is there a generic version of my prescription?
- Can you help me connect to clinical programs?
- Can you help me understand my condition?

- What are the side effects of my treatment?

You should direct all medical plan and claims questions to Accolade, instead of your insurance provider.

Accolade's contact information will be listed on the back of your medical plan ID card, and you will be able to connect with your Health Assistant via phone, online or by using the mobile app.

Mount Sinai Health System and Accolade have joined forces to ensure that you and your family receive a level of personalized health and benefits support not seen in other programs.

### Question:

I have questions on selecting the best medical plan for me and my family.

### Answer:

Call Accolade at  
844-287-3868

Accolade does not practice medicine nor provide patient care. It is an independent resource to support and assist you as you use the healthcare system and receive medical care from your own doctors, nurses and healthcare professionals. If you have a medical emergency, please contact 911 immediately.



Accolade  
[member.accolade.com](https://member.accolade.com)

1-844-287-3868

Monday-Friday, 8am-8pm Eastern Time  
Download the Accolade mobile app  
on the App Store or Google Play

## Medical Plans

Both medical plan options provide comprehensive healthcare coverage allowing Faculty and Staff flexibility in choosing a healthcare provider.

House Staff members may select one of the following

Two (2) United Healthcare/UMR medical plans listed below. The plans differ by the amount of deductible, coinsurance, co-pay and out-of-network benefits.

- **Traditional Plan**

- **Choice Plan**

*(For additional information see plan comparison chart on the next page).*

### Special Features of the Plans

#### The Tier System

**Both plans are comprised of four components:**

The price points and employee cost share requirements vary by plan.

**Top Tier** consists of participating providers across the MSHS. This includes providers from: The Icahn School of Medicine at Mount Sinai (ISMMS), The Mount Sinai Hospital (MSH), Mount Sinai Queens (MSQ), Mount Sinai St. Lukes (MSSL), Mount Sinai West (MSW), Mount Sinai Beth Israel (MSBI), Mount Sinai Brooklyn (MSB) and New York Eye and Ear Infirmary (NYEEI) of Mount Sinai.

**How can I locate a Top Tier Provider?**

A list of Top Tier providers can be found at:  
<https://toptier.mountsinai.org/toptier>

A list of Top Tier Facilities can be found at:  
<https://toptier.mountsinai.org/facility>

The **Enhanced In-Network Tier** includes providers that currently participate in the UMR Network. The Enhanced In-Network Tier provides greater access to physicians and hospitals systems that cover outer geographic areas (for example, standalone community hospitals). Copays, coinsurance, deductibles, and out-of-pocket maximums are lower than the UMR Commercial Network. A list of Enhanced In-Network Tier providers can be found on the intranet at <http://intranet1.mountsinai.org/HumanResources/Benefits/index.asp>.

The **In-Network Tier** is United HealthCare/UMR commercial network. UMR has a broad provider

network and is a cost effective option for benefits eligible staff residing outside of Manhattan.

**Out-of-Network (OON)** Providers that do not participate in either the Top Tier or the commercial provider network sponsored by UMR.

House Staff who use Out-of-Network providers will pay out of pocket first and then submit a claim to UMR for reimbursement.

This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an Out-of-Network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays. This is called balance billing.



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## 2023 Medical Plan Comparisons At A Glance

<b>Mount Sinai Top Tier</b>	<b>Choice Plan</b>	<b>Traditional</b>
<b>Deductible (EE/Fam)</b>	\$0	\$0
<b>PCP/Specialist/Dependent Child Copay</b>	\$5/\$10/\$5	\$30/\$40/\$30
<b>Urgent Care/Dependent Child Copay</b>	\$100/\$50	\$100/\$40
<b>Hospital Inpatient/Outpatient Copay</b>	\$50/\$50	\$200/\$50
<b>Emergency Room Copay</b>	\$200	\$200
<b>Labs/Radiology - (Physician, Outpatient Adv Imaging, Freestanding (NonLabCorp))</b>	Lab: \$10 Rad: \$25	Lab: \$50 Rad: \$65
<b>Labs/Radiology - Facility</b>	Lab: \$0 Rad: \$40	Lab: \$0 Rad: \$65
<b>Labs/Radiology - Freestanding (LabCorp)</b>	Lab: \$10 Rad: \$25	Lab: \$10 Rad: \$25
<b>OOP Limits (EE/Fam)</b>	\$1,000/\$2,000	\$1,500/\$3,000

<b>Enhanced In-Network</b>	<b>Choice Plan</b>	<b>Traditional</b>
<b>Deductible (EE/Fam)</b>	\$750/\$1,750	\$350/\$1,000
<b>Coinsurance</b>	10%	0%
<b>PCP/Specialist/Dependent Child Copay</b>	\$40/\$50/\$25	\$40/\$50/\$25
<b>Urgent Care/Dependent Child Copay</b>	\$100/\$50	\$100/\$50
<b>Hospital Inpatient/Outpatient Copay</b>	Deductible & Coinsurance+\$400/ Deductible & Coinsurance	Deductible+\$200/Deductible
<b>Emergency Room Copay</b>	\$200	\$200
<b>Labs/Radiology - (Physician, Outpatient Adv Imaging, Freestanding (NonLabCorp))</b>	\$60/\$75	\$60/\$75
<b>Labs/Radiology - Facility</b>	Deductible/Coinsurance	Deductible/Coinsurance
<b>Labs/Radiology - Freestanding (LabCorp)</b>	\$10/\$25	\$10/\$25
<b>OOP Limits (EE/Fam)</b>	\$6,850/\$13,700	\$2,250/\$7,000



## 2023 Medical Plan Comparisons At A Glance (Continued)

<b>UMR In-Network</b>	<b>Choice Plan</b>	<b>Traditional</b>
<b>Deductible (EE/Fam)</b>	\$2,000/\$4,000	\$1,000/\$3,000
<b>Coinsurance</b>	50%	30%
<b>Office Visit/Deductible Coinsurance</b>	No	No
<b>PCP/Specialist/Dependent Child Copay</b>	\$50/\$75/\$35	\$50/\$75/\$35
<b>Urgent Care/Dependent Child Copay</b>	\$100/\$50	\$100/\$40
<b>Hospital Inpatient/Outpatient Copay</b>	Deductible & Coinsurance+\$600/ Deductible & Coinsurance	Deductible & Coinsurance+\$400/ Deductible & Coinsurance
<b>Emergency Room Copay</b>	\$100/\$50	\$200
<b>Labs/Radiology - (Physician, Outpatient Adv Imaging, Freestanding (NonLabCorp))</b>	Lab \$85 Rad \$100	Lab \$85 Rad \$100
<b>Labs/Radiology - Facility</b>	Deductible/Coinsurance	Deductible/Coinsurance
<b>Labs/Radiology - Freestanding (LabCorp)</b>	Lab \$10 Rad \$25	Lab \$10 Rad \$25
<b>OOP Limits (EE/Fam)</b>	\$8,000/\$16,000	\$5,000/\$12,000

<b>Out-of-Network</b>	<b>Choice Plan</b>	<b>Traditional</b>
<b>Deductible (EE/Fam)</b>	\$10,000/\$20,000	\$4,000/\$11,000
<b>Coinsurance</b>	50%	50%
<b>Hospital Inpatient/Outpatient Copay</b>	Deductible & Coinsurance+\$600/ Deductible & Coinsurance	Deductible & Coinsurance+\$600/ Deductible & Coinsurance
<b>OOP Limits (EE/Fam)</b>	\$22,500/\$45,000	\$12,500/\$37,500
<b>Out-of-Network Reimbursement Level</b>	100% of Medicare	100% of Medicare

\* Note: If Family coverage is elected, the full family deductible amount must be met before the Plan will begin paying at the Plan participation level.

\*\*Note: If Family coverage is elected, the full family out-of-pocket maximum amount must be met before the Plan will begin paying covered expenses in full.

### Notes:

- Both plans include four Tiers: Mount Sinai Top Tier, Enhanced In-Network Tier, In-Network and Out-of-Network.
- Each Tier (Top Tier, Enhanced In-Network, In-Network, and Out-of-Network) has a specific deductible and out-of-pocket limits.
- Out-of-Pocket limits do not include balance billing amounts or spending for non-essential health benefits. Prescription cost contributions are included in the Out-of-Pocket maximum.
- There are separate copays for dependent children.
- To find a provider or facility in the Top Tier, Enhanced or UMR network please visit: [umr.com](http://umr.com)

## Medical Plans

### The Choice Plan

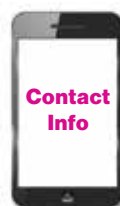
The Choice Plan's signature advantage is at the Top Tier level. All services provided within the Mount Sinai Network are covered at 100%, except for emergency room and urgent care visits. Emergency room visits are subject to a \$200 copay. Urgent Care Visits are subject to a \$100 and Dependent Child \$50 copays. The Choice Plan provides access to Mount Sinai Top Tier, UMR In-Network and Out of- Network providers. House Staff who elect to enroll in the UMR Choice Plan will benefit from a reduced cost share premium.

For detailed information on all plan offerings, including the Healthcare Reimbursement Accounts, see the Summary Plan Description located in the Benefits section of the Human Resources website at:

<http://intranet1.mountsinai.org/HumanResources/Benefits/index.asp>.

### The Traditional Plan

The Traditional Plan is a suitable option for House Staff members who want the freedom to choose services in any of the three tiers: Mount Sinai Top Tier, UMR In-Network and Out-of- Network. This plan would also be suitable if the majority of your providers do not participate in the Mount Sinai Top Tier Network. Some Traditional Plan employee co-pays for In-Network and Out-of-Network services are equal to or lower than the Choice plan.



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## Medical Plans

### Medical Plan Cost

The chart on the next page shows the annual cost of the medical plans. To determine the per pay period cost, locate the salary band that contains your salary under the medical plan option. Select your coverage level: single, employee + 1 dependent, or employee + family. Divide the annual amount by the number of times you are paid weekly or biweekly; 52 if you are paid weekly, 26 if you are paid biweekly. The resulting amount is the per-pay period deduction. Part-time employees will see a deduction amount that is calculated based on their annual full-time equivalent salary.

\* All medical plan costs include MedImpact Prescription coverage. All new hires receive the medical cost-share credit for the year they are hired, but are required to have a physical in order to receive the credit the following year. (The credit is included in the figures shown on the next page).

### Identification Cards

Once you enroll in the United HealthCare/UMR plan, your enrollment and demographic information will be received by the carriers within two to three weeks.

Once you enroll, it will take up to three weeks for you to receive insurance cards. Insurance cards will be mailed to the address that is in Sinai Cloud.



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## 2023 Annual Benefits Cost Matrix\*<sup>1</sup> Medical w/Prescription

(Employee Pre-Tax Deduction)

Coverage Level	Choice	Traditional
<b>Salary up to \$30,000</b>		
Single	\$0.00	\$402.61
Employee + 1	\$0.00	\$805.22
Employee + 2	\$0.00	\$1,254.31
<b>Salary \$30,001 to \$40,000</b>		
Single	\$0.00	\$633.00
Employee + 1	\$0.00	\$1,265.99
Employee + Family	\$0.00	\$1,970.96
<b>Salary \$40,001 to \$60,000</b>		
Single	\$0.00	\$840.73
Employee + 1	\$0.00	\$1,681.44
Employee + Family	\$0.00	\$2,615.41
<b>Salary \$60,001 to \$80,000</b>		
Single	\$0.00	\$1,214.47
Employee + 1	\$0.00	\$2,428.94
Employee + Family	\$0.00	\$3,666.71
<b>Salary \$80,001 to \$135,000</b>		
Single	\$0.00	\$1,625.02
Employee + 1	\$0.00	\$3,250.03
Employee + Family	\$0.00	\$5,055.80
<b>Salary \$135,001 to \$175,000</b>		
Single	\$0.00	\$2,432.21
Employee + 1	\$0.00	\$4,864.42
Employee + Family	\$0.00	\$7,568.15
<b>Salary \$175,001 +</b>		
Single	\$0.00	\$2,675.44
Employee + 1	\$0.00	\$5,350.86
Employee + Family	\$0.00	\$8,324.96

\*Includes Medical Cost-Share Credit

<sup>1</sup> A new hire occupying a part-time position or a current employee experiencing a reduction in hours from full-time to part-time – (but are still working enough hours to be eligible for benefits), the cost-share rate will be pro-rated using a full-time equivalent salary. Therefore, a part-time employee will pay the same for benefits as a full-time employee occupying the same position.

## 2023 Prescription Pharmacy Benefits

If you enroll in any of the medical plans, you will also be enrolled in a MedImpact prescription plan. The cost of the prescription plan is included in your medical cost share. All Mount Sinai pharmacies are the preferred pharmacies in the MedImpact network. Reduced copays are offered to all UMR employees when filling prescriptions at the Mount Sinai pharmacies. FREE delivery to your home or office is available, upon request. All plans will have Sinai Specialty Pharmacy as a MedImpact preferred specialty pharmacy. The new Pharmacy Benefits Concierge service provides services to the employees participating in the UMR/ MedImpact prescription benefits. If you or your dependents have any questions about your pharmacy benefits, please reach out to our team at [pharmacy.benefits@mountsinai.org](mailto:pharmacy.benefits@mountsinai.org).

### MedImpact Choice 90 program:

If you fill a 90 day supply of your maintenance medication, you will receive a discounted contracted rate at any of the Mount Sinai pharmacies, if you choose mail order, or the in network retail pharmacies. Specialty medications may only be filled for a 30 day supply.

### MedImpact Step Therapy Program:

The Step Therapy program separates prescription drugs into two categories:

- Generic drugs
- Brand name drugs

This means that if you have certain medical conditions, your treatment will begin with a generic medication. Inform your physician at your next visit about the Step Therapy Program so that they are aware and can treat you accordingly. If you or your doctor request a brand name medication when there is a generic equivalent available, you will be required to pay the brand copay, plus the difference in cost between the brand name and the generic medication.

### Specialty medications will require a Pharmacist Telehealth Visit

As part of Mount Sinai Specialty Pharmacy's quality review requirement, and as a benefit requirement, if you take a specialty medication, you must complete an annual telehealth visit with a clinical pharmacist. This visit can be scheduled through the MAP Clinic (Medication Access Program) or by contacting the Employee Pharmacy Benefits team at [pharmacy.benefits@mountsinai.org](mailto:pharmacy.benefits@mountsinai.org). A pharmacy concierge member will work with you to setup a telehealth visit. During the consultation a pharmacist will review your full list of medications, with the emphasis on educating you regarding the proper use of your medication. In addition, the pharmacist will help to coordinate the delivery of your medication, address prior authorization requirements and provide other support, as needed. The pharmacist will answer questions, and in partnership with your provider, help you optimize the benefits of these highly specialized medications. MedImpact and the Mount Sinai Specialty pharmacy will assist you in applying for reduced copays on your specialty medications. See below related to accumulator toward out of pocket deductible and maximums.

### Mount Sinai In-House Specialty Pharmacy

- Integrated into our health system to streamline service and improve quality. The Mount Sinai In-House Specialty Pharmacy is fully integrated with the Mount Sinai Health System to provide the most accurate and comprehensive service.
- Available and dedicated. Our clinical pharmacists are available by phone for support 24 hours a day.

*Continued*

## 2023 Prescription Pharmacy Benefits (continued)

- Reliable refills, follow-up, and FREE delivery to your home or office. We will remind you when your next refill is due and coordinate with you in advance. We offer many FREE ways to get your medications to you, so you have one less stop on your way home:
- Home delivery
- Delivery to your work location
- Four walk-in locations

FAQ: Reduced copay assistance, impact to accumulator for annual deductible and maximum out-of-pocket requirements

Discounts, coupons, or similar financial assistance in covering the cost of your specialty medications will not count against your annual deductible or maximum out-of-pocket requirement. Only the amount that you pay out-of-pocket will apply to your annual deductible and maximum out-of-pocket requirement.

### Pharmacies:

#### Samuels Clinic Pharmacy

Located at Mount Sinai West 1000 10th Avenue  
New York, NY 10019  
T: 212-636-3600 or Toll Free: 1-800-581-0381

#### West Village Pharmacy

275 Seventh Avenue, 12th Floor  
New York, NY 10001  
T: 212-604-1780 or Toll Free: 1-800-581-0382

#### Mount Sinai Pharmacy at CAM

17 East 102nd Street,  
Third Floor New York, New York 10029  
T: 212-824-7064

#### Mount Sinai Specialty Pharmacy

1468 Madison Avenue  
Annenberg Building – MC Level  
New York, NY 10029  
T: 212-241-7720 or Toll Free: 1-800-581-0380

#### The Mount Sinai Pharmacy on Madison Avenue

(Coming Soon)  
1407 Madison Avenue  
New York, NY 10029  
T: 212-659-6702 / 212-859-6758

### Contact Us

To submit questions and request support from the Pharmacy Benefits team concierge, please use the QR code below to access a brief form. We will respond by the following business day. You can also email the Employee Pharmacy Benefits Team @

[pharmacy.benefits@mountsinai.org](mailto:pharmacy.benefits@mountsinai.org)



## Prescription Coverage

If you enroll in any of the medical plans you will also be enrolled in a MedImpact prescription plan. Each of our four medical plans are bundled with a specific pharmacy plan. The cost of the prescription plan is included in your medical cost-share premium. You will receive a prescription ID card from

MedImpact for you and your dependents. Insurance cards will be mailed to the address that is in Sinai Cloud. The chart below provides a summary of the prescription plans.

**Note:** Prescription expenses will count toward the Medical Plan out-of-pocket limits.

### 2023 Pharmacy Benefits (Generic / Preferred / Non-Preferred)

MSHS Pharmacies		
	30 days	90 days
Generic	\$5	\$12.50
Preferred Brands	\$15	\$37.50
Non-Preferred Brands	\$20	\$50
MedImpact <b>In-Network Retail</b> or Mail Order		
Generic	\$10	\$25
Preferred Brand	25% (\$40 min/ \$80 max)	25% (\$100 min/ \$150 max)
Non-Preferred Brand	25% (\$60 min/ \$120 max)	25% (\$150 min/ \$300 max)
Specialty Pharmacy (Mount Sinai Specialty Pharmacy)*		
	30 days only	
Generic	\$20	
Preferred Brands	\$50	
Non-Preferred Brands	\$75	
Deductibles		
Deductible (Combine Medical/Rx)	None	

\* Please note patients or doctors requesting a brand name medication when a equivalent generic is available, will pay a higher copay.

## Dental Plans

House Staff members are offered a choice of three (3) dental plans: two (2) Dental PPO Plans and one (1) DMO Plan. While the three (3) plans provide different levels of dental care benefits, each plan gives you and your family access to affordable and quality dental care.

The dental plan options are:

- **Cigna PPO – Basic**
- **Cigna PPO – Plus**
- **Aetna DMO**

The Cigna PPO Basic and Plus options provide both In-Network and Out-of-Network coverage. The Aetna DMO Plan provides In-Network coverage only.

### Cigna Dental Plans

Cigna Basic and Plus PPO plans provide three (3) ways for you to access dental services:

- **Advantage Network Providers**
- **DPPO Network Providers**
- **Out-of-Network Providers**

The plans provide coverage for preventive care, basic care, major restorative services, and orthodontia services. Coverage levels are based on negotiated rates or reasonable and customary rates. If you choose this plan, you must meet the annual deductible before the plan begins to pay for services. However, there is never a deductible when utilizing the plan for preventive services.

### The Advantage Network Scope

If you are looking to have the greatest amount of coverage with the lowest out-of-pocket expenses, you may wish to utilize dental providers who belong to the Advantage Network. The Advantage Network provides the deepest discounts for employees and has over 15,000 provider locations within the New York, New Jersey, Connecticut and Pennsylvania area.

### The DPPO Network Scope

If you utilize the DPPO Network, you will have access to over 6,000 In-Network provider locations practicing within the New York, New Jersey, Connecticut, and Pennsylvania area.

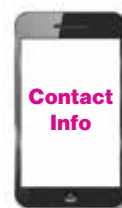
*See Cigna Dental Plan Highlights on page 12 for additional plan information.*

### The Aetna DMO Plan

The Aetna Dental Maintenance Organization (DMO) is similar to an HMO for medical care. For services to be covered, you must use the dentists who participate in the Aetna DMO network. There are no annual deductibles, no annual benefit maximums, and no claim forms.

When you enroll in a DMO, you must select a DMO Primary Care Dentist to manage your dental care. You may choose one dentist for yourself and your enrolled dependents—or each dependent may choose a different dentist. In addition, you can change dentists by calling the DMO member services line shown below. If you need to see a specialist, your dentist will refer you. Preventive services are covered in full by the plan. For all other services, you pay only a copayment. A list of current required copayments and services can be obtained on the Aetna website at [www.aetna.com](http://www.aetna.com). Cigna and Aetna Dental do not mail ID cards to its members. You may log on to their website and print out your ID card.

*See Cigna Dental Plan Highlights on page 12 for additional plan information.*



**Cigna Dental**  
**Policy/Group#**  
**2499504**  
**800-CIGNA-24**  
**[mycigna.com](http://mycigna.com)**

**Aetna Dental**  
**Policy/Group#**  
**0839208**  
**877-238-6200**  
**[www.aetna.com](http://www.aetna.com)**



## Dental Plans

### 2023 Cigna Dental Plan Highlights

#### Annual Dental Plan

Detailed information for the dental plans is provided in the 2023 Summary Plan Description booklet located in the benefits section on the Human Resources website

at: <http://intranet1.mountsinai.org/HumanResources/Benefits/index.asp>.

#### Annual Dental Plan Cost

To determine the per pay period cost of the dental plans, log on to Sinai Cloud.

### 2023 Cigna Dental Plan Highlights

	Cigna DPPO Basic Plan			Cigna DPPO Plus Plan		
	Advantage	DPPO <sup>2</sup>	Out-of-Network	Advantage	DPPO <sup>2</sup>	Out-of-Network
<b>Deductible (EE/Family) <sup>1</sup></b>	\$75 / \$225	\$100/ \$300	\$100/ \$300	\$50 / \$150	\$75 / \$225	\$75 / \$225
<b>Type A (Preventive)</b>	100% of Negotiated Fee	80% of Negotiated Fee	80% of Reasonable & Customary	100% of Negotiated Fee	100% of Negotiated Fee	100% of Reasonable & Customary
<b>Type B (Basic Restorative)</b>	80% of Negotiated Fee	60% of Negotiated Fee	60% of Reasonable & Customary	80% of Negotiated Fee	60% of Negotiated Fee	60% of Reasonable & Customary
<b>Type C (Major Restorative)</b>	60% of Negotiated Fee	50% of Negotiated Fee	50% of Reasonable & Customary	60% of Negotiated Fee	50% of Negotiated Fee	50% of Reasonable & Customary
<b>Type D (Orthodontia)</b>	50% of Negotiated Fee	N / A	N / A	50% of Negotiated Fee	50% of Negotiated Fee	50% of Reasonable & Customary
<b>Type E (TMJ)</b>	60% of Negotiated Fee	50% of Negotiated Fee	50% of Reasonable & Customary	60% of Negotiated Fee	50% of Negotiated Fee	50% of Reasonable & Customary
<b>Annual Maximum (Type A, B, C &amp; E)</b>	<b>\$1,500</b>	<b>\$1,500</b>	<b>\$1,500</b>	<b>\$3,000</b>	<b>\$3,000</b>	<b>\$3,000</b>
<b>Orthodontia Lifetime Maximum</b>	<b>\$1,500</b>	<b>N / A</b>	<b>N / A</b>	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,000</b>

#### Notes:

1. Deductibles only apply to Type B, Type C, and Type E Services.

2. Cigna offers two networks: the Advantage Network and the DPPO Network. The Advantage Network features deeper discounts. Members who visit providers in the DPPO Network will be covered at the same benefit level as Out-of-Network and will not be balance billed.

## Vision Plans

To help House Staff members with the cost of vision care for themselves and their family, the Benefits program offers the UnitedHealthcare Vision Plan. The plan helps you pay the cost of an annual eye examination, eyeglass frames, prescription lenses or contact lenses, and is available for use at In-Network or Out-of-Network providers. House Staff members will pay the lowest out-of-pocket cost when using an In-Network provider.

*(See plan highlights on the next page).*

UnitedHealthcare Vision does not mail ID cards to its members. You may log on to their website and print out your ID card.

### Annual Vision Plan Cost

To determine the per pay period cost of the Vision plan, log on to Sinai Cloud. Detailed information for the vision plan is provided in the 2023 Benefits Summary Plan Description booklet located in the benefits section on the Human Resources website at:

<http://intranet1.mountsinai.org/HumanResources/Benefits/index.asp>.



**United Healthcare Vision**  
**Policy/Group # 298784**  
**800-638-3120**  
[myuhcvision.com](http://myuhcvision.com)

## United HealthCare Vision Plan Highlights

### Comprehensive Vision Exam (\$10 Co-pay; once every 12 months)

#### Materials (\$10 Co-pay)

The material copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.

**Pair of Lenses  
(for eyeglasses; once every 12 months)** Standard single vision, lined bifocal, lined trifocal, standard scratch-resistant coating

#### Frames (once every 24 months)

Receive a \$130 wholesale frame allowance (approximate retail value of \$120 to \$150) at private practice providers, and retail chain providers. Additionally, many UHC providers offer a 30% discount on the balance if the allowance is exceeded.

#### Covered-in-full elective contact lenses

The fitting/evaluation fees, contacts (including disposables), and up to two follow up visits are covered-in-full (after applicable copay) for many popular brands, such as Acuvue by Johnson & Johnson and Optima by Bausch & Lomb. If covered disposable contact lenses are chosen, up to 6 boxes (depending on prescription) are included when obtained from a network provider. It is important to note that UnitedHealthcare's covered-in-full contact lenses may vary by provider.

#### All other elective contact lenses

A \$150 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UnitedHealthcare's covered-in-full contacts (materials copay does not apply). Toric, gas-permeable, and bifocal contacts are all example of contacts that are outside of our covered-in-full selection.

#### Necessary contact lenses

Covered-in-full (after applicable copay).

#### Refractive Eye Surgery

UnitedHealthcare Vision participants receive access to discounted refractive eye surgery from numerous provider locations throughout the United States. To find a participating laser eye surgeon in your area, visit our website at [www.myuhcvision.com](http://www.myuhcvision.com).

#### Out-of-Network Provider

UnitedHealthcare's Vision Care Plan allows members to receive services from outside of UnitedHealthcare's provider network. Members who use Out-of-Network providers will receive partial reimbursement up to the maximum schedule listed below. (Please note: copays do not apply to the Out-of-Network reimbursement schedule.)

Service	Reimbursement Schedule
---------	------------------------

Exam	Up to \$50
------	------------

Single Vision	Up to \$70
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Bifocal	Up to \$90
---------	------------

Trifocal	Up to \$120
----------	-------------

Lenticular	Up to \$120
------------	-------------

Frames	Up to \$70
--------	------------

Medically Necessary Contact Lenses	Up to \$210
------------------------------------	-------------

Elective Contact Lenses	Up to \$150
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**United HealthCare Vision  
Policy/Group # 298784  
800-638-3120  
[myuhcvision.com](http://myuhcvision.com)**

## Life Insurance

Mount Sinai provides basic life insurance coverage to Benefits-eligible House Staff members at no cost. In the event of the insured House Staff member's death, The Hartford will provide a lump sum benefit to the House Staff member's designated beneficiary.

### Hartford BASIC Life Insurance

1	\$100,000
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If you wish to update or manage your life insurance beneficiary, please log in to the Beneficiary Designation website at:

<https://enroll.thehartfordatwork.com/mountsinaibene>

Your User ID is your initials followed by the last four numbers of your Social Security Number.

**Example:** If your name is Jane Smith and your Social Security Number is 123-45-6789, your User ID is js6789. Enter your password, which is your initials followed by your date of birth (MMDDYYYY).

**Example:** If your name is Jane Smith and you were born on May 1, 1990 your password is js05011990.

**Note:** You will be required to reset your password when you log in.

Contact The Hartford Customer Service Team at **1-855-396-7655**, Monday – Friday, 8 a.m. – 8 p.m., ET for all questions regarding your beneficiary designations.



**The Hartford**  
**Policy/Group# 805357**  
**1-855-396-7655**

## Dependent Life Insurance

House Staff members may purchase Dependent Life Insurance for their spouse and/or dependent children. The Hartford offers four different spousal options and two dependent child life insurance options:

### Spouse Life Insurance

1. \$25,000

2. \$50,000

3. \$75,000

4. \$100,000

### Child Life Insurance

1. \$5,000/Child

2. \$10,000/Child

The employee is the beneficiary for the dependent life insurance. Evidence of Insurability (EOI) is required for coverage over \$25,000. Coverage for the employee's spouse may not be greater than 100% of the employee's total insurance. Dependent children are covered through the end of the month in which they reach age 26.

## Accidental Death & Dismemberment Insurance (AD&D)

In addition to employee life insurance coverage, The Hartford provides Accidental Death and Dismemberment Insurance. This insurance provides a benefit to you or your designated beneficiary if you become dismembered or die as a result of an accident. You may elect or decline this coverage. If you elect AD&D insurance, the coverage amount will be the same as the amount of your life insurance. The cost of AD&D insurance is shown on Sinai Cloud.

## Disability Plans

House Staff members are covered for short-term disability and long-term disability. The disability plan provider is The Hartford.

### Short-Term Disability (STD)

Short-term disability benefits begin on the eighth (8) consecutive day of non-occupational illness or injury and can continue for up to 26 weeks from the initial date of disability. House Staff members are provided with Basic short-term disability of 50% of their base weekly salary, up to \$170 a week. This is provided to House Staff members at no cost.

House Staff members may choose to upgrade short-term disability coverage by electing the Enhanced benefit option, which provides 66.66% of their weekly base salary up to \$1,000 a week. This is provided at an additional cost to the employee. Cost is shown on the benefits enrollment website just prior to enrolling.

**What is the difference between electing LTD coverage on a pre-tax basis versus a post tax basis?**

If you elect LTD on a **post-tax** basis, the cost of the coverage **is reported** as taxable income on your W-2. If you become disabled and are entitled to receive disability payments, those payments are tax-free.

If you elect LTD coverage on a **pre-tax** basis, the cost of the coverage is **not reported** as taxable income on your W-2. If you become disabled and are entitled to receive disability payments, those payments are taxed as ordinary income.

### Long-Term Disability Plan (LTD)

Long-term disability provides a source of income for an occupational or non-occupational disability lasting beyond the 26 weeks of short-term disability. Once short-term disability has been exhausted and the employee is unable to return to work, the employee's case is reviewed for eligibility for the long-term disability benefit. If approved, Hartford, the disability provider, will provide the employee with 60% of their base annual

salary up to \$5,000/month. This plan can be elected as a pre-tax or post-tax deduction.



**The Hartford**  
**Short-Term/Long-Term Disability & FMLA**  
<https://abilityadvantage.thehartford.com>  
**888-714-4380**

## Filing A Disability/FML Claim

### The Hartford Ability Advantage

If you have to take a leave from work for family or medical circumstances, you've got two ways to get the process started:

#### 1. You can start your claim by phone

It's easy to apply for family and medical leave (FML)-related absence benefits. Just call us toll-free at **1-888-714-4380**, Monday through Friday, 8 a.m. to 8 p.m. ET. (If you're deaf or hard of hearing, use the Telecommunications Relay Service for your state.) Your call will put you in touch with a Hartford group insurance disability specialist.

They will:

- Check your eligibility for disability/FML benefits and/or NY Paid Family Leave.
- Ask you your name, address and other key identification information.
- Ask you the name of your department and last full day of active work.
- Ask you a few questions about your illness, injury or absence.
- Ask for your treating physician's name, address, and phone and fax numbers.
- Begin the claims process.

The easy way to file your short-term disability, family and medical leave claims.

Make it easy on yourself. To start your claim, call **1-888-714-4380** or visit

<https://abilityadvantage.thehartford.com>.

#### 2. You can start your claim online

It's easy to manage your claims with The Hartford Ability Advantage website at

<https://abilityadvantage.thehartford.com>.

You get online access to claims information, status updates and more. You can choose how you file a claim, or automatically let your manager know about an absence request.

Here are some things you may be able to do\*:

- Download claim forms.
- Check the status of your claims and payment.
- Choose electronic delivery to get letters or updates faster.
- Let us know you need to add time to a claim.
- Print copies of your disability benefits pay stubs, or save them to your computer.
- Sign up for direct deposit.
- Report when you plan to return to work.
- Contact us anytime by email.

\*Your employer may not offer all of these options.



The Hartford  
Short-Term/Long-Term Disability & FMLA  
<https://abilityadvantage.thehartford.com>  
888-714-4380

## Paid Time Off Program

### Paid Time Off Program (PTO)

The Paid Time Off Program combines vacation, sick, and personal time into one PTO “bank”. Employee classification and length of service determines the amount of PTO days that can be taken annually (see chart below). Participation in the program begins on the first day of the month coincident with or immediately following the employee’s date of hire or a change in eligibility status. Faculty and Staff may contact their department administrator to confirm the staff classification and PTO allotment.

Employees can check their PTO balance by logging on to Sinai Cloud. Select Me, Time and Absences, then select Absence Balance. For questions or issues regarding PTO, you may submit a ticket in ServiceNow at <https://mountsinaihealth.service-now.com>.

Staff Classification	Less than 4 Years	4 thru 23 Years	24 or more Years
Non-Exempt Staff	19 days	29 days	34 days
Exempt Staff	29 Days	29 Days	34 Days
RN Leadership with direct patient care responsibilities and Managerial and Professional positions which require RN licensure, MSW’s Dieticians	31 Days	34 Days	34 Days

### PTO Questions ?

<https://mountsinaihealth.service-now.com>.

### Payroll Questions ?

Mount Sinai: **646-605-4120**



**PTO Questions ?**  
**CloudPTOBalance@mountsinai.org**  
**Payroll Questions ?**  
**Mount Sinai: 646-605-4120**

### Payroll Deductions

Health insurance premium deductions are taken from every paycheck. These deductions are taken based on your pay schedule. If you are paid weekly, you will have 52 pay periods. If you are paid biweekly, you will have 26 pay periods. If you are paid monthly, you will have 12 pay periods. Any missed deductions will be taken in arrears until the total amount owed has been paid.



**TIAA**  
**[www.tiaa.org/mountsinai](http://www.tiaa.org/mountsinai)**  
**888-210-3992**  
**On-site: 212-241-0317**

## Retirement Plans/Tax Sheltered Annuity

### 403(b) Plan

Employees of the Mount Sinai Health System may elect to make voluntary, pre-tax contributions from their paychecks to our Tax Sheltered Annuity plan 403(b). Employee contributions may be as little as 1% of pay and as much as 70% of pay, but may not exceed the deferral limit. The 2023 annual deferral limit is \$22,500 and \$30,000 if you will be age 50 or older in 2023. An employer contribution may also be available to eligible Faculty and Staff after a one year waiting period. In order to receive full ownership of the employer contribution at the time of termination of employment, the employee must have completed the three (3) year vesting period.

### 457(b) Plan

Faculty and Staff with a total salary compensation of \$250,000 or higher may elect to make voluntary, pre-tax contributions from their paychecks. Employee contributions may be as little as 1% of pay and as much as 70% of pay, but may not exceed the 2023 IRS limit of \$22,500. Contributions are considered deferred compensation and as such are deemed to be the property of Mount Sinai Health System and are subject to the claims of its general creditors until the assets are withdrawn by the employee upon separation of service. Therefore, consideration should be given to the risk involved in contributing to this plan. There are no employer contributions to the 457(b) Plan.

If you wish to participate in these plans, you can enroll at [www.tiaa.org/mountsinai](http://www.tiaa.org/mountsinai) or contact TIAA at **888-210-3992**.



**TIAA**  
[tiaa.org/mountsinai](http://tiaa.org/mountsinai)  
**888-210-3992**  
[retirement@mountsinai.org](mailto:retirement@mountsinai.org)

You may send inquiries regarding your 403(b) to [retirement@mountsinai.org](mailto:retirement@mountsinai.org).

Employees who are paid by Mount Sinai Beth Israel, Morningside, West, select "Continuum Health Partners" as your Employer. Employees who are paid by Mount Sinai Hospital, Icahn School of Medicine select "Mount Sinai" as your Employer.

### HealthCare (HCRA) and Dependent Care (DCRA) Reimbursement Accounts

The Reimbursement Accounts provide you with a way to pay certain healthcare and dependent care expenses on a pre-tax basis. Contributions are made to the account through payroll deductions. You may contribute a minimum of \$240 and a maximum of \$3,050 annually to the HealthCare Reimbursement Account (HCRA). Your deductions are placed on a HealthEquity debit card for your use. The full amount of the HCRA funds will be available to you once the card is activated, allowing you to pay for eligible healthcare related expenses at the point of service. You can also submit paper claims online at [www.healthequity.com/wageworks](http://www.healthequity.com/wageworks) for qualified healthcare expenses.

You may contribute a maximum of \$5,000 annually to the Dependent Care Reimbursement Account (DCRA) to cover dependent care expenses for children under age 13. Highly compensated Faculty and Staff with an annual compensation of \$135,000 or more may not participate in the Dependent Care Reimbursement Account. HCRA claims for healthcare expenses incurred between January 1, 2023 and March 15, 2024 must be submitted to HealthEquity by March 31, 2024. DCRA claims for expenses incurred between January 1, 2023 and December 31, 2023 must be submitted to HealthEquity by March 31, 2024. Any funds remaining in your HCRA and DCRA accounts after March 31, 2024 will be forfeited.

*Continued*



## Flexible Spending Accounts (continued)

HealthEquity administers the Healthcare Reimbursement and Dependent Care Reimbursement Account.

HCRA claims for healthcare expenses incurred between January 1, 2023 and March 15, 2024 must be submitted to HealthEquity by March 31, 2024. DCRA claims for expenses incurred between January 1, 2023 and December 31, 2023 must be submitted to HealthEquity by March 31, 2024. Any funds remaining in your HCRA and DCRA accounts after March 31, 2024 will be forfeited. HealthEquity administers the Healthcare Reimbursement and Dependent Care Reimbursement Accounts.

Eligible expenses are determined by the IRS.

A complete listing of eligible expenses can be found at [www.healthequity.com/wageworks](http://www.healthequity.com/wageworks) or in Publication 506 located at [www.irs.gov](http://www.irs.gov).

If you have any questions regarding your HCRA and DCRA claims, please call HealthEquity at **855-692-2959**.

You can only make changes to your FSA accounts during Open Enrollment or if you have a qualifying event. To continue your FSA into 2024, you must reenroll during the annual Open Enrollment.



**HealthEquity**  
[www.healthequity.com/wageworks](http://www.healthequity.com/wageworks)  
**855-692-2959**

## Commuter Accounts

### Transportation Reimbursement Incentive Program (TRIP)

You may contribute up to \$300 a month for transit expenses and \$300 a month for parking expenses on a pre-tax basis. The plan also allows you to contribute an additional \$500 a month for transit expenses and \$200 a month for parking expenses on a post-tax basis. You can sign up, make changes or cancel at anytime. If you ride public transportation to work, HealthEquity has several convenient options for you to receive your passes, tickets, smart cards, or other fare media.

#### To place Your Commuter Benefit Order

1. Select "Enroll In Commuter".
2. Choose the type of order you wish to make and follow those instructions.
3. Choose from the options available how you will receive your benefit, e.g., debit card, benefit pass, etc.
4. Select frequency that you want from the following options e.g., Every Month or One Time.

Be sure to enter your email address to receive confirmation electronically. If you terminate employment, HealthEquity will allow up to 90 days to utilize contributions. Any unclaimed funds will be forfeited.

**Please note:** If you enroll in the Mount Sinai Pre-Tax Parking Program, you cannot participate in the HealthEquity TRIP Parking Pre-Tax Program.

## Additional Benefits

### Workers' Compensation

If you have an incident at work that causes you injury you must notify your supervisor of the incident as soon as possible. Then report your injury to the workers compensation administrator, CorVel by calling **800-683-6778**.

### Employee Assistance Program

The Employee Assistance Program (EAP) is an employer sponsored program that provides free confidential short-term counseling services to Mount Sinai Faculty and Staff and their covered dependents. Counseling services are provided by licensed social workers who are trained to treat individuals who are in need of personal assistance. To obtain information or to speak with a social worker, please contact EAP at: **212-241-8937**.

### Bright Horizons – Backup Child Care

Mount Sinai Health System, in partnership with Bright Horizons Family Solutions LLC, is offering backup child care services as a benefit to faculty members, non-bargaining unit (NBU) employees, trainees, and medical and graduate students during their working hours. The Program gives you the opportunity to have qualified Backup Child care when your regular caregiver is not available, school is closed, in-between child care arrangements, or gaps in summer care.

All Bright Horizon centers serve children from 6 weeks to 6 years of age, and some centers provide care for children through age 12. Bright Horizons also offers in-home care for children up to 17 years of age.

You may register online at

<https://clients.brighthouse.com/MountSinai>,

or download the Bright Horizons App by searching “back-up care” in the App Store or Google Play. If prompted, use the Employer Username: MountSinai and Password: Benefits4You.

You may also call Bright Horizons toll free at **1-877-BH-CARES** (1-877-242-2737). Registration assistance is available 24/7.

### Trellus Health

Trellus Health is a digital health solution that works with you and your gastroenterologist to empower you to live your best life with an inflammatory bowel disease (IBD). Our goal is to make your job of managing IBD between office visits easier – giving you back the time you need to do the things you deeply care about! Trellus' resilience-based methodology was developed at the Mount Sinai IBD Center and leverages technology to enable its members to have 24/7 access to skills training and resilience building techniques, remote monitoring of symptoms, health maintenance reminders and state-of-the-art education. To further support your wellness goals and to help you have the resilience required to manage whatever comes your way, membership also includes unlimited virtual access to a resilience coach, IBD dietitian and nurse educator who will work with you to implement a personalized roadmap to wellness. Enroll now at:

[www.patients.trellushealth.com/mssm](http://www.patients.trellushealth.com/mssm).

### Pomelo Care

Medical plan members will have access to a new maternity care program called Pomelo Care, designed to help families have healthy babies. Pomelo Care provides 24/7 telehealth for pregnancy and infant care before, during, and after pregnancy. You'll receive access to a team of doctors, midwives, nurses, therapists, nutrition experts, lactation consultants, and more. Reach your care team anytime and anywhere through text, phone or video chat. Pomelo's services will be free and confidential. For more information regarding the Pomelo Care, visit

[www.pomelocare.com/for/mount-sinai](http://www.pomelocare.com/for/mount-sinai)

or call **914-919-9200**.

## Additional Benefits

### New York State 529 College Savings Program

The New York State 529 College Savings Program provides a flexible, convenient and low cost way for Mount Sinai House Staff to save for college for a child, grandchild, or themselves. It is a voluntary program administered by Upromise Investment, Inc. You can use this investment to pay for tuition, room and board, books, supplies, and other qualified higher education expenses. Contributions to this plan are deducted automatically from your paycheck. Please consult your tax advisor regarding tax advantages.

To obtain additional information on investment options, contribution limits or to enroll, please visit the savings plan website at [www.nysaves.org](http://www.nysaves.org) or call **877-NY-SAVES**. You can then set up payroll deductions in the Pay module on Sinai Cloud.



**New York State  
529 College  
Savings Program  
877-NY-SAVES  
[nysaves.org](http://nysaves.org)**

## Terms Defined

### Balance Billing

When a provider bills you for the difference between the provider's charge and the "allowed amount" under the insurance plan's Out-of-Network reimbursement schedule. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred In-Network provider may not balance bill you for covered services.

### Coinsurance

Your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

### Copay

The fixed amount (for example, \$15) you pay for a covered healthcare service, usually collected at the time of service. The amount can vary by the type of covered healthcare service.

### Cross Accumulation

This means that all covered costs are counted towards Top Tier, in-network and out-of-network deductibles. For example, if you see an out-of-network doctor, any covered expenses will be credited towards your in and out of network deductibles and could even satisfy your in-network deductible.

### Deductible

The amount you owe for covered healthcare services before your health insurance or plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered healthcare services subject to the deductible. The deductible may not apply to all services. Be sure to speak to your provider at the time of service.

### Evidence of Insurability (EOI):

This can be either a medical questionnaire and physical exam required by the insurance company when you purchase insurance over the guaranteed amount.

### Flexible Spending Account (FSA)

An account you set up through your employer to pay for many of your out-of-pocket medical expenses with tax-free dollars. These expenses include insurance copayments and deductibles, and qualified prescription drugs, insulin and medical devices. You decide how much of your pre-tax wages you want deducted from your paycheck and put into an FSA. You don't have to pay taxes on this money. Your employer's plan sets a limit on the amount you may put into an FSA each year.

### Formulary

Are lists that have the insurance carriers preferred drugs. You can normally find both generic and brand name drugs in the formularies. Formulary prescription drugs are chosen for their cost, effectiveness, and their safety.

### Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide healthcare services.

### Non-Formulary

The drugs that are not included in the list of preferred medications that a committee of pharmacists and doctors deems to be the safest, most effective and most economical. They are drugs not included in the drug list approved by the healthcare plans.

### Out-of-Pocket Maximum/Limit

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn't include your monthly premiums. It also doesn't include anything you may spend for services your plan doesn't cover.

### Self-Insured Plan

In a self-insured plan, like the Mount Sinai medical and prescription plans, the employer acts as its own insurer. The employer uses the money that it would have paid the insurance company and instead directly pays healthcare claims to providers. Self-insured plans often contract with an insurance company or other third party to administer the plan, but the employer bears the financial risk associated with offering health benefits.

## Quick Access Card

### Mount Sinai Benefits Center (ADP)

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#### Benefits Information & Questions

646-605-4620 | <https://ejis.fa.us6.oraclecloud.com>

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#### Flexible Spending Accounts

855-692-2959 | [www.healthequity.com/wageworks](http://www.healthequity.com/wageworks)

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**COBRA/Individual Billing** | 800-526-2720

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### Medical

#### Accolade

844-287-3868 | [member.accolade.com](http://member.accolade.com)

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### Prescription

#### MedImpact

888-807-5963 | Group/Policy # MSS01 | [www.MedImpact.com](http://www.MedImpact.com)

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#### Sinai Specialty Pharmacy

212-241-7720

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### Dental

#### Cigna Dental PPO

800-244-6224 | Group/Policy # 2499504 | [www.mycigna.com](http://www.mycigna.com)

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#### Aetna DMO

877-238-6200 | Group/Policy # 0839208 | [www.Aetna.com](http://www.Aetna.com)

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### Vision

#### UnitedHealthcare Vison

800-638-3120 | Group/Policy # 298784 | [www.myuhcvision.com](http://www.myuhcvision.com)

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### Life Insurance & AD&D

#### The Hartford

1-855-396-7655 | Group/Policy # 805357

<https://abilityadvantage.thehartford.com>



### Instructions:

Print out this card, trim and fold along the dotted lines. Place in your wallet as a handy contact reference.

**Short-Term/Long-Term Disability & FMLA**

**The Hartford**

888-714-4380 | <https://abilityadvantage.thehartford.com>

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**Workers Compensation**

**Corvel**

866-683-6778

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**Mount  
Sinai**

**Quick Access Card**

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**Tax Sheltered Annuity/403B**

**TIAA**

888-210-3992 | [www.tiaa.org/mountsinai](http://www.tiaa.org/mountsinai)  
[retirement@mountsinai.org](mailto:retirement@mountsinai.org)

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**Payroll**

Mount Sinai: 646-605-4120

MSBISLW: 646-605-4270



## Plan Contacts

Call your service provider for more information

Service	Vendor Name	Phone Number	Policy Group Number	Website
Medical	Accolade	844-287-3868	76-413549	member.accolade.com
Dental	Aetna DMO	877-238-6200	0839208	<a href="http://aetna.com">aetna.com</a>
Dental	Cigna PPO	800-244-6224	2499504	<a href="http://mycigna.com">mycigna.com</a>
Prescription Drug	MedImpact	888-807-5963	MSS01	<a href="http://www.MedImpact.com">www.MedImpact.com</a>
Pharmacy: In-House	MSH In-House	212-241-7720	N/A	N/A
Vision	United Healthcare Vision	800-638-3120	298784	<a href="http://myuhcvision.com">myuhcvision.com</a>
Life Insurance	The Hartford	877-320-0484	805357	N/A
AD&D	The Hartford	1-855-396-7655	805357	N/A
Reimbursement Accounts (Healthcare Savings Account, Dependent Care Savings Account and TRIP (Transit & Parking))	HealthEquity	855-692-2959	N/A	<a href="http://www.healthequity.com/wageworks">www.healthequity.com/wageworks</a>
COBRA/Individual Billing	HealthEquity	800-526-2720	N/A	N/A
Health Savings Account	HealthEquity	866-346-5800	N/A	<a href="http://myhealthequity.com">myhealthequity.com</a>
Disability Coverage (to initiate Short Term Disability)	The Hartford	888-714-4380	N/A	<a href="https://abilityadvantage.thehartford.com">https://abilityadvantage.thehartford.com</a>



This brochure explains some of the key features of your Mount Sinai Health System Benefits Plans. Complete details of each plan are contained in the official plan documents; if there is ever a conflict between this guide and the official plan documents, official plan documents will prevail.

Mount Sinai reserves the right to change or terminate the plans at any time. This guide does not create a contract of employment.