2022 Benefits At-A-Glance
House Staff

Mount Sinai

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

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: 2/1/2022 | *Coverage Begins: 2/1/2022*

Start Date: 2/15/2022 | *Coverage Begins: 2/15/2022*

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)
- Obtaining information regarding the Commuter Benefit Program and Debit Cards.

Representatives may be contacted at **646-605-4620** and are available Monday through Friday from 9:00 a.m. to 5:00 p.m.

Continued

Benefits

House Staff members wishing to monitor their FSA and TRIP account contributions, submit claims electronically,* or order additional debit cards may log onto the HealthEquity Online Reimbursement site at: **www.healthequity.com/wageworks.**

* Paper claims are not accepted for Trip Transit expenses

Default Coverage

House Staff members who do not enroll within the 30 day period will receive the following default coverage: United Health Care/ UMR Traditional Plan, MedImpact prescription coverage, basic life insurance, basic short-term disability and basic long-term disability. Dependents are not covered when an employee receives default coverage

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.

Declining Coverage

House Staff members wishing to decline enrollment in any of the offered plans may do so. (The *"waive"* option is not available for all benefits). **When waiving medical coverage, a waiver form must be completed and uploaded to Sinai Cloud, under "Document Records" on the Benefits home page, within 30 days. If this is not received, you will be issued default medical coverage under the UMR Traditional PPO Plan for the remainder of the year and will not be able to change unless you have a qualifying event. You will pay applicable payroll deductions for the defaulted Traditional medical plan.**

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.

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.

Continued

Mount Sinai Benefits Office
646-605-4620
https://ejis.fa.us6.oraclecloud.com

Benefits

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 2022.

In order to receive the credit in 2023 and subsequent years, House Staff members will be required to visit their primary care physician by August 31 each year.

Mount Sinai Benefits Office
646-605-4620
https://ejis.fa.us6.oraclecloud.com

Accolade

Mount Sinai Health System has partnered with Accolade, a personalized advocacy partner that will provide support for your health and benefits needs in 2022. 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 health care 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 Health Care/ 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 health care 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?

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

Answer:
Call Accolade at 844-287-3868

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.

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

Accolade
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

Each medical plan option provides comprehensive health care coverage allowing House Staff members flexibility in choosing a healthcare provider.

House Staff members may select one of the following Three (3) United Health Care/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**
- **High Deductible Health Plan (HDHP)***

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

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.**

Special Features of the Plans

The Tier System

All plans are comprised of three components: (1) A Top Tier, (2) In-Network, (3) and an Out-of-Network option. 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.

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 Health Care/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.**

* The High Deductible Health Plan (HDHP) will not be available starting January 1, 2023.

Mount Sinai Benefits Office
646-605-4620
https://ejis.fa.us6.oraclecloud.com

2022 Medical Plan Comparisons At A Glance*

Mount Sinai Top Tier	Choice Plan	HDHP	Traditional
Deductible (EE/Fam)	$0	$2,000/$4,000*	$0
PCP/Specialist/Dependent Child copay	$0	Deductible	$30/$40/$30
Urgent Care/Dependent Child Copay	$75/$40	Deductible	$75/$40
Hospital Inpatient/Outpatient Copay	$50/$50	Deductible	$200/$50
Emergency Room Copay	$150	Deductible	$150
Labs/Radiology - (Physician, Outpatient Adv Imaging, Freestanding (NonLabCorp)	Lab: $10 Rad: $25	Deductible	Lab: $50 Rad: $65
Labs/Radiology - Facility	Lab: $0 Rad: $40	Deductible	Lab: $0 Rad: $65
Labs/Radiology - Freestanding (LabCorp)	Lab: $10 Rad: $25	Deductible	Lab: $10 Rad: $25
OOP Limits (EE/Fam)	$1,000/$2,000	$3,000/$6,000**	$1,500/$3,000

Enhanced In-Network	Choice Plan	HDHP	Traditional
Deductible (EE/Fam)	$750/$1,750	$2,000/$4,000	$350/$1,000
Coinsurance	10%	5%	0%
PCP/Specialist/Dependent Child Copay	$40/$50/$25	Deductible/Coinsurance	$40/$50/$25
Urgent Care/Dependent Child Copay	$75/$40	Deductible/Coinsurance	$75/$40
Hospital Inpatient/Outpatient Copay	Deductible & Coinsurance+$400/ Deductible & Coinsurance	Deductible/Coinsurance	Deductible+$200/Deductible
Emergency Room Copay	$150	Deductible/Coinsurance	$150
Labs/Radiology - (Physician, Outpatient Adv Imaging, Freestanding (NonLabCorp)	$60/$75	Deductible/Coinsurance	$60/$75
Labs/Radiology - Facility	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Labs/Radiology - Freestanding (LabCorp)	$10/$25	Deductible/Coinsurance	$10/$25
OOP Limits (EE/Fam)	$6,850/$13,700	$3,500/$7,000	$2,250/$7,000

*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.

2022 Medical Plan Comparisons At A Glance (Continued)

UMR In-Network	Choice Plan	HDHP	Traditional
Deductible (EE/Fam)	$2,000/$4,000	$2,000/$4,000*	$1,000/$3,000
Coinsurance	50%	20%	30%
Office Visit/Deductible Coinsurance	No	Yes	No
PCP/Specialist/Dependent Child copay	$50/$75/$35	N/A	$50/$75/$35
Urgent Care/Dependent Child Copay	$75/$40	N/A	$75/$40
Hospital Inpatient/Outpatient Copay	Deductible & Coinsurance+$600/ Deductible & Coinsurance	N/A	Deductible & Coinsurance+$400/ Deductible & Coinsurance
Emergency Room Copay	$150	Deductible/Coinsurance	$150
Labs/Radiology - (Physician, Outpatient Adv Imaging, Freestanding (NonLabCorp)	Lab $85 Rad $100	Deductible/Coinsurance	Lab $85 Rad $100
Labs/Radiology - Facility	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Labs/Radiology - Freestanding (LabCorp)	Lab $10 Rad $25	Deductible/Coinsurance	Lab $10 Rad $25
OOP Limits (EE/Fam)	$8,000/$16,000	$3,500/$7,000	$5,000/$12,000

Out-of-Network	Choice Plan	HDHP	Traditional
Deductible (EE/Fam)	$10,000/$20,000	$4,000/$7,500*	$4,000/$11,000
Coinsurance	50%	50%	50%
Hospital Inpatient/Outpatient Copay	Deductible & Coinsurance+$600/ Deductible & Coinsurance	Deductible/Coinsurance	Deductible & Coinsurance+$600/ Deductible & Coinsurance
OOP Limits (EE/Fam)	$22,500/$45,000	$12,500/$25,000**	$12,500/$37,500
Out-of-Network Reimbursement Level	100% of Medicare	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:

- All three plans (Choice, HDHP, Traditional) 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.
- There are separate copays for dependents.
- To find a provider or facility in the Top Tier, Enhanced or UMR network please visit: **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 $150 copay. Urgent care visits are subject to a $75 copay. 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.

The High Deductible Health Plan

The High Deductible Health Plan (HDHP) option requires enrollees to meet a high deductible* before eligible medical services are covered by the plan. The HDHP may protect against catastrophic medical bills and has a lower medical cost-share premium than the Traditional Plan. The HDHP provides access to Mount Sinai TopTier, UMR In-Network and Out-of-Network providers. Enrollees may experience tax advantages by opening a Health Savings Account or by participating in the Limited purpose Health Reimbursement Account.

***** View 2022 Medical Plan Comparisons At A Glance on page 6. For detailed information on all plan offerings, including the Health Savings Account and Health Care Reimbursement Accounts, see the 2022 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.

Accolade
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

Medical Plan Cost

The Choice plan is offered to House Staff and their family members at no cost. The chart on the next page shows the annual cost of the other 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. All medical plan costs include MedImpact Prescription coverage. All new hires selecting a medical plan in which they will pay premiums, will receive the medical cost-share credit for the year they are hired. However they will be 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).

Accolade
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

Identification Cards

Once you enroll in any of the United Health Care/ UMR plans, 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.

2022 Annual Benefits Cost Matrix* [1] Medical w/Prescription

(Employee Pre-Tax Deduction)

Coverage Level	Choice	HDHP	Traditional
Salary up to $30,000			
Single	$0.00	$149.88	$390.88
Employee + 1	$0.00	$299.76	$781.77
Employee + 2	$0.00	$473.20	$1,217.78
Salary $30,001 to $40,000			
Single	$0.00	$261.72	$614.56
Employee + 1	$0.00	$523.44	$1,229.12
Employee + Family	$0.00	$830.43	$1,913.55
Salary $40,001 to $60,000			
Single	$0.00	$351.21	$816.24
Employee + 1	$0.00	$702.43	$1,632.47
Employee + Family	$0.00	$1,107.24	$2,539.23
Salary $60,001 to $80,000			
Single	$0.00	$505.23	$1,179.10
Employee + 1	$0.00	$1,010.46	$2,358.19
Employee + Family	$0.00	$1,591.13	$3,666.71
Salary $80,001 to $135,000			
Single	$0.00	$750.30	$1,577.69
Employee + 1	$0.00	$1,500.60	$3,155.37
Employee + Family	$0.00	$2,363.28	$4,908.54
Salary $135,001 to $175,000			
Single	$0.00	$1,012.54	$2,361.37
Employee + 1	$0.00	$2,025.08	$4,722.74
Employee + Family	$0.00	$3,191.63	$7,347.72
Salary $175,001 +			
Single	$0.00	$1,113.79	$2,597.51
Employee + 1	$0.00	$2,227.58	$5,195.01
Employee + Family	$0.00	$3,510.79	$8,082.49

*Includes Medical Cost-Share Credit

[1] 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.

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.

2022 Pharmacy Benefits (Generic / Preferred / Non-Preferred)

	MedImpact Prescription Plan (Choice and Traditional plans)	High Deductible Health Plan
In House Pharmacy		
Generic	$5	20% ($5 min / $10 max)
Preferred Brand	$15	20% ($10 min / $20 max)
Non-Preferred Brand	$20	20% ($15 min / $30 max)
Maximum Days Supply	90 Days	90 Days
Retail (MedImpact and In-Network Pharmacies)		
Generic	$10	20% ($10 min / $20 max)
Preferred Brand	25% ($40 min / $80 max)	20% ($30 min / $60 max)
Non-Preferred Brand	25% ($60 min / $120 max)	20% ($45 min / $135 max)
Maximum Days Supply	30 Days	30 Days
Mail Order or Refills at a MedImpact Pharmacy		
Generic	$25	20% ($25 min / $55 max)
Preferred Brand	25% ($100 min / $150 max)	20% ($75 min / $150 max)
Non-Preferred Brand	25% ($150min / $300max)	20% ($110 min / $335 max)
Maximum Days Supply	90 Days	90 Days
In-House Pharmacy (Icahn Specialty Pharmacy)		
In-House Pharmacy*	Generic $20 Preferred $50 Non-Preferred $75	Generic 20% ($20 min / $40 max) Preferred 20% ($40 min / $80 max) Non-Preferred 20% ($70 min / $140 max)
Deductibles		
Deductible (Combine Medical/Rx)	None	$2,000 Individual / $4,000 Family

***All specialty medications must be filled at the MSHS Specialty Pharmacy. Exceptions: HIV, Transplant, Anti-Coagulation, Fertility, Limited Distribution Medications, etc.**

Please visit https://openenrollment.medimpact.com/#/plancode?MSS01202201 to see if your medication is covered under the MedImpact formulary.

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.** 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	Aetna Dental
Policy/Group# 2499504	Policy/Group# 0839208
800-CIGNA-24	877-238-6200
mycigna.com	www.aetna.com

Dental Plans

2022 Cigna Dental Plan Highlights

Annual Dental Plan

Detailed information for the dental plans is provided in the 2022 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.

2022 Cigna Dental Plan Highlights

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

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.

United Healthcare Vision
Policy/Group # 298784
800-638-3120
myuhcvision.com

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 2022 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 Health Care 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.**
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
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

United Healthcare Vision
Policy/Group # 298784
800-638-3120
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

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 $3,500/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.

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.**

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.

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

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.

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

Retirement Plans/Tax Sheltered Annuity

TIAA 403(b) Retirement Plan

Mount Sinai House Staff members may elect to make voluntary, pre-tax contributions from their paychecks. To enroll, log on to **www.tiaa.org/mountsinai** or contact TIAA at **888-210-3992,** at least two weeks after receiving your first paycheck. Employee contributions may be as little as 1% of pay or as much as 70% of pay, but may not exceed the 2022 IRS limit of $20,500 for House Staff members less than 50 years old and $27,000 for House Staff members age 50 years and over.

You may send inquiries regarding your 403b to **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.

TIAA
www.tiaa.org/mountsinai
888-210-3992
On-site: 212-241-0317

Flexible Spending Accounts*

Health Care and Dependent Care 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. The debited funds are placed on a HealthEquity debit card for your use. You may contribute a minimum of $240 and up to a maximum of $2,850 annually to the Health Care Reimbursement Account (HCRA). 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. Due to IRS requirements, highly compensated Faculty and Staff with an annual compensation of $130,000 or more will be limited to an annual DCRA contribution of $1,100 per household.

HCRA claims for healthcare expenses incurred between January 1, 2022 and March 15, 2023 must be submitted to HealthEquity by March 31, 2023. DCRA claims for expenses incurred between January 1, 2022 and December 31, 2022 must be submitted to HealthEquity by March 31, 2023. Any funds remaining in your HCRA and DCRA accounts after March 31, 2023 will be forfeited. HealthEquity administers the Health Care Reimbursement and Dependent Care Reimbursement Accounts.

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

HealthEquity
www.healthequity.com/wageworks
855-692-2959

Limited Purpose Flexible Spending Account LPFSA

A Limited Purpose FSA is available if you are enrolled in the High Deductible Health Plan. The limited Purpose FSA lets you set aside money on a pre-tax basis for both you and your dependents the same as a regular HCRA. However, the funds in the Limited Purpose FSA may only be used for dental and vision expenses. Contributions to the account are made through payroll deductions. The debited funds are placed on an HealthEquity debit card for your use. Use it or lose it rules also apply for this account. You may contribute a minimum of $240 and up to a maximum of $2,850. Claims for expenses incurred between January 1, 2022 and March 15, 2023 must be submitted to HealthEquity by March 31, 2023. Any funds remaining in your account after March 31, 2023 will be forfeited. HealthEquity administers the Limited Purpose FSA.

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

* You can only enroll or make changes to your FSA accounts during Open Enrollment or if you have a qualifying event.

Flexible Spending Accounts

Health Savings Account (HSA)

An HSA is an individually-owned, tax-free, interest bearing savings account that is used to pay for qualified medical expenses either now or in the future. The HDHP provides traditional medical coverage while the HSA is used to pay out-of-pocket medical expenses up to the HDHP deductible. To qualify for an HSA account, employees must be enrolled in the High Deductible Health plan(HDHP). You may fund your HSA through payroll deductions with pre-tax dollars each pay period. The amount you can be reimbursed is limited to the amount in your account. Unused funds will roll over from year to year and belong to you even if you leave the Health System. The IRS HSA contribution limits for 2022 are $3,650 for single coverage and $7,300 for family coverage. Employees who are age 55 or older by year end can contribute an additional $1,000 "catch-up" contribution annually. If you are age 65 or older and enrolled in Medicare Part A and/or B, you can no longer contribute to an HSA account. All contributions must be stopped. You may continue to use earlier contributions in your account to pay for qualified medical expenses.

If you have any questions regarding your account or claims, please call HealthEquity at **855-692-2959.**

HealthEquity
www.healthequity. com/wageworks
855-692-2959

Transportation Reimbursement Incentive Program (TRIP)

Faculty and Staff may enroll in TRIP with HealthEquity directly. You may contribute up to $280 a month for transit expenses and $280 a month for parking expenses on a pre-tax basis. You can sign up, make changes or cancel at anytime. 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. 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 TRIP Parking Pre-Tax Program.

Flexible Spending Accounts

You will receive a spending card after you have enrolled in the plan. All payroll deductions will be loaded onto the HealthEquity spending card.

The full amount of your HCRA or LPFSA 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** for qualified healthcare expenses.

Eligible expenses are determined by the IRS. A complete listing of eligible expenses can be found at **www.healthequity. com/wageworks** or in Publication 506 located at **www.irs.gov**. For more information regarding the HealthEquity debit cards, contact HealthEquity at **855-692-2959.**

HealthEquity
www.healthequity. com/wageworks
855-692-2959

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.**

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** 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

Employee Assistance Program

The Employee Assistance Program (EAP) is an employer sponsored program that provides free confidential short-term counseling services to Mount Sinai House 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.brighthorizons.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.

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	aetna.com
Dental	Cigna PPO	800-244-6224	2499504	mycigna.com
Prescription Drug	MedImpact	888-807-5963	MSS01	www.MedImpact.com
Pharmacy: In-House	MSH In-House	212-241-7720	N/A	N/A
Vision	United Healthcare Vision	800-638-3120	298784	myuhcvision.com
Life Insurance	The Hartford	877-320-0484	805357	N/A
AD&D	The Hartford	1-855-396-7655	805357	N/A
Reimbursement Accounts (Health Care Savings Account, Dependent Care Savings Account and TRIP (Transit & Parking)	HealthEquity	855-692-2959	N/A	www.healthequity.com/wageworks
COBRA/Individual Billing	WageWorks	800-526-2720	N/A	N/A
Health Savings Account	HealthEquity	866-346-5800	N/A	myhealthequity.com
Disability Coverage (to initiate Short Term Disability)	The Hartford	888-714-4380	N/A	https://abilityadvantage.thehartford.com

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 health care 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 health care service, usually collected at the time of service. The amount can vary by the type of covered health care 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 health care 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 health care 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.

Health Savings Account (HSA)
A medical savings account available to individuals that are enrolled in a High Deductible Health Plan. The funds contributed to the account are not subject to federal income tax at the time of deposit.

Funds must be used to pay for qualified medical expenses. Unlike a Flexible Spending Account (FSA), funds roll over year-to-year if you don't spend them.

High Deductible Health Plan (HDHP)
A plan that features higher deductibles than traditional insurance plans. High deductible health plans (HDHPs) can be combined with a health savings account to allow you to pay for qualified out-of-pocket medical expenses on a pre-tax basis.

(continued)

Terms Defined

(continued)

Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care 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 health care 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 health care 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)

Benefits Information & Questions
646-605-4620 | https://ejis.fa.us6.oraclecloud.com

Flexible Spending Accounts
855-692-2959 | www.healthequity. com/wageworks

COBRA/Individual Billing | 800-526-2720

Health Savings Account (HSA)
HealthEquity (For HDHP Participants)
855-692-2959 | Group Name: MountSinai
www.healthequity. com/wageworks

Fold

Medical

Accolade
844-287-3868 | member.accolade.com

Prescription

MedImpact
888-807-5963 | Group/Policy # MSS01 | www.MedImpact.com

Sinai Specialty Pharmacy
212-241-7720

Fold

Dental

Cigna Dental PPO
800-244-6224 | Group/Policy # 2499504 | www.mycigna.com

Aetna DMO
877-238-6200 | Group/Policy # 0839208 | www.Aetna.com

Vision

UnitedHealthcare Vison
800-638-3120 | Group/Policy # 298784 | www.myuhcvision.com

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

Workers Compensation

Corvel
866-683-6778

Fold

Mount Sinai

Quick Access Card

Fold

Tax Sheltered Annuity/403B

TIAA
888-210-3992 | www.tiaa.org/mountsinai
retirement@mountsinai.org

Payroll

Mount Sinai: 646-605-4120

MSBISLW: 646-605-4270

Mount Sinai

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.