

# 2019 Benefits At-A-Glance

## House Staff

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



**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?

### 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: 2/1/2019 | Coverage Begins: 2/1/2019

Start Date: 2/15/2019 | Coverage Begins: 2/15/2019

### Can I enroll my dependents?

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

- **Spouse:** proof of marriage will be required. Fax Marriage Certificate to **646-537-9287**.
- **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. Fax Birth Certificate to **646-537-9287**.

### 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)
- Submitting a Flexible Spending Account Claim (HCRA, DCRA, TRIP Parking)
- Obtaining information regarding the Online Commuter Benefit Program (OCB) and Debit Cards
- Signing up for COBRA when terminating employment

Representatives may be contacted at **866-700-6762** and are available Monday through Friday from 8:00 a.m. to 6:00 p.m., and Saturday 8:00 a.m. to 5:00 p.m.. House Staff members wishing to monitor their FSA and TRIP account contributions, submit claims electronically,\* or order additional debit cards may log onto the Benefits Center's Online Reimbursement site at: <https://myspendingaccount.wageworks.com>



#### Enrollment is easy!

Just log on to the benefits enrollment website at <https://mybenefits.adp.com>, click the "Register Here" button and enter the registration code **MTSINAIHE-LOGIN**. The website is accessible from any computer with internet access.

\* Paper claims are not accepted for Trip Transit expenses

## Benefits

### Default Coverage

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

### Declining Coverage

House Staff members wishing to decline enrollment in any of the offered plans may do so by selecting the “waive” coverage option on the benefits enrollment website. (The “waive” option is not available for all benefits). **When waiving medical coverage, a waiver form must be completed and faxed to the Benefits Administration department at 646-537-9287 within 30 days. If this is not received you will be issued coverage for the remainder of the year and will not be able to change unless you have a qualifying event.**

### 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 the benefits enrollment website at <https://mybenefits.adp.com> select “Family Status Change” and make your new elections. Proof of your family status change is required; marriage certificate, birth certificate and other forms of proof must be faxed to the Benefits Administration Department at **646-537-9287**. 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. 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 “HRA CRED” or “MED CRED” can be found on the employee’s paystub and confirms that they are receiving the credit. All new hires

automatically receive the credit for 2019.

In order to receive the credit in 2020 and subsequent years, House Staff members will be required to visit their primary care physician by August 31 each year.

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 members may waive medical coverage simply by selecting the waive option in the Medical Plan section when logged into the benefits enrollment website. You may only waive coverage if you are currently enrolled in another medical plan. You must provide proof of this coverage by submitting a waiver form which is located on the benefits enrollment website: <https://mybenefits.adp.com> under “Plan Information”.



**Mount Sinai Benefits Center (ADP)**  
<https://mybenefits.adp.com>  
**866-700-6762**

## Benefits

### Choosing a Medical Plan Made Easy with *PlanFit*

*PlanFit*, a collaborative effort developed by ADP and delivered through the Mount Sinai Health System Benefits Center, is a new interactive comparison tool designed to support faculty and staff in making decisions around medical plan coverage selection.

*PlanFit* facilitates the comparison of plan components with relative ease by providing a comprehensive view of available options based on total estimated cost, as well as other important factors such as access to care and financial risk. To access *PlanFit* please log onto <https://mybenefits.adp.com> and select the “*PlanFit*” option on the medical plan election screen.



**Mount Sinai Benefits Center (ADP)**  
<https://mybenefits.adp.com>  
866-700-6762

## Accolade

Mount Sinai Health System has partnered with Accolade, a personalized advocacy partner that will provide support for all your health and benefits needs in 2019. This confidential service is provided at no additional cost to you and your covered family members.

**Starting January 1, 2019**, you and your family will have access to an Accolade Health Assistant® who can help you understand your benefits, answer all 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 CVS/Caremark, 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 my treatment side effects?

Starting in January, you should direct all medical plan and claims questions to Accolade, instead of your

insurance provider. Accolade's contact information will replace the member services number 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.

### Question:

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

### Answer:

Call Accolade at  
844-287-3868



**Accolade**  
**member.accolade.com**  
**1-844-287-3868**  
**Monday-Friday, 8am-8pm Eastern Time**

## 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 **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.**



**Benefits Enrollment Website**  
<https://mybenefits.adp.com>  
**866-700-6762**

## 2019 Medical Plan Comparisons At A Glance\*

	Choice Plan	HDHP	Traditional
<b>Mount Sinai Top Tier</b>			
<b>Deductible (EE/Fam)**</b>	\$0	\$1,500/\$3,000	\$0
<b>PCP/Specialist/Dependent Child<sup>5</sup></b>	\$0	Deductible	\$30/\$45 /\$30
<b>Urgent Care Copay</b>	\$50	Deductible	\$50
<b>Hospital Copay<sup>2</sup></b>	\$0	Deductible	\$0
<b>Emergency<sup>3</sup></b>	\$150	Deductible/Coinsurance	\$150
<b>OOP Limits (EE/Fam)<sup>1,4</sup></b>	\$500/\$1,000	\$2,200/\$4,400	\$1,000/\$2,000
<b>In-Network</b>			
<b>Deductible (EE/Fam)**</b>	\$1,200/\$2,400	\$1,500/\$3,000	\$500/\$1,250
<b>Coinsurance</b>	30%	20%	20%
<b>Office Visit/Deductible Coinsurance</b>	No	Yes	No
<b>PCP/Specialist/Dependent Child<sup>5</sup></b>	\$50/\$70/\$25	N/A	\$50/\$70/\$35
<b>Urgent Care Copay</b>	\$70	N/A	\$70
<b>Hospital Copay<sup>2</sup></b>	\$500	N/A	\$300
<b>Emergency<sup>3</sup></b>	\$150	Deductible/Coinsurance	\$150
<b>OOP Limits (EE/Fam)<sup>1,4</sup></b>	\$6,850/\$13,700	\$2,200/\$4,400	\$3,800/\$10,500
<b>Out-of-Network</b>			
<b>Deductible (EE/Fam)**</b>	\$2,500/\$6,250	\$2,000/\$4,000	\$1,200/\$3,000
<b>Coinsurance</b>	40%	50%	40%
<b>Hospital Copay<sup>2</sup></b>	\$600	N/A	\$600
<b>OOP Limits (EE/Fam)<sup>1,4</sup></b>	\$10,000/\$25,000	\$4,250/\$8,500	\$6,450/\$17,500
<b>Out-of-Network Reimbursement Level</b>	120% of Medicare	140% of Medicare	140% of Medicare

\* Detailed summaries for all plans can be found at <https://mybenefits.adp.com>

\*\* Each tier (Mount Sinai Top Tier, In-Network, and Out-of-Network) has a respective deductible and out-of-pocket limit.

1 Out-of-Pocket limit does not include balance billing amounts or spending for non-essential health benefits.

2 Deductible and coinsurance applies in addition to the hospital copay.

3 Emergency cost share is same for all tiers (Top Tier, IN, OON).

4 Prescription expenses count toward the OOP limits.

5 There are separate copays for dependents.



## 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 subjected to a \$50 copay. The Choice Plan provides access to Top Tier, 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 the lowest medical cost-share premium than the other plans. The HDHP provides access to TopTier, 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.

House Staff opening a UMB Health Savings Account (H.S.A.) will have the added benefit of receiving a hospital funded contribution of up to \$2,000 made directly into their HSA. The amount funded is determined by using your base salary and coverage tier level shown in the chart at right.\*\*

\* view 2019 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 2019 Summary Plan Description located in the Benefits section of the Human Resources website at:

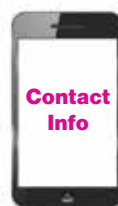
<http://intranet1.mountsinai.org/HumanResources/Benefits/index.asp>

### 2019 HSA Funding\*\*

Salary	EE	EE+1	EE+2
Up to \$30,000	\$1,000	\$2,000	\$2,000
\$30,001 - \$40,000	\$1,000	\$2,000	\$2,000
\$40,001 - \$60,000	\$750	\$1,500	\$1,500
\$60,001 - \$80,000	\$750	\$1,500	\$1,500
\$80,000 - \$135,000	\$500	\$1,000	\$1,000
\$135,001 - \$175,000	\$500	\$1,000	\$1,000
\$175,000 +	\$500	\$1,000	\$1,000

### 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: Top Tier, In-Network and Out-of- Network. This plan also offers the most favorable Out-of-Network reimbursements of all offered plans. The Traditional Plan co-pays for In-Network and Out-of-Network services are equal to or lower than all other plans.



**Accolade**  
**member.accolade.com**  
**1-844-287-3868**  
**Monday-Friday, 8am-8pm Eastern Time**

## 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. Mount Sinai employees divide by 48 if paid weekly and 24 if paid biweekly. MSBISLW employees do not have Free pay periods. To determine the benefits per pay period cost divide by 26. The resulting amount is the per-pay period deduction. All medical plan costs include CVS/Caremark 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).

### 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 on file with Human Resources.



**Accolade**  
**member.accolade.com**  
**1-844-287-3868**  
**Monday-Friday, 8am-8pm Eastern Time**

## 2019 Annual Benefits Cost Matrix\*<sup>1</sup> Medical w/Prescription

(Employee Pre-Tax Deduction)

Coverage Level	Choice	HDHP	Traditional
<b>Salary up to \$30,000</b>			
Single	\$0.00	\$145.51	\$379.50
Employee + 1	\$0.00	\$291.03	\$759.00
Employee + 2	\$0.00	\$459.42	\$1,182.41
<b>Salary \$30,001 to \$40,000</b>			
Single	\$0.00	\$244.79	\$574.82
Employee + 1	\$0.00	\$489.59	\$1,149.63
Employee + Family	\$0.00	\$776.72	\$1,789.80
<b>Salary \$40,001 to \$60,000</b>			
Single	\$0.00	\$328.50	\$763.45
Employee + 1	\$0.00	\$657.00	\$1,526.90
Employee + Family	\$0.00	\$1,035.63	\$2,375.02
<b>Salary \$60,001 to \$80,000</b>			
Single	\$0.00	\$427.56	\$1,102.85
Employee + 1	\$0.00	\$945.11	\$2,205.69
Employee + Family	\$0.00	\$1,488.23	\$3,429.59
<b>Salary \$80,001 to \$135,000</b>			
Single	\$0.00	\$701.78	\$1,475.66
Employee + 1	\$0.00	\$1,403.55	\$2,951.32
Employee + Family	\$0.00	\$2,210.45	\$4,591.11
<b>Salary \$135,001 to \$175,000</b>			
Single	\$0.00	\$947.06	\$2,208.66
Employee + 1	\$0.00	\$1,894.12	\$4,417.33
Employee + Family	\$0.00	\$2,985.23	\$6,872.55
<b>Salary \$175,001 +</b>			
Single	\$0.00	\$1,041.76	\$2,429.53
Employee + 1	\$0.00	\$2,083.53	\$4,859.06
Employee + Family	\$0.00	\$3,283.75	\$7,559.80

\*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.

## Prescription Coverage

If you enroll in any of the medical plans you will also be enrolled in a CVS/Caremark 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.

The chart below provides a summary of all four prescription plans.

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

### 2019 Pharmacy Benefits (Generic / Preferred / Non-Preferred)

	CVS/Caremark Prescription Plan (Choice and Traditional plans)	High Deductible Health Plan
<b>In House Pharmacy</b>		
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
<b>Retail (CVS and In-Network Pharmacies)</b>		
Generic	\$10	20% (\$10 min / \$20 max)
Preferred Brand	\$40	20% (\$30 min / \$60 max)
Non-Preferred Brand	\$60	20% (\$45 min / \$135 max)
Maximum Days Supply	90 Days	90 Days
<b>Mail Order or Refills at a CVS Pharmacy</b>		
Generic	\$25	20% (\$25 min / \$55 max)
Preferred Brand	\$95	20% (\$75 min / \$150 max)
Non Preferred Brand	\$150	20% (\$110 min / \$335 max)
Maximum Days Supply*	90 Days	90 Days
<b>Specialty</b>		
Copay	Follows Retail	Follows Retail
Maximum Days Supply*	30 Days	30 Days
<b>Deductibles &amp; Maximums</b>		
Deductible (Combine Medical/Rx)	None	\$1,500 Ind / \$3,000 Family

\* If you are filling a prescription for a maintenance medication, you are allowed 3 grace fills for a 30 day supply of medication at the pharmacy of your choice. After the 3rd fill of a 30 day supply of maintenance medication, you must fill your prescription through a CVS Pharmacy (includes CVS within Target and CVS Mail Order) for a 90 day supply or you will be charged a penalty.

The penalty for generics is \$5, the penalty for formulary brands is \$35 and the penalty for non-formulary brands is \$55 for each fill. The medications Nexium, Crestor, Lovenox and Cellcept are exempt from the penalty if dispensed from the in-house pharmacy.

## 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 11 for additional plan information.*

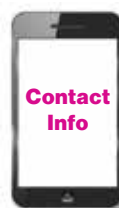
### The Aetna DMO Plan

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 is available on the benefits enrollment website at <https://mybenefits.adp.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 11 for additional plan information.*



**Cigna Dental**  
**Policy/Group#**  
**2499504**  
**800-CIGNA-24**  
**mycigna.com**

**Aetna Dental**  
**Policy/Group#**  
**0839208**  
**877-238-6200**  
**www.aetna.com**

## Dental Plans

### 2019 Cigna Dental Plan Highlights

#### Annual Dental Plan

Detailed information for the dental plans is provided in the 2019 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 the Benefits Enrollment website at <https://mybenefits.adp.com>.

### 2019 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 the Benefits Enrollment website at <https://mybenefits.adp.com>. Detailed information for the vision plan is provided in the 2019 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**

## 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, standard lined bifocal, standard lined, trifocal standard lenticular

#### 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 4 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 \$105 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 \$40
Single Vision	Up to \$30
Bifocal	Up to \$45
Trifocal	Up to \$55
Cataract	Up to \$120
Frame	Up to \$50
Medically Necessary Contact Lenses	Up to \$80
Elective Contact Lenses	Up to \$90



**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, Aetna Life Insurance will provide a lump sum benefit to the House Staff member's designated beneficiary.

### Aetna BASIC Life Insurance

<b>1</b>	\$100,000
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If you wish to update or manage your life Insurance beneficiary please visit Aetna Life Insurance website at <https://www.aetnalife.com>. All employees have a User ID. If you don't know your User ID please contact Aetna at **800-826-7448** or **800-523-5065**.

Beneficiary forms can also be downloaded via Aetna's website. **Group # 839208**

### Dependent Life Insurance

House Staff members may purchase Dependent Life Insurance for their spouse and/or dependent children. Aetna Life Insurance 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

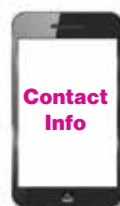
**1.** \$5,000/Child

**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, Aetna 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 the benefits enrollment website at <https://mybenefits.adp.com>.



**Aetna Life Insurance**  
**Policy/Group# 839208**  
**877-503-3448**  
[www.aetnalife.com](http://www.aetnalife.com)

## Disability Plans

House Staff members are covered for short-term disability and long-term disability. The disability plan provider is Aetna Life Insurance Co.

### 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?**

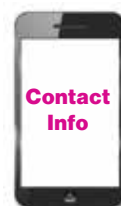
If you elect LTD on a **post-tax** basis, the cost of the coverage **is reported** as taxable income on your W-2. If you become disabled and are entitled to receive disability payments, those payments are tax-free.

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, Aetna Life Insurance, 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.



**Aetna Life Insurance**  
**Short-Term/Long-Term Disability & FMLA**  
**[www.aetnadisability.com](http://www.aetnadisability.com)**  
**888-714-4380**

## Disability Plans

### Aetna WorkAbility® Absence Management System

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 an Aetna group insurance disability specialist.

They will:

- Check your eligibility for disability/FML benefits and/or NY Paid Family Leave
- Ask you a few questions about your illness, injury or absence
- Ask you to describe your job
- Begin the claims process

Disability insurance plans/policies are offered, administered and/or underwritten by Aetna Life Insurance Company (Aetna).

Apple, the Apple logo and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc.

Android and Google Play are trademarks of Google Inc. This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location.

Disability insurance plans/policies contain exclusions and limitations and are subject to United States economic and trade sanctions. Policies may not be available in all states. Disability insurance plans/policies contain certain exclusions, limitations, reductions and waiting periods, which may affect the payable benefit. See policy or contact an Aetna representative for details. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

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

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

It's easy to manage your claims with the Aetna WorkAbility website at [www.aetnadisability.com](http://www.aetnadisability.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.

You can also use the Aetna Mobile app.

Visit [www.aetna.com/mobile](http://www.aetna.com/mobile).

It's available for Android™ and iPhone® mobile devices. You can download from the App Store and Google Play™ media store.

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

- Download claims forms
- Check the status of your claims and payments
- 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.



**Aetna Life Insurance**  
**Short-Term/Long-Term Disability & FMLA**  
[www.aetnadisability.com](http://www.aetnadisability.com)  
**888-714-4380**

## Free Pay-Periods

During a free pay-period, health insurance premium deductions and credits are not applied to employees who receive Mount Sinai paychecks. House Staff members who are paid weekly have four (4) free pay-periods during the year and House Staff members paid biweekly will have two (2) free pay-periods during the year. A free pay-period has no impact on the accessibility of health insurance as the health insurance remains active. Regular payroll tax deductions are taken during free pay-periods. MSBISLW House Staff do not have free pay-periods, they have 26 pay-periods during the year.



**Payroll Questions ?**  
**Mount Sinai: 646-605-4120**  
**BISLR: 646-605-4270**

## 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](http://www.tiaa.org/mountsinai) 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 2019 IRS limit of \$19,000 for House Staff members less than 50 years old and \$25,000 for House Staff members age 50 years and over.

To obtain information regarding the individual plan offerings, contact the TIAA on-site representative located at **19 E. 98th Street, Room 2E**. For an appointment call: **212-241-0317**.



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

## 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, which begins two to three weeks after enrolling in the plan. The debited funds are placed on an WageWorks debit card for your use. You may contribute a minimum of \$240 and up to a maximum of \$2,700 annually to the Health Care Reimbursement Account (HCRA). You may contribute a maximum of \$5,000 annually to the Dependent Care Reimbursement Account (DCRA). Due to IRS requirements, highly compensated Faculty and Staff with an annual compensation of \$120,000 or more will be limited to an annual DCRA contribution of \$3,000 per household.

HCRA claims for expenses incurred between January 1, 2019 and March 15, 2020 must be submitted to ADP by March 31, 2020. DCRA claims for expenses incurred between January 1, 2019 and December 31, 2019 must be submitted to WageWorks by March 31, 2020. Any funds remaining in your account after March 31, 2020 will be forfeited. WageWorks administers the Health Care Reimbursement and Dependent Care Reimbursement Accounts. Please call WageWorks at **866-871-0773 or 888-557-3156** if you have any questions.

### Limited Purpose Flexible Spending Account (Limited HCRA)

A Limited Purpose HCRA is available if you are enrolled in the High Deductible Health Plan with a Health Saving Account (HSA). The limited HCRA 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 HCRA may only be used for dental or vision expenses. Contributions to the account are made through payroll deductions and the funds are accessible when using the WageWorks debit card. Use it or lose it rules also apply for this account. Therefore, you must use the funds up before March 15, 2020 or they will be forfeited. You may contribute a minimum of \$240 up to a maximum of \$2,700. Claims for expenses incurred between January 1, 2019 and March 15, 2020 must be submitted to WageWorks by March 31, 2020. Any funds remaining in your account after March 31st will be forfeited. WageWorks administers the Limited (HCRA). Please call WageWorks at **866-871-0773 or 888-557-3156** if you have any questions.



**WageWorks (FSA)**  
<https://myspendingaccount.wageworks.com>  
**866-871-0773 or 888-557-3156**

\* 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). If you are enrolled in the HDHP and have a UMB Health Savings Account, a hospital contribution will be placed directly into your account in the amount shown on the chart located on page 6 of this booklet. You may also fund your HSA through payroll deductions with pre-tax dollars. Both the hospital contribution and your contributions belong to you even if you leave the health system. The IRS HSA contribution limits for 2019 are \$3,500 for single coverage and \$7,000 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.

### Transportation Reimbursement Incentive Program (TRIP)

TRIP allows faculty and staff to pay for transit and parking expenses on a pre-tax basis. Concurrent enrollment is allowed and contributions to the accounts are made through payroll deductions. You may contribute up to \$265 a month for transit expenses and \$265 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. Your TRIP contributions will be placed on the WageWorks Spending Account Debit card for your use. Contributions can be changed as needed anytime during the year.

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



**WageWorks (FSA)**  
<https://myspendingaccount.wageworks.com>  
866-871-0773 or 888-557-3156

## Flexible Spending Accounts

### WageWorks Spending Account Debit Cards

You will receive one debit card approximately two to three weeks after your first payroll FSA deduction has been taken. This card may be used for all of your flexible spending and commuter spending needs. (TRIP Transit, TRIP Parking, DCRA, HCRA and the Limited Purpose HCRA). All payroll FSA deductions will be loaded onto the WageWorks debit card.

The full amount of your FSA 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 via fax or online at <https://myspendingaccount.wageworks.com> for qualified healthcare expenses. If you enroll in the TRIP Transit program, all transit expenses must be made with the WageWorks spending card, *paper claims are not accepted*. The card may be used at transit fare vending machines, kiosks and designated transit retail centers that sell only transit passes, tickets, fare cards and van pool passes. The card can be used to pay for expenses at qualified parking facilities. You can also submit paper claims for reimbursements of parking expenses via fax or online at

<https://myspendingaccount.wageworks.com>

for reimbursement of parking expenses.

Eligible expenses are determined by the IRS.

A complete listing of eligible expenses can be found at

<https://myspendingaccount.wageworks.com> or

in Publication 506 located at [www.irs.gov](http://www.irs.gov). For more information regarding the WageWorks Spending Account debit cards contact WageWorks at **866-871-0773** or

**888-557-3156**.



**WageWorks (FSA)**  
<https://myspendingaccount.wageworks.com>  
**866-871-0773** or **888-557-3156**

## 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 Faculty and 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.**

### 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. EAP is located at **19 East 98th Street, 3rd Floor**. To obtain additional information or to make an appointment, please contact EAP at **212-241-8937**. MSBISLW employees may call **877-695-2789** anytime to speak with a counselor or go online to:

<http://www.bensingerdupont.com/MLA>.

The website password is MLASSIST.



**New York State  
529 College  
Savings Program  
877-NY-SAVES  
nysaves.org**

**Fax Payroll  
Deduction Form to:  
646-537-9287**



## 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.

### 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.

## Plan Contacts

Call your service provider for more information

Service	Vendor Name	Phone Number	Policy Group Number	Website
Medical	United Health Care/UMR	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	CVS/Caremark	866-409-6988	2360	<a href="http://Caremark.com">Caremark.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	Aetna	877-503-3448	839208	<a href="http://aetna.com">aetna.com</a>
AD&D	Aetna	877-503-3448	839208	<a href="http://aetna.com">aetna.com</a>
Reimbursement Accounts (Health Care Savings Account, Dependent Care Savings Account and TRIP (Transit & Parking))	WageWorks	866-871-0773	N/A	<a href="https://myspendingaccount.WageWorks.com">https:// myspendingaccount. WageWorks.com</a>
COBRA/Individual Billing	WageWorks	800-526-2720	N/A	N/A
Health Savings Account	WageWorks	888-557-3156	N/A	<a href="https://myspendingaccount.WageWorks.com">https://myspendingaccount. WageWorks.com</a>
Disability Coverage (to initiate Short Term Disability)	Aetna	888-714-4380	N/A	<a href="http://www.aetnadisability.com">www.aetnadisability.com</a>

## Quick Access Card

### Mount Sinai Benefits Center (ADP)

#### Benefits Information & Questions

866-700-6762 | <https://mybenefits.adp.com>

#### Flexible Spending Accounts

866-871-0773 | <https://myspendingaccount.wageworks.com>

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

#### Health Savings Account (HSA)

UMB Bank (For HDHP Participants)

888-557-3156 | **Group Name: MountSinai**

<https://myspendingaccount.adp.com>

← Fold

### Medical

#### Accolade

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

#### Prescription

##### CVS/Caremark

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

##### MSH In-House Pharmacy

212-241-7720

← Fold

### Dental

#### Cigna Dental PPO

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

#### Aetna DMO

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

### Vision

#### UnitedHealthcare Vison

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

### Life Insurance & AD&D

#### Aetna

877-503-3448 | **Group/Policy # 839208** | [www.aetna.com](http://www.aetna.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**

**Aetna Life Insurance**

888-714-4380 | [www.aetnadisability.com](http://www.aetnadisability.com)

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**Workers Compensation**

**Corvel**

866-683-6778

Fold →



**Mount  
Sinai**

**Quick Access Card**

Fold →

**Tax Sheltered Annuity/403B**

**TIAA**

212-241-0317 | [www.tiaa.org/mountsinai](http://www.tiaa.org/mountsinai)

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**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.