



Northwell
Health®

myBenefits 2018

Benefits Resource Guide

For Non-Union 365 Employees





As one of the largest health care employers in the northeast, Northwell Health is committed to offering you and your dependents a comprehensive Total Rewards package. Learning to take advantage of your benefits, to the fullest, will empower you in a whole new way – one that will keep you and your family healthy for many years to come.

If you're an active employee reviewing your benefits, or a new employee making choices, it's important to fully understand and use the many health and welfare benefit choices the organization offers. Other than a qualifying life event (QLE), our annual benefits open enrollment, and onboarding as a new employee, is the only time you can enroll, waive or change your benefits.

A QLE includes a change of marital status, dependent status, a change in your family's coverage due to your dependent's coverage, or a change in your employment status.

Questions

If you need additional information after reviewing this document, call the Human Resources Service Center Monday through Friday, 8am to 6pm at 516-734-7000 (the 1st and 3rd Friday of every month the HRSC opens at 9am), or visit the employee intranet>myHR>Total Rewards>Benefits. Contact information for all participating vendors can be found at the end of this document.

Eligibility

You are considered benefit-eligible if you are a non-union employee, part-time working .5 Full-Time Equivalent (FTE) or greater or full-time working .8 FTE or greater. If you are less than .5 FTE, or work less than 30 hours on average for a year, you can go to the Health Insurance Marketplace or consider COBRA if you become eligible (refer to page 30 for more information).

The following are considered benefits-eligible dependents under our plan:

- Legal Spouse
 - If your spouse is eligible for coverage through his or her own employer and you choose to cover them under a Northwell Health medical plan you will be subject to an annual surcharge of \$1,040
- Children up to age 26 (natural, adopted or step) are covered until the last day of the month in which they turn 26
- Unmarried children over the age of 26 who are incapable of self-support

Coverage for you and your dependents will begin on the first of the month following 32 days of employment. Medical, dental, vision and FSA coverage will cease for you and your dependents on the last day of the month in which you terminate at which time you may be COBRA eligible, but LTD, STD and Life terminate on the last day of employment. Please note that Northwell Health audits dependent information. New hires have to submit proof of dependent eligibility. Those who are already employed will also need to respond to our periodic audits in a timely manner. Otherwise, your dependents will be terminated from coverage and you may be terminated from employment if the information is deemed a false representation.

Important note from IRS: Due to a new IRS reporting requirement your Social Security number and those of your dependents must be recorded in Self Service. Log in to Self Service, go to myBenefits>Dependents & Beneficiary>View/Edit Summary. Click on dependent's name to view, if their Social Security is missing – hit edit and save. Please make sure that you and your dependent(s) names are recorded in self-service exactly the same as you report them when you file your taxes with the IRS.

Important note for couples who both work for the health system: If you are married to another Northwell Health, non-union, benefits-eligible employee, the employee in the higher benefit group will have to elect his/ her own medical coverage at a higher cost. The spouse in the lower benefit group does have the option to elect coverage as single, or employee + child(ren).

**Cost of Coverage**

You contribute towards the cost of benefits, depending on the coverage you select for you and your family, your date of hire, benefit group and the location in which you work. 2018 medical rates can be found on pages 19-21.

Benefit Groups and Location Classifications

Throughout the review of your benefits you may see some differences between yourself and another employee due to your assigned benefit group and location. See below references:

- **Benefit Group 3** generally refers to staff-level employees
- **Benefit Group 2** generally refers to manager-level employees and clinical mid-level providers
- **Benefit Groups 1** generally refers to directors and AVPs
- **Benefit Group 1A** refers to executives (above the AVP level) and physicians (for benefit information, please refer to the Physicians and Executive Guide)
- **365** generally refers to those working in a hospital or 24/7 setting (includes employees hired before January 1, 2011 with no break in service - not based on their work location)
- **Non-365** generally refers to those who work in an office or non-24/7 setting

Note: Non-365 employees receive the same benefits as an employee working in a hospital (referred to as a 365 employee) with slightly different plans for disability, rates and paid time-off. There is no non-365 status for physicians and executives. Some non-365 employees are grandfathered into 365 benefits.

Enrolling in Your Benefits

New employees must elect or waive health and welfare benefits within the first 30 days of employment. Existing employees can change their elections during a two week period of time in November/December called open enrollment.

To enroll in your benefits during open enrollment:

- Log into mySelfService using your Universal ID, Password and ESS Key*
- Select myBenefits
- Select Benefits Enrollment
- If you have no changes, your benefits will roll over from the previous year
- Even if you have no changes to your benefits, you will be prompted to elect an annual amount for your Flexible Spending Accounts – these accounts do not rollover!

* All new hires will receive an email their first week containing their Universal ID, Password and ESS Key. For additional assistance, call the IS Help Desk at 516-470-7272.

MEDICAL | HEALTH SOLUTIONS | PRESCRIPTION | WELLNESS CREDIT PROGRAM**Choice of Medical Plans***

Northwell Health offers three medical plans. All plans cover you 100% for in-system/in-network qualified preventive care visits.

New Medical Plan Option in 2018: Northwell Health High Deductible Health Plan (HDHP) administered by United Healthcare and Health Savings Account (HSA) is designed for those who exclusively use in-system services and are looking to save for future medical expenses. This plan has lower premiums but higher deductibles than a traditional health plan. You must elect a HDHP in order to be eligible for an HSA. The HSA is a triple-tax-advantaged, medical savings account. You can put aside up to \$2,950 in pre-tax money if you elect single coverage and \$5,900 in pre-tax money if you elect family coverage. These are per paycheck deductions and you can change your contributions monthly. To help offset your deductible Northwell will also fund your account, \$500 for single and \$1,000 for family coverage. The total maximum employee and employer contributions into the HSA account are \$3,450 for single coverage and \$6,900 for family coverage.



Northwell Health Value Plan is designed for those who utilize in-system providers and Northwell Health facilities, but would like access to out-of-network care.

Northwell Health Buy-Up Plan is designed for those who do not exclusively use in-system services. If you frequently seek care outside the Northwell Health network you will pay a lower deductible and coinsurance compared to the Value Plan but you will pay more via paycheck deductions and will have more out of pocket expenses than with the Value Plan if you use in-system providers and facilities.

To check Value/Buy-Up listing of providers visit: Northwell.edu/insystem

*By enrolling in a Northwell Health medical plan your enrolled dependents and you may be contacted by a service provider (may be a Northwell Health employee) offering information, support or assistance, related to the usage of plan benefits. Any participation in, or cooperation with, such services or providers is completely voluntary and without extra charge. Any personal health information that is voluntarily provided will not be used for purposes other than the services offered.

Clinical Call Center

The Clinical Call Center provides health assistance and support to Northwell Health employees and their dependents who are covered by Northwell Health's United Healthcare benefit plans and have urgent health questions or concerns, or experience a change in condition. All calls are answered by a team of experienced Registered Nurses who are certified in emergency care. The Center is accessible 24 hours a day, seven days a week, 365 days a year. Contacting the Clinical Call Center is completely confidential and totally free! Call 1-516-918-6005.

Northwell Health Solutions- Care Management for Employee Health Plan Members

Transitional Care Management

Transitional Care Management is a thirty-day care navigation program aimed at improving safe discharge home and reducing avoidable readmissions for patients with an acute hospitalization or emergency department visit. All Northwell Health employees under the United Healthcare plans (referred to as Employee Health Plan or "EHP") and their dependents are eligible for Transitional Care Management services. All EHP patients with a medical or surgical admission (excludes normal newborn and normal maternity) to a Northwell Health facility are eligible for Transitional Care Management. At the time of admission, a real-time notification to the Health Solutions team will be sent through the Northwell Health Information Exchange (HIE). Health Solutions will attempt either an in-person or a telephonic outreach to engage the patient to inform them of the availability of the Transitional Care Management Program. Next, patients will be screened for clinical risk and risk for readmission upon engagement and throughout the care management engagement to determine appropriateness and frequency of services required post-discharge. High risk patients are eligible for a home visit and all patients will have telephonic contact with a nurse navigator or care manager to identify plan of care, coordinate all necessary services and educate the patient and/or caregiver as needed. All patients will have a medication reconciliation performed as needed and access to clinical triage available through the Health Solutions 24/7 Clinical Call Center. At the end of the thirty day (30) transition period, patients will be assessed for continued needs and extension of services or referral(s) to Health Solutions Complex Care Management Program (as defined below) or other offerings as determined to be clinically appropriate.

Complex Care Management

Complex Care Management is a longitudinal care coordination program that provides services to patients with complex medical needs and multiple co-morbid medical and social needs. Complex Care Management begins at the time of referral; whether the referral is directly from the EHP member or from the Transitional Care Management team. Marketing campaigns will be deployed to inform the Northwell



Health employees of the availability of services. Patients in Complex Care Management are typically managed for a longer period of time and do not need to have the initial hospitalization to qualify. The Complex Care Management patient is one who may be having a difficult time with a specific diagnosis, (e.g. cancer), or a multitude of diagnoses (e.g. cardiac condition plus diabetes) and needs the assistance of a Registered Nurse and/or Resource Coordinator to provide ongoing education and monitoring of their health status. The Complex Care Management team manages all complex patients and can meet the care coordination needs of patients with cancer, cardiac, diabetes, hypertension, musculoskeletal, rheumatology needs and many other diagnoses. Health Risk Assessments (HRAs) are completed to identify patients' specific needs. Care Managers work with the patient to establish goals and create an individualized care plan to achieve those goals. We help the patient and care-giver learn to manage the illness(es) and will connect the patients to any additional resources they may need. We are your experts in community organizations and will help to find you those town, county, state, and federal entitlements for which you may be eligible. The Complex Care Team works as a member of the patient's care team; with the doctor and other providers, to ensure the patients receive the care they needs and that all members of the care team are on the same page as the patient.

Diabetes Wellness Program

The Diabetes Wellness Program provides resources to patients with diabetes and pre-diabetes to manage their condition and maintain a healthy lifestyle. The Program is accredited by the American Association of Diabetes Educators and supports patients, families, and health care providers by offering the latest treatments research and educational resources, and encourages community involvement. Patients will have access to a one-on-one, in person appointments and group education sessions. Follow up appointments will be scheduled according to individual goals and needs. Some patients may qualify for additional support from a registered nurse, who will assist patients with their medical needs. Patients will learn how to eat healthy, be active, reduce risks, cope with diabetes, problem-solve, monitor sugar levels, and take medicines. Educational programs are taught in locations throughout Nassau, Suffolk, Queens, and Manhattan. Patients in the Diabetes Wellness Program in need of additional services can be referred by either the Transitional Care Management or Complex Care Management program. Additionally, patients can call into the dedicated Employee Health Plan line and identify themselves as candidates for the Program. Patients enrolling in the Diabetes Wellness Program will first schedule an appointment with a member of the Diabetes Wellness Program team. Diabetes Educators will review the patients' medical records prior to the appointment and meet with the patient. During the initial appointment, the Diabetes Educator and patient will review labs and clinical needs, develop patient goals, assess criteria for referral to other programs for additional support, and communicate appointment outcomes with the patients' PCP. Patients with qualifying medical needs will be referred to an RN for follow up, or will otherwise follow up with the Diabetes Educators according to the clinical assessment and patient goals. If you use the Northwell Diabetes program copays are \$0.



High Deductible Health Plan + Health Savings Account (HSA): Frequently Asked Questions

What's a High Deductible Health Plan?

A high-deductible health plan (HDHP) is a health insurance plan with lower premiums but higher deductibles than a traditional health plan. You can only use in-system providers and facilities. Being covered by a HDHP is a requirement to have a health savings account (HSA).

What's a Health Savings Account (HSA)?

- It's a medical savings account administered by WageWorks
- You can put aside up to \$2,950 in pre-tax money if you elect single coverage and \$5,900 in pre-tax money if you elect family coverage. These are per paycheck deductions and you can change your contributions monthly. To help offset your deductible Northwell will also fund your account, \$500 for single and \$1,000 for family coverage. The total maximum employee and employer contributions into the HSA account are \$3,450 for single coverage and \$6,900 for family coverage.
- Employees 55-64 can contribute an additional \$1,000
- A triple-tax-advantage way to save for medical expenses, your contributions are not taxed, no tax on earnings and no tax on distributions. Once you have an account balance of \$1000, You can invest your money in mutual funds
- Employer annual funding of \$500 single/\$1,000 family/ annually prorated per paycheck.
- Unlike a Flexible Spending Account (FSA), HSA funds roll over and accumulate year to year if they are not spent
- This account can also serve as a saving account to pay your medical expenses during retirement
- If you are 65 or older or you collect social security, you cannot participate in this plan
- If you participate in this plan you are only eligible for a limited purpose Flexible Spending Account (FSA)

What is an HSA-Compatible FSA or a Limited Purpose FSA?

The Limited Purpose FSA means that if you have both HSA and FSA accounts, you can only use an HSA account for medical expenses, and use an FSA to pay only for dental and vision expenses. The Limited Purpose FSA limit is the same as regular (the Full Purpose) FSA. For 2018 the IRS limit is \$2,650.

HSA Account

- Funds roll over and accumulate year to year if not spent, no carry-over cap
- Pay for your deductibles from your HSA account
- May serve as a saving account for medical expenses during retirement
- Lowers taxable income
- Lowest paycheck deductions
- Preventative care covered at 100%
- HSA monies are used to cover health care-related costs now or in the future



Northwell Health High Deductible Health PLAN and Health Savings Account Northwell Health (in-system only)	
Deductible	\$1,500 Individual/\$3,000 Family
Out-of-Pocket Max (Includes deductibles, coinsurance/copays)	\$3,500 Individual/\$7,000 Family
Hospital Copay	Deductible/100%
Home/Office/Outpatient Care	
Preventive Care -Annual Exams -Immunizations	100% Covered
Office Visits	Deductible/\$15 Primary Care Copay Deductible/\$35 Specialist Copay
Emergency Room Visit	Deductible/\$200 Copay
Urgent Care	Deductible/\$20 Copay at GoHealth, ProHEALTH and PM Pediatrics
Maternity Care	Deductible/100%
Home Healthcare	Deductible/100% (200 visits max annually)
Hospice Care	Deductible/100%
Outpatient Surgery, Pre-surgical Testing, Anesthesia	Deductible/100%
Chemotherapy, Radiation	Deductible/100%
Lab Tests, X-Rays, MRI, MRA, CAT, PET and Nuclear Scans	Deductible/100%
Artificial Insemination	Deductible/100% covered at any IPA*, no lifetime max
Assisted Reproductive Technology	Deductible/80% Covered up to 3 cycles/Lifetime at Northwell Health Fertility**
Third Party Reproduction	Deductible/Covered up to 30K per lifetime at Northwell Health Fertility**
Elective Egg Freezing	Deductible/Covered up to \$8.5K per lifetime at Northwell Health Fertility**
Fertility Medication	Deductible/Covered with \$15K, lifetime max
Chiropractic Care	Deductible/\$35 Specialist Copay
Acupuncture	Deductible/\$35 Specialist Copay
Second Surgical Opinion	Deductible/\$35 Specialist Copay
Kidney Dialysis	Deductible/100%
Physical Therapy, Speech/Language, Occupational, Developmental Delay	Deductible/\$0 copay at all in-system facilities(60 visits max annually)
Substance Abuse	Deductible/100%

*IPA stands for Independent Physician Association. IPA includes the Northwell Health Premium Network, faculty and select community providers.

**Northwell Health Fertility is located at 300 Community Drive, Manhasset.



Northwell Health High Deductible Health PLAN and Health Savings Account Northwell Health (in-system only)		
Durable Medical Equipment	Deductible/10% coinsurance	
Prosthetics, Orthotics (when medically necessary)	Deductible/10% coinsurance	
Ambulance	Deductible/100%	
Inpatient Care		
Inpatient Hospital (as many days as medically needed)	Deductible/100%	
Inpatient Hospital (as many days as medically needed) Out-of-Area Plan	Deductible/100%	
Surgery, Surgical Assistance, Anesthesia	Deductible/100%	
Skilled Nursing Facility (60 days max per calendar year)	Deductible/100%	
Mental Health		
Outpatient	Deductible/100%	
Inpatient Substance Abuse Rehab	Deductible/100%	
Inpatient Substance Abuse Detox	Deductible/100%	
Prescription Drug Plan through Express Script		
	Retail Cost	Mail Order Cost
Generic Drug	Deductible/\$0 copay	Deductible/\$0 copay (90-day supply)
Brand Formulary	Deductible/\$50 copay	Deductible/\$125 copay (90-day supply)
Brand Non-Formulary	Deductible/50% to maximum \$500 copay	Deductible/50% to \$1,250 maximum (90-day supply)
Specialty Drug (must submit through Vivo)	Deductible/20% to maximum \$300 copay	N/A

Notes:

1. Please note that the Northwell Health High Deductible Plan only offers coverage for services rendered by an in-system provider. Please refer to your schedule of benefits for a full plan description.
2. For a listing of participating providers, please visit our website at Northwell.edu/insystem
3. Complete Summary Plan Descriptions of all plans are available on the employee intranet. Visit the employee intranet and search benefits.



VALUE PLAN	Northwell Health In-System	United Healthcare In-Network	Out-of-Network <i>reimbursement = 140% of Medicare. Participant pays the difference between United Healthcare payment and the provider charges.</i>
Deductible	\$0	\$1,000 Individual/ \$2,000 Family	\$3,000 Individual/ \$6,000 Family
Deductible Out-of-Area Plan	\$0	\$750 Individual/ \$1,500 Family	\$2,500 Individual/ \$5,000 Family
Coinsurance		30%	50%
Out-of-Pocket Max (Includes deductibles, coinsurance/copays)	\$5,000 Individual/ \$10,000 Family	\$5,000 Individual/ \$10,000 Family	\$8,500 Individual/ \$17,000 Family
Hospital Copay	\$0	\$1,250 Per Admission Deductible/30% Coinsurance	\$1,500 Per Admission Deductible/50% Coinsurance
Hospital Copay Out-of-Area Plan	\$0	No Copay Deductible/30% Coinsurance	\$1,250 Per Admission Deductible/50% Coinsurance
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Home/Office/Outpatient Care			
Preventive Care -Annual Exams -Immunizations	100% Covered	100% Covered	Deductible/50% Coinsurance
Office Visits	\$20 Primary Care \$40 Specialist Copay	Deductible/30% Coinsurance	Deductible/50% Coinsurance
Office Visits For Out-of-Area	\$20 Primary Care/ \$40 Specialist Copay	\$20 Primary Care/ \$40 Specialist Copay	Deductible/50% Coinsurance
Emergency Room Visit	\$200 Copay (Waived if admitted within 24 hrs)	\$200 Copay (Waived if admitted within 24 hrs)	\$200 Copay (waived if admitted within 24 hrs)
Urgent Care	\$20 Copay at GoHealth, ProHEALTH, PM Pediatrics, CareMount Urgent Care	\$60 Copay	Deductible/50% Coinsurance
Maternity Care (Out-of-Area included)	100% Covered	\$20 Copay for Office Visit (first visit only) For Delivery Deductible/Coinsurance and hospital copay (waived for Out-of-Area)	Deductible/50% Coinsurance
Home Healthcare	100% Covered	100% Covered 200 visits max per calendar year	Deductible/50% Coinsurance 200 visits max per calendar year
Home Infusion Therapy	100% Covered	Deductible/30% Coinsurance	Deductible/50% Coinsurance



VALUE PLAN	Northwell Health In-System	United Healthcare In-Network	Out-of-Network <i>reimbursement = 140% of Medicare. Participant pays the difference between United Healthcare payment and the provider charges.</i>
Hospice Care	100% Covered/ No Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Outpatient Surgery, Pre-surgical Testing, Anesthesia	100% Covered/ No Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Chemotherapy, Radiation	100% Covered/ No Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Lab Tests, X-Rays, MRI, MRA, CAT, PET and Nuclear Scans	100% Covered/ No Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Artificial Insemination	100% covered at any IPA*, no lifetime max	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Assisted Reproductive Technology	80% Covered up to 3 cycles/Lifetime at Northwell Health Fertility**	Not Covered	Not Covered
Third Party Reproduction	Covered up to 30K per lifetime at Northwell Health Fertility**	Not Covered	Not Covered
Elective Egg Freezing	Covered up to \$8.5K per lifetime at Northwell Health Fertility**	Not Covered	Not Covered
Fertility Medication	Covered with \$15K, lifetime max	Covered with \$15K, lifetime max	Covered with \$15K, lifetime max
Chiropractic Care	\$20 Specialist Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Acupuncture	\$20 Specialist Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Second Surgical Opinion	\$40 Specialist Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Kidney Dialysis	100% Covered/ No Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Physical Therapy, Speech/Language, Occupational, Developmental Delay	100% Covered/ No copay for all in-system facilities and IPA PTs only. (60 visits max annually)	\$20 Copay (60 visits max annually)	Deductible/ 50% Coinsurance (60 visits max annually)
Substance Abuse	100% Covered/ No Copay	100% Covered/ No Copay	Deductible/50% Coinsurance

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**Northwell Health Fertility is located at 300 Community Drive, Manhasset.



VALUE PLAN	Northwell Health In-System	United Healthcare In-Network	Out-of-Network <i>reimbursement = 140% of Medicare. Participant pays the difference between United Healthcare payment and the provider charges.</i>
Durable Medical Equipment	100% Covered	100% Covered	Deductible/50% Coinsurance
Prosthetics, Orthotics (when medically necessary)	100% Covered	100% Covered	Deductible/50% Coinsurance
Ambulance	100% Covered	100% Covered	100% Covered
Inpatient Care			
Inpatient Hospital (as many days as medically needed)	100% Covered	Deductible/30% Coinsurance/and \$1,250 Per Admission Copay	Deductible/50% Coinsurance/and \$1,500 Per Admission Copay
Inpatient Hospital (as many days as medically needed) Out-of-Area Plan	100% Covered	Deductible/30% Coinsurance	Deductible/50% Coinsurance/and \$1,500 Per Admission Copay
Surgery, Surgical Assistance, Anesthesia	100% Covered	Deductible/30% Coinsurance	Deductible/50% Coinsurance
Skilled Nursing Facility (60 days max per calendar year)	100% Covered	Deductible/30% Coinsurance	Deductible/50% Coinsurance
Mental Health			
Outpatient	100% Covered	100% Covered	Deductible/50% Coinsurance
Inpatient Substance Abuse Rehab	100% Covered	100% Covered	Deductible/50% Coinsurance
Inpatient Substance Abuse Detox	100% Covered	100% Covered	Deductible/50% Coinsurance
Coverage Changes in 2018			
As of July 1, 2018, members will only be able to go to Northwell providers and facilities for their non-emergency cardio care and orthopedic care. If you go outside of the Northwell network you will have to pay 100% of the cost. This excludes the Out-of-Area plans.			

Notes:

1. Coinsurance amounts are off of United Healthcare's contracted rates with providers.
2. Out-of-Network reimbursement= 140% of Medicare. Participant pays the difference between United Healthcare payment and the provider charges. If you go out-of-network you may incur very high out of pocket expenses.
3. Specialty drugs administered as home infusion, or in a physician's office, must be submitted through a prescription vendor.
4. Complete Summary Plan Descriptions of all plans are available on the employee intranet. Visit the employee intranet and search benefits.



BUY-UP PLAN	Northwell Health In-System	United Healthcare In-Network	Out-of-Network <i>reimbursement = 140% of Medicare. Participant pays the difference between United Healthcare payment and the provider charges.</i>
Deductible	\$0	\$750 Individual/ \$1,500 Family	\$2,500 Individual/ \$5,000 Family
Deductible Out-of-Area Plan	\$0	\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family
Coinsurance		10%	40%
Coinsurance Out-of-Area Plan		10%	30% (applies to all OOA out-of-network benefits)
Out-of-Pocket Max (includes deductibles, coinsurance/copays)	\$5,000 Individual / \$10,000 Family	\$5,000 Individual / \$10,000 Family	\$8,500 Individual/ \$17,000 Family
Hospital Copay	\$0	\$1,250 Per Admission Deductible/10% Coinsurance	\$1,500 Per Admission Deductible/40% Coinsurance
Hospital Copay Out-of-Area Plan	\$0	No Copay Deductible/10% Coinsurance	\$1,250 Per Admission Deductible/30% Coinsurance
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Home/Office/Outpatient Care			
Preventive Care -Annual Exams -Immunizations	100% Covered	100% Covered	Deductible/40% Coinsurance
Office Visits	\$20 Primary Care \$40 Specialist Copay	Deductible/10% Coinsurance	Deductible/40% Coinsurance
Office Visits For Out-of-Area	\$20 Primary Care/ \$40 Specialist Copay	\$20 Primary Care/ \$40 Specialist Copay	Deductible/30% Coinsurance
Emergency Room Visit	\$200 Copay (waived if admitted within 24 hrs)	\$200 Copay (waived if admitted within 24 hrs)	\$200 Copay (waived if admitted within 24 hrs)
Urgent Care	\$20 Copay at GoHealth, ProHEALTH, PM Pediatrics & CareMount	\$60 Copay	Deductible/40% Coinsurance
Maternity Care (Out-of-Area included)	100% Covered	\$20 Copay for Office Visit (first visit only)/For Delivery/ Deductible/Coinsurance and hospital copay (waived for OOA)	Deductible/40% Coinsurance
Home Healthcare	100% Covered	100% Covered 200 visits max per calendar year	Deductible/40% Coinsurance/ 200 visits max per calendar year
Home Infusion Therapy	100% Covered	Deductible/10% Coinsurance	Deductible/40% Coinsurance



BUY-UP PLAN	Northwell Health In-System	United Healthcare In-Network	Out-of-Network <i>reimbursement = 140% of Medicare. Participant pays the difference between United Healthcare payment and the provider charges.</i>
Hospice Care	100% Covered/ No Copay	Deductible/ 10% Coinsurance	Deductible/ 40% Coinsurance
Outpatient Surgery, Pre-surgical Testing, Anesthesia	100% Covered/ No Copay	Deductible/ 10% Coinsurance	Deductible/ 40% Coinsurance
Chemotherapy, Radiation	100% Covered/ No Copay	Deductible/ 10% Coinsurance	Deductible/ 40% Coinsurance
Lab Tests, X-Rays, MRI, MRA, CAT, PET/ Nuclear Scans	100% Covered/ No Copay	Deductible/ 10% Coinsurance	Deductible/ 40% Coinsurance
Artificial Insemination	100% covered at any IPA*, no lifetime max	Deductible/ 10% Coinsurance	Deductible/ 40% Coinsurance
Assisted Reproductive Technology	80% Covered up to 3 cycles/Lifetime at Northwell Health Fertility**	Not Covered	Not Covered
Third Party Reproduction	Covered up to 30K per lifetime at Northwell Health Fertility**	Not Covered	Not Covered
Elective Egg Freezing	Covered up to \$8.5K per lifetime at Northwell Health Fertility**	Not Covered	Not Covered
Fertility Medication	Covered with \$15K, lifetime max	Covered with \$15K, lifetime max	Covered with \$15K, lifetime max
Chiropractic Care	\$20 Specialist Copay	Deductible/ 10% Coinsurance	Deductible/ 40% Coinsurance
Acupuncture	\$20 Specialist Copay	Deductible/ 10% Coinsurance	Deductible/ 40% Coinsurance
Second Surgical Opinion	\$40 Specialist Copay	Deductible/ 10% Coinsurance	Deductible/ 40% Coinsurance
Kidney Dialysis	100% Covered/ No Copay	Deductible/ 10% Coinsurance	Deductible/ 40% Coinsurance
Physical Therapy, Speech/Language, Occupational, Developmental Delay	100% Covered/ No copay for all in-system facilities and IPA PTs only. (60 visits max annually)	\$20 Copay (60 visits max annually)	Deductible/ 40% Coinsurance (60 visits max annually)
Substance Abuse	100% Covered/No Copay	100% Covered/No Copay	Deductible/40% Coinsurance

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BUY-UP PLAN	Northwell Health IPA In-System	United Healthcare In-Network	Out-of-Network <i>reimbursement = 140% of Medicare. Participant pays the difference between United Healthcare payment and the provider charges.</i>
Durable Medical Equipment	100% Covered	100% Covered	Deductible/40% Coinsurance
Prosthetics, Orthotics (when medically necessary)	100% Covered	100% Covered	Deductible/40% Coinsurance
Ambulance	100% Covered	100% Covered	100% Covered
Inpatient Care			
Inpatient Hospital (as many days as medically needed)	100% Covered	Deductible/10% Coinsurance/and \$1,250 Per Admission Copay	Deductible/40% Coinsurance/and \$1,500 Per Admission Copay
Inpatient Hospital (as many days as medically needed) Out-of-Area Plan	100% Covered	Deductible/10% Coinsurance	Deductible/30% Coinsurance/and \$1,250 Per Admission Copay
Surgery, Surgical Assistance, Anesthesia	100% Covered	Deductible/ 10% Coinsurance	Deductible/40% Coinsurance
Skilled Nursing Facility (60 days max per calendar year)	100% Covered	Deductible/ 10% Coinsurance	Deductible/40% Coinsurance
Mental Health			
Outpatient	100% Covered	100% Covered	Deductible/40% Coinsurance
Inpatient Substance Abuse Rehab	100% Covered	100% Covered	Deductible/40% Coinsurance
Inpatient Substance Abuse Detox	100% Covered	100% Covered	Deductible/40% Coinsurance
Coverage Changes in 2018			
As of July 1, 2018, members will only be able to go to Northwell providers and facilities for their non-emergency cardio care and orthopedic care. If you go outside of the Northwell network you will have to pay 100% of the cost. This excludes the Out-of-Area plans.			

Notes:

1. Coinsurance amounts are off of United Healthcare's contracted rates with providers.
2. Out-of-Network reimbursement= 140% of Medicare. Participant pays the difference between United Healthcare payment and the provider charges. If you go out-of-network you may incur very high out of pocket expenses.
3. Specialty drugs administered as home infusion, or in a physician's office, must be submitted through a prescription vendor.
4. Complete Summary Plan Descriptions of all plans are available on the employee intranet. Visit the employee intranet and search benefits.



Coinsurance

Coinsurance amounts are based off of United Healthcare's contracted rates with providers.

Out-of-Network reimbursement= 140% of Medicare. Participant pays the difference between United Healthcare payment and the provider charges. If you go out-of-network you may incur high out of pocket expenses. Please contact United Healthcare to check how much the plan will reimburse for your specific out-of-network procedure.

Hospital Pre-Certification Applies to Northwell Health Value and Buy-Up Plans

The medical plans require pre-certification before you are admitted to an out-of-network hospital. To receive the maximum hospital benefits under your medical plan, you or your physician must call the carrier's pre-certification phone number to pre-certify your hospital admission or emergency visit. You may have to pay a penalty if you do not receive authorization from your medical plan. For pre-certification, call 888-254-3698.

Prescription Drug Plan for Value or Buy-Up Plan with Express Scripts

Your prescriptions will automatically be covered if you enroll in a medical plan. Express Scripts offers convenient services such as the mail order plan and a mobile app for your on-the-go pharmacy needs.

Benefit for Value or Buy-Up	Cost	Mail Order Cost
Generic Drug	\$10 Copay	\$20 Copay (90-day supply)
Brand Formulary	30% or \$40 Minimum/\$80 Maximum	30% or \$80 Minimum/ \$160 Maximum (90-day supply)
Brand Non-Formulary	50% or \$80 Minimum/\$160 Maximum	50% or \$160 Minimum/ \$320 Maximum (90-day supply)
Specialty Drug (must submit through Vivo)	20% Up to \$300 Maximum	20% up to \$300 Maximum (30-day supply)
Out-of-Pocket Max	\$1,600 Individual/ \$3,200 Family	

Notes:

1. If you are using specialty medication, check with Vivo and your manufacturer on their copay assistance program to see if you can apply.
2. After **three refills** of a maintenance medication at retail, your copay will be 100% at retail unless you refill through home delivery (mail order).
3. Northwell currently has in place the Member Pay the Difference. This means that when there is a brand dispensed per your request when generic is available, you will be charged the generic copay plus the difference in cost between the brand and generic.
4. Northwell Health employees are encouraged to take advantage of the convenience and value that our in-system pharmacy, Vivo Health offers. Vivo provides reduced pricing on specific medications for all employees, as well as a full line of Over-The-Counter medications, convenient delivery services and more.
 - 90-day medications offered for the same co-pay as mail order through Express-Scripts
 - Specialty medications delivery to your home or office for FREE
 - Access to a dedicated and knowledgeable team who can collaborate with your providers to provide you with the highest level of care
 - Medication Therapy Management
 - Patient education and drug counseling services
 - 24 hour a day full time access for assistance to ensure your pharmaceutical care
5. Complete Summary Plan Descriptions of all plans are available on the employee intranet. Visit the employee intranet and search benefits.



Wellness Credit Program

The Wellness Credit Program was designed to help guide you on the path to a healthy lifestyle and a proactive preventive care routine. Employees enrolled in any of the three medical plan choices can participate by completing four wellness actions (which includes a required Health Risk Assessment (HRA) on the myWellness platform) in exchange for paycheck credits totaling \$1,040 (\$260 each action) per year. The program runs annually, with completing actions the year before you are credited in your pay.

Current Medical Plan/Credit Program Participants: Check your Wellness Credit Summary on mySelfService for your date-of-service/compliance. If you have completed the mandatory Health Risk Assessment and the additional three actions before October 31 your paycheck credits will begin with the first pay cycle of the following year. If you do not complete your actions until November/December your paycheck credits will be delayed for up to 8 weeks into the following calendar year, and will not be retroactive.

New Hires and New to the Plan: If this is your first time enrolling in the health organization's benefits, you will automatically receive paycheck credits for six months. You must act on four of the ten actions (Health Risk Assessment is Mandatory) for the credits to continue after your six month grace period is up, or your credits will cease.

NEW: Online Health Risk Assessment Wellness Action: As part of Northwell Health's commitment to providing exceptional care for its employees, Northwell Health offers you access to an online HRA. You can find the HRA when registering and logging in to Northwell.edu/myWellness. You will see the HRA as a "daily card" or you can go the programs page and click on "TAKE THE HRA". Please note: you must complete the HRA to receive paycheck credits for any of the wellness actions.

Wellness Actions

Once you have committed to completing the online Health Risk Assessment on the myWellness platform you can then continue to choose to act on three of the following wellness actions:

1. Physician Wellness Action: Your annual physical
2. Dental Exam Action: Exam or cleaning
3. Vision Exam Action: Eye exam by a licensed provider
4. Breast Cancer Screening Action: Mammogram
5. Skin Cancer Screening Action: Full body skin check
6. Colorectal Cancer Screening Action: Colonoscopy
7. Cervical Cancer Screening Action: Pap smear
8. Feinstein GaP Registry Action: Visit Northwell.edu/FeinsteinGAPpledge
9. Financial Well-Being Action: **New for 2018! This will replace the financial wellness video.**
10. Stress Reduction Action: **New for 2018!**

Compliance and Confidentiality

Once your action has been completed, plan providers will send information to the insurance company for processing. Insurance company or other partners store your information securely. They send a date of action completion to Human Resources IT Department by using secure file remittance process. This information is stored on PeopleSoft mySelfService portal on your personalized wellness summary. IT Department will send this information to a secure Virgin Pulse portal. You will find the summary of your wellness credits under the Rewards page on the myWellness platform. This entire process can take up to nine weeks to complete. The difference in timing of information provided on mySelfService portal and Virgin Pulse portal can be 10 days.



Timeline for Completion and Compliance

You have until the end of the calendar year to complete your wellness actions, although if you act before October 31 your credits will begin with the very first pay cycle of the new year.

Paycheck Credits

Although you are encouraged to complete as many wellness actions that your physician recommends, the maximum amount of actions that are eligible for paycheck credits is four. Here's how it works:

- You must be enrolled in the Northwell Health Value, Buy-Up or HDHP medical plan to participate in the Wellness Credit Program
- Each healthy action is worth \$10 per biweekly paycheck and \$10.83 per semi-monthly paycheck
- If you complete all your actions by October 31 you will receive the maximum amount of paycheck credits the following year, which \$1,040
- Keep in mind that completing the Health Risk Assessment is a prerequisite for any credits
- If you complete an action or two in November/December you will still receive the credits for those actions in the following year, but they will be delayed up to eight weeks and will not be retroactive
- If you decide not to enroll in the Northwell Health benefits you will not receive the paycheck credits even if you completed the actions

HEALTH RISK ASSESSMENT CONFIDENTIALITY: Your personal health and claims information will be stored in a secure database with Virgin Pulse, the third party vendor who hosts the myWellness platform.



DENTAL | VISION | RATES | FLEXIBLE SPENDING ACCOUNTS & COMMUTER BENEFIT | DISABILITY | LIFE | VOLUNTARY BENEFITS

Choice of Dental Plans

Cigna offers two plans that provide different levels of dental benefits - each gives you and your family access to affordable, quality dental care and dentists.

Cigna DPPO website lists:

- DPPO Advantage – benefits are paid at in-network level of benefits
- In network Cigna DPPO – This does not mean that the provider is in CIGNA network. This means that the provider is Out-of-Network but offers discounts*
- Out-of-Network (does not provide discounts)

*To pay the least out-of-pocket, stay in Advantage network. If a member goes outside the Advantage network, they will also have access to discounts under Dental PPO network. Cigna refers to non-Advantage providers as “In-Network” but these benefits are paid as Out-of-Network.

Visit mycigna.com>review my coverage>dental.

	In-Network (Advantage only)	Out-of-Network (with discounts and Out-of-network)
Deductibles	\$50 Individual/\$100 Family	\$50 Individual/\$100 Family
Maximums	\$2,000 Annual	\$2,000 Annual
Preventive/ Diagnostic Care	100% - Twice Annually	80%
Basic Restorative Care	80% (After Deductible)	70% (After Deductible)
Major Restorative Care	50% (After Deductible)	50% (After Deductible)
Orthodontic Care	50% (After Deductible) \$1,500 Lifetime	50% (After Deductible) \$1,500 Lifetime
Referrals to Specialists	Not Required	Not Required

Cigna DHMO (Dental Health Maintenance Organization) you must choose a primary dentist

In-Network ONLY	
Deductibles	\$0
Maximums	Unlimited
Preventative/ Diagnostic Care	100% Covered
Major/Basic Restorative Care	Fixed Pre-Set Fees
Orthodontic Care	Lifetime Maximum Benefits/24-Month Treatment
Referrals to Specialists	Referral Required

Complete Summary Plan Descriptions of all plans are available on the employee intranet. Visit the employee intranet and search benefits.



Davis Vision Plan

	In-Network Coverage	Out-of-Network Reimbursement
Annual Exam	100% Covered	\$30
Spectacle Lenses	100% Covered	\$25 for Single Vision Lenses \$35 for Bifocal Lenses \$45 for Trifocal Lenses \$60 for Lenticular (Post Cataract) Lenses
Contact Lenses	Disposables – 8 Multi Packs of Lenses Planned Replacements - 4 Multi Packs of Lenses	\$225 for Medical Reason \$75 for Elective
Eyeglass Frame	100% (Certain Styles) Covered	\$130 allowance + 20% discount at Davis Visionworks \$75 allowance at any participating providers other than Visionworks
Warranty on Eyeglasses (not covered for loss)	100% Covered	None
Scratch-Resistant Protection	100% Covered	None
Laser Vision Correction	Discounted	None

Complete Summary Plan Descriptions of all plans are available on the employee intranet. Visit the employee intranet and search benefits.

Those who elect vision coverage with Davis Vision are now covered to see a Northwell Health optometrist for eye exams and contact lens fittings. Same day appointments are available at two convenient locations within the Ophthalmology Service Line:

- Marta Fabrykowski, OD and Christopher Lee, OD, MEETH Ophthalmology (Manhattan Eye, Ear, and Throat Hospital) 210 East 64th, NYC, Phone: 212-838-9200
- Corina Busuioc, OD and Francesca Kim OD, Northwell Health Dept of Ophthalmology, 600 Northern Boulevard, Great Neck, Phone: 516-470-2020



Rates

Benefit Group 1 AVP/Director (Bi-Weekly Rates)				
	Single	EE+Spouse	EE+Child(ren)	Family
Medical				
High Deductible Health Plan				
FT	\$63.57	\$94.23	\$91.16	\$124.88
PT	\$83.12	\$134.22	\$129.11	\$185.32
Value Plan				
FT	\$101.75	\$182.04	\$174.02	\$262.35
PT	\$152.97	\$286.84	\$273.45	\$420.70
Buy-Up Plan				
FT	\$146.79	\$277.56	\$264.48	\$408.33
PT	\$209.31	\$406.77	\$387.03	\$604.23
Dental				
DHMO Plan				
FT/PT	\$7.24	\$14.65	\$13.92	\$21.98
DPPO Plan				
FT	\$18.90	\$37.78	\$35.90	\$52.91
PT	\$20.05	\$40.11	\$38.12	\$56.51
Vision				
FT/PT	\$2.62	\$5.22	\$4.96	\$7.84

Benefit Group 1 AVP/Director (Semi-Monthly Rates)				
	Single	EE+Spouse	EE+Child(ren)	Family
Medical				
High Deductible Health Plan				
FT	\$68.87	\$102.08	\$98.76	\$135.29
PT	\$90.05	\$145.41	\$139.87	\$200.76
Value Plan				
FT	\$110.23	\$197.21	\$188.52	\$284.21
PT	\$165.72	\$310.74	\$296.24	\$455.76
Buy-Up Plan				
FT	\$159.02	\$300.69	\$286.52	\$442.36
PT	\$226.75	\$440.67	\$419.28	\$654.58
Dental				
DHMO Plan				
FT/PT	\$7.84	\$15.87	\$15.08	\$23.81
DPPO Plan				
FT	\$20.48	\$40.93	\$38.89	\$57.32
PT	\$21.72	\$43.45	\$41.30	\$61.22
Vision				
FT/PT	\$2.84	\$5.66	\$5.37	\$8.49

Rates do not include wellness credits and spousal surcharge.



Benefit Group 2 Managers/Clinical Mid-Level Providers (Bi-Weekly Rates)				
	Single	EE+Spouse	EE+Child(ren)	Family
Medical				
High Deductible Health Plan				
FT	\$54.90	\$74.75	\$72.77	\$94.61
PT	\$72.70	\$111.17	\$107.32	\$149.65
Value Plan				
FT	\$79.02	\$131.03	\$125.83	\$183.05
PT	\$125.65	\$226.45	\$216.36	\$327.24
Buy-Up Plan				
FT	\$123.07	\$228.51	\$217.97	\$333.97
PT	\$183.26	\$352.94	\$335.97	\$522.61
Dental				
DHMO Plan				
FT/PT	\$7.24	\$14.65	\$13.92	\$21.98
DPPO Plan				
FT	\$14.64	\$29.31	\$27.84	\$41.03
PT	\$15.65	\$31.30	\$29.73	\$43.83
Vision				
FT/PT	\$2.62	\$5.22	\$4.96	\$7.84

Benefit Group 2 Managers/Clinical Mid-Level Providers (Semi-Monthly Rates)				
	Single	EE+Spouse	EE+Child(ren)	Family
Medical				
High Deductible Health Plan				
FT	\$59.48	\$80.98	\$78.83	\$102.49
PT	\$78.76	\$120.43	\$116.26	\$162.12
Value Plan				
FT	\$85.61	\$141.95	\$136.32	\$198.30
PT	\$136.12	\$245.32	\$234.39	\$354.51
Buy-Up Plan				
FT	\$133.33	\$247.55	\$236.13	\$361.80
PT	\$198.53	\$382.35	\$363.97	\$566.16
Dental				
DHMO Plan				
FT/PT	\$7.84	\$15.87	\$15.08	\$23.81
DPPO Plan				
FT	\$15.86	\$31.75	\$30.16	\$44.45
PT	\$16.95	\$33.91	\$32.21	\$47.48
Vision				
FT/PT	\$2.84	\$5.66	\$5.37	\$8.49

Rates do not include wellness credits and spousal surcharge



Benefit Group 3 Staff (Bi-Weekly Rates)				
	Single	EE+Spouse	EE+Child(ren)	Family
Medical				
High Deductible Health Plan				
FT	\$40.00	\$40.00	\$40.00	\$40.00
PT	\$56.35	\$72.70	\$71.07	\$89.05
Value Plan				
FT	\$40.00	\$40.00	\$40.00	\$40.00
PT	\$82.84	\$125.65	\$121.37	\$168.49
Buy-Up Plan				
FT	\$99.31	\$162.74	\$156.40	\$226.18
PT	\$157.20	\$278.48	\$266.35	\$399.75
Dental				
DHMO Plan				
FT/PT	\$0.00	\$0.00	\$0.00	\$0.00
DPPO Plan				
FT	\$7.84	\$15.68	\$14.89	\$21.94
PT	\$8.36	\$20.01	\$19.03	\$30.25
Vision				
FT/PT	\$2.62	\$5.22	\$4.96	\$7.84

Benefit Group 3 Staff (Semi-Monthly Rates)				
	Single	EE+Spouse	EE+Child(ren)	Family
Medical				
High Deductible Health Plan				
FT	\$43.33	\$43.33	\$43.33	\$43.33
PT	\$61.05	\$78.76	\$76.99	\$96.47
Value Plan				
FT	\$43.33	\$43.33	\$43.33	\$43.33
PT	\$89.74	\$136.12	\$131.48	\$182.53
Buy-Up Plan				
FT	\$107.59	\$176.30	\$169.43	\$245.03
PT	\$170.30	\$301.69	\$288.55	\$433.06
Dental				
DHMO Plan				
FT/PT	\$0.00	\$0.00	\$0.00	\$0.00
DPPO Plan				
FT	\$8.49	\$16.99	\$16.13	\$23.77
PT	\$9.06	\$21.68	\$20.62	\$32.77
Vision				
FT/PT	\$2.84	\$5.66	\$5.37	\$8.49

Rates do not include wellness credits and spousal surcharge.



Flexible Spending Accounts (FSAs)

With an FSA you put aside pre-tax dollars to pay for healthcare or dependent care expenses. This way you reduce your taxable income and increase your take home pay. Decide how much to contribute and use the money to reimburse yourself for eligible expenses. You can enroll in FSAs if you choose not to enroll in the health organization health benefits. You must enroll in FSAs during open enrollment - your election(s) from the previous year will not rollover.

- **Healthcare FSAs** allow you to set aside \$150 to \$2,650 per year to pay for medical, prescription, dental and vision care out-of-pocket expenses incurred by you and your eligible dependents. Eligible products do not include over-the-counter (OTC) drugs. For new participants, a debit card with access to the full amount you elected will be mailed to you in January. If you have an HSA account, you can only use your FSA to pay for dental and vision related expenses.
- **Dependent Care FSAs** allow you to set aside \$150 to \$5,000 per family, per year to pay for dependent care expenses, such as elder care or the care of a disabled spouse, and daycare costs and summer camps for those under the age of 13.

Dependent Care FSAs are audited by the IRS for discrimination testing. Highly compensated employees may have their benefits reduced. If applicable, you will be notified during the first half of the year.

You can be reimbursed for your previous year expenses from your FSA account by mid-March the following year. Complete Summary Plan Descriptions of all plans are available on the employee intranet. Visit the employee intranet>myHR>Total Rewards> Health & Welfare and Retirement

Commuter Benefit

A Commuter Transit Account is a pre-tax benefit account used to pay for public transit – including train, subway, bus, and ferry – as part of your daily commute to and from work. The pre-tax payroll deduction can be set up through your WageWorks account. Identify the transit agency pass you want to purchase, and you will have the option automatic delivery to your home or office. Visit WageWorks.com or call 877-924-3967 to enroll. Parking's monthly limit is \$260. Transit and Vanpooling monthly limit is \$260.

Employees on Leave of Absence are not eligible to contribute.

Disability

Benefit Group 1 & 1A and 2 (365)

***New York State (NYS) Disability-** 50% of your weekly pay, up to \$170 per week, begins on 8th day - for a max of 26 weeks during a period of 52 consecutive weeks.

Benefit Group 1 & 1A: Salary continuation for 26 weeks – a disability form must be approved by vendor. You are automatically enrolled at no cost.

****Basic Short-Term Disability, 50% Plan**

Benefit Group 2: You are automatically enrolled at no cost. You will receive salary continuation for 12 weeks. After 12 weeks the Basic Short-Term Disability Plan will begin and can continue for up to 14 weeks.

Buy-Up Short-Term Disability, 60% Plan

Benefit Group 2: 60% of your base pay including NYS disability benefit, max \$2,000/week. (Non-taxable)

Basic Long-Term Disability, 50% Plan- 50% of your base pay, max \$10,000 per month. You are automatically enrolled at no cost. You pay taxes on employer paid premium at the end of the year so that benefits are tax free.



Buy-Up Long-Term Disability, 60% Plan- 60% of your base pay, max \$20,000 per month. You must elect this benefit and are responsible to pay for its cost.

**New York State (NYS) Disability is included in the 50% STD plan*

***Employees receiving salary continuation do not receive NYS disability.*

Benefit Group 3 (365)

New York State (NYS) Disability- 50% of your weekly pay, up to \$170 per week, begins on 8th day - for a max of 26 weeks during a period of 52 consecutive weeks.

Basic Short-Term Disability, 50% Plan- 50% of your base pay including NYS disability benefit, max \$692.31/week. First 2 weeks will be subtracted from PTO. 50% will begin on the 15th calendar day and cover up to 26 weeks.

Buy-Up Short-Term Disability, 60% Plan- 60% of your base pay including NYS disability benefit, max \$2,000/week. First 2 weeks will be subtracted from PTO; Disability will begin on the 15th calendar day and cover up to 26 weeks.

Basic Long-Term Disability, 50% Plan- 50% of your base pay, max \$10,000 per month. You must elect this tax-free benefit.

Buy-Up Long-Term Disability, 60% Plan- 60% of your base pay, max \$10,000 per month. You must elect this tax-free benefit.

Important Note about Disability Benefit Payments in 2018

During the period of an authorized Leave of Absence (LOA) while you continue to receive a paycheck your benefit deductions will continue for no more than six months. If you are no longer receiving a paycheck, or if your paycheck is no longer sufficient to cover your pay period benefit deductions, you will be responsible for submitting a payment to the health system for the total cost of your benefits. If you are out on a LOA for more than six months and/or approved for Long-Term Disability, you will need to elect cobra to continue health coverage.

Certificates and complete Summary Plan Descriptions of all plans are available on the employee intranet. Visit the employee intranet and search benefits.

Life Insurance

You are automatically covered at no cost for basic term life insurance equal to 1.5 times your base salary and augmentation income up to \$500,000.

Supplemental Life and Accidental Death and Dismemberment (1 - 5 times your pay up to 1 million) is offered to you as additional income for your survivors, with premiums based on group rates, your age and smoking status. Elections for Supplemental Life are based on whether you are an existing employee (able to increase your election in increments of 1x up to a maximum of 3x or \$500,000 of base salary with no medical underwriting) or a newly hired employee (able to elect up to 3x your base salary to a max of \$500,000 at time of hire). Higher elections will generate a requirement for Evidence of Insurability (EOI) and Aetna will contact you post your election. In addition, you may elect life insurance for your spouse and/or child(ren). You have the option to choose dependent life insurance at \$5,000 or \$10,000, and spouse at \$25,000 or \$50,000.

You can complete/update your beneficiary information on employee self-service.



Age Reduction Rule: Your life insurance will be reduced by: 35% at age 65, 60% at age 70, and 75% at age 75. The reduction will go into effect on the first day of the calendar month in which you reach the age specified.

Imputed Income: Internal Revenue Service regulations require that you be taxed on the value of any employer provided basic life insurance that is more than \$50,000. This value is known as “imputed income” and is shown on your paycheck and on your annual W-2 statement. If you do not wish to pay taxes on the value of basic life insurance in excess of \$50,000, you may waive coverage over \$50,000. Future election of the waived coverage is subject to Evidence of Insurability.

Portability and Conversion provisions allow an employee to continue life insurance coverage that has been lost due to either termination of employment, reduction in coverage, or a transfer to a position that is not eligible for the benefit. The deadline for applying for portability and conversion through Aetna Life Insurance Company is 31 days following coverage termination or reduction. Call Aetna Life Insurance Company at 800-523-5065.

Certificates and complete Summary Plan Descriptions of all plans are available on the employee intranet. Visit the employee intranet and search benefits.

Voluntary Benefits through Aon Voluntary Benefits and Enrollment Solutions

Aon Voluntary Benefits and Enrollment Solutions offers additional insurance/benefit opportunities referred to as “voluntary benefits.” Voluntary benefit policies are portable, meaning you can take them with you if you should leave the organization. For more information, to get a quote and enroll, call the Aon Voluntary Benefits & Enrollment Solutions Enrollment Center at 1-888-561-0240, Monday through Friday, 9am to 6pm ET.

Timeline for Enrollment Opportunities

Open Enrollment, November 27 through December 8, 2017: All eligible non-union employees will have the opportunity to remain in their current plans through Benefits Planning Corporation or elect the new options listed below. Below are the seven voluntary benefit plans offered by Aon Voluntary Benefits & Enrollment Solutions:

1. Critical Illness Insurance

A serious illness can strike at any time. Aside from the usual anxiety, you have to deal with the harsh financial impact. The fees for doctors, tests, hospital stays and other services add up quickly, draining your savings and driving up your credit card balances.

Critical illness insurance helps provide financial protection in the event of a covered serious illness.

The policy pays the full benefit directly to you if you are diagnosed with a covered condition. You can use this benefit any way you choose – to pay deductibles, copays, coinsurance, expenses your family incurs to be by your side, or simply to replace your lost earnings from being out of work.

Covered illnesses include:

- Heart Attack
- Cancer*
- Stroke
- End stage renal (kidney) failure
- Major organ transplant
- Coronary artery bypass surgery*

**The coverage pays 25% of the face amount of the policy once per lifetime for non-invasive cancer and coronary artery bypass surgery.*

**Plan features:**

- You choose the benefit amount when you enroll.
- Coverage is guaranteed Issue up to \$30,000 during this Open Enrollment period.
- You do not have to be terminally ill to receive benefits.
- Family coverage is available
- A specified disease benefit is included, which pays a \$50 annual benefit if a covered health screening test is performed (blood tests, stress tests, colonoscopies, chest X-rays, etc.).
- Coverage is portable – you can take your policy with you if you change jobs or retire.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. This benefit becomes effective the first of the month in which your benefit payroll deductions begin.

2. Accident Insurance

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact.

Accident Insurance is designed to help cover the out-of-pocket medical expenses and extra bills you may incur as a result of an accident. The plan pays a benefit directly to you – not a doctor or hospital – for injuries and accident-related expenses. You can use the money however you choose.

Benefit amounts are based on the type of injury and treatment needed.

Covered injuries and accident-related expenses include:

- Fractures
- Dislocations
- Hospitalizations
- Physical Therapy
- Emergency Room Treatment
- Transportation
- Lodging, and more

Plan features:

- Benefits are paid for accidents that occur on or off-the-job, so you have 24-hour coverage.
- You can also elect to cover your spouse, same sex domestic partner and children.
- There are no health questions or physical exams required.
- You can take your policy with you if you change jobs or retire.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. This benefit becomes effective the first of the month in which your benefit payroll deductions begin.

3. Hospital Indemnity Insurance

The bills that result from a hospital stay can be overwhelming for anyone — even when you have health insurance. Hospital Indemnity Insurance can complement your health insurance to help you pay for the high costs associated with a hospital stay.

This coverage pays a benefit to you when you are admitted to the hospital and additional amounts for each day you are confined. The funds can be used to pay for out-of-pocket expenses, such as coinsurance and deductibles, and even for non-medical expenses like rent or mortgage payments, car payments, groceries, child care and more.

Plan highlights:

- No pre-existing condition limitations.
- No waiting period.
- Benefits do NOT reduce as you get older.



- Coverage can be purchased for your spouse and children (employee must elect coverage).

Additional plan features:

- Hospital Admission - \$1,000 per confinement
- Hospital Confinement - \$165 per day, up to 31 days for each covered sickness or accident
- Hospital Intensive Care - \$165 per day up to 10 days per confinement for each covered sickness or accident (paid in addition to Hospital Confinement benefit)
- Guaranteed Issue – If you enroll during this Open Enrollment period, you will not be required to provide medical information

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. This benefit becomes effective the first of the month in which your benefit payroll deductions begin.

4. Permanent Life Insurance

Can your family maintain their lifestyle without you? Permanent Life Insurance helps ensure they can. Permanent Life Insurance is an individual insurance policy designed to provide a death benefit to your beneficiaries if something should happen to you. It can also build cash value that you can utilize while you are still living. At an affordable premium, you can have the added financial protection you and your family may need during times of uncertainty. Find peace of mind knowing your family will be taken care of.

Plan features:

- You can purchase coverage for yourself, your spouse, your children and/or your grandchildren.
- Permanent Life Insurance is voluntary, which means you purchase the precise amount of coverage that is right for your needs.
- The benefit is Guaranteed Issue, so no physical exams are required to apply for coverage up to a certain amount during this Open Enrollment period.
- As the policy builds cash value, you can eventually use it to make premium payments or to pay urgent expenses while you are still living.
- You can take your policy with you if you leave the company or retire.
- A Long Term Care Rider is included, which provides benefits for nursing home care, home health care or adult day care

Permanent Life Insurance never expires. You keep the policy as long as you make the payments, which means the premiums will not go up. Lock in a lower premium NOW and save thousands of dollars in the future! Cost varies based on age, coverage level and tobacco use.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. Your Permanent Life Insurance election is effective the first of the month following the month in which your benefit payroll deductions begin.

5. ID Theft

In 2014, 17.6 million Americans were victims of identity theft. The financial losses totaled \$15.4 billion.¹ Protecting your identity is more important now than it ever was before.

Identity theft protection provides comprehensive, proactive identity theft monitoring and recovery assistance. By constantly monitoring your personal and financial data, this service catches fraud early, and helps you act quickly to limit the damage of stolen information.

Identity theft protection is an affordable solution to a growing problem.

¹ Blake, A. (2015, September 28). "Identity theft affected 17.6M, cost \$15.4B in 2014: Justice Dept." *The Washington Times*.

This benefit becomes effective the first of the month in which your benefit payroll deductions begin.



6. Legal Insurance

Affordable legal assistance can sometimes be difficult to find. You may enroll in the group legal services plan provided by MetLife. The plan gives eligible employees and their dependents access to a network of local attorneys for telephone and in-office consultations. The network can provide comprehensive legal assistance and discounted representation on a variety of legal needs.

Some covered services include:

- Document review
- Wills
- Name changes
- Estate administration
- Document preparation, including Power of Attorney, deeds, promissory notes and mortgages
- Lawyer office work
- Adoptions
- Administrative hearings
- Real estate transfer
- Debt collection defense

For more information, visit www.legalplans.com or call 1-800-821-6400.

This benefit becomes effective the first of the month in which your benefit payroll deductions begin.

7. Pet Insurance

Pet Insurance reimburses eligible veterinary expenses relating to accidents, illnesses and injuries for dogs, cats, birds and several exotic pets. Optional wellness protection coverage is also available for routine preventative exams and services. The premium is based on the age of the pet, species and breed. Coverage includes the option to use your preferred vet and 24/7 access to a vet helpline. For more information, visit www.petinsurance.com.

This benefit becomes effective the first of the month in which your benefit payroll deductions begin.

If you were hired before September 1, 2017 and have voluntary benefits through Benefits Planning, you are grandfathered. You can cancel your grandfathered coverage and enroll into AON plan if you wish during Open Enrollment.

RETIREMENT PLANNING

Cash Balance Plan*

The Cash Balance Plan is a pension plan for which the health system contributes quarterly credits of 3% of your eligible compensation a quarter following your one year anniversary. Your savings are held in a trust until you retire. At retirement, vested participants receive a specified benefit based on the accumulation of pay-based credits. Being vested means you have the right to receive benefits from the Plan when you retire. You become vested after three years of service (during which time you must work at least 975 hours per year) you can see your Cash Balance Plan activity on your quarterly 403(b) statement or on your online account at northwell.trsretire.com. For Cash Balance plan info, visit Northwell.edu/mybenefitscenter.

*Unions 94/94A, 1456 and UFT hired after April 1, 2017 are not eligible for the Cash Balance Plan.

403(b) Plan (for non-profit entities) or 401(k) Plan (for profit entities)*

Upon hire you are auto-enrolled for 3% of your eligible pay in voluntary contributions. Each year thereafter, you are auto-escalated by 1% up to 10%. The default investment option is the Vanguard Target Date Fund. Every two years, beginning with 2018, if you contribute less than 3% you will be re-enrolled at



3% of your eligible pay. You can opt-out from both auto-enrollment and auto-escalation within approximately 30 days from the date of notice (opt-out time period will be indicated in the notice). If you are under the age of 50 you can contribute up to \$18,500 pre-tax and up to \$24,500 pre-tax if you are over 50 in 2018.

You are eligible to receive employer basic and matching contributions after the first anniversary of your hire date. Northwell Health contributes a 3% basic contribution of your eligible compensation up to \$275,000. In addition the health system matches 33.33% of your voluntary before-tax contribution to the max of 2% of your eligible compensation. To receive maximum match, contribute 6% voluntarily. You may contribute 10% of your salary on an after-tax basis as well, but there is no match on the after-tax contribution.

*Unions 94/94A, 1456 and UFT hired after April 1, 2017 are not eligible for employer basic and matching contributions.

Vesting Schedule

You are always 100% vested in your own contributions; however employer contributions are subject to a vesting schedule which is tied to your years of service:

Anniversary	2nd	3 rd	4th	5th	6th
Percent Vested	20%	40%	60%	80%	100%

Our record-keeper **Transamerica Retirement Solutions** offers participants access to interactive tools on their website. The OnTrack® Tool analyzes your current investing strategy and displays your future in easy to grasp weather icons: a sunny forecast means you are saving smart. In addition, Transamerica provides a flat fee structure helping you to save even more for your retirement. To access your account and the interactive tools, or to schedule a one-on-one meeting with a Transamerica retirement consultant, visit Northwell.edu/myRetirement.

Note: If you work more than 975 hours in a year and satisfy a one year wait, you are eligible for the Cash Balance and 403b employer contributions.

Complete Summary Plan Descriptions of all plans are available on the employee intranet. Visit the employee intranet>myHR>Total Rewards> Health & Welfare and Retirement

WORK/LIFE/WELLNESS PROGRAMS

Adoption Assistance Program provides you the opportunity of financial assistance for full time employees with one year of service in the health system. The benefit provides up to \$5,000 per family, per lifetime, for direct costs related to the adoption process.

Education and Professional Development is available to all employees, with access to the Center for Learning and Innovation (CLI). A Tuition Reimbursement Program is also available to eligible full-time employees.

Employee Discounts locally and nationally provide a true value to all employees. Visit the employee intranet for more information.

Employee Appreciation is shown in many ways across the health system, such as seasonal celebrations and special events. In addition, there are awards that recognize extraordinary employees, such as the President's Award, and the High-Potential Program.

Family Medical Leave due to illness, or the necessary care of an immediate family member, entitles you to 12 weeks of unpaid, job-protected leave under the Family and Medical Leave Act (FMLA). You must have worked 1,250 hours in the year before your requested leave to be eligible for this benefit.



Paid Family Leave (PFL) pays part of an employee's income while they're out of work for up to 8 weeks. It covers bonding with a new child, caring for a family member with a serious health condition, and other events related to a family member's active-duty military status.

Paid Time-Off (PTO) provides paid days away from work for the purpose of vacation, illness or personal time. PTO varies with each Benefit Group.

Wellness Initiatives include access to the new myWellness online portal, the Wellness Credit Program, Smoking Cessation, Stress Management, Weight Watchers *At Work*, and more. For more, visit the employee intranet and search Wellness.

RIGHTS, LEGAL DISCLAIMERS AND NOTICES

Affordable Care Act (ACA)

The coverage offered to you by Northwell Health exceeds the minimum value standard set forth by the ACA. The coverage is affordable to you and your family if your cost share does not exceed 9.5% of your household income. If you are, or become, ineligible for Northwell Health benefits, you may be eligible for subsidies on the New York State Health Exchange. The Exchange is the only body that can make determinations about your eligibility for subsidy.

COBRA Notice: Comprehensive Omnibus Budget Reconciliation Act

The health system offers continuation of healthcare coverage to employees and dependents who lose coverage due to a qualifying event under the Northwell Health Benefits Plan. A qualifying event occurs under the following circumstances:

Qualifying Event	Maximum COBRA Continuation Period		
	Employee	Spouse	Dependent
Employer's termination (other than gross misconduct) or reduction in hours worked	18 months	18 months	18 months
Employee death	N/A	36 months	36 months
Divorce or legal separation	N/A	36 months	36 months
Cessation of dependent status	N/A	N/A	36 months
Medicare entitlement	N/A	36 months	36 months
Disability*	29 months	29 months	29 months

**Qualified beneficiaries who are approved for Social Security Disability may continue coverage for an additional 11 months beyond the initial 18 month period at an increased premium rate.*

The Human Resources Department will notify PayFlex, the third party administrator of who is eligible for continuation of benefit coverage and initiate a COBRA notification to the employee within fourteen (14) days of his/her eligibility event. The Plan will offer COBRA continuation coverage only after the health system has been timely notified that a qualifying event has occurred. For the other qualifying events (divorce/legal separation, cessation of dependent status), you must notify the health system in writing within 31 days after the qualifying event or the date your dependent would lose coverage under the Plan as a result of the qualifying event.

If either you, your spouse or any of your dependent children covered under the Plan, is determined by the Social Security Administration to be disabled on the date of the employee's termination of employment or reduction in work hours, or at any time during the first 60 days of COBRA continuation coverage, due to



such qualifying event, each individual (whether or not disabled) may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months.

The disability would have to have started at some time before the 60th day of COBRA continuation of coverage and must last at least until the end of the 18-month period of continuation coverage. To qualify for this disability extension, you must notify the health system of the person's disability status both at the initial qualifying event date and before the original 18-month COBRA continuation coverage period ends. Also, if Social Security determines the individual is no longer disabled, you are required to notify the health system within 30 days after this determination.

Any terminated employee and/or dependent electing continuation of coverage is required to pay a monthly premium to cover the full cost of his/her coverage plus a 2% administrative fee. Continued benefit coverage will terminate prior to the end of the 18, 29, or 36 month period if:

- Initial payment is not received within 45 days of its due date;
- Subsequent payments are not received within 30 days of their due date;
- The individual becomes covered under another group plan;
- The individual becomes eligible for Medicare;
- The plan is terminated for all employees.

HIPAA Notice

HIPAA is a law that requires employers (or their insurers or their administrators) to provide certification of the healthcare coverage you had while you were employed. You may present the HIPAA Certificate to another employer if they request it as proof that you had healthcare coverage.

Patient Protection and Affordable Care Act ("PPACA") Patient Protection Notices

Generally you will be permitted to designate a primary care provider under any benefit plan. You have the right to designate any primary care provider who participates in either United HealthCare (Value or Buy-Up plan) and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of participating primary care providers, contact United HealthCare at 1-888-254-3698.

Protected Health Information (PHI)

PHI is "individually identifiable health information in any form that relates to: (i) the past, present or future physical or mental health or condition of an individual; (ii) the provision of health care to an individual; or (iii) the past, present or future payment for the provision of health care to an individual. "Individually identifiable health information" is health information that identifies the individual to whom it relates, or for which there is a reasonable basis to believe that it can be used to identify the individual to whom it relates. Under the law, the Plans may disclose your PHI without your authorization when the use and/or disclosure are for the purposes of: (i) treatment, (ii) payment, or (iii) health care operations.

Notice of Creditable Coverage

This notice has information about your current prescription drug coverage with Northwell Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like



an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Northwell Health has determined that the prescription drug coverage offered by the Northwell Health Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current Northwell Health coverage will not be affected.

You can keep your Northwell Health coverage if you elect Part D and this plan will coordinate with your Part D coverage.

If you do decide to join a Medicare drug plan and drop your Northwell Health prescription drug and medical coverage, be aware that you and your dependents may not be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with Northwell Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage: Contact Corporate Human Resources for further information at (516) 734-7000. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Northwell Health changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage: More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help



- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 30, 2017
Name of Entity/Sender:	Northwell Health/Total Rewards
Contact--Position/Office:	Human Resources Dept
Address:	1111 Marcus Ave, Suite LL20, NY 11042
Phone Number:	(516) 734-7000

CMS Form 10182-CC According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Medicaid and the Children's Health Insurance Program (CHIP)

If you are eligible for benefits but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP you can contact your state Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 877-KIDS NOW or insurekidsnow.gov.

Disclaimers

Benefit Summaries referenced in this Guide are intended only to highlight your benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Summary Plan Description (SPD), the SPD shall prevail. If this Benefit Summary conflicts in any way with certificates, the certificates will prevail. It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage. Visit the employee intranet for the SPD for Northwell Health benefit-eligible employees.

WHCRA Notice

WHCRA is the Women's Health and Cancer Rights Act of 1998 that entitles individuals who have had or are going to have a mastectomy, certain benefits under the law. For those individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient.

**Michelle's Law**

Under Michelle's Law, a group health plan cannot terminate a child's coverage for loss of full-time student status if the change in student status is due to a "medically necessary leave of absence." The plan may be required to allow such a child to remain covered as an employee's dependent for up to a year after the leave of absence begins.

Newborns' and Mothers' Protection (Newborns' Act)

The Newborns' and Mothers' Health Protection Act (Newborns' Act) includes important protections for mothers and their newborn children with regard to the length of the hospital stay following childbirth. The Newborns' Act requires that group health plans that offer maternity coverage pay for at least a 48-hour hospital stay following childbirth (96-hour stay in the case of a Cesarean section).

Northwell Health Disclaimer

This material is designed to highlight the features of the employee benefits program offered by Northwell Health as of January 1, 2018. Complete Summary Plan Descriptions of all plans are available on the employee intranet. Where there may be discrepancies in the summaries provided in this brochure, the official plan documents will govern. If you cannot access the Intranet for the Summary Plan Descriptions, please contact the HR Service Center. Although Northwell Health expects to continue these benefits indefinitely, Northwell Health reserves the right to amend, modify or discontinue the plans at any time.

Protecting Your Personal and Health Information

The HRA administrator has business practices that are in compliance with the privacy regulations of HIPAA. Precautions have been taken to protect all submissions against unauthorized access and use. The administrator has reasonable and customary security measures in place in its physical facilities to protect against the loss, misuse, or alteration of information collected from you at the site.

Note regarding the Wellness Credit Program

When participating in the Wellness Credit Program your Actions can be viewed on your personal Wellness Pledge Summary on mySelfService. The information recorded and sent from the provider to the carrier, to the health system, is not your health information it is the date of service of when you acted on your pledge. This includes the online Health Survey. This process takes 6 - 8 weeks.

Past claims information is securely sent and stored in your health history. It helps serve as a reference for you to track your health history and it may be useful for your treating medical providers.

Acknowledgment: By enrolling in a Northwell Health medical plan you and your enrolled dependents may be contacted by a service provider (may be a Northwell Health employee) offering information, support or assistance, related to the usage of plan benefits. Any participation in, or cooperation with, such services or providers is completely voluntary and without extra charge. Any personal health information that is voluntarily provided will not be used for purposes other than the services offered.

Notice Regarding Northwell Health's Annual Wellness Credit Program

The Northwell Health Annual Wellness Credit Program is a voluntary wellness program available to employees eligible for Value, Buy-up and Care Connect self-insured plans. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., diabetes). You are not required to complete the HRA or to participate in any medical examinations.



Employees who choose to participate in the wellness program can receive paycheck credits the following calendar year up to a maximum of \$1,040. Completing four out of 10 wellness actions will reward participants \$260, per wellness action, in paycheck credits. Although you are not required to complete the HRA, only employees who do so will receive any paycheck credits. If you are unable to complete any of the wellness actions required to earn an incentive, you may be entitled to a reasonable accommodation. You may request a reasonable accommodation by contacting Northwell Health HR Customer Service at (516) 734-7000.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as potential action plans to help you improve your well-being in a certain area. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Any personal health information that is voluntarily provided will not be used for purposes other than the services offered. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. By enrolling in a Northwell Health plan, your enrolled dependents and you may be contacted by a service provider (in some cases a Northwell Health employee) offering information, support or assistance, related to the usage of plan benefits. Any participation in, or cooperation with, such services or providers is completely voluntary and without extra charge. Any personal health information that is voluntarily provided will not be used for purposes other than the services offered.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and **no** information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

The HRA is not intended to elicit any genetic information from employees who participate in Northwell Health's Annual Wellness Credit Program, and it is requested that employees refrain from providing any genetic information when completing the HRA.

If you have any questions or would like more information about Northwell Health's Annual Wellness Credit Program, please contact the Human Resources Service Center at 516-734-7000.



Northwell Health Nondiscrimination Notice

Discrimination is Against the Law

Northwell Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Northwell Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Northwell Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Magda Ramirez. If you believe that Northwell Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Magda Ramirez, 1111 Marcus Ave. Suite LL20, Lake Success NY 11801, (516) 734-7142, (516) 224-3161, mramirez@northwell.edu. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Magda Ramirez is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 516-734-7142 (TTY: 1- 800-662-1220).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 516-734-7142 (TTY: 1- 800-662-1220)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 516-734-7142 (TTY: 1- 800-662-1220).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 516-734-7142 (TTY: 1- 800-662-1220).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 516-734-7142 (TTY: 1- 800-662-1220). 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 516-734-7142 (TTY: 1- 800-662-1220).

רופט - אפצאל פון פריי סערוויסעס הילף שפראך אייך פאר פארהאן זענען, אידיש רעדט איר אויב: אויפמערקזאם - 516-734-7142 (TTY: 1- 800-662-1220).



লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন

করুন 516-734-7142(TTY: 1- 800-662-1220).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 516-734-7142 (TTY: 1- 800-662-1220)..

1-516-734-7142 به رقم اتصالات المجان لك توافر لخدمة لغو المساعدة خدمات في إن اللغة، اذكر ت تحدث ك نت إذا بملاحظة هال صم وال بكم: 1-800-662-1220). رقم (7142)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 516-734-7142 (TTY: 1- 800-662-1220).

1516-734-7142 ك ال - ي نه ي ابد ست ي م م فت خدمات ي ك مدد ي ك زب ان ك و آپ ت و ، ي نه ب ول تے اردو آپ اگ ر : خ بردار 7142(TTY: 1- 800-662-1220) ك

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 516-734-7142 (TTY: 1- 800-662-1220).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 516-734-7142 (TTY: 1- 800-662-1220).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 516-734-7142 (TTY: 1- 800-662-1220).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 516-734-7142 (TTY: 1- 800-662-1220).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 516-734-7142(TTY: 1- 800-662-1220)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं 516-734-7142.

पर कॉल करें (TTY: 1- 800-662-1220)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 516-734-7142 (TTY: 1- 800-662-1220)

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 516-734-7142 (TTY: 1- 800-662-1220).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 516-734-7142 (TTY: 1- 800-662-1220).

ប្រយ័ត្ន: បើនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយឥតគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចុះ ទូរស័ព្ទ

516-734-7142(TTY: 1- 800-662-1220)



CONTACT INFORMATION

Medical:

Northwell Health Find a Physician

Northwell.edu/insystem

United Healthcare for Medical Plans

myuhc.com 888-254-3698

Express Scripts for Prescription Plans through United HealthCare

express-scripts.com 800-864-1140

Dental:

Cigna for Dental Plans

mycigna.com

PPO Plan: 888-DENTAL8 (336-8258)

DHMO Plan: 800-367-1037

Vision:

Davis Vision for Vision Plan

davisvision.com or 800-999-5431

Voluntary Plans:

For New Hires and Open Enrollment 2017

Aon Voluntary Benefits & Enrollment Solutions

northwell.edu/voluntarybenefits

or 888-561-0240

For Grandfathered Employees hired before 9/1/17

Benefits Planning Corporation for

Voluntary Plans

benefitsplanningcorp.com

631-991-6050 or 800-565-5764

FSA, DFSA, HAS, and Transit:

WageWorks for Flexible Spending Accounts, Health Savings Accounts and Commuter Benefit

wageworks.com 877-924-3967

Disability:

Absence One for Disability Plans

absenceone.com/Northwell 855-789-9355

Life Insurance:

Aetna for Life Insurance Plans

800-523-5065

Retirement:

Transamerica for 403(b), 401(k) and 457(b) plans

Northwell.edu/myRetirement

Cash Balance Plan

Northwell.edu/mybenefitscenter

Retirement@northwell.edu

Additional Information:

Physician and Executive Concierge

(844)697-4947 or (844) 693-9347

TotalRewards@Northwell.edu

Human Resources Service Center

hrservicecenter@northwell.edu 516-734-7000

My Recognition

myrecognition@northwell.edu

Benefits

benefits@northwell.edu

Payroll

payroll@northwell.edu

Tuition Reimbursement

tuition@northwell.edu

Northwell Health IS Help Desk

516-470-7272

Northwell Health Employee Self Service

Northwell.edu/mySelfService

Payflex (Cobra)

800-359-3921

cobramail@payflex.com

Vivo Health Pharmacies:

North Shore University Hospital

516-562-VIVO (8486)

vivo.manhasset@northwell.edu

CFAM

516-734-7780

vivo.cfam@northwell.edu

Long Island Jewish Medical Center

718-470-VIVO (8486)

vivo.lij@northwell.edu

Specialty Pharmacy

844-411-8486

vivo.specialty@northwell.edu