

Benefits Summary

New York Medical College

A Member of the Touro College and University System

Human Resources ♦ 2nd Floor - Administration Bldg. ♦ Valhalla, NY 10595 ♦ 914-594-4560



Fellows, Temporary Full-Time

*This summary is intended to provide the **highlights of each benefit**. For an explanation of the Administrative Guidelines for each benefit, contact the Human Resources Department or refer to the NYMC Administrative Policies and Procedures Manual.*

MEDICAL PLANS

EMPIRE CARE PLUS PLAN (PPO)

The carrier is **Empire BlueCross BlueShield**. This plan offers the flexibility of using **in-network** or **out-of-network** health care providers. There are **co-payments** for certain in-network services, with no deductible. Other **in-network** services are subject to **annual deductibles** of \$400 for individual and \$800 for family coverage. The plan then pays **90%** of allowable fees, with annual **out-of-pocket maximums** of \$1,200 individual and \$2,400 family.

In-network services are provided by participating providers listed at www.empireblue.com or call 1-800-934-7703. The plan covers **hospitalization and preventive care**. It includes a **prescription drug card program administered by CVS/Caremark**. A **three-tier co-payment** applies at participating pharmacies: \$10 generic; \$25 preferred brand; \$40 non-preferred brand for a one-month supply. A 90-day supply of maintenance medication is available by mail order or at a local CVS pharmacy with co-payments of \$20 generic; \$50 preferred brand; and \$80 non-preferred brand.

If you use **non-participating providers**, your services will be **out-of-network** and will be subject to **annual deductibles** of \$600 for individual and \$1,200 for family coverage. The plan then pays **70%** of Usual and Customary Rates (**UCR**) with annual **out-of-pocket maximums** of \$3,600 individual and \$7,200 family. Please refer to the attached rate chart for the current employee bi-weekly contribution.

OXFORD EXCLUSIVE PROVIDER ORGANIZATION (EPO) Liberty Network

The **Oxford EPO**, Liberty Network, provides health coverage including hospitalization, preventive care, and prescription drug coverage with retail co-payments of: \$10 Tier I; \$25 Tier II; \$50 Tier III for a 30-day supply; Mail Order-\$20 Tier I; \$50 Tier II; \$100 Tier III for a 90 day supply. There is no “out-of-network” option, but referrals from a Primary Care Physician (PCP) are not required to see a specialist. Members have access to the UnitedChoicePlus network when traveling outside the tri-state (NY/NJ/CT) area. Additional details are provided on the Oxford HMO Benefit Summary. Please refer to the attached rate chart for the current employee bi-weekly contribution.

DENTAL PLANS

The **MetLife Preferred Dentist Program (PDP)** allows you to save on out-of-pocket expenses if you use a dentist who participates in the MetLife PDP. The choice is always yours to use an in-network provider or a dentist who is out-of-network. To find a participating dentist, call MetLife at 1-800-474-7371 or go to www.metlife.com/mybenefits. **(ID cards are not issued.)**

ENHANCED DENTAL PLAN

The carrier is **MetLife**. The annual deductible, excluding preventive coverage, is \$25 per person per calendar year, with a maximum family deductible of \$75. The maximum claim payment is \$1,500 per person per year. Orthodonture, for dependent children age 19 or less who are covered by the plan, has a maximum lifetime benefit of \$1,500 per individual. The Enhanced Dental Plan will offer the following reimbursements of reasonable and customary charges:

100% Preventive/Diagnostic
80% Basic Restorative
50% Major Restorative
\$1,500 Orthodontics maximum - lifetime benefit

Please refer to the attached rate chart for current employee bi-weekly contribution.

DENTAL ASSISTANCE PLAN

The carrier is **MetLife**. The Plan pays benefits based on a **fixed-fee** schedule for preventive, diagnostic, basic restorative, major restorative and orthodontic treatments. The annual deductible, excluding preventive coverage, is \$25 per person per calendar year, with a maximum family deductible of \$75. The maximum claim payment is \$1,000 per person per year. Orthodonture, for dependent children age 19 or less who are covered by the plan, has a maximum lifetime benefit of \$1,000. Please refer to the attached rate chart for current employee bi-weekly contribution.

VISION PLAN

OUTLOOK VISION SERVICES

For an annual fee of \$15, employees can participate in **Outlook Vision Services**, a vision program with a schedule of benefits or a 20-50% discount that provides substantial savings off the regular retail price of eye wear and mail-order contact lenses. Please refer to the Outlook Vision Services brochure for additional information, or contact Outlook Vision Services at 1-800-342-7188 or go to www.outlookvision.com.

HOLIDAYS - See the [NYMC 2012 Holiday Schedule](#) for the Valhalla Campus.

VACATION

Twelve (12) vacation days per year, accrued on a monthly basis. Vacation may be taken after three months of employment. A maximum of one vacation day may be carried forward on anniversary date. Vacation time should be taken prior to termination and will not be paid out upon termination.

PERSONAL DAYS

Two (2) personal days per year, one earned every six months. One personal day may be carried forward on anniversary date. Personal time should be taken prior to termination and will not be paid out upon termination.