



AMERICAN MUSEUM OF NATURAL HISTORY

Benefits Guide 2019

- Learn About Your Benefits -
- Compare Museum Plan Options -
- Review New Employee Contributions -
- Access Benefits and Enrollment Tools Online -



CONTENTS

Introduction..... 3

Eligibility and Enrollment 4

Benefits-At-A-Glance..... 5

Plan Source – Online Benefits Enrollment Tool..... 6

After Enrollment..... 7

Life Event Benefit Changes 8

Medical Insurance 9

Health Savings Account (HSA)..... 16

Prescription Benefits – RxBenefits/Express Scripts 17

Health Advocate 19

New York City Health Plans 20

Health Insurance Waiver Program 21

Museum Dental Plans 22

Vision Plan 23

Flexible Spending Accounts 24

Life Insurance – Group Term Life..... 26

Cultural Institutions Retirement System (CIRS)..... 27

Employee Assistance Program (EAP) 29

Time Off Benefits..... 30

Disability and Workers’ Compensation..... 31

Voluntary Benefits 32

Monthly Employee Contributions..... 34

Monthly Employee Premium – Voluntary Plans..... 37

Health Insurance Terminology..... 38

Contacts 39

Required Notices..... 40

INTRODUCTION

The Museum is committed to offering its employees a comprehensive benefits package at a competitive cost. This package includes health, dental, vision, health savings account, flexible spending accounts, life insurance, retirement, and tuition programs, as well as various work-life benefits such as Employee Assistance Program (EAP) and commuter benefits.

As part of this commitment, we provide you with access to a variety of tools and resources including this Benefits Guide to help you make informed benefits decisions.

Please take the time you need to familiarize yourself with the Museum health and welfare program described in this guide. If you have any questions, please contact Elyse Warner-Lyons at (212) 769-5560; ewarner-lyons@amnh.org or Kala Harinarayanan at (212) 769-5226; kala@amnh.org.

Key Dates

- **New Hire and status change benefit elections must be made within 31-days from your date of hire and/or status change date.**
- **Enrollment in a health plan or waiving coverage is required. If you do not make a health plan election or waive health coverage, you will be defaulted to the Aetna Museum Plan 100 and the appropriate monthly pre-tax payroll deduction will be applied**

ELIGIBILITY AND ENROLLMENT

If you are a regular full-time employee scheduled to work 21 hours per week or more, you may enroll yourself and your eligible dependents in the benefit plan options.

- Any lawful spouse or domestic partner;
- Your biological, adopted, step or foster children who have not reached the age of 26;
- Dependents who are 26 or more years old, primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap

Verification of Dependent Eligibility

If you are adding a spouse, domestic partner or child to the medical or Museum dental plans, you are required to provide dependent verification documentation to the Benefits Office within 31-days from your new hire date or life event date.

Dependent	Dependent Eligibility Documentation
Spouse	<p>Government issued Marriage certificate</p> <p>If enrolling in a New York City health plan, employees are required to provide the following:</p> <ul style="list-style-type: none"> • Married one year or less: <ol style="list-style-type: none"> 1) Government issued Marriage Certificate • Married more than one year: <ol style="list-style-type: none"> 1) Government issued Marriage Certificate <u>AND</u>; 2) Federal Tax Return from the last two years, (only send the first page of your tax return which shows your spouse) OR Proof of Joint Ownership issued within the last six months (with both names) such as a mortgage statement, lease agreement, utility bills, bank statement, credit card statements and property tax statements.
Domestic Partner	<p>Certificate of Domestic Partnership or Notarized Affidavit of Domestic Partnership</p> <p>If enrolling in a New York City health plan, employees are required to provide the following:</p> <ul style="list-style-type: none"> • Partnership of one year or less: <ol style="list-style-type: none"> 1) Domestic Partnership Certificate Registration • Partnership of more than one year: Domestic Partnership Certificate of Registration and one of the following: <ol style="list-style-type: none"> 1) Proof of joint ownership (bank account, auto, home, etc.) issued within the last six months 2) Proof of cohabitation (two separate documents – one in your name and one in your domestic partner’s name – at the same address
Child	<p>Government issued Birth Certificate / Adoption Records / Court Records</p>

BENEFITS-AT-A-GLANCE

HEALTH AND WELFARE BENEFITS

Medical Plans - Contributory <ul style="list-style-type: none"> Preferred Provider Organization (PPO) Point of Service (POS) Health Maintenance Organization (HMO) Health Deductible Health Plan (HDHP) 	Effective 1 st day of employment
Dental Plans - Contributory <ul style="list-style-type: none"> Dental Maintenance Organization (DMO) Preferred Provider Organization (PPO) 	Effective 1 st of month after 3 months of employment
Voluntary Vision	Effective 1 st of month after 3 months of employment
Flexible Spending Accounts (Health/Dependent Care) <ul style="list-style-type: none"> Limited Purpose Flexible Spending Account Health Savings Account 	Eligible 1 st day of employment; account set up effective 1 st of the month following date of employment

LIFE AND RETIREMENT BENEFITS

Group Life Insurance (1x salary up to ten years of service; 2x salary after ten years of service max at \$500,000)	Effective after 3 months of employment
10K Group Life Insurance	Effective after 3 months of employment
Accidental Death and Dismemberment (AD&D)	Effective after 3 months of employment
Voluntary Life Insurance	Effective upon approval from carrier
401(k) Retirement Savings - Contributory	Effective after 3 months of employment
Pension - Contributory	Eligible after 1 year of employment; vested after 5 years

TIME OFF BENEFITS

Annual Leave	Maximum Annual Leave
Salaried employees during their 1st through 4th years of service	Up to 15 workdays (3 weeks) per year based on accrual rate
Salaried employees during their 5th through 7th years of service and Director-level employees during their 1st through 7th years of service	20 workdays (4 weeks)
Salaried employees during their 8th through 14th years of service	25 workdays (5 weeks)
Salaried employees during their 15th and subsequent years of service	27 workdays (5 weeks and 2 days)
Curators, Associate Curators, Assistant Curators, Curatorial Fellows, Research Scientists	Per appointment policy as in effect through the Provost's office
Paid Sick Leave	Up to 12 days per year based on accrual rate
Short Term Disability	Eligible 1 st day of employment
Long Term Disability	Eligible after 6 months of short term disability
Workers' Compensation	Effective 1 st day of employment

WORK/LIFE BENEFITS

Employee Assistance Program (EAP)	Eligible 1 st day of employment
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OTHER BENEFITS

Aflac Accident and Specified Disease	Eligible 1 st day of employment; account set up effective 1 st of the month following date of employment
NY's 529 College Savings Plan	Effective 1 st day of employment
Transportation Program <ul style="list-style-type: none"> TransitChek 	Eligible 1 st day of employment
Bank at Work Programs	AMNH Credit Union
Discount Programs	Various discounts to restaurants, entertainment and shops

In the event of any conflict between the description set forth herein and the plan documents themselves, the plan documents are controlling.

PLAN SOURCE – ONLINE BENEFITS ENROLLMENT TOOL

To help you make informed choices, Plan Source, online enrollment and decision support tool is available to assist you to determine which plan is best suited for you and your family's needs. To enroll in, or waive any of the three Museum Health Plans, Health Savings Account (HSA), Museum Dental Plans and/or Flexible Spending Account (FSA), you will be required to enroll using the online tool, Plan Source: <https://benefits.plansource.com>.

To enroll in a NYC health plan, you will need to make your election in Plan Source as well as completing a Health Benefits Application form which is available in Plan Source and included in the benefits orientation materials provided.

- You will receive an email by the end of your first week with your Plan Source log in credentials.
 - **Username (no spaces):** first initial of first name, last name (up to six characters) and last four digits of your social security number
 - **Password:** date of birth (yyyymmdd)

Example: Michael Johnson, DOB: June 30, 1974

- **Username:** mjohnso6789
- **Password:** 19740630
- Once logged in, you will be required to change your password and enter your email address.
- Please note that the online tool is available 24/7 and can be accessed from any computer if you wish to use this digital enrollment tool at home.
- **Need Computer Access to Enroll?**
You can access the benefits online enrollment tool 24 hours a day, seven days a week, via the internet. If you do not have access to your own personal computer either at home or at work, computers will be available, Monday – Friday from 9:00 AM to 5:00 PM in the Human Resources Department.
- **Contact Information**
For personalized assistance with your benefits or assistance with the online tool, please contact:

Name	Telephone	Email
Elyse Warner-Lyons	X5560	ewarner-lyons@amnh.org
Kala Harinarayanan	X5226	kala@amnh.org

AFTER ENROLLMENT

Aflac Accident and Specified Disease Plan

- Applications submitted are subject to approval by Aflac.

Dental Coverage

- Aetna DMO Dental Plan: ID cards are not required and therefore, are not issued. To obtain your member ID number, register your account by visiting www.aetna.com or contact Member Services at (800) 220-5479.
- Cigna PPO Dental Plan: If you would like to receive an ID card, you may register your account at www.cigna.com to print an ID card or by contacting Member Services at (800) 244-6224.

Medical Coverage:

- You will receive an ID card within 7-10 business days from processing your enrollment. This card should be used for medical services. Please make sure that you provide a copy of your ID card to your provider. Once you receive your card, you can register your account at www.aetna.com.

Prescription Coverage

- You will receive an ID card within 7-10 business days from processing your enrollment. This card should be use for prescriptions benefits. Please make sure that you provide a copy of your ID card to your provider. Once you receive your card, you can register your account at www.Express-Scripts.com.

NY's 529 College Savings Plan

- Go to the plan's website at www.ny529atwork.org and select Open an account.
- Follow the step-by-step instructions until you reach the Pick a funding method page, where you select "*With payroll direct deposit*".
- At the end of the enrollment process, you'll be asked to print out a Payroll Authorization Form. This form is prefilled with your name, the total payroll direct deposit amount, your unique account number, and routing (ABA) number for the plan's bank. Process your direct deposit election by logging onto the Employee Self Service (ESS) using the information on the form.

Vision

- ID cards are not required and therefore, are not issued. To obtain your member ID number, register your account by visiting www.e-nva.com or by contacting Member Services at (877) 241-7124.

Voluntary Life Insurance

- Applications submitted are subject to approval by Sun Life.

LIFE EVENT BENEFIT CHANGES

After 31 days from your date of hire and/or status change date, you will not be allowed to make changes to your elections unless you experience a qualifying life event and changes must be made within 31 days of the event. Note that it is your responsibility to inform the Benefits Office when you have a qualifying life event or change in family status.

Some qualifying life events include:

Qualifying Events
Adding dependents due to marriage, domestic partnership, birth or adoption of a child;
Dropping dependents due to death, divorce/termination of domestic partnership;
Change in employment status for you or your spouse/domestic partner;
Changing from full-time to part-time or vice versa

Life Event benefits changes should be made in Plan Source, <https://benefits.plansource.com> within the 31-day window.

MEDICAL INSURANCE

As a full-time Museum employee, you have access to health plan options through the Museum which includes prescription coverage as well as options through the New York City Health Benefits Program, some with prescription coverage options.

Aetna Museum Health Plans

The Museum offers the following plans through Aetna:

- 1) Aetna Museum Plan 100
- 2) Aetna Museum Plan 80
- 3) Aetna Museum High Deductible Health Plan (HDHP)

New York City Health Plans

Information regarding New York City Health Plans and Summary of Benefits and Coverage are available at <http://www1.nyc.gov/site/olr/health/healthhome.page>.

AETNA MUSEUM PLAN 100

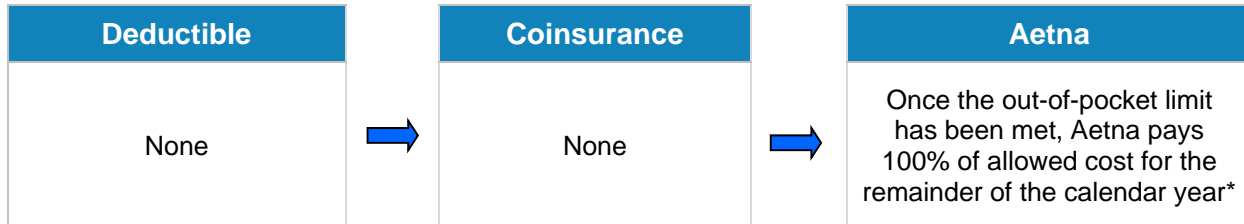
- The Aetna Museum Plan 100 has no annual deductible for in-network services. Copays apply for certain services and in some cases, are dependent on where the service is received.
- Most out-of-network services are covered at 65% (35% coinsurance) after the annual deductible of \$1,500/\$3,000 is met. Coinsurance is a percentage of the medical costs, based on the allowed amount; you must pay for certain services after you meet your annual deductible.
- After you reach the in-network/out-of-pocket maximum: \$3,750 (individual); \$7,500 (family) or; out-of-network out-of-pocket maximum: \$5,000 (individual); \$10,000 (family), the Aetna Museum Plan 100 pays 100% of allowed medical charges for the remainder of the calendar year.

Aetna Museum Plan 100		
Plan Features	In-Network	Out-of-Network
Deductible	\$0	\$1,500/\$3,000
Coinsurance	100%	Covered 65%
Out-of-Pocket Limit	\$3,750/\$7,500	\$5,000/\$10,000
Preventive Care	100%	Covered 65% after deductible has been met for some services
Office Visits - Primary Care	\$25 copay	Covered 65% after deductible has been met
Office Visits - Specialists	\$40 copay	Covered 65% after deductible has been met
Emergency Room	\$100 copay (waived if admitted)	Same as in-network care
Urgent Care	\$25 copay	Covered 65% after deductible has been met
Inpatient Coverage	\$500 per confinement copay	Covered 65% after \$500 confinement fee and deductible has been met
Outpatient Surgery	\$100 copay per surgery	Covered 65% after \$100 per surgery fee; after deductible has been met
X-Ray, Diagnostic Lab and Complex Imaging	\$0	Covered 65% after deductible has been met

For additional details, please refer to the plan design documents. In the event of any conflict between the description set forth herein and the plan documents themselves, the plan documents are controlling.

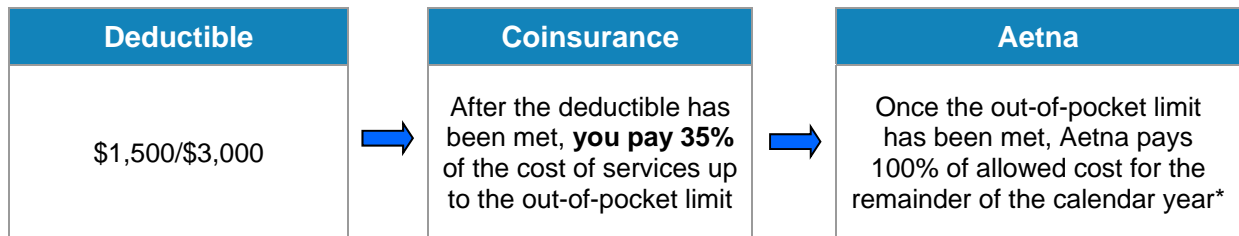
Illustration
Aetna Museum Plan 100

Using an In-Network Provider ¹		
Deductible	Coinsurance	Out-of-Pocket Limit
None	None	Individual/Family \$3,750/\$7,500



1. Aetna Museum Plan 100 has 100% coverage for preventative care in-network.

Using an Out-of-Network Provider ²		
Deductible	Coinsurance	Out-of-Pocket Limit
\$1,500/\$3,000	Covered 65%	Individual/Family \$5,000/\$10,000



2. Balance billing can occur from out-of-network physicians

AETNA MUSEUM PLAN 80

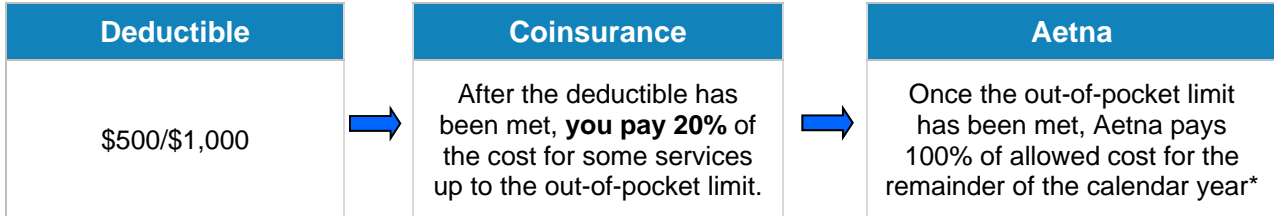
- This option is similar to the Museum Plan 100, but it has an in-network annual deductible and coinsurance.
- The Aetna Museum Plan 80 has a \$500 (individual); \$1,000 (family) annual deductible for in-network services and an annual deductible of \$1,500 (individual); \$3,000 (family) for out-of-network services.
- Copays apply for certain services and in some cases are dependent on where the service is received.
- In-network services are covered at 80% (20% coinsurance) after the annual deductible is met.
- Out-of-network services are covered at 65% (35% coinsurance) after the annual deductible is met.
- Coinsurance is a percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.
- After you reach the in-network/out-of-pocket maximum: \$3,750 (individual); \$7,500 (family) or; out-of-network out-of-pocket maximum: \$5,000 (individual); \$10,000 (family), the Aetna Museum Plan 80 pays 100% of allowed medical charges for the remainder of the calendar year.

Aetna Museum Plan 80		
Plan Features	In-Network	Out-of-Network
Deductible	\$500/\$1,000	\$1,500/\$3,000
Coinsurance	Covered 80%	Covered 65%
Out-of-Pocket Limit	\$3,750/\$7,500	\$5,000/\$10,000
Preventive Care	100%	Covered 65% after deductible has been met for some services
Office Visits - Primary Care	\$25 copay	Covered 65% after deductible has been met for some services
Office Visits - Specialists	\$40 copay	Covered 65% after deductible has been met for some services
Emergency Room	\$100 copay (waived if admitted)	Same as in-network care
Urgent Care	\$25 copay	Covered 65% after deductible has been met
Inpatient Coverage	\$500 per confinement copay after deductible has been met	Covered 65% after \$500 per confinement fee; after deductible has been met
Outpatient Surgery	\$100 copay per surgery after deductible has been met	Covered 65% after \$100 fee per surgery; after deductible has been met
X-Ray, Diagnostic Lab and Complex Imaging	80% after deductible has been met	Covered 65% after deductible has been met

For additional details, please refer to the plan design documents. In the event of any conflict between the description set forth herein and the plan documents themselves, the plan documents are controlling.

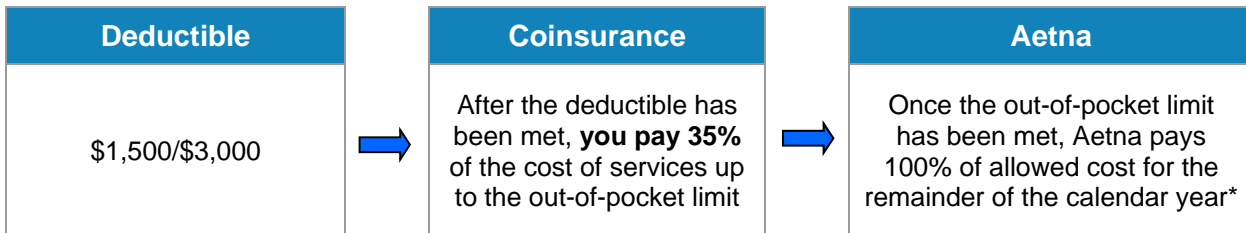
Illustration
Aetna Museum Plan 80

Using an In-Network Provider ¹		
Deductible	Coinsurance	Out-of-Pocket Limit
\$500/\$1,000	Covered 80%	Individual/Family \$3,750/\$7,500



1. Aetna Museum Plan 80 has 100% coverage for preventative care in-network.

Using an Out-of-Network Provider ²		
Deductible	Coinsurance	Out-of-Pocket Limit
\$1,500/\$3,000	Covered 65%	Individual/Family \$5,000/\$10,000



2. Balance billing can occur from out-of-network physicians

AETNA MUSEUM HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

- As a high deductible health plan, this option can be paired with a Health Savings Account (HSA) which allows for the use of pretax deductions to pay for allowable medical expenses (including for deductibles and coinsurance).
- Unlike a traditional Flexible Spending Account, contributions to your HSA not used during the calendar year will roll over for future years medical expenses.
- The Aetna Museum HDHP has a \$1,500 (individual); \$3,000 (family) annual deductible for in-network and out-of-network services.
- In-network services are covered at 80% (20% coinsurance) and out-of-network services are covered at 65% (35% coinsurance) each after the annual deductible is met.
- Coinsurance is a percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.
- The Aetna Museum HDHP pays 100% of allowed medical charges for the remainder of the calendar year. After you reach the in-network out-of-pocket maximum: \$3,750 (individual); \$7,500 (family) or; out-of-network out-of-pocket maximum: \$5,000 (individual); \$10,000 (family).

Aetna Museum High Deductible Health Plan (HDHP)

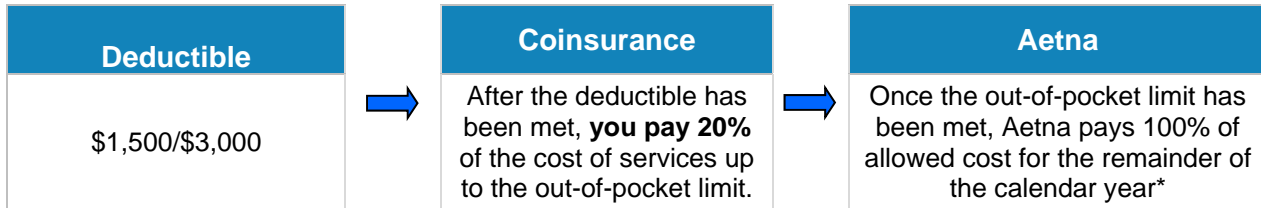
Plan Features	In-Network	Out-of-Network
Deductible	\$1,500/\$3,000	\$1,500/\$3,000
Coinsurance	Covered 80%	Covered 65%
Out-of-Pocket Limit	\$3,750/\$7,500	\$5,000/\$10,000
Preventive Care	100%	Covered 65% after deductible has been met for some services
Office Visits - Primary Care	Covered 80% after deductible has been met	Covered 65% after deductible has been met
Office Visits - Specialists	Covered 80% after deductible has been met	Covered 65% after deductible has been met
Emergency Room	Covered 80% after deductible has been met	Same as in-network care
Urgent Care	Covered 80% after deductible has been met	Covered 65% after deductible has been met
Inpatient Coverage	Covered 80% after deductible has been met	Covered 65% after deductible has been met
Outpatient Surgery	Covered 80% after deductible has been met	Covered 65% after deductible has been met
X-Ray, Diagnostic Lab and Complex Imaging	Covered 80% after deductible has been met	Covered 65% after deductible has been met

For additional details, please refer to the plan design documents. In the event of any conflict between the description set forth herein and the plan documents themselves, the plan documents are controlling.

Illustration

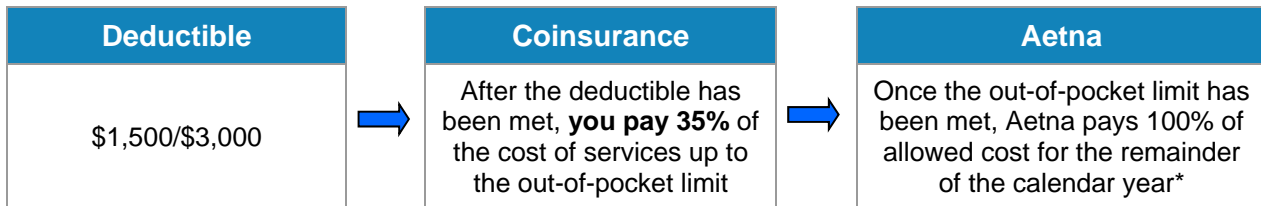
Aetna Museum High Deductible Health Plan (HDHP)

Using an In-Network Provider ¹		
Deductible	Coinsurance	Out-of-Pocket Limit
\$1,500/\$3,000	Covered 80%	Individual/Family \$3,750/\$7,500



1. Aetna Museum HDHP has 100% coverage for preventative care in-network.

Using an Out-of-Network Provider ²		
Deductible	Coinsurance	Out-of-Pocket Limit
\$1,500/\$3,000	Covered 65%	Individual/Family \$5,000/\$10,000



2. Balance billing can occur from out-of-network physicians

HEALTH SAVINGS ACCOUNT (HSA)

If you elect coverage under the Aetna Museum High Deductible Health Plan (HDHP) **and are not enrolled in Medicare, and do not have a balance available in your Flexible Spending Health Care Account as of the end of the previous calendar year, if applicable**, you may elect a Health Savings Account (HSA) effective January 1, 2019. It is important to keep in mind that you can only use HSA funds after you have contributed them. You can contribute money to your HSA on a pre-tax basis through payroll deductions. **Please note that if you are currently enrolled in the HSA through the Museum, you must re-elect during the annual open enrollment period or during the effective plan year to participant even if you do not change your election amount from the prior year.**

Coverage Type	HSA 2019 Contribution Limit
Individual	\$3,500
Family	\$7,000
Catch-up contributions (age 55 or older as of year-end)	\$1,000

Qualified medical expenses that may be paid through your HSA on a tax-free basis include: most medical care and services; dental and vision care; prescription drugs; and premiums paid for COBRA, long-term care, and medical and prescription drug expenses as a retiree, including Medicare premiums. You can see a complete list of eligible expenses at www.irs.gov (Publications 969 and 502).

HSA Highlights

- Once enrolled, you will receive a Debit Card from PayFlex for your convenience to pay for eligible expenses as long as funds are available in your account.
- Any unused balance accumulates year over year.
- The funds contributed to the account are not subject to federal income tax at the time of deposit.
- The HSA is your account even if you change health plans, leave the Museum or retire.
- You do not pay taxes on the money you withdraw to pay for current and/or future eligible qualified healthcare expenses, including deductibles and coinsurance.
 - However, if you withdraw money from your HSA and do not have enough qualified expenses to cover the withdrawal, you will pay taxes on the ineligible expenses distribution and an additional 20% penalty if you're under age 65.
 - You should keep careful records of your healthcare expenses and the corresponding withdrawals from your HSA in case you need to provide proof to the IRS of your account distributions.

PRESCRIPTION BENEFITS – RxBENEFITS/EXPRESS SCRIPTS

RxBenefits/Express Scripts is your prescription coverage provider and you will receive a separate ID card for your prescription benefit.



Express Scripts for Aetna Museum Plan 100 and 80

Plan Features	In-Network	Out-of-Network
Retail Pharmacy, 30-day supply	\$10/\$30/\$50	Not Covered
Mail Order, up to 31-90 day supply	2x Retail	N/A

Express Scripts for Aetna Museum High Deductible Health Plan

Plan Features	In-Network	Out-of-Network
Pharmacy Coverage	The full cost of the drug is applied to the deductible before any benefits are considered for payment under the pharmacy plan.	
Retail Pharmacy, up to a 30-day supply	Covered 80% after deductible has been met	N/A
Mail Order, up to a 31-90 day supply	Covered 80% after deductible has been met	N/A

PRESCRIPTION BENEFITS – RxBENEFITS/EXPRESS SCRIPTS (CONTINUED)

Prescription benefits for employees enrolled in one of the Aetna Museum Health Plans is through RxBenefits/Express Scripts. RxBenefits has expertise in helping participants navigate through issues related to purchasing prescription medicine.

Q. How many pharmacies are in the Express Scripts (ESI) network?

Express Scripts is a national network with over 60,000 pharmacies.

Q. Is there a formulary list available to review?

A prescription drug formulary is a list of medications that each prescription vendor maintains. The prescription list is available for review at: www.express-scripts.com/NATPLSNATPREF14. Please discuss your options with your physician to find the appropriate medication that is cost effective for you.

Q. Is there a customer service number?

RxAssure is RxBenefits' Customer Service Department. They can be contacted at (800) 334-8134 between 8 AM - 9PM (ET), Monday through Friday for assistance. They are available to assist you if you need help regarding your prescription drug program. They can also assist; setting up your mail order account or working with your physician to send your prescription to Express Scripts mail order facility.

Q. Where can I find medications covered under the prescription plan through Express Scripts?

You can access the Express Scripts website (Express-Scripts.com) to see a summary of your plan. From the menu, click on "Benefit Highlights", it will show you days' supply, copay amounts, deductible and out-of-pocket expenses associated with your plan.

Q. Are there instructions on how to use ESI Rx Home Delivery for a new or existing prescription?

You can find detailed instructions on how to order refills and new orders from ESI at Express-Scripts.com. You can also call RxBenefits' Customer Service Department at (800) 334-8134 between 8 am – 9pm ET, Monday through Friday and they can assist in setting up your mail order account and work with your physician to send prescriptions to Express Scripts.

Q. Are there any other programs with Express Scripts to assist with the cost of medications?

Contact RxBenefits' Customer Service Department at (800) 334-8134 between 8 AM - 9PM (ET), Monday through Friday for assistance.

Q. Is there a tool to price out medications?

Once you log in to Express-Scripts.com, select "Price a Medication" under "Manage Prescriptions" on the menu, enter the drug name and then follow the steps to view pricing and coverage information. The coverage and pricing information serve as a general overview of your plan.

Q. Can I obtain maintenance medication at a retail pharmacy? If so, where and what are the copay amounts?

For medications you use on a long-term basis, you can purchase through either the ESI home delivery channel or Walgreens. Walgreens owns Duane Reade and other pharmacies, please access Walgreens website to find a pharmacy near you (www.walgreens.com). The cost of the medication at retail will be the same that you pay when you use home delivery for up to a 90-day supply.

Q. Are there any online member tools available?

Express-Scripts.com and the Express Scripts mobile app are useful on-line tools to help in managing prescription benefits.

HEALTH ADVOCATE

Health Advocate as a free benefit to employees that enroll in either the Museum Aetna Health or Dental DMO Plan or Cigna PPO Dental Plan or Vision Plan. Health Advocate can help you and your family navigate the complexities of the healthcare system and further improve your health. Enrollees can call Health Advocate to assist with general benefits questions and health care system navigation, issues with medical claims and billing, or questions regarding eldercare. Health Advocate services are completely confidential.

To access this benefit, you may contact Health Advocate at (866) 695-8622 or visit www.HealthAdvocate.com/members

NEW YORK CITY HEALTH PLANS

The New York City Health Benefits Program Summary Program Description (SPD) and Summaries of Benefits and Coverage (SBC) provides you with information about benefits under the New York City Health Benefits Program and is available at, <http://www1.nyc.gov/site/olr/health/healthhome.page>.

Point of Service (POS), Exclusive Provider (EPO), Participating Provider (PPO), and Indemnity Health Plans ¹
Empire EPO
GHI – CBP / Empire Blue Cross Blue Shield (hospitalization)
HIP Prime POS

1. With the exception of Empire EPO, these plans allow the participant to choose services in-network or out-of-network. Note that reimbursement rates and allowable charges for out-of-network services vary and are determined by the carrier.

Health Maintenance Organization (HMO) Health Plans
Aetna EPO
CIGNA HealthCare HMO
Empire HMO
GHI HMO
HIP Prime HMO
MetroPlus Gold
Vytra

HEALTH INSURANCE WAIVER PROGRAM

If you are currently covered with another health insurance plan and choose to waive health insurance through the Museum, the Museum will provide you with a \$2,000 taxable payment for the first year you waive and a \$1,000 taxable payment each year thereafter for future year waivers. Payments will occur twice a year (June and December). In order to receive this payment, you must do the following by:

1. Process your Waiver of Medical Health Benefits election for the calendar year through Plan Source, the online enrollment tool **(even if you currently participate in the program)**;
2. Submit proof of coverage to the Benefits Office

Please Note: If you fail to process your waiver election through Plan Source and submit proof of medical coverage to the Benefits Office, you will forfeit the calendar year payment for waiving health coverage.

Once enrolled in the waiver program, you must re-enroll and provide proof of coverage every year during the annual open enrollment period.

MUSEUM DENTAL PLANS

Good dental health is important to your overall well-being. At the same time, we all need different levels of dental treatment. It is for this reason that the Museum offers eligible employees two comprehensive dental plans:

- 1) Aetna DMO Dental Plan
- 2) CIGNA PPO Dental Plan

Aetna DMO Dental Plan (*Shelter Point Vision Plan Included at no extra charge*)

The Aetna DMO dental plan offers cost savings for staying in-network. With this plan, there are no benefits when going out-of-network. You also must select a primary care dentist when you select this plan.

Plan Features	In-Network
Primary Care Dentist Required	Yes
Annual Deductible (Individual / Family)	\$0
Calendar Year Maximum	N/A
Class I Preventive & Diagnostic	Pays 100%
Class II Basic Restorative Care	Pays 100%
Class III Major Restorative Care	Pays 60%
Class IV Orthodontia	\$2,000 copay (adult and child orthodontic services)
Orthodontia Lifetime Maximum	24 months of comprehensive orthodontic treatment plus 24 months of retention

In the event of any conflict between the description set forth herein and the plan documents themselves, the plan documents are controlling.

CIGNA PPO Dental Plan

The CIGNA PPO dental plan offers in-network and out-of-network levels of coverage.

Plan Features	In-Network	Out-of-Network
Primary Care Dentist Required	No	
Annual Deductible (Individual / Family)	\$50 per person / \$150 per family	
Calendar Year Maximum	\$2,000 Class I, II, III	
Class I Preventive & Diagnostic	Pays 100%	
Class II Basic Restorative Care	Pays 80%	80% after deductible has been met
Class III Major Restorative Care	Pays 50%	50% after deductible has been met
Class IV Orthodontia	Pays 50%	50% after deductible has been met
Orthodontia Age Requirement	dependent children to age 19	
Orthodontia Lifetime Maximum	\$1,000	

In the event of any conflict between the description set forth herein and the plan documents themselves, the plan documents are controlling.

VISION PLAN

The vision plan through ShelterPoint, National Vision Administrators, L.L.C. (NVA) network, provides the freedom to choose any vision care provider, but employees may save more at a participating network provider. (Aetna DMO Dental Plan participants receive this benefit at no cost to the employee).

Enrollment should be processed in Plan Source - <https://benefits.plansource.com>

Vision Plan Summary			
Plan Features	In-Network Benefits	Out-of-Network Reimbursements	
Examination: Once every 12 months	Covered 100%	Up to \$50	
Lenses: Once every 12 months			
Single vision	Covered 100%	Up to \$35	
Bifocal vision	Covered 100%	Up to \$85	
Intermediate vision	Covered 100% after \$30 copay	Up to \$85	
Trifocal	Covered 100%	Up to \$165	
Lenticular	Covered 100%	Up to \$165	
Lens Options: Once every 12 months			
Scratch resistant coating	Covered 100%	N/A	
Fashion/gradient tint	Covered 100%		
Solid tint	Covered 100%		
Glass photogrey single vision lens	Discounted to \$20		
Glass photogrey bifocal and trifocal lens	Discounted to \$30		
Ultraviolet (UV) coating	Discounted to \$12		
Standard anti-reflective (AR) coating	Covered 100% after \$35 copay		
Polarized lenses	Discounted to \$75		
Polycarbonate lenses	Covered 100%		
Standard progressive lenses	Discounted to \$50		
Premium progressive lenses	Covered 100% after \$90 copay		
Frames: Once every 12 months			
Frame allowance	\$130 retail allowance (20% coverage discount)		Up to \$35
Contacts: Once every 12 months (In lieu of eyeglasses)			
Maximum allowance for conventional lenses	\$130 retail allowance (15% coverage discount)		Up to \$200
Maximum allowance for disposable lenses	\$130 retail allowance (10% coverage discount)		
Medically necessary contact lenses	Covered 100%	N/A	
Evaluation, fitting, and follow-up care - standard lens	\$20 (daily wear lenses)		
- standard lenses	\$30 (ext. wear lenses)		
Evaluation, fitting, and follow-up care	Covered 100% after \$50 copay		
- specialty lens			

**This is a partial listing.* In the event of any conflict between the description set forth herein and the plan documents themselves, the plan documents are controlling.

FLEXIBLE SPENDING ACCOUNTS

The Museum continues to offer Health Care and Dependent Care Flexible Spending Accounts (FSA) and Limited Purpose Flexible Spending Account (LPFSA) (for HDHP enrollees only) administered by PayFlex, which allows you to pay for eligible health and dependent care expenses with pretax dollars. Once enrolled, you will receive a Debit Card for your convenience to pay for your prescription expenses as long as funds are available in your account. Please keep all receipts for transactions made with the Debit Card.

Please note that re-enrollment in FSA or LPFSA is required during the annual open enrollment period.

Health Care Account

The Health Care Account is a tax-free account that allows you to pay for qualified health care expenses that are not covered, or are partially covered, by your medical plan.

When you enroll in a Flexible Spending Account, you decide how much to contribute for the entire Plan Year. The money is then deducted from your paycheck, pre-tax (before taxes are deducted) in equal amounts over the course of the plan year.

For calendar year 2019, the projected maximum contribution limit for the Health Care FSA is \$2,700, subject to determination by the IRS. Note: This is a per employee limit, not a household limit. If an employee and his or her spouse are eligible for the Health Care FSA, each individual can establish their own Health Care FSA with a \$2,700 Calendar Year maximum.

Unused funds in your FSA Health Care Account are forfeited on March 15th the following calendar year. Eligible reimbursement claims must be submitted to PayFlex by March 31st of the following calendar year.

Dependent Care Account

The Dependent Care Account creates a tax break for dependent care expenses (typically child care or day care expenses) that enable you to work. If you are married, your spouse must be working, looking for work or be a full-time student. If you have a stay-at-home spouse, you should not enroll in the Dependent Care Flexible Spending Account. The IRS allows no more than \$5,000 per household (\$2,500 if you are married and file a separate tax return) be set aside in the Dependent Care Flexible Spending Account in a calendar year. Please note that you will only be reimbursed Dependent Care funds after you have contributed them.

Please note that IRS regulations disallow reimbursement for services that have not yet been provided, so even if you pay in advance for your expenses, you can only claim service periods that have already occurred.

Unused funds in your FSA Dependent Care Account are forfeited at the end of the plan year, December 31st. Eligible reimbursement claims must be submitted to PayFlex by March 15th of the following calendar year.

Eligible FSA Expenses	
Healthcare	Dependent Care
<ul style="list-style-type: none">• Routine medical examinations• Routine dental examinations• Vision exams and eyewear• Drugs/medicines purchased with a prescription• Therapeutic, orthopedic and prosthetic aids and devices	<ul style="list-style-type: none">• Babysitters• Daycare centers & Day camps• Nursery schools• After-school programs• Elder care

For a more extensive list of eligible and ineligible expenses, please visit: <http://www.irs.gov/publications/p502/>.

FLEXIBLE SPENDING ACCOUNTS (CONTINUED)

Limited Purpose Flexible Spending Account (LPFSA)

If you are enrolled in the Aetna Museum High Deductible Health Plan (HDHP), you cannot enroll in the traditional Health Care Flexible Spending Account; however, you may enroll in the Limited Purpose Flexible Spending Account (LPFSA) for reimbursement of qualified **dental, orthodontia and vision care expenses only**. For calendar year 2019, the projected maximum contribution limit for the LPFSA is \$2,700, subject to determination by the IRS.

Unused funds in your LPFSA Health Care Account are forfeited on March 15 of the following calendar year. Eligible reimbursement claims must be submitted to PayFlex by March 31st of the following calendar year.

LIFE INSURANCE – GROUP TERM LIFE

The Museum also provides you with a \$10,000 Group Term Life insurance through the Lincoln Financial Group which is effective on the 1st day of the month following three months of service.

The policy certificate booklet is available through the Human Resources Department Benefits Office.

CULTURAL INSTITUTIONS RETIREMENT SYSTEM (CIRS)

CIRS PLAN HIGHLIGHTS

CIRS Group Life Plan

- Life insurance regardless of age or medical history – 100% of the costs are paid by your employer
- Membership begins after completion of 3 months of service and attainment of age 21
- Life Insurance Amount =
 - 1X Annual Salary if you have less than 10 years of service
 - 2X Annual Salary if you have 10 or more years of service
- Accidental death benefits can double the above amounts
- Benefits will be reduced after age 70
- Option to convert the policy and continue to pay the premiums yourself at termination
- For questions regarding your Group Life Plan, contact CIRS at 212-674-0101
 - Unless you request otherwise, the beneficiaries you choose for the CIRS Savings Plan will also be used for the CIRS Group Life Plan

CIRS 401(k) Savings Plan

- Membership begins after completion of 3 months of service and attainment of age 21
- You can contribute up to 50% of pay or the IRS limit
- Contact Voya to elect your contribution percentage
- Account balance is always 100% vested and can be withdrawn after termination of employment
- You choose how your money is invested from a variety of investment options
- Free access to investment advice through Voya Advisory Service
- For questions regarding your 401(k) Savings Plan, contact Voya at <https://cirs.voya.com> or by calling the CIRS Service Center at 1-866-719-2477
 - 24/7 internet access to view your account balance and/or make changes
 - Update your beneficiary designations

CULTURAL INSTITUTIONS RETIREMENT SYSTEM (CIRS) (CONTINUED)

CIRS Pension Plan (Tier I – Employees Hired Before October 1, 2016)

Note: Pension Plan benefits have not changed under the 2016 Collective Bargaining Agreement (CBA)

- Provided at no cost to you – 100% of the costs are paid by your employer
- Membership begins after completion of 1 year of service and attainment of age 21
- 100% vesting after 5 years of service
- Provides a monthly annuity starting at retirement payable for your lifetime
- Options available to provide monthly survivor benefits to your designated beneficiary
- Amount of monthly annuity equals: $2\% \times (\text{Years of Service}) \times (\text{Final Average Salary})$ divided by 12
- Normal Retirement at age 62 and the completion of 5 years of service
- Early retirement available as early as age 52 with 5 years of service with a reduced benefit
- You can retire early with no reduction if you are at least age 55 and your age plus service is equal to or greater than 85
- For questions regarding your Pension Plan, contact Transamerica at 1-800-755-5801 or visit <https://cirs.trsuretire.com>
 - Update your beneficiary designations

CIRS Pension Plan (Tier II – Employees Hired On or After October 1, 2016)

- Membership begins after completion of 1 year of service and attainment of age 21
- Mandatory after-tax employee contributions of 2%- 3% depending on your Salary
- Contributions and credited service begin when you become a Member of the Plan
- 100% vesting after 5 years of service
- If you terminate employment before becoming vested, you will be eligible to receive a refund of any contributions you have made to the Plan with interest
- Provides a monthly annuity starting at retirement payable for your lifetime
- Options available to provide monthly survivor benefits to your designated beneficiary
- Amount of monthly annuity equals: $1.40\% \times (\text{Years of Credited Service}) \times (\text{Final Average Salary})$ divided by 12.
- Normal Retirement is age 64 and the completion of 5 years of service
- Early retirement is available as early as age 52 with 5 years of service with a reduced benefit
- You can retire early with no reduction if you are at least age 55 and your age plus service is greater than or equal to age 85
- For questions regarding your Pension Plan, contact Transamerica at 1-800-755-5801 or visit <https://cirs.trsuretire.com>
 - Update your beneficiary designations

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Museum offers an Employee Assistance Program (EAP) that provides employees and their immediate household members with in-person help for short-term issues; up to four sessions with a counselor per person, per issue, per year. The EAP also provides legal consultations, online services, child and elder care referrals and financial consultations. These services are completely confidential and are provided at no cost to the employee.

- Specialist Support Hotline: (888) 628-4824
- Website: www.guidanceresources.com
 - Username: LFGsupport
 - Password: LFGsupport1

TIME OFF BENEFITS

Annual Leave

The Museum provides full-time and term salaried employees (and part-time employees on a pro-rated basis) with a paid annual leave to be used for vacations, religious holidays, and personal business, including outside professional activities. Employees are encouraged to use their accrued annual leave each year, which provides a period of time away from the workplace to rest and rejuvenate. Annual leave is earned as follows:

Annual Leave	
Salaried employees during their 1st through 4th years of service	15 workdays (3 weeks)
Salaried employees during their 5th through 7th years of service and Director-level employees during their 1st through 7th years of service	20 workdays (4 weeks)
Salaried employees during their 8th through 14th years of service	25 workdays (5 weeks)
Salaried employees during their 15th and subsequent years of service	27 workdays (5 weeks and 2 days)
Curators, Associate Curators, Assistant Curators, Curatorial Fellows, Research Scientists	44 workdays

Additional information regarding annual leave is available through the Human Resource Department.

Paid Sick Leave

Salaried employees accrue sick leave at a rate of approximately one (1) day of sick leave per month of full-time work. Accrued sick leave is prorated for part-time salaried employees. New salaried employees receive an initial sick leave credit of five workdays and then additional accruals at the rate of one day per month of service after completing five months of service. Sick leave is not accrued during workers' compensation leave, short or long term disability leaves, or during any unpaid leave.

Additional information regarding annual leave is available through the Human Resource Department Benefits Office.

DISABILITY AND WORKERS' COMPENSATION

Short Term Disability Program

When eligible salaried employees are unable to work for an extended period of time due to illness, disability or injury unrelated to work, they may qualify for a benefit of 60% of their salary or average pay. Temporary disability, with physician certification and Museum approval, may continue for a period of up to 26 weeks, including the portion of the disability funded through the use of accrued sick leave. When employees are absent for more than seven consecutive work days, the Museum, in compliance with federal and state regulations, requires medical documentation from the employees' medical providers duly licensed to diagnose and treat the illness or disability. Employees should maintain contact with their supervisors regarding their expected date of return. Employees will continue to contribute and receive their health insurance for the duration of the short term disability leave, or up to six months. The Family Medical Leave Act (FMLA) runs concurrently with short term disability leave.

Additional information is available through the Human Resource Department Benefits Office.

Long Term Disability Program

Salaried employees who work a minimum of 21 hours per week and have already used their six (6) months of short-term disability are eligible for the Museum's Long Term Disability benefits. Employees eligible for this leave will receive replacement income up to 60% of their normal salary (up to a maximum of \$11,500/month). Typically, Long Term Disability runs for up to 24 months. However, if the person is permanently disabled and will not be able to return to work at the end of this term, they will qualify for Long Term Disability benefits up until they are eligible for Social Security Disability benefits. Should it appear around the fifth month of the six-month short-term disability leave that the employee will not be returning to work, the Human Resources Department Benefits Office will forward the Long Term Disability package to the employee so that paperwork can be completed in advance, averting a lapse in coverage.

Additional information is available through the Human Resource Department, Benefits Office.

Workers' Compensation Leave

Employees who are injured in the performance of official duties may charge such absences to accrued sick leave and annual leave, and may also be entitled to benefits as determined by the Workers' Compensation Board. The period of absence due to an injury covered by workers' compensation shall be counted as part of employees' 12-week leave entitlement under Family Medical Leave Act (FMLA) leave to the extent employees have a "serious health condition" under the terms of that law. Application forms for these benefits may be obtained from Human Resources Department Benefits Office. The Family Medical Leave Act (FMLA) runs concurrently with workers' compensation leave.

Additional information is available through the Human Resource Department Benefits Office.

VOLUNTARY BENEFITS

Aflac Accidental and Specified Disease Plans

- Accident and Specified Disease coverage provides cash benefits for expenses associated with an accidental injury/diagnosis to help cover out-of-pocket costs and does not coordinate with medical insurance coverage.
- Enrollment should be processed in Plan Source - <https://benefits.plansource.com>

NY's 529 College Savings Plan

- The NY's 529 College Savings Plan can assist you and your family to set aside funds for future college and K-12 education costs for employees, dependents, or any other beneficiary of your choice.
- Currently, up to \$10,000 is deductible from New York State taxable income for married couples filing jointly; people filing single can deduct up to \$5,000 annually. Investment gains are not subject to federal tax and generally not subject to state tax when used for the qualified education expenses.
- No minimum amount to contribute and contributions are through after-tax direct deposit through payroll once you open a 529 College Savings Plan at www.ny529atwork.org. Employees can access their payroll direct deposit through the Employee Self Service (ESS).
- The NY's 529 Savings Plan is portable if no longer an employee of the Museum.

Voluntary Life Insurance

Voluntary Life Insurance is offered through Sun Life. You may enroll at any time, however the completion of a medical questionnaire will be required by Sun Life. Applications submitted are subject to approval by Sun Life.

- **Employees:** Employees may sign up for \$10,000 to \$500,000 in \$10,000 increments to a maximum of five times your basic annual earnings.
- **Employee's spouse/domestic partner:** Employees that elect coverage for themselves apply for coverage for their spouse/domestic partner up to \$5,000 to \$150,000 in \$5,000 increments to a maximum of 50% of the employee's coverage amount.
- **Employee's child(ren):** Employees may apply for a \$5,000 or \$10,000 benefit amount (age 6 months to 19).
 - years – age 23 if a full-time student). Benefit is \$500 for child(ren) age 14 days to under 6 months.

Voluntary Life enrollment forms and additional information is available through the Human Resources Department Benefits Office.

401(k) Savings Plan Catch-Up Contributions

Employees age 50 or older by December 31st of any calendar year are eligible to make additional pre-tax 401(k) Savings Plan Catch-Up Contributions. The projected annual 401(k) Savings Plan Catch-Up Contribution limit for 2018 is \$6,000, subject to final determination by the IRS. If you are eligible to make Catch-Up Contributions for 2018, the combined annual limit on the 401(k) Savings Plan contributions you could make on a pre-tax basis is \$25,000 (\$19,000 of regular pre-tax Contributions plus \$6,000 of Catch-Up Contributions).

VOLUNTARY BENEFITS (CONTINUED)

Catch-Up Contributions are contributions that allow you to make up for lost time by contributing an amount on a pre-tax basis over the annual IRS pre-tax contribution limits. Annual Catch-Up Contribution limits are set by the Voluntary Benefits (continued)

IRS. For additional information, visit www.cirsplans.org or by contacting the CIRS Service Center at (866) 719-2477 from 8:00 AM to 8:00 PM (EST), Monday through Friday.

If you would like to elect a 401(k) Savings Plan Catch-Up Contribution for 2018, the 401(k) Savings Plan Catch-Up Contribution form is available through the Human Resources Department Benefits Office.

Transportation Commuter Program

Through TransitChek, the transportation commuter program is a tax free account for workplace commuting expenses (including mass transit and parking expenses / excluding taxis, tolls and fuel). You can elect to contribute up to \$270 per month for transportation expenses and up to \$270 per month for parking expenses. Limits are subject to the determination by the IRS.

You can enroll in the transportation benefit at any time. All you will need are the following pieces of information: Museum Company Code (XVS65); your Date of Birth; and your Employee Number which is found on your pay check under File No.

To enroll simply go to www.tams.transitchek.com to register. Once registered and logged in, click on the TransitChek Premium link located at the bottom of the page under "Manage Your Account." This is where you will select the amount desired.

- Payment is made through a payroll deduction on a monthly basis.
- If you decide to change or discontinue participation, simply go to the site and make your selections.

If you have any questions or would like to enroll over the phone, you may contact TransitChek at (888) 618-2435, Monday through Friday between 8:00 a.m. and 8:00 p.m. (EST) or visit www.tams.transitchek.com.

MONTHLY EMPLOYEE CONTRIBUTIONS

- Medical and dental contributions are deducted during the second pay period of the month.
- Flexible Spending Accounts and Health Savings Account deductions are made every bi-weekly pay period.
- 401(k) deductions are made every bi-weekly pay period.
- Commuter benefit deductions are made during the first of the month.

Aetna Museum Health Plans

Employee contributions for the three Aetna Museum medical plans are based on salary with a minimum and a maximum contribution.

	Individual Coverage		
	Museum Plan 100	Museum Plan 80	Museum HDHP
Total Monthly Rate (Museum and Employee Contributions)	\$849.73	\$785.15	\$680.64
Salary Percentage	2.87%	1.87%	1.06%
Minimum Monthly Employee Contribution	\$124.66	\$82.27	\$46.30
Maximum Monthly Employee Contribution	\$208.34	\$137.51	\$77.37

	Family Coverage		
	Museum Plan 100	Museum Plan 80	Museum HDHP
Total Monthly Rate (Museum and Employee Contributions)	\$2,437.91	\$2,252.63	\$1,952.76
Salary Percentage	8.37%	5.54%	3.17%
Minimum Monthly Employee Contribution	\$325.60	\$214.89	\$120.94
Maximum Monthly Employee Contribution	\$659.64	\$435.37	\$245.01

MONTHLY EMPLOYEE CONTRIBUTIONS (CONTINUED)

Employee Monthly Contribution Calculation

New York City Health Plans Point of Service (POS), Exclusive Provider (EPO), Participating Provider (PPO), and Indemnity Plans ¹				
Health Plan	Individual Coverage		Family Coverage	
	Full Option (with Rx)	Basic (without Rx)	Full Option (with Rx)	Basic (without Rx)
Empire EPO	\$825.37	\$611.48	\$2,087.56	\$1,563.20
GHI – CBP Empire Blue Cross Blue Shield	\$77.19	\$0.00	\$140.74	\$0.00
HIP Prime POS	\$1,238.32	\$953.89	\$3,033.88	\$2,337.03

1. With the exception of Empire EPO, these plans allow the participant to choose services in or out of the plan's network. Note that reimbursement rates and allowable charges for out-of-network services vary, and are determined by the carrier.

2.

New York City Health Plans Health Maintenance Organization (HMO)				
Health Plan	Individual Coverage		Family Coverage	
	Full Option (with Rx)	Basic (without Rx)	Full Option (with Rx)	Basic (without Rx)
Aetna EPO	\$1,260.78	\$201.52	\$3,959.13	\$988.00
CIGNA HealthCare HMO	\$995.97	\$732.55	\$2,775.60	\$1,986.90
Empire HMO	\$509.74	\$295.85	\$1,395.67	\$871.31
GHI HMO	\$412.80	\$139.53	\$1,120.50	\$423.78
HIP Prime HMO	\$199.25	\$0.00	\$488.14	\$0.00
MetroPlus Gold	\$188.69	\$0.00	\$433.39	\$0.00
Vytra	\$335.47	\$98.97	\$1,000.89	\$385.86

Museum Dental Plans

Employee contributions will remain the same for both the Aetna DMO and Cigna PPO.

Coverage Level	Employee Monthly Contribution	
	Aetna DMO	CIGNA PPO
Individual	\$9.76	\$36.64
Family	\$27.47	\$73.25

Museum Vision Plan – ShelterPoint

(Aetna DMO Dental Plan participants will continue to receive this benefit at no cost to the employee)

Coverage Level	Employee Monthly Contribution
Individual	\$3.80
Family	\$9.90

MONTHLY EMPLOYEE CONTRIBUTION (CONTINUED)

To calculate the employee monthly contribution, multiply employee annual salary by the percentage below and divide by 12.

Coverage Type	Example: How to calculate employee monthly contribution		
	Aetna Museum Plan 100	Aetna Museum Plan 80	Aetna Museum HDHP
Individual	<p>Monthly Contribution Calculation: Multiply your annual salary by 2.87% (salary multiplied by .0287) and then divide the result above by 12.</p>	<p>Monthly Contribution Calculation: Multiply your annual salary by 1.87% (salary multiplied by .0187) and then divide the result above by 12.</p>	<p>A Monthly Contribution Calculation: Multiply your annual salary by 1.06% (salary multiplied by .0106) and then divide the result above by 12.</p>
	<p><u>Minimum Contribution:</u> If Employee's salary is 45,000</p> <p>$\\$45,000 \times .0287 = \\$1,291.50$ $\\$1,291.50 / 12 = \\107.63</p> <p>Since Employee's monthly calculation is (\$107.63) less than the minimum contribution of \$124.66, employee's monthly contribution will be <u>\$124.66</u>.</p> <p><u>Maximum Contribution:</u> If Employee's salary is \$95,000 $\\$95,000 \times .0287 = \\$2,726.50$ $\\$2,726.50 / 12 = \\227.21</p> <p>Since Employee's monthly contribution is (\$227.21) greater than \$208.34, employee's monthly contribution will be \$208.34.</p>	<p><u>Minimum Contribution:</u> If Employee's salary is \$45,000</p> <p>$\\$45,000 \times .0187 = \\$841.50$ $\\$841.50 / 12 = \\70.13</p> <p>Since Employee's monthly calculation is (\$70.13) less than the minimum contribution of \$82.27, employee's monthly contribution will be <u>\$82.27</u>.</p> <p><u>Maximum Contribution:</u> If Employee's salary is \$95,000 $\\$95,000 \times .0187 = \\$1,776.50$ $\\$1,776.50 / 12 = \\148.04</p> <p>Since Employee's monthly contribution is (\$148.04) greater than \$137.51, employee's monthly contribution will be \$137.51.</p>	<p><u>Minimum Contribution:</u> If Employee's salary is \$45,000</p> <p>$\\$45,000 \times .0106 = \\$477$ $\\$477 / 12 = \\39.75</p> <p>Since Employee's monthly calculation is (\$39.75) less than the minimum contribution of \$46.30, employee's monthly contribution will be <u>\$46.30</u>.</p> <p><u>Maximum Contribution:</u> If Employee's salary is \$95,000 $\\$95,000 \times .0106 = \\$1,007$ $\\$1,007 / 12 = \\83.92</p> <p>Since Employee's monthly contribution is (\$83.92) greater than \$77.37, employee's monthly contribution will be \$77.37.</p>
Family	<p>Monthly Contribution Calculation: Multiply your annual salary by 8.37% (salary multiplied by .0837) and then divide the result above by 12.</p>	<p>Monthly Contribution Calculation: Multiply your annual salary by 5.54% (salary multiplied by .0554) and then divide the result above by 12.</p>	<p>Monthly Contribution Calculation: Multiply your annual salary by 3.17% (salary multiplied by .0317) and then divide the result above by 12.</p>
	<p><u>Minimum Contribution:</u> If Employee's salary is 45,000</p> <p>$\\$45,000 \times .0837 = \\$3,766.50$ $\\$3,766.50 / 12 = \\313.88</p> <p>Since Employee's monthly calculation is (\$313.88) less than the minimum contribution of \$325.60, employee's monthly contribution will be <u>\$325.60</u>.</p> <p><u>Maximum Contribution:</u> If Employee's salary is \$95,000 $\\$95,000 \times .0837 = \\$7,951.50$ $\\$7,951.50 / 12 = \\662.63</p> <p>Since Employee's monthly contribution is (\$662.63) greater than \$659.64, employee's monthly contribution will be \$659.64.</p>	<p><u>Minimum Contribution:</u> If Employee's salary is \$45,000</p> <p>$\\$45,000 \times .0554 = \\$2,493$ $\\$2,493 / 12 = \\207.75</p> <p>Since Employee's monthly calculation is (\$207.75) less than the minimum contribution of \$214.89, employee's monthly contribution will be <u>\$214.89</u>.</p> <p><u>Maximum Contribution:</u> If Employee's salary is \$95,000 $\\$95,000 \times .0554 = \\$5,263$ $\\$5,263 / 12 = \\438.58</p> <p>Since Employee's monthly contribution is (\$438.58) greater than \$435.37, employee's monthly contribution will be \$435.37.</p>	<p><u>Minimum Contribution:</u> If Employee's salary is \$45,000</p> <p>$\\$45,000 \times .0317 = \\$1,426.50$ $\\$1,426.50 / 12 = \\118.88</p> <p>Since Employee's monthly calculation is (\$118.88) less than the minimum contribution of \$120.94, employee's monthly contribution will be <u>\$120.94</u>.</p> <p><u>Maximum Contribution:</u> If Employee's salary is \$95,000 $\\$95,000 \times .0317 = \\$3,011.50$ $\\$3,011.50 / 12 = \\250.96</p> <p>Since Employee's monthly contribution is (\$250.96) greater than \$245.01, employee's monthly contribution will be \$245.01.</p>

MONTHLY EMPLOYEE PREMIUM – VOLUNTARY PLANS

Voluntary Life Insurance – Sun Life

You pay a monthly post-tax premium for each \$1,000 of coverage based on age.

Employee and Spouse/Domestic Age	Monthly Rate per \$1,000 of insurance
Under 30	\$0.050
30-34	\$0.060
35-39	\$0.070
40-44	\$0.090
45-49	\$0.150
50-54	\$0.230
55-59	\$0.430
60-64	\$0.660
65 and over	\$1.220

Child Voluntary Life Insurance: Monthly rate of \$0.123 for each \$1,000 of insurance.

Aflac Accident Plan

Coverage Level	Monthly Cost
Employee Only	\$12.26
Employee + Spouse	\$20.83
Employee + Children	\$28.98
Employee + Family	\$37.55

Aflac Specified Disease

Rates vary based on eligibility and are quoted upon approval by Aflac.

HEALTH INSURANCE TERMINOLOGY

To make the right choices, it is helpful to know the following benefits terms:

Annual Maximum: Total dollar amount a plan pays during a calendar year toward the covered expenses of each person enrolled.

Balance Billing: The practice of when hospitals, clinics, doctor offices and other medical facilities bill patients for the balance between what they want to charge for services and what the insurance company has already reimbursed them.

Brand Formulary Drugs: The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Coinsurance: A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

Copayment: A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

Deductible: Total dollar amount, based on the allowed amount, you must pay out of pocket for covered medical expenses each calendar year before the plan pays for most services.

Flexible Spending Account (FSA): An account in which an employee can have pre-tax payroll deductions for future medical or childcare expenses and in doing so, reduce taxable income

Generic Drugs: These drugs are usually most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

High Deductible Health Plan (HDHP): A type of health insurance plan with lower premiums and higher deductibles than a traditional health plan. Those enrolled in a HDHP can pair a Health Savings Account (HSA) and/or a Limited Purpose Flexible Spending Account (LPFSA) for additional tax savings.

Health Savings Account (HSA): A savings account used in conjunction with a high-deductible health plan that allows participants to save money tax-free against medical expenses.

In-Network: A group of health care providers, including dentists, physicians, hospitals and other health care providers, that agrees to accept pre-determined rates when providing patient services.

Limited Purpose Flexible Spending Account (LPFSA): An account used in conjunction with a high-deductible health plan in which an employee can have pre-tax payroll deductions for future qualified dental, orthodontia and vision care expenses only and in doing so, reduce taxable income

Maintenance Drugs: Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Non-Formulary Drugs: These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

Out-of-Pocket Maximum: The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

Primary Care Physician (PCP): The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Qualifying Event: An occurrence that qualifies the Subscriber to make an insurance coverage change outside of the Open Enrollment.

Specialty Drugs: Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.

CONTACTS

Carrier	Benefit	Telephone Number	Website
Aflac Accident Plan and Specified Disease Plan	Aflac	(800) 433-3036	www.aflacgroupinsurance.com
Commuter Benefit	TransitChek	(888) 618-2435	www.tams.transitchek.com
Dental Plans	Aetna	(877) 238-6200	www.aetna.com
	Cigna	(888) 336-8258	www.cigna.com
Employee Assistance Program (EAP)	Lincoln	(888) 628-4824	www.guidanceresources.com
			Username: LFGsupport
			Password: LFGsupport1
Flexible Spending Account (FSA); Limited Purpose Flexible Spending Account (LPFSA); Health Savings Account (HSA)	PayFlex ¹	(888) 678-8242	www.payflex.com
Health Advocate	Health Advocate	(866) 695-8622	www.HealthAdvocate.com/members
Health Plan (Aetna Museum Plan 100, Plan 80 and HDHP)	Aetna	(800) 962-6842	www.aetna.com
NY's 529 College Savings Plan	NY's 529 College Savings Plan	(800) 420-8850	www.ny529atwork.org
Prescription Coverage for Aetna Museum Health Plan members	RxBenefits Express Scripts	(800) 334-8134	www.Express-Scripts.com
Retirement Plans	Cultural Institutions Retirement System (CIRS)	(866) 719-2477	https://cirs.voya.com
		(800) 755-5801	https://trsretire.com
Vision Program	ShelterPoint	(877) 241-7124	www.e-nva.com
Voluntary Life Insurance	Sun Life	(800) 247-6875	www.sunlife.com/us

1. PayFlex: Aetna participants can access their PayFlex account through the Aetna Navigator, www.aetna.com

New York City Health Plans

Health Plan	Telephone Number	Website
Aetna EPO	(800) 445-8742	www.aetna.com/cityofny_employees
CIGNA HealthCare HMO	(800) 244-6224	www.cigna.com
Empire EPO	(800) 767-8672	www.empireblue.com/nyc
GHI-CBP Empire BlueCross BlueShield	(800) 624-2414 (800) 433-9592	www.emblemhealth.com/city www.empireblue.com/nyc
GHI HMO	(877) 244-4466	www.emblemhealth.com/city
HIP Prime HMO	(800) 447-6929	www.emblemhealth.com/city
HIP Prime POS	(800) 447-6929	www.emblemhealth.com
MetroPlus Gold HMO	(800) 475-3795	www.metroplus.org
Vytra Health Plan HMO	(800) 448-2527	www.vytra.com

REQUIRED NOTICES

Children's Health Insurance Program (CHIP)

Signed into expand state CHIP eligibility to more children and expectant mothers with an extended 60-day time frame to coordinate any changes to employer health elections in the event of gain or loss of eligibility and/or a subsidy under Medicaid or CHIP. Additional information regarding this notice is available on the Museum intranet, Human Resources Department, Benefits Information page.

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA can become available should you ever lose your health insurance in the future for certain reasons. For more information about your rights and obligations under the Plan and under federal law, you should review the Plans' Summary Plan Description or contact the Plan Administrator. Additional information regarding this notice is available on the Museum intranet, Human Resources Department, Benefits Information page.

HIPAA Regulations Help to Protect Your Privacy

The privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) help to ensure that your healthcare-related information stays private. In general, your information is provided only for treatment, payment, administrative purposes, and as required by law. Additional information regarding this notice is available on the Museum intranet, Human Resources Department, Benefits Information page.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Additional information regarding this notice is available on the Museum's intranet available on the Museum intranet, Human Resources Department, Benefits Information page.

Newborns' and Mothers' Health Protection Act

Under federal law, health care plans may not restrict any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal delivery, or less than 96 hours following a Cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother and with the mother's consent, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). Additional information regarding this notice is available on the Museum's intranet, Human Resources Department, Benefits Information page.

Important Notice from the American Museum of Natural History About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the American Museum of Natural History 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. The American Museum of Natural History has determined that the prescription drug coverage offered by the Aetna Choice POS II 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.

Additional information regarding this notice is available on the Museum intranet available on the Museum intranet, Human Resources Department, Benefits Information page.

Women's Health and Cancer Rights Act of 1998

Under the Women's Health and Cancer Rights Act, group health plans must make certain benefits available to participants of health plans who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- Reconstruction of the breast on which the mastectomy was performed
- Any necessary surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical conditions related to the mastectomy, including lymphedema

Our medical plans comply with these requirements. Benefits for these items are similar to those provided under the plan for similar types of medical services and supplies. Additional information regarding this notice is available on the Museum intranet, Human Resources Department, Benefits Information page.

Note: The American Museum of Natural History reserves the right to make changes to its benefits program for all employees, retirees and beneficiaries. Benefits are subject to the actual plan terms in effect as a given time. In the event of a conflict between the terms of any benefit plan and this summary, the terms of the benefit plan will control.