Summary of Material Modifications

To: **Participants**

From: **Human Resources**

Re: **Amendment to the Montefiore Medical Center Employee Health & Welfare Benefit Plan**

Effective Date: **05/01/2026**

This Summary of Material Modifications (SMM) describes changes to the Montefiore Medical Center Employee Health & Welfare Benefit Plan (Plan) and supplements or modifies the information presented in your Summary Plan Description (SPD) with respect to the Plan. You should keep this SMM with the Plan's SPD and associated benefits documents provided to you upon enrollment in each benefit plan.

Changes to the Plan Provisions

Notwithstanding any provision contained in the Plan to the contrary, the Plan is amended as follows.

1. **Changes to Insurance Policy Issuers and Contract Administrators.** As of the Effective Date above, Montefiore Medical Center has amended the Plan to modify the Plan's appointed group insurance policy issuers and/or contract administrators. The attached Appendix A (Plan Components and Claims Administrators) shall supersede all prior versions of the SPD's Appendix A.

All other Plan provisions remain unchanged so long as they are consistent with these material modifications.

For additional information regarding the Plan or to request a copy of the Plan's SPD contact:

Montefiore Medical Center

555 South Broadway, Building A, Tarrytown, NY, 10591
Attn: Carla Pasquali
718-430-3276 or carla.pasquali@einsteinmed.edu

If this SMM was delivered to you by electronic means, you have the right to receive a paper copy of the SMM upon request.

Plan Information:

Plan Name: Montefiore Medical Center Employee Health & Welfare Benefit Plan
Plan Number: 501
Plan Year: January 1 through December 31 of the same calendar year

Appendix A
Montefiore Medical Center Employee Health & Welfare Benefit Plan

Plan Components and Claims Administrators

Benefit Documents are part of this SPD. Any update to the Benefit Document will replace any earlier versions for the period defined in the updated Benefit Document.

Fully-Insured Benefits	Policy/Group No.	Type of Benefit	Claims Administrator *(Use the address & phone number on your ID Card if different)*	
MetLife Legal Plans **1111 Superior Avenue Suite 800** **Cleveland, OH 44114**	3700010	Prepaid Legal	Met Life 1111 Superior Avenue Suite 800 Cleveland, OH 44114	800-821-6400 www.legalplans.com
MetLife Inc. **200 Park Avenue** **New York, NY 10166**	90834	Basic Life Voluntary Life Basic AD&D Voluntary AD&D	MetLife, Inc. PO Box 6100 Scranton, PA 18505-6100	1-800-275-4638 www.metlife.com
		Short Term Disability Long Term Disability	MetLife Disability PO Box 14590 Lexington KY 40512-4590	1-800-438-6388 mybenefits.metlife.com
UnitedHealthcare Insurance Company **185 Asylum Street** **Hartford, CT 06103-3408**	715262	Vision	UHC PO Box 30978 Salt Lake City, UT 84130	800-638-3120 www.myuhc.com
Zurich American Insurance Company **1299 Zurich Way** **Shaumburg, IL 60196**	GTU5661632, GTU562627, GTU5695509, GTU4351743	Business Travel Accident (BTA)	Zurich PO Box 968046 Schaumburg, IL 60196-8044	800-525-2251 www.zurichna.com

Self-Insured Benefits	Contract No.	Type of Benefit	Claims Administrator *(Use the address & phone number on your ID Card if different)*	
Cigna Health **900 Cottage Grove Road** **Bloomfield, CT 06002**	2499940	Dental – PPO	Cigna Dental PO Box 188037 Chattanooga, TN 37422-8037	800-244-6224 www.mycigna.com
Anthem Blue Cross Blue Shield **1 Liberty Plaza** **New York, NY 10006**	174346	Medical – HDHP Medical – PPO	Empire BCBS PO Box 1407 Church Street Station New York, NY 10008	855-519-9537 http://www.anthem.com/
Carelon **123 Justison St, Suite 200** **Wilmington, DE 19801**	174346	Prescription Drugs	Carelon PO Box 52065 Phoenix, AZ 85072	855-350-1267 http://www.anthem.com/
MyChoiceAccounts **MSC 345475, PO Box 105168,** **Atlanta, GA 30348-5168**	N/A	General-Purpose Health FSA	MyChoiceAccounts MSC 345475, PO Box 105168, Atlanta, GA 30348-5168	866-959-3545 https://businessolver.com/mychoice-accounts/