VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN

Dear House Staff Officer,

Please find enclosed the Summary of Benefits and Coverage for the Voluntary Hospitals House Staff Benefits Plan for the benefit year beginning July 1, 2023. This SBC shows information regarding covered benefits and the costs to you and your family. Please review this SBC closely.

SBC VHHSBP - PPO 100% INN - New Plan Year

SBC VHHSBP - DIRECT SHARE POS - New Plan Year

- Annual In-Network Out-of-Pocket Maximums were established:
  - Medical: $1,500 (individual) and $3,000 (family)
  - Prescription: $2,500 (individual) and $5,000 (family)
  - Combined: $4,000 (individual) and $8,000 (family)

- Annual Out-of-Network Out-of-Pocket Maximums are $2,000 (individual) and $5,000 (family).
  - Note that for a family of two participants, the annual Out-of-Network Out-of-Pocket Maximum will not exceed $4,000 total (two participants at $2,000 per person).
- The Annual Out-of-Network Deductible is $1,000 (individual) and $2,000 (family).
- Coinsurance for Out-of-Network benefits is 30%.

If you have any questions or concerns, please contact the Plan Office at benefits@cirbenefitfunds.org or by phone at (212) 356-8180, Monday – Friday, 9:00 am – 5:00 pm.

Sincerely,
Benefits Office

{{Disclaimer}}

10-27 46th Avenue, Suite 300-2, Long Island City NY 11101
Phone: (212) 356-8180 Fax: (212) 356-8181