

1.101-

2
4
7
8
9
11
12
13

Some of the benefits described in this guide are covered in detail in official policy documents, to which you should refer for specific information, since this Guide only summarizes those benefits. Please note the terms of the written employee benefit plans and insurance policies prevail, and nothing in this Guide modifies or supplements official plan documents and insurance policies.

# Welcome to the Met Team!



In becoming an employee of The Metropolitan Opera, you have joined the largest not-for-profit performing arts organization in the country and one of the most prestigious opera companies in the world. We hope that from the start you will enjoy your new job and feel comfortable in the organization as a whole. The purpose of this guide is to:

- help you understand your benefits as a Met employee
- let you know where to turn for assistance with your benefits and other matters
- guide you in finding your way around the building and the surrounding neighborhood

## BENEFITS

In brief, you will be offered health, vision, and dental coverage. You are also covered by Worker's Compensation and New York State Disability Insurance. These benefits – as well as your right to participate in the 403(b) Retirement Savings Plan will be explained to you in detail as we complete your Orientation.



# **HR Benefits Team**

Welcome to The Met from the HR Benefits Team! We are happy to help you with any questions or support you need with your benefits!

Melissa Amey - Benefits Manager

Gloria Clement Rico – Benefits Coordinator

Yaneth Lopez – Benefits Coordinator

Email: HRBenefits@metopera.org

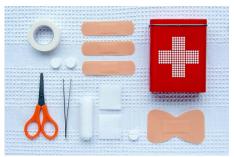
Phone: 212-799-3100 ext. 2503

## MEDICAL CARE

The Met has a Health Unit located on Stage Level (stage right). Its' extension is 2656. The staff nurse is on duty to assist in medical emergencies. Should you find yourself injured onsite please stop by the nurse so that you can complete an accident report. Should you need further treatment related to your onsite injury please contact <u>HRBenefits@metopera.org</u> for more information on opening a Workers Compensation claim.

During the Opera season the nurse is typically available:

Monday - Saturday: 9:00 AM – 5:00 PM



During the ABT summer season the nurse is available:

Monday – Friday : 9:00 AM – 5:00PM

There is a medical doctor on duty during performances. For more information regarding the safety policies of the Met, please refer to the Safety Handbook. If there is an emergency during a performance, contact the Performance Manager at extension 2207.

### **Employee Cafeteria**

The employee cafeteria is located on "A" Level. It is managed by Patina Group. It is generally open Monday through Saturday beginning 8:00 AM. On evenings when there are performances, the cafeteria stays open through the last intermission.

The cafeteria serves hot and cold snacks throughout the day, plus a hot breakfast, lunch, and dinner. It is a convenient, moderately priced place to eat. It is also a comfortable spot where you can relax.



### The Grand Tier Restaurant

This is located off the Grand Tier lobby. It is open to the public and is priced accordingly. It is advisable to make reservations for preperformance dinners and intermissions.

### **Vending Machines**

Vending machines are located on "A" Level, close to the cafeteria in front of Elevator #10. They dispense candy, soda and snacks.

### Outside

There are many moderately priced restaurants, fast-food places, delicatessens, and gourmet shops within walking distance of the Met. Some of them even offer small discounts to Lincoln Center Employees – so don't forget to show your ID!

## **ITEMS TO REMEMBER**

Please carry your Met I.D. card with you at all times and be prepared to show it to the Security Staff when required to do so. If you lose your Met I.D., please notify Human Resources immediately. Also, it is very important that you inform HR whenever any aspect of your vital information (address, phone number, marital status, etc.) changes so that we can continue to provide you with the best possible service.

We wish you all the best during your employment with the Metropolitan Opera and encourage you to contact us whenever a question or problem arises.

### WHEN COVERAGE BEGINS & ENDS



As a new Young Artist you have the option of enrolling in the Met's medical and prescription drug plan for administrative staff. If you do not enroll now, your next opportunity will be during Open Enrollment which takes place each November for the following January 1<sup>st</sup>, unless you experience a qualifying life event that allows for mid year enrollment. The Medical Plan is a PPO (Preferred Provider Organization) plan, and is administered by UMR, with the network name <u>United Healthcare Network</u>.

If you enroll, coverage under the Met's medical, dental and vision insurance will begin the first of the month following your start date at the Met. In most circumstances, coverage will end the last day of the month in which your employment ends.

## **ENROLLING DEPENDENTS**

The following are considered eligible dependents and can be added to your medical , dental and vision coverage:

- Legal spouse
- Domestic partner (significant additional costs apply due to IRS rules)
- Children up to age 26 (including biological, step, and legally adopted children; children under your legal guardianship; and children of your domestic partner). Coverage continues until the end of the calendar year in which a child turns 26.
- Children over the age of 26 with a qualifying disability

If you later wish to add or un-enroll a dependent, you will need to wait until the annual Open Enrollment period, unless you experience a qualifying life event (e.g. the birth of a child, a marriage, a divorce) that allows you to enroll or unenroll your dependent mid-year.

Please note that if you get married and do not enroll your new spouse within 59 days of the legal date of marriage, your dependent's coverage will be delayed for up to six months from the date you enroll him/her.

The newborn child of an employee enrolled in the Met's medical insurance is automatically insured for 60 days from the date of birth. You must submit a Benefits Enrollment Form enrolling your new child and provide his/her birth certificate within 59 days of the date of birth. If you do not, coverage for the child will cease at the end of the 60-day period, and your child will not be eligible for coverage for up to six (6) months from the date you provide the Human Resources department with the birth certificate.

### FINDING AN IN-NETWORK PROVIDER

For medical insurance: <u>www.umr.com</u> and then click on "Find a Provider." You will be asked to enter the network name, which is "United HealthCare Options PPO."

#### Summary of PPO Administrative Staff Medical Plan United HealthCare Options PPO

	Medical Plan C	
General Information	In-Network Benefit	Out-of-Network Benefit
Medical Deductible		\$7,500 individual
Medical Deducuble	\$0	\$15,000 Family
	\$6,350 Individual	\$15,000 Individual
Out-of-Pocket Annual Limit	\$12,700 Family	\$30,000 Family
		including deductible
Lifetime Maximum	Unlimited	Unlimited
Physician Expenses	In-Network Benefit	Out-of-Network Benefit
Physician Office Visit	100% after \$15 co-pay	60% after deductible
Physician Onice visit	100% after \$15 co-pay	60% after deductible
Routine Physical Exam	\$15 co-pay after 1st visit	60% after deductible
Diagnostic X-Ray/Lab		(00) after de du stible
(Freestanding Facility)	100% after \$15 co-pay	60% after deductible
Specialist Office Visit	100% after \$35 co-pay	60% after deductible
Well Child Care & Immunization	100%	100%
Mammogram Screening	100%	60% after deductible
Annual Pap Smear	100%	60% after deductible
Maternity Services	\$15 co-pay for initial visit only.	60% after deductible
*	100% thereafter.	
Infertility Treatment (3 cycles/lifetime)	100% after \$15 co-pay	60% after deductible
Allergy Shots & Immunizations	100% after \$15 co-pay	60% after deductible
	100% after \$35 co-pay for initial	
	visit; 100% after \$15 co-pay for	
Physical Therapy	subsequent visits. Limit to 45 visits; additional	60% after deductible
	services require pre-cert from	
	UMR	
	100% after \$35 co-pay for initial	
	visit; 100% after \$15 co-pay for	
Chiropractic Care	subsequent visits.	60% after deductible
uni opractic care	Limit to 45 visits; additional	oo 70 alter deductible
	services require pre-cert from UMR	
Hospital Expenses	In-Network Benefit	Out-of-Network Benefit
Same Day (outpatient) Surgery	100%	60% after deductible
Diagnostic X-ray & Lab	100%	60% after deductible
Anesthesiologists, Radiologists,		
Pathologists	100%	60% after deductible
	100% with pre-certification	60% after deductible
Hospital	100% with pre-certification	with pre-certification
	100% after \$100 co-pay	with pre-certification 100% after \$100 co-pay
Hospital Emergency Room	100% after \$100 co-pay Co-pay waived if admitted	with pre-certification 100% after \$100 co-pay <i>Co-pay waived if admitted</i>
Hospital Emergency Room Mental Health/	100% after \$100 co-pay	with pre-certification 100% after \$100 co-pay
Hospital Emergency Room Mental Health/ Substance Abuse Expenses	100% after \$100 co-pay Co-pay waived if admitted In-Network Benefit	with pre-certification 100% after \$100 co-pay <i>Co-pay waived if admitted</i>
Hospital Emergency Room Mental Health/ Substance Abuse Expenses Inpatient Mental Health	100% after \$100 co-pay Co-pay waived if admitted	with pre-certification 100% after \$100 co-pay <i>Co-pay waived if admitted</i> Out-of-Network Benefit
Hospital Emergency Room Mental Health/	100% after \$100 co-pay Co-pay waived if admitted In-Network Benefit	with pre-certification 100% after \$100 co-pay <i>Co-pay waived if admitted</i> <i>Out-of-Network Benefit</i> 60% after deductible with pre-certification 60% after deductible
Hospital Emergency Room <b>Mental Health /</b> Substance Abuse Expenses Inpatient Mental Health Outpatient Mental Health	100% after \$100 co-pay Co-pay waived if admitted In-Network Benefit 100% with pre-certification	with pre-certification 100% after \$100 co-pay <i>Co-pay waived if admitted</i> <i>Out-of-Network Benefit</i> 60% after deductible with pre-certification 60% after deductible 60% after deductible
Hospital Emergency Room Mental Health/ Substance Abuse Expenses Inpatient Mental Health Outpatient Mental Health Inpatient Substance/Alcohol Abuse	100% after \$100 co-pay         Co-pay waived if admitted         In-Network Benefit         100% with pre-certification         100% after \$35 co-pay         100% with pre-certification	with pre-certification 100% after \$100 co-pay <i>Co-pay waived if admitted</i> <i>Out-of-Network Benefit</i> 60% after deductible with pre-certification 60% after deductible 60% after deductible with pre-certification
Hospital Emergency Room Mental Health/ Substance Abuse Expenses Inpatient Mental Health Outpatient Mental Health Inpatient Substance/Alcohol Abuse	100% after \$100 co-pay Co-pay waived if admitted In-Network Benefit 100% with pre-certification 100% after \$35 co-pay	with pre-certification 100% after \$100 co-pay <i>Co-pay waived if admitted</i> <i>Out-of-Network Benefit</i> 60% after deductible with pre-certification 60% after deductible 60% after deductible
Hospital Emergency Room Mental Health/ Substance Abuse Expenses Inpatient Mental Health Outpatient Mental Health Inpatient Substance/Alcohol Abuse Outpatient Substance/Alcohol Abuse	100% after \$100 co-pay         Co-pay waived if admitted         In-Network Benefit         100% with pre-certification         100% after \$35 co-pay         100% with pre-certification         100% after \$35 co-pay         100% after \$35 co-pay	with pre-certification 100% after \$100 co-pay <i>Co-pay waived if admitted</i> <i>Out-of-Network Benefit</i> 60% after deductible with pre-certification 60% after deductible 60% after deductible with pre-certification 60% after deductible
Hospital Emergency Room Mental Health/ Substance Abuse Expenses Inpatient Mental Health Outpatient Mental Health Inpatient Substance/Alcohol Abuse Outpatient Substance/Alcohol Abuse Other Covered Expenses	100% after \$100 co-pay         Co-pay waived if admitted         In-Network Benefit         100% with pre-certification         100% after \$35 co-pay         100% with pre-certification         100% after \$35 co-pay         100% after \$35 co-pay	with pre-certification 100% after \$100 co-pay <i>Co-pay waived if admitted</i> <i>Out-of-Network Benefit</i> 60% after deductible with pre-certification 60% after deductible 60% after deductible with pre-certification 60% after deductible <i>With Pre-certification</i> 60% after deductible <i>Out-of-Network Benefit</i>
Hospital Emergency Room Mental Health/ Substance Abuse Expenses Inpatient Mental Health Outpatient Mental Health Inpatient Substance/Alcohol Abuse Outpatient Substance/Alcohol Abuse Other Covered Expenses Hearing Aid	100% after \$100 co-pay         Co-pay waived if admitted         In-Network Benefit         100% with pre-certification         100% after \$35 co-pay	with pre-certification 100% after \$100 co-pay <i>Co-pay waived if admitted</i> <i>Out-of-Network Benefit</i> 60% after deductible with pre-certification 60% after deductible 60% after deductible with pre-certification 60% after deductible <i>Out-of-Network Benefit</i> 60%
Hospital Emergency Room Mental Health/ Substance Abuse Expenses Inpatient Mental Health Outpatient Mental Health Inpatient Substance/Alcohol Abuse Outpatient Substance/Alcohol Abuse Other Covered Expenses	100% after \$100 co-pay         Co-pay waived if admitted         In-Network Benefit         100% with pre-certification         100% after \$35 co-pay         100% with pre-certification         100% after \$35 co-pay         100% after \$35 co-pay	with pre-certification 100% after \$100 co-pay <i>Co-pay waived if admitted</i> <i>Out-of-Network Benefit</i> 60% after deductible with pre-certification 60% after deductible 60% after deductible with pre-certification 60% after deductible <i>With Pre-certification</i> 60% after deductible <i>Out-of-Network Benefit</i>

Prescription Coverage			
Retail Prescription Drug co-pays: 30 day Supply			
Generic	\$15		
Formulary/Brand	\$35		
Non-Formulary/Brand	\$50		
Mail Order Prescription Drug co-pays: 90 day Supply			
Generic	\$25		
Formulary/Brand	\$70		
Non-Formulary/Brand	\$100		

For services that require Prior Authorization it is the member's responsibility to confirm such authorization has been issued by UMR. Any such service that is not pre-certified will incur a penalty of \$1,000. For a complete list of services that require Prior Authorization, as well as Prior Authorization Requirements, please refer to the Summary Plan Description.

Specialty Drugs are limited to a 30 day supply

Newly approved medications by the FDA released on the market are not covered for the first 90 to 180 days

Prior authorization by OptumRX required for certain drugs on the formulary list requiring monitoring to assure appropriate use

## MEDICAL





Telemedicine now available to Met medical insurance participants! Teladoc is a telehealth program that gives Met medical participants access 24 hours a day, seven days a week to a U.S. board-certified doctor through the convenience of phone, video and mobile app visits.

And Teladoc appointments have a \$0 co-pay!

Whether an employee is away from home or they can't get an appointment, a Teladoc doctor is always available for non-emergency illnesses, even on holidays. With Teladoc, you can be connected with a licensed physician in minutes, not hours or days like you would at the ER, urgent care or with your PCP. And, you can get care from wherever you are: home, office or traveling.

Teladoc doctors are available 24/7/365 to provide quality care for non-emergency health issues through the convenience of phone or video consults.

### COMMON ISSUES TELADOC DOCTORS TREAT INCLUDE:

Skin Problems

And More!

Sinus Problems

- Respiratory Infection
- Allergies
- Bronchitis
- Cold and Flu Symptoms

Teladoc doctors can send a prescription to your local pharmacy, when medically necessary. Your dependents are also eligible for Teladoc, including adult children up to age 26. With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.

### **BEHAVIORAL HEALTH**

We are very pleased to announce that Teladoc also offers Met medical participants behavioral health support for issues including stress and anxiety, depression, addiction, domestic abuse, and grief.

### **TO GET STARTED**

**Online:** Go to <u>Teladoc.com</u> and click "set up account" **Mobile app:** Download the Teladoc app at <u>Teladoc.com/mobile</u> and click "Activate account." **Phone:** Toll-free at 1-469-844-5637

## **DENTAL COVERAGE**

Under the **MetLife Dental PPO Plan**, there is no penalty for using a non-participating provider. Eligible expenses are reimbursed according to the schedule listed below. However, if you receive care from a MetLife participating dental provider, the dentist will charge you a discounted fee for service resulting in lower out-of-pocket costs. You <u>do not</u> need to enroll with a specific dentist.



## You have the opportunity to take advantage of savings by using dentists who are in MetLife's network of preferred dental providers.

The vast majority of dentists in the network will accept assignment, which means you may not have to pay the cost of the procedure up front. Your dentist will submit the charges to MetLife directly, and bill you for the unpaid balance.

In either case, if you are receiving dental work that will cost more than \$300, MetLife recommends that you or your dentist request a *pre-determination of benefits*. In this case your dentist submits the diagnosis, procedure and charge, and MetLife will send you a statement indicating whether they find the procedure to be appropriate, and how much they will pay.

The annual deductible is \$25 per individual for those services that require the payment of a deductible. For all other dental expenses, the maximum calendar year benefit for each covered individual is \$2,000.



	1 – Preventive	2 – Minor Expenses	3 – Major Expenses	4 – Orthodontia*
	Covered at 100%, not subject to deductible.	Covered at 80% after the deductible	Covered at 50% after the deductible	Covered at 50% after the deductible
	Dental exams including cleaning of teeth or gums twice in 12 months Full mouth x-rays once every 36 months Bitewing and other x-rays once every 6 months Space maintainers used in place of prematurely lost teeth	<ul> <li>Filling to restore diseased or broken teeth. (Multiple fillings on one tooth surface are considered a single filling)</li> <li>Oral surgery, including excision of impacted teeth Anesthesia in connection with oral surgery or other dental treatment</li> <li>Extraction of teeth</li> <li>Endodontic treatment including root canal therapy</li> <li>Injection of antibiotic drugs by dentist or doctor</li> </ul>	<ul> <li>Inlays, gold fillings and crowns</li> <li>Repair or recementing of crowns, inlays, bridgework or dentures</li> <li>First installation of a removable denture or a fixed bridgework. (The denture or bridgework must replace natural teeth that were lost while insured by this plan)</li> </ul>	<ul> <li>Diagnostic procedures</li> <li>Treatment of malocclusion</li> <li>Appliances to realign teeth</li> <li>covered for individuals under 19 only</li> </ul>
•	Emergency treatment	<ul> <li>Treatment of periodontal and other diseases of the gums and mouth tissue</li> </ul>	<ul> <li>Replacement of a removable denture or bridgework</li> <li>Non-surgical treatment of TMJ</li> </ul>	

## **VISION COVERAGE**

Superior Vision by MetLife				
Class Desc	ription	All Active Full Time Admin Staff (30 Hours)		
Reimbursement		In-Network Coverage	Out-of-Network Reimbursement	
		(Using a Network Provider)	(Using a Non-Network Provider)	
Eye Exami	nation			
Comprehensive exam of visual functions and prescription of corrective		\$10 copay	\$40 allowance after \$10 copay	
eyewear. Retinal Ima	aina	Up to \$39	Not Covered	
	ing is used to take pictures of	00 10 939	Not Covered	
	f the eye particularly the retina			
to look for possible changes.				
Materials / Glasses	Cyewear			
	orrective Lenses			
• Sin	gle vision	\$0 copay	\$32 allowance*	
• Lin	ed bifocal	\$0 copay	\$46 allowance*	
• Lin	ed trifocal	\$0 copay	\$57 allowance*	
• Len	nticular	\$0 copay	\$90 allowance*	
			*after \$0 copay	
Standard L	ens Enhancement			
• Ultr	raviolet coating	Up to \$12	Not Covered	
up	ndard Polycarbonate (child to age 19)	Up to \$40	Not Covered	
Additional	Lens Enhancements <sup>1</sup>			
Pro	gressive Standard	Up to \$55	\$57 allowance	
Pro	gressive Premium	Up to \$110	\$57 allowance	
Pro	gressive Ultra	Up to \$150	\$57 allowance	
Pro	gressive Ultimate	Up to \$225	\$57 allowance	
• Sta	ndard Polycarbonate (adult)	Up to \$40	Not Covered	
	ratch-resistant coating riable by type)	Up to \$15 - \$30	Not Covered	
• Tin	ts (plastic lenses – Solid)	Up to \$15	Not Covered	
• Tin	ts (plastic lenses – Gradient)	Up to \$18	Not Covered	
	ti-reflective coating (variable type)	Up to \$50 - \$120	Not Covered	
Pho	otochromic (variable by type)	Up to \$80	Not Covered	
• Blu	e Light Filtering	Up to \$15	Not Covered	
• Dig	ital Single Vision	Up to \$30	Not Covered	
Pol	arized	Up to \$75	Not Covered	
• Hig	h Index (1.67/1.74)	Up to \$80 / \$120	Not Covered	
Frame Allowance (You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.)		\$150 allowance	\$77 allowance	
Contact Le	nses			
• Ele	ctive	\$120 allowance	\$100 allowance	
Nee	cessary	Covered in full	\$210 allowance	
• Coi	ntact Fitting and Evaluation	Standard: Covered in Full after \$25 copay Specialty: \$50 allowance after \$25 copay <sup>3</sup>	Not Covered	
		Value Added Features		
LASER VIS	ION CORRECTION	Savings of 40% - 50% off the nation LASIK are available at over 1,000 lo network of laser vision correction pr	ocations across our nationwide	

**Vision** coverage is through Superior Vision by MetLife and it is also a PPO so you still have the in and out of network benefits.

Refer to chart that shows in and out of network coverage and benefit frequency

Call **1 800-GET-MET8** to access the MetLife customer service line.

The following frequency limitations apply to Admin Staff plans			
Frequencies			
<ul> <li>Examinations</li> </ul>		1 per 12 Months	
<ul> <li>Standard Corrective Lenses</li> </ul>	•	1 per 12 Months	
<ul> <li>Frames</li> </ul>	•	1 per 24 Months	
<ul> <li>Contact Lenses</li> </ul>		1 per 12 Months	
Either glasses or contacts allowed per			
frequency			

#### **ADDITIONAL SAVINGS 2**

- 20% savings on additional pairs of prescription glasses and
- nonprescription sunglasses, including lens enhancements.
- Average 20-25% savings on all lens enhancements not otherwise
- covered under the Superior Vision by MetLife vision benefit program. 2
- 20% off any amount over your frames allowance.
- 30% savings on additional exams.
- 10% off any amount over your disposable contact lens allowance or
- 20% off any amount over your conventional contact lens allowance.
- 10% 20% discount on additional contacts.

1 Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

2 These features may not be available in all states and with all In-Network Vision Providers. Please check with Your In-Network Vision Provider.

3 Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting applies to new contact wearers and/or a member who wears toric, gas permeable, or multifocal lenses.

## **FLEXIBLE SPENDING ACCOUNTS**

#### WHAT IS A FLEXIBLE SPENDING ACCOUNT?

The Met offers two Flexible Spending Account (FSA) programs, as follows:

#### **HEALTH CARE FSA PROGRAM**

This is a voluntary program that gives you the option to have money deducted on a pre-tax basis from your pay and put in a Health Care Flexible Spending Account. These funds can then be used to pay for copayments, deductibles, some medications, and other eligible health-related expenses not covered by medical, dental or vision insurance. Please visit <u>IRS Publication 502</u> on irs.gov for a list of eligible expenses.

#### **DEPENDENT CARE FSA PROGRAM**

This is a voluntary program that gives you the option to have money deducted on a pre-tax basis from your pay and put in a Dependent Care Flexible Spending Account. These funds can then be used for the work-related cost of care for a qualifying dependent. Please visit <u>IRS</u> <u>Publication 503 on irs.gov for more about</u> <u>eligible expenses and qualifying</u> <u>dependents.</u>

#### HOW MUCH MONEY CAN I PUT IN MY FLEXIBLE SPENDING ACCOUNT(S) FOR 2020?

In 2023, you can elect to have up to a maximum of **\$3050**/year deducted for a Health Care FSA and **\$4,000**/year deducted for a Dependent Care FSA. The minimum deduction for both plans is \$104/year. Your election will be divided over the remaining payroll weeks left in the year (if you are a 52-week employee) and deducted on a pre-tax basis from your pay.



## IF I'M ALREADY ENROLLED AND WANT TO CONTINUE TO PARTICIPATE, DO I HAVE TO RE-ENROLL?

<u>YES.</u> You have to re-enroll in the FSA programs each year. Your enrollment does not carry forward.

### HOW DO I SPEND MY FSA MONEY?

## The entire annual FSA amount that you elect will be available in your account as of January 1, 2022, or shortly after enrollment, for new employees

Participants in the Met's Flexible Spending Account programs, the parking program and/or the transit program are issued a grey WEX debit card. This is the card you will use to pay for FSA expenses. You will receive the WEX card in the mail at your home during the next few weeks. Please watch for this piece of mail so that it is not discarded in error.

With your card, you may pay directly for copayments and deductibles. You will be reimbursed for eligible expenses that are out-of-pocket – i.e. out-of-network medical expenses, dental and vision claims by submitting a claim through the WEX website at <u>www.wexinc.com</u>. For out-ofnetwork dental and vision expenses, you must first submit the claim to the appropriate insurance carrier. Once you receive the Explanation of Benefits ("EOB") from the carrier showing your payment responsibility, you should submit a claim to WEX along with the EOB.

#### WHAT HAPPENS IF I DON'T SPEND MY FSA MONEY BY THE END OF THE YEAR?

The FSA is a **"use-it-or-lose-it" benefit**. If you have not spent all of your Health Care or Dependent Care FSA money by December 31st, there is a grace period that will allow you to keep spending your FSA money until March 15<sup>th</sup> of the following year. After that date, it will be forfeited. You have until May 31<sup>st</sup> to submit claims for expenditures made through March 15<sup>th</sup>.

#### WHAT HAPPENS IF I DON'T SUBSTANTIATE A CLAIM AS REQUESTED BY WEX?

WEX will request documentation, in accordance with IRS regulations, to substantiate that an expense was for a qualifying medical, dental or vision expense if you submitted an invalid receipt and may have been overpaid. If you do not respond to WEX's request to substantiate the expense, WEX may deactivate your debit card until the amount is recovered, offset the overpayment against another claim and/or demand repayment. If you fail to repay the requested overpayment amount, the improper payment will be reported as wages on your Form W-2, and this amount will be subject to withholding for income tax and FICA purposes.

# WHAT HAPPENS TO MY FSA MONEY IF MY EMPLOYMENT AT THE MET ENDS?

Expenses incurred after your last day of employment at the Met are not reimbursable through your FSA money. You have 60 days after your last day of employment to submit claims for eligible expenses that were incurred *prior* to your last day of employment. If your coverage ends due to your termination of employment or other qualifying event under COBRA, you and your covered spouse and dependents may be able to continue coverage under the FSA on an after-tax basis. Please contact the Human Resources Department for additional information regarding this option.

If you enroll in the FSA program, you are committing to have money deducted for the entire Calendar Year. You cannot stop FSA deductions partway through the year unless you have a qualifying life change event. The following are examples of events that <u>may</u> be considered qualifying life change events if they reasonably affect your participation in FSA:

- Marriage, legal separation, divorce
- Birth or adoption of a child
- Death of spouse or dependent
- Change in employment status (employee or his/her spouse/dependents) that affects eligibility for health insurance

#### WHAT IS THE DEADLINE TO ENROLL IN THE FSA PROGRAM(S)?

You must submit your Flexible Spending Enrollment Form <u>**30 days**</u> after your start date.

## **PARKING & TRANSIT PROGRAMS**

The Met's voluntary Parking and Transit Programs give you the option of having money deducted pre-tax from your pay and put in parking and transit accounts, which can be used to pay for qualified parking expenses related to parking at or near your place of employment and qualified transit expenses related to commuting to and from work. You may enroll in the Parking and/or Transit programs throughout the year. If you submit a Transportation/Parking Enrollment Form to the Human Resources Department by the 20th of the month, your enrollment will be effective starting with the following month.



**You do not need to re-enroll in these programs each year.** Your enrollment automatically carries forward. If you want to change the amount of your deductions or stop your participation in the program, you can also do so throughout the year.

You choose the amount of your pre-tax deductions, subject to the following limits established by the IRS, which may change year to year:

#### Parking: \$300/month Transit: \$300/month

Deductions are made on a weekly basis (four weeks/month).

If your expected expenses exceed the monthly limits outlined above, you may elect an additional amount of money to be taken out of your pay post-tax and put into your Parking and/or Transit accounts.

Many employees choose to do this because you cannot use your Parking/Transit debit card for a purchase that exceeds the balance on the card.

After enrolling in the Met's Parking and/or Transit programs, you will receive a green debit card in the mail at your home from WEX (please be on the look-out for this piece of mail so it is not discarded in error). Please note that the credit card for the Parking & Transit programs is the same one for the Flexible Spending Account (FSA) programs, too, so if you participate in one of the Met's FSA Programs, you will use the same card.

You may spend your Parking/Transit money in two ways:

- By using the WEX Benefits debit card to pay for qualified expenses
- By paying out of pocket and submitting a claim at discoverybenefits.com

You may not use the card for a purchase that exceeds the amount of your balance. In such a case, you will need to pay the full amount out of pocket and then submit a reimbursement claim with a receipt.

#### You can check your balance at wexinc.com.

Transit and Parking balances roll over year-to-year, but if you leave the Met, the last day you can spend your parking and transit funds is your last day of employment.

## 403(b) TRANSAMERICA RETIREMENT SAVINGS PLAN

The Met offers you the opportunity to voluntarily participate in a 403(b) plan called the Metropolitan Opera Retirement Savings Plan.

The 403(b) plan is administered by Transamerica. You may elect to have money deducted from your pay on a pretax or Roth basis, up to a maximum amount established by the federal government.

Provided you continue to be employed by the Met on August 1, 2024, you will be eligible for a new 403(b) contribution from the Met that will start on August 1, 2024, subject to the plan's eligibility and vesting rules.

Additional information about this new contribution will be provided separately.

Participation in the 403(b) plan is completely voluntary, and you can enroll/update your 403(b) elections at any time of year.

To enroll in the 403(b) plan, visit: www.transamerica.com



To speak to a Transamerica representative about the plan,

please call 1-800-755-5801.



## Metropolitan Opera Access Code: ac0628517 EMPLOYEES: WELCOME TO PLUM BENEFITS POWERED BY TICKETSATWORK

Plum Benefits, powered by TicketsatWork, is part of the nation's leading entertainment benefits and perks provider, connecting employees at participating companies to the world's greatest entertainment and travel discounts, including:

- Universal Studios
- Broadway Shows
- Walt Disney World Resort
- Cirque du Soleil
- Theme Parks

- Sporting Events
- Movie Tickets
- Rental Cars
- Hotels Worldwide
- and more!

### What Do I Use It For?

Whatever you want! We provide the entertainment options, you provide the occasion. Here are some ideas:

For Yourself: Get out, have fun, enjoy great discounts and access to hard-to-get events. You deserve it!

For Friends & Family: Night on the town? Big date? Family weekend? Gifts for the hard-to-please? From gift certificates to your favorite shows and sporting events, Plum Benefits has what you are looking for.

For Work: Plum Benefits is a perfect way to provide incentives for your sales team, impress clients without paying brokers' fees, and plan memorable office outings without blowing your T&E budget.

### Questions?

Plum Benefits' friendly team is available to answer your questions, provide personal recommendations, and guide you through the ordering process.

### Email us at <u>contact@plumbenefits.com</u> or call us at **212.660.1888**.



To sign up, visit <u>www.plumbenefits.com</u> and click BECOME A MEMBER

#### Join the world's largest corporate benefits program!

Serving more than 40 million employees and over 10,000 corporations nationwide.

## How Does It Work?

- Once signed up, log in 24/7 to <u>www.plumbenefits.com</u>.
- Select your preferred destination from the drop-down list.
- 3 Browse all the current offers.
- 4 Select the event you want to attend.
- 5 Purchase tickets directly on Plum Benefits' secure site – no need for special codes.



## Keep an eye out for:



On a quarterly basis, the Human Resources Department releases our in-house Newsletter with upcoming events, deadline reminders, Opera Vocabulary, and spotlights on fellow Met Opera Employees!



All employees participate in annual antiharassment training. HR and/or your manager will be in touch soon regarding your training.

New to the City? Expecting to move to a new address in the near future? Submit your Address Change via the following link: <u>https://form.jotform.com/91114431095146</u> once you're settled into your new home so that we can have the most up to date address and contact information on file. This helps keep employee communications seamless and ensures you get important mailings as soon as they go out!



We hope that you've enjoyed stepping into your new role here at the Metropolitan Opera! Please let us know if you have any questions, or if there are any other ways you we might be able to offer support as you continue your transition!