

# Yeshiva University®

### **Open Enrollment 2024**

## Welcome to Open Enrollment!

- Open enrollment November 1<sup>st</sup> through November 21st
- Changes effective January 1, 2024
- Only time of the year to:
  - Enroll in or Change Plans
  - Add or Remove Dependents
  - (Re)Enroll in the FSA Plan (health &/or dependent care)

Changes during the year are limited to qualifying events consistent with the change & a 30-day window

# What is changing for 2024?

### **Aetna Medical Plans**

- No increase in premiums
  - Consolidated salary bands from 11 to 7, premiums could have changed based on your individual situation
- The **Medical EPO** plan through Aetna will be updating Out of Pocket Maximums from \$3,500/\$8,750 to **\$4,000/\$8,000**
- The HDHP plan through Aetna will be decreasing deductible from \$2,600/\$6,500 to \$2,000/\$4,000 and lowering Out of Pocket Maximum from \$4,750/\$11,875 to \$4,000/\$8,000

# What is changing for 2024?

### **Voluntary Life Insurance – EOI**

- Employees currently enrolled in voluntary life coverage, may increase to the next level without Evidence of Insurability (EOI).
- If you are currently enrolled in spouse life coverage, you may increase to the next level without Evidence of Insurability (EOI).
- If you are enrolling in voluntary life and spouse life for the first time you can elect \$10,000 without Evidence of Insurability (EOI). Any amount over \$10,000 requires you provide Evidence of Insurability (EOI)
- Any election amounts over the \$200,000 Guaranteed Issue amount will require an Evidence of Insurability (EOI) form
- If you wish to enroll or increase your dependent child life coverage, Evidence of Insurability is not required.

#### No changes to the YU paid life insurance coverage

# What is remaining the same?

- Medical PPO plan design will remain the same through Aetna.
- **Vision insurance** will continue to be offered at no cost to those enrolled in an Aetna medical plan.
- Life, disability, and leave administration with Lincoln Financial will remain the same.
  - No change in plans offered: employer-paid life, voluntary life, voluntary short-term disability, & long-term disability.
  - Your current elections will automatically carry over into 2024, unless you actively elect to increase, decrease, or cancel your coverage.

# What is remaining the same?

- Additional **voluntary benefits** will remain in place
  - Aflac accident & critical illness, Pet Assure (veterinary discount plan), Allstate identity protection (PrivacyArmor Plus), discount auto & homeowners, retirement plan, & tuition remission program
- FSA and Commuter Plans will continue with HealthEquity
  - Commuter Transit and Parking plan elections will be made on the Health Equity portal, not Benefit Focus
    - Payroll deductions will be taken monthly
    - Your first monthly deduction will be made in December 2023 for your January 2024 commuter expense
- **PayFlex** continues to administer the HRA.
  - To view your account <u>www.payflex.com</u>
  - There will be no rollover of unused balances from 2023 to 2024.

## What is remaining the same?

### • Healthcare Bluebook will remain in place.

- Easy to access tool and phone support to research facilities and providers based on quality and cost, and receive guidance on items such as complex procedures, payment/billing & more.
- Rewards program offered Earn up to \$1,500 when utilizing Healthcare Bluebook service and receiving care at the suggested high-value providers
  - The rewards are a taxable benefit Healthcare Bluebook will provide a 1099 for all rewards received \$600 and above
  - You **must** go through Healthcare Bluebook prior to receiving services in order to be eligible for a reward
- Health insurance educational assistance continue to be available through **Allsup**
- Health Advocate employee advocacy services & EAP will remain in place.
  - To contact the EAP call 866-799-2691 or visit healthadvocate.com/member

### Will I Receive a New ID Card?

#### Medical

- If you elect coverage for the first time, or make a plan change, you will receive a new Aetna ID card
- If you are in the *EPO plan or HDHP plan* you will be receiving a new Aetna ID card due to deductible and OOPM changes
- You will not receive a new ID card if you are enrolled in the *PPO* and make no changes for 2024

#### Dental

- You will not receive a new dental ID card in the mail
- You can view and print your ID card online or on Delta Dental's mobile app
- You must create an account on *deltadentalins.com*

#### FSA, HRA & HSA

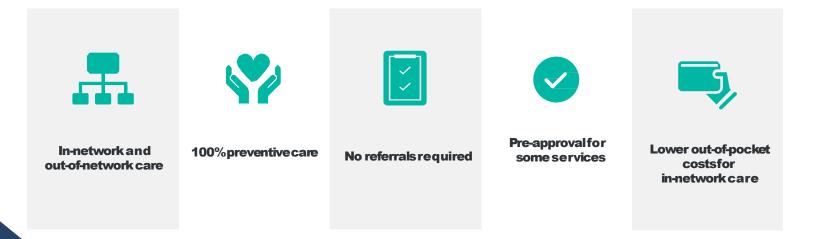
• New participants will receive new cards on or shortly after January 1.

# **Aetna Medical Plans**

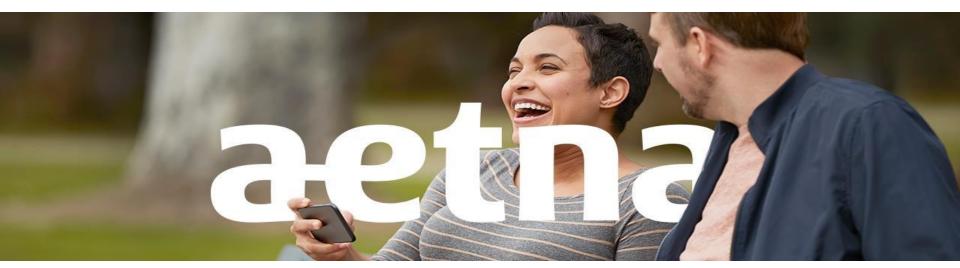
#### Get the coverage you need with the:

### Aetna Choice<sup>®</sup> POS II health plan – PPO & HDHP with HSA Plans & Aetna Select (Open Access) health plan – EPO Plan

Please note that the networks for the EPO, PPO and HDHP are the same even though the names are different.



Check the plan design and benefits summary for more information on coverage and costs.



### Aetna Concierge: Your personal health care assistant

### Your designated Concierge Phone Number is: 855-333-6825

• This number will appear on member's ID cards.

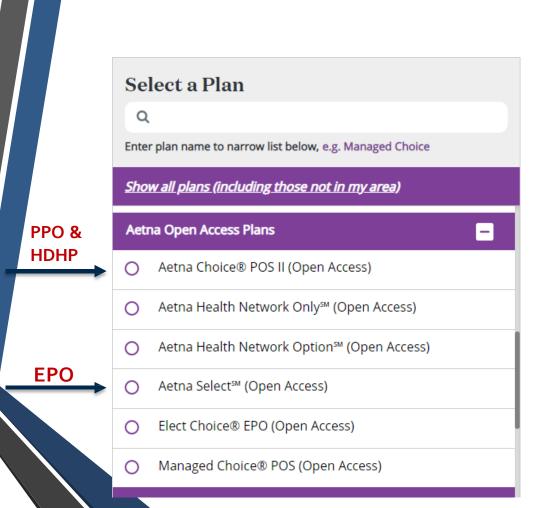
• Your Concierge is available Monday through Friday from: 8am-6pm.

#### Your concierge will:

• Walk you through tools to help you make educated decisions

- Find network providers based on your medical needs
  - Help you schedule appointments

### Simplifying Your Search: Find a Medical Provider



#### Visit <u>www.aetna.com</u>

- 1. Click on "Find a doctor" listed at the top of the screen
- 2. Locate the "Guests" section and click on "Plan from an Employer."
- 3. Under "Continue as guest", enter your zip code, city, state or county in the box "Enter location here" and click "Search"
- 4. Choose the appropriate plan from the "Select a Plan" drop down menu:
- Aetna Open Access Plans: Aetna Choice POS II - PPO & HDHP
- Aetna Open Access Plans: Aetna Select – EPO Plan

5. Select what you are looking for (examples could be primary care physicians or specialists).

Please note that the networks for the EPO, PPO and HDHP are the same even though the names are different.

# Care when you need it at MinuteClinic® locations

**MinuteClinic® is a walk-in clinic inside select CVSPharmacyand Target stores**, and is the largest provider of retail healthcare in the United States, making it easy to access care in your neighborhood. It's as simple as going to your local MinuteClinic® and receiving care.



#### Wide range of services

MinuteClinic<sup>®</sup> health care providers treat and diagnose a variety of illnesses, injuries and conditions.



#### **Prescriptions**

The providers in MinuteClinic<sup>®</sup> can write prescriptions, when medically appropriate.



#### Care when you need it

MinuteClinic<sup>®</sup> locations are open 7 days a week, including evenings. You can walk in or schedule appointments online beforehand.



#### **Family coverage**

Your covered family members can take advantage of this MinuteClinic benefit.

# The 3 Plans Available and Their Accounts

#### <u>EPO plan</u> Aetna Select

- Aetna Select (Open Access)
- Please research your providers ahead of time for In-network care
- Tied to a HRA account

#### **PPO Plan**

- Aetna Choice POS II (Open Access)
- Both in-network and out-of-network care
- In and out of network benefits accumulate separately
  - Tied to a HRA account

#### **HDHP Plan**

- Aetna Choice POS II (Open Access)
- Both in-network and out-of-network care
- In and out of network benefits accumulate separately
- Eligible to open an HSA account

### EPO Aetna Select Plan

Plan Features	In Network (no out-of-network coverage on this plan)
Deductible	\$1,500 Individual / \$3,750 Family
Co-Insurance	20%
Out of Pocket Medical Copays Apply towards the out-of-pocket maximums	<b>\$4,000 / \$8,000</b> Medical deductibles apply towards the out-of-pocket maximums
Primary Care Office Visit	\$25 copay
Specialist Care Office Visit	\$50 copay
Preventative Care	Covered at 100%
Urgent Care	\$50 copay
Teladoc	\$25 copay
Emergency Room	\$250 copay (co-pay waived if admitted)
Inpatient / Hospital	20% After Deductible
Outpatient Surgery	20% After Deductible
Diagnostic Screenings	20% After Deductible

### **PPO Plan**

Plan Features	In Network	Out of Network
Deductible	\$1,500 Individual / \$3,750 Family	\$4,500 Individual / \$11,250 Family
Co-Insurance	20%	40%
Out of Pocket Medical Copays Apply towards the out- of-pocket maximums	\$4,000 / \$10,000 Medical deductibles apply towards the out- of-pocket maximums	\$10,500 / \$25,500 Pharmacy copays and co-insurance apply towards the out-of-pocket maximums
Primary Care Office Visit	\$25 copay	40% After Deductible
Specialist Care Office Visit	\$50 copay	40% After Deductible
Preventative Care	Covered at 100%	40% After Deductible
Urgent Care	\$50 copay	40% After Deductible
Teladoc	\$25 copay	N/A
Emergency Room	\$250 copay (co-pay waived if admitted)	\$250 copay (co-pay waived if admitted)
Inpatient / Hospital	20% After Deductible	40% After Deductible
Outpatient Surgery	20% After Deductible	40% After Deductible
Diagnostic Screenings	20% After Deductible	40% After Deductible

# High Deductible Health Plan (HDHP)

Plan Features	In Network	Out of Network
Deductible	\$2,000 Individual / \$4,000 Family	\$4,500 Individual / \$9,000 Family
Co-Insurance	20%	40%
Out of Pocket Medical Copays Apply towards the out-of-pocket maximums	<b>\$4,000/ \$8,000</b> Medical deductibles apply towards the out-of-pocket maximums	<b>\$10,500 / \$21,000</b> Pharmacy copays and co-insurance apply towards the out-of-pocket maximums
Primary Care Office Visit	20% after deductible	40% After Deductible
Specialist Care Office Visit	20% after deductible	40% After Deductible
Preventative Care	Covered at 100%	40% after deductible
Urgent Care	20% after deductible	20% after deductible
Teladoc	\$49 copay	N/A
Emergency Room	20% after deductible	20% after deductible
Inpatient / Hospital	20% After Deductible	40% After Deductible
Outpatient Surgery	20% After Deductible	40% After Deductible
Diagnostic Screenings	20% After Deductible	40% After Deductible

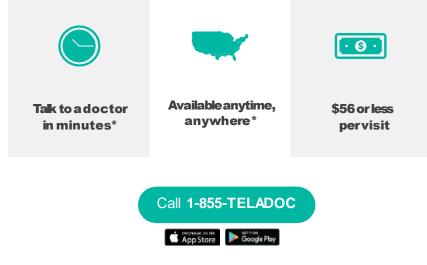
# Talk to a doctor **anytime**, **anywhere**

"Teladoc is a godsend for anyone who has spent 3 hours in a waiting room for something that can be resolved with a simple phone call in minutes. I love bragging to my friends that I have Teladoc."

-Teladoc member

TELADOC.

### **24/7 access** to a doctor by phone or video



Download the app: Teladoc.com/aetna



### **Behavioral Health Telemedicine**

Aetna is making it easier to access behavioral health care.

#### Teladoc

• Comprehensive solution with integrated tele-video services for medical and behavioral health

#### AbleTo

• Health & wellbeing support program providing access to specialists/therapists face-to-face & virtually.

#### Tele-video

• National and regional partners which includes Array AtHome Care (formerly Inpathy) for the New York tri-state area.

#### Call Array AtHome at 800-442-8938

### Informed Health Line

Free as part of your Aetna medical benefits. Our team of nurses will save time and money by answering your health-related questions over the phone and online:



24/7 registered nurse support via phone or email

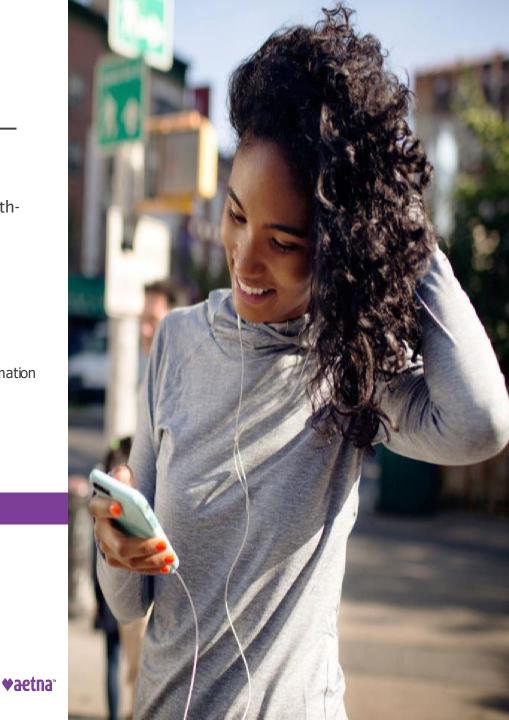


Personal database for additional health and wellness information



Video library enables you to learn at your own pace

#### 800-556-1555



### Pharmacy Coverage

Plan Features	EPO Plan	PPO Plan	HDHP Plan
Tier 1 - Preferred Generic	Retail: \$7.50 copay Mail Order: \$15 copay	Retail: \$7.50 copay Mail Order: \$15 copay	Retail: 20% After Deductible Mail Order: 20% After Deductible Deductible waived for Preventative prescriptions
Tier 2 – Preferred Brand Name	Retail: 20% (\$60 max) Mail Order: 20% (\$120 max)	Retail: 20% (\$60 max) Mail Order: 20% (\$120 max)	Retail: 20% After Deductible Mail Order: 20% After Deductible Deductible waived for Preventative prescriptions
Tier 3 – Non-Preferred Generic & Brand Name	Retail: 40% (\$120 max) Mail Order: 40% (\$240 max)	Retail: 40% (\$120 max) Mail Order: 40% (\$240 max)	Retail: 20% After Deductible Mail Order: 20% After Deductible Deductible waived for Preventative prescriptions

• Out-of-Network pharmacy is not covered on any of the medical plans. This is the same set up as today.

• Formulary: AETNA STANDARD 2023 When searching to see which tier your drugs fall under this is the formulary you will select

### Maintenance Choice with Opt Out

-Members fill a 90-day supply of maintenance drugs at CVS Pharmacy or Caremark Mail Service Pharmacy

-Two retail grace fills

-Member must call to opt out of 90 days at CVS or mail order. If member doesn't opt out, they will not be able to fill a 90-day prescription at retail pharmacy

-No additional cost for 1-2-day delivery from CVS Pharmacy and a discounted fee for on-demand delivery

### Mail order pharmacy with CVS Caremark®

With the mail order you will then only pay two co-pays for a three-month supply.

Before you reach the end of the second 30-day fill, Aetna will contact you to help you get started with Maintenance Choice. Aetna will help you get a prescription from your doctor for a 90- day supply and you can choose to fill it through Aetna Rx Home Delivery or at a CVS Pharmacy.

If you chose not to use the 90-day refill through home delivery or at a CVS, you may continue to obtain 30-day supplies through a different in-network pharmacy. You will pay a copay for each fill. You must contact Aetna directly to opt out of the Maintenance Choice plan.

Please note: If you continue to fill your prescription in 30-day increments without first optingout of the Maintenance Choice Program, you will pay 100% of the cost of your long-term medications.

Receive a 90-day supply of your maintenance medicine(s) sent directly to your home by using CVS Caremark<sup>®</sup> Mail Order Pharmacy. Here's how to get started:

- 1. Ask your doctor for your prescription. Your doctor can e-prescribe it to us, or we can call your doctor for you
- 2. Request home delivery by visiting aetna.com or print an order form and send it to Aetna (address is on the form)
- 3. Get refills your way online, by phone, or by mail.

Your pharmacy formulary is the <u>Aetna Standard Formulary</u>. Locate the formulary online at aetna.com

### Vision Plan

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OPTICAL

	In Network	Out of Network*		
	III NOUVOIR			
Exam with Dilation as Necessary	Aetna Vision Network			
Use your Exam coverage once every rolling 12 mon	ths			
Routine/Comprehensive Eye Exam	\$10 Copay	\$32 Reimbursement		
Standard Contact Lens Fit/Follow-Up	Member pays discounted fee of \$40	Not Covered		
Premium Contact Lens Fit/Follow-Up	Member pays 90% of retail	Not Covered		
Eyeglass Lenses / Lens options				
	hs to purchase either 1 pair of eyeglass lenses OR 1 order of contact le	nses		
Standard Plastic Single Vision Lenses	\$25 Copay	\$10 Reimbursement		
Standard Plastic Bifocal Vision Lenses	\$25 Copay	\$25 Reimbursement		
Standard Plastic Trifocal Vision Lenses	\$25 Copay	\$55 Reimbursement		
Standard Plastic Lenticular Vision Lenses	\$25 Copay	\$55 Reimbursement		
Standard Progressive Vision Lenses	\$90 Copay	\$25 Reimbursement		
Premium Progressive Vision Lenses <sup>1</sup>	Tier 1 = \$85 Copay			
Member pays bifocal copay plus tier amount based on	Tier 2 = \$95 Copay	\$25 Reimbursement		
orand)	Tier 3 = \$110 Copay	€ Control and Control at Control		
Other Premium Progressive Lenses <sup>1</sup>				
Street Ferniant Progressive Eenses	20% Discount off retail minus \$120 plan allowance plus \$90 Copay	\$25 Reimbursement		
•	= member out-of-pocket			
Standard Polycarbonate Lenses - Adult	Member pays discounted fee of \$40	Not Covered		
Standard Polycarbonate Lenses - Children To Age 19	\$0 Copay	\$35 Reimbursement		
Contact Lenses				
Jse your Lens coverage once every rolling 12 mont	hs to purchase either 1 pair of eyeglass lenses OR 1 order of contact le	nses		
Conventional Contact Lenses	\$130 Allowance** Additional 15% off balance over allowance	\$90 Reimbursement		
Disposable Contact Lenses	\$130 Allowance	\$104 Reimbursement		
Medically Necessary Contact Lenses	\$0 Copay	\$200 Reimbursement		
Frames				
Jse your frame coverage once every rolling 24 mon	ths			
Any Frame available, including frames for prescription	\$130 Allowance**			
sunglasses	Additional 20% off balance over allowance	\$90 Reimbursement		





## **Dental Plan**

	DPPO Low Plan			DPPO High Plan		
Delta Dental	PPO Dentists*	Premier Dentists**	Non-Delta Dental Dentist	PPO Dentists*	Premier Dentists**	Non-Delta Dental Dentist
Benefits			1			
<b>Deductibles</b> Per member / Per family each calendar year <i>Waived for Diagnostic &amp; Preventative and Orthodontics</i>	\$100/\$300			\$100 / \$300		
<b>Maximums</b> Per member each calendar year	\$1,500			\$2,000		
Covered Services						
<b>Diagnostic &amp; Preventative</b> Exams, Cleanings, X-Rays, Sealants & Space Maintainers	100%		100%			
<b>Basic</b> Fillings, Simple Extractions & Denture Repair/Reline/Rebase	80%		80%			
<b>Major</b> Crowns, Inlays, Onlays & Cast Restorations	50%		50%			
Orthodontic Adults & Dependent Children	50%		50%			
Orthodontic Maximums	\$2,000 Lifetime			\$2,000 Lifetime		

- Reimbursement is based on Delta Dental PPO contracted fees. Some dentists have contracted reduced fees with Delta Dental. PPO dentists will provide the most affordable care.
- The *Low Plan* is a *Maximum Allowable Charge* Plan. All providers are reimbursed based on PPO contract fees. Non-Delta providers (out of network) may not accept Delta's allowance as payment in full. The member is responsible for paying the full charge.
- The High Plan provides out-of-network reimbursement based on 80th UCR

\*PPO dentists have agreed to reduced fees & you will not be charged more than your expected share of the bill. These providers will offer the most affordable care through Delta's network. \*\*Delta Dental Premier dentists have agreed to set fees and will charge less compared to seeing a non-Delta Dental dentist.

# Find a Network Dentist

- Go to **deltadentalins.com**.
- Look for the Find a Dentist tab.
- Search by name, address, landmark, city or ZIP code.
- Select your network plan.
- Click Search.
- **Narrow your search** by location, specialty, network and language.
- Your search results will include a dentist's Yelp rating, address and phone number.







# Sign Up For An Online Account

- Check your plan details: eligibility, covered services and level of benefits.
- Look up claim statements for recent dental visits.
- View or print your ID card.
- Estimate the cost of your next procedure.
- Submit questions to Customer Service.





### Contact Customer Service

Get help by phone or online

- Call us toll-free at 800-932-0783\*
- Speak to a Customer Service representative Monday through Friday, 8 am to 8 pm EST
- For simple questions, use our automated phone system, available 24/7
- Ask online: Go to deltadentalins.com > Contact Us. Then follow the prompts or fill out the Customer Service Form.



# **YU Healthy Incentives**

- The Benefitfocus enrollment platform will show health plan options with and without wellness.
- Once Open Enrollment is finalized, Benefit Focus will update your 2024 health plan election based on whether you completed the required wellness actions.
  - Each year, wellness actions must be completed by October 31<sup>st</sup>
- 2024 Wellness funding information will be distributed after January 1, 2024

### Do I Need To Take Action During OE?

- If you do not take any action during this OE timeframe, *all your current elections, except FSA, HSA and commuter plans, will automatically roll over* into the new plan year.
- FSA and commuter plan(s) enrollees must actively re-enroll in these benefits every year, even if you want to keep the same contributions.
  - You may change your commuter plan elections any time throughout the year directly on the Health Equity site
- Those enrolling in the *HDHP with HSA plan must actively re*elect to contribute towards the PayFlex HSA.
  - If you are enrolling for first time in the HDHP with HSA and have previously participated in the EPO or PPO plan, any *HRA balances will be forfeited*.
- If you plan to enroll in any new benefits, or discontinue any benefits, you must make those changes during OE.

# How do I Take Action During OE?

- All elections must be made through Benefitfocus no later than November 21<sup>st</sup>
- Follow the below steps to enroll online:
  - Log into Benefit focus at insidetrack.yu.edu
    - Click the Employee Tab, locate the Employee Tools and Systems, and click the link for Benefitfocus
    - Once logged in, click the link that says Click
      HERE to complete your 2024 Open Enrollment
    - You may also enroll telephonically by calling Benefitfocus at 855-719-2179, M - F 8am -8pm ET.

### How to Enroll

- Enrollment is completed online in *Benefitfocus*. Refer to the 2024 Benefits Enrollment Guide for instructions.
  - You may also enroll telephonically by calling *Benefitfocus at* 855-719-2179, Monday – Friday, 8am – 8pm ET
  - The Enrollment Guide can be found at yu.edu/hr/benefits under "2024 Open Enrollment for Yeshiva Employees"

**This is a passive enrollment** – if you take no action, your current elections and covered dependents will automatically continue in 2024, except for FSA & HSA contributions which you must actively re-elect this year. Please also review your dependent enrollments for the dental plans.

Note: You can elect, stop, or change your commuter election at any time.

- After the open enrollment period, you will not be able to make any changes to your elections until next year's open enrollment, unless you experience a qualifying life event during the year (marriage, birth of a child, etc.)
  - If you experience a qualifying life event, please submit any benefit changes within 30 days of the event.

A recorded version of this presentation will be posted to the YU benefits page at yu.edu/hr/benefits under the Benefits tab.

# Question's?