



Yeshiva University

Your Benefits, Your Choice

2021 BENEFITS



Welcome to Open Enrollment!

- Open enrollment runs **November 4th – November 24th**
- During this time you can enroll for benefits effective January 1, 2021 – December 31, 2021.
- This is a *passive enrollment* – if you take no action, your current elections and covered dependents will automatically continue in 2021, *except for FSA & commuter plans elections and HSA contributions which you must re-elect in every year.*
 - *If you are currently enrolled in the Dental HMO plan, you must actively enroll in the Dental PPO plan, or you will not have dental coverage in 2021.*
 - Note: you can elect, stop, or change your commuter election at any time.



Welcome to Open Enrollment!

- Enrollment is completed online in *Benefitfocus*. Refer to the 2021 Benefits enrollment Guide for instructions.
 - *You may also enroll telephonically by calling Benefitfocus at 855-719-2179, Monday – Friday, 8am – 8pm ET*
- 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.*



What Benefits Are Changing For 2021?

- **EPO** medical plan network change to **Aetna Premier Care Network (APCN) Plus**
 - No changes to the plan design for any of the medical plans administered through Aetna, with the exception of specialty medication
 - Premium increases will be seen on all medical plans
- **PrudentRx** Specialty drug pharmacy program
 - Work with Aetna to utilize manufacturer coupons to reduce specialty drug co-pay to as little as \$0
 - If not using PrudentRx specialty drug coinsurance will be 30%
 - PrudentRx is not available for the HDHP
- **Aetna Maintenance Choice** program for long-term prescriptions
 - After two 30-day fills, Aetna will automatically cover 90-day fills through Aetna Rx home delivery or in person at a CVS pharmacy
 - You must opt out of this program should you wish to not participate

Details can be found in the **[2021 Benefits Enrollment Guide](#)**



What Benefits Are Changing for 2021? (cont.)

- Health reimbursement account (HRA) rollover limited to **\$500** for 2021
 - Effective January 1, 2021 YU will limit the HRA rollover to \$500
 - All unused HRA balances over \$500 will be forfeited
 - Claims for reimbursement for 2020 medical services must be submitted to Payflex no later than March 30, 2021
- **Medical Flexible Spending Account (FSA)** rollover is increasing to **\$550**.
- Health insurance educational assistance through **Allsup**
 - Provides assistance in learning about government medical programs such as Medicare
 - Allsup's counselors will review potential Medicare options
- The **Dental HMO** plan will be eliminated in 2021
 - No plan design or cost changes for the Dental PPO
 - If currently enrolled in the DHMO you must actively make an elect the Dental PPO option during open enrollment or you will not have dental coverage in 2021

5 Details can be found in the **[2021 Benefits Enrollment Guide](#)**



What Benefits Are The Same As Today?

- **Vision insurance** will continue to be offered at no cost to those enrolled in an Aetna medical plan.
- Life, disability, leave administration, and EAP services with **Lincoln Financial**.
 - Plans offered are the same: employer-paid life, voluntary life, voluntary short-term disability, long-term disability, EAP.
 - *Voluntary life changes or new enrollments will require evidence of insurability.*
 - Your current elections will automatically carry over into 2021, unless you actively elect to increase, decrease, or cancel your coverage.

Details can be found in the [2021 Benefits Enrollment Guide](#)



What Benefits Are The Same As Today? (cont.)

- **WageWorks** continues to administer the Health Care FSA, Dependent Care FSA, Commuter/Transit, and Parking Plans.
 - *To view your accounts* www.myflexonline.com
 - **Payflex** continues to administer the HRA.
 - *To view your account* www.payflex.com
- **Health Advocate** employee advocacy services.
- Other **voluntary benefits**
 - Aflac accident & critical illness, pet assure (veterinary discount plan), long-term care, discount auto & homeowners, retirement plan, tuition remission program, StuLo student loan assistance.
 - Privacy Armor Plus ID Theft Protection will be rebranded as **Allstate Identity Protection.**

Details can be found in the [2021 Benefits Enrollment Guide](#)



YU Healthy Incentives

- The Benefitfocus platform will show our health plan options **with wellness and w/o wellness.**
- By choosing the health plan **with wellness**, you agree and commit to the following wellness actions to receive the ***\$500/\$1,000 HRA or HSA contribution from YU:***
 - Pursue well-being and participate in YU health initiatives
 - Complete a health assessment and make changes to your activity level and nutrition, if applicable
 - Complete a preventative health visit, age/gender specific exams, or complete a series of confidential biometric tests
 - Obtain a preventative dental exam and cleaning.



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 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*
- 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 are in the Dental HMO, and you wish to continue dental coverage you must *join the Dental PPO by actively enrolling* during OE.
- 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 24th**
- **Follow the below steps to enroll online:**
 1. Log into Benefit focus at **insidetrack.yu.edu**
 2. Click the **Employee Tab**, locate the **Employee Tools and Systems**, and click the link for **Benefitfocus**
 3. Once logged in, click the link that says **Click HERE to complete your 2021 Open Enrollment**
- You may also enroll telephonically by calling Benefitfocus at **855-719-2179, M - F 8am - 8pm ET.**



Perfect balance

Health care for the whole you



Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna). Information is believed to be accurate as of the production date; however, it is subject to change. Actual results may vary.

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Agenda

- Aetna Concierge
- Your Aetna Medical Networks
- APCN Network
- Medical and Pharmacy Plan review
- CVS minute clinics
- Telemedicine
- Dental
- Website and Mobile app



aetna

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

Get the coverage you need with the:

Aetna Choice[®] POS II health plan – PPO & HDHP with HSA Plans
&
Aetna Premier Care Network (APCN) Plus health plan – EPO Plan



In-network and out-of-network care



100% preventive care



No referrals required



Pre-approval for some services



Lower out-of-pocket costs for in-network care

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

[Aetna Premier Care Network Plus Website](#)

Simplifying your search: Find Medical Provider

If you are an Aetna member, you may find your plan name on your member ID Card or in your Enrollment Documents

Skip plan selection » Continue

Why is choosing a plan so important?

- **Pay less** if you use a provider that accepts the plan
- **Find the highest level of coverage** from a provider under the plan
- **Confirm** doctors are accepting the plan

Select a Plan

Enter plan name to narrow list below, e.g. Managed Choice

Show all plans (including those not in my area)

Aetna Open Access Plans

- OA Elect Choice EPO
- Aetna Choice® POS (Open Access)
- Aetna Choice® POS II (Open Access)
- Aetna Health Network Only™ (Open Access)
- Aetna Health Network Option™ (Open Access)
- Aetna Select™ (Open Access)
- Elect Choice® EPO (Open Access)
- HMO (Open Access)
- Managed Choice® POS (Open Access)

Aetna HealthFund Plans

- Aetna Choice® POS (Aetna HealthFund®)
- Aetna Choice® POS II (Aetna HealthFund®)
- Aetna HealthFund® Aetna Health Network Only™ (Open Access)
- Aetna HealthFund® Aetna Health Network Option™ (Open Access)

Feedback

Visit www.aetna.com/docfind

1. Enter your zip code, city, state, or county then click search.
2. Choose the appropriate plan from the “Select a Plan” drop down menu:
 - **Aetna Open Access Plans: Aetna Choice POS II - PPO & HDHP**
 - **APCN Plus Open Access Aetna Select (2021 Plan Providers) – EPO Plan**
3. Select what you are looking for. (examples could be primary care physicians or Specialists)



The 3 Plans Available and Their Accounts

New EPO plan* APCN Plus

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

PPO Plan

- Aetna Choice POS II
- Both in-network and out-of-network care
- Tied to a HRA account

HDHP Plan

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

EPO APCN Plan: How it works

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	\$3,500 / \$8,750 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: How it works

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


HDHP Plan: How it works

Plan Features	In Network	Out of Network
Deductible	\$2,600 Individual / \$6,500 Family	\$4,500 Individual / \$11,250 Family
Co-Insurance	20%	40%
Out of Pocket Medical Copays Apply towards the out-of-pocket maximums	\$4,750 / \$11,875 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	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	20% after deductible	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

Pharmacy Coverage On Each Plan

Plan Features	EPO Plan	PPO Plan	HDHP Plan
RX – Preferred Generic Drugs	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 <i>Deductible waived for Preventative prescriptions</i>
RX – Preferred Brand Name Drugs	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 <i>Deductible waived for Preventative prescriptions</i>
RX – Non-Preferred Generic & Brand Name	Retail: 40% (\$120 max) Mail Order: 20% (\$120 max)	Retail: 40% (\$120 max) Mail Order: 20% (\$240 max)	Retail: 20% After Deductible Mail Order: 20% After Deductible <i>Deductible waived for Preventative prescriptions</i>

- Out-of-Network pharmacy is not covered on any of the medical plans. This is the same set up as today.
- Formulary: **AETNA STANDARD 2021** When searching to see which tier your drugs fall under this is the formulary you will select



PrudentRx Copay Optimization helps maximize savings and reduce plan and member costs

Innovative specialty plan design

The PrudentRx Co-Pay Program assists members by helping them enroll in manufacturer co-pay assistance programs for specialty drugs.

By enrolling in the PrudentRx Co-Pay Program, your out-of-pocket cost for prescriptions covered under the **PrudentRx Co-Pay Program will be \$0**. Otherwise, medications in the specialty tier will remain subject to a **30% co-insurance if you do not enroll**.

This applies to all drugs on the specialty drug list **dispensed by CVS specialty**, regardless if copay card is available.

Certain exceptions apply such as specialty drugs which are not dispensed by CVS Specialty pharmacy. In this case, **the drug will be at a regular copay**, not at the \$0 copay or 30% specialty copay. Examples of these are HIV medications or limited distribution drugs dispensed at other specialty pharmacies.

Best-in-class member experience

PrudentRx is integrated with Aetna's pharmacy operations to ensure a seamless member experience.

PrudentRx Member advocates are available to support enrollment and inquiries.

If you currently take one or more medications included in the PrudentRx Program Drug List, you will receive a welcome letter and phone call from PrudentRx that provides specific information about the program as it pertains to your medication.

If you or a covered family member are not currently taking, but will start a new medication covered under the PrudentRx Co-Pay Program, you can reach out to PrudentRx or they will proactively contact you.

You must use CVS Specialty on the first fill of a new prescription and going forward.

If you currently have a separate specialty copay benefit, you need to enroll Prudent Rx and let them know about your copay card.

Specialty drugs are high cost, high complexity drugs used to treat complex or rare chronic conditions such as cancer, hemophilia, H.I.V, psoriasis, etc.



New: 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**



Pharmacy with CVS Caremark®

Mail order pharmacy with CVS Caremark®

New benefit: Maintenance Choice with opt out is being implemented for 2.1 effective date

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 opting-out 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® 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 [Aetna Standard Formulary](#).
Locate the formulary online at aetna.com

Need assistance?
Call Aetna Concierge!
855-333-6825

Vision Plan

The network includes over 97,000 providers, and national retail chains.

	In Network	Out of Network*
Exam with Dilation as Necessary		
Aetna Vision Network		
Use your Exam coverage once every rolling 12 months		
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		
Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
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 ¹ (Member pays bifocal copay plus tier amount based on brand)	Tier 1 = \$85 Copay Tier 2 = \$95 Copay Tier 3 = \$110 Copay	\$25 Reimbursement
Other Premium Progressive Lenses ¹	20% Discount off retail minus \$120 plan allowance plus \$90 Copay = member out-of-pocket	\$25 Reimbursement
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		
Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
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		
Use your frame coverage once every rolling 24 months		
Any Frame available, including frames for prescription sunglasses	\$130 Allowance** Additional 20% off balance over allowance	\$90 Reimbursement

LENSCRAFTERS®

PEARLE VISION™
EST. 1961

OPTICAL®





Care when you need it at MinuteClinic[®] locations

MinuteClinic[®] is a walk-in clinic inside select CVS Pharmacy and 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[®] health care providers treat and diagnose a variety of illnesses, injuries and conditions.



Care when you need it

MinuteClinic[®] locations are open 7 days a week, including evenings. You can walk in or schedule appointments online beforehand.



Prescriptions

The providers in MinuteClinic[®] can write prescriptions, when medically appropriate.



Family coverage

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

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



24/7 access to a doctor by phone or video



Talk to a doctor
in minutes*



Available anytime,
anywhere*



\$47 or less
per visit

Call 1-855-TELADOC



Download the app: [Teladoc.com/aetna](https://www.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
- Able-to-
- Mindful check-

Tele-video

- National and regional partners which includes Inpathy for the New York tri-state area.

Call Inpathy 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



NEW: 1 Dental Plan

DPPO

- In-network and out-of-network care
- Coinsurance Plan
- Preventive services covered 100%

Easy-to-use coverage with the Aetna Dental® PPO* plan

In-network or out – it's your choice

Your options

In-network

Visit a dentist in the Aetna Dental PPO network

To find one, use our online directory at [aetna.com](https://www.aetna.com).

Out-of-network

Visit any licensed dentist outside the network

How it works

- Network dentists offer special rates for covered services. So your share of the cost is usually lower.
- Network dentists file claims for you.
- You may pay more when you get care from dentists who aren't in the network
- You may have to file your own claims.

*State laws vary with regard to out-of-network benefits. In Illinois, DMO plans provide limited out-of-network benefits. In Virginia, the DMO plan is known as the DNO Plan (Dental Network Only). In order to receive maximum benefits, members must select and have care coordinated by a participating primary care dentist. Illinois DMO is not an HMO. The DNO plan in Virginia is not an HMO.



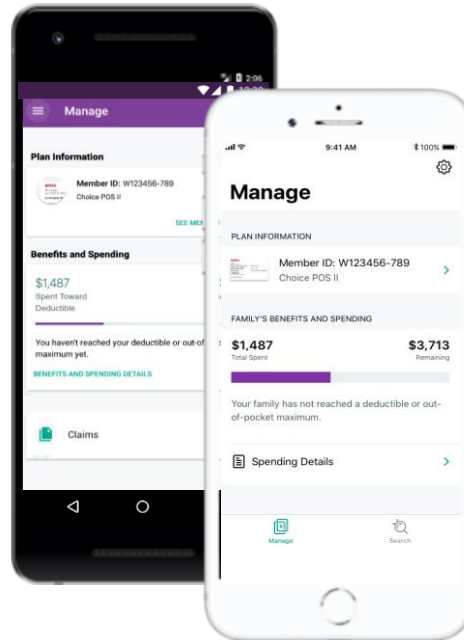
Dental benefits you can “sink your teeth” into

Dental DPPO Plan

	In-network Care	Out-of-network care
Annual deductible	\$100 individual / \$300 family	\$100 individual / \$300 family
Annual benefits maximum	\$2,000 per person	\$2,000 per person
Preventive services	100% no deductible	100%
Basic services	80%	80%
Major services	50%	50%
Orthodontic services*	50%	50%
Orthodontic lifetime maximum	\$2,000 per person	\$2,000 per person

[*Available only for adults and children]

We make
it easy to
keep track
of your benefits



With the **Aetna HealthSM** app,
you can manage your benefits
all in one place.

Manage benefits, view and pay claims

View progress toward your deductible

Find a doctor or urgent care center

Get cost estimates before you get
care

Schedule doctor appointments

Tip

You can access your ID card anytime
on your phone using
our Aetna Health app.



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Q&A