Yeshiva University

Open Enrollment 2027

Details can be found in the **2027 Benefits Enrollment Guide** https://www.yu.edu/hr/benefits

Welcome to Open Enrollment!

- Open enrollment November 4th through November 24th
- Changes effective January 1, 2027
- 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

Details can be found in the **2027 Benefits Enrollment Guide** https://www.yu.edu/hr/benefits

What is changing for 2027?

- Healthcare Spending Accounts (HSA's)
  - Per IRS guidelines – maximum contribution increased to $4,500/$9,000

- Healthcare Flexible Spending Accounts (FSA's)
  - Per IRS guidelines – maximum contribution **projected** to increase to $3,500

Details can be found in the **2027 Benefits Enrollment Guide** https://www.yu.edu/hr/benefits

What is remaining the same?

- **Medical plan designs** will remain the same through Aetna.
- **Prescription Rx** program will remain through OptumRx
- **Dental plan designs and contributions** will remain the same through Delta Dental
- **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 2027, 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), retirement plan, & tuition remission program

- FSA and Commuter Plans will continue with **HealthEquity**
  - The 2027 pre-tax limit for the health FSA is **projected** to be $3,500 with a **projected** carryover amount of $700
  - The 2027 pre-tax limit for the Commuter plan is **projected** to be $350
  - 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 2026 for your January 2027 commuter expense

- **Inspira Financial** continues to administer the HRA
  - *To view your account www.inspirafinancial.com*
  - There will be no rollover of unused balances from 2026 to 2027.

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 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/Phamacy

- Aetna – no new cards unless a new member enrolls or switches plans
- Optum Rx – no new cards unless new member enrolls

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.
- If you are already an FSA or HRA member, your card will be automatically funded with the 2027 funds. If your card expires soon, a new card will be mailed to you.

Aetna Medical Plans

Get the coverage you need with the:

Aetna Choice® 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.



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 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.

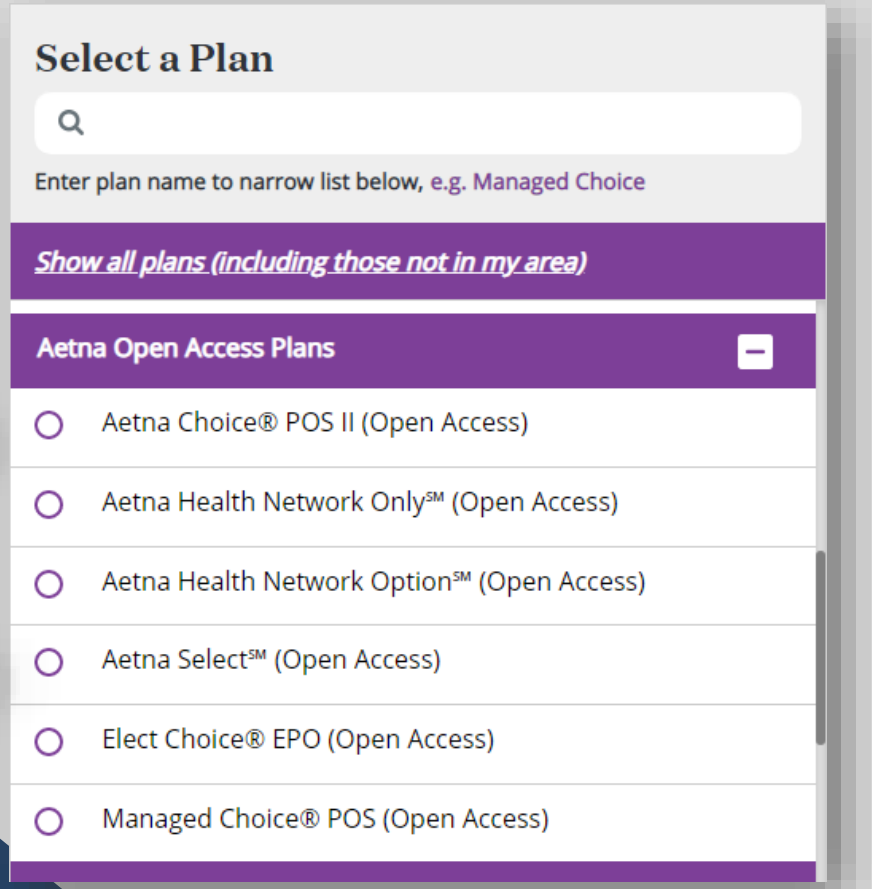
Your concierge will:

- 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

PPO & HDHP

EPO



Visit www.aetna.com

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.

Get low cost/no-cost care* at MinuteClinic® locations

Access convenient, local care
at MinuteClinic locations inside select CVS Pharmacies® and virtually.

Find help when you need it,
including nights and weekends.

Get the care you deserve,
without the high out-of-pocket costs.

*Includes select MinuteClinic® services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive MinuteClinic services at no cost-share. However, such services are covered at negotiated contract rates. This benefit is not available in all states or on indemnity plans.

MinuteClinic services

- Minor illnesses and injuries, like allergies, ear infections, flu-like symptoms, bug bites, stings and more
- Skin conditions
- Wellness and preventive care services
- Screenings and monitoring
- Vaccinations and injections
- Women's and men's health services
- Point of care lab testing

MinuteClinic providers can also write prescriptions, when medically appropriate.

For your best health, we encourage you to have a relationship with a primary care physician or other doctors. Tell them about your visit to MinuteClinic, or MinuteClinic can send a summary of your visit directly to them.



The 3 Plans Available and Their Accounts

EPO plan 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	$4,000 / $8,000 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	$4,000/ $8,000 Medical deductibles apply towards the out-of-pocket maximums	$10,500 / $21,000 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

Virtual care from anywhere

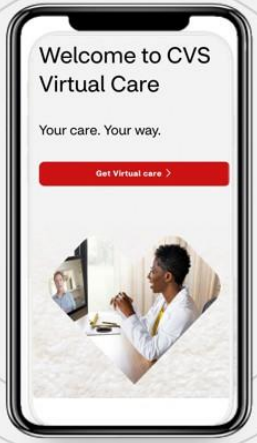
CVS Health Virtual Care™

On-demand care within **15 minutes**[1]

ON-DEMAND CARE

Access to 24/7 quick care with licensed providers

Care for common illnesses, infections and one-time medication refill



Personalized health dashboard
provides convenient, secure access to longitudinal health data for patients and caregivers

MENTAL HEALTH

Mental health access within **14 days**[1]

Therapist and psychiatrist appointments days, nights and weekends

Counseling for anxiety, stress, depression and grief

Psychiatry services for diagnosis, treatment and medication management*

Prescription Drug Plan

Optum

Formulary is the list of medications covered by the plan. Updated twice per year based on latest research & clinical evidence. Deductibles / Copays are determined by the Tier;

Generics (Tier 1) – safe, effective & have the same active ingredients as a brand name medication, but cost an average of 85% less (brands with expired patents)

Preferred Brand (Tier 2) – Lower cost or more clinically effective than non-preferred or excluded

Non-Preferred Brand (Tier 3) – Highest cost or medications with clinical alternatives

Specialty – Complex medications purchased through a specialty pharmacy

Excluded – Medications with clinical alternatives or generics that are not covered by the plan. Members must choose an alternative therapy.

Formulary – Online at Premium formulary (optumrx.com)

Members impacted by formulary changes & exclusions will receive letters directly from Optum Rx. Speak with your physician to avoid any interruptions in treatment.

Optum

Per the Formulary, medications may require treatment protocols including;

Quantity Limits – for safety & cost reasons, the plan limits the amount of drugs they cover over a certain period of time.

Prior Authorization – to be sure that medications are prescribed and used correctly, before the plan will cover a particular drug, your doctor or your prescriber must first show that you have a medically necessary need for that particular drug and/or have met the requirements for the drug.

Step Therapy – you must first try a less expensive drug on the formulary that has been proven effective for most people with your condition before you can move up a "step" to a more expensive drug. However, if you have already tried the more affordable drug and it didn't work or if your prescriber believes that it is medically necessary for you to be on a more expensive drug, they can contact the plan to request an exception.

Specialty Prescriptions

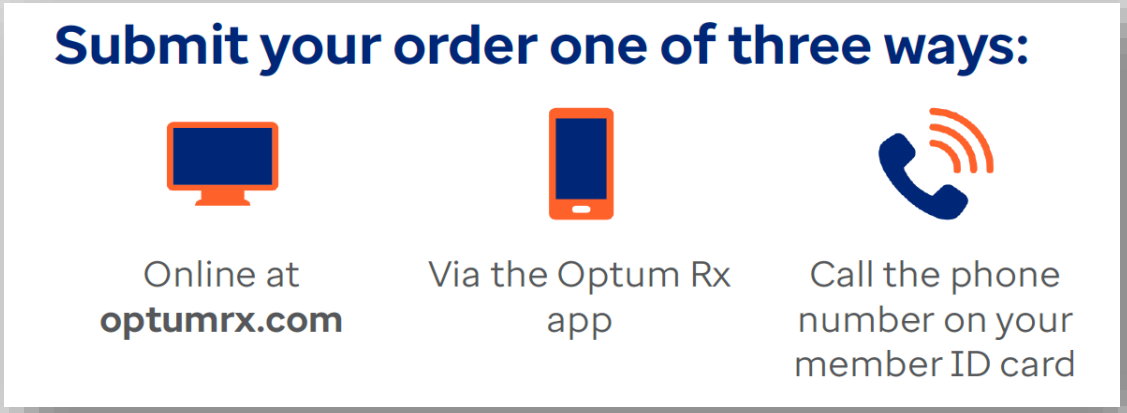
- Fill through Optum Specialty Pharmacy only, start the process prior to January 1st with your doctor to avoid any delays!

Optum

- 90 Day Supply at Retail or Mail Order

- 90 Day supply Mail Order: deductible or 2 copays applies, convenience of Auto Refill, the medication is sent automatically & Auto Renewal, Optum Rx renews your prescription with your doctor.

- New service requires a minimum 90-day or annual script from your doctor
- Provide home delivery pharmacy with…
  - Scripts (have your doctor e-scribe them directly)
  - Payment Method
  - Mailing Address



Optum

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	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	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 pharmacy plans. This is the same set up as today.
- Formulary: **Optum 2026 Premium Standard**

Optum

Optum Rx Helpful Hints

- Flu &/or Covid Vaccines in the Pharmacy – No Member Copay via Optum Rx coverage
- Traveling Overseas – Plan ahead with scripts & a prior authorization for the length of travel plus return time
- Diabetics – free meters available through Optum Rx program
- If you are having any issues purchasing your medications, please contact the Benefits Office. We have access to Optum Rx service staff that are able to approve purchases, usually within 24-48 hours during the transition. We will need the patient, medication, dosage & the pharmacy details.
  - Need a refill as the patient & provider work through prior authorization
  - Need a refill of your existing script if step therapy is required
  - Need a refill as you transition to a new specialty pharmacy
  - Need a refill of an excluded medication as you speak with your doctor to transition to a new medication…and any other issues.

Optum

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

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Dental Plan

Delta Dental	DPPO Low Plan			DPPO High Plan		
	PPO Dentists*	Premier Dentists**	Non-Delta Dental Dentist	PPO Dentists*	Premier Dentists**	Non-Delta Dental Dentist
Benefits						
Deductibles Per member / Per family each calendar year *Waived for Diagnostic & Preventative and Orthodontics*	$100 / $300			$100 / $300		
Maximums Per member each calendar year	$1,500			$2,000		
Covered Services						
Diagnostic & Preventative Exams, Cleanings, X-Rays, Sealants & Space Maintainers	100%			100%		
Basic Fillings, Simple Extractions & Denture Repair/Reline/Rebase	80%			80%		
Major 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.

MetLife Group Legal Insurance

Employees gain access to a nationwide network of attorneys for personal legal needs and certain court appearances. Most services covered in full.

- Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.
- Access to a **digital estate planning solution** for wills, living wills, power of attorney and living trusts.
- 93% of members live within 10 miles of a network attorney
- Includes tax preparation & filing services
- Includes caregiving services
- Includes 20 hours of Divorce Assistance

Helping your employees navigate life's twists and turns.

Money Matters	• Debt Collection Defense • Financial Wellness Programs[3] • Identity Restoration[4]	• Identity Theft Defense • Negotiations with Creditors • Personal Bankruptcy	• Promissory Notes • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure	• Mortgages • Property Tax Assessments • Refinancing & Home Equity Loan • Sale or Purchase of Home	• Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies	• Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Divorce (20 hours) • Garnishment Defense • Guardianship	• Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Issues	• Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for Issues Related to Your Parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	• Defense of Traffic Tickets[5] • Driving Privileges Restoration	• Habeas Corpus • License Suspension Due to DUI	• Repossession

Cost: $19.50 Monthly – includes employees and dependents

MetLife

Medicare Services - HTA

Personal guidance from planning through enrollment

1 Educate

Meet one-on-one by phone or Zoom before or after retirement. Get answers about Medicare timing, enrollment and coverage decisions at no cost.

2 Simplify

Receive an easy-to-follow call summary and a personalized "Roadmap to Medicare" with step-by-step actions and timing.

3 Shop

Compare Medicare Supplement, Medicare Advantage, prescription drug and dental/vision options across 20+ carriers. HTA also supports enrollment and policy follow-through.

$0 No-Cost Support

Educational guidance and enrollment support are available nationwide for you, your friends and your family, all at no charge.

Details can be found in the **2027 Benefits Enrollment Guide**

HTA insurance services

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 2027 health plan election based on whether you completed the required wellness actions.
  - **Each year, wellness actions must be completed by October 31st**
- The 2027 HRA funding will appear on your HRA account in early January, for those enrolled in the EPO and PPO option. HSA funding will be made to your HSA account after the 1St 2027 payroll is processed.

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 HSA** *will automatically roll over* into the new plan year.
- **FSA 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 24th**

- 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 2027 Open Enrollment**

How to Enroll

- Enrollment is completed online in *Benefitfocus*. Refer to the 2027 Benefits Enrollment Guide for instructions - https://www.yu.edu/hr/benefits
  - 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 "2027 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 2026, 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.

Questions?