2023

Yeshiva University High Schools Benefits Guide

Yeshiva University

Your Benefits, Your Choice

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Welcome!

This guide summarizes your benefit plan options and offers helpful tips for getting the most value from the Yeshiva University High School benefits plans.

Please read the guide carefully, but it is not your only resource. Any time you have questions about enrollment, you can contact the YU Benefits Service Center at 855.719.2179 Monday through Friday 8 am – 8 pm. Questions about all benefits can be addressed by Yeshiva's employee advocacy service, Health Advocate, at 866.799.2731. You can also call the YU Benefits Office, located in Belfer Hall on the Wilf Campus at 646.592.4340 or write to benefits@yu.edu. Although this guide contains an overview of benefits, for complete information about the plans available to you, please refer to the benefit summaries and plan information on the YU HR website at yu.edu/hr/benefits.

Benefit Basics

We strive to offer a comprehensive benefits program designed to help you and your family stay healthy and feel secure. It is important that you read the information in this guide carefully and share it with your spouse if he/she is covered under our plan. You will have opportunities to learn about your benefits and how to choose what is right for you. This guide provides highlights of the benefit offerings.

Yeshiva University High Schools Benefits available to you:

- Medical
- Dental
- Employer Paid Basic Life Insurance
- Commuter, Transit and Parking Plans
- Health and Dependent Care Flexible Spending Accounts
- Retirement Plan
- Tuition Remission

Changing Coverage During the Year

You may change your coverage during Open Enrollment or if you experience a qualifying life event, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported online through the Benefitfocus enrollment platform or by contacting the Benefits Service Center at **855.719.2179** within 30 days of the event. The change must be consistent with the event.

Who is Eligible?

All full-time faculty and full- and part-time non-union employees scheduled to work at least 20 hours per week are eligible to participate in the Yeshiva University High Schools benefits program. Eligible employees may also enroll their legal spouse and dependent children who are under 26 years of age in the health plan.

Health Advocate

One number, complete support

All questions or concerns can be directed to **Health Advocate - your benefits advocacy service**. With Health Advocate, you have unlimited access to a team of experienced Personal Health Advocates, typically registered nurses, supported by medical directors and benefits and claims specialists. Their Personal Health Advocates are familiar with Yeshiva University High Schools' entire employee benefits package. They can explain your coverage, answer your questions, and when you need to reach a specific benefit, **they can connect you right away.**

The Personal Health Advocates are also experts at navigating the complicated healthcare and insurance systems. They'll do the paperwork, make the calls and cut through the red tape to resolve a wide range of issues, such as finding providers, making appointments and untangling medical bills. **All to save you time, money and worry.**

Who is covered?

Health Advocate is available to eligible employees, spouses, dependents, parents and parents-in-law.

Here when you need them the most

Your Health Advocate benefit can be accessed 24/7. Normal business hours are Monday - Friday, from 8 am to 12 am (midnight), Eastern Time. Staff are also available for assistance after hours and on weekends.

There is no cost to use these services

Yeshiva University High Schools offers Health Advocate at no cost to you.

They're not an insurance company

Health Advocate is not affiliated with any insurance or third-party provider, and it does not replace health insurance coverage, provide medical care or recommend treatment.

Your privacy is protected

The Health Advocate staff carefully follows protocols and complies with all government privacy standards. Your medical and personal information is kept strictly confidential.

Help is Only a Phone Call Away

Your Personal Health Advocate can help:

- Answer questions about ALL benefits offered by Yeshiva University High Schools.
- Resolve insurance claims and billing issues.
- Connect you to the right benefit at the right time.
- Support medical issues, no matter how complex.
- Answer questions about diagnoses and treatments.
- Research the latest treatment options.
- Coordinate services related to all aspects of your care.
- Find the right in-network doctors and make appointments.
- Coordinate expert second opinions and transfer medical records.
- And much more!

Contact Health Advocate 24/7

866.799.2731

answers@HealthAdvocate.com

HealthAdvocate.com/members

How to Enroll

You are eligible to enroll in benefits on the first of the month following your date of hire. If you are hired on the first of the month you are immediately eligible to enroll. In this guide you will find the necessary directions to enroll in the different benefit programs offered at Yeshiva University High Schools.

You need to complete all necessary enrollment material on the Benefitfocus enrollment platform. To access the enrollment platform, please log into your InsideTrack portal and click on the Benefitfocus link located under the Employee tab. Pet Assure, Long-Term Care and Discount Auto & Homeowners are not part of the Benefitfocus online enrollment. If you are interested in these plans, please reach out to the corresponding contact listed in this guide. You need to have your enrollment completed within 30 days of your date of hire.

Online Benefits Enrollment

Enrollment for benefits is done online through Yeshiva's enrollment system, Benefitfocus. Follow the below steps to enroll online.

Step 1: Log in to Benefitfocus

Log in to your InsideTrack portal at **insidetrack.yu.edu** or from the **Inside Track** tab at the top of the main page of **YU.edu**, click the **Employee Tab** on the left side of the toolbar, locate the section **Employee Tools and Systems** on the right side of the page and click the link for Benefitfocus.

Need Assistance?

If you need help with enrolling or have any benefit questions please contact the YU Benefit Service Center

- Email: **YUBenefits@Benefitfocus.com**
- Call: 855.719.2179
  Mon-Fri, from
  8:00am to 8:00pm

Step 2: Locate Your Enrollment Link

Once logged in to Benefitfocus, you will see a "Welcome!" page. This page includes a "Welcome" video in the center of the screen, a "Quick Links" section on the left, and a blue toolbar across the top where you can navigate the various sections within the Benefitfocus site.

To enroll during Open Enrollment: Locate the **2023 Open Enrollment** section in the center of the page (directly above the "Welcome!" video). You will see a link that says **Click HERE to complete your 2023 Open Enrollment**. Once you click that link, you can begin your benefits enrollment.

New Hire Enrollment: If you are a new hire enrolling in benefits for the first time, locate the **Welcome New Hires** section that is on the right side of the page, directly beneath the blue toolbar. You will see a link that says **Click Here to Enroll in Benefits**. Once you click that link, you can begin your benefits enrollment.

You may also enroll via the phone by calling Benefitfocus at **855-719-2179**, Monday - Friday from 8am to 8pm ET.

Medical

Yeshiva University High Schools offers you an option of two medical plans, an EPO and a PPO. The coverage for these plans is provided by Oxford (UnitedHealthcare). You will find an overview of the plan details below. The network for the EPO plan is the Oxford Liberty Network, and network for the PPO plan is the Oxford Freedom Network, both of which gives you access to providers in the NY/NJ area. If you have dependents outside of the area, they may use the United Healthcare Choice Plus Network. See page 8 for instructions on finding in-network providers. All enrollees in medical plans will receive a new health plan ID card in the mail in 2023.

Medical Plan Overview

	Oxford EPO	Oxford PPO	
	You Pay In-network Only	**You Pay** In-network	**You Pay** Out-of-network
Annual Deductible			
Individual/Family	$5,750 / $11,500	$1,500/$3,000	$4,000/$8,000
Annual Out-of-Pocket Maximum (Includes Deductible)			
Individual/Family	$7,350/$14,700	$5,750/$11,500	$10,000/$20,000
Co-pays/Co-insurance			
Primary Care Physician Visits	$25 copay/visit after deductible	10% after deductible	40% after deductible
Specialist Office Visit	$75 copay/visit after deductible	10% after deductible	40% after deductible
Preventive Care	No cost to you	No cost to you	40% after deductible Infant & pediatric only
Emergency Room Care	50% after deductible	50% after deductible	50% after deductible
Inpatient Hospital	30% after deductible	10% after deductible	40% after deductible
Outpatient Surgery		10% after deductible	40% after deductible
Diagnostic Screenings		10% after deductible	40% after deductible
Retail Prescription Drugs (up to 31-day supply)			
Tier 1 — generics	30% after deductible	$10	Not covered
Tier 2 — preferred	30% after deductible	$40	Not covered
Tier 3 — non-preferred	30% after deductible	$80	Not covered
Mail Order Prescription Drugs (90-day supply)			
Tier 1 — generics	30% after deductible	$25	Not covered
Tier 2 — preferred	30% after deductible	$100	Not covered
Tier 3 — non-preferred	30% after deductible	$200	Not covered

Employee Premium Costs

The amount you pay depends on the number of dependents you cover. Your medical contributions are made on a pre-tax basis. This means that your contributions are deducted from your pay before payroll taxes are calculated.

	Oxford EPO		Oxford PPO	
	Semi-Monthly Payroll	Bi-Weekly Payroll	Semi-Monthly Payroll	Bi-Weekly Payroll
Employee Only	$75.00	$69.23	$334.67	$308.92
Employee + Spouse	$252.70	$233.26	$694.33	$640.92
Employee + Child(ren)	$221.96	$204.88	$593.93	$548.24
Employee + Family	$420.12	$387.80	$1,066.30	$984.27

YU HRA

If you elect the Oxford EPO or PPO Health Plan during the 2023 Open Enrollment, you will receive a Health Reimbursement Account (HRA) deposit of $500 for single coverage and $1,000 for a coverage level that includes dependents. **You are only eligible for the YU deposit if you enroll during Open Enrollment.**

Personal HSA Note: If you open and contribute to a personal Health Savings Account (HSA) at a local bank, you must decline the HRA deposit from YU. You are not able to receive both the HRA deposit and make contributions to a personal HSA.

Preventive Medication

If you take a preventive medication, it may be covered at 100% not subject to the medical deductible.

To find out of your drug is on the list:

- Go to **oxfordhealth.com**
- Click on "Members/Prospective Members"
- In the tool bar on the right side of the page, click "Tools and Resources"
- Locate the "Your Pharmacy Coverage" section and select "Prescription Drug List"
- Click the link for "January 2023 Oxford Traditional Access and Enhanced PDL PPACA $0 Cost-share Preventive Medications".
- This is the latest version of the preventive medications drug list, and is subject to change. Please check the website frequently to ensure you have access to the most current version of this list.

Pharmacy Ancillary Charge Program

Your medical plan includes coverage for prescriptions, including generics and higher-cost brand name drugs. Your out-of-pocket cost for a prescription medication can often vary depending on whether you receive a generic or brand-name medication. The below will help you understand your options for choosing between a generic and a brand-name medication and how your choice affects how much you will contribute toward the price of your medication.

With the **Ancillary Charge Program**, you have two options to choose from when receiving a medication:

- **If you choose a lower-cost generic medication** - you will pay only your cost share, with no additional charge.
- **If you choose a higher-cost brand-name medication when a chemically equivalent prescription drug is available on a lower tier (e.g., generic)** - you will pay your cost share, plus the difference in price between the brand name and the generic drug

The ancillary charge is the difference in price between the brand-name medication and the lower-cost generic equivalent medication. It is the non-covered amount that you as the member pay in addition to your cost share.

Your Oxford plan will continue to provide reimbursement for a covered brand drug at the agreed upon rate, if you choose the brand drug. But you will pay the difference in price between the brand and the generic.

FAQs

How can I find out how much a drug costs — and whether the ancillary charge was applied correctly if I received a brandname drug rather than a generic?

To check medication prices, members can sign in to myuhc.com and go to the Pharmacies & Prescriptions section, where they can use the medication price check feature. You can also price check brand versus generic medications at your retail pharmacy by giving the pharmacist the names of the brand and generic medications recommended by your doctor. Keep in mind that drug classifications and pricing are continually changing so you should check these sources each time you fill a prescription for the most current information.

Do all brand-name drugs have generic equivalents?

No. All brand-name drugs do not necessarily come in generic form. Generic versions cannot be produced until after the patent on the brand drug expires and they are tested and approved by the FDA. A brand-name prescription medication without a lower cost generic alternative is not subject to the ancillary charge.

Find a Provider

The provider search feature on **oxfordhealth.com** is a convenient way to find network medical and behavioral health providers near you — and it may help you avoid unnecessary out-of-pocket costs.

Find a medical provider in your Oxford network

1. Go to **myuhc.com** and select Find a Provider.
2. Select which line of coverage directory you are searching for – (For example, if searching for a primary care physician, select Medical Directory)
3. Select Employer and Individual Plans
4. Select Oxford Health Plans
5. Select **Liberty** for the EPO Plan and **Freedom** for the PPO Plan
6. Enter your address or zip code and hit continue
7. Select which category of care you are looking for – i.e. People, places, services, etc & follow the prompts on the screen

You may also call Oxford at **1.800.201.4911** to assist with a provider search under the **Liberty** network for the EPO Plan and the **Freedom** network for the PPO Plan.

Look for the hearts

The UnitedHealth Premium® designation program can help you choose a doctor who meets standards for quality and cost efficiency.

- ♥♥ **Premium Care Physician**
- ♥♥ **Quality Care Physician**
- ♡♡ **Not Evaluated For Premium Care**
- **Does Not Meet Premium Quality Criteria**

Oxford's Preferred Lab Network (PLN) is a subset of laboratory providers chosen for preferred status. You may still choose other in-network laboratory providers, however laboratories with preferred status will likely reduce your costs and provide you with higher quality of care. To find a PLN provider, log in to myuhc.com, access the provider search tool, and look for the blue icon next to the lab name.

Find a behavioral health provider in your Oxford network

1. Go to **oxfordhealth.com** and select Members/Prospective Members.
2. Select Find a Mental Health Provider in the Links and Tools box.
3. Enter a doctor's name, expertise or condition into the search bar.
4. Follow the prompts and a list of options in your ZIP code will appear.

Find a medical provider in the UnitedHealthcare Choice Plus network

Follow these steps if you need to access the national UnitedHealthcare Choice Plus network when traveling outside of the tri-state area.

1. Go to **oxfordhealth.com** and select Members/Prospective Members.
2. Select "Search Outside the Oxford Service Area" in the Links and Tools box.
3. Select the Continue button at the bottom of the page.
4. Select the health care category you'd like to search. Or, use the search bar if you know the doctor's name or other specifications.
5. Follow the prompts and a list of options in your ZIP code will appear.

Submit Claims

If you use a UnitedHealthcare Choice Plus provider, claims submitted on your behalf should be sent directly to the Oxford Claims Department for payment. Claims sent to UnitedHealthcare will not be processed for reimbursement.

Oxford Claims Department
P.O. Box 29130
Hot Springs, AR 71903

Advocate4Me

Creating a personalized health plan experience.

Advocate4Me is designed to help you successfully navigate the health care system by matching you with expert advocates who can help answer your specific questions. You can use this resource as your single point of contact, giving you a clear way to get support to make more informed health care choices and get the most out of your benefits.

No matter what your health plan questions are, you can count on these experts to help simplify your benefits experience and provide you with the answers you need.

With Advocate4Me®, you can feel the support of a team that's dedicated to helping you:

- Understand your benefits and claims.
- Talk through your bill or payment.
- Avoid overpaying & find the right care and cost options.
- Maximize your health savings.
- Take advantage of all your plan's health and well-being benefits.

Quick & easy access to experts when you

- Download the UnitedHealthcare® app – Providing on the go access to assistance from the palm of your hands
- Call the toll-free number on your health plan ID card, 8am-6pm ET, Monday-Friday
- Go to myuhc.com – Sign in & get the clarity you need

UnitedHealthcare App

Access your plan from your car. Or from your couch.

The UnitedHealthcare® app puts your health plan at your fingertips. Download it to:

- Find nearby care options in your network.
- See your claim details and view progress toward your deductible.
- View and share your health plan ID card.
- Video chat with a doctor — without leaving the app.

Download the app

Search for the UnitedHealthcare app in your app store to access these features.

Sweat Equity Program

Get rewarded for getting in shape!

The Oxford Sweat Equity Program is a gym reimbursement program developed with your lifestyle in mind. If you are enrolled in the Oxford medical plan, you can get reimbursed up to $200 if you complete 50 workouts in a six-month period. All you have to do is complete your qualifying workouts and submit a reimbursement form.

The Qualifying Workouts

With the Sweat Equity Program, you can complete a wide variety of qualifying exercises. Plus, you have the option to combine your fitness facility visits with your physical fitness classes to more easily reach the required 50 workouts.

The Reimbursement

Your reimbursement period begins on the date of your first fitness facility visit or class and ends after you have completed 50 visits, classes, or a mix of visits and classes that add up to 50. The reimbursement period ends 6 months from your first visit. You can start a new reimbursement period one day after your other reimbursement period ends.

Questions?

If you have questions, please call Oxford at the toll-free phone number ("For Members") on the back of your health plan ID card.

After you've completed your 50 workouts in the six-month period, send Oxford the following:

1. Your completed Oxford Sweat Equity Program Reimbursement Form. Find the form at **oxfordhealth.com** > Members > Prospective Members Tools & Resources > Forms & Materials > Download Forms.
2. Proof of your payment (e.g., receipt, automatic bank withdrawal statement) for the gym fee, as well as any money you paid for fitness classes, during the six-month period.
3. Copy of the brochure or flier that describes the cardio (aerobic) machines at the gym you used or the cardio benefits of the class you took.
4. Mail these documents to:
   Oxford Sweat Equity Program
   P.O. Box 29130
   Hot Springs, AR 71903

To get started, choose a gym or sign up for fitness classes

Decide on a cardio (aerobic) workout that you'll enjoy and find a facility with the equipment or classes that promote cardiovascular wellness. To get reimbursed, the facility and classes you choose must be open to the general public. Remember to check with your doctor before you start exercising or increasing your activity level.

If you are unable to meet the reimbursement requirements of this program, you might be able to earn the same reward in a different way. Call us at the toll-free phone number ("For Members") on the back of your health plan ID card and we will work with you and, if necessary, your doctor, to find another way for you to earn the same reward.

Dental Insurance

Yeshiva University High Schools offers a dental insurance plan through UnitedHealthcare. The plan is a PPO plan, which means you can use in-network or out-of-network dentists - of course, you'll pay less out of your pocket if you use an in-network dentist. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

The UHC dental network for this plan is the Options PPO 20 Network. You can find in-network providers online by logging into myuhc.com and using the "Find a Dentist" tool. This will allow you to search for providers by name, facility or location.

Dental Benefits Overview

	UnitedHealthcare Dental PPO	
	In-network	Out-of-network
Calendar Year Deductible		
Employee only	$50	$50
Family coverage	$150	$150
Dental Services	Plan paid after deductible	
Type I Services – Diagnostic & Preventive	100% no deductible	100% no deductible
Type II Services – Basic Services	80%	80%
Type III Services – Major Services	50%	50%
Calendar Year Maximum		
Per Person	$2,000	$2,000
Orthodontics (children only up to age 19)	Plan paid after deductible	
Coinsurance	50%	50%
Lifetime Maximum	$1,500	$1,500

Estimate Your Costs Online

When you log on to **myuhc.com**, you can use the dental cost calculator to calculate your out-of-pocket costs ahead of time.

1. Select **Coverage & Benefits**
2. Select **Dental**
3. Select **Dental Cost Calculator**

Employee Premium Costs

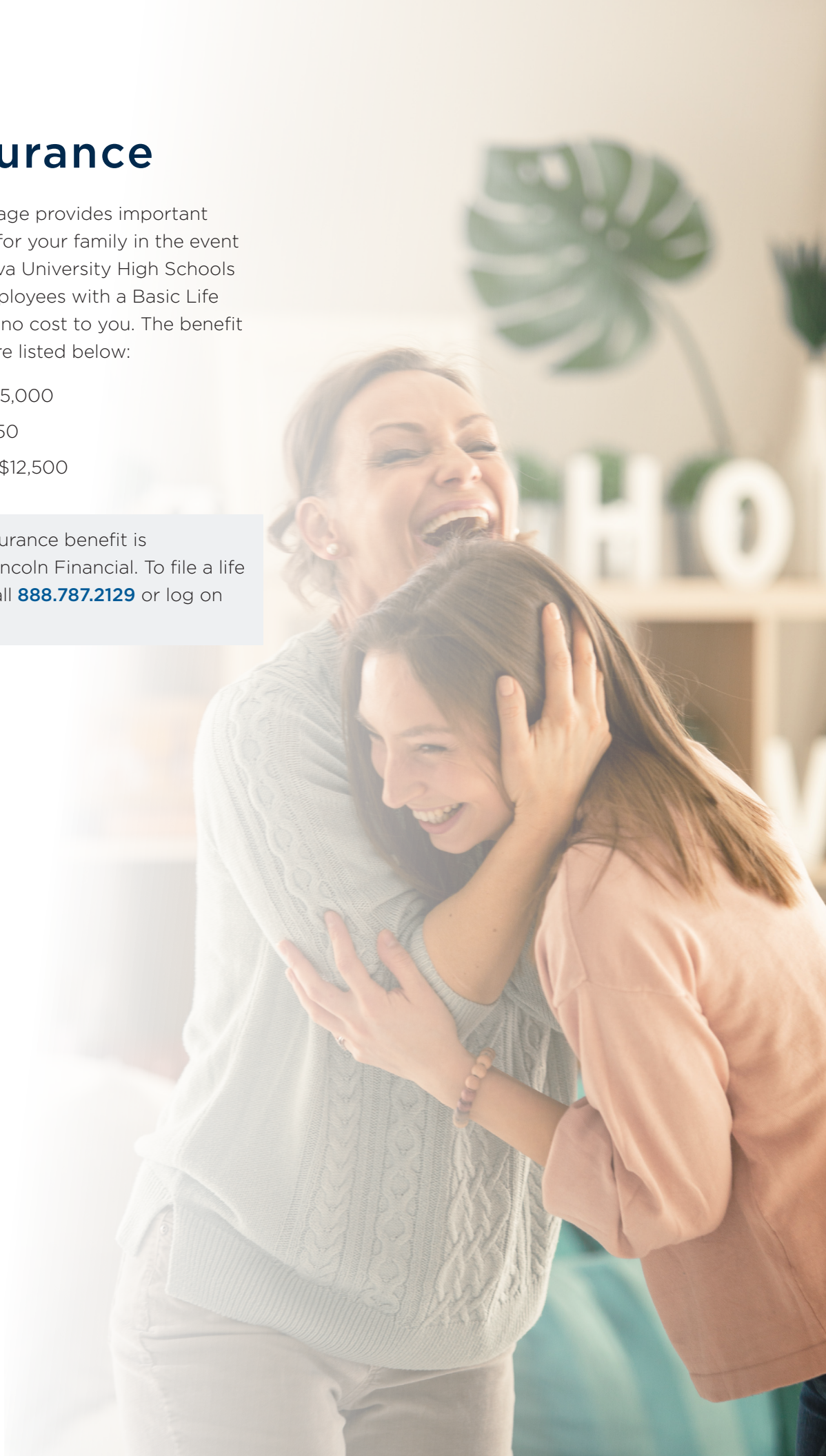
	UnitedHealthcare Dental PPO	
	Semi-Monthly Payroll	Bi-Weekly Payroll
Employee	$20.38	$18.81
Employee + Spouse	$40.74	$37.61
Employee + Child(ren)	$49.83	$45.99
Employee + Family	$74.13	$68.42

Life Insurance

Life Insurance coverage provides important financial protection for your family in the event of your death. Yeshiva University High Schools provides eligible employees with a Basic Life Insurance benefit at no cost to you. The benefit amounts available are listed below:

- **Under age 65:** $25,000
- **Age 65-69:** $16,250
- **Age 70 or older:** $12,500

Your Basic Life Insurance benefit is administered by Lincoln Financial. To file a life insurance claim, call **888.787.2129** or log on to **LFG.com**.



Flexible Spending Accounts

Yeshiva University High Schools' Flexible Spending Account (FSA) program allows for the dollars you spend on certain expenses incurred throughout the year to be exempt from taxes. The program is comprised of two separate benefits: Health Care FSA and Dependent Care FSA. If you enroll in the Health Care FSA or the Dependent Care FSA plan you will receive a debit card from Health Equity.

Health Care FSA

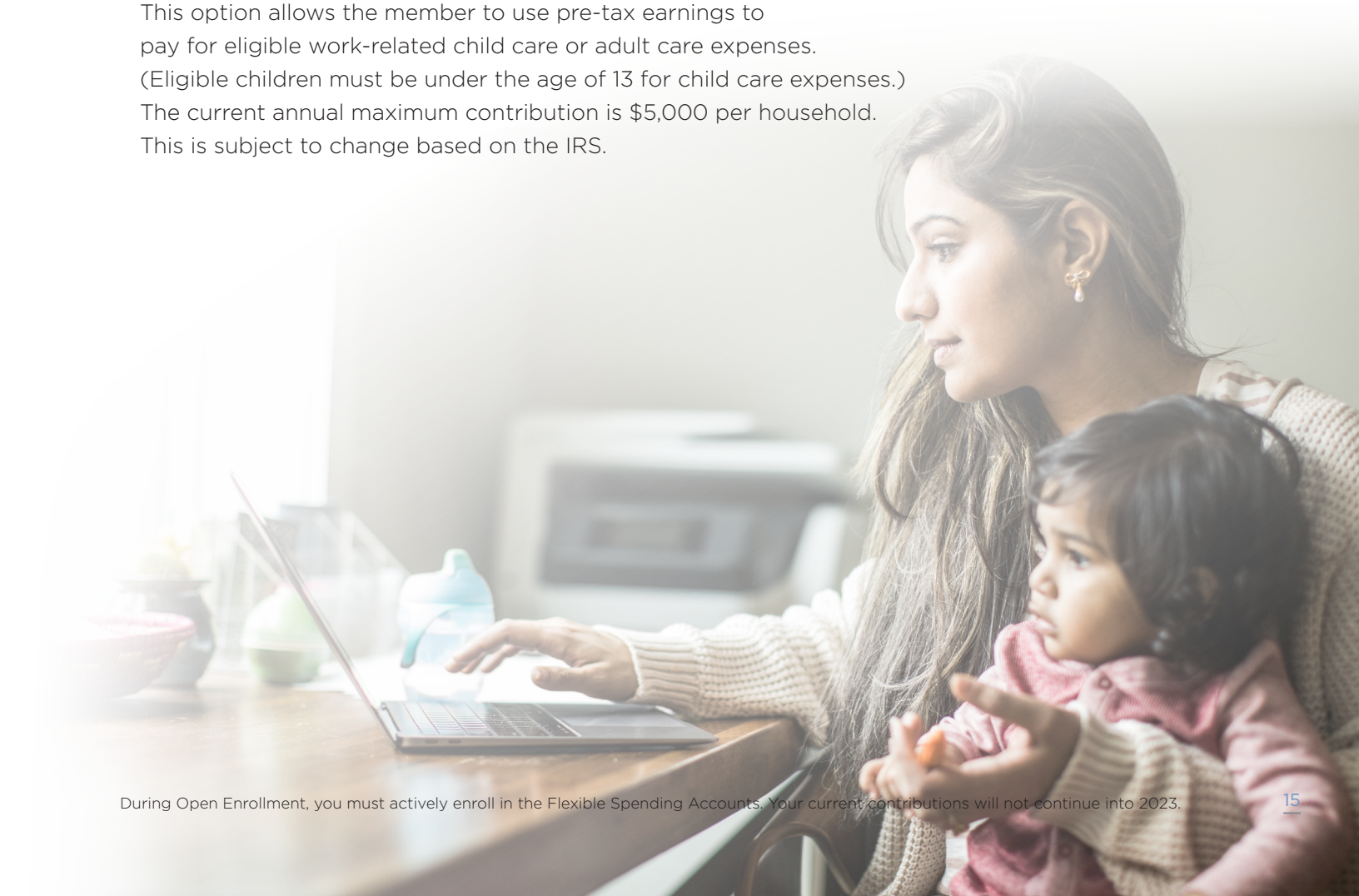
The Health Care FSA allows the member to use pre-tax earnings to pay for medical, dental, and vision expenses allowed by the IRS but not reimbursed by insurance. Insurance premiums are not reimbursable expenses under an FSA. The 2023 annual maximum contribution is $3,050.

Enrollment in the Health Care FSA is not permitted if you have a personal Health Savings Account (HSA).

Note: The deadline to file your 2022 Health Care FSA and Dependent Care FSA expenses is March 31st, 2023. At the end of the year, you will be eligible to rollover up to $610 of unused funds into 2024. Any amount over $610 at the end of 2023 will be forfeited.

Dependent Care FSA

This option allows the member to use pre-tax earnings to pay for eligible work-related child care or adult care expenses. (Eligible children must be under the age of 13 for child care expenses.) The current annual maximum contribution is $5,000 per household. This is subject to change based on the IRS.



During Open Enrollment, you must actively enroll in the Flexible Spending Accounts. Your current contributions will not continue into 2023.

Commuter, Transit and Parking Plans

Yeshiva University High Schools offers both a commuter and transit plan as well as a parking plan that allows you to set aside pre-tax dollars to pay for your qualified commuter and parking expenses. These plans are offered through Health Equity.

Commuter Transit Plan

In 2023, you can contribute up to $300 pre-tax per month into your transit plan. You can use these funds to pay for qualified bus, subway, train, ferry or commercial vanpool expenses.

Parking Plan

You can contribute up to $300 pre-tax per month into your parking plan. You can use these funds to pay for qualified parking expenses for work.

For both plans, you can also make an additional post-tax contribution election so that you can have the full amount you need in your account to cover your commuter expenses. If you enroll in the Commuter plan you will receive a debit card from Health Equity.

Commuter, Transit and Parking Plan elections are made directly through Health Equity. To register with Health Equity, visit www.healthequity.com/wageworks, select "LOGIN/REGISTER" and then "Employee Registration." You'll need to answer a few simple questions and create a username and password.

Note: The Commuter Parking Account is not the same as the on-site campus parking that is managed by the Yeshiva Security Office.

Questions? Please call Health Equity at 866-242-3458 or visit the Support Center at www.healthequity.com/wageworks.

Other Benefits

Retirement Plan

Yeshiva University High Schools offer a 403(b) retirement plan through Fidelity Investments. You are eligible as of your date of hire. YU will provide a 3% employer match for those who contribute at least 3% to the plan. The 2023 IRS annual contribution limit for 403(b) retirement plans is $22,500. If you are over the age of 50, you may contribute an additional $7,500 in 2023.

You can learn more about this program and your investment options by contacting your Fidelity Consultant Alexandra Sbordone at **347-650-4447** or by email at **alexandra.sbordone@fmr.com**. To enroll in the retirement plan, contact the Benefits office at **646.592.4340**.

Tuition Remission Program

Yeshiva University High Schools provides education opportunities for you and your family to pursue a degree at one of the many Yeshiva University undergraduate and graduate programs or at any affiliated school.

Full-Time Faculty, Full-Time Exempt Staff and Full-Time Non-Exempt Staff, their legal spouses and qualified dependents are eligible for Tuition Remission benefits after one year of service.

To learn more about the program, please review the Tuition Remission policy. For more information, please visit **yu.edu/hr/benefits** or call the YU Benefits Office at **646.592.4340**.

Contacts

Benefits Service Center

Benefitfocus

Member services: **855.719.2179** M-F 8am-8pm
Email: **YUBenefits@Benefitfocus.com**

Employee Benefits Advocacy Services

Health Advocate

Customer service: **866.799.2731**
Email: **answers@HealthAdvocate.com**
Website: **HealthAdvocate.com/members**

YU Benefits Office

Customer service: **646.592.4340**
Email: **benefits@yu.edu**

Medical plan

Oxford (UnitedHealthcare)

Member services: **800.444.6222**
Website: **oxfordhealth.com**

Pharmacy

Optum (through Oxford)

Member services: **800.444.6222**
Website: **oxfordhealth.com**

Dental

UnitedHealthcare

Customer service: **877.816.3596**
Website: **myuhc.com**

Flexible Spending Accounts & Health Reimbursement Accounts

Health Equity

Customer service: **866.242.3458**
Website: **healthequity.com/wageworks**

Life Insurance

Lincoln Financial

Member services: **888.787.2129**
Website: **LFG.com**

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Your Benefits, Your Choice