



# Yeshiva University®

## Open Enrollment 2024

# Welcome to Open Enrollment!

- Open enrollment November 1<sup>st</sup> through November 21<sup>st</sup>
- 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 [www.payflex.com](http://www.payflex.com)*
  - 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](http://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.*



**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

## 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 [www.aetna.com](http://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).

**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**

- 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)
- Managed Choice® POS (Open Access)

**PPO & HDHP**

**EPO**

*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<sup>®</sup> locations

**MinuteClinic<sup>®</sup> 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<sup>®</sup> and receiving care.



## Wide range of services

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



## 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.



## Prescriptions

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



## Family coverage

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

# The 3 Plans Available and Their Accounts

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## 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<br>(no out-of-network coverage on this plan)                                  |
|--|--|
| Deductible   | \$1,500 Individual / \$3,750 Family  |
| Co-Insurance   | 20%  |
| Out of Pocket<br>Medical Copays Apply towards the out-of-pocket maximums | <b>\$4,000 / \$8,000</b><br>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<br>Medical Copays Apply towards the out-of-pocket maximums | \$4,000 / \$10,000<br>Medical deductibles apply towards the out-of-pocket maximums | \$10,500 / \$25,500<br>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   | <b>\$2,000 Individual / \$4,000 Family</b>   | <b>\$4,500 Individual / \$9,000 Family</b>  |
| Co-Insurance   | 20%  | 40%   |
| Out of Pocket<br>Medical Copays Apply towards the out-of-pocket maximums | <b>\$4,000/\$8,000</b><br>Medical deductibles apply towards the out-of-pocket maximums | <b>\$10,500 / \$21,000</b><br>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



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



**Talk to a doctor  
in minutes\***



**Available anytime,  
anywhere\***



**\$56 or less  
per visit**

Call **1-855-TELADOC**



Download the app: [Teladoc.com/aetna](https://www.teladoc.com/aetna)



## Behavioral Health Telemedicine

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**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

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## 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  |
|--|---|---|--|
| <b>Tier 1 - Preferred Generic</b>                      | Retail: \$7.50<br>copay Mail Order:<br>\$15 copay         | Retail: \$7.50<br>copay Mail Order:<br>\$15 copay         | Retail: 20% After<br>Deductible Mail Order:<br>20% After Deductible<br><i>Deductible waived for<br/>Preventative prescriptions</i>     |
| <b>Tier 2 – Preferred Brand Name</b>                   | Retail: 20% (\$60 max)<br>Mail Order: 20% (\$120<br>max)  | Retail: 20% (\$60 max)<br>Mail Order: 20% (\$120<br>max)  | Retail: 20% After<br>Deductible Mail Order:<br>20% After Deductible<br><i>Deductible waived for<br/>Preventative<br/>prescriptions</i> |
| <b>Tier 3 – Non-Preferred Generic &amp; Brand Name</b> | Retail: 40% (\$120 max)<br>Mail Order: 40% (\$240<br>max) | Retail: 40% (\$120 max)<br>Mail Order: 40% (\$240<br>max) | Retail: 20% After<br>Deductible Mail Order:<br>20% After Deductible<br><i>Deductible waived for<br/>Preventative<br/>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 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 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](http://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](http://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*     |
|--|--|---------------------|
| <b>Exam with Dilation as Necessary</b>   |  |                     |
| <b>Aetna Vision Network</b>  |  |                     |
| <b>Use your Exam coverage once every rolling 12 months</b>   |  |                     |
| 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         |
| <b>Eyeglass Lenses / Lens options</b>  |  |                     |
| <b>Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses</b> |  |                     |
| 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><br>(Member pays bifocal copay plus tier amount based on brand)                        | Tier 1 = \$85 Copay<br>Tier 2 = \$95 Copay<br>Tier 3 = \$110 Copay                           | \$25 Reimbursement  |
| Other Premium Progressive Lenses <sup>1</sup>  | 20% Discount off retail minus \$120 plan allowance plus \$90 Copay<br>= 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  |
| <b>Contact Lenses</b>  |  |                     |
| <b>Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses</b> |  |                     |
| Conventional Contact Lenses  | \$130 Allowance**<br>Additional 15% off balance over allowance                               | \$90 Reimbursement  |
| Disposable Contact Lenses  | \$130 Allowance  | \$104 Reimbursement |
| Medically Necessary Contact Lenses   | \$0 Copay  | \$200 Reimbursement |
| <b>Frames</b>  |  |                     |
| <b>Use your frame coverage once every rolling 24 months</b>  |  |                     |
| Any Frame available, including frames for prescription sunglasses  | \$130 Allowance**<br>Additional 20% off balance over allowance                               | \$90 Reimbursement  |



# 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 |
| <b>Benefits</b>  |                  |                    |                          |                  |                    |                          |
| <b>Deductibles</b><br>Per member / Per family each calendar year<br><i>Waived for Diagnostic &amp; Preventative and Orthodontics</i> | \$100 / \$300    |                    |                          | \$100 / \$300    |                    |                          |
| <b>Maximums</b><br>Per member each calendar year   | \$1,500          |                    |                          | \$2,000          |                    |                          |
| <b>Covered Services</b>  |                  |                    |                          |                  |                    |                          |
| <b>Diagnostic &amp; Preventative</b><br>Exams, Cleanings, X-Rays, Sealants & Space Maintainers                                       | 100%             |                    |                          | 100%             |                    |                          |
| <b>Basic</b><br>Fillings, Simple Extractions & Denture Repair/Reline/Rebase  | 80%              |                    |                          | 80%              |                    |                          |
| <b>Major</b><br>Crowns, Inlays, Onlays & Cast Restorations   | 50%              |                    |                          | 50%              |                    |                          |
| <b>Orthodontic</b><br>Adults & Dependent Children  | 50%              |                    |                          | 50%              |                    |                          |
| <b>Orthodontic Maximums</b>  | \$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 *80<sup>th</sup> 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](https://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](https://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](https://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](https://yu.edu/hr/benefits) under the *Benefits* tab.**





Question's?