



Yeshiva University®

Open Enrollment 2025

Details can be found in the [2024 Benefits Enrollment Guide](#)

Welcome to Open Enrollment!

- Open enrollment November 6th through November 26th
- Changes effective January 1, 2025
- 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 [2024 Benefits Enrollment Guide](#)

What is changing for 2025?

Aetna Medical Plans

- **6.6% increase in premiums**
- **5 Tier Level Structure**

Current

- Employee Only
- Employee +1
- Employee +2
- Employee +3 or more

New for 2025

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Employee + Spouse + 1 Child
- Employee + Spouse + Children

- **Teladoc replaced with CVS Virtual Health**

- Aetna will be replacing Teladoc with CVS Virtual Health

What is changing for 2025?

- **MTS – Medicare Transitional Services**

- Effective 1/1/25 Yeshiva University is transitioning from Allsup to Medicare Transitional services
- Offering educational webinars, decision support tools and resources, and a Medicare advice line

- **MetLife Legal**

- Effective 1/1/25 Yeshiva University will offer Group Legal insurance through MetLife
- Access to nationwide network of attorneys for personal legal needs and certain court appearances

What is remaining the same?

- **Medical plan designs** 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 2025, unless you actively elect to increase, decrease, or cancel your coverage.

Details can be found in the [2024 Benefits Enrollment Guide](#)

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**
 - The 2025 pre-tax limit for the health FSA is \$3,300 with a carryover amount of \$660
 - The 2025 pre-tax limit for the Commuter plan is \$325
 - 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 2024 for your January 2025 commuter expense
- **PayFlex** continues to administer the HRA
 - *To view your account www.payflex.com*
 - There will be no rollover of unused balances from 2024 to 2025.

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

- If you elect coverage for the first time, make a plan change, or add or remove dependents, you will receive a new Aetna ID card

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 2025 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

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

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.

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

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 <small>Medical Copays Apply towards the out-of-pocket maximums</small>	\$4,000 / \$8,000 <small>Medical deductibles apply towards the out-of-pocket maximums</small>
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™



Behavioral Health Telemedicine



Aetna is making it easier to access behavioral health care.

CVS Health Virtual Care

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

AbleTo

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

Tele-video

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

Call Array AtHome at 800-442-8938

Informed Health Line

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



24/7 registered nurse support via phone or email



Personal database for additional health and wellness information



Video library enables you to learn at your own pace

800-556-1555



Pharmacy Coverage

Plan Features	EPO Plan	PPO Plan	HDHP Plan
Tier 1 - Preferred Generic	Retail: \$7.50 copay Mail Order: \$15 copay	Retail: \$7.50 copay Mail Order: \$15 copay	Retail: 20% After Deductible Mail Order: 20% After Deductible <i>Deductible waived for Preventative prescriptions</i>
Tier 2 – Preferred Brand Name	Retail: 20% (\$60 max) Mail Order: 20% (\$120 max)	Retail: 20% (\$60 max) Mail Order: 20% (\$120 max)	Retail: 20% After Deductible Mail Order: 20% After Deductible <i>Deductible waived for Preventative prescriptions</i>
Tier 3 – Non-Preferred Generic & Brand Name	Retail: 40% (\$120 max) Mail Order: 40% (\$240 max)	Retail: 40% (\$120 max) Mail Order: 40% (\$240 max)	Retail: 20% After Deductible Mail Order: 20% After Deductible <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 2024** 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 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

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 <i>Waived for Diagnostic & Preventative and Orthodontics</i>	\$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.

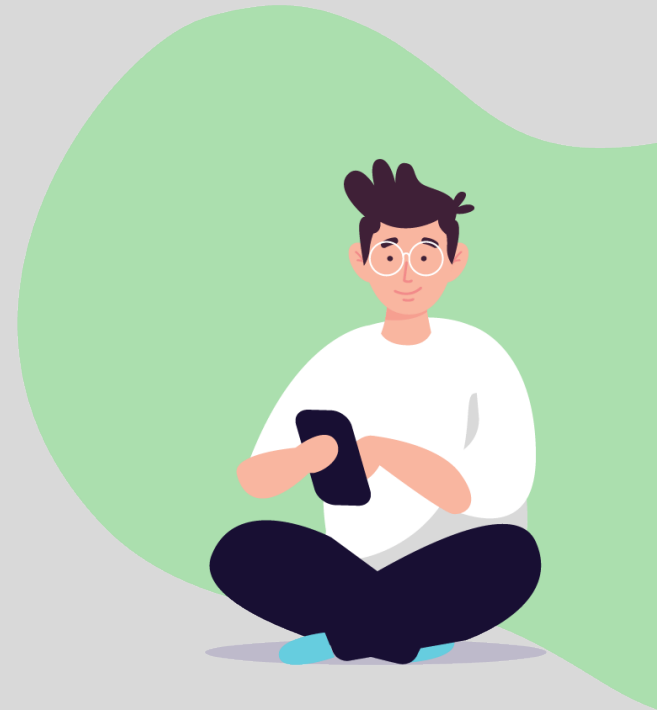
Find a Network Dentist

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



Sign Up For An Online Account

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



Contact Customer Service

Get help by phone or online

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



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
- **Cost: \$19.50 Monthly – includes employees and dependents**

Helping your employees navigate life's twists and turns.

Money Matters	<ul style="list-style-type: none"> • Debt Collection Defense • Financial Wellness Programs³ • Identity Restoration⁴ 	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Personal Bankruptcy 	<ul style="list-style-type: none"> • Promissory Notes • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> • Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure 	<ul style="list-style-type: none"> • Mortgages • Property Tax Assessments • Refinancing & Home Equity Loan • Sale or Purchase of Home 	<ul style="list-style-type: none"> • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	<ul style="list-style-type: none"> • Codicils • Complex Wills • Healthcare Proxies 	<ul style="list-style-type: none"> • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	<ul style="list-style-type: none"> • Adoption • Affidavits • Conservatorship • Demand Letters • Divorce (20 hours) • Garnishment Defense • Guardianship 	<ul style="list-style-type: none"> • Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Issues 	<ul style="list-style-type: none"> • Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> • Administrative Hearings • Civil Litigation Defense 	<ul style="list-style-type: none"> • Disputes Over Consumer Goods & Services • Incompetency Defense 	<ul style="list-style-type: none"> • Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for Issues Related to Your Parents: <ul style="list-style-type: none"> • Deeds • Leases 	<ul style="list-style-type: none"> • Medicaid • Medicare • Notes • Nursing Home Agreements 	<ul style="list-style-type: none"> • Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	<ul style="list-style-type: none"> • Defense of Traffic Tickets⁵ • Driving Privileges Restoration 	<ul style="list-style-type: none"> • Habeas Corpus • License Suspension Due to DUI 	<ul style="list-style-type: none"> • Repossession

Medicare Transitional Services



RISE UP
The Campaign for 613

The Guidance You Deserve

MTS is here to help
you explore your
Medicare options.

**You have a choice when it comes to your
health care coverage.**

Yeshiva University and Medicare Transition Services (MTS) have teamed up. Making MTS a key resource for answers to your Medicare questions.

MTS licensed agents offer honest, free, no obligation guidance. They'll explain Medicare's different parts, how they work, and **help you find Medicare coverage that fits your health care needs and budget.**

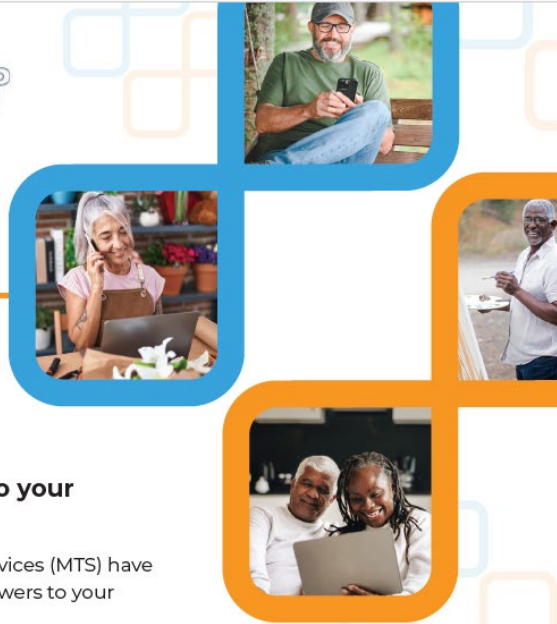


Opportunity Awaits

MTS is ready to help you make confident choices about your Medicare coverage. Call today!

1-844-915-4534 (TTY: 711)
Monday-Friday | 9 AM-6 PM ET

Or visit:
[MedicareTransitionServices.com](https://www.MedicareTransitionServices.com)



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 2025 health plan election based on whether you completed the required wellness actions.
 - Each year, wellness actions must be completed by **October 31st**
- The 2025 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 2025 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, 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 26th**
- 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 2025 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 2025 Benefits Enrollment Guide for instructions.
 - You may also enroll telephonically by calling *Benefitfocus* at 855-719-2179, Monday – Friday, 8am – 8pm ET
 - The Enrollment Guide can be found at yu.edu/hr/benefits under “2025 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 2025, except for FSA & HSA contributions which you must actively re-elect this year. Please also review your dependent enrollments for the dental plans.

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

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

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



Question's?