University of Pennsylvania
Postdoctoral Researchers and Fellows

Penn
University of Pennsylvania

Benefits Enrollment Guide 2026–2027

Open Enrollment
April 20 to May 8

Table of Contents

Welcome Letter	2
Enroll with Workday@Penn	3
Before You Enroll	4
Eligibility, Contributions, Changing Elections	4
Medical Coverage	5
Penn Benefit Extras	6
Medical Rates	7
Key Medical Plan Features	8
Fertility Benefit	12
Prescription Drug Coverage	13
Penn Supports Your Well-being	15
Behavioral Health Coverage	17
Dental Coverage	18
Health Advocate Services	19
Vision Coverage	20
Flexible Spending Accounts	21
Life Insurance	23
Additional Information	24
Definitions	25
Health & Welfare Benefits Contact Information	26

All campus photos: Courtesy of University Communications

Dear Postdocs,

I am pleased to welcome you to the Penn Postdoctoral Researchers and Fellows Benefits Plan for 2026–2027. When it comes to making crucial decisions related to your health and well-being, I hope you find the Postdoc Benefits Plan a supportive and comprehensive resource. These benefits are used by thousands of Penn employees every day and are integral to our strength as a community. All postdocs should refer to their appointment letter to understand the details of their eligibility. Any questions or concerns regarding eligibility or open enrollment can be answered by our partners at Health Advocate.

The benefits package provided by the University provides postdocs enhanced support across the spectrum of areas related to health and well-being. This enrollment guide is full of valuable information on how to navigate the many options available to you.

The Office of the Vice Provost for Research is committed to continually advancing the University's support of postdocs. Postdocs are an essential component to the outcomes of our research and scholarship, which have tremendous societal impact. Equally important is ensuring support for their roles as partners, parents, and community members.

The benefits package outlined here is designed to support the health and well-being of you and your family. Welcome!

Sincerely,

Dawn Bonnell

Senior Vice Provost for Research

Enroll with Workday@Penn

Be sure to review your available choices in Workday. You must enroll in order to have coverage. After Open Enrollment, healthcare benefits changes can only be made if you declare a qualifying life event. Also, review your beneficiary information, confirm its accuracy for all elections, and update it if necessary. Once you have made your elections, you must print a confirmation. No confirmation statements will be mailed.

1. With Your PennKey and password log in to Workday at: **www.myworkday.com/upenn/login.html**.
2. From your home page, select Open Enrollment – Event in your inbox.
3. Click Let's Get Started.
4. A set of tiles will show the benefit items you can view or change.
5. Select Manage/Enroll on the benefit that you would like to review.
6. Add dependents and beneficiaries if applicable.
7. Complete this for each benefit tile you wish to enroll in.
8. Once you have completed your elections, click Review and Sign at the bottom of page.

   If you have added a new dependent that does not appear in Workday, you will be required to provide dependent verification. You can upload this information by clicking Select Files in the attachment box and attaching the documents on this screen.
9. Review your elections and scroll down to bottom and click "I Accept"
10. To complete the process click Submit.
11. Print your confirmation statement.
12. To view full self-service tip sheet on how to enroll: **Self Service: Manage, View, and Change Your Open Enrollment Elections (upenn.edu)**.

Before You Enroll

This guide will help you understand your benefit options so you can make informed decisions about the benefits that are right for you and your family. The information in this guide describes the benefits available to postdoctoral researchers and fellows for the plan year beginning July 1, 2026 and ending June 30, 2027. The elections you make during an enrollment period stay in effect for the entire plan year unless you experience a qualifying life event change.

Eligibility

You and your dependents are eligible for the benefits described in this enrollment guide. Eligibility for certain benefits may vary based on employment status.

If you add a dependent during your enrollment period, you will be required to provide documentation certifying the eligibility of your dependents according to Penn's plan rules. Detailed information about the documentation process can be found at **www.hr.upenn.edu/health-eligibility-and-dependents.**

Eligible Dependents Include:

- Your spouse
- Your domestic partner upon submission and approval of Affidavit of Domestic Partnership.
- Your biological and/or adopted children and stepchildren up to the end of the month in which they turn age 26. (Your spouse's biological and/or adopted children are eligible if they meet the age and dependent criteria.)
- Your children ages 26 or older who are incapable of self-support due to a documented mental or physical condition that existed prior to age 26 and who were eligible for coverage and have been approved by a medical carrier as dependents prior to age 26.

Enroll or Change Your Elections

Go to **www.workday.upenn.edu** and click on Workday Login. In the *Personal* menu, select *Benefits, Comp and Pay Hub.*

Changing Your Elections

Penn's plan year runs July 1–June 30. You can make changes to your elections only during the annual Open Enrollment period or when you experience a qualifying life event.

Open Enrollment is held annually, and any changes made during this period become effective for the following plan year, beginning July 1.

Qualifying events include the birth or adoption of a child, marriage, divorce or separation, death of a dependent, and change in your dependent's eligibility for benefits.

Keep in mind that the IRS limits the types of changes you can make for such events. If you experience a qualifying life event, log in to Workday@Penn to change your coverage. Please note you must make any changes within 30 days of the event or you must wait until the next Open Enrollment period.

Working Spouse Contribution

Effective July 1, 2026, Penn employees who have a spouse/domestic partner covered on one of Penn's health insurance plans will incur an additional working spouse contribution of $100 per month ($23.07 weekly for 52 paychecks) if that spouse has access to group medical coverage through their own employer. The Working Spouse Contribution will be deducted on a pre-tax basis (post-tax for covered domestic partners and NRSA post-docs), and is in addition to the normal medical plan deduction. For more information, visit **www.hr.upenn.edu/workingspousecontribution**.

Your Contributions

Your contributions for medical, dental, vision, and flexible spending accounts are made with pre-tax dollars. You pay for employee and dependent life insurance with after-tax dollars. All contributions are taken from your paycheck in the month for which your benefits are effective. Your pay must support your contributions for the benefits elected.

After You Enroll

After you've enrolled, print or save the confirmation statement. Review this statement to make sure all of your information is correct.

Medical Coverage

Penn provides comprehensive medical coverage for you and your family. You may choose from three medical plan options. For more information about plan coverage details, see the Key Medical Plan Features charts beginning on page 8.

Aetna Choice POS II

Administered by Aetna, this POS plan offers more freedom; you don't need a Primary Care Provider (PCP) or referrals for this plan, even when using in-network providers. The Aetna Choice POS II plan has two components: in-network or out-of-network.

You may receive your care through any provider you choose at any time, but your out-of-pocket costs are based on which component of the plan you're using at that time.

- **In-Network Providers:** For healthcare providers who are part of the Aetna Choice POS II network, preventive care services are covered at 100%. Provider office visits are covered at 100% after copays. Most other services are covered at 80% after a deductible; you pay 20% of the covered charges.
- **Out-of-Network Providers:** For healthcare providers who are not part of the Aetna Choice POS II network, most services—including preventive care—are covered at 60% after a deductible and you pay 40% of the covered charges.

Keystone/AmeriHealth HMO

This is a managed care plan administered by Independence Blue Cross. You must select and coordinate your care through a network Primary Care Physician (PCP). You must obtain referrals from your PCP if you need to see other network providers for care. This plan does not provide coverage if you go outside the HMO network of providers. It is also not available for participants residing outside of the greater Philadelphia region. Preventive care services are covered at 100%. Office visits and most outpatient services are covered at 100% after copays. Most other services are covered at 90% after a deductible.

PennCare/Personal Choice PPO

This Preferred Provider Organization (PPO) plan administered by Independence Blue Cross has three components. You may receive your care through any provider you choose at any time, but your out-of-pocket costs are based on which component of the plan you're using at that time. You don't need a Primary Care Provider (PCP) or referrals for this plan.

- **PennCare Network Providers:** For healthcare providers who are part of or affiliated with the Penn Medicine network, preventive care services are covered at 100%. Most other services are covered at 90% after a deductible; you pay only 10% of the covered charges. Your behavioral health network is Quest.
- **Personal Choice Preferred Providers:** For healthcare providers who are part of the Personal Choice network, preventive care services are covered at 100% and provider office visits are covered at 100% after copays. Most other services are covered at 80% after a deductible; you pay 20% of the covered charges.
- **Non-Preferred Providers:** For healthcare providers who are not part of either the PennCare or Personal Choice networks, most services—including preventive care—are covered at 60% after a deductible; you pay 40% of the covered charges.

J-1 Visa Requirement for Health Insurance

Postdoctoral Researchers, Fellows, and NRSA Fellows here on a J-1 Visa are required to elect a health plan that meets the J-1 Visa requirement for health insurance. Currently, Keystone HMO and Aetna POS II are the two plans that meet the necessary requirements.

Penn Benefit Extras

Faculty, staff, and postdocs often need to supplement their traditional benefits with voluntary options that best suit their lifestyle, financial situation, and personal preferences.

Powered by corestream®

Penn has partnered with Corestream to create Penn Benefit Extras, a menu of voluntary benefits that offers supplemental coverage to your regular medical insurance, by providing a flat dollar amount to assist you with out-of-pocket expenses.

Your new Penn Benefit Extras program offers benefits including:

- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- New! Legal Services
- New! Pet Wellness
- Identity Theft Protection
- New! Purchase Financing

Faculty, staff, and postdocs can select multiple voluntary benefits and have just one payroll deduction.

Scan the QR code below or visit **UPenn.corestream.com** for more information.

Penn | Benefit Extras
University of Pennsylvania

Using UPHS Providers

No matter which medical plan you're enrolled in, most University of Pennsylvania Health System (UPHS) providers will be in-network and available for most of your healthcare needs. In-network providers for behavioral health may differ depending on which plan you're in. Please check with your providers to see if they're in-network for your plan.

Go to **www.pennmedicine.org/providers** for more information.

Medical, Dental, and Vision Rates for 2026–2027

Review the rates charts for your medical, dental, and vision benefits plans for postdoctoral researchers and fellows. You can also visit **www.hr.upenn.edu/openenrollment** to access plan summaries, benefit comparison charts, contribution charts, and online provider directories. For more specific plan questions, contact plan providers directly using the *Health & Welfare Benefits Contact Information* at the end of this guide. Please note that effective July 1, 2026, Penn employees who have a spouse/domestic partner covered on one of Penn's health insurance plans will incur an additional working spouse contribution of $100 per month ($23.07 weekly for 52 paychecks) if that spouse has access to group medical coverage through their own employer. The Working Spouse Contribution will be deducted on a pre-tax basis (post-tax for covered domestic partners and NRSA post-docs), and is in addition to the normal medical plan deduction.

Medical

Full-time Monthly Paid (per pay period)

Health Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Keystone / AmeriHealth HMO	$61.00	$355.00	$223.00	$437.00
Aetna Choice POS II	$78.00	$497.00	$328.00	$618.00
PennCare / Personal Choice	$281.00	$703.00	$473.00	$873.00

Dental

Full-time Monthly Paid (per pay period)

	MetLife Dental
Employee	$27.34
Employee + Spouse	$54.62
Employee + Child(ren)	$60.18
Employee + Family	$82.03

Vision

Full-time Monthly Paid (per pay period)

	VSP Plan	VSP Choice Plan
Employee	$7.83	$11.80
Employee + Spouse	$16.90	$25.50
Employee + Child(ren)	$12.71	$19.19
Employee + Family	$21.56	$32.52

Aetna Choice & Keystone/AmeriHealth

	Aetna Choice POS II*		Keystone/AmeriHealth HMO*
	In-Network	Out-of-Network (based on reasonable and customary fees)	In-Network
Deductible**	$500 individual/$1,500 family	$500 individual/$1,500 family	$325 individual/$650 family
Out-of-Pocket Maximum**			
Copay, coinsurance, and deductible	$1,550 individual/$4,650 family	$2,650 individual/$7,950 family	$1,550 individual/$3,100 family
Maximum Lifetime Benefit**	Unlimited	Unlimited	Unlimited
Doctor's Office Visits			
Primary care	$35 copay	40% after deductible	$30 copay
Specialist	$55 copay	40% after deductible	$50 copay with referral
Retail Clinic	$35 copay	40% after deductible	$30 copay
Urgent Care Center	$50 copay	40% after deductible	$50 copay
Preventive Screenings			
Routine physicals	$0 copay	40% after deductible	$0 copay
Routine eye exams	$0 copay	40% after deductible	$45 copay***
Routine hearing screenings	$0 copay	40% after deductible	$0 copay for hearing screenings
Pediatric immunizations	$0 copay	40% after deductible	$0 copay
Annual GYN exam/Pap smear	$0 copay	40% after deductible	$0 copay
Mammography	$0 copay	40% after deductible	$0 copay
Pregnancy Services			
First OB prenatal visit	$0 copay	40% after deductible	$35 copay
Prenatal care	$0 copay	40% after deductible	$0 copay
Delivery and hospital inpatient services	20% after deductible	40% after deductible	10% after deductible
Laboratory/pathology	$35 copay	40% after deductible	$30 copay
X-rays/radiology	$50 (routine1) or $100 (complex2)	40% after deductible	$50 (routine1) or $100 (complex2) copay with referral
Fertility Services			
Administered through Carrot Fertility *($30,000 lifetime max)*	Covered at 100% up to max	Covered at 100% up to max	Covered at 100% up to max
Outpatient Services			
Surgery	20% after deductible	40% after deductible	10% after deductible
Laboratory/pathology	$35 copay	40% after deductible	$30 copay
X-rays/radiology	$50 (routine1) or $100 (complex2) copay with referral	40% after deductible	$45 (routine1) or $100 (complex2) copay with referral

** Precertification needed for certain services and medical devices*
*** Covers medical and behavioral health/substance abuse services*
**** $45 allowed for contacts or prescription eyeglasses every two years (Keystone); see member handbook for vision exam benefit schedule*
1 Routine radiology procedures are those that do not require prior authorization (e.g., chest x-ray)
2 Complex radiology procedures are those that require prior authorization (e.g., MRI, CT scan, PET scan)

Key Medical Plan Features

	Aetna Choice POS II*		Keystone/AmeriHealth HMO*
	In-Network	Out-of-Network (based on reasonable and customary fees)	In-Network
Hospitalization *(semi-private room, board, surgery** and anesthesia, specialists' care and diagnostic testing)*	20% after deductible	40% after deductible	10% after deductible with referral; no limit if medically necessary
Emergency Room	$150 copay (waived if admitted)	$150 copay (waived if admitted)	$150 copay (waived if admitted)
Ambulance	$150 copay (deductible waived)	$150 copay (deductible waived)	$0 copay for emergencies; 10% after deductible for non-emergencies
Therapy Services*** *(physical, speech and occupational; 60 visits per year)*	$25 copay	40% after deductible	$20 copay
Spinal Manipulation*** *(60 visits per year)*	$50 copay	40% after deductible	$45 copay
Home Health Care***	20% after deductible	40% after deductible	10% after deductible with coordination by patient management department
Durable Medical Equipment	20% after deductible	40% after deductible	10% after deductible when medically necessary; pre-approval required
Hearing Aids	Up to $4,000 per person every 3 years	Up to $4,000 per person every 3 years	Up to $4,000 per person every 3 years

Behavioral Health and Substance Abuse			
	In-Network (Aetna Behavioral Health Network)	Out-of-Network	Keystone HMO providers (Independence Behavioral Network)
Outpatient	$15 copay per visit; unlimited visits if medically necessary	40% after deductible, deductible waived for routine therapy; unlimited visits if medically necessary	$10 copay per visit; unlimited visits if medically necessary
Inpatient	20% after deductible; unlimited days if medically necessary	40% after deductible; unlimited days if medically necessary	10% after deductible per admission with referral; unlimited days if medically necessary

** Precertification needed for certain services*
*** Gender confirmation surgery coverage available under all plans*
**** Visit maximums are a combination of in-network and out-of-network services*

PennCare/Personal Choice

	PennCare/Personal Choice PPO*		
	PennCare Preferred Providers	Personal Choice Preferred Providers	Non-Preferred Providers (based on reasonable and customary fees)
Deductible**	$325 individual/$975 family	$575 individual/$1,725 family	$725 individual/$2,175 family
Out-of-Pocket Maximum**			
Copay, coinsurance, and deductible	$1,350 individual/$4,050 family	$2,850 individual/$8,550 family	$3,850 individual/$11,550 family
Maximum Lifetime Benefit**	$10,800 family	Unlimited	Unlimited
Doctor's Office Visits			
Primary care	$25 copay	$30 copay	40% after deductible
Specialist	$45 copay	$55 copay	40% after deductible
Retail Clinic	N/A	$35 copay	40% after deductible
Urgent Care Center	N/A	$50 copay	40% after deductible
Preventive Screenings			
Routine physicals	$0 copay	$0 copay	40% no deductible
Routine dermatology	With diagnosis code Z12.83 Screening for Neoplasm of the skin		
Routine hearing screenings	$0 copay	$0 copay	40% no deductible
Pediatric immunizations	$0 copay for children under 18	$0 copay for children under 18	40% no deductible for children under 18
Annual GYN exam/Pap smear	$0 copay	$0 copay	40% no deductible
Mammography	$0 copay	$0 copay	40% no deductible
Pregnancy Services			
First OB visit	$40 copay	$50 copay	40% after deductible
Prenatal care	$0 copay	$0 copay	40% after deductible
Delivery and hospital inpatient services	10% after deductible	20% after deductible	40% after deductible
Laboratory/pathology	$30 copay	$30 copay	40% after deductible
X-rays/radiology	10% after deductible	20% after deductible	40% after deductible
Fertility Services			
Administered through Carrot Fertility *($30,000 lifetime max)*	Covered at 100% up to max	Covered at 100% up to max	Covered at 100% up to max
Outpatient Services			
Surgery	10% after deductible	20% after deductible	40% after deductible
Laboratory/pathology	$30 copay	$30 copay	40% after deductible
X-rays/radiology	10% after deductible	20% after deductible	40% after deductible

** Precertification needed for certain services*
*** Covers medical and behavioral health/substance abuse services*

Key Medical Plan Features

	PennCare/Personal Choice PPO*		
	PennCare Preferred Providers	Personal Choice Preferred Providers	Non-Preferred Providers (based on reasonable and customary fees)
Hospitalization *(semi-private room, board, surgery** and anesthesia, specialists' care and diagnostic testing)*	10% after deductible	20% after deductible	40% after deductible; limited to 70 days
Emergency Room	$100 copay (waived if admitted)	$100 copay (waived if admitted)	$100 copay (waived if admitted)
Ambulance	$0 copay for emergency; 10% after deductible for non-emergency	$0 copay for emergency; 20% after deductible for non-emergency	$0 copay for emergency; 40% after deductible for non-emergency
Therapy Services *** *(physical, speech and occupational; 60 visits per year)*	$15 copay	$25 copay	40% after deductible
Spinal Manipulation*** *(60 visits per year)*	Not available	$50 copay	40% after deductible
Home Health Care***	10% after deductible	20% after deductible	40% after deductible
Durable Medical Equipment	Provider not currently available	20% after deductible	40% after deductible
Hearing Aids	Up to $4,000 per person every 3 years	Up to $4,000 per person every 3 years	Up to $4,000 per person every 3 years

Behavioral Health and Substance Abuse			
	In Network Penn Providers	In Network Independence Behavioral Health Network	Out-of-Network
Outpatient	$10 copay per visit; unlimited visits if medically necessary	$15 copay per visit; unlimited visits if medically necessary	40% after deductible, deductible waived for routine therapy; unlimited visits if medically necessary
Inpatient	10% after $325 individual/$975 family deductible; unlimited days if medically necessary	20% after $575 individual/$1,725 family deductible; unlimited days if medically necessary	40% after $500 individual/$1,500 family deductible; unlimited days if medically necessary

** Precertification needed for certain services*
*** Gender confirmation surgery coverage available under all plans*
**** Visit maximums are a combination of in-network and out-of-network services*

Fertility Benefit

The University is committed to supporting faculty, staff, and postdocs through family planning.

We have partnered with Carrot Fertility to bring you inclusive, global fertility healthcare benefits.

Carrot Fertility provides coverage for all fertility-related services. Carrot works with Penn Fertility Clinic and fertility clinics nationwide to support staff in different locations. The benefit offers a concierge level of service that includes educational resources, access to vetted providers, and virtual chats with experts.

With this benefit you can get support with:

- Understanding fertility health
- Preservation (egg or sperm freezing)
- Assisted Reproduction (e.g. in vitro fertilization)
- Gestation surrogacy arrangement
- Donor assistance
- Pregnancy
- Adoption

The benefit is a flat $30,000 lifetime maximum that can be used for a variety of fertility treatments. The Adoption benefit is a flat $10,000 benefit. Fertility services/treatments provided for individuals without a diagnosis of infertility may incur a tax per IRS guidelines. Prescription drugs are not covered under the Carrot plan even if they are related to your fertility treatments. All prescriptions should be submitted to CVS/Caremark.

Scan the QR code or visit **get-carrot.com/learnmore** for more information.

Prescription Drug Coverage

The Prescription Drug Plan is administered by CVS/caremark for all medical plans. **You will need to work with your provider to ensure that the medication being prescribed is on the approved formulary list.** Maintenance medication and 90-day retail pick up options are available at CVS pharmacies. You may use CVS/ caremark Mail Service to receive maintenance medications at your address of choice. Also, the chart on page 14 only applies to medications on the approved formulary list. If the medication does not appear on the approved formulary list, and a participant does not select an alternative, the drug will not be covered.

The amount you pay for prescription drugs depends on how you use your coverage and the type of prescription you fill (generic, brand name with or without a generic equivalent, or a maintenance medication).

- When you purchase a prescription at a retail pharmacy, you'll pay less if you use a participating in-network pharmacy.
- If you're able to take a generic drug, you'll save money—not only will you pay a lower coinsurance amount, but that lower coinsurance is a percentage of a lower base price for the drug.
- You can use the CVS/caremark Mail Service for long-term maintenance medications. The mail order program offers several advantages including home delivery, three-month supplies, and lower minimum and maximum coinsurance amounts.

PennCare/Personal Choice, Aetna, and Keystone/AmeriHealth plans			
	Generics****	Preferred Brand****	Non-Preferred Brand****
	Coinsurance; Minimum and Maximum Payment		
Non-Maintenance			
30-day supply (any network retail pharmacy)	10% ($7.50 min, $20 max)	15% ($15 min, $75 max)	30% ($25 min, $100 max)
Maintenance			
30-day supply (any network retail pharmacy, up to 3 fills)**	10% ($7.50 min, $20 max)	15% ($15 min, $75 max)	30% ($25 min, $100 max)
30-day supply (any network retail pharmacy, after 3 fills)**	20% ($15 min, $40 max)	30% ($30 min, $150 max)	60% ($50 min, $200 max)
90-day supply (Select Participating Pharmacies* or CVS Mail Service) To find a participating pharmacy, visit Caremark.com/PharmacyLocator	10% ($15 min, $40 max)	15% ($30 min, $150 max)	30% ($50 min, $200 max)
Annual Out-of-Pocket Maximum	$2,000 individual/$6,000 family*		
Specialty*			
Non-Prudent Rx Drugs	Filled at Penn Pharmacies - $25 copay Non Penn Pharmacy - applicable cost share based on above drug tier		
Prudent Rx Drugs	30% coinsurance if not enrolled in Prudent Rx $0 member cost share if enrolled in Prudent Rx		
	Specialty Medication must be filled at CVS Specialty or a PENN Pharmacy.		

** When a generic is available but the pharmacy dispenses the brand per your request or your physician's, you will pay the cost difference between the brand and generic plus the brand copay. The cost difference between the brand and generic will not apply towards the Maximum Out of Pocket.*

*** After three 30-day fills, you will pay double the normal coinsurance amount, as well as double the minimum and maximum coinsurance payments. You can save money by filling a 90 day supply at select participating pharmacies or CVS/Caremark Mail Service. To find a participating pharmacy, visit www.Caremark.com/PharmacyLocator*

**** Specialty drugs must be filled at CVS/Specialty Pharmacy or one of the following PENN pharmacies: HUP Pharmacy, PENN Presbyterian Medical Center, PENN Outpatient, PENN Medicine at Radnor, PENN Presbyterian Apothecary, PENN Med University City Apothecary, PENN Home Infusion Therapy, and PCAM Pharmacy.*

***** The rates only apply if your drug is on the approved formulary list.*

Penn Supports Your Well-being

The University fosters a culture that supports all aspects of health and well-being for benefits-eligible faculty, staff, and postdocs. For more information, visit: **www.hr.upenn.edu/wellness-worklife**.

Penn Healthy You

Penn Healthy You offers benefits-eligible faculty, staff, and postdocs a variety of programs and resources to support your overall well-being, including Penn's annual wellness campaign and WebMD wellness platform.

Annual Wellness Campaign

Take advantage of Penn Healthy You well-being programs, resources, and rewards to focus on your health and feel your best. This includes Penn's current annual wellness campaign, Be in the Know, which will soon transition to a new name. The campaign runs from July 1 through June 30 each year and aims to promote the importance of staying engaged in your health, while rewarding you for completing an array of wellness activities. You can earn up to $300 in cash rewards annually with your choice of qualifying activities – from a biometric screening and overall health options, to preventative health and Penn wellness activities. You can also support your health and be rewarded for online well-being programs and tools available through our platform partner, powered by WebMD.

For complete campaign details, visit **www.hr.upenn.edu/beintheknow**.

Wellness Platform Partner, WebMD

As part of Penn Healthy You, eligible participants have access to our wellness platform, powered by WebMD. The platform administers Penn's annual wellness campaign and rewards, tracks your progress, and offers an exciting variety of online programs and resources.

WebMD brings an easy-to-use platform and mobile app to support your wellness needs and goals. Once you complete a quick registration, you have access to Health Coaching, digital behavior change tools like Daily Habits and Side Quests, wellness challenges, an online health assessment, health trackers, and an abundant content library – plus RethinkCare videos supporting mental health and overall well-being. Download WebMD's "Wellness At Your Side" mobile app (connection code: Penn) for well-being on the go!

Wellness Events and Activities

Penn provides a variety of opportunities to support your holistic well-being and connect with others. You can attend free fitness classes, financial wellness seminars, resilience workshops, wellness walks, nutrition counseling and cooking demos, yoga and meditation, and more.

Discover upcoming wellness and work-life balance events and programs at **www.hr.upenn.edu/registration**.

Emotional Well-being Resources for Strength and Care

Taking care of your mental health is as essential as maintaining your physical health. For an overview of Penn services that foster emotional well-being and mental health awareness, visit **www.hr.upenn.edu/mindwellatpenn**.

Penn Employee Assistance Program

Faculty, staff, postdocs, and their eligible family members have free, confidential access to counseling and referral services, available 24/7/365, for everyday concerns and critical moments and events.

Connect with master's-level clinicians, work-life specialists, and legal experts. Available by phone, email, video, and in-person with multi-language capabilities.

- Call **1-888-503-2380** for consultation, in the moment support and appointment scheduling
- Email **support@curalinc.com**
- Visit **www.hr.upenn.edu/eap**

You, your spouse, partner, and dependent children up to age 26 can all take advantage of this service. Each family member is eligible to receive up to eight free counseling sessions per distinct issue, per year depending upon medical needs.

If your clinical needs require treatment beyond the short-term scope of EAP, you may be referred to a care provider in your health plan network.

Visit **www.hr.upenn.edu/eap** for details.

Penn Cobalt

Penncobalt.com is a web-based platform that matches employees to mental health resources and the appropriate level of group and individual mental health and well-being support. EAP appointments with intake counselors can be scheduled easily using this platform and employees can attend 30-minute virtual sessions on timely topics such as navigating stress, parenting and caregiving.

Behavioral Health Coverage

Behavioral health benefits include the categories of mental health and substance abuse benefits. The behavioral health benefits included in each plan allow you to maximize your mental health and substance abuse benefits by utilizing in-network providers such as psychiatrists, psychologists, psychiatric nurses or social workers, therapists, or other clinicians. Behavioral Health providers must be licensed in the state that they provide coverage. Unlicensed providers will not be covered. To find a licensed provider, contact your provider network.

Behavioral health benefits are integrated into each of the medical plans; however, they do not use the same networks. Benefits allow for a range of treatment options, from individual and family counseling to substance abuse programs and inpatient treatment facilities.

Coverage for autism diagnosis and treatment is provided for all members enrolled in one of the University of Pennsylvania, Independence Blue Cross or Aetna plans. Benefits are based on medical necessity and are reviewed for the appropriateness of the treatment plan, which may vary due to the age of the patient.

Dental Coverage

MetLife Preferred Dentist Program (PDP Plus)

The MetLife dental plan provides coverage when you receive treatment from any dentist or specialist you choose. Use MetLife preferred providers to pay less in out-of-pocket expenses because preferred providers accept the plan's negotiated fees as payment in full.

MetLife dental plan coverage details are available at **www.hr.upenn.edu/dental-and-vision**.

	MetLife PDP**	
	Preferred Provider	Non-Preferred Provider
Deductible	$50 individual	$75 individual/$225 family
Diagnostic Care *(e.g., exams, x-rays)**	100%	100%
Preventive Care *(e.g., cleanings)*	100%	100%
Restorative Care *(e.g., fillings)*	90% after deductible	80% of R&C** after deductible
Oral Surgery *(extractions)*	$0 copay after deductible	$0 copay of R&C** after deductible
Endodontics *(e.g., root canal therapy)*	80% after deductible	70% of R&C** after deductible
Periodontics *(treatment of gums)*	80% after deductible	70% of R&C** after deductible
Prosthodontics**** *(e.g., bridges, dentures)*	50% after deductible	40% of R&C** after deductible
Crowns and Restorations****	50% after deductible	40% of R&C** after deductible
Implants****	50% after deductible	40% of R&C** after deductible
Orthodontics†	50% ($1,500 lifetime max per adult/child) after deductible	40% of R&C** ($1,250 lifetime max per adult/child) after deductible
Cosmetics *(e.g., veneers, microabrasion and bonding. Bleaching is excluded.)*	Not covered	Not covered
Plan Year Maximum *(what the plan pays)*	$2,000 per individual	$1,500 per individual

** Please reference the plan document for limitations and exclusions. Note that if you receive dental treatment anywhere other than a Penn Family Plan office, no benefits will be paid unless due to an emergency that occurs outside of the Philadelphia area (outside a 100-mile radius of a Penn Family Plan office). Reimbursement will be at the Penn Family Plan coverage level, based on Penn Family Plan network fees.*

*** Benefits at a MetLife PDP provider are based on the fee negotiated by MetLife with the provider. Your responsibility is limited to the coinsurance amounts. Non-preferred provider benefits are based on the Plan's reasonable and customary fees (R&C). Non-preferred dentists are not required to accept the plan's R&C as payment in full, so you may pay not only your coinsurance amount but also the difference between R&C and the dentist's actual charges.*

**** $35-$55 copay applied to tooth-colored fillings on posterior teeth.*

***** Coverage for a restoration (bridge, crown, removable denture or implant) of a tooth or teeth missing or extracted prior to enrollment in the Penn Family Plan or MetLife Plan is subject to the approval of the Clinical Director and may be denied.*

† Any amounts applied to the lifetime maximums for orthodontics apply toward the annual benefit maximums as well.

Health Advocate Services

Healthcare is complex and can be confusing. Health Advocate is here to help. Whether you need to find an in-network doctor, elder care services, or guidance with medical bills, Health Advocate has the right experts to handle almost any kind of healthcare and insurance-related issue.

Penn offers this service at no cost to you. It's completely confidential, and you can use it as many times as needed.

Highly trained Personal Health Advocates, typically registered nurses supported by benefits and claims specialists, will handle your issue. These experts do the legwork, make the calls, handle the paperwork and follow up with you every step of the way — all to save you time, money and worry.

Your Personal Health Advocate can:

- Answer questions about a medical condition, from simple to complex
- Research the latest treatment options
- Find the right in-network doctors and make appointments
- Coordinate second opinions and transfer medical records
- Resolve medical insurance claims and billing issues

How It Works

Call the toll-free number at **1-866-799-2329** or email Health Advocate at **answers@HealthAdvocate.com**. Your assigned Personal Health Advocate will provide prompt support.

Who Is Covered

Health Advocate is available to eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Use the Health Advocate mobile app to get a Personal Health Advocate in the palm of your hand! Instantly see, learn, and interact with your Health Advocate programs, no matter where you are.

The Health Advocate app provides you with 24/7 live support from a Personal Health Advocate. You can also conveniently upload relevant documents, and access trusted information on any health topic, and much more.

Register

To register for Health Advocate visit **HealthAdvocate.com/upenn**, then select *Register Now*.

Vision Coverage

The plan provides coverage when you obtain vision care from the provider of your choice. Use in-network providers to receive higher coverage and pay less out-of-pocket. Most services are covered once every fiscal year (July 1 through June 30), although you may receive discounts for additional services provided by preferred providers. The VSP plans offer two levels of coverage, a slightly higher level of benefit, and a broader network of providers; but they have a slightly higher payroll deduction. Coverage details are available online at **www.hr.upenn.edu/dental-and-vision**.

	VSP Vision Plans		
	VSP Vision Plan	VSP Choice Plan	Out-of-Network
GLASSES (covered once every fiscal year)			
Eye Exam and Refraction	$10 copay	$10 copay	Up to $45 reimbursement
Frames	Up to $150 retail allowance plus 20% off amount exceeding allowance ($80 allowance at Costco)	Up to $150 retail allowance plus 20% off amount exceeding allowance ($80 allowance at Costco)	Up to $70 reimbursement
Standard Lenses (covered once every fiscal year)			
Single	$20 copay	$20 copay	Up to $30 reimbursement
Lined Bifocal			Up to $50 reimbursement
Lined Trifocal			Up to $65 reimbursement
Lined Aphakic/Lenticular			Up to $100 reimbursement
Polycarbonate lenses for children up to age 19	Covered in full	Covered in full	No additional reimbursement
CONTACT LENSES			
Evaluation, Fitting and Lenses (evaluation and fitting covered once every fiscal year; contact lenses covered once every fiscal year in lieu of glasses)			
Daily Wear	$20 copay for evaluation and fitting; up to $150 allowance for contact lenses	$20 copay for evaluation and fitting; up to $150 allowance for contact lenses	Up to $105 reimbursement (fitting, evaluation and contact lenses)
Extended Wear			
Disposable			
VSP EASYOPTIONS (Members can choose one of the following upgrades every fiscal year)			
An additional $100 Frame allowance or	Not Covered	Covered in Full	Not Covered
Fully covered premium or custom progressive lenses or			
Fully covered anti-glare coating or			
An additional $100 contact lens allowance			
Additional Discounts (available only at the point of purchase)			
Lens Options *(e.g., anti-reflective coatings and progressive lenses)*	Average savings of 20-25%	Average savings of 20-25%	Not covered
Additional Eyewear	20% discount; Costco pricing applies	20% discount; Costco pricing applies	Not covered
Laser Vision Correction	For discounts, call VSP at 1-800-877-7195	For discounts, call VSP at 1-800-877-7195	Not Covered
Routine Retinal Screening	No more than a $39 copay	No More than a $39 copay	Not covered

Flexible Spending Accounts

Penn offers two types of Flexible Spending Accounts (FSA): a Health Care FSA and a Dependent Care FSA. These plans are administered by HealthEquity. They provide you with a way to pay for eligible out-of-pocket expenses with pre-tax dollars. **Please note: You will need to re-elect your Health Care and/or Dependent Care Flexible Spending Accounts each year to continue your participation for the new plan year. If you do not re-elect you will be defaulted to waive for FSA.** For more information visit the **FSA webpage** on the HR website. (Note: NRSA Fellows are not eligible to participate in the Flexible Spending Accounts.)

When you participate, your contribution is deducted from your paycheck before federal taxes are taken, and your contributions are put into an account on your behalf. Then, when you incur eligible expenses, you submit a claim form or use the FSA debit card to be reimbursed from your account. You may make contributions to a:

- Health Care Flexible Spending Account—For health care expenses (incurred by you and your eligible tax dependents) that are not eligible to be paid by insurance (e.g., copays, coinsurance).
- Dependent Care Flexible Spending Account—For dependent care (daycare, elder care) expenses that allow you to work, but not for dependent healthcare expenses.

FSA rollover funds are always made available in November of the new plan year.

How the Health Care FSA Works

The maximum amount you can contribute to the Health Care FSA is $3,400.

You are able to roll over up to $680 of unused money in your Health Care FSA to the following plan year. You will forfeit any remaining balance over $680.

You have until June 30 (the end of the plan year) to incur expenses, but you have until September 30 to submit eligible claims for services you received before June 30.

For example, if you enroll in a Health Care FSA during the 2026-2027 plan year, you'll have until June 30, 2027 to incur expenses and until September 30, 2027 to submit eligible expenses for reimbursement.

If you have any money remaining in your account at that time, up to $680 rolls over to the following plan year's account. You can claim eligible expenses up to your annual election amount even if you haven't yet contributed the full amount of the expenses to your account.

Expenses paid through an FSA cannot also be claimed as a tax deduction on your federal income tax return.

Health Care FSA Debit Card

This convenient card gives you immediate access to your Health Care FSA funds. You can use it to pay for eligible healthcare expenses without having to submit a claim for reimbursement.

Just like your bank account debit card, the Health Care FSA debit card will automatically debit your FSA account. That means you don't have to pay for expenses with out-of-pocket money, and there's no need to file a paper claim. However, it's important to save your receipts since they contain details about the expenses which you may need to provide to the plan administrator. Some purchases and healthcare services require substantiation.

How the Dependent Care FSA Works

The maximum amount you can contribute to the Dependent Care FSA depends on certain factors:

- $7,500 if you're single and file your taxes as head of household or if you're married and file a joint tax return
- $3,750 if you're married and file separate tax returns
- $2,500 if you're a highly compensated employee (salary of $160,000 or more)

You must use all available funds by the end of the plan year deadline or you will forfeit any remaining balance.

You have until September 15 of the following plan year to incur expenses, and until September 30 of the following plan year to submit eligible claims.

For example, if you enroll in a Dependent Care FSA during the 2026–2027 plan year, you'll have until September 15, 2027 to incur expenses and until September 30, 2027 to submit eligible expenses for reimbursement.

Expenses paid through an FSA cannot also be claimed as a tax deduction on your federal income tax return.

Administration

If you have a Flexible Spending Account, you can access your account details securely online at **www.hr.upenn.edu/flexible-spending-accounts**.

HealthEquity administers the Flexible Spending Accounts. HealthEquity is also responsible for processing claims, issuing checks to plan participants, and answering questions regarding the benefit.

Life Insurance

You are eligible for life insurance through Penn's carrier, MetLife. You will be required to provide your life insurance beneficiary information via the Workday@ Penn portal at **www.workday.upenn.edu**. For more information about any of the insurance offerings described below, please visit **https://www.hr.upenn.edu/PennHR/benefits-pay/health-life-and-fsa/life-insurance**.

Note: Your benefits base salary for life insurance purposes is calculated and frozen in March of each year. This amount will not change even if your salary changes during the course of the plan year.

Basic Life Insurance

Non-NRSA Postdocs are provided with Basic Life Insurance of 1x your benefit base salary (max of 300,000) at no cost to you. Coverage above $50,000 is subject to imputed income. You can choose to reduce the amount of coverage to avoid the tax. NRSA Postdocs are provided with a flat $50,000 basic life insurance at no cost to you.

Accidental Death and Dismemberment Insurance

You will automatically receive Accidental Death and Dismemberment Insurance at no cost to you. This feature pays benefits of up to two times your benefits base salary (up to $125,000) if you die or have other losses directly caused by an accident (some exclusions apply).

Supplemental Life Insurance

You can purchase Supplemental Life Insurance up to 5 × your salary. Your Basic and Supplemental coverage combined cannot exceed $1,300,000. If your Supplemental coverage exceeds $750,000, you must provide Evidence of Insurability (EOI) to the insurance company. You may choose to limit your Supplemental coverage to $750,000 so you don't have to submit EOI.

Please choose your coverage amount carefully because after your initial selection you may only increase during Open Enrollment by up to 1 x your benefits base salary. Life insurance amounts are based on benefits base as of March 1, 2026.

You pay for Supplemental Life Insurance with after-tax dollars; the cost of coverage is based on your age and the amount of coverage you elect. The rate table can be viewed online at **www.hr.upenn.edu/PennHR/benefits-pay/health-life-and-fsa/life-insurance/supplemental-life-insurance.**

Review Your Life Insurance Beneficiary

Keep your life insurance beneficiary information up to date. You may review and update your life insurance beneficiary as often as you like using Workday@Penn.

You can choose as many beneficiaries as you like, whether a spouse, child, other family members, or friends. You can even choose an entity like a charity, trust, or your estate as your life insurance beneficiary. Please make sure we have the most current address on file for your beneficiaries.

Note: This beneficiary designation applies only to your life insurance plan.

Additional Information

You can find the following legal notices on our website at **www.hr.upenn.edu/policies-and-procedures/forms/benefits-forms**:

- Women's Health and Cancer Rights Act of 1998
- Newborns' and Mothers' Health Protection Act
- Premium Assistance Through Medicaid and Children's Health Insurance Program (CHIP)
- Update to HIPAA Special Enrollment
- Notice of Privacy Practices
- Summary of Benefits Coverage
- Penn's Health Coverage for Health Insurance Marketplaces

If you would like a printed copy of any of these notices, please contact us at **benefits@hr.upenn.edu** or **215-898-3539**.

Equal Opportunity and Nondiscrimination Statement

The University of Pennsylvania seeks talented students, faculty, and staff with a wide variety of backgrounds, experiences, and perspectives. The University of Pennsylvania does not discriminate on the basis of race, color, sex, sexual orientation, religion, creed, national origin (including shared ancestry or ethnic characteristics), citizenship status, age, disability, veteran status or any other class protected under applicable federal, state, or local law in the administration of its admissions, financial aid, educational or athletic programs, or other University-administered programs or in its employment practices. Questions or complaints regarding this policy should be directed to the executive director of the Office of Equal Opportunity Programs; Franklin Building, 3451 Walnut Street, Suite 421, Philadelphia, PA 19104-6106; or **(215) 898-6993**.

Plan Governance

The selected benefit highlights in this guide are based on Plan documents that govern the operation of the Plans. If there is any conflict between the information presented here and the information in the Plan documents, the Plan documents always govern and are the controlling legal documents. Benefits descriptions are not terms of employment, nor are they intended to establish a contract between the University and its faculty and staff. Plan documents are available for inspection in the Benefits Office. Copies are available for a small copy fee. The University reserves the right to change, amend, or terminate any of its Benefit Plans for any reason at any time.

Statement on Collective Bargaining Agreements

The provisions of applicable collective bargaining agreements govern the health and welfare benefits of employees in collective bargaining units.

Definitions

Coinsurance:
After you meet the deductible, your health plan pays a specified percentage of the charges for covered services. You pay the remaining charges, called coinsurance.

Copayment/Copay:
A flat per-service charge that you pay for services such as doctor visits or prescriptions.

Deductible:
The dollar amount you must pay each year before your medical and/or dental plan begins to pay benefits for certain covered expenses. The amount of the deductible depends upon the plan you select. Each covered individual will not be charged more than the individual deductible. If multiple dependents are covered, the aggregate total of the deductibles charged for all covered members will not exceed the family deductible.

Health Maintenance Organization (HMO):
A network of health care providers offering relatively low out-of-pocket costs. HMOs generally operate in particular geographic regions and require a Primary Care Physician to coordinate care.

Life Insurance Imputed Income Tax:
Imputed income for life insurance refers to the value the government attaches to life insurance coverage in excess of $50,000 when paid by your employer. This value is determined by age-related rates established by the Internal Revenue Service. Generally, the imputed income tax that you pay is not a significant amount, but it does increase as age and salary increase.

Out-of-Pocket Maximum:
The most you have to pay out of your own pocket during the benefit year in copays and coinsurances after you meet your deductible, as long as your providers accept your plan's usual, customary, and reasonable fees (UCR). Once you reach the out-of-pocket maximum, the plan pays 100% of UCR.

Out-of-pocket maximums stated by plans are based on your use of providers who accept the plan's UCR. Each covered individual will not pay more than the individual out-of-pocket maximum. If multiple dependents are covered, the aggregate total of the out-of-pocket costs paid by all covered members will not exceed the family maximum.

Preventive Care:
Routine screenings to detect or prevent possible medical conditions. This includes, but is not limited to, flu shots, mammograms, and cholesterol testing.

Primary Care Physician (PCP):
In an HMO, your PCP is the doctor who provides your routine care and referrals to specialists.

UCR or R&C:
UCR or R&C refers to the usual, customary, and reasonable fees that providers, health care facilities or other health care professionals in the same geographical area charge for similar services. Plans that pay 100% of UCR or R&C pay 100% of the usual, customary, and reasonable fees for that service. If providers have an affiliation with the plan, they are obligated to accept the plan's UCR or R&C as payment in full. However, if providers are not affiliated with the plan, they are not obligated to accept the URC or R&C, and you may have to pay any charges in excess of the payment made by the plan.

Referral:
Authorization from a provider (typically a Primary Care Physician in an HMO) for the insured person to consult a medical specialist.

Reimbursements:
Medical plans offered do NOT guarantee that all covered services will be available through preferred or in-network providers. If a preferred or in-network provider is not available, the service will be processed as an out-of-network expense. Be aware that in-network providers might refer you to providers who are outside the network. When you use an out-of-network provider, services will be processed accordingly (non-preferred or self-referred). You should always verify that the provider is in-network by calling the number on the back of your ID card.

Health & Welfare Benefits Contact Information

Plan and Administrator	Group/ Policy#	Contact Information	Other Information
Health Care-Related Issues			
Health Advocate	N/A	**1-866-799-2329** **HealthAdvocate.com/upenn**	Call for general healthcare questions (e.g., billing concerns, covered services, locating treatment facilities)
Medical			
Aetna Choice POS II	811778	**1-888-302-8742** or **859-455-8650** (fax) **www.aetna.com**	For an emergency out of area, go to the nearest hospital. Hospital must call 1-888-632-3862.
Keystone/AmeriHealth HMO	10049781	**1-800-ASK-BLUE (1-800-275-2583)** **www.ibx.com**	Call both Primary Care Physician (PCP) and HMO within 48 hours of emergency care. For an emergency out of area, go to the nearest hospital. Hospital must call 1-800-ASK-BLUE (1-800-275-2583). Sick care out of area: 1-800-810-BLUE.
PennCare/Personal Choice PPO	10041473	**1-800-ASK-BLUE (1-800-275-2583)** **www.ibx.com** or **http://pennhealth.com/penncareppo/index.html**	For inpatient admission (except for maternity or emergency admissions), Precertification is required. Call 215-241-2990 or 1-800-275-2573.
Corestream	N/A	**215-488-5708**	
Prescription Drug			
CVS/caremark	RX1580	**1-844-833-6390**	RX Bin 004336 RX PCP: ADV
Dental			
MetLife	300187	**1-800-942-0854** **www.metlife.com/dental**	Contact your family dentist for emergencies.
Vision			
VSP Plan	30031862	**1-800-877-7195** **www.vsp.com**	
Pre-Tax Expense Accounts			
WageWorks FSA Services	N/A	**www.wageworks.com** **877-924-3967**	
HealthEquity HSA Services	N/A	**www.healthequity.com** **844-341-6998**	
Penn Employee Assistance Program			
Curalinc	N/A	**1-888-503-2380** **support@curalinc.com** **www.hr.upenn.edu/eap**	

www.hr.upenn.edu/benefitsenrollment

Penn
University of Pennsylvania