

**OPEN ENROLLMENT 2024-2025**

**APRIL 29 – MAY 10**



## WHAT'S CHANGING

- Coverage for Domestic Partners
- HSA/FSA Maximums and Rollover amounts increase
- Medical and Supplemental Life rates increase
- Plan deductibles increase by \$100
- Adoption Benefit increasing to \$10,000

# HEALTH PLAN OPTIONS

- **PennCare/Personal Choice PPO Plan**
  - Choice of Penn providers or Independence Blue Cross Network of providers
- **Aetna Choice POS II & Standard Plan**
  - National Network of Providers
- **Keystone/Amerihealth HMO Plan**
  - Local Network of providers – must select a Primary
- **Aetna HDHP with HSA Plan**
  - National Network of providers – HSA with funding provided by Penn



## MEDICAL PLAN KEY FEATURES

- ✓ Preventive care is covered at 100% in Network under all plans
- ✓ Deductibles for the Keystone, PennCare & Aetna plan range from \$200-\$450 with in-network providers for certain service.
- ✓ Aetna HD plan deductible is \$1600(individual) and \$3200(family). Deductible must be met before plan pays.
- ✓ Fertility Services covered under Carrot Fertility - \$30,000 Maximum
- ✓ Rx included under all medical plans

## ACTIVE MEDICAL PLAN DESIGN – EFFECTIVE 7/1/2024

Key features <sup>1</sup>	PennCare PPO		Aetna Choice POS II Premium	Keystone/ AmeriHealth HMO	Aetna HDHP
	Penn Providers	Personal Choice			
Deductible (Single/Family) <sup>2</sup>	\$250/\$750	\$450/\$1,350	\$400/\$1,200	\$200/\$400	\$1,600/\$3,200
HSA Seed (Single/Family)	N/A	N/A	N/A	N/A	\$1,000/\$2,000
OOPM – Overall (Single/Family)	\$1,100/\$3,300	\$2,600/\$7,800	\$1,300/\$3,900	\$1,300/\$2,600	\$3,200/\$6,400
Primary/Specialist	\$20/\$40 copay	\$25/\$50 copay	\$30/\$50 copay	\$25/\$45 copay	10% after ded.
Coinsurance (after deductible)	10%	20%	20%	10%	10% after ded.
Lab/Pathology	\$25 copay	\$25 copay	\$30 copay	\$25 copay	10% after ded.
Retail Clinic Copay	n/a	\$30 copay	\$30 copay	\$25 copay	10% after ded.
Spinal Manipulation (60 visits per year)	n/a	\$50 copay	\$50 copay	\$45 copay	10% after ded.
X-rays/radiology	10% after ded	20% after ded	\$50 (routine) \$100 (complex)	\$50 (routine) \$100 (complex)	10% after deductible
Behavioral Health Provider	Quest	Quest	Aetna	IBX Behavioral Health	Aetna
International Coverage	n/a	Tier 3 coverage	Emergency Care	Emergency Care	Emergency Care
Fertility Coverage	Administered via Carrot Fertility	Administered via Carrot Fertility	Administered via Carrot Fertility	Administered via Carrot Fertility	Administered via Carrot Fertility
Hearing Aids (subject to prior authorization)	Up to \$4000 per person every 3 years	Up to \$4000 per person every 3 years	Up to \$4000 per person every 3 years	Up to \$4000 per person every 3 years	10% after deductible Up to \$4000 per person every 3 years
Emergency Room	\$100 copay	\$100 copay	\$150 copay	\$150 copay	10% after deductible
Retail Prescription Drugs * Rx Coverage for Local 54 and 590 are separate from Penn Medical Plan	Annual OOPM: \$2,000/\$6,000 (Individual/Family)				10% after deductible applied to medical OOP Max

# BEHAVIORAL HEALTH COVERAGE

## In-Network Outpatient Care Design

PennCare PPO	<ul style="list-style-type: none"><li>▪ Penn Behavioral Health provider</li><li>▪ Quest Behavioral Health provider</li><li>▪ Substance abuse provider</li></ul>	<ul style="list-style-type: none"><li>▪ \$10 copay</li><li>▪ \$15 copay</li><li>▪ \$10 copay</li></ul>
Keystone HMO	<ul style="list-style-type: none"><li>▪ Behavioral health and substance abuse providers</li></ul>	<ul style="list-style-type: none"><li>▪ \$10 copay</li></ul>
Aetna POS	<ul style="list-style-type: none"><li>▪ Behavioral health and substance abuse providers</li></ul>	<ul style="list-style-type: none"><li>▪ \$15 copay</li></ul>
Aetna HDHP	<ul style="list-style-type: none"><li>▪ Behavioral health and substance abuse providers</li></ul>	<ul style="list-style-type: none"><li>▪ 10% after deductible</li></ul>

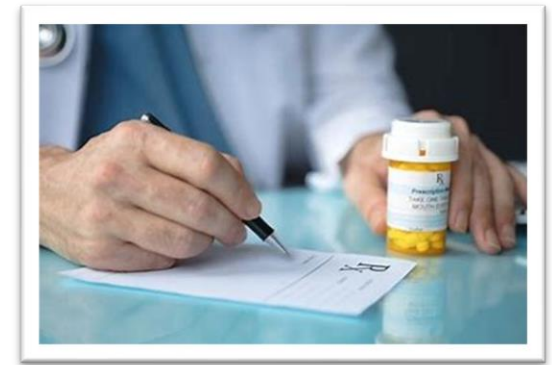
# PRESCRIPTION COVERAGE – CVS/CAREMARK

## **PennCare/Personal Choice, Aetna POS, Keystone/AmeriHealth Plans**

- **Generic Medications**
  - 10% up to \$20 max (30-day supply at any retail)
  - 10% up to \$40 Max (90-day supply at CVS mail order or CVS retail)
- **Brand Name with No Generic available**
  - 30% up to \$100 max(30-day supply at any retail)
  - 20% up to \$100 Max (90-day supply at CVS mail order or CVS retail)
- **Specialty**
  - 20% \$15 min up to \$100 max (30-day supply at any retail)
  - 20% \$20 min up to \$100 max (90-day supply at CVS mail or retail)

## **Aetna High Deductible Health Plan (HDHP) with HSA**

- Deductible must be met first; \$1600 Individual; \$3200 Family
- Once deductible is meet coverage is 10% for all drug classes.



# MEDICAL RATES: 2024-2025

	2024-2025 FULL-TIME WEEKLY PAID (per pay period)				2024-2025 FULL-TIME MONTHLY PAID (per pay period)			
	Employee	Employee + Child(ren)	Employee + Spouse/ Partner	Employee + Family	Employee	Employee + Child(ren)	Employee + Spouse/Partner	Employee + Family
<b>PennCare/ Personal Choice</b>	<b>\$56.77</b>	<b>\$95.54</b>	<b>\$141.92</b>	<b>\$176.31</b>	<b>\$246.00</b>	<b>\$414.00</b>	<b>\$615.00</b>	<b>\$764.00</b>
<b>Aetna Choice POS II</b>	<b>\$39.00</b>	<b>\$66.23</b>	<b>\$100.38</b>	<b>\$124.85</b>	<b>\$169.00</b>	<b>\$287.00</b>	<b>\$435.00</b>	<b>\$541.00</b>
<b>Keystone/ AmeriHealth HMO</b>	<b>\$26.77</b>	<b>\$45.00</b>	<b>\$71.77</b>	<b>\$88.38</b>	<b>\$116.00</b>	<b>\$195.00</b>	<b>\$311.00</b>	<b>\$383.00</b>
<b>Aetna HDHP</b>	<b>\$23.31</b>	<b>\$42.69</b>	<b>\$66.46</b>	<b>\$82.85</b>	<b>\$101.00</b>	<b>\$185.00</b>	<b>\$288.00</b>	<b>\$359.00</b>



# DENTAL PLANS

## • MetLife Preferred Dentist Program

- Choice of Preferred and Non- Preferred Providers
- Deductible \$50 – Coinsurance based on level of treatment
- Preventive/Diagnostic services covered at 100% at preferred providers
- Orthodontics covered at 50%(\$1500 individual lifetime max)
- Annual plan maximum of \$2000



## • Penn Family Plan

- Must use one of the two on-campus locations(38 Market & Dental School)
- No Deductible and Coinsurance based on level of treatment
- Preventive/Diagnostic services covered at 100%
- Orthodontics covered at 40% (\$2000 individual lifetime max)
- Annual plan maximum of \$3000



# DENTAL PLAN RATES: 2024-2025

	WEEKLY PAID (per pay period)				MONTHLY PAID (per pay period)			
	Employee	Employee + Child(ren)	Employee + Spouse/ Partner	Employee + Family	Employee	Employee + Child(ren)	Employee + Spouse/Partner	Employee + Family
Penn Family Plan	\$10.12	\$22.39	\$19.86	\$31.58	\$43.86	\$97.01	\$86.04	\$136.84
MetLife Dental	\$6.31	\$13.89	\$12.60	\$18.93	\$27.34	\$60.18	\$54.62	\$82.03

# VISION PLANS

- **Davis Vision**

- Choice of network or out of network providers
- Scheie Eye top tier
- Copays based on treatment type
- Frames from Davis vision collection - \$0 copay

- **VSP Vision**

- Choice of network or out of network providers
- Scheie Eye in Network
- Copay based on treatment type

- **VSP Choice**

- Choice of network or out of network providers
- Scheie Eye in Network
- Copay based on treatment type
- Enhanced buy-up options for frames, contacts, lens



# VISION PLAN RATES: 2024-2025

	WEEKLY PAID (per pay period)				MONTHLY PAID (per pay period)			
	Employee	Employee + Child(ren)	Employee + Spouse/ Partner	Employee + Family	Employee	Employee + Child(ren)	Employee + Spouse/Partner	Employee + Family
Davis Vision Plan	\$1.09	\$1.77	\$2.36	\$3.00	\$4.73	\$7.65	\$10.21	\$13.01
VSP	\$1.64	\$2.66	\$3.54	\$4.51	\$7.10	\$11.53	\$15.33	\$19.55
VSP Choice	\$2.47	\$4.02	\$5.34	\$6.81	\$10.71	\$17.40	\$23.13	\$29.50

# FLEXIBLE SPENDING ACCOUNTS

## Health Care Spending Account

- Pretax account where you deduct a small amount from your weekly pay to use to reimburse yourself for medical expenses that you are responsible for.
- \$3,200 Annual Limit – Full Time Employees
- For current plan year, claims must be incurred by June 30, 2024; Submitted by September 30, 2024
- Can carry over up to \$640 of FY'24 balance (available in November)
- Debit Card for both current and carry over funds- but must save receipts in case substantiation is required!
- Cannot change goal amount (except for Open Enrollment or qualifying event)

**Save your receipts**

## Dependent Care Spending Account

- Pre-tax account where you set aside a small amount weekly/monthly to reimburse yourself for daycare or other childcare expenses for dependent child(ren) up to age 13
- \$5,000 calendar-year limit (\$2,500 for Highly Compensated employees)
- For current year, claims must be incurred by September 15, 2024 and submitted by September 30, 2024
- Cannot change goal amount (except for Open Enrollment or qualifying event)

**Expenses not incurred and submitted by deadline are forfeited – Use It or Lose It!**

# HEALTH SAVINGS ACCOUNT(HSA)

- Must enroll in High Deductible Health Plan
- Single Coverage Penn will contribute \$1000, IRS max for single \$4150
- Family Coverage Penn will contribute \$2000, IRS max for family \$8300
- You and your spouse cannot participate in a Health Care Flexible Spending Account
- You cannot enroll in any other health care coverage plans including Medicare
- Visiting Scholars and members of Locals 54,115 and 590 are not eligible
- Funds can be invested once balance reaches \$1000
- If previously enrolled in FSA must draw down balance before HSA can be opened or FSA will be converted to Limited Purpose FSA(can only use funds for dental and vision)
- If you are aged 55 or over you can contribute an additional \$1000

## FERTILITY BENEFITS – CARROT FERTILITY

- Carrot works with Penn Fertility Clinic and fertility clinics nationwide to support staff in different locations.
- Carrot 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

The benefit is a flat \$30,000 lifetime maximum that can be used for a variety of fertility treatments.

- Comprehensive Fertility Treatment such as, testing, IUI and AI are covered through the medical carriers
- Adoption Benefit - \$10,000 (eff 7/1)

# LIFE INSURANCE BENEFIT

## ADMINISTERED BY METLIFE

### Basic

- coverage amount equals “benefits base salary”
- coverage over \$50,000 is imputed income

### Supplemental

- can select up to the max of five times during new hire window
- can only increase by 1 times per o/e period (if not already at 5x max)
- combined basic and supplemental maximum of \$1,300,000
- if supplemental exceeds \$750,000, you must provide Evidence of Insurability (EOI)
- rates increase in 5-year age brackets

### Dependent Life Insurance

- spouse \$20,000
- children \$10,000 (up to age 26)

**Beneficiary designation: online through the WorkDay portal**



# CHANGING YOUR COVERAGE



Complete Open Enrollment and Life Event at [www.workday.upenn.edu](http://www.workday.upenn.edu)

- During Open Enrollment
  - Annually
  - Changes effective July 1
- After a Qualified Life Event
  - Marriage, divorce, birth of a child
  - Must make change within 30 days

\*Tip sheets with instructions on how to complete Open Enrollment can be found here: [Self Service: Manage, View, and Change Your Open Enrollment Elections](#)

\*Tip sheets with instructions on how to complete other benefit changes can be found here: [Self Service: Manage, View, and Change Your Benefits](#)

# BENEFIT SOLUTION CENTER

POWERED BY HEALTH ADVOCATE

- ✓ Enrollment Assistance
- ✓ Benefit Counseling
- ✓ Find qualified doctors
- ✓ Provide cost estimates
- ✓ Locate eldercare services
- ✓ EAP support
- ✓ Navigate insurance plans
- ✓ Straighten out claims
- ✓ Assist with transfer of medical records
- ✓ Secure second opinions

FOR INFORMATION ON YOUR BENEFITS, BENEFITS PLANS & GENERAL ENROLLMENT QUESTIONS

PHONE: [1.866.799.2329](tel:1.866.799.2329) | EMAIL: [ANSWERS@HEALTHADVOCATE.COM](mailto:ANSWERS@HEALTHADVOCATE.COM)

MONDAY - FRIDAY 8:00AM – 10:00PM

## **BENEFITS OPEN ENROLLMENT INFORMATION SESSIONS AND BENEFITS FAIR**

**Tuesday, April 16 11 a.m. - 12:30 p.m. (virtual)**

**Thursday, April 18 12 p.m. - 1:30 p.m. (Golkin Room, Houston Hall)**

**Tuesday, April 23 11 a.m. - 12:30 p.m. (virtual)**

**Tuesday, May 7 11 a.m.-12:30 p.m. (virtual)**

**Benefits Fair, Tuesday, April 30 from 10 a.m. - 2 p.m.  
Pottruck Health & Fitness Center in Gimbel Gym**