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

<table>
<thead>
<tr>
<th>Key features¹</th>
<th>PennCare PPO</th>
<th>Aetna Choice POS II</th>
<th>Keystone/ AmeriHealth HMO</th>
<th>Aetna HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (Single/Family)²</td>
<td>$250/$750</td>
<td>$450/$1,350</td>
<td>$400/$1,200</td>
<td>$200/$400</td>
</tr>
<tr>
<td>HSA Seed (Single/Family)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>OOPM – Overall (Single/Family)</td>
<td>$1,100/$3,300</td>
<td>$2,600/$7,800</td>
<td>$1,300/$3,900</td>
<td>$1,300/$2,600</td>
</tr>
<tr>
<td>Primary/Specialist</td>
<td>$20/$40 copay</td>
<td>$25/$50 copay</td>
<td>$30/$50 copay</td>
<td>$25/$45 copay</td>
</tr>
<tr>
<td>Coinsurance (after deductible)</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Lab/Pathology</td>
<td>$25 copay</td>
<td>$25 copay</td>
<td>$30 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Retail Clinic Copay</td>
<td>n/a</td>
<td>$30 copay</td>
<td>$30 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Spinal Manipulation (60 visits per year)</td>
<td>n/a</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$45 copay</td>
</tr>
<tr>
<td>X-rays/radiology</td>
<td>10% after ded</td>
<td>20% after ded</td>
<td>$50 (routine) $100 (complex)</td>
<td>$50 (routine) $100 (complex)</td>
</tr>
<tr>
<td>Behavioral Health Provider</td>
<td>Quest</td>
<td>Quest</td>
<td>Aetna</td>
<td>IBX Behavioral Health</td>
</tr>
<tr>
<td>International Coverage</td>
<td>n/a</td>
<td>Tier 3 coverage</td>
<td>Emergency Care</td>
<td>Emergency Care</td>
</tr>
<tr>
<td>Fertility Coverage</td>
<td>Administered via Carrot Fertility</td>
<td>Administered via Carrot Fertility</td>
<td>Administered via Carrot Fertility</td>
<td>Administered via Carrot Fertility</td>
</tr>
<tr>
<td>Hearing Aids (subject to prior authorization)</td>
<td>Up to $4000 per person every 3 years</td>
<td>Up to $4000 per person every 3 years</td>
<td>Up to $4000 per person every 3 years</td>
<td>Up to $4000 per person every 3 years</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100 copay</td>
<td>$100 copay</td>
<td>$150 copay</td>
<td>$150 copay</td>
</tr>
<tr>
<td>Retail Prescription Drugs</td>
<td>* Rx Coverage for Local 54 and 590 are separate from Penn Medical Plan</td>
<td>Annual OOPM: $2,000/$6,000 (Individual/Family)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Behavioral Health Coverage

## In-Network Outpatient Care Design

<table>
<thead>
<tr>
<th>Plan</th>
<th>Providers</th>
<th>Copays</th>
</tr>
</thead>
<tbody>
<tr>
<td>PennCare PPO</td>
<td>Penn Behavioral Health provider</td>
<td>$10 copay</td>
</tr>
<tr>
<td></td>
<td>Quest Behavioral Health provider</td>
<td>$15 copay</td>
</tr>
<tr>
<td></td>
<td>Substance abuse provider</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Penn Behavioral Health provider</td>
<td>$10 copay</td>
<td></td>
</tr>
<tr>
<td>Quest Behavioral Health provider</td>
<td>$15 copay</td>
<td></td>
</tr>
<tr>
<td>Substance abuse provider</td>
<td>$10 copay</td>
<td></td>
</tr>
<tr>
<td>Keystone HMO</td>
<td>Behavioral health and substance abuse providers</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Aetna POS</td>
<td>Behavioral health and substance abuse providers</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Aetna HDHP</td>
<td>Behavioral health and substance abuse providers</td>
<td>10% after deductible</td>
</tr>
</tbody>
</table>
PRESRIPTION 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

<table>
<thead>
<tr>
<th></th>
<th>2024-2025 FULL-TIME WEEKLY PAID (per pay period)</th>
<th>2024-2025 FULL-TIME MONTHLY PAID (per pay period)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>Employee + Child(ren)</td>
</tr>
<tr>
<td><strong>PennCare/ Personal Choice</strong></td>
<td>$56.77</td>
<td>$95.54</td>
</tr>
<tr>
<td><strong>Aetna Choice POS II</strong></td>
<td>$39.00</td>
<td>$66.23</td>
</tr>
<tr>
<td><strong>Keystone/ AmeriHealth HMO</strong></td>
<td>$26.77</td>
<td>$45.00</td>
</tr>
<tr>
<td><strong>Aetna HDHP</strong></td>
<td>$23.31</td>
<td>$42.69</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>WEEKLY PAID (per pay period)</th>
<th>MONTHLY PAID (per pay period)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>Employee + Child(ren)</td>
</tr>
<tr>
<td>Penn Family Plan</td>
<td>$10.12</td>
<td>$22.39</td>
</tr>
<tr>
<td></td>
<td>$43.86</td>
<td>$97.01</td>
</tr>
<tr>
<td>MetLife Dental</td>
<td>$6.31</td>
<td>$13.89</td>
</tr>
<tr>
<td></td>
<td>$27.34</td>
<td>$60.18</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>WEEKLY PAID (per pay period)</th>
<th>MONTHLY PAID (per pay period)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>Employee + Child(ren)</td>
</tr>
<tr>
<td>Davis Vision Plan</td>
<td>$1.09</td>
<td>$1.77</td>
</tr>
<tr>
<td>VSP</td>
<td>$1.64</td>
<td>$2.66</td>
</tr>
<tr>
<td>VSP Choice</td>
<td>$2.47</td>
<td>$4.02</td>
</tr>
</tbody>
</table>
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)

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!

Save your receipts
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
• 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:
  
  o Understanding fertility health
  o Preservation (egg or sperm freezing)
  o Assisted Reproduction (e.g. in vitro fertilization)
  o Gestation surrogacy arrangement
  o Donor assistance
  o 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

Benefits in workday.

Complete Open Enrollment and Life Event at 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
**FOR INFORMATION ON YOUR BENEFITS, BENEFITS PLANS & GENERAL ENROLLMENT QUESTIONS**

**PHONE**: 1.866.799.2329 | **EMAIL** : ANSWERS@HEALTHADVOCATE.COM

**MONDAY - FRIDAY 8:00AM – 10:00PM**
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