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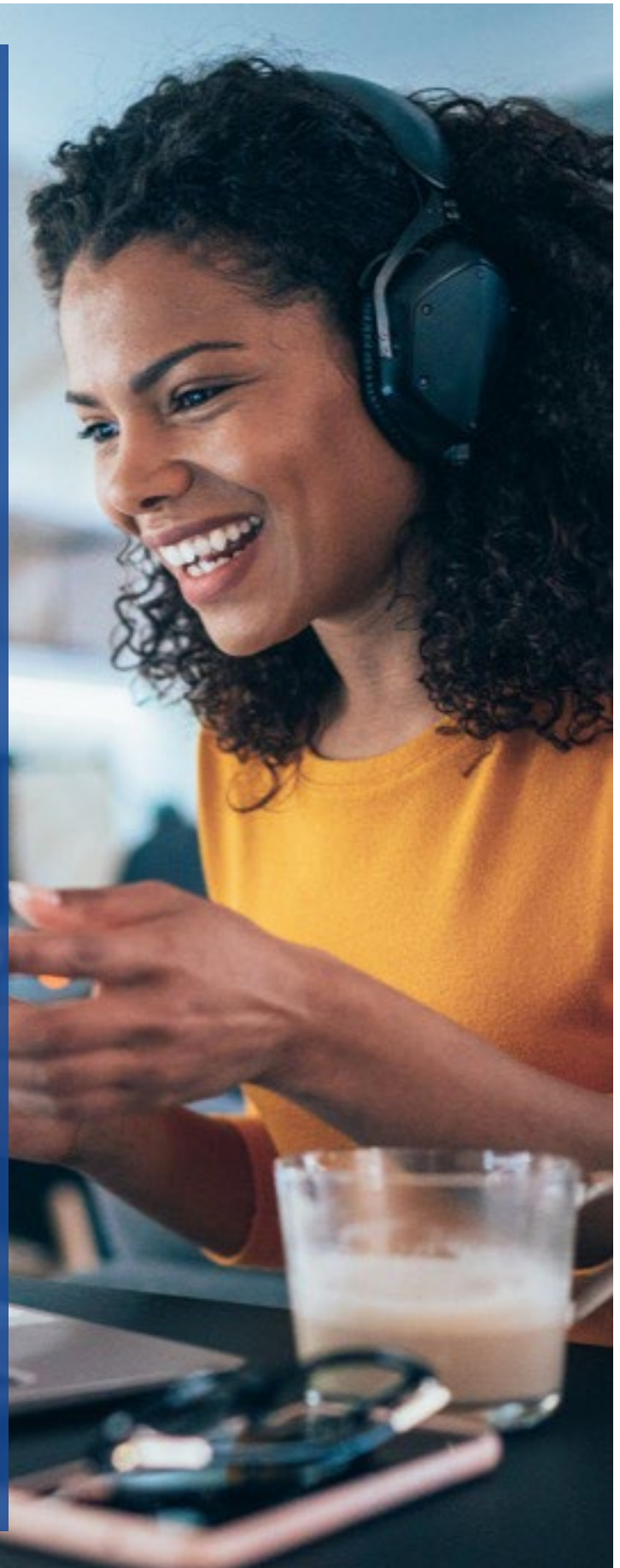
INSTITUTE FOR
ADVANCED STUDY

2023

MEMBERS
BENEFITS GUIDE

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Welcome to your Institute for Advanced Study 2023 Benefits!

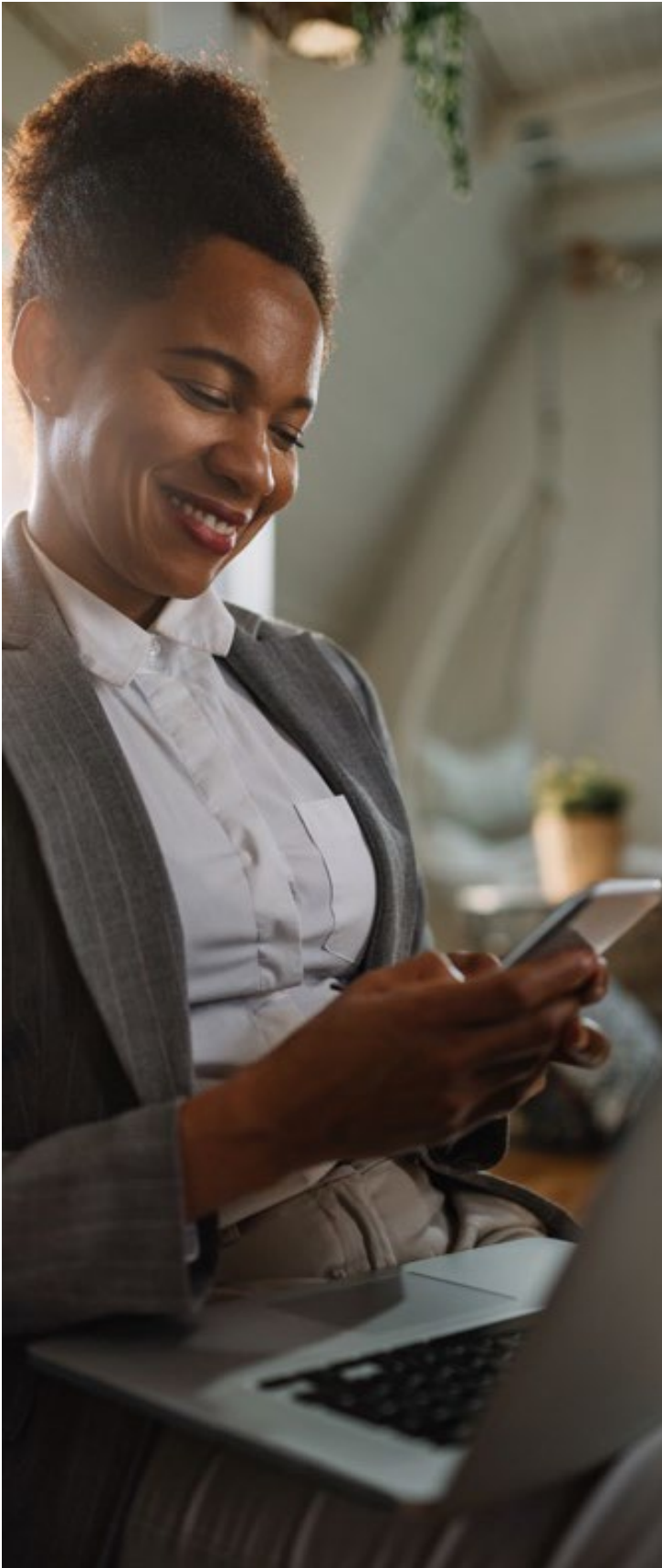


Your needs, and those of your family, are unique to you. That's why the Institute for Advanced Study provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are a shared contribution between you and the Institute. Other benefits are also available to you at reasonable group rates.

This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. Controlling provisions are provided in each benefit plan policy. This guide also serves as a Summary of Material Modifications ("SMM") and includes updates that affect Institute For Advanced Study's Summary Plan Descriptions. Please keep this guide with your Summary Plan Descriptions for future reference. If there is any discrepancy between this guide, the Summary Plan Descriptions and the Plan document, the Plan document will control. Institute For Advanced Study reserves the right to end, suspend, or amend their plans or the benefits provided thereunder, at any time, for any reason, in whole or in part.

Benefits Overview



Benefit Options Requiring Employee Contributions

- Medical (Plan Options) – Aetna
 - Option 1
 - Option 2
 - ✓ Plans include prescription drug coverage
- Dental – Met Life

Eligibility

Who is Eligible?

You are eligible for Institute for Advanced Study benefits if you:

- Do not have access to medical insurance from another source.

Your dependents are eligible if they are:

- Your legal spouse or domestic partner
- Your and/or your domestic partner's child(ren)* up to age 26
- Your disabled child(ren) up to any age (if disabled prior to age 19)*

** Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.*

About Domestic Partner Coverage

To enroll your same-sex or opposite-sex domestic partner and his or her dependents for coverage, you will be required to submit:

- Proof of domestic partnership
- Appropriate declaration forms

Under federal law, the Institute for Advanced Study's contribution toward the cost of healthcare coverage for your domestic partner and his or her dependents is considered taxable income to you.

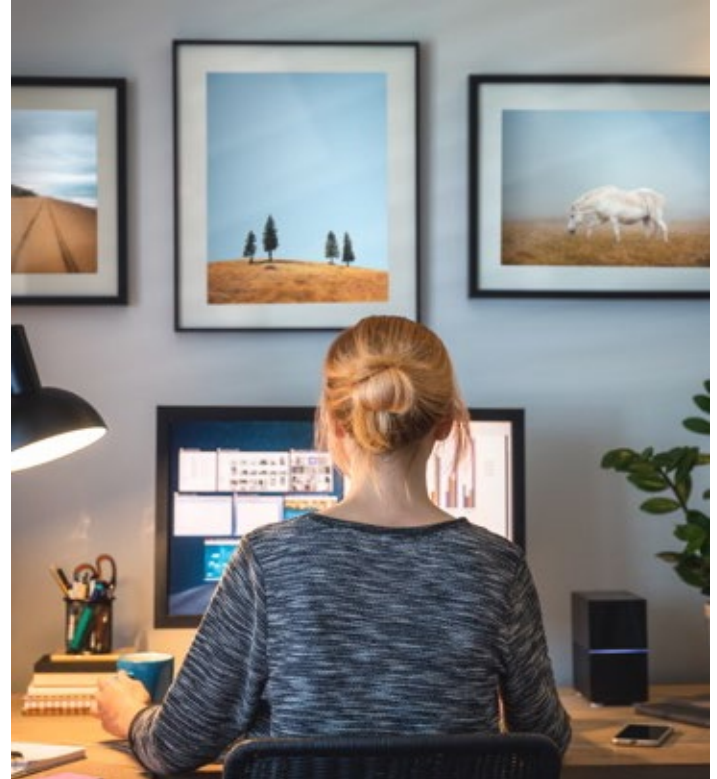
Domestic partner premiums will be deducted on a post-tax basis. You may wish to consult with a tax adviser for more information.

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your medical and dental coverage will end on the last day of the month in which you become ineligible.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical and dental coverage.

You are responsible for informing Human Resources within 31 days if any of your dependents become ineligible for benefits.



Enrollment

When Can I Enroll in Benefits?

You can enroll for benefits:

- Within **31** days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

When Does Coverage Begin?

Benefits for new members, unless explained otherwise, will become effective on the date you arrive on campus for the Medical benefits. Dental will be the first of the month after date of hire.

How Do I Enroll in Benefits?

If you would like to make any changes for your current IAS plan, please reach out to Cindy Pearce at cpearce@ias.edu.

If you are not making any changes, you are not required to take any action.

Please Note:

Federal regulations require IAS to obtain the following information during enrollment:

- Dates of birth and your relationship to your dependents

Open Enrollment

Open Enrollment is your once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family.

Changes to medical and dental benefits made during Open Enrollment will go into effect January 1.

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through December. If you have a "qualified life event," you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within **31** days of the event. Proof of life events is subject to approval by IAS. Changes are effective retroactive to the date of the event.

Qualifying life events include, but are not limited to:

- Your marriage
- Your divorce or legal separation
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse, domestic partner or covered child
- Change in you or your spouse/domestic partner's work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse's Open Enrollment
- A change in your child's eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation

Other qualifying events may also apply. Please contact Human Resources.

Medical Plans

Institute for Advanced Study offers one medical plan with two payment options through Aetna with the following features:

- Option to receive care from in-network or out-of-network providers; higher benefits are paid when using in-network Choice POS II providers.
- Preventive care is covered at 100% when using an in-network provider.
- Includes prescription drug coverage through CVS/Caremark.
- Deductibles and out-of-pocket maximums accumulate on a calendar year.
- Employees share in the cost of medical/prescription benefits.
- For a comparison of the plans, please refer to the Medical Plans Comparison Chart. Specific benefit levels and limitations can be found in the plan summaries and Summary of Benefits and Coverage (SBC).



Finding In-Network Providers

To search for in-network medical providers, log onto www.aetna.com. When prompted to select a plan, click on Choice POS II.

Access to Your Healthcare

After you are enrolled into an Institute for Advanced Study medical plan, log onto Aetna.com and register to access self-service tools and resources to help manage your medical benefits.

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Institute for Advanced Study's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.

Medical Plan Options

Aetna	Option 1		Option 2	
Network	Choice POS II		Choice POS II	
Medical	You Pay		You Pay	
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Calendar Year Deductible (Individual / Family)	\$250 / \$500	\$2,000 / \$4,000	\$250 / \$500	\$500 / \$1,000
Coinsurance	20%*	30%*	0%*	20%*
Calendar Year Out-of-Pocket Max ¹ (Individual / Family)	\$2,000 / \$4,000	\$3,000 / \$6,000	\$1,000 / \$2,000	\$2,500 / \$5,000
Preventive Care	0%	30%*	0%	20% *
Primary Care Office Visit	\$20	30% *	\$20	20% *
Specialty Care Office Visit - Behavioral Health Visits	\$30 \$20	30% * 30%*	\$30 \$20	20% * 20%*
Teledoc Visit (must use Teledoc doctors)	\$20	N/A	\$20	N/A
Urgent Care Facility	\$50	30% *	\$25	20%*
Emergency Room Care	\$250	\$250	\$250	\$250
Inpatient Hospital	20% *	30%*	0% *	20% *
Outpatient Surgery	20% *	30% *	0% *	20% *
Routine Radiology / Lab	20% *	30% *	0% *	20% *
Advanced Radiology (MRI, MRA, CAT, PET Scan)	20% *	30% *	0% *	20% *

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage (SBC) for more information.

¹ Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance

* After Deductible

Prescription Drugs

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through **CVS/Caremark**.

Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage. For a list of approved drugs, log onto www.caremark.com

CVS/Caremark	Option 1	Option 2
Retail (up to 30-day supply)	You Pay	You Pay
Tier 1 copay	\$15	\$10
Tier 2 copay	\$25	\$25
Tier 3 copay	\$40	\$35
Mail Order (up to 90-day supply)	You Pay	You Pay
Tier 1 / Tier 2 / Tier 3 copays	\$30 / \$50 / \$80	\$20 / \$50 / \$70
Specialty (must fill at CVS Specialty pharmacy)	\$15 / \$25 / \$40	\$10 / \$25 / \$35



Three Ways to Obtain Prescription Drugs

1

Retail Pharmacy
(up to 30-day supply)

Member Services Phone #
800-334-8134

- ✓ Locate a participating retail pharmacy
- ✓ View a list of approved drugs

2

Mail Order
(up to 90-day supply)

Mail Order Phone #
800-334-8134

- ✓ Use for maintenance drugs such as medication for high blood pressure, arthritis or diabetes
- ✓ Pay less than retail pharmacy for a 90-day supply
- ✓ No additional cost for delivery

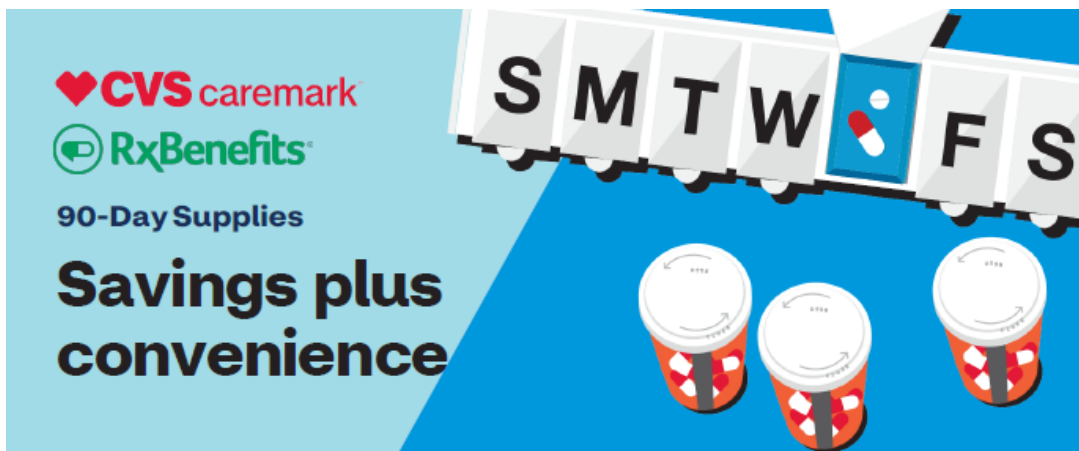
3

Specialty Pharmacy
(30-day supply)

Specialty Prescription #
800-318-6108

- ✓ Medications used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis
- ✓ Prescription can only be filled once every 30 days

Prescription Mail Order Program



- We're pleased to offer you easy options for getting the medications you take regularly (like high blood pressure or asthma medicine). This includes the choice to fill your 90-day supplies at CVS Pharmacy® or through CVS Caremark® Mail Service Pharmacy. By doing so, you're getting your medications at a lower cost and meeting the requirements of your plan.
- Members may also fill every 30 days at the retail pharmacy of their choice.
- Need to transfer a current prescription from another pharmacy? Now you can do it online with just a few clicks. Here's how:
 - Go to <https://www.caremark.com/movemyedsplan#/landing/movemyeds>
 - Enter your Member ID # (found on your member ID card)
 - Then select your medications and CVS/Caremark will transfer them for you!
 - You can also call RxBenefits for assistance in signing up for the mail order program or transferring your current medications

Maintenance Choice

Save with go-day supplies – Maintenance Choice helps keep your medications as affordable as possible with go-day supplies. But you may need to make a few changes to enjoy these savings.

Get your 90-day supplies your way

You can pick up your 90-day supplies at any CVS Pharmacy. Or have them delivered to your door from CVS Caremark Mail Service Pharmacy.

Here's what you need to do:

1. For pickup at CVS Pharmacy, visit [Caremark.com/MoveMyMeds](https://www.caremark.com/MoveMyMeds)
2. For Rx Delivery by Mail, visit [Caremark.com/RxDelivery](https://www.caremark.com/RxDelivery)

Get prescription delivery from your local CVS Pharmacy

First, download the CVS Pharmacy app. When your prescription is ready, we'll text you or alert you in the app. Then just make your delivery choice.

- **On-Demand Delivery***: Medication delivery within four hours
- **1-2 Day Delivery****: Medication delivery in 1-2 days from USPS at no extra cost

Where to Seek Care

Teledoc

Each medical plan includes Teledoc visits, which provides 24-7-365 access to board-certified primary care doctors and pediatricians by secure video chat or phone. **For an illness or injury that is not an emergency**, Aetna's Teledoc telemedicine program offers a **convenient, cost-effective alternative** to hospital emergency rooms and urgent care clinics.

Teledoc is not intended to replace your relationship with your doctor, but rather provides access to healthcare when reaching the doctor is difficult or inconvenient.

Doctors in the **Teledoc** can diagnose, recommend treatment and write short-term prescriptions for minor, non-life-threatening conditions including, but not limited to:

- Acne
- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu Symptoms
- Ear Infections
- Headaches/Migraines
- Insect Bites
- Sinus Infections
- Nausea/Stomach Aches
- Pink Eye
- Skin Infections
- Sore Throat
- Upper Respiratory Infections

Behavioral Health Support

You can also access licensed therapists through **Teledoc** for confidential counseling seven days a week to help with depression, anxiety, stress, family difficulties and more. Behavioral health telemedicine appointments must be scheduled.



• Everyday Care

\$20/ visit

Talk to a licensed doctor for non-emergency conditions 24/7

• Mental Health Care

\$30/ therapist visit

\$30/ psychiatrist first visit

\$30/ psychiatrist ongoing visit

Talk to a therapist 7 days a week (7am to 9pm local time)

• Dermatology

\$30/ consult

Benefits of Telemedicine Visits

- Less time away from work
- No travel expenses or time
- Less interference with child or elder care responsibilities
- No exposure to other potentially contagious patients

How to Use Teledoc

1. Download the Teledoc app, go online [Teledoc.com/Aetna](https://teledoc.com/Aetna) or call 1-800-TELEDOC (835-2362).
2. Register and complete your account profile, including a brief medical history, for you and your enrolled family members.
3. Video chat or talk with a doctor from home, work or when traveling.

Where to Seek Care (continued)

Emergency Care vs. Urgent Care

When you need help in a hurry, you have choices. Of course, when it's a **life-threatening problem**, you should call **911** or go straight to the nearest hospital emergency room (ER).

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, access **Teledoc** telemedicine services or go to an urgent care center.



Go to Emergency Room

Heart attack or stroke

Chest pain or intense pain

Shortness of breath

Severe abdominal pain

Head injury or other major trauma

Loss of consciousness

Major burns or severe bleeding

One-sided weakness or numbness

Open fractures

Poisoning or suspected overdose

or



Go to Urgent Care

Moderate fever

Colds, cough or flu

Bruises and abrasions

Cuts and minor lacerations

Minor burns and skin irritations

Eye, ear, or skin infections

Sprains or strains

Possible fractures

Urinary tract infections

Respiratory infections

How To Save \$\$\$!

When Using Your Medical and Prescription Plans

Use In-Network Doctors

By using in-network doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits or a call to the medical plan nurse line can help save time and money.

Use freestanding imaging centers for MRIs, CT scans and other imaging.

Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.



Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

Use CVS/Caremark Mail Order

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home.

Through CVS/Caremark, you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money!

Dental

Institute for Advanced Study offers a dental plan through Met Life. The Dental PPO offers coverage both In and Out-of-Network. Utilizing an In-network provider with Met Life will allow greater savings for the member and less out-of-pocket costs. In-Network providers are paid directly by MetLife and agree to accept negotiated fees as “payment in full” for services rendered.

To search for In-Network providers go to www.metlife.com

Select “Find a Dentist”. For the PPO Network go to “PDP Plus”. Search by provider location, name or practice name.

Met Life	PPO Option	
	<u>In-Network</u>	<u>Out-of-Network</u>
Calendar Year Maximum * (plan pays)	Up to \$3,500	Up to \$1,500
	You Pay	You Pay
Calendar Year Deductible * (applies to Basic and Major Services)	\$25 Individual / \$75 Family	\$50 Individual / \$150 Family
Preventive Services (no deductible)	0%	50%
Basic Services (after deductible)	20%	50%
Major Services (after deductible)	50%	50%
Orthodontia (Children to age 19)	50%	50%
Orthodontia Lifetime Maximum (per person)	\$1,500	\$1,000



Additional Benefits



Employee Assistance Program (EAP)

We understand how challenging it can be to balance your work and personal life, and we are committed to helping you do just that.

Offered through **Guardian Life**, the **WorkLife Matters EAP** can provide you and your family and household members with information and assistance on a wide range of topics and issues including work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief and much more.

Provided at **no cost to you**, counselors are available for support by phone 24 hours a day, seven days a week at **800-386-7055**.

To help get you started, the program includes up to three free in-person counseling sessions for you and your household members. Behavioral counselors can help navigate any additional long-term counseling needs.

Online resources are also available by logging onto **ibhworklife.com** (Username: **matters**, password: **wlm70101**.)

Employee Assistance Program

- Telephone counseling
- Face to face counseling
- Bereavement support
- Training, resources, videos

Legal and Financial Services

- Legal consulting
- Financial planning
- Identity theft
- Will preparation
- Legal document preparation
- Tax consulting
- Online access to wills, trust, power of attorney, and more

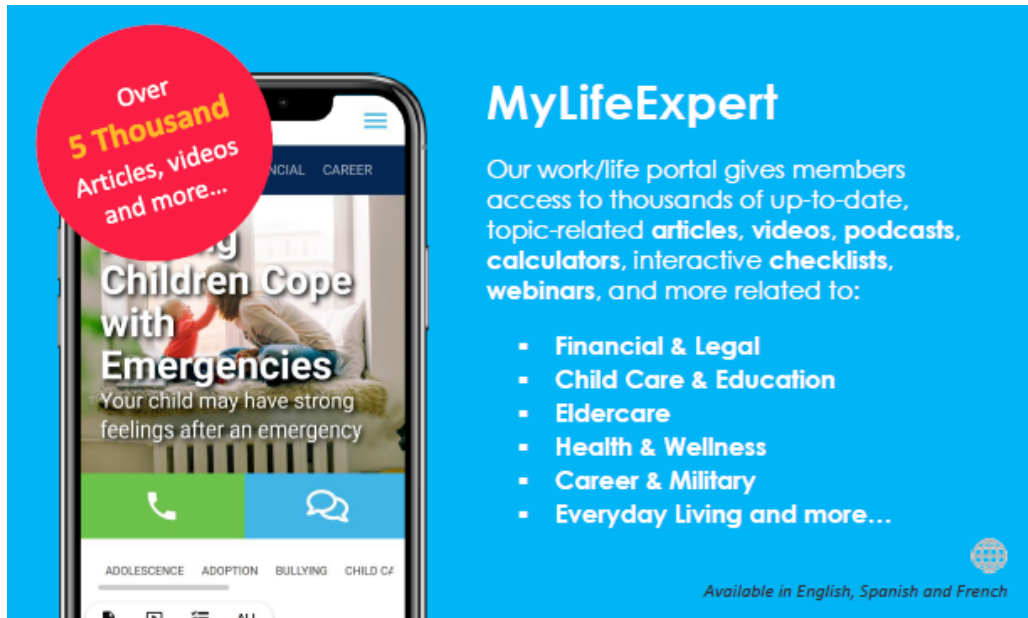
WorkLife Resources

- Unlimited 24/7 access to WorkLife Specialists
- Family and care giving
- Health and wellness
- Emotional wellbeing
- Daily living
- Child and elder care services
- Employee discounts (gym, dental, vision, entertainment, and more)
- Webinars, articles and podcasts

Additional Benefits (continued)

Employee Assistance Program (EAP)

We are also offering another EAP option for you through Penn Medicine Princeton Health at no cost to you! Counselors are available for support by phone 24 hours a day, seven days a week at **800-527-0035**.



MyLifeExpert

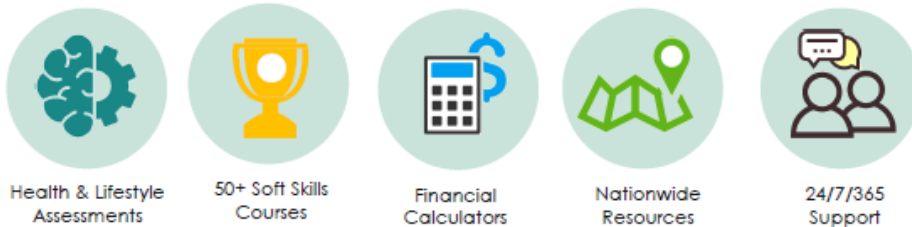
Our work/life portal gives members access to thousands of up-to-date, topic-related articles, videos, podcasts, calculators, interactive checklists, webinars, and more related to:

- Financial & Legal
- Child Care & Education
- Eldercare
- Health & Wellness
- Career & Military
- Everyday Living and more...

Available in English, Spanish and French

Penn Medicine Princeton Health
Clock Building
1000 Herrontown Road
Princeton, NJ 08540

1.800.527.0035
princetonhcs.org/eap



Members have instant, confidential, 24/7/365 support to get access to the help they need all in the palm of their hand.

Create your account at
PennMedicineEAP.MyLifeExpert.com

Scan Here to
Download:



Help is a one call or click away!
800 527-0035

Use company code: **PR017**

EMPLOYEE ASSISTANCE PROGRAM - AVAILABLE 24/7 - ALWAYS CONFIDENTIAL



Cost of Coverage *Effective January 1, 2023*

2023 IAS Monthly Subsidy Amounts

Tier	Amount
Employee Only	\$515.00
Employee + One	\$1055.00
Employee + Family	\$1455.00

If eligible, you will be paid the subsidy for the term of your appointment with the Institute, if you are enrolled in the Institute's health insurance.

The Institute offers a subsidy to assist with the cost of both medical options. The subsidy is considered taxable ordinary income, and therefore, may be taxable to you as other income would be.

If you have health insurance available from another source, you are not eligible for this program. Please contact Human Resources at hr@ias.edu to determine your eligibility.

Medical Contributions (Monthly)* after subsidy

Monthly	Option 1	Option 2
Employee Only	\$124.32	\$409.78
Employee + One	\$263.57	\$763.12
Employee + Family	\$360.74	\$1,218.53

* The monthly rates are Net of the subsidy.

Dental Contributions (Monthly)

Monthly	Dental PPO
Employee Only	\$38.32
Employee + Spouse, *DP	\$77.80
Employee + Child(ren)	\$89.27
Employee + Family	\$136.56

Resources/Contact Information

Benefit	Provider	Phone	Website / Email	Group/Policy #
Medical	Aetna Network: Choice POS II	800-962-6842	www.Aetna.com	Policy #658955
Prescription	CVS/Caremark CVS Specialty	800-334-8134 800-318-6108	www.caremark.com	Group # 2169IFAS
Dental	Met Life PPO	800-942-0854	www.metlife.com	Policy #05912858
Employee Assistance Program (EAP)	IBH WorkLife	800-386-7055	www.ibhworklife.com User ID: matters Password: wlm70101	N/A
Employee Assistance Program (EAP)	Penn Medicine	800-527-0035	www.PennMedicineEAP.MyLifeExpert.com Company Code: PR017	N/A
Human Resources	Cindy Pearce	609-951-4436	cpearce@ias.edu	N/A
Benefit Questions	Donna Cudia Angela Malgeri	973-377-8264 973-377-3362	Donna.cudia@aleragroup.com Angela.Malgeri@aleragroup.com	N/A

Benefit Definitions

What is a premium?

A premium (also referred to as a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.

What is a deductible?

A deductible is the amount you pay out of your pocket before your insurance pays.

Deductibles typically run from **January – December** each year. Once you have met that dollar amount, you have met the requirements for the plan year.

What does a copay pay for?

Copayments, or copays, are pre-set dollar amount you are expected to pay for office visits, procedures or prescription drugs under your insurance plan.

Once the copay has been met, the insurance Company pays all remaining costs.

What does coinsurance mean?

Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible.

When your annual deductible is met, your insurance provider pays for their portion of the full cost of the service and you pay the coinsurance, or remaining percentage.

What counts towards my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining medical expenses for the year.

