Welcome to your Institute for Advanced Study 2023 Medical Insurance!

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.

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.
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.

• 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).

• Aetna website: www.Aetna.com

• Policy#: 658955

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

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

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

* After Deductible

1 Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance
### Cost of Coverage  
*Effective January 1, 2023*

**Medical Contributions (Monthly)**

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$639.32</td>
<td>$924.78</td>
</tr>
<tr>
<td>Employee + One</td>
<td>$1,318.57</td>
<td>$1,818.12</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$1,815.74</td>
<td>$2,673.53</td>
</tr>
</tbody>
</table>


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.

<table>
<thead>
<tr>
<th>CVS/Caremark</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail (up to 30-day supply)</td>
<td>You Pay</td>
<td>You Pay</td>
</tr>
<tr>
<td>Tier 1 copay</td>
<td>$15</td>
<td>$10</td>
</tr>
<tr>
<td>Tier 2 copay</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Tier 3 copay</td>
<td>$40</td>
<td>$35</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mail Order (up to 90-day supply)</th>
<th>You Pay</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 / Tier 2 / Tier 3 copays</td>
<td>$30 /$50 /$80</td>
<td>$20 /$50 /$70</td>
</tr>
<tr>
<td>Specialty (must fill at CVS Specialty pharmacy)</td>
<td>$15/$25/$40</td>
<td>$10/$25/$35</td>
</tr>
</tbody>
</table>

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 Phone #** 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/movemymedsplan#/landing/movemymeds
  • 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 90-day supplies – Maintenance Choice helps keep your medications as affordable as possible with 90-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
2. For Rx Delivery by Mail, visit 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

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 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.

<table>
<thead>
<tr>
<th>Go to Emergency Room</th>
<th>or</th>
<th>Go to Urgent Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart attack or stroke</td>
<td>Moderate fever</td>
<td></td>
</tr>
<tr>
<td>Chest pain or intense pain</td>
<td>Colds, cough or flu</td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>Bruises and abrasions</td>
<td></td>
</tr>
<tr>
<td>Severe abdominal pain</td>
<td>Cuts and minor lacerations</td>
<td></td>
</tr>
<tr>
<td>Head injury or other major trauma</td>
<td>Minor burns and skin irritations</td>
<td></td>
</tr>
<tr>
<td>Loss of consciousness</td>
<td>Eye, ear, or skin infections</td>
<td></td>
</tr>
<tr>
<td>Major burns or severe bleeding</td>
<td>Sprains or strains</td>
<td></td>
</tr>
<tr>
<td>One-sided weakness or numbness</td>
<td>Possible fractures</td>
<td></td>
</tr>
<tr>
<td>Open fractures</td>
<td>Urinary tract infections</td>
<td></td>
</tr>
<tr>
<td>Poisoning or suspected overdose</td>
<td>Respiratory infections</td>
<td></td>
</tr>
</tbody>
</table>
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!
Benefit Definitions

**What is a premium?**
A premium (also referred to as a contribution) is the cost you pay for health insurance.

**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.