



IAS

INSTITUTE FOR
ADVANCED STUDY

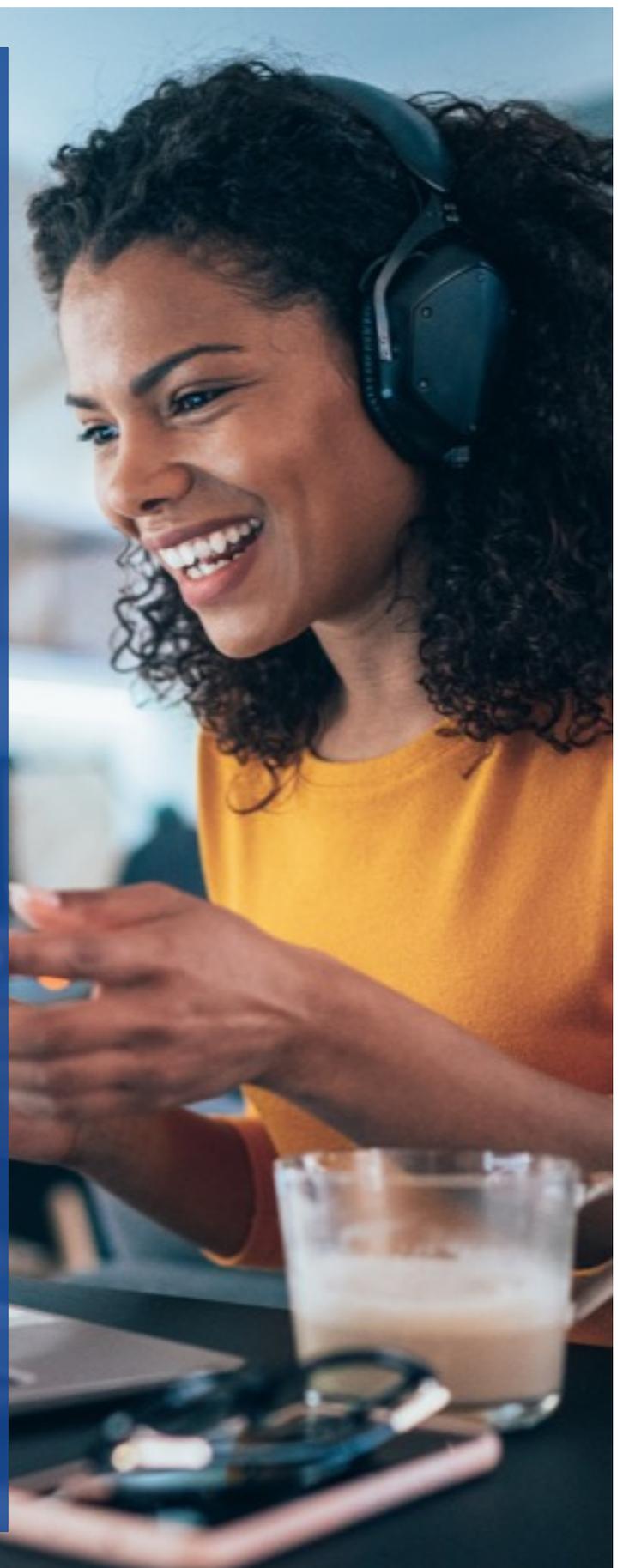
2022

EMPLOYEE
BENEFITS GUIDE
Faculty & Staff



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Welcome to your Institute for Advanced Study 2022 Benefits!



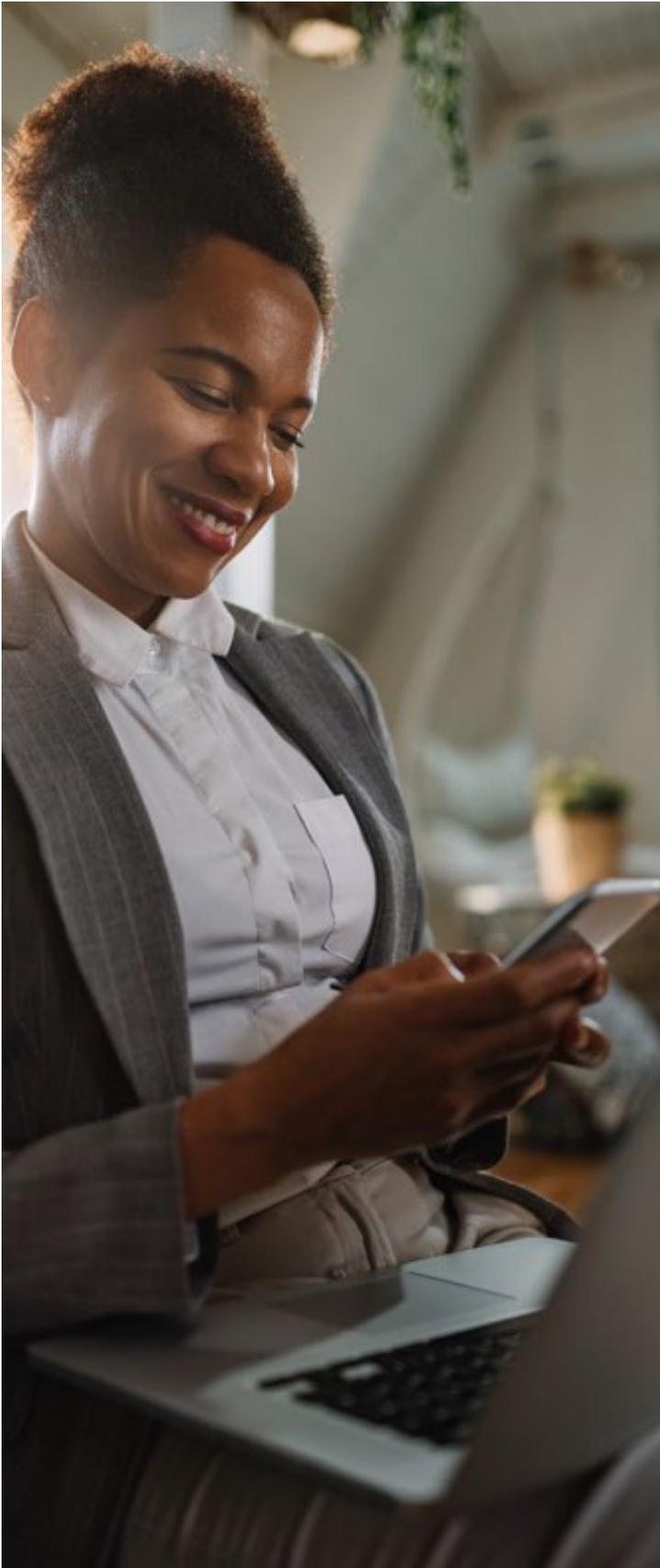
Your needs, and those of your family, are unique to you. That's why the Institute for Advanced Study provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are paid for in full by the Institute for Advanced Study. For others, it is a shared contribution between you and the Institute. Other benefits are also available to you at reasonable group rates.

Your benefits are an important part of your total compensation at the Institute for Advanced Study. Please take the time to review and evaluate all the options available to you and your family.

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



Company Paid Benefits

- Basic Life/AD&D – Guardian
- Short-Term – Private Plan
- Long-Term Disability – Guardian
- Employee Assistance Program (EAP) – Guardian

Benefit Options Requiring Employee Contributions

- Medical (Payment Options) – Aetna
 - Option 1
 - Option 2
 - ✓ Plans include prescription drug coverage
 - ✓ Plans include vision coverage through VSP with no cost
- Dental – Met Life
- Voluntary Life and AD&D – Guardian
- Flexible Spending Accounts (FSA) – Ameriflex
 - General Purpose Healthcare FSA
 - Dependent Care FSA
- Commuter Benefits – Ameriflex

Eligibility

Who is Eligible?

You are eligible for IAS benefits if you are:

- An active regular full-time Faculty or Staff employee working 25 or more hours per week, or

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-gender or opposite-gender domestic partner and their 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, dental, vision 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, dental, and vision coverage.

Life and AD&D, STD and LTD coverage will end on the day you become ineligible. Your life coverages are convertible.

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 hires, unless explained otherwise, will become effective on your **date of hire** for the Medical benefits. All other benefits are effective the **first of the month after date of hire**.

How Do I Enroll in Benefits?

You must actively enroll in all benefits that require employee contributions.

To enroll (or make changes) to your benefits, you must log onto Synchr at <https://ias.synchr.com/>.

Check that your personal information is accurate at synch.com

- Review the benefits in which you are currently enrolled
- Review the plans being offered for the 2022 plan year

Please Note:

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

- Social Security numbers for your dependents covered by the medical plan
- 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, FSA, dental and vision 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

The 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).
- When you enroll in the medical you will automatically be enrolled into the Vision coverage.



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 the 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

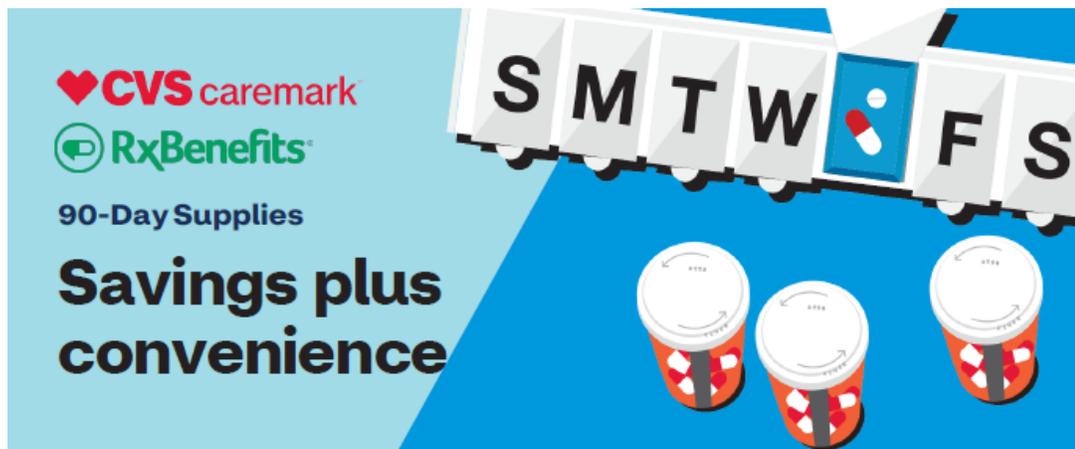
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Specialty Pharmacy
(30-day supply)

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 go-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 are provided 2 Grace fills at the retail pharmacy.
- 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

The 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:

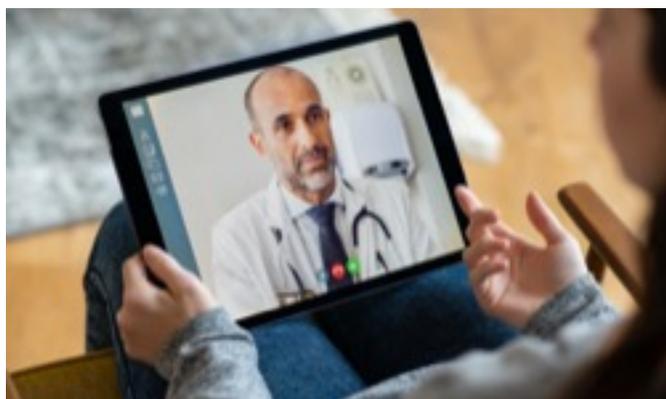
- Acne
- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu Symptoms
- Ear Infections
- Headaches/Migraines
- Insect Bites
- Sinus Infections
- Nausea/Stomach Aches
- Pink Eye
- Skin Infections
- Sore Throat
- Upper Respiratory Infections

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.

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.



• 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

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

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) allow you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. The money is set aside pre-tax, reducing your taxable income. Two types of FSAs are available:

- Health Care
- Dependent Care

Money cannot be transferred between the accounts (i.e., you cannot use money from your Health Care FSA to pay for dependent care expenses and vice versa).

Health Care FSA

This FSA allows you to submit eligible **medical, dental and vision** expenses for reimbursement. You can deposit up to ***\$2,750 to the Health Care FSA** for the **2022** calendar year.

Dependent Care FSA

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under the age of 13 and for older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and who live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare. For the **2022** calendar year, you can deposit up to ***\$5,000 to a Dependent Care FSA** (\$2,500 if you are married and filing separately).

Commuter Benefits

Commuter Benefits allow you to use pre-tax dollars from your paycheck to pay for qualifying transit and parking expenses. You may elect either a transit or parking account or both, for commuting to and from work. You can contribute up to ***\$270 per month for transit** expenses and ***\$270 per month for parking** expenses. Contribution amounts can be changed as needed anytime during the year. Unused balances roll over month-to-month.

The Institute is also offering post-tax Transit and Parking benefits.

Commuter Benefits are administered by **Ameriflex**.

* This is 2021 limits. IRS has not announced 2022 limits.

How the FSA Works

As a new hire (and again during Open Enrollment), you select the amount of money you wish to deposit into the Health Care and/or the Dependent Care Account for the entire plan year. The plan year for the FSA benefit is **January 1 to December 31**. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck. The money is set aside in your FSA account(s).

As you incur eligible expenses, you file a simple claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. Employees who enroll in the Health Care FSA will receive an FSA debit card to pay for qualified purchases, eliminating the need to submit a paper claim and wait for reimbursement.

The Flexible Spending Account plans are administered by **Ameriflex**. To register and log into your FSA account(s), go to **myameriflex.com/login**

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

The Institute for Advanced Study offers two dental plans through **Met Life**. The Dental PPO offers coverage both In and Out-of-Network. Your choice of dentists can determine the cost savings you receive. In-network providers are paid directly by Met Life and agree to accept negotiated fees as "payment in full" for services rendered. When you use out-of-network providers, Met Life will apply the applicable percentage of the allowed amount and you are responsible for paying the balance of the bill. The DHMO is In-Network only and requires you to select a Primary Care Dentist. If you need a specialist, you must get a referral from you Primary Care Dentist. Out-of-Network claims are not covered.

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

Select "Find a Dentist". For the DHMO Network go to Dental HMO/Managed Care Met 245, PDP Plus for the PPO Network.

Met Life	PPO Option		DHMO Option
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>
Calendar Year Maximum * (plan pays)	Up to \$1,500		None
	You Pay	You Pay	You Pay
Calendar Year Deductible * (applies to Basic and Major Services)	\$50 Individual / \$150 Family		None
Preventive Services (no deductible)	0%	0%	\$5 Copay for Office Visit Most Services Covered at 100%
Basic Services (after deductible)	20%	20%	Copay Schedule
Major Services (after deductible)	50%	50%	Copay Schedule
Orthodontia (to age [19])	Covered	Covered	Covered
Orthodontia Lifetime Maximum (per person)	50% to \$1,000		\$1,850

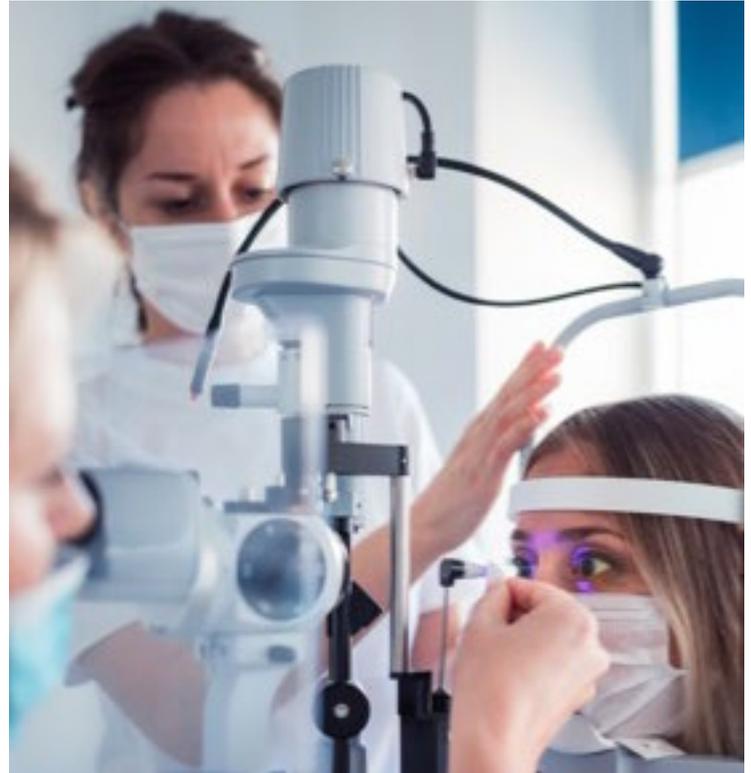


Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The **VSP** vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use **VSP** providers. To search for providers, log onto www.vsp.com/eye-doctor or call 800-877-7195.

If you enroll in the Institute for Advanced Study's medical plan, you will be automatically enrolled in vision. If you do NOT enroll in the medical plan, you will NOT be eligible for the vision plan.



VSP	Frequency	In-Network	Out-of-Network
		You Pay	Plan Reimbursement
Eye Exam	Once every 12 months	\$10	Up to \$45
Prescription Glasses	Once every 12 months	\$25	See Below
Frame	Once every 24 months	\$130 allowance	Up to \$70
Lenses (Single vision, lined bifocal, lined trifocal)	Once every 12 months	Included in Prescription Glasses	Up to \$30, \$50, \$65
Progressive Lenses (Standard)	Once every 12 months	\$55	Up to \$50
Contacts—instead of glasses	Once every 12 months	\$130 allowance; copay does not apply. Fitting and evaluation up to \$60 copay	Up to \$105

Life Insurance

Basic Life/AD&D

Having appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment and children's education expenses.

The Institute for Advanced Study provides Basic Life insurance coverage of **1 ½ times your annual earnings to a maximum of \$1,000,000**. Amounts over \$600,000 require Evidence of Insurability. This coverage includes an Accidental Death and Dismemberment (AD&D) provision that also pays **1 ½ times your annual earnings to a maximum of \$1,000,000** in the event of accidental death and certain other conditions. Basic Life and AD&D insurance is administered by **Guardian Life** and is paid for by IAS. You are automatically enrolled in these benefits.

Voluntary Life and AD&D

As a new hire, you can purchase Voluntary Life and AD&D insurance for you, your legal spouse and dependent children **without providing medical information up to certain guaranteed issue (GI) amounts** (see chart). If you leave the Company, this coverage can be taken with you.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by Guardian Life.

Benefit amounts reduce at age 70. Please refer to the benefit summary for details.

If you elect not to enroll within 31 days of your date of hire, you will still be able to purchase coverage in the future. However, ALL amounts elected will be subject to the EOI requirements provision. At that time, if your EOI is not satisfactory to Guardian Life, you will not have Voluntary Life coverage.

Voluntary Life/AD&D Amounts Available

Employee	Minimum \$25,000 to a maximum of 2 times your annual salary or \$750,000 Guaranteed Issue*: \$250,000
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Spouse	Minimum \$25,000 to a maximum of \$250,000 Guaranteed Issue*: \$25,000
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Child (to age 26 if FT student)	10% of employee amount to \$10,000 Guaranteed Issue*: \$10,000
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To enroll in Voluntary Spouse and/or Child Life, you must be enrolled in Voluntary Employee Life.

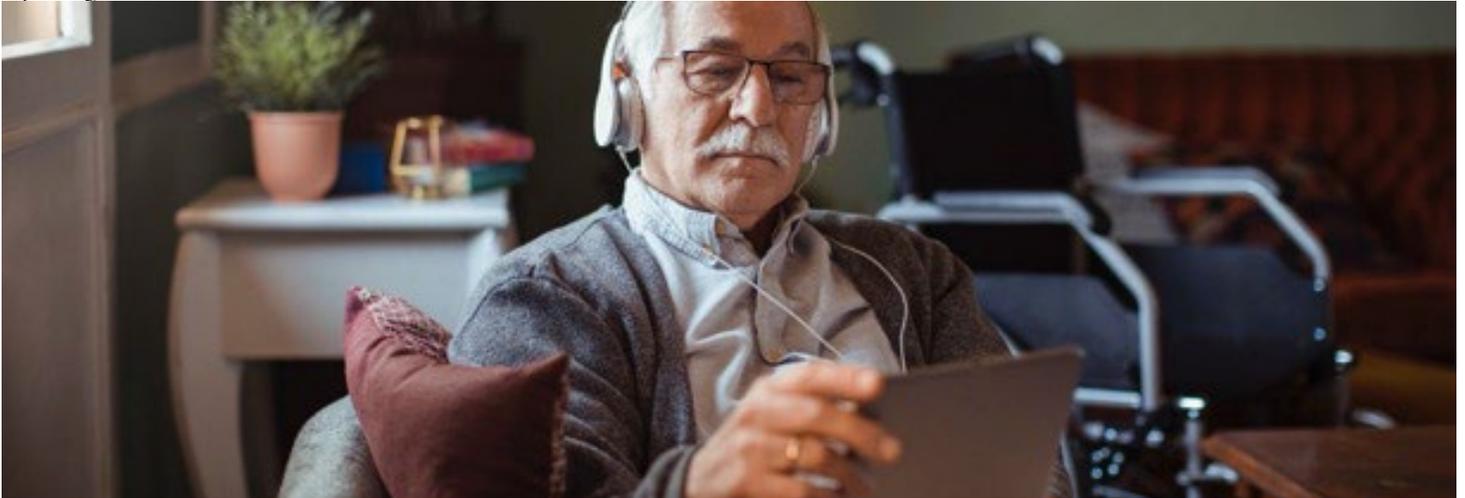
**Guaranteed issue is the amount of coverage you or your dependents can elect up to without medical questions. Guaranteed issue is only available to newly benefit eligible employees.*



Disability Insurance

If you were to be out of work due to an injury or illness, could you and your family survive without a paycheck? Disability insurance is essentially “paycheck” insurance, ensuring you will receive a portion of your income if you were out of work due to injury or illness. Short-Term Disability (STD) provides a weekly benefit, while Long-Term Disability (LTD) pays a monthly benefit after STD insurance has been exhausted.

The Institute for Advanced Study offers STD and LTD insurance to benefits **eligible staff** at no cost to you. STD is covered under a private plan and the LTD is Administered by **Guardian Life**, you are automatically enrolled in these



Short-Term Disability (STD) Insurance

STD benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan’s disability requirements, you will continue to receive a percentage of your weekly earnings until the benefit duration has ended.

Benefit Begins	8 th day of accident or 8 th day for illness
Benefit Amount	Based on years of service after probationary period
Benefit Duration	Up to 26 weeks

Long-Term Disability (LTD) Insurance

LTD insurance offers a monthly benefit to help replace lost income if you experience a disability lasting longer than **180** days. Proof of disability is required.

Benefit Begins	After 180 days of qualified disability
Benefit Amount	60% of basic monthly earnings to \$20,000 per month
Benefit Duration	Social Security Normal Retirement Age (SSNRA)

Disability claims for newly covered employees will be denied if you received medical treatment, medical advice, care or services or took prescribed drugs or medicines in the last **3** months prior to the effective date of this coverage and the disability began in the first **12** months after your effective date of coverage.

Leave Administration

Leave requests are administered by the **Guardian Absence Works**.

If you are requesting:

- Family Medical Leave
- New Jersey Paid Family Leave
- New York Paid Family Leave
- Or any other

Guardian Absenceworks 888-889-2953 our group number is 546167

When calling, please provide:

- Your Group Number – 546167
- Your Name
- Your Social Security Number (your 9 digit ID number)
- Your Date of Birth
- Your Address and Telephone Number
- Your Physicians Name
- Your Physicians Address
- Your Physicians Telephone and Fax Numbers



Leave Administration

• The Family and Medical Leave Act (FMLA)

Entitles eligible employees to take unpaid, job-protected leave for specified family and medical reasons. You must be employed for one full year and have worked 1250 hours. You are eligible for up to 12 work weeks of leave in a 12-month period for one of more of the following reasons:

- Birth of a child or placement of a child for adoption or foster care;
- To care for a spouse, child or parent who has a serious health condition;
- For a serious health condition that makes you unable to perform the essential functions of your job; or
- For any qualifying exigency arising from a spouse, child or parent in the military on covered active duty or call to covered active duty status. A 26 work week benefit during a single 12 month period is also available to care for a covered service family member with a serious injury or illness

• New Jersey Family Leave Insurance

- Provides New Jersey employees cash benefits for up to twelve weeks to bond with a newborn or newly placed adoptive, or foster child, or to provide care for a seriously ill (including COVID-19) or injured loved one. More information on NJ Family Leave is available on www.myleavebenefits.nj.gov/help/faq/fli.shtml

• New York Family Paid Leave

- Provides New York employees up to twelve weeks of job protected Paid Family Leave where employees can receive a percentage of your average weekly to a set maximum per week. Benefits are available to bond with a newly born, adopted or fostered child. Care for a family member with a serious health condition or, assist loved ones when a spouse, domestic partner, child or parent is deployed abroad on active duty. More information on NY Family Leave is available on www.paidfamilyleave.ny.gov/2021



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

Cost of Coverage *Effective January 1, 2022*

Contributions made from each paycheck toward your medical, dental and vision benefit elections, as well as contributions to your FSA, will automatically be **deducted from your gross pay before Federal Income taxes and Social Security taxes** are calculated. Since these contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay and you will end up paying lower taxes on the same salary.

Voluntary Life/AD&D costs are taken from your paycheck **after taxes**, and the **benefits paid are not taxable**.

Medical Contributions (Monthly)

Monthly	Option 1	Option 2
Employee Only	\$127.86	\$211.18
Employee + One	\$263.70	\$430.36
Employee + Family	\$363.14	\$529.80

Dental Contributions (Monthly)

Monthly	Dental PPO	Dental DMO
Employee Only	\$24.18	\$7.18
Employee + Spouse, *DP	\$49.10	\$13.66
Employee + Child(ren)	\$56.36	\$14.38
Employee + Family	\$86.20	\$20.48

* For information regarding domestic partner (DP) costs and tax implications, please contact Human Resources.

Voluntary Life Rates (Monthly)

Employee Age	Employee Rate (per \$1,000)	Spouse Rate (per \$1,000)
< 24	\$0.057	\$0.057
25 - 29	\$0.057	\$0.057
30 - 34	\$0.060	\$0.060
35 - 39	\$0.079	\$0.079
40 - 44	\$0.118	\$0.118
45 - 49	\$0.189	\$0.189
50 - 54	\$0.287	\$0.287
55 - 59	\$0.479	\$0.479
60 - 64	\$0.551	\$0.551
65 - 69	\$1.081	\$1.081
70 +	\$1.854	\$1.854
Child(ren)	\$0.183 (per \$1,000)	

Vol. AD&D Rates (Monthly)

Monthly	Rate (per \$1,000)
Employee	\$0.016
Spouse	\$0.016
Child(ren)	\$0.016

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	MetLife PPO MetLife DMO	800-942-0854 800-880-1800	www.metlife.com	Policy #05912858
Vision	VSP Network: VSP Choice	800-875-7175	www.vsp.com	Policy #30043794
Flexible Spending Accounts (FSA)	Ameriflex	88-868-3539	www.myameriflex.com	Institute For Advanced Study
Life and Disability	Guardian	800-525-4542	www.guardiananytime.com	Policy #546167
Leave Administration	Guardian Absenceworks	888-889-2953	https://g00546167.glicleavepro.com	Policy #546167
Employee Assistance Program (EAP)	IBH WorkLife	800-386-7055	www.ibhworklife.com User ID: matters Password: wlm70101	N/A
Human Resources	Yuchao Wang	609-734-8243	ywang@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.

