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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 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
• Additional Voluntary Benefits-Transamerica
  • Life Insurance
  • Critical Illness Insurance
  • Accident Insurance
  • Hospital Indemnity Insurance
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 2023 plan year

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.

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
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

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

\(^1\) 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.

<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>
<tr>
<td>Mail Order (up to 90-day supply)</td>
<td>You Pay</td>
<td>You Pay</td>
</tr>
<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 #: 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

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

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

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
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>Go to Urgent Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart attack or stroke</td>
<td>Moderate fever</td>
</tr>
<tr>
<td>Chest pain or intense pain</td>
<td>Colds, cough or flu</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>Bruises and abrasions</td>
</tr>
<tr>
<td>Severe abdominal pain</td>
<td>Cuts and minor lacerations</td>
</tr>
<tr>
<td>Head injury or other major trauma</td>
<td>Minor burns and skin irritations</td>
</tr>
<tr>
<td>Loss of consciousness</td>
<td>Eye, ear, or skin infections</td>
</tr>
<tr>
<td>Major burns or severe bleeding</td>
<td>Sprains or strains</td>
</tr>
<tr>
<td>One-sided weakness or numbness</td>
<td>Possible fractures</td>
</tr>
<tr>
<td>Open fractures</td>
<td>Urinary tract infections</td>
</tr>
<tr>
<td>Poisoning or suspected overdose</td>
<td>Respiratory infections</td>
</tr>
</tbody>
</table>
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 $3,050 to the Health Care FSA for the 2023 calendar year.

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

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 2023 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 $300 per month for transit expenses and $300 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.
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. **We have increased the benefit maximum to $2,000 per calendar year.** 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 your Primary Care Dentist. Out-of-Network claims are not covered.

To search for In-Network providers go to [www.metlife.com](http://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.

<table>
<thead>
<tr>
<th>Met Life</th>
<th>PPO Option</th>
<th>DHMO Option</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Calendar Year</strong></td>
<td>Maximum *</td>
<td>Up to $2,000</td>
</tr>
<tr>
<td>(plan pays)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>You Pay</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Calendar Year</strong></td>
<td>Deductible *</td>
<td>$50 Individual / $150 Family</td>
</tr>
<tr>
<td>(applies to Basic and Major Services)</td>
<td>$0%</td>
<td>$0%</td>
</tr>
<tr>
<td>Preventive Services (no deductible)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Basic Services (after deductible)</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Major Services (after deductible)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia (to age [19])</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Orthodontia Lifetime Maximum (per person)</td>
<td>50% to $1,000</td>
<td>$1,850</td>
</tr>
</tbody>
</table>
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.

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

<table>
<thead>
<tr>
<th></th>
<th>Minimum $25,000 to a maximum of 2 times your annual salary or $750,000 Guaranteed Issue*</th>
<th>$250,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Minimum $25,000 to a maximum of $250,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>10% of employee amount to $10,000</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

*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.

To enroll in Voluntary Spouse and/or Child Life, you must be enrolled in Voluntary Employee Life.
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 benefits.

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 | 8th day of accident or 8th 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
Additional Benefits (cont’d)

As an employee of The Institute for Advanced Study, you are eligible to participate in our Voluntary Benefits Programs (underwritten by Transamerica). These benefits are offered to help address the individual needs of you and your family and can be taken with you with no change in premium if you leave employment or retire.

Life Insurance
Replace lost income, Cover funeral costs, Pay off debt, Help with future costs such as college, etc.

Accident Insurance
Get hurt, get paid – Major medical coverage will likely not cover all medical expenses incurred due to an accident; accident insurance can help supplement those out-of-pocket costs.

Critical Illness Insurance
Protect your finances if you are suddenly diagnosed with a serious illness with a Tax-Free cash payment.

Hospital Indemnity Insurance
Regardless of the reason for being hospitalized, you may collect the benefit.

Enrollment Process

Log on to the link once you’ve elected your core benefits. A licensed Benefits Rep from Premier Worksite Benefits will also be available via customer service to accomplish the following:

• Outline the ways in which these voluntary programs coordinate with employer-paid life insurance, State mandated disability insurance coverage (if applicable), as well as out-of-pocket medical expenses.

• Provide a full description of the all benefit features and answer any questions regarding this new transition.

• Enroll those who wish to participate.

Transamerica Benefits are now online! Acceptance is Guaranteed for All Employees. Therefore all employees will need to make an active selection to either Accept or Waive the benefits. This may be your only opportunity to obtain these benefits without medical questions.

All Existing Policyholders: you may continue your current coverage (no changes will be made). It is strongly encouraged for all ACCIDENT Policy holders to look into transferring to the NEW Transamerica offering.

What do you get?

• Options: You may choose your level of coverage; one that both fits your needs and is easy on your paycheck. Your decision will not change the benefits being provided under any employer-sponsored benefit program.

• Convenience: Voluntary benefits are paid through the convenience of payroll deduction

• Acceptance: In many cases, you and immediate family members will have a better opportunity to obtain coverage through this offering than you would on your own, especially if any medical conditions or concerns are present.

• Portability: Many of these programs may be taken with you with no change in premium or benefit if you leave employment or retire.
Cost of Coverage  *Effective January 1, 2023*

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)

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$127.86</td>
<td>$211.18</td>
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<tr>
<td>Employee + One</td>
<td>$263.70</td>
<td>$430.36</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$363.14</td>
<td>$529.80</td>
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</tbody>
</table>

### Dental Contributions (Monthly)

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Dental PPO</th>
<th>Dental DMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$24.18</td>
<td>$7.18</td>
</tr>
<tr>
<td>Employee + Spouse, <em>DP</em></td>
<td>$49.10</td>
<td>$13.66</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$56.36</td>
<td>$14.38</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$86.20</td>
<td>$20.48</td>
</tr>
</tbody>
</table>

### Voluntary Life Rates (Monthly)

<table>
<thead>
<tr>
<th>Employee Age</th>
<th>Employee Rate (per $1,000)</th>
<th>Spouse Rate (per $1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 24</td>
<td>$0.057</td>
<td>$0.057</td>
</tr>
<tr>
<td>25 – 29</td>
<td>$0.057</td>
<td>$0.057</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.060</td>
<td>$0.060</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.079</td>
<td>$0.079</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.118</td>
<td>$0.118</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.189</td>
<td>$0.189</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.287</td>
<td>$0.287</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.479</td>
<td>$0.479</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.551</td>
<td>$0.551</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$1.081</td>
<td>$1.081</td>
</tr>
<tr>
<td>70 +</td>
<td>$1.854</td>
<td>$1.854</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$0.183 (per $1,000)</td>
<td></td>
</tr>
</tbody>
</table>

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

### Vol. AD&D Rates (Monthly)

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Rate (per $1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$0.016</td>
</tr>
<tr>
<td>Spouse</td>
<td>$0.016</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$0.016</td>
</tr>
</tbody>
</table>
## Resources/Contact Information

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Provider</th>
<th>Phone</th>
<th>Website / Email</th>
<th>Group/Policy #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Aetna</td>
<td>800-962-6842</td>
<td><a href="http://www.Aetna.com">www.Aetna.com</a></td>
<td>Policy #658955</td>
</tr>
<tr>
<td></td>
<td>Network: Choice POS II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription</td>
<td>CVS/Caremark</td>
<td>800-334-8134</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
<td>Group #21691FAS</td>
</tr>
<tr>
<td></td>
<td>CVS Specialty</td>
<td>800-318-6108</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>MetLife PPO</td>
<td>800-942-0854</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
<td>Policy #05912858</td>
</tr>
<tr>
<td></td>
<td>MetLife DMO</td>
<td>800-880-1800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>VSP</td>
<td>800-875-7175</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
<td>Policy #30043794</td>
</tr>
<tr>
<td></td>
<td>Network: VSP Choice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSA)</td>
<td>Ameriflex</td>
<td>88-868-3539</td>
<td><a href="http://www.myameriflex.com">www.myameriflex.com</a></td>
<td>Institute For Advanced Study</td>
</tr>
<tr>
<td>Life and Disability</td>
<td>Guardian</td>
<td>800-525-4542</td>
<td><a href="http://www.guardiananytime.com">www.guardiananytime.com</a></td>
<td>Policy #546167</td>
</tr>
<tr>
<td>Leave Administration</td>
<td>Guardian Absenceworks</td>
<td>888-889-2953</td>
<td><a href="https://go0546167.glicleavepro.com">https://go0546167.glicleavepro.com</a></td>
<td>Policy #546167</td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>IBH WorkLife</td>
<td>800-386-7055</td>
<td><a href="http://www.ibhworklife.com">www.ibhworklife.com</a></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>User ID: matters</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Password: wlm70101</td>
<td></td>
</tr>
<tr>
<td>Voluntary Life Insurance,</td>
<td>Transamerica</td>
<td>866-463-8808</td>
<td><a href="http://www.premierworksite.com">www.premierworksite.com</a></td>
<td>N/A</td>
</tr>
<tr>
<td>Accident, Critical Illness,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Resources</td>
<td>Yuchao Wang</td>
<td>609-734-8243</td>
<td><a href="mailto:ywang@ias.edu">ywang@ias.edu</a></td>
<td>N/A</td>
</tr>
<tr>
<td>Benefit Questions</td>
<td>Donna Cudia</td>
<td>973-377-8264</td>
<td><a href="mailto:Donna.cudia@aleragroup.com">Donna.cudia@aleragroup.com</a></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Angela Malgeri</td>
<td>973-377-3362</td>
<td><a href="mailto:Angela.Malgeri@aleragroup.com">Angela.Malgeri@aleragroup.com</a></td>
<td></td>
</tr>
</tbody>
</table>
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.