



IAS

INSTITUTE FOR
ADVANCED STUDY

2020 Open Enrollment Review

Open Enrollment November 4th to November 22nd

What types of changes are allowed during Open Enrollment?

- Add or remove eligible dependents.
- Enroll or waive enrollment in various benefit plans.
- Change benefit plans.
- Changes made are Effective January 1, 2020.

What is a Qualifying Event?

- Marriage, birth or adoption of a child,
- Divorce or legal separation,
- Loss of other group insurance coverage,
- Spouse loss of coverage,
- Death of spouse, and;
- Change in dependent eligibility.

*****Notify Human Resources within 30 days of a qualifying event*****



Open Enrollment Highlights

Consistent with our philosophy, the Institute will continue to offer a very rich and comprehensive benefits program with very few changes for 2020:

- Our Pharmacy Benefit Administrator will now be *RxBenefits* instead of Aetna.
 - Plan copays remain the same.
 - You will receive a new ID card just for prescriptions.
- Aetna will remain our Medical Plan administrator.
 - You will receive a new Aetna ID card for Medical services.
 - Please be sure to keep both the CVS/caremark and Aetna Medical ID Cards.
- All other carriers and benefits remain the same.
- There will be slight changes to faculty/staff medical and dental contributions.



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2020 Medical and Prescription Benefits

2020 Medical Benefits

BASE PLAN

ENHANCED PLAN

Benefits	In Network	In Network
Deductible	\$250 Ind / \$500 Family	\$250 Ind / \$500 Family
Co-Insurance	80% Plan / 20% Member	None
Out-of-Pocket Maximum	\$2,000 Ind / \$4,000 Family	\$1,000 Ind / \$2,000 Family
Lifetime Maximum	Unlimited	Unlimited
Physician Office Services		
<i>Primary Care Office Visit</i>	<i>\$20 Copay</i>	<i>\$15 Copay</i>
<i>Specialist</i>	<i>\$30 Copay</i>	<i>\$20 Copay</i>
Hospital Services		
In-Patient Hospital	Deductible, then 20%	Deductible, then 0%
Outpatient Surgery	Deductible, then 20%	Deductible, then 0%
Emergency Room	\$100 copay	\$50 copay
Out of Network		
Deductible	\$2,000 Ind / \$4,000 Family	\$500 Ind / \$1,000 Family
Co-Insurance	70% Plan / 30% Member	80% Plan / 20% Member
Out-of-Pocket Maximum	\$3,000 Ind / \$6,000 Family	\$2,500 Ind / \$5,000 Family

Summary is for comparative purposes only. Please refer to the Aetna Plan SBC for a complete list of benefits.

2020 Prescription Benefits - Who is Rx Benefits?

RxBenefits is your Pharmacy Benefit Administrator (PBA).

Instead of prescription benefits being provided by Aetna, ***RxBenefits*** will administer the services for a more personal and manageable approach under the CVS/caremark Platform.

What's New?

You have access to our ***Member Services Team***, available Monday through Friday, 8:00 a.m. – 9:00 p.m. Eastern. Our knowledgeable representatives can assist you with questions such as:

Is my drug covered?
What will it cost?

Is my pharmacy
in the network?

Can you help
transition my
mail order
scripts?

Can you assist me with my
benefits questions?

Are there lower cost
alternatives?

What to Expect

Effective January 1, your pharmacy coverage with CVS/caremark will be administered by **RxBenefits** instead of Aetna.

As part of your new pharmacy benefits plan, you will receive:

- New pharmacy ID card for prescriptions.
- Important Benefit Information.
- Access to concierge-level service.
- Access to **caremark.com** to review medication tiers, drug pricing, local pharmacies, plan details and ways to maximize benefits.
- Members will need to create an account.

There are more than 68,000 pharmacies in the CVS/caremark network, including most national chains and many independent stores.



For questions or concerns, contact
RxBenefits Member Services

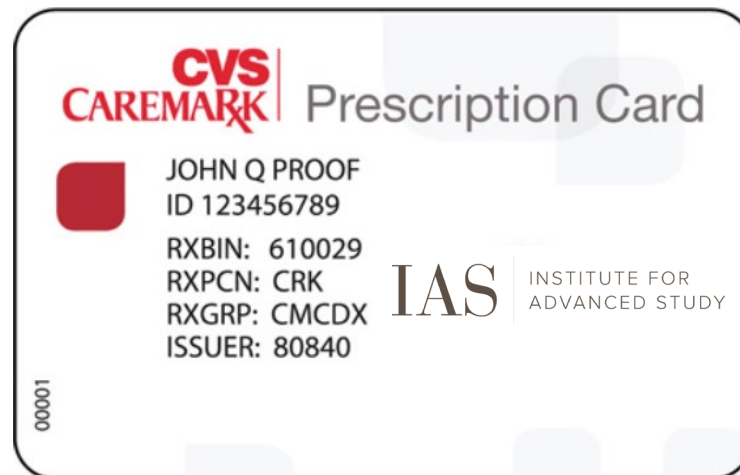
800.334.8134

Monday through Friday
7:00 a.m. – 8:00 p.m. Central

RxHelp@RxBenefits.com

2020 Prescription Benefits ID Card

- Your new ID cards will be delivered to your home address in mid to late December.
- Please make sure you provide this new ID card to your pharmacy on or after January 1, 2020.
- *RxBenefits* Member Services' phone number is printed on the back of the card.



2020 Plan Copays

The 2020 copays will remain the same as prior years.

Tier	Base Plan		
	1-30 Day Supply Retail	90-Day Supply* Mail	30-Day Supply Specialty
Generic/Tier 1	\$15.00	\$30.00	\$15.00
Preferred Brand/Tier 2	\$25.00	\$50.00	\$25.00
Non-Preferred Brand/Tier 3	\$40.00	\$80.00	\$40.00

Tier	Enhanced Plan		
	1-30 Day Supply Retail	90-Day Supply* Mail	30-Day Supply Specialty
Generic/Tier 1	\$10.00	\$20.00	\$10.00
Preferred Brand/Tier 2	\$25.00	\$50.00	\$25.00
Non-Preferred Brand/Tier 3	\$35.00	\$70.00	\$35.00

NOTE:

Some medications could require a prior authorization or have a limited quantity. If you have an existing authorization in place, you will not need to get a new authorization.

*Retail 90-day supply fills only at CVS Pharmacies

Member Services

Before



You used your Aetna card.
Your pharmacy plan was
administered by Aetna.



If you had any questions, or issues,
you would call the Aetna customer
service number

Now



You will receive a new ID card for
Pharmacy Only
**You will continue to use your
Aetna ID Card for Medical Care**



Provide your new Pharmacy ID card
to your pharmacy on or after
January 1.

RxBenefits Member Services

Service as it is meant to be

Friendly and knowledgeable
live representatives who are:

- Committed to following the issue to resolution
- Focused on serving members, not rushing them

Specialty Medications

- Specialty medications are covered when purchased through CVS Specialty Pharmacy.
- Members currently using a specialty medication should expect to have their information transfer automatically by CVS Specialty Pharmacy who will then fill them beginning in 2020.



*CVS Specialty Pharmacy can be contacted at
800.318.6108*

Members can also contact the RxBenefits Member Services team for assistance.

The CVS/caremark App

You can view and refill all your mail, retail, and specialty prescriptions from one place with **the CVS/caremark mobile app**.



Easy Refills - Refill all your mail orders and specialty prescriptions in one place.

Manage and Track – View all your orders in one easy-to-manage list and track the status for all your prescriptions.

View Prescription Spend – See total costs for yourself and your family in one view to make budgeting easier.

Flexible Pick Up and Delivery – You can choose to transfer your prescriptions to CVS/caremark for easy fill and pick up at a CVS pharmacy.

(Not available at non CVS pharmacies)

Visit [caremark.com](https://www.caremark.com) or
Download the CVS/caremark mobile app today
to refill all your prescriptions.

Frequently Asked Questions

Q: Are my drugs covered?

A: You can access a copy of the most current Performance Drug List at www.caremark.com or by contacting RxBenefits Member Services at 800.334.8134.

Your medications may not be in the same tier level under CVS/caremark as they were under your prior plan, so please review the performance drug list since it may provide lower cost alternatives for your medications. Also, discussing generics with your physician could save you money.

Q: Can I still use my same ID card?

A: No. Please use your new CVS/caremark ID card when you fill your prescriptions on or after January 1.



*For questions or concerns, contact
RxBenefits Member Services*

800.334.8134

Monday through Friday

8:00 a.m. – 9:00 p.m. Eastern

RxHelp@RxBenefits.com

Frequently Asked Questions

Q: If my coverage is with CVS/caremark, why do I need to call RxBenefits?

A: Your benefits are being provided by CVS/caremark, but RxBenefits administers the services for a more personal, manageable approach. You should contact RxBenefits for any pharmacy-related questions.

Q: What happens if my questions require contact with CVS/caremark?

A: RxBenefits Member Services reps have access to the CVS/caremark systems. If RxBenefits needs to contact CVS/caremark to resolve an issue, they will stay on the line, explain the issue, and continue to monitor your problem until it is resolved.



*For questions or concerns, contact
RxBenefits Member Services*

800.334.8134

*Monday through Friday
8:00 a.m. – 9:00 p.m. Eastern*

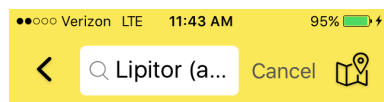
RxHelp@RxBenefits.com

Save on Prescriptions

Purchasing your scripts outside of your plan may save you money. Ask your pharmacist if the drug is less expensive if you pay outside the plan.

- Use the Mail Order for Maintenance Drugs.
- Ask your Dr. about Generics whenever possible.

Most drugs have different prices in different pharmacies. Download GoodRx to shop and save where possible. The following are examples in Princeton.



✓ ADDED TO MY RX

CVS Pharmacy

📍 0.8 miles

COUPON
\$18.90

Target (CVS)

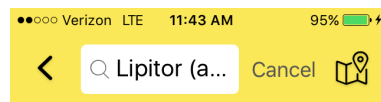
📍 3.8 miles

COUPON
\$18.90

Rite Aid (Walgre...

📍 0.7 miles

COUPON
\$45.37



✓ ADDED TO MY RX

Wegmans

📍 3.8 miles

COUPON
\$7.73

ShopRite

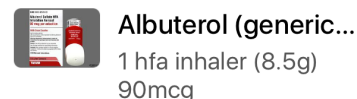
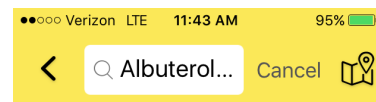
📍 4.4 miles

COUPON
\$8.25

Walmart

📍 4.0 miles

CASH
\$9.00



Target (CVS)

📍 3.8 miles

COUPON
\$30.93

Walmart

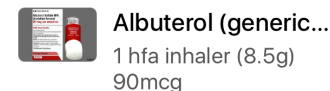
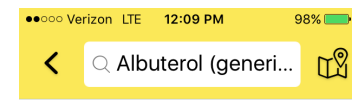
📍 4.0 miles

DISCOUNT
\$43.68

ShopRite

📍 4.4 miles

COUPON
\$50.03



✓ ADDED TO MY RX

Rite Aid (Walgre...

📍 0.7 miles

COUPON
\$22.54

Wegmans

📍 3.8 miles

COUPON
\$30.18

CVS Pharmacy

📍 0.8 miles

COUPON
\$30.93



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2020 Dental & Vision Plans

2020 MetLife Dental Plans

Benefit Description	MetLife DMO Plan	MetLife PPO Plan	
	In-Network Only	In-Network	Out-Of-Network
Annual Deductible Individual/Family	None	\$50/\$150	\$50/\$150
Annual Maximum	Not Applicable	\$1,500 per person	\$1,500 per person
Office Visit Copay	\$5	Not Applicable	Not Applicable
Preventive & Diagnostic	See Copay Schedule	Covered 100% Deductible waived	Covered 100% Deductible waived
Basic Services	See Copay Schedule	Covered 80% After deductible	Covered 80% After deductible
Major Services	See Copay Schedule	Covered 50% After deductible	Covered 50% After deductible
Orthodontia	See Copay Schedule	Covered 50%	Covered 50%
Orthodontia Maximum	Not Applicable	\$1,000 per person	\$1,000 per person

Summary is for comparative purposes only. Please refer to the MetLife Plan Summary for a complete list of benefits.
Orthodontia Limit is a Lifetime Maximum.

2020 Vision Benefits

Vision Services Plan (VSP)	In-Network	Out-of-Network Reimbursement
Exams	Once every calendar year	
Lenses / Contacts	Once every calendar year	
Frames	Every other calendar year	
Exam Copay	\$10 Copayment	Up to \$45
Prescription Glasses	\$25	
Lenses (Single Vision)	Included in prescription glasses	Up to \$30
Lenses (Bifocal)	Included in prescription glasses	Up to \$50
Lenses (Trifocal)	Included in prescription glasses	Up to \$65
Frames	\$130 allowance \$150 allowance (featured frame-brand) 20% off amount over allowance	Up to \$70

Summary is for comparative purposes only. Please refer to the VSP Plan summary for a complete list of benefits.



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2020 Faculty/Staff Contributions

2020 Medical & Dental Contributions

2020 MONTHLY MEDICAL/Rx CONTRIBUTIONS		
Coverage Tier	Base POS Plan	Enhanced POS Plan
Employee	\$127.86	\$153.18
Employee + 1	\$263.70	\$315.54
Family	\$363.14	\$435.02

2020 MONTHLY DENTAL CONTRIBUTIONS		
Coverage Tier	DMO Plan	PPO Plan
Employee	\$8.08	\$25.46
Employee + Spouse	\$15.36	\$51.70
Employee + Children	\$16.14	\$59.32
Family	\$23.02	\$90.74



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Flexible Spending Accounts



Section 125 Flexible Spending Accounts

A Flexible Spending Account allows employees to set aside pre-tax dollars to pay for specific unreimbursed healthcare expenses and eligible dependent costs.

Participating in the FSA plan allows for a reduction in taxable income and an increase in annual take home pay.

- When you participate in an FSA, you elect to have money deducted from your gross earnings, each pay period, before federal, FICA, and in most cases, state income taxes are calculated.

FSA's are governed by the Internal Revenue Service (IRS) Section 125 and is a separate account.

You do not need to participate in the Institute's Medical, Dental or Vision program in order to participate in the FSA.

Eligible & Ineligible Expenses/Maximum Contributions

Eligible Medical FSA Expenses

Deductible expenses
Co-insurance
Co-pays
Hearing aids
Well-baby care
Eye exams
Lasik eye surgery
Eyeglasses
Contacts and contact lens solution
Non-cosmetic dentistry
Orthodontia
Prescription drugs
Certain over-the-counter items
And thousands of others...

Ineligible Medical FSA Expenses

Weight loss aids
Teeth whitening
Electrolysis
Gym memberships
Insurance premiums
Long term care expenses

Medical FSA Maximum Contribution* \$2,700

Dependent Care Maximum Contribution

- \$5,000 for married couple filing jointly
- \$5,000 for a single parent
- \$2,500 for a married person, filing separately

*2020 IRS Limits not yet released

A comprehensive list of eligible and ineligible expenses can be attained by calling CBIZ Flex at 540-345-6600 Use Prompt #4



Dependent Care Accounts

Eligible Dependent Care expenses must meet the following criteria:

- You and your spouse must be employed or a full-time student.
- The amount reimbursed cannot be greater than your or your spouse's income, whichever is less.
- The child being cared for must be age 12 or under and a legal dependent under federal tax rules.
- The day care services may be provided in your home or another location, but not by someone who is your minor child or dependent (for example, an older sibling).
- If the services are provided by a daycare facility that cares for six or more children simultaneously, it must comply with state and local day care regulations.
- Services must be for the custodial care of the child.
- To receive reimbursement, you must have contributed the funds and incurred the expense.

Qualified expenses also include day camps and afterschool programs, as well as expenses for the care of a spouse or dependent over age 12 who is incapable of self-care.



Dependent Care Accounts

Ineligible Expenses include:

- Tuition or school expenses for Kindergarten and above, overnight camps, expenses for non-disabled children aged 13 and older, and day care expenses while you are not working.
- You may not use FSA funds towards dependent day care expenses if your spouse or other dependent (e.g. an older sibling) is providing the care.
- The IRS, specifically IRS publication 503, determines these criteria. You can review additional information including detailed eligibility guidelines through the HR Simplified Member Services Center.



Use it or Lose it

Eligible FSA claims must be incurred between January 1, 2020 and December 31, 2020. The IAS Flexible Spending Account plan allows you to further incur claims between the January 1, 2021 and March 15, 2021 grace period.

To be reimbursed for an eligible expense, the date of the service rendered or the date in which an expense is incurred must fall within the eligible claims period.

You may use your Flexible Spending dollars during a two and a half month grace period. All claims must be submitted no later than May 14, 2021 (postmarked).

**For more information or further assistance with your FSA, please
Contact: 540 . 345 . 6600 Prompt #4 for Participant Accounts**

Institute for Advanced Study Employee Benefit Hotline

Monday - Friday (9:00 AM to 5:00 PM)

Katy Reilly

866-211-2182 x 123 | 732-223-0070 x 123 | kreilly@cbiz.com

CBIZ Flex

Monday - Friday (9:00 AM to 5:00 PM)

540-345-6600 Prompt 4



Call or email us:

800.334.8134

RxHelp@RxBenefits.com



RxBenefits Member Services is available Monday through Friday, 8:00 a.m. – 9:00 p.m. Eastern.

On weekends, holidays, and after-hours, members are given the option to speak with a CVS/caremark representative or leave a message for us to return their call.



REMINDERS

- Open enrollment ends on November 22nd.
- All changes are effective January 1, 2020.
- Be on the look-out for mail from RxBenefits and CVS/caremark and Aetna.
 - You will receive a new CVS/caremark ID Card for Prescription coverage.
 - You will receive a new ID card from Aetna for your Medical coverage.
 - Be sure to keep both.
- Remember to submit your Flexible Spending Account claims.
- Please call Katy Reilly at CBIZ if you need personal assistance.