



Penn
UNIVERSITY of PENNSYLVANIA

Postdoctoral Scholar Insurance Plan



2021 Open Enrollment Guide

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Gallagher Benefit Services (GBS) is pleased to offer the University of Pennsylvania Postdoctoral Scholar Insurance Plan. The Program is a comprehensive package of benefits designed to closely match the benefits offered to the University of Pennsylvania Faculty and Staff.



BENEFITS



Medical Insurance:

Aetna HMO & PPO



Dental Insurance:

Aetna DMO and PPO



Vision Insurance:

Aetna PPO



Life | AD&D Insurance:

The Standard

Eligibility and Enrollment

All newly appointed Postdoctoral Scholars are automatically enrolled in the following plans, effective your appointment start date, even if you do not visit the enrollment form:

- Aetna Medical HMO
- Aetna Dental DMO (Auto-assigned to Penn Dental School Clinic)
- Aetna Vision PPO
- The Standard Life/AD&D Insurance

OPEN ENROLLMENT

What is Open Enrollment?

Open Enrollment is an annual period of time where you are able to make changes to your coverage that you are not permitted to make throughout the rest of the year, unless you experience a qualifying event such as marriage, birth of a child, etc.

The Open Enrollment period for this year will be 11/16/2020—11/27/2020. Changes will take effect on 1/1/2021.

Changes For Plan Year 2021

There will be no changes to the plans or benefits, however the PPO dental rates have increased slightly. Please see page 13 for new rate details.

Making Changes to Your Enrollment

- To make your plan changes during the Open Enrollment period, visit the Gallagher Benefit Services website at Upenn.gpa.services and click the **LOGIN** link in the top right corner.
- Login as a **RETURNING USER**. Utilize the **Forgot User ID or Password** link if necessary.
- Once you have logged in, click on **Make OE Changes**.
- Once you are viewing your online Open Enrollment form, you may do the following:
 1. Waive any plans you do not wish to continue for the 2021 plan year.
 2. Change medical plan from HMO to PPO, dental plan from DMO to PPO, or vice versa.
 3. Enroll yourself and/or your eligible dependents in plans you previously waived.
- Once the enrollment form is complete, please confirm that you have read and understand the COBRA Initial Notification, Health Insurance Marketplace Notice, and Insurance Carrier Privacy Notice, then click *Submit and Create Printable Enrollment Form*. Remember to print a copy for your records.



If you are not changing your current enrollment status, no action is necessary.





WEBSITE RESOURCES

Provider Directories

For your convenience, you may begin accessing a list of providers directly from the GBS web site via the **Find a Provider** section. Please note that you are **not** required to choose a Primary Care Physician (PCP) for the HMO plan. To find an HMO or a PPO provider when you wish to access service, simply follow the applicable instructions in the **Find a Provider** section of the website. Instructions for locating in-network dental and vision providers are also located in this section, should you need them.

Benefit Summaries

This booklet contains benefit “snapshots” of the plans offered through the program, listing the core benefits that are most commonly utilized. There are however more detailed plan documents, including full benefit summaries and summaries of benefits and coverage (SBCs), available on the website. SBCs are particularly useful as they summarize important information about your medical insurance plan in a straight-forward format to help familiarize you with your benefits and compare plan options. When visiting the site, click on the **Plan Documents Library** navigational tile to access detailed plan documents for all plans offered through the Postdoctoral Scholar Insurance Plan.

2021 Monthly Rates & Contributions

This information can be found on the website under the **Insurance Benefits and Rates** section, as well as page 13 of this booklet.

MEDICAL PLAN INFORMATION

HMO vs. PPO Medical Plan

HMO

- The HMO plan is an “Open Access” plan, meaning you are not required to choose a PCP and can self-refer for specialist care, allowing you to choose your providers as you access care.
- There is no Out-of-Network benefit, so you must ensure the providers you visit are in the plan’s network.
- In the event of a life/limb-threatening emergency, all medical care will be covered as in-network, even if it is provided by an out-of-network facility. Once you are stabilized, the HMO plan may require that you be transferred to an In-Network facility.
- HMO premiums, as well as the out of pocket expenses (i.e. deductible, co-payments, etc.), tend to be lower than the PPO plan option.

PPO

- The PPO plan offers more flexibility and choice than the HMO plan because there is an ‘In-Network’ and ‘Out-of-Network’ option at the time you seek service from a provider.
- The In-Network benefits (coinsurance, out-of-pocket maximum, etc.) will be greater than the Out-of-Network benefits.
- The contractual agreement between the PPO Plan and the Provider is on a "discounted fee for service" basis. This means that the provider who participates in the network has agreed to provide their services at an agreed upon, discounted fee. The Provider who is not in the network has not agreed to that discounted fee and will typically charge a "Reasonable and Customary" fee, which results in higher out-of-pocket costs.
- PPO plan premiums tend to be higher than the HMO premiums due to the method of reimbursement and contractual agreements with the providers.



GLOSSARY OF TERMS

Deductible

A specific dollar amount that your health insurance company may require that you pay out-of-pocket each year before your health insurance plan begins to make payments for claims. Not all health insurance plans require a deductible.

Out-of-Pocket Maximum

Out-of-pocket maximums apply to all medical plans. This is the maximum amount you will pay for health care costs in a calendar year. Once you have reached the out-of-pocket maximum, the plan will fully cover eligible medical expenses for the rest of the benefits plan year. If you see an out-of-network provider, you may be responsible for out-of-pocket costs that are considered above the "reasonable and customary" fees.

Coinsurance

The amount that you are required to pay for covered medical services after you've satisfied any co-payment or deductible required by your health insurance plan. Coinsurance is typically expressed as a percentage of the charge for a service rendered by a healthcare provider. For example, if your insurance company covers 80% of the allowable charge for a specific service, you may be required to cover the remaining 20% as coinsurance.

Copayment

A specific charge that your health insurance plan may require that you pay for a specific medical service or supply, also referred to as a "copay." For example, your health insurance plan may require a \$20 copayment for an office visit or brand-name prescription drug, after which the insurance company often pays the remainder of the charges.

In-Network Provider

A healthcare professional, hospital or pharmacy that has a contractual relationship with your health insurance company. This contractual relationship typically establishes allowable charges for specific services. In return for entering into this kind of relationship with an insurance company, a healthcare provider typically gains patients, and a primary care physician may receive a capitation fee for each patient assigned to his or her care. An **Out-of-Network** provider is a healthcare professional, hospital, or pharmacy that **is not** part of your health plan's network of preferred (In-Network) providers. You will generally pay more for services received from out-of-network providers, in part because you may be responsible for out-of-pocket costs that are considered above the "reasonable and customary" fees.



MEDICAL PLAN OPTIONS



	HMO	PPO	
	In-Network	In-Network	Out-of-Network
Core Benefits	Postdoc Pays	Postdoc Pays	Postdoc Pays
Deductible Single/Family	None	\$300 / \$900	\$800 / \$2,400
Out of Pocket Max Single/Family	\$1,500 / \$3,000	\$2,500 / \$7,500	\$3,000 / \$9,000
Office Visit	\$20 / \$30 Copay	\$30 / \$40 Copay	40%*
Wellness Visit	No Charge	No Charge	40%*
Inpatient Hospital	\$250 per admission	20%*	40%*
Outpatient Surgery	\$100 per visit	20%*	40%*
Emergency Room	\$75 Copay (waived if admitted)	\$150 Copay (copay waived if admitted)	
Rx	\$10 Tier 1 \$15 Tier 2 \$30 Tier 3	\$20 Tier 1 \$30 Tier 2 \$50 Tier 3	\$20 + 40% Tier 1 \$30 + 40% Tier 2 \$50 + 40% Tier 3

*After deductible has been met

Aetna Navigator: Online Member Portal

Aetna Navigator allows you to perform a variety of functions, such as changing your PCP, printing temporary ID cards, or checking the status of a claim.

To Register:

- Visit: <https://member.aetna.com/MbrSelfReg/welcome.do>
- Select the 'Social Security Number' registration option
- Enter your Penn ID with a zero in the front, instead of an actual social security number
- Fill out all personal information

Once you register for Aetna Navigator, you can immediately access the full benefits and features of the site.

Aetna Navigator

Your members-only website

Sign-up is quick — but the extras keep coming

Home base for health and benefits

After you enroll in an Aetna health benefits or insurance plan this year, there are some nice tools, programs and perks waiting for you.

And the only way to get to them? Sign up for your member website at [aetna.com](https://www.aetna.com). It's the one place to look after your benefits and your health.

Tools, programs and perks

But there's more to it than just managing benefits. Your member website also opens the door to extras that come with your coverage.

Handy health info

Health Decision Support. This library of online programs can help make complex medical terms easier to understand. You'll find a variety of topics from lower back pain to bariatric surgery to diabetes. They can help you:

- Understand your specific health condition
- Learn about your treatment options
- Make the right decision for you

Link to health information. Just visit the Healthwise® Knowledgebase for information on thousands of health topics in English and Spanish. You can find out about asthma, pregnancy, heart disease and other conditions.

Help for healthier days

Want to make a difference in your well-being in just a few minutes? Just fill out the health assessment.

This assessment asks questions about your health history and habits. It helps you learn about your health risks, as well as steps to head them off.

And you'll also learn about helpful programs and resources that are all about you.

Taking care of business

First things first. Your member website is hands-down the best place for handling benefits business. Log in to:

- See who's covered under the plan
- View your claims
- Find network docs who accept your plan
- Get digital ID cards
- Check balances in a health savings account or health fund

While you're logged in, you can email or chat with Member Services, too.

Keep an eye on costs

Use the Member Payment Estimator tool to compare and estimate costs* for medical services at up to 10 different network doctors or facilities at once. This tool includes more than 650 medical services people commonly use, like:

- Office visits
- Maternity services
- X-rays, MRIs, CT scans and other lab services

You'll find a series of tools to check costs in your area. And the quality of care, too.

Find what you need — wherever, whenever

The Aetna Mobile app puts our most popular online features at your fingertips. It's available for Android™ and iPhone® mobile devices. Visit [aetna.com/mobile](https://www.aetna.com/mobile).

DENTAL PLAN OPTIONS



Core Benefits	HMO	PPO	
	In-Network	In-Network	Out-of-Network
Annual Deductible	None	\$50 / \$150	
Annual Benefit Maximums	Unlimited	\$1,500	
PREVENTIVE/DIAGNOSTIC			
Routine Exam	\$0	0%	20% of UCR
Teeth Cleanings (Prophylaxis)	\$0	0%	20% of UCR
X-rays	\$0	0%	20% of UCR
BASIC PROCEDURES			
Fillings	Varies up to \$75 Copay	20%*	50% of UCR*
Endodontics	Varies up to \$380 Copay	20%*	50% of UCR*
Periodontics	Varies up to \$300 Copay	20%*	50% of UCR*
Oral Surgery	Varies up to \$117 Copay	20%*	50% of UCR*
MAJOR PROCEDURES			
Crowns	Varies up to \$275 Copay	50%*	50% of UCR*
Dentures	Varies up to \$350 Copay	50%*	50% of UCR*
ORTHODONTIA			
Child	\$1,945 Copay*	Child Only—50%* (\$2,000 lifetime max)	Child Only—50% of UCR* (\$2,000 lifetime max)
Adult	\$1,945 Copay*		

*Does not include start-up and retention fees

*After deductible has been met

Accessing Care Out-of-Network Under a PPO Plan

When you seek services *in-network*, meaning, from providers listed in the PPO network, you are paying less for services since these providers have agreed to provide services per the provider network discounts outlined in their contracts with the insurance carriers. When you pay 50% for major services in-network when seeking services from a PPO dentist, you are paying 50% of a contracted, discounted rate. This is not the case with out-of-network providers.

Out-of-Network Example: The out-of-network dentist decides to charge \$1,000 for a porcelain crown on a molar. This dentist is not prohibited from charging what he/she feels can be charged for this service. Your percentage of cost out-of-network is 50% after the \$50 deductible, and Usual, Customary and Reasonable (UCR) is considered \$800 for this service: You pay \$425

IN ADDITION, you owe the difference between the UCR amount and what the out-of-network dentist decided to charge you (\$1,000 - \$800), which is an additional \$200.

Total estimated cost out-of-network for the porcelain crown on a molar: \$625

VISION PLAN



	In-Network	Out-of-Network
Core Benefits	Postdoc Pays	
Vision Examinations	\$10 Copay	\$40 Allowance
	Every 12 Months	
Corrective Lenses	\$25 Copay	\$40 - \$80 Allowance
Conventional Contact Lenses*	\$105 Allowance	
Medically Necessary Contact Lenses*	\$0 Copay	
	Every 12 Months	
Frames	\$130 Allowance	\$45 Allowance
	Every 12 Months	

*Materials only; In lieu of corrective glasses

Additional Features

Non-prescription Savings: Save on non-prescription things like sunglasses, eyeglass chains, lens cases and cleaners.

Plenty of Locations: You can visit many doctors in private practice, plus national chains like JCPenney Optical, LensCrafters, Target Optical, Sears Optical and Pearle Vision. To find a location, go to the **Find a Provider** section of the GBS website and follow the “Vision: Aetna” instructions.

LASIK for Less: You get one low package price for laser eye surgery screening, surgery and follow-up care. And the first consultation is free — even if you decide not to have the surgery.



LIFE | AD&D PLAN



Core Benefits	Life and AD&D*
Basic Life	\$50,000
Accidental Death & Dismemberment	\$50,000

*Automatic enrollment, paid for by the University

What is Life and AD&D Insurance?

Basic Life insurance helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

Additional Features

AD&D Seat Belt Benefit: Up to \$10,000 is payable for death as a result of a car accident while wearing a seat belt.

AD&D Airbag Benefit: Provides further protection in the event of a covered automobile accident for which an AD&D Seat Belt Benefit is Payable. The amount of the Air Bag Benefit is the lesser of (1) \$5,000; or (2) the amount of AD&D Insurance Benefit payable for Loss of your life.

AD&D Family Benefits: Includes benefits for career adjustment, childcare, and higher education for eligible surviving family members. Review the Life/AD&D Summary Plan Description in the Plan Documents Library for additional details.

Designating Your Beneficiary(ies)

A beneficiary is the person or people you would like your life insurance benefit to be paid to in the event of your passing. A contingent beneficiary is the person or people who you would like the benefit to be paid to in the event that all of your primary beneficiaries have predeceased the insured. Your beneficiary(ies) can and should be designated on your Postdoctoral Insurance Plan enrollment form.



Please Note: International postdocs holding a J-1 Visa (and their J2 dependents) DO NOT need to purchase supplemental medical evacuation and repatriation coverage to meet J1 and J2 Visa requirements. The Life/AD&D plan satisfies these requirements, even if the postdoc waives the medical, dental and vision coverage.

RATES AND CONTRIBUTIONS

	Total Monthly Premium	Paid by Department or Grant	Paid by Department or Postdoc*
Medical Open Access HMO - Aetna (PA, NJ, DE Only)			
Postdoc only	\$599.00	\$599.00	N/A
Postdoc + 1	\$1,259.00	\$599.00	\$660.00
Postdoc + 2 or more	\$1,953.00	\$599.00	\$1,354.00
Medical PPO - Aetna (Out of Area Postdocs)			
Postdoc only	\$896.00	\$896.00	N/A
Postdoc + 1	\$1,877.00	\$896.00	\$981.00
Postdoc + 2 or more	\$2,914.00	\$896.00	\$2,018.00
Medical PPO - Aetna (In-Area Postdocs Choosing PPO)			
Postdoc only	\$896.00	\$599.00	\$297.00
Postdoc + 1	\$1,877.00	\$599.00	\$1,278.00
Postdoc + 2 or more	\$2,914.00	\$599.00	\$2,315.00
Dental DMO - Aetna			
Postdoc only	\$19.00	\$19.00	N/A
Postdoc + 1	\$40.00	\$19.00	\$21.00
Postdoc + 2 or more	\$61.00	\$19.00	\$42.00
Dental PPO - Aetna			
Postdoc only	\$39.00	\$19.00	\$20.00
Postdoc + 1	\$81.00	\$19.00	\$62.00
Postdoc + 2 or more	\$125.00	\$19.00	\$106.00
Vision PPO - Aetna			
Postdoc only	\$5.00	\$5.00	N/A
Postdoc + 1	\$9.00	\$5.00	\$4.00
Postdoc + 2 or more	\$12.00	\$5.00	\$7.00
Life & AD&D Insurance - The Standard			
	\$4.00	\$4.00	N/A



*If your dependent premium, and/or your medical/dental PPO upgrade premium, is being paid by your department, it is necessary for you to complete the Dependent Contribution Worksheet and have it signed by your Department Business Administrator. Once signed, please scan/e-mail a copy to UniversityServices.GBS.PDinsPlan@ajg.com.

INFORMATION SOURCES

Insurance Carrier Member Services

Aetna Medical.....	(877) 204-9186
Aetna Dental.....	(877) 238-6200
Aetna Vision.....	(877) 973-3238
The Standard Basic Life/AD&D.....	(800) 628-8600

Gallagher Benefit Services (GBS)

Phone.....	(800) 319-9557
Email.....	UniversityServices.GBS.PDinsPlan@ajg.com
Postdoctoral Insurance Plan Website.....	upenn.gpa.services





Gallagher

Insurance | Risk Management | Consulting

This benefit guide is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This benefit guide is not a contract and offers no contractual obligation on behalf of GBS.