

Penn
UNIVERSITY of PENNSYLVANIA

Postdoctoral Insurance Plan

Open Enrollment | **Plan Year 2021**

November 16th through November 27th

Presented by

Gallagher Benefit Services, Inc.

Agenda

Who is Gallagher Benefit Services?

Benefits Offered Through the Postdoctoral Insurance Plan

Rate Changes effective for the Plan Year 2021

Overview of All Plans Offered

Explanation of the Open Enrollment process

Q & A

Who is Gallagher Benefit Services, Inc.?

We design, implement, administer, and provide customer service, to postdoc benefit programs nationwide, offering our services to campuses and labs across the country.

At GBS, our Account Managers understand the unique requirements of Postdocs relating to benefits:

- Assistance when there are language challenges for foreign nationals
- Support through the complicated world of the United States healthcare system
- Assistance with choosing a benefit plan to meet the needs of your family
- Education with learning how to access an appropriate provider to avoid unnecessary costs

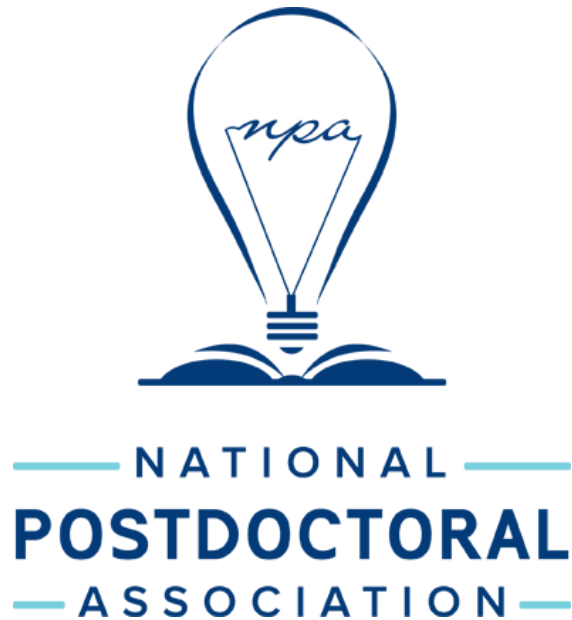
It is our goal to make the enrollment process easy for you, and make your access to the program's benefits as simple & uncomplicated as possible.

Who is Gallagher Benefit Services, Inc.? (cont.)

We are a proud Distinguished Partner of the National Postdoctoral Association (NPA)!

We have supported the NPA for over 15 years as they bring their valuable resources to postdocs throughout the world, including:

- Working to establish PDOs and PDAs
- Updating and developing postdoc resources
- Advocate on the institutional, regional, and national levels to enhance the postdoctoral experience
- Improve benefits for all postdocs
- Increase support of quality mentoring for postdocs
- Provide/facilitate professional and career development opportunities for postdocs
- Encourage and facilitate diversity within the postdoctoral community



What is Open Enrollment?

Open Enrollment is an annual period of time designated to allow current enrollees the opportunity to make changes to their coverage that are otherwise not allowed throughout the rest of the year, unless you experience a qualifying life event.

Examples of qualifying life events are:

- Marriage
- Divorce
- Birth of a child
- Death of a dependent
- Adoption or placement of adoption of a child
- Loss of coverage
- Dependent arrival in the U.S.
- Dependent loss of eligibility due to attainment of age 26

What is Open Enrollment? (cont.)







All Postdocs currently enrolled in the University of Pennsylvania Postdoctoral Insurance Plan have the option of making the following changes during the Open Enrollment Period from November 16th – November 27th, 2020:

- Change from PPO Medical to HMO Medical, as long as you are in the Medical HMO service area (PA, NJ, DE).
- Change from HMO Medical to PPO Medical, keeping the buy-up cost in mind.
- Change from the HMO Dental to the PPO Dental, or vice versa, keeping the buy-up cost in mind for the PPO Dental.
- If you previously waived either yourself and /or your family members, you/they may enroll in the program at this time.
- All changes will be effective January 1st, 2021.

Benefit Plan/Rate Changes For 2021

- The PPO Dental rates will be increasing slightly.
- The HMO/PPO Medical, HMO Dental and Vision plan rates are remaining the same.
- There are no benefit changes to any of the plans.

Benefits Offered Through The Postdoctoral Insurance Plan

Plan Name	Insurance Type	Company
HMO (HNO)	Medical	
PPO	Medical	
DMO	Dental	
DPPO	Dental	
PPO	Vision	
Life and AD&D	Life	

Glossary of Terms

Deductible: The Deductible is an amount of money that must be paid, or 'satisfied' before the coinsurance amount can be paid.

Copayment: Copayments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.

Coinsurance: Coinsurance is *your* share of the costs of a covered service, calculated as a percent of the allowed amount for the service.

For example: If the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 10% would be \$100. This may change if you haven't met your deductible.

Out-of-Pocket Maximum: The Out-of-Pocket Maximum, also known as Payment Limit, becomes the limit of how much you will pay for your and your family's medical care for a calendar year, after which point, you will not pay any more.

In-Network Provider: 'In-Network' refers to accessing care from a doctor or facility within the provider network for either the medical HMO or PPO. Doctors in-network have agreed to discount their services per a contract with the insurance carrier. Consequently, you save more when you seek care from doctors and facilities in-network.

Out-of-Network Provider: 'Out-of-Network' refers to a doctor or facility that is not a part of the insurance carrier's network of doctors and facilities. These doctors and facilities have not agreed to any discounts on their services, and you will pay much more seeking care from these providers.



Medical Insurance

Provided by

aetnaSM

What is the Aetna Health Network Only (HNO) HMO Plan?

A Health Maintenance Organization (HMO) plan typically requires the selection of a Primary Care Physician (PCP) to act as your healthcare “gatekeeper”, referring you to specialists if necessary.

Under the Health Network Only (HNO) model, the member may choose to see any doctor within the network. No PCP selection is required, and you may self-refer to specialists.

If you do not choose a PCP, however, any physician you see in the HNO network will be the higher office visit copay.

The HNO plan offers rich, in-network benefits, however there is no out-of-network benefit.

Unless it is a true emergency, meaning a life-threatening situation, any services rendered by an out-of-network provider will not be covered under the plan in any capacity.



Postdoctoral Insurance Plan

Aetna Open Access HNO (HMO) Medical Plan

Core Benefits	In-Network (Postdoc Pays)
Deductible	None
OOP – Single/Family	\$1,500 / \$3,000
Office Visit	\$20 / \$30 Copay
Women’s Preventive Health	No Copay
Routine Physical Exam	No Copay
Inpatient Hospital	\$250 Copay per admission
Outpatient Surgery	\$100 Copay per visit
Urgent Care	\$30 Copay
Emergency Room	\$75 Copay (waived if admitted)
RX	\$10 / \$15 / \$30

For more detailed plan design information go to: upenn.gpa.services

What is a PPO Plan?

The member does not have to choose a PCP.

There is an In-Network and Out-of-Network component.

The In-Network benefits will be greater than the Out-of- Network benefits.

Members can seek care from a Specialist without having to obtain a referral from a PCP.

The contractual agreement between the PPO Plan and the Provider is on a “discounted fee for service” basis.



Postdoctoral Insurance Plan

Aetna PPO Medical Plan

Core Benefits	In-Network (Postdoc Pays)	Out-of-Network (Postdoc Pays)
Deductible (Individual/Family)	\$300 / \$900	\$800 / \$2,400
OOP – Single/Family	\$2,500 / \$7,500	\$3,000 / \$9,000
Office Visit	\$30 / \$40 Copay	40%**
Women’s Preventive Health	No Copay	40%**
Routine Physical Exam	No Copay	40%**
E-Visit*	\$30 Copay	40%**
Inpatient Hospital	20%**	40%**
Outpatient Surgery	20%**	40%**
Urgent Care	\$35 Copay	40%**
Emergency Room	\$150 Copay (waived if admitted)	
RX	\$20 / \$30 / \$50	\$20 / \$30 / \$50 (+40%)

*An E-visit is an online internet consultation between a physician (with the technical capability) and an established patient about a non-emergency healthcare matter.

**Deductible applies

For more detailed plan design information go to: upenn.gpa.services



When and Where to Access Care

Type of Provider	Scenario	Type of Illness or Injury
Primary Care Physician (PCP) (Can be chosen under the HNO Plan)	Annual wellness exams, or moderate pain you need diagnosed	General checkup, moderate pain of unknown origin, etc.
Specialist	Experiencing pain specific to a particular region of the body (i.e. muscular, gastrointestinal, ocular, bone/joint, skin, ears/nose/throat, etc.)	Ulcers, rash, digestive problems, vision problems, elevated levels, etc.
Hospital	Having an inpatient or outpatient procedure performed, in a critical state	Delivering a baby, major/minor surgery, recovery, monitoring, etc.
Walk-in Clinic	Treatment of unscheduled, non-emergency illnesses/injuries and certain immunizations	Vaccination, mild cold/flu, minor cuts/abrasions, etc.
Urgent Care (Alternative to ER)	Treatment of most non-life-threatening emergencies	Broken bones (not multiple fractures), minor wounds (not bleeding profusely), mild fever, flu, acute sinusitis, etc.
Emergency Room (ER)	Treatment of all life/limb-threatening emergencies	Severe head trauma, multiple/compound fractures, heavy bleeding, elevated fever, severe burns, seizures, poison, etc.

Finding the Nearest In-Network Providers



Click the Find a Provider link on the website, then follow the applicable step-by-step instructions provided in order to locate in-network doctors, dentists and optometrists near you.





Postdoctoral Insurance Plan

How to Find a Provider Using the Insurance Carrier Directory




Important Note: Before selecting or visiting a provider, please call them to confirm if they are still an "In-Network Provider" with the insurance carrier.

Plan Type	Instructions
Medical HMO: Aetna 	<p>It is not mandatory to choose a Primary Care Physician (PCP) for this plan, but you may do so if you so desire. If you do select a PCP, please contact Aetna member services to assign the provider to your account.</p> <ol style="list-style-type: none"> 1. Click here for the Aetna DocFind Directory 2. Enter the type of provider or facility in the space "Search for" 3. Enter your zip code or city/state in the space "in" 4. Click the "SEARCH" button 5. From the "Select a Plan" drop-down menu, under <i>Aetna Open Access Plans</i>, select <i>Aetna Health Network Only™ (Open Access)</i> 6. At this point, you may either narrow your search by the criteria provided, or view a list of physicians. The physicians will be listed in groups of 50, in alphabetical order.
Medical PPO: Aetna 	<p>You do not need to choose a Primary Care Physician (PCP). You simply choose the physician you would like to see at the time you require medical attention.</p> <ol style="list-style-type: none"> 1. Click here for the Aetna DocFind Directory 2. Enter the type of provider or facility in the space "Search for" 3. Enter your zip code or city/state in the space "in" 4. Click the "SEARCH" button 5. From the "Select a Plan" drop-down menu, under <i>Aetna Standard Plans</i>, select <i>Open Choice PPO</i> 6. At this point, you may either narrow your search by the criteria provided, or view a list of physicians. The physicians will be listed in groups of 50, in alphabetical order.





Postdoctoral Insurance Plan Portal

<p>Home</p> <p>Insurance Benefits & Rates</p> <p>Begin Enrollment</p> <p>Waive Coverage</p> <p>RESOURCES</p> <p>Plan Documents Library</p> <p>Penn Behavioral Health</p> <p>U.S. Healthcare System</p> <p>Glossary of Terms</p> <p>Find a Provider</p> <p>SUPPORT</p> <p>Contact Us</p> <p>FAQ's</p>	 View Insurance Benefits & Rates	 Begin Enrollment	 Waive Coverage
	 Plan Documents Library	 FAQ's	  Find a Provider



Summaries of Benefits and Coverage

The Patient Protection and Affordable Care Act (PPACA) requires that you be notified that the Summaries of Benefits and Coverage for your medical plans are currently available on our website.


The Summaries of Benefits and Coverage follow the recommended guidelines of PPACA in a standardized format to make them easier to read and comprehend to better serve you in making your plan selections.

You may request a paper copy at no charge by calling the toll-free number on your new ID card.

You may also print a copy directly from the *Plan Documents Library* on the GBS website.

aetna : UNIVERSITY OF PENNSYLVANIA POSTDOCTORAL INSURANCE PLAN : Health Network OnlySM - PA Coverage Period: 01/01/2017 - 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual + Family | **Plan Type:** HMO

 **This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <https://www.aetna.com/sbcsearch/getpolicydocs?u=071200-070020-171617> or by calling 1-888-982-3862.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	Participating: Individual \$0 / Family \$0 .	See the chart starting on page 2 for your costs for the services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. Participating: Individual \$1,500 / Family \$3,000 .	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Premiums, balance-billed charges, and health care this plan does not cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. See www.aetna.com or call 1-888-982-3862 for a list of participating providers .	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Urgent Care

Hospital emergency rooms are to be used only if the situation is limb or life threatening.

Urgent Care Centers should be used as often as possible to avoid additional charges.

Urgent Care Centers are often open 24 hours and are available to treat most non-life threatening emergencies, as broken bones (not multiple fractures), wounds not bleeding profusely, fevers and flu symptoms.

The copay is less: HNO (HMO) Plan - \$75 copay for emergency room vs \$30 copay for urgent care.

PPO Plan - \$150 copay for emergency room vs \$35 copay for urgent care.

There are 7 Urgent Care Centers within 10 miles of the University of Pennsylvania.

Walk-In Clinics

The Walk-In Clinic is an in-network, free-standing health care facility that is an alternative to a physician's office for treatment of unscheduled, non-emergency illnesses and injuries and administration of certain immunizations.

It is not an alternative for the emergency room or the outpatient department of a hospital.

It is generally found in a retail location as CVS, Walgreens and Rediclinics.

If you use a Walk-In Clinic on the Medical HMO (HMO) plan, you will pay \$20.

If you use a Walk-In Clinic on the Medical PPO plan, you will pay \$30 in-network.

There are 5 Walk-In Clinics within 5 miles of campus (19104).



Prescriptions – Mail Order Pharmacy

You can order maintenance medications through Aetna's Rx Home Delivery for chronic conditions as asthma, arthritis, diabetes, high cholesterol and heart conditions.

Under the HMO Plan, this service provides you up to a 90 day supply of these medications after a copay of \$20 for generic, \$30 for brand-name, and \$60 for non-formulary brand name drugs.

Under the PPO plan, this service provides you up to a 90 day supply of these medications after a copay of \$40 for generic, \$60 for brand-name, and \$100 for non-formulary brand name drugs.

Please click on [Aetna RX Home Delivery/Order Form](#) in the *Plan Documents Library* on the website for more information, as well as directions on how to order your prescriptions.

Wellness Programs

Aetna Navigator - This is an online member portal that allows you to view your medical visits and claims status, print temporary ID cards and gain access to more important information.

Once you have your member ID, you may register for access to this site. There will be instructions on the website to assist you.

Beginning Right – Provides a pregnancy risk survey and a wealth of information to assist you with when either you or your spouse become pregnant.

GlobalFit – Offers discounts to a nationwide network of fitness clubs.

Health Connections – Discounts are offered through this program for spas, health foods and fitness clothing.

Stress Management – Information available for better mental and physical health.



Dental Insurance

Provided by

aetnaSM



Postdoctoral Insurance Plan

Aetna HMO Plan

Core Benefits	In-Network (Postdoc Pays)
Annual Deductible	None
Annual Benefit Maximum	Unlimited
<u>Preventive/Diagnostic Care</u>	
Routine Exams	No Charge
Teeth Cleanings (Prophylaxis)	No Charge
X-rays	No Charge
<u>Basic Procedures</u>	
Fillings	Varies up to \$75 copay
Endodontics	Varies up to \$380 copay
Periodontics	Varies up to \$300 Copay
Oral Surgery	Varies up to \$117 copay
<u>Major Procedures</u>	
Crowns	Varies up to \$275 copay
Bridgework	Varies up to \$275 copay
Dentures	Varies up to \$350 copay
<u>Orthodontia</u>	
Adolescent	\$1,945 copay plus start-up fees and retention
Adult	\$1,945 copay plus start-up fees and retention

For more detailed plan design information go to: upenn.gpa.services



Accessing care through the PENN Dental School Clinic

The DMO plan requires that you choose or be assigned a Primary Care Dentist (PCD) and access all care through this provider unless a specialist referral is necessary.

A vast majority of Postdocs are enrolled before they can choose a PCD, and if one is not chosen before accessing care for the first time, it can make the claims process difficult.

In order to alleviate this issue, we have begun automatically assigning the PENN dental school as the PCD for all newly enrolled Postdocs. Should you want to change to a different PCD, you may do so through Aetna member services.



Accessing care through the PENN Dental School Clinic

Continued...

Accessing care through the PENN Dental School offers a number of valuable benefits:

- Penn Dental Medicine ranked #1 of Top Dental Schools in U.S.A.
- Direct supervision of care by faculty with national and international reputation
- Convenient on-campus location – all dental specialties under one roof
- Collaboration with HUP and CHOP – world renowned medical and pediatric care
- Convenient evening clinic sessions – options for convenient appointments
- 24/7 access to professional care for dental emergencies
- High quality dental care at a reasonable cost – maximize use of insurance benefits
- Diverse international environment – over 40 languages spoken
- State of the art care in a comfortable environment



Postdoctoral Insurance Plan

Aetna Dental PPO Plan

Core Benefits	In-Network (Postdoc Pays)	Out-of-Network (Postdoc Pays)
Annual Deductible (waived for preventive)	\$50 per individual / \$150 per family	
Annual Benefit Maximum	\$1,500	
<u>Preventive/Diagnostic Care</u>		
Routine Exams	0%	20% of UCR
Teeth Cleanings (Prophylaxis)	0%	20% of UCR
X-rays	0%	20% of UCR
<u>Basic Procedures</u>		
Fillings	20%	50% of UCR
Endodontics	20%	50% of UCR
Periodontics	20%	50% of UCR
Oral Surgery	20%	50% of UCR
<u>Major Procedures</u>		
Crowns	50%	50% of UCR
Bridgework	50%	50% of UCR
Dentures	50%	50% of UCR
<u>Orthodontia (Child only)</u>		
\$2,000 Lifetime Maximum	50%	50% of UCR

For more detailed plan design information go to: upenn.gpa.services

Accessing the Out-of-Network Tier

An example of how seeking out-of-network services can impact your out-of-pocket costs:

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 Insurance

Provided by

aetnaSM



Postdoctoral Insurance Plan

Aetna PPO Vision Plan

Core Benefits	In-Network (Postdoc Pays)	Out-of-Network (Postdoc Pays)
Eye Exam (every 12 months)	\$10 Copay	Up to \$40 allowance
Frames (every 12 months)	\$130 allowance	Up to \$45 allowance
<u>Lenses</u> (every 12 months)		
Single	\$25 Copay	Up to \$40 allowance
Bifocal	\$25 Copay	Up to \$60 allowance
Trifocal	\$25 Copay	Up to \$80 allowance
Lenticular	\$25 Copay	Up to \$80 allowance
Contact Lenses (Conventional/Disposable)*	\$105 Allowance	

*Contact lenses in lieu of traditional lenses, materials only

For more detailed plan design information go to: upenn.gpa.services



Life/AD&D Insurance

Provided by





Postdoctoral Insurance Plan

Life and Accidental Death & Dismemberment Insurance

The plan pays \$50,000 in the event of a death.

An additional benefit of \$50,000 is paid for AD&D if the death is due to an accident.

The plan provides Postdocs **and their dependents** the \$50,000 Medical Evacuation and \$25,000 Repatriation of Mortal Remains benefits necessary to satisfy the current J1 & J2 Visa requirements.

Accelerated Benefit Provision – Allows eligible members who are terminally ill to receive an early allocation of up to 75% of their group life insurance benefit.

The Open Enrollment Process

In order to make changes to your enrollment for Plan Year 2021, please follow these steps. Please note that all changes made to your current enrollment will take effect January 1st, 2021.

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

Visit the Gallagher Benefit Services website at upenn.gpa.services and click on LOGIN at the top right corner of the screen.

Enter your Penn ID and previously created unique password to log in as a Returning User and reach the “Postdoc Dashboard.”

Once there, click on Make OE Changes to make any plan changes you desire.

The Open Enrollment Process

Continued...

Once you access your online Open Enrollment Form you may do the following:

If you are currently enrolled, you may view your current Benefit enrollment.

Make the changes mentioned earlier regarding switching medical and/or dental plans if desired. Please check all plans in which you wish to be enrolled for Plan Year 2021.

Enroll yourself and/or your eligible dependents if you previously waived.

Update your Life Insurance beneficiary information. If nothing has changed, you may leave this section as is.

If you previously waived or are enrolling for the first time, and choose the dental HMO, you must choose a Primary Care Dentist for all participating family members or you will be assigned to the PENN Dental Medicine School Clinic by default.



Gallagher

The Open Enrollment Process

Continued...

Provider directory links and instructions are available at the GBS website under *Find a Provider*.

All Postdoctoral Scholars making changes to their enrollment, whose dependent or PPO buy-up premiums are covered by their department, must complete the Dependent Contribution Worksheet which can be found in the *Plan Documents Library*. Please have your Business Administrator sign the form, then email it to Gallagher Benefit Services for processing.

The Open Enrollment Process

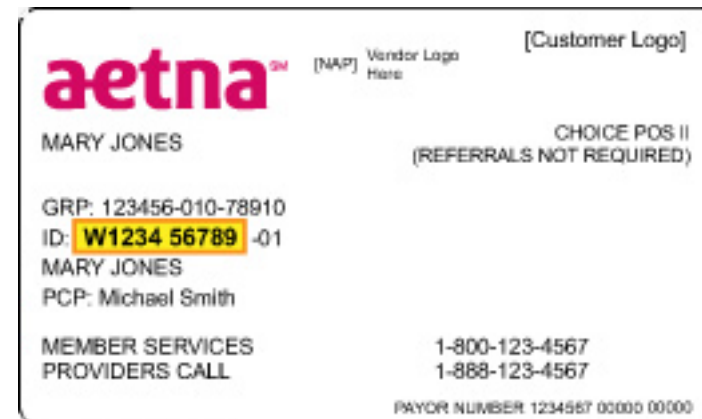
Continued...

An electronic version of the enrollment form will be submitted to the GBS secure database for processing.

An email will be sent no later than December 15th confirming your new enrollment status.

Please make sure the email address that appears on your enrollment form is correct.

ID cards (if applicable) will be mailed to your home.



Family Member Eligibility

Family member eligibility requirements are the same as the family member eligibility requirements for the University of Pennsylvania faculty/staff plans.

The Major Family Member Categories Are:

- Spouse
- Natural or adopted children to age 26 regardless of student status
- Stepchildren may be included if they live with the Postdoc and are supported at more than 50% and claimed as a tax dependent
- Same-sex domestic partner. The required Declaration of Domestic Partnership form, found on the GBS website, must be completed, notarized, signed and forwarded to Gallagher Benefit Services

Information Sources

For general inquiries and customer service regarding enrollment, benefit questions and ID cards, please contact:



Gallagher Benefit Services, Inc.

Tel: 1 (800) 319-9557 | Email: UniversityServices.GBS.PDinsPlan@ajg.com

Upenn.gpa.services

Thank you for joining us today!



Penn
UNIVERSITY *of* PENNSYLVANIA



Any Questions?



Gallagher

Insurance | Risk Management | Consulting