

Penn
UNIVERSITY of PENNSYLVANIA

Postdoctoral Insurance Plan for NRSA Fellows

Open Enrollment | **Plan Year 2023 (7/1/2023 – 12/31/2023)**

April 24th through May 5th

Presented by

Gallagher Benefit Services, Inc.

Agenda

Who is Gallagher Benefit Services?

Benefits Offered Through the Postdoctoral Insurance Plan for NRSA Fellows

Plan and rate Changes effective 7/1/2023

Overview of All Plans Offered

Explanation of the Open Enrollment process

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

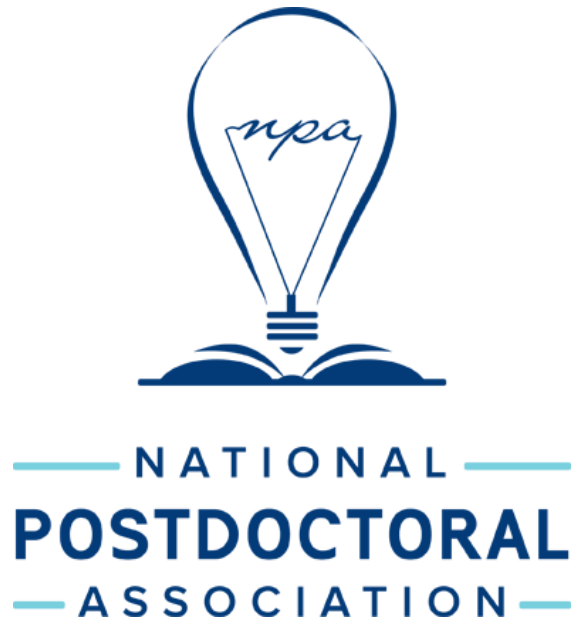
It is our goal to make the enrollment process easy for you, and make your access to the program's benefits as simple & uncomplicated as possible.

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 typically 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.

In this case, however, we are holding Open Enrollment due to the implementation of a new benefit program.

All NRSA postdocs will be automatically enrolled in the new benefit program's POS medical plan, however if you wish to take any of the actions listed below, you must access your enrollment record to do so:

- Waive the medical plan (with proof of alternate coverage)
- Elect the dental and/or vision plans
- Add dependent(s)







NRSA Fellows who do not make any of the above changes to their record will be enrolled in single coverage under the medical POS plan ONLY effective 7/1/2023.

Benefit Plan/Rate Changes Effective 7/1/2023

- There is an entirely new suite of medical, dental and vision plans, as well as a new PENN-sponsored Employee Assistance Program (EAP)
- Single postdocs will now pay a contribution toward their coverage, however the cost of dependent coverage has been greatly reduced

	Postdoctoral Insurance Plan for NRSA Fellows			
	MONTHLY Postdoc Contributions			
	(per pay period)			
	Single Coverage	Postdoc + Spouse	Postdoc + Child (ren)	Postdoc + Family
<u>MEDICAL</u>				
Aetna Open Access POS	\$65.00	\$414.00	\$273.00	\$515.00
<u>DENTAL</u>				
Aetna DMO	\$17.90	\$35.80	\$40.27	\$58.17
Aetna PPO	\$31.11	\$62.22	\$70.00	\$101.11
<u>VISION</u>				
Aetna Vision	\$6.03	\$11.45	\$12.05	\$17.71

Benefits Offered Through The Postdoctoral Insurance Plan

Plan Type	Line of Coverage	Company
POS	Medical	
EAP	Employee Assistance	
DMO	Dental	
PPO	Dental	
PPO	Vision	
Life and AD&D*	Life	

*Includes medical evacuation and repatriation coverage

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 your insurance plan. 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

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What is an Open Access Managed Choice POS Plan?

The member does not have to choose a PCP.

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

There is a plan year deductible.

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

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



Postdoctoral Insurance Plan

Aetna POS Medical Plan

Core Benefits	In-Network (Postdoc Pays)	Out-of-Network (Postdoc Pays)
Deductible (Individual/Family)	\$300 / \$900	\$800 / \$2,400
OOP – Single/Family	\$1,200 / \$3,600	\$2,400 / \$7,200
Office Visit	\$30 / \$50 Copay	40%**
Women’s Preventive Health	No Copay	40%**
Routine Physical Exam	No Copay	40%**
E-Visit*	\$30 / \$50 Copay	40%**
Inpatient Hospital	20%**	40%**
Outpatient Surgery	20%**	40%**
Urgent Care	\$50 Copay	40%**
Emergency Room	\$150 Copay (waived if admitted)	
RX	10% max of :\$20 / \$100 / \$100	40% no max
RX Out-of-Pocket Max	\$2,000 / 6,000	N/A

*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: <https://clients.garnett-powers.com/pd/upennNRSA>



Postdoctoral Insurance Plan

Aetna POS Medical Plan – Infertility Benefits

Core Benefits	In-Network (Postdoc Pays)	Out-of-Network (Postdoc Pays)
<u>Infertility Treatment</u> (Diagnosis & treatment of underlying medical condition)	Cost sharing based on type of service and where it is performed	
<u>Comprehensive Infertility Services</u> (Coverage includes artificial insemination and ovulation induction limited to six courses of treatment per member lifetime.)	20%**	40%**
<u>Advanced Reproductive Technology (ART)</u> ART coverage includes: In vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI) or ovum microsurgery. Limited to 3 courses of treatment per member's lifetime.	20%**	40%**


**Deductible applies

When and Where to Access Care

Type of Provider	Scenario	Type of Illness or Injury
General Physician	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 benefit program website, then follow the applicable step-by-step instructions provided in order to locate in-network doctors, dentists and optometrists near you.





Insurance | Risk Management | Consulting



Penn Postdoctoral Insurance Plan Portal
UNIVERSITY OF PENNSYLVANIA



Insurance | Risk Management | Consulting

 View Insurance Benefits & Rates	 Begin Enrollment	 PENN Behavioral Health	
 Plan Documents Library	 FAQ's	 Find a Provider	

Postdoctoral Insurance Plan for NRSA Fellows
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 POS: Aetna	<ol style="list-style-type: none"> 1. Visit: http://www.aetna.com/dse/search?cid=ppc-700000001035216-Branded_Tools_Exact-DocFind-aetna%20docfind&s_dfa=1 2. Under "Continue as a guest", enter your zip code and select the location from the drop-down menu, adjust your "Look within" search radius and click "Search." 3. From the "Select a Plan" drop-down menu, under Aetna Open Access Plans, select the Managed Choice® POS (Open Access) plan.

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 will be posted on the benefit program website once Open Enrollment begins.


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.

Summary of Benefits and Coverage: What This Plan Covers & What You Pay for Covered Services Coverage Period: 07/01/2023 - 06/30/2024

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Aetna Open Access® Managed Choice® Coverage for: Individual + Family | Plan Type: POS

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcsearch/getpolicydocs?u=081400-040020-002361> or by calling 1-888-982-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-982-3862 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For each Plan Year, In-Network: Individual \$300 / Family \$900. Out-of-Network: Individual \$800 / Family \$2,400.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Emergency care & prescription drugs; plus in-network office visits & preventive care are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: Individual \$1,200 / Family \$3,600. Out-of-Network: Individual \$2,400 / Family \$7,200. Prescription drugs: Individual \$2,000 / Family \$6,000.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover & penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See http://www.aetna.com/docfind or call 1-888-982-3862 for a list of in-network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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: \$150 copay for emergency room vs **\$50 copay for in-network 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 POS 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 PPO plan, this service provides you up to a 90 day supply of these medications after a maximum copay of \$40 for generic, \$100 for brand-name, and \$200 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.

Aetna Maternity Program – Provides a wealth of information to assist you with when either you or your spouse become pregnant.

Aetna Fitness Discounts – Save on gym memberships, health coaching, fitness gear and nutrition products that support a healthy lifestyle.

LifeMart Member Discount Program – Save on hotels, cars, electronics, entertainment, groceries and more.

24-Hour Nurse Line – Speak to a registered nurse about health issues – whenever you need to.



Employee Assistance Program (EAP)

NRSA Fellows will now have access to an EAP offered through Aetna. The EAP offers a plethora of services to aid you with a wide range of issues you may need assistance with.

Additional information on these EAP features is available on the benefit program website in the Documents Library.

Product feature	
Unlimited telephonic consultation	✓
Face-to-face, tele-video or telephonic counseling, per issue, per year	Up to 8
Worklife support	✓
Legal resources	✓
Financial resources	✓
ID Theft	✓
Member website	✓
Talkspace message-based and live session counseling	✓
Management consultation	✓
Management referrals	✓
Proactive account management	✓
Crisis response services	✓
Flyers and wallet cards	✓
Monthly email newsletter	✓
Semi-annual and annual utilization reports	✓
Member mobile app	✓



Dental Insurance

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Postdoctoral Insurance Plan

Aetna DMO 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 \$40 copay
Endodontics	Varies up to \$255 copay
Periodontics	Varies up to \$275 Copay
Oral Surgery	Varies up to \$300 copay
<u>Major Procedures</u>	
Crowns	Varies up to \$255 copay
Bridgework	Varies up to \$255 copay
<u>Orthodontia (excludes transitional)</u>	
Adolescent	\$2,400
Adult	\$2,400

For more detailed plan design information go to: <https://clients.garnett-powers.com/pd/upennNRSA>



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: <https://clients.garnett-powers.com/pd/upennNRSA>

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

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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 \$25 allowance
Frames (every 24 months)	\$130 allowance (15% off remaining balance)	Up to \$65 allowance
<u>Lenses</u> (every 12 months)		
Single	\$25 Copay	Up to \$10 allowance
Bifocal	\$25 Copay	Up to \$25 allowance
Trifocal	\$25 Copay	Up to \$55 allowance
Lenticular	\$25 Copay	Up to \$55 allowance
Contact Lenses (Conventional/Disposable)*	\$130 allowance	Up to \$104 allowance
Contact Lenses (Medically Necessary)*	\$0 Copay	Up to \$200 allowance

*Contact lenses in lieu of traditional lenses, materials only

For more detailed plan design information go to: <https://clients.garnett-powers.com/pd/upennNRSA>



Life/AD&D Insurance

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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 automatic enrollment for Plan Year 2023 (7/1/2023 – 12/31/2023), please follow these steps. Please note that coverage under the new benefit program will take effect July 1st, 2023.

Visit the Gallagher Benefit Services website at <https://clients.garnett-powers.com/pd/upennNRSA> and click on LOGIN at the top right corner of the screen.

Enter your Penn ID and date of birth to log in as a **NEW 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:

- Waive the default medical insurance (proof of alternate coverage will be required)
- Enroll in the voluntary dental and/or vision plans
- Add dependents to any plans in which you are also enrolled
- Update your Life Insurance beneficiary information
- Enter a valid email address so we may contact you



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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 June 1st confirming your enrollment status.

Please make sure to add a valid email address to your enrollment form.

New ID cards (if applicable) will be mailed to your home prior to 7/1/2023.

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
- 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

<https://clients.garnett-powers.com/pd/upennNRSA>