

IAS

INSTITUTE FOR
ADVANCED STUDY



Member Benefits Guide

Effective January 1, 2025 - December 31, 2025

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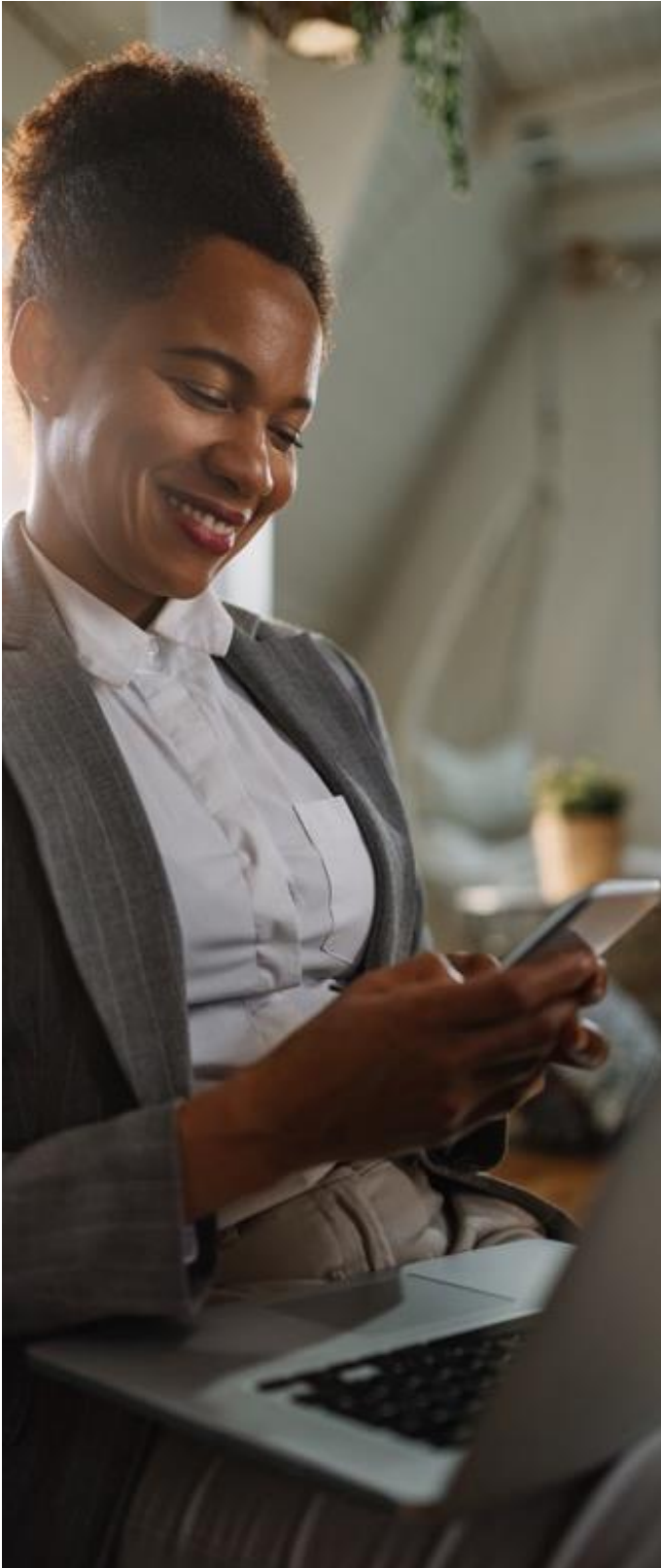
Welcome to your Institute for Advanced Study 2025 Benefits

Your needs, and those of your family, are unique to you. That's why the Institute for Advanced Study provides a comprehensive medical and dental insurance program that you can customize to fit your personal situation.

Some of the benefits we offer are a shared contribution between you and the Institute. Other benefits are also available to you at reasonable group rates.



Benefits Overview



Benefit Options Requiring Member Contributions

- Medical - Aetna
 - Base Plan
 - Enhanced Plan
 - ✓ Plans include prescription drug coverage
 - ✓ Plans include telemedicine for physical and mental health at \$0 copay
- Dental - MetLife

Benefit Options with NO Member Contributions

- Employee Assistance Program (EAP)
 - Financial, Legal, Child & Elder care and more
 - Counselors available 24/7
 - Large network of providers

Eligibility

Who is Eligible?

- If you do not have access to medical insurance from another source.

Your dependents are eligible if they are:

- Your legal spouse or domestic partner
 - *Must provide proof of your Domestic Partnership (or Registered Domestic Partner Certificate) along with Appropriate documentation outlined by Human Resources*
- Your child(ren)[†] up to age 26 and your disabled children up to any age (pursuant to plan documents and state law, please see Human Resources for more information)

[†] Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship

Making Benefit Changes During the Plan 2025

The benefit elections you make during your initial enrollment period will be in effect through the end of the plan year. If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events are subject to approval. Please reach out to your employer for specific documentation to be submitted for a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

Qualifying Life Event

Change in Marital Status

- Marriage
- Divorce
- Death of your spouse

Change in Dependents

- Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)
- Death of your covered dependent
- Gain or loss of Medicare or Medicaid during the 2025

Change in Employment

- Change in you or your spouse’s work status that affects benefits eligibility
- Your spouse’s Open Enrollment differs from yours
- Relocation if the move impacts eligibility for the plan

Your Coverage

When Do New Elections Begin?

New elections begin on January 1, 2025.

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period, unless you experience a qualifying life event.

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your appointment with the Institute ceases, your benefits will end.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

Benefits can be canceled due to:

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because 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.

Domestic Partners

Domestic partners are not generally eligible for continuation of coverage. See your plan documents or contact Human Resources for more information.

Contribution toward the cost of coverage for your domestic partner and his or her dependents is considered taxable income to you.

Domestic partner premiums will either be deducted on a post-tax basis or imputed as income based on the value of coverage. You may wish to consult with a tax adviser for more information.

Enrollment

When Can I Enroll in Benefits?

You can enroll in benefits:

- Within 30 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

How Do I Enroll?

If you would like to make any changes for your current IAS plan, please reach out to Cindy Pearce at hr@ias.edu.

All members who are currently enrolled in the medical benefit plan are required to complete a new enrollment form, which will be provided in the coming days.

Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect January 1st.

Please note:

Federal regulations require IAS to obtain the following information during enrollment:

- Dates of Birth
- Dependents relationship to you





Scan to view
[Glossary of Health
Coverage and
Medical Terms](#)

Benefits Glossary

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

Copayment

A fixed amount (for example, \$30) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible.)

Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

Medical Overview

We offer 2 medical plans through Aetna with the following features:

- Deductibles and out-of-pocket maximums accumulate January 1st through December 31st
- Includes prescription drug coverage
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier contracts for information regarding specific benefit levels, exclusions and limitations for all policies

Medical Provider Finder

To search for in-network medical providers:

Log onto www.aetna.com

Network: Choice POS II

Access care from your home through CVS Health Virtual Care

Log onto CVS.com/virtual-care

Download the Mobile App Today!



Cost of Care Estimator

To search for estimated cost of care, please log into your Aetna account on the site below:

www.aetna.com/about-us/login.html

Or call Aetna member services at: 800-962-6842

You can also contact Angela Malgeri at Angela.Malgeri@aleragroup.com for assistance.

Medical Plans In-Network

Only In-Network benefits are shown below as a summary of your medical plan benefits offered to you.

For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, and coverage limits.

	Base Plan	Enhanced Plan
You Pay In-Network	In-Network (Individual / Family)	In-Network (Individual / Family)
Deductible	\$500 / \$1,000	\$250 / \$500
Coinsurance	20%	0%
Out-of-Pocket Maximums	\$2,000 / \$4,000	\$1,000 / \$2,000
Coinsurance/Copays		
Preventive Care	Covered 100%	Covered 100%
Primary Care	\$30 copay	\$20 copay
Telemedicine - CVS Health	\$0 copay	\$0 copay
Telemedicine - Other Providers	\$30 copay	\$20 copay
Specialist Care	\$50 copay	\$30 copay
Behavioral Health Care	\$30 copay	\$20 copay
Urgent Care	\$75 copay	\$50 copay
Emergency Room Care	\$250 copay	\$250 copay
Outpatient Surgery	20% after deductible	0% after deductible
Inpatient Hospitalization	20% after deductible	0% after deductible
Pharmacy Retail RX (only 30-day supply shown)		
Generic (Tier 1)	\$15	\$10
Preferred Brand (Tier 2) *After Deductible	\$25	\$25
Non-Preferred Brand (Tier 3)	\$40	\$35

Medical Plans Out-of-Network

Only Out-of-Network benefits are shown below as a summary of your medical plan benefits offered to you.

	Base Plan	Enhanced Plan
You Pay Out-of-Network	Out-of-Network (Individual / Family)	Out-of-Network (Individual / Family)
Deductible	\$2,000 / \$4,000	\$1,000 / \$2,000
Coinsurance	30%	20%
Out-of-Pocket Maximums	\$3,000 / \$6,000	\$3,000 / \$6,000
Coinsurance/Copays		
Preventive Care	Covered 100%	Covered 100%
Primary Care	30% after deductible	20% after deductible
Telemedicine	30% after deductible	20% after deductible
Specialist Care	30% after deductible	20% after deductible
Behavioral Health Care	30% after deductible	20% after deductible
Urgent Care	30% after deductible	20% after deductible
Emergency Room Care	\$250 copay	\$250 copay
Outpatient Surgery	30% after deductible	20% after deductible
Inpatient Hospitalization	30% after deductible	20% after deductible

*After Deductible

Prescription Drugs

Get the most from your prescription coverage.

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through **CVS CareMark**. For a list of approved drugs, log onto www.caremark.com.

The prescription plan is administered by **RxBenefits**. Please contact the RxBenefits Service Team at **800-334-8134** or CustomerCare@rxbenefits.com.

- If you take a maintenance medication, you can save money by enrolling in mail order RX
- Not all medications can be filled via mail order
- Specialty medications must be filled at the approved **CVS CareMark** pharmacy
- Ask your doctor if it is appropriate to use a generic drug rather than a brand name
- Compare pharmacies for the best price
- Prescription Management may apply; such as prior authorization, step therapy, and quantity limits



Preventive Care

Preventive services help you stay healthy, detect health problems early, determine the most effective treatments, and prevent certain diseases.

- Preventive services include exams, shots, lab tests, and screenings
- Routine visits will only be covered under preventive care when using an in-network provider
- Full list: healthcare.gov/what-are-my-preventive-care-benefits

Telemedicine

CVS Health Virtual Care

Each medical plan includes **CVS Health Virtual Care** 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**, The CVS Health Virtual Care telemedicine program offers a **convenient, cost-effective alternative** to hospital emergency rooms and urgent care clinics.

CVS Health Virtual Care 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 **CVS Health Virtual Care** can diagnose, recommend treatment and write short-term prescriptions for minor, non-life-threatening conditions including, but not limited to:

- Coughs, colds, flu and strep
- Joint, head, and stomach pain
- Minor skin conditions including skin infections, rashes, insect bites and cuts
- Infections (ear, sinus, UTI)
- Medication refills

Behavioral Health Support

You can also access licensed therapists through **the CVS Virtual Health Care** program for confidential counseling seven days a week to help with depression, anxiety, stress, family difficulties and more. Behavioral health telemedicine appointments must be scheduled.



Everyday Care

- \$0 copay per visit
- Talk to a licensed doctor for non-emergency conditions 24/7

Mental Health Care

- \$0 copay/ counseling visit (ages 13+)
- \$0 copay/ psychiatrist first visit (ages 18+)
- \$0 copay/ medication management (ages 18+)
- Talk to a therapist 7 days a week (7am to 7:30pm local time)

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**

How to Use CVS Health Virtual Care

1. Download the CVS Health app, go online to CVS.com/virtual-care or scan the QR code shown here.
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.



Dental (PPO)

Dental insurance is offered through **MetLife**. Your choice of dentists can determine the cost savings you receive.

You will pay less for in-network services. For out-of-network providers, MetLife will pay claims based on reasonable and customary (R&C) charges. You are responsible for paying the balance of the bill.

Please refer to plan summary for out-of-network benefits, subject to balance billing, and limitations.



In- and Out-of-Network

Benefit Maximum Per Person

Calendar Year Annual Max \$3,500

Orthodontia Lifetime Max per Person (Adult & Child) \$1,500

Deductible (applies only to Basic & Major Services)

Individual \$25

Family \$75

Benefit You Pay

Preventive Services 0%

Basic Services 20%

Major Services 50%

Orthodontia (Adult & Child) 50%

Additional Benefits

Employee Assistance Program (EAP)

We offer EAP for you through Penn Medicine Princeton Health at no cost to you! Counselors are available for support by phone 24 hours a day, seven days a week at **800-527-0035**.

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Penn Medicine Princeton Health
Clock Building
1000 Herrontown Road
Princeton, NJ 08540

1.800.527.0035
princetonhcs.org/eap



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EMPLOYEE ASSISTANCE PROGRAM - AVAILABLE 24/7 - ALWAYS CONFIDENTIAL

Cost of Coverage

If eligible, you will be paid the subsidy for the term of your appointment with the Institute, if you are enrolled in the Institute’s health insurance. The Institute offers a subsidy to assist with the cost of both medical options. The subsidy is considered taxable ordinary income, and therefore, may be taxable to you as other income would be. If you have health insurance available from another source, you are not eligible for this program.

Please contact Human Resources at hr@ias.edu to determine your eligibility.

Medical Subsidy / Contribution Amounts

	Base Plan Subsidy	Base Plan*	Enhanced Plan Subsidy	Enhanced Plan*
Employee Only	\$875.00	\$155.81	\$1,030.00	\$258.52
Employee + Spouse/Domestic Partner	\$1,940.00	\$327.78	\$2,300.00	\$534.74
Employee + Child(ren)	\$1,550.00	\$305.46	\$1,820.00	\$499.34
Employee + Family	\$2,650.00	\$442.43	\$3,220.00	\$645.56

*After Subsidy

Dental Contributions

	PPO Member
Employee Only	\$40.24
Employee + Spouse/Domestic Partner	\$81.69
Employee + Child(ren)	\$93.73
Employee + Family	\$143.39

Dental is not subsidized

Contact Information

Benefit	Partner	Website / Phone
Medical Group #: 658955	Aetna	www.Aetna.com 800-962-6842
Prescription Group #: 2169IFAS	RxBenefits / CVS/CareMark CVS Specialty	CustomerCare@rxbenefits.com www.caremark.com RxBenefits: 800-334-8134 CareMark: 800-318-6108
Dental Group #: 05912858	MetLife	www.metlife.com 800-942-0854
Human Resources	Cindy Pearce	cpearce@ias.edu 609-951-4436
Benefit Questions	Jillian Quaranto Andrew MacDonald	Jillian.Quaranto@aleragroup.com Andrew.MacDonald@aleragroup.com
Claims Questions	Angela Malgeri	Angela.Malgeri@aleragroup.com 973-377-3362



Benefits Effective January 1, 2025 - December 31, 2025

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