

2024 Benefits Guide for Qatar Faculty and Staff Members





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This guide and our web resources are not intended to take the place of plan documents. If there is a conflict between this guide and the plan documents, the plan documents will govern. The [Summary Plan Descriptions \(SPDs\)](#) contain more detailed information. Contact [HR Services](#) to request a hard copy of the SPDs. Carnegie Mellon University reserves the right to modify, amend, or terminate any or all of the provisions of these benefits or the plan documents at any time for any reasons upon appropriate action by the university. Notwithstanding any of the prior statements, in all cases, university policies will govern.

BENEFITS ENROLLMENT



WHEN TO ENROLL IN BENEFITS

Employees may enroll in benefits when they first become eligible and every year during Open Enrollment.

NEWLY ELIGIBLE EMPLOYEES

Newly eligible employees must enroll in benefits within 30 days of their hire date (or the day they become eligible). Benefit elections will be effective for the remainder of the calendar year, unless the employee experiences a qualified life or family status change midyear (*see next page*).

When do benefits go into effect?

LOCAL HIRES: Benefits always go into effect on the first of the month. If the hire date is the first of the month, the benefits effective date is the same date. Otherwise, the benefits effective date is the first day of the month following the date you were hired or became eligible.

EXPATRIATES: If you are already employed by Carnegie Mellon, your benefits become effective on the first day of the month prior to the start of your international assignment. If you are newly hired, the benefits effective date is the first day of the month following the date you were hired.

30 DAY WINDOW FOR BENEFITS ENROLLMENT

Newly eligible employees have 30 days from the date they become eligible to enroll in or waive benefits. If you do not make elections within 30 days, you will be automatically enrolled in default benefits (*see right*). Please note that U.S. retirement savings contributions can be elected or changed at any time.

OPEN ENROLLMENT

Typically held in early November, Open Enrollment provides you the opportunity to review your benefits coverage and make new elections for the upcoming calendar year. Unless you experience a qualifying life or family status change (*see next page*), Open Enrollment is the only time during the year when you may change your elections.

What happens if I don't select my benefits during Open Enrollment?

If you do not actively select your benefits for the upcoming year, you will be enrolled in the same benefit plans at the same level of participation that you have in the current year (with the exception of the flexible spending accounts for expatriates with U.S. taxable income).

When do changes made during Open Enrollment go into effect?

Elections made during Open Enrollment will become effective the following January 1 and will remain in effect for the entire calendar year.

REHIRED EMPLOYEES

If you terminate employment (or otherwise lose eligibility) and then resume employment (or otherwise regain eligibility) within the same calendar year, your elections in effect on the date you initially lost eligibility will be automatically reinstated. You will not be permitted to make new elections until the next open enrollment period, unless you experience a qualifying life or family status change.

DEFAULT BENEFITS

Employees are automatically enrolled in certain benefits if elections are not made when they are first eligible, or when they have an eligibility change.

Full-Time Expatriate Employees

The default benefit package for full-time expatriate employees costs **\$227.40** per month and covers the employee only:

- **Medical/Prescription/Vision:** CIGNA
- **Life and AD&D Insurance:** Basic
- **Long-Term Disability Insurance:** Basic

Employees will not be enrolled in dental, optional life & AD&D insurance, dependent life insurance or any flexible spending account.

Full-Time Local Employees

The default benefit package for full-time local employees is provided at no cost and covers the employee only:

- **Medical/Prescription/Vision:** Allianz Option 1
- **Life and AD&D Insurance:** Basic
- **Long-Term Disability Insurance:** Basic

Employees will not be enrolled in dental, optional life & AD&D or dependent life insurance.

Part-Time Local and Expatriate Employees

The default benefit package for part-time employees is the basic life insurance only. Employees will not be enrolled in medical, prescription, or voluntary AD&D insurance. There is no cost associated with part-time default benefits.

LIFE OR FAMILY STATUS CHANGES

Changing benefits outside Open Enrollment

Life or family changes sometimes require you to change your benefits outside of Open Enrollment. You can make changes to your benefits that are consistent with your life or family status change within 30 days of the date that the status change occurred. If you miss the 30 day enrollment period, you must wait until the next Open Enrollment to make changes.

Supporting documentation to verify a status change, such as a birth certificate, marriage certificate or proof of new coverage, is required. If you experience a life or family status change but do not yet have the required supporting documentation, please do not wait to request the change in Workday until you receive it. You can separately submit the documentation in Workday within 30 days of making the elections.

In most cases, you may not change the benefit option (e.g., CIGNA to Allianz), but you may modify the level of your coverage (e.g., employee and spouse to family coverage).

30 DAY DEADLINE

Employees have 30 days from the event date to request benefit changes in Workday. After electing the new benefits, employees have 30 days to upload required documentation. This includes documentation to verify the status change and to verify newly added dependents.

QUALIFYING LIFE OR FAMILY STATUS CHANGES

The following life or family status changes allow you to make changes outside of Open Enrollment:

- Marital (or domestic partnership for expatriates) status changes (e.g., marriage or registration of partnership, death, divorce or termination of partnership)
- Dependent eligibility changes (e.g., birth or adoption, death, or dependent(s) become(s) ineligible for coverage)
- Coverage from another source is gained or lost
- Significant change in cost or coverage of plan (as defined by the university)
- Relocation (e.g., international to U.S. position change)
- Employment status change (e.g., part-time to full-time)

EXAMPLES OF LIFE OR FAMILY STATUS CHANGES

Dependent Gains Outside Coverage

Your daughter obtains her first job and now has her own insurance as of May 1. You have until May 31 to remove her from your plan in Workday. If you submit the request on May 23, you have until June 22 to upload supporting documentation.

Marriage

You were married on August 6 and want your new spouse to be covered under your CMU benefits. You have until September 5 to submit the benefit change request in Workday. If you complete the request on August 10, you need to submit a copy of your marriage certificate by September 9. Your spouse's coverage would become effective on September 1.

CONSISTENCY RULE

The benefit changes you request must be consistent with your life or family status change. For example, if your spouse loses outside medical coverage, you may add your spouse to your medical plan, but you would not be able to drop dental coverage.

HOW TO ENROLL IN BENEFITS

1. REVIEW YOUR BENEFIT OPTIONS.

Review this guide and use our online resources to determine your benefits eligibility. Decide which options work best for you and your family.

2. GATHER YOUR INFORMATION.

If adding new dependents to your benefits coverage, you will be required to provide their Social Security numbers and upload a copy of dependent verification documentation to Workday (*see page 9 for more information*) within 30 days.

3. ENROLL THROUGH WORKDAY.

Workday is the university's web-based human resources, payroll, benefits and time tracking system. Visit the [HR Services website](#) to log in to Workday using your Andrew ID, password and DUO 2fa. If you need assistance using the system, review the [Workday system guides](#) or [contact HR Services](#).

4. PRINT.

Please review your final elections carefully before submitting, and remember to print and/or save a copy for your records.

5. FOLLOW UP WITH REQUIRED DOCUMENTATION.

If dependent verification documentation and/or life status change supporting documentation is required, please upload these documents to Workday within 30 days if you did not attach the documents at the time of enrollment. If documentation is not received within the 30-day time frame, your dependent(s) will be removed from coverage. Evidence of Insurability (EOI) may also be required for life insurance coverage. If you receive an EOI form, please return it to MetLife within the time frame indicated.

NEED HELP UNDERSTANDING YOUR BENEFITS?

Human Resources Services is your first stop for questions pertaining to benefits.

Hours:

Monday–Friday, 8:30 a.m.–5 p.m. Eastern Time

Website:

<https://www.cmu.edu/hr/service-center/index.html>

Toll Free Phone:

844-625-4600

Submit an HR Ticket and View FAQs:

<https://www.cmu.edu/hr/service-center/help/index.html>

You can also contact your local HR Office.

Phone: +974 4454-8511

Fax: +974 4454-8410

ELIGIBILITY AND BENEFIT PLAN CONTACTS



BENEFITS ELIGIBILITY: FULL-TIME, PART-TIME, LOCAL HIRES AND EXPATRIATES

Benefit Program	Full-Time Eligible		Part-Time Eligible		Not Benefits Eligible
Scheduled Hours	At least 37.5 hours per week or 100% of a full-time schedule		At least 17.5 hours per week or 46.7% of a full-time schedule		Less than 17.5 hours per week or 46.7% of a full-time schedule
	Expatriates	Local Hires	Expatriates	Local Hires	Expatriates and Local Hires
Medical/Prescription/Vision	✓	✓	✓	✓	
Dental	✓	✓*			
Flexible Spending Accounts (FSAs)	✓	✓*			
Life and AD&D Insurance	✓	✓	✓*	✓*	
Dependent Life Insurance	✓	✓			
Short-Term/Long-Term Disability	✓	✓			
Tuition Benefits	✓*	✓*	✓*	✓*	
Tuition Benefits for Dependent Children	✓*	✓*			
University Retirement Contributions	✓*	✓*	✓*		
Employee Retirement Contributions	✓*	✓*	✓*	✓*	✓*
Paid Time Off	✓*	✓*			
Employee Assistance Program (EAP)	✓	✓	✓	✓	✓

*Specific eligibility requirements (such as minimum hours worked, citizenship, service requirement, etc.) or different benefit levels may exist.

If you need more information or have any questions about a specific benefit, please visit the [HR website](#) or contact [Human Resources Services](#) / 412-268-4600.

DEPENDENT ELIGIBILITY

Benefits eligible employees may also cover their eligible dependents under certain benefits.

Eligible dependents include:

- same- or opposite-sex spouse or registered domestic partner (*only expatriates are able to add a same-sex spouse or a domestic partner; see below*)
- children (natural born, legally-adopted, stepchildren, children of your domestic partner whom you can claim as your dependent on your U.S. federal income tax return, or children for whom you, your spouse or domestic partner serve as a legal guardian) up to their 26th birthday
- unmarried dependent children of any age who, upon attainment of age 26, were covered under the particular benefit and were disabled as defined in the information provided by the third-party administrator or insurance company

Individuals can only be covered once under a Carnegie Mellon University benefit plan. If your spouse/domestic partner and/or child(ren) are already covered under a CMU benefit plan, you will not be able to add them to coverage under that plan.

REGISTERING YOUR DOMESTIC PARTNER (EXPATRIATES ONLY)

Benefits eligible expatriate employees may elect to cover their same- or opposite-sex domestic partner under the insurance benefits to which married spouses are entitled, except where IRS regulations prohibit the provision of such benefits. Children of a registered domestic partner whom the employee can claim as a dependent for federal tax purposes may also be added.

See the [Domestic Partner Registration Packet \[pdf\]](#) for a detailed list of the criteria for registering a domestic partnership and the documentation required to be submitted. Registration is subject to approval.

Carnegie Mellon is required to follow the host nation laws for individuals residing in the host nation. Qatar prohibits the extension of benefits to domestic partners residing in Qatar and also criminalizes homosexual relationships. Domestic partners may not be granted a visa to accompany their partner, unless they have been granted a separate work visa from the nation.

DEPENDENT VERIFICATION

Supporting documentation is required when adding dependents to your coverage and must be submitted within 30 days of enrollment. Please refer to [Dependent Eligibility Documentation \[pdf\]](#) for a complete list of acceptable documents. Documentation is uploaded via Workday and will be held confidentially. (If documentation is not received within the 30-day time frame, your dependent(s) will be removed from coverage.)

Please refer to the [Workday system guides](#) for detailed instructions regarding how to add dependents in Workday.

FOR U.S. EXPATRIATES

SOCIAL SECURITY NUMBER REQUIREMENT

If you elect benefits that include coverage for dependents, please add their Social Security number(s) (SSNs) in the space provided during enrollment in Workday.* Please note that it is important to provide this information. The Affordable Care Act requires employers to report to the IRS the SSNs of all employees and dependents with minimum essential coverage.

**Please refer to the [Workday system guides](#) for detailed instructions regarding how to add dependents in Workday.*

DOMESTIC PARTNER TAX CONSEQUENCES

The IRS prohibits providing benefits on a pre-tax basis on behalf of dependents who do not meet the IRS Code, Section 152 definition of a dependent. If your situation does not meet the IRS standard for pre-tax reduction, the portion of your contribution that is attributed to your domestic partner's coverage must be deducted from your pay on an after-tax basis.

In addition, employer-provided coverage for a domestic partner who does not meet the IRS definition of a dependent is considered to be taxable income to the individual at the fair market value of the coverage. The difference in the university contribution between the level of coverage that includes your partner and the level that does not cover him/her will be noted as additional income on your pay stub and will be assessed federal taxes. This is called imputed income.

BENEFITS RESOURCE DIRECTORY AND CONTACTS

Benefit Provider Name	Policy/Group Number	Phone Number	Website
Medical/ Prescription/ Vision			
CIGNA Global Health Benefits	02424A	800-441-2668 or 302-797-3100 (international collect) 800-558-3604 (toll-free TDD) Tel-Drug: 800-835-3784 or 605-373-0100	www.cignaenvoy.com
Allianz	IG00287ME	8000 155 (calling toll-free within Qatar) +974 403 18444 (calling from within or outside of Qatar)	https://www.allianzcare.com/en/login.html
Dental			
CIGNA Global Health Benefits	02424A	800-441-2668 or 302-797-3100 (international collect) 800-558-3604 (toll-free TDD)	www.cignaenvoy.com
Disability, Life and AD&D Insurance			
MetLife	166124	800-638-6420	www.metlife.com
Flexible Spending Accounts			
WEX	47321	866.451.3399	https://www.wexinc.com/contact/health/
Retirement Savings			
TIAA	FSRP 403(b): 102240	National Center: 800-842-2776	www.tiaa.org/public/tcm/carnegiemellon
Employee Assistance Program (EAP)			
LifeSolutions	N/A	971-4-365.8498 971-50-778-2785	https://chestnutglobalpartners.org/en-us/lifesolutions email: lifesolutions@chestnut.org

MEDICAL, PRESCRIPTION AND VISION



MEDICAL PLANS OVERVIEW

Plans are available through CIGNA and Allianz

Allianz offers an option that includes coverage in the United States and an option that covers only emergency care in the United States. CIGNA includes coverage in the United States.

If both you and your spouse/domestic partner are employed at any Carnegie Mellon location, you cannot both cover each other, nor can you both cover the same dependents; individuals can only be covered under one Carnegie Mellon health plan at a time. If you have coverage from another source, you may choose to opt out of medical coverage through Carnegie Mellon.

Expatriates: Please note that medical insurance plans designed for expatriates generally include special services designed for your circumstances, such as translation services, emergency evacuation, and repatriation of remains. If you are covered by another plan that does not include international services, you should consider enrolling in one of our plans.

PRESCRIPTION AND VISION COVERAGE INCLUDED

The medical coverage includes prescription drug and vision coverage (see page 14 for more information). If you opt out of medical coverage, you cannot enroll in prescription drug or vision coverage.

MEDICAL PLAN EMPLOYEE CONTRIBUTIONS

Monthly rates are shown in U.S. dollars. Rates include prescription drug and vision coverage costs.

Coverage Level	CIGNA		Allianz 1 (excludes U.S.)		Allianz 2 (includes U.S.)	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$227.40	\$726.96	\$0	\$217.97	\$200.49	\$467.94
Employee and Child(ren)	\$944.36	\$1,730.48	\$0	\$326.96	\$563.91	\$833.53
Employee and Spouse/ Partner	\$1,221.54	\$2,172.37	\$0	\$435.95	\$786.35	\$1,128.59
Family	\$1,885.62	\$3,116.33	\$0	\$544.93	\$1,109.03	\$1,473.78

IF YOU ARE A QATARI CITIZEN

CIGNA is not available to local nationals residing in their country of citizenship. You may only enroll in one of the Allianz plan options. See chart on the next page for more information.

Q: What is a deductible?

A: A **deductible** is the amount you are required to pay each calendar year, if any, before any coinsurance payments will be made by the plan.

Q: What is coinsurance?

A: The **coinsurance** is a set percentage paid by the plan of the allowable amount of the covered expense. You pay the rest, up to the annual out-of-pocket maximum, if applicable.

Q: What if I need coverage in the U.S.?

A: When you are visiting the United States, all of CMU's plans will cover emergency care. Only the CIGNA and Allianz Option 2 (including U.S.) plans will provide coverage for scheduled or non-emergency care in the U.S.

Additionally, if you have a spouse, domestic partner (for expatriate employees) or dependent child(ren) who will be living in the U.S. during your international assignment, they may be covered under your CIGNA or Allianz Option 2 plan.

Q: How do I find CIGNA participating providers?

A: [Register online](#) to access CIGNA's directory, or call CIGNA's Global Service Center at 800-441-2668 for assistance. CIGNA participants use the Open Access Plus (OAP) network for in-network services in the U.S.

CIGNA ID CARDS

CIGNA has an enhanced network operating model through Zurich Insurance Middle East (ZIME) and Neuron (in the UAE). Members will receive a branded ID card with Cigna, Neuron and ZIME logos for use throughout the GCC in addition to the CIGNA Global card for international locations.

MEDICAL PLAN COMPARISON

Plan Feature	CIGNA (Non-Qatari Citizens Only)		Allianz
	International and U.S. In-Network	U.S. Out-of-Network	Option 1 and Option 2 Plans (Option 1 excludes coverage in the U.S.)*
Annual Deductible (Individual/Family)	\$0	\$350 / \$700	\$0
Plan Coinsurance Level	100%	80%	100% (except pregnancy & childbirth)
Annual Out-of-Pocket Maximum (Individual/ Family)	N/A	\$2,350 / \$4,700	Unlimited
Benefit Annual Maximum Per Person	None		\$4,000,000 (note limits for specific services)
Benefit Lifetime Maximum Per Person			None
Preventive Care Adult Physical Exams	100% (not subject to deductible)		100% for all covered preventive care services, up to \$1,000 per year
Preventive Care Mammograms			
Preventive Pediatric			
Office Visits	100%	80%	100% after \$16.50 copay (also applies to outpatient services)
Prescription Drugs — Retail	100%	80%	100%
Prescription Drugs — Mail Order	100%	In-Network Only	N/A
Maternity and Childbirth	100%	80%	90% up to \$10,000 for uncomplicated childbirth
Psychiatric and Mental Health	100%	80%	Inpatient: 100% up to \$10,000; Outpatient: 100% up to \$2,000 per year (alcohol and drug treatment not covered)
Chiropractic Care	100%, 20 visits/year (International) Unlimited (U.S. In-Network)	80%, up to 20 visits/year	All complementary medicine: 100%, up to \$2,000 per year maximum (combined with physiotherapy)
Dental	100% for accidental damage to sound, natural teeth	80% for accidental damage to sound, natural teeth	100% up to \$1,000 (including preventive care)
Chronic Condition	100%	80%	100%

*Allianz Option 1 members receive these benefits for care obtained outside the U.S. only, except for emergency care. Emergency care obtained in the U.S. is limited to \$100,000.

Please see the [CMU HR International Benefits page](#) for the Summary of Benefits for CIGNA and Aetna.

PRESCRIPTION COVERAGE OVERVIEW

Carnegie Mellon’s prescription coverage provides access to pharmacies around the globe through your medical coverage. **The cost of the prescription coverage is included in your medical plan rates.** Prescription coverage cannot be purchased separately from your medical coverage.

OBTAINING MEDICATIONS IN QATAR

When you need to have a prescription filled, your health insurance plan covers the cost of the drug. To obtain prescription benefits, use your local doctor/pharmacy to get the medication. You will be required to pay for the medication in full at the time of purchase. Then, file a medical claim to obtain reimbursement. 100% of the cost will be covered by the plan.

CIGNA: USING IN-NETWORK U.S. RETAIL PHARMACIES — RXPRIME

CIGNA participants who are visiting the U.S. and covered dependents who are remaining in the U.S. during the employee’s international assignment should use RxPRIME to obtain prescriptions through CIGNA. When you need to (re)fill a prescription, visit a participating pharmacy, present your medical plan ID card along with your prescription, and 100% of the cost will be covered by the plan. If you use an out-of-network pharmacy, you will need to pay for the medication in full and file a form for reimbursement of 80% of the cost of the drug.

CIGNA: U.S. MAIL ORDER SERVICE — TEL-DRUG

RxPRIME provides a mail order service, Tel-Drug, for medications you will be taking for more than one month. The plan covers 100% of the cost of the medication. The service can be used before you go abroad, while visiting, or by dependents who are remaining in the U.S. Get a 90-day supply (your doctor should write the prescription for a 90-day supply, with refills, not a 30-day supply), or stock up before leaving the country. *See below.*

You can also place your refill orders by phone, online or by mail. The forms and instructions for using Tel-Drug can be found on the [CIGNA website](#) or contact [HR Services](#).

GET UP TO A 365-DAY SUPPLY BEFORE LEAVING THE U.S.

You can get up to a 365-day supply of medication if you will be leaving the country for that period of time. If you will be overseas for less than one year, have the prescription written for the time you will be abroad. No prepayment or claim forms are required, and it also prevents any delays or difficulties in getting prescriptions in Qatar.

VISION COVERAGE OVERVIEW

CIGNA and Allianz administer the vision coverage for local and expatriate faculty and staff in Qatar.

Vision coverage is part of the medical plan. Those who elect the medical plan will be automatically enrolled in that plan’s vision coverage.

Vision Benefit	Plan Coverage	
	CIGNA	Allianz
Annual Deductible	\$0	
Annual Maximum	\$200 per person	\$500 per person
Eye Exams	100%**	
Frames		
Lenses		
Contact Lenses*		
<i>*In lieu of eyeglasses for the CIGNA plan</i>		
<i>**Once per calendar year for the CIGNA plan</i>		

Q: What U.S. pharmacies are in-network for RxPRIME?

A: More than 45,000 chain and independent pharmacies in the U.S. participate in the RxPRIME network, including CVS, Costco, Giant Eagle, K-Mart, RiteAid, Target, Walgreen’s and Walmart.

Go to the [CIGNA International website](#) to access their Participating Pharmacy Locator.

DENTAL

(FULL-TIME EMPLOYEES ONLY)



DENTAL PLANS OVERVIEW

Coverage is available through CIGNA

CIGNA administers our dental program in Qatar. CIGNA’s provider network is comprehensive, including providers around the world.

The CIGNA dental plan is offered to full-time employees and covers preventive, restorative, endodontic and children’s orthodontic services (for dependent children under the age of 19). You do not need to elect a primary care dentist. The annual maximum benefit is \$1,000 USD per person per year (excluding orthodontic services).

You do not need to participate in the CIGNA medical plan to purchase the CIGNA dental plan. Allianz participants, and those who opt out of medical coverage, may also enroll in the CIGNA dental plan. The medical plans include some restorative dental benefits (*see right*).

DENTAL COVERAGE HIGHLIGHTS

Plan Feature	Coverage Level
Deductible (Individual/Family)	\$50 / \$150
Annual Maximum (excluding orthodontics)	\$1,000 per person
Diagnostic and Preventive Services	100% (not subject to deductible)
Basic Restorative Services Restorative (basic; example: fillings) Endodontics Periodontics Prosthodontics - removable (maintenance) Prosthodontics - fixed bridge (maintenance)	100%
Major Restorative Services Restorative (major) Prosthodontics - removable (installation) Prosthodontics - fixed bridge (installation)	50%
Orthodontic Services Dependent Children up to age 19	50% up to \$1,500 per child lifetime maximum (\$50 lifetime orthodontic deductible)

DENTAL PLAN EMPLOYEE CONTRIBUTIONS

Monthly rates are shown in U.S. Dollars

Coverage Level	CIGNA
Employee	\$41.40
Family	\$174.72

IF YOU ARE A QATARI CITIZEN

CIGNA coverage is not available to local nationals residing in their country of citizenship.

DENTAL COVERAGE INCLUDED IN YOUR MEDICAL PLAN

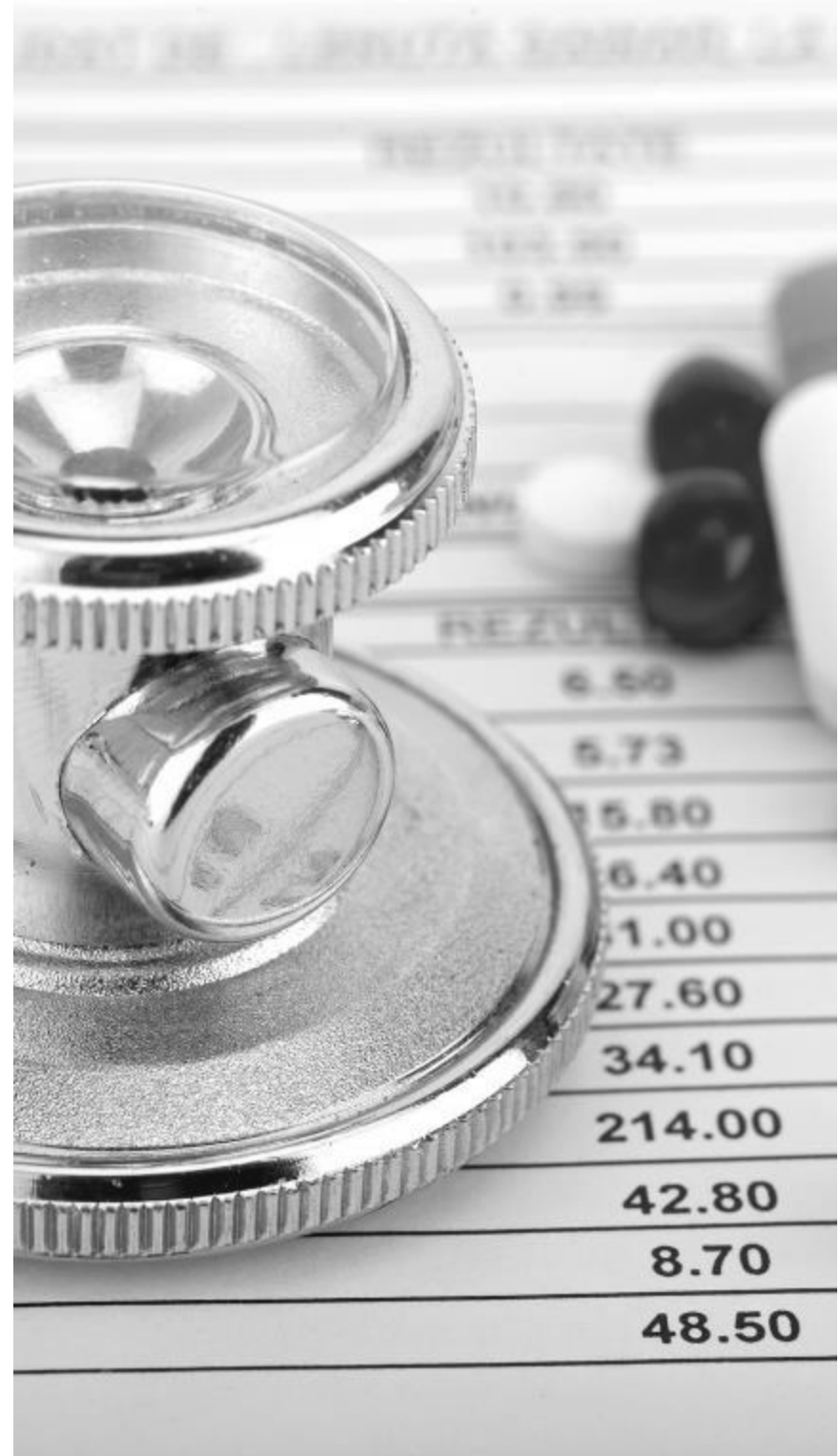
The CIGNA medical plan coverage provides dental care that is limited to accidental injury of healthy, natural teeth sustained while covered under the plan. It does **not** provide coverage for preventative services or restorative services for teeth that become unhealthy.

The Allianz medical plan coverage includes some dental coverage (100% up to \$1,000).

PREDETERMINE BENEFITS

Ask your dentist to request a predetermination of benefits for treatments with anticipated charges of \$300 or more. This will confirm how much the plan will cover and what you will owe before treatment begins.

FLEXIBLE SPENDING ACCOUNTS (FULL-TIME EMPLOYEES ONLY)



FLEXIBLE SPENDING ACCOUNTS OVERVIEW

Administered by WEX

Carnegie Mellon offers both a Health Care Flexible Spending Account and a Dependent Care Reimbursement Account (DCRA) to help you lower your health and dependent care expenses by paying with tax-free money. You decide how much to set aside each year, and contributions are deducted in equal amounts each pay period before taxes are taken out.

You are not required to participate in other CMU benefits to enroll in the FSAs.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA)

The HCFSA allows you to set aside pre-tax money to pay for qualified health care expenses not otherwise covered by insurance. Examples include deductibles, coinsurance and copays, some over-the-counter medications, dentures, orthodontia, LASIK surgery, contact lens supplies, hearing aid devices and fertility treatments.*

Eligible expenses may be incurred by you or your tax dependents. The IRS prohibits the use of an FSA to cover the health care expenses of someone who cannot be claimed as a dependent for tax purposes.

DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)

The DCRA allows you to set aside pre-tax money to pay for qualified dependent day care (not health care) expenses. Examples include day care or nanny fees, care before and after school, day camp during summer vacation and elderly care.*

Expenses incurred by the following dependents are eligible:

- Dependent child(ren) under age 13 who are claimed as dependents on your federal tax return.
- Disabled dependent child(ren) age 13 or older who are claimed as dependents on your federal tax return.
- A disabled spouse, parent or other adult dependent incapable of caring for him/herself and spends at least eight hours a day in your home.

To qualify, you and your spouse must work full time or part time outside of the home, be self-employed or a full-time student, or your spouse must be physically or mentally disabled. Eligible caregivers must be at least 18 and not a relative living in your home.

*For the complete lists of covered expenses, see [IRS publication #502 \(HCFSA\) \[pdf\]](#) and [IRS publication #503 \(DCRA\) \[pdf\]](#).

ELECTIONS DO NOT ROLL OVER TO THE NEXT CALENDAR YEAR

Unlike other benefits, you must enroll in the HCFSA and DCRA annually during Open Enrollment. If you do not enroll, you will be defaulted to *no contributions*.

USE IT OR LOSE IT RULE

IRS rules state that any contributions you do not use for expenses incurred in the plan year will be **forfeited**. Estimate carefully, and only put money into your account that you are sure you will use.

FSA Comparison	HCFSA	DCRA
Contribution Limits	Between \$60 and \$3,200 / year	Between \$300 and \$5,000¹ / year
Plan Year	Calendar year plus a 2.5 month grace period (Jan 1, 2024 – Mar 15, 2025)	Calendar year (Jan 1, 2024 – Dec 31, 2024)
Deadline to Request Reimbursement	June 30, 2025	
Eligible expenses	Health care	Day care / Elder care
¹ \$2,500 if married, filing separately		

USING YOUR FLEXIBLE SPENDING ACCOUNT

The FSA debit card and reimbursement process

Claims incurred during the plan year should be submitted to WEX by June 30 following the end of the plan year. For the HCFSA, the plan year is the calendar year plus a two-and-a-half month grace period (for example, from January 1, 2024 – March 15, 2025). For the DCRA, the plan year is the calendar year.

For the HCFSA, your full annual election is loaded to your FSA debit card and available up front. For the DCRA, you can only spend up to your account balance (i.e., the amount you have contributed year-to-date).

You can either pay for expenses using your FSA debit card or pay out-of-pocket and complete a Reimbursement Request Form. The form can be returned to WEX via mail, fax or email. You can also submit claims online via WEX's website or mobile app.

The IRS requires participants to provide documentation to make sure the expenses are eligible for pre-tax benefits plans. An itemized receipt or explanation of benefits (EOB) from your provider typically contain the required information.

See the [Flexible Spending Accounts page](#) for more information about the FSA debit card, the claims submission process, or how to substantiate a claim by providing the required documentation.

TAX IMPLICATIONS

You can save up to 25% on the money you spend on eligible expenses by contributing to an FSA on a pre-tax basis. However, you should be aware of other financial implications of using these accounts.

- State taxes are owed on DCRA contributions.
- FSA contributions reduce what you may claim in Social Security benefits at retirement.
- Consult a tax expert or the IRS if you use the Earned Income Credit.
- The amount you can contribute to the DCRA is reduced by any additional child care benefits you receive from other sources (such as the Cyert Center Sliding Scale benefit or a spouse's employer). If you exceed the \$5,000 limit, the amount in excess will be considered taxable income.

Q:

How do Spending Accounts work?

A:

1. Determine your expected out-of-pocket expenses that you will incur in health or dependent care costs.
2. Plan to contribute enough to cover most of your expected expenses, but not more than you will use. Remember, **what you do not use, you will lose**, as per IRS regulations.
3. The annual amount you elected will be deducted evenly throughout the year from your pay before taxes are assessed.
4. Throughout the year, as you incur eligible health or dependent care expenses, you may pay for them out-of-pocket or with the FSA debit card.
5. For expenses that you pay out-of-pocket, file claims to reimburse yourself with your tax-free money.
6. Claims incurred during the plan year should be submitted to WEX by June 30 following the end of the plan year.

Q:

Can I change my FSA election midyear?

A:

Unless you experience a qualifying life or family status change (see page 5), you cannot change your FSA election midyear. FSA changes must be consistent with the qualifying status change. For example, if you have a baby, you can increase your HCFSA election and/or enroll in the DCRA, but you are not able to stop contributions.

LIFE AND AD&D INSURANCE



LIFE AND AD&D INSURANCE OVERVIEW

Administered by MetLife

Life insurance provides financial protection to your survivors in the event of your death. The Accidental Death and Dismemberment (AD&D) component provides double the insurance amount if the death is the result of an accident.

You may only adjust your coverage (either opt out of free basic life or purchase/modify optional insurance) during new hire enrollment, Open Enrollment, or life or family status change events.

NO COST BASIC LIFE INSURANCE

Carnegie Mellon provides basic life insurance coverage **equal to your annual base salary**, rounded up to the nearest thousand, up to a maximum of \$500,000 **at no cost to you**. For full-time eligible employees, the basic life insurance includes an AD&D component. For part-time employees, the AD&D can be purchased separately.

OPTIONAL LIFE AND AD&D INSURANCE (FULL-TIME EMPLOYEES ONLY)

Full-time eligible employees may purchase optional life insurance from one to five times their basic life insurance amount up to a maximum benefit of \$1,500,000 (basic and optional combined).

Optional insurance is available at age-related rates (*see chart on page 28*). You can purchase dependent life and AD&D insurance for your spouse/domestic partner and child(ren) only if you purchase employee optional life and AD&D insurance.

VOLUNTARY AD&D INSURANCE (PART-TIME EMPLOYEES ONLY)

Part-time eligible employees may purchase voluntary AD&D insurance. You may purchase between \$10,000 and \$250,000 of coverage in increments of \$10,000. The cost is \$.20 per \$10,000.

ANNUAL BASE SALARY

Your life insurance base salary is calculated when you start employment and annually thereafter in October for the following year. For those with a 12-month annual work period, this is your annual salary. For those with a 9-month annual work period, this is 11/9 times your academic year salary. It does not include overtime, faculty summer salary, or other special compensation. The benefit is not modified if your salary changes midyear.

For those age 70 and over: your basic life insurance coverage is actuarially reduced.

ELECTING A BENEFICIARY

Life Insurance beneficiaries **are not** designated or changed within Workday, but through the MetLife Beneficiary website. To access the MetLife website, select the Benefits application from your Workday homepage. Instructions can be found on the [Life and AD&D Insurance page](#).

EVIDENCE OF INSURABILITY FOR EMPLOYEE COVERAGE

High levels of life insurance require you to demonstrate your good health by completing an Evidence of Insurability form (EOI). The EOI is a medical questionnaire, though a medical exam may also be required.

If an EOI is required, you will be covered at your previous level (or the guaranteed issue amount) until the EOI has been approved. You will only be charged for the coverage you are receiving.

Approval is determined by MetLife in accordance with their guidelines.

Notes:

- Basic life insurance never requires an EOI.
- Optional life insurance of more than \$500,000 requires an EOI.
- Increasing optional life insurance coverage more than one level during Open Enrollment or qualifying life event requires an EOI.
- Enrolling in optional life insurance after initial eligibility requires an EOI regardless of the level of coverage.

DEPENDENT LIFE INSURANCE OVERVIEW

Administered by MetLife

Carnegie Mellon offers a life insurance option to **full-time benefits eligible** employees that provides benefits in the event of the death of their spouse/domestic partner and/or dependent children. *Only expatriates may cover domestic partners.*

For U. S. expatriates, the rate for this insurance is deducted from your pay **after taxes** have been assessed. Dependent Life Insurance also includes an Accidental Death & Dismemberment (AD&D) component.

EMPLOYEE OPTIONAL LIFE AND AD&D REQUIREMENT

In order to purchase any Dependent Life Insurance for spouse/domestic partner or child(ren), employees must also purchase Employee Optional Life and AD&D Insurance.

SPOUSE/DOMESTIC PARTNER LIFE AND AD&D INSURANCE

If you choose to participate in Spouse/Domestic Partner Life and AD&D Insurance, your partner will be covered at a level equal to **50% of your Employee Optional Life coverage** up to a maximum of \$250,000. Rates are the same as Employee Optional Life and AD&D Insurance monthly rates (*see next page*).

If you and your spouse/domestic partner are both full-time, benefits eligible employees of CMU, you cannot elect spouse/domestic partner insurance. Instead, each of you can enroll in our Optional Life and AD&D Insurance (*see previous page*). If your spouse/domestic partner is a part-time, benefits eligible employee of CMU, you may purchase dependent life insurance for him/her. However, your partner will not be eligible to receive free basic life insurance or to purchase additional AD&D coverage from the university.

DEPENDENT CHILD(REN) LIFE AND AD&D INSURANCE

Dependent Child(ren) Life and AD&D Insurance rates cover ALL of your dependent children for one price — *you do NOT need to multiply the rate by the number of children covered under the plan*. If you and your spouse/domestic partner are both full-time, benefits eligible employees of CMU, only one of you can elect this option to cover your child(ren). If your child is also a CMU employee, they cannot be covered under your dependent life insurance.

EVIDENCE OF INSURABILITY FOR SPOUSE/DOMESTIC PARTNER COVERAGE

For Spouse/Domestic Partner Life and AD&D Insurance, an EOI is not required for coverage of \$50,000 or less at initial eligibility (within 30 days of your hire, marriage, or registration of partnership).

An EOI is required for coverage of more than \$50,000 at initial eligibility. If you elect to cover your spouse/domestic partner for the first time or increase their coverage more than one level during Open Enrollment, an EOI is required. If the coverage increases greater than \$50,000 (due to an increase in either your salary or your levels of optional coverage), your spouse/domestic partner will be required to complete an EOI.

EMPLOYEE OPTIONAL AND SPOUSE/DOMESTIC PARTNER LIFE AND AD&D RATES (IN U.S. DOLLARS)

Age (as of January 1, 2024)	Rate for each \$1,000/month
Under 30	\$0.053
30 –34	\$0.063
35 –39	\$0.067
40 –44	\$0.076
45 –49	\$0.086
50 –54	\$0.136
55 –59	\$0.196
60 –64	\$0.316
65 –69	\$0.529
70 and over	\$ 1.057

IRS UNIFORM PREMIUM RATES (IN U.S. DOLLARS)

Employees with U.S. sourced income only

Age (as of December 31, 2024)	Value for each \$1,000 of coverage
Under 25	\$0.05
25 –29	\$0.06
30 –34	\$0.08
35 –39	\$0.09
40 –44	\$0.10
45 –49	\$0.15
50 –54	\$0.23
55 –59	\$0.43
60 –64	\$0.66
65 –69	\$1.27
70 and over	\$2.06

DEPENDENT CHILD(REN) LIFE AND AD&D RATES (IN USD)

Coverage per Child	Rate
\$2,500	\$0.36
\$5,000	\$0.72
\$10,000	\$1.43

EMPLOYEES WITH U.S. SOURCED INCOME

Employee Optional Life and AD&D Insurance monthly pre-tax rates are shown. For Spouse/ Domestic Partner and Child(ren) Life & AD&D Insurance, monthly post-tax rates are shown.

IMPUTED INCOME TAX (U.S. EXPATRIATES ONLY)

The value of life insurance greater than \$50,000 is taxable by the IRS. This is known as imputed income. The IRS calculates the value of group life insurance based on your age and the amount of coverage you have (*see chart on the left*).

Carnegie Mellon is required to withhold federal taxes based on the value of your life insurance coverage in excess of \$50,000. To reduce your tax liability, you can limit your life insurance to \$50,000.

To calculate your monthly imputed income, subtract \$50,000 from your life insurance amount and divide the remainder by 1,000. Multiply that amount by the premium level associated with your age as of December 31, 2024. That is the imputed income that will be taxed monthly.

DISABILITY INSURANCE

(FULL-TIME EMPLOYEES ONLY)



LONG-TERM DISABILITY INSURANCE OVERVIEW

Administered by MetLife

Long-term disability (LTD) insurance, available to full-time eligible employees, replaces a portion of your income if you sustain an illness or injury that prevents you from working for more than 180 days. The program offers two levels of LTD coverage. Both levels of LTD insurance use the same definition of disability.

NO COST BASIC LTD

Basic LTD provides 60% of your monthly base salary, up to a maximum benefit of \$15,000 USD per month. **CMU provides basic LTD at no cost to full-time eligible employees.**

ENHANCED LTD

Enhanced LTD provides 60% of your monthly base salary and makes a cost-of-living adjustment (COLA) of 5% a year, for up to 10 years. After 10 COLA increases, your benefit amount will remain fixed. (NOTE: Those age 55 and older may not receive 10 COLA increases due to limitations in maximum benefits duration. **Enhanced LTD is not available to individuals age 69 and older.**)

The cost for the Enhanced LTD benefit is based on your salary. For each \$100 of annual salary, your cost will be \$0.055 per year. Here is an example for someone with an annual salary of \$60,000 USD:

$$(60,000 \div 100) \times \$0.055 \text{ USD} = \$33.00 \text{ per year (or } \$2.75 \text{ per month)}$$

COVERAGE BEFORE LTD BEGINS

LTD benefits will not be paid until you have been disabled for 180 days. The short-term disability (STD) program provides benefits for non-work-related illnesses or injuries that last from seven to 180 days. STD provides 60% of your base salary. All full-time faculty and staff are **automatically covered under the STD program** as of their benefits-eligibility date.

Workers' Compensation provides benefits for work-related illnesses and injuries. If you remain disabled for more than 180 days, you may apply for LTD benefits. Your LTD benefits will be offset by any Workers' Compensation benefits you may be receiving. All employees are automatically covered under Workers' Compensation from their date of hire.

Find more information on [short-term disability](#) or [Workers' Compensation](#).

MAXIMUM LTD BENEFIT PERIOD

Age Disability Began	Max Benefit Period*
Under 60 Yrs. Old	Social Security normal retirement age
60	
61	
62	
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

*The employee's maximum benefit period is the period shown above or the employee's normal retirement age under the 1983 amendments to the Federal Social Security Act, whichever is longer.

TAXES, OTHER POLICIES AND PAYMENTS

LTD benefit payments are considered taxable income. Benefits are offset by benefits received from Social Security, Workers' Compensation, or other state/group disability payments, up to the maximum for your option. (The benefit will be at least \$50/month.) Benefits are not affected by payments from any individual disability policy you have purchased.

MORE BENEFITS TO CONSIDER



MORE BENEFITS TO CONSIDER

Additional benefits available year-round to faculty and staff

RETIREMENT SAVINGS

For eligible U.S. citizens and U.S. permanent residents in expatriate and local hire positions, Carnegie Mellon automatically makes contributions at no cost to the employee, with contributions of 8% of an employee's salary (9.78% for employees on a 9-month appointment).

All employees who are U.S. citizens and U.S. permanent residents (expatriate or local hire) may make either pre-tax or post-tax (Roth) supplemental contributions from their own pay.

Employees can enroll or change their contribution at any time during the year.

Learn more about the university's [retirement savings program](#).

TUITION BENEFITS

Carnegie Mellon enables staff and faculty to further their education, enhance their skills and pursue career development through the [Tuition Benefits program](#).

For full-time employees, the university offers the opportunity to take up to two credit-bearing courses per term at 100% tuition remission through CMU (any type of course) and 50% tuition assistance through any other institution (career-related courses only). For part-time employees, the university offers the opportunity to take one credit-bearing course per term at CMU only.

Additionally, Carnegie Mellon offers full-time faculty and staff various levels of tuition benefits at CMU or another institution for their children's undergraduate education.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Employee Assistance Program (EAP) is a CMU-sponsored program for employees and their household members that provides support, resources and information for personal and work-life issues.

CMU's EAP provider, **LifeSolutions**, can assist with confidential counseling and life assistance. All EAP services are confidential and provided at no cost.

Learn more about LifeSolutions and the EAP on [HR's International HR Benefits page](#).

PAID TIME OFF (PTO)

Paid Time Off (PTO) provides regular, full-time staff members with days away from work with pay for vacation, illness, personal time or to care for dependents. PTO guidelines and accruals vary based on position, hire date and employment type. However, Carnegie Mellon generally offers a maximum of 17 PTO days for new full-time staff employees.

All full-time Carnegie Mellon employees observe designated paid holidays consistent with the host country.

For detailed information about PTO and holidays, please contact your local HR office.

AETNA TRAVEL INSURANCE

Carnegie Mellon offers free [Aetna Travel Insurance](#) for eligible full-time employees traveling abroad on CMU business for less than 180 days.

CONTINUATION OF COVERAGE (COBRA — CIGNA ONLY)



COBRA OVERVIEW

Administered by WEX

When you or a covered dependent lose eligibility to participate in CMU's health plans, the coverage will be terminated. However, under most circumstances, you may continue the CIGNA medical, prescription, vision and dental benefits coverage through COBRA.

You will pay the full group cost of the plan, plus a 2% administrative fee. COBRA is generally offered for up to 18 months, or longer depending on the circumstances. For more information on your COBRA rights, please see page 31.

When you begin participation in COBRA **you may only continue the benefits in which you were enrolled at the time your coverage was lost.** However, you may change the level of coverage (e.g., family to employee and child). Your group numbers and monthly rates will change, but the plan details remain the same. You cannot make other changes until the next open enrollment period, unless you experience a life or family status change.

At Open Enrollment, you may elect to enroll in any of the benefits which are available to Carnegie Mellon COBRA participants. Former part-time benefits eligible employees/dependents are not eligible for dental coverage. Find detailed information on the [COBRA page](#).

ALLIANZ PARTICIPANTS RETURNING TO THE U.S.

If you are enrolled in the Allianz plan and are returning to the U.S. after your employment ends, you may elect to participate in one of CMU's domestic health plans under COBRA. For more information, contact [HR Services](#).

ENROLLING IN COBRA BENEFITS

When you separate from the university or lose coverage, CMU's COBRA administrator (WEX) will send you a COBRA qualifying event notice. You will then have **60 days** from the date of cancellation of your coverage or the date of the notification, whichever is later, to elect to continue your benefits through COBRA. You will remit payments directly to WEX. Your COBRA coverage will be retroactive to the date your coverage would have terminated.

Life or family changes sometimes require you to change your benefits. You can make changes consistent with your status change within 30 days of the status change. (See page 5 for more information about qualifying life or family status changes.) You may cover eligible dependents (see page 9) under your benefits.

COBRA CIGNA MEDICAL MONTHLY PARTICIPANT RATES

Includes medical, prescription and vision. Rates are shown in U.S. Dollars.

Coverage Level	CIGNA
Individual	\$1,251.05
Individual & Child(ren)	\$2,566.93
Individual & Spouse/Partner	\$3,185.66
Family	\$4,433.97

COBRA CIGNA DENTAL MONTHLY PARTICIPANT RATES

Rates are shown in U.S. Dollars.

Coverage Level	CIGNA
Individual	\$62.46
Family	\$231.29

Q: Will I have a lapse in coverage?

A:

When you enroll in COBRA, your benefits continue without a lapse. Coverage always ends on the last day of the month and your COBRA starts on the first day of the month following the termination of coverage. For example, if you separate from Carnegie Mellon on October 18, your coverage would be active until October 31 and COBRA would start on November 1.

See pages 12–16 for plan information.

IMPORTANT NOTICES



SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage or within 60 days from the birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources Services at 412-268-4600.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH AND CANCER RIGHTS ACT ANNUAL NOTICE

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? [Submit an HR ticket](#) requesting more information to Human Resources Services.

WOMEN'S HEALTH AND CANCER RIGHTS ACT ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, to see the applicable deductibles and coinsurance that would apply, see the Summary of Benefits and Coverage for your plan. Submit an HR ticket requesting more information on WHCRA benefits to Human Resources Services at <https://www.cmu.edu/hr/service-center/help/index.html>.

DENIAL OF COVERAGE APPEALS

If a claim that is submitted to one of our benefit plans is denied by the carrier and you are not in agreement with the denial, you should follow these procedures:

For Medical Appeals

Appeals concerning a medical treatment plan or medical assessment can only be appealed through the carrier. Please follow the procedures outlined in your plan booklet to appeal a medical decision. Plan Booklets are available at <https://www.cmu.edu/hr/benefits/health-welfare/index.html>.

For Other (Administrative) Appeals

If you believe the denial was made in error, contact the carrier directly to begin the appeals process (*see contact information on page 10*). If you are unable to resolve the situation with the carrier, please contact Human Resources Services at 412-268-4600 for assistance.

Find other important notices on the [Human Resources website](#).

Carnegie Mellon University does not discriminate in admission, employment, or administration of its programs or activities on the basis of race, color, national origin, sex, handicap or disability, age, sexual orientation, gender identity, religion, creed, ancestry, belief, veteran status, or genetic information. Furthermore, Carnegie Mellon University does not discriminate and is required not to discriminate in violation of federal, state, or local laws or executive orders.

Inquiries concerning the application of and compliance with this statement should be directed to the Office for Institutional Equity and Title IX, Carnegie Mellon University, 5000 Forbes Avenue, Pittsburgh, PA 15213, telephone 412-268-7125.

Obtain general information about Carnegie Mellon University by calling 412-268-2000.