2024 Benefits Guide for Domestic Faculty and Staff Members

Carnegie Mellon University
Human Resources

www.cmu.edu/hr/benefits

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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 Human Resources 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?

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.

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 Retirement Savings contributions can be elected or changed at any time.*

Open Enrollment

Typically held in late fall, Open Enrollment provides you the opportunity to review your benefits coverage and make new elections for the upcoming calendar year.

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 (or equivalent) at the same level of participation you have in the current year, with the exception of flexible spending accounts.

When do changes made during Open Enrollment go into effect?

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

Annual Opportunity to Change your Benefits

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.

Rehired Employees

If you terminate employment (or otherwise lose eligibility) and then resume employment (or otherwise regain the same benefit 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 Employees

The default benefit package for full-time employees costs $57 per month and covers the employee only:

- **Medical:** UPMC PPO Option 2 ($43)
- **Prescription:** Caremark Option B ($14)
- **Life and AD&D Insurance:** Basic ($0)
- **Long-Term Disability Insurance:** Basic ($0)

Full-time employees will not be enrolled in dental, vision, optional life and AD&D insurance, dependent life insurance, or any flexible spending account.

Part-Time 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.

Retirement Savings

Newly eligible employees will be enrolled in a qualified default investment for their university retirement contributions with no employee supplemental contributions. (*See page 32 for more information.)*

Life or Family Status Changes

Life or family changes sometimes require you to change your benefits outside of Open Enrollment. Following IRS regulations, 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 carrier or option (e.g., UPMC to Highmark or PPO Option 2 to PPO Option 1), 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/domestic partnership 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., domestic to international position change, spouse arriving from overseas)
- 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/prescription coverage, you may add your spouse to your medical/prescription plan, but you would not be able to drop vision 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. If enrolling in the Dental DHMO plan, you will need to enter the Provider ID code for your primary care dentist. A link to search for this code is provided in Workday on the enrollment screen.

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 Human Resources 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 timeframe 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

Submit an HR Ticket and View FAQs:
https://www.cmu.edu/hr/service-center/help/index.html

Main Phone:
412-268-4600

Toll Free:
844-625-4600

In Person:
4516 Henry Street, Pittsburgh, PA 15213

Eligibility and Benefit Plan Contacts

Benefits Eligibility: Full Time vs. Part Time

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 (*40 hours for Campus Police Association*)	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
Medical	✓	✓	
Prescription	✓	✓	
Dental	✓		
Vision	✓		
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	✓*		
Public Transportation	✓	✓	
Employee Assistance Program (EAP)	✓	✓	✓
Family Care Concierge Service	✓	✓	✓
Group X-ercise Classes	✓	✓	✓

**Specific eligibility requirements (such as minimum hours worked, 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.

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 (*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

Benefits eligible 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.

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.

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 instructions on 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			
UPMC Health Plan	005782 *(subgroup varies depending on your plan choice)*	855-497-8762	www.upmchealthplan.com www.multiplan.com/upmc (if residing outside PA) UPMC Provider Search: https://findcare.upmchp.com/find (enter your member ID to search by plan; non-members can use the "I'm just browsing" tab to browse by provider type and location)
Highmark Blue Cross Blue Shield	13058 *(subgroup varies depending on your plan choice)*	844-946-6249	myhighmark.com Highmark Provider Search: https://highmark.sapphirecareselect.com/ (search "PPOBlue" for PPO plans & "EPOBlue" for EPO plans)
Prescription			
CVS/Caremark	RX5806	844-910-3902 Mail Order Service Enrollment: 800-875-0867	www.caremark.com
Dental			
United Concordia (UCCI)	DHMO: 846329000 PPO1: 846327100 PPO2: 846328100	800-423-7461	www.ucci.com To Find a Dentist: DHMO—search *DHMO Concordia Plus General Dentist* network PPOs—search *Alliance* network
Vision			
Davis Vision		833-393-5433	http://www.metlife.com/vision
Vision Benefits of America	Option 1: 2238; Option 2: 2239	800-432-4966	www.vbaplans.com
Disability, Life and AD&D Insurance			
MetLife	166124	800-638-6420	www.metlife.com
Flexible Spending Accounts & Health Savings Account			
WEX	47321	866.451.3399	https://www.wexinc.com/contact/health/
Retirement Savings			
TIAA	FSRP 403(b): 102240	800-842-2776	www.tiaa.org/public/tcm/carnegiemellon
Employee Assistance Program (EAP)			
GuidanceResources	Web ID: Carnegie	844-744-1370, TTY/TDD: 800-697-0353	www.guidanceresources.com
Family Care Benefits			
Care for Business	N/A	866-814-1638	https://cmu.care.com

Mobile Benefit Provider Resources

MyUPMC
Manage your health care at home or on-the-go. With MyUPMC, you can communicate with your doctor, schedule your appointments, and view your medical records, doctors' notes, and test results. Plus, you can manage the health information for your child or loved one through the Proxy feature.

Benefits by WEX
Flexible spending account participants and Health Savings Accounts (HSA) participants can use the WEX app to manage their accounts securely and efficiently; gain instant access to account balances, plan details and recent transactions; and submit a claim and related materials.

My Highmark
Whether on your phone or your laptop, My Highmark has everything you need to manage your benefits and reach your health goals — all in one place.

TIAA
Manage your retirement, banking, and brokerage accounts using the TIAA mobile app. The app provides quick and secure access to all your TIAA finances, and puts 100 years of top money management into the palm of your hand.

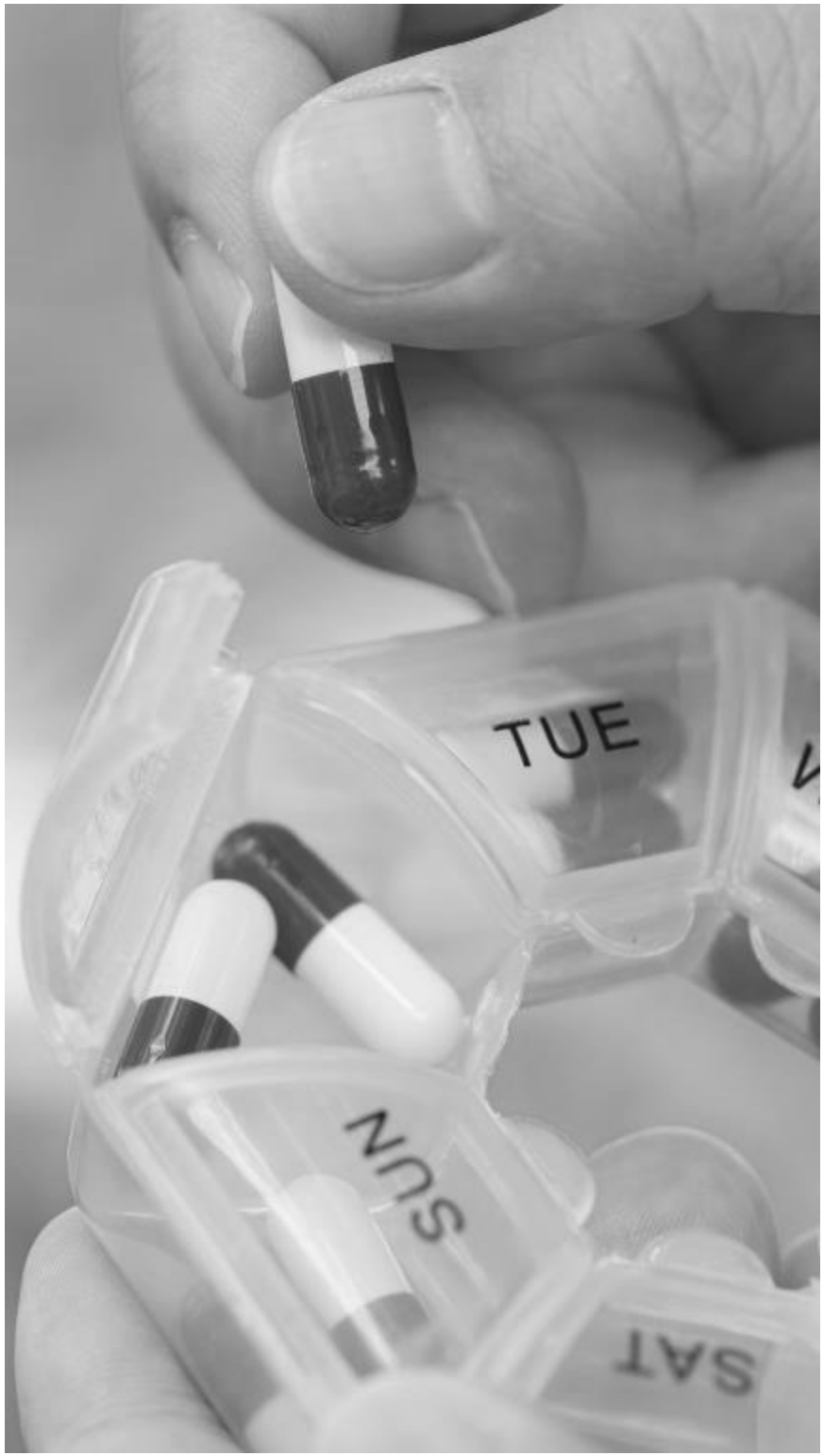
CVS/Caremark
The CVS/caremark™ app lets you refill mail service prescriptions, track order status, view prescription history and more.

GuidanceNow
GuidanceResources' GuidanceNow app enables you to access expert information on a broad variety of topics including wellness, relationships, work, education, legal, financial and lifestyle. Find the nearest legal, child and elder care providers, ask for confidential help and more.

United Concordia Dental Mobile
United Concordia Companies, Inc. (UCCI) dental insurance enrollees can use the UCCI app to find a nearby dentist, view claim status, see plan coverage, view and use a virtual UCCI ID card, contact UCCI and access an emergency dental guide.

Care.com
Connect with local caregivers, book back-up care days and access expert assistance. The Care for Business app by Care.com gives 24/7, on-the-go access to care — for both last minute and planned needs.

Medical and Prescription



Medical Plans Overview

Plans are available through UPMC Health Plan and Highmark Blue Cross Blue Shield

Below is a description of the different types of medical plans Carnegie Mellon offers. Detailed information about the medical plan options is available on the following page. Use the provider search tools to verify that your health care providers are in your desired carrier's network.

Plan Type	Description
Preferred Provider Organization (PPO) *UPMC or Highmark*	PPO plans give you the flexibility to use in- or out-of-network providers without referrals. A higher level of benefits is provided when in-network providers are used, resulting in lower out-of-pocket costs for you.
Health Maintenance Organization (HMO)/ Exclusive Provider Organization (EPO) *UPMC (HMO)* *Highmark (EPO)*	HMOs/EPOs have low out-of-pocket expenses (no deductible or coinsurance) but do not provide benefits if you use out-of-network providers (except in the case of an emergency). Referrals to specialist care and related services are not required in most circumstances.
High Deductible PPO with Health Savings Account (HSA) *UPMC or Highmark*	An HSA is a federally tax-deferred, private savings account designed to give you a way to pay for eligible medical, prescription, dental and vision expenses with tax-free dollars. You decide how much to put in your account (based on IRS limits set each year), and you retain ownership of the account even if you leave CMU or retire.

All PPO plans offer network coverage outside of the Pittsburgh area. If you are enrolled in a UPMC PPO plan and reside outside of Western Pennsylvania, you will be automatically moved into the extended nationwide service area. **The UPMC HMO plan is only available to employees within the eligible zip code area. You will only see the option in Workday if you are eligible for the plan.** Search the Highmark and UPMC networks to confirm in-network physicians and facilities.

Preventive Care Benefits

CMU plans pay 100% of in-network adult and pediatric preventive care services, according to their preventive care schedule. You will not be required to pay a copay, deductible or coinsurance.

Q: What is a deductible?

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

Q: What is the difference between coinsurance and copayment?

A: With **coinsurance,** the plan pays a set percentage of the allowable amount of the covered expense and you pay the rest up to the annual out-of-pocket maximum.

A **copayment** is any up-front fixed dollar amount you pay for in-network office visits, emergency room visits, supplies or prescription drugs. The copayment does not count toward the deductible.

Q: What is an annual out-of-pocket maximum?

A: The out-of-pocket maximum is the most you will have to pay for covered medical expenses in a plan year through deductible, copayments and coinsurance before your plan begins to pay 100% of eligible expenses.

Q: What if I live in PA and have UPMC, but my child or spouse/partner lives outside of the Pittsburgh area?

A: If you are enrolled in UPMC and your child lives outside of the UPMC network area, you can contact UPMC at 855-497-8762 to have your child moved into their extended network.

If you have a spouse or partner living outside of the area, please contact Human Resources Services for assistance.

Medical Plan Comparison

Plan Feature	PPO Option 1 *UPMC or Highmark*		PPO Option 2 *UPMC or Highmark*		EPO *(Highmark)* / HMO *(UPMC)*		High Deductible PPO with HSA *UPMC or Highmark*	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Annual Deductibles and Out-of-Pocket Maximums								
Deductible (Individual/Family)	$250 / $500	$500 / $1,000	$500 / $1,000	$750 / $1,500	$0 / $0	Not Covered	$1,600/$3,200	$3,200/$6,400
CMU Contribution to Account (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A	$250/$500	
Out-of-Pocket Maximum (Individual/Family)	$1,500 / $3,000	$3,000 / $6,000	$3,000/ $6,000	$3,500 / $7,000	$1,000 / $2,000	Not Covered	$3,200/$6,400	$6,400/ $12,800
Copay/Coinsurance								
Plan Coinsurance Responsibility after Deductible	90%	60% of UCR*	75%	60% of UCR*	100%	Not Covered	80%	60% of UCR*
Primary Care Physician Office Visit	$20		$25		$20		20%**	
Specialist Office Visit	$35		$40		$35		20%**	
Preventive Care (per schedule)	$0		$0		$0		$0	
Emergency Room Visit (waived if admitted)	$100		$100		$100		20% **	

**UCR means usual, customary and reasonable charges the carrier has established for medical services. Out-of-network providers may bill you for their charges in excess of the UCR. Expenses in excess of the UCR do not count toward the deductible or out-of-pocket maximum.*

*** Member coinsurance responsibility after the deductible is met .*

Medical Plan Employee Contributions

Monthly, pre-tax rates are shown; divide rate by two to obtain biweekly, pre-tax rates. Rates do not include the cost of prescription drug coverage, which is required with medical plan coverage. Prescription rates are shown on page 17.

Coverage Level	PPO Option 1		PPO Option 2		Highmark EPO / UPMC HMO		High Deductible PPO with HSA	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only								
Highmark	$255	$457	$180	$386.50	$89	$403.50	$112	$323
UPMC	$103	$308	$43	$247	$74	$337	$24	$211.50
Employee and 1 Child								
Highmark	$556	$838.50	$415	$711.50	$475	$847.50	$301	$604
UPMC	$297	$584	$183	$475	$365	$692.50	$82	$380
Employee and 2+ Children								
Highmark	$640	$946	$481	$804	$593	$978.50	$354	$684.50
UPMC	$352	$663	$221	$539.50	$455	$797	$109	$433.50
Employee and Spouse/Partner								
Highmark	$726	$1,055	$550	$898	$710	$1,108.50	$409	$765
UPMC	$407	$741.50	$263	$605.50	$545	$902	$138	$488
Family								
Highmark	$1,068	$1,488.50	$816	$1,267	$1,182	$1,630.50	$622	$1,084
UPMC	$626	$1,055.50	$421	$863.50	$870	$1,303.50	$249	$702.50

Prescription Plans Overview

Plans are available through CVS/Caremark

Carnegie Mellon prescription coverage provides access to numerous chain and independent pharmacies, in addition to mail order service for maintenance medication. There are currently two plan options available, which differ by employee contribution rates, copays/coinsurance rates and coverage for non-preferred drugs. **Please note that Caremark Option A is frozen to current enrollees only. If you elect to change out of the plan during Open Enrollment, you will not be able to re-enroll in it.**

Enrolling in a Medical Plan? You must enroll in a Prescription Plan.
Employees who enroll in medical plan coverage through CMU **must** select prescription drug coverage for the **same individuals** covered under the medical plan.
ENROLLING IN A HIGH DEDUCTIBLE PPO WITH HSA PLAN? You will pay all medical and prescription costs out of pocket until you reach your annual deductible. After you pay your deductible, you will pay copayments until you reach your annual out of pocket maximum.

No-Cost Preventive Care Drugs

All prescription plans offer certain generic preventive care drugs at no cost to you. You will not be required to pay a copay or coinsurance.

Maintenance Medications

Maintenance medications are drugs prescribed for long-term conditions and are taken on a regular, recurring basis. Caremark provides a mail order service for maintenance drugs. Mail order service prescriptions are 90-day supplies for the cost of a 60-day supply. You can place a mail order request online or by mail. Participants can also use the Caremark Maintenance Choice program and receive 90-day supplies of their maintenance drugs at mail order rates when filled at CVS retail pharmacies.

If you need **more than three fills** of the same prescription, you are **required to transition to a 90-day supply** and fill the prescription through either mail order services or CVS retail pharmacies using Caremark Maintenance Choice. If you would like to continue to receive 30-day supplies at a retail pharmacy, you will need to contact Caremark to opt out of the Maintenance Program.

Caremark participants who want to use mail order but need a refill immediately can call 844-910-3902 to request a five-day bridge supply from a CVS retail pharmacy.

PrudentRX

PrudentRX for specialty medications is included in the CMU Prescription Drug benefit. This program is designed to lower your out-of-pocket costs by assisting you with enrollment in drug manufacturers discount copay cards/ assistance programs. When enrolled in PrudentRX, your out-of-pocket cost will be $0* for medications included on the PrudentRx specialty drug list.

**High Deductible PPO w/HSA participants must meet their combined medical/prescription deductible before the out-of-pocket cost will be $0.*

Tips to Help You Save Money

1. **Ask for a generic first.**

   Generic drugs are as safe and effective as brand-name drugs but cost less. Talk to your doctor to see if generics are right for you.

2. **Use preferred drugs if a generic is not available.**

   When generics are not available, using drugs on the Preferred Drug List is another way to save money. You can find the Caremark Preferred Drug list, as well as an updated list of Formulary Drug Removals, on the HR Benefits Prescription Drug page.

3. **Order 90-day supplies for maintenance drugs.**

   Maintenance Choice lets you choose to receive your maintenance medications at a CVS retail pharmacy or from the Caremark Mail Order Service at a lower copay.

4. **Know your network.**

   Using an in-network pharmacy generally costs you less. Use the Locate Nearby Pharmacy link at www.caremark.com to find a participating pharmacy near you. Caremark participants can also save 20% on over-the-counter, CVS-brand health-related items with their ExtraCare Health Card.

5. **Use the LivingMyLife® Diabetes Management program.**

   Caremark participants are eligible for free health coaching and diabetes medications and testing supplies (with no copays or coinsurance) through the LivingMyLife® program. Enrollment is voluntary and confidential. For more information call 800-293-7102 or visit the LivingMyLife webpage.

Prescription Plan Employee Contributions

Monthly, pre-tax rates are shown; divide rate by two to obtain biweekly, pre-tax rates.

Coverage Level	Option A (frozen to current enrollees only)		Option B	
	Full-Time	**Part-Time**	**Full-Time**	**Part-Time**
Employee Only	$195	$261	$14	$86
Employee and 1 Child	$372	$463.50	$65	$166.50
Employee and 2+ Children	$423	$522	$79	$189.50
Employee and Spouse / Partner	$473	$579.50	$93	$212.50
Family	$674	$810	$150	$303.50

Use the Drug Pricing Tool to Compare Costs

The HR Prescription Drug page includes a Drug Pricing Tool to help you anticipate a medication's cost and your coinsurance/copay amount. Compare the anticipated costs with the premium amounts to see what works best for you.

Q: What is a generic drug?

A: **Generic drugs** are FDA-approved medically-equivalent drugs manufactured by a pharmaceutical company after the patent has expired on the original manufacturer's brand-name medication. The prescription plans require that generic drugs be automatically substituted for brand name medications when available, as they are generally much less expensive. **A penalty will apply if a generic is available but the pharmacy dispenses the brand name medication for any reason.**

Q: What is the difference between preferred and non-preferred drugs?

A: **Preferred drugs** are brand name drugs deemed by the CVS/Caremark Pharmacy and Therapeutics Committee to be safe, clinically appropriate and cost-effective.

Non-preferred drugs are brand name drugs that have preferred alternatives within the same therapeutic category and are typically more expensive.

Q: What is a specialty drug?

A: Specialty drugs are high-cost prescription medications used to treat complex, chronic conditions. They typically require special handling, administration or monitoring. Specialty drugs must be filled through the CVS Specialty Pharmacy.

Prescription Plan Comparison

Plan Feature	OPTION A *(frozen to current enrollees)*		OPTION B		OPTION B WITH HDHP	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible (Individual/Family)	N/A	N/A	N/A	N/A	$1,600/ $3,200*	$3,200/ $6,400*
Out-of-Pocket Maximum (Individual/Family)	$2,650 / $5,300	$2,650 / $5,300	$2,650 / $5,300	$2,650 / $5,300	$3,200 / $6,400	$6,400 / $12,800
Copay/Coinsurance: In-Network Retail (up to 30-days supply)						
Generic (automatic substitution)	$10	Reimbursed at contracted in-network rate minus the in-network copay**	$5	Reimbursed at contracted in-network rate minus the in-network copay**	$5	Reimbursed at contracted in-network rate minus the in-network copay**
Brand—Preferred	$25		You pay 35% ($100 maximum)		You pay 35% ($100 maximum)	
Brand—Non-Preferred	$40	You pay 100%	You pay 100%	You pay 100%	You pay 100%	You pay 100%
Specialty* **	$100	N/A	$100	N/A	$100	N/A
Specialty: PrudentRx Eligible* **	30% coinsurance for eligible PrudentRx specialty; $0 when enrolled in PrudentRx	N/A	30% coinsurance for eligible PrudentRx specialty; $0 when enrolled in PrudentRx	N/A	30% coinsurance for eligible PrudentRx specialty; $0 when enrolled in PrudentRx	N/A
Copay/Coinsurance: Mail Order Service or Maintenance Choice (up to 90-days supply)						
Generic (automatic substitution)	$20	N/A	$10	N/A	$10	N/A
Brand—Preferred	$50	N/A	You pay 35% ($200 maximum)	N/A	You pay 35% ($200 maximum)	N/A
Brand—Non-Preferred	$80	N/A	You pay 100%	N/A	You pay 100%	N/A

**The full Family deductible must be met before any family member has costs shared by the medical or prescription plans. Medical and prescription costs both count toward the shared deductible of this plan.*

***Out of network pharmacies may bill you in excess of the plan's in-network rate of reimbursement.*

****Specialty drugs must be filled through the CVS Specialty Pharmacy.*

Dental and Vision

(Full-Time Employees Only)

Dental Plans Overview

Plans are available through United Concordia Companies, Inc. (UCCI)

Carnegie Mellon offers three dental plan options to fit your family's needs: one DHMO plan and two PPO plans. Dental coverage is available to full-time employees only.

Dental Plan Comparison

	DHMO	Standard PPO	Enhanced PPO
Primary Dentist and Referrals Required	Yes	No	
Deductible	None	$50 individual / $150 family	$25 individual / $75 family
Class I Services:[1] Cleanings and Exams	Once per 6 consecutive months; 100% coverage	2 per calendar year; 100% coverage	
Bitewing X-rays	Once per 6 consecutive months up to age 14; once per 12 consecutive months for age 14 and over; 100% coverage	2 per calendar year at any age; 100% coverage	
Full Mouth X-Rays	Once per 3 years; 100% coverage		
Fluoride Treatment	Once per 6 consecutive months up to age 19; 100% coverage	2 per calendar year up to age 19; 100% coverage	
Class II Services:[1] Fillings, Root Canals, Periodontics, Oral Surgery	See copay schedule; White fillings are not covered by the DHMO	50% coverage (includes white fillings)	80% coverage (includes white fillings)
Class III Services:[1] Prosthetics, Crowns, Inlays, Onlays		25% coverage	50% coverage (includes implants)
Orthodontics		Not Covered	50% coverage (includes adults)
Annual Maximum[2] Excludes diagnostic and preventive services, orthodontics, implants	Not Applicable Orthodontia is limited to dependents under 19.	$1,500 (per person, per year)	$2,000 (per person, per year)
Lifetime Maximum[2] Orthodontics/Implants	Implants are not covered.	Not Covered	$2,000 for orthodontics; $4,000 for implants

[1]See the plan's schedule of benefits on the HR Benefits page for information on the permitted schedule of covered services.
*[2]Annual Maximum and Lifetime Maximum are maximum amounts that **the plan** pays and are per person.*

Dental Plan Employee Contributions

Monthly, pre-tax rates are shown; divide rate by two to obtain biweekly, pre-tax rates.

Coverage Level	DHMO	Standard PPO	Enhanced PPO
Employee	$13.28	$13.04	$31.94
Family	$52.50	$46.98	$101.24

DHMO vs. PPO Plans

DHMO uses the DHMO Concordia Plus Network.

The DHMO plan requires copayments with no deductible, coinsurance, or annual maximum.

You must pre-select a participating primary care dentist or one will be assigned based on your home address. Referrals are required, and you must use participating providers.

PPO uses the Alliance Network.

The PPO plans charge a deductible and coinsurance for covered services and have annual maximums.

You may use out-of-network providers but may be charged for costs above the rates established by UCCI.

DHMO Network Area

You must reside in Pennsylvania, Ohio or New Jersey to participate in the DHMO plan. Search United Concordia for a primary care dentist.

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.

Vision Plans Overview

Plans are available through Davis Vision and Vision Benefits of America (VBA)

Carnegie Mellon offers four vision options designed to give you flexibility in choosing your coverage. Vision coverage is available to full-time employees only.

The options and benefit providers differ based on:

- coverage levels for various services and products,
- frequency of covered services,
- network of participating providers, and
- process for obtaining services.

Check both the Davis Vision network and the VBA network to see which providers participate in each plan. You can also call your providers and ask if they participate in either of the plans.

Q: How do I access my vision benefits?

A: **Davis Vision** participants make an appointment with a participating care provider and show their Davis Vision ID card to the provider during the visit. The participating provider submits the claim directly to Davis Vision.

Vision Benefits of America (VBA) participants do not receive ID cards. VBA providers submit electronic claims to VBA using participants' personal information (date of birth, home zip code and last four digits of the member's SSN).

Q: Can I use out-of-network providers?

A: If you see an out-of-network provider, you must pay for the service in full at time of the appointment and then submit a reimbursement claim form for appropriate reimbursement at the out-of-network level. Visit the Vision Benefits page to access the form.

Vision Plan Employee Contributions

Monthly, pre-tax rates are shown; divide rate by two to obtain biweekly, pre-tax rates.

Coverage Level	Davis Option 1	Davis Option 2	VBA Option 1	VBA Option 2
Employee	$1.06	$4.24	$1.30	$4.42
Family	$6.36	$17.48	$7.78	$18.18

Additional Vision Plan Features

Davis Vision and VBA offer various features including a laser vision correction discount; blended, no-line bifocals (progressive lenses); and polycarbonate lenses (restrictions apply). For more information about features, see the Summary of Benefits for each plan on the Vision Benefits page.

Vision Plan Comparison

	Davis Option 1	Davis Option 2	VBA Option 1	VBA Option 2
Frequency				
Eye exams, lenses, contacts	Once per two calendar years for ages 19+; Once per calendar year through age 18	Once per calendar year for all ages	Once per two calendar years for ages 19+; Once per calendar year through age 18	Once per calendar year for all ages
Spectacle frames	Once per two calendar years for all ages		Once per two calendar years for all ages	
Eye Examination				
Eye exam with dilation	Paid in Full		Paid in Full	
Contact lens evaluation and fitting			15% off UCR	
Spectacle Lenses (patient payment)				
All ranges of prescriptions and sizes	$0		$0	
Polycarbonate lenses	$0 / $35[2]		$0	
Oversize lenses	$0		$0	
Standard progressive addition lenses[1]	$65	$0	Available starting at $45	$0
Gradient tinting, ultraviolet coating[1]	$15		$12	
Scratch resistant coating[1]	$20		$0	
Blended bifocals[1]				
Corning photo-chromatic lenses[1]			$18 (single vision) / $28 (multi-view vision)	
Standard anti-reflective coating (ARC)[1]	$40		$40	
Frames				
Non-Collection	$70 allowance ($120 at Visionworks)	$110 allowance ($160 at Visionworks)	$40 wholesale allowance (approx. $100 – $120 retail value)	$60 wholesale allowance (approx. $150 – $180 retail value)
The Exclusive Collection (in lieu of allowance) *Fashion (up to $100 retail value)* *Designer (up to $175 retail value)* *Premier (up to $200 retail value)*	Paid in Full Patient pays $20 Patient pays $40			
Contact Lenses (in lieu of eyeglasses)				
Non-Collection	$100 allowance[3]	$145 allowance[3]	$140 allowance	$160 allowance
The Exclusive Collection	2 boxes planned replacement / 4 boxes disposable			
Medically necessary (prior approval)	Included		100%	

[1]For plan payments for other specialty options, out-of-network reimbursement schedule, or value added features, see the HR website for links to additional information and the carriers.
[2]In Davis Vision plans, polycarbonate lenses covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters.
[3]Can be applied toward disposable or specialty contact lenses (including extended wear, hard/soft bifocal and gas permeable lenses).

Flexible Spending Accounts

(Full-Time Employees Only)

& Health Savings Accounts

(high deductible ppo with hsa enrollees only)

Flexible Spending Accounts Overview

Administered by WEX

Carnegie Mellon offers both a Health Care Flexible Spending Account and a Dependent Care Reimbursement Account 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.

Flexible spending accounts (FSAs) are offered to full-time employees only. 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.

Per IRS regulations, those enrolled in a Health Savings Account (HSA) cannot contribute to an HCFSA. If you opt to enroll in a High Deductible PPO with HSA plan, you can contribute to a Limited Purpose Flexible Spending Account, which allows you to set aside pre-tax money to pay for qualified dental and vision expenses only.

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- 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 that 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 **$5,000**[1] / 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	Child 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.

Health savings Account & Limited purpose Spending Account Overview *(High Deductible PPO with HSA Enrollees Only)*

Administered by WEX

Carnegie Mellon offers both a Health Savings Account and a Limited Purpose Flexible Spending Account to employees who are enrolled in one of the High Deductible PPO with HSA medical plans. These plans are offered to help you lower your health, dental and vision expenses by paying with tax-free money. In 2024, if you are enrolled in the High Deductible PPO with HSA, CMU will contribute toward your HSA at the amount of $250/year for individuals and $500/ year for families.

Health Savings Account (HSA)

Health Savings Accounts accompany a high deductible health plan and allow you to invest money to pay for qualified medical, prescription, dental and vision expenses. You own this account and can take the account dollars with you if you leave the university. You must be enrolled in a High Deductible PPO health plan to enroll in an HSA.

The IRS prohibits employees from receiving or making HSA contributions if they are:

- Medicare enrollees
- Health Care Flexible Spending Accounts (HCFSA) enrollees

Limited purpose Flexible spending account (LPFSA)

The LPFSA is a special type of FSA that can be paired with an HSA and allows you to use pre-tax dollars to pay for qualified dental and vision expenses. Using funds from your LPFSA instead of your HSA to pay for eligible expenses allows your HSA to continue to grow tax-free into retirement. A Limited Purpose FSA cannot be paired with a Health Care Flexible Spending Account.

What can a LPFSA cover?

There are thousands of eligible items, including:

- Dental and orthodontia office visits and expenses
- Dental implants, veneers, dentures and bridges
- Optometrist and ophthalmologist visits and expenses
- Eye glasses, contacts, prescription sunglasses, solutions and drops
- Laser eye surgery

Limited purpose FSA Elections do not Roll Over to the Next Calendar Year

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

Limited Purpose FSA: Use it or Lose it Rule

IRS rules state that any contributions that 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.

Plan Comparison	HSA	Limited Purpose FSA
Contribution Limits	Between **$0** and **$4,150** for individuals / year* Between **$0** and **$8,300** for families / year* *55 years and older are eligible to make an annual catch-up contribution of $1,000	Between **$60** and **$3,200** / year
Plan Year	N/A	Calendar year plus a 2.5 month grace period (Jan 1, 2024 – Mar 15, 2025)
Deadline to Request Reimbursement	N/A	June 30, 2025
Eligible expenses	Medical, prescription, dental and vision	Dental and vision

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)

Eligible part-time 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 site, select the Benefits and Pay hub from the Workday menu. 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.

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.

Spouse/Domestic Partner Life and AD&D Insurance

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.

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 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 optional life and AD&D insurance (*see page 26*). 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 evidence of insurability form (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

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

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

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

Note About the Life Insurance Rates

For employee optional life insurance, monthly pre-tax rates are shown; divide rate by two to obtain biweekly pre-tax rates. For spouse life and dependent child(ren) life insurance, monthly post-tax rates are shown; divide rate by two to obtain biweekly post-tax rates.

Imputed Income Tax

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 and continues contributions to your retirement plan 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 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:

(60,000 ÷ 100) x $0.055 = $33.00 per year (or $2.75 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, staff and CPA 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

Carnegie Mellon automatically makes an 8% contribution (9.78% for employees on a 9-month appointment) for eligible employees at no cost to the employee.

All employees 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, as often as once a month. Changes are effective the first day of the following month.

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, GuidanceResources, can assist with everything from confidential counseling and legal resources to access to daycare locators and college planning specialists. All EAP services are confidential and provided at no cost to employees.

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, location of employment, hire date and employment type. However, Carnegie Mellon generally offers a maximum of 17 PTO days for new full-time staff employees.

Carnegie Mellon's U.S. campuses also observe 11 official holidays, during which days the university is closed and non-essential personnel are not expected to work. Additionally, U.S. staff may take up to three floating holidays during the calendar year, based on their hire date and with approval of their immediate supervisor.

Learn more about paid time off and holidays, including specific guidelines and accrual information.

University ID Cards

Your CMU ID card provides additional benefits, including:

- Use of university facilities and services such as athletic facilities, Group X-ercise classes, libraries and university events
- Discounts for faculty/staff at School of Drama performances
- Syncing with your PNC bank account so it can be used as an ATM card

Eligible dependents of benefits eligible employees can also receive an ID Card. For more information about this benefit, visit The HUB website.

More Benefits to Consider

Additional benefits available year-round to faculty and staff

Family Care Benefits

The Concierge Service — Any staff, faculty or graduate students can get personalized, one-on-one assistance on various dependent care related topics by emailing the concierge specialists.

Lactation Rooms — CMU offers several lactation rooms around campus for students, faculty, staff and guests.

The Cyert Center for Early Education — This full-day early care and education program serves the children of the Carnegie Mellon University community.

Employer Provided Dependent Care Benefits:

- **Dependent Care Reimbursement Accounts** — CMU offers a Dependent Care Reimbursement Account that can help full-time, benefits-eligible employees afford dependent care expenses by paying with pre-tax income.
- **Sliding Scale Benefit** — Benefits-eligible employees who have children attending the Cyert Center can apply to receive a limited amount of tuition assistance. The income requirements, exclusion criteria and enrollment deadlines for this program are listed on the website.
- **Care for Business** — Eligible CMU faculty, staff and graduate students can access a free premium membership for Care.com, 15 backup care days where a provider can be sent to your home for a subsidized rate to assist with elders or children, the LifeMart discount program and LifeCare Family expert assistance.

Please note that the IRS places an annual limit on the amount of employer-provided tax-free child and dependent care benefits you may receive. That limit is $5,000 per family. For questions related to how child and dependent care benefits from CMU may impact one another, please refer to the Tax Implications of Child Care Benefits [pdf] or contact Family Care Initiatives.

Transportation Benefits

Benefits eligible faculty and staff in Pittsburgh are entitled to use Allegheny County Port Authority Transit (PAT) system busses, inclines, and the T free of charge. Your ID Card is encoded with your PAT eligibility status automatically — just tap your ID Card on the orange pad on the fare box.

Transportation benefits may also be available to faculty and staff working outside of the Pittsburgh area.

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.

Retiree Medical Benefits

Carnegie Mellon offers retiree medical coverage to retired employees and their spouses/domestic partners if they were full-time benefits eligible at the time they retired, and meet other eligibility requirements. For retirees 60–64 years old, coverage is available through COBRA. For those 65 years old and over, CMU offers post-65 plans that coordinate benefits with your Medicare coverage. Options include three Medicare HMO plans, or a Highmark Major Medical and Caremark Supplemental Prescription plan. Rates are based on years of service at CMU.

If you are a faculty or staff member planning on retiring, call the Office of Human Resources to schedule a meeting and review the options available to you.

Discounts and Perks

CMU faculty and staff have access to a number of special discounts and perks. These include enhanced banking, wireless telephone service discounts, relocation and real estate services, and automobile purchase programs.

CONTINUATION OF COVERAGE

(COBRA)

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 medical/prescription, dental, vision and health care flexible spending account benefits coverage through COBRA. Under COBRA, you will pay the full group cost of the plan, plus a 2% administrative fee. COBRA coverage is generally offered for up to 18 months, or longer depending on the circumstances.

For more detailed information on your COBRA rights, please see page 38.

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 and/or vision coverage.

Find detailed information on the COBRA page.

Continuing Flexible Spending Accounts

The Health Care Flexible Spending Account (HCFSA) may be continued under COBRA (although the tax benefits of doing so are affected) in order to incur expenses to use contributed, but not yet claimed, funds.

The Dependent Care Reimbursement Account (DCRA) may not be continued.

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 your 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 under your benefits. (*See page 9 for more information about eligible dependents.*)

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 separated from Carnegie Mellon on October 18, your coverage would be active until October 31 and COBRA would start on November 1.

Q: Can I enroll in COBRA later in the year if I waived coverage initially?

A: If you miss your initial COBRA enrollment window, you will not be able to enroll in COBRA at a later date or during the COBRA Open Enrollment period.

Contact WEX

If you have questions about your COBRA enrollment, payments or to request benefit changes, please contact WEX at 866-451-3399.

COBRA Medical Monthly Participant Rates

Rates do not include the cost of prescription drug coverage, which is required with medical plan coverage. See chart on the right for prescription rates. Please note that Caremark Option A is frozen to current enrollees only. If you elect to change out of the plan during Open Enrollment, you will not be able to re-enroll in it.

Coverage Level	PPO Option 1	PPO Option 2	EPO (Highmark) / HMO (UPMC)	High Deductible PPO with HSA
Individual				
Highmark	$672.18	$604.86	$732.36	$544.68
UPMC	$523.26	$460.02	$612	$406.98
Individual and 1 Child				
Highmark	$1,143.42	$1,028.16	$1,244.40	$925.14
UPMC	$888.42	$782.34	$1,040.40	$691.56
Individual and 2+ Children				
Highmark	$1,277.04	$1,149.54	$1,391.28	$1,035.30
UPMC	$993.48	$875.16	$1,161.78	$773.16
Individual and Spouse/Partner				
Highmark	$1,411.68	$1,270.92	$1,537.14	$1,143.42
UPMC	$1,097.52	$966.96	$1,284.18	$854.76
Family				
Highmark	$1,947.18	$1,752.36	$2,120.58	$1,576.92
UPMC	$1,514.70	$1,332.12	$1,771.74	$1,179.12

COBRA Prescription Monthly Participant Rates

Coverage Level	Option A	Option B
Individual	$333.54	$161.16
Individual & 1 Child	$566.10	$273.36
Individual & 2+ Children	$633.42	$306
Individual & Spouse/ Partner	$699.72	$338.64
Family	$964.92	$466.14

COBRA Dental Monthly Participant Rates

Coverage Level	DHMO	Standard PPO	Enhanced PPO
Individual	$17.90	$18.34	$38.00
Family	$56.30	$52.85	$112.78

COBRA Vision Monthly Participant Rates

Coverage Level	Davis Option 1	Davis Option 2	VBA Option 1	VBA Option 2
Individual	$4.02	$8.91	$3.14	$9.16
Family	$9.16	$21.44	$9.12	$23.82

See pages 12–21 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.