For more information about 2015 benefits, go online to http://www.cmu.edu/hr/benefits.
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</tr>
</tbody>
</table>

For more information about benefits, go online to [http://www.cmu.edu/hr/benefits](http://www.cmu.edu/hr/benefits).
Need Assistance Understanding Your Benefits?

The CMUWorks Service Center is available to assist you in understanding your benefit options and to help you enroll.

- Email: cmu-works@andrew.cmu.edu
- Phone: 412-268-4600 (toll free 844-625-4600) Monday through Friday, 8:30 a.m. to 5:00 p.m. (Eastern Time)
- Online: http://www.cmu.edu/cmuworks

Coordination of Benefits

Individuals who are covered under another insurance plan will have their Carnegie Mellon University benefits coordinated with the benefits payable under the other plan. The benefits offered through one’s employer take precedence over those in which they are covered as a dependent. No charges will be covered under more than one plan.

Make Elections Through Workday

To enroll in or change your benefits, use Workday. Follow the instructions and read all of the information on each screen.

Visit the My Workday Toolkit (https://www.cmu.edu/my-workday-toolkit/index.html) for information about how to use Workday.

Dependent verification for newly-added dependents must be provided within 30 days of making your elections or the dependent(s) will be removed from coverage.
Benefits Overview

Carnegie Mellon offers a broad range of benefit options. You can choose to participate in the medical, prescription drug, life, and accidental death and dismemberment insurance plans.

The contributions for all of these benefits are deducted from your pay before taxes are assessed.

Work-Life and Retirement Benefits

The university also provides many benefits for eligible faculty and staff that do not need to be selected during enrollment.

Part-Time Work-Life Benefits That Do Not Require Enrollment

Elections Include:

- Carnegie Mellon contributions into a retirement account on your behalf (for those who work at least 1,000 hours per employment year)
- Employee supplemental retirement contributions into a tax-deferred or Roth retirement account
- Tuition benefits for employees and service credit for tuition benefits for their children
- Free use of the Allegheny County Port Authority Transit (PAT) system
- Employee assistance plan and life management resources
- Professional Development Services programs
- Carnegie Mellon ID card (and the access and discounts associated with it)
- Financial benefits (e.g., banking, real estate services, wireless and automobile discounts)

To learn more about these benefits and their eligibility requirements, go to the Human Resources website at http://www.cmu.edu/hr/benefits.

Enrollment in Work-Life Benefit Programs

Enrollment in Work-Life Benefits is not necessarily automatic. You should apply for the benefit at the time you wish to take advantage of it, according to the procedures for that particular benefit program.

For more information about benefits, go online to http://www.cmu.edu/hr/benefits.
New Hire Benefits Enrollment

New employees must enroll in benefits within 30 days of their hire date. Your choices will be in effect for the remainder of the calendar year, unless you experience a qualified life or family status change (see below).

Benefits Effective Date

If your hire date is the first of the month, your benefits effective date is the same date. If your hire date is after the first of the month, your benefits effective date is the first of the following month.

Default Benefits for New Hires

Part-time new hires who do not submit their benefit choices or “opt-out” decision within 30 days of their hire date are automatically opted out of health coverage (see right). In addition, until you complete the retirement plan application, university retirement contributions will be invested into an age-appropriate qualified default investment.

Enrolling in Benefits at Open Enrollment

Each year, Open Enrollment provides you the opportunity to review your benefits coverage and make new elections, if desired, for the upcoming calendar year.

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.

Elections made during Open Enrollment will become effective the following January 1 and will remain in effect for the entire calendar year. Unless you experience a qualified life or family status change (see below), Open Enrollment is the only time during the year when you may change your benefit elections.

Life or Family Status Changes During the Year

Life or Family changes sometimes require you to change your benefits. Following IRS regulations, you can make changes consistent with your life or family status change within 30 days of the date the status change occurred.

• In most circumstances, 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).
• Changes must be made within 30 days of the status change. If you miss the 30 day period, you must wait until the next Open Enrollment to make changes.
• Changes should be made through Workday (see page 3).
• Supporting documentation—such as a birth certificate, marriage certificate, or proof of new coverage—is required within 30 days of making the elections to verify a status change.

See page 13 for a list of qualifying life or family status changes that permit you to make changes.

For more information about benefits, go online to http://www.cmu.edu/hr/benefits.
Medical

You can select a medical plan offered by UPMC, Highmark or HealthAmerica. To be sure your current provider is in a particular carrier’s network, contact the carrier or provider directly or look online.

Preferred Provider Organization (PPO) Plans

(Available through UPMC and 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) Plan

(Available through HealthAmerica)

HMOs have low out-of-pocket expenses, but do not provide benefits if you use out-of-network providers (except in the case of an emergency). You will select a primary care physician (PCP) who will help coordinate your care, although referrals to specialist care and related services are not required in most circumstances.

Preventive Care Benefits

Our 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.

Couples Working for Carnegie Mellon

Individuals can only be covered under one Carnegie Mellon plan at a time. Each person may have their own coverage and cover different dependents.

Residing Outside of Pennsylvania

Highmark and UPMC have affiliated U.S. networks outside of the Pittsburgh area. Employees located outside of Pennsylvania may not select the HealthAmerica HMO. Employees on an international appointment are eligible for coverage through our international benefits plan.

Opting Out of Coverage

You can opt out of Carnegie Mellon medical coverage. Individuals are strongly encouraged to enroll in one of our plans if they are not covered under another policy.

Please refer to the Benefits Glossary of Terms at the end of this workbook for medical insurance terms and definitions.
## Medical Plan Comparison

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>PPO Option 1</th>
<th>PPO Option 2</th>
<th>High Deductible PPO with HRA</th>
<th>HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Carrier Choices</strong></td>
<td>Highmark, UPMC</td>
<td>Highmark, UPMC</td>
<td>Highmark, UPMC</td>
<td>HealthAmerica</td>
</tr>
<tr>
<td><strong>Annual Deductible (Indiv/Family)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- In-Network Provider</td>
<td>$250 / $500</td>
<td>$350 / $700</td>
<td>$1,000 / $2,000</td>
<td>$0 / $0</td>
</tr>
<tr>
<td>- Out-of-Network Provider</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
<td>$2,000 / $4,000</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Max (Indiv/Family)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- In-Network Provider</td>
<td>$1,500 / $3,000</td>
<td>$2,500 / $5,000</td>
<td>$4,500 / $9,000</td>
<td>$1,000 / $2,000</td>
</tr>
<tr>
<td>- Out-of-Network Provider</td>
<td>$3,000 / $6,000</td>
<td>$3,000 / $6,000</td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td><strong>Plan Coinsurance Responsibility</strong></td>
<td>(After deductible)</td>
<td>(After deductible)</td>
<td>(After deductible)</td>
<td>(After deductible)</td>
</tr>
<tr>
<td>- In-Network Provider</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>- Out-of-Network Provider</td>
<td>60% of UCR³</td>
<td>60% of UCR³</td>
<td>60% of UCR³</td>
<td></td>
</tr>
<tr>
<td><strong>Carnegie Mellon HRA Contribution</strong></td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>$250 / $500</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Physician Visit (Copay/Coinsurance)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Network</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Office Visit: Primary Care / Specialist</td>
<td>$20 / $35</td>
<td>$20 / $35</td>
<td>80%</td>
<td>$15 / $30</td>
</tr>
<tr>
<td>- Preventive Care (per schedule)¹</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>- ER Visit (waived if admitted)</td>
<td>$100</td>
<td>$100</td>
<td>80%</td>
<td>$50</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Office Visit: Primary Care / Specialist</td>
<td>60% of UCR³</td>
<td>60% of UCR³</td>
<td>60% of UCR³</td>
<td></td>
</tr>
<tr>
<td>- Preventive Care</td>
<td>60% of UCR³</td>
<td>60% of UCR³</td>
<td>60% of UCR³</td>
<td></td>
</tr>
<tr>
<td>- ER Visit (waived if admitted)</td>
<td>$100</td>
<td>$100</td>
<td>80%</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Primary Care Physician Required</strong></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

¹ The deductible and copay do not apply when adult or pediatric preventive care is performed according to the plan’s schedule. If tests or lab work that are not on the plan’s preventive care schedules are performed, the individual’s portion of the cost will be applied to the deductible.

² The deductible and out-of-pocket maximum are tracked separately for in- and out-of-network services under all plans. The annual out-of-pocket maximum includes deductible, copays, and coinsurance.

³ UCR = 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 out-of-pocket maximum.
**Employee Contributions for 2015**

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>PPO 1 Biweekly/Monthly</th>
<th>PPO 2 Biweekly/Monthly</th>
<th>High Deductible PPO w/ HRA Biweekly/Monthly</th>
<th>HMO Biweekly/Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highmark</td>
<td>$169.25 / $338.50</td>
<td>$144.50 / $289</td>
<td>$116 / $232</td>
<td>N/A</td>
</tr>
<tr>
<td>HealthAmerica</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$107.50 / $215</td>
</tr>
<tr>
<td>UPMC</td>
<td>$115.25 / $230.50</td>
<td>$93.75 / $187.50</td>
<td>$74 / $148</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Employee &amp; 1 Child</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highmark</td>
<td>$310 / $620</td>
<td>$274.50 / $549</td>
<td>$223.25 / $446.50</td>
<td>N/A</td>
</tr>
<tr>
<td>HealthAmerica</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$207.75 / $415.50</td>
</tr>
<tr>
<td>UPMC</td>
<td>$217.75 / $435.50</td>
<td>$182 / $364</td>
<td>$141.50 / $283</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Employee &amp; 2+ Children</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highmark</td>
<td>$350.50 / $701</td>
<td>$310.50 / $621</td>
<td>$254.50 / $509</td>
<td>N/A</td>
</tr>
<tr>
<td>HealthAmerica</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$237.25 / $474.50</td>
</tr>
<tr>
<td>UPMC</td>
<td>$247.25 / $494.50</td>
<td>$207 / $414</td>
<td>$162.50 / $325</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Employee &amp; Spouse/Partner</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highmark</td>
<td>$390.75 / $781.50</td>
<td>$346.75 / $693.50</td>
<td>$286.50 / $573</td>
<td>N/A</td>
</tr>
<tr>
<td>HealthAmerica</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$266 / $532</td>
</tr>
<tr>
<td>UPMC</td>
<td>$276.25 / $552.50</td>
<td>$232.25 / $464.50</td>
<td>$182.75 / $365.50</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highmark</td>
<td>$551 / $1,102</td>
<td>$490 / $980</td>
<td>$412.75 / $825.50</td>
<td>N/A</td>
</tr>
<tr>
<td>HealthAmerica</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$382.50 / $765</td>
</tr>
<tr>
<td>UPMC</td>
<td>$393 / $786</td>
<td>$332.50 / $665</td>
<td>$264.50 / $529</td>
<td>N/A</td>
</tr>
</tbody>
</table>

These medical plan rates do NOT include the cost of prescription drug coverage. See the next page for prescription drug insurance rates.

To calculate your total coverage costs, add together the rates for the medical plan you have selected and the prescription drug coverage you have chosen.

Please note that you must cover the same set of individuals under both your medical and prescription drug coverage. In other words, if you elect to cover yourself and one child under your medical plan, then you must cover yourself and that same child under your prescription drug plan. All plans will give you a choice of two prescription plans through Caremark.

The biweekly and monthly rates listed above are deducted from your pay before taxes are assessed.

IRS regulations require that the amount you contribute to cover a domestic partner and the amount Carnegie Mellon contributes for that domestic partner coverage must be taxed, unless your partner can be claimed as a dependent on your taxes (see page 12).
Prescription Drugs

Caremark is our prescription drug carrier. The prescription coverage provides access to numerous chain and independent pharmacies. It also provides mail order service for maintenance medications to help control costs for you and Carnegie Mellon.

The options differ by employee contribution rates, copays/coinsurance rates, and coverage for non-formulary drugs.

Prescription and Medical Coverage Go Together

If you enroll in one of Carnegie Mellon’s medical insurance options, you MUST enroll in a prescription drug plan and cover the same individuals as your medical plan. You must select the same prescription option for all individuals who are being covered.

• If you opt out of Carnegie Mellon’s medical coverage, you may not enroll in Carnegie Mellon’s prescription drug coverage.
• Caremark participants can save 20% on over-the-counter, CVS-brand health-related items with their ExtraCare Health card. (Call 1-888-543-5938 for more information.)

Prescription Drug Plan Comparison

<table>
<thead>
<tr>
<th></th>
<th>Caremark Option A</th>
<th>Caremark Option B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail (Up to 30-days supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic (automatic substitution)</td>
<td>$10</td>
<td>$5</td>
</tr>
<tr>
<td>Brand—Formulary (no generic available)</td>
<td>$20</td>
<td>35% ($100 maximum)</td>
</tr>
<tr>
<td>Brand—Formulary (generic available)</td>
<td>$25</td>
<td>35% ($100 maximum)</td>
</tr>
<tr>
<td>Brand Name—Non-formulary¹</td>
<td>$40¹</td>
<td>Not Covered¹</td>
</tr>
<tr>
<td>Mail Order (Up to 90-days supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic (automatic substitution)</td>
<td>$20</td>
<td>$10</td>
</tr>
<tr>
<td>Brand—Formulary (no generic available)</td>
<td>$40</td>
<td>35% ($200 maximum)</td>
</tr>
<tr>
<td>Brand—Formulary (generic available)</td>
<td>$50</td>
<td>35% ($200 maximum)</td>
</tr>
<tr>
<td>Brand Name—Non-formulary¹</td>
<td>$80¹</td>
<td>Not Covered¹</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum (separate from medical plan)</td>
<td>$2,100 individual / $4,200 family</td>
<td>$1,500 individual / $3,000 family</td>
</tr>
</tbody>
</table>

¹ If a non-formulary medication is deemed medically necessary, it may be covered at the applicable “Brand—Formulary” level.

Employee Contributions for 2015

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Caremark Option A Biweekly/Monthly</th>
<th>Caremark Option B Biweekly/Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$47.25 / $94.50</td>
<td>$18.75 / $37.50</td>
</tr>
<tr>
<td>Employee &amp; 1 Child</td>
<td>$88 / $176</td>
<td>$36.25 / $72.50</td>
</tr>
<tr>
<td>Employee &amp; 2+ Children</td>
<td>$99.25 / $198.50</td>
<td>$41 / $82</td>
</tr>
<tr>
<td>Employee and Spouse/Partner</td>
<td>$111 / $222</td>
<td>$46 / $92</td>
</tr>
<tr>
<td>Family</td>
<td>$157.25 / $314.50</td>
<td>$65.75 / $131.50</td>
</tr>
</tbody>
</table>
Using Rx Benefits at a Retail Pharmacy

When you need to fill a prescription at a participating pharmacy, present your Caremark ID card to the pharmacist along with your prescription. You'll pay the designated copay or coinsurance.

If you do not present insurance information at the time of your purchase, you may be required to pay for the medicine in full and later file for reimbursement.

Maintenance Medications: Mail Order Services

Caremark provides mail order services for medications you will be taking for more than two months. When you order long-term use medications through mail order, you get a 90-days supply for the cost of a 60-days supply.

You can place orders online or by mail. And since you get a 90-days supply, you only need refills every few months, instead of every few weeks.

Mail Order Prices at Retail CVS Pharmacy Locations

Caremark participants can take advantage of the Caremark Maintenance Choice program and receive 90-days supplies of their ongoing medications at mail order rates from retail CVS pharmacies. Maintenance Choice participants are not assessed the MMPP penalty (see below) when using CVS pharmacies through this program.

Maintenance Medication Prescription Plan (MMPP)

Using a retail pharmacy for ongoing prescriptions costs both you and the university more. Under the MMPP, if you repeatedly use retail pharmacies to fill the same prescription, you will incur a penalty. The first three times you go to the retail pharmacy to fill the same medication, you will only pay the retail copays/coinsurance. Beginning with the fourth fill at a retail pharmacy, in addition to your copay, you will also be charged the difference in price between the retail cost and the mail-order cost of the medication. The Caremark MMPP applies to all medications designated as “maintenance” medications. This penalty does not apply for Caremark Maintenance Choice participants using a retail CVS pharmacy for 90-days supplies (see above).

Going Out-of-Network

Caremark participants who use an out-of-network pharmacy must pay for the medicine and then submit for reimbursement. The refund will be the network cost minus your responsibility.

Please refer to the Benefits Glossary of Terms at the end of this workbook for prescription drug insurance terms and definitions.
Life and Accidental Death & Dismemberment (AD&D) Insurance

FREE Basic Life Insurance

Carnegie Mellon provides, at no cost to you, basic life insurance coverage equal to your annual base salary (rounded up to the nearest thousand) or $10,000, whichever is greater. (See sidebar, right, for information on how your life insurance base salary is calculated.) You may opt out of the university’s free basic insurance coverage. Life insurance benefits are administered through Sun Life Financial.

If your spouse/registered domestic partner is a Carnegie Mellon full-time benefits-eligible faculty or staff member, you may be covered under his or her Spouse/Domestic Partner Life Insurance benefit. However, doing so will make you ineligible for the university’s part-time life insurance or voluntary AD&D benefits.

Imputed Income Tax: For Coverage of More Than $50,000

The value of life insurance greater than $50,000 is taxable by the IRS. The IRS calculates the value of group life insurance using “uniform premium levels” based on your age and the amount of your coverage (see chart to the right). The IRS adds the value of your life insurance coverage in excess of $50,000 to your salary for federal tax purposes. Carnegie Mellon is required to withhold federal taxes based on the amount of this imputed income. To reduce your tax liability, you can limit your life insurance to $50,000. However, the impact of the imputed income taxes is generally small.

To calculate your monthly imputed income:

1) Subtract $50,000 from your life insurance amount. Divide the remainder by 1,000.
2) Multiply that amount by the premium level associated with your age as of December 31, 2015. That is the imputed income that will be taxed.

Voluntary Accidental Death & Dismemberment (AD&D) Coverage

You may purchase AD&D insurance through Sun Life Financial. Certain amounts are also paid if you lose a limb or certain vital functions in an accident.

You may purchase as little as $10,000 in AD&D insurance, and up to $250,000, in increments of $10,000. Supplemental AD&D insurance costs $0.20 per $10,000.

<table>
<thead>
<tr>
<th>AD&amp;D Coverage</th>
<th>Monthly Cost</th>
<th>AD&amp;D Coverage</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,000</td>
<td>$0.40</td>
<td>$80,000</td>
<td>$1.60</td>
</tr>
<tr>
<td>$30,000</td>
<td>$0.60</td>
<td>$90,000</td>
<td>$1.80</td>
</tr>
<tr>
<td>$40,000</td>
<td>$0.80</td>
<td>$100,000</td>
<td>$2.00</td>
</tr>
<tr>
<td>$50,000</td>
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Beneficiary Info

To designate or change your beneficiaries, visit www.wpsenroll.com. For detailed information, please read Choosing Your Beneficiaries [pdf]. (http://www.cmu.edu/hr/benefits/benefit_programs/forms/choosingyourbeneficiaries.pdf)

For more information about benefits, go online to http://www.cmu.edu/hr/benefits.
Benefits for Domestic Partners

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. If your relationship meets the university’s eligibility criteria, your partner is eligible to receive medical and prescription benefits.

A domestic partner may be covered under one’s insurance plan if:

- the relationship has continued for at least 12 consecutive months,
- the couple can demonstrate that the committed relationship is substantially similar to that of a married couple.

See the Domestic Partner Registration Kit (http://www.cmu.edu/hr/benefits/benefit_admin/dependents.html) for a detailed list of the criteria for registering a domestic partnership and the forms required to do so.

Enrollment Process for Individuals With Domestic Partners

If a domestic partnership is not already registered with the university, you must complete a hard copy of the:

- Carnegie Mellon Registration Statement of Domestic Partnership form
- Dependent Partner Certification for Dependent Tax Status form (if your partner is claimed as a dependent for federal tax purposes)

All forms should be sent to the CMUWorks Service Center. The Registration Statement is subject to approval. All registration and termination statements of domestic partnerships will be held confidentially.

NOTE: Carnegie Mellon only provides coverage for dependent children who can be claimed by an individual for federal tax purposes. If you cannot claim the children of your domestic partner, then you cannot cover those dependents under your Carnegie Mellon benefits.
Qualifying Life or Family Status Changes

Qualified life or family status changes that allow you to make changes to your benefits outside of the Open Enrollment period include:

- Marital/domestic partnership status changes (e.g., marriage/registration of partnership, death, divorce/termination of partnership)
- Number of covered dependent children changes (e.g., birth or adoption, death, dependent becomes 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., moving outside of HMO area, domestic to international position)
- Employment status change (e.g., part-time to full-time)

Following IRS regulations, you can make changes consistent with your life or family status change within 30 days of the date the status change occurred.

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 on the Human Resources website at [http://www.cmu.edu/hr/benefits/benefit_programs/index.html](http://www.cmu.edu/hr/benefits/benefit_programs/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 the next page.)

If you are unable to resolve the situation with the carrier, please contact the CMUWorks Service Center at 412-268-4600 for assistance.

COBRA Information (Continuation of Coverage)

When you or a dependent covered by a Carnegie Mellon medical and prescription plan loses coverage, in most circumstances, we are required to send you information about COBRA, which provides the opportunity to continue these benefits at group rates. Your group number and monthly rates will change when your plan is continued through COBRA. See the COBRA Benefits Workbook for more information about continuation of benefits through COBRA if you or a dependent loses eligibility.

Changes Limited to Open Enrollment or Life Changes

The IRS allows contributions for your benefits coverage to be taken out of your pay before taxes are calculated, which reduces your taxes and saves you money. However, you are only permitted to make changes to your coverage during an annual Open Enrollment or when you experience certain life or family status changes.

Contact the Carriers

Most questions or concerns about your coverage, filing claims, or eligible expenses should be first directed to the carrier of the plan you selected. Contact information for each of our carriers is found on the next page. You should have your group and ID numbers available when you contact the carrier so they can see the specific provisions of the Carnegie Mellon plan.
Contact Information

Do you need more information about a specific benefit option? Contact the carrier directly to request details about your coverage, provider networks, directories, and claims issues.

For issues related to eligibility or enrollment, or unresolved claim issues, contact the CMUWorks Service Center at 412-268-4600 or cmu-works@andrew.cmu.edu.

Medical Plan Options

Highmark
1-800-472-1506
http://www.highmarkbcbs.com

UPMC Health Plan
1-855-497-8762
http://www.upmchealthplan.com

HealthAmerica
1-800-735-4404
http://www.healthamerica.cvty.com

Prescription Drug Plan Options

Caremark
1-877-347-7444
http://www.caremark.com

Mail Order Service
Phone: 1-800-222-3383 (prescription refills)
FastStart®: 1-800-875-0867 (enrollment)

Life and AD&D Insurance

Sun Life Financial
1-800-247-6875
http://www.sunlife.com/us

For more information about benefits, go online to http://www.cmu.edu/hr/benefits.
### Benefits Glossary of Terms

#### Accidental Death & Dismemberment (AD&D)
A component of life insurance coverage; in the event of one’s accidental death, the benefit payable will double. If one loses a limb or other vital function, benefits will be paid according to a schedule.

#### After-tax dollars
Salary dollars from which federal, state and social security taxes have already been deducted.

#### Allowable amount/allowable expense
The highest amount a benefit plan will pay for a specific covered service. This amount is based on the UCR for such service. (See Usual, Customary and Reasonable.)

#### Annual maximum
The most the plan will pay for covered services in the calendar year in which your elections are in effect.

#### Coinsurance
The plan pays a set percentage of the allowable amount of the covered expense. You pay the rest, up to an annual out-of-pocket maximum. Charges in excess of the UCR are not included; you are responsible for any such charges if you use an out-of-network provider.

#### Coordination of Benefits (COB)
When a member is covered under more than one benefit plan, COB determines which plan is primarily responsible. Charges not covered by the primary plan may be submitted to the secondary plan. Benefits provided by an employer are primary; benefits provided through a spouse’s employer are secondary.

#### Covered expenses/covered services
Those services or supplies eligible for payment under the option you have elected. Insurance contracts and booklets provide a list of covered expenses for each plan.

#### Copayment/copay
Any up-front amount you pay for in-network office visits, supplies or prescription drugs through your medical or prescription plan. The copayment does not count toward the deductible.

#### Coverage level
The individuals covered by the benefit plan. The coverage level for medical must match the coverage level for prescription.

#### Deductible
The amount you are required to pay each year before any coinsurance payments will be made under the medical plan. Deductibles vary. Copays for office visits do not apply to the deductible.

#### Eligible dependents
These include:
- your spouse or registered domestic partner
- your children up to age 26
- your 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.

#### Formulary
A list of medications which are preferred drugs in a pharmacy benefit plan. The formulary serves as a guide for prescribing, dispensing and use. Drugs included in the formulary are selected on the basis of safety, effectiveness and cost, and are covered at a higher level. The formulary list can be modified at any time by the carrier; refer to the website for the most up-to-date formulary list.

#### Generic Drugs
Medically-equivalent drugs manufactured by a pharmaceutical company after the patent has expired on the original manufacturer’s brand-name medication. Generic drugs have been tested by the FDA to ensure that they contain equivalent active ingredients. The prescription plans require that generic drugs be automatically substituted for brand-name medications, when available, as they are generally much less expensive.

#### Generic Drug Substitution Waivers
Brand name medications that have a generic equivalent can be used if they are authorized as medically necessary. Your physician must submit a medical necessity waiver in advance, demonstrating why the brand-name medication must be used (and/or why the generic alternative should not be used).
Benefits Glossary of Terms (Continued)

Health Maintenance Organization (HMO)
A medical program, available in limited areas, that provides services when members use network providers. Carnegie Mellon provides one HMO option, through HealthAmerica.

Health Reimbursement Account (HRA)
An account set up by the university that you can use to pay for eligible health care expenses ($250 individual/$500 family). Unused contributions can be rolled over to the following year, up to a maximum of three years. The money in the account is forfeited if your participation in the HRA plan ends. The HRA is paired with a high deductible PPO plan.

Imputed income
The value of benefits that the IRS taxes as though it were additional salary. This includes high levels of life insurance or dependent care benefits and health benefits for domestic partners.

Maintenance drug
A medication prescribed for a chronic condition (such as high blood pressure) that will be taken for more than 60 days. For maximum savings, maintenance drugs should be filled via mail order.

Maximum eligible/allowable expense
The total amount payable for a given service or supply under a plan. This amount is determined by the insurance company based on the typical cost for the service.

Medical Necessity Waiver
A form submitted by your physician to Caremark that allows an individual to bypass normal plan requirements. Medical necessity waivers should be submitted and approved by the plan in advance of going to the pharmacy.

Network
The providers (doctors, hospitals, facilities) that have contracted with an insurance carrier to accept that insurance plan’s rates as payment-in-full.

Network Allowance
Amount the participating provider contractually agrees to accept as payment in full.

Non Formulary Waivers
Medications not on the formulary list can be covered at the brand-name formulary level, if they are medically necessary. Your physician must submit a medical necessity waiver in advance, demonstrating why the non-formulary medication must be used (and/or why the formulary alternatives should not be used).

Open Enrollment/Open Enrollment Period (OE)
The annual period of time during which employees have an opportunity to review and select alternate benefit plans offered through the benefit program.

Opt out
Your decision not to be covered for a given benefit.

Out-of-pocket maximum
The highest amount you are required to pay in coinsurance, copays and deductibles for any covered expenses in a calendar year. (Using non-participating providers may result in additional costs not included in your out-of-pocket maximum.)

Preferred Provider Organization (PPO)
A medical plan that provides a higher level of coverage when you use the preferred network of providers. Out-of-network services result in higher out-of-pocket costs.

Pre/before-tax dollars
Income on which no federal taxes are paid when used to purchase a benefit option or placed in a reimbursement account under a qualified flexible benefits program.

Preventive care
Medical services designed to avoid illness or promote wellness. These services include routine physicals, certain diagnostic tests and immunizations. The medical plans pay 100% for preventive care that is performed in-network in accordance with their schedule.

Primary Care Physician (PCP)
Although you should have a primary care physician (PCP) with any plan, only the HMO plans require you to designate a PCP. The PCP handles all routine medical care and can arrange referrals to specialist care and related services.
Benefits Glossary of Terms (Continued)

Salary/ Base Salary
For Life and AD&D insurance purposes, your salary is calculated in October, and is rounded up to the nearest $1,000. Changes in salary will be reflected in the following year’s Open Enrollment elections. For employees with a 12-month appointment, this is your fiscal year salary. For employees with a nine-month appointment, this is $11/9 times your academic year salary. Your salary excludes overtime, pay for appointments lasting less than four months, faculty summer salary and other special compensation.

Term life insurance/ group term life insurance
An insurance policy that pays a set amount in the event of the death of the insured person. This type of policy ends when your employment ends unless you make arrangements with the insurance company to continue it. It has no cash value and you cannot borrow against it.

Usual, Customary and Reasonable (UCR)
The fees set by the carrier that reflect typical fees charged for services in your area. Carriers assign UCR levels to all services and pay claims based on them. Expenses above the UCR will not be paid under the terms of the benefit plans. Out-of-network providers may bill you for their charges in excess of the UCR.
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 vice president for campus affairs, Carnegie Mellon University, 5000 Forbes Avenue, Pittsburgh, PA 15213, telephone 412-268-2056.