

HealthySolutions
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2012 BENEFITS WORKBOOK

FOR EXPATRIATE FULL-TIME EMPLOYEES IN INTERNATIONAL LOCATIONS

TAKE CHARGE OF YOUR BENEFITS

OPEN ENROLLMENT FOR 2012 BENEFITS

October 31 - November 14, 2011

BENEFITS EFFECTIVE DATE

January 1, 2012



For more information about 2012 benefits, go online to <http://www.cmu.edu/hr/benefits>.

Carnegie Mellon
HUMAN RESOURCES

This is a Summary

This workbook contains summaries of the options provided in each benefit category. It is intended to help you choose among the available options. You may obtain additional information from the HR web site at <http://www.cmu.edu/hr>. The web site also provides links to the carriers and plan booklets.

This booklet and our web resources are not intended to take the place of plan documents.

If there is a conflict between this workbook and the plan documents, the plan documents will govern. The Benefits Office maintains the Summary Plan Description (SPD), which contains more detailed information.

The SPD can be found online on the HR web site at http://www.cmu.edu/hr/benefits/benefit_admin/plans. Contact the Benefits Office at 412-268-2047 or by email to hrhelp@andrew.cmu.edu to obtain a hard copy of the SPD.

Carnegie Mellon 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 reason upon appropriate action by the university. Notwithstanding any of the prior statements, in all cases, university policies will govern.

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Make Elections Online Through HR Connection

To enroll in or change your benefits, use the online HR Connection self-service system. Follow the instructions and read all of the information on each screen. Note that rate information will be displayed PER PAY.

1. Go to http://www.cmu.edu/hr/benefits/hr_connection.html and click on the logo (see right).
2. You will need your Andrew user name and password, HR Connection password, and dependent data. If you forget or do not have an HR Connection password, please follow the online instructions.
3. Click on the name of the module that corresponds to the action you wish to complete: New Employee Enrollment, Open Enrollment, or Life Changes.
4. Contact the Help Desk at hrit@andrew.cmu.edu with technical problems. Technical support is available weekdays, from 8:30 am to 5:00 pm EST.
5. If you exit the system in the middle of the module or are inactive for more than 20 minutes, your elections will be lost and you will need to start over.
6. **You must re-enter your HR Connection password to save your changes. If you exit without doing so, your changes will be lost.**



Healthy Solutions Benefits

Carnegie Mellon offers a broad range of benefit options under the Healthy Solutions umbrella. You can choose to participate in the medical, prescription drug, dental, and vision plans, as well as life and AD&D insurance, life insurance for dependents, and long-term disability insurance. In addition, eligible employees can contribute to a health care and/or dependent care account to assist in managing eligible health care and dependent care costs.

The monthly contributions for all of these benefits (except dependent life insurance) are deducted from your pay before taxes are assessed, saving you money!

Expatriate Benefits

Expatriate employees are eligible for a similar range of benefits as employees working in Western Pennsylvania. Efforts have been made to make the plans comparable to their domestic alternatives, but the plans are not identical.

In addition, expatriate employees are eligible for a number of unique benefits related to their relocation, but are ineligible for benefits that are available only for Western Pennsylvania-based employees.

Work-Life and Retirement Benefits

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

Full-Time Work-Life Benefits Include:

- Carnegie Mellon paid retirement benefits
- Employee supplemental retirement contributions into a tax-deferred or Roth retirement account for those with US sourced, taxable income
- Tuition benefits for employees and their children
- Paid time off, paid holidays and leaves of absence
- Employee assistance plan and life management resources
- Carnegie Mellon ID card (and the access and discounts associated with it)
- Financial benefits (WorkPlace Banking through PNC Bank and Citizens Bank, real estate services through Howard Hanna, wireless service discounts)
- Discounts on Ford Motor Company and General Motors makes and models purchased from a US dealership

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

Enrollment in Work-Life Benefit Programs

Enrollment in the 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.

See the HR web site at <http://www.cmu.edu/hr> for more information on other benefit programs and their enrollment processes.

Who Is Eligible for Expatriate Benefits

Expatriate benefits-eligibility is granted to faculty and staff who are in an active appointment of at least 4 consecutive months (3 months or longer if your domestic medical insurance plan is an HMO) at a Carnegie Mellon University international location, such as CMU-Q.

Eligible employees may also cover their eligible dependents under certain benefits. Eligible dependents include your:

- spouse/registered domestic partner*
- your children up to age 26
- adult, unmarried, dependent children who, upon attainment of age 19, were covered under the particular benefit and were disabled as defined in the information provided by the third party administrator or insurance company

Employees who return from an international assignment to domestic employment with the university are eligible for different benefits, and should refer to the Benefits Workbook for their employment status.

* - See page 6 for more information on Domestic Partner rights in Qatar.

Default Benefits

The default benefit plan costs \$86.66 USD per month and covers the employee only:

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

You will not be enrolled in dental, supplemental life, dependent life or either spending account.

Complete the Carrier Application

When you are enrolling in a health plan, you will need to complete the CIGNA or InterGlobal enrollment form in addition to Carnegie Mellon's benefits enrollment form. This is not required when you are continuing in the plan at Open Enrollment.

New Employee Benefits Enrollment

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

Benefits Effective Date

If you are already employed by the university, your benefits become effective on the 1st day of the month prior to the start of your assignment. If you are newly hired, your benefits effective date is the 1st day of your employment.

Default Benefits for New Hires

New hires who do not submit their benefit choices or "opt-out" decision within 31 days of their hire date are automatically enrolled in a default benefit plan. (See left.) In addition, until you complete the retirement plan application, university retirement contributions will be invested into a default retirement option.

Benefits Open Enrollment: Oct 31–Nov 14, 2011

Each year, Open Enrollment (OE) 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, with the exception of either flexible spending account. (You must actively enroll in the spending accounts each year to participate.) *New contribution rates or plan features will apply to you even if you continue with your current elections.*

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/Family Status Changes Outside of OE

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

- In most circumstances, you cannot change the carrier or option (e.g. InterGlobal to CIGNA), 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 using HR Connection's Life Changes module (see page 2).
- Supporting documentation - such as a birth certificate, marriage license, or proof of new coverage - is required to verify a status change.

See page 17 for a list of qualifying life or family status changes that permit you to make benefit changes mid-year.

Benefits - What's New for 2012?

BENEFIT	CHOICES	CHANGES FOR 2012	Page
Medical	CIGNA International Expatriate Benefits (CIEB) InterGlobal (Qatar only) Option 1 (excludes US coverage) Option 2 (includes US coverage)	New monthly contribution rates for CIGNA and InterGlobal medical coverage.	7
Prescription Drug	CIGNA International Expatriate Benefits (CIEB) InterGlobal (Qatar only)	No changes. Prescription drug coverage is bundled with your medical coverage.	9
Vision	CIGNA International Expatriate Benefits (CIEB) Vision Plan InterGlobal Vision Plan (Qatar only)	No changes. Vision coverage is bundled with your medical coverage.	10
Dental	CIGNA International Expatriate Benefit (CIEB) Dental Plan (The medical plans include <i>limited</i> dental benefits.)	New monthly contribution rates for CIGNA dental coverage. Dental coverage is now available for children up to age 26, regardless of student status.	11
Health Care Flexible Spending Account	Benefit Coordinators Corporation (BCC)	You must actively enroll to participate - contributions will not be continued from 2011.	12
Long-Term Disability	MetLife Basic or Enhanced LTD	No changes.	13
Life and AD&D Insurance	MetLife Basic (1x salary) Supplemental (1x to 4x salary)	No changes.	14
Dependent Life and AD&D Insurance	Spouse/Domestic Partner Life Dependent Child(ren) Life	Dependent child life insurance coverage is now available for dependents up to age 26, regardless of student status.	15
Dependent Care Reimbursement Account	Carrier changed to Benefit Coordinators Corporation (BCC)	You must actively enroll to participate - contributions will not be continued from 2011.	16

Need Assistance Enrolling?

The Human Resources Benefits Office is available to assist you in understanding your benefit options and to help you enroll. To reach the Benefits Office:

- Send an e-mail to hrhelp@andrew.cmu.edu.
- Contact your local HR person or business manager during normal business hours.
CMU-Q Human Resources Office: 974-492-8275.
- Call the HR Benefits Office at 412-268-2047 Monday through Friday, from 8:30 a.m. to 5:00 p.m. EST for telephone assistance.
- View our website resources at <http://www.cmu.edu/hr/benefits>.

Tax Consequences of Domestic Partner Coverage

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.

The portion of your monthly contribution that is used to add your partner to your coverage must therefore be deducted from your pay on an after-tax basis. This is defined as the difference in the monthly contribution between the level of coverage that includes your partner and the level that does not cover him/her.

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 monthly 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.

See the Domestic Partner Registration Kit, available from http://www.cmu.edu/hr/benefits/benefit_admin/partners.html, for more information about the tax implications associated with covering domestic partners.

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, prescription, dental, vision, and dependent life insurance 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** to review the detailed list of the criteria that meets this requirement.

A domestic partner may be eligible to receive a limited number of non-insurance benefits (such as a university ID card) if you attest to a committed relationship of at least 3 consecutive months.

See the **Domestic Partner Registration Kit** 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
- "Benefits Enrollment/Change" form
- "Request for ID Cards for Family Members/Registered Domestic Partner" form, if your Partner is requesting a university ID card

All forms should be sent to the Benefits Office at 319 South Craig Street. *The Registration Statement is subject to approval by Human Resources.* All registration and termination statements of domestic partnerships will be held confidentially in Human Resources.

Once a partnership has been registered, you can use the HR Connection system for Open Enrollment or when a qualified life or family status change occurs.

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.

Domestic Partner Status in Qatar

Qatar prohibits the extension of benefits to domestic partners residing in Qatar and also criminalizes homosexual relationships. Carnegie Mellon is required to follow the host nation laws for individuals residing in the host nation.

Domestic partners may not be granted a Visa to accompany their partner, unless they have been granted a separate work Visa from the nation. Faculty and staff may cover dependents who remain in the United States under their insurance coverage, including domestic partners, spouses and dependent children.

Medical

Medical plans are available through CIGNA International Expatriate Benefits (CIEB) and InterGlobal. You should carefully review the benefit summaries for both carriers to determine the level of coverage that is right for you.

The InterGlobal plans are available only for those at CMU-Qatar campus. InterGlobal offers an option that covers non-emergency care in the United States and an option that covers only emergency care in the U.S. CIGNA includes coverage in the U.S.

- If you have coverage from another source, you may choose to opt out of medical coverage through Carnegie Mellon.
- If both you and your spouse/domestic partner are employed at any Carnegie Mellon location, you cannot both cover each other, nor can you both cover the same dependents - individuals can only be covered under one Carnegie Mellon health plan at a time.
- **Medical coverage includes Prescription Drug and Vision coverage.** (Those who opt out of medical coverage or may not enroll in our Prescription Drug or Vision coverage.) The rates below include prescription drug and vision coverage.

Medical, Prescription and Vision Coverage: Monthly Employee Contributions for 2012 (in US Dollars)

Level of Coverage	CIGNA	InterGlobal 1 (excludes US)	InterGlobal 2 (includes US)
Employee only	\$ 92.72	\$ 0.00	\$ 93.14
Employee and child	\$ 384.30	\$ 0.00	\$ 261.94
Employee and children	\$ 384.30	\$ 0.00	\$ 261.94
Employee and spouse / domestic partner*	\$ 497.44*	\$ 0.00	\$ 365.27*
Family (employee, spouse / domestic partner*, children)	\$ 767.42*	\$ 0.00	\$ 515.16*

* For Domestic Partners, there will be pre-tax and post-tax contributions. Imputed income will also be reflected in your paycheck, and you will be taxed on that imputed income.
NOTE: Rates include prescription drug and vision coverage costs.

Opting Out of Coverage

If you have medical coverage through another source, you can elect to opt out of Carnegie Mellon coverage. Because of the importance of medical insurance, international employees are strongly encouraged to enroll in one of our plans if you are not covered under another policy.

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

If you or any of your eligible dependents lose coverage mid-year, you may enroll yourself and/or your dependents in a Carnegie Mellon plan due to the status change.

Coverage in Other Countries

When you are visiting the United States during your international appointment, all of our plans will cover emergency care. Only the CIGNA and InterGlobal 2 (including U.S.) plans will provide coverage for scheduled or non-emergency care in the U.S.

In addition, if you have a spouse/domestic partner and/or dependent children who will be remaining in your home country during your international appointment, they may be covered under your CIGNA or InterGlobal plan.

Coordination of Benefits

Employees and their dependents who are covered under another medical plan may enroll for medical benefits through the university if they wish. In such cases, the benefits payable under the Carnegie Mellon plan will be coordinated with the benefits payable under the other plan.

2012 Medical Plan Comparison Chart

Plan Feature	CIGNA		InterGlobal* (CMU-Q only)
	<i>International and US in-network</i>	<i>US out-of-network</i>	(US inclusive and US exclusive plans)*
Annual Deductible (Individual/Family)	\$ 0	\$350 / \$700	\$0
Plan Coinsurance Level	100%	80%	100% (except pregnancy & childbirth, and dental)
Annual Out-of-Pocket Max (Individual/Family)	N/A	\$2,350 / \$4,700	Unlimited
Benefit Maximum / Person			
- Annual Maximum	None	None	\$1,700,000 (note limits for specific services)
- Lifetime Maximum	None	None	None
Office Visits	100%	80%	100% after \$16.50 copay
Preventive Care			
- Adult Physical Exams	100%, up to \$250, not subject to deductible		100% for all covered preventive care services, up to \$595 per year.
- Mammograms	100%, in accordance with schedule		
- Pediatric	100%, up to \$350 for up to age 2 and up to \$125 for age 3 through age 17		
Prescription Drugs			
- Retail	100%	80%	100%
- Mail Order	100%	100%	N/A
Maternity & Childbirth	100%	80%	80% of \$8500 for normal 100%, treatment of complications
Psychiatric & Mental Health	100%	80%	Inpatient: Not covered.
Inpatient and Outpatient	Does not count toward out-of-pocket max (except biologically based mental illness)	Does not count toward out-of-pocket max (except biologically based mental illness)	Outpatient: 100% up to \$2,550 per year (alcohol and drug treatment not covered)
Chiropractic Care	100%, up to 20 visits/year	80%, up to 20 visits/year	All complementary medicine: 100%, up to \$850/year maximum
Allergies	100%	80%	100%, up to \$255/year
Vision	100% up to \$200 per person per 12 month period	100% of UCR, up to \$200 per person per 12 month period	100% up to \$425 per person per 12 month period
Dental	100% for accidental damage to sound, natural teeth	80% for accidental damage to sound, natural teeth	75% of \$1,275 for relief of dental pain and injury.
Chronic Condition	100%	80%	100% for acute episode 100%, up to \$85,000 lifetime maximum, for maintenance/treatment
Terminal Condition	100% (no limit, plus 3 bereavement sessions)	100% (no limit, plus 3 bereavement sessions)	100%, 85,000 lifetime max for palliative and hospice care

* - InterGlobal Option 1 participants receive these benefits outside of the United States only, except for emergency care. InterGlobal Option 2 (includes US coverage) obtain these benefits from both U.S. and international providers.

Prescription Drugs

Our prescription drug program provides access to thousands of pharmacies nationwide and around the globe through your medical coverage. The cost of the prescription drug coverage is included in your medical plan rates. Prescription drug coverage cannot be purchased separately from your medical coverage.

Getting Medications While Abroad

When you need a medication while you are not in the United States, both health insurance plans covers the cost of the drug. When you need to (re)fill a prescription:

- Use your local doctor/pharmacy to get the medication.
- You will be required to pay for the medication in full at the time of purchase.
- You will then need to file a medical claim to get reimbursement.
- **100% of the cost will be covered by the plan.**
- **InterGlobal Option 2 participants will follow this procedure when using US retail pharmacies as well.**

CIGNA: Using In-Network U.S. Retail Pharmacies - RxPRIME

Using in-network pharmacies eliminates claim forms and saves you money. CIGNA participants who are visiting the U.S. and covered dependents who are remaining in the U.S. during your assignment should use RxPRIME to obtain their prescription drug benefit through CIGNA. When you need a prescription filled/refilled:

- Visit a participating pharmacy.
- Present your medical plan ID card to the pharmacist along with your prescription. (If you do not present your card with your first purchase, you will be required to pay for the medication in full and later file a claim form.)
- **100% of the cost will be covered by the plan.**

If you use an out-of-network U.S. pharmacy, you will need to pay for the medication in full and file a form for reimbursement of 80% of the cost of the drug.

CIGNA: U.S. Mail Order Service - Tel-Drug

RxPRIME provides a mail order service for medications you will be taking for more than one month, through a service called Tel-Drug. The plan covers 100% of the cost of the medication. *Prescription medications can only be mailed to U.S. or Puerto Rico addresses.* It can be used before you go abroad, while visiting, or by dependents who are remaining in the U.S. Get a 90-day supply, or stock up before leaving the country.

- **Leaving the Country? Stock Up:** You can get up to a 365-day supply of medication if you will be leaving the country for that period of time. No prepayment or claim forms are required, and it also prevents any delays or difficulties in getting prescriptions in the country where you are assigned.
- **Any Time, Any Place Ordering:** Your nearest pharmacy is as close as your phone or computer! You can also place your refill orders by mail.
- **Fewer Refill Hassles:** You only need to order refills every few *months*, instead of heading to the pharmacy every few weeks. And if you send in your refill request too early, they'll just keep it and fill it when it's eligible.

The forms and instructions for using the mail order service can be found on the CIGNA website or are available through Carnegie Mellon Human Resources.

RxPRIME Participating U.S. Pharmacies

More than 45,000 chain and independent pharmacies participate in the RxPRIME network, including:

CVS	Walgreen's
Costco	RiteAid
Giant Eagle	Target
K-Mart	Wal-Mart

Go to the CIGNA International web site (www.cignaexpat.com) to access their Participating Pharmacy Locator.

Writing Prescriptions for Mail Order

For the quickest and most convenient service, be sure that your mail order prescriptions are submitted correctly:

- For U.S.-based participants, your doctor should write the prescription for a **90-day supply**, with refills (not a 30-day supply).
- For participants going abroad, your doctor should write the prescription for up to a **365-day supply**. If you will be overseas for less than one year, have the prescription written for the time you will be abroad.
- Be sure the prescription is **signed** and written **legibly**.
- New prescriptions take up to two weeks to fill (refills take less time). If you need to start taking the drug immediately, ask your physician for samples or a second script for a short-term supply that you can fill at a retail pharmacy to use until your mail order arrives.

Health Plan Vision Coverage

The CIGNA Health Insurance plan includes the Vision coverage for CIGNA Medical plan participants.

The InterGlobal Health Insurance plan includes vision coverage for CMU-Q faculty and staff who enroll in that plan.

The Health Care Flexible Spending Account can be used to cover most vision care expenses beyond what the plan will cover. Only those with U.S.-sourced income can participate in the HCFSA. Be sure to review the IRS list of eligible expenses so that you know precisely what services are eligible for reimbursement.

Vision Coverage

CIGNA and InterGlobal administer the vision coverage for our international expatriate faculty and staff. **Vision coverage is part of the Medical plan.** Those who elect the Medical plan will be automatically enrolled in that plan’s vision coverage.

Individuals who are enrolled in the CIGNA medical coverage have the following vision benefits:

CIGNA Vision Care Coverage Highlights

Vision Benefit	Plan Coinsurance Coverage	Coverage Frequency
Annual Deductible	\$0	N/A
Annual Maximum	\$200 per person	N/A
Eye Exams	100% of UCR	Each 12 month period
Frames	100% of UCR	Each 12 month period
Lenses (all types)	100% of UCR	Each 12 month period
Contact Lenses	100% of UCR	Each 12 month period

Individuals who are enrolled in the InterGlobal medical coverage have the following vision benefits:

InterGlobal Vision Care Coverage Highlights (for CMU-Q only)

Vision Benefit	Plan Coinsurance Coverage	Coverage Frequency
Annual Deductible	\$0	N/A
Annual Maximum	\$425 per person	N/A
Eye Exams	100% of UCR	Each 12 month period
Frames	100% of UCR	Each 12 month period
Lenses (all types)	100% of UCR	Each 12 month period
Contact Lenses	100% of UCR	Each 12 month period



Dental Coverage

CIGNA International Expatriate Benefits' (CIEB) Dental Plan administers our dental program for international faculty and staff. CIGNA's provider network is comprehensive, including providers around the country and the world.

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

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

CIEB Dental Plan: Monthly Employee Contribution for 2012

Coverage Level	Monthly Cost
Individual Employee Only	\$27.00 USD
Family (employee, spouse/domestic partner and child[ren])	\$114.00 USD

CIEB Dental Coverage Highlights

Plan Feature	Coverage Level
Deductible (individual/family)	\$50 per person/\$150 per family (waived for preventive care)
Annual Maximum: (excluding orthodontics)	\$1,000 per person
Diagnostic & Preventive Services:	100%
Basic Restorative Services: Restorative (basic, ex. fillings) Endodontics Periodontics Prosthodontics - removable (maintenance) Prosthodontics - fixed bridge (maintenance) Oral Surgery	100%
Major Restorative Services: Restorative (major) Prosthodontics - removable (installation) Prosthodontics - fixed bridge (installation)	50%
Orthodontic Services: Dependent children up to age 19	50%, up to \$1,500 per child lifetime maximum (\$50 lifetime orthodontic deductible)

Health Plan Dental Coverage

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

InterGlobal medical coverage includes some dental coverage (75% of \$1,275) to relieve pain and damage caused by injury to natural teeth/gums. This includes accidental damage that requires admission to a hospital. This coverage falls under the InterGlobal inpatient coverage. InterGlobal dental coverage does not cover preventative treatment, such as dental checkups, cleaning and polishing.

The Health Care Flexible Spending Account can be used to cover many dental expenses. Only those with U.S.-sourced income can participate in the HCFSAs. Review the IRS list of eligible expenses so that you know precisely what services are eligible for reimbursement.

Pre-Determination of Benefits

When you are beginning a course of treatment with anticipated charges of \$300 or more, CIGNA Dental recommends that your dentist request a pre-determination of benefits. This will confirm how much the plan will cover and what you will pay out-of-pocket before your treatment begins.

HCFSA Carrier

The administrator for our Health Care Flexible Spending Accounts is Benefits Coordinators Corporation (BCC).

Estimating Health Care Expenses

Review the list of eligible expenses to ensure you are aware of expenses that you may incur that can be reimbursed.

The best predictor of future health care usage is previous usage patterns. Your current health, Rx, dental and vision carriers' web sites or customer service department can provide you with a summary of your plan usage over the last year.

To estimate your expenses in 2012, consider the following:

- Copays for office visits
- Deductibles and coinsurance
- Eligible expenses that are not covered by insurance
- Expenses that exceed the plan maximum
- Anticipated major expenses: surgeries, hospital stays, braces, etc.

Health Care Flexible Spending Account

Health Care Flexible Spending Accounts (HCFSAs) allow you to set aside pre-tax money to pay for qualified health care expenses not otherwise covered by insurance. You will not pay taxes on the portion of your income that goes into these accounts, saving you a significant amount. This plan is only available for those with U.S.-sourced income.

You may contribute up to \$5,000 in 2012, or as little as \$60. (Note that the maximum contribution is expected to decrease to \$2,500 in 2013, as per federal law.) You are not required to participate in other Carnegie Mellon benefit plans to enroll in the HCFSAs. You must enroll annually to participate in the HCFSAs—previous year contributions will not roll over to the next year at Open Enrollment.

Eligible expenses may be incurred by you or your dependents. However, *the IRS prohibits the use of an HCFSAs to cover the health care expenses of a domestic partner who cannot be claimed as a dependent on your federal taxes.*

The amount you defer during 2012 will be available to reimburse eligible expenses incurred during both the calendar year and a 2.5-month grace period (January 1, 2012–March 15, 2013). In order to be reimbursed, eligible expenses must be submitted by June 30, 2013 with the appropriate documentation, if required.

How the Account Works: Using a Debit Card for Most Claims

- Estimate your out-of-pocket health care expenses for the upcoming plan year. Throughout the year, you'll contribute money to your account on a pre-tax basis.
- As you incur eligible health care expenses, you will use the debit card to pay for them. The card works just like a standard debit/credit card. The expenses will be deducted from your account balance.
- BCC will notify you if explanatory documentation is needed to substantiate the claim. Most expenses will not require documentation.
- For providers who do not accept debit/credit card payment, you will need to pay for expenses out of your own pocket. You will then need to submit a paper claim for reimbursement with the money in your account.

Estimate Carefully: Use It or Lose It!

IRS rules state that any contributions that you don't 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.

What Expenses Are Covered? Highlights of Eligible HCFSAs Expenses

In order to estimate accurately, you need to know what services/expenses are eligible for reimbursement. See the following document for a complete list:

IRS publication #969: <http://www.irs.gov/pub/irs-pdf/p969.pdf>

Some examples of expenses that may be covered include:

- Deductibles, coinsurance and copays under the medical, Rx, dental, and vision plans. (*Not health plan contributions, as they are deducted pre-tax.*)
- Expenses beyond the coverage limit or some services not covered by the plan.
- Amounts you are billed when seeking care from an out-of-network provider.
- Medical supplies, such as band-aids, contact lens supplies, and equipment.
- Fertility treatments, childbirth classes, or sterilization procedures.
- Out-of-pocket orthodontia expenses.
- Over-the-counter (OTC) items require a prescription to be eligible expenses.

Long-Term Disability Insurance

Long-term disability (LTD) insurance 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, administered by MetLife, offers two levels of LTD coverage. (Basic LTD is provided at no cost to you by default.) Both levels of LTD insurance use the same definition of disability.

- **Basic LTD** provides 60% of your monthly base salary, up to a maximum benefit of \$15,000 USD per month. There is no employee charge for Basic 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 ten COLA increases, your benefit amount will remain fixed.

(NOTE: Those age 55 and older do not receive 10 COLA increases due to limitations in maximum benefits duration. Enhanced LTD is not applicable 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 \$0.06 per year.

Example: someone with an annual salary of \$50,000:

$$(50,000 \div 100) \times \$0.06 = \$30.00 \text{ per year}$$

$$\$30 \div 12 = \$2.50 \text{ per month} / \$30 \div 24 = \$1.25 \text{ per biweekly pay}$$

Deciding If You Need Enhanced LTD Coverage

When deciding between Basic or Enhanced LTD, consider the following issues:

- *If I were to become disabled, would I/my family have other income to provide for basic needs?*
- *How much income is sufficient to meet my needs or that of my family?*
- *Do I have other benefits that would pay me if I became disabled?*
- *How would these additional benefits affect my LTD payments? (see right)*
- *How many years could I receive LTD payments - how many COLA increases could I receive? (see chart at right)*
- *How likely am I to become disabled - what is my tolerance for that risk?*
- *What is 5% of the monthly benefit (60% of my monthly salary)? Is the additional expense worth it to me for that increased benefit?*

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 7 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 (WC) 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 WC benefits you may be receiving. All employees are automatically covered under WC from their date of hire.

For more information on the Short-Term Disability or Worker's Compensation plans, go to the Human Resources web site at <http://www.cmu.edu/hr/benefits>.

Waiting Period

You are eligible for LTD coverage when you have completed one year of full-time service at Carnegie Mellon, unless you provide proof that you had previous LTD coverage within three months of your hire. Your election will take effect at the end of the waiting period.

If you elect Enhanced LTD, the monthly contribution will not be taken from your pay until your coverage actually takes effect.

Taxes, Other Policies & Payments

LTD benefit payments are taxable income in the U.S.

LTD benefits are offset by social security, workers' compensation, or other state/group disability payments you receive, 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.

Maximum LTD Benefit Duration

Age when disability began	Maximum benefit duration
Less than 60	To age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

“Base Salary”

Your life insurance base salary is calculated when you start, and annually thereafter in October for the following year. For those on a 12-month appointment, this is your annual salary. For those on a 9-month appointment, 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 mid-year.

Increasing Life Insurance Coverage

At Open Enrollment or when you experience a life status change, you may increase your supplemental coverage by one level only. If your supplemental coverage goes above \$500,000 you will need to complete a Statement of Health.

Beneficiary Info

To designate or change your beneficiary, complete the MetLife Beneficiary Form and mail it directly to MetLife, or register at <http://mybenefits.metlife.com> and designate your beneficiaries online.

Special Features of Supplemental Life

No-Cost Will Preparation for you and your spouse/partner

Enhanced Portability if you leave the university

Accelerated Benefits Option if you are terminally ill

Total Control Account to help beneficiaries manage the benefits of the policy

Life and AD&D Insurance

FREE Basic Life and AD&D 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. You may opt out of the university’s free basic life insurance. All rate and benefit information is in US dollars.

Supplemental Life and AD&D Insurance

You may purchase Supplemental Life Insurance, from 1 to 4 times your annual base salary, up to a maximum benefit of \$1 million (basic and supplemental combined).

Supplemental insurance is available at age-related rates (see chart, right). The amount of Supplemental Insurance that you purchase will determine the amount of dependent life insurance you can get for your spouse/ domestic partner and is required to participate in dependent child life insurance (see next page).

Accidental Death & Dismemberment

The life insurance benefit includes an accidental death and dismemberment component. If your death is the result of an accident, your beneficiary will receive double the insurance amount. Certain amounts are also paid if you lose a limb or certain vital functions in an accident.

Statement of Health (SOH)

High levels of life insurance require you to demonstrate your good health by completing a Statement of Health (SOH). The SOH is a detailed medical questionnaire, though a medical exam may also be required. If a SOH is required, you will be covered at your previous level (or the guaranteed issue) until the SOH has been approved. You will only be charged for the coverage you are receiving. Approval is determined by MetLife in accordance with its guidelines.

- Basic life insurance coverage never requires a SOH.
- Supplemental insurance of more than \$500,000 will require a SOH.

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 using “uniform premium levels” based on your age and the amount of coverage you have (see chart, right).

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. However, the impact of the imputed income taxes is generally small.

Supplemental Life/ AD&D Monthly Rate

Age (as of Jan 1, 2012)	Rate for each \$1,000/month
Under 30	\$0.070
30 - 34	\$0.083
35 - 39	\$0.089
40 - 44	\$0.101
45 - 49	\$0.112
50 - 54	\$0.177
55 - 59	\$0.255
60 - 64	\$0.411
65 - 69	\$0.687
70 and over*	\$1.389

* Coverage for those age 70+ are actuarially reduced.

IRS Uniform Premium Rates

Age (as of Dec 31, 2012)	Value per \$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 Life Insurance

Carnegie Mellon offers a life insurance option that provides benefits in the event of the death of your spouse/domestic partner (DP) 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 component. If a death is the result of an accident, you will receive double the insurance amount. Certain amounts are also paid if there is a loss of a limb or certain vital functions as a result of an accident.

Spouse/Domestic Partner (DP) Life and AD&D Insurance

You may purchase life insurance to cover your spouse or partner if you purchase Employee Supplemental Life and AD&D Insurance. If you choose to participate in Spouse/DP insurance program, your partner will be covered at a level equal to **50% of your Employee Supplemental Life coverage**, up to a maximum of \$250,000.

- If you and your spouse/DP are both full-time, benefits-eligible employees of Carnegie Mellon, you cannot elect Spouse/DP Insurance. Instead, each of you can enroll in our Supplemental Life Insurance (see previous page).
- If your spouse/DP is a part-time, benefits-eligible employee of Carnegie Mellon, 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.*

Statement of Health (SOH) for Spouse/Domestic Partner Life Insurance

- A SOH is not required for coverage of \$50,000 or less at initial eligibility (within 30 days of your hire, marriage or registration of partnership).
- SOH is required for coverage of more than \$50,000 at initial eligibility.
- If you elect to cover your spouse/DP for the first time or increase their coverage during Open Enrollment, a SOH is required.
- **If the coverage increases to greater than \$50,000 (due to an increase in either your salary or your levels of supplemental coverage), your partner will be required to complete a Statement of Health.**

(Faculty and staff who retained their 2007 level of spouse/DP life insurance coverage may keep their spouse/DP at that level.)

Dependent Child(ren) Life and AD&D Insurance

Dependent Child(ren) Insurance rates (see chart, right) cover **ALL** of your children up to age 26 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/DP are both full-time, benefits-eligible employees of Carnegie Mellon, only one of you can elect this option.

Statement of Health for Dependent Children Insurance

- A SOH is not required at any level at initial eligibility (within 30 days of your hire or their birth or adoption).
- Enrolling for the first time during Open Enrollment will require a SOH.
- Increasing your children's coverage will require that your children satisfy SOH.

Life Insurance Carrier

MetLife is the carrier for our Employee and Dependent Life Insurance programs. Determinations about insurability are made by MetLife in accordance with their underwriting guidelines.

Spouse/DP Life and AD&D Monthly Rate

Age (as of Jan 1, 2012)	Rate for each \$1,000/month
Under 30	\$0.070
30 - 34	\$0.083
35 - 39	\$0.089
40 - 44	\$0.101
45 - 49	\$0.112
50 - 54	\$0.177
55 - 59	\$0.255
60 - 64	\$0.411
65 - 69	\$0.687
70 and over*	\$1.389

* Coverage for those age 70+ are actuarially reduced.

Dependent Child Life and AD&D Monthly Rate

Coverage per Child*	Biweekly / Monthly Rate
\$2,500	\$0.20 / \$0.40
\$5,000	\$0.40 / \$0.80
\$10,000	\$0.80 / \$1.60

* Coverage for children age 14 days to 6 months is 10% of amount shown.

DCRA Administrator

The Dependent Care Account is administered by Benefit Coordinators Corporation.

Other Child Care Benefits

The amount you can contribute to a DCRA is reduced by any additional child care benefits you receive from other sources (such as a spouse's employer). If you exceed \$5,000 limit, the amount in excess will be considered taxable income.

Tax Implications

- State taxes are owed on DCRA contributions.
- DCRA 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 Tax Credit.

Calculating Your DCRA Contributions

- Calculate your expected eligible dependent care expenses for 2012. Your eligible expenses are limited to \$5,000.
- Subtract any other child care benefits you are receiving.
- Divide your eligible expenses by the number of months in the calendar year you will be contributing (usually 9 or 12, based how you are paid) to get your monthly contribution.

Dependent Care Reimbursement Account

The Dependent Care Reimbursement Account (DCRA) allows you to set aside pre-tax money to pay for qualified dependent day care (not health care) expenses. You will not pay taxes on the income that goes into these accounts, saving you 15% or more. This account is available only for those with U.S.-sourced income.

You may contribute up to \$5,000 per year (\$2,500 if married, filing separately); *the minimum contribution is \$300 per year.* You must enroll annually in the DCRA—previous contribution rates will not roll over to the next year at Open Enrollment.

Expenses must be incurred during the calendar year (Jan. 1–Dec. 31, 2012), and claims must be submitted by June 30, 2013. In order to claim expenses, you and your spouse must work full- or part-time outside the home, be self-employed or be a full-time student, or your spouse must be physically or mentally disabled.

Eligible dependents include:

- Dependent child(ren) under age 13 who are claimed as dependents on your federal taxes.
- Disabled dependent child age 13 or older who is claimed as a dependent on your federal tax return.
- A disabled spouse, parent or other adult dependent who is incapable of caring for themselves and who spends at least 8 hours a day in your home.
- *The IRS prohibits the use of a DCRA for the expenses of someone who cannot be claimed as a dependent for tax purposes.*

How the Account Works

Estimate your out-of-pocket expenses for child care/adult care for the upcoming plan year. Throughout the year, you will contribute to your account on a pre-tax basis. As you incur eligible expenses during the year, you will pay for them out of your own pocket. You will then be reimbursed with the money in your account by filing a claim.

Estimate Carefully: Use It or Lose It!

IRS rules state that any contributions that you don't 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.

What Expenses Are Covered?

In order to take full advantage of the DCRA, you need to know the specific services or expenses that can be submitted for reimbursement. See:

IRS publication #503: <http://www.irs.gov/pub/irs-pdf/p503.pdf>

Highlights of Eligible DCRA Expenses

Below are some examples of expenses that may be covered:

- Day care or nanny/sitter fees while you work or attend school.
- Licensed nursery schools/day care centers, including the Cyert Center.
- Care before and after school.
- Day camp for children under age 13 during the summer vacation.
- Elderly care for a parent residing in your home while you work/attend school.

Note: Eligible caregivers must be at least 18 and not a relative living in your home.

Qualifying Life or Family Status Change

Qualified life or family status changes that allow you to make changes to your benefits within 30 days of the event include:

- *Marital/Domestic Partnership Status Changes* (marriage/registration of partnership, death, divorce/termination of partnership)
- *Number of Covered Dependent Children Changes* (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)
- *Change in University Location* (such as Qatar campus to Australia location)

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, they only permit you to make changes to your coverage during an annual Open Enrollment or when you experience certain life or family status changes.

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 web site at <http://www.cmu.edu/hr/international/benefits/>.

For Other (Administrative) Appeals:

1. 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.)
2. If you are unable to resolve the situation with the carrier, please contact Human Resources at 412-268-5076 for assistance in working with the carrier.
3. Human Resources can also provide you with information about filing a formal appeal with the carrier to challenge the denial.

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.

COBRA Information (Continuation of Coverage)

When you or a dependent covered by a Carnegie Mellon medical, prescription, dental or vision 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 numbers 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.

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 Human Resources Benefits Office at 412-268-2047 or hrhelp@andrew.cmu.edu. Please see the HR web site (http://www.cmu.edu/hr/benefits/contact_carriers.html) for links to the plans.

Medical Care

CIGNA International Expatriate Benefits Health Plan

Group Number: 02424A
 Phone: 1-800-441-2668 or 302-797-3100
 (Outside the U.S. should call collect.)
 Web: <http://www.cignaexpat.com>

InterGlobal International Benefits Health Plan

Phone: 1-866-895-7795 (U.S.)
 44-1252-745-910 (Outside U.S., call collect.)
 Web: <http://www.interglobalpmi.com>

Prescription Drug Plan

RxPRIME

Group Number: 02424A
 Phone: 1-800-441-2668 or 302-797-3100
 (Outside the U.S. should call collect.)
 Web: <http://www.cignaexpat.com>

Tel-Drug

Group Number: 02424A
 Phone: 1-800-835-3784 or 605-373-0100
 Web: <http://www.cignaexpat.com>

Dental Care

CIGNA International Expatriate Benefits Dental Plan

Group Number: 02424A
 Phone: 1-800-441-2668 or 302-797-3100
 (Outside the U.S. should call collect.)
 Web: <http://www.cignaexpat.com>

Vision Care

CIGNA International Expatriate Benefits Vision Plan

Group Number: 02424A
 Phone: 1-800-441-2668 or 302-797-3100
 (Outside the U.S. should call collect.)
 Web: <http://www.cignaexpat.com>

Life and AD&D Insurance; Long-Term Disability

MetLife

Employee/Dependent Life and AD&D Insurance

Policy Number: 33964
 Phone: 1-866-492-6983
 Web: <http://mybenefits.metlife.com>

Long-Term Disability Insurance

Phone: 1-800-858-6506
 Web: <http://www.metlife.com>

Health Care Flexible Spending Account; Dependent Care Reimbursement Account

Benefit Coordinators Corporation (BCC)

Phone: 1-800-685-6100 (customer service)
 Fax: 1-412-276-7185
 Web: <http://www.benxcel.com>

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 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 percentage of the allowable amount the plan will pay. You pay the rest.

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.

Deductible

The amount you are required to pay each year before any coinsurance payments will be made. Copays for office visits do not apply to the deductible.

Guaranteed Issue

The life insurance you can receive at initial eligibility without needing to submit a Statement of Health.

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 medical/Rx benefits for domestic partners.

Long-term disability insurance; LTD

In the event you are unable to work for more than 180 days due to an illness or injury, LTD coverage provides 60% replacement income and continues retirement contributions.

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.

Network Allowance

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

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 Healthy Solutions program.

Opt Out

Your decision not to be covered for a given benefit. No benefits will be payable when you opt out of a plan.

Out-of-Pocket Maximum

The highest amount you are required to pay in coinsurance and deductibles for any covered expenses in a calendar year.

Pre-tax dollars

Income on which no federal taxes are paid.

Preventive care

Medical services designed to avoid illness or promote wellness. These services include routine physical exams, certain diagnostic tests and immunizations.

Salary

For Life, AD&D and LTD insurance purposes, your salary is calculated in October, and is rounded up to the nearest \$1,000. For employees with a 12-month appointment, this is your fiscal year salary. For employees with a 9-month appointment, this is 11/9 times your academic year salary. Your salary excludes any special compensation.

Term life insurance; Group term 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.



Solve Problems + Create Solutions = Value Added

Carnegie Mellon University does not discriminate and Carnegie Mellon University is required not to discriminate in admission, employment, or administration of its programs or activities on the basis of race, color, national origin, sex or handicap in violation of Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973 or other federal, state, or local laws or executive orders.

In addition, Carnegie Mellon University does not discriminate in admission, employment, or administration of its programs on the basis of religion, creed, ancestry, belief, age, veteran status, sexual orientation or gender identity. Carnegie Mellon does not discriminate in violation of federal, state, or local laws or executive orders. However, in the judgment of the Carnegie Mellon Human Relations Commission, the Presidential Executive Order directing the Department of Defense to follow a policy of “Don’t ask, don’t tell, don’t pursue” excludes openly gay, lesbian and bisexual students from receiving ROTC scholarships or serving in the military. Nevertheless, all ROTC classes at Carnegie Mellon University are available to all students.

Inquiries concerning application of these statements should be directed to the provost, Carnegie Mellon University, 5000 Forbes Avenue, Pittsburgh, PA 15213, telephone 412-268-6684 or the vice president for enrollment, Carnegie Mellon University, 5000 Forbes Avenue, Pittsburgh, PA 15213, telephone 412-268-2056.

Carnegie Mellon University publishes an annual campus security report describing the university’s security, alcohol and drug, and sexual assault policies and containing statistics about the number and type of crimes committed on the campus during the preceding three years. You can obtain a copy by contacting the Carnegie Mellon Police Department at 412-268-2323. The security report is also available online.

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