Open Enrollment is Just Around the Corner …

Are You Ready?

Open Enrollment is the time of year you get to select or make changes to your benefit elections.

We continue to make updates to our benefits package based on what we heard from you on the CMU benefits survey and what we learned through peer group and market review and associated assessments. This is the second year of a multiyear process to modernize and refine our offerings to ensure we continue to present you with a comprehensive, competitive, and progressive benefits package. Our comprehensive array of medical plans is designed to fit the needs of you and your family throughout all stages of life, no matter the circumstance. We want you to feel empowered to choose the plan that works best for you depending on your needs.

For 2023, we are providing the same plan options (i.e., PPO, EPO/HMO) with some design changes to increase choice and ensure our medical plans are sustainable. In addition, as announced last year, we’re introducing a Health Savings Account (HSA), a more modern and progressive option that provides increased flexibility and a triple tax savings and growth opportunity. An HSA can be used to pay for eligible medical expenses now and into the future, including in retirement.

When enrolling in your benefits, we encourage you to carefully consider your needs and how they may have changed over the past year or whether you’re expecting a big life change in the next 12 months that may impact how you use your health coverage. To learn more about your 2023 benefits package, review this brochure and visit the human resources website.

Key Terms

HMO: Health Maintenance Organizations have lower out-of-pocket costs at the point of care but do not provide benefits for out-of-network providers, except in the case of an emergency. Members must use in-network providers.

EPO: Exclusive Provider Organizations are just like HMOs in that they have lower out-of-pocket costs at the point of care, but do not provide benefits for out-of-network providers, except in the case of an emergency. Members must use in-network providers.

PPO: Preferred Provider Organizations typically have a deductible and coinsurance. This type of plan allows you to use in- or out-of-network providers, although you receive a higher level of benefits when you stay in network for services.

HDHP: Qualified High-Deductible Health Plans have higher annual deductibles than traditional health plans. Members pay all costs out of pocket or with an HSA until the annual deductible is met.

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

HCFSA: Health Care Flexible Spending Accounts allow you to set aside a certain amount of pre-tax dollars to pay for qualified healthcare expenses. This essentially lowers the cost of healthcare by allowing you to pay with tax free money. If you enroll in a HDHP and are enrolled in an HSA, you are not eligible for an HCFSA.

LPFSA: Limited Purpose Flexible Spending Accounts are a special type of FSA that can be used with an HSA and let you use pre-tax dollars to pay for qualified dental and vision expenses.
What’s New

Below are four key updates for 2023. These changes are part of a multi-year process to optimize benefit offerings, align our benefits to the market, and manage costs for both the university and our faculty and staff. All other faculty and staff benefits offered in 2022 remain the same for next year. For more information, review the 2023 Benefits Guide.

Refining our PPO plan options
We are providing you greater choice between our PPO offerings so you can choose whether you prefer to pay more in monthly contributions or at the time you receive care. The increased differentiation between the PPO plan options lets you decide how to manage your healthcare costs while helping mitigate annual cost increases. For a closer look at the differences between the PPO plans, see Comparing Your Options.

Aligning our HMO/EPO plans with our peer group
We are adjusting the cost of copays based on benchmarking to ensure we are in line with our peers and to spend our healthcare dollars wisely. These changes help minimize the increase for monthly contributions for all participants by pushing more of the cost to the time of care, which in turns makes the plan design more sustainable for everyone.

Please note: Faculty and staff located inside Western Pennsylvania can choose either Highmark or UPMC; those located outside the area will only have access to the Highmark EPO.

Simplifying and enriching our prescription plans
• We are adding a No-Cost Preventative Drug Schedule to both Rx Plans, which will make the copay for all generic preventative medications $0.
• We are introducing PrudentRx Specialty Drug Copay Program, designed to make prescriptions more affordable for you and your family. Faculty and staff members who enroll in the Program will have their cost reduced to a $0 copay from the current $100 copay for their specialty drug prescriptions.

Please note: Participants in the High-Deductible PPO with HSA plan will need to meet their deductible before the PrudentRx Specialty Drug Copay Program will apply.
• We are freezing enrollment in the CVS Plan A effective January 1, 2023, to streamline plans and allow for a simplified decision process.

Introducing a High-Deductible PPO with an HSA
We are replacing the HRA with an HSA to provide a more modern and progressive option. The HSA offers increased flexibility, more control, and tax savings opportunities — and it’s yours to spend now, in the future, or even if you leave CMU. To help those transitioning from the HRA to the HSA, CMU will contribute some initial funds to seed your HSA. To learn more about how an HSA works, review the HSA Overview.

Considering an HSA?

Important Reminders
You and your spouse can enroll in either an HSA or HCFSA, not both.

If you are currently enrolled in the HRA, you must spend down your account balance by December 31, 2022; remaining dollars will be forfeited.

If you are considering enrolling in the in the HSA for 2023, you will need to use your Health Care FSA funds by December 31, 2022, before enrolling in the HSA on January 1, 2023.

If you are currently enrolled in Medicare (Parts A, B, or D) you cannot contribute to an HSA.

Enhancing our dental plan offering
We are increasing maximums for dental plans so more of your dental work will be covered throughout the year before having to pay fully out of pocket for care.
Comparing Your Options for 2023

Take a closer look at your medical plan options side-by-side.

<table>
<thead>
<tr>
<th></th>
<th>EPO (Highmark only)</th>
<th>HMO (UPMC only)</th>
<th>PPO 1 (Highmark &amp; UPMC)</th>
<th>PPO 2 (Highmark &amp; UPMC)</th>
<th>HD PPO w/ HSA (UPMC only)</th>
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<tr>
<td>CMU Contribution to Account</td>
<td>N/A</td>
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<td>$500/$1,000 IN</td>
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<td></td>
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<td>$500/$1,000 OON</td>
<td>$750/$1,500 OON</td>
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<tr>
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<td>Coinsurance</td>
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<tr>
<td></td>
<td></td>
<td>60% of UCR OON</td>
<td>60% of UCR OON*</td>
<td>60% of UCR OON*</td>
<td></td>
</tr>
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<td>Office Visits/ER (PCP/Specialist/ER)</td>
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<td>$20/$35/$100 IN</td>
<td>$25/$40/$100 IN</td>
<td>20% IN</td>
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<td></td>
<td></td>
<td>$25/$40/$100 IN</td>
<td>$25/$40/$100 IN</td>
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<tr>
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<td>National Network Access</td>
<td>Yes National Blue Card Network</td>
<td>No National coverage only available for eligible dependents outside of Western PA (e.g., children away at college)</td>
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<td>Allegheny Health Network</td>
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</table>

* 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.

ACRONYMS KEY

HD – High Deductible
IN – In Network
OOP – Out of Pocket
OON – Out of Network
PCP – Primary Care Provider
UCR – Usual, Customary and Reasonable
3-Step Checklist for Enrollment

STEP 1
Consider the services you'll need for 2023.
Assess how your needs may have changed over the past year and what's most important going forward.
For example:
- Would you rather pay more in monthly contributions or at the time of service?
- Have you or your dependents been diagnosed with a new health condition that requires additional care or new providers?
- Do you anticipate any upcoming major medical costs like surgeries?
- Are you expecting a child or planning to expand your family?
Having the answers to these and other questions will allow you to choose the right plans for you and your family.

STEP 2
Mark your calendar to attend a benefits information session.
You will have the opportunity to ask questions about CMU’s benefits and enrollment during virtual meetings before and during enrollment.
- View the session schedule.
- We encourage you review the enrollment information before you attend so you are prepared to ask questions.

STEP 3
Enroll by Monday, November 14 at 5 p.m. ET
Elect your benefits through Workday between October 24 and November 14.
Review the System Guide for detailed instructions on how.

Can I Keep My Doctor?
It's an important consideration when weighing your medical plan options for 2023. To see if your preferred physicians and facilities are in network, check the Highmark or UPMC provider directories.
What Happens if You Don’t Enroll?

Your medical, dental, vision, and other coverage will roll over to 2023 at the new contribution rates, with the following exception:

- If you are currently enrolled in the High Deductible PPO with HRA plan and don’t enroll, you will be defaulted into the PPO Option 2 plan with UPMC.

You will not be able to make any changes until the next Open Enrollment period, unless you experience a qualified life event, like birth, adoption, divorce, marriage, or loss of coverage under another health plan. Learn more about how to enroll in case of a qualified life event.

For more information about your benefits, review the 2023 Benefits Guide.

Our Healthcare Journey

Last year, we embarked on a multiyear, multiphase journey to refine and realign our benefits to ensure we invest our dollars wisely to offer you a comprehensive, competitive, and progressive benefits package. We are making changes to our benefits based on what we heard from you on the CMU benefits survey and what we learned through peer group and market review and associated assessments.

Here is an overview of our benefits evolution and where we are today:

**2021**
We conducted the CMU benefits survey and market analysis to collect your feedback and compare our offerings to our peer group.

**2022**
We consolidated medical plan carriers and reduced copays to address pandemic needs.

**2023**
We are enhancing plan designs to provide you greater choice and manage costs.

**2024 and beyond**
We will assess voluntary benefits to invest in what you value most.

Enroll through Workday from October 24 to November 14!