

2024–2025 Enrollment Guide for Local 95 Bargaining Unit Members

Annual Enrollment: June 10–24, 2024



Carnegie Mellon University

Human Resources

www.cmu.edu/hr/benefits/union/local-95.html

General Information about Benefits

Annual Open Enrollment: June 10–24, 2024

During Open Enrollment, you may:

- Enroll in or de-enroll from medical coverage
- Drop or add eligible dependents to your medical coverage
- Enroll in or de-enroll from optional life insurance coverage

If you would like to make changes to your benefits effective July 1, 2024, please complete and return the enclosed Benefits Enrollment Form to Human Resources Employee Services by **Monday, June 24, 2024**.

If you want to keep the same benefits you are currently enrolled in, there is no need to complete the Benefits Enrollment Form.

Unless otherwise notified, the elections you make will remain in effect through June 30, 2025 unless you experience a family status change that permits you to make corresponding benefit changes. **It is important to take time to review these enrollment materials so you are familiar with the plans and price changes.**

Please return the completed Benefits Enrollment Form by Monday, June 24, 2024 via:

- **Campus Mail:**
HR Employee Services
4516 Henry Street
- **Email:** hr-help@andrew.cmu.edu

Completion of the Benefits Enrollment Form is only required if you are making changes. Your current election will automatically roll over for the new plan year (7/1/24–6/30/25).

Coordination of Benefits

Employees and their dependents covered under another medical plan may enroll in medical benefits through the Carnegie Mellon program 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. In no case will benefits for a claim be paid under more than one plan.

Eligibility

You may enroll in benefits if you are employed by Carnegie Mellon University and an active member of the Local 95 Bargaining Unit. You may also cover your eligible dependents under your medical coverage.

Eligible dependents include:

- your spouse or your registered domestic partner
- your dependent children up to age 26
- unmarried dependent children of any age who are incapable of self-support due to total disability (certification process required)

This is a Summary.

This document contains summaries of the options provided in each benefits category. These summaries are intended to help you choose among the available options. They do not take the place of legal plan documents. If there is a conflict between this summary and the plan documents, the plan documents will govern.

If you require more detailed information, contact HR Employee Services at hr-help@andrew.cmu.edu or 412-268-4600

General Information about Benefits

Benefits for Domestic Partners

Eligible employees may elect medical benefits for their same- or opposite-sex domestic partners. If your relationship meets the criteria found in the Domestic Partner Registration Packet, your partner is eligible to be covered under the plan.

Enrollment Process for Domestic Partners

If you have not already done so, first complete and submit a Carnegie Mellon Registration Statement of Domestic Partnership. You can download the Domestic Partner Registration Packet from www.cmu.edu/hr/benefits/union/local-95.html or request one from HR Employee Services at hr-help@andrew.cmu.edu or 412-268-4600.

All Domestic Partnership Registration information will be held confidentially.

Family or Life Status Change

The elections you make during Open Enrollment will remain in effect for the full plan year beginning July 1, 2024 and continuing through June 30, 2025. If your life or family status changes during that time, however, you may be permitted to change your benefits level to accommodate your new situation. Generally, if you experience any of the following, you can make specified benefit changes consistent with your situation:

- Marriage or registration of a domestic partnership
- Divorce, termination of domestic partnership, or death of a spouse or domestic partner
- Death of a dependent or a dependent becomes ineligible
- Birth or adoption of a dependent
- Spouse/domestic partner or dependent child gains other coverage
- Spouse/domestic partner or dependent child loses other coverage
- Major change to cost or terms of coverage
- Relocation to an area without plan network coverage

If any such event occurs, you must make the changes to your benefits by contacting HR Employee Services within 30 days of the event. A representative will help you make the appropriate changes to your enrollment. You will be required to provide documentation verifying the change within 30 days of the date you notified HR Employee Services of the change.

Tax Treatment of Domestic Partner Coverage

The IRS prohibits pre-tax contributions to be made on behalf of dependents who do not meet the Internal Revenue Code Section 152 definition of a dependent. In most cases, same-sex and opposite-sex domestic partners do not meet this definition. If your domestic partner does qualify as a federal tax dependent for health coverage purposes in the current tax year, you will not experience these tax implications. You can verify this status by completing the form contained within the Domestic Partner Registration Packet.

The cost to add the domestic partner is paid on an after-tax basis and is considered imputed income to the employee at the fair market value of the coverage. That value is derived from the COBRA rates (the full cost of the plan minus the 2% administrative fee). The additional cost of adding your domestic partner to your coverage will be noted as additional reported taxable income on your pay stub.

Aetna HMO Medical Plan

The Aetna Medical Plan, a Health Maintenance Organization (HMO), provides a full range of health care services at little to no charge beyond the monthly premium. Plan features include:

- No deductible or co-insurance
- No office visit copayments
- Does not require selection of a primary care physician
- No services covered outside of the network (except true emergency services)
- Allows self-referral to participating network specialists (in some circumstances, a referral is required)
- Prescription coverage is provided; mandatory generics apply
- A list of affiliated health care providers is available by contacting Aetna at 800-835-8742 or by visiting Aetna's website at www.aetna.com/individuals-families/find-a-doctor.html.
 - Enter your search criteria;
 - When prompted to Select a Plan, choose "Aetna Select (Open Access)" under "Aetna Open Access Plans."

2024–2025 Monthly* Rate

CMU pays: \$1,982.67

You pay: \$495.67

**Monthly contributions are divided between the first two pays of each month. This monthly rate is the same for all coverage tiers.*

Your Medical Premiums Are Pre-Tax

Your Aetna HMO medical premiums are paid with pre-tax deductions. This allows your medical premium to be reduced from your pay before federal, state and FICA taxes are calculated, resulting in a tax savings for you.

	Aetna In-Network
Aetna Group Number	868426-010-00001
Deductible and Coinsurance	None
Office Visit Copayments	None
Preventive Care/Physicals	Covered in full when received from a network provider, per the Aetna preventive schedule
Emergency Room Copayment	\$25
Prescription Drugs	Covered in full for a 30-day retail supply or a 90-day mail order supply after a \$5 copay for formulary/generic, including diabetic supplies Mandatory Generic Applies Specialty drugs must be filled at Aetna Specialty Pharmacy
Out-of-Pocket Maximum	\$6,350 Individual/\$12,700 Family

Optional Life Insurance

Carnegie Mellon helps you provide financial protection to your survivors in the event of your death by providing basic life insurance, as well as the opportunity to purchase additional coverage at group rates.

Carnegie Mellon automatically provides (at no charge to you) basic life insurance equal to 1½ times your annual straight-time salary or \$12,000, whichever is greater.

You may also choose to carry optional coverage. The level of coverage available to you is based on your age and salary (detailed in the chart below). The cost of optional coverage is listed in the chart to the right. For your convenience, optional life insurance enrollment elections are part of the Benefits Enrollment Form. If you would like to elect or de-enroll from optional life insurance coverage, you may do so on the enclosed form.

Regardless of when life insurance payouts may occur, they will be based upon your annual straight-time salary effective July 1, 2024.

Optional Life Insurance Employee Contribution

Age	Rates/\$1,000/Month
Under 30	\$0.039
30-34	\$0.049
35-39	\$0.053
40-44	\$0.062
45-49	\$0.072
50-54	\$0.122
55-59	\$0.182
60-64	\$0.302
65-69	\$0.515
70+	\$1.043

Level of Optional Coverage Available According to Your Age and Salary

Age	To 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 +
Salary										
To \$17,599	30,000	28,500	27,000	25,500	24,000	21,000	18,000	15,000	12,000	11,100
17,600-22,199	38,000	36,000	34,000	32,000	30,000	26,000	22,000	18,000	14,000	12,800
22,200-27,199	46,000	43,500	41,000	38,500	36,000	31,000	26,000	21,000	16,000	14,500
27,200-31,999	54,000	51,000	48,000	45,000	42,000	36,000	30,000	24,000	18,000	16,200
32,000-36,799	62,000	58,500	55,000	51,500	48,000	41,000	34,000	27,000	20,000	17,900
36,800-41,599	70,000	66,000	62,000	58,000	54,000	46,000	38,000	30,000	22,000	19,600
41,600-46,399	78,000	73,500	69,000	64,500	60,000	51,000	42,000	33,000	24,000	21,300
46,400-51,199	86,000	81,000	76,000	71,000	66,000	56,000	46,000	36,000	26,000	23,000
51,200-55,999	94,000	88,500	83,000	77,500	72,000	61,000	50,000	39,000	28,000	24,700
56,000-60,799	102,000	96,000	90,000	84,000	78,000	66,000	54,000	42,000	30,000	26,400
60,800-65,599	110,000	103,500	97,000	90,500	84,000	71,000	58,000	45,000	32,000	28,100
65,600-70,599	118,000	111,000	104,000	97,000	90,000	76,000	62,000	48,000	34,000	29,800
70,600-75,199	126,000	118,500	111,000	103,500	96,000	81,000	66,000	51,000	36,000	31,500
75,200-79,999	134,000	126,000	118,000	110,000	102,000	86,000	70,000	54,000	38,000	33,200
80,000-84,799	142,000	133,500	125,000	116,500	108,000	91,000	74,000	57,000	40,000	34,900
84,800 & above	150,000	141,000	132,000	123,000	114,000	96,000	86,000	65,000	42,000	36,600

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

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

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

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