

YOUR BENEFITS DECISION GUIDE

Open Enrollment
May 4–May 29, 2020



CHOOSING YOUR BENEFITS



For Health, Wealth, and Self

You give a lot to the Art Institute of Chicago. In return, we offer benefits designed for your health, wealth, and self—the whole you. Because everyone's needs are different, we make sure the plans are flexible and affordable.

Browse the list on the left to help you choose the benefits that fit you best.

To stay on track, follow the [Open Enrollment checklist](#).

Learn More

Find a comprehensive list of all benefits at <https://information.artic.edu>. From there: Choose *Profile* > Log in using ARTIC credentials > Choose *Benefits* on the HR home page



[Sign up](#) for a one-on-one meeting with a Benefits Team member.

Enroll via the [PeopleSoft Self-Service](#) site May 4–May 29, 2020 for benefits effective July 1, 2020–June 30, 2021.



OPEN ENROLLMENT CHECKLIST



Open Enrollment ends May 29 (at 11:59 p.m.).

If you miss this deadline, you may be left with benefits that don't meet your needs for an entire year.

Get Ready to Enroll

- **Review** your [current coverage](#) and enrolled dependents
- **Compare** plans and estimate expenses
- **Use** [ALEX](#) to help you choose your benefits
- **Calculate** HSA and FSA contributions
- **Sign up** for a one-on-one meeting with a Benefits Team member
- **Check out** your benefit decisions in the list to the left
- **Visit** [How to Enroll](#) to take action

If You Don't Enroll by May 29

- Your **current coverage will continue** through June 30, 2021 and any FSA and HSA elections will carry over
NOTE: If you're currently enrolled in ArtCare, carefully review [what's new](#) about this plan (Blue Choice) starting July 1
- You **won't be able to enroll in or make changes to** medical, dental, vision, or FSAs until next year's Open Enrollment unless you experience a **qualifying life event** (like a birth, marriage, divorce, death, or your spouse/domestic partner losing coverage)
- You **can change your HSA contributions** throughout the plan year (IRS limits apply)

After You Enroll

- **Review** your confirmation statement right after you enroll
- **Check** your first paycheck of the new fiscal year (starting July 1, 2020) to be sure the deductions are correct

- **Watch** for your welcome packet in the mail from Voya (if you enroll in the Blue PPO + HSA and/or an FSA). If you enroll in the Blue PPO + HSA, you must open an HSA with Voya to receive the Art Institute contributions and have access to your Voya HSA
- **Watch** for your HSA/FSA debit card in the mail before July 1 if enrolled; you can download the Voya mobile app via your phone's app store for convenient account access
- **Watch** for your BCBSIL medical/prescription drug and dental ID cards in the mail, whether or not you make a new plan election



Learn about your benefits.

[Sign up](#) for a one-on-one meeting with a Benefits Team member.

Which choice is right for me?

[Have a conversation with ALEX](#), our interactive benefits tool, to help you choose your medical, dental, and vision plans.

WHATS NEW



Here's what's new starting July 1, 2020.

New Medical Plan Administrator: BCBSIL

All three of our medical plans will be administered by [Blue Cross Blue Shield of Illinois \(BCBSIL\)](#). While the benefits themselves (deductibles, copay amounts, coinsurance percentages and out-of-pocket maximums) are generally not changing for the ArtCare Plus and ArtSavvy plans, the ArtCare plan will offer two benefit tiers instead of one.

BCBSIL gives you:

- **Access to a larger network of providers than Cigna's**, including primary care and specialty care such as mental/behavioral health
- **Top-level customer service through the BCBSIL health advocacy call center**. This dedicated team is specially trained in the Art Institute's health care benefits. They can help you connect with the right clinician, navigate the health care system, schedule appointments, get cost estimates, and much more. You can connect with them by phone, online chat, or mobile app

New Medical Plan Names

To help you navigate the new provider networks, we've renamed the medical plans:

Current Plan Name	New Plan Name	Provider Network
ArtCare	Blue Choice <i>For Chicago-area faculty and staff only</i>	Tier 1: Blue Choice OPT PPO Tier 2: Participating Provider Organization (PPO) Network
ArtCare Plus	Blue PPO	Participating Provider Organization (PPO) Network
ArtSavvy CDHP + HSA	Blue PPO + HSA	Participating Provider Organization (PPO) Network

Must-Know Changes for Blue Choice (ArtCare) Participants

If you're currently in the ArtCare plan or considering it for next year, be aware benefit levels will be different starting July 1—when it's known as **Blue Choice**.

Coverage Tiers

Each time you receive care, you'll have a choice of two tiers of in-network benefits:

- **Tier 1***: Similar to the current ArtCare benefits (you pay no deductible or coinsurance), but available only if you use providers in the Blue Choice OPT PPO network
Hospitals included: Advocate, Northwestern, Rush, and several other community hospitals
- **Tier 2***: If you use providers *outside* the Blue Choice OPT PPO but still *inside* the Participating Provider Organization (PPO) Network, you'll pay a deductible and coinsurance

Hospitals included: Lurie Children's, NorthShore, University of Chicago, and several other community hospitals that are not in Tier 1

*Each participating hospital is in EITHER Tier 1 or Tier 2, but not both. Out-of-network care is not covered.

For benefit details, see the [Medical and Prescription Drug Plans at a Glance](#).

No Vision Coverage

ArtCare includes a small vision benefit that won't be included in **Blue Choice**. For vision coverage effective July 1, 2020, consider the [vision plan](#) administered by EyeMed.

No Copays for Blue Choice and Blue PPO Telemedicine Visits

All three medical plans include MDLive telemedicine visits—convenient for many routine health care needs. See a qualified health care provider from the comfort and privacy of home, via online video or phone call.

Starting July 1, 2020, there's **no copay** under the **Blue Choice** and **Blue PPO** plans for medical or behavioral health telemedicine visits. With the **Blue PPO + HSA**, you'll continue cost sharing with the Art Institute because of IRS rules that apply to consumer-driven health plans. But you can use your HSA to pay for these services. And telemedicine visits apply toward Blue PPO + HSA plan deductibles.

Receive a prescription as part of a visit? Your cost for medication is based on your medical plan's prescription drug benefits.

Balanced Approach to Cost Sharing

Health care costs are a challenge for all of us, and we're committed to sharing those costs in the fairest way possible. Over time, the Art Institute's contribution toward ArtCare plan premiums has become disproportionately high when you consider that plan's high benefit levels.

Starting July 1, 2020, the Art Institute will contribute roughly the same percentage toward each medical plan, with participants responsible for the remaining share. As a result, employee contributions for the Blue Choice (the ArtCare replacement) will increase while Blue PPO (ArtCare Plus) contributions will decrease. Blue PPO + HSA (Art Savvy) contributions will see only minimal changes, with the Art Institute continuing its HSA contribution: \$500 for Employee Only or \$1,000 for Employee + Dependent or Family coverage.

Other Medical Benefit Updates

In making the transition to BCBSIL, we're taking the opportunity to update certain benefit features. Some updates are reflected in the [Medical and Prescription Drug Plans at a Glance](#), while others are more administrative and will be described in the Summary Plan Description (SPD) available later this year. During Open Enrollment, you can contact a BCBSIL health advocate at [\(855\) 418-9393](#) to learn more.

What You Need to Do Now: Medical

- **Check to see if your providers** are in-network for the BCBSIL plan you're considering.
- **Watch for a new medical/Rx plan ID card.** To make sure claims are handled correctly, show your BCBSIL ID card at health care visits beginning July 1, 2020. Submit your claims for services through June 30, 2020 to Cigna.
- In the middle of prenatal care or treatment for a critical or chronic condition, and your current provider is not in-network with BCBSIL? **Expect to hear from the BCBSIL health advocates** by mail or phone to help you transition your care from Cigna to BCBSIL.
- **Call BCBSIL health advocates at [\(855\)418-9393](tel:(855)418-9393).** The advocates are ready to answer your Open Enrollment questions starting now. And starting June 26, they'll offer full-service assistance. Health advocates are available Monday through Friday from 7 a.m.–7 p.m. CT.

Prescription Drug Benefit Changes

Partnering with Prime Therapeutics for retail and mail order

Under all three medical plans, prescription drug benefits will be administered by Prime Therapeutics. Prime's network includes most of the same pharmacies that are in-network with Express Scripts—CVS Caremark, Walgreens, Osco Drugs, and more. A few remote pharmacies may not be in-network.

To find an in-network pharmacy, call a BCBSIL health advocate at [\(855\)418-9393](tel:(855)418-9393) or go to MyPrime.com. The pharmacy network is Traditional Select. Keep in mind, if you use an out-of-network pharmacy, your medications won't be covered by the plan.

Note: Prescriptions will no longer be covered through the Express Scripts pharmacy network or mail order service.

New drug formulary

Prime's lists of approved generic and brand-name drugs (formulary) differs from Express Scripts', so make sure you review the Prime lists before filling a prescription on or after July 1, 2020. For details, see the links under **What you need to do now** or call a BCBSIL health advocate at [\(855\)418-9393](tel:(855)418-9393).

Options for maintenance medications (90-day supply only)

For drugs you take on an ongoing basis (maintenance medications), you'll have two options:

- **AllianceRx Walgreens Prime mail-order:** Get a 90-day supply mailed to your home with free shipping and auto refills
- **Walgreens retail:** Pick up a 90-day supply at your local Walgreens

Maintenance medications will not be covered at non-Walgreens pharmacies or in supplies of less than 90-days.

Penalty if you choose brand over generic

If your doctor prescribes a brand-name drug and specifies “**dispense as written**,” you won’t be responsible for paying the difference between the brand name and generic (if available) cost. But if your doctor does not specify “dispense as written” and you choose a brand name over a generic drug, you’ll have to pay the cost difference.

What to Do Rx

- **Check if your current pharmacy is in-network with Prime Therapeutics.**
- **To save money, see if your medications are on these lists:**
 - Balanced Drug List (formulary), preferred with all three medical plans
 - No-Cost Preventive Drugs, no cost for all three medical plans
 - HSA Preventive Drugs, no deductible, 15% coinsurance for Blue PPO + HSA only (also referred to as Enhanced Drug List)
- If not, talk to your doctor about switching to similar medications that are listed. Some medications have special requirements like prior authorization, step therapy, or quantity limits. If any of these apply to you, Prime will work with you and your doctor to manage this transition.
- **Currently using Express Scripts for home delivery?**
 - *If you have refills left*, your information will automatically transfer to AllianceRx.
 - *If you don't have any refills left*, ask your doctor to send a new 90-day prescription to AllianceRx on or after July 1, 2020. Contact your doctor well in advance, so you won't have an interruption in your supply.
 - In both cases above, keep in mind the new drug formulary with Prime.
 - If you have questions:
 - During Open Enrollment, contact a BCBSIL health advocate at (855) 418-9393.
 - On or after July 1, 2020, you can also contact AllianceRx Walgreens Prime at (877) 357-7463. You may need to register at AllianceRx.

New Dental Plan Administrator: BCBSIL

Both dental plans (Dental HMO and Dental PPO) will be administered by BCBSIL. Compared with our current administrator Cigna, BCBSIL gives you access to more dentists.

While Dental PPO benefits aren’t changing, the BCBSIL Dental HMO benefits may differ slightly from Cigna.

What You Need to Do Now: Dental

- **Check if your current dentist is [in-network with BCBSIL](#).**
- **Watch for a dental plan ID card from BCBSIL** if enrolled in the Dental PPO. To ensure your claims are handled correctly, show your BCBSIL ID card at visits beginning July 1, 2020. Dental HMO participants will not receive a separate ID card.
- **Submit claims** for services through June 30, 2020 to Cigna.

New HSA/FSA Administrator: Voya

To help simplify your financial life, we're moving the Health Savings Account (HSA) and Flexible Spending Accounts (FSAs) to Voya. You'll still get the tax savings available with these pretax accounts, but now you'll be able to access them through the same provider as your 403(b) retirement account.

[Voya](#) will be your single portal to view and manage multiple financial benefits from the Art Institute. You'll find online calculators and other tools to help maximize your and/or your family's overall finances.

What You Need to Do Now: HSA/FSA

- **If you currently participate in the FSA(s) with PNC:**
 - Continue to submit eligible expenses incurred through June 30, 2020 to PNC for reimbursement. The deadline for doing this is September 30, 2020.
 - If you enroll in an FSA for the plan year July 1, 2020 to June 30, 2021, watch for welcome materials explaining how to set up [online account access](#).
 - If you have an unused Health Care or Limited Purpose FSA balance after September 30, 2020, that balance (up to \$500) will transfer to your Voya FSA *only if you re-enroll for the July 1, 2020–June 30, 2021 plan year.*
- **If you currently have an HSA with PNC:** Voya will coordinate a transition of your current HSA balance to Voya Financial in September. Watch for more details after Open Enrollment.

Have a question?

Contact Voya at [\(833\) 232-4673](tel:(833)232-4673) or VoyaSupport@healthaccounts.com.

MEDICAL PLAN



Choose from three medical plans (includes prescription drugs) or waive coverage.

Your Choice Overview

One of the biggest differences among the three plans is how you pay for services. With the Blue Choice and Blue PPO plans, you pay more out of your paycheck and less when you need care. If you don't go to the doctor often, or prefer to pay later, the Blue PPO + HSA takes less out of your paycheck, but you pay the full cost of services until you meet the deductible. Consider this as you compare the plans.

Blue Choice	Blue PPO	Blue PPO + HSA
PPO plan with two tiers of in-network benefits	PPO plan with a broader provider network than Blue Choice	Consumer-driven health plan (CDHP) uses the same provider network as Blue PPO HSA helps you pay for your eligible medical expenses, including deductible, tax free
No deductible when you choose Tier 1 providers Moderate deductible when you choose Tier 2 providers	Moderate deductible	Higher deductible , but lowest contributions from your pay
In-network preventive care 100% covered		
No benefits out of Tier 1 and Tier 2 networks	Reduced benefits out-of-network	Reduced benefits out-of-network
Lowest overall out-of-pocket cost when you need care and choose Tier 1 providers	Moderate overall out-of-pocket cost when you need care	Highest overall out-of-pocket cost when you need care, but HSA helps cover it

Medical and Prescription Drug Plans at a Glance

Medical Comparison

The plans differ in the providers available to you and how much you pay for your plan, services, and medications.

			In-Network Medical Coverage Details						
	Per Pay Period Cost	AIC HSA Contribution	Preventive Care	Annual Deductible	Coinurance	Office Visit	Urgent Care/ Emergency Room	Medical and Prescription Drug Out-of-Pocket Maximum (includes deductible)	
Blue Choice ¹ Chicago Area Only	<ul style="list-style-type: none"> Employee Only: \$69.27 Employee + 1 Dependent: \$169.31 Employee + Family: \$286.95 	NA	Tier 1: Blue Choice OPT PPO Network						
			100% covered	NA	NA	\$25 copay for primary doctor \$40 copay for specialist	\$75 copay for urgent care \$250 copay for emergency room	\$1,500 per person \$3,000 per family	
	Tier 2: Participating Provider Organization (PPO) Network								
	100% covered		\$1,000 per person \$2,000 per family	You pay 20% after deductible	You pay 20% after deductible	\$75 copay for urgent care \$250 copay for emergency room	\$3,000 per person \$6,000 per family		

			In-Network Medical Coverage Details					
	Per Pay Period Cost	AIC HSA Contribution	Preventive Care	Annual Deductible	Coinsurance	Office Visit	Urgent Care/ Emergency Room	Medical and Prescription Drug Out-of-Pocket Maximum (includes deductible)
Blue PPO	<ul style="list-style-type: none"> Employee Only: \$66.29 Employee + 1 Dependent: \$162.03 Employee + Family: \$274.60 	NA	100% covered	\$500 per person \$1,000 per family	You pay 15% after deductible	\$25 copay for primary doctor \$40 copay for specialist	You pay 15% after deductible	\$2,500 per person \$5,000 per family
Blue PPO + HSA	<ul style="list-style-type: none"> Employee Only: \$40.86 Employee + 1 Dependent: \$108.92 Employee + Family: \$190.92 	\$500 for Employee Only coverage \$1,000 for Employee + 1 or Family coverage	100% covered	\$1,500 per person \$3,000 per family	You pay 15% after deductible	You pay 15% after deductible	You pay 15% after deductible	\$3,000 per person \$6,000 per family ²

1. This plan only covers services within its network of providers. If you choose to go out of network, you will pay the full cost of care. Deductibles and out-of-pocket maximums cross-apply between the tiers, meaning anything that counts toward your Tier 1 deductible or out-of-pocket maximum also counts toward your Tier 2 deductible and out-of-pocket maximum.
2. With family coverage, any individual family member will meet their out-of-pocket maximum when they have paid the individual out-of-pocket maximum of \$3,000. The remaining family members will continue to pay until either they reach their individual maximum of \$3,000, or the family out-of-pocket maximum of \$6,000 is met.

Prescription Drug Comparison

	Up to 30-Day Supply Prescriptions (Retail)			90-Day Supply Prescriptions (Mail-Order or Walgreens Retail)			Preventive Drugs Coverages	
	Generic	Brand Formulary	Brand Non-formulary	Generic	Brand Formulary	Brand Non-formulary	ACA Standard Prescription Drugs ³	Enhanced Preventive Drugs ⁴
Blue Choice¹ Chicago Area Only	\$10 copay	\$30 copay	\$50 copay	\$20 copay	\$60 copay	\$100 copay	100% covered	NA
Blue PPO	\$10 copay	\$30 copay	\$50 copay	\$20 copay	\$60 copay	\$100 copay	100% covered	NA
Blue PPO + HSA	You pay 15% after deductible	You pay 15% after deductible	You pay 15% after deductible	You pay 15% after deductible	You pay 15% after deductible	You pay 15% after deductible	100% covered	You pay 15% with no deductible; coinsurance counts toward out-of-pocket maximum

1. This plan only covers services within its network of providers. If you choose to go out of network, you will pay the full cost of care. Deductibles and out-of-pocket maximums cross-apply between the tiers, meaning anything that counts toward your Tier 1 deductible or out-of-pocket maximum also counts toward your Tier 2 deductible and out-of-pocket maximum.

2. With family coverage, any individual family member will meet their out-of-pocket maximum when they have paid the individual out-of-pocket maximum of \$3,000. The remaining family members will continue to pay until either they reach their individual maximum of \$3,000, or the family out-of-pocket maximum of \$6,000 is met.

3. Includes aspirin, fluoride, folic acid, smoking cessation, contraceptives, drugs for prevention and treatment of cancer. Limitations based on age and health conditions apply.

4. Includes certain drugs for asthma, bone disease, diabetes, heart disease, high blood pressure, and to lower cholesterol.

HEALTH SAVINGS ACCOUNT (HSA)



If you enroll in Blue PPO + HSA, choose how much to contribute to your HSA.

The HSA helps you pay for expenses now—like that higher deductible, prescription drugs, or other medical costs. But it's also set up to help you save for future health care costs, even in retirement.

How Money Goes into Your HSA

THE ART INSTITUTE CONTRIBUTES.

The Art Institute will give you a tax-free contribution with the first pay period of the new plan year.

- \$500 for Employee Only Coverage
- \$1,000 for Employee + 1 Dependent or Employee + Family coverage

YOU SHOULD CONTRIBUTE, TOO.

The amount is deducted from each paycheck before taxes are taken out.

- Up to \$3,050 for Employee Only coverage
- Up to \$6,100 for Employee + 1 Dependent or Employee + Family coverage
- **AND**
- Up to \$1,000 more if you are age 55 or older

(based on IRS limits and the Art Institute's contribution; consult your financial/tax advisor about your personal situation)

Six Reasons to Save in the HSA

1. Easy to Use

Pay with the debit card you receive from Voya, our HSA administrator.

2. Tax-free

You don't pay taxes on money when it's deposited or withdrawn to pay for eligible expenses. Your balance grows tax free.

3. The Art Institute Contributes and You Should, Too

4. Use for Expenses Now

Use your HSA to pay for doctor visits, prescriptions, deductibles, coinsurance, dental and vision costs, and more. Find a complete list of eligible expenses on the [IRS website](#).

5. Save for Expenses in Retirement

You have investment options for your HSA funds once your balance reaches \$2,000.

6. Yours to Keep

If you have money left over at the end of the year, it rolls over to the next year. Even if you leave the Art Institute, your account is yours to keep.



Put your paycheck savings in the HSA

The Blue PPO + HSA plan costs less per paycheck than the other plans. Put those paycheck savings in your HSA.

Considering Medicare?

IRS rules don't allow Medicare enrollees to have an HSA. However, you can postpone Medicare enrollment if you'd prefer to take advantage of the HSA to save for future medical expenses while you're still working. *Not sure?* Talk to [ALEX](#).

FLEXIBLE SPENDING ACCOUNTS (FSAS)



Choose how much to contribute.

FSAs give you the chance to pay eligible expenses with tax-free money. Your contributions are deducted from each paycheck before taxes are taken out.

Carefully calculate how much you'll need because only \$500 of your Health Care FSA and none of your Dependent Care FSA balance rolls over to the next year. (If you enroll in the Blue PPO + HSA plan and have a Health Care FSA balance to roll over, it will be placed in a Limited Purpose Health Care FSA.)

Two Health Care FSA Choices

	TRADITIONAL HEALTH CARE FSA If enrolled in the Blue Choice or Blue PPO plan	LIMITED PURPOSE HEALTH CARE FSA If enrolled in the Blue PPO + HSA plan
Pay for ... <u>eligible expenses</u>	Medical, dental, and vision expenses	Dental and vision expenses only (you can use your HSA for medical expenses) After your deductible, you can use your FSA for medical expenses, too
Contribute up to ...	\$2,750 each year	

Dependent Care FSA Choice

- Pay for **eligible expenses** for child care or after school programs (for your dependents up to age 13) and/or elder care
- Contribute up to \$2,500 or \$5,000, depending on your tax filing status
- Check the Summary Plan Description (SPD) for details and exceptions

DENTAL PLAN



Choose between two plans or waive coverage.

Your Choice Overview

DENTAL HMO	DENTAL PPO
See a network dentist or pay the full cost of care	See any dentist you choose but see greater benefits when you stay in network
Preventive and diagnostic procedures covered at 100%	
Orthodontia coverage included but varies by plan	

Dental Plans at a Glance

		In-Network Dental Coverage Details					
	Per Pay Period Cost	Diagnostic & Preventive	Annual Deductible	Annual Maximum Benefit (per person)	Basic Restorative	Major Restorative	Orthodontia
Dental HMO*	<ul style="list-style-type: none"> Employee Only: \$5.35 Employee + 1 Dependent: \$10.01 Employee + Family: \$16.74 	100% covered, no deductible	<ul style="list-style-type: none"> \$0 \$0 \$0 	None	Copays vary based on services needed		
Dental PPO	<ul style="list-style-type: none"> Employee Only: \$12.39 Employee + 1 Dependent: \$29.83 Employee + Family: \$37.18 	100% covered, no deductible	<ul style="list-style-type: none"> Employee Only: \$50 Employee + 1 Dependent: \$100 Employee + Family: \$150 	\$1,500	You pay 20% after deductible	You pay 50% after deductible	50% coinsurance, \$1,500 per member lifetime maximum

*This plan only covers services within its network of providers. If you choose to go out of network, you will pay the full cost of care.



Get the better deal.

You pay less when you use network dentists. It's the only way to get coverage in the Dental HMO, and it's a better deal to use network dentists in the Dental PPO.

Before choosing a plan, know whether a [network dentist](#) is available in your area.

VISION PLAN



Choose vision coverage or waive coverage.

The vision plan covers eye exams and lenses (or contacts) every 12 months, new frames every 24 months, and other expenses.

Vision Plan at a Glance

		In-Network Coverage Details		
	Per Pay Period Cost	Eye Exam (once every 12 months)	Frames (once every 24 months)	Single Vision Lenses (once every 12 months) OR Contacts (once every 12 months)
EyeMed	<ul style="list-style-type: none">Employee Only: \$3.59Employee + 1 Dependent: \$6.51Employee + Family: \$9.96	\$10 copay	<ul style="list-style-type: none">\$0 copay,\$130 allowance;20% off balance over \$130	\$25 copay \$0 copay, \$130 allowance

HOW TO ENROLL



Enroll May 4-29

1 LOG IN

Start by using any of the below options:

- [AIC Intranet](#)

Choose *Profile* > Log in using ARTIC credentials > Select *PeopleSoft Self-Service*

OR

- [SAIC Website: STAFF](#)

Choose *Profile* > Log in using ARTIC credentials > Select *Self-Service* under Quick Links

OR

- [SAIC Website: FACULTY](#)

Choose *Profile* > Log in using ARTIC credentials > Select *Self-Service* under Quick Links

Then, when prompted, enter your:

- ARTIC account name/email user name

- Password

Note: This is the same login information as your email user ID and password.

2 SELECT

Click on the **Faculty Homepage** and select the **Employee Homepage**.

3 ENROLL

Click **Employee Self Service**, click **Benefits Details**, click **Benefits Enrollment**, then click **Start**.

4 CHOOSE

Follow the prompts to choose the benefits you want to enroll in. When you're finished, click **Review Enrollment** to verify your decisions, then click **Submit Enrollment**.



Need help logging in?

Visit [ARTIC account Self-Service](#). Firefox and Google Chrome are recommended browsers. Safari is not recommended for Mac users.

Enrolling a domestic partner?

If you want to add, change, or drop domestic partner coverage, you must complete the **Domestic/Civil Union Partner Enrollment Form** found on the [PeopleSoft Self-Service](#) site.

Enrolling in the Blue PPO + HSA plan? Open your HSA.

You'll receive welcome materials from Voya with instructions for opening your HSA. Your debit card will be mailed separately.

WHO TO CONTACT



Topic	Contact
<p>General benefits-related questions</p> <ul style="list-style-type: none">• Sign up for a one-on-one meeting with a Benefits Team member	<p>Your AIC Benefits Team (312) 629-3371 benefits@artic.edu</p>
<p>Medical, Dental, and Prescription Drug</p> <p>Group Numbers:</p> <ul style="list-style-type: none">• Blue Choice: 251683• Blue PPO: PK1354• Blue PPO + HSA: 251682• Dental PPO: 263850• Dental HMO: Dooo34	<p>BCBSIL Health Advocate (855) 418-9393</p>
<p>Health Savings Account (HSA) and Flexible Spending Accounts (FSAs)</p>	<p>Voya (833) 232-4673 VoyaSupport@healthaccountservices.com</p>

Topic	Contact
<p>Vision Plan Group # 9785494 Your ID # is your AIC ID #</p>	<p><u>EyeMed</u> <u>(866) 723-0514</u></p>

Required Information and Legal Notices

Make sure to review the Legal Notices on the [HR Benefits](#) intranet page.

IMPORTANT NOTE



This communication is intended to provide only basic plan information—not all the details. For more detailed information, please refer to the appropriate Summary Plan Descriptions. Every attempt was made to make this communication as accurate as possible. However, if a discrepancy exists between this communication and the official plan documents, the plan documents will govern.

