



2026

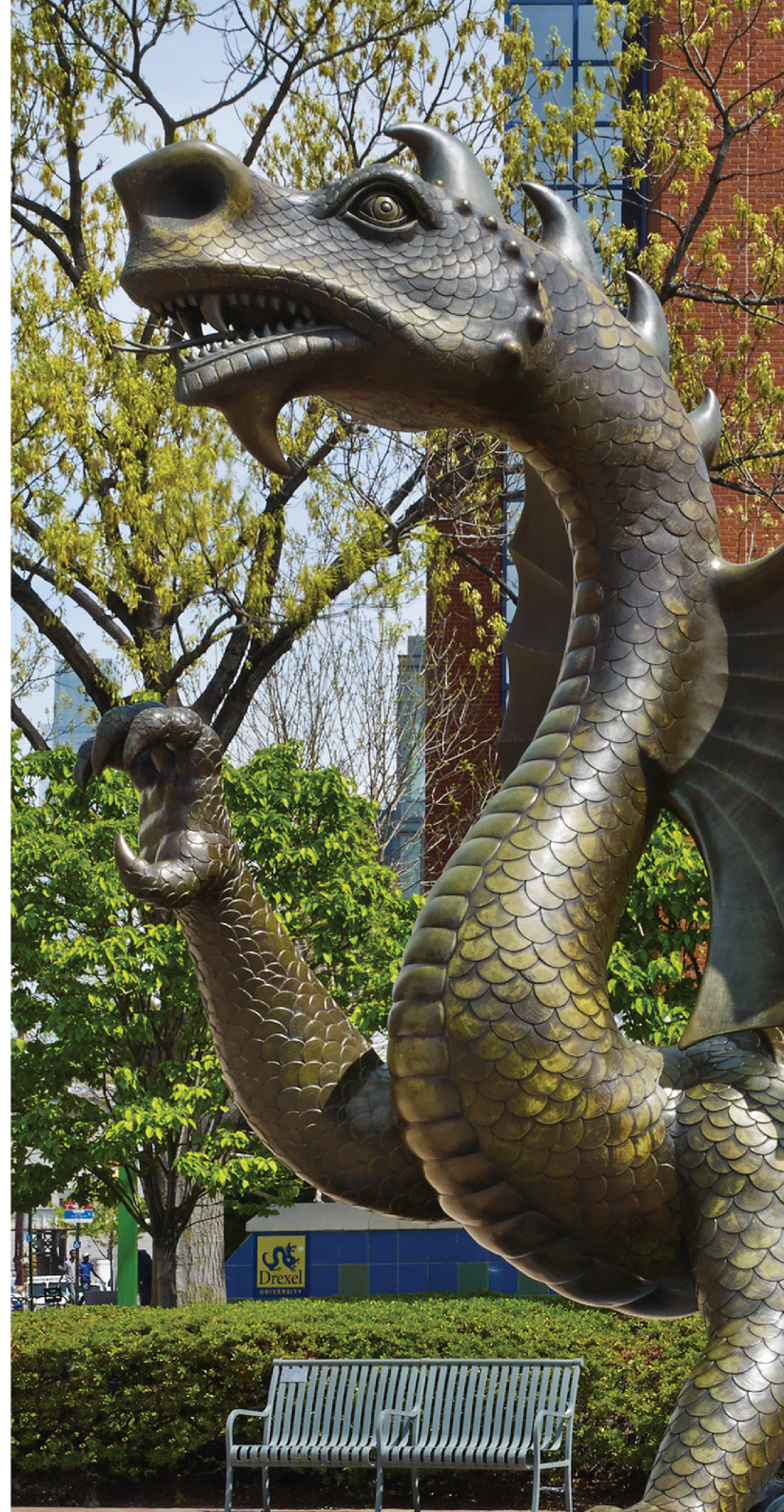
OPEN ENROLLMENT GUIDE

WELCOME TO DREXEL OPEN ENROLLMENT

As an employee of Drexel University, you are our most valuable asset! We all have different needs that influence the choices we make every day.

Drexel University embraces these differences, providing you with the freedom to select quality benefit options that work best for your personal situation. We encourage you to take the time to carefully review this guide and learn about all of the benefits available to you during Open Enrollment.

The benefits that you select will be effective from January 1, 2026 through December 31, 2026.



INSIDE THIS GUIDE

Open Enrollment Highlights	4	Drexel University Retirement Plan	31
Open Enrollment Checklist	5	Tuition Remission & Tuition Exchange	33
Eligibility	6	Employee Assistance Program	34
How to Enroll in Benefits	7	Time Off Benefits	36
2026 Medical & Prescription Drug Plans At-A-Glance	8	Home Purchase Assistance Program	37
2026 Medical & Prescription Drug Plan Contributions	10	Employee Perks and Discounts	38
Understanding Your Medical and Prescription Drug Plan Options	11	Benefits Contacts & Resources	39
Medical Provider Network	13	Legal Notices	40
Prescription Drug Plan	14		
Value-Added Services	15		
Health Savings Account (HSA)	17		
Flexible Spending Accounts (FSA)	18		
Commuter Benefits	19		
Dental Plan Comparison	21		
Vision Benefits	22		
2026 Dental & Vision Plan Contributions	23		
Short-Term & Long-Term Disability Benefits	24		
Life and AD&D Insurance	25		
Optional Life Insurance	26		
Voluntary Benefits	27		
Wellness Incentive Program	29		



OPEN ENROLLMENT HIGHLIGHTS

OPEN ENROLLMENT PERIOD:

October 22 through November 12, 2025

WHAT'S NEW FOR 2026:

Plan Contribution Changes: There will be an increase in contributions for the medical, and prescription of 5%, dental plans of 4%, with vision having no rate increase this year.

Employee Assistance Program (EAP): Moving to Health Advocate

- Health Advocate will be replacing Supportline as the new administrator for the EAP Program January 1st, 2026
- A new caregiver program, called the **Generations Program**, will be available under the EAP providing Drexel employees and their whole family with compassionate support and expertise through their journey.

Medical/Prescription Plan Design Changes:

- **Medical and Prescription Drug:** In response to rising healthcare costs and unprecedented medical and prescription drug trends, Drexel will be absorbing the majority of the cost increases to minimize the financial impact on employees. However, some of the cost increases will be passed onto employees in 2026.
- **Keystone/AmeriHealth Point of Service Deductible:** The POS plan will now have a deductible. In-network deductible will be \$200 for individuals, \$400 for family; out-of-network deductible will be \$600 for individuals, \$1,200 for family.
 - **The deductible will now apply to the following services. You will pay 100% of the cost until the deductible is met; after that, there will be no charge:**
 - * Emergency/Non-Emergency Ambulance
 - * Inpatient & Outpatient Professional Services
 - * Chemotherapy/Dialysis Home Health/Hospice Care
 - * Home Health Care/Hospice
- **A \$20 copay is being added to Outpatient Lab & Pathology services**
 - **Out-of-Pocket Maximum** – The out-of-pocket maximum will be increasing. In-network will be \$3,000 for single, \$6,000 for family; out-of-network will be \$6,000 for single, \$12,000 for family.

Members enrolled in the Keystone/AmeriHealth Point of Service plan will receive a new Identification card for 2026.

- **Teladoc Additions:** Diabetes and Hypertension Management Programs are being added to the suite of services provided to those enrolled in a Drexel medical plan.
- **Expanded Preventative Care:** For 2026, Drexel is adopting the PA legislation Act-1 under the medical plan which expands preventive screenings and genetic services at no out-of-pocket cost for individuals at high risk for breast and ovarian cancers, for enrolled members. This law helps ensure early detection options are accessible without financial barriers for those with increased risk.

Help Script Program:

- Drexel's IBC medical plan will now include Help Script, a cost-share assistance service for certain medical specialty drugs. Utilizing the Help Script program can reduce the cost of eligible medical specialty drugs to a \$0 member copay.
- **Prescription (RX) Program:**
 - **All Plans: copay increases (\$5 per tier)**
 - * \$15/\$35/\$55 (CDHP must satisfy deductible)
 - **All Plans: Addition of Specialty Rx tier (4th tier)**
 - * \$75 copay all plans (CDHP must satisfy deductible)

Vision Plan Enhancement:

- **Davis Vision** will have a benefit enhancement on their annual allowance for contacts or frames of \$200.

New! Life Insurance with Long-Term Care Voluntary Benefit Offered by Trustmark

- Enrollment can be completed on the Dragon Perks platform
- More information about this benefit can be found on page 28.

OPEN ENROLLMENT CHECKLIST



- ☐ Attend the in-person benefit fair on October 28th on the University City Campus, Creese Student Center, Behrakis Hall, 3210 Chestnut Street. View the 2026 Open Enrollment Presentation. Visit www.drexel.edu/hr/benefits/open-enrollment for more information.
- ☐ Login to the benefits enrollment portal by clicking the link to **My Drexel Benefits** located on the Employee Tab of DrexelOne via one.drexel.edu. Review your current benefit elections and make any desired changes.
- ☐ **Don't Forget!** The medical waiver, Flexible Spending Accounts (FSA) and Health Savings Account (HSA) must be re-elected every year. Your 2025 elections will not rollover into 2026. Once the enrollment window closes, changes cannot be made until the next annual enrollment unless you experience a qualified life event. Please see page 6 for more information.
- ☐ Full-time employees who do not wish to be covered by a Drexel medical plan are required to waive coverage **each year**. If you waived coverage in 2025, you will automatically be enrolled in the Point of Service (POS) (or PPO Basic for out of area) medical plan for 2026 and will remain there until you log into the enrollment system and affirmatively select the waiver option for 2026. If you take no action during open enrollment, you will be covered by the POS plan single coverage and premiums will be deducted from your paycheck, effective January 1, 2026. This is a 2-step process: waiving coverage and then selecting the "waiver" credit.
- ☐ All other benefit elections, including medical, dental, vision, supplemental life and AD&D insurance, and disability coverage will continue into 2026 unless you make a change during open enrollment. New elections and changes will take effect January 1, 2026.
- ☐ If adding a new dependent, have the required documents available to add them to the plan (examples of acceptable documentation are: birth certificate, or an adoption agreement, a marriage certificate, or Drexel's domestic partner affidavit with supporting documentation located in our benefits enrollment system).
- ☐ Make sure your beneficiaries are up to date; you will need an SSN for newly added beneficiaries.
- ☐ If required, be sure to complete the Evidence of Insurability (EOI) process for the supplemental life insurance benefit.
 - Instructions can be located on your confirmation statement at the end of the enrollment process. Increases to your life insurance coverage may require evidence of insurability approval and will not be applied until your EOI approval has been received.
- ☐ **Review your disability coverages. As a reminder, short-term disability is offered on a voluntary basis. The university provides long-term disability coverage to Full time Faculty and Professional Staff at no cost.**
- ☐ Review your Summary Confirmation Statement after you complete your enrollment to be sure your changes are applied as expected. Correct any issues ASAP by contacting Drexel University Benefits Center at [1.844.690.3992](tel:18446903992).
- ☐ Visit your Dragon Perks portal to view voluntary benefits offered year-round by clicking the link "learn more" under the Toolbox in the My Drexel Benefits portal.

ELIGIBILITY



WHO IS ELIGIBLE?

The benefits outlined in this guide are available to all Drexel University Faculty and Professional Staff who meet the eligibility guidelines below:

Drexel University, Academy of Natural Sciences, Full-Time Professional Staff

Benefits are offered to full-time professional staff who regularly work at least 40 hours a week.

Drexel University, Academy of Natural Sciences, Part-Time Professional Staff

Benefits are offered to part-time professional staff who are regularly scheduled to work at least 20 but fewer than 40 hours per week.

Drexel University, Academy of Natural Sciences, Full-Time Faculty

Benefits are offered to full-time faculty members with 100% teaching appointment.

Drexel University, Academy of Natural Sciences, Part-Time Faculty

Benefits are offered to part-time faculty members with 50% teaching appointment.

If you have questions about eligibility, please contact the Drexel University Benefits Center at **844.690.3992** or **help@mybenefitexpress.com**.

Additionally, you can contact HR Service Center by emailing **hr@drexel.edu** or at **215.895.2850**.

WHAT IS A QUALIFYING LIFE EVENT?

A Life Event is a change in your family or employment status that may allow you to make certain benefit changes. If you experience a Life Event (marriage, divorce, newborn/adoption of child, loss or gain of coverage) and wish to add or drop a dependent(s) for coverage purposes, you must do so on or within 31 days after the qualifying event date. Changes must be consistent with the qualifying life event. You may only change coverage and/or add or drop dependents at Open Enrollment unless you have a qualifying life event during the plan year.

- Marriage or divorce
- Death of a spouse, domestic partner, or dependent child
- Birth or adoption of a child
- Spouse, domestic partner, or dependent child's loss or gain of benefits coverage elsewhere
- Change of employment status (i.e. moving from full-time to part-time)
- Relocation: Certain address changes may allow for a change to your medical plan

Please visit the Drexel Life Event webpage at **drexel.edu/hr/benefits/health-coverage/life-event** for additional information and frequently asked questions.

HOW TO ENROLL IN BENEFITS

HOW DO FACULTY AND PROFESSIONAL STAFF ENROLL FOR BENEFITS?

Drexel University faculty and professional staff enroll for benefits via the **My Drexel Benefits** portal by selecting the **My Drexel Benefits** link on the Employees tab in DrexelOne at one.drexel.edu.

Most elections are annual elections and cannot be changed during the year unless you experience a qualifying life event.

My Drexel Benefits is a portal accessed through Drexel One and walks Faculty and Professional Staff through the benefit enrollment process during the new hire period, Open Enrollment, or when a qualifying life event (marriage, newborn, divorce, loss of coverage) occurs.

My Drexel Benefits contains the majority of your benefit enrollment information (excluding Retirement plans), dependent information, life insurance beneficiaries, flexible spending accounts, and commuter enrollment.

EXPRESS ENROLLMENT

Drexel Faculty and Professional Staff can complete their benefits enrollment even faster with Express Enroll through **My Drexel Benefits**.

Express Enroll offers a quicker open enrollment experience by allowing you to see all of your benefits on one page and make adjustments, if needed, quicker than the traditional route.

You can see a high-level summary of the benefits you are currently enrolled in, targeting certain ones that require re-enrollment each year - like waiving medical coverage, HSA and FSA. Additionally, you can view benefits that you did not previously enroll in but are available to you.

If you do not wish to use Express Enroll, you may choose to the traditional enrollment if that works best for you!

WHOM TO CONTACT WITH QUESTIONS

- For assistance with Open Enrollment, contact the Drexel University Benefits Center at **1.844.690.3992** or email **help@mybenefitexpress.com**.
- For questions about a specific plan, contact Health Advocate. Once enrolled, employees can call the Member Services number listed on the back of the insurance identification card.



2026 MEDICAL & PRESCRIPTION DRUG PLANS AT-A-GLANCE

POINT OF SERVICE			PERSONAL CHOICE PPO - BASIC		PERSONAL CHOICE PPO - HIGH		CDHP WITH HSA	
BENEFIT DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
IS A REFERRAL NEEDED TO SEE A SPECIALIST?	Yes		No		No		No	
EMPLOYER HEALTH SAVINGS ACCOUNT CONTRIBUTION	No		No		No		Individual: \$500 / Family: \$1,000	
INTERNATIONAL TRAVEL	BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583		BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583		BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583		BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583	
DEDUCTIBLE (INDIVIDUAL/FAMILY)	\$200 / \$400	\$600 / \$1,200	\$300 / \$600	\$1,000 / \$2,000	None	\$500 / \$1,000	\$2,000 / \$4,000	\$5,000 / \$10,000
OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$2,000/ \$4,000	\$3,000 / \$6,000	\$6,450 / \$12,900	\$10,000 / \$20,000
PREVENTIVE CARE SERVICES	No charge	Plan pays 70%	No charge	Plan pays 70%	No charge	Plan pays 80%	No charge	Plan pays 50%
PRIMARY CARE PHYSICIAN (PCP)	\$20 copay	Plan pays 70%*	\$20 copay	Plan pays 70%*	\$15 copay	Plan pays 80%*	Plan pays 80%*	Plan pays 50%*
TELADOC**	No charge	N/A	No Charge	N/A	No Charge	N/A	\$60 copay*	N/A
SPECIALIST OFFICE VISIT	\$40 copay	Plan pays 70%*	\$30 copay	Plan pays 70%*	\$25 copay	Plan pays 80%*	Plan pays 80%*	Plan pays 50%*
OUTPATIENT SERVICES (SURGERY)	\$50 copay	Plan pays 70%*	Plan pays 90%*	Plan pays 70%*	No charge	Plan pays 80%*	Plan pays 80%*	Plan pays 50%*
INPATIENT SERVICES	\$100/day copay; max of 5 copays/admission	Plan pays 70%*	Plan pays 90%*	Plan pays 70%*	No charge	Plan pays 80%*	:Plan pays 80%*	Plan pays 50%*
DIAGNOSTIC LABORATORY	\$20 copay	Plan pays 70%*	No charge	Plan pays 70%*	No charge	Plan pays 80%*	Plan pays 80%*	Plan pays 50%*
DIAGNOSTIC X-RAY	\$20 copay	Plan pays 70%*	Plan pays 90%*	Plan pays 70%*	No charge	Plan pays 80%*	Plan pays 80%*	Plan pays 50%*
IMAGING (MRI, CT-SCAN)	\$80 copay	Plan pays 70%*	Plan pays 90%*	Plan pays 70%*	No charge	Plan pays 80%*	Plan pays 80%*	Plan pays 50%*
EMERGENCY ROOM	\$250 copay	Covered at in-network level	\$250 copay	Covered at in-network level	\$250 copay	Covered at in-network level	Plan pays 80%*	Covered at in-network level
URGENT CARE CENTER	\$50 copay	Plan pays 70%*	\$50 copay	Plan pays 70%*	\$50 copay	Plan pays 80%*	Plan pays 80%*	Plan pays 50%*
OUTPATIENT SERVICES FOR MENTAL HEALTH/ BEHAVIORAL/SUBSTANCE ABUSE	\$20 copay	Plan pays 70%*	Plan pays 90%*	Plan pays 70%*	No charge	Plan pays 80%*	Plan pays 80%*	Plan pays 50%*
PRESCRIPTION DRUG BENEFITS								
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)	Generic: \$15 copay Preferred Brand: \$35 copay Non-Preferred Brand: \$55 copay Specialty: \$75 copay	Plan pays 30%	Generic: \$15 copay Preferred Brand: \$35 copay Non-Preferred Brand: \$55 copay Specialty: \$75 copay	Plan pays 30%	Generic: \$15 copay Preferred Brand: \$35 copay Non-Preferred Brand: \$55 copay Specialty: \$75 copay	Plan pays 30%	Generic: \$15 copay* Preferred Brand: \$35 copay* Non-Preferred Brand: \$55 copay* Specialty: \$75 copay*	Plan pays 30%*
MAIL ORDER (UP TO A 90-DAY SUPPLY)	Generic: \$30 copay Preferred Brand: \$70 copay Non-Preferred Brand: \$110 copay Specialty: N/A	Not available	Generic: \$30 copay Preferred Brand: \$70 copay Non-Preferred Brand: \$110 copay Specialty: N/A	Not available	Generic: \$30 copay Preferred Brand: \$70 copay Non-Preferred Brand: \$110 copay Specialty: N/A	Not available	Generic: \$30 copay* Preferred Brand: \$70 copay* Non-Preferred Brand: \$110 copay* Specialty: N/A	Not available

* The plan year deductible must be satisfied before the plan will pay for services.
** Includes Teledermatology and Telebehavioral health

*This is a high-level summary of your medical and prescription drug coverage.
Please review the benefits highlights and SBCs for specific coverages.*

2026 MEDICAL & PRESCRIPTION DRUG PLAN CONTRIBUTIONS

POINT OF SERVICE PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
WAIVE COVERAGE*	(\$66.67)	(\$30.77)	\$0.00	\$0.00
EMPLOYEE ONLY	\$137.10	\$63.27	\$205.65	\$94.92
EMPLOYEE + CHILD	\$310.37	\$143.25	\$465.54	\$214.87
EMPLOYEE + CHILDREN	\$424.27	\$195.82	\$636.40	\$293.72
EMPLOYEE + SPOUSE	\$456.84	\$210.85	\$685.28	\$316.28
FAMILY	\$616.86	\$284.71	\$925.29	\$427.06

PERSONAL CHOICE PPO - BASIC PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
WAIVE COVERAGE*	(\$66.67)	(\$30.77)	\$0.00	\$0.00
EMPLOYEE ONLY	\$305.65	\$141.07	\$458.47	\$211.61
EMPLOYEE + CHILD	\$929.27	\$428.90	\$1,393.91	\$643.35
EMPLOYEE + CHILDREN	\$1,426.79	\$658.52	\$2,081.27	\$960.59
EMPLOYEE + SPOUSE	\$1,443.43	\$666.20	\$2,165.15	\$999.30
FAMILY	\$1,849.59	\$853.66	\$2,774.38	\$1,280.48

PERSONAL CHOICE PPO - HIGH PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
WAIVE COVERAGE*	(\$66.67)	(\$30.77)	\$0.00	\$0.00
EMPLOYEE ONLY	\$498.95	\$230.28	\$748.41	\$345.42
EMPLOYEE + CHILD	\$1,246.39	\$575.26	\$1,804.23	\$832.73
EMPLOYEE + CHILDREN	\$1,779.10	\$821.12	\$2,370.32	\$1,094.00
EMPLOYEE + SPOUSE	\$1,873.22	\$864.56	\$2,699.56	\$1,245.95
FAMILY	\$2,488.31	\$1,148.46	\$3,590.22	\$1,657.02

CDHP WITH HSA

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
WAIVE COVERAGE*	(\$66.67)	(\$30.77)	\$0.00	\$0.00
EMPLOYEE ONLY	\$48.45	\$22.36	\$72.67	\$33.54
EMPLOYEE + CHILD	\$144.29	\$66.60	\$216.46	\$99.90
EMPLOYEE + CHILDREN	\$223.01	\$102.93	\$334.51	\$154.39
EMPLOYEE + SPOUSE	\$213.54	\$98.56	\$320.32	\$147.84
FAMILY	\$296.37	\$136.79	\$444.55	\$205.18

* Drexel provides a credit for Full-Time employees who choose to waive medical coverage.

UNDERSTANDING YOUR MEDICAL AND PRESCRIPTION DRUG PLAN OPTIONS

PERSONAL CHOICE PPO PLANS

BASIC & HIGH OPTIONS

With Personal Choice PPO plans, you can choose to see any doctor or visit any hospital in the Personal Choice network. You will also enjoy in-network coverage anywhere in the United States when you use providers who participate in the BlueCard® PPO network.

You'll pay less when you choose doctors and hospitals in the Personal Choice network, and more if you choose to see doctors and hospitals out-of-network. You don't need to get referrals, so you can see any specialist you want without needing permission from a primary care physician (PCP), or family doctor. Due to the flexibility that these plans offer, as well as the limited out-of-pocket expenses that you will incur at the time of service, the premiums are higher in comparison to the Point of Service Plan and CDHP.

Drexel offers two Personal Choice Options, the Basic and High Plan. The plans have similar features; however, **the High Plan option has more extensive in-network benefits and a higher cost per pay period.**

Drexel Partners with Health Advocate to provide assistance with understanding your benefit plan options, searching for In-Network providers, assistance with claims resolution, and more. Visit the Drexel Health Advocate website under 'Other Benefits'.

CONSUMER DIRECTED HEALTH PLAN

Our Consumer Directed Health Plan (CDHP) is a high-quality, low-cost medical plan, with a higher deductible than the Point-of-Service and Personal Choice (PPO) plans. Members enrolled in this plan must have their deductible met first, before co-insurance/copays apply for medical and prescription drug services. However, this plan does not require referrals and provides access to the same network as the PPO options. Further, Drexel University will contribute \$500 dollars to your HSA if enrolled in individual coverage and \$1,000 if covering at least one dependent.



KEYSTONE/AMERIHEALTH POINT OF SERVICE

The Point-of-Service plan (POS) allows you to pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. You maximize your coverage by having care provided or referred by your primary care physician (PCP). Members may go to an out-of-network provider, however, higher out-of-pocket costs apply.

The most important aspect to know is Point-of-Service plans are zip code driven and only available to certain counties in or around the Greater Philadelphia area.

The following **states/counties** would be eligible for the **Keystone POS** plan:

- DE:** New Castle
- MD:** Cecil
- NJ:** Burlington, Camden, Gloucester, Hunter, Mercer, Salem, Warren
- PA:** Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton, Philadelphia

The following **states/counties** would be eligible for the **AmeriHealth POS** plan:

- DE:** Kent; Sussex
- MD:** Caroline, Harford, Kent, Wicomico, Worcester
- NJ:** Atlantic, Bergen, Cape May, Cumberland, Essex, Hudson, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union

For those that travel extensively, live outside of the area, or cover dependents in other areas of the country, the Keystone and AmeriHealth service area has limited out of network availability.

When you enroll in POS you will be required to provide a PCP ID (provider ID number) which will be identified as your primary care physician.

When referrals are needed to visit with Specialists, you will need the name, location, and NPI# of the Specialist so your Primary Care Physician (PCP) can provide a referral.

For more information on the Point of Service Plans please visit: drexel.edu/hr/benefits/health-coverage.



MEDICAL PROVIDER NETWORK

Drexel University has partnered with Independence Blue Cross (IBC) for many years to offer excellent Health benefits to our employees.

HOW TO SEARCH FOR A PARTICIPATING PROVIDER

For members enrolled in the Keystone POS, Personal Choice PPO or Consumer Directed Health Plan (CDHP) plan, you will need to:

1. Navigate to ibx.com.
(must select **Find a Doctor** at top right first before see the below)
2. Scroll down to section entitled **"Providers"** Doctors, hospitals, medical equipment, and specialty services; click on **"Learn More."**
3. Choose a location (zip code or city, state) or sign into your plan using username and password when you registered using your medical ID card. **Skip steps 1-4** and log into your [member portal](#) to automatically find providers in your network by selecting **"Find the Right Care"** on your member dashboard. You can also save your favorite Doctors and Hospitals under the **"Create Your Care Team!"** Option also available on your dashboard.
4. On the next page, at top right, click on **"All Plans."** then **"Find a different plan,"** and either enter your member ID 3-letter alpha prefix from your ID card or click on **"Browse a list of plans"** and
 - A. Select **Keystone HMO/POS/Direct POS** for Keystone plans
 - B. Select **Personal Choice PPO** for PPO & CDHP plans for local providers (or
 - C. Select **National BlueCard PPO** for PPO & CDHP plans for traveling outside your local area
5. Confirm section.
6. Begin search by selecting **"Doctors by Name/Specialty"** or **"Places by Name/Type."** You can also select advanced searches (ex. Languages, remote services, location, gender, etc.).
7. There is also an option to build a directory by emailing yourself a copy or downloading the list as a PDF document.
8. For Keystone POS participants, you can view the PCP ID# that is identified for primary care providers (PCP) and referrals are required. When searching for specialists, the NPI# can be given to your PCP to issue an electronic referral. This is also something that your specialist can provide when you set up your appointment so that you can provide it to your PCP when they submit the referral for you prior to your visit.



PRESCRIPTION DRUG PLAN



Drexel's medical and prescription drug plans are administered through Independence Blue Cross in collaboration with OptumRx. You will receive safe, affordable access to covered medications with the convenience of having one ID card and one website to access both medical and prescription drug information.

Members will receive an ID Card for Medical and Prescription Drug in the mail.

- Only one ID card will be needed.
- You can even view, share or download a digital ID card at ibx.com, or on the IBX mobile app.



MAIL ORDER CONVENIENCE

Mail order/ home delivery with free shipping is available for medication you take regularly. In most plans, you'll pay less for a 90-day supply when you use mail order/ home delivery. You can also get a 90- day supply of your maintenance medications at retail pharmacies for the same cost-sharing as mail order. Register on ibx.com where you can find the mail order form, along with all your RX plan information, by clicking the **Pharmacy** link, under **My Benefits**.

SPECIALTY DRUG SUPPORT

Our specialty pharmacy program provides convenient delivery options and support for members with complex conditions, including cancer, hemophilia, hepatitis C, HIV/ AIDS, rheumatoid arthritis, multiple sclerosis, and other inflammatory conditions. You'll get counseling from experienced pharmacists and nurses by phone or video chat and access to videos and other resources.

EASY TO USE DIGITAL TOOLS

The IBX website and mobile app, make it simple for members to quickly and securely find everything related to your medical and prescription drug benefits in one place. Members can log in at ibx.com to view medical and pharmacy claims, compare drug prices and get lower cost alternatives, submit mail order, or refill requests and find in-network doctors and pharmacies near them. The IBX mobile app offers the same capabilities. Simply download the IBX app on your mobile device.

SEE WHAT'S COVERED

Your drug formulary is a list of drugs covered by your prescription drug plan. To see if your prescribed drug is on your formulary and how much you will pay out-of-pocket for it, log onto ibx.com or call the Pharmacy benefits number on the back of your ID member card.

VALUE-ADDED SERVICES

FOR INDEPENDENCE BLUE CROSS ENROLLED MEMBERS

TELADOC

Diabetes and Hypertension Management Program

Teladoc's Diabetes and Hypertension programs offer an excellent resource for you and your eligible dependents to effectively manage diabetes and high blood pressure. These programs provide real-time tools and personalized support at no additional cost to you!

Diabetes Management Program:

If you have diabetes, Teladoc Health offers tools and personalized support to help you stay on track at no cost to you. Through this program, you'll receive:

- An advanced blood glucose meter, strips, and lancets
- Personalized tips with each blood sugar check
- Real-time, one-on-one live support when your levels are out of range
- Convenient strip re-ordering directly from your meter
- Optional alerts to notify emergency contacts
- Automatic uploads and Health Summary Reports to share with anyone you choose

Hypertension Management Program:

If you have hypertension, Teladoc Health offers tools and personalized support to help you stay on track at no cost to you. Through this program, you'll receive:

- Advanced Blood Pressure Monitor: A high-quality device to track your readings
- Personalized Insights: Tailored feedback to help you understand and manage your blood pressure trends
- Live One-on-One Coaching: Direct support from health professionals to guide you on your journey
- Easy-to-Use App and Dashboard: Tools to monitor progress, access resources, and stay organized
- Guidance for Healthy Habits: Expert advice to help you build and maintain a healthier lifestyle

PROGRAM ELIGIBILITY:

- Diabetes - must have a diagnosis of diabetes (type 1 or type 2)
- Hypertension - must have a diagnosis of high blood pressure, 18+
- Prediabetes - must qualify per the CDC's criteria (embedded into registration flow), 18+

HELPSCRIPT

The HelpScript program, offered in collaboration with Independence Blue Cross, is designed to make specialty medications more affordable for members. Specialty drugs, often used to treat rare, chronic, or severe conditions, can be costly—especially when administered through infusion in a hospital or clinical setting.

HelpScript provides eligible IBX members with guaranteed \$0 out-of-pocket costs on over 200 medical specialty drugs covered under their medical benefit.

With the support of dedicated Patient Advocates, this program simplifies the enrollment process, coordinates copay assistance, and ensures members can access life-changing treatments without financial burden.

- Do I have to enroll in HelpScript?
 - No, enrollment in HelpScript is not needed. Members who have been prescribed one of the approved specialty drugs in the last six months will receive a letter in the mail about HelpScript. Once contacted, the member can engage with a HelpScript liaison and can opt in to HelpScript.

Note: Explanation of Benefits (EOB) will reflect the full cost of the drug. The provider will receive the coupon value directly from the manufacturer, and while the total claim cost will be reduced by that amount, the EOB will still show the full cost under the "what you may owe the provider" section.

Get the tools to help you manage your blood pressure for \$0 out of pocket. Visit **teladochealth.com** or call **1-800-835-2362** and use registration code **INDEPENDENCE**.

TALK TO A DOCTOR 24/7 WITH TELADOC

Whether it's the weekend or you're traveling out of town, with Teladoc, medical plan participants have access to medical care via phone or video consultation — *anytime, anywhere.*

WHAT IS TELADOC?

Teladoc provides whole-person virtual care. With Teladoc, Drexel employees get 24/7 access to low-cost, high-quality virtual health care for common health concerns like cough, sore throat, fever, rashes, allergies, asthma, ear infections, pink eye, nausea, and more.

Teladoc includes:

- Access to one of the largest virtual care networks in the country, with board-certified doctors who are available by phone, web, or the Teladoc mobile app.
- Interpreters who know your language, including American Sign Language (ASL).
- Prescription requests sent to your pharmacy of choice.
- A caregiving option, which allows a babysitter to schedule a visit on your behalf if your child gets sick while in their care.

Using Teladoc is a convenient option when it's not possible to visit your doctor's office. Services are completely confidential. It is quality care when you need it most.

Telebehavioral health and Teledermatology are also available through Teladoc.

TELEBEHAVIORAL HEALTH

Talk to a behavioral health care professional for conditions such as anxiety, depression, and panic disorders.

DIABETES AND HYPERTENSION MANAGEMENT

Teladoc's Diabetes and Hypertension Management programs are an expansion of the Teladoc program and will integrate directly into the existing Teladoc app for those enrolled in a Drexel medical plan.

TELEDERMATOLGY

Talk to a board-certified dermatologist and receive a diagnosis, treatment, and prescription (as needed) for conditions such as acne, rosacea, or psoriasis.

HOW MUCH DOES IT COST?

Teladoc is available at no cost to members enrolled in the Point of Service and Personal Choice PPO plans. CDHP with HSA plan members pay only a \$60 copay per consultation.

To contact Teladoc, call **1.800.835.2632**, visit www.teladochealth.com, or download the Teladoc mobile app.





HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a tax-advantaged medical savings account owned by the faculty or professional staff member and designed to be used in conjunction with a federally qualified high deductible health insurance plan, like our Consumer Directed Health Plan. Money contributed to the account is not subject to federal tax at the time of deposit (pre-tax dollars). Additionally, you can make changes to your HSA contribution on a month-to-month basis. Unlike amounts in flexible spending accounts that are forfeited if not used by the end of the year, unused HSA funds remain available for use in later years, are portable, and can grow tax-free through investment earnings, just like an IRA. Please note, when an employee terminates from the University, the HSA account is subject to bank fees.

For 2026, the HSA contribution maximums are **\$4,400** for individual coverage and **\$8,750** for family coverage. The annual catch-up contribution for age 55 and older is \$1,000.

The University contributes up to \$500 to each HSA account with individual coverage or \$1,000 for those with family coverage based on the effective date of your enrollment. If enrollment occurs outside of Open Enrollment, the University contributions made to the HSA will be prorated based on the table below.

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
INDIVIDUAL COVERAGE	\$500	\$375	\$250	\$125
FAMILY COVERAGE	\$1,000	\$750	\$500	\$250

* Employer funding will be credited in your HSA account after your first medical premium deduction, or after your account has been verified at Optum Bank, if that occurs after the first deduction.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSA) allow you to set aside money, on a pre-tax basis, for eligible out-of-pocket medical, dental, vision, and dependent care expenses. You can use the FSA to pay for deductibles, copays, coinsurance, and other eligible expenses not covered by the medical, dental or vision plans.

HEALTH CARE FSA

Your Health Care FSA funds can be used to pay for out-of-pocket healthcare expenses incurred by you and your dependents. **The maximum amount you can contribute to your Healthcare FSA is \$3,400.**

LIMITED PURPOSE FSA

Employees who elect the CDHP with HSA cannot participate in the Health Care FSA; however you can choose to participate in the Limited Purpose FSA which can only be used for eligible vision and dental expenses. Unlike a healthcare FSA, an LPFSA can be held at the same time as an HSA. Please note, once the deductible is met on your CDHP plan, the Limited Purpose FSA will convert to a Healthcare FSA.

DEPENDENT CARE FSA

The Dependent Care FSA is used for expenses related to the care of eligible dependents to allow you to work or actively seek employment. Eligible expenses include Au Pair, preschool or after school programs, and adult/eldercare for adult dependents.

The maximum that you can contribute to the 2026 Dependent Care FSA is \$7,500 if you are a single employee or married filing jointly. If you are a married employee filing separately the 2026 maximum you can contribute is \$3,750. For more information about eligible FSA expenses, visit FSAsotre.com.

USE IT OR LOSE IT

If you do not use the money you contributed toward your Healthcare FSA and LPFSA by the end of the plan year, **you will only be able to carry over a maximum \$660 into the 2026 plan year.** Please note, you cannot carry over remaining Dependent Care FSA dollars to the next plan year.



COMMUTER BENEFITS

PRE-TAX COMMUTER ACCOUNT

The Commuter Program offers employees the ability to set aside pre-tax dollars in a Parking or Transit account. Employees can use these funds for qualified expenses related to commuting to and from work. Changes to your monthly contribution must be made by the 1st of the month prior to the month in which the contribution applies. The last payroll deduction of the month pertains to the pass for that current month. You'll receive a debit card that can be used to pay for transit and parking garages, including the Drexel Garage. If you have a Drexel Parking Permit, with payroll deductions, you will not want to enroll in the Parking Account here as well.

To inquire about signing up for a permit to park at a Drexel managed lot or the garage, please visit Drexel's Parking Facilities webpage: drexel.edu/business-services/parking/overview for additional information.

Note that while the Commuter Program is managed on a month to month basis and does carry a use-it-or lose-it provision, money in this account will be lost if unused funds are in the account and you leave the University; funds cannot be refunded. Be sure that you are managing the funds in this account and adjusting your contributions as needed to ensure that there is no balance where possible.

To enroll or make changes for commuter benefits you can log into **"My Drexel Benefits,"** and click on the **"change"** button under **"Commuter Benefits"**.



DENTAL PLAN OPTIONS

Drexel University is pleased to announce they will be maintaining the same three dental plan designs: The Base Plan, Preferred Plan, and the DHMO for the upcoming plan year. Coverage for composite fillings on posterior teeth are covered under each of the dental plans.

DHMO members will receive a Cigna ID card. Employees enrolled in either the Base or Preferred PPO plans will continue to utilize a personalized electronic ID card. You can register your account at mycigna.com.

BASE PLAN

Those enrolled in the Dental Base Plan will have a calendar year maximum of \$1,000 per year. The plan pays 100% of preventive and diagnostic services and 50% of basic and major services after the deductible is met and using in-network providers.

PREFERRED PLAN

Those enrolled in the Dental Preferred Plan will have a calendar year maximum of \$2,000 per year. The plan pays 100% of preventive and diagnostic services and 90% of basic and 60% of major services after the deductible is met and using in-network providers. The Preferred Plan includes Orthodontia coverage of up to 50% for all eligible children and adults up to a Lifetime Maximum of \$1,000.

DHMO PLAN

A DHMO is different than a PPO in that you would select a General Dentist for routine, preventive, diagnostic, and emergency care, and a referral to specialists as needed. This will be the most cost effective plan and is a great choice for members who typically incur less than \$500 in claims per year. If your Dentist is in the Cigna DHMO, this may be an opportunity to save. Please visit the My Drexel Benefits Portal to view the Cigna DHMO plan summary for more information about this plan.

CIGNA WELLNESS PLUS PROGRAM

This is an industry leading program that encourages members to get their annual oral wellness exam! Each year that you receive your Dental Wellness exam, your Plan Maximum will increase by \$100 the following year. Your Calendar Year Maximum can increase by \$300 if you receive your Wellness exam for three years in a row. Research continues to show the strong link between oral health and overall health and this benefits a further incentive to see your Dentist every year. This program is only available for faculty and professional staff enrolled in the Base or Preferred Dental Plans.



DENTAL PLAN COMPARISON

	BASE PLAN		PREFERRED PLAN		DHMO
BENEFIT DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK ONLY
CALENDAR YEAR DEDUCTIBLE	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	None
CALENDAR YEAR MAXIMUM (PER INDIVIDUAL)	\$1,000		\$2,000		None
PREVENTATIVE & DIAGNOSTIC SERVICES Exams, Cleanings, Bitewing X-rays (each twice in a calendar year), Fluoride Treatment (twice per calendar year, children to age 19)	Plan pays 100% no deductible	Plan pays 100% no deductible	Plan pays 100% no deductible	Plan pays 100% no deductible	Flat copay amounts. See Schedule of Benefits.
BASIC SERVICES Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants, Composite fillings on posterior teeth	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible	Flat copay amounts. See Schedule of Benefits.
MAJOR SERVICES Crowns, Gold Restorations, Bridges, Dentures, Inlays, Onlays, Prosthesis, Implants	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 60% after deductible	Plan pays 50% after deductible	Flat copay amounts. See Schedule of Benefits.
ORTHODONTIA Coverage for all eligible children and adults	Not Covered	Not Covered	Plan pays 50%; no deductible	Plan pays 50%; no deductible	Flat copay amounts. See Schedule of Benefits.
LIFETIME ORTHODONTIA MAXIMUM	N/A		\$1,000		See Schedule of Benefits.

*Note that out of network providers may balance bill and additional out of pocket charges may apply.

FIND A DENTAL PROVIDER:

If you have a [MyCigna.com](https://www.mycigna.com) account, log in to find a provider in either the PPO or DHMO network.

If you currently do not have an account, you can search for dental providers at www.cigna.com. Click on "find a doctor, dentist, facility" in the top right corner of the website.

DHMO PLAN

- Procedures listed on the Patient Charge Schedule are subject to the plan limitations and exclusions described in your plan book/certificate of coverage.
- All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- See the Patient Charge Schedule located in the enrollment system for a full list of services.

VISION BENEFITS



ABOUT THE DAVIS VISION PLAN

You may receive services from in-network or out-of-network providers, although you will receive the greatest value and maximize your benefit dollars if you select providers who participate in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement.

VISION ID CARDS

All members will receive new vision ID cards. Vision insurance cards are mailed to participants from Independence Blue Cross and are similar in appearance to the medical cards. They can be identified by the word "Vision" at the bottom of the card.

LOCATE PARTICIPATING PROVIDERS OR TO REQUEST A CLAIM FORM

Visit the Davis Vision website at www.davisvision.com or call **1.800.999.5431**.

BENEFIT DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK
EXAM	No Charge	\$40 Reimbursement
FRAMES	NON-DAVIS COLLECTION FRAMES: Up to \$200 allowance (plus 20% discount off overage) VISIONWORKS FRAMES AT VISIONWORKS LOCATIONS NATIONWIDE: Up to a \$200 allowance (plus 20% discount off overage)	\$50 Reimbursement
LENSES Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	No Charge	\$40 Reimbursement \$60 Reimbursement \$80 Reimbursement \$100 Reimbursement
CONTACT LENSES (IN LIEU OF EYEGLASSES)	DAVIS COLLECTION (DAILY, SPECIALTY, AND DISPOSABLE) No Charge NON-DAVIS COLLECTION Contacts: Up to \$200 allowance Evaluation: Up to \$60 allowance (plus 15% discount off overage)	\$80 Reimbursement
FREQUENCY Vision Exam / Lenses / Frames	Once per calendar year	Once per calendar year

2026 DENTAL & VISION PLAN CONTRIBUTIONS

DENTAL: DHMO PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
EMPLOYEE ONLY	\$5.65	\$2.61	\$8.47	\$3.91
EMPLOYEE + CHILD	\$14.24	\$6.57	\$21.36	\$9.86
EMPLOYEE + CHILDREN	\$14.24	\$6.57	\$21.36	\$9.86
EMPLOYEE + SPOUSE	\$14.24	\$6.57	\$21.36	\$9.86
FAMILY	\$14.24	\$6.57	\$21.36	\$9.86

DENTAL: CIGNA BASE PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
EMPLOYEE ONLY	\$11.01	\$5.08	\$16.51	\$7.62
EMPLOYEE + CHILD	\$32.47	\$14.99	\$48.71	\$22.48
EMPLOYEE + CHILDREN	\$32.47	\$14.99	\$48.71	\$22.48
EMPLOYEE + SPOUSE	\$32.47	\$14.99	\$48.71	\$22.48
FAMILY	\$32.47	\$14.99	\$48.71	\$22.48

DENTAL: CIGNA PREFERRED PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
EMPLOYEE ONLY	\$16.83	\$7.77	\$25.24	\$11.65
EMPLOYEE + CHILD	\$55.01	\$25.39	\$82.52	\$38.09
EMPLOYEE + CHILDREN	\$55.01	\$25.39	\$82.52	\$38.09
EMPLOYEE + SPOUSE	\$55.01	\$25.39	\$82.52	\$38.09
FAMILY	\$55.01	\$25.39	\$82.52	\$38.09

VISION: DAVIS VISION PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
EMPLOYEE ONLY	\$2.17	\$1.00	\$3.25	\$1.50
EMPLOYEE + CHILD	\$4.99	\$2.30	\$7.49	\$3.46
EMPLOYEE + CHILDREN	\$4.99	\$2.30	\$7.49	\$3.46
EMPLOYEE + SPOUSE	\$4.99	\$2.30	\$7.49	\$3.46
FAMILY	\$4.99	\$2.30	\$7.49	\$3.46

SHORT-TERM & LONG-TERM DISABILITY BENEFITS

SHORT-TERM DISABILITY

Drexel University provides employees the option to purchase Short-Term Disability (STD) insurance through Lincoln Financial Group. STD coverage protects a portion of your income in the event you are incapable of working due to a qualified illness or injury. **This plan is available to Drexel University full and part-time benefits-eligible employees on a voluntary basis. You must elect this coverage during open enrollment.**

Short-term disability may be a great option if you don't have enough accrued and unused paid time off to replace your income while on leave. For more information about compensation during leave, contact LOA@drexel.edu.

BENEFIT/PROVISION	STANDARD	ENHANCED
PERCENTAGE OF INCOME REPLACED	60%	60%
MAXIMUM BENEFIT PER WEEK	\$2,700	\$2,700
DURATION*	90 days	90 days
ELIMINATION PERIOD	30 days	14 days

Please note: Premiums are deducted from your paycheck on a post-tax basis so that the disability benefit paid to you is tax free. Rates are based on the amount of coverage selected and your age. The enrollment system will calculate your rate based on your election.

LONG-TERM DISABILITY

All Full-time benefits-eligible employees are eligible for the Lincoln Financial Group Long-Term Disability (LTD) plan. All full-time benefits-eligible employees are automatically covered under this plan – **Drexel University pays 100% of the LTD premium.**

BENEFIT/PROVISION	
PERCENTAGE OF INCOME REPLACED	60%
MINIMUM BENEFIT PER MONTH	\$100
MAXIMUM BENEFIT PER MONTH	\$20,000
ELIMINATION PERIOD	90 days
DURATION*	Social Security Retirement Age

Please note: When you receive long term disability benefits, they are paid to you tax-free.

* The duration begins on the date of disability. See plan documents for details.



LIFE AND AD&D INSURANCE

BASIC LIFE AND AD&D

Drexel provides 100% employer-paid basic life and Accidental Death and Dismemberment (AD&D) coverage through Lincoln Financial Group. All full-time eligible employees automatically have term life insurance in the amount of two times their annual salary capped at \$500,000. Employees have the option to limit their benefit to \$50,000 to avoid imputed income. For your specific amount, please contact the Drexel University Benefits Center.



SUPPLEMENTAL LIFE AND AD&D INSURANCE COVERAGE

All benefits-eligible employees have the option to purchase supplemental life insurance coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

You can purchase the following amounts of coverage:

SUPPLEMENTAL EMPLOYEE TERM LIFE INSURANCE	
BENEFIT INCREMENTS	\$1,000
MAXIMUM AMOUNT	1x-4x annual earnings up to \$2,500,000

SUPPLEMENTAL SPOUSAL TERM LIFE INSURANCE	
BENEFIT INCREMENTS	\$10,000
MAXIMUM AMOUNT	\$150,000

SUPPLEMENTAL CHILD(REN) TERM LIFE INSURANCE	
BENEFIT INCREMENTS	\$5,000
MAXIMUM AMOUNT	\$10,000

Please note that all rates can be found in the enrollment system and will be calculated based on your age and election.

Add dependents to your account to view rates for dependent coverage.

OPTIONAL LIFE INSURANCE



WHAT IS EVIDENCE OF INSURABILITY (EOI) AND WHEN IS IT NEEDED?

Evidence of Insurability (EOI) is used to verify good health when buying life insurance for these reasons:

- You are buying an insurance amount higher than the guaranteed issue amount for your plan.
- You already enrolled and want to increase coverage.
- You declined coverage when first eligible.
- You are applying for coverage more than 31 days after your plan's eligibility period.

This year there will be no paper EOI form; the only way employees can complete EOI is online through the benefit enrollment platform by following the instructions below:

- Log into www.MyLincolnPortal.com. First time users must register using company code **DREXELU** (not case sensitive).
- Click "Complete Evidence of Insurability."
- Answer questions and follow prompts.
- Electronically sign and submit your application.
- Save your confirmation report.

WHEN DO I NEED TO COMPLETE EOI?

- When increasing more than one level above the current benefit level of coverage.
- Any increases elected during Open Enrollment will be subject to EOI if an employee has previously been denied coverage. The Non-Medical Maximum will apply to any changes made during the Open Enrollment Period. "Non-Medical Maximum" is the amount of insurance on a covered person which is not subject to EOI. EOI may require a medical exam, which will be at the covered employee's expense.

OPEN ENROLLMENT

EMPLOYEE OPTIONAL LIFE INSURANCE

BENEFITS: Any increases of more than one level above the current benefit level will be subject to Evidence of Insurability (EOI).

Any increases elected during Open Enrollment will be subject to Evidence of Insurability if an employee has previously been denied coverage.

The Non-Medical Maximum will apply to any changes made during the Open Enrollment Period.

OPTIONAL LIFE EVIDENCE OF INSURABILITY RULES

EMPLOYEE: If an employee is currently enrolled in Optional Life for 1x annual salary and they choose to elect 2x annual salary - this would not require EOI.

If this employee chose to elect 3x annual salary this year, that election would require EOI since it's more than 1 benefit level increase. If an employee's one additional level increase would put them over the non-medical maximum, then EOI would be required. If an employee is not currently enrolled in optional life insurance any election will require EOI.

SPOUSE: All spouse elections will require EOI.



VOLUNTARY BENEFITS

WELCOME TO DRAGON PERKS!

Drexel continues to offer the same great voluntary benefits to full-time and part-time employees – reminder that these benefits are 100 percent employee paid through convenient payroll deductions. Due to Employee Retirement Income Security Act (ERISA), a federal law that establishes minimum standards for retirement, health and welfare benefit plans, mandated that some Dragon Perks can only be elected once per year during Open Enrollment, at New Hire, or with a Qualifying Life Event, while other benefits can be added, canceled or changed throughout the year.

ENROLL IN BENEFITS LISTED BELOW DURING THE OPEN ENROLLMENT PERIOD THROUGH MY DREXEL BENEFITS!

To access My Drexel Benefits, visit DrexelOne → Employee Tab → My Benefits → My Drexel Benefits

The following benefits have been integrated into the My Drexel Benefits enrollment portal process. You can only elect these benefits during Open Enrollment:

- Critical Illness
- Hospital Indemnity
- Accident Insurance
- Legal Plans

ACCIDENT INSURANCE

If you experience an accidental injury covered in the policy, you can get a payout to use any way you wish to cover out-of-pocket medical expenses or everyday living expenses. Coverage is available for you, your spouse, and your dependent children.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance can help give you the power to take control of your health. This insurance provides financial support if you, your spouse/domestic partner, or child dependent are diagnosed with a covered critical illness so you can focus on getting better. The benefit can help you pay out-of-pocket medical costs or keep up with other living expenses such as mortgage payments or childcare.

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance helps you and your loved ones have additional financial protection. With hospital indemnity insurance, a benefit is paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness. Hospital Indemnity can be used to pay for expenses such as: copays, deductibles, coinsurance, unexpected costs, childcare, follow-up services, and help for the home.

LEGAL PLANS

The Legal plan provides you and your family affordable legal protection and support services, including consultation and document review, estate planning, family matters, debt collection, and more. Find help when you need it with 24/7 emergency access and live member support.

The Legal plan also includes: Identity restoration services, reproductive assistance (family law), and a bank of 4 hours that can be used for attorney services on non-covered matters.

NEW BENEFIT OFFERING!

Life Insurance with Long-Term Care Benefit

SOLVING THE LONG-TERM CARE ISSUE

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a long-term care (LTC) benefit that can help pay for these services at any age.

FINANCIAL SECURITY EVEN AFTER A LOSS

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. Universal Life can help.

Whether you are married, a parent or single and starting out, Universal Life helps take care of the people important to you if tragedy happens. You can choose a plan and benefit amount that provides the right protection for you.

Universal Life insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the ending of one story won't stop the beginning of another.

ENROLL IN THESE BENEFITS YEAR-ROUND THROUGH DRAGON PERKS!

To access Dragon Perks, visit **DrexelOne**:

- Employee Tab
- My Benefits
- My Drexel Benefits
- Your Toolbox
- Dragon Perks - Learn More

All other voluntary benefits listed below are available on your Dragon Perks portal. You may elect the benefits below at any time outside of Open Enrollment, without a qualifying life event. To learn more, visit your Dragon Perks portal and click on the benefit's name.

- Farmers Groupselect, Liberty Mutual and travelers auto & home insurance
- Norton Lifelock identity theft protection
- Nationwide pet health insurance
- Purchasing Power employee purchase program
- Kashable personal loan program
- Discount shopping & entertainment



WELLNESS INCENTIVE PROGRAM

WHO IS ELIGIBLE TO PARTICIPATE?

Full-time and part-time benefits-eligible faculty and professional staff enrolled in a Drexel medical plan, or full-time employees who waive medical coverage, are eligible to earn up to \$400. Spouses and domestic partners who receive medical insurance through Drexel, or spouses and domestic partners of full-time employees who waive medical coverage, are eligible to earn up to \$250, paid via the employee's monthly check.

HOW DO I GET STARTED?

To start earning your wellness points, you will need to log in to www.healthadvocate.com/drexel and create a Profile.

To start earning wellness credits in your paycheck, you must complete your required Personal Health Profile. Please note that you cannot receive funds for completing wellness incentive activities unless you complete the required Personal Health Profile. Upon completing your Personal Health Profile, you are eligible to receive 50 points – so don't miss out!

Faculty and professional staff can access this program about two weeks after their hire date.

Spouses and domestic partners of employees must complete the Personal Health Profile and follow the same process in order to earn credits in the employee's paycheck. Spouses and domestic partners will create their own profile under a separate login to get started then will complete the Personal Health Profile to be eligible for receiving wellness credits in the employee's paycheck.

For more information on this program, including eligibility, the incentive guide, portal FAQ's and more, please visit the Wellness Incentive Program webpage:

<https://drexel.edu/hr/benefits/a-healthier-u/wellness-incentive-program/>.



A HEALTHIER U

EMPLOYEE WELLNESS PROGRAM



A HEALTHIER U EMPLOYEE WELLNESS PROGRAM

WHAT OTHER WELLBEING OPPORTUNITIES CAN I ACCESS THROUGH DREXEL?

Drexel University is home to the award-winning employee wellness program “A Healthier U”. A Healthier U focuses on three core areas of wellbeing: physical, financial, and emotional health.

The Wellness Incentive Program is a Drexel Human Resources initiative in Partnership with Health Advocate, to provide opportunities to support your wellbeing and enhance your body, mind, and spirit. We encourage you to take advantage of the many fun and exciting programs offered through the Wellness Incentive Program. The annual incentive program starts January 1st and ends November 30th annually.

Since its inception in 2010, Drexel has received the following national and local accolades in response to its innovative employee wellness offerings: WELCOA (Wellness Council of America) Well Workplace Platinum Award, the Healthiest Employers of Greater Philadelphia Award, the American Heart Association Workplace Innovation Award, the American Diabetes Association Wellness Lives Here Award, the American Heart Association Fit-Friendly Worksite Award, the Social Wellness Awards Total Package Award, and the Greater Philadelphia Business Coalition on Health’s Benefits Innovation Award.

PHYSICAL HEALTH

From virtual webinars to a discounted membership at the Drexel Recreation Center, Drexel University offers a wide range of health-related offerings to encourage our employees to get moving. Drexel University offers a wide range of health-related offerings to encourage our employees to get moving. Join our weekly walking club to find comradery and fitness on your lunch break.

Or take advantage of our popular annual “Employee Olympics” event.

FINANCIAL WELLNESS

Franklin Mint Federal Credit Union (FMFCU) is Drexel University’s “Official Financial Wellness Partner.” FMFCU offers onsite and online workshops, banking discounts and incentives, a branch onsite at Chestnut Square (3200 Chestnut Street), and free financial counseling for all employees.

EMOTIONAL WELLNESS

From onsite meditation workshops to our employee assistance program, Drexel University offers many programs to help you enhance your emotional wellbeing, emotional intelligence, and your overall mental health. Join the Drexel Meditation Group (DMG) to grow in mindfulness and awareness as a community.

WORKSHOPS

Our wellness program offers 30-60 wellness onsite/online workshops per year. With topics ranging from Nonviolent Communication to Empowered Posture to Sustainable Spending to Cultivating Self-Compassion, we truly offer something for everyone. Many of these programs are offered for wellness points as part of our Wellness Incentive Program.

For more information on upcoming workshops, visit the HR events calendar: <https://drexel.edu/hr/about/calendar-events/>.

For more information on this program, please visit the webpage: <https://drexel.edu/hr/benefits/a-healthier-u/>.

DREXEL UNIVERSITY RETIREMENT PLAN

403(B) DEFINED CONTRIBUTION RETIREMENT PLAN

Drexel University offers a 403(b) defined contribution retirement plan. The plan support pre-tax and post-tax savings, employee and University contributions, and immediate vesting at 100%. TIAA is the record keeper for the retirement plan.

For more information, please visit <https://drexel.edu/hr/benefits/retirement/403b>.

CONTRIBUTIONS

Employee Salary Deferrals

For the plan year 2025, you can make pre-tax and post-tax contributions up to the IRS annual maximum of \$23,500. If you are age 50 and older you may contribute up to an additional \$7,500 in “catch-up” contributions for a total of \$31,000. These amounts are subject to change when the IRS announces the 2026 limits.

Please note that due to regulations associated with SECURE ACT 2.0, starting in 2026, catch up contributions for those with compensation of \$145,000 or over will need to go into a Roth 403b account. More information about that will be forthcoming in late Fall.

SUPER CATCH-UP CONTRIBUTION FOR THE 403(B) PLAN

Starting Jan. 1, 2025, those employees aged 60, 61, 62 and 63 who want to maximize their contribution for 2025 can contribute at the higher catch-up contribution limit of \$11,250 instead of \$7,500. This would mean a total of \$34,750 for the year 2025 instead of \$31,000.

403(B) UNIVERSITY CONTRIBUTIONS REINSTATED FOR 2026

As announced on October 2, the university’s contribution to the 403(b)-retirement plan will be fully reinstated beginning January 2026.

If you meet the eligibility requirements for university contributions, Drexel will match your contributions, dollar for dollar, up to 6 percent. In addition, provided you contribute at least 1 percent, Drexel will contribute an additional 3 percent if you are under age 50 or 5 percent if you are age 50 or over.

HOW TO ENROLL

New enrollments and contribution changes are made in your TIAA account which can be accessed through the Employee tab in DrexelOne. New enrollments, changes, or cancellations will be effective the first of the month following the date in which the change is made.

- Log in to **DrexelOne** and select the **Employee tab**.
- Scroll down to the **My Benefits** heading on the left-hand side of the screen and select the link for **“Retirement Plan management”** which will directly connect you to your account on TIAA.org without having to supply additional login credentials.
- On the **“Contributions”** page you have the option to either **“cancel automatic enrollment,”** if you do not wish to contribute or **“change elections”** to contribute to the plan. If you wish to contribute to the plan, there is a 2-step process. First you must elect the contribution amount including whether you want contributions pre-tax, post-tax or both. Second you must elect your investment options, confirm demographic information and update beneficiary information. After each step is completed you will receive a confirmation notice.

DREXEL UNIVERSITY RETIREMENT PLAN

AUTOMATIC ENROLLMENT FOR NEW HIRES

New hires who do not elect into the 403(b) Plan within 31 days of their hire date will be automatically enrolled with TIAA at a 2 percent per pay contribution rate. If you do not wish to participate, you must actively waive participation in the retirement plan. To ensure that you are not defaulted, please be sure to enroll within your 31-day enrollment window that coincides with your Health Benefits Enrollment.

457(B) DEFERRED COMPENSATION RETIREMENT PLAN

The 457(b) Deferred Compensation Plan is offered to employees whose salary exceeds \$150,000 during a calendar year. The 457(b) Plan offers you flexibility to save more for your future. Contributions to this plan are in addition to any contributions you may already be making in the 403(b) Defined Contribution Retirement Plan. **In 2025, you can contribute up to the IRS annual maximum of \$23,500.** This amount is subject to change when IRS announces the 2026 limit. Additional “catch-up” contributions may be made in the three years before you turn age 65.

Unlike the 403(b) Plan, which is a qualified plan, the 457(b) Plan is a nonqualified deferred compensation arrangement. This means that the assets that are held pursuant to the 457(b) Plan will be subject to the claims of all unsecured creditors of the University if the University becomes bankrupt or insolvent. Please visit the 457(b) Retirement Savings page for more information at drexel.edu/hr/benefits/retirement/457b/.



TUITION REMISSION & TUITION EXCHANGE

Drexel University offers two options for faculty and professional staff to maximize educational opportunities for themselves and/or their eligible children.

TUITION REMISSION

Tuition remission is provided to full-time Drexel University, and Academy of Natural Sciences (ANS) employees for most University credit and non-credit programs enrolled as part-time students. The Tuition Remission benefit also provides tuition assistance to qualified spouses, domestic partners, and dependent children of eligible full-time faculty and professional staff for undergraduate credit and non-credit courses taken at Drexel University.

The waiting period to access these benefits is now shorter. Professional staff and faculty are eligible for tuition remission upon completion of 90 days of full-time employment. Following one-year of full-time employment, family members can begin to access remission at 20 percent per year up to five years, when they will be eligible for 100 percent.

Please visit the Tuition Remission page for more information at drexel.edu/hr/benefits/tuition/remission.

TUITION EXCHANGE

Tuition Exchange is a reciprocal scholarship exchange program for eligible dependent children of faculty and professional staff of Drexel, and ANS. Through this program, Drexel will award up to 20 scholarships to dependents of full-time employees who wish to attend other institutions.

Please visit the Tuition Exchange page for more information at drexel.edu/hr/benefits/tuition/exchange.



EMPLOYEE ASSISTANCE PROGRAM

CHANGING TO HEALTH ADVOCATE FOR 2026!

Everyday issues can be complicated and disruptive. It helps to talk to someone who can ease your worry and help you get back on track. Your Health Advocate benefit, paid by your employer or plan sponsor, offers confidential access to Employee Assistance Program (EAP) Professionals and legal and financial experts, who will listen to your issues and offer practical strategies. Consulting with our dedicated professionals can give you greater peace of mind.

TALK TO AN EAP PROFESSIONAL

Get help with:

- Anxiety, depression, anger, burnout, grief, loss
- Marital, parenting, relationship issues
- Substance abuse, gambling, other dependencies

TALK TO A CERTIFIED FINANCIAL SPECIALIST

Phone consultation for financial issues. Get help with:

- Debt management, credit issues, budgeting, saving, bankruptcy
- College/retirement planning, home refinancing

TALK TO AN INDEPENDENT LEGAL ATTORNEY

Phone or in-person consultation, with 25% discount on standard fees if retained. Get help with:

- Criminal law, general/civil law
- Personal/family law, adoption, divorce, child custody
- Elder law, estate planning, healthcare directives
- Real estate, tax/IRS matters, motor vehicle law

QUICK ONLINE RESOURCES

- Articles, tools, videos on mental/physical health, financial, legal and other topics
- Calculators for loans, debt consolidation
- Articles and information on taxes
- Forms for wills
- Webinars on retirement planning and other topics



HEALTH ADVOCATE GENERATIONS PROGRAM

At Drexel, we understand the sacrifices and challenges caregivers face. That's why we've partnered with Health Advocate to offer our employees support from a dedicated Nurse Coach through their Generations program. Whether you're caring for an aging parent or in-law, aunt or uncle, grandparent, sibling, or even an elderly neighbor, this program can help you. Additionally, Health Advocate offers many resources to guide you through your caregiving journey, instilling confidence and peace of mind, while addressing the health and well-being of you and your loved one.

A DEDICATED NURSE COACH SUPPORTS THE WHOLE FAMILY

Your Nurse Coach will assess your loved one's medical needs, uncover any urgent issues, and create a clinical care plan, and provide ongoing support through regular check-ins to monitor your loved one's condition and assess how they can best help you. Simply reach out to Health Advocate and request the Generations program.

HEALTH ADVOCATE CAN HELP YOU:

- Get answers to Medicare and Medicaid questions; resolve claims and billing issues
- Find in-network doctors and specialists for your loved one's specific needs; make appointments, and transfer medical records
- Manage stress, depression, and other feelings associated with caregiving and aging loved ones
- Understand Long Term Care policy benefits, benefit amounts, duration, and qualification requirements
- Locate senior care services, living facilities, dementia care, palliative care, and hospice

Important Note: Any clinical cases initiated on or before 12/31/25 will continue to be supported by SupportLinc. Drexel members will still have access to SupportLinc until 12/31/25 for any EAP related inquiries or needs.

YOUR GO-TO RESOURCE, ANYTIME, ANYWHERE

Connecting with Health Advocate is easiest online or through the mobile app. You can quickly reach an advocate through chat. Employee caregivers and their families can access webinars, articles, financial and legal resources, and other online tools.

Effective January 1, 2026, you can connect with Health Advocate by:

- Call: **866.799.2728**
- Email: **answers@HealthAdvocate.com**
- Website: **HealthAdvocate.com/Drexel**
- Mobile App: registration code **DREXELU**

We care about our employees and feel confident that Health Advocate's expertise provides the best partner for caregiving issues. Their compassionate advocates will guide you through the healthcare system, connect you with emotional support resources, and help you balance work, life, and caregiving, making your journey easier so you can focus on quality time with your loved one.



TIME OFF BENEFITS



Drexel University is happy to offer a competitive personal time package consisting of vacation, sick and holiday time for its employees. See below for more information or visit drexel.edu/hr/resources/policies/dupolicies.

	FULL-TIME MONTHLY	FULL-TIME BI-WEEKLY	PART-TIME
VACATION	At Hire: 13.34 hours per monthly pay period or 20 days per year.	0-5 years of service: 4.62 hours per bi-weekly pay period or 15 days per year. Over 5 years: 6.15 hours per bi-weekly pay period or 20 days per year.	Pro-rated based on the number of hours per week the Professional Staff Member is regularly scheduled to work in relation to the standard 40-hour work week.
SICK TIME	One sick leave day per month up to a maximum of 12 sick days per year. Accrual of sick leave for part-time Professional Staff Members is pro-rated based on the number of hours per week the Professional Staff Member is regularly scheduled to work in relation to the standard 40-hour workweek.	Non-exempt full time accrue 3.70 hours per biweekly pay with maximum of 12 sick days per year.	One sick leave day per month up to a maximum of 12 sick days per year. Accrual of sick leave for part-time Professional Staff Members is pro-rated based on the number of hours per week the Professional Staff Member is regularly scheduled to work in relation to the standard 40-hour workweek.
HOLIDAYS	Benefit-eligible, professional staff are eligible for University recognized Holidays according to their schedule.	Benefit-eligible, Professional Staff Members are eligible for University recognized Holidays according to their schedule.	Benefit-eligible, professional staff are eligible for University recognized Holidays according to their schedule.
FLOATING HOLIDAYS	Professional Staff Members qualify for sixteen (16) hours of Floating Holiday leave each fiscal year.	Professional Staff Members qualify for sixteen (16) hours of Floating Holiday leave each fiscal year.	Floating Holiday Leave hours for Part-time Professional Staff Members are pro-rated based on the number of hours per week the Professional Staff Member is regularly scheduled to work in relation to the standard 40-hour work week.
CIVIC TIME	16 hours.	16 hours.	16 hours.

HOME PURCHASE ASSISTANCE PROGRAM



The Home Purchase Assistance Program encourages and supports home ownership within defined borders of the Drexel University City Campus community. The program offers a forgivable loan to benefit eligible full- and part-time Drexel University faculty and professional staff toward the purchase or renovation of homes within a defined area.

The defined boundary spans the area from 31st Street to 48th Street (east-west) and from Girard Avenue to Chestnut Street (north-south). The Philadelphia neighborhoods of Mantua, Powelton Village, and West Powelton are located within this boundary area. Please visit the webpage: drexel.edu/hr/benefits/other-benefits/home-purchase/ to view a map of where this boundary area is located.

LOAN OPTIONS

Eligible Drexel faculty and professional staff members may take advantage of one of the two loans provided by the University:

- Home Purchase Loan – \$15,000.00 forgivable loan to be used toward the purchase of a home within the program’s defined boundary area. More information is available at [drexel.edu/hr/benefits/other-benefits/home-purchase.](https://drexel.edu/hr/benefits/other-benefits/home-purchase/)
- Home Renovation Loan – \$5,000.00 forgivable loan to be used towards approved renovations (interior and exterior) at a home within the program’s defined boundary area. In addition to the \$5,000 forgivable loan for home renovation, Drexel will match employees’ dollar-for-dollar spending up to an additional \$2,500.

Forgivable Loan	\$15,000
Home Renovation	\$5,000
Drexel Match	\$2,500
Phila Home Buy Grant	\$4,000
Total Potential	\$26,500

ELIGIBILITY

Prior to initiating any contracts or commitments, the faculty or professional staff member must schedule an appointment with the Home Purchase Program Administrator, Gabby Maddaloni, by emailing her at gm664@drexel.edu.

HUMAN RESOURCES ASSISTANCE

Throughout the home buying process, HR will partner with each faculty and professional staff member to provide: Step-by-step guidance throughout home buying process. More information is available at drexel.edu/hr/benefits/other-benefits/home-purchase.

PHILADELPHIA HOME.BUY.NOW

The Philadelphia Home.Buy.Now program allows eligible employees who participate in the Home Purchase Assistance Program to receive an additional matching grant of \$4,000 towards the purchase of a home within the Drexel’s defined boundary from 31st Street to 48th Street (east-west) and from Girard Avenue to Chestnut Street (north-south).

The Philadelphia Home.Buy.Now program is funded by the City of Philadelphia’s Division of Housing & Community Development, and administered by the Community and Economic Development (CED) Department of the Urban Affairs Coalition (UAC). To participate, an employee must meet income requirements set by the City of Philadelphia.

For more information about this program, please refer to the Home.Buy.Now packet: visit the Home.Buy.Now website cedphilly.org/philadelphia-home-buy-now, Leslie Russell Winder, CED Director, at lwinder@uac.org or [215.851.1738](tel:215.851.1738).

EMPLOYEE PERKS AND DISCOUNTS

DINING PLANS FOR FACULTY AND STAFF

Drexel Campus Dining offers dining plan options for faculty and professional staff that will make dining on the University City campus convenient and affordable.

Each plan includes Blocks, also called Meal Swipes, valid at the Handschumacher Dining Center, 32nd and Chestnut streets) or Urban Eatery (at 3400 Lancaster Avenue). Both locations are all-you-care-to-eat. So, swipe your DragonCard once (one block) and stay as long as you'd like.

Each plan also includes Dining Dollars which can be used at other campus dining locations like the new Pret a Manger at The Summit (3400 Lancaster). Dining Dollars can also be used at the Northside Dining Terrace (located at 34th & Race, featuring Chick-fil-A, Sushi, and a market), ThirtyOne31 (the café in Main Building, 3141 Chestnut Street), or The Café at PCJL (Perelman Center for Jewish Life, 118 N. 34th Street).

- Plan 1: the Block 15 + 25 Dining Dollars plan
- Plan 2: the Block 25 + 50 Dining Dollars plan

An employee dining plan does not expire (the plan remains active as long as you are an active employee).

To purchase, select and pay for your dining plan in the GET Mobile App, opting to pay by credit card or payroll deduction (for benefits-eligible employees). Log in using your Drexel credentials, navigate to "Employee Dining Plan Purchase" and follow the prompts to select and purchase your plan. Your dining plan will load to your

DragonCard within 24 hours, and you can view your plan balance in Drexel Connect.

DISCOUNTED CHILDCARE

Drexel faculty and staff receive a 10% discount on childcare services (infants up to kindergartners) and summer camp programs through Chesterbrook Academy at select locations throughout Pennsylvania and New Jersey, with one location on Drexel University's City Campus.

Admissions Contact Information:

- Phone: [877.356.3089](tel:877.356.3089)
- Email: cchambers@springedugroup.com

RECREATION CENTER MEMBERSHIP

The Drexel University Recreation Center offers discounted memberships as well as programming such as personal training, massage therapy and swim lessons to full- and part-time faculty and professional staff members. For membership, program options and pricing, please visit the [Drexel Recreation Center website](#).

BENEFITS CONTACTS & RESOURCES



BENEFITS/RESOURCES	PROVIDER NAME	PHONE NUMBER	CONTACT INFORMATION
MANAGE HEALTH BENEFITS / FLEXIBLE SPENDING ACCOUNTS/ DEPENDENT CARE / COMMUTER BENEFITS	Drexel University Benefits Center	1.844.690.3992	Sign in through the My Drexel Benefits link on the Employee tab in DrexelOne Email: help@mybenefitexpress.com
MEDICAL & PRESCRIPTION	Independence Blue Cross/Optum	1.800.ASK.BLUE	ibx.com
DENTAL	Cigna	1.800.244.6224	my.cigna.com
VISION	Davis Vision	1.800.999.5431	davisvision.com
HEALTH SAVINGS ACCOUNT	Optum Bank	1.866.234.8913	optumbank.com
WELLNESS AND ADVOCACY	Health Advocate	1.866.695.8622	members.healthadvocate.com
EVIDENCE OF INSURABILITY	Lincoln Financial Group	1.888.287.8494, option 2	lfg.com/public/individual
LIFE INSURANCE CLAIMS	Lincoln Financial Group	1.888.787.2129	lfg.com/public/individual
LIFE INSURANCE CONVERSION	Lincoln Financial Group	1.800.423.2765, option 1	lfg.com/public/individual
LIFE INSURANCE PORTABILITY	Lincoln Financial Group	1.888.786.2688	lfg.com/public/individual
FMLA ADMINISTRATION / DISABILITY	Lincoln Financial Group	1.888.786.2688	lfg.com/public/individual
VOLUNTARY BENEFITS	Dragon Perks	1.888.935.9595	drexelvoluntarybenefits.com
EMPLOYEE ASSISTANCE PROGRAM	Health Advocate	866.799.2728	HealthAdvocate.com/drexel
DREXEL PARKING	Drexel	N/A	drexel.edu/business-services/parking/overview
FERTILITY AND FAMILY PLANNING	Progyny	844.930.3313	progyny.com
RETIREMENT PLAN	TIAA	800.842.2252	drexel.edu/hr/benefits/retirement/403b

Visit drexel.edu/hr/benefits/providers for a full list of benefit providers and resources.

LEGAL NOTICES

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Drexel may use aggregate information it collects to design a program based on identified health risks in the workplace, Drexel will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) your Primary Care Physician, Health Advocate health coaches, etc. in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separately from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

Health Care Reform

Please note: our medical plans are considered compliant with the Patient Protection and Affordable Care Act. There are no annual limits, dependent children can be covered to age 26, and in-network preventive care is covered at 100%. Due to Health Care Reform modifications, Women's Preventive Health Services are now covered in-network at 100%.

As new Health Care Reform requirements become effective, our plans will be modified accordingly. We are fully committed to complying with all regulations and intend to notify you as soon as possible of any change(s).

Patient Protection Model Disclosure

The Independence Blue Cross Keystone POS plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If you do not designate a primary care provider, one will not be designated for you. Independence Blue Cross will send you a letter, reminding you that you still need to designate a primary care provider.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Independence Blue Cross at 215-241-2273 (PA & NJ) or 800-313-8754 (DE).

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Independence Blue Cross or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Independence Blue Cross at 215-241-2273 (PA & NJ) or 800-313-8754 (DE).

Notice of Dependent Status Verification / Eligibility Audit

The University reserves the right to request documentation to substantiate that your dependents are eligible to participate in the benefit plans. At any time, a Dependent Eligibility Audit could be conducted, where all or a random sample of employees will be asked to provide verification of their dependent's status. If you choose to cover a dependent on our benefit plans, please be prepared to provide the necessary documents to prove dependent status and eligibility, if needed.

Open Enrollment Materials as an SMM

This open enrollment communication addresses information on changes coming for the new year, and as such this communication constitutes a "Summary of Material Modifications" or SMM to the Summary Plan Description (SPD) for the Plan, thereby modifying the information previously presented in the SPD with respect to the Plan. Please keep a copy of this SMM with the SPD previously provided to you.

LEGAL NOTICES

Notice Regarding Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days or any longer period that applies under the plan after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

Loss of coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for

such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact the Drexel University Benefits Center.

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please speak with Human Resources.

Notice of Coverage for Newborns and Mothers

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual

LEGAL NOTICES

insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/State Relay 711

CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.mychohibi.com/>

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtplecovery.com/>

[flmedicaidtplecovery.com/hipp/index.html](https://www.flmedicaidtplecovery.com/hipp/index.html)

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program

All other Medicaid Website: <https://www.in.gov/medicaid/>

<http://www.in.gov/fss/dfr/>

Family and Social Services Administration

Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

LEGAL NOTICES

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840 TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 855-632-7633

Lincoln: 402-473-7000

Omaha: 402-495-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/>

dmahs/clients/medicaid/

Phone: 800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>

Phone: 1-800-692-7462

CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rl te Share Line)

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

LEGAL NOTICES

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS - Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) |

Website: <https://medicaid.utah.gov/upp/>

Email: upp@utah.gov

Phone: 1-888-222-2542

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

CHIP Website: <https://chip.utah.gov/>

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-562-3022

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs> |

Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

NOTICE REGARDING WELLNESS PROGRAM

A Healthier U is Drexel University's voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). At Drexel, this is referred to as the Personal Health Profile, or PHP. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

Employees who choose to participate in Drexel's wellness program will receive an annual incentive of up to \$400. In order to receive this incentive, an employee must accumulate 400 points. Points are earned by completing specific activities in the Health Advocate portal (e.g. HRA, biometrics, online workshops, challenges).

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

The information from your HRA will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching through Health Advocate. You also are encouraged to share your results or concerns with your own doctor.

INSURANCE MARKETPLACE NOTICE

PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would

cover you (and not any other members of your family) is more than 9.96% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to www.healthcare.gov/marketplace/individual/.

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Drexel University		4. Employer Identification Number (EIN) 23-1352630	
5. Employer Address 3141 Chestnut St, Philadelphia, PA 19104		6. Employer phone number 215-895-2850	
7. City Philadelphia	8. State PA	9. Zip Code 19104	
10. Who can we contact about employee health coverage at this job? HR Service Center			
11. Phone number (if different from above)		12 Email address hr@drexel.edu	

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



This benefit guide provides selected highlights of the employee benefits program at Drexel University. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Drexel University. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Drexel University reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.