

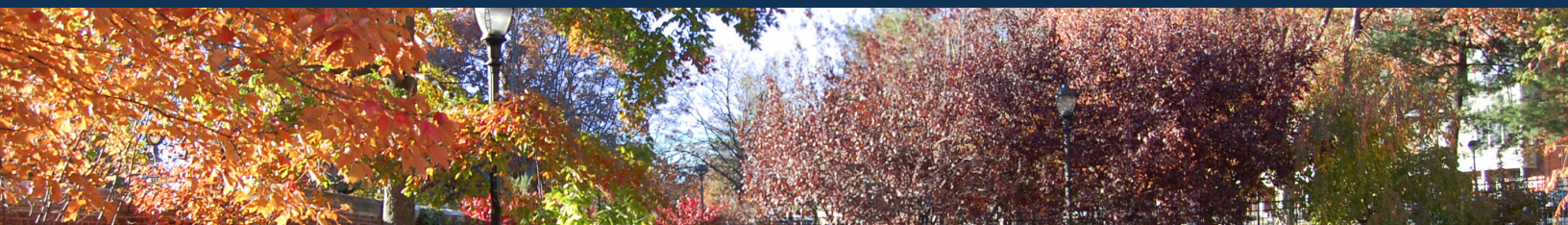


2025 RETIREE BENEFITS GUIDE



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RETIREMENT ELIGIBILITY

For details and further eligibility information, visit
drexel.edu/hr/resources/policies/dupolicies/hr21

WHO IS ELIGIBLE?

You are eligible for benefits as a Drexel Retiree if you are faculty or professional staff who have completed:

- Ten (10) years of full-time consecutive service with Drexel University and are age 55 or older, if hired before September 1, 2013 *

OR

- Fifteen (15) years of full-time consecutive service with Drexel University and are age 60 or older if hired on or after September 1, 2013 *

OR

- Fifteen (15) years of consecutive full-time service after the age of 45 (and after 1998) who are at least 60 years old and are actively employed and former College of Medicine Faculty and Professional Staff as of January 1, 2015

*Excludes any Professional Staff Member who is affiliated with a collective bargaining unit. Please refer to your CBA for eligibility. Full time consecutive service (10 or 15 years) is strictly services with Drexel University. Consecutive service does not include any subsidiaries, such as Hahnemann, or The Academy of Natural Sciences of Drexel University.



RETIREMENT CHECKLIST



- ☐ **Giving Notice of Retirement:** The standard is to give at least two weeks' notice when resigning from a position. With retirement, more notice is always a good rule of thumb. Please submit your letter of retirement to your direct supervisor confirming your last day of employment and copy Human Resources Department at hr@drexel.edu.
- ☐ Visit the [Drexel Retiree Webpage](#) to review the Retiree policy, benefits, a Medicare presentation, and other helpful information.
- ☐ As you move closer to your retirement date, your department will submit an Electronic Personnel Action form (EPAF) to transition your employment record from Active to Retiree status.
- ☐ Meet with a HR Benefits Consultant for a one-on-one Retirement consultation to discuss the transition.
- ☐ Schedule a meeting with TIAA to review and discuss your payment options. To schedule a consultation, visit TIAA.org/schedulenow-drexel or call **1.800.732.8353**. Visit tiaa.org/public/tcm/drexel or call **1.800.842.2252** for general questions.
- ☐ Human Resources will send a retirement package electronically to your Drexel email address which includes an enrollment form and other information related to Drexel benefits.
- ☐ If age 65 or over you and your spouse/domestic partner (also over age 65) are enrolling in the Drexel Secure Preferred PPO, you are required to apply for Medicare Parts A and B with the Social Security Administration, if you have not already. You will want to apply 60 or 90 days in advance of retirement date to allow Social Security sufficient time to process your application. Review the "Medicare Application Process" tip sheet which is also available on the Drexel Retiree website.
- ☐ Speak with a healthcare expert at Health Advocate by calling **1.866.695.8622**. Health Advocate can answer your questions about Medicare, Drexel's benefit offerings as well as help you explore alternative coverage. This is a free benefit while you are actively employed by Drexel University.
- ☐ Supportlinc: Employees will not have access to the Employee Assistance Program (EAP) benefits after they retire. However, employees are encouraged to take advantage of EAP services that offer support while transitioning into retirement including retirement coaching and financial resources to help with the emotional and practical aspects of retirement. For more information on these services offered by Supportlinc, please visit our EAP webpage, or call them directly at 1.888.881.5462.
- ☐ As this process is managed by the Office of Faculty Affairs, if you are applying for Emeritus status, please refer to the section entitled Additional Retiree benefits on the Drexel Retiree website.

Complete and return your Drexel Retiree Benefit Enrollment Form to hr@drexel.edu as soon as possible and preferably **30 days in advance of retirement date**. If enrolling in the Secure Preferred PPO Plan, please be sure to include Medicare ID numbers.

HEALTH PLAN INFORMATION

HEALTH PLAN

Drexel University offers retirees access to medical, dental, vision and prescription insurance, at full cost to the retiree. There is no subsidy made by Drexel towards the cost of the health benefits.

Under Age 65

Retirees under the age of 65 are able to enroll in Drexel's KPOS, PPO Basic, PPO High, or CDHP plan. Those retirees that are over age 65 and eligible for Medicare can enroll in Drexel's Secure Preferred PPO plan.

Over Age 65

Participants who are over age 65 and eligible for Medicare have the option to enroll in Drexel's Secure Preferred PPO plan. This plan requires participants to be enrolled in Medicare Parts A and B and are responsible to pay the premium for Part B, however, the Secure Preferred PPO plan will be considered primary insurance and provides all health care needs through this coverage. With this plan, participants may choose any physician within the network, referrals are not needed, and the plan also has an out-of-network or self-referred option for non-network providers. However, it is strongly recommended you utilize in-network providers to reduce out-of-pocket expenses. Participants will only need to present their Secure Preferred PPO Plan ID card when utilizing the medical and prescription benefit.

The Secure Preferred PPO will send a welcome kit to all new members.

If you have pre-enrollment questions on the benefits through this plan, please call the Secure Preferred (PPO) plan First Impressions Welcome Center at **844.451.2069**.



HEALTH PLAN INFORMATION

HOW TO ENROLL IN RETIREE BENEFITS

Retirees can enroll by completing and returning the enrollment form to HR@drexel.edu. This form can be found in the retirement package/letter which is sent to your Drexel email address. If you are waiving retiree benefits all together, you can either return the enrollment form marked “waive” or send an email to HR@drexel.edu confirming your intentions.

FUTURE CHANGES TO YOUR DREXEL HEALTH PLAN ENROLLMENT

You have the right to change elections during Open Enrollment, which is usually during the fall, with benefit changes effective the following January 1. You may enroll or disenroll at other times due to certain qualifying life changes.

If you do not enroll, or choose to disenroll at any time, enrollment/reenrollment will be available only if you have been continuously covered in another health plan (other than Medicare) in the interim. This rule also applies to enrollment/reenrollment during the Open Enrollment period.

Please contact the Drexel University Benefits Service Center, at [844.690.3992](tel:844.690.3992), with any questions concerning life changes or changes during Open Enrollment.



BILLING AND CUSTOMER SERVICE

Drexel's health and welfare administrator, WEX, manages the billing for retiree benefits. They will mail you a letter confirming your benefit enrollment and provide instructions for submitting premiums via check or automated payments from your bank account. Payment is due on the 1st of each month. Please contact them at [1.844.690.3992](tel:1.844.690.3992) with any questions about billing.

Due to timing of the transition from active employee to retired employee, you may not receive your first invoice in time for you to make the payment by the due date. This delay will not cause delay with your benefit eligibility.

MEDICARE BASICS

MEDICARE BASICS

What is Medicare?

Medicare is a federally-managed health insurance program. Medicare beneficiaries can choose to add additional coverage like a Medicare Advantage or Medicare Supplement (Medigap) plan from a private insurance company.

Original Medicare

- **Part A (Hospital Insurance):** Covers Hospital stays, home health visits, skilled nursing care.
- **Part B (Medical Insurance):** Covers doctor visits, other medical expenses, outpatient services.

Supplemental Coverage: Medicare Part C & D

Since Part A & B only provide coverage for hospital and certain medical coverages, Medicare eligible members purchase Advantage and Supplemental plans for other medical and prescription drug expenses.

The Drexel University Secure Preferred PPO plan provides Medicare Part C & D coverage.

PLEASE NOTE:

If at any time you enroll in a stand-alone drug plan (outside of Drexel's plan) you will automatically be dropped from Drexel's Secure Preferred PPO plan. This is a CMS (Centers for Medicare and Medicaid) rule.



ENROLLING IN MEDICARE AND DREXEL'S SECURE PREFERRED PPO

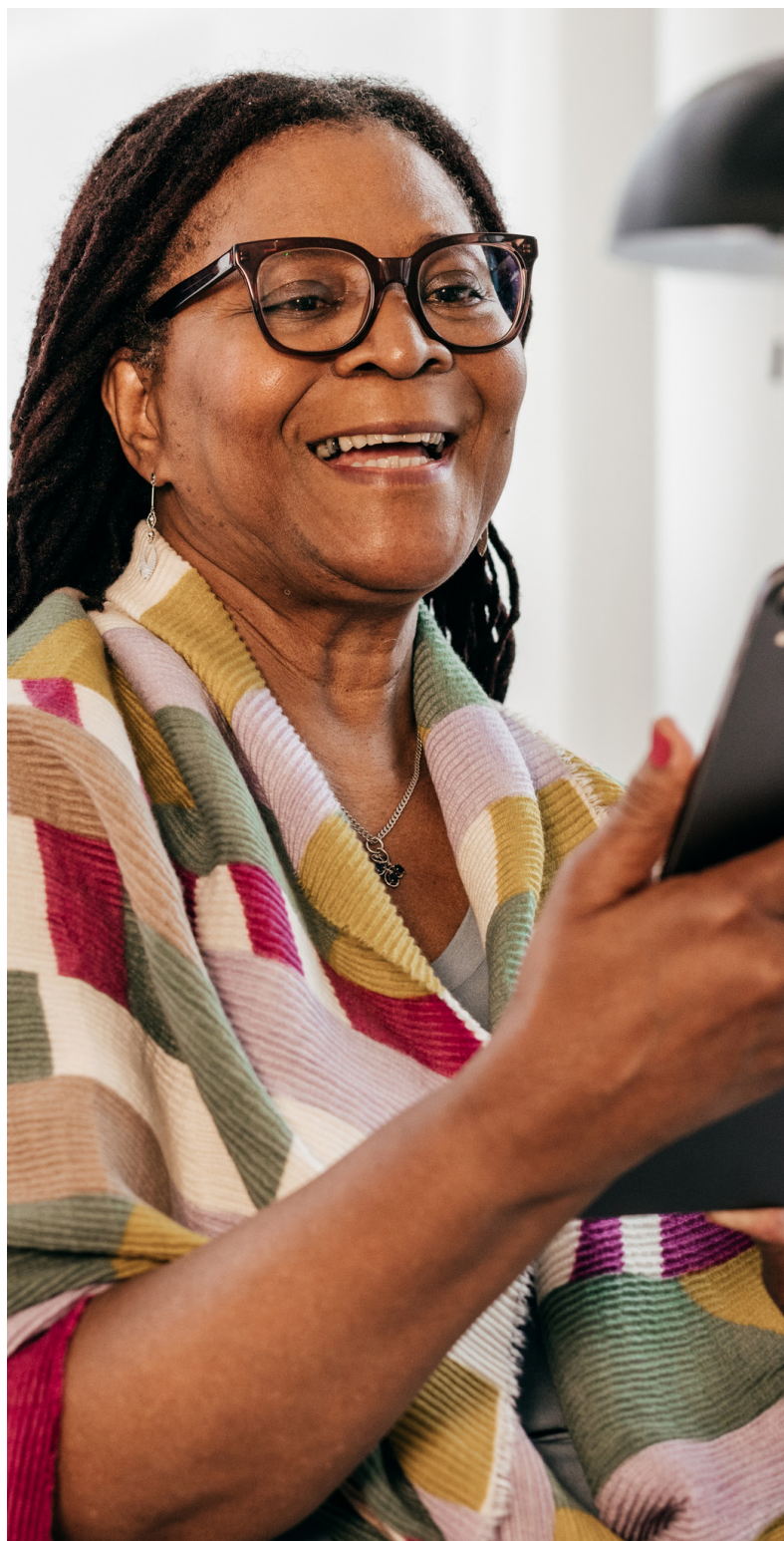
As a Medicare Eligible retiree of Drexel University, you are eligible to enroll in the Secure Preferred PPO Plan, a Medicare Advantage plan that combines your Medicare Part A (hospital) and Part B (medical) with prescription drug benefits and additional covered services.

You must be enrolled in both Parts A & B to participate in this plan. **Please refer to the [Drexel Retiree website](#) for more information on retiree benefit premium costs and billing, or your enrollment package, if already received.**

The process described below applies to those intending to enroll in Medicare and the Drexel Medicare Advantage Plan. When signing up for the Drexel plan, you will need to provide your Medicare information. **If you have not already signed up for Medicare Parts A and/or B, you will need to do so before submitting your Drexel Retiree Benefits Enrollment Form.**

A delay in signing up for Medicare will delay your Medicare Advantage plan enrollment through Drexel or anywhere else.

- If you are already enrolled in Part A, but not Part B, you will need to sign up for Part B. You cannot enroll in the Medicare Advantage plan until your Medicare coverage is in place.
- You must apply for Medicare through the Social Security Administration ("Social Security"). More information can be found on their [website](#).
- Once your Medicare enrollment has been confirmed by Social Security, you can sign up for Drexel's retiree health benefits by submitting the Drexel Retiree Benefits Enrollment Form to hr@drexel.edu. Both enrollments should be completed as soon as possible.



ENROLLING IN MEDICARE AND DREXEL'S SECURE PREFERRED PPO

STEP ONE:

Apply for Medicare through the Social Security Administration

Submit an application to the Social Security Administration. Please be sure to confirm the best and quickest submission for your personal situation and be sure to track your application through completion.

- **In-person:** at your local [social security field office](#).
- **Online:** Currently, you can apply for Medicare online by following the appropriate links on the Social Security website. Please note that if you are enrolling because you previously waived Part B, this is a Special Enrollment Period (you are over 65 and your employer coverage is ending).
- **Fax or Mail:** you have the additional option of submitting a paper application via fax to [1.833.914.2016](#) or by mail to your local social security field office.
- **Submit form CMS-L564 along with your Medicare application, if applicable:** If you are over age 65 and have been covered by a Drexel health insurance, you will need to submit a form entitled "Request for Employment Information" (form CMS-L564) along with your Medicare application. This form will be provided with your Retiree Benefits Package that HR will send. Please be sure to upload/submit this form when applying for Medicare Part B.
- **Obtain confirmation:** Once your enrollment application for Part B has been received, Social Security will send you a decision letter within 7-10 business days, ID cards to follow shortly after. Enrollment status can be viewed online by via their [website](#).

STEP TWO:

Complete and return your Drexel Retiree Benefit Enrollment Form

- Complete the Drexel Retiree Benefits Enrollment Form and return to hr@drexel.edu.
- If enrolling in the Secure Preferred PPO plan (Blue Medicare Advantage) plan, you will be required to have your Medicare ID numbers to complete your enrollment. **Either a letter from Social Security or the [actual ID card confirming your Parts A and B](#).**

NEED ASSISTANCE?

We know this process may be confusing, but we are here to help. For questions about Medicare, contact **Health Advocate** at [1.866.695.8622](tel:1.866.695.8622) to speak with a Medicare specialist who can guide you through the enrollment process.

For questions about Drexel's retiree benefits, contact the Drexel HR Service Center at [215.895.2850](tel:215.895.2850), or HR@drexel.edu.

2025 MEDICAL PLAN COMPARISON

POINT OF SERVICE			PERSONAL CHOICE PPO -BASIC		PERSONAL CHOICE PPO - HIGH		CDHP WITH HSA		SECURE PREFERRED PPO PLAN (MEDICARE ADVANTAGE PLAN)	
AVAILABLE TO PRE-65 RETIREES			AVAILABLE TO PRE-65 RETIREES		AVAILABLE TO PRE-65 RETIREES		AVAILABLE TO PRE-65 RETIREES		AVAILABLE TO POST-65 RETIREES	
BENEFIT DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK	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		No	
EMPLOYER HEALTH SAVINGS ACCOUNT CONTRIBUTION	No		No		No		Individual: \$500 / Family: \$1,000		No	
INTERNATIONAL TRAVEL	Covers Emergency Medical Care Only		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		None	
DEDUCTIBLE (INDIVIDUAL/FAMILY)	None	\$500 / \$1,500	\$300 / \$600	\$1,000 / \$2,000	None	\$500 / \$1,000	\$2,000 / \$4,000	\$5,000 / \$10,000	None	None
OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$2,000 / \$4,000	\$3,000 / \$9,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$2,000/ \$4,000	\$3,000 / \$6,000	\$6,450 / \$12,900	\$10,000 / \$20,000	\$6,700	\$10,000
PREVENTIVE CARE SERVICES	No charge	Plan pays 70%	No charge	Plan pays 70%	No charge	Plan pays 80%	No charge	Plan pays 50%	No charge	No charge
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%*	\$10 copay	Plan pays 80%
TELADOC**	No charge	N/A	No Charge	N/A	No Charge	N/A	\$60 copay*	N/A	No charge	No charge
SPECIALIST OFFICE VISIT	\$40 copay	Plan pays 70%*	\$30 copay	Plan pays 70%*	\$25 copay	Plan pays 80%*	Plan pays 80%*	Plan pays 50%*	\$15 copay	Plan pays 80%
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%*	No charge	Plan pays 80%
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%*	No charge	Plan pays 80%
DIAGNOSTIC LABORATORY	No charge	Plan pays 70%*	No charge	Plan pays 70%*	No charge	Plan pays 80%*	Plan pays 80%*	Plan pays 50%*	No charge	Plan pays 80%
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%*	No charge	Plan pays 80%
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%*	No charge	Plan pays 80%
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	\$40 copay	\$40 copay
URGENT CARE CENTER	\$50 copay	Plan pays 70%*	\$50 copay	Plan pays 70%*	\$50 copay	Plan pays 80%*	Plan pays 80%*	Plan pays 50%*	\$15 copay	\$15 copay
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%*	\$15 copay	Plan pays 80%
PRESCRIPTION DRUG BENEFITS										
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)	Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay	Plan pays 30%	Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay	Plan pays 30%	Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay	Plan pays 30%	Generic: \$10 copay* Preferred Brand: \$30 copay* Non-Preferred Brand: \$50 copay*	Plan pays 30%*		
MAIL ORDER (UP TO A 90-DAY SUPPLY)	Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay	Not available	Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay	Not available	Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay	Not available	Generic: \$20 copay* Preferred Brand: \$60 copay* Non-Preferred Brand: \$100 copay*	Not available		

* The plan year deductible must be satisfied before the plan will pay for services.

See the following page for highlights of the Secure Preferred PPO Plan.

SECURE PREFERRED PPO PLAN HIGHLIGHTS

The Secure Preferred PPO is a Medicare Advantage plan.

Highlights of the Secure Preferred PPO plan are as follows:

- \$10 copayment for in-network primary care visits
- \$15 copayment for in-network specialists visits
- \$0 copayment for in-network telemedicine visits
- \$10 copayment for in-network routine chiropractor visits (up to 6 visits per year)
- \$10 copayment for in-network routine podiatry visits (up to 6 visits per year)
- \$0 copayment for in-network skilled nursing facility (up to 100 days per year)
- \$0 copayment for preventative care and wellness visits
- \$40 copayment for worldwide emergency room coverage
- \$0 copayment for in-network routine hearing exams (1 exam every calendar year)
- \$0 copayment for in-network eye exams (1 exam every calendar year)
- Vision eyewear reimbursement: \$0 copay for eyewear. \$100 maximum benefit every 2 years



SECURE PREFERRED PPO PRESCRIPTION DRUG INFORMATION

The Secure Preferred PPO plan has “Preferred” and “Standard” pharmacy cost sharing.

FORMULARY INFORMATION

The Secure Preferred PPO drug formulary is different than the formulary used by the Drexel active plan. The formulary, which is a list of covered drugs selected by IBC in consultation with a team of health care providers, is known as the Three Tier Open Formulary. Note that drug formularies are subject to change (generally twice per year). This occurs with both the Drexel Secure Preferred PPO plan and the Drexel plans.

Please review your current prescriptions for the following:

- **Formulary Status:** Each drug formulary is different, and some drugs covered by the Drexel plan are not covered under the Secure Preferred PPO plan’s prescription benefit program.

- Since the drug formularies are different, it is important to review the Secure Preferred PPO formulary to ensure your current medications are covered.
- **Tiering Status:** Each drug may have a lower or higher cost-sharing tier.
- **Step Therapy:** Some drugs may require step therapy, meaning you may need to take a generic equivalent prior to taking the brand-name drug.
- **Quantity limits:** Certain drugs may have quantity limits that limit the amount of pills that will be dispensed at one time.
- **Prior Authorization:** Some drugs may require prior authorization from the plan prior to being administered. Note that you may have to have your current prior authorizations re-authorized.

Step Therapy, Quantity Limits, and Prior Authorizations that were set-up with OptumRx will not transfer. Be sure to discuss with your physician leading up to the transition date of your new plan.

CURRENT DREXEL PLAN*			SECURE PREFERRED PPO PLAN	
IN-NETWORK PRESCRIPTION BENEFITS	RETAIL (UP TO 30-DAY SUPPLY)	MAIL ORDER (UP TO 90-DAY SUPPLY)	RETAIL (UP TO 30-DAY SUPPLY)	MAIL ORDER (UP TO 90-DAY SUPPLY)
GENERIC	\$10 copay	\$20 copay	\$5 copay (preferred) \$10 copay (standard)	\$15 copay (preferred) \$30 copay (standard)
PREFERRED BRAND	\$30 copay	\$60 copay	\$15 copay (preferred and standard)	\$45 copay (preferred and standard)
NON-PREFERRED BRAND	\$50 copay	\$100 copay	\$30 copay (preferred and standard)	\$90 copay (preferred and standard)

* For the CDHP plan, deductible must be satisfied first before copays kick in

SILVERSNEAKERS PROGRAM

SilverSneakers is a free fitness program available to all retirees enrolled in Drexel's Secure Preferred PPO program.

SilverSneakers offers a variety of classes and workouts for all fitness levels, taught by supportive certified instructors. The classes included in the program are designed to keep you active and feeling your best while improving your strength, balance, and flexibility.

Classes are available virtually from the comfort of your own home or at one of the thousands of participating fitness locations nationwide.

Your SilverSneakers membership includes access to:

- **SilverSneakers LIVE:** Work out at home with live virtual classes, including cardio dance, yoga, and strength training.
- **SilverSneakers On-Demand:** Explore a digital library with more than 200 videos you can work out to anytime, 24/7.
- **SilverSneakers GO:** Use this mobile app to find participating locations, access the on-demand library, and get activity alerts to help stay on track with your fitness goals.
- **SilverSneakers Community:** Take part in community classes held in settings outside the gym.



Start by scanning the QR code, visiting www.silversneakers.com, or calling 1.855.741.4985, Monday through Friday, from 8 a.m.–8 p.m. ET.

VISION BENEFITS



SECURE PREFERRED PPO VISION PLAN

The Secure Preferred PPO plan includes a vision benefit. Retirees also have the option to enroll in the separate Davis Vision plan. The Davis Vision plan is the same plan offered to active Faculty and Professional Staff members. High utilizers of the vision benefit may want to consider this option as the Davis Vision plan offers more robust coverage.

Plan features include:

- Eye Exams (1 visit every calendar year): \$0 copay per visit; \$70 maximum every calendar year
- Vision Eyewear Reimbursement: \$0 copay for eyewear. Maximum benefit of \$100 every two calendar years.
- Claims through Blue View Vision: Members must visit with a Blue View Vision provider. Out-of-network claims can either be processed by filling out the form online, or print it and mail or fax it back.
 - **Email:** oonclaims@eyewearspecialoffers.com
 - **Fax:** 866.293.7373
 - **Mail:** Blue View Vision
Attn: OON Claims, P.O. Box 8504
Mason, OH 45040-7111

Retirees will have one ID card for medical, prescription drug, and vision benefits.

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.

Retirees who wish to enroll in the separate Davis Vision plan will receive a separate Davis Vision ID card.

To locate participating providers or request a claim form, visit the Davis Vision website at www.davisvision.com or call 1.800.999.5431.

See the following page for an overview of the vision plan options.



VISION PLAN COMPARISON

SECURE PREFERRED PPO VISION PLAN

DAVIS VISION PLAN

BENEFIT DESCRIPTION	IN-NETWORK	IN-NETWORK
EXAM	No Charge, up to a \$70 maximum	No Charge
FRAMES	No Charge, up to a \$100 maximum*	NON-DAVIS COLLECTION FRAMES: Up to \$130 allowance (plus 20% discount off overage) VISIONWORKS FRAMES AT VISIONWORKS LOCATIONS NATIONWIDE: Up to a \$150 allowance (plus 20% discount off overage)
LENSES Single Vision / Bifocal / Trifocal / Lenticular	No Charge, up to a \$100 maximum*	No Charge
CONTACT LENSES (IN LIEU OF EYEGLASSES)	No Charge, up to a \$100 maximum*	DAVIS COLLECTION (DAILY, SPECIALTY, AND DISPOSABLE) No Charge NON-DAVIS COLLECTION Contacts: Up to \$130 allowance Evaluation: Up to \$60 allowance (plus 15% discount off overage)
FREQUENCY Vision Exam / Lenses / Frames	Exam: Once per calendar year Eyewear Reimbursement: Every two years	Once per calendar year

* \$100 maximum for eyewear under the Secure Preferred PPO plan is combined for frames, lenses, and contacts
 Note: The above chart represents In-Network coverage only



DENTAL PLAN OPTIONS

Drexel University offers retirees access to the same Cigna dental plans they had while an active employee; The Base Plan, Preferred Plan and the DHMO.

DHMO members will receive a Cigna ID card. Retirees enrolled in either the Base or Preferred PPO plans will have access to an electronic ID card, should they wish to create one. You can register for an 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 Retirees enrolled in the Base or Preferred Dental Plans.



2025 PLAN CONTRIBUTIONS

RETIRED ON OR AFTER 9/1/2017

OVER 65/MEDICARE-ELIGIBLE MEDICAL PLAN RATES			
SECURE PREFERRED PPO PLAN	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$300.00	\$0.00	\$300.00
RETIREE + SPOUSE	\$600.00	\$0.00	\$600.00
UNDER 65 MEDICAL PLANS AND RATES			
KEYSTONE/AMERIHEALTH POS + RX	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$731.02	\$0.00	\$731.02
RETIREE + SPOUSE	\$1,652.52	\$0.00	\$1,652.52
PC BASIC + RX	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$1,080.17	\$0.00	\$1,080.17
RETIREE + SPOUSE	\$2,438.12	\$0.00	\$2,438.12
PC HIGH + RX	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$1,217.82	\$0.00	\$1,217.82
RETIREE + SPOUSE	\$2,747.86	\$0.00	\$2,747.86
CDHP + RX	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$569.74	\$0.00	\$569.74
RETIREE + SPOUSE	\$1,287.98	\$0.00	\$1,287.98

DENTAL RATES

CIGNA BASE PLAN	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$21.16	\$0.00	\$21.16
RETIREE + SPOUSE	\$62.44	\$0.00	\$62.44
CIGNA PREFERRED PLAN	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$32.36	\$0.00	\$32.36
RETIREE + SPOUSE	\$105.79	\$0.00	\$105.79
CIGNA DHMO PLAN	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$10.86	\$0.00	\$10.86
RETIREE + SPOUSE	\$27.39	\$0.00	\$27.39

DAVIS VISION RATES

DAVIS VISION PLAN	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$4.33	\$0.00	\$4.33
RETIREE + SPOUSE	\$9.98	\$0.00	\$9.98

RETIREMENT SAVINGS PLAN

RETIREMENT PLAN

Upon retiring from Drexel, your final 403(b) payment will be deposited into your TIAA account. This payment will not include any vacation or sick time compensation that may be paid in that final payment. Participants should allow up to 30 days after retirement date for your status to change to retiree and therefore have access to all of your funds. Retirees should consult with TIAA for your retirement benefit options.

- Review your Account: tiaa.org/public/tcm/drexel
- Schedule a Consultation: tiaa.org/schedulenow-drexel or **1.800.732.8353**
- General Questions: **1.800.842.2252**

457(b) Deferred Compensation Plan

Within 60 days of your separation from employment, you must elect to take a distribution or postpone distribution to a later date. TIAA will send you an election packet in the mail. If you do not make an election within 60 days, your 457(b) Plan account will be automatically paid to you as a single lump-sum payment.

WORKING IN RETIREMENT

There are times when Faculty or Professional staff return to employment or have an agreement to work and receive salary in a per diem, temporary, adjunct, or casual role, for example, after they have retired from Drexel. For purposes of the retirement savings plan (The “Plan”) and taking distributions from the “Plan,” retirees receiving income from Drexel are considered active employees.

This means you are not eligible (according to the “Plan” provisions) to take Required Minimum Distributions (RMD) even if you are of RMD eligibility age. However, if you are over age 59 ½, you can take in-service distributions from your account until you have terminated from all service with the University.

Academy of Natural Sciences Frozen Pension Plan

Eligible participants with questions on how to initiate their pension from ANS can contact the Pension Service Center at **866.305.8846**, Plan Code **429**. Service Center hours are 8:00 am to 5:00 pm Eastern Time, Monday through Friday.

Or you may contact the Pension Service Center at the following:

- Academy of Natural Sciences Pension Service Center
c/o USI Consulting Group
95 Glastonbury Boulevard, Suite 102
Glastonbury, CT 06033
- **Fax: 860.659.1673**
- **Email: Academy_of_Natural_Sciences.Pension@usi.com**



ADDITIONAL BENEFITS

DRAGON PERKS

Your premium payments for voluntary benefits payroll deductions end on the last day of the month of which your employment ends. However, you can continue your enrollment in these benefits by setting up direct billing with the carriers. These benefits include plans through Liberty Mutual, Allstate Critical Illness or Kashable.

Please note, each company will provide specific timelines on their forms for connecting with them to ensure that there is no lapse in payment – be sure to respond to their outreach to continue this benefit at the same rate and coverage amount that you had when initially enrolled.

Some voluntary benefits are related to your credit rating, such as Kashable. Therefore, if you have a remaining balance due to Kashable, it is in your best interest to contact them and set-up payment arrangements to settle your balance to ensure nothing negative is reported to the credit bureaus.



WHAT HAPPENS TO MY BENEFITS WHEN I RETIRE?

BENEFITS THAT MAY REQUIRE ACTION:

COBRA

You will receive a COBRA package after your active benefits terminate. Drexel is required, by law, to send you a COBRA notice when your active employee benefits end, even if you are under 65 and continuing with the same coverage into retirement.

Complete this form if you have a child who needs to continue their coverage or if you wish to extend your health care flexible spending account claims period.

If neither option noted above apply and/or you are enrolling in the retiree health plan or are selecting coverage elsewhere, you can disregard the COBRA Notice.

Basic and Supplemental Life Insurance

Your basic life and AD&D insurance and supplementary life and AD&D insurance will terminate at the end of the month in which your employment ends.

- Conversion to an individual policy is available for Employee, Spouse and Child Life Insurance.
- If you and/or your dependents are enrolled in the AD&D Insurance plan, your coverage ends on the last day of the month of which your employment ends. There are no options to continue this benefit.

You may be eligible to continue your coverage by working directly with our insurance provider, Lincoln Financial, who will mail you a packet explaining your options.

You must take action within 31 days from the date of your retirement. Please note, Lincoln Financial Group will provide specific timelines on their forms for completing the application and receiving the premium payment. If you have questions, contact Lincoln Financial directly at [1.888.786.2688](tel:1.888.786.2688).

Short-Term/Long-Term Disability Insurance

Short-Term Disability (STD) coverage terminates on the last day of the month in which your employment ends. There is no conversion option for Short-term Disability plans.

Long-Term Disability (LTD) coverage terminates on the last day of the month of which your employment ends. You may have the option of converting your long-term disability coverage to an individual policy if you have been employed full-time for at least twelve consecutive months immediately prior to termination of your employment. You must do so within 31 days from the date coverage ends by contacting Lincoln Financial Group.

Health Savings Account

Participants who have a remaining balance in their health savings account can continue to use these funds for qualifying medical expenses. Upon retirement, the account will be disassociated from Drexel, however, the account number will stay the same and the debit card will remain active.

Be sure to review how your account changes once you leave active employment to understand your responsibility with any fees associated with the HSA.

Keep in mind that if you are over age 65 you may be able to use HSA funds to pay for Medicare premiums.

WHAT HAPPENS TO MY BENEFITS WHEN I RETIRE?

Vacation Time

If you have any accrued and unused vacation hours remaining when your employment ends, that time will be paid to you on your final paycheck, up to one hundred hours. Note that any vacation payout income will not be applicable for 403(b) or 457(b) contributions. If you have a question about your vacation payout, please contact the HR Service Center.

Please be sure to contact Optum Bank with questions at [1.866.234.8913](tel:1.866.234.8913).

Floating Holidays

Unused Floating Holidays are not paid out.

Sick Paid Time Off

Sick Time is not typically paid out. The only exception is that Professional Staff Members retiring from Drexel at or after age 65 will be paid for accrued unused sick leave, up to a maximum of 35 days.

Wellness Program

Employee or spouse wellness credits processed before your final payroll will be posted in your final pay. If there is a delay in processing wellness credits, you will not be paid for any remaining balance that Drexel receives after your employment has ended.

Drexel Parking/Commuter Benefits

PARKING:

If applicable, any current parking enrollment will automatically end as of your retirement date. Parking options for campus visitors, including retirees, are available at <https://drexel.edu/business-services/parking/daily-parking/>.

COMMUTER PROGRAM:

Due to Internal Revenue Service (IRS) regulations, employees who are participating in the Commuter Program will lose access to their commuter account(s) effective the end of the month in which employment ends and any remaining balance will be forfeited.

If you currently have an active commuter payroll deduction you may wish to cancel your deductions by following the directions below. Changes must be made by the first of the month prior to the month in which the change applies.

- Log in to **DrexelOne** and select the **Employee Tab**.
- Under the My Benefits heading, click the **My Drexel Benefits** link.
- On the homepage, on the right-hand side of the screen under Commuter Benefits, select **Change**.
- Update the monthly amount for either Transit and/or Parking. Enter \$0 to cancel the benefit.

WHAT HAPPENS TO MY BENEFITS WHEN I RETIRE?

BENEFITS THAT CONTINUE AS A RETIREE:

Tuition

You, your spouse/domestic partner, and dependent children are eligible for tuition remission benefits for your lifetime in accordance with the tuition remission policy in place at the time you retire. If your dependent child was awarded a tuition exchange scholarship prior to your retirement, the scholarship will continue after you retire in accordance to the tuition exchange policy.

If you have questions on this process, please contact the Human Resources Service Center at HR@drexel.edu or [215.895.2850](tel:215.895.2850).

Drexel Email

While your employee email account through Drexel will end, retirees are able to request a Drexel-provided email account with access to online Microsoft Office applications. This email account will have your name@dragons.drexel.edu. More information and tips on creating a personal email account and handling the transfer of personal emails/files in your Microsoft O365 account can be found [HERE](#).

Library Access

Retirees may access the Drexel University Libraries with a valid photo ID. For more information about the Libraries' current hours, services and resources, please visit www.library.drexel.edu/services/services-for/faculty

Drexel ID Card

You can obtain a new DragonCard when you retire. This will be necessary if you intend to use the library or maintain an office on campus. Visit the DragonCard Office in Creese Student Center and bring a picture ID, such as a driver's license. Please call in advance at [215.895.6095](tel:215.895.6095) to ensure that your retiree record is visible to them.

Recreation Center Membership

Retirees interested in continuing their Recreation Center membership should contact the Member Services at [215.571.3830](tel:215.571.3830) or memberships@drexel.edu. More information is available at: drexel.edu/recathletics/reccenter/membership/.

Disclaimer: The information contained above and throughout this guide reflects the current benefits and eligibility for retired Faculty and Professional Staff Members of the University. The University reserves the right to amend or terminate the benefits at any time.

WHAT HAPPENS TO MY BENEFITS IF I MOVE?

Address Changes

Please notify Drexel immediately of your new address by submitting an Employee Information Change form to hris@drexel.edu. The form is available at <https://drexel.edu/hr/resources/forms/duforms/>.

Email requests will be accepted using your Drexel Email account. All other vendors will accept the update from Drexel once your information is processed.

BENEFITS CONTACTS



BENEFITS/RESOURCES	PROVIDER NAME	PHONE NUMBER	CONTACT INFORMATION
MANAGE 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/RX (65+)	Secure Preferred PPO Pharmacy Member Services Pharmacy Mail Order (Carelon)	Pre-Enrollment: 1.844.451.2069 Members: 1.844.451.2057 1.833.409.1212 1.833.396.0309	bluemedadvgrhs.com
MEDICAL/RX (<65)	Independence Blue Cross Pharmacy Benefit Manager: Optum	1.800.ASK.Blue 1.888.678.7012	lbx.com
DENTAL	Cigna	1.800.244.6224	my.cigna.com
VISION	Davis Vision Plan Secure Preferred PPO Vision Plan	1.800.999.5431 1.844.451.2069	davisvision.com

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



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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 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

LEGAL NOTICES: PRE-65 RETIREES

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 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

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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.mycohibi.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

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: KIHIPPROGRAM@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/lahipp

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

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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 Rlte Share Line)

SOUTH CAROLINA - Medicaid

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

Phone: 1-888-549-0820

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

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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.

LEGAL NOTICES: PRE-65 RETIREES

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 8.39% 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.

LEGAL NOTICES: ALL RETIREES

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.

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.



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.