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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, 2022 through December 31, 2022.

For more information about expanded benefits available during the COVID-19 pandemic, Please visit:
<https://drexel.edu/hr/about/covid-19>
resources.



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OPEN ENROLLMENT HIGHLIGHTS

OPEN ENROLLMENT PERIOD:

October 20 through
November 9, 2021

WHAT'S NEW FOR 2022:

- Medical Premiums are only increasing by 1%, Base and Preferred Dental plan premiums by 4%. There will be no changes in Vision plan premiums.
- Drexel heard your feedback and we're taking action! A new Express Enroll option will allow you to quickly elect your benefits— log in to My Drexel Benefits to check it out!
- Dragon Perks is the new name of your voluntary benefits. Go to My Drexel Benefits to enroll in plans that best fit you. Please see page 23 for more information on Dragon Perks!
- New This Year! More options for you to earn wellness credits for preventive care (including dental cleanings) in our Wellness Incentive Program. Please see page 25 for more information.
- New in 2022, Drexel University is excited to offer fertility benefits through Progyny, the country's leading fertility benefits solution. To participate, you must be enrolled in a Drexel medical plan. See page 30 for more information.
- Commuter Program elections no longer required during Open Enrollment - stay tuned for more information on managing this benefit for 2022 later this fall!
- Those enrolled in the medical plan with IBX will be receiving a new ID card.
- Those enrolled in the spending accounts with Benefit Express will be receiving a new ID card.

OPEN ENROLLMENT CHECKLIST

- ☐ It is recommended you carefully read all of the information in this Open Enrollment Guide
- ☐ Attend One Hour Information Sessions that will be posted after the session's dates: October 25 through November 2
 - If you cannot attend a session, review the presentations that will be on: drexel.edu/hr/benefits/open_enrollment
 - Sessions topics are: General Overview of Open Enrollment, Choosing a Plan When Permanently Working Remote, Dragon Perks, Whole Life Insurance, FSA, HSA, and Commuter Plans.
- ☐ Login to the benefits enrollment site by clicking the link to My Drexel Benefits located on the Employee Tab of DrexelOne. Review your current benefit elections. Make any changes and additions
- ☐ Go through each plan on your benefit enrollment system and click "save and continue" on each page
- ☐ 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 a SSN for newly added beneficiaries
- ☐ If required, be sure to complete the evidence of insurability process, information on how to do this 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.
- ☐ Elect Healthcare FSA and Dependent Care FSA elections – they do not default from 2021
- ☐ Elect HSA contributions – this is only an option if you choose the Consumer Directed Health Plan – elections will not default from 2021
- ☐ Review the medical plans and determine if you want to make medical plan change for 2022
 - If you are not enrolled in a medical plan and do not actively waive coverage, you will automatically be placed in a Point of Service Plan (PPO Basic if out of the area), deductions will come out of your 2022 pay and you will not receive the Waiver credit*
- ☐ Review the dental plans and make a change if you want to change your election for 2022
 - You will be defaulted into your 2021 plan if you do not make a change*
- ☐ Mass Mutual Whole Life
 - This is your opportunity to review Whole Life Insurance through Mass Mutual and elect coverage for the first time, or add on to an existing election. Members can also cancel coverage during this open enrollment period. If you wish to cancel your coverage, you need to contact Mass Mutual directly. See Instructions on Page 22.*
- ☐ Review your Summary Confirmation Statement after you complete your enrollment
- ☐ Visit your Dragon Perks portal to view voluntary benefits offered year-round by clicking the link "learn more" on My Drexel Benefits
- ☐ In 2022, check back into My Drexel Benefits portal for latest commuter information

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, Drexel University Online - 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, Drexel University Online - 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, Drexel University Online - Full Time Faculty

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

Drexel University, Academy of Natural Sciences, Drexel University Online - 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 (powered by benefitexpress) 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)

Please visit the Drexel Life Event webpage

<https://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. You can log in to My Drexel Benefits through **DrexelOne** by selecting the Employees tab and then the **My Drexel Benefits** link under the “My Benefits” heading. Most elections are annual elections and cannot be changed during the year unless you experience a qualifying life event.

My Drexel Benefits, powered by benefitexpress, 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, beneficiaries, flexible spending accounts, and commuter enrollment. To access your benefits, select the My Drexel Benefits link on the Employees tab in **DrexelOne** at <https://one.drexel.edu>.

NEW ENROLLMENT FEATURE- EXPRESS ENROLL!

Drexel Faculty and Staff will be able to complete their benefits enrollment even faster this year with Express Enroll through My Drexel Benefits.

Express Enroll is designed to offer a quicker open enrollment experience by allowing employees to see all their benefits on one page and make adjustments to them, if needed, quicker than the traditional route.

Employees will be able to see a high level summary of the benefits they are currently enrolled in, targeting certain ones that benefits that require action to be taken each year - like waiving medical coverage and enrolling in an HSA or FSA benefit. Additionally, benefits that they did not previously enroll in but are available to them.

If you do not wish to use Express Enroll, you will have the ability to choose 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 the Benefit Provider directly. Please see the contacts list later in the guide on page 30 for more information.

2022 MEDICAL & PRESCRIPTION DRUG PLANS AT-A-GLANCE

	POINT OF SERVICE			PERSONAL CHOICE PPO - BASIC			PERSONAL CHOICE PPO - HIGH			CDHP WITH HSA		
BENEFIT DESCRIPTION	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 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	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		
DEDUCTIBLE (INDIVIDUAL/FAMILY)	None	None	\$500 / \$1,500	None	\$300 / \$600	\$1,000 / \$2,000	None	None	\$500 / \$1,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$5,000 / \$10,000
OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$9,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$6,450 / \$12,900	\$6,450 / \$12,900	\$10,000 / \$20,000
PREVENTIVE CARE SERVICES	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 80%	No charge	No charge	Plan pays 50%
PRIMARY CARE PHYSICIAN (PCP)	No charge	\$20 copay	Plan pays 70%*	No charge	\$20 copay	Plan pays 70%*	No charge	\$15 copay	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
MDLive	N/A	No charge	N/A	N/A	No Charge	N/A	N/A	No Charge	N/A	N/A	\$56 copay	N/A
SPECIALIST OFFICE VISIT	\$10 copay	\$40 copay	Plan pays 70%*	\$10 copay	\$30 copay	Plan pays 70%*	\$10 copay	\$25 copay	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
OUTPATIENT SERVICES (SURGERY)	No charge	\$50 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
INPATIENT SERVICES	\$240 copay per admission	\$100/day copay; max of 5 copays/admission	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	:Plan pays 80%*	Plan pays 50%*
DIAGNOSTIC LABORATORY	No charge	No charge	Plan pays 70%*	No charge	No charge	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
DIAGNOSTIC X-RAY	No charge	\$20 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
IMAGING (MRI, CT-SCAN)	No charge	\$80 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
EMERGENCY ROOM	\$100 copay	\$100 copay	Covered at in-network level	\$100 copay	\$100 copay	Covered at in-network level	\$100 copay	\$100 copay	Covered at in-network level	No charge*	Plan pays 80%*	Covered at in-network level
URGENT CARE CENTER	No charge	\$35 copay	Plan pays 70%*	No charge	\$35 copay	Plan pays 70%*	No charge	\$35 copay	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
OUTPATIENT SERVICES FOR MENTAL HEALTH/BEHAVIORAL/SUBSTANCE ABUSE	Not available	\$40 copay	Plan pays 70%*	Not available	\$30 copay	Plan pays 70%*	Not available	\$25 copay	Plan pays 80%*	Not available	Plan pays 80%*	Plan pays 50%*
PRESCRIPTION DRUG BENEFITS												
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)	Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay			Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay			Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay			Generic: \$10 copay* Preferred Brand: \$30 copay* Non-Preferred Brand: \$50 copay*		
MAIL ORDER (UP TO A 90-DAY SUPPLY)	Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay			Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay			Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay			Generic: \$20 copay* Preferred Brand: \$60 copay* Non-Preferred Brand: \$100 copay*		

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

For more details about the Medical and Prescription Drug plans available, please see the following section of this guide.

UNDERSTANDING YOUR MEDICAL 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 tier 2 in-network benefits and a higher cost per pay period.

CONSUMER DIRECTED HEALTH PLAN

Our Consumer Directed Health Plan (CDHP) is a high-quality, low-cost medical plan, with a higher deductible than the Keystone POS and Personal Choice 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

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. Note that the POS premiums are offered at a significant discount compared to the PPO Basic and High plans.

When you enroll in POS you will be required to provide a Provider ID number which will be identified as your primary care physician

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.

In an effort to enhance the benefits package even further, Drexel University is partnering with Tower Health, as well as The University of Pennsylvania (HUP) Hospital. If you or a dependent family member enrolled in one of the Drexel University Health Plans receives services at Tower Health or HUP, your medical out-of-pocket cost will be lower compared to out-of-pocket costs for other providers in the Independence network.

TIER 1: Tower Health and HUP providers

TIER 2: IBC network excluding Tower Health and HUP providers

TIER 3: All other providers that are not in the IBC network. If you utilize Tier 3 providers, you will have the highest out-of-pocket cost.

*Tier 2 - this is also referred to as the In-Network Tier

*Tier 3 - this is also referred to as the Out-of-Network Tier

HOW TO FIND A NETWORK PROVIDER

IBC has built a custom provider for Drexel Faculty and Professional Staff to locate their Tier 1 and Tier 2 Providers.

To access the provider finder: ibx.com

1. Find a Doctor (top right hand corner)
2. Click Learn More under Doctors, hospitals, medical equipment, and specialty services...
3. Click All Plans under Your Plan:
 - A. Drexel Preferred POS (for those enrolled in the Point of Service plan)
 - B. Drexel Preferred PPO (for those enrolled in the Basic, High and CDHP)



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, that when an employee terminates from the University the HSA account is subject to bank fees.

For 2022, the HSA contribution maximums, are **\$3,650** for individual coverage and **\$7,300** 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.



FLEXIBLE SPENDING ACCOUNTS

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. **For the 2022 plan year, the maximum you can contribute to the Healthcare FSA is \$2,750.**

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, however, an LPFSA can be held at the same time as an HSA. Please note, once the deductible is met on your CDHP plan then 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 Dependent Care FSA is \$5,000 if you are a single employee or married filing jointly. If you are a married employee filing separately the maximum you can contribute is \$2,500.

For more information about eligible FSA expenses, employees can use the **FSAstore.com**.

TEMPORARY FSA ENHANCEMENTS

Pursuant to the Coronavirus Relief Bills passed in 2020, Drexel adopted the following temporary enhancements to provide the maximum amount of relief permitted by law:

- Extended deadline for submitting 2020 & 2021 FSA expenses to March 31, 2022
- All unused healthcare and dependent care balances will automatically rollover from 2021 to 2022
- There is no limit to the rollover amount.

COMMUTER PROGRAM

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. Some qualified expenses are: mass transit, train, subway, ferry rides, UberPOOL, Lyft Line, and Via Ride Options. Funds cannot be transferred between the transit and parking accounts. 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 not 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 and 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.

2022 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	\$117.26	\$54.12	\$175.89	\$81.18
EMPLOYEE + CHILD	\$265.45	\$122.52	\$398.17	\$183.77
EMPLOYEE + CHILDREN	\$362.87	\$167.48	\$544.31	\$251.22
EMPLOYEE + SPOUSE	\$390.73	\$180.34	\$586.10	\$270.51
FAMILY	\$527.59	\$243.51	\$791.40	\$365.26

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	\$261.42	\$120.65	\$392.13	\$180.98
EMPLOYEE + CHILD	\$794.79	\$366.83	\$1,192.19	\$550.24
EMPLOYEE + CHILDREN	\$1,220.31	\$563.22	\$1,780.08	\$821.57
EMPLOYEE + SPOUSE	\$1,234.54	\$569.79	\$1,851.81	\$854.69
FAMILY	\$1,581.92	\$730.12	\$2,372.89	\$1,095.18

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	\$426.74	\$196.95	\$640.11	\$295.43
EMPLOYEE + CHILD	\$1,066.02	\$492.01	\$1,543.14	\$712.22
EMPLOYEE + CHILDREN	\$1,521.64	\$702.29	\$2,027.30	\$935.68
EMPLOYEE + SPOUSE	\$1,602.14	\$739.45	\$2,308.89	\$1,065.65
FAMILY	\$2,128.21	\$982.25	\$3,070.67	\$1,417.23

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	\$41.44	\$19.13	\$62.15	\$28.69
EMPLOYEE + CHILD	\$123.41	\$56.96	\$185.13	\$85.44
EMPLOYEE + CHILDREN	\$190.73	\$88.03	\$286.10	\$132.05
EMPLOYEE + SPOUSE	\$182.64	\$84.29	\$273.96	\$126.44
FAMILY	\$253.48	\$116.99	\$380.22	\$175.49

* Drexel provides a credit for employees who do not elect coverage.

TALK TO A DOCTOR 24/7 WITH MDLIVE

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



WHAT IS MDLIVE?

MDLive is a national network of U.S. board-certified doctors available 24/7/365 to diagnose, treat and prescribe medication, if necessary, for many common medical issues.

Contact MDLive for non-emergency medical conditions such as:

- Allergies
- Asthma
- Acne
- Pink eye
- Ear infections
- Sinus issues
- Respiratory infections
- Urinary tract infections
- Cold and flu symptoms

Using MDLive 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.

HOW MUCH DOES IT COST?

MDLive 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 \$56 copay per consultation.

To contact MDLive, call **1.877.764.6605**, visit **www.mdlive.com/ibx**, or download the MDLive App.



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.

Similar to last year, 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	\$1,000		\$2,000		None
PREVENTIVE & 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	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 account login 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

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 \$130 allowance (plus 20% discount off overage) VISIONWORKS FRAMES AT VISIONWORKS LOCATIONS NATIONWIDE: Up to a \$150 allowance (plus 20% discount off overage)	\$50 Reimbursement
LENSES		
Single Vision Lenses		\$40 Reimbursement
Bifocal Lenses	No Charge	\$60 Reimbursement
Trifocal Lenses		\$80 Reimbursement
Lenticular Lenses		\$100 Reimbursement
CONTACT LENSES (IN LIEU OF EYEGLASSES)	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)	\$80 Reimbursement
FREQUENCY		
Vision Exam / Lenses / Frames	Once per calendar year	Once per calendar year

2022 DENTAL & VISION PLAN CONTRIBUTIONS

DENTAL: DHMO PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
EMPLOYEE ONLY	\$5.22	\$2.41	\$7.83	\$3.61
EMPLOYEE + CHILD	\$13.17	\$6.08	\$19.75	\$9.11
EMPLOYEE + CHILDREN	\$13.17	\$6.08	\$19.75	\$9.11
EMPLOYEE + SPOUSE	\$13.17	\$6.08	\$19.75	\$9.11
FAMILY	\$13.17	\$6.08	\$19.75	\$9.11

DENTAL: CIGNA BASE PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
EMPLOYEE ONLY	\$9.94	\$4.59	\$14.90	\$6.88
EMPLOYEE + CHILD	\$29.31	\$13.53	\$43.97	\$20.29
EMPLOYEE + CHILDREN	\$29.31	\$13.53	\$43.97	\$20.29
EMPLOYEE + SPOUSE	\$29.31	\$13.53	\$43.97	\$20.29
FAMILY	\$29.31	\$13.53	\$43.97	\$20.29

DENTAL: CIGNA PREFERRED PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
EMPLOYEE ONLY	\$15.19	\$7.01	\$22.79	\$10.52
EMPLOYEE + CHILD	\$49.66	\$22.92	\$74.48	\$34.38
EMPLOYEE + CHILDREN	\$49.66	\$22.92	\$74.48	\$34.38
EMPLOYEE + SPOUSE	\$49.66	\$22.92	\$74.48	\$34.38
FAMILY	\$49.66	\$22.92	\$74.48	\$34.38

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 & 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 benefits eligible employees on a voluntary basis.

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: 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

* 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 your health and welfare administrators, [benefitexpress](#).

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 (birth to age 26)	\$10,000

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



OPTIONAL LIFE INSURANCE



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

Evidence of insurability 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

Employees can complete EOI online by following the instructions below OR by completing the EOI form and faxing it to the number on the form. Employees can find the EOI form on the benefitexpress platform.

- 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 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 2022 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.

MassMutual WHOLE LIFE



Drexel is happy to offer whole life insurance through MassMutual. This offering provides coverage at a set premium, builds cash value over time, and allows you to borrow from the cash fund if needed. Additionally, the plan pays a death benefit to your loved ones.

ENROLLMENT INFORMATION

Employees choosing to enroll in this benefit will be asked a few health related questions, and the answers provided will determine the coverage amount that the employee is eligible for. This is considered the streamlined EOI process.

BENEFIT AMOUNTS

Minimum: \$10,000 up to:

- Guaranteed Issue*: Maximum \$100,000
- Benefit Maximum: \$250,000 per enrollment

* The Guaranteed issue limit is the amount you can elect based on your responses to the medical questions asked.

MASSMUTUAL FAQ:

Does coverage terminate if I leave Drexel?

While payroll deductions will end as your employment ends, you have the option to take your policy with you at the same rate by setting up direct billing with MassMutual. To do so, contact the MassMutual service center at **844.975.7522** or email massmutualservice@concentrix.com to request a portability package in the mail to continue payment.

How do I drop my coverage that I elected in 2021?

Call the Mass Mutual service center at **844.975.7522**.

Can I add to my 2021 coverage? You can buy up additional coverage during this enrollment. The minimum coverage amount is 10k and will be a separate certificate.

May I keep things the same? Yes, if you wish to keep the same policy and make no changes, then no action needed.

CONSIDER THE ADVANTAGES PROVIDES GUARANTEES WHICH INCLUDE

- Death Benefit
- Level Premiums
- Cash-value accumulation

DIVIDEND ELIGIBLE INCLUDING

- Cash
- Dividend Accumulations
- Paid-up additional insurance

PORTABLE, LIFELONG COVERAGE

- If you leave the university, you will own your policy along with any accumulated cash values should you maintain the benefit through MassMutual by continuing to pay your premiums directly to them.
- Additionally, if you leave the university you can change your dividend option and have your dividend payments reduce your premium!

TAX ADVANTAGES

- Generally, income-tax-free death benefit
- Tax deferred cash-value growth

TERMINAL ILLNESS PROVISION

- Receive an advance, or acceleration, of a portion of your death benefit if diagnosed with a terminal illness expected to result in death within 12 months.

WHOLE LIFE RATES

Rates are based on the amount of coverage selected and your age. The enrollment system will calculate your rate based on your election.



VOLUNTARY BENEFITS



Welcome to Dragon Perks! Formerly known as Corestream Voluntary Benefits, Dragon Perks has a new name and look!

Drexel still offers the same great voluntary benefits available to full-time and part-time employees and are 100 percent employee paid through convenient payroll deductions. For those enrolled in the Genworth Long-Term Care product, the billing will now be on a direct bill basis as opposed to a payroll deduction.

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 FROM OCT. 20 – NOV. 9 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
- Accident
- Hospital Indemnity
- Legal Plan

CRITICAL ILLNESS INSURANCE

2022 plan enhancements:

- Pre-existing conditions clause will be waived
- Higher payout for Alzheimer's and Parkinson's patients
- Rates reduced for those in the higher age brackets

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.

ACCIDENT INSURANCE

2022 plan enhancement:

Similar plan design with better pricing!

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.

HOSPITAL INDEMNITY

2022 plan enhancement:

Pre-existing conditions will be waived.

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.



VOLUNTARY BENEFITS

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.

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
- GENWORTH FINANCIAL LONG TERM CARE INSURANCE*
- PURCHASING POWER EMPLOYEE PURCHASE PROGRAM
- KASHABLE PERSONAL LOAN PROGRAM
- DISCOUNT SHOPPING & ENTERTAINMENT

*this product is now a direct bill and no longer through a payroll deduction



WELLNESS INCENTIVE PROGRAM



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.

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.

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.

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

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.

A HEALTHIER U

EMPLOYEE WELLNESS PROGRAM

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.

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PHYSICAL HEALTH

From onsite workshops to matching grants for departments that wish to purchase a sit-stand desk to help their employees incorporate more movement into their day, 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 DMG (Drexel Meditation Group) 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. Visit the HR Events Calendar for more information. Many of these programs are offered for wellness points as part of our Wellness Incentive Program (see previous page).



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%.

For more information, please visit

<https://drexel.edu/hr/benefits/retirement/403b>.

CONTRIBUTIONS

Employee Salary Deferrals

You can contribute pre-tax or post-tax contributions up to the IRS annual maximum. Subject to change when IRS announcements 2022 limit . If you are age 50 or older you may contribute up to an additional \$6,500 in "catch-up" contributions for a total of \$27,000 .

University Contributions

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.

TRANSITION TO TIAA AS THE PLAN'S SINGLE RECORD KEEPER

Starting in November, the Plan will be moving to TIAA as the single record keeper. This change will provide streamlined administration, easier retirement planning, lower fees, and enhanced services and education. Visit drexel.edu/tiaa-transiton for more information.



HOW TO ENROLL

New enrollments and salary deferral changes are currently made through DrexelOne. Log in to the retirement platform by selecting the 403(b) Plan Management link under the Employee tab in DrexelOne.

Beginning on December 8, the DrexelOne retirement link will connect you directly to TIAA.org where changes can be made faster and easier. Find more information in the Transition Guide available on drexel.edu/tiaa-transiton.



AUTOMATIC ENROLLMENT FOR NEW HIRES

Full-time Faculty and Professional Staff 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 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 2022, you can contribute up to \$20,500. 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. Beginning on December 8, the DrexelOne retirement link (drexel.edu/tiaa-transition) will connect you directly to TIAA.org where you can enroll or update your contributions. Paper Salary Deferral Agreement forms will no longer be used.



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, Drexel University Online (DUO) 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. Please visit the Tuition Remission page for more information at

<https://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, DUO 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 RESOURCES



EMPLOYEE ASSISTANCE PROGRAM (EAP)- SUPPORTLINC

Drexel partners with SupportLinc as its Employee Assistance Program (EAP) provider, who offer best-in-class resources to help you navigate through stressful times. The EAP is designed to help you address the challenges that life, work and relationships can bring.

SupportLinc is offered to benefits-eligible faculty and professional staff at no cost as part of our employee benefits package. Family and household members are also encouraged to access this benefit at no additional cost, 24/27, in-person or virtually.

In-person and virtual counseling for short-term issues are available for up to six sessions per person, per issue, per year.

For a detailed list of services visit Drexel SupportLinc website:

drexel.edu/hr/benefits/other-benefits/employee-assistance-program/

How to access services:

Connect with a live SupportLinc representative by calling their 24/7 helpline at 1.888.881.5462.

Log in to the SupportLinc website (username “drexel”) under the Web Access section of the homepage.

To download the SupportLinc eConnect® mobile app for EAP and MAP users, scan the QR code to the right or visit the Apple/iTunes or Google Play app store. (The mobile username is “drexel.”)

For any questions regarding SupportLinc services, contact the HR Service Center by emailing hr@drexel.edu or at 215.895.2850.

PROGYNY: FERTILITY BENEFITS

New in 2022, Drexel University is excited to offer fertility benefits through Progyny, the country’s leading fertility benefits solution. The Progyny benefit includes comprehensive treatment coverage leveraging the latest technologies and treatments, access to high-quality care through a premier network of fertility specialists, and personalized emotional support and guidance for every path to parenthood from dedicated Patient Care Advocates (PCAs).

There is no enrollment required, however, you must be enrolled in a Drexel medical plan to utilize Progyny. Progyny is enhancement to all of Drexel’s medical plans, so participants have direct access anytime. For more information, visit: **progyny.com** or call **844-930-3313**.

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 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 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 <https://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.
- 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. More information is available on the webpage <https://drexel.edu/hr/benefits/other-benefits/home-purchase/renovation-loan>.

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 HR Service Center by emailing hr@drexel.edu or at **215.895.2850**

HUMAN RESOURCES ASSISTANCE

Throughout the home buying process, HR will partner with each faculty and professional staff member to provide:

- Access to Participating Vendors – Drexel works with various vendors including real estate agents and mortgage lenders. View the Participating Vendors page.
- Step-by-step guidance throughout home buying process (from lender selection to settlement).

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, or contact Meagan Schaefer, Program Coordinator, Community & Economic Development, Urban Affairs Coalition, at mschaefer@uac.org or **215.851.1847**.

BENEFITS CONTACTS & RESOURCES



BENEFITS / RESOURCES	PROVIDER NAME	PHONE NUMBER	CONTACT INFORMATION
MANAGE BENEFITS / FLEXIBLE SPENDING ACCOUNTS/ DEPENDENT CARE / COMMUTER BENEFITS	Drexel University Benefit Center (powered by benefitexpress)	1.844.690.3992	Sign in through the My Drexel Benefits link on the Employee tab in DrexelOne Email: help@mybenefitexpress.com
MEDICAL	Independence Blue Cross	1.800.ASK.BLUE	ibx.com
PRESCRIPTION DRUG	OptumRx	1.855.796.3480	optumrx.com
DENTAL	Cigna	1.800.244.6224	my.cigna.com
VISION	Davis Vision	1.800.999.5431	www.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
WHOLE LIFE INSURANCE	MassMutual	1.844.975.7522	massmutual.com
VOLUNTARY BENEFITS	Dragon Perks (Formerly Corestream)	1.888.935.9595	drexelvoluntarybenefits.com
EMPLOYEE ASSISTANCE PROGRAM	SupportLinc	1.888.881.5462	drexel.edu/hr/benefits/other-benefits/employee-assistance-program/
DREXEL PARKING	Drexel	N/A	drexel.edu/business-services/parking/overview
FERTILITY AND FAMILY PLANNING	Progny	844-930-3313	progyny.com

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

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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

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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.

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 benefitexpress at 1-844-690-3992.

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.

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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 January 31, 2022. 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: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

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

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

CALIFORNIA - Medicaid

Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx

Phone: 1-800-541-5555

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://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

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

FLORIDA – Medicaid

Website: <http://flmedicaidprecovery.com/hipp/>

Phone: 1-877-357-3268

GEORGIA – Medicaid

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

Phone: 678-564-1162 ext 2131

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INDIANA — Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <http://www.indianamedicaid.com>

Phone 1-800-403-0864

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>

KANSAS — Medicaid

Website: <http://www.kdheks.gov/hcf/default.htm>

Phone: 1-800-792-4884

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://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

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

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003

TTY: Maine relay 711

MASSACHUSETTS — Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-862-4840

MINNESOTA — Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp> [Under ELIGIBILITY tab, see "what if I have other health insurance?"]

Phone: 1-800-657-3739

MISSOURI — Medicaid

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

Phone: 573-751-2005

MONTANA — Medicaid

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

Phone: 1-800-694-3084

NEBRASKA — Medicaid

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

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA — Medicaid

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

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE — Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: 603-271-5218

Toll-Free: 1-800-852-3345, ext 5218

NEW JERSEY — Medicaid and CHIP

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

Medicaid Phone: 609-631-2392

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

CHIP Phone: 1-800-701-0710

NEW YORK — Medicaid

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

Phone: 1-800-541-2831

NORTH CAROLINA — Medicaid

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

Phone: 919-855-4100

NORTH DAKOTA — Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

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>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA — Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

Phone: 1-800-692-7462

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RHODE ISLAND — Medicaid and CHIP

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

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlthe 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: <http://gethipptexas.com/>

Phone: 1-800-440-0493

UTAH — Medicaid and CHIP

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

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT— Medicaid

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

Phone: 1-800-250-8427

VIRGINIA — Medicaid and CHIP

Website: <https://www.coverva.org/hipp/>

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-855-242-8282

WASHINGTON — Medicaid

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

Phone: 1-800-562-3022

WEST VIRGINIA — Medicaid

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

Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)

WISCONSIN — Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

WYOMING — Medicaid

Website: <https://wyequalitycare.acs-inc.com/>

Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2022, 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 9.61% 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](https://www.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 <https://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.