2024
RETIREE BENEFITS GUIDE
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*PHOTOS COURTESY OF DREXEL UNIVERSITY*
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.

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

Connect with SupportLinc, Drexel’s Employee Assistance Program (EAP) provider, for counseling and support during the transition to retirement. They offer access to Retirement Coaches to help design a path for your life after Drexel.

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

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.
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, 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 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

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.
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.
• Once your Medicare enrollment is confirmed, you should submit the Drexel enrollment form confirming what benefits you wish to continue in retirement. You must also provide confirmation of your Medicare enrollment, such as a clear copy of the letter of approval from Social Security, or a copy of your 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 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, or HR@drexel.edu.
### 2024 MEDICAL PLAN COMPARISON

<table>
<thead>
<tr>
<th>POINT OF SERVICE</th>
<th>PERSONAL CHOICE PPO - BASIC</th>
<th>PERSONAL CHOICE PPO - HIGH</th>
<th>CDHP WITH HSA</th>
<th>SECURE PREFERRED PPO PLAN (MEDICARE ADVANTAGE PLAN)</th>
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<tr>
<td><strong>AVAILABLE TO PRE-65 RETIREES</strong></td>
<td><strong>AVAILABLE TO PRE-65 RETIREES</strong></td>
<td><strong>AVAILABLE TO PRE-65 RETIREES</strong></td>
<td><strong>AVAILABLE TO PRE-65 RETIREES</strong></td>
<td><strong>AVAILABLE TO POST-65 RETIREES</strong></td>
</tr>
<tr>
<td>IS A REFERRAL NEEDED TO SEE A SPECIALIST?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>EMPLOYER HEALTH SAVINGS ACCOUNT CONTRIBUTION</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Individual: $500 / Family: $1,000</td>
</tr>
<tr>
<td>DEDUCTIBLE (INDIVIDUAL/FAMILY)</td>
<td>None</td>
<td>None</td>
<td>$500 / $1,500</td>
<td>None</td>
</tr>
<tr>
<td>OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)</td>
<td>$1,500 / $3,000</td>
<td>$2,000 / $4,000</td>
<td>$3,000 / $6,000</td>
<td>$6,450 / $12,900</td>
</tr>
<tr>
<td>PREVENTIVE CARE SERVICES</td>
<td>No charge</td>
<td>No charge</td>
<td>Plan pays 70%</td>
<td>No charge</td>
</tr>
<tr>
<td>PRIMARY CARE PHYSICIAN (PCP)</td>
<td>No charge</td>
<td>$20 copay</td>
<td>Plan pays 70%*</td>
<td>No charge</td>
</tr>
<tr>
<td>TELEHEALTH</td>
<td>N/A</td>
<td>No charge</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SPECIALIST OFFICE VISIT</td>
<td>$10 copay</td>
<td>$40 copay</td>
<td>Plan pays 70%*</td>
<td>No charge</td>
</tr>
<tr>
<td>OUTPATIENT SERVICES (SURGERY)</td>
<td>No charge</td>
<td>$50 copay</td>
<td>Plan pays 70%*</td>
<td>No charge</td>
</tr>
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<td>INPATIENT SERVICES</td>
<td>$240 copay per admission</td>
<td>$100/day copay; max of 5 copays/admission</td>
<td>Plan pays 70%*</td>
<td>No charge</td>
</tr>
<tr>
<td>DIAGNOSTIC LABORATORY</td>
<td>No charge</td>
<td>No charge</td>
<td>Plan pays 70%*</td>
<td>No charge</td>
</tr>
<tr>
<td>DIAGNOSTIC X-RAY</td>
<td>No charge</td>
<td>$20 copay</td>
<td>Plan pays 70%*</td>
<td>No charge</td>
</tr>
<tr>
<td>IMAGING (MRI, CT-SCAN)</td>
<td>No charge</td>
<td>$50 copay</td>
<td>Plan pays 70%*</td>
<td>No charge</td>
</tr>
<tr>
<td>EMERGENCY ROOM</td>
<td>$100 copay</td>
<td>$100 copay</td>
<td>Covered at in-network level</td>
<td>$100 copay</td>
</tr>
<tr>
<td>URGENT CARE CENTER</td>
<td>No charge</td>
<td>$35 copay</td>
<td>Plan pays 70%*</td>
<td>No charge</td>
</tr>
<tr>
<td>OUTPATIENT SERVICES FOR MENTAL HEALTH/BEHAVIORAL/SUBSTANCE ABUSE</td>
<td>Not available</td>
<td>$20 copay</td>
<td>Plan pays 70%*</td>
<td>No charge</td>
</tr>
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</table>

*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.
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
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.

- **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.**

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<tr>
<th>IN-NETWORK PRESCRIPTION BENEFITS</th>
<th>CURRENT DREXEL PLAN*</th>
<th>SECURE PREFERRED PPO PLAN</th>
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<tr>
<td></td>
<td>RETAIL (UP TO 30-DAY SUPPLY)</td>
<td>MAIL ORDER (UP TO 90-DAY SUPPLY)</td>
</tr>
<tr>
<td>GENERIC</td>
<td>$10 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREFERRED BRAND</td>
<td>$30 copay</td>
<td>$60 copay</td>
</tr>
<tr>
<td>NON-PREFERRED BRAND</td>
<td>$50 copay</td>
<td>$100 copay</td>
</tr>
</tbody>
</table>

* For the CDHP plan, deductible must be satisfied first before copays kick in.
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](http://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](http://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

<table>
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<tr>
<th>Benefit Description</th>
<th>Secure Preferred PPO Vision Plan</th>
<th>Davis Vision Plan</th>
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</thead>
<tbody>
<tr>
<td><strong>Exam</strong></td>
<td>No Charge, up to a $70 maximum</td>
<td>No Charge</td>
</tr>
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</table>
| **Frames**                   | No Charge, up to a $100 maximum* | **Non-Davis Collection Frames:**
                               |                                  | Up to $130 allowance (plus 20% discount off average) |
| **Lenses**                   | No Charge, up to a $100 maximum* | **Visionworks Frames at Visionworks Locations Nationwide:**
                               |                                  | Up to a $150 allowance (plus 20% discount off average) |
| Single Vision / Bifocal / Trifocal / Lenticular |
| **Contact Lenses** (In Lieu of Eyeglasses) | No Charge, up to a $100 maximum* | **Davis Collection (Daily, Specialty, and Disposable)**
|                              |                                  | No Charge         |
| **Frequency**                | Exam: Once per calendar year     | **Non-Davis Collection**
| Vision Exam / Lenses / Frames | Eyewear Reimbursement: Every two years | Contacts: Up to $130 allowance
|                              |                                  | Evaluation: Up to $60 allowance (plus 15% discount off average) |

* $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.

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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.
### 2024 PLAN CONTRIBUTIONS

**OVER 65/MEDICARE-ELIGIBLE MEDICAL PLAN RATES**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Full Rate</th>
<th>Drexel Pays</th>
<th>Retiree Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secure Preferred PPO Plan</strong>&lt;br&gt;Retiree Only</td>
<td>$278.52</td>
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<td><strong>OVER 65/MEDICARE-ELIGIBLE MEDICAL PLAN RATES</strong>&lt;br&gt;Retiree + Spouse</td>
<td>$557.04</td>
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**UNDER 65 MEDICAL PLANS AND RATES**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Full Rate</th>
<th>Drexel Pays</th>
<th>Retiree Cost</th>
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<tbody>
<tr>
<td><strong>Keystone/AmeriHealth POS + RX</strong>&lt;br&gt;Retiree Only</td>
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<td><strong>KEYSTONE/AMERIHEALTH POS + RX</strong>&lt;br&gt;Retiree + Spouse</td>
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<td><strong>PC Basic + RX</strong>&lt;br&gt;Retiree Only</td>
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<td><strong>PC Basic + RX</strong>&lt;br&gt;Retiree + Spouse</td>
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<td><strong>PC High + RX</strong>&lt;br&gt;Retiree Only</td>
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<td><strong>PC High + RX</strong>&lt;br&gt;Retiree + Spouse</td>
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<td><strong>CDHP + RX</strong>&lt;br&gt;Retiree Only</td>
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<td><strong>CDHP + RX</strong>&lt;br&gt;Retiree + Spouse</td>
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**DENTAL RATES**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Full Rate</th>
<th>Drexel Pays</th>
<th>Retiree Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cigna Base Plan</strong>&lt;br&gt;Retiree Only</td>
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<td><strong>CIGNA BASE PLAN</strong>&lt;br&gt;Retiree + Spouse</td>
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<td><strong>Cigna Preferred Plan</strong>&lt;br&gt;Retiree Only</td>
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<td><strong>CIGNA PREFERRED PLAN</strong>&lt;br&gt;Retiree + Spouse</td>
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<td><strong>CIGNA DHMO PLAN</strong>&lt;br&gt;Retiree + Spouse</td>
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**DAVIS VISION RATES**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Full Rate</th>
<th>Drexel Pays</th>
<th>Retiree Cost</th>
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<td><strong>Davis Vision Plan</strong>&lt;br&gt;Retiree Only</td>
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<td><strong>DAVIS VISION PLAN</strong>&lt;br&gt;Retiree + Spouse</td>
<td>$9.98</td>
<td>$0.00</td>
<td>$9.98</td>
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</tbody>
</table>
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

PHOTOS COURTESY OF DREXEL UNIVERSITY
EMPLOYEE ASSISTANCE PROGRAM (EAP)

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 retirees 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/](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.

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.

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.

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/SEPTA 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.

SEPTA KEY ADVANTAGE PROGRAM:
If you are participating in the SEPTA Key Advantage Program, you are eligible for the benefit until the end of the month in which your employment ends. Due to timing
WHAT HAPPENS TO MY BENEFITS WHEN I RETIRE?

constraints of the enrollment window, it is possible that you might have a pass loaded to your card after you have stopped your employment with Drexel. You should expect that the next ordering window will deactivate your enrollment in the program. Additional questions on this can be directed to the Human Resources Service Center at 215.895.2850.

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.

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 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 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

<table>
<thead>
<tr>
<th>BENEFITS/RESOURCES</th>
<th>PROVIDER NAME</th>
<th>PHONE NUMBER</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MANAGE BENEFITS</strong></td>
<td>Drexel University Benefits Center</td>
<td>1.844.690.3992</td>
<td>Sign in through the My Drexel Benefits link on the Employee tab in DrexelOne Email: <a href="mailto:help@mybenefitexpress.com">help@mybenefitexpress.com</a></td>
</tr>
<tr>
<td><strong>MEDICAL/RX (65+)</strong></td>
<td>Secure Preferred PPO Pharmacy Member Services</td>
<td>Pre-Enrollment: 1.844.451.2069</td>
<td>Members: 1.844.451.2057 Email: bluemedadvgrhs.com</td>
</tr>
<tr>
<td></td>
<td>Pharmacy Mail Order (Carelon)</td>
<td>1.833.409.1212</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.833.396.0309</td>
<td></td>
</tr>
<tr>
<td><strong>MEDICAL/RX (&lt;65)</strong></td>
<td>Independence Blue Cross Pharmacy Benefit Manager: Optum</td>
<td>1.800.ASK.Blue</td>
<td>Email: lbx.com</td>
</tr>
<tr>
<td></td>
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<td>1.888.678.7012</td>
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<tr>
<td><strong>DENTAL</strong></td>
<td>Cigna</td>
<td>1.800.244.6224</td>
<td>Email: my.cigna.com</td>
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<td>Davis Vision Plan</td>
<td>1.800.999.5431</td>
<td>Email: davisvision.com</td>
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<tr>
<td></td>
<td>Secure Preferred PPO Vision Plan</td>
<td>1.844.451.2069</td>
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</tr>
<tr>
<td><strong>EMPLOYEE ASSISTANCE PROGRAM</strong></td>
<td>SupportLinc</td>
<td>1.888.881.5462</td>
<td>Email: drexel.edu/hr/benefits/other-benefits/employee-assistance-program</td>
</tr>
</tbody>
</table>

Visit [drexel.edu/hr/benefits/providers](drexel.edu/hr/benefits/providers) for a full list of benefit providers and 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 Regarding Special Enrollment

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

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

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

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

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

**Women’s Health and Cancer Rights Act Notice**

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

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

These benefits will be provided subject to the same deductibles and
coinsurance applicable to other medical and surgical benefits provided
under this plan. If you would like more information on WHCRA benefits,
please speak with Human Resources.

**Notice of Coverage for Newborns and Mothers**

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

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

If you or your children are eligible for Medicaid or CHIP and you’re
eligible for health coverage from your employer, your state may have
a premium assistance program that can help pay for coverage, using
funds from their Medicaid or CHIP programs. If you or your children
aren’t eligible for Medicaid or CHIP, you won’t be eligible for these
premium assistance programs but you may be able to buy individual
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, 2023. Contact your State for more
information on eligibility –

**ALABAMA — Medicaid**
Website: http://myalhipp.com/
Phone: 1-855-692-5447

**ALASKA — Medicaid**
The AK Health Insurance Premium Payment Program
Website:  http://myakhipp.com/
Phone:  1-866-251-4861
Email:  CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
LEGAL NOTICES: PRE-65 RETIREES

ARKANSAS — Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA — MEDICAID
Health Insurance Premium Payment (HIPPP) 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 First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+:
https://hcp.colorado.gov/child-health-plan-plus
Health Insurance Buy-In Program (HIBI):
https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA — Medicaid
Website: https://www.filmedicaidpcrecovery.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
Phone: 678-564-1162, Press 2

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: https://www.in.gov/medicaid/
Phone: 1-800-457-4584

IOWA — Medicaid and CHIP (Hawks)
Medicaid Website: https://dhhs.iowa.gov/imexmembers
Medicaid Phone: 1-800-338-8366
Hawks Website: http://dhhs.iowa.gov/hawks
Hawks Phone: 1-800-257-8563
HIPP Website: https://dhhs.iowa.gov/imexmembers/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KENTUCKY — Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dts/member/Pages/kipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov

LOUISIANA — Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/laheipp
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/ohs/hipp/applications-forms
Phone: 800-977-6400 TTY: Maine relay 711

MASSACHUSETTS — Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 617-886-8102
Email: massprem.com@accenture.com

MINNESOTA — Medicaid
Website: https://mn.gov/mhd/participants/pages/hipp.htm
Phone: 1-800-657-3739

MISSOURI — Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1-573-753-2005

NEBRASKA — Medicaid
Website: http://dphhs.state.ne.us/MontanaHealthcarePrograms/HIPPP
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEVADA — Medicaid
Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

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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 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://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
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA — Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx
Phone: 1-800-692-7462
CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND — Medicaid and CHIP
Website: http://www.rhhs.ri.gov
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA — Medicaid
Website: https://scdhh.s.gov
Phone: 1-888-541-0820

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

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: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

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: https://mywvhipp.com/ and https://dhhr.wv.gov/hms/
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, 2023, 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 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.

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.

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

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.