know

achievement happens when we work together.

We are proud to offer PNC WorkPlace Banking and its benefits to employees of University of Delaware. At PNC, we’re dedicated to providing you with convenient banking solutions that fit your lifestyle and financial needs.

To learn more about WorkPlace Banking, visit pnc.com/wpbanking, or stop by one of our branch locations near campus:

• PNC Customer Service Center, Trabant University Center
• Newark Branch, 201 Newark Shopping Center
• Pencader Plaza Branch, 25 Pencader Plaza
• Omega Branch, 4643 Stanton-Ogletown Road

PNC Bank
for the achiever in you®
Dear Colleague,

This Benefits Guide for the 2017-2018 plan year provides important information about your benefits. I hope you’ll take the time to review the contents as you make decisions about your benefits for the open enrollment period from May 10 through May 26 and that you’ll keep it as a reference throughout the next year.

UD’s strength depends on the enthusiasm and dedication of its people. The University is committed to the health and well-being of you and your family, and we continue to invest in health, wellness, dental, vision, life, education, retirement savings benefits and multiple voluntary options.

I am pleased to tell you that effective July 1, 2017, there will be no premium increases to your health insurance plan. I hope you will continue to take advantage of the health consumerism resources available to you.

Please take the time to learn about your options so that you can select the plans and activities that best suit your needs. Your questions and feedback about this guide and the benefits offered are always welcome. You can visit the Human Resources website (http://www.udel.edu/hr) any time for additional information. Human Resources staff may be reached at hrhelp@udel.edu, or stop in our office at 413 Academy St. I strongly believe that informed choices will lead to healthier balanced lives—at work and at home.

Sincerely,

Thomas LaPenta
Chief Human Resources Officer
University of Delaware Employees

Choose an Aetna Health Plan that works for you!
We have nationwide and local networks with coverage in all Delaware counties. Including excellent member services, programs to keep you healthy and discounts to save money.

Aetna CDH Gold Plan
• HRA Fund – Stay with the Gold Plan and your HRA funds rollover
• Choose any doctor you want, in- or out-of-network
• Preventive care is covered at 100%

Aetna HMO Plan
• Large local network
• Choose any doctor in-network
• Preventive care is covered at 100%

To find out more about Aetna’s plans for University of Delaware employees, call 1-877-542-3862 or visit AetnaDelaware.com.

Health benefits plans are offered and/or underwritten by Aetna Health Inc. (Aetna).
Health benefit plans contain exclusions and limitations. Discount programs provide access to discount services and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.
A look at what’s inside

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Note: Plan design features and rates are subject to change.

If there is any conflict between the content of this summary booklet and a plan document, the plan document will prevail.
Thank you for your trust and confidence.

We are proud to be serving the financial planning needs of University of Delaware faculty, staff and alumni.

Christopher J. Metkiff
Financial Advisor | UD Alumnus
cmetkiff@financialguide.com

Luke R. Chapman, CFP®, CFBS
Financial Planner | UD Alumnus
lchapman@financialguide.com

Paul M. Mitchell, CFP®, CFBS
Financial Planner | UD Alumnus
paulmitchell@financialguide.com

Alex R. Mottle
Financial Advisor | UD Alumnus
amottle@financialguide.com

15 Reads Way, Suite 210, New Castle, DE 19720

(302) 325-0700
www.universityadvisorygroup.com
2017-2018 Benefits

2017-2018 RATES

Even though costs are rising, the University continues to offer excellent benefit choices and pays an average of 91 percent of the cost for health and 100 percent of the cost for dental insurance premiums for full-time employees.

The benefit plan premiums for health, dental and vision will not change on July 1, 2017.

STREAMLINED MEDICAL PLANS

Beginning July 1, 2017, Aetna will administer the Consumer Directed Health Plan (CDH) and the HMO Plan, and Highmark Delaware will administer the First State Basic Plan and Comprehensive PPO Plan. Decreasing the plan offerings from two HMO and CDH plans to one CDH and HMO plan allows for an easier decision-making process for members and increases administrative efficiency.

PRESCRIPTION DRUG FORMULARY

Express Scripts reviews and updates the plan’s list of covered medications every year to ensure that the plan is providing the most effective medications for members at the most reasonable cost to plan members.

Effective Jan. 1, 2017, a number of brand medications are excluded from the formulary. This means that these drugs are no longer covered under the plan, and members must pay the total retail cost of the medication. If an excluded medication is medically necessary, you may initiate the appeal process. Visit http://ben.omb.delaware.gov/script/planinfo.shtml for a formulary list. (This list is subject to change throughout the year.) For a complete listing, visit www.express-scripts.com or contact member services at 1-800-939-2142.

NEW CONSUMERISM RESOURCES

Mini-Educational Videos

A curriculum of short, educational videos (5-15 minutes each) is available to help you learn more about what’s new for FY18, the various health plans available and how to comply with the Spousal Coordination of Benefits Policy if you will be covering your spouse on your health plan. To access the mini-videos, please visit http://ben.omb.delaware.gov/oe/curriculum.shtml.

HR HELP

The Office of Human Resources is using an automated tracking and response system to better track inquiries and issues as they are received and to continue to provide excellence in customer service. If you need assistance, please submit your question to the Office of Human Resources by using the HR Help form at www.udel.edu/hr/hrhelp.html. After submitting the form, you will receive a response from Human Resources.
OPEN ENROLLMENT ELECTIONS
During the Open Enrollment period, employees may:
• Change to a different health plan option;
• Enroll in a health, dental or vision plan if you declined coverage previously;
• Add or remove dependents (i.e., change your coverage level);
• Drop coverage for health, dental or vision insurance;
• Change to a different level of disability and/or life insurance.

The benefits plan year begins July 1 and ends June 30. Benefits Open Enrollment is typically held in May. During this time, employees can change their benefits (with the exception of Flexible Spending Accounts), check their benefit costs and confirm their enrollment for July 1 by logging onto www.udel.edu/flexnet.

The online FlexNet process includes detailed instructions for completing your Open Enrollment elections along with information about documents that may be required if you are covering your spouse and/or adding dependents for the first time to your plans for the new benefits plan year.

Be sure to forward all required documents before the close of the Open Enrollment Period to:
HR-Benefits, First Floor-Suite 150, 413 Academy Street, Newark, DE 19716

IF YOU DO NOT CONFIRM OR CHANGE YOUR ELECTIONS DURING OPEN ENROLLMENT
If you do not enroll or make changes during open enrollment, your benefit elections, (for health, dental, vision, long-term disability and employee life insurance) will carry over into the new plan year. You can change your coverage only if you have an eligible family status change, as defined by federal law.

If you are currently enrolled in one of the Highmark plans no longer being offered as of July 1, 2017 (CDH and IPA/HMO), you will automatically be defaulted into the equivalent Aetna plan if you take no action during Open Enrollment. Important: HMO members are required to select a Primary Care Provider (PCP). Employees who default or enroll in the Aetna HMO plan and do not select a PCP during open enrollment will have one assigned to them by Aetna.

QUALIFYING LIFE EVENTS
Employees may enroll in benefits or make a change to plan options during the year only when they experience a qualifying life event:
• You marry or divorce;
• A child joins your family through birth or adoption;

QUALIFYING LIFE EVENT DOCUMENT GUIDE

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DOCUMENTATION/FORMS REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in marital status:</td>
<td></td>
</tr>
<tr>
<td>Marriage</td>
<td>• Marriage/Civil Union Certificate  • State of Delaware's Spousal Coordination form  • Certificate of Tax Dependent Status  • Social Security Card</td>
</tr>
<tr>
<td>Divorce</td>
<td>• Divorce Decree</td>
</tr>
<tr>
<td>Change in number of dependents:</td>
<td></td>
</tr>
<tr>
<td>Birth or Adoption</td>
<td>• Birth announcement/Birth Certificate  • Adoption Certificate  • Dependent Coordination form (DCOB)  • Social Security Card</td>
</tr>
<tr>
<td>Death</td>
<td>• Death Certificate</td>
</tr>
<tr>
<td>Change in employment status:</td>
<td></td>
</tr>
<tr>
<td>Employee or spouse changes status (eligible to ineligible and vice versa)</td>
<td>• Loss of employment/coverage–Additional Information form  • Letter of employment listing the effective date of new health insurance  • Spousal Coordination of Benefits Form (if you are enrolled in a UD Health insurance plan at the &quot;employee &amp; spouse&quot; or &quot;family&quot; coverage level and there is a change in your spouse's employment)</td>
</tr>
</tbody>
</table>

All documents should be submitted to: HR-Benefits: First Floor-Suite 150, 413 Academy Street, Newark, DE 19716.
• Your spouse becomes employed, loses his or her job (full-time employment) or involuntarily loses health coverage;
• Your spouse or dependent child dies;
• Your dependent becomes ineligible for coverage;
• You or your spouse has a change in job status from full-time to part-time or vice versa;
• You or your spouse takes an unpaid leave.

If during the year, you experience a qualifying life event, you must submit a Family Status and Benefits Change Form within 30 days of the event to enroll or make changes. If you fail to submit the required documents within 30 days of the event, you must wait until the next Open Enrollment period to apply for coverage.

ELIGIBILITY
The following employee categories are eligible for coverage under the University’s health, dental, vision, life and disability insurance.

a) Full-Time Faculty—academic position classified as full-time under the terms and conditions of the AAUP Collective Bargaining Agreement.

b) Full-Time Staff—non-faculty position with a work schedule of 37.5 to 40.0 hours per week for at least nine months during a period of 12 consecutive months.

c) Defined-Term Full-Time Staff—non-faculty position with a work schedule of 37.5 to 40.0 hours per week for a duration greater than 12 consecutive months, but less than 36 consecutive months.

d) Temporary Full-Time Staff—non-faculty position with a work schedule of 37.5 to 40.0 hours per week for a duration not longer than 12 consecutive months.

Dependents (your spouse and your children up to age 26) can be covered under the health, dental, vision and dependent life plans.

Visiting faculty and visiting professionals are eligible only for “core” benefits (health, dental, vision, Course Fee Waiver and University ID Card privileges).

VOLUNTARY BENEFIT OPTIONS
The University also provides an array of other voluntary benefit options:

• Supplemental Benefits
• Pre-Tax Commuter Benefits
• Home Purchase Assistance Program and Neighborhood Mortgage Assistance Program
• Automobile and Homeowner Insurance
• PNC Banking Services
• Long-Term Care Insurance
• 403(b) Retirement Savings Plan and 457(b)
• Deferred Compensation Plan
• 529 College Savings Plan
• Flexible Spending Accounts (November Open Enrollment for January–December Plan Year)
As an employee or retiree of the University of Delaware, you could receive exclusive savings on auto and home insurance from Liberty Mutual.¹

Enjoy the benefits of being part of a community.
You could save up to $519.52 a year², and you’ll have access to all the advantages of being a Liberty Mutual customer:

24-Hour Claims Assistance
Online or by phone

Accident Forgiveness³
No premium increase due to an initial accident

Better Car Replacement™
Only Liberty Mutual offers it

Convenient Payment Options
Including automatic payroll deduction

Contact me for a free quote or visit www.libertymutual.com/universityofDelaware

Rick F. Martin
131 Continental Drive - Suite 108
Newark, DE 19713
302-369-9904 ext 53001
Rick.Martin@libertymutual.com
Client # 433

¹ Discounts and savings are available where state laws and regulations allow, and may vary by state. To the extent permitted by law, applicants are individually underwritten: not all applicants may qualify. ² Average annual savings based on nationwide survey of new customers from 01/27/2014 to 01/31/2015 who reported their prior insurers’ premiums when they switched to Liberty Mutual’s group auto and home program. Savings do not apply in MA. ³ For qualifying customers only. Accident Forgiveness is subject to terms and conditions of Liberty Mutual’s underwriting guidelines. Not available in CA and may vary by state. ⁴ Optional coverage. Applies to a covered total loss. Deductible applies. Does not apply to leased vehicles and motorcycles. Not available in NC. ⁵ With the purchase of optional Towing & Labor coverage. Applies to mechanical breakdowns and disabilities only. Towing related to accidents would be covered under your Collision or Other Than Collision coverage.

Coverage provided and underwritten by Liberty Mutual Insurance and its affiliates, 175 Berkeley Street, Boston, MA 02116.
©2017 Liberty Mutual Insurance
Valid through May 27, 2017.
UD-supported programs provide opportunities and flexibility for employees to tailor benefits to meet their personal needs.

UNIVERSITY CONTRIBUTIONS

The University provides full-time employees with a benefits allowance (or Flex Credit) called “UDollars.” This is the University’s contribution, and it covers a large portion of the premium costs for health, dental, vision, life and disability insurance.

Employees are able to use UDollars provided by the University to assist in paying for the benefits selected. If the total cost of the options chosen exceeds the UDollars paid by the University, employees pay the difference in pre-tax dollars. If the total cost of the benefits selected is less than the UDollars provided, employees receive the difference as taxable cash.

For full-time employees, the University’s health plan coverage contribution averages 91 percent of the total premium, depending on the plan and coverage tier. The University also pays the cost of “employee-only” vision, full cost of dental coverage, standard long-term disability, and life insurance equal to two times base annual salary.

DOUBLE STATE SHARE

A full-time University employee (married prior to Jan. 1, 2012, to another full-time University employee, State employee or University retiree) who is enrolled in a University health care plan will pay $25 per month per contract (or the applicable employee-only premium, if enrolled in an employee-only plan for which the employee share of the premium is less than $25 per month).

The same Double State Share rules apply to any University retiree married to another University retiree.

Double State Share is not available for anyone who was not eligible for Double State Share prior to Jan. 1, 2012. To continue eligibility, a Double State Share verification form must be completed every Open Enrollment.

WHERE TO VIEW PLAN INFORMATION

A detailed Summary Plan Description for each of our health plans is available at http://www1.udel.edu/Benefits

HOW TO VIEW YOUR BENEFITS

The online Flex Benefits View, at www.udel.edu/webviews, shows the total cost of the benefits, the amount the University contributes toward your benefits (Flex Credit/UDollars) and your before-tax deduction.

BENEFIT PLAN ID

With initial enrollment, benefit plan identification cards for health (Aetna or Highmark Delaware), prescription (Express Scripts) and vision (NVA) are mailed to the home address that is on file with the University. Present these identification cards to your provider when using your benefits. MetLife, the University’s dental plan provider, does not issue employee ID cards. Your MetLife dental membership ID is your UD employee ID number. The University’s dental group plan number is 95140.

If you need additional cards, you must call Aetna, Highmark Delaware, Express Scripts or NVA at the customer service phone numbers listed on the back cover.
New hires and newly benefited employees must elect an option for each of the benefit plans listed in the chart below. Elections must be made within 30 days of the benefits-eligibility date.

**ELIGIBILITY DATE**

If your hire date is the first day of the month, your benefits will be effective the first day of the month in which you are hired. If your hire date is after the first day of the month, your benefits will be effective the first day of the following month.

**EXAMPLE**

<table>
<thead>
<tr>
<th>Hire Date</th>
<th>Benefits Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/2017</td>
<td>8/1/2017</td>
</tr>
<tr>
<td>8/2/2017</td>
<td>9/1/2017</td>
</tr>
</tbody>
</table>

**RETIREMENT INCOME**

To provide income in retirement, the University contributes to the 403(b) Retirement Savings Plan for Faculty and Exempt Staff and the State Employees’ Pension Plan for Non-Exempt Staff.

**HOW TO ENROLL**

Soon after your hire date or transfer to a benefits-eligible position, HR-Benefits will send an email that provides you with specific instructions about enrollment in UD employee benefit plans. The email will include links to online plan information, required documents and the Benefits Enrollment Worksheet.

After reviewing the benefits information, you may print the Benefits Enrollment Worksheet to use as a guide when selecting your enrollment options. Please follow the instructions provided in the email to submit your benefits elections.

**ADDITIONAL INFORMATION**

- If you are covering your spouse under your health plan, you must complete a Spousal Coordination of Benefits Form.
- Your benefits elections cannot be processed until all required documents are received.
- If you choose to waive health insurance, you must complete the Waiver of Medical Insurance Form.

### BENEFIT PLAN AND ENROLLMENT OPTIONS AT A GLANCE

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Plan Options</th>
<th>Coverage Tiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance(^1)</td>
<td>Highmark Delaware First State Basic PPO</td>
<td>Employee Only</td>
</tr>
<tr>
<td></td>
<td>Aetna HMO</td>
<td>Employee and Spouse</td>
</tr>
<tr>
<td></td>
<td>Highmark Delaware Comprehensive PPO</td>
<td>Employee and Child(ren)</td>
</tr>
<tr>
<td></td>
<td>Aetna CDH Gold</td>
<td>Family</td>
</tr>
<tr>
<td>Dental</td>
<td>MetLife Dental</td>
<td>Waive Coverage(^2)</td>
</tr>
<tr>
<td>Vision</td>
<td>National Vision Administrators (NVA)</td>
<td></td>
</tr>
<tr>
<td>Long-Term Disability</td>
<td>60 percent of Salary Replacement (Standard)</td>
<td>Standard Option</td>
</tr>
<tr>
<td></td>
<td>66 2/3 percent of Salary Replacement (High)</td>
<td>High Option</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>MetLife Group Employee Basic Life</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Optional Employee Life Insurance(^3)</td>
<td>Voluntary Enrollment through MetLife</td>
</tr>
<tr>
<td></td>
<td>Dependent Life Insurance(^1)</td>
<td>Voluntary Enrollment through MetLife</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>FSA Health Care</td>
<td>Voluntary Enrollment upon hire</td>
</tr>
<tr>
<td></td>
<td>FSA Dependent (Day) Care</td>
<td>Waive</td>
</tr>
</tbody>
</table>

\(^1\) All health plans include prescription coverage through Express Scripts

\(^2\) Employees who waive coverage will receive credits: Medical—$350/year, Dental—$100/year, Vision—$50 Credit

\(^3\) Enroll in Optional Life Insurance directly through MetLife
• It is your responsibility to complete the Beneficiary Designation Form for the Basic Life Insurance and send it directly to MetLife.

• Benefit plan identification cards and related enrollment information will be sent to your home address within 10-14 business days of your enrollment. Please ensure that your home mailing address on file with the University is up-to-date. You may change your address and other personal information by completing the HR Employee Emergency Notification Web Form at www.udel.edu/webforms.

IF YOU DO NOT ENROLL

New employees who do not enroll for benefits within the first 30 days of eligibility will have their benefits defaulted to the following:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Coverage Tiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Employee only Highmark Delaware Stand First State Basic PPO</td>
</tr>
<tr>
<td>Dental</td>
<td>Employee only</td>
</tr>
<tr>
<td>Vision</td>
<td>No coverage</td>
</tr>
<tr>
<td>Long-term Disability</td>
<td>Standard</td>
</tr>
<tr>
<td>Employee Life Insurance</td>
<td>2X benefits base salary</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>No coverage</td>
</tr>
</tbody>
</table>

The next opportunity to enroll will be the next Open Enrollment period or within 30 days of a qualifying life event.

Note: The benefits plan year begins July 1 and ends June 30. Benefits Open Enrollment is typically held in May.

EMPLOYEE BASIC GROUP LIFE INSURANCE

Enrollment in Employee Basic Group Life Insurance is mandatory. Upon hire, all new employees must make an election during the benefits enrollment process. Employees may choose one of three University-paid Basic Life options:

• $10,000; $50,000; or 2 times annual base salary (the maximum coverage is $1,000,000).

• Life insurance will be defaulted to 2 times annual base salary if no election is made.

• Group Basic Life Insurance is effective on your benefits-eligibility date.

OPTIONAL LIFE INSURANCE FOR NEWLY HIRED OR NEWLY BENEFITED EMPLOYEES

New hires and newly benefited employees may enroll for coverage up to the lesser of: (1) 5 times annual base salary; or (2) $1,000,000, without a Statement of Health (SOH) if they enroll within 30 days of their benefits eligibility date. Enrollments outside of the 30-day enrollment period will require an SOH. See the HR-Benefits (http://www1.udel.edu/Benefits/menu_optionallife.html) or MetLife websites (www.udel.edu/metlife-auth) for additional information.

If you are a new employee, an SOH will also be required for a spouse, if enrolling for coverage greater than $30,000. If coverage is less than $30,000, no SOH is required as a new employee.
Understanding your Pay Stub

On your pay stub, you will see the University’s benefits contribution shown as Flex Credit UDollars under Hours and Earnings. You will also see the full Before-Tax Deductions for Medical, Dental, Vision Care, Employee Life and Long-Term Disability. To calculate your per-pay out-of-pocket cost for these benefits, subtract the Flex Credit-UDollars from the Before-Tax Deductions.

- If your deductions are greater than the Flex Credit-UDollars, you are paying the difference with a pre-tax contribution.
- If the Flex Credit-UDollars amount is greater than the pre-tax deductions, you are receiving the difference in your taxable income.

Note: If a civil union spouse or civil union dependent child is a non-tax qualified dependent, deductions for the named dependent(s) are taken after tax. Please also see your Flex Benefits webview (www.udel.edu/webviews) for a summary of your deductions and University contributions.
### Group Health Insurance Program New Rates Effective July 1, 2017

<table>
<thead>
<tr>
<th>Plan</th>
<th>Total Per Pay Rate</th>
<th>UD Pays</th>
<th>Employee Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Highmark Delaware First State Basic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$365.07</td>
<td>$350.47</td>
<td>$14.60</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$755.31</td>
<td>$725.10</td>
<td>$30.21</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$554.94</td>
<td>$532.74</td>
<td>$22.20</td>
</tr>
<tr>
<td>Family</td>
<td>$944.17</td>
<td>$906.41</td>
<td>$37.76</td>
</tr>
<tr>
<td><strong>Aetna CDH Gold</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$377.83</td>
<td>$358.94</td>
<td>$18.89</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$783.42</td>
<td>$744.25</td>
<td>$39.17</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$577.27</td>
<td>$548.41</td>
<td>$28.86</td>
</tr>
<tr>
<td>Family</td>
<td>$995.27</td>
<td>$945.50</td>
<td>$49.77</td>
</tr>
<tr>
<td><strong>Aetna HMO</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$381.12</td>
<td>$356.35</td>
<td>$24.77</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$803.56</td>
<td>$751.33</td>
<td>$52.23</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$583.03</td>
<td>$545.14</td>
<td>$37.89</td>
</tr>
<tr>
<td>Family</td>
<td>$1,002.66</td>
<td>$937.49</td>
<td>$65.17</td>
</tr>
<tr>
<td><strong>Highmark Delaware Comprehensive PPO</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$416.78</td>
<td>$361.56</td>
<td>$55.22</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$864.86</td>
<td>$750.26</td>
<td>$114.60</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$642.32</td>
<td>$557.21</td>
<td>$85.11</td>
</tr>
<tr>
<td>Family</td>
<td>$1,081.19</td>
<td>$937.93</td>
<td>$143.26</td>
</tr>
<tr>
<td><strong>Dental Plan Administered by MetLife</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$22.66</td>
<td>$22.66</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$45.61</td>
<td>$45.61</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$51.04</td>
<td>$51.04</td>
<td>$0.00</td>
</tr>
<tr>
<td>Family</td>
<td>$74.17</td>
<td>$74.17</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Vision Plan Administered by National Vision Administrators (NVA)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$2.21</td>
<td>$2.21</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$4.75</td>
<td>$2.21</td>
<td>$2.54</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$3.58</td>
<td>$2.21</td>
<td>$1.37</td>
</tr>
<tr>
<td>Family</td>
<td>$6.53</td>
<td>$2.21</td>
<td>$4.32</td>
</tr>
</tbody>
</table>

You can also view the monthly and/or per-pay benefit rates for full-time employees on the HR-Benefits website at www.udel.edu/Benefits/ratechart.html.
**Summary of Benefits:** This Summary of Benefits highlights the health plans available. Summary Plan Description Booklets are available at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical). Existing contracts and law supersede any discrepancies in this brief benefits overview. Effective 7/1/2017

### FIRST STATE BASIC PLAN (HIGHMARK DELAWARE)

<table>
<thead>
<tr>
<th>Description of Benefit</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deductible: $500/$1000*</td>
<td>Deductible: $1,000/$2,000*</td>
</tr>
<tr>
<td></td>
<td>Out-of-Pocket Max: $2,000/$4,000** including deductible</td>
<td>Out-of-Pocket Max: $4,000/$8,000** including deductible</td>
</tr>
<tr>
<td>Inpatient Room &amp; Board</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Inpatient Physicians'/Surgeons' Services</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Prenatal and Postnatal Care</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Delivery Fee</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Hospice</td>
<td>90% after deductible for up to 365 days</td>
<td>70% after deductible for up to 365 days</td>
</tr>
<tr>
<td>Home Care Services</td>
<td>90% after deductible for up to 240 days per plan year</td>
<td>70% after deductible for up to 240 days per plan year</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>100% after $25 copay per visit</td>
<td>100% after $25 copay</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>90% after deductible</td>
<td>90% after deductible</td>
</tr>
</tbody>
</table>

### MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE

<table>
<thead>
<tr>
<th>Description of Benefit</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Acute/ Partial Hospitalization</td>
<td>90% after deductible (subject to authorization)</td>
<td>70% after deductible (subject to authorization)</td>
</tr>
<tr>
<td>Outpatient</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
</tbody>
</table>

### OTHER SERVICES

<table>
<thead>
<tr>
<th>Description of Benefit</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Medical Equipment</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>120 days per benefit period Benefits renew after 180 days without care</td>
<td>120 days per benefit period Benefits renew after 180 days without care</td>
</tr>
<tr>
<td>Emergency Ambulance</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Physician Home/Office Visits (sick)</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Specialist Care</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>90% after deductible for up to 30 visits per plan year</td>
<td>75% after deductible, for up to 30 visits per plan year</td>
</tr>
<tr>
<td>Allergy Testing/Allergy Treatment</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>X-Ray, MRI's, CT Scans, Lab &amp; other Diagnostic Services ***</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Short-Term Therapies: Physical, Speech, Occupational</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Annual Gyn Exam/Pap Smear</td>
<td>100% covered, no deductible</td>
<td>70% covered, no deductible</td>
</tr>
<tr>
<td>Periodic Physical Exams, Immunizations, Diabetes Education</td>
<td>100% covered, no deductible</td>
<td>70% covered, no deductible</td>
</tr>
<tr>
<td>Vision Care</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Hearing Tests</td>
<td>100% covered, no deductible</td>
<td>70% covered, no deductible</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>90% after deductible, under age 24</td>
<td>70% after deductible, under age 24</td>
</tr>
<tr>
<td>All Infertility Services</td>
<td>75% after deductible; $10,000 lifetime maximum for medical services $15,000 lifetime max. for prescription services</td>
<td>55% after deductible; $10,000 lifetime maximum for medical services $15,000 lifetime max. for prescription services</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>90% after deductible if “Blue Distinction Center for Bariatric Surgery” is used; 75% after deductible if an authorized hospital/surgical center is used</td>
<td>55% after deductible</td>
</tr>
</tbody>
</table>

---

* Two individuals must meet the deductible each plan year in order for the family deductible to be met.

** Out-of-pocket maximums apply to each plan year and include your deductible but do not include your prescription costs.

*** MRI, MRA, CT and PET scans require a prior authorization

**Please note:** Existing contracts and law supersede any discrepancies in this brief overview.
Summary of Benefits: This Summary of Benefits highlights the health plans available. Summary Plan Description Booklets are available at www.ben.omb.delaware.gov/medical. Existing contracts and law supersede any discrepancies in this brief benefits overview. Effective 7/1/2017

<table>
<thead>
<tr>
<th>Description of Benefits</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deductible: $1,500/$3,000*</td>
<td>Deductible: $1,500/$3,000*</td>
</tr>
<tr>
<td></td>
<td>Out-of-Pocket Max: $4,500/$9,000** including deductible</td>
<td>Out-of-Pocket Max: $7,500/$15,000** including deductible</td>
</tr>
<tr>
<td>Health Reimbursement Account</td>
<td>$1,250 Employee/$2,500 Family</td>
<td></td>
</tr>
<tr>
<td>Health Reimbursement Account</td>
<td>**</td>
<td></td>
</tr>
</tbody>
</table>

**note:** Existing contracts and law supersede any discrepancies in this brief overview.

### AETNA CDH GOLD PLAN

#### Description of Benefits

**In-Network Benefits**
- Deductible: $1,500/$3,000*
- Out-of-Pocket Max: $4,500/$9,000** including deductible

**Out-of-Network Benefits**
- Deductible: $1,500/$3,000*
- Out-of-Pocket Max: $7,500/$15,000** including deductible

#### Health Reimbursement Account
- $1,250 Employee/$2,500 Family

#### IN-NETWORK

- **Inpatient Room & Board**
  - Deductible: $1,500
  - Out-of-Pocket Max: $4,500
  - 90% after deductible

- **Inpatient Physicians’ and Surgeons’ Services**
  - 90% after deductible

- **Outpatient Services**
  - 90% after deductible

- **Prenatal and Postnatal Care**
  - 90% after deductible

- **Delivery Fee**
  - 90% after deductible

- **Hospice**
  - 90% after deductible

- **Home Care Services**
  - Deductible: $1,500
  - Out-of-Pocket Max: $7,500
  - 90% after deductible for up to 240 days per plan
  - 70% after deductible for up to 240 days per plan

- **Urgent Care**
  - 90% after deductible

- **Emergency Services**
  - 90% after deductible

#### OUT-OF-NETWORK

- **Inpatient Room & Board**
  - Deductible: $1,500
  - Out-of-Pocket Max: $7,500
  - 70% after deductible

- **Inpatient Physicians’ and Surgeons’ Services**
  - 70% after deductible

- **Outpatient Services**
  - 70% after deductible

- **Prenatal and Postnatal Care**
  - 70% after deductible

- **Delivery Fee**
  - 70% after deductible

- **Hospice**
  - 70% after deductible

- **Home Care Services**
  - Deductible: $1,500
  - Out-of-Pocket Max: $7,500
  - 70% after deductible for up to 240 days per plan
  - 100% after $25 copay

- **Urgent Care**
  - 70% after deductible

- **Emergency Services**
  - 90% after deductible

### MENTAL HEALTH & SUBSTANCE ABUSE

- **Inpatient Acute/Partial Hospitalization**
  - 90% after deductible

- **Outpatient**
  - 90% after deductible

### OTHER COVERED SERVICES

- **Durable Medical Equipment**
  - 90% after deductible

- **Skilled Nursing Facility**
  - Deductible: $1,500
  - Out-of-Pocket Max: $7,500
  - 90% after deductible for up to 120 days per confinement
  - 70% after deductible for up to 120 days per confinement

- **Emergency Ambulance**
  - 90% after deductible

- **Physician Home/Office Visits (non-routine)**
  - 90% after deductible

- **Specialist Care**
  - 90% after deductible

- **Chiropractic Care**
  - 90% after deductible

- **Allergy Testing/Allergy Treatment**
  - 90% after deductible

- **X-ray, MRIs, CT Scans, PET Scans, Lab & Other Diagnostic Services***
  - 90% after deductible

- **Short-term Therapies: Physical, Speech, Occupational**
  - 90% after deductible

- **Annual Gyn Exam/Pap Smear**
  - 100%, no deductible

- **Routine Physical Exam & Immunizations**
  - 100%, no deductible

- **Vision Care**
  - Not covered

- **Hearing Tests - 1 exam every 12 months**
  - 100%, no deductible

- **Hearing Aids – Children to age 24**
  - 90% after deductible, under age 24

- **All Infertility Services**
  - 75% covered; $10,000 lifetime maximum for medical services
  - 55% covered; $10,000 lifetime maximum for medical services

- **Bariatric Surgery**
  - 90% after deductible if “Institute of Excellence for Bariatric Surgery” is used;
  - 75% after deductible if other center is used.

- **Allergy Testing/Allergy Treatment**
  - 90% after deductible

- **X-ray, MRIs, CT Scans, PET Scans, Lab & Other Diagnostic Services***
  - 90% after deductible

- **Short-term Therapies: Physical, Speech, Occupational**
  - 90% after deductible

- **Annual Gyn Exam/Pap Smear**
  - 100%, no deductible

- **Routine Physical Exam & Immunizations**
  - 100%, no deductible

- **Vision Care**
  - Not covered

- **Hearing Tests - 1 exam every 12 months**
  - 100%, no deductible

- **Hearing Aids – Children to age 24**
  - 90% after deductible, under age 24

- **All Infertility Services**
  - 75% covered; $10,000 lifetime maximum for medical services
  - 55% covered; $10,000 lifetime maximum for medical services

- **Bariatric Surgery**
  - 90% after deductible if “Institute of Excellence for Bariatric Surgery” is used;
  - 75% after deductible if other center is used.

- **Allergy Testing/Allergy Treatment**
  - 90% after deductible

- **X-ray, MRIs, CT Scans, PET Scans, Lab & Other Diagnostic Services***
  - 90% after deductible

- **Short-term Therapies: Physical, Speech, Occupational**
  - 90% after deductible

- **Annual Gyn Exam/Pap Smear**
  - 100%, no deductible

- **Routine Physical Exam & Immunizations**
  - 100%, no deductible

- **Vision Care**
  - Not covered

- **Hearing Tests - 1 exam every 12 months**
  - 100%, no deductible

- **Hearing Aids – Children to age 24**
  - 90% after deductible, under age 24

- **All Infertility Services**
  - 75% covered; $10,000 lifetime maximum for medical services
  - 55% covered; $10,000 lifetime maximum for medical services

- **Bariatric Surgery**
  - 90% after deductible if “Institute of Excellence for Bariatric Surgery” is used;
  - 75% after deductible if other center is used.

* Once the Family Deductible Limit is met, all family members will be considered as having met their deductible.

** Out-of-pocket maximums apply to each plan year and include your deductible. There are separate out-of-pocket maximums for prescription drugs.

*** MRI, MRA, CT and PET scans require a prior authorization.

Please note: Existing contracts and law supersede any discrepancies in this brief overview.
**DESCRIPTION OF BENEFITS**

<table>
<thead>
<tr>
<th>AETNA HMO</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Room &amp; Board</td>
<td>Out-of-Pocket Max $4,500/$9,000**</td>
</tr>
<tr>
<td>Inpatient Physicians’ and Surgeons’ Services</td>
<td>$100 copay/day with max of $200 per admission</td>
</tr>
<tr>
<td>Outpatient Surgery—Ambulatory Center</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Surgery—Doctors Office Visit</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Outpatient Surgery—Hospital</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Prenatal and Postnatal Care</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Delivery Fee</td>
<td>100%</td>
</tr>
<tr>
<td>Hospice</td>
<td>100% up to 365 days</td>
</tr>
<tr>
<td>Home Care Services</td>
<td>100% for up to 240 visits per plan year</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>$150 copay (waived if admitted)</td>
</tr>
</tbody>
</table>

**MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE**

<table>
<thead>
<tr>
<th>AETNA HMO</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Acute/Partial Hospitalization</td>
<td>$100 copay/day with max of $200 per hospitalization (subject to authorization)</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$25 copay per visit</td>
</tr>
</tbody>
</table>

**OTHER SERVICES**

<table>
<thead>
<tr>
<th>AETNA HMO</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Medical Equipment</td>
<td>80%</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Ambulance</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Physician Home/Office Visits (sick)</td>
<td>$15 copay per office visit</td>
</tr>
<tr>
<td></td>
<td>$25 copay per home or after hours visit</td>
</tr>
<tr>
<td>Specialist Care</td>
<td>$25 copay per visit</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Lesser of either a $15 copay or 20% of the allowable charges</td>
</tr>
<tr>
<td>Allergy Testing/Allergy Treatment</td>
<td>$25 copay per visit (allergy testing)</td>
</tr>
<tr>
<td></td>
<td>$5 copay per visit (allergy treatment)</td>
</tr>
<tr>
<td>X-Ray, Lab &amp; other Diagnostic Services</td>
<td>Lab: $10 copay per visit</td>
</tr>
<tr>
<td></td>
<td>X-Ray: $20 copay per visit</td>
</tr>
<tr>
<td>MRI’s, CT Scans and PET Scans*</td>
<td>Hospital affiliation: $35 copay per visit</td>
</tr>
<tr>
<td></td>
<td>Non-hospital free standing facility $0 copay per visit</td>
</tr>
<tr>
<td>Short-Term Therapies: Physical, Speech, Occupational</td>
<td>80%, 45 visits per condition for physical and occupational therapy combined/ 80%, 45 visits per condition for speech therapy</td>
</tr>
<tr>
<td>Annual Gyn Exam/Pap Smear</td>
<td>100%</td>
</tr>
<tr>
<td>Periodic Physical Exams, Immunizations, Diabetes Education</td>
<td>100%</td>
</tr>
<tr>
<td>Vision Care</td>
<td>100% after office visit copay</td>
</tr>
<tr>
<td></td>
<td>(one exam every 24 months)</td>
</tr>
<tr>
<td>Hearing Tests</td>
<td>100% after office visit copay</td>
</tr>
<tr>
<td>All Infertility Services</td>
<td>75% covered $10,000 lifetime maximum for medical services; 75% covered $15,000 lifetime maximum for prescription services</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>100% if “Institute Excellence for Bariatric Surgery” is used; 75% if an authorized hospital/surgical center is used</td>
</tr>
</tbody>
</table>

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### Summary of Benefits:
This Summary of Benefits highlights the health plans available. Summary Plan Description Booklets are available at www.ben.omb.delaware.gov/medical. Existing contracts and law supersede any discrepancies in this brief benefits overview. Effective 7/1/2017

**HIGHMARK DELAWARE COMPREHENSIVE PREFERRED PROVIDER ORGANIZATION**

<table>
<thead>
<tr>
<th>Description of Benefit</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Out-of-Pocket Max:</td>
<td>Deductible:</td>
</tr>
<tr>
<td></td>
<td>$4,500/$9,000</td>
<td>$300/$600* Out-of-Pocket Max:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$7,500/$15,000 including deductible**</td>
</tr>
</tbody>
</table>

**Inpatient Room & Board**  
$100 copay/day with max. of $200/admission  
80% after deductible

**Inpatient Physicians' and Surgeon**  
100%  
80% after deductible

**Outpatient Surgery-Ambulatory Center**  
$50 copay  
80% after deductible

**Outpatient Surgery-Hospital Surgery Cntr.**  
$100 copay  
80% after deductible

**Prenatal and Postnatal Care**  
100% (inpatient room and board copays do apply to hospital deliveries/birthing centers)  
80% after deductible

**Delivery Fee**  
100%  
80% after deductible

**Hospice**  
100% up to 365 days  
80% after deductible up to 365 days

**Home Care Services**  
100%  
80% after deductible for up to 240 visits per plan year

**Urgent Care**  
$20 copay  
80% after deductible

**Emergency Services**  
$150 copay (waived if admitted)  
Physician: 100%  
$150 copay (waived if admitted)  
Physician: 100% after deductible

**MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE**

**Inpatient Acute/Partial Hospitalization**  
$100 copay/day with max. of $200/admission (subject to authorization)  
80% after deductible (subject to authorization)

**Outpatient**  
100% after $15 copay  
80% after deductible

**OTHER SERVICES**

**Durable Medical Equipment**  
100%  
80% after deductible

**Skilled Nursing Facility**  
120 days per benefit period  
Benefits renew after 180 without care  
120 days per benefit period  
Benefits renew after 180 without care

**Emergency Ambulance**  
100%  
100% no deductible

**Physician Home/Office Visits (sick)**  
$20 copay  
80% after deductible

**Specialist Care**  
$30 copay  
80% after deductible

**Chiropractic Care**  
85% covered; 30 visits per plan year  
80% after deductible; 30 visits per plan year

**Allergy Testing/Allergy Treatment**  
Testing: $30 copay/Treatment: $5 copay  
80% after deductible

**X-Ray, Lab & other Diagnostic Services**  
Lab: $10 copay per visit; X-ray: $20 copay per visit  
80% after deductible

**MRI’s, CT Scans, PET Scans***  
Hospital affiliation: $35 copay per visit  
Non-hospital free standing facility: $0 copay per visit  
80% after deductible

**Short-Term Therapies: Physical, Speech, Occupational Therapies**  
85%  
80% after deductible

**Annual Gyn Exam/Pap Smear**  
100%  
80% after deductible

**Periodic Physical Exams, Immunizations, Diabetes Education**  
100%  
80% after deductible

**Vision Care**  
Not covered  
Not covered

**Hearing Tests**  
100% after office visit copay  
80% after deductible

**Hearing Aids**  
100%, under age 24  
80% after deductible, under age 24

**All Infertility Services**  
75% covered, $10,000 lifetime maximum for medical services  
75% covered, $15,000 lifetime maximum for prescription services  
55% after deductible; $10,000 lifetime maximum for medical services  
55% after deductible; $15,000 lifetime maximum for prescription services

**Bariatric Surgery**  
100% covered if "Blue Distinction Center for Bariatric Surgery" is used; 75% covered if an authorized hospital/surgical center is used.  
55% after deductible

---

* Two individuals must meet the deductible each plan year in order for the family deductible to be met.

** Out-of-pocket maximums apply to each plan year and include your deductible. There are separate out-of-pocket maximums for prescription drugs.

*** MRI, MRA, CT and PET scans require a prior authorization

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The University provides health insurance plans through Aetna and Highmark Delaware. Plan options include Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) and Consumer Directed Health (CDH). For detailed information on each plan, see the Comparison of University Health Care Plans chart.

### Plan Considerations when choosing a plan

<table>
<thead>
<tr>
<th>Plan</th>
<th>Considerations when choosing a plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highmark DE First State Basic</td>
<td>• You can see any provider&lt;br&gt;• Least expensive premiums&lt;br&gt;• High deductible</td>
</tr>
<tr>
<td>Aetna CDH Gold See chart below.</td>
<td>• You can see any provider&lt;br&gt;• Comes with employer-funded HRA that covers most of high deductible&lt;br&gt;• HRA works seamlessly with PPO coverage; no extra paperwork&lt;br&gt;• Unused HRA $$ roll over to next year</td>
</tr>
<tr>
<td>Aetna HMO</td>
<td>• Requires HMO primary care physician&lt;br&gt;• In-network doctors are largely in Delaware&lt;br&gt;• Requires referrals for specialists&lt;br&gt;• No coverage for out-of-network doctors or services&lt;br&gt;• No deductibles, only co-pays</td>
</tr>
<tr>
<td>Highmark DE Comprehensive PPO</td>
<td>• You can see any provider&lt;br&gt;• No deductibles for in-network services, only co-pays&lt;br&gt;• Low deductible for out-of-network services&lt;br&gt;• Employee premiums are 2 to 3.5 times more expensive than the other plans</td>
</tr>
</tbody>
</table>

### CONSUMER-DIRECTED HEALTH PLAN (CDH GOLD)

Consumer-Directed Health Plan With A Health Reimbursement Account

#### Preventive Care Covered 100%, No Deductible

- **State-funded HRA pays first**
  - $1,250/employee
  - $2,500/family

- **Deductible**
  - $1,500/employee
  - $3,000/family

- **Member responsibility**
  - $250/employee
  - $500/family

- **In-network care**
  - Plan pays 90%, after deductible

- **Out-of-network care**
  - Plan pays 70%, after deductible

- **Think About It**
  - Most state employees and retirees use in-network providers. So, although your potential out-of-pocket expenses could be higher if you use out-of-network providers, consider how often you might actually use out-of-network providers.

- **You reach coinsurance maximum**
  - **In-network**
    - $4,300/employee
    - $9,000/family
  - **Out-of-network**
    - $7,500/employee
    - $15,000/family

- **Plan pays 100% for eligible expenses**

#### Separate Prescription Drug Coverage

Prescription drug copays will remain the same for the current plan year. Your prescription copays do not apply to your deductible or coinsurance maximums.
SERVING BLUE HENS FOR OVER 80 YEARS.

Delaware's first choice offers PPO plans with more value, freedom, and flexibility.

Discover the value of a PPO at DelawaresPPO.com

Highmark. Delaware

No birds were harmed or painted in the making of this ad. We love Blue Hens. We'd never do that.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association.
Spousal Coordination of Benefits

If you cover a spouse through the University’s health insurance plan, you must complete and submit a spousal coordination form to document the status of your spouse.

The Spousal Coordination of Benefits form must be completed annually during Open Enrollment and throughout the year anytime the individual’s employment status/relationship status changes. If your spouse works full time, is eligible for health coverage through his/her employer and does not pay more than 50 percent of the premium for the least expensive employee only (or retiree only) health plan available, he/she must enroll in his/her employer’s plan. Coverage with the University may then be elected as secondary. (Flexible benefits and credits apply toward the employer’s contribution when calculating the 50 percent.)

If your spouse is eligible and does not enroll in his/her employer’s health plan, the University coverage will pay only 20 percent of the eligible expenses normally covered. If you do not submit an online Spousal Coordination of Benefits form when required, the health plan will pay only 20 percent of allowable charges for services covered under the health plan (until the appropriate form is received).

For more information, please visit the Delaware Office of Statewide Benefits website at www.ben.omb.delaware.gov/documents/cob/index.shtml.

Note: If a spouse obtains health coverage through his/her employer, you may either continue or cancel University coverage for your spouse. To cancel, you must notify the Office of Human Resources by completion of a Family Status Change form within 30 days of the effective date of the spouse’s coverage with his/her employer. To continue your spouse’s coverage as secondary, you must submit an updated Spousal Coordination of Benefits form.

Your Spouse Might Not Be Required To Enroll In His/Her Own Insurance If Your Spouse Is:

- Not working full time;
- Employer does not offer health coverage;
- Employer requires a contribution of more than 50 percent of the premium for the least expensive, employee-only (or retiree-only) plan offered.

Spousal Coordination of Benefits When Your Spouse Is Retired

Spouses who are retired or will retire from an employer who offers retiree health insurance coverage are required to enroll in their employer’s retiree health plan under certain circumstances. Coverage with the University may be elected as secondary in those cases.

Requirements For Your Spouse To Enroll In His/Her Employer’s Retiree Health Insurance Coverage Are As Follows:

- If your spouse’s current employer offers retiree health insurance coverage and your spouse is eligible for this coverage and does not have to pay more than 50 percent for the least expensive employee-only (or retiree-only) plan offered by the employer, your spouse is required to enroll in the employer’s retiree health plan at the time of retirement.
- If your spouse retired before Oct. 1, 2011: If their former employer will not permit them to enroll now, or at their next annual open enrollment, unless they lose eligibility for the State of Delaware’s health care coverage, no action is needed. Current coverage through the State Group Health Program will not be sanctioned.
- If your spouse retired after Oct. 1, 2011: Your spouse is required to enroll in their employer’s retirement health care coverage when they are first eligible, provided the employer pays at least 50 percent of the premium.

Dependent Coordination of Benefits

In accordance with the Group Medical Insurance Program Eligibility and Enrollment Rules, Dependent Coordination of Benefits forms must be completed for each dependent child to determine if the dependent is covered by any other health plan, regardless of age, upon:

- Enrollment
- Any time coverage changes, or
- Upon request by the Statewide Benefits Office

You can find additional information and the forms required by Aetna and Highmark Delaware by visiting the appropriate link below (select the carrier administering your health plan benefits): http://www.udel.edu/hr/forms.html.

Please return your completed form to HR-Benefits; we will forward the form to Aetna or Highmark Delaware based on your health plan enrollment.
Eligibility for Medicare

WHEN YOU AND/OR YOUR SPOUSE BECOME MEDICARE ELIGIBLE

Medicare Part A is usually free of cost for most participants and covers hospital services. Medicare Part B currently has a minimum monthly cost of $121.80 and helps with health services (doctors, labs, etc.). Medicare Part D has an additional monthly cost and provides prescription coverage.

Active employees (and their spouses, if covered through the UD health plan) do not need to enroll in Medicare until the employee retires, unless that retirement is within the period that begins three months before age 65 and ends three months after age 65.

The following information applies to actively working employees and their spouses, when the employee and/or the spouse is age 65 or older.

WHAT TO DO AS AN EMPLOYEE

An employee has three options:

- Employees enrolled in a University health plan must decide, before their 65th birthday, if they want their UD coverage or Medicare Part B to be their primary plan (“coverage that pays first”) for health services after age 65. Most UD employees choose to remain enrolled in the University’s health plan. In that case, there is no change in how providers bill Highmark Delaware or Aetna or in how those carriers pay for services.

- Employees who keep the University’s health plan as primary may still enroll in Medicare Part A (the hospital part) as secondary. To enroll in Medicare Part A, call Social Security at 800-633-4227, check online at www.ssa.gov, or go to the nearest Social Security office several months prior to turning 65. When the Medicare Part A card arrives, we suggest that you file it away until retirement.

- Employees may choose Medicare as their primary health plan. If they do, both their University health plan and their Express Scripts prescription drug program must be canceled as soon as Medicare A & B become effective. In that case, the University cannot provide those employees with any coverage to supplement Medicare.

WHAT YOUR SPOUSE HAS TO DO

- What about an employee who is covering his/her spouse on the UD health plan when that spouse becomes age 65? The options are the same, but the decision may be different.

- If your spouse is retired from an employer and is enrolled in retiree health coverage through the former employer, your spouse needs to contact his/her former employer for Medicare-related information.

- If your spouse is currently working and has primary health coverage through his/her own employer (meaning UD coverage is secondary), your spouse should request information from his/her current employer about Medicare enrollment.

- If your spouse has no other health coverage except UD, he/she will need to choose either the UD plan as primary or Medicare as primary. Once your spouse decides, he/she should follow the same procedure listed under the previous Employee section.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits (i.e. health, dental, vision and Health Care FSA) provided through the University. These benefits can only be continued for limited periods of time under certain circumstances, such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce and other life events. COBRA requires that continuation coverage extend from the date of the qualifying event for a limited period of time of 18 (for employee), 36 (for dependent) or 29 (if a qualified beneficiary is disabled) months.

Qualified individuals are required to pay the entire premium for coverage, up to 102 percent of the cost of the plan. If you are leaving the University or you or a covered dependent will be losing benefits for some reason, please send an email to hrhelp@udel.edu with the details of your situation.

For more information, visit www.udel.edu/Benefits.
If you elect any of the University’s health plans, you are automatically enrolled in the prescription drug program. Express Scripts manages the prescription drug program through the State of Delaware.

- Prescriptions may be filled by any participating retail pharmacy for the co-pays listed.
- Some retail pharmacies fill a 90-day supply of medications at the same rate as Express Scripts Home Delivery. A current listing of the 90-day participating pharmacies can be found on the Statewide Benefits Office site at www.ben.omb.delaware.gov.
- Express Scripts representatives, 800-939-2142, are available 24/7. Pharmacists are also available around the clock for medication consultations.

The Express Scripts website (https://www.expressscripts.com) offers extensive online resources, including health and benefits information and online pharmacy services.

<table>
<thead>
<tr>
<th></th>
<th>Generic(^1)</th>
<th>Preferred Brand(^2)</th>
<th>Non-Preferred Brand(^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-Day Supply</td>
<td>$8.00</td>
<td>$28.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>90-Day Supply</td>
<td>$16.00</td>
<td>$56.00</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

The University’s list of covered medications (formulary) may change periodically. Express Scripts reviews and updates the plan’s list of covered medications every year to ensure that the plan is providing the most effective medications for members at the most reasonable cost.

\(^1\) Tier one covers generic products  
\(^2\) Tier two covers preferred brand name (formulary) drugs  
\(^3\) Tier three covers non-preferred brand (non-formulary) drugs.

Members must obtain maintenance medications as 90-day fills at a 90-day participating pharmacy or directly from Express Scripts Home Delivery to avoid paying a penalty after a third 30-day fill. Additional information on this program, a list of 90-day participating pharmacies, and information on Express Scripts Home Delivery may be obtained at http://ben.omb.delaware.gov/script/index.shtml (If the strength of a current prescription is changed, it is considered a NEW prescription.)

Aflac is an extra measure of financial protection.

When you’re sick or hurt, Aflac pays cash benefits directly to you, unless otherwise assigned, to help you and your family with unexpected expenses.

Learn more about the Aflac insurance plans available to you during your enrollment, May 10-26, 2017.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.
The Right Financial Partner Makes All the Difference

Whether you’re just starting out or looking toward retirement, we’re behind you all the way.

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• Checking
• Savings
• Club Accounts
• Youth Accounts
• Personal Loans
• Vehicle Loans
• Mortgages
• Money Market
• CDs
• IRA

Business
• Small Business Loans
• SBA Loan Products
• Business Checking
• Business Support Services
• Free Employee Benefits

We offer for FREE
• Direct Deposit/Payroll Deduction
• Debit/Visa
• Bill Payer Services
• Investment Advising Service
• Financial Counseling & Seminars
• ATM Transactions Using All Point
• 4,000+ Share Branches Nationwide
• 24-hour Account Access by Phone
• Home Banking
• E-Statements
• Website Offering Online Application
• Notary Service
• Youth Accounts with Coin Counting
• Onsite Information Sessions for Employees

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1-800-900-2020
The University provides dental insurance to full-time employees and their families. Dental insurance is administered through MetLife Insurance Company.

**COST**

The University pays the entire cost of this program for full-time benefits-eligible employees and their eligible family members enrolled in the program.

**USING YOUR DENTAL BENEFITS**

You do not need to present an ID card to confirm that you are eligible; just bring a claim form to your appointment and notify your dentist that you participate in MetLife’s Dental Assistance Program, Group Number 95140.

MetLife will mail or email a concise explanation of benefits (EOB) to you after each claim submission. If you have a claim inquiry or benefit questions, call MetLife’s Dental Customer Service Department at 800-942-0854.

Visit MetLife’s website to download and print forms, as well as to check claims and pre-determinations.

**FINDING A DENTIST**

The University offers the MetLife Preferred Dentist Program (PDP) as a way to reduce your dental costs. If your dentist participates in the program, he/she contracts with MetLife to charge reduced fees for certain services. This translates into lower out-of-pocket expenses for you.

The Preferred Dentist Program allows you to select a participating dentist for any expenses (including orthodontia) at the time service is needed. Remember that the MetLife PDP is a voluntary option within the University’s Dental Expense Assistance Plan. It is your choice to use a participating or non-participating dentist. Visit MetLife’s website to find a provider.

### SUMMARY OF DENTAL BENEFITS

<table>
<thead>
<tr>
<th>Service Categories</th>
<th>Service Examples</th>
<th>Coverage</th>
<th>Annual Deductible</th>
<th>Maximum Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative*</td>
<td>Exams, cleanings, x-rays, fluoride treatments, sealants</td>
<td>100%</td>
<td>None</td>
<td>$1,750/person annually Calendar Year (January-December)</td>
</tr>
<tr>
<td>Basic Restorative Care</td>
<td>Fillings, simple extractions, oral surgery and periodontal treatment</td>
<td>80%**</td>
<td>$25/person or $75/family</td>
<td></td>
</tr>
<tr>
<td>Major Restorative Care</td>
<td>Crowns, bridges, dentures, implants</td>
<td>50%**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Orthodontic diagnostics, appliance therapy</td>
<td>50%**</td>
<td>None</td>
<td>$1,750/person lifetime</td>
</tr>
</tbody>
</table>

* One exam/cleaning per 6-month period.

** Of Participating Dental Providers (PDP) Fee when used in-network; of Reasonable & Customary (R&C) charge when used out-of-network.
The University provides a comprehensive vision plan to full-time employees and their families that can include eye examinations, frames/lenses or contact lenses and other vision-related expenses.

Vision is administered through National Vision Administrators (NVA), which boasts a national provider network of more than 40,000 locations. The NVA network includes ophthalmologists, optometrists and optical companies that provide broad geographic coverage throughout every state in the U.S.

**COST**

Through the flexible benefit program, the University provides Flex Credit to cover the premium for full-time employees. Benefits for dependents and retirees are voluntary and available at an additional group-rate cost.

**USING YOUR VISION BENEFITS**

The NVA Member Guide document explains some of your plan’s more important features. Before using your benefits, please read both sides of the Member Guide. It will provide you with a better understanding of how to use your vision benefits to help you save money while managing your vision health and general wellness.

You decide how to use your in-network or out-of-network vision benefits. You can select an in-network provider and identify yourself at the time of service by providing the information that is shown on your personalized NVA ID card.

You may also use out-of-network services by paying the out-of-network provider in full for all services and materials. To receive your reimbursement, you must submit an itemized invoice or receipt from your provider (along with a completed out-of-network claim form) to NVA Claims Services. You will be reimbursed according to the out-of-network schedule of reimbursements, less any applicable co-pay amount(s). The chart below provides a general outline of the benefits and reimbursement levels under the plan.

**NVA SMART BUYER℠: THE CONSUMER’S ONLINE GUIDE TO VISION BENEFITS**

The NVA Smart Buyer℠ program provides you with the tools you need to become an educated consumer of vision care services and eyewear. It’s the only source that integrates your vision benefit coverage with the unbiased information you’ll need to maximize your vision benefit and reduce your out-of-pocket expense.

**EASY ACCESS TO MEMBER SERVICES**

A single call by a member or provider to a member services representative can answer your questions regarding benefits, eligibility, coverage, provider information and claims.

Call the Member Services toll-free line, 800-672-7723, or look for additional information on the NVA website at www.e-nva.com.

Please enter Group/Sponsor Number 51942000001 to search for NVA network providers.

---

**SUMMARY OF VISION BENEFITS**

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency*</th>
<th>Benefits In-Network</th>
<th>Benefit Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Eye Exam</td>
<td>Once Every Plan Year</td>
<td>Covered after $15 co-pay</td>
<td>Up to $50</td>
</tr>
<tr>
<td>Standard Lenses</td>
<td>Once Every Plan Year</td>
<td>Covered in Full (Discounts available for premium progressive lenses.)</td>
<td>Single Vision up to $40 Bifocal up to $60 Trifocal up to $80 Lenticular up to $100</td>
</tr>
<tr>
<td>Frames</td>
<td>Once Every Two Plan Years</td>
<td>Up to $150 Retail** (20% discount off remaining balance over $150 allowance. Discount does not apply at Wal-Mart/Sam’s Club locations.)</td>
<td>Up to $80</td>
</tr>
<tr>
<td>Contact Lenses Medically Necessary (Pre-approval from NVA required)</td>
<td>Once Every Plan Year In Lieu of Lenses/ Frames</td>
<td>Up to $120 Retail** (15% discount (conventional) or 10% discount (disposable) off remaining balance over $120. Discounts do not apply at Wal-Mart/Sam’s Club locations or Contact Fill mail orders.) Covered in Full Covered in Full</td>
<td>Up to $120</td>
</tr>
</tbody>
</table>

* Plan Year is the period July 1 through June 30.
** The insured is responsible for paying any charges in excess of this allowance.
Disability INSURANCE

The University provides for continuing income in the event of disability to eligible employees. Visiting employee classifications are not eligible for this benefit.

There are two different disability insurance plans: (1) Long-Term Disability for Faculty and Exempt Staff; and (2) Short-Term and Long-Term Disability for State Employees’ Pension Plan participants.

LONG-TERM DISABILITY FOR FACULTY AND EXEMPT STAFF

If illness or injury results in disability that causes absence from work for more than six months, employees may apply for benefits through this program. A six-month waiting period is required before Long-Term Disability Income benefits may begin.

COST

There is no cost to the employee for the standard option. Employees may choose the high option and pay the difference between the University’s contribution for the standard option and the cost of the high option. The high option is deducted from pay on an after-tax basis. An option can be changed only during the enrollment period or if the employee has a qualifying life event.

COVERAGE OPTIONS

<table>
<thead>
<tr>
<th>Option</th>
<th>Benefit as a Percent of Salary*</th>
<th>Maximum Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>60% of Covered Monthly Salary</td>
<td>$10,000/month</td>
</tr>
<tr>
<td>High</td>
<td>66 2/3% of Covered Monthly Salary</td>
<td>$15,000/month</td>
</tr>
</tbody>
</table>

* The percentage of salary is the most that can be received from all sources. This benefit will be reduced by Social Security and other employer-sponsored disability benefits. For example, should Social Security benefits be approved, typically, the disability benefit will be the difference between the Social Security payment (or similar programs) and the percentage of salary selected by the employee.

SHORT-TERM DISABILITY FOR DELAWARE STATE EMPLOYEES’ PENSION PLAN PARTICIPANTS

Disability insurance pays a portion of your monthly earnings if you cannot work because of a disabling illness or injury that happens on or off the job. Eligible new non-exempt employees are automatically enrolled in the Short-Term and Long-Term Disability plans.

Through employer contributions to the State Employees’ Pension Plan, the University covers the full cost for Short-Term Disability insurance.

COVERAGE

Short-Term Disability insurance pays a benefit of up to 75 percent of earnings, to a maximum of $2,000 per week. Benefits begin on the 31st calendar day of disability and continue through the 182nd calendar day of disability.

Enrolled employees who expect to be out of work for at least 30 calendar days must file a Short-Term Disability claim with the disability insurance vendor, no later than 15 calendar days from the employee’s date of disability. Once an employee exhausts the 30-day elimination period, the employee will be deemed to have applied for benefits and will not be eligible to use paid leave in lieu of application for Short-Term Disability.

Claims may be reported directly through the provider’s toll-free number: 866-945-7781 (8 a.m.–8 p.m. ET, Monday-Friday). Additional information can be found on the Office of Statewide Benefit’s website: www.ben.omb.delaware.gov/disability/.

LONG-TERM DISABILITY FOR DELAWARE STATE EMPLOYEES’ PENSION PLAN PARTICIPANTS

COST

Through employer contributions to the State Employees’ Pension Plan, the University covers the full standard option for non-exempt staff in the Long-Term Disability insurance plan.

Employees choosing the high option will pay the additional premium through pre-tax deductions from their University pay.

COVERAGE

Long-Term Disability insurance pays a benefit of up to 60 percent of earnings, to a maximum of $8,000 per month. Benefits start on the 183rd calendar day of disability and continue until the individual is no longer disabled or reaches age 65, whichever occurs first.

<table>
<thead>
<tr>
<th>Option</th>
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</tr>
</tbody>
</table>

* The percentage of salary is the most that can be received from all sources, including offset or reduction by other employer-sponsored disability benefits, Social Security and similar governmental programs.
The University offers group term life insurance to full-time employees. Employees may choose one of three University-paid Basic Life options:

- $10,000;
- $50,000; or
- 2 times base annual salary (the maximum coverage is $1,000,000).

Enrollment in Employee Basic Group Life Insurance is mandatory for full-time employees. Upon hire, all new employees must make an election during the benefits enrollment process. Life insurance will be defaulted to 2 times base annual salary if an election is not made. Current employees may change their selections once a year during the Open Enrollment period. New coverage selected during Open Enrollment becomes effective July 1. Coverage selected by new hires becomes effective on your benefits-eligibility date.

**COST**

Basic employee life insurance is University paid; the University’s contribution for life insurance equals the cost of the 2-times-salary option.

The cost of any employer-provided group insurance in excess of $50,000 is taxable imputed income. The IRS requires that the value of the premium for life insurance benefits, in excess of $50,000 for federal income tax purposes, be subject to taxation. This added “income” is called imputed income.

**OPTIONAL EMPLOYEE LIFE INSURANCE**

Full-time University employees are also eligible to purchase additional Optional Life Insurance in addition to the Basic coverage offered.

Optional Life Insurance must be elected as a multiple of annual base salary, and premiums are deducted from your pay on an after-tax basis.

Enrollment in Optional Employee Life Insurance includes will preparation and estate resolution services at no additional cost.

**COST**

The premiums are age-graded, so as your salary and/or age increase, your premiums will also increase.

**ENROLLMENT FOR A CURRENT EMPLOYEE WHO IS A NEW PARTICIPANT**

Employees not previously enrolled in Optional Life Insurance will be required to provide a statement of health (SOH). An SOH is required if enrolling for Optional Life insurance for the first time or whenever increasing Optional Life Insurance coverage outside of an annual Open Enrollment.

**ENROLLMENT FOR A CURRENT EMPLOYEE WHO IS A CURRENT PARTICIPANT**

Current participants in Optional Employee Life Insurance may increase coverage one times to five times annual base salary up to the plan maximum of $1,000,000 by answering five medical questions.

Current participants requesting an increase greater than one times annual base salary will be required to provide an SOH.

Any election to reduce life insurance coverage (already in place) must be done in writing.

Please contact HR-Benefits for details by emailing hrhelp@udel.edu or contact MetLife by calling 866-492-6983.
The University provides a variety of retirement savings plans for faculty, exempt staff and non-exempt staff:
- University 403(b) Retirement Plan for Faculty and Exempt Staff
- State Pension Plan for Non-Exempt Staff
- Voluntary 403(b) Retirement Plan
- Voluntary 457(b) Deferred Compensation Plan

**UNIVERSITY 403(B) RETIREMENT PLAN FOR FACULTY AND EXEMPT STAFF**

The primary retirement program for full-time University faculty and exempt staff is the University 403(b) Retirement Plan.

See the retirement plan vendors’ interactive websites: Fidelity Investments (www.mysavingsatwork.com) or TIAA (www.TIAA.org/udel). Through a secure logon, employees can make allocation changes, change beneficiaries and access retirement planning tools.

The University provides a matching contribution as a percentage of annual base salary for eligible employees who contribute to the program.

**VOLUNTARY CONTRIBUTION**

Employees also have the option of contributing on a voluntary basis up to the limits permitted by IRS.

**MAKING CHANGES**

Retirement plan contributions can be adjusted at any time throughout the year by completing a new salary reduction agreement form found on the HR website at www.udel.edu/Benefits.

**PLANNING TOOLS**

The administrative service provider can help you get started with online retirement planning tools, one-on-one on-campus meetings with a plan representative and customer service call centers:
- Fidelity Investments, www.mysavingsatwork.com
- TIAA, www.TIAA.org/udel

To schedule an appointment with Fidelity or TIAA, please call:
- Fidelity Investments: 800-642-7131
- TIAA: 800-732-8353
STATE PENSION PLAN FOR NON-EXEMPT STAFF

Full-time hourly and non-exempt staff employees participate in the State of Delaware Employees’ Pension Plan immediately upon hire.

EMPLOYEE CONTRIBUTION

Employees make tax-deferred contributions of 5 percent of salary after an annual $6,000 exclusion. For employees who were first hired (or promoted) into a pension-creditable position before 2012, employee contributions to the pension plan are 3 percent of salary after an annual $6,000 exclusion.

UD’S CONTRIBUTION

The University contributes a fixed percentage of total salary, adjusted each year by the State.

VESTING

After 10 years of creditable service, an employee is vested (eligible to draw a pension at age 65). Pension calculations are based on total years of creditable service and the three highest years of salary.

For employees who were first hired (or promoted) into a pension-creditable position before 2012, the creditable service required for vesting is five years, and the vested pension begins at age 62.

PENSIONERS RETURNING TO WORK WHILE CONTINUING TO RECEIVE A PENSION

If you are under the age of 65 when you retire, you must have a six-month bona fide separation from service before you can return to work with an employer participating in the State Employees’ Pension Plan. If you are over the age of 65 when you retire, you may immediately return to work with an employer participating in the State Employee’s Pension Plan provided that you also adhere to the Delaware Public Integrity Commission’s requirements.

PLANNING TOOLS

State Employees’ Pension Plan participants can estimate their future pension income by using the pension calculator. To locate the calculator or if you have questions about your pension, please contact the State Office of Pensions at www.delawarepensions.com or call 302-739-4208 or 800-722-7300.

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<table>
<thead>
<tr>
<th>RETIREMENT PLAN FEATURES &amp; CONTRIBUTION LIMITS</th>
<th>403(b)</th>
<th>457(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>Primary retirement plan for exempt employees (faculty and exempt staff). Voluntary option for all benefits-eligible employees. Investment providers: Fidelity Investments and TIAA</td>
<td>Voluntary option for employees maximizing their 403(b). Allows employees to contribute additional pre-tax contributions. Same investment options as 403(b).</td>
</tr>
<tr>
<td>Contribution Limit</td>
<td>$18,000</td>
<td>$18,000</td>
</tr>
<tr>
<td>Catch-up Contributions</td>
<td>$6,000 in addition to the annual limit for individuals age 50 or older.</td>
<td>$6,000 in addition to the annual limit for individuals age 50 or older. Within the final three years of service before normal retirement age (65), one-time option to defer up to twice the annual limit.</td>
</tr>
<tr>
<td>Cash Withdrawal</td>
<td>Typically subject to 10 percent IRS penalty for cash withdrawals after separation from service and before age 59½. Contact HR-Benefits for details/exceptions.</td>
<td>Not subject to 10 percent IRS penalty for cash withdrawals after separation from service and before age 59½.</td>
</tr>
<tr>
<td>Loans</td>
<td>Available for voluntary contributions only.</td>
<td>Not Available</td>
</tr>
<tr>
<td>Hardship Withdrawal</td>
<td>Must meet IRS criteria.</td>
<td>Not Available</td>
</tr>
<tr>
<td>Portability</td>
<td>Participants in 403(b) and 457(b) plans can typically roll over eligible distributions from these plans into 401(k), 401(a), 403(b) and 457(b) plans and IRAs.</td>
<td></td>
</tr>
<tr>
<td>Service Credits</td>
<td>State Pension participants may transfer assets from their 403(b) or 457(b) plan to buy back amounts of refunded service credit.</td>
<td></td>
</tr>
</tbody>
</table>
**VOLUNTARY 403(B) RETIREMENT PLAN**

Voluntary contributions enable employees to save and invest additional money for retirement above and beyond their primary University 403(b) Retirement Plan or State Pension Plan.

**PARTICIPATION**

Participation in the University’s Voluntary 403(b) Retirement Plan is available to all full-time faculty and staff as well as individuals who work in variable hour or miscellaneous wage positions. The plan excludes student employees.

**CONTRIBUTIONS**

Participation in the Voluntary 403(b) Retirement Plan does not require a minimum employee contribution. The University makes no contribution to the voluntary plan, regardless of employee contribution.

**ENROLLMENT OR MAKING CHANGES**

Participation in the Voluntary 403(b) Retirement Plan requires enrollment with the vendor(s) and the completion of a Salary Reduction Agreement form with the University. Changes to tax deferral amounts can be made throughout the year by completing a new Salary Reduction Agreement form.

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**VOLUNTARY 457(B) DEFERRED COMPENSATION PLAN**

This voluntary plan is designed for full-time University employees who are already maximizing their allowable contributions to the 403(b) Retirement Plan.

**CONTRIBUTIONS**

Participation in the Voluntary 457(b) Deferred Compensation Plan does not require a minimum contribution. The University makes no contribution to the voluntary plan. Although there are no University contributions to the plan, the tax benefits of participating in a 457(b) Plan make it very attractive for supplemental retirement savings.

**ENROLLMENT OR MAKING CHANGES**

Employees interested in enrolling or making a change to their current contributions must complete an Agreement for Salary Deferral form and an application, if opening a new contract.

The earliest a change or new withholding can be effective is the first of the month following the date of a newly signed agreement.
RETIREMENT PROGRAMS
The 403(b) Retirement Program for faculty, through TIAA and Fidelity Investments, affords immediate vesting and a variety of payout options at retirement. Please refer to the 403(b) Retirement Plan Annual Contribution Limits for information about IRS limits that are applicable to the plan. There are various income options at retirement, including lifetime annuity income, fixed period annuities, deferred income, systematic withdrawals, lump sum withdrawals and interest-only payments. On-campus one-on-one counseling sessions are regularly provided by retirement plan advisers. Contact Fidelity Investments (phone: 800-642-7131) and/or TIAA (phone: 800-732-8353) to schedule an appointment.

UNIVERSITY BENEFITS
Individuals who meet the age and service requirements for retirement from the University of Delaware may participate in a rich array of benefits and privileges. Employees must meet one of the following age and service retirement criteria:
- Any age and 30 years of service
- Age 55 and 20 years of service
- Age 60 and 15 years of service
- Age 65 and 10 years of service

DEATH BENEFIT
For employees retired on or after July 1, 1994, the University provides a $7,000 death benefit at no cost to the retiree (assuming no duplicate coverage with the State Pension Plan).

HEALTH INSURANCE
Retirees and their spouses under age 65 may continue their Highmark Blue Cross/Blue Shield or Aetna coverage at the same cost as active employees. At age 65, a retiree or a spouse may apply for an individual Highmark Blue Cross/Blue Shield plan that is supplemental to Medicare and includes participation in prescription drug coverage at the same levels as active employees. The University pays 95 percent of the cost of this Medicare supplement for the retiree and/or spouse; however, eligible retirees and their spouses are required to also participate in Medicare A & B. The surviving spouse of a deceased retiree is also entitled to continued coverage.

TUITION REMISSION PROGRAM
The biological or adopted dependent children and/or spouse of University retirees are eligible for the Tuition Remission Program. The student must be a full-time matriculated undergraduate student at UD.

COURSE FEE WAIVER
A retiree is eligible for two course fee waivers (up to four credits each) per semester (with a maximum of six per calendar year) for study at UD. Eligible retirees may transfer this benefit to a spouse or dependent child.

TUITION EXCHANGE PROGRAM
University retirees are eligible to apply for scholarships for their dependent children through the Tuition Exchange Program, a reciprocal program with more than 600 other colleges and universities.
BLOOD BANK
As a result of today’s managed-care health plans, hospitals no longer charge specifically for blood replacement. Therefore, the required membership and associated fee to the Blood Bank of Delmarva has been discontinued. However, the need for blood donations has not changed and the University encourages faculty and staff to continue to donate blood.

WELLNESS DOLLARS
University retirees are eligible to use 75 Wellness Dollars each fiscal year toward approved Wellness activities.

UNIVERSITY TRANSIT SERVICES
Retirees may travel by University bus without cost within the Newark area and off-campus to regularly scheduled destinations.

LIFE INSURANCE
Retirees who meet the University’s age and service criteria have a one-time opportunity at retirement to continue part of their group life insurance coverage at their own cost. The retiree life insurance plan is renewable term insurance which decreases in amount as the retiree reaches higher age brackets.

LONG-TERM CARE INSURANCE
Retirees may apply to participate in the University’s Group Long-Term Care insurance program through Genworth. Policies may also be issued to extended family members (e.g., parents, in-laws, grandparents, etc). Acceptance will be subject to underwriting approval. Participants pay the full cost for this insurance and are billed directly by the carrier. The plan provides coverage for a variety of services such as nursing home care, home health care and adult day care.

DENTAL INSURANCE
University retirees and their eligible dependents have the opportunity to join the State of Delaware dental program with either Dominion Dental or Delta Dental. Retirees pay the full cost for their dental plan coverage.

VISION PROGRAM
Retirees and their eligible dependents may participate in the University’s vision program through National Vision Administrators (NVA). Retirees pay the full cost for the vision plan coverage.

PARKING PRIVILEGES
University retirees may apply for a free Central-lot parking permit through Parking Services (831-1184). If retirees prefer to upgrade to another parking permit, they should contact Parking Services. If an upgraded permit is issued, the retiree will pay the difference in cost over a Central-lot permit.

UNIVERSITY ID CARD
Retirees may continue to use their University ID card to access services such as use of the Library, Carpenter Athletic Facilities/Equipment, and cultural and recreational events at employee rates.

QUESTIONS?
The Human Resources staff is available to help with any questions you have about retiree benefits. You can speak with a representative by calling 302-831-2171 or email us at hrhelp@udel.edu.
SUPPLEMENTAL BENEFITS

Supplemental benefits are different from major medical insurance. If you’re sick or injured, the provider (Aflac) pays cash benefits directly to you (unless otherwise specified) to help address out-of-pocket medical costs, everyday expenses—whatever you choose. Coverage is available to full-time University employees, your spouse and dependent children.

TYPES:
- Accident Advantage Plus
- Critical Illness

FEATURES:
- Coverage is guaranteed issue (which means you may qualify for coverage without having to answer health questions)
- Benefits are paid directly to you unless you choose otherwise
- Coverage is portable (with certain stipulations), meaning you can take it with you if you change jobs or retire
- Most claims are processed in about four business days

ACCIDENT INSURANCE

In the event of a covered accident, the plan pays cash benefits fast to help with the costs associated with out-of-pocket expenses and bills—expenses major medical may not take care of, including:
- Ambulance rides
- Wheelchairs, crutches and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches and casts
- Wellbeing benefit for covered preventive screenings
- Transportation and lodging benefits
- Rehabilitation unit benefit

CRITICAL ILLNESS INSURANCE

Helps with the treatment costs of covered critical illnesses, such as:
- Cancer
- Heart attack (myocardial infarction)
- Stroke
- Major organ transplant
- End-stage renal failure
- Coronary artery bypass surgery
- Carcinoma in situ

HEALTH SCREENING BENEFIT

If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase spouse coverage.
WHY SUPPLEMENTAL BENEFITS THROUGH AFLAC?
- Cash benefits paid directly to you, unless otherwise assigned
- Benefits paid regardless of any other insurance you may have
- No deductibles or copayments
- Freedom to choose any provider
- Plan stays with you if you leave your job (with certain stipulations)

The Aflac coverage described in this booklet is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochure, as this booklet is intended to provide a general summary of the coverage. This overview is subject to the terms, conditions, and limitations of the plan. Additional information and enrollment can be found online at https://delaware.hrintouch.com

UNIVERSITY OF DELAWARE PRE-TAX COMMUTER BENEFITS PLAN

Benefits-eligible employees are able to set aside up to $255 per month (maximum monthly contribution) on a pre-tax basis for mass transit and/or van pooling expenses incurred for travel to and from work and up to $255 per month on a pre-tax basis to cover expenses for off-campus parking.

Because the money is deducted from your pay on a pre-tax basis, you will reduce the amount of federal and state income taxes and FICA taxes on the amount of money you set aside. There is no set enrollment period for either the Mass Transit/Van Pooling or Off-Campus Parking Program. You can enroll in either or both programs any time through ASIFlex’s website (https://enroll.asiflex.com/). You do not have to re-enroll each year; your enrollment will remain the same from year to year unless you change the amount, cancel your enrollment or leave employment with the University.

Mass Transit expense reimbursements: To use your contributions to the Mass Transit Program, you must request mass transit passes through ASIFlex. Currently, ASIFlex will issue passes for SEPTA and DART. More information on how to request passes is available on the ASIFlex website: (https://enroll.asiflex.com/). Employer Code: UDEL.

Van Pooling expense reimbursements: To use your contributions to the Van Pooling Program, you must submit a claim for reimbursement to ASIFlex. For more information on qualified van pools, visit the ASIFlex website: (https://enroll.asiflex.com/). Employer Code: UDEL.

Off-Campus Parking expense reimbursements: To use your contributions to the Off-Campus Parking Program, there are two options. If you have a monthly contract to park at Colonial Parking or Wilmington Parking Authority (WPA), you can choose the convenience of having ASIFlex pay the parking garage directly, or you may file a claim for reimbursement to ASIFlex. Payments for valid claims will be issued within one business day of receipt, and you may elect direct deposit into your checking or savings account, or ASIFlex can mail a check to you.
HOME PURCHASE ASSISTANCE PROGRAM AND NEIGHBORHOOD MORTGAGE ASSISTANCE PROGRAM

The Home Purchase Assistance Program is available to all full-time faculty and exempt staff hired after June 30, 1998.

The Neighborhood Mortgage Assistance Program is available to all full-time employees to purchase homes in specific targeted neighborhoods within the city of Newark. The program's primary purpose is to assist in stabilization of traditional family neighborhoods.

For additional information, contact the University Finance Office at 302-831-8964.

AUTOMOBILE AND HOMEOWNER INSURANCE

University employees have the opportunity to purchase automobile and homeowner insurance (at competitive rates) through the Liberty Mutual Insurance Company. Premiums are paid through payroll deduction.

For additional information, call Liberty Mutual at 302-369-9904 or 800-865-2405.

PNC BANKING SERVICES

PNC WorkPlace Banking offers employees a complete set of money management tools with exclusive benefits and rewards, along with a Visa check card designed just for the University of Delaware, in addition to the convenience of 46 branch locations throughout Delaware, including one in the Trabant University Center, and nine ATMs on campus. For more information, www.udel.edu/banking.

LONG-TERM CARE INSURANCE

Through Long-Term Care Insurance, faculty and staff are provided the options to help create a personalized plan that can make it easier to protect their savings and assets, their family and friends from the burden of caregiving and their ability to choose where care is received.

529 COLLEGE SAVINGS PLAN

Typically operated by a state or educational institution, a 529 is an education savings plan that permits families to set aside funds on a voluntary basis to meet future costs at qualified colleges and universities nationwide (tuition, fees, books and supplies required for study). Although contributions are not deductible on an individual's federal tax return, investments grow tax-deferred, and distributions to pay for the beneficiary's college costs come out federally tax-free.

Voluntary employee contributions to a 529 College Savings Plan can be deposited to an employee’s 529 College Saving Plan(s) directly from his/her pay.

A 529 plan can provide a very easy hands-off way to save for college. Plans work much like a 403(b), 401K or IRA by investing contributions in mutual funds or similar investments. The account will go up or down in value based on the performance of the particular option that is selected.

The 529 College Savings Plan offers other benefits in addition to the tax advantages. Individuals have the ability to transfer any unutilized savings to other qualified members of the beneficiary’s family. As long as the transfer is to a qualified family member, there will be no tax penalty imposed. Each state decides whether it will offer a 529 plan and what it will look like, so 529 plans can differ from state to state. Individuals should research the features and benefits of any plan before investing.

For information, refer to Fidelity Investments (http://personal.Fidelity.com), TIAA (www.tiaa.org) and/or Savings for College (www.savingforcollege.com).
Flexible Spending ACCOUNTS (FSA)

FSAs are voluntary accounts that help you pay for expenses not covered by the other benefit programs. You can participate in one or both of the following accounts:

- Health care expenses
- Dependent (day) care expenses

ASIFlex is the third-party administrator of the University’s Flexible Spending Accounts (FSA) plan. ASIFlex has administered pre-tax programs exclusively since 1988 and has extensive experience in administering FSA programs for universities, colleges and other public entities, including the State of Delaware.

ENROLLMENT

Open enrollment is held once a year in November, with coverage effective Jan. 1.

Note: FSA balances do not roll over from one year to the next. Any remaining balance from the prior plan year will be forfeited at the end of the grace period. Re-enrollment is required every year in order to continue plan participation.

ELIGIBLE DEPENDENTS

Under FSA regulations, you may cover more dependents than under the other health and dental plans. For the health care account, an eligible dependent can also include a dependent parent, as long as you provide more than one-half of the individual’s support.

For the dependent (day) care account, an eligible dependent includes your children (but only under age 13), your spouse (but only if he or she is disabled) and your parents or in-laws who depend on you and your spouse for more than one-half of their support and who spend at least eight hours a day in your home.

CONTRIBUTING TO YOUR FSA

When you’re deciding how much to contribute to an FSA, you should estimate your expenses carefully. Once you contribute money to your FSA, you:

- Cannot change the amount you contribute during the year unless you have a change in family status and apply within 30 days of the qualifying life event. These restrictions are required by federal law.

CONTRIBUTION LIMITS ARE AS FOLLOWS:

<table>
<thead>
<tr>
<th>FSA</th>
<th>Minimum</th>
<th>2017 Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>$5.00/pay ($120)</td>
<td>$106.25/pay ($2,550)*</td>
</tr>
<tr>
<td>Dependent (Day) Care</td>
<td>$5.00/pay ($120)</td>
<td>$208.33/pay ($5,000)</td>
</tr>
</tbody>
</table>

*Provision of the Patient Protection and Affordable Care Act

When you set up an account, you use before-tax payroll contributions to pay for your eligible expenses on a tax-free basis.

USING YOUR FSA

The Flexible Spending Accounts Plan includes a 2½-month grace period extending through March 15 of each year. This means that a participant may submit expenses incurred in the 2½-month grace period for reimbursement from either the prior year (if funds still remain) or the current year. Expenses incurred during the grace period will be paid first by any balance remaining from the prior year’s election; then, if applicable, expenses will be reimbursed under the current plan year’s elected amount.

Any remaining balance from the prior plan year will be forfeited at the end of the grace period.

Eligibility of an expense for reimbursement from your FSA is determined by the date services are provided, not when you are formally billed or charged or when you pay for the services.

Participants in a health care FSA will be able to use an FSA Benefits Card that is linked to their health care FSA. This means that you can use the Benefits Card to pay eligible health care expenses directly from your Flexible Spending Account.

Note: FSA reimbursements are not automatic. You must complete and submit claim forms to receive reimbursement. Claims may be submitted through April 30 for expenses incurred between Jan. 1 (or the actual period you were enrolled, if enrolled after Jan. 1) and the end of the grace period.

Please contact ASIFlex with FSA-related questions by phone, 800-659-3035, or by fax, 877-879-9038.
Education Benefits

The University offers a variety of employee education assistance programs to full-time University employees. Some of the education benefit programs are available to the employee’s eligible dependents.

**GENERAL ELIGIBILITY REQUIREMENTS**

- Eligible employees include full-time employees on the active payroll at the end of the late registration period (Free Drop/Add) for the semester in which the tuition remission is granted. This is generally the first two weeks into the semester.
- The Course Fee Waiver benefit is for the employee’s part-time study at the University of Delaware, but may be transferred to the employee’s eligible spouse and/or dependents.
- The Tuition Remission Program is available to eligible employees for their spouse and/or dependent child.
- A spouse must be in a legally recognized marriage or civil union recognized under Delaware law to the employee before the end of the late registration period in which the education benefit is granted.
- A dependent child is defined as a biological child or a legally adopted child of the employee or spouse (not exceeding age 26), who will be claimed by the employee as an exemption for federal income tax purposes on the employee’s tax return for the year in which the benefit is granted.
- Tuition Exchange is available to eligible dependent children of full-time employees with at least two or more years of eligible University service as of Oct. 31 of the year in which the TE application is submitted.
- Cooperative Tuition Exchange is available to full-time employees only.

**TUITION REMISSION**

Tuition costs are waived for courses taken during the fall and spring semesters, up to a maximum of 17 credit hours per semester, for dependents of full-time employees.

The spouse and/or dependent child must be enrolled at UD as a full-time, matriculated undergraduate student. For this purpose, matriculated means official acceptance by the University Admissions Office, and full-time student status means from 12 to 17 credit hours.

Employees may use no more than two tuition remission requests per semester for eligible dependents.

**HOW TO APPLY**

To apply, submit the online web form to HR-Benefits as soon as the student has registered for classes. All registration materials must be returned to the appropriate University offices (for example, Admissions, Registrar, Cashier) before this benefit takes effect.

**COURSE FEE WAIVER PROGRAM**

Eligible full-time employees may register for two courses each semester or session. The maximum per calendar year is six requests.

Employees do not qualify for fee waivers if they terminate, go on leave without pay or are placed on layoff before the end of the late registration period.

This program is transferable to a spouse or dependent child. It does not cover fees (Registration Fee, General Fee, etc.).

**COURSE FEE WAIVERS AS TAXABLE INCOME**

- Undergraduate level: Fee waivers and tuition remission benefits used by a civil union spouse and/or civil union spouse’s dependent(s) will be reported as taxable benefits to the employee if the benefited civil union spouse and/or civil union spouse’s child(ren) are not qualified tax dependents by IRS. Employees should contact the HR-Benefits (hrhelp@udel.edu) for more information.
- Graduate level: Federal legislation allows eligible employees to receive up to $5,250 in tax-free education assistance for graduate-level courses taken by the employee. Fee waiver benefits used by a spouse, civil union spouse and/or dependent children for graduate-level courses are reported as taxable income to the employee. The tax exemption of $5,250 does not apply to classes taken by the employee’s dependents.

**HOW TO APPLY**

After the student has registered for the course, the employee must:

- Complete the Education Benefits web form for Course Fee Waiver. Note: Completion of this form does not replace the requirement for the student to register for the course and to submit a fee payment card or bill form to Student Financial Services by the appropriate dates.
- Complete the “Employee” section of the form and (if release time is required) add his/her supervisor as an approver.
- The web form must be submitted prior to the end of the late registration (Free Drop/Add) period.
Comprehensive care, under one roof!

- Open to the public
- New patients welcome
- Most major health insurance accepted

Nurse Managed Primary Care Center
www.udel.edu.primarycare
(302) 831-3195

Delaware Physical Therapy
www.udptclinic.com
(302) 831-8893

Speech-Language-Hearing Clinic
www.udel.edu/cscd/clinic
(302) 831-7100

540 S. College Ave., Newark, DE 19713
SERVICE RECOGNITION PROGRAM

This program honors years of service to the University of Delaware at five-year intervals. Faculty and staff select from special gift collections and are invited to a celebratory event in the spring.

In addition, recent retirees are honored with a gift and are invited to a celebratory event.

Work-life Programs and Events include:
- Read Across America
- Take Daughters and Sons to Work Day
- Annual UDdidit! Picnic
- United Way Campaign
- Winterfest for New Faculty and Staff

HUMAN MANAGEMENT SERVICES (HMS)
HEALTH ADVOCATE

UD faculty and staff enrolled in one of the UD health plans are eligible to access the State’s Employee Assistance Program (EAP) and Work/life program, designed to provide services to employees, pensioners and their dependents enrolled in a non-Medicare health insurance plan. Parents and parents-in-law are now also eligible for EAP + Work/Life services. Members are encouraged to reach out to HMS for guidance to balance the high demands of home and work life issues. HMS is available seven days a week, 24 hours a day, completely confidential and provided at no cost.

Our services include the following:
- One-on-one professional counseling services, a maximum of five sessions based on member’s concern, and a referral to receive continued professional counseling services through the member’s health care plan, if needed.
- Legal Services
- Financial Services
- Integrated ID Recovery. Credit fraud specialists review reports with employees to instantly identify signs of possible identity theft.
- Child and Elder Care
- For a listing of additional Human Management services, visit http://ben.omb.delaware.gov/eap
GREAT BENEFITS CAN HELP
PROTECT THE THINGS
YOU VALUE MOST.

The University of Delaware provides access to valuable protection with Life Insurance and Dental coverage through MetLife. These benefits can help you guard against the unexpected and be better prepared to face the future.

Take the time to understand your options, and then take advantage of them today! Review your enrollment information to learn more.

MetLife
Your Wellbeing Is Our Mission

We aspire to build a thriving culture where you are healthy, fueled and inspired to bring your best self to work each day.

Emotional

Financial

Career

Social

Community

Physical

(302) 831-8388 | wellbeing@udel.edu
www.udel.edu/wellbeing
Employee Health and WELLBEING

Our goal is to build a platform that will support and foster an inclusive and engaging culture of health and wellbeing that enables employees to bring their best self to work each day. The workshops, programs, activities, individual counseling and customized departmental services are designed to meet the diverse needs of UD faculty and staff. As part of the comprehensive benefits package, employees and retirees of UD receive Wellness Dollars to defray the cost of participating in wellness, fitness and recreational activities. Visit the www.udel.edu/wellbeing or call 302-831-8388 to learn about the programs and services offered.

FITNESS

EMPLOYEE FITNESS CENTER (EFC)

This on-site facility in the Carpenter Sports Building offers a wide variety of cardiovascular machines, resistance training equipment and a selection of free weights. The EFC is available at no cost and is reserved for the exclusive use of benefits-eligible employees, retirees and their spouses. Employee lockers, and use of other recreation facilities, are available through Recreation Services.

EMPLOYEE-ONLY FITNESS CLASSES

Group fitness classes provide a fun, upbeat environment designed to encourage participation and exercise adherence. A variety of classes meet at the Carpenter Sports Building and other campus locations, depending on space availability. Employees are eligible to participate in the employee-only classes, as well as the fitness classes run by Recreation Services.

FITNESS SERVICES

Employees are able to participate in a variety of fitness services, including personal training and fitness assessments. A certified personal trainer will work with you to ensure that your fitness goals are met in a safe, healthy manner.

PROGRAM OFFERINGS

BE WELL UDEL:

Large-scale programs are offered in the fall and spring semesters. These motivational programs focus on healthy behaviors and individualized goal setting. Many of the programs incorporate an optional team component that keep participants energized, connected and accountable. Areas of focus will include a variety of emotional, financial, social, physical, community and career components.

WELLBEING WORKSHOPS

Raise your awareness of various health and wellbeing topics by attending regularly scheduled workshops throughout the year. Customized workshops can be developed for groups or departments upon request.

HEALTH SCREENINGS

Know the numbers that can have the biggest impact on your health: cholesterol, blood sugar (glucose) and blood pressure. Screenings are offered throughout the year at a variety of locations on campus, or by individual appointment in the EFC. There are typically other screenings offered throughout the year, such as hearing screenings or bone density screenings.
Don’t feel well?  
Need to see a doctor?

NEWARK 24/7 URGENT CARE CENTER is proud to be the first facility in Delaware allowed to use the designation “Urgent Care”. Today, NUC continues its tradition of community service by being available 24 hours a day, seven days a week, all year long.

302-738-4300
324 E. MAIN STREET • NEWARK
newarkurgentcare.org

OPEN 24/7
WE NEVER CLOSE

ACCEPTING ALL INSURANCE
(INCLUDING MEDICARE & MEDICAID)
# UD OFFICE OF HUMAN RESOURCES
## FREQUENTLY USED CONTACTS

<table>
<thead>
<tr>
<th></th>
<th>PHONE</th>
<th>WEB</th>
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<tbody>
<tr>
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<td>Employee Health and Wellbeing</td>
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<td>Web Forms</td>
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<td><a href="https://www.udel.edu/webforms">https://www.udel.edu/webforms</a></td>
</tr>
<tr>
<td>Aetna*</td>
<td>877-542-3862</td>
<td><a href="http://www.aetna.com/statede">www.aetna.com/statede</a></td>
</tr>
<tr>
<td>Aflac</td>
<td>800-433-3036</td>
<td><a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a></td>
</tr>
<tr>
<td>ASIFlex (FSA/Transit)</td>
<td>800-659-3035</td>
<td><a href="http://www.asiflex.com">www.asiflex.com</a></td>
</tr>
<tr>
<td>Blood Bank</td>
<td>888-825-6638</td>
<td><a href="http://www.delmarvablood.org">www.delmarvablood.org</a></td>
</tr>
<tr>
<td>Delaware Office of Statewide Benefits</td>
<td>800-489-8933</td>
<td><a href="http://www.delawarepersonnel.com">www.delawarepersonnel.com</a></td>
</tr>
<tr>
<td>DelaWell</td>
<td>800-556-6106</td>
<td><a href="http://www.delawell.delaware.gov/">www.delawell.delaware.gov/</a></td>
</tr>
<tr>
<td>ExpressScripts</td>
<td>800-939-2142</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
<tr>
<td>Fidelity Investments*</td>
<td>800-343-0860</td>
<td><a href="http://www.mysavingsatwork.com">www.mysavingsatwork.com</a></td>
</tr>
<tr>
<td>Hartford (State Disability)</td>
<td>800-538-8439</td>
<td><a href="http://www.hartford.com">www.hartford.com</a></td>
</tr>
<tr>
<td>Highmark Delaware</td>
<td>844-459-6452</td>
<td><a href="http://www.highmarkbcbsde.com">www.highmarkbcbsde.com</a></td>
</tr>
<tr>
<td>HMS (Human Management Services) Organization: State of Delaware</td>
<td>800-343-2186</td>
<td><a href="http://www.hmsincorp.com">www.hmsincorp.com</a></td>
</tr>
<tr>
<td>Liberty Mutual Insurance (Auto/Home)*</td>
<td>800-865-2405</td>
<td><a href="http://www.libertymutual.com">www.libertymutual.com</a></td>
</tr>
<tr>
<td>MetLife (Dental)</td>
<td>800-942-0854</td>
<td><a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a></td>
</tr>
<tr>
<td>MetLife Grief Counseling</td>
<td>855-609-9989</td>
<td><a href="https://griefcounseling.harrisrothenberg.net">https://griefcounseling.harrisrothenberg.net</a></td>
</tr>
<tr>
<td>MetLife (Life Insurance)</td>
<td>866-492-6983</td>
<td><a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a></td>
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<tr>
<td>NVA (National Vision Administrators)</td>
<td>800-672-7723</td>
<td><a href="http://www.e-nva.com">www.e-nva.com</a></td>
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<tr>
<td>PNC Workplace Banking</td>
<td>302-429-1344</td>
<td><a href="http://www.pnc.com/ud">www.pnc.com/ud</a></td>
</tr>
<tr>
<td>Service &amp; Retirement Awards Program (MTM Recognition)</td>
<td>800-898-5945</td>
<td><a href="http://www.udel.edu/hr/service-awards.html">www.udel.edu/hr/service-awards.html</a></td>
</tr>
<tr>
<td>State Pension Office</td>
<td>800-722-7300</td>
<td><a href="http://www.delawellpensions.com">www.delawellpensions.com</a></td>
</tr>
<tr>
<td>TIAA</td>
<td>800-842-2776</td>
<td><a href="http://www.tiaa.org">www.tiaa.org</a></td>
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</tbody>
</table>

* UD Benefit providers, including Aetna, Liberty Mutual, Fidelity, and TIAA, have applications that can be downloaded to your smart devices.

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