



Office of the Vice President
for Finance & Administration

To: University of Delaware Employees

From: Jennifer "J.J." Davis, Vice President for Finance & Administration

It is my pleasure to provide you with the "Get the Best of Your Benefits" booklet for 2011-2012.

The University of Delaware recognizes that its strength and vitality depends on you. For this reason, we continue to invest in benefits, programs, and resources to move you forward on the path toward improved health and wellness. Because we are passionate about supporting you in achieving these goals, we encourage your participation in the many health and wellness programs that are available.



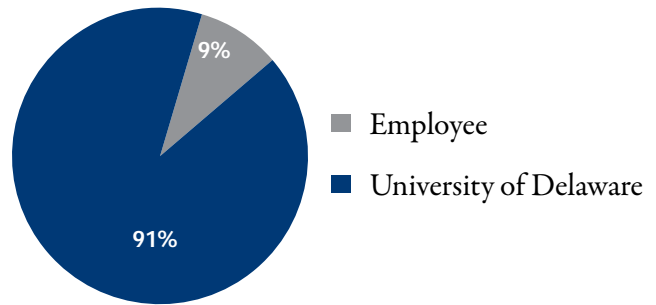
This booklet outlines some exciting new offerings, along with a continuation of the excellent benefit choices you have enjoyed in the past. I am particularly pleased to announce that **there will be no increase in employee costs for health, dental, vision, life and disability benefits for 2011-2012.** In addition, we are offering a new health plan option, CDH Gold, which is a consumer-directed health plan accompanied by a Health Reimbursement Account. Other new benefit options include coverage for adult dependents up to age 26, and a pre-tax option for qualified commuting expenses to and from work. During the past year, we have also implemented a health care stipend for same-sex domestic partners, as well as a new 529 College Savings Plan.

We are pleased to share this good news, and to continue our efforts to provide you with a wide range of options for managing your health care. Please take the time to learn about your options, select plans and activities that will best suit your needs, and join me on the journey toward a healthier lifestyle. I strongly believe that informed choices will lead to healthier and happier lives—at work, at home and at play!

JULY 1, 2011: BENEFITS & WELLNESS NEWS

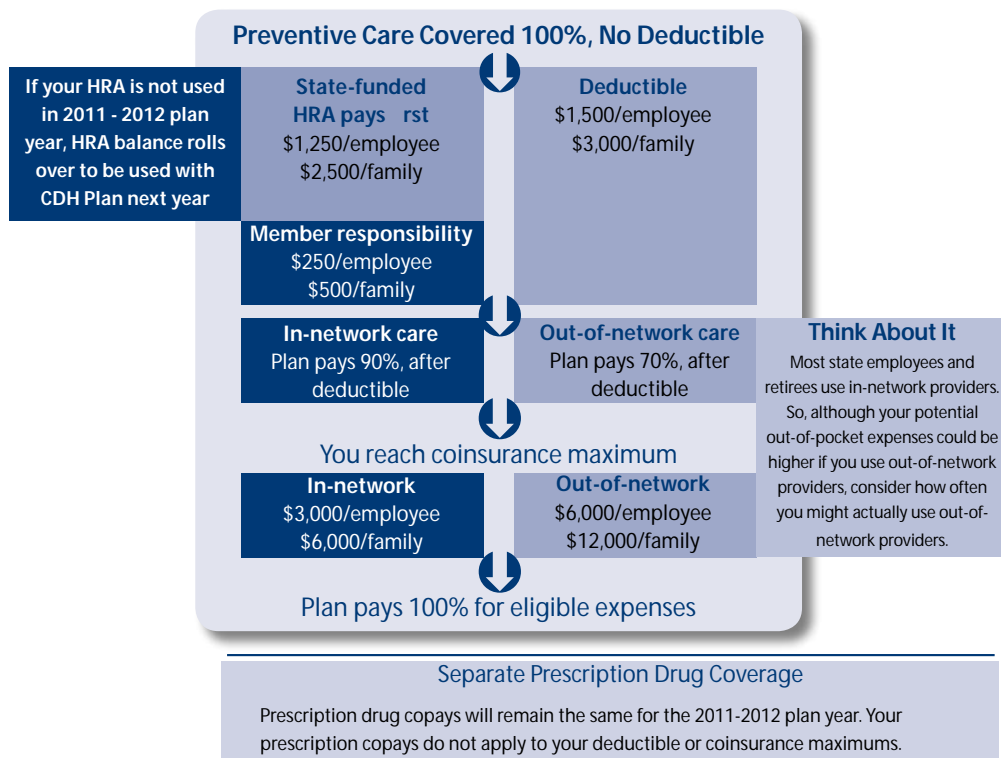
2011-2012 RATES: There will be no increase in employee costs for health, dental, vision, life and disability benefits for 2011-2012. This means that as a UD employee, you will continue to enjoy a rich array of benefits at the same employee contributions as last year.

UD & EMPLOYEE SHARE TOTAL HEALTH & DENTAL COST



NEW HEALTH PLAN OPTION: CONSUMER-DIRECTED HEALTH PLAN (CDH GOLD)

Consumer-Directed Health Plan With A Health Reimbursement Account



Both Blue Cross Blue Shield of Delaware (BCBSDE) and Aetna will offer a consumer-directed health plan option, CDH Gold Plan. For participants, this means that they can continue to use the same network providers—while taking advantage of the new CDH Gold Plan design. In addition, the CDH Gold Plans will be accompanied by a Health Reimbursement Account (HRA) funded by the State. The new CDH Gold plan has a higher deductible than the First State Basic Plan and a higher out-of-network deductible than the Comprehensive PPO Plan; however, you pay less out of your paycheck for the monthly employee premium than for the HMO

or Comprehensive PPO Plans. In addition, a large portion of the deductible is paid directly from the Health Reimbursement Account. The CDH Gold Plan functions like a PPO with in-network and out-of-network benefits. When you use in-network providers, the plan pays 90% for eligible expenses, after the deductible. If you choose out-of-network providers, the plan pays 70% for eligible expenses, after the deductible. The Plan includes the same prescription drug coverage through Medco as the HMO and PPO plans and preventive care that is covered at 100% with no deductible or copayments (subject to the frequency guidelines provided by BCBSDE or Aetna).

COVERAGE FOR ADULT CHILDREN UNDER AGE 26

The University health, dental, vision and dependent life insurance plans will include coverage for adult children up to age 26. Coverage of eligible adult children may continue until the end of the month in which the adult child turns age 26. An employee's children include only sons, daughters, stepchildren and adopted children. The rules that apply to coverage for adult children depend on the plan in which you are enrolled, as well as other factors, including available coverage your child may have through his or her employer. For a complete description of the rules and processes, please refer to the Administration of Dependent Coverage to Age 26 Policy and the Adult Dependent Coordination of Benefits Form, posted on the Statewide Benefits website at www.ben.omb.delaware.gov/documents/COB.

If you enroll in the First State Basic Plan, Aetna HMO, Blue Care® or Comprehensive PPO Plan, these plans are considered to be "grandfathered health plans" under the Patient Protection and Affordable Care Act (PPACA), also known as Health Care Reform. A "grandfathered" health plan is permitted to exclude full benefits coverage for adult children under age 26 if the child has access to medical coverage through his or her own employer under certain circumstances. Generally, adult children between 21 and 26 who are not full-time students and have medical coverage available through another employer must enroll for that coverage. If they do not, the plan will pay 20% of allowable charges for services covered under the health care plan. In order to verify coverage through an employer, you must complete the Adult Dependent Coordination of Benefits Form for any adult child covered by your health plan who turned 21 before the end of the preceding calendar year. If you do not return the Adult Dependent Coordination of Benefits Form to the University's Office of Human Resources, the plan will pay 20% of allowable charges for services covered under the health care plan (until the form is received).

NOTE: The new CDH Gold Plans are not "grandfathered" plans; therefore, the exclusion for other employer coverage for adult dependents does not apply, and an Adult Dependent Coordination of Benefits Form is not required.

PRESCRIPTION DRUG PLAN: Prescription drug co-pays will remain the same for the 2011-2012 plan year.

PRESCRIPTION DRUG PLAN CHANGES

Solodyn—This antibiotic, used to primarily treat acne in teenage children, will require a Prior Authorization. For more information on the Prior Authorization process, visit www.ben.omb.delaware.gov/script/.

Xifaxan—This antibiotic is used primarily to treat traveler's diarrhea in patients 12 years of age and older, to treat hepatic encephalopathy, or to reduce the risk of overt hepatic encephalopathy recurrence in patients 18 years of age or older. Patients will be required to have a coverage review conducted to receive a dosage of more than 550 mg, twice daily for three days. For more information on the Coverage Review process, visit www.ben.omb.delaware.gov/script/.

Lyrica—This anticonvulsant medication, used to treat partial onset seizures in adults and to manage fibromyalgia related pain and neuropathic pain such as diabetic peripheral neuropathy and post-herpetic neuralgia, will become part of the Step Therapy program. For more information on Step Therapy, visit www.ben.omb.delaware.gov/script/.

NEW OPTION: UNIVERSITY OF DELAWARE PRE-TAX COMMUTER BENEFIT PLAN Benefits-eligible employees will be able to set aside up to \$230 per month on a pre-tax basis for mass transit expenses incurred for travel to and from work and up to \$230 on a pre-tax basis to cover expenses for off-campus parking. The money is deducted from your pay on a pre-tax basis, so 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 or Off-Campus Parking Program. You can enroll in either or both programs anytime after July 1, 2011, through ASIFlex's website (<https://enroll.asiflex.com?eCode=UDEL>). To use your contributions to the Mass Transit Program, you must request mass transit passes through ASIFlex. If you have questions about these new programs, please contact ASIFlex Customer Service by phone (800- 659-3035) or by e-mail (asi@asiflex.com).

Note: There are no changes to the University's On-Campus Parking Program.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT With the extension of coverage for dependents up to age 26 as of July 1, 2011, you may also enroll or change your current election in the Health Care Flexible Spending Account. To enroll or make a change, complete the Family Status and Benefit Change Form at: www.udel.edu/00422 and return to HR-Benefits by fax (831-1482).

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If there is any conflict between the content of this summary booklet and a plan document, the plan document will prevail.

MAXIMIZE YOUR BENEFITS

During 2011-2012, the University of Delaware will continue to provide employees with a comprehensive benefits package that includes affordable and quality healthcare. From health and wellness to financial and retirement planning, your well-being is a priority and the Office of Human Resources takes a proactive approach to providing you with information and options to assist you in making the best decisions for you and your family.

Please take time to read this booklet, evaluate the options so you can make well-informed decisions, and enroll within the time period allotted. We also encourage you to utilize our website regularly and stay informed on all of the benefits and wellness updates that take place year round.

Managing your health means making the right choices every day. Choose well, and you will have benefits that meet your needs. Use well, and you will save money and make the most of your benefits throughout the year.

EMPLOYEE WELLNESS PROGRAMS AND SERVICES

We all know it's important to take care of our health, but the demands of our daily lives often take a priority over finding the time to get the information we need to develop a plan and work to achieve our health and quality of life goals.

As you think about your benefits during annual enrollment this year, it is also a good time to review all the health and wellness options available to you and your family through UD's HealthyU Employee Wellness Program and the State of Delaware's DelaWELL Health Management program. By helping you and your family stay healthy and manage risk factors such as smoking, poor diet and physical inactivity, we all benefit. Commit to wellness today!

HealthyU Employee Wellness Program

If you are an employee receiving benefits at UD, the HealthyU Employee Wellness Program offers a variety of health promotion programs and services on campus. Employees receive an allotment of Wellness Dollars each fiscal year that can be used toward motivational campaigns, health screenings, cooking



demonstrations, group fitness classes as well as other programs.

In addition, the Employee Fitness Center is reserved for the exclusive use of employees and their spouses/same sex domestic partners, retirees and retiree spouses. The facility offers state-of-the-art cardiovascular machines as well as top resistance training equipment. HealthyU staff will assist with orienting new users to the facility and also provide fitness assessments and personal training to those who may be interested in a more personalized program. There is no cost associated with using the facility.

For more information on HealthyU Programs and Services, visit www.udel.edu/wellness.

DelaWELL Health Management Program

If you are enrolled in the University's Health Insurance Plan (as an active employee or non-Medicare retiree), you (and your dependents) can take advantage of DelaWELL's free programs—you may even earn an incentive when you participate! On average, the University contributes more than 90% of the cost of healthcare coverage for employees, retirees and dependents. As a valuable and major part of your overall compensation, DelaWELL gives you the information and resources to take control of your health and quality of life—and at the same time take control of healthcare costs. Participating in DelaWELL is one way to help share the responsibility of managing rising costs.

The DelaWELL comprehensive wellness and condition care program continues exciting initiatives beginning July 1, 2011:

- Confidential, Online Wellness Assessment
- Onsite Biometric Health Screening
- Health Coaching
- Condition Care Programs
- Online Health Resources
- Onsite and Online Health Seminars
- Wellness Challenges
- Confidential Nurse24 line

For more about DelaWELL or for information on how to earn incentives, visit <http://delawell.delaware.gov/>

Eat well *breathe* STRENGTHEN *explore* practice move *STRETCH* BALANCE *renew*



The HealthyU Employee Wellness program offers far-reaching health and wellness programs focusing on education, self-care, behavioral changes and disease prevention. Use your Wellness Dollars to participate in a variety of health promotion activities all year long.

Scope of programs and services

Health campaigns

Offered quarterly, these six- to eight-week motivational programs focus on healthy behaviors and individualized goal setting. Specific topics include healthy eating, weight management and physical activity.

Health screenings

Offered throughout the year, health screenings include cholesterol, blood pressure, glucose, vision, hearing and bone density. Results are provided at the time of the screening and delivered in a confidential manner.

Group fitness classes

Group fitness classes provide a fun, upbeat environment designed to encourage participation and exercise adherence. Class offerings and times vary based on availability of space and instructors. Great for any fitness level!

Workshops

Educational training opportunities are offered in a "lunch and learn" format during the noon hour each month. HealthyU staff and other health professionals deliver interactive presentations on a variety of topics.

Other events and services

The HealthyU program offers other programs and services throughout the year such as cooking demonstrations, flu shots, a 5K walk/run event, comedy show, health breaks and more.

Employee Fitness Center

The Employee Fitness Center (EFC) offers a wide array of cardiovascular machines, top-of-the-line resistance training equipment and a selection of free weights. The EFC is reserved for the exclusive use for benefits-eligible employees and their spouses/same sex domestic partners, retirees and retiree spouses at no cost. Participants must sign a waiver and complete a quick orientation before beginning use of the EFC.

The following services are available to employees through the EFC:

Personal training

Sessions can be bought in one-, three-, or five-session packages during the fall, winter and spring semesters. Experienced trainers will tailor your workout so that you can realistically achieve your goals.

Fitness assessments

Assessments include measurements of height, weight, resting heart rate, blood pressure, body composition, aerobic capacity, muscular strength and endurance as well as flexibility. Participants will receive results in a comprehensive report format that will compare the individual's data with national fitness norms.

Body composition

Body composition is essentially a measurement of overall percentage of body fat. This test is conducted by taking three skinfold measurements at different sites on the body. Results are provided immediately in report form.

WELLNESS TIP

Be sure to use your Wellness Dollars by June 30 or you will lose them. Your new Wellness Dollars will be available on July 1.



HealthyU Program Office (Room 125) and the Employee Fitness Center (Room 127) are located in the Carpenter Sports Building
For more information, visit www.udel.edu/wellness or call 831-8388.

Comprehensive Benefits & Wellness

FLEXIBLE BENEFITS PROGRAM

UD-supported programs provide opportunities and flexibility for employees to tailor benefits to meet their personal needs. The University's contribution, referred to as Flex Credit (UDollars), covers a large portion of the premium costs for medical, dental, vision, life and disability insurance.¹

FLEXIBLE BENEFITS ENROLLMENT

New employees who are eligible for flexible benefits must enroll for coverage within 30 days of their initial eligibility date. You can change your coverage between annual enrollments **only** if you have an eligible family status change, as defined by federal law.

ANNUAL OPEN ENROLLMENT

The benefits plan year begins July 1 and extends through June 30. During the open enrollment period each year, employees can change their benefits, check their benefit costs and confirm their enrollment for July 1 by logging onto www.udel.edu/flexnet. Flexible benefits enrollment is typically open during the first three weeks in May. Announcements are posted on the UD Human Resources website, UDaily (University online news), and through e-mail to benefits-eligible employees.

UNIVERSITY CONTRIBUTIONS

The University provides a benefits allowance (or flex credit) called "UDollars" to each employee. These are the dollars that the University provides for your coverage. For full-time employees, the University's medical coverage contribution equals the total cost of the "First State Basic" plan. 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 benefits base salary for employees working 75% time or greater. Employees working part-time (50% up to 75% time) receive 60% of the full-time contribution for medical, dental and vision coverage. If you spend all your UDollars, you can pay for the rest of your benefits with before-tax contributions.

You may choose from a variety of benefit options. Each benefit option has a cost. All costs are shown on your Flexible Benefits View. The University contribution (flex credit-UDollars) and full per-pay cost for benefits appear on your pay stub.

DID YOU KNOW

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

¹Note: All "Visiting" personnel classifications, such as Visiting Faculty and Visiting Professionals, are eligible for "core" benefits (Health Care, Dental, Vision, Course Fee Waiver and University ID Card privileges) regardless of length of service.

HEALTH CARE INSURANCE

First State Basic

This plan with both in- and out-of-network services provides the freedom of choice you experience with a Preferred Provider Organization (PPO). In-network services have an annual deductible of \$500 for individuals and \$1,000 for families. The plan will then pay at 90% of the Blue Cross Blue Shield allowable charge. Services such as routine wellness visits and immunizations are covered at 100% with no deductible in network. Out-of-network services are subject to a deductible of \$1,000 per individual and \$2,000 per family, after which the plan pays 70% of the allowable charge.

Consumer-Directed Health Plans (CDH Gold)

This plan with either the Blue Cross Blue Shield of Delaware or Aetna network is like a PPO Plan with in-network and out-of-network benefits. When you use in-network providers, the plan pays 90% for eligible expenses, after the deductible. If you choose out-of-network providers, the plan pays 70% for eligible expenses, after the deductible. While deductibles for CDH plans are higher than PPO plans, the employee premium contribution is lower than for the HMO or PPO plans. Also, the CDH Gold Plans are accompanied by a Health Reimbursement Account (HRA) from which a large portion of the deductible is paid. If you don't use all the money allocated for your HRA, the balance rolls over from year to year, provided you continue to enroll in a CDH plan. For more information, refer to page 4 of this booklet.

continued on page 13

PPO/CDH/HMO What's the difference?

These 3 types of health plans handle coverage for your medical expenses differently. In very general terms, PPO (Preferred Provider Organizations) plans typically provide more flexibility in regard to their physician network, in exchange for higher out-of-pocket premiums, deductibles, or co-pays at time of service. The CDH (Consumer-Directed Health) Plan operates like a PPO with higher deductibles but offers a HRA (Health Reimbursement Account). HMOs (Health Maintenance Organizations) usually have lower out-of-pocket costs in exchange for managed care through a primary care physician and a referral process for other medical care needs. In order to select the plan that best meets your needs, please be aware of the details of each plan before enrolling.

Adult Dependent Coordination Forms Are Required Annually

If you cover your adult dependent child* in one of UD's health plans (with the exception of the Consumer-Directed Health Gold Plans) you are required by the Delaware Office of Statewide Benefits to complete an Adult Dependent Coordination of Benefits Form each year during open enrollment.

* "Child" is defined as a son or daughter, stepchild or adopted child.

What is Dependent Coordination?

This State policy affects how health insurance benefits payments are made for adult dependent children who are eligible for, but not enrolled in, coverage through their own employer. In order for the State of Delaware to identify if your adult dependent child is required to enroll in his or her own employer's coverage, you must complete an Adult Dependent Coordination of Benefits Coverage form if you are covering a child who turned 21 prior to the end of the preceding calendar year (December 31, 2010). Misinterpretation and/or failure to comply with this policy (by completing this form each year) may have significant financial implications. The form (a printable PDF) can be found at www.udel.edu/00690 and will be presented as you confirm your benefits online at: www.udel.edu/flexnet. Please return your completed form to the University Office of Human Resources/Benefits from which the form will be forwarded to Aetna or BCBSDE based on your health plan enrollment.

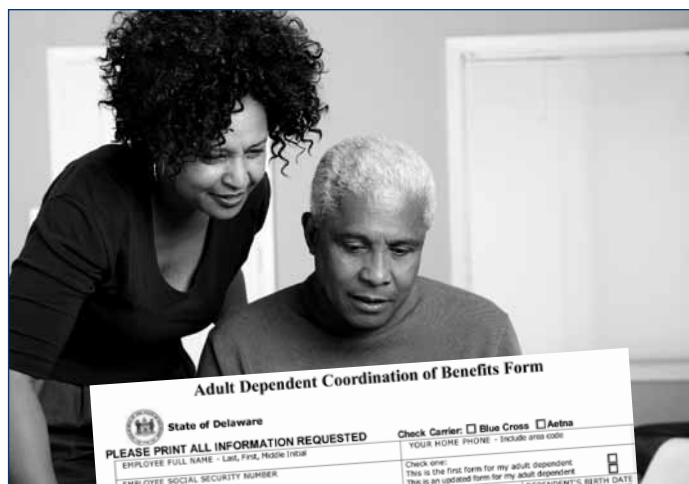
Is my adult dependent child required to enroll in his/her employer's health insurance plan?

With the exception of the new Consumer-Directed Health Gold Plans in place as of July 1, 2011, all State of Delaware Group Health Plans are considered "grandfathered" plans. Grandfathered health plans can exclude coverage of adult dependent children under certain circumstances if the child's own employer offers health care coverage.

Adult dependent children do not need to enroll in their employer's coverage if:

- The dependent is less than 21 or turned 21 in the current calendar year; or
- The dependent is less than 24 and is a full-time student; or
- The dependent does not work full-time; or
- The dependent is not eligible for benefits under the employer's health care plan because they have not satisfied his or her employer's requirements as to the number of hours worked; or
- The dependent's employer requires a contribution of more than 50 percent of the premium for the lowest benefit plan available through his or her own employer; or
- The dependent's employer does not offer medical coverage.

For adult dependents who enroll in their employer's coverage, that coverage will pay as primary, and the University



health plan will pay as secondary. If an adult dependent does not enroll in their employer's coverage when required, the health plan will pay 20 percent of covered claims.

What information about my adult dependent child do I need to complete the form?

- Date of birth and social security number
- Employer's name, address and phone number
- If the employer offers a health plan but your dependent is not enrolled: the percentage of the premium that your dependent would pay for the lowest cost individual plan
- If dependent is enrolled in their employer's health plan: the medical carrier name, policy number, effective date of policy and renewal date of policy. You also need to know if your dependent has a prescription drug plan through his/her employer.

What happens if I don't complete the form?

If you do not return the Adult Dependent Coordination of Benefits Form to University Office of Human Resources/Benefits, the health plan will pay 20% of allowable charges for services covered under the health care plan (until the form is received).

Where can I find a copy of the Adult Dependent Coordination of Benefits Policy?

The State of Delaware policy Adult Dependent Coordination of Benefits Form and frequently asked questions are available at www.udel.edu/00692.

Comprehensive Preferred Provider Organization (PPO)

This plan provides the freedom of choice to use in-network or out-of-network providers. The plan offers an expansive national network of participating providers. When participants obtain services in-network, they pay a small co-payment/co-insurance with no deductible. If the member uses out-of-network providers, they must meet a \$300 per person deductible unless otherwise noted. The out-of-pocket maximum is \$1,800 per person (including the deductible) per plan year. Prescription drug co-payments are not applied to the out-of-pocket maximum.

Aetna and Blue Care® HMOs

Aetna and Blue Care® Health Maintenance Organizations (HMOs) are managed care plans in which each member selects a primary care physician (PCP) to coordinate his/her health care needs. Each plan provides a comprehensive array of benefits through an extensive provider network.

Health and Prescription Identification Cards

Upon initial enrollment a health identification card will be mailed by either Aetna or Blue Cross to your home address. Medco will mail a Welcome Kit containing an identification card to be shown at the pharmacy when obtaining prescription drugs.

Prescription Drug Plan

Medco manages the State of Delaware's prescription drug program. Prescriptions may be filled by any participating retail pharmacy for the co-pays listed below.

Some retail pharmacies fill a 90-day supply of medications at the same rate as Medco-by-Mail. A current listing of the 90-day participating pharmacies can be found on the Statewide Benefits Office site at www.ben.omb.delaware.gov. Medco Member Services representatives, 800-939-2142, are available 24/7. Pharmacists are also available around the clock for medication consultations. Medco's Web site, www.medco.com, offers extensive online resources, including health and benefits information and online pharmacy services.

Spousal Coordination of Benefits and Adult Dependent Coordination of Benefits Policies

If you cover a spouse or an adult dependent child (son, daughter, stepchild or adopted child) through a University medical insurance plan, you must complete and submit coordination forms to document the status of your spouse and/or adult dependent. The Coordination of Benefits Forms must be

completed annually during open enrollment and throughout the year anytime the individual's employment status/dependent status changes.

These policies affect how health insurance benefits payments are made for your spouse and/or adult dependent(s) who are eligible for, but not enrolled in, coverage through his/her employer.

If you do not submit a Spousal Coordination of Benefits Form or return the Adult Dependent Coordination of Benefits Form to the University's Office of Human Resources, the health plan will pay 20% of allowable charges for services covered under the health care plan (until the appropriate form is received).

For a complete description of the rules and processes related to Coordination of Benefits, please refer to pages 12 and 39 of this booklet or the information posted on the Delaware Office of Statewide Benefits website: www.ben.omb.delaware.gov/documents/COB/.

Summary Plan Description Booklets and Provider Directories

A detailed Summary Plan Description Booklet and/or Provider Directory for each plan are available upon request by contacting Aetna Customer Services at 888-982-3862 or Blue Cross Customer Services at 800-633-2563 or by visiting the Statewide Benefits Office's Web site at www.ben.omb.delaware.gov. You may also search for a provider on each carrier's website, www.aetna.com/statede or www.bcbsde.com.

VISION SERVICES PROGRAM

This comprehensive plan provides coverage that can include eye examinations, frames/lenses or contact lenses, and other vision-related expenses. The UD vision plan is administered through Superior Vision Services, which boasts a national provider network of more than 44,000 locations. The network includes ophthalmologists, optometrists and optical companies that provide broad geographic coverage throughout every state in the U.S. When using an in-network provider, simply present your Superior Vision ID card at the time of service. The provider will charge you only for services and materials not covered by the plan. If you use an out-of-network provider, you must pay in full and then file a reimbursement claim with Superior. Visit the Superior Vision website, www.superiorvision.com, to review specific plan benefits, verify enrollment, find a provider, download and print forms, and more.

SUMMARY OF VISION BENEFITS		
Service	Frequency	In-Network Coverage
Comprehensive Eye Exam	12 months	Covered after \$15 co-pay
Standard Lenses	12 months	Covered in Full
Frames*	24 months	Up to \$150 Retail**
Contact Lenses	12 months	Up to \$120 retail**

*The insured is responsible for paying any charges in excess of this allowance.

**Contact lenses are in lieu of eyeglass lenses and frames benefit.

PRESCRIPTION COVERAGE

	Tier 1 Generic	Tier 2 Preferred	Tier 3 Non-Preferred
30-Day Supply	\$8.50	\$20.00	\$45.00
90-Day Supply (Medco-by-Mail and 90-day participating pharmacies)	\$17.00	\$40.00	\$90.00

What happens to my UD health plan when I, or my spouse, become eligible for Medicare?

Let's start with some basic information. 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 \$115.40 and helps with medical services (doctors, labs, etc.). Medicare Part D has an additional monthly cost and provides prescription coverage. The following information applies to actively-working employees and their spouses, when the employee and/or the spouse is age 65 or older.

Employee

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 medical 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 Blue Cross or Aetna or in how those carriers pay for services. Claims are paid the same after age 65 as before age 65.

Employees who keep the University's health plan as primary still may enroll in Medicare Part A, the hospital part, as secondary. (Most employees can delay Medicare Part B, the medical part, until retirement.) To enroll in Medicare Part A, call Social Security at 1-800-633-4227, check online at www.ssa.gov or go to the nearest Social Security office several months prior to becoming age 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 Medco prescription drug program must be cancelled as soon as Medicare A & B becomes effective. In that case, the University cannot provide those employees with any coverage to supplement Medicare.

Spouse

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 "Employee" above.

Common Questions

- Q. How does an employee and/or spouse tell the University what his/her choice is?**
- A. A letter will be sent from the Office of Human Resources prior to the individual's 65th birthday, asking if he/she wants to continue the UD plan as primary or elect Medicare as primary. Follow the instructions in the letter and return the completed paperwork to Human Resources.
- Q. Why should I "file the Medicare Part A card away"?**
- A. Hospital billing persons who are shown a Medicare card (when Medicare is still secondary to your UD plan) may inadvertently bill Medicare for the services. And if Medicare erroneously pays the services, reversing the Medicare payments can be very time consuming.
- Q. If an employee or spouse doesn't enroll in Medicare Part B when first eligible, isn't there a penalty?**
- A. Employees enrolled in employer health plans can delay taking Medicare Part B until retirement. The same applies to spouses who are covered by an actively-working employee. Three months before retirement, the employee and/or spouse takes a special form to the Social Security office, confirming continued health care coverage. That form (provided by UD Human Resources) allows the employee and/or spouse to enroll in Medicare Part B without the penalty.

SUMMARY OF DENTAL BENEFITS

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

* Two exams/cleanings per calendar year, separated by a 6-month period.

** Of Participating Dental Provider's (PDP) Fee when used In-Network; of Reasonable and Customary (R&C) charge when used Out-of-Network.

DENTAL ASSISTANCE PROGRAM

The Dental Assistance Program is administered through MetLife Insurance Company. You do not need to present an ID card to confirm that you're eligible; just bring a claim form (available online: at udel.edu/hr/forms.html) to your appointment and notify your dentist that you participate in MetLife's Dental Assistance Program. MetLife will mail you a concise explanation of benefits (EOB) after each claim submission. If you have a claim inquiry or benefit questions, call MetLife's Dental Customer Service Department at 1-800-942-0854. The University pays the entire monthly premium for full-time employees and eligible family members enrolled in the program. Part-time employees receive a pro-rated contribution.

Visit MetLife's website, www.metlife.com/mybenefits to find a provider, download and print forms, as well as to check claims and pre-determinations.

LONG-TERM DISABILITY INSURANCE

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. The University covers the full premium cost for the standard option.

Option	Benefit as a Percent of Salary*	Maximum Benefit
Standard	60% of Covered Monthly Salary	\$10,000/month
High	66 2/3% of Covered Monthly Salary	\$10,000/month

*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.

DENTAL TIPS

Preventive Services (such as cleanings and exams) are covered when scheduled at frequencies of 6 months.
When dental care is given by participating providers, you will generally incur lower out-of-pocket expenses. Participating Dental Providers (PDP) accept these lower fees as payment in full and can't bill you for any difference between their full fee and the MetLife PDP fee. You may also save on services not covered by your plan when you visit a PDP dentist because non-covered services may be offered at a discounted rate.

ENROLLMENT TIP

If you don't have access to a computer, the Office of Human Resources provides a computer kiosk and assistance during open enrollment.

GROUP LIFE INSURANCE¹

The University offers group term life insurance to eligible full-time and part-time employees. Employees may choose one of the following five options: \$10,000; \$50,000; \$100,000; two or four times annual base salary. Proof of insurability is necessary for more than \$400,000 of insurance. The maximum coverage is \$1,000,000. The University's contribution for life insurance equals the cost of the two-times-salary option. The cost of any employer-provided group insurance in excess of \$50,000 is taxable imputed income. Many employees consider this additional cost when making their life insurance choices.

DEPENDENT LIFE INSURANCE¹

The University also provides optional life insurance for your eligible dependents. This cost is deducted from your paycheck on an after-tax basis. You are the beneficiary for any dependent coverage you choose. Available options include:

- \$5,000 for your spouse/\$2,000 for each child
- \$10,000 for your spouse/\$4,000 for each child
- \$15,000 for your spouse/\$6,000 for each child
- \$20,000 for your spouse/\$8,000 for each child

IMPORTANT INFORMATION ON BENEFICIARY DESIGNATIONS

It is important to keep your beneficiary designations up to date. Separate beneficiary designation forms must be completed for University Group Life Insurance, Fidelity Investments and TIAA-CREF retirement investment accounts, and the Delaware State Employees Pension Plan. If you've experienced a marriage, divorce, birth or death of a dependent, you may want to change your beneficiary. It is your responsibility to make the change. To make beneficiary changes, complete the beneficiary change forms found on the HR Home Page (www.udel.edu/hr/forms.html).

¹You must complete a Statement of Health form if you increase coverage by two or more levels OR if you choose dependent life insurance for the first time, other than as a new employee or when first eligible. If you and your spouse work at the University, dependent children are not permitted to be insured by both parents and you are not permitted to be covered as both an employee and as a dependent.

BENEFITS FOR SAME-SEX DOMESTIC PARTNERS

Employees who meet certain specified participation requirements will be eligible to receive a health insurance stipend from the University to assist in defraying the cost of health insurance for their same-sex domestic partner and eligible dependent child(ren). Additional benefits that are available for same-sex domestic partners of University employees include dental, vision, dependent life and long-term care insurance, as well as educational benefits. Refer to the HR Benefits website for more information: www.udel.edu/00694.

FLEXIBLE SPENDING ACCOUNTS (FSA)

FSA Account	Annual Minimum	Annual Maximum
Health Care	\$120	\$3,000
Dependent (Day) Care	\$120	\$5,000

FSAs are voluntary accounts that help you pay for expenses not fully covered by other benefit programs such as deductibles, child care costs, co-payments, hearing aids, prescription drugs and orthodontia. You can participate in the health care account and/or the dependent (day) care account. When you set up an account, you use before-tax payroll contributions to pay for your eligible expenses. Under FSA regulations, you may cover more dependents than under the other medical 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. It is important to be somewhat conservative when choosing the amount of your FSA contribution. The FSA plan year is January 1 through December 31, and includes a grace period that runs through March 15 of the following year. You must forfeit any remaining balance not used for expenses incurred during the plan year and subsequent grace period.

FSA TIPS

Remember to save all medical receipts, even when using the debit card for payment.

You may use a healthcare FSA to reimburse claims for eligible dependents (including adult children under age 26) even if the dependent is not covered through the University medical, dental or vision plans.

BLOOD BANK TIP

Blood Bank membership includes coverage for spouse and any dependent children, at no additional charge. The benefit (free blood replacement when needed) is good at any hospital in the United States.

ANNUAL FSA OPEN ENROLLMENT

The plan year begins January 1 and ends December 31. Re-enrollment in the plan is not automatic; benefits must be elected every year if you wish to participate. Enrollment typically opens the third week of November and ends the second week of December. Expenses incurred through the grace period (January 1 through March 15) will be paid with any balance remaining from the prior year's election. At the end of this grace period, any balance still remaining from the prior plan year will be forfeited.

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. medical, dental and vision insurances as well as 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.

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, please contact the Office of Human Resources to discuss continuation of benefits through COBRA.

BLOOD BANK OF DELMARVA

The University will pay the annual membership dues for full-time and part-time employees who choose to enroll in blood replacement coverage through the Blood Bank of Delmarva. (Blood replacement is not covered under any of the health care insurance plans.)

SAVING FOR RETIREMENT

UNIVERSITY 403(b) RETIREMENT PLAN EXEMPT (FACULTY AND PROFESSIONAL) STAFF

The 403(b) retirement plan is the primary retirement plan for eligible faculty and professional staff employees. In order to receive the University's 11 percent contribution, employees are required to contribute 4 percent of salary, which is deducted from salary on a tax-deferred basis. Employees have the option of contributing more than the required 4 percent, up to the limits permitted by Internal Revenue Service (IRS) guidelines. In addition, participants have the flexibility to allocate their own and the University's contributions among a variety of investment options through Fidelity Investments and/or TIAA-CREF.

Retirement Planning is a Long Term Commitment

The University provides excellent retirement plans that help employees prepare for life after their working careers. The University's retirement plans with investments through Fidelity Investments and TIAA-CREF are available on a voluntary basis to all bene ts-eligible employees.

You don't have to be an expert to invest in your future; you just need to know a few fundamentals. And the most important of these is to participate now. If you're uncomfortable choosing your investment options, you can meet one-on-one with a qualified counselor from Fidelity Investments and/or TIAA-CREF. Representatives from Fidelity and TIAA-CREF are on campus several times each month. Call today for an appointment:

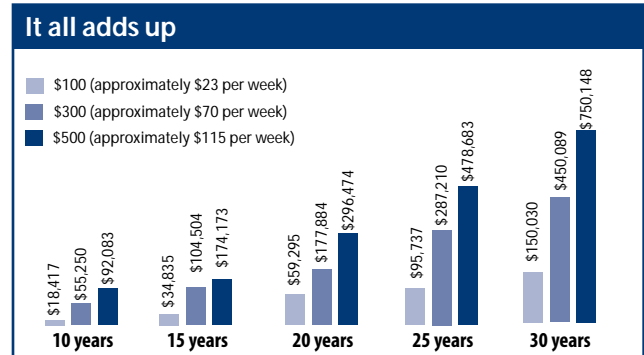
Fidelity Investments: 1-800-642-7131
TIAA-CREF: 1-800-842-2010

Don't underestimate what saving a small amount of money each month can do over time. Contributing any amount to your retirement plan on a regular basis with each paycheck can add up over the years. Automatic payroll deductions are convenient; and you can increase your contribution over time if you'd like, up to the annual IRS dollar limit.

Fear of losing money is an understandable concern that some individuals use as a reason for not investing. However, with preparation, understanding and follow-through, you can develop a diversified portfolio of investments that match your goals and risk tolerance. Fidelity Investments and TIAA-CREF offer a range of investment options with various risk and return characteristics—from conservative choices to more aggressive, growth-type investments.

It's not too late to start. Consider how fast your money can grow. The chart below shows how it can all add up. Plus, you will enjoy immediate tax advantages because you don't pay

current federal income taxes on your pre-tax contributions or on any account earnings until you withdraw them.



This hypothetical example is based on monthly contributions to a tax-deferred retirement plan and an 8% annual rate of return compounded monthly. Your own account may earn more or less than this example, and income taxes will be due when you withdraw from your account. Investing in this manner does not ensure a profit or guarantee against loss in declining markets.

The plans are portable, which means that your contributions and any earnings are yours to take with you when you leave the University. To maintain the tax-deferred status, you may want to roll over the eligible account balance to an IRA or to a new employer's plan.

Don't hesitate! The sooner you start saving, the greater your chances may be of reaching your retirement goals. Remember with a good design or some re-engineering of your existing investment options, you can jump start your savings plan in 2011.

The chart below provides a review and comparison of the 403(b) and 457(b) retirement plans.

Retirement Plan Features and Contribution Limits for 2011

	403(b)	457(b)
Eligibility	Primary retirement plan for exempt employees (faculty and professional sta). Voluntary option for all bene ts-eligible employees. Investment providers: Fidelity Investments and TIAA-CREF.	Voluntary option for employees maximizing their 403(b). Allows employees to contribute additional pre-tax contributions. Same investment options as 403(b).
Contribution Limit	\$16,500	\$16,500
Catch-up Contributions	\$5,500 in addition to the annual limit for individuals age 50 or older	\$5,500 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.
Cash Withdrawal	Typically subject to 10% IRS penalty for cash withdrawals after separation from service and before age 59 ½. Contact HR-Bene ts for details/exceptions.	Not subject to 10% IRS penalty for cash withdrawals after separation from service and before age 59 ½.
Loans	Available for voluntary contributions only.	Not Available
Hardship withdrawal	Available for voluntary contributions only. Must meet IRS criteria.	Not Available.
Portability	Participants in 403(b) and 457(b) plans can typically rollover eligible distributions from these plans into 401(k), 401(a), 403(b) and 457(b) plans, and IRAs.	
Service Credits	State Pension participants may transfer assets from their 403(b) or 457(b) plan to buy back amounts of refunded service credit.	

STATE PENSION PLAN (NON-EXEMPT STAFF)

Hourly and salaried staff employees participate in the State of Delaware Pension Plan immediately upon hire. Employees contribute three percent (tax-deferred) of salary in excess of \$6,000 each year. The University contributes a fixed percentage of total salary, adjusted each fiscal year by the State. After five years of creditable service, an employee is vested (eligible to draw a pension at age 62). Pension benefits are calculated using a formula which includes total years of creditable service and the three highest years of salary.

VOLUNTARY 403(b) RETIREMENT PLAN

Participation in the Voluntary 403(b) Retirement Plan is available to eligible employees. Voluntary contributions enable employees to save and invest, on a tax-deferred basis, additional money for retirement above and beyond their primary University 403(b) Retirement Plan or State Pension Plan. Employees have the option of contributing up to the limits permitted by Internal Revenue Service (IRS) guidelines. In addition, participants have the flexibility to allocate their own contributions among a variety of investment options through Fidelity Investments and/or TIAA-CREF.

VOLUNTARY 457(b) DEFERRED COMPENSATION PLAN

This voluntary plan is designed for eligible employees who are maximizing allowable contributions to the 403(b) Retirement Plan. Although there are no University contributions to the 457(b), the tax-deferred benefits of participating in the 457(b) make it very attractive for supplemental retirement savings. Employees have the option of contributing up to the limits permitted by Internal Revenue Service (IRS) guidelines. In addition, participants have the flexibility to allocate their own contributions among a variety of investment options through Fidelity Investments and/or TIAA-CREF.

EDUCATIONAL SUPPORT BENEFITS

TUITION REMISSION PROGRAM

The Tuition Remission Program is available to eligible employees for their spouse and/or dependent child enrolled at the University of Delaware as a full-time, matriculated undergraduate student. Through this program, 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. Dependents of part-time employees are eligible for waiver of one-half a full course load, up to a maximum of 8.5 credit hours per semester. Employees may use no more than two tuition remission requests per semester for eligible dependents. To apply, submit the electronic web form to the Office of Human Resources as soon as the student has registered for classes. The electronic web form is available on the HR website, www.udel.edu/webforms.

STATE PENSION TIP

Employees who have contributed to the State Pension Plan but leave the University with fewer than five years of creditable service have the option of withdrawing their pension contributions or leaving those contributions in the Pension Plan to accrue interest (for withdrawal at a future date). Employees who leave before reaching retirement eligibility, but have at least five years of pension-creditable service, need to contact the Office of Human Resources about completing a vested pension application.

COURSE FEE WAIVER PROGRAM

Eligible employees may use two Course Fee Waivers per semester or session to cover tuition only for undergraduate and graduate courses at the University of Delaware. Each fee waiver covers the tuition for one course up to a maximum of 4 credit hours. The total fee waivers per calendar year may not exceed six for full-time employees and three for part-time employees. This benefit can be transferred to your spouse or dependent child. (Federal legislation allows eligible employees to receive up to \$5,250 in tax-free educational assistance for graduate level courses taken by the employee.) Fee waiver benefits used by your spouse and/or dependent child for graduate level courses are reported as taxable income to the employee.

To apply, submit the electronic web form to the Office of Human Resources as soon as the student has registered for classes but no later than July 15–Fall, November 15–Winter, December 15–Spring, May 15–Summer. The electronic web form is available on the HR website, www.udel.edu/webforms. Late fees may apply for forms submitted after the fee payment deadline. (See www.udel.edu/sfs for billing details.)

Full-time employees, their spouses and dependent children are eligible for in-state tuition rates at the University, regardless of their state of residence.

COOPERATIVE TUITION EXCHANGE

Eligible full-time employees may register for one course (must be a credited course) each term or semester at Delaware State University or Delaware Technical and Community College. Tuition costs are waived, but the employee is responsible for any other fees. This benefit is not transferable to your spouse or dependent child.

DELAWARE TECHNICAL AND COMMUNITY COLLEGE (DTCC) TUITION WAIVER EXCHANGE

This exchange program waives tuition for dependents of full-time employees who are enrolled as full-time students in any degree-granting program at DTCC. To be eligible for the program, students must apply for and receive admission to the degree program through DTCC's regular admission process.

Students also must complete a Free Application for Federal Student Aid (FAFSA) and must apply and be found ineligible for a SEED grant from the State of Delaware. A limited number of DTCC waivers are available each year. If in any year the number of eligible applicants exceeds this limit, a special lottery will be conducted to select the waiver recipients.

TUITION EXCHANGE PROGRAM (TEP)

Full-time employees who have a minimum of two years eligible University service may apply to participate in the Tuition Exchange Program (TEP). Each interested employee, unless they are full-time faculty, must participate in our TEP lottery held each October. If selected, the employee can have their dependent child apply for a Tuition Exchange scholarship at any of the over 500 TEP member colleges and universities. These scholarships can cover up to four years of full-time undergraduate tuition, they are awarded by the school where the student plans to attend, and each school makes its own admission and scholarship decisions.

TUITION TIPS

Tuition Exchange Program (TEP) scholarships can cover up to four years of full time undergraduate tuition for a dependent child.

529 COLLEGE SAVINGS PLAN

Effective July 1, 2011, voluntary employee contributions to a 529 College Savings Plan can be deposited to an employee's 529 College Saving Plan(s) directly from University pay. The 529 College Savings Plan is a voluntary option that permits families to set aside funds 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.

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 plan will offer several investment options from which to choose. The account will go up or down in value based on the performance of the particular option that is selected.

PAY STUB TIP

Visit web views at www.udel.edu/webviews to review your first pay stub each July for benefit deductions and Flex Credit/UDollars to ensure that this information matches your open enrollment benefit selections.

EMPLOYEE ASSISTANCE TIPS

Human Management Services, Inc. offers short-term counseling sessions free of charge. Call HMS toll free at 800-343-2186.

Once an individual decides which 529 plan to use, an enrollment form must be completed. After the account is established, contributions may be made to the account by direct payments or automatic deposits (for example, through a direct debit from your bank account or direct deposit from your pay). The ongoing investment of the account is handled by the plan. Plan assets are managed either by the state treasurer's office or by an outside investment company hired as the program manager.

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. Every state has at least one 529 plan available. 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-CREF (www.tiaa-cref.org) and/or Savings for College.com (www.savingsforcollege.com)

EMPLOYEE ASSISTANCE PROGRAMS

Balancing the needs of work, family and personal responsibilities can be challenging. Employees have two options from which to choose:

FACULTY AND STAFF ASSISTANCE (FSAP) THROUGH UNIVERSITY OF DELAWARE

The University's Faculty and Staff Assistance Program (FSAP) is a confidential service for all benefits-eligible UD employees. Licensed therapists are available to help individuals cope with their concerns including relationships and family, work stress/conflict, mental health issues, care giving, grief and loss, and drug or alcohol problems. Other services provided by FSAP are:

- Support groups
- Lunch and Learn workshops
- Short-term emergency loan
- Departmental trainings for specific needs
- Case management for staff seeking outside services.

The FSAP office also provides conflict resolution and mediation services for academic departments and administrative units in instances where there is a need for assistance to sustain a productive work environment. FSAP is located in Suite 300, Hullihen Hall, phone 302-831-2414.

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EMPLOYEE DATA

Employees can check who they have designated as an emergency contact by logging into Web Views and looking at their Employee Demographic Data View. Check that your contact and other personal information is up-to-date. Complete the HR Employee Emergency Notification Web Form at www.udel.edu/webforms

EAP THROUGH DELAWARE OFFICE OF STATEWIDE BENEFITS

The State's Employee Assistance Program is designed to provide services to employees, pensioners, and their dependents who are enrolled in a non-Medicare State of Delaware health insurance plan. Human Management Services (HMS) has been selected by the State of Delaware to provide these services. HMS is available seven days a week, 24 hours a day to meet all of your needs. Contacts to HMS are completely confidential and provided at no cost. To receive an assessment and/or up to five short-term counseling sessions free of charge, call HMS toll free at 800-343-2186 or visit HMS online to access EAP or Work/Life information at www.hmsincorp.com (username: Delaware, password: statehms04)

Only if your HMS professional refers you to another provider for continued assistance will you incur an out-of-pocket expense.

VOLUNTARY BENEFITS

UNIVERSITY OF DELAWARE PRE-TAX COMMUTER BENEFITS PLAN

Effective July 1, 2011, benefits-eligible employees will be able to set aside up to \$230 per month on a pre-tax basis for mass transit and/or van pooling expenses incurred for travel to and from work and up to \$230 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.

Note: The Off-Campus Parking program complements the existing pre-tax On-Campus Parking program that is provided through payroll deduction with enrollment through UD Parking Services (www.udel.edu/permits).

Payroll deductions: Your pre-tax contributions will be deducted from the first two pay checks of each month. Elections you make by the 15th of a month will be deducted beginning with the next pay check of the following month, and the funds will be available for reimbursement the month following deductions. Proactive planning will ensure that you receive the greatest amount of tax benefit possible.

How to enroll: 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 anytime after July 1, 2011 through ASIFlex's website (<https://enroll.asiflex.com?eCode=UDEL>). 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, DART and AMTRAK. More information on how to request passes will be available on the ASIFlex website.

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?eCode=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.

On-Campus Parking: There are no changes to the On-Campus Parking Program. Eligible employees who park in an on-campus location will continue to enroll in this option through UD Parking Services' e-Park Online Permit Request site (www.udel.edu/permits). Deductions for on-campus parking may be deducted through the payroll process on either a pre-tax or post-tax basis. Enrollment through ASIFlex is not available for on-campus parking.

Note: The combined total of pre-tax deductions for on-campus parking and pre-tax contributions to the off-campus parking program cannot exceed \$230 per month.

If you have questions about these new programs, please contact ASIFlex Customer Service by phone (800-659-3035) or by e-mail (asi@asiflex.com).

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 (for out-of-state calls) 800-865-2405.

HOME PURCHASE ASSISTANCE PROGRAM AND NEIGHBORHOOD MORTGAGE ASSISTANCE PROGRAM

The Home Purchase Assistance Program is available to all full-time faculty and professional staff hired after June 30, 1998. Please refer to Personnel Policy Number 4-106. The

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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. Please refer to Personnel Policy Number 4-105. For additional information, contact the Office of the Vice President for Finance & Administration at 831-8964.

LONG-TERM CARE INSURANCE

Group Long-Term Care insurance is a voluntary benefit offered to eligible faculty and staff, retirees and certain family members. New employees have 30 days from their date of hire to enroll for coverage with guaranteed acceptance, provided they are actively at work on the coverage-effective date. If you choose to enroll at a later date, acceptance will be subject to underwriting approval. Payment is through payroll deduction.

VACATION AND SICK LEAVE

Full-time Professional and Salaried staff accrue 22 days of vacation per year. These employees also accrue 18 days of sick time per year to use in times of illness or disability. An employee may begin using accrued vacation after 3 months of employment. Employees may not accrue vacation days beyond the maximum allowable, depending upon years of service. Vacation and sick leave for Hourly staff are governed by union contract. The University also offers a generous holiday schedule.

NEED ASSISTANCE?

Forms, vendor phone numbers, collective bargaining agreements, announcements and more can be found on the Office of Human Resources website at www.udel.edu/hr. You may also view your personal benefits information and your pay stub through self-service web views at www.udel.edu/webviews.

Work-Life Balance: Tips to Reclaim Control

As long as you're working, juggling the demands of career and personal life will probably be an ongoing challenge. Use these ideas to help find the work-life balance that's best for you:

Track your time. Track everything you do for one week, including work-related and personal activities. Decide what's necessary and what satisfies you the most. Cut or delegate activities you don't enjoy or can't handle—or share your concerns and possible solutions with your employer or others.

Learn to say no. Whether it's a co-worker asking you to spearhead an extra project or your child's teacher asking you to manage the class play, remember that it's OK to respectfully say no. When you quit doing the things you do only out of guilt or a false sense of obligation, you'll make more room in your life for the activities that are meaningful to you and bring you joy.

Leave work at work. With the technology to connect to anyone at any time from virtually anywhere, there may be no boundary between work and home—unless you create it. Make a conscious decision to separate work time from personal time. When you're with your family, for instance, turn off your cell phone and put away your laptop computer.

Manage your time. Organize household tasks efficiently, such as running errands in batches or doing a load of laundry every day, rather than saving it all for your day off. Put family events on a weekly family calendar and keep a daily to-do list. Do what needs to be done and let the rest go. Limit time-consuming misunderstandings by communicating clearly and listening carefully. Take notes if necessary.



Bolster your support system. At work, join forces with co-workers who can cover for you—and vice versa—when family conflicts arise. At home, enlist trusted friends and loved ones to pitch in with child care or household responsibilities when you need to work overtime or travel.

Nurture yourself. Eat healthy foods, include physical activity in your daily routine and get enough sleep. Set aside time each day for an activity that you enjoy, such as practicing yoga or reading. Better yet, discover activities you can do with your partner, family or friends—such as hiking, dancing or taking cooking classes.

Know when to seek professional

help. Everyone needs help from time to time. If your life feels too chaotic to manage and you're spinning your wheels worrying about it, talk with a professional—such as a counselor or other mental health professional.

Remember, striking a healthy work-life balance isn't a one-shot deal. Creating work-life balance is a continuous process as your family, interests and work life change. Periodically examine your priorities—and make changes, if necessary—to make sure you're keeping on track.

Source: www.mayoclinic.com/health/work-life-balance/

WELLNESS TIP

Work-Life Balance is a deep understanding that, no matter what challenges we face in our everyday lives, we have the ability to experience life with a sense of power and balance.

Overcoming Portion Distortion

Misjudging food serving sizes is one of the most common mistakes people make when evaluating their eating habits. Research shows that people **underestimate** how much grains, fats, oils and sweets they eat, and **overestimate** how much fruit, milk and protein they eat. To better control your intake, you need to know what and how much you're eating.

Portions and servings—what's the difference?

- ◆ A **portion** is the amount of food you choose to eat. There is no standard portion size and no single right or wrong portion size.
- ◆ A **serving** is a standard amount used to help give advice about how much to eat, or to identify how many calories and nutrients are in a food.

Example: a sandwich with 2 slices of bread. The Food Guide Pyramid **serving size** for bread is **1 slice**. Your **portion** is **2 slices**, which equals **2 servings** from the Pyramid.

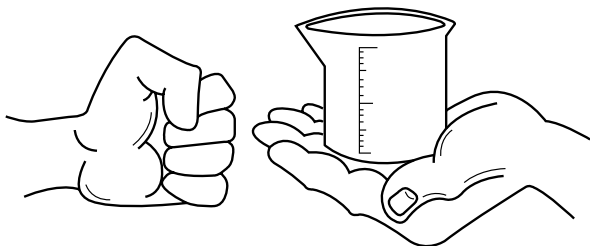
Check the nutrition label for the difference between a "portion" and "serving"

Pour out your usual portion size of a food (such as cereal or juice) and compare it to the serving size on the label. For example: many soft drinks are packaged in 20-ounce or larger containers. Many people drink the whole container and consider it ONE SERVING. However, this is actually the PORTION SIZE that they choose to consume. If you look at the label, the 20-ounce container contains 2.5 or more SERVINGS! The label serving size is not meant to tell you how much to eat, but to help you identify nutrients in a food and to make product comparisons easier.

If you discover you've been eating more servings than you realized, try gradually reducing the size of your typical portion. Want to cheat? Most of us don't eat enough vegetables and fruit. They are low in calories and fat and full of vitamins and minerals. If this is true for you, help yourself to more as you cut back on other foods.

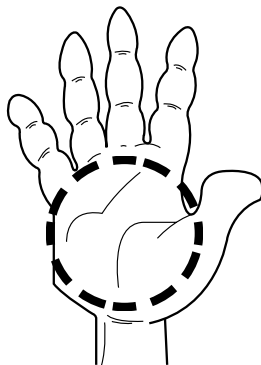
A fist or cupped hand = 1 cup

1 serving = 1/2 cup cereal, cooked pasta or rice or 1 cup of raw, leafy green vegetables or 1/2 cup of cooked or raw, chopped vegetables or fruit



Palm = 3 oz. of meat

Two servings or 6 oz. of lean meat (poultry, fish, shellfish, beef) should be a part of a daily diet. Measure the right amount with your palm. One palm size portion equals 3 oz. or one serving.



Thumb tip = 1 teaspoon

Keep high-fat foods, such as peanut butter and mayonnaise, at a minimum by measuring the serving with your thumb. One teaspoon is equal to the end of your thumb, from the knuckle up. Three teaspoons equals 1 tablespoon.



A Thumb = 1 oz. of cheese

Consuming low fat cheese is a good way to help you meet the required servings from the milk, yogurt and cheese group. 1 1/2-2 oz. of low fat cheese counts as 1 of the 2-3 daily recommended servings.



1 tennis ball = 1 serving of fruit

Healthy diets include 2-4 servings a day

Source: www.dpi.state.nd.us

Recommended readings: www.mindlesseating.org/
www.mypyramid.gov/

Calories In/Calories Out

Weight loss, gain, and maintenance really boil down to 2 things: CALORIES IN and CALORIES OUT. A calorie is a measure of energy. It is the amount of energy, or heat, it takes to raise the temperature of 1 gram of water 1 degree Celsius (1.8 degrees Fahrenheit).

If you eat more calories than you burn, you will have a calorie excess and will gain weight. If the calories you eat equal the calories you burn, you will maintain your current weight. If you burn more calories than you eat, you will have a calorie deficit and will lose weight.

Analyzing food labels and calorie counting can be tedious but the breakdown of the math is actually pretty simple. The first item "going in" that you should be concerned with is food. There are 9 calories/gram of fat, 4 calories/gram of protein, and 4 calories/gram of carbohydrates. Your second concern, and often frequently forgotten, should be beverages. And remember, there

are 7 calories/gram of alcohol. All of these calories quickly add up but if you develop a basic understanding of caloric intake it becomes MUCH easier to choose healthier foods.

Determining how many calories are "going out" can be a little more difficult to determine. Calories are burned through basic daily functions that depend on your genetic make-up and body composition as well as through physical activity.

HOW CAN YOU LOSE ONE POUND IN ONE WEEK?

There are 3,500 calories in 1 pound of body fat.
 $3,500 \text{ calories} / 7 \text{ days} = 500 \text{ calories/day}$
 Eat 250 fewer calories and burn 250 more calories with exercise!

ACTIVITY (1-HOUR DURATION)	WEIGHT OF PERSON AND CALORIES BURNED		
	160 pounds (73 kilograms)	200 pounds (91 kilograms)	240 pounds (109 kilograms)
Aerobics, high impact	511	637	763
Aerobics, low impact	365	455	545
Aerobics, water	292	364	436
Backpacking	511	637	763
Basketball game	584	728	872
Bicycling, < 10 mph, leisure	292	364	436
Bowling	219	273	327
Canoeing	256	319	382
Dancing, ballroom	219	273	327
Football, touch, ag, general	584	728	872
Golfing, carrying clubs	329	410	491
Hiking	438	546	654
Ice skating	511	637	763
Jogging, 5 mph	584	728	872
Racquetball, casual, general	511	637	763
Rollerblading	913	1,138	1,363
Rope jumping	730	910	1,090
Rowing, stationary	511	637	763
Running, 8 mph	986	1,229	1,472
Skiing, cross-country	511	637	763
Skiing, downhill	365	455	545
Softball or baseball	365	455	545
Swimming, laps	511	637	763
Tai chi	292	364	436
Tennis, singles	584	728	872
Volleyball	292	364	436
Walking, 3.5 mph	277	346	414

Automatic External Defibrillators on campus

The University of Delaware has more than 40 Automatic External Defibrillators (AED) at public locations around the campus to be used when someone is in cardiac arrest. These locations are noted on the map at left along with building names and numbers.

The AEDs, formalized through UD's Department of Environmental Health & Safety, are part of the State's First State, First Shock Program, which is designed to reduce the

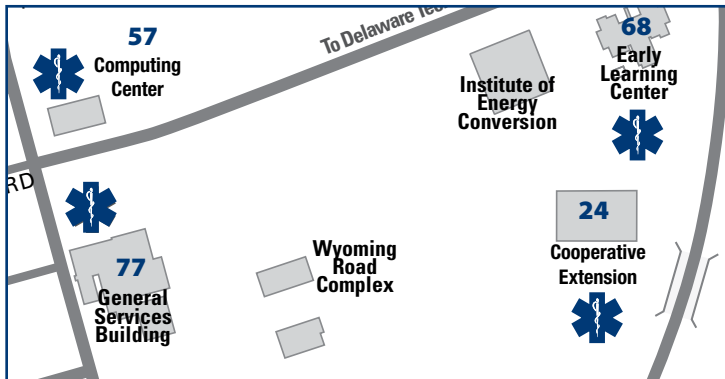
incidence of death and disability as a result of sudden cardiac arrest. AED units are also in UD marked police cars and in the UDECU ambulance.

Anyone can be trained to use the units, which are simple to use.

For more information, visit www.udel.edu/ehs/AED.html. The following informational maps will help you locate an AED unit.

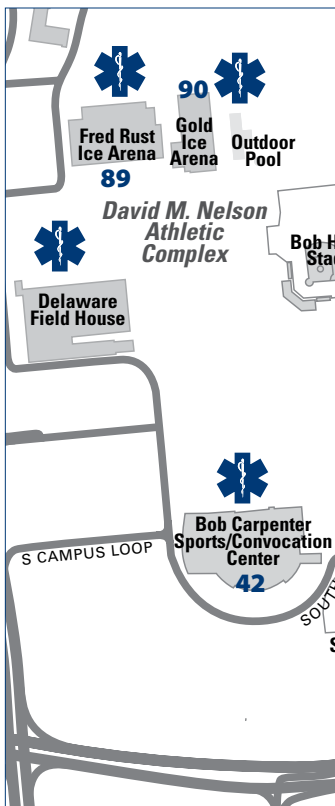
AED locations

East Campus



Cooperative Extension	24
Main Lobby	
By Room 131	
461 Wyoming Road	
Computing Center	57
First Floor by Water Fountain	
192 South Chapel Street	
Second Floor by Water Fountain	
192 South Chapel Street	
General Services Building	77
Room 132, Front Entrance	
222 South Chapel Street	
Early Learning Center	68
Main Lobby	
489 Wyoming Road	

South Campus



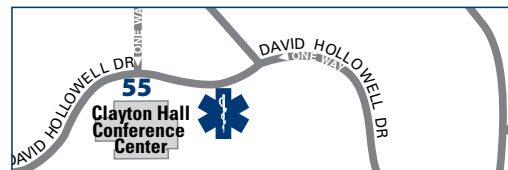
Bob Carpenter Center	42
Main Entrance to Arena	
631 South College Avenue	
NE Corner of Arena	
631 South College Avenue	
East Concourse	
631 South College Avenue	
West Concourse	
631 South College Avenue	
Sports Medicine Clinic Rm. 140	
631 South College Avenue	
Delaware Field House	62
Front Lobby	
617 South College Avenue	
RM 111b Athletic Trainers Office	
617 South College Avenue	
Gold Ice Arena/ Outdoor Pool	90
Near Exit to the Outdoor Pool	
547 South College Avenue	
Rust Ice Area – Rink	89
594 South College Avenue	
Outside Room 147	
594 South College Avenue	

Delaware Technology Park

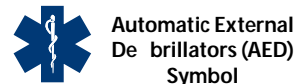


Delaware Biotechnology Institute	61
Left Side of Lobby Across from Elevator	
15 Innovation Way	
2nd Floor Lunch Room	
by Room 256A	
15 Innovation Way	

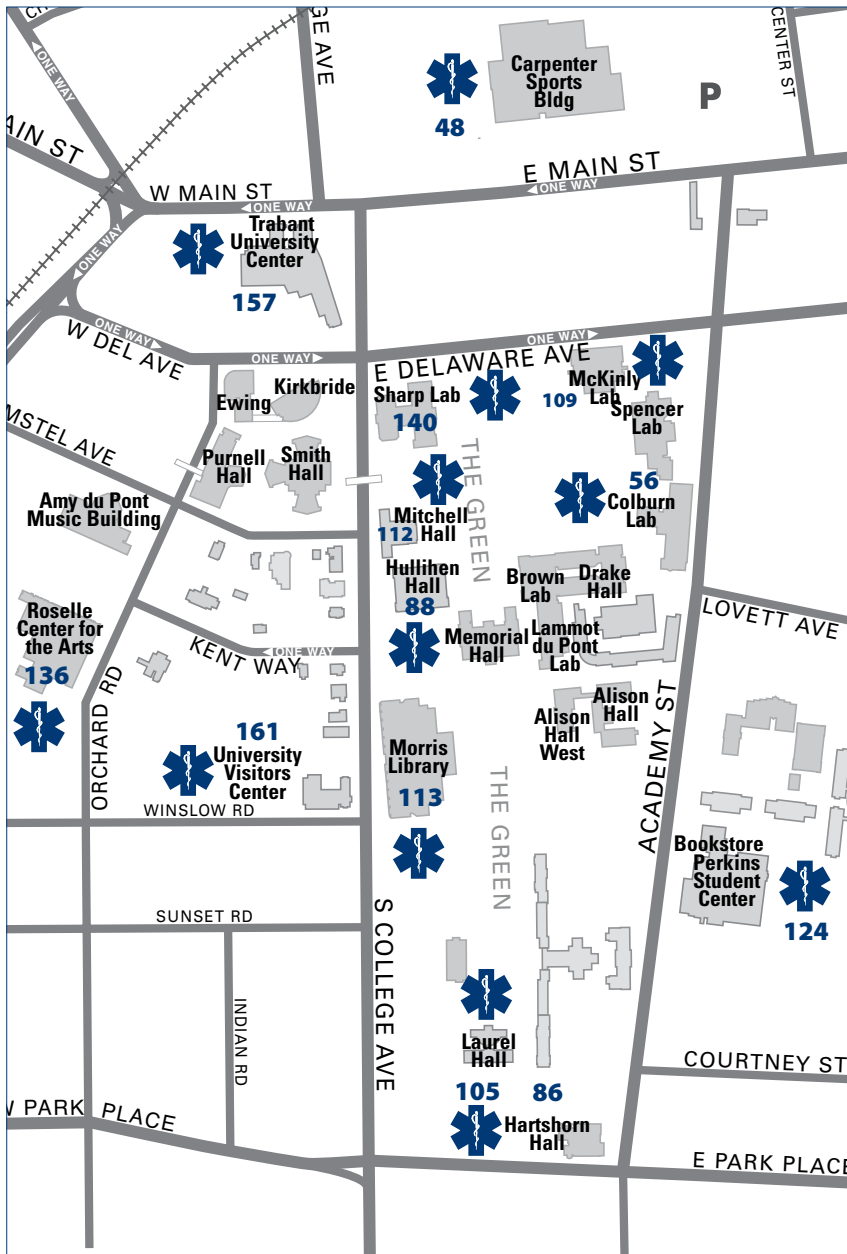
Laird Campus



Clayton Hall	55
Behind main reception desk	
100 Pencader Way	



Main Campus AED locations



Colburn Laboratory 56
2nd Floor Main Lobby
150 Academy Street

Carpenter Sports Building 48
Employee Fitness Center
26 North College Avenue
Entrance to Gym 2
by Equipment Desk
26 North College Avenue
Harry Rowstrom Pool Office
26 North College Avenue
Student Fitness Center
26 North College Avenue

Hartshorn Hall 86
Main Lobby
503 Academy Street

Hullihen Hall 88
Outside of Room 116
162 The Green

McKinly Lab 109
Outside Room 053
63 East Delaware Avenue

Morris Library 113
First Floor Front Lobby
181 South College Avenue
Basement by North Elevator
181 South College Avenue

Mitchell Hall 112
Main Lobby
134 The Green

Roselle Center for the Arts 136
By Elevator Between
Rooms 145 & 143
110 Orchard Road

Hallway Next to Wilhelmina Press
Thompson Theatre
110 Orchard Road
Orchestra Hall Lobby by Room 101
110 Orchard Road

Perkins Student Center 124
First Floor Hallway by Room 110
325 Academy Street

Perkins Student Center 124
Second Floor Hallway by Room 209
325 Academy Street

Sharp Laboratory 140
Second Floor by Center Stairwell
104 The Green

Laurel Hall 105
Inpatient Ward, Second Floor
282 The Green
Room 125, Clinic Room
282 The Green

Trabant University Center 157
Second Floor Hallway by Room 218
17 West Main Street
First Floor Hallway by Room 103
17 West Main Street

University Visitors Center 161
Second Floor by Room 202
210 South College Avenue
First Floor Under Stairs
by Room 108
210 South College Avenue

Three Things Every Exercise Program Should Have

A complete, safe and effective fitness program must include aerobic exercise, muscular strength and endurance conditioning, and flexibility exercise. Aerobic exercise does good things for your cardiovascular system and is an important part of weight management. Muscular conditioning can improve strength and posture, reduce the risk of low-back injury and is an important component of a weight-management program. Flexibility exercise is needed to maintain joint range of motion and reduce the risk of injury and muscle soreness.

1. Aerobic Exercise

Aerobic exercise can be as simple as walking. Walking, jogging, jumping rope and dance-exercise are good forms of weight bearing aerobic exercise, which is any activity that uses large muscle groups in a continuous, rhythmic fashion for sustained periods of time and during which the individual's body is not supported in some fashion.

There are also non-weight bearing aerobic exercises, such as bicycling, stationary cycling, swimming and rowing. Keep the pace comfortable. A very important aspect of your exercise program is the intensity. You should exercise at a comfortable pace. You can measure your exercise heart rate to check the intensity of your exercising, or you can take the "talk test."

To measure your heart rate, take your pulse as soon as you stop exercising. Count your heartbeat for 10 seconds, then multiply by six to convert it to a one-minute heart rate. If you keep your exercise heart rate within a range of 55 to 90 percent of an estimated maximum heart rate (220 minus your age), you're doing well.

The talk test is even easier to use. Just exercise at a pace that allows you to carry on a conversation while you're exercising.

How often should you exercise? Three to five days of aerobic activity is fine for general health maintenance. If you're trying to lose weight, aim for five to six days a week. And make sure you take off at least one day a week.

How long should you exercise? Work up to 30 or more minutes per session (or three 10-minute sessions per day) for general health maintenance. For weight loss, gradually work up to 45 minutes or longer at low to moderate intensities in a low- or non-impact activity.

2. Strength Conditioning

Pick calisthenics, free weights or machines. Just be sure that your strength training includes exercises for every major muscle group, including the muscles of the arms, chest, back, stomach, hips and legs.



Start with a weight that's comfortable to handle and perform eight repetitions. Gradually add more repetitions until you can complete 12 repetitions. For greater strength conditioning, add more weight and/or more repetitions, in sets of eight to 12, when the exercise becomes easy.

3. Stretching for Flexibility

Proper stretching involves holding a mild stretch for 15 to 30 seconds while you breathe normally. Always warm up before you stretch. Like strength conditioning, flexibility exercises should include stretching for all of the major muscle groups.

One last thing to remember . . .

Always check with your doctor before beginning any exercise program, especially if you're a man over 45, a woman over 55 or have cardiovascular risk factors, such as smoking, high blood pressure, high cholesterol, diabetes or a family history of heart disease.

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.

FIRST STATE BASIC PLAN (BCBSDE)		
Description of Benefit	In-Network Benefits Deductible: \$500/\$1000* Out-of-Pocket Max: \$2,000/\$4,000** including deductible	Out-of-Network Benefits Deductible: \$1,000/\$2,000* Out-of-Pocket Max: \$4,000/\$8,000** including deductible
Inpatient Room & Board	90% after deductible	70% after deductible
Inpatient Physicians'/Surgeons' Services	90% after deductible	70% after deductible
Outpatient Services	90% after deductible	70% after deductible
Prenatal and Postnatal Care	90% after deductible	70% after deductible
Delivery Fee	90% after deductible	70% after deductible
Hospice	90% after deductible for up to 365 days	70% after deductible for up to 365 days
Home Care Services	90% after deductible for up to 240 days per plan year	70% after deductible for up to 240 days per plan year
Urgent Care	100% after \$25 copay	100% after \$25 copay
Emergency Services	90% after deductible	90% after deductible
MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE		
Inpatient Acute/ Partial Hospitalization	90% after deductible (subject to authorization)	70% after deductible (subject to authorization)
Outpatient	90% after deductible	70% after deductible
OTHER SERVICES		
Durable Medical Equipment	90% after deductible	70% after deductible
Skilled Nursing Facility	90% for up to 120 days per confinement	70% for up to 120 days per confinement
Emergency Ambulance	90% after deductible	70% after deductible
Physician Home/Office Visits (sick)	90% after deductible	70% after deductible
Specialist Care	90% after deductible	70% after deductible
Chiropractic Care	90% after deductible for up to 30 visits per plan year	75% after deductible, for up to 30 visits per plan year
Allergy Testing/Allergy Treatment	90% after deductible	70% after deductible
X-Ray, MRI's, CT Scans, Lab & other Diagnostic Services ***	90% after deductible	70% after deductible
Short-Term Therapies: Physical, Speech, Occupational	90% after deductible	70% after deductible
Annual Gyn Exam/Pap Smear	100% covered, no deductible	70% covered, no deductible
Periodic Physical Exams, Immunizations, Diabetes Education	100% covered, no deductible	70% covered, no deductible
Vision Care	Not covered	Not covered
Hearing Tests	100% covered, no deductible	70% covered, no deductible
Hearing Aids	90% after deductible, under age 24	70% after deductible, under age 24
All Infertility Services	75% after deductible; \$10,000 lifetime maximum for medical services 75% after deductible, \$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	90% after deductible if "Blue Distinction Center for Bariatric Surgery" is used; 75% after deductible 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 but do not include your prescription costs.

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

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.

AETNA CDH GOLD PLAN		
Description of Benefits	In-Network Benefits Deductible: \$1,500/\$3,000* Out-of-Pocket Max: \$3,000/\$6,000**	Out-of-Network Benefits Deductible: \$1,500/\$3,000* Out-of-Pocket Max: \$6,000/\$12,000**
Health Reimbursement Account	\$1,250 Employee/\$2,500 Family	
	IN-NETWORK	OUT-OF-NETWORK
Inpatient Room & Board	90% after deductible	70% after deductible
Inpatient Physicians' and Surgeons' Services	90% after deductible	70% after deductible
Outpatient Services	90% after deductible	70% after deductible
Prenatal and Postnatal Care	90% after deductible	70% after deductible
Delivery Fee	90% after deductible	70% after deductible
Hospice	90% after deductible	70% after deductible
Home Care Services	90% after deductible for up to 240 days per plan per plan year	70% after deductible for up to 240 days per plan per plan year
Urgent Care	90% after deductible	70% after deductible
Emergency Services	90% after deductible	90% after deductible
MENTAL HEALTH & SUBSTANCE ABUSE		
Inpatient Acute/Partial Hospitalization	90% after deductible	70% after deductible
Outpatient	90% after deductible	70% after deductible
OTHER COVERED SERVICES		
Durable Medical Equipment	90% after deductible	70% after deductible
Skilled Nursing Facility	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	70% after deductible
Physician Home/Office Visits (non-routine)	90% after deductible	70% after deductible
Specialist Care	90% after deductible	70% after deductible
Chiropractic Care	90% after deductible for up to 30 visits per plan year	75% after deductible for up to 30 visits per plan year
Allergy Testing/Allergy Treatment	90% after deductible	70% after deductible
X-ray, MRI's, CT Scans, PET Scans, Lab & Other Diagnostic Services***	90% after deductible	70% after deductible
Short-term Therapies: Physical, Speech, Occupational	90% after deductible	70% after deductible
Annual Gyn Exam/Pap Smear	100%, no deductible	70% covered, after deductible
Routine Physical Exam & Immunizations	100%, no deductible	70% after deductible
Vision Care	Not covered	Not covered
Hearing Tests - 1 exam every 12 months	100%, no deductible	70% after deductible
Hearing Aids – Children to age 24	90% after deductible, under age 24	70% 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% covered; \$10,000 lifetime maximum for medical services 55% covered; \$15,000 lifetime maximum for prescription services
Bariatric Surgery	90% after deductible if "Institute of Excellence for Bariatric Surgery" is used; 75% after deductible if an authorized hospital/surgical center is used.	55% after deductible.

* 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 benefit year and DO NOT include your deductible.

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

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.

BLUE CROSS BLUE SHIELD OF DELAWARE CDH GOLD PLAN		
Description of Benefits	In-Network Benefits Deductible: \$1,500/\$3,000* Out-of-Pocket Max: \$3,000/\$6,000**	Out-of-Network Benefits Deductible: \$1,500/\$3,000* Out-of-Pocket Max: \$6,000/\$12,000**
Health Reimbursement Account	\$1,250 Employee/\$2,500 Family	
	IN-NETWORK	OUT-OF-NETWORK
Inpatient Room & Board	90% after deductible	70% after deductible
Inpatient Physicians' and Surgeons' Services	90% after deductible	70% after deductible
Outpatient Services	90% after deductible	70% after deductible
Prenatal and Postnatal Care	90% after deductible	70% after deductible
Delivery Fee	90% after deductible	70% after deductible
Hospice	90% after deductible	70% after deductible
Home Care Services	90% after deductible for up to 240 days per plan year	70% after deductible for up to 240 days per plan year
Urgent Care	90% after deductible	70% after deductible
Emergency Services	90% after deductible	90% after deductible
MENTAL HEALTH & SUBSTANCE ABUSE CARE		
Inpatient Acute/Partial Hospitalization	90% after deductible	70% after deductible
Outpatient	90% after deductible	70% after deductible
OTHER COVERED SERVICES		
Durable Medical Equipment	90% after deductible	70% after deductible
Skilled Nursing Facility	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	70% after deductible
Physician Home/Office Visits (non-routine)	90% after deductible	70% after deductible
Specialist Care	90% after deductible	70% after deductible
Chiropractic Care	90% after deductible for up to 30 visits per plan year	75% after deductible for up to 30 visits per plan year
Allergy Testing/Allergy Treatment	90% after deductible	70% after deductible
X-ray, MRI's, CT Scans, PET Scans, Lab & Other Diagnostic Services***	90% after deductible	70% after deductible
Short-term Therapies: Physical, Speech, Occupational	90% after deductible	70% after deductible
Annual Gyn Exam/Pap Smear	100%, no deductible	70% covered, after deductible
Routine Physical Exam & Immunizations	100%, no deductible	70% after deductible
Vision Care	Not covered	Not covered
Hearing Tests - 1 exam every 12 months	100%, no deductible	70% after deductible
Hearing Aids – Children to age 24	90% after deductible	70% after deductible
All Infertility Services	75% covered; \$10,000 lifetime maximum for medical services 75% covered; \$15,000 lifetime maximum for prescription services	55% covered; \$10,000 lifetime maximum for medical services 55% covered; \$15,000 lifetime maximum for prescription services
Bariatric Surgery	90% after deductible if "Blue Distinction Center for Bariatric Surgery" is used; 75% after deductible if an authorized hospital/surgical center is used	55% after deductible

* 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 benefit year and DO NOT include your deductible.

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

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.

DESCRIPTION OF BENEFITS	AETNA HMO	BLUE CARE® HMO
Inpatient Room & Board	\$100 copay/day with max of \$200 per admission	\$100 copay/day with max of \$200 per admission
Inpatient Physicians' and Surgeons' Services	100%	100%
Outpatient Surgery—Ambulatory Center	\$30 copay	\$30 copay
Outpatient Surgery—Doctors Office Visit	\$20 copay	\$20 copay
Outpatient Surgery—Hospital	\$75 copay	\$75 copay
Prenatal and Postnatal Care	100% after \$20 initial copay (inpatient room and board copays do apply to hospital deliveries/ birthing centers)	100% after \$20 initial copay (inpatient room and board copays do apply to hospital deliveries/ birthing centers)
Delivery Fee	100%	100%
Hospice	100%	100% up to 365 days
Home Care Services	100% for up to 240 visits per plan year	100% for up to 240 visits per plan year
Urgent Care	\$20 copay	\$20 copay
Emergency Services	\$135 copay (waived if admitted)	\$135 copay (waived if admitted)
MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE		
Inpatient Acute/Partial Hospitalization	\$100 copay/day with max. of \$200/hospitalization (subject to authorization)	\$100 copay/day with max. of \$200/hospitalization (subject to authorization)
Outpatient	\$20 copay per visit	\$10 copay per visit
OTHER SERVICES		
Durable Medical Equipment	80%, limit of \$5,000 per member per plan year	80%
Skilled Nursing Facility	100%	100%
Emergency Ambulance	\$50 copay	\$50 copay
Physician Home/Office Visits (sick)	\$10 copay per office visit \$25 copay per home or after hours visit	\$10 copay per office visit/ \$25 copay per home or after hours visit
Specialist Care	\$20 copay per visit	\$20 copay per visit
Chiropractic Care	Lesser of either PCP copay or 80% of the allowable charges	Lesser of either PCP copay or 80% of the allowable charges for up to 60 consecutive days per condition
Allergy Testing/Allergy Treatment	\$20 copay per visit (allergy testing)/ \$5 copay per visit (allergy treatment)	\$20 copay per visit (allergy testing)/ \$5 copay per visit (allergy treatment)
X-Ray, Lab & other Diagnostic Services	Lab: \$5 copay per visit/X-Ray:\$15 copay per visit	Lab: \$5 copay per visit/ X-Ray: \$15 copay per visit
MRI's, CT Scans and PET Scans*	\$25 copay per visit	\$25 copay per visit
Short-Term Therapies: Physical, Speech, Occupational	80%, 45 visits per condition for physical and occupational therapy combined/ 80%, 45 visits per condition for speech therapy	80%, 60 consecutive days/except for physical therapy. Physical therapy/45 visits per condition
Annual Gyn Exam/Pap Smear	Exam: \$10 copay/Pap Smear: \$5 copay	Exam: \$10 copay/Pap Smear: \$5 copay
Periodic Physical Exams, Immunizations, Diabetes Education	\$10 copay per visit/ 100% Diabetes education	\$10 copay per visit/ 100% Diabetes education
Vision Care	100% after office visit copay (one exam every 24 months)	100% after office visit copay (one exam every 24 months)
Hearing Tests	100% after office visit copay	100% after office visit copay
All Infertility Services	75% covered \$10,000 lifetime maximum for medical services; 75% covered; \$15,000 lifetime maximum for prescription services	75% covered; \$10,000 lifetime maximum for medical services. 75% covered; \$15,000 lifetime maximum for prescription services
Bariatric Surgery	100% if "Institute Excellence for Bariatric Surgery" is used; 75% if an authorized hospital/surgical center is used	100% if "Blue Distinction Center for Bariatric Surgery" is used; 75% if an authorized hospital/surgical center is used

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

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.

COMPREHENSIVE PREFERRED PROVIDER ORGANIZATION (BCBSDE)		
DESCRIPTION OF BENEFIT	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS DEDUCTIBLE: \$300/\$600* OUT-OF-POCKET MAX: \$1,800/\$3,600 INCLUDING DEDUCTIBLE**
Inpatient Room & Board	\$100 copay/day with max. of \$200/admission	80% after deductible
Inpatient Physicians' and Surgeons' Services	100%	80% after deductible
Outpatient Services	100%	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	\$25 copay	80% after deductible
Emergency Services	\$125 copay (waived if admitted) Physician: 100%	\$125 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/adm. (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	100% up to 120 days per confinement	80% after deductible up to 120 days per confinement
Emergency Ambulance	100%	100% no deductible
Physician Home/Office Visits (sick)	\$15 copay	80% after deductible
Specialist Care	\$25 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: \$25 copay/Treatment:\$5 copay	80% after deductible
X-Ray, MRIs, CT Scans, PET Scans, Lab & other Diagnostic Services ***	Lab: \$5 copay per visit X-ray: \$15 copay per visit	80% after deductible
Short-Term Therapies: Physical, Speech, Occupational Therapies	85%	80% after deductible
Annual Gyn Exam/Pap Smear	Exam: \$15 copay/Pap Smear: \$5 copay	80% after deductible
Periodic Physical Exams, Immunizations, Diabetes Education	100% after \$15 copay	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 but do not include your prescription costs.

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

PER PAY RATES FOR FULL TIME UNIVERSITY EMPLOYEES

Effective July 1, 2011	Total Per Pay Rate	University Pays	Employee Pays
First State Basic Plan Administered by Blue Cross Blue Shield of Delaware			
Employee	\$257.28	\$257.28	\$0.00
Employee & Spouse	\$532.33	\$532.33	\$0.00
Employee & Child(ren)	\$391.10	\$391.10	\$0.00
Family	\$665.43	\$665.43	\$0.00
Aetna CDH Gold Administered by Aetna			
Employee	\$266.28	\$257.28	\$9.00
Employee & Spouse	\$552.13	\$532.33	\$19.80
Employee & Child(ren)	\$406.85	\$391.10	\$15.75
Family	\$701.43	\$665.43	\$36.00
BCBS DE CDH Gold Administered by Blue Cross Blue Shield of Delaware			
Employee	\$266.28	\$257.28	\$9.00
Employee & Spouse	\$552.13	\$532.33	\$19.80
Employee & Child(ren)	\$406.85	\$391.10	\$15.75
Family	\$701.43	\$665.43	\$36.00
Aetna HMO Administered by Aetna			
Employee	\$268.61	\$257.28	\$11.33
Employee & Spouse	\$566.32	\$532.33	\$33.99
Employee & Child(ren)	\$410.90	\$391.10	\$19.80
Family	\$706.65	\$665.43	\$41.22
BlueCARE® HMO Administered by Blue Cross Blue Shield of Delaware			
Employee	\$268.83	\$257.28	\$11.55
Employee & Spouse	\$568.11	\$532.33	\$35.78
Employee & Child(ren)	\$411.31	\$391.10	\$20.21
Family	\$708.81	\$665.43	\$43.38
Comprehensive PPO Plan Administered by Blue Cross Blue Shield of Delaware			
Employee	\$293.73	\$257.28	\$36.45
Employee & Spouse	\$609.52	\$532.33	\$77.19
Employee & Child(ren)	\$452.69	\$391.10	\$61.59
Family	\$761.99	\$665.43	\$96.56
Dental Plan Administered by MetLife			
Employee	\$20.07	\$20.07	\$0.00
Employee & Spouse	\$40.40	\$40.40	\$0.00
Employee & Child(ren)	\$45.20	\$45.20	\$0.00
Family	\$65.70	\$65.70	\$0.00
Vision Plan Administered by Superior Vision Services			
Employee	\$3.12	\$3.12	\$0.00
Employee & Spouse	\$6.70	\$3.12	\$3.58
Employee & Child(ren)	\$5.05	\$3.12	\$1.93
Family	\$9.19	\$3.12	\$6.07

The University pays the full cost of each First State Basic medical coverage level for eligible employees who work 75% time or more. Employees who choose CDH Gold Plans, Aetna HMO, BlueCare HMO or Comprehensive PPO pay costs in addition to the remaining First State Basic costs. The amount in the "Employee Payment" column is the difference between the cost of the First State Basic Plan paid by the University and the total premium.

Online Spousal Coordination Forms Are Required Annually

If you cover your spouse in one of UD's health plans (Employee & Spouse, or Family coverage), please keep in mind that the Office of Statewide Benefits requires you to complete a new spousal coordination form each year at open enrollment.

As employees complete their benefits enrollment through UD's FlexNet, they will be prompted during the confirmation process (and receive an e-mail notification) to complete an online spousal form, if necessary.

To use the online form, go to <https://secomb.delaware.gov/cob>. Employees will receive an email confirming that the form has been submitted, and automatically transmitted to the health carrier (Blue Cross Blue Shield of Delaware or Aetna).

What is Spousal Coordination?

This State policy affects how health insurance benefits payments are made for spouses who are eligible for, but not enrolled in, coverage through their own employer. Misinterpretation and/or failure to comply with this policy (by completing this form each year) may have significant financial implications.

Does the form take much time to complete?

It shouldn't take long to complete, provided you gather the necessary information before you start the online form.

What information about my spouse do I need for the online form?

Date of birth and social security number

Employer's name, address and phone number

If employer offers a health plan but spouse is not enrolled: the percentage of the premium the spouse would pay for the lowest cost individual plan

If spouse is enrolled in their employer's health plan: the medical carrier name, policy number, effective date of policy and renewal date of policy. You also need to know if your spouse has a prescription drug plan through his/her employer.

What happens if I don't complete the form?

Your spouse will only be covered through your UD health plan for 20% of allowable charges and will need to pay full cost for prescriptions. Once you complete the form, and it's approved, payment will be made according to the spousal coordination guidelines.

Where can I find a copy of the spousal coordination guidelines?

<http://ben.omb.delaware.gov/documents/cob/index.shtml>



UD Employees enjoying a nice evening run/walk at the "Dare to be fit" 5K—October 2010

UD OFFICE OF HUMAN RESOURCES FREQUENTLY-USED CONTACTS

	PHONE	WEB
UD Human Resources	302-831-2171	www.udel.edu/hr
HealthyU Employee Wellness	302-831-8388	www.udel.edu/wellness
FlexNet (Open Enrollment)		www.udel.edu/exnet
Self Service Views		https://www.udel.edu/webviews
Web Forms		https://www.udel.edu/webforms
Aetna*	877-542-3862	www.aetna.com/statede
ASIFlex-FSA/Commuter Benefits	800-659-3035	www.asiflex.com
Blood Bank	888-825-6638	www.delmarvablood.org
Blue Cross Blue Shield DE	800-633-2563	www.bcbsde.com
Delaware Office of Statewide Benefits	800-489-8933	www.ben.omb.delaware.gov/
DelaWell	800-556-6106	www.delawell.delaware.gov/ e-mail: Employee.Wellness@state.de.us
Fidelity Investments*	800-343-0860	www.mysavingsatwork.com
Hartford (State Disability)	800-538-8439	
Liberty Mutual Insurance (Auto/Home)*	800-865-2405	www.libertymutual.com
Medco Drug Plan	800-939-2142	www.medco.com
MetLife Dental	800-942-0854	www.metlife.com/mybenefits
Prudential Long-Term Care	800-732-0416	www.prudential.com/gltcweb (Group: bluehens) (Access Code: uofdelctc)
State Pension Office	800-722-7300	www.delawarepensions.com
Superior Vision	800-507-3800	www.superiorvision.com
TIAA-CREF*	800-842-2776	www.tiaa-cref.org

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

Notice of Non-Discrimination, Equal Opportunity and Affirmative Action

The University of Delaware does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, gender identity or expression, or sexual orientation in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and University policies. The following person has been designated to handle inquiries regarding the non-discrimination policies and to serve as the overall campus coordinator for purposes of Title IX compliance: Bindu Kolli, Chief Policy Advisor, Office of Equity and Inclusion, 305 Hullen Hall, University of Delaware, Newark, DE 19716, (302) 831-8063. Inquiries concerning the application of anti-discrimination laws may be referred to the Title IX coordinator or to the Office for Civil Rights, United States Department of Education. For further information on notice of nondiscrimination, visit <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the U.S. Department of Education office that serves your area, or call 1-800-421-3481.

Dare to be first.

