

2026-2027

EMPLOYEE BENEFITS GUIDE



UNIVERSITY OF DELAWARE
HUMAN RESOURCES

[UDEL.EDU/HR](https://udel.edu/hr)

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WHAT'S NEW FOR 2026—2027

Open Enrollment Is May 1–15, 2026

There are some important things for you to know as you prepare for Open Enrollment and the new plan year.

- **Your benefit plan providers and coverage are not changing.** Everything you rely on today will remain in place for the upcoming plan year. Review your options during Open Enrollment to ensure your elections still meet your needs.
- **After a thorough review of plan utilization, claims and costs, medical rates will increase for the upcoming plan year to maintain a sustainable and competitive benefits program.**
- **The rate increase for the Highmark Blue Choice PPO Plan will be slightly higher than for our other medical plans.** This plan has experienced higher overall medical expenses, and the premiums collected for this plan have not fully covered these expenses.
- **We are introducing Hospital Indemnity Insurance, a new supplemental insurance plan option, through Securian Financial.** This plan pays you a benefit if you or a covered family member is hospitalized for a covered accident, illness or childbirth. It is not a replacement for medical coverage, but it can provide extra peace of mind by helping you pay for copays, deductibles and other incidental charges that can add up during a hospital stay. Note: As with our Critical Illness Insurance and Accident Insurance plans, you pay the full cost of coverage if you choose to enroll. If you enroll in a Securian plan, you also have access to BenefitBump, a concierge benefit navigation service that helps growing families build a plan for balancing work and life.

This Open Enrollment is a good opportunity for you to explore other medical plan options, like the Aetna CDH Gold plan, which features an employer-funded Health Reimbursement Account (HRA). To see how the medical plans compare, review the [Medical Plans at a Glance chart](#) on page 12.

- **Dental premiums will increase for the upcoming plan year and will remain fully employer-paid.** There will be no changes to vision, life insurance or long-term disability rates. View the [Benefit Rates](#) on page 21.



- **If you are enrolled in an Aetna or Highmark non-Medicare health plan, you may be eligible to receive a payment of \$500–\$4,000 in reimbursement for certain planned, non-emergency surgeries through the Lantern Incentive Plan.** **Lantern** is a free supplemental benefit that connects you with high-performing providers and offers concierge-level support to help coordinate your care. Eligible procedures include certain surgeries in specialty areas such as gastroenterology, orthopedics, gynecology and cardiology.
- **Log in to FlexNet May 1–15 if you wish to enroll in or change your benefits coverage.** If you do not actively elect your benefits, you will default to your current plans at your current coverage levels. After May 15, you will not be able to make a change until the next Open Enrollment period unless you experience a qualifying status change (see the **Status Changes** section on page 6).
- **If you newly enroll in or change your medical coverage, you will receive new medical and prescription identification numbers and cards.** Your new cards will be mailed to your home address before July 1, which is when the plan year begins. MetLife, the University's dental plan provider, does not issue member ID cards. Your MetLife dental membership ID is your UD employee ID number. The University's dental group plan number is 95140.
- The University of Delaware is committed to maintaining the affordability and sustainability of its health care program. **To help offset the cost of covering spouses who have access to other employer-sponsored medical plans, the Working Spouse Surcharge Verification Form is required each year during the annual Open Enrollment period.** Please visit the **Medical Insurance website** to find details about the Working Spouse Surcharge program and access the verification form.



HOW TO ENROLL

Benefits Open Enrollment is May 1–15.
The benefits plan year runs
July 1–June 30.*

During Open Enrollment, visit [FlexNet](#) to:

- Enroll in or change your medical, dental or vision plan for the 2026–2027 plan year.
- Add or remove dependents (i.e., change your coverage level).
- Change to a different level of disability and/or life insurance.
- Check your benefit costs.
- Confirm your elections for the coming plan year.

[FlexNet](#) provides instructions for completing your Open Enrollment elections and includes details about the documents that are required to be submitted if you are covering your spouse or adding dependents for the first time. Required documentation can be uploaded to [FlexNet](#) or sent via the [Secure Document Submission Form](#) before Open Enrollment ends.

Important: If you do not elect or change your benefits during Open Enrollment, your current coverage in the medical, dental, vision, long-term disability and employee life insurance plans will roll over. After May 15, you can change your coverage only if you have an eligible status change, as defined by federal law.

***Note:** The FSA plan year is January 1–December 31.



STATUS CHANGES

If you experience an eligible status change, you must submit a **Family Status and Benefits Change Form**, along with all required documents (see below), within 30 days of the event. All documents should be submitted through the **Secure Document Submission Portal** or sent to:

HR Benefits
550 S. COLLEGE AVE., STE 201
NEWARK, DE 19713-0000

Required Documents for Status Changes

CHANGE IN MARITAL STATUS

MARRIAGE

- Marriage certificate
- **Working Spouse Surcharge Verification Form**
- Spouse's Social Security card

DIVORCE

- Divorce decree

CHANGE IN NUMBER OF DEPENDENTS

BIRTH OR ADOPTION

- Birth announcement/birth certificate
- Adoption certificate
- Dependent Coordination of Benefits Form (DCOB)
- Dependent's Social Security card

DEATH

- Death certificate

CHANGE IN EMPLOYMENT STATUS

EMPLOYEE OR SPOUSE EMPLOYMENT STATUS CHANGE (ELIGIBLE TO INELIGIBLE AND VICE VERSA)

- Loss of employment/coverage letter listing the effective date of coverage loss (date of loss must be listed separately for medical, dental and vision coverage) and the name of each dependent losing coverage
- Letter of employment that provides the effective date of new health insurance
- **Working Spouse Surcharge Verification Form** (if you are enrolled in a UD health insurance plan at the "employee & spouse" or "family" coverage level and there's a change in your spouse's employment)
- Marriage certificate
- Spouse's Social Security card



IMPORTANT BENEFITS INFORMATION

Spousal Benefits

Before you enroll your spouse in a medical plan with prescription drug coverage, consider these two important questions:

- Is your spouse employed full-time or retired from an employer that offers medical insurance?
- Is your spouse responsible for 50% or less of the premium for the lowest active or retiree medical plan available to them?

If you answered “yes” to both questions, your spouse will typically need to enroll in their own employer’s medical plan rather than this plan.

Important: If you cover your spouse under a Highmark or Aetna medical plan, you must complete a [Working Spouse Surcharge Verification Form](#) during initial enrollment, each year during Open Enrollment and at any time their employment or insurance status changes. If you fail to complete the Working Spouse Surcharge Verification Form and/or provide additional

- documentation when required, the surcharge will apply.

Learn more about the [Working Spouse Surcharge Program](#).

Dependent Benefits

You must complete a Dependent Coordination of Benefits Form for each dependent child, regardless of age, to determine if the dependent is covered by any other medical plan.

Important: You must complete a [Dependent Coordination of Benefits Form](#) during initial enrollment and at any time there’s a change in coverage.



University Contributions

The University provides full-time employees with a benefits allowance called Flex Credit. This is the University's contribution, and it covers a large portion of the premium costs for medical, dental, vision, life and disability insurance.

You can use Flex Credit to help pay for your elected benefits. On your pay stub, the University's contribution appears as Flex Credit under Hours and Earnings. You'll also see full before-tax deductions for medical, dental, vision, life and long-term disability. To find your per-pay out-of-pocket cost, subtract the Flex Credit from the before-tax deductions.

- If the total cost of the options chosen exceeds the Flex Credit paid by the University, you pay the difference in before-tax dollars.
- If the total cost of the benefits selected is less than the Flex Credit provided, you receive the difference as taxable cash.

For full-time employees, the University's medical plan coverage contribution averages 91% of the total premium, depending on the plan and coverage tier. The University also pays the cost of "employee only" vision, employee and eligible dependent dental, standard long-term disability, and life insurance equal to the elected level of coverage.

Benefit Plan ID Cards

If you newly enroll in or change your medical or vision coverage, benefit plan identification cards will be mailed to your home address before July 1, which is when the plan year begins. Present these identification cards to your provider when using your benefits on or after July 1, 2026.

MetLife, the University's dental plan provider, does not issue member ID cards. Your MetLife dental membership ID is your UD employee ID number. The University's dental group plan number is 95140.

LEARN MORE

- [View a detailed Summary Plan Description](#) (plan booklet) for each University plan.
- Visit [Flex Benefits View](#) to see the total cost of your benefits, the amount the University contributes toward your benefits (Flex Credit) and your before-tax deductions.
- Explore your [total rewards package](#).



NEW HIRES

If you are a new hire or newly benefited employee, you must select an option for each of the benefit plans listed in the chart on the next page. You must make your elections within 30 days of your hire date.

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

How to enroll: Soon after your hire date or transfer to a benefits-eligible position, HR Benefits will send an email with specific instructions about enrollment in the UD employee benefit plans. The email will include links to online plan information, required documents and the enrollment system **FlexNet**.

Keep in mind:

- If you are covering your spouse under your medical plan, you must complete a **Working Spouse Surcharge Verification Form**.
- Your benefits elections cannot be processed until all required documents are received.
- If you choose to waive medical insurance, you must complete the **Employee Waiver of Medical Insurance Form** and provide a copy of your current insurance card.
- It is your responsibility to complete the **Beneficiary Designation Form** for Basic Life Insurance and send it directly to MetLife.



BENEFIT PLAN AND ENROLLMENT OPTIONS

Coverage	Plan Options	Coverage Tiers
Medical¹	Highmark Blue Choice Deductible PPO Plan	Employee Only Employee and Spouse Employee and Child(ren) Family Waive Coverage ²
	Aetna HMO	
	Highmark Blue Choice PPO Plan Aetna CDH Gold	
Dental	MetLife Dental	
Vision	National Vision Administrators (NVA)	
Long-Term Disability	60% of salary replacement (standard)	Standard Option
	66% of salary replacement (high)	High Option
Life Insurance	MetLife Group Employee Basic Life Insurance	\$10,000 \$50,000 Two times annual base salary (up to \$1,000,000)
	Optional Employee Life Insurance ³	Voluntary enrollment through MetLife
	Dependent Life Insurance ³	Voluntary enrollment through MetLife
Flexible Spending Accounts (FSAs)	Health Care FSA	Voluntary enrollment upon hire
	Dependent (Day) Care FSA	

¹All medical plans include prescription drug coverage through CVS Caremark.

²Employees who waive coverage will receive credits: medical—\$350/year, dental—\$100/year, vision—\$0 credit.

³Enroll in Optional Life Insurance directly through MetLife.

Retirement Income

To provide income in retirement, the University contributes to the 403(b) Retirement Savings Plan for faculty and exempt staff and to the State Employees' Pension Plan for most non-exempt staff. Enrollment in the 403(b) Retirement Savings Plan is not automatic. The effective start date is usually one to two pay periods after your date of hire if you have affirmatively enrolled. State of Delaware Employees' Pension Plan enrollment is automatic upon hire for full-time hourly and most non-exempt staff.

Employee Basic Group Life Insurance

If you are a newly hired or newly benefited employee, you must choose one of three University-paid Basic Life Insurance options: \$10,000, \$50,000 or two times your annual base salary (up to \$1,000,000). If you do not make an election, you will default to coverage of two times your annual base salary. Group Basic Life Insurance is effective on your benefits eligibility date.

Any employer-provided group insurance exceeding \$50,000 is considered taxable imputed income. The IRS mandates that the value of the premium for life insurance benefits over \$50,000 be subject to taxation.

Optional Life Insurance

You may enroll for coverage up to the lesser of eight times annual base salary or \$500,000. You do not need to provide a Statement of Health (SOH) if you enroll within 30 days of your hire date. You will need to provide an SOH if you are enrolling a spouse in coverage greater than \$30,000.

If You Do Not Enroll

If you are a new employee and you do not enroll for benefits within the first 30 days of your hire date, your benefits will default to the following:

- Medical: Employee only; Highmark Blue Choice Deductible PPO Plan
- Dental: Employee only
- Vision: No coverage
- Long-Term Disability: Standard
- Basic Life Insurance: Coverage of two times your annual base salary
- Flexible Spending Accounts: No participation

Your next opportunity to enroll will be the next Open Enrollment (typically in May) or within 30 days of an eligible status change.



MEDICAL

The University provides medical insurance plans through Aetna and Highmark. The plans include Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) and Consumer Directed Health (CDH) options. For detailed information on each plan, see the [Medical Plan Comparison Chart](#) on page 14.

Medical Plans at a Glance

	Highmark Blue Choice Deductible PPO Plan	Aetna CDH Gold	Aetna HMO	Highmark Blue Choice PPO Plan
See Any Doctor?	Yes	Yes	No, only HMO primary care physicians	Yes
Your Cost Per Paycheck	\$	\$\$	\$\$	\$\$\$
Deductible (in-network)	\$500 per individual/ \$1,000 per family	\$1,500 per individual/ \$3,000 per family	None	None
Out-of-Pocket Maximum (in-network)	\$2,000 per individual/ \$4,000 per family	\$4,500 per individual/ \$9,000 per family	\$4,500 per individual/ \$9,000 per family	\$4,500 per individual/ \$9,000 per family
Out-of-Network Coverage?	Yes	Yes	No	Yes
Comes with a Health Reimbursement Account (HRA)?	No	Yes, the University contributes \$1,250/individual or \$2,500/family	No	No

TOP FIVE REASONS TO TAKE ANOTHER LOOK AT THE AETNA CDH GOLD PLAN WITH HRA

- The employer-funded Health Reimbursement Account (HRA) gives you free money** to use on eligible copays and coinsurance for qualifying medical services.
- HRA funds can help offset your deductible**, reducing what you pay out of pocket.
- You can use it right away.** The full amount is available at the start of the plan year—so you don't have to wait to use it.
- Your reimbursements are tax-free.** That means more of the benefit goes directly toward your health care instead of taxes.
- It gives you extra peace of mind.** Knowing you have employer-funded dollars available can make it easier to plan for health care expenses.

LEARN MORE

Visit the [University website](#). This page is only a high-level overview. Please be sure to review each option in detail before making a selection.

PRESCRIPTION DRUGS

If you elect any medical plan, you are automatically enrolled in prescription drug coverage through CVS Caremark.

- Prescriptions can be filled by any participating retail pharmacy for the copays listed.
- Some retail pharmacies fill a 90-day supply of medications at the same rate as CVS Caremark Home Delivery. Find a listing of the [participating pharmacies](#).
- CVS Caremark representatives are available 24/7. Pharmacists are also available around the clock for medication consultations. Call 833-458-0835 for assistance.

To avoid paying a penalty after a third 30-day refill of a maintenance medication at a retail CVS pharmacy, you must obtain that maintenance medication as 90-day refills at a 90-day participating pharmacy or directly from CVS Caremark Home Delivery. Visit the [University website](#) to learn more about this program, access a list of 90-day participating pharmacies and get information about CVS Caremark Home Delivery.



Prescription Drug Copays

Supply	Generic ¹	Preferred Brand ²	Non-Preferred Brand ³
30-Day Supply	\$10	\$32	\$60
90-Day Supply	\$20	\$64	\$120

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

¹Tier one covers generic products.

²Tier two covers preferred brand name (formulary) drugs.

³Tier three covers non-preferred brand (non-formulary) drugs.

LEARN MORE

Visit the [University website](#).

MEDICAL PLAN COMPARISON CHART

	Highmark Blue Choice Deductible PPO Plan		Aetna CDH Gold (PPO)		Aetna HMO		Highmark Blue Choice PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care/ Screening/Immunization (age, gender and risk parameters may apply)	100% covered, not subject to deductible	You pay 30%, not subject to deductible	100% covered, not subject to deductible	You pay 30% after deductible	100% covered	Not covered	100% covered	You pay 20% after deductible
Deductible (per plan year)	\$500 per individual/ \$1,000 per family	\$1,000 per individual/ \$2,000 per family	\$1,500 per individual/ \$3,000 per family	\$1,500 per individual/ \$3,000 per family	N/A	N/A	N/A	\$300 per individual/ \$600 per family
Health Reimbursement Account (HRA)	N/A	N/A	\$1,250 per individual/ \$2,500 per family	\$1,250 per individual/ \$2,500 per family	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum (including copays and deductibles)	\$2,000 per individual/ \$4,000 per family	\$4,000 per individual/ \$8,000 per family	\$4,500 per individual/ \$9,000 per family	\$7,500 per individual/ \$15,000 per family	\$4,500 per individual/ \$9,000 per family	N/A	\$4,500 per individual/ \$9,000 per family	\$7,500 per individual/ \$15,000 per family
Prenatal and Postnatal Care	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible	100% after \$25 initial copay (inpatient room and board copays apply to hospital deliveries/birthing centers)	Not covered	100% (inpatient room and board copays apply to hospital deliveries/birthing centers)	You pay 20% after deductible
24/7 Nurse Line	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost
Primary Care Visit to Treat an Injury or Illness (in-person or virtual)	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible	\$15 copay per visit	Not covered	\$20 copay per visit	You pay 20% after deductible
Telemedicine (virtual doctor visits)	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible	\$0 copay per visit for acute issues and behavioral health visits \$25 for dermatology visit	Not covered	\$0 copay per visit for acute issues and behavioral health visits	You pay 20% after deductible

	Highmark Blue Choice Deductible PPO Plan		Aetna CDH Gold (PPO)		Aetna HMO		Highmark Blue Choice PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Urgent Care Visit	100% covered after \$25 copay per visit	100% covered after \$25 copay per visit	You pay 10% after deductible	You pay 30% after deductible	\$15 copay per visit	Not covered	\$20 copay per visit	You pay 20% after deductible
Emergency Room	You pay 10% after deductible	You pay 10% after deductible	You pay 10% after deductible	You pay 10% after deductible	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)
Chiropractic Care (requires medical necessity) Note: No visit maximum for treatment of back pain	You pay 10% after deductible; up to 30 visits per plan year	You pay 25% after deductible; up to 30 visits per plan year	You pay 10% after deductible; up to 30 visits per plan year	You pay 25% after deductible; up to 30 visits per plan year	You pay \$15 or 20%, whichever is less (referrals required through PCP)	Not covered	You pay 15% for up to 30 visits per plan year You pay 0% for behavioral health and substance abuse disorder diagnosis	You pay 20% for up to 30 visits per plan year
Physical/Occupational/Speech Therapy (requires medical necessity) Note: No visit maximum for treatment of back pain	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible No visit limit or medical necessity review for behavioral health and substance abuse disorder diagnosis	You pay 30% after deductible No visit limit or medical necessity review for behavioral health and substance abuse disorder diagnosis	You pay 20% for up to 45 visits per illness/injury (referrals required by PCP) You pay \$15 copay or 20%, whichever is less, for behavioral health and substance abuse disorder diagnosis	Not covered	You pay 15% You pay 0% for behavioral health and substance abuse disorder diagnosis	You pay 20% after deductible
Specialist Visit (in-person or virtual)	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible	\$25 copay per visit (referrals required for certain services through PCP)	Not covered	\$30 copay per visit	You pay 20% after deductible
Lab Work (blood work) Note: Lab work at a non-preferred non-hospital-affiliated lab may not be covered	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible	Labcorp and Quest Diagnostics (preferred): \$10 copay per visit Hospital/other lab facility: \$50 copay per visit	Not covered	In-network non-hospital-affiliated preferred lab: \$10 copay per visit Hospital/other lab facility: \$50 copay per visit 0% copay per visit for behavioral health and substance abuse disorder diagnosis	You pay 20% after deductible

	Highmark Blue Choice Deductible PPO Plan		Aetna CDH Gold (PPO)		Aetna HMO		Highmark Blue Choice PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Basic Imaging/Radiology (i.e., x-ray, ultrasound)	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible	Non-hospital-affiliated freestanding facility (preferred): \$0 copay per visit (referrals required through PCP) Hospital-affiliated facility: \$50 copay per visit	Not covered	Non-hospital-affiliated freestanding facility (preferred): \$0 copay per visit Hospital-affiliated facility: \$50 copay per visit*	You pay 20% after deductible
High-Tech Imaging/Radiology (i.e., MRI, CT scan) Note: Requires a prior authorization	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible	Non-hospital-affiliated freestanding facility (preferred): \$0 copay per visit Hospital-affiliated facility: \$100 copay per visit	Not covered	Non-hospital-affiliated freestanding facility (preferred): \$0 copay per visit Hospital-affiliated facility: \$100 copay per visit*	You pay 20% after deductible
Mental Health, Behavioral Health and Substance Abuse	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible	Outpatient: \$15 copay per visit Inpatient: \$100 copay per day (max of \$200 per admission)	Not covered	Outpatient: \$20 copay per visit; intensive care 100% covered Inpatient: \$100 copay per day (max of \$200 per admission)	You pay 20% after deductible
Outpatient Surgery	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible	Non-hospital-affiliated ambulatory center (preferred): \$50 copay per visit Hospital facility: \$150 copay per visit	Not covered	Non-hospital-affiliated ambulatory center (preferred): \$50 copay per visit Hospital facility: \$150 copay per visit	You pay 20% after deductible
Hospital Admission	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible	\$100 copay per day (max of \$200 per admission)	Not covered	\$100 copay per day (max of \$200 per admission)	You pay 20% after deductible

	Highmark Blue Choice Deductible PPO Plan		Aetna CDH Gold (PPO)		Aetna HMO		Highmark Blue Choice PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Orthopedic Note: Requires a prior authorization	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible	COE Facility*** Preferred: \$100 copay per day; \$200 copay max per admission Non-COE Facility: \$500 copay per admission	Not covered	COE Facility*** Preferred: \$100 copay per day; \$200 copay max per admission Non-COE Facility: \$500 copay per admission	You pay 20% after deductible
Spine (i.e., cervical and lumbar fusion, cervical and lumbar laminectomy/discectomy procedures) Note: Requires a prior authorization	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible	COE Facility*** Preferred: \$100 copay per day; \$200 copay max per admission Non-COE Facility: \$500 copay per admission	Not covered	COE Facility*** Preferred: \$100 copay per day; \$200 copay max per admission Non-COE Facility: \$500 copay per admission	You pay 20% after deductible
Bariatric Note: Requires a prior authorization	Not covered Required through Lantern	Not covered Required through Lantern	Not covered Required through Lantern	Not covered Required through Lantern	Not covered Required through Lantern	Not covered Required through Lantern	Not covered Required through Lantern	Not covered Required through Lantern
Transplants** (For Highmark plans, does not apply to kidney and bone marrow/stem cell) Note: Requires a prior authorization	COE Facility*** Preferred: You pay 10% after deductible Non-COE Facility: You pay 30% after deductible	You pay 30% after deductible	COE Facility*** Preferred: You pay 10% after deductible Non-COE Facility: You pay 30% after deductible	You pay 30% after deductible	COE Facility*** Preferred: \$100 copay per day; \$200 copay max per admission Non-COE Facility: Not covered	Not covered	COE Facility*** Preferred: \$100 copay per day; \$200 copay max per admission Non-COE Facility: You pay 20%	You pay 20% after deductible

*0% copay per visit for behavioral health and substance abuse disorder diagnosis.

** Members are encouraged to review the Highmark or Aetna plan documents for details regarding coverage.

*** Aetna and Highmark have designated certain health care facilities within their provider network as Centers of Excellence, or COE Facilities. COE Facilities have been identified as delivering high-quality services and superior care.

DENTAL

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

The University pays the entire premium cost of this program for full-time benefits-eligible employees and their eligible family members enrolled in the program. To use the benefit, take the **MetLife Claim Form** to your appointment and notify your dentist that you participate in MetLife's Dental Program, Group Number 95140.

MetLife does not issue member ID cards.

The University offers the MetLife Preferred Dentist Program (PDP) to help you reduce your dental costs. If your dentist participates in the program, the provider contracts with MetLife to charge reduced fees for certain services. This translates into lower out-of-pocket expenses for you. The MetLife PDP is a voluntary option within the University's dental plan. It is your choice to use a participating or non-participating dentist.



Summary of Dental Benefits

Note: The dental plan year is January 1–December 31.

	MetLife PDP
Annual Deductible	\$25 per person or \$75 per family
Annual Maximum	\$1,750 per person
Preventive Care (includes one exam/cleaning per six-month period)	Covered 100%; no deductible
Basic Restorative Care	Covered at 80%* after deductible
Major Restorative Care	Covered at 50%* after deductible
Orthodontia	Covered at 50%,* no deductible Maximum lifetime benefit of \$1,750 per person

* Refers to Participating Dental Providers (PDP) fee when services are used in-network, Reasonable & Customary (R&C) charge when services are used out-of-network.

LEARN MORE

Visit the [University website](#).

VISION

The University provides a comprehensive vision plan to full-time employees and their families that covers eye examinations, frames/lenses or contact lenses and other vision-related expenses. The vision plan is administered through National Vision Administrators (NVA), which boasts a national provider network of more than 40,000 locations, including ophthalmologists, optometrists and optical companies.

The University covers 100% of the premium for full-time employees. Benefits for eligible dependents and retirees are voluntary and are available at an additional group-rate cost.

Using In-Network or Out-of-Network Services

You can select an in-network provider and receive in-network benefits at the time of service. You can also use out-of-network providers by paying the out-of-network provider in full for all services and materials. To receive reimbursement, you must submit an itemized invoice or receipt from your provider (along with a completed out-of-network claim form) to NVA Claims Services. You'll be reimbursed according to the out-of-network schedule of reimbursements, less any applicable copay amount(s). Enter Group/Sponsor Number 51942000001 to search for NVA providers. Visit the [NVA website](#) for additional information.

NVA Smart Buyer

The NVA Smart Buyer program provides you with the tools you need to become an educated consumer of vision care services and eyewear. It is the only source that integrates your vision benefit coverage with the unbiased information you'll need to maximize your vision benefit and reduce your out-of-pocket expense. Call the Member Services toll-free line, 800-672-7723, or look for additional information on the [NVA website](#).



Summary of Vision Benefits

Note: The vision plan year is July 1–June 30.

Service	In-Network Benefits	Out-of-Network Benefits
Comprehensive Eye Exam (once every plan year)	Covered after \$15 copay	Up to \$50
Standard Lenses (once every plan year)	Covered in full (discounts available for premium progressive lenses)	Up to \$50
Frames (once every two plan years)	Up to \$150 retail (20% discount off remaining balance over \$150 allowance; discount does not apply at Walmart/Sam's Club locations)	Single vision up to \$40 Bifocal up to \$60 Trifocal up to \$80 Lenticular up to \$100
Contact Lenses (once every plan year, instead of lenses/frames) Contact Lens Evaluation/ Fitting Covered in Full (only covered if you choose contact lenses)	Up to \$120 retail 15% discount (conventional) or 10% discount (disposable) off remaining balance over \$120 Discounts do not apply at Walmart/Sam's Club locations or Contact Fill mail orders	Up to \$120 Daily wear \$20 Extended wear \$30

LEARN MORE

Visit the [University website](#).



BENEFIT RATES

Group Health Insurance Program Rates Effective July 1, 2026

Highmark Blue Choice Deductible PPO Plan	Total Rate per Pay	UD Pays	Premium Paid by Employee	Premium With Surcharge
Employee	\$556.54	\$534.28	\$22.26	N/A
Employee & Spouse	\$1,151.46	\$1,105.41	\$46.05	\$146.05
Employee & Child(ren)	\$845.99	\$812.16	\$33.83	N/A
Family	\$1,439.38	\$1,381.81	\$57.57	\$157.57
Aetna CDH Gold	Total Rate per Pay	UD Pays	Premium Paid by Employee	Premium With Surcharge
Employee	\$576.01	\$547.22	\$28.79	N/A
Employee & Spouse	\$1,194.31	\$1,134.60	\$59.71	\$159.71
Employee & Child(ren)	\$880.04	\$836.05	\$43.99	N/A
Family	\$1,517.27	\$1,441.41	\$75.86	\$175.86
Aetna HMO	Total Rate per Pay	UD Pays	Premium Paid by Employee	Premium With Surcharge
Employee	\$581.02	\$543.26	\$37.76	N/A
Employee & Spouse	\$1,225.02	\$1,145.39	\$79.63	\$179.63
Employee & Child(ren)	\$888.81	\$831.04	\$57.77	N/A
Family	\$1,528.54	\$1,429.19	\$99.35	\$199.35

Group Health Insurance Program Rates Effective July 1, 2026

Highmark Blue Choice PPO Plan	Total Rate per Pay	UD Pays	Premium Paid by Employee	Premium With Surcharge
Employee	\$651.72	\$565.37	\$86.35	N/A
Employee & Spouse	\$1,352.39	\$1,173.21	\$179.18	\$279.18
Employee & Child(ren)	\$1,004.42	\$871.34	\$133.08	N/A
Family	\$1,690.68	\$1,466.67	\$224.01	\$324.01
Dental Plan Administered by MetLife*	Total Rate per Pay	UD Pays	Premium Paid by Employee	Premium With Surcharge
Employee	\$26.05	\$26.05	\$0.00	N/A
Employee & Spouse	\$52.44	\$52.44	\$0.00	N/A
Employee & Child(ren)	\$58.67	\$58.67	\$0.00	N/A
Family	\$85.26	\$85.26	\$0.00	N/A
Vision Plan Administered by National Vision Administrators (NVA)*	Total Rate per Pay	UD Pays	Premium Paid by Employee	Premium With Surcharge
Employee	\$2.21	\$2.21	\$0.00	N/A
Employee & Spouse	\$4.75	\$2.21	\$2.54	N/A
Employee & Child(ren)	\$3.58	\$2.21	\$1.37	N/A
Family	\$6.53	\$2.21	\$4.32	N/A

* University of Delaware retirees are responsible for the total monthly premium. There is no University contribution toward the cost of dental or vision coverage for retirees or their eligible family members.

OTHER HEALTH BENEFITS

Health Advocate

The University's Employee Assistance Program is available exclusively to employees and their dependents. The program offers support whenever and wherever you need it. You can access a Health Advocate via a toll-free number (877-240-6863), or you can visit [Health Advocate](#) using code: udelaware.

Hinge Health

This no-cost [virtual exercise therapy program](#) is available to Aetna and Highmark health plan members and their spouse/dependents over the age of 18. You can access Hinge Health by calling 855-902-2777 or by visiting [their website](#).

Lantern

If you are enrolled in an Aetna or Highmark non-Medicare health plan, you are automatically enrolled in [Lantern](#). This is a free, supplemental benefit for non-emergency, planned surgeries that provides high-quality care, concierge-level member service and lower costs. If you use a Lantern high-performing provider in certain specialty areas—such as gastroenterology, orthopedics, gynecology or cardiology—you may be eligible to receive a payment of \$500–\$4,000. Bariatric surgery coverage is available exclusively through Lantern.



FLEXIBLE SPENDING ACCOUNTS (FSAS)

Note: The FSA plan year is January 1–December 31. FSAs are voluntary accounts that help you pay for eligible expenses not covered by the other benefit programs. When you set up an FSA, you use before-tax payroll contributions to pay for your eligible expenses on a tax-free basis, which helps you save money. You can participate in a health care FSA or a dependent care FSA or both.

Health Care FSA

You can use your health care FSA to pay for eligible health care expenses for you, your spouse and your dependents, including:

- Medical deductible, copays and other costs not covered by your medical plan
- Prescription drug copays
- Over-the-counter medicine and other health care needs
- Dental deductible, copays and other expenses not covered by your dental plan
- Glasses, contact lenses and other expenses not covered by your vision plan

Contribution limits: For 2026, you can contribute between \$120 and \$3,400 of before-tax money from your paycheck to pay (and reimburse yourself) for eligible out-of-pocket health care expenses.

Dependent Care FSA

You can use a dependent care FSA to pay for a range of eligible dependent expenses, including preschool, summer day camp, before- or after-school programs, or child or adult day care, while you work.

Eligible dependents include your children under age 13, a disabled spouse or adult dependents who are unable to care for themselves (e.g., a parent).

Contribution limits: For 2026, you can contribute up to \$7,500 per household if you are single or if you are married and filing a joint tax return, or \$3,750 if you are married and filing separate tax returns.



FSA Highlights

Here are a few important things to keep in mind about the FSAs:

- FSA balances do not roll over from one year to the next. Any remaining balance from the prior plan year will be forfeited at the end of the grace period.
- You must re-enroll every year if you want to continue to participate in the plan.
- FSA reimbursements are not automatic. You must complete and submit claim forms to receive reimbursement. Claims may be submitted through April 30 for expenses incurred between January 1 of the prior year (or the actual period you were enrolled, if enrolled after January 1) and the end of the grace period (March 15).

Contributing to Your FSA

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

- Cannot transfer money from one account to another.
- Cannot withdraw money except to be reimbursed for a covered expense.
- Must use the money in the account only for eligible expenses incurred during the period in which you are enrolled, up to and including the 2.5-month grace period. If you do not spend all the money, you will forfeit any unused balance.
- Cannot change the amount you contribute during the year unless you have a change in status and apply within 30 days of the qualifying life event.

LEARN MORE

Visit the [University website](#), or call the plan administrator, ASIFlex, at 800-659-3035.



DISABILITY INSURANCE

Eligible employees are provided with continuing income by the University when they are unable to work due to illness or injury. Visiting employee classifications are not eligible. There are two disability insurance plans: Long-Term Disability (LTD) for faculty and exempt staff, and Short-Term Disability (STD) and Long-Term Disability for State Employees' Pension Plan participants.

Long-Term Disability for Faculty and Exempt Staff

If an illness or injury leads to a disability that stops you from working for more than six months, you can apply for LTD benefits. A waiting period of six months is required before LTD benefits can begin.

There is no cost to you for the standard option. If you choose the high option, you pay the difference between the University's contribution for the standard option and the cost of the high option.



Long-Term Disability Plan	Benefit as a Percentage of Salary*	Maximum Benefit
Standard Option	60% of covered monthly salary	\$10,000 per month
High Option	66% of covered monthly salary	\$15,000 per month

* The percentage of salary is the most that can be received from all sources. This benefit will be reduced by Social Security and other employer-sponsored disability benefits.

Short-Term Disability for State Employees' Pension Plan (SEPP)

Disability insurance pays a portion of your monthly earnings if you cannot work because of an illness or injury on or off the job. Eligible employees are automatically enrolled in the STD and LTD plans. Through employer contributions to the SEPP, the University covers the full cost for STD insurance.

STD insurance pays a benefit of up to 75% of earnings, to a maximum of \$2,000 per week. Benefits begin on the 31st calendar day of disability and continue through the 182nd calendar day. If you expect to be out of work for

at least 30 calendar days, you must file an STD claim with the disability insurance vendor no later than 15 calendar days from your date of disability. You will not be eligible to use paid leave as a substitute for applying for Short-Term Disability (STD).

Report claims by calling the plan administrator, The Hartford, at 877-484-9731. Learn more by visiting the [State of Delaware Disability Insurance website](#).

Long-Term Disability for State Employees' Pension Plan (SEPP)

Through employer contributions to the SEPP, the University covers the full standard option for non-exempt staff in the LTD insurance plan. If you choose the high option, you'll pay the additional premium through before-tax deductions from your University pay.

LTD pays a benefit of up to 60% of pre-disability earnings, to a maximum of \$8,000 per month. Benefits start on the 183rd calendar day of disability and continue until you are no longer disabled or reach age 65, whichever occurs first.

Long-Term Disability Plan	Benefit as a Percentage of Salary*	Maximum Benefit
Standard Option	60% of covered monthly salary	\$8,000 per month
High Option	66 $\frac{2}{3}$ % of covered monthly salary	\$15,000 per month

* The percentage of salary is the most that can be received from all sources. This benefit will be offset or reduced by other employer-sponsored disability benefits, Social Security and similar governmental programs.



LIFE INSURANCE

Basic Life Insurance

The University provides Group Term Life Insurance to full-time employees. You may choose one of three University-paid Basic Life Insurance options: \$10,000, \$50,000 or two times your annual base salary (maximum \$1,000,000).

Full-time employees are automatically enrolled in Basic Life Insurance. You may change your selection once a year, during Open Enrollment.

Basic Life Insurance is paid by the University. The University's contribution matches your chosen level of coverage. Any employer-provided group insurance exceeding \$50,000 is considered taxable imputed income. The IRS mandates that the value of the premium for life insurance benefits over \$50,000 be subject to taxation.

Optional Life Insurance

If you are a full-time University employee, you are eligible to purchase Optional Life Insurance in addition to the Basic Life Insurance coverage provided by the University. If you choose this option, you must elect Optional Life Insurance as a multiple of your annual base salary, and premiums will be deducted from your pay on an after-tax basis. The premiums are age-graded, so as your salary and/or age increase, your premiums increase. If you enroll in Optional Life Insurance, you'll also have access to will preparation and estate resolution services at no additional cost.

If you are a current employee enrolling in Optional Life Insurance for the first time or increasing your Optional Life Insurance coverage outside of annual Open Enrollment, you'll be required to provide a Statement of Health (SOH).

If you are a current Optional Life Insurance participant, you may increase your coverage one time to eight times your annual base salary, up to the plan maximum of \$1,250,000. If you request an increase greater than one times your annual base salary and/or exceed a total coverage amount of \$500,000, you'll be required to provide an SOH. If you want to reduce your life insurance coverage, you must submit a written request. Contact MetLife by calling 866-492-6983.



LEARN MORE

Visit the [University website](#).

RETIREMENT BENEFITS

State Employees' Pension Plan

Eligible full-time hourly and most non-exempt staff employees participate in the State of Delaware Employees' Pension Plan immediately upon hire. You must complete an Actuarial Form and submit it to Human Resources.

The University contributes a fixed percentage of your total salary, adjusted each year by the State of Delaware. Pension plan participants are required to contribute to the State Employees' Pension Plan per the following:



Category of Employee	Required Contribution
First Hired Into a Pension Creditable Position Before January 1, 2012	3% after first \$6,000 of earnings each year
First Hired Into a Pension Creditable Position After January 1, 2012	5% after first \$6,000 of earnings each year
Police Officers	7% of earnings

If you are under 59½ when you retire, you must have a three-month bona-fide separation from service before you can return to work with an employer participating in the State Employees' Pension Plan. If you are over 65 when you retire, you may immediately return to work with an employer participating in the State Employees' Pension Plan, provided that you also adhere to the Delaware Public Integrity Commission's requirements.

LEARN MORE

For more information about the State Employees' Pension Plan, visit the **University website**. To estimate your future pension income using a pension calculator or to ask questions about your pension, contact the State Office of Pensions through their **website** or by calling 800-722-7300.

UNIVERSITY OF DELAWARE 403(B) RETIREMENT SAVINGS PLAN

All faculty and staff, including those who work in variable-hour or miscellaneous-wage positions, can participate in the University of Delaware 403(b) Retirement Savings Plan. The plan excludes student employees. The plan features a streamlined investment menu, before-tax or Roth after-tax contribution options, and a TIAA brokerage account option.

Enrollment in the 403(b) plan is not automatic. The effective start date is usually one to two pay periods after your date of hire if you have affirmatively enrolled. Through a secure login at [TIAA](#), you can enroll, make contribution elections, make allocation changes, update your beneficiaries and access retirement planning tools. Full-time faculty and exempt staff (not participating in the State Employees' Pension Plan) are eligible for the University's matching contribution, which is made as a percentage of your annual base salary. You may contribute up to the IRS annual maximum.

MATCH RATES

If You Contribute...	The University Contributes...
5%	11%
4%	8%
3%	6%
2%	4%
1%	2%

GET STARTED

TIAA can help you get started through their online retirement planning tools, one-on-one virtual or on-campus meetings with a plan representative, and customer service representatives. Schedule an appointment by calling 800-842-2776 or visiting [TIAA](#).



LEARN MORE

For more information about the 403(b) Retirement Savings Plan, visit the [University website](#).

457(b) Deferred Compensation Plan

The 457(b) Deferred Compensation Plan is designed for full-time University employees who want to maximize their retirement savings.

There is no minimum contribution to the 457(b) Plan. The University does not contribute to the plan, but the tax benefits of participating in a 457(b) Plan make it attractive for supplemental retirement savings. You may contribute up to the IRS annual maximum.

Through a secure login at [TIAA](#), you can enroll, make contribution elections, make allocation changes, update your beneficiaries and access retirement planning tools. The earliest a change or new withholding can be effective is the first of the month following the date on which you have signed the agreement.

LEARN MORE

For more information about the 457(b) Deferred Compensation Plan, visit [TIAA](#) or the [University website](#).



BENEFITS FOR UD RETIREES

Retirement Programs

The 403(b) Retirement Savings Plan for faculty and staff, through TIAA and Fidelity Investments (legacy accounts), affords a variety of income options at retirement. Please refer to the 403(b) Retirement Plan Annual Contribution Limits for information about IRS limits that are applicable to the plan. There are various income options at retirement, including lifetime annuity income, fixed-period annuities, deferred income, systematic withdrawals, lump-sum withdrawals and interest-only payments. On-campus one-on-one counseling sessions are regularly provided by retirement plan advisers. Contact TIAA (phone: 800-732-8353) and/or Fidelity Investments (legacy accounts) (phone: 800-642-7131) to schedule an appointment.

Individuals who meet the age and service requirements for retirement can participate in a rich array of benefits and privileges. Employees must meet Rule of 75 retirement criteria:

- Any age and 30 years of service
- Age and service when combined equal 75 (must be at least age 55 when combined with service; must have at least 10 benefits-eligible years of service when combined with age)

Benefit Options for UD Retirees

- Health insurance
- Tuition remission, tuition exchange and course fee waiver
- Death benefit
- Wellness dollars
- Life insurance
- Long-term care insurance
- Dental and vision insurance
- Parking privileges and transit services
- University ID card



LEARN MORE or email hrhelp@udel.edu with any questions.

OTHER FINANCIAL BENEFITS

Supplemental Insurance

It is difficult to anticipate the extra expenses a serious accident or illness may bring, but with supplemental insurance through Securian Financial, you can be prepared. Accident and Critical Illness Insurance provides lump-sum cash payments if you or a covered dependent suffers an injury from an accident or is diagnosed with a condition covered under the policy.

Long-Term Care Insurance

Long-term care insurance helps you create a personalized plan that can make it easier to protect your savings and assets, relieve your family and friends from the burden of caregiving and choose where your care is received. To learn more, visit [Genworth](#) or call 800-416-3624.

Automobile and Homeowner Insurance

Auto and homeowner insurance is offered by Comparison Insurance Agency, a Liberty Mutual Company. Employee premium contributions are set up as a direct bill payment method. To learn more and to obtain insurance quotes, contact the local sales agents: Lindsey Pitcher at 302-444-9112 or Sara Kemp at 302-444-9123.

PNC WorkPlace Banking

PNC WorkPlace Banking offers a complete set of money-management tools with exclusive benefits and rewards, along with a Visa check card designed just for the University of Delaware. A PNC service center is located in the Trabant University Center, near the Main Street entrance. For information, visit [PNC WorkPlace Banking](#).

Financial Planning Center

The Financial Planning Center, located on the STAR Campus in the FinTech Innovation Hub, is a free resource that provides financial education and personalized guidance to both employees and students. You can schedule one-on-one coaching sessions with a Certified Financial Planner to get help with retirement planning, investment and tax planning, and general financial decision-making. To learn more or to schedule a meeting, visit the [Financial Planning Center](#).



EDUCATION BENEFITS

The University offers a variety of employee education-assistance programs to full-time University employees and, in some cases, to eligible dependents.

Eligible employees include full-time employees on the active payroll at the end of the late registration period (Free Drop/Add) for the semester in which the tuition remission is granted.

A spouse must be in a legally recognized marriage with the employee before the end of the late registration period in which the education benefit is granted. A dependent child is defined as a biological child or legally adopted child (under age 26) of the employee or spouse who will be claimed by the employee as an exemption for federal income tax return purposes for the year in which the benefit is granted.

Student Loan Forgiveness Program

The Student Loan Forgiveness Program, offered by TIAA and Savi, can help you reduce your monthly student loan payments. Visit the [University website](#) to sign up for webinars and to learn more about the program.

529 College Savings Plan

A 529 College Savings Plan lets you save for future college costs with tax-deferred growth and tax-free distributions for qualified expenses. While contributions are not deductible on your federal tax return, they can be made directly from your pay. The plan functions similarly to a 403(b), 401(k) or IRA by investing in mutual funds or similar investments. To learn more, visit [TIAA](#) or [Savings for College](#).



Course Fee Waiver Benefit

The Course Fee Waiver benefit is for an employee's part-time study at the University of Delaware but may be transferred to an employee's eligible spouse and/or dependents. Two course fee waivers can be used each semester or session. The maximum per calendar year is six (three for benefits-eligible part-time employees). Course fee waivers may apply to undergraduate or graduate-level courses.

Tuition Remission Program

With the Tuition Remission benefit, full-time tuition costs are waived for the fall or spring semesters for a spouse or dependent child of an employee.

Delaware Technical Community College (DTCC)

This exchange program provides a chance at one of a limited number of scholarships that waive the fall and spring tuition for one dependent who is enrolled on a full-time basis (a minimum of 12 credit hours) in a degree-granting program at DTCC.

Tuition Exchange

With Tuition Exchange, full or partial tuition is waived for full-time, matriculated undergraduate students. To be eligible, the student must be a dependent child of a full-time employee with at least two or more years of eligible University service as of October 31 of the year in which the Tuition Exchange application is submitted. A student may be granted a scholarship for up to four years. This program may be used in conjunction with the University of Delaware's Tuition Remission Program and counts toward the maximum requests for that program.

Cooperative Tuition Exchange

Available to full-time employees only, Cooperative Tuition Exchange Enrollment covers one academic course per term or semester at DTCC or Delaware State University. The course may be up to four credit hours.

LEARN MORE

Visit the [University website](#) to learn more about tuition benefits.



ORGANIZATIONAL DEVELOPMENT AND ENGAGEMENT

The Human Resources Organizational Development and Engagement (ODE) team provides support to individuals, teams, units and colleges to build their capabilities and achieve greater effectiveness. We do this by integrating comprehensive learning and development, organizational development and wellbeing/engagement initiatives.

ODE offers high-impact, tailor-made and scalable approaches using effective methodology for interventions.

Below is a synopsis of the work that ODE provides.

LEARNING AND DEVELOPMENT

- Provides a robust learning platform powered by AI
- Creates a variety of pathways to microlearning
- Develops signature learning programs for specific roles and responsibilities
- Provides mentoring opportunities through leadership and onboarding programs

ORGANIZATIONAL DEVELOPMENT

- Provides change management tools and facilitation expertise
- Facilitates strategic thinking sessions to enhance future planning
- Provides coaching sessions to enhance leadership skills and support specific challenges

WELLBEING AND ENGAGEMENT

- Provides wellness programs and mental health resources
- Promotes a healthy balance between work and personal life through supportive policies
- Acknowledges and rewards employees' contributions and achievements
- Facilitates teambuilding sessions intended to build trust and foster collaboration



To learn more, visit [Organizational Development and Engagement](#).

To request a customized program, email talent-dev@udel.edu.

CONTACTS

Contact	Phone	Website / App
UD Human Resources	302-831-2171	udel.edu/hr
FlexNet (Open Enrollment)		udel.edu/flexnet
Self-Service Views		udel.edu/webviews
Web Forms		udel.edu/webforms
Aetna	833-821-0849	aetna.com Download the Aetna or Teladoc Health app through the App Store or Google Play.
ASIFlex (FSA/Transit)	800-659-3035	asiflex.com Download the ASIFlex app through the App Store or Google Play.
ASI COBRA	877-388-8331	asicobra.com
Comparion Insurance Agency, a Liberty Mutual Company (Auto/Home)	800-865-2405	comparioninsurance.com
CVS Caremark	800-552-8159	caremark.com Download the CVS Caremark app through the App Store or Google Play.
Fidelity Investments (for legacy account holders)	800-343-0860	mysavingsatwork.com
The Hartford (State Disability)	877-484-9731	dhr.delaware.gov/benefits/disability/index.shtm
Health Advocate	877-240-6863	healthadvocate/udel Web ID: udelaware Download the Health Advocate app through the App Store or Google Play.

Contact	Phone	Website / App
Highmark	877-426-7027	highmarkbcbsde.com Download the Highmark or Amwell apps through the App Store or Google Play.
Hinge Health (virtual exercise therapy)	855-902-2777	hinge.health/universityofdelaware
Lantern (surgery concierge)	855-200-2099	my.lanterncare.com
MetLife (Dental)	800-942-0854	metlife.com/mybenefits Download the MetLife app through the App Store or Google Play.
MetLife (Life Insurance)	866-492-6983	metlife.com/mybenefits Download the MetLife app through the App Store or Google Play.
MetLife (LTD)	800-300-4296	metlife.com/mybenefits Download the MetLife app through the App Store or Google Play.
NVA (National Vision Administrators)	800-672-7723	e-nva.com Download the NVA app through the App Store or Google Play.
PNC WorkPlace Banking	216-222-5292	pnc.com
Securian	877-215-1489	securian.com/university-delawareinsurance
Service and Retirement Awards Program (O.C. Tanner)	888-708-7080	
State Pension Office	800-722-7300	delawarepensions.com
TELUS Health	888-319-7819	one.telushealth.com Username: metlifeassist Password: support Download the MetLife app through the App Store or Google Play.
TIAA	800-842-2776	tiaa.org/udel Download the TIAA app through the App Store or Google Play.

UD RETIREE HEALTH CONTACTS

Contact	Phone	Website / App
Highmark Special Medicfill	844-459-6452	highmarkbcbsde.com
MetLife (Dental)	800-942-0854	metlife.com/mybenefits Download the MetLife app through the App Store or Google Play.
CVS SilverScript (Medicare)	844-757-0448	dhr.delaware.gov/benefits/cvs/medicare/index.shtml



This Guide provides you with the highlights of your benefits under the University of Delaware Benefits Program. To obtain more information about each of these benefits, you also must read the welfare benefits plan, summary plan descriptions and insurance company booklets provided to you.

If there is a conflict between the official Benefit Program documents and this Guide, the official documents always will control. The University of Delaware has the right to amend or terminate any of the provisions or benefits of the Benefit Program at any time and for any reason, in its sole discretion.

The University of Delaware and the Program's plan administrators and their delegates have the full discretionary authority to administer the Benefits Program, including determining eligibility for and the amount (if any) of benefits provided to any person, interpreting the Program's terms and making factual determinations and their decisions will be final and binding on all persons and entitled to the maximum deference allowed by law.