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We’re proud to provide the benefits of PNC WorkPlace Banking® to University of Delaware employees. Take advantage of certain discounts and rewards on PNC products and services, and access guidance onsite from your dedicated team of PNC WorkPlace Bankers.

Financial Wellness. Convenience.
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- PNC Customer Service Center  Trabant University Center
- Newark Branch  201 Newark Shopping Center
- Pencader Plaza Branch  25 Pencader Plaza
- Omega Branch  4643 Ogletown-Stanton Road

PNC WorkPlace Banking is a registered service mark of The PNC Financial Services Group, Inc.
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Dear Colleague,

This Benefits Guide for the 2019-2020 plan year provides important information about your benefits. Please take the time to review the contents as you make decisions about your benefits for the open enrollment period from May 6 through May 24, and keep it as a reference throughout the next year.

The advancement of the University depends on the health and wellbeing of our most valuable asset—our people. As we enter a state of immense growth, the University continually assesses and evaluates our benefits offerings to attract and retain distinguished faculty and staff. We are invested in providing high quality options at an affordable cost to meet the needs of you and your family. I am pleased to tell you that effective July 1, 2019, there will be no premium increases to your benefit plans.

We remain committed to offering a wide variety of benefit options, consumer resources, activities and programming to promote your health and financial wellbeing, so that you can focus on doing your best work.

You can visit the Human Resources website (www.udel.edu/hr) any time for additional information. Human Resources staff may be reached at hrhelp@udel.edu, or by visiting our office at 413 Academy Street.

Sincerely,

Wayne Guthrie
Vice President for Human Resources
UD Health uses research and education to take healthcare in a new direction. Major health and prevention services include: **primary care**, **physical therapy**, **speech therapy**, **mental health services**, **care coordination**, **nutrition counseling**, **exercise counseling** and **health coaching** – all under one roof.

- Delaware Physical Therapy Clinic: 302.831.8893
- Nurse Managed Primary Care Center: 302.831.3195
- Speech-Language-Hearing Clinic: 302.831.7100
- Nutrition Counseling: 302.831.3195
- Exercise Counseling: 302.831.3195
- Health Coaching: 302.831.3891

udel.edu/ud-health
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NOTE: Plan design features and rates are subject to change.
If there is any conflict between the content of this summary booklet and a plan document, the plan document will prevail.
THE RIGHT PLAN IS JUST A PECK AWAY.

Try our free online plan selector tool this open enrollment season.

Visit ChooseDelawaresPlan.com for 5 questions to ask yourself before picking a plan.

No birds were harmed or painted in the making of this ad. We love Blue Hens. We’d never do that.
Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association.
2019-2020 Benefits
WHAT’S NEW

EVEN THOUGH COSTS ARE RISING, the University continues to offer excellent benefit choices and pays an average of 91% of the cost for health and 100% of the cost for dental insurance premiums for full-time employees.

THE BENEFIT PLAN PREMIUMS FOR HEALTH, DENTAL AND VISION will not change on July 1, 2019.

BEGINNING JULY 1, 2019, COPAYS WILL CHANGE for basic and high-tech imaging, lab services, emergency room and telemedicine under the Aetna HMO and Highmark Delaware Comprehensive PPO plans.

Members enrolled in these plans who utilize the preferred site-of-care will pay the lowest copay or no out-of-pocket cost for services by choosing the preferred site-of-care: non-hospital affiliated freestanding facilities. Basic imaging, high-tech imaging and outpatient lab copays for out of network laboratories or hospital-based facilities will be increased as will emergency room visits; the telemedicine copay will be reduced substantially. Please see the rate comparison charts for the copay changes.

A NEW BENEFIT CALLED SURGERYPLUS IS COMING in the new plan year that begins July 1, 2019, for employees and non-Medicare retirees enrolled in an Aetna or Highmark Delaware health plan. SurgeryPlus will be a voluntary benefit that provides members with access to a wide variety of pre-planned, non-emergency surgical services. Learn more at dhr.delaware.gov/benefits/surgery-plus/documents/information-flyer.pdf
University of Delaware Employees

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

Aetna CDH Gold Plan
- HRA Fund – Stay with the Gold Plan and your HRA Funds rollover
- Choose any doctor you want, in- or out-of-network
- Preventive care is covered at 100%
- Teladoc – talk to a doctor anytime, anywhere

Aetna HMO Plan
- Large local network
- Choose any doctor in-network
- Preventive care is covered at 100%
- Teladoc – talk to a doctor anytime, anywhere

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

Health benefits plans are offered and/or underwritten by Aetna Health Inc. (Aetna).
Health benefit plans contain exclusions and limitations. Discount programs provide access to discount services and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.
© 2019 Aetna Inc.
Options at a glance

ENROLLMENT

DURING THE OPEN ENROLLMENT PERIOD, EMPLOYEES MAY:

- Change to a different health plan option;
- Enroll in a health, dental or vision plan if you declined coverage previously;
- Add or remove dependents (i.e., change your coverage level);
- Drop coverage for health, dental or vision insurance; and
- Change to a different level of disability and/or life insurance.

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

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

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

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

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

Learn more: UDEL.EDU/FLEXNET

QUALIFYING LIFE EVENT DOCUMENT GUIDE

CHANGE IN MARITAL STATUS

MARRIAGE
- Marriage/Civil Union Certificate
- State of Delaware’s Spousal Coordination form
- Certificate of Tax Dependent Status
- Social Security Card

DIVORCE
- Divorce Decree

CHANGE IN NUMBER OF DEPENDENTS

BIRTH OR ADOPTION
- Birth announcement/Birth Certificate
- Adoption Certificate
- Dependent Coordination form (DCOB)
- Social Security Card

DEATH
- Death Certificate

CHANGE IN EMPLOYMENT STATUS

EMPLOYEE OR SPOUSE CHANGES STATUS (ELIGIBLE TO INELIGIBLE AND VICE VERSA)
- Loss of employment/coverage—Additional Information form
- Letter of employment listing the effective date of new health insurance
- Spousal Coordination of Benefits Form (if you are enrolled in a UD health insurance plan at the “employee & spouse” or “family” coverage level and there is a change in your spouse’s employment)

All documents should be submitted to: HR-Benefits, First Floor-Suite 150, 413 Academy St., Newark, DE 19716.
Overview of

BENEFITS

UD-supported programs provide opportunities and flexibility for you to tailor benefits to meet your personal needs.

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

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

For full-time employees, the University’s health 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, full cost of dental coverage, standard long-term disability, and life insurance equal to two times base annual salary.

WHERE TO VIEW PLAN INFORMATION. A detailed Summary Plan Description for each of our health plans is available at http://www.udel.edu/Benefits.

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

BENEFIT PLAN ID. With initial enrollment, benefit plan identification cards for health (Aetna or Highmark Delaware), prescription (Express Scripts) and vision (NVA) are mailed to the home address within 10-14 business days. Present these identification cards to your provider when using your benefits. MetLife, the University’s dental plan provider, does not issue employee ID cards. Generic cards are available in Human Resources upon request. Your MetLife dental membership ID is your UD employee ID number. The University’s dental group plan number is 95140.

Learn more: UDEL.EDU/BENEFITS

Please take the time to learn about your benefits, and select plans and options that best suit your needs.
New hires and newly benefited employees

**NEW HIRES AND NEWLY BENEFITED EMPLOYEES** must elect an option for each of the benefit plans listed in the chart below. Elections must be made within 30 days of the benefits eligibility date.

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

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

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

**ADDITIONAL INFORMATION**

- If you are covering your spouse under your health plan, you must complete a Spousal Coordination of Benefits Form.
- Your benefits elections cannot be processed until all required documents are received.
- If you choose to waive health insurance, you must complete the Waiver of Medical Insurance.
- It is your responsibility to complete the Beneficiary Designation Form for the Basic Life Insurance and send it directly to MetLife.

---

**BENEFIT PLAN AND ENROLLMENT OPTIONS AT A GLANCE**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Plan Options</th>
<th>Coverage Tiers</th>
</tr>
</thead>
</table>
| Health Insurance¹ | Highmark Delaware First State Basic PPO, Aetna HMO  
Highmark Delaware Comprehensive PPO, Aetna CDH Gold | Employee Only  
Employee and Spouse  
Employee and Child(ren)  
Family  
Waive Coverage² |
| Dental         | MetLife Dental                                                               |                                                   |
| Vision         | National Vision Administrators (NVA)                                         |                                                   |
| Long-Term Disability | 60 percent of Salary Replacement (Standard)  
66 2/3 percent of Salary Replacement (High) | Standard Option  
High Option |
| Life Insurance | MetLife Group Employee Basic Life  
Optional Employee Life Insurance ³  
Dependent Life Insurance ³ | $10,000  
$50,000  
2 times base annual salary (up to $1,000,000)  
Voluntary Enrollment through MetLife  
Voluntary Enrollment through MetLife |
| Flexible Spending Accounts | FSA Health Care  
FSA Dependent (Day) Care | Voluntary Enrollment upon hire  
Waive |

¹ All health plans include prescription coverage through Express Scripts  
² Employees who waive coverage will receive credits: Medical—$350/year; Dental—$100/year; Vision—$0 Credit  
³ Enroll in Optional Life Insurance directly through MetLife
IF YOU DO NOT ENROLL

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

**HEALTH**
Employee only Highmark Delaware First State Basic PPO

**DENTAL**
Employee only

**VISION**
No coverage

**LONG-TERM DISABILITY**
Standard

**EMPLOYEE LIFE INSURANCE**
2X benefits base salary

**FLEXIBLE SPENDING ACCOUNTS**
No coverage

THE NEXT OPPORTUNITY TO ENROLL WILL BE THE NEXT OPEN ENROLLMENT PERIOD OR WITHIN 30 DAYS OF A QUALIFYING LIFE EVENT.

NOTE: THE BENEFITS PLAN YEAR BEGINS JULY 1 AND ENDS JUNE 30. BENEFITS OPEN ENROLLMENT IS TYPICALLY HELD IN MAY.

---

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

- $10,000; $50,000; or 2 times annual base salary (the maximum coverage is $1,000,000).
- Life insurance will be defaulted to 2 times annual base salary if no election is made.
- Group Basic Life Insurance is effective on your benefits eligibility date.

**OPTIONAL LIFE INSURANCE FOR NEWLY HIRED OR NEWLY BENEFITED EMPLOYEES**
New hires and newly benefited employees may enroll for coverage up to the lesser of: (1) five times annual base salary; or (2) $1,000,000, without a Statement of Health (SOH) if they enroll within 30 days of their benefits eligibility date. Enrollments outside of the 30-day enrollment period will require an SOH.

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

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

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

University contribution to your benefits

Subtract “Flex Credit” from the Before-Tax Deductions to get employee’s actual cost per pay.
<table>
<thead>
<tr>
<th>Benefit Plan Type</th>
<th>Total Per Pay Rate</th>
<th>UD Pays</th>
<th>Employee Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Highmark Delaware First State Basic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$365.07</td>
<td>$350.47</td>
<td>$14.60</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$755.31</td>
<td>$725.10</td>
<td>$30.21</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$554.94</td>
<td>$532.74</td>
<td>$22.20</td>
</tr>
<tr>
<td>Family</td>
<td>$944.17</td>
<td>$906.41</td>
<td>$37.76</td>
</tr>
<tr>
<td><strong>Aetna CDH Gold</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$377.83</td>
<td>$358.94</td>
<td>$18.89</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$783.42</td>
<td>$744.25</td>
<td>$39.17</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$577.27</td>
<td>$548.41</td>
<td>$28.86</td>
</tr>
<tr>
<td>Family</td>
<td>$995.27</td>
<td>$945.50</td>
<td>$49.77</td>
</tr>
<tr>
<td><strong>Aetna HMO</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$381.12</td>
<td>$356.35</td>
<td>$24.77</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$803.56</td>
<td>$751.33</td>
<td>$52.23</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$583.03</td>
<td>$545.14</td>
<td>$37.89</td>
</tr>
<tr>
<td>Family</td>
<td>$1,002.66</td>
<td>$937.49</td>
<td>$65.17</td>
</tr>
<tr>
<td><strong>Highmark Delaware Comprehensive PPO</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$416.78</td>
<td>$361.56</td>
<td>$55.22</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$864.86</td>
<td>$750.26</td>
<td>$114.60</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$642.32</td>
<td>$557.21</td>
<td>$85.11</td>
</tr>
<tr>
<td>Family</td>
<td>$1,081.19</td>
<td>$937.93</td>
<td>$143.26</td>
</tr>
<tr>
<td><strong>Dental Plan Administered by MetLife</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$216.4</td>
<td>$216.4</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$43.56</td>
<td>$43.56</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$48.75</td>
<td>$48.75</td>
<td>$0.00</td>
</tr>
<tr>
<td>Family</td>
<td>$70.83</td>
<td>$70.83</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Vision Plan Administered by National Vision Administrators (NVA)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$2.21</td>
<td>$2.21</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$4.75</td>
<td>$2.21</td>
<td>$2.54</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$3.58</td>
<td>$2.21</td>
<td>$1.37</td>
</tr>
<tr>
<td>Family</td>
<td>$6.53</td>
<td>$2.21</td>
<td>$4.32</td>
</tr>
</tbody>
</table>

View rates online at [http://www.udel.edu/faculty-staff/human-resources/benefits/rates/](http://www.udel.edu/faculty-staff/human-resources/benefits/rates/)
### HEALTH PLAN COMPARISON CHART

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Highmark Delaware First State Basic Plan</th>
<th>Aetna CDH Gold Plan</th>
<th>Aetna HMO Plan</th>
<th>Highmark Delaware Comprehensive PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Options</td>
<td>Preferred Provider Organization (PPO)</td>
<td>Preferred Provider Organization (PPO)</td>
<td></td>
<td>Preferred Provider Organization (PPO)</td>
</tr>
<tr>
<td>Primary Care Provider (PCP) Selection</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td><strong>Plan Feature</strong></td>
<td><strong>In-Network</strong></td>
<td><strong>Out-of-Network</strong></td>
<td><strong>In-Network</strong></td>
<td><strong>Out-of-Network</strong></td>
</tr>
<tr>
<td>Preventive Care/Screening/Immunization (age, gender and risk parameters may apply)</td>
<td>100% covered, not subject to deductible</td>
<td>70% covered, not subject to deductible</td>
<td>100% covered, not subject to deductible</td>
<td>70% covered after deductible</td>
</tr>
<tr>
<td>Deductible (Per plan year)</td>
<td>$500 per individual/$1,000 per family</td>
<td>$1,000 per individual/$2,000 per family</td>
<td>$1,500 per individual/$3,000 per family</td>
<td>$1,500 per individual/$3,000 per family</td>
</tr>
<tr>
<td>Health Reimbursement Account (HRA)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (including copays and deductibles)</td>
<td>$2,000 per individual/$4,000 per family</td>
<td>$4,000 per individual/$8,000 per family</td>
<td>$5,400 per individual/$9,000 per family</td>
<td>$7,500 per individual/$15,000 per family</td>
</tr>
<tr>
<td>Prenatal and Postnatal Care</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
</tr>
<tr>
<td>24/7 Nurse Line</td>
<td>Yes, no cost</td>
<td>Yes, no cost</td>
<td>Yes, no cost</td>
<td>Yes, no cost</td>
</tr>
<tr>
<td>Primary Care Visit to treat an injury or illness</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
</tr>
<tr>
<td>Telemedicine (Virtual Doctor Visits)</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>100% covered after $25 copay</td>
<td>100% covered after $25 copay</td>
<td>100% covered after $25 copay</td>
<td>100% covered after $25 copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>90% covered after deductible</td>
<td>90% covered after deductible</td>
<td>90% covered after deductible</td>
<td>90% covered after deductible</td>
</tr>
<tr>
<td>Chiropractic Care (Requires medical necessity and excludes preventive/maintenance care)</td>
<td>90% covered after deductible for up to 30 visits per plan year</td>
<td>75% covered after deductible for up to 30 visits per plan year</td>
<td>90% covered after deductible for up to 30 visits per plan year</td>
<td>75% covered after deductible for up to 30 visits per plan year</td>
</tr>
<tr>
<td>Physical Therapy (Requires medical necessity)</td>
<td>90% covered after deductible</td>
<td>90% covered after deductible</td>
<td>90% covered after deductible</td>
<td>90% covered after deductible</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
</tr>
<tr>
<td>Lab Work (Blood Work) Note: Lab Work at a non-preferred non-hospital affiliated lab may not be covered</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
</tr>
<tr>
<td>Basic Imaging/X-Ray/Radiology/Ultrasound</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
</tr>
</tbody>
</table>

### EFFECTIVE JULY 1, 2019

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care/Screening/Immunization (age, gender and risk parameters may apply)</td>
<td>100% covered</td>
<td>Not covered</td>
<td>100% covered</td>
<td>80% covered after deductible</td>
</tr>
<tr>
<td>Deductible (Per plan year)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$300 per individual/$600 per family</td>
</tr>
<tr>
<td>Health Reimbursement Account (HRA)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (including copays and deductibles)</td>
<td>$4,500 per individual/$9,000 per family</td>
<td>N/A</td>
<td>$4,500 per individual/$9,000 per family</td>
<td>$7,500 per individual/$15,000 per family</td>
</tr>
<tr>
<td>Prenatal and Postnatal Care</td>
<td>100% covered</td>
<td>Not covered</td>
<td>100% (inpatient room and board copays do apply to hospital deliveries/birthing centers)</td>
<td>80% covered after deductible</td>
</tr>
<tr>
<td>24/7 Nurse Line</td>
<td>Yes, no cost</td>
<td>Yes, no cost</td>
<td>Yes, no cost</td>
<td>Yes, no cost</td>
</tr>
<tr>
<td>Primary Care Visit to treat an injury or illness</td>
<td>90% covered after deductible</td>
<td>80% covered after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telemedicine (Virtual Doctor Visits)</td>
<td>90% covered after deductible</td>
<td>80% covered after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>100% covered after $25 copay</td>
<td>80% covered after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>90% covered after deductible</td>
<td>80% covered after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Care (Requires medical necessity and excludes preventive/maintenance care)</td>
<td>90% covered after deductible for up to 30 visits per plan year</td>
<td>80% covered after deductible for up to 30 visits per plan year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy (Requires medical necessity)</td>
<td>90% covered after deductible</td>
<td>80% covered after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>90% covered after deductible</td>
<td>80% covered after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab Work (Blood Work) Note: Lab Work at a non-preferred non-hospital affiliated lab may not be covered</td>
<td>90% covered after deductible</td>
<td>80% covered after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Imaging/X-Ray/Radiology/Ultrasound</td>
<td>90% covered after deductible</td>
<td>80% covered after deductible</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Effective July 1, 2019**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Health Maintenance Organization (HMO)</th>
<th>Preferred Provider Organization (PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care/Screening/Immunization (age, gender and risk parameters may apply)</td>
<td>100% covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Deductible (Per plan year)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Health Reimbursement Account (HRA)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (including copays and deductibles)</td>
<td>$4,500 per individual/$9,000 per family</td>
<td>N/A</td>
</tr>
<tr>
<td>Prenatal and Postnatal Care</td>
<td>100% (inpatient room and board copays do apply to hospital deliveries/birthing centers)</td>
<td>N/A</td>
</tr>
<tr>
<td>24/7 Nurse Line</td>
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<tr>
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<td>80% covered after deductible</td>
</tr>
<tr>
<td>Lab Work (Blood Work) Note: Lab Work at a non-preferred non-hospital affiliated lab may not be covered</td>
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</tr>
<tr>
<td>Basic Imaging/X-Ray/Radiology/Ultrasound</td>
<td>90% covered after deductible</td>
<td>80% covered after deductible</td>
</tr>
</tbody>
</table>
### HEALTH PLAN COMPARISON CHART

**Plan Options**

<table>
<thead>
<tr>
<th></th>
<th>Highmark Delaware First State Basic Plan</th>
<th>Aetna CDH Gold Plan</th>
<th>Aetna HMO Plan</th>
<th>Highmark Delaware Comprehensive PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-Tech Imaging/Radiology (i.e., MRI, CT Scans)</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
<td>Non-Hospital Affiliated Freestanding Facility: $100 copay per admission</td>
<td>Non-Hospital Affiliated Freestanding Facility: $100 copay per admission</td>
</tr>
<tr>
<td>Note: Requires a prior authorization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
<td>COE Facility*: Preferred $100 copay per day, $200 copay max per admission</td>
<td>Non-COE Facility: $500 copay per admission</td>
</tr>
<tr>
<td>Note: Requires a prior authorization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
<td>COE Facility*: Preferred $100 copay per day, $200 copay max per admission</td>
<td>Non-COE Facility: $500 copay per admission</td>
</tr>
<tr>
<td>Note: Requires a prior authorization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CENTER OF EXCELLENCE (COE)***

The following services are covered under the State of Delaware Group Health Insurance Program (GHIP). Costs noted are for an important stay.

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Orthopedic</th>
<th>Spine</th>
<th>Bariatric</th>
<th>Transplants**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td>90% covered after deductible</td>
<td>70% covered after deductible</td>
<td>55% covered after deductible</td>
<td>75% covered after deductible</td>
</tr>
<tr>
<td>Note: Requires a prior authorization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td>70% covered after deductible</td>
<td>70% covered after deductible</td>
<td>70% covered after deductible</td>
<td>70% covered after deductible</td>
</tr>
</tbody>
</table>

**COE Facility**: 
- Preferred: $100 copay per day, $200 copay max per admission
- 75% covered after deductible
- 55% covered after deductible
- Not covered

**Non-COE Facility**: 
- 75% covered after deductible
- 55% covered after deductible
- Not covered

**Transplants**
- For high-risk plans, does not apply to kidney and bone marrow/stem cell
- Note: Requires a prior authorization

**SOURCE**

- Highmark refers to COE facilities as Blue Distinction Centers and Aetna refers to COE facilities as Institutes of Quality and Institutes of Excellence.

**NOTE**: Members are encouraged to review the Highmark or Aetna plan documents for details regarding coverage. For more information, including plan documents and listings of eligible Urgent Care Centers, COE Facilities and Non-Hospital Affiliated Freestanding Locations for Lab Work and Imaging/Radiology Services, visit drh.delaware.gov/benefits/.

---

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Katherine M. Persicky, DPM - UD ’03

General Orthopaedics
Andrew J. Gelman, DO
David K. Solacoff, MD

Hand, Wrist & Elbow
Matthew D. Eichenbaum, MD
J. Douglas Patterson, MD
Peter F. Townsend, MD

Joint Replacement
Steven M. Dellose, MD - UD ’91
James J. Rubano, MD

Shoulder
Brian J. Galinat, MD

Spine
Mark S. Eskander, MD**
John P. Rowlands, MD

Sports Medicine
Damian M. Andrisani, MD - UD ’95*
Bradley C. Bley, DO**
Joseph J. Mesa, MD
Douglas A. Palma, MD - UD ’91*
Matthew K. Voltz, DO

Trauma
Michael J. Principe, DO
Nicholas F. Quercetti, DO

* Orthopaedic Surgeon for the University of Delaware Athletic Department
** Affiliated Faculty Member with the University of Delaware Department of Physical Therapy

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Limestone Medical Center
1941 Limestone Rd, Ste 101
Wilmington, DE 19808

Newark
1096 Old Churchmans Rd
Newark, DE 19713

Middletown
252 Carter Drive Ste 101
Middletown, DE 19709
THE UNIVERSITY PROVIDES HEALTH INSURANCE PLANS through Aetna and Highmark Delaware. Plan options include Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) and Consumer Directed Health (CDH). For detailed information on each plan, see the Comparison of University Health Care Plans chart.

**CONSIDERATIONS WHEN CHOOSING A PLAN:**

<table>
<thead>
<tr>
<th>Highmark DE First State Basic</th>
<th>Aetna HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You can see any provider</td>
<td>• Requires HMO primary care physician</td>
</tr>
<tr>
<td>• Least expensive premiums</td>
<td>• Large national directory of in-network providers</td>
</tr>
<tr>
<td>• Deductible applies</td>
<td>• Requires referrals for specialists</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aetna CDH Gold See chart below.</th>
<th>Highmark DE Comprehensive PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You can see any provider</td>
<td>• You can see any provider</td>
</tr>
<tr>
<td>• Comes with employer-funded HRA that covers most of high deductible</td>
<td>• No deductibles for in-network services, only copays</td>
</tr>
<tr>
<td>• HRA works seamlessly with PPO coverage; no extra paperwork</td>
<td>• Low deductible for out-of-network services</td>
</tr>
<tr>
<td>• Unused HRA $$ roll over to next year</td>
<td>• Employee premiums are 2 to 3.5 times more expensive than the other plans</td>
</tr>
<tr>
<td>• HRA is pro-rated based on date of hire</td>
<td></td>
</tr>
</tbody>
</table>

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

Consumer-Directed Health Plan With A Health Reimbursement Account (HRA)

---

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

<table>
<thead>
<tr>
<th>State-funded HRA pays first</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,250/employee</td>
</tr>
<tr>
<td>$2,500/family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500/employee</td>
</tr>
<tr>
<td>$3,000/family</td>
</tr>
</tbody>
</table>

**Member responsibility**

| $250/employee |
| $500/family |

**In-network care**

<table>
<thead>
<tr>
<th>In-network care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan pays 90%, after deductible</td>
</tr>
<tr>
<td>$4,500/employee</td>
</tr>
<tr>
<td>$9,000/family</td>
</tr>
</tbody>
</table>

**Out-of-network care**

<table>
<thead>
<tr>
<th>Out-of-network care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan pays 70%, after deductible</td>
</tr>
<tr>
<td>$7,500/employee</td>
</tr>
<tr>
<td>$15,000/family</td>
</tr>
</tbody>
</table>

**You reach coinsurance maximum**

**Think About It**

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

| Plan pays 100% for eligible expenses |

---

**Separate Prescription Drug Coverage**

Prescription drug copays will remain the same for the current plan year. Your prescription copays do not apply to your deductible or coinsurance maximums.
Express Scripts

PRESCRIPTION DRUG PLAN

IF YOU ELECT ANY HEALTH PLAN, YOU ARE AUTOMATICALLY ENROLLED IN EXPRESS SCRIPTS, which manages the prescription drug program through the State of Delaware.

- Prescriptions may 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 Express Scripts Home Delivery. A current listing of the 90-day participating pharmacies can be found at dhr.delaware.gov/benefits/prescription
- Express Scripts representatives are available 24/7. Pharmacists are also available around the clock for medication consultations. Call 800-939-2142, for assistance.

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

PRESCRIPTION DRUG COPAY STRUCTURE

<table>
<thead>
<tr>
<th></th>
<th>Generic¹</th>
<th>Preferred Brand²</th>
<th>Non-Preferred Brand³</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-Day Supply</td>
<td>$8.00</td>
<td>$28.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>90-Day Supply</td>
<td>$16.00</td>
<td>$56.00</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

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

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

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

Learn more about extensive resources and online pharmacy services at https://www.expressscripts.com

DID YOU KNOW?

Diabetes prevention services provided by Livongo are available through Highmark and Aetna. Livongo is a remote monitoring program, including a meter, unlimited testing supplies and coaching for people with type I and type II diabetes.
Spousal Coordination of Benefits

There are two important questions to consider before enrolling your spouse in a health plan with prescription coverage:

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

If you answered “Yes” to both of these questions, then your spouse is most likely required to enroll in his or her employer’s coverage.

Important: If you cover your spouse in one of the health plans, you MUST complete a Spousal COB Form during initial enrollment, EACH YEAR during Open Enrollment and any time their employment or insurance status changes. Failure to complete the Spousal COB Form and/or provide additional documentation when required may result in a reduction of spousal benefits.

Learn more at: https://dhr.delaware.gov/benefits/cob/groups.shtml

Dependent Coordination of Benefits

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

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

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

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

Your Spouse Might Not Be Required to Enroll in His/Her Own Insurance If:

➔ Your spouse is not working full time;
➔ Your spouse’s employer does not offer health coverage;
➔ Your spouse’s employer requires a contribution of more than 50 percent of the premium for the least expensive, employee-only (or retiree-only) plan offered.

Coordination of Benefits When Your Spouse Is Retired

Spouses who are retired or will retire from an employer who offers retiree health insurance coverage are required to enroll in their employer’s retiree health plan under certain circumstances. Coverage with the University may be elected as secondary in those cases.
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 COST of this program for full-time benefits-eligible employees and their eligible family members enrolled in the program. To use the benefit, bring a claim form to your appointment and notify your dentist that you participate in MetLife’s Dental Assistance Program, Group Number 95140.

THE UNIVERSITY OFFERS THE METLIFE PREFERRED DENTIST PROGRAM (PDP) as a way to reduce your dental costs. If your dentist participates in the program, he/she contracts with MetLife to charge reduced fees for certain services. This translates into lower out-of-pocket expenses for you. Remember that the MetLife PDP is a voluntary option within the University’s Dental Expense Assistance Plan. It is your choice to use a participating or non-participating dentist.

LEARN MORE AT https://www.udel.edu/faculty-staff/human-resources/benefits/health-benefits/dental/
National Vision Administrators

VISION INSURANCE

THE UNIVERSITY PROVIDES A COMPREHENSIVE VISION PLAN TO FULL-TIME EMPLOYEES AND THEIR FAMILIES that can include eye examinations, frames/lenses or contact lenses and other vision-related expenses.

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

THE UNIVERSITY COVERS 100% OF THE PREMIUM for full-time employees. Benefits for Dependents and retirees are voluntary and available at an additional group-rate cost.

YOU DECIDE HOW TO USE YOUR IN-NETWORK OR OUT-OF-NETWORK vision benefits. You can select an in-network provider and identify yourself at the time of service by providing the information that is shown on your personalized NVA ID card. You may also use out-of-network services by paying the out-of-network provider in full for all services and materials. To receive your reimbursement, you must submit an itemized invoice or receipt from your provider (along with a completed out-of-network claim form) to NVA Claims Services. You will be reimbursed according to the out-of-network schedule of reimbursements, less any applicable co-pay amount(s). The chart on the right provides a general outline of the benefits and reimbursement levels under the plan.

NVA SMART BUYERSM: THE CONSUMER'S ONLINE GUIDE TO VISION BENEFITS. The NVA Smart BuyerSM program provides you with the tools you need to become an educated consumer of vision care services and eyewear. It’s the only source that integrates your vision benefit coverage with the unbiased information you’ll need to maximize your vision benefit and reduce your out-of-pocket expense.

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

Call the Member Services toll-free line, 800-672-7723, or look for additional information on the NVA website at www.e-nva.com. Please enter Group/Sponsor Number 51942000001 to search for NVA network providers.

LEARN MORE AT https://www.udel.edu/faculty-staff/human-resources/benefits/health-benefits/vision/

---

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>BENEFITS IN-NETWORK</th>
<th>BENEFIT OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive Eye Exam</strong></td>
<td>Covered after $15 co-pay</td>
<td>Up to $50</td>
</tr>
<tr>
<td><strong>Standard Lenses</strong> Once Every Plan Year</td>
<td>Covered in Full. (Discounts available for premium progressive lenses.)</td>
<td>Single Vision up to $40 Bifocal up to $60 Trifocal up to $80 Lenticular up to $100</td>
</tr>
<tr>
<td><strong>Frames</strong> Once Every Two Plan Years</td>
<td>Up to $150 Retail (20% discount off remaining balance over $150 allowance. Discount does not apply at Wal-Mart/Sam’s Club locations.)</td>
<td>Up to $80</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong> Once Every Plan Year, In Lieu of Lenses/Frames</td>
<td>Contact Lens Evaluation/Fitting, covered in full (only covered if you choose contact lenses)</td>
<td>Up to $120 Retail (15% discount (conventional) or 10% discount (disposable) off remaining balance over $120. Discounts do not apply at Wal-Mart/Sam’s Club locations or Contact Fill mail orders.)</td>
</tr>
</tbody>
</table>

NVA Member Mobile App Vision Benefits on the Go. It’s here! The NVA app is ready to download on Google Play for Android users and the App store for iPhone users.
Long- and Short-Term
DISABILITY INSURANCE

THE UNIVERSITY PROVIDES FOR CONTINUING INCOME in the event of disability to eligible employees. Visiting employee classifications are not eligible for this benefit. There are two different disability insurance plans: (1) Long-Term Disability for Faculty and Exempt Staff; and (2) Short-Term and Long-Term Disability for State Employees’ Pension Plan participants.

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

THERE IS NO COST TO THE EMPLOYEE FOR THE STANDARD OPTION. Employees may choose the high option and pay the difference between the University’s contribution for the standard option and the cost of the high option. The high option is deducted from pay on an after-tax basis.

<table>
<thead>
<tr>
<th>OPTION</th>
<th>BENEFIT AS A PERCENT OF SALARY*</th>
<th>MAXIMUM BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>60% of Covered Monthly Salary</td>
<td>$10,000/month</td>
</tr>
<tr>
<td>High</td>
<td>66 2/3% of Covered Monthly Salary</td>
<td>$15,000/month</td>
</tr>
</tbody>
</table>

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

SHORT-TERM DISABILITY FOR STATE EMPLOYEES’ PENSION PLAN
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 Short-Term and Long-Term Disability plans. Through employer contributions to the SEPP, the University covers the full cost for Short-Term Disability insurance.

SHORT-TERM DISABILITY INSURANCE PAYS A BENEFIT OF UP TO 75 PERCENT OF EARNINGS, to a maximum of $2,000 per week. Benefits begin on the 31st calendar day of disability and continue through the 182nd calendar day of disability. Enrolled employees who expect to be out of work for at least 30 calendar days must file a Short-Term Disability claim with the disability insurance vendor no later than 15 calendar days from the employee’s date of disability. Once an employee exhausts the 30-day elimination period, the employee will be deemed to have applied for benefits and will not be eligible to use paid leave in lieu of application for Short-Term Disability. Report claims directly through the provider’s toll-free number: 866-945-7781 (8 a.m.-8 p.m. ET, Monday-Friday).

For additional information visit the Office of Statewide Benefit’s website: https://dhr.delaware.gov/benefits/groups/index.shtml
LONG-TERM DISABILITY FOR STATE EMPLOYEES’ PENSION PLAN
Through employer contributions to the State Employees’ Pension Plan, the University covers the full standard option for non-exempt staff in the Long-Term Disability insurance plan. Employees choosing the high option will pay the additional premium through pre-tax deductions from their University pay.

LONG-TERM DISABILITY INSURANCE PAYS A BENEFIT OF UP TO 60 PERCENT OF EARNINGS, to a maximum of $8,000 per month. Benefits start on the 183rd calendar day of disability and continue until the individual is no longer disabled or reaches age 65, whichever occurs first.

<table>
<thead>
<tr>
<th>OPTION</th>
<th>BENEFIT AS A PERCENT OF SALARY*</th>
<th>MAXIMUM BENEFIT</th>
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<tbody>
<tr>
<td>Standard</td>
<td>60% of Covered Monthly Salary</td>
<td>$10,000/month</td>
</tr>
<tr>
<td>High</td>
<td>66 2/3% of Covered Monthly Salary</td>
<td>$15,000/month</td>
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</table>

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

THE UNIVERSITY OFFERS GROUP TERM LIFE INSURANCE TO FULL-TIME EMPLOYEES. Employees may choose one of three University-paid Basic Life options: $10,000, $50,000 OR two times base annual salary (maximum $1,000,000).

ENROLLMENT IN EMPLOYEE BASIC GROUP LIFE INSURANCE is mandatory for full-time employees. You may change your selection once a year during the Open Enrollment period.

BASIC EMPLOYEE LIFE INSURANCE IS UNIVERSITY PAID; the contribution for life insurance equals the cost of 2-times-salary option. The cost of any employer-provided group insurance in excess of $50,000 is taxable imputed income. The IRS requires that the value of the premium for life insurance benefits, in excess of $50,000 for tax purposes, be subject to taxation.

IF YOU ARE A FULL-TIME UNIVERSITY EMPLOYEE, you are eligible to purchase additional Optional Life Insurance in addition to the Basic coverage provided. If you choose this option, you must elect Optional Life Insurance as a multiple of your annual base salary, and premiums are deducted from your pay on an after-tax basis. Enrollment in Optional Employee Life Insurance includes will preparation and estate resolution services at no additional cost. The premiums are age-graded, so as your salary and/or age increase, your premiums will also increase.

EMPLOYEES NOT PREVIOUSLY ENROLLED in Optional Life Insurance will be required to provide a Statement of Health (SOH). An SOH is required if enrolling for Optional Life Insurance for the first time or whenever increasing Optional Life Insurance coverage outside of annual Open Enrollment.

CURRENT PARTICIPANTS IN OPTIONAL EMPLOYEE LIFE INSURANCE MAY INCREASE COVERAGE one times to five times annual base salary up to the plan maximum of $1,000,000 by answering five medical questions. Current participants requesting an increase greater than one times annual base salary will be required to provide an SOH. Any election to reduce life insurance coverage (already in place) must be done in writing. Contact hrhelp@udel.edu for details or contact MetLife by calling 866-492-6983.
Great benefits can help protect the things you value most.

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

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

DID YOU KNOW?

FULL-TIME BENEFITED EMPLOYEES CAN REGISTER FOR WORKSHOPS AND ACCESS ONLINE LEARNING RESOURCES THAT SUPPORT THEIR PROFESSIONAL SUCCESS.

VISIT WWW.UDEL.EDU/CONNECTINGU

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SAVING FOR RETIREMENT

UNIVERSITY OF DELAWARE 403(B) RETIREMENT SAVINGS PLAN
Participation in the University of Delaware 403(b) Retirement Savings Plan is available to all faculty and staff, including individuals who work in variable hour or miscellaneous wage positions. The plan excludes student employees. The plan features a streamlined investment menu, a Roth after-tax contribution option, and a TIAA Brokerage account option.

Through a secure login, employees can enroll, make contribution elections, allocation changes, update beneficiaries and access retirement planning tools. Visit the TIAA website for more information, www.TIAA.org/udel.

Full-time faculty and exempt staff (not participating in the State Employees’ Pension Plan) are eligible for University matching contributions. The University provides a matching contribution as a percentage of annual base salary for eligible faculty and staff who contribute to the program. Employees may contribute up to the IRS annual maximums.

<table>
<thead>
<tr>
<th>If you contribute</th>
<th>The University contributes</th>
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<td>5%</td>
<td>11%</td>
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<td>4%</td>
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<td>1%</td>
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2019 MATCH RATE CHART

TIAA is proud to serve the University of Delaware and its employees on their path toward financial wellness. Schedule an appointment today at TIAA.org/schedulenow-udel.
TIAA can help you get started with online retirement planning tools, one-on-one on-campus meetings with a plan representative and customer service call centers. Schedule an appointment by calling 800-732-8353 or visiting TIAA.org/udel.

**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.

Employees make tax-deferred contributions of 5% of salary after the first $6,000 of earnings each year. For employees who were first hired (or promoted) into a pension-creditable position before 2012, employee contributions to the pension plan are 3% of salary after an annual $6,000 exemption. The University contributes a fixed percentage of total salary, adjusted each year by the state of Delaware.

After 10 years of creditable service, an employee is vested (eligible to draw a pension at age 65). Pension calculations are based on total years of creditable service and the three highest years of salary. For employees who were first hired (or promoted) into a pension-creditable position before 2012, the creditable service required for vesting is five years, and the vested pension begins at age 62.

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

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

**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 in addition to the 403(b).

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

Through a secure login, employees can enroll, make contribution elections, allocation changes, update beneficiaries and access retirement planning tools. Visit the TIAA website for more information, www.TIAA.org/udel. The earliest a change or new withholding can be effective is the first of the month following the date of a newly signed agreement.
**RETIREMENT PROGRAMS.** The 403(b) Retirement 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) and/or to schedule an appointment.

**INDIVIDUALS WHO MEET THE AGE AND SERVICE REQUIREMENTS FOR RETIREMENT** may participate in a rich array of benefits and privileges. Employees must meet one of the following age and service retirement criteria:
- Any age and 30 years of service
- Age 55 and 20 years of service
- Age 60 and 15 years of service
- Age 65 and 10 years of service

Learn more at https://www.udel.edu/faculty-staff/human-resources/retirees/
Supplemental benefits are different from major medical insurance. If you're sick or injured, the provider (Aflac) pays cash benefits directly to you (unless otherwise specified) to help address out-of-pocket medical costs, everyday expenses—whatever you choose. Coverage is portable (with certain stipulations), meaning you can take it with you if you change jobs or retire, most claims are processed in about four business days. Coverage is available to full-time University employees, your spouse and dependent children.

**IN THE EVENT OF A COVERED ACCIDENT, THE PLAN PAYS CASH** benefits fast to help with the costs associated with out-of-pocket expenses and bills—expenses major medical may not take care of, including: ambulance rides; wheelchairs, crutches and other medical appliances; emergency room visits, surgery and anesthesia, bandages, stitches and casts, wellbeing benefit for covered preventive screenings, transportation and lodging benefits, rehabilitation unit benefit.

This program helps with the treatment costs of covered critical illnesses, such as: cancer, heart attack (myocardial infarction); stroke; major organ transplant; end-stage renal failure; coronary artery bypass surgery and carcinoma.

**HEALTH SCREENING BENEFIT.** If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase spouse coverage.

**ADDITIONAL INFORMATION AND ENROLLMENT CAN BE FOUND ONLINE AT** [https://delaware.hrintouch.com](https://delaware.hrintouch.com)

**AUTOMOBILE AND HOMEOWNER INSURANCE** is through the Liberty Mutual Insurance Company. Premiums are paid through payroll deduction. For additional information, call Liberty Mutual at 302-369-9904 or 800-865-2405.

**PNC 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 [www.udel.edu/banking](http://www.udel.edu/banking).

**529 COLLEGE SAVINGS PLAN** is an education savings plan that permits families to set aside funds on a voluntary basis to meet future costs at qualified colleges and universities nationwide. Although contributions are not deductible on an individual’s federal tax return, investments grow tax-deferred, and distributions to pay for the beneficiary’s college costs come out federally tax-free.

Voluntary employee contributions to a 529 College Savings Plan can be deposited to an employee’s saving plan(s) directly from his/her pay. Plans work much like a 403(b), 401(K) or IRA by investing contributions in mutual funds or similar investments.

The 529 College Savings Plan offers other benefits in addition to the tax advantages. 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 TIAA ([www.tiaa.org](http://www.tiaa.org)) Fidelity Investments ([http://personal.Fidelity.com](http://personal.Fidelity.com)) and/or Savings for College ([www.savingforcollege.com](http://www.savingforcollege.com)).

**THROUGH LONG-TERM CARE INSURANCE,** faculty and staff are provided options to help create a personalized plan that can make it easier to protect their savings and assets, their family and friends from the burden of caregiving and their ability to choose where care is received. To understand the benefits and features available to you under this program go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) (Group ID UDelaware and Access code groupltc) or call 800-416-624.
FLEXIBLE SPENDING ACCOUNTS (FSA)

QUICK FACTS

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

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

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

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

FSA’s ARE VOLUNTARY ACCOUNTS that help you pay for expenses not covered by the other benefit programs. You can participate in Health care expenses or Dependent (day) care expenses or both of the accounts.

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

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

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

• Cannot 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 expenses incurred during the period enrolled, up to and including the 2½-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 family status and apply within 30 days of the qualifying life event.

THESE RESTRICTIONS ARE REQUIRED BY FEDERAL LAW. When you set up an account, you use before-tax payroll contributions to pay for your eligible expenses on a tax-free basis.

CONTRIBUTION LIMITS are subject to change yearly.

<table>
<thead>
<tr>
<th>CONTRIBUTION LIMITS ARE AS FOLLOWS:</th>
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<tbody>
<tr>
<td>FSA</td>
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<tr>
<td>Health Care</td>
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<td>Dependent (Day) Care</td>
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*Provision of the Patient Protection and Affordable Care Act

LEARN MORE AT https://www.udel.edu/faculty-staff/human-resources/benefits/health-benefits/flexible-spending/
EDUCATION BENEFITS

THE UNIVERSITY OFFERS A VARIETY OF EMPLOYEE EDUCATION assistance programs to full-time University employees. Some of the education benefit programs are available to the employee’s eligible dependents.

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.

THE COURSE FEE WAIVER benefit is for the employee’s part-time study at the University of Delaware, but may be transferred to the employee’s eligible spouse and/or dependents.

THE TUITION REMISSION PROGRAM is available to eligible employees for their spouse and/or dependent child.

A SPOUSE MUST BE in a legally recognized marriage or civil union recognized under Delaware law to the employee before the end of the late registration period in which the education benefit is granted.

A DEPENDENT CHILD IS DEFINED as a biological child or a legally adopted child of the employee or spouse (under the age 26), who will be claimed by the employee as an exemption for federal income tax return for the year in which the benefit is granted.

TUITION EXCHANGE IS AVAILABLE TO eligible dependent children of full-time employees with at least two or more years of eligible University service as of Oct. 31 of the year in which the TE application is submitted.

COOPERATIVE TUITION EXCHANGE is available to full-time employees only.

AS AN EMPLOYEE, YOU CAN
Attend the University of Delaware part-time using a Course Fee Waiver
Attend Delaware Technical Community College or Delaware State University using the Cooperative Tuition Exchange

YOUR CHILD CAN
Attend the University of Delaware as a full-time undergraduate student using Tuition Remission
Attend Delaware Technical Community College (DTCC) as a full-time student in a degree-granting program using the DTCC Tuition Waiver Exchange program
Attend the University of Delaware as a part-time student using a Course Fee Waiver
Attend a participating school as a full-time undergraduate student using the Tuition Exchange program

YOUR SPOUSE CAN
Attend the University of Delaware as a full-time undergraduate student using Tuition Remission
Attend Delaware Technical Community College (DTCC) as a full-time student in a degree-granting program using the DTCC Tuition Waiver Exchange program
Attend the University of Delaware as a part-time student using a Course Fee Waiver

DIFFERENTIAL CHARGE
Faculty and staff who take advantage of the tuition remission program for spouses and dependents will not be made to pay the differential charge for students in the College of Engineering, the Alfred Lerner College of Business & Economics and the School of Nursing. Contrary to initial information that was shared, the differential will appear on tuition statements as a credit.

LEARN MORE AT WWW.UDEL.EDU/HR

EMPLOYEE DEVELOPMENT

THE UNIVERSITY OF DELAWARE PROVIDES REWARDING CAREERS for its employees and ensures that they have the necessary skills and knowledge to move the organization forward. Employee Development courses, which are free to all full-time, benefited employees can be found at www.udel.edu/connectingu.
OUR WORK LIFE PROGRAMS AND SERVICES ARE DESIGNED TO CREATE A FLEXIBLE environment that supports employee success at work and at home. Employee resources, recognition, events and services are just a few of the ways we help make UD a great place to work.

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

SERVICES INCLUDE THE FOLLOWING:
- One-on-one professional counseling services, a maximum of five sessions based on member’s concern, and a referral to receive continued professional counseling services through the member’s health care plan, if needed.
- Legal and Financial Services
- Integrated ID Recovery. Credit fraud specialists review reports with employees to instantly identify signs of possible identity theft.
- Child and Elder Care
- For Health Advocate services, visit https://dhr.delaware.gov/benefits/eap

LEARN MORE AT www.udel.edu/faculty-staff/human-resources/benefits/work-life/
Your Wellbeing Is Our Mission

OUR AIM IS TO SUPPORT AND FOSTER AN INCLUSIVE AND ENGAGING CULTURE of health and wellbeing—one that enables employees to bring their best selves to work and home each day. The workshops, programs, activities, individual counseling and customized departmental services are designed to meet the diverse needs of UD employees, retirees and spouses.

Visit www.udel.edu/wellbeing or call 302-831-8388 to learn about the programs and services offered.
AS PART OF THE COMPREHENSIVE BENEFITS PACKAGE, eligible individuals receive $75 wellness dollars to defray the cost of participating in wellbeing, fitness and recreational activities. By purchasing the All-Access Membership through Employee Health and Wellbeing, members are able to enroll in popular programs like fitness classes, lifestyle improvement programs, health coaching and more!

EMPLOYEE-ONLY GROUP FITNESS CLASSES provide a fun, upbeat environment designed to encourage participation and exercise adherence. A variety of classes meet at the Carpenter Sports Building and other campus locations, depending on space availability. Employees, retirees and their spouses are eligible to participate in the employee-only classes, as well as the fitness classes run by Recreation Services. You must have the All-Access membership to participate.

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

EMPLOYEES ARE ABLE TO PARTICIPATE IN A VARIETY OF FITNESS SERVICES, including personal training and fitness assessments. A certified personal trainer will work with you to ensure that your fitness goals are met in a safe, healthy manner.

FOR ONGOING MOTIVATION AND SUPPORT there are regularly scheduled workshops and large-scale health and wellbeing campaigns, which offer team components to energize and connect employees to each other—and a suite of resources that are geared toward helping employees, retirees and spouses live a healthy life.

THE CAMPUS WELLBEING COLLABORATIVE is a stakeholder group working to create and sustain a culture of health and wellbeing here at the University of Delaware. Throughout the year, there are many events sponsored by the collaborative to improve the health and wellbeing of our entire UD community.

LEARN MORE AT www.udel.edu/wellbeing
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(Including Medicare & Medicaid)
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<th>FREQUENTLY USED CONTACTS</th>
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<tr>
<td><strong>PHONE</strong></td>
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<td>UD Human Resources</td>
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<td>Employee Health and Wellbeing</td>
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<td>FlexNet (Open Enrollment)</td>
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<td>Self Service Views</td>
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<td>Web Forms</td>
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<td>Aflac</td>
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<td>ASIFlex (FSA/Transit)</td>
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<td>Delaware Office of Statewide Benefits</td>
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<td>Fidelity Investments</td>
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<td>Hartford (State Disability)</td>
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<td>Highmark Delaware</td>
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<td>Health Advocate Organization: State of Delaware</td>
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<td>Liberty Mutual Insurance (Auto/Home)</td>
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<td>MetLife (Dental)</td>
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<td>MetLife Grief Counseling</td>
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<td>MetLife (Life Insurance)</td>
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<td>NVA (National Vision Administrators)</td>
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<td>PNC WorkPlace Banking</td>
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<td>Service &amp; Retirement Awards Program (MTM Recognition)</td>
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<td>State Pension Office</td>
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**NOTICE OF NON-DISCRIMINATION, EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION:** The University of Delaware does not discriminate against any person on the basis of race, color, national origin, sex, gender identity or expression, sexual orientation, genetic information, marital status, disability, religion, age, veteran status or any other characteristic protected by applicable law in its employment, educational programs and activities, admissions policies, and scholarship and loan programs 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 University of Delaware also prohibits unlawful harassment including sexual harassment and sexual violence. For inquiries or complaints related to non-discrimination policies, please contact: Danica A. Myers, Interim Title IX Coordinator, 305 Hullihen Hall, Newark, DE 19716, 302-831-8063, titleixcoordinator@udel.edu. For complaints related to Section 504 of the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act, please contact: Elizabeth Reed, Interim Director, Office of Disability Support Services, Alison Hall, Suite 130, Newark, DE 19716, 302-831-4643, ecreed@udel.edu.