



2024 VRIP RETIREE BENEFITS GUIDE



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2024 VRIP ELIGIBILITY & EMERITUS

VRIP ELIGIBILITY

You are eligible to participate if you are...

A full-time, benefits-eligible professional staff member, non-tenured faculty member, or tenured faculty member (who has not already committed to take the tenure faculty buyout program effective August 31, 2024), and have met the following age and service requirements as of December 31, 2024:

- Minimum age 55, **AND**
- Completed ten years of full-time consecutive service with Drexel University, Academy of Natural Sciences and Drexel University College of Medicine, **AND**
- Meet the Rule of 80

You are not eligible to participate if you are...

- A part-time, casual, temporary, per-diem employee or adjunct faculty member
- Affiliated with a collective bargaining unit

EMERITUS

Faculty electing to retire as a part of the Voluntary Retirement Incentive Program may be considered for Emeritus status. Faculty interested in seeking emeritus status should review the **policy** to determine eligibility. As described in the policy, an application must be initiated by the faculty member by December 1. Candidates are presented for consideration at the May meeting of the Board of Trustees with notification made shortly thereafter.

Questions regarding the policy can be directed to facultyaffairs@drexel.edu.



2024 VRIP CHECKLIST



- ☐ Review the VRIP Personal Incentive Summary that will arrive in your Drexel email inbox in early June. This provides details of the benefits that you will be receiving if you participate in the VRIP.
- ☐ From June through September explore the informational resources available to you, such as this guide, and the [VRIP website](#), as well as attend the information sessions (or view the recorded versions) and the FAQ's.
- ☐ Schedule a virtual meeting with a Benefits Team member for a One-on-One consultation to discuss the transition from Drexel benefits, the Retiree healthcare options available to you and important next steps. Consultations can be scheduled through [Bookings](#). More details on scheduling consultations can be found on the [VRIP website](#).
- ☐ Contact TIAA about the options to withdraw and requirements to take a distribution from your 403b and 457b (if applicable) at [1.800.842.2252](tel:18008422252).
- ☐ Speak with a healthcare expert at Health Advocate by calling [1.866.695.8622](tel:18666958622). Health Advocate can answer your questions about Medicare and Drexel's benefit offerings as well as help you explore alternative coverage options, should you wish to do so.
- ☐ Connect with SupportLinc, Drexel's Employee Assistance Program (EAP) provider, for counseling and support during the transition to retirement. They offer access to Retirement Coaches to help with the emotional side of the transition from working to retirement. For more information on SupportLinc, please visit our [EAP webpage](#), or call them directly at [1.888.881.5462](tel:18888815462).
- ☐ In the week of August 15th, the Election, General Release and Revocation form and the Final Release of Claims form will arrive in your Drexel email box from vrip@drexel.edu. Your Benefit Enrollment form will be emailed with this package too. Be sure to review these forms carefully to allow yourself ample time to decide if participating in the VRIP is the best choice.
- ☐ Your election window opens based on your points group: September 23 (100+), September 30 (90+), October 7 (80+). To participate in the VRIP, accurately complete the Election and General Release form, sign it electronically and send it to vrip@drexel.edu **as soon as possible once your window opens to ensure that you meet the related deadline.**
- ☐ If you want to revoke your VRIP election, sign and email the Revocation form within 7 days submission of a final accepted election form to vrip@drexel.edu. Revocation forms will not be accepted after the 7 days.
- ☐ Faculty – if you are interested in being considered for Emeritus status, applications must be submitted for consideration by December 1, 2024. Faculty who are interested should review the policy to determine eligibility: https://drexel.edu/provost/policies-calendars/policies/emeritus_faculty_policy. See the FAQ's for additional information.

2024 VRIP CHECKLIST

- ☐ If you and your spouse/domestic partner are enrolling in the Drexel sponsored Blue Medicare Advantage Secure Preferred PPO, you are required to apply for Medicare Parts A & B with the Social Security Administration, if you have not already done so. You will want to do so by December 1, 2024 for Professional Staff and by May 1, 2025 for Faculty to allow Social Security sufficient time to process your application. Review the “Medicare Application Process” tip sheet available on the [VRIP website](#).
- ☐ **Professional Staff:** If enrolling in Drexel sponsored health plans, complete and return your Drexel Retiree Benefit Enrollment Form to vrip@drexel.edu as soon as possible but no later than January 7, 2025 to avoid an interruption of your healthcare benefits.
- ☐ **Professional Staff:** Sign and return your Final Release of Claims Form to vrip@drexel.edu on your last day which is January 31, 2025.
- ☐ **Faculty:** If enrolling in Drexel sponsored health plans, complete and return your Drexel Retiree Benefit Enrollment Form to vrip@drexel.edu as soon as possible but no later than June 6, 2025 to avoid an interruption of your healthcare benefits.
- ☐ **Faculty:** Sign and return your Final Release of Claims Form to vrip@drexel.edu on your last day which is June 30, 2025.



VRIP TIMELINE AND IMPORTANT DATES

DATE	ACTION ITEM
JUNE 2024	Personal Incentive Summary Packages Released to those eligible for the VRIP
JUNE 2024 THROUGH SEPTEMBER 2024	Information Sessions and One on One Benefit Consultations
WEEK OF AUGUST 15, 2024	All groups eligible to participate in the VRIP will receive the Voluntary Retirement Incentive Plan Document. This will contain an Election and General Release of Claims form, Revocation form and Benefit Enrollment form released to those eligible for the VRIP
SEPTEMBER 23, 2024	Enrollment Window Open – 100+ Points Group
SEPTEMBER 30, 2024	Enrollment Window Open – 90+ Points Group
OCTOBER 7, 2024	Enrollment Window Open – 80+ Points Group
EARLIER OF NOV 15 OR WHEN \$25 MILLION THRESHOLD IS MET	VRIP Closes
DECEMBER 1, 2024	Deadline for Faculty to apply for Emeritus
DECEMBER 1, 2024	Professional Staff to connect with Social Security on Medicare Part B enrollment to allow 60 days advance notice for processing. Effective date for Part B should be February 1, 2025.
DECEMBER 2, 2024	Final Release of Claims sent to all VRIP participants from vrıp@drexel.edu
JANUARY 7, 2025	Professional Staff – Drexel Retiree Benefit Enrollment Form Deadline, to avoid any delays in benefit transition if enrolling in Drexel sponsored health plans.
JANUARY 31, 2025	Professional Staff – Final Release of Claims Form Submission Deadline. Your form must be sent to vrıp@drexel.edu
JANUARY 31, 2025	Professional Staff – Date of Retirement / Active Employee Benefits End
FEBRUARY 1, 2025	Professional Staff – First Day of Retiree Benefits, if enrolled in Drexel plan(s)
FEBRUARY 21, 2025	Professional Staff – VRIP Salary payout
FEBRUARY 21, 2025	Professional Staff – HRA funds now available in a TIAA account
MAY 1, 2025	Faculty to connect with Social Security on Medicare Part B enrollment to allow 60 days advance notice for processing. Effective date for Part B should be July 1, 2025
JUNE 7, 2025	Faculty – Drexel Retiree Benefit Enrollment Form Deadline, to avoid any delays in benefit transition if enrolling in Drexel sponsored health plans.
JUNE 30, 2025	Faculty – Final Release of Claims Form Submission Deadline. Your form must be sent to vrıp@drexel.edu
JUNE 30, 2025	Faculty – Date of Retirement / Active Employee Benefits End
JULY 1, 2025	Faculty – First Day of Retiree Benefits, if enrolled in Drexel plan(s)
JULY 18, 2025 OR JANUARY 16, 2026	Faculty – VRIP Salary payout
JULY 18, 2025	Faculty – HRA funds available in a TIAA account

VRIP INCENTIVES BY GROUP

The 2024 Voluntary Retirement Incentive Plan (VRIP) is available on a first come, first served basis and it is being offered to faculty and staff whose age plus years of service with the University total at least 80. Points are calculated using the sum of the years of service plus age of the professional staff or faculty member.

- Professional staff who are participating in the 2024 VRIP would retire on January 31, 2025.
- Faculty who participate in the 2024 VRIP would retire on June 30, 2025

For the 2024 VRIP there is a financial threshold for the University of \$25 million. The program will close upon the earlier of (1) the date the financial threshold is reached or (2) November 15, 2024.

Enrollment Windows

Enrollment windows will open based on the participant's number of points. There are three groups:

- 100+ points (Group One)
- 90+ points (Group Two)
- 80+points (Group Three)

The enrollment window opens on September 23rd for the 100+ group (One) and on September 30th for the 90+ point group (Two). Then the 80+ point group (Three) window will open on October 7 if there are still open slots. The window remains open for all groups until the earlier of (1) when the financial threshold has been met or (2) November 15, 2024.

Incentives

The VRIP package consists of a lump sum payout of your salary that varies depending on your points Group, a Health Reimbursement Arrangement (HRA) that will have a \$25,000 tax free employer contribution, and one or two Tuition Benefit Scholarships (depends on your points Group). Your base salary as of June 30, 2024, is used to determine your salary payout. Benefits escalate from 80, 90 to 100+ points.

- **Group One/100+ Points:** 100% base salary (12 months), plus \$25,000 HRA and two Tuition Scholarship Benefits
- **Group Two/90+ Points:** 75% base salary (9 months), plus \$25,000 HRA and two Tuition Scholarship Benefits
- **Group Three/80+ Points:** 50% base salary (6 months), plus \$25,000 HRA and one Tuition Scholarship Benefits



MORE ABOUT THE HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

An HRA is a tax-advantaged retiree healthcare savings account where money is set aside for you and is available to help pay for healthcare costs in retirement. For the 2024 VRIP it is funded with \$25,000 in contributions from the University. You are not taxed on the University's contribution. The funds are immediately credited on your retirement date and will be available in your HRA on February 21, 2025 for Professional Staff and July 18, 2025 for Faculty and can be invested using a variety of investment choices.

The funds will be in an individual account with TIAA that is set up for you under a trust that will hold the funds. Initially the funds will be invested in a target date mutual fund. However, there will be a variety of investment choices and you will have the ability to change where the funds are invested.

When you retire, money in the account can be accessed tax-free and used for a variety of qualified medical expenses for you and your spouse for expenses such as:

- Retiree health insurance premiums
- COBRA premiums
- Medicare premiums
- Long term care insurance premiums
- Copayments and deductibles
- Prescription drugs
- Over the counter drugs and medicine (not for general health or cosmetic purposes)
- Other out-of-pocket health expenses



The HRA can be used to pay qualified medical expenses incurred by you, your spouse or domestic partner and any child who has not attained age 26. To be eligible, a domestic partner or their child must be your dependent under Code section 152.

MORE ABOUT THE TUITION SCHOLARSHIP BENEFIT

In addition to Tuition Remission and Tuition Exchange referenced above, the 2024 VRIP includes a Tuition Scholarship Benefit. This can be one or two tuition scholarship benefits depending on your points group. This can be designated to an individual of your choosing provided that they meet the eligibility criteria below. The number of tuition scholarship benefits are based on your points group:

- **Group One/100+ points:** two tuition scholarship benefits.
- **Group Two/90+ points:** two tuition scholarship benefits.
- **Group Three/80+ points:** one tuition scholarship benefit.

TUITION SCHOLARSHIP BENEFIT DETAILS

- The Tuition Scholarship Benefit covers 66% of the cost of tuition only. Additional fees or expenses are the responsibility of the designee.
- The designee does not have to be related to the retiree.
- The designee's name, social security number and nature of the relationship to the retiree must be provided to Drexel on a form that will be made available in September 2024
- The designee must be selected by June 30, 2027
- The Tuition Scholarship Benefit must be utilized by the designee by June 30, 2045, or it expires.

- To be eligible, designees must (1) not already have earned a bachelor's degree, (2) be under the age of 26 as of the date of application/admission/matriculation/graduation, (3) apply, (4) be admitted, and (5) matriculate to a full-time baccalaureate-degree program at the Institution.
- This benefit may not be applied to undergraduate certificate programs or used for graduate study.
- The designee must be continuously enrolled unless the designee has an approved medical withdrawal from the University.
- For continued eligibility, designees must remain in good standing academically and meet satisfactory academic progress (SAP) requirements.
- This benefit is capped at 200 quarter hours, 135 semester hours, or 10% above the number of required hours for the program of study the designee pursues.
- The designee must submit the CSS Profile and the FAFSA in the year in which the designee applies for admission and the FAFSA in each subsequent year.
- This benefit cannot be combined with Grant-in-Aid, Tuition Exchange benefit, employee tuition remission benefit, or any other institutionally funded scholarship or grant.
- The Tuition Scholarship Benefit is not taxable to the retiree awarding it nor the designee. Drexel cannot offer tax advice, and it is recommended that the retiree consult with a tax advisor. This information was updated September 18, 2024.

Towards the end of 2024, more details will become available on how to use the HRA and how to submit designations for the Tuition Scholarship Benefits.

HEALTH PLAN INFORMATION

HEALTH PLAN

Drexel University offers retirees access to medical, dental, vision and prescription insurance, at full cost to the retiree. There is no subsidy made by Drexel towards the cost of the health benefits.

Under Age 65

Retirees under the age of 65 are able to enroll in Drexel's KPOS, PPO Basic, PPO High, or CDHP plan. Those retirees that are over age 65 and eligible for Medicare can enroll in Drexel's Secure Preferred PPO plan.

Over Age 65

Participants who are over age 65 and eligible for Medicare have the option to enroll in Drexel's Secure Preferred PPO plan. This plan requires participants to be enrolled in Medicare Parts A and B and are responsible to pay the premium for Part B, however, the Secure Preferred PPO plan will be considered primary insurance and provides all health care needs through this coverage. With this plan, participants may choose any physician within the network, referrals are not needed, and the plan also has an out-of-network or self-referred option for non-network providers. However, it is strongly recommended you utilize in-network providers to reduce out-of-pocket expenses. Participants will only need to present their Secure Preferred PPO Plan ID card when utilizing the medical and prescription benefit.

The Secure Preferred PPO will send a welcome kit to all new members.

If you have pre-enrollment questions on the benefits through this plan, please call the Secure Preferred (PPO) plan First Impressions Welcome Center at **844.451.2069**.

ENROLLING IN RETIREE BENEFITS

Retirees can enroll by completing and returning the enrollment form to VRIP@drexel.edu. This form can be found in the August VRIP email which was sent to your Drexel email address. If you are waiving retiree benefits all together, you can either return the enrollment form marked "waive" or send an email to VRIP@drexel.edu confirming your intentions.

FUTURE CHANGES TO YOUR DREXEL HEALTH PLAN ENROLLMENT

You have the right to change elections during Open Enrollment, which is usually during the fall, with benefit changes effective the following January 1. You may enroll or disenroll at other times due to certain qualifying life changes. If you do not enroll, or choose to disenroll at any time, enrollment/reenrollment will be available only if you have been continuously covered in another health plan (other than Medicare) in the interim. This rule also applies to enrollment/reenrollment during the Open Enrollment period.

Please contact the Drexel University Benefits Service Center, at **844.690.3992**, with any questions concerning life changes or changes during Open Enrollment.

BILLING AND CUSTOMER SERVICE

Drexel's health and welfare administrator, WEX, manages the billing for retiree benefits. They will mail you a letter confirming your benefit enrollment and provide instructions for submitting premiums via check or automated payments from your bank account. Payment is due on the 1st of each month. Please contact them at **1.844.690.3992** with any questions about billing.

Due to timing of the transition from active employee to retired employee, you may not receive your first invoice in time for you to make the payment by the due date. This delay will not cause delay with your benefit eligibility.

MEDICARE BASICS

MEDICARE BASICS

What is Medicare?

Medicare is a federally-managed health insurance program. Medicare beneficiaries can choose to add additional coverage like a Medicare Advantage or Medicare Supplement (Medigap) plan from a private insurance company.

Original Medicare

- **Part A (Hospital Insurance):** Covers Hospital stays, home health visits, skilled nursing care.
- **Part B (Medical Insurance):** Covers doctor visits, other medical expenses, outpatient services.

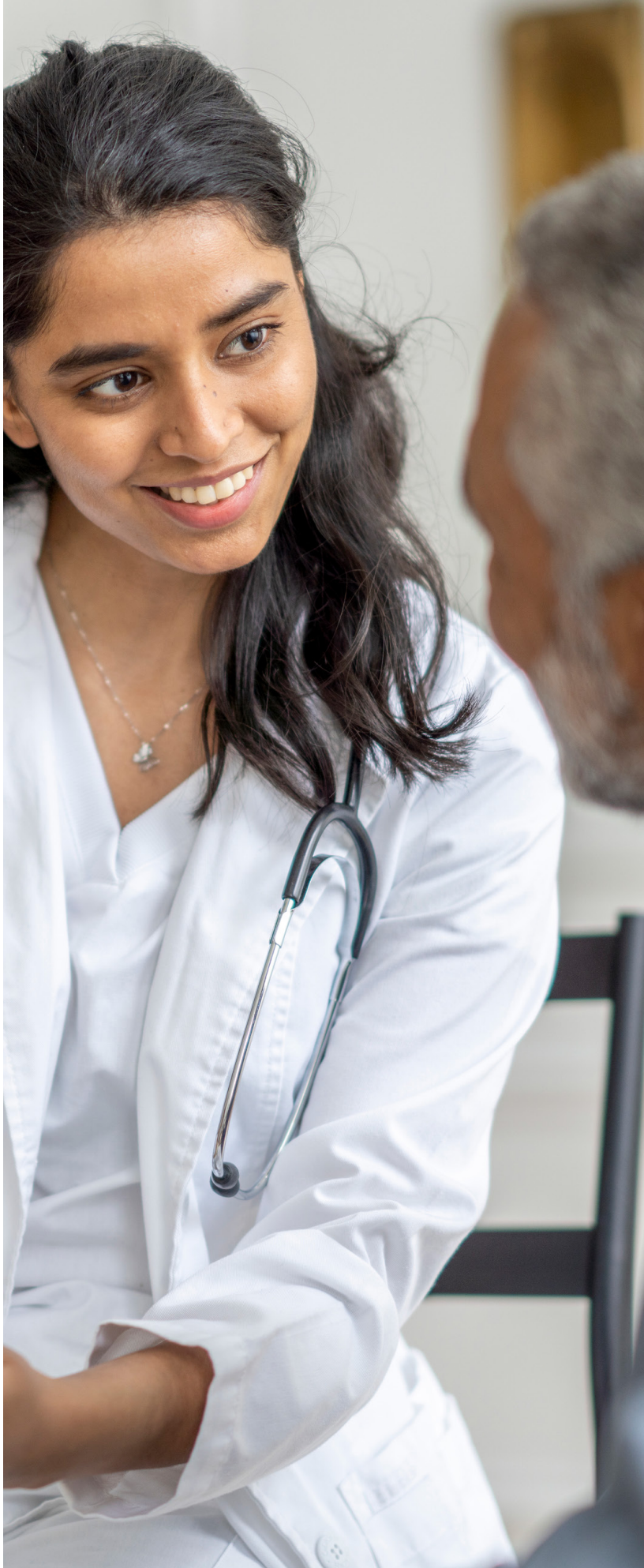
Supplemental Coverage: Medicare Part C & D

Since Part A & B only provide coverage for hospital and certain medical coverages, Medicare eligible members purchase Advantage and Supplemental plans for other medical and prescription drug expenses.

The Drexel University Secure Preferred PPO plan provides Medicare Part C & D coverage.

PLEASE NOTE:

If at any time you enroll in a stand-alone drug plan (outside of Drexel's plan) you will automatically be dropped from Drexel's Secure Preferred PPO plan. This is a CMS (Centers for Medicare and Medicaid) rule.



ENROLLING IN MEDICARE AND DREXEL'S SECURE PREFERRED PPO

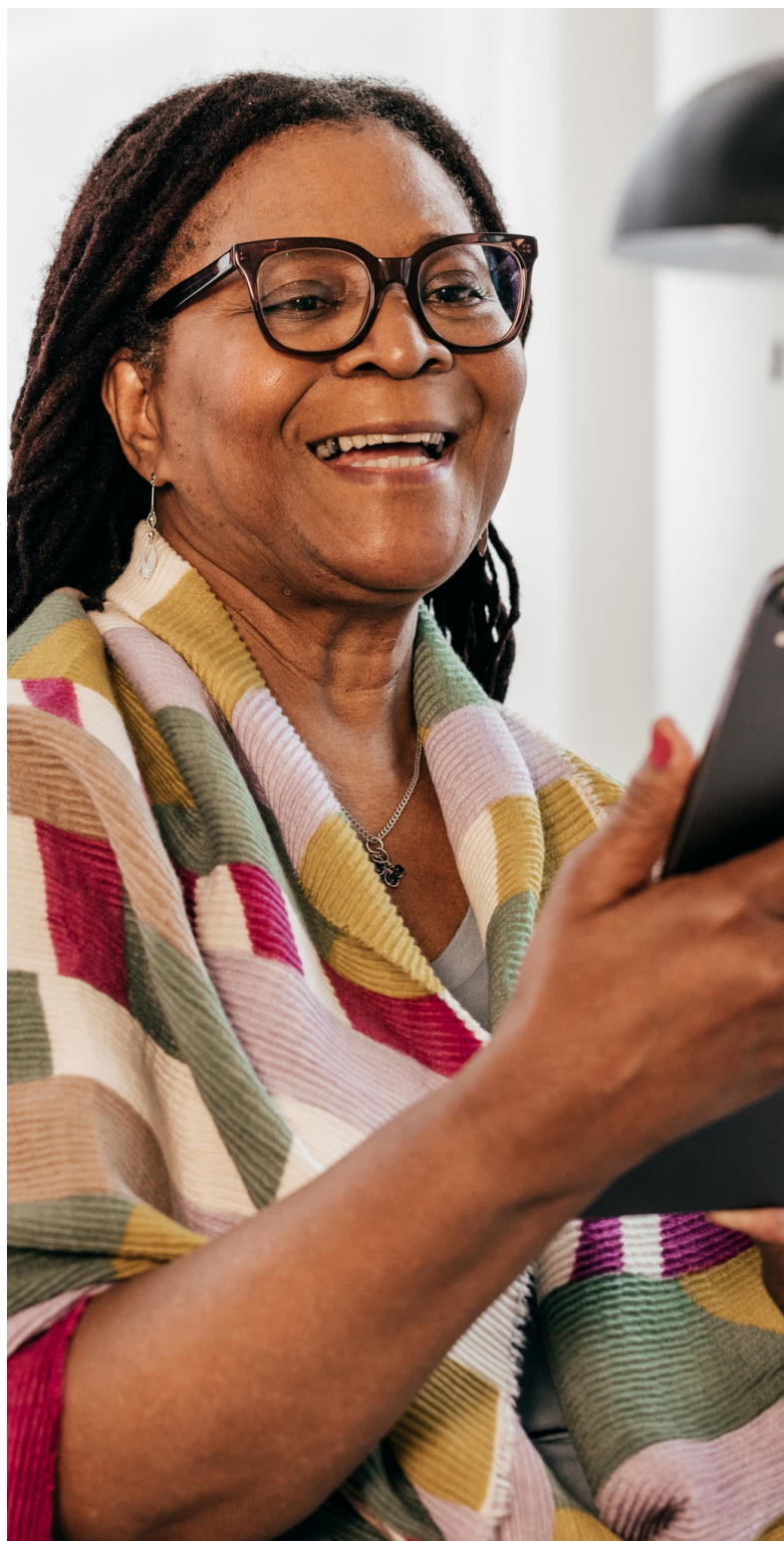
As a Medicare Eligible retiree of Drexel University, you are eligible to enroll in the Secure Preferred PPO Plan, a Medicare Advantage plan that combines your Medicare Part A (hospital) and Part B (medical) with prescription drug benefits and additional covered services.

You must be enrolled in both Parts A & B to participate in this plan. **Please refer to the [Drexel Retiree website](#) for more information on retiree benefit premium costs and billing, or your enrollment package, if already received.**

The process described below applies to those intending to enroll in Medicare and the Drexel Medicare Advantage Plan. When signing up for the Drexel plan, you will need to provide your Medicare information. **If you have not already signed up for Medicare Parts A and/or B, you will need to do so before submitting your Drexel Retiree Benefits Enrollment Form.**

A delay in signing up for Medicare will delay your Medicare Advantage plan enrollment through Drexel or anywhere else.

- If you are already enrolled in Part A, but not Part B, you will need to sign up for Part B. You cannot enroll in the Medicare Advantage plan until your Medicare coverage is in place.
- You must apply for Medicare through the Social Security Administration ("Social Security"). More information can be found on their [website](#).
- Once your Medicare enrollment has been confirmed by Social Security, you can sign up for Drexel's retiree health benefits by submitting the Drexel Retiree Benefits Enrollment Form to hr@drexel.edu. Both enrollments should be completed as soon as possible.



ENROLLING IN MEDICARE AND DREXEL'S SECURE PREFERRED PPO

STEP ONE:

Apply for Medicare through the Social Security Administration

Submit an application to the Social Security Administration. Please be sure to confirm the best and quickest submission for your personal situation and be sure to track your application through completion.

- **In-person:** at your local [social security field office](#).
- **Online:** Currently, you can apply for Medicare online by following the appropriate links on the Social Security website. Please note that if you are enrolling because you previously waived Part B, this is a Special Enrollment Period (you are over 65 and your employer coverage is ending).
- **Fax or Mail:** you have the additional option of submitting a paper application via fax to [1.833.914.2016](#) or by mail to your local social security field office.
- **Submit form CMS-L564 along with your Medicare application, if applicable:** If you are over age 65 and have been covered by a Drexel health insurance, you will need to submit a form entitled "Request for Employment Information" (form CMS-L564) along with your Medicare application. This form will be provided with your Retiree Benefits Package that HR will send. Please be sure to upload/submit this form when applying for Medicare Part B.
- **Obtain confirmation:** Once your enrollment application for Part B has been received, Social Security will send you a decision letter within 7-10 business days, ID cards to follow shortly after. Enrollment status can be viewed online by via their [website](#).

STEP TWO:

Complete and return your Drexel Retiree Benefit Enrollment Form

- Complete the Drexel Retiree Benefits Enrollment Form and return to hr@drexel.edu.
- Once your Medicare enrollment is confirmed, you should submit the Drexel enrollment form confirming what benefits you wish to continue in retirement. **You must also provide confirmation of your Medicare enrollment, such as a clear copy of the letter of approval from Social Security, or a copy of your [actual ID card confirming your Parts A and B](#).**

NEED ASSISTANCE?

We know this process may be confusing, but we are here to help. For questions about Medicare, contact **Health Advocate** at [1.866.695.8622](tel:1.866.695.8622) to speak with a Medicare specialist who can guide you through the enrollment process.

For questions about Drexel's retiree benefits, contact the Drexel HR Service Center at [215.895.2850](tel:215.895.2850), or HR@drexel.edu.

2024 MEDICAL PLAN COMPARISON

	POINT OF SERVICE			PERSONAL CHOICE PPO - BASIC			PERSONAL CHOICE PPO - HIGH			CDHP WITH HSA			SECURE PREFERRED PPO PLAN (MEDICARE ADVANTAGE PLAN)	
	AVAILABLE TO PRE-65 RETIREES			AVAILABLE TO PRE-65 RETIREES			AVAILABLE TO PRE-65 RETIREES			AVAILABLE TO PRE-65 RETIREES			AVAILABLE TO POST-65 RETIREES	
BENEFIT DESCRIPTION	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE (INDIVIDUAL/FAMILY)	None	None	\$500 / \$1,500	None	\$300 / \$600	\$1,000 / \$2,000	None	None	\$500 / \$1,000	\$1,600/\$3,200	\$2,000 / \$4,000	\$5,000 / \$10,000	None	None
OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$9,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$1,000 / \$2,000	\$2,000/ \$4,000	\$3,000 / \$6,000	\$6,450 / \$12,900	\$6,450 / \$12,900	\$10,000 / \$20,000	\$6,700	\$10,000
PREVENTIVE CARE SERVICES	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 80%	No charge	No charge	Plan pays 50%	No charge	No charge
PRIMARY CARE PHYSICIAN (PCP)	No charge	\$20 copay	Plan pays 70%*	No charge	\$20 copay	Plan pays 70%*	No charge	\$15 copay	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*	\$10 copay	Plan pays 80%
TELEHEALTH	N/A	No charge	N/A	N/A	No Charge	N/A	N/A	No Charge	N/A	N/A	\$60 copay*	N/A	No charge	No charge
SPECIALIST OFFICE VISIT	\$10 copay	\$40 copay	Plan pays 70%*	\$10 copay	\$30 copay	Plan pays 70%*	\$10 copay	\$25 copay	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*	\$15 copay	Plan pays 80%
OUTPATIENT SERVICES (SURGERY)	No charge	\$50 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*	No charge	Plan pays 80%
INPATIENT SERVICES	\$240 copay per admission	\$100/day copay; max of 5 copays/admission	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	:Plan pays 80%*	Plan pays 50%*	No charge	Plan pays 80%
DIAGNOSTIC LABORATORY	No charge	No charge	Plan pays 70%*	No charge	No charge	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*	No charge	Plan pays 80%
DIAGNOSTIC X-RAY	No charge	\$20 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*	No charge	Plan pays 80%
IMAGING (MRI, CT-SCAN)	No charge	\$80 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*	No charge	Plan pays 80%
EMERGENCY ROOM	\$100 copay	\$100 copay	Covered at in-network level	\$100 copay	\$100 copay	Covered at in-network level	\$100 copay	\$100 copay	Covered at in-network level	No charge*	Plan pays 80%*	Covered at in-network level	\$40 copay	\$40 copay
URGENT CARE CENTER	No charge	\$35 copay	Plan pays 70%*	No charge	\$35 copay	Plan pays 70%*	No charge	\$35 copay	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*	\$15 copay	\$15 copay
OUTPATIENT SERVICES FOR MENTAL HEALTH/BEHAVIORAL/SUBSTANCE ABUSE	Not available	\$20 copay	Plan pays 70%*	Not available	Plan pays 90%*	Plan pays 70%*	Not available	No charge	Plan pays 80%*	Not available	Plan pays 80%*	Plan pays 50%*	\$15 copay	Plan pays 80%

* The plan year deductible must be satisfied before the plan will pay for services.

See the following page for highlights of the Secure Preferred PPO Plan.

SECURE PREFERRED PPO PLAN HIGHLIGHTS

The Secure Preferred PPO is a Medicare Advantage plan.

Highlights of the Secure Preferred PPO plan are as follows:

- \$10 copayment for in-network primary care visits
- \$15 copayment for in-network specialists visits
- \$0 copayment for in-network telemedicine visits
- \$10 copayment for in-network routine chiropractor visits (up to 6 visits per year)
- \$10 copayment for in-network routine podiatry visits (up to 6 visits per year)
- \$0 copayment for in-network skilled nursing facility (up to 100 days per year)
- \$0 copayment for preventative care and wellness visits
- \$40 copayment for worldwide emergency room coverage
- \$0 copayment for in-network routine hearing exams (1 exam every calendar year)
- \$0 copayment for in-network eye exams (1 exam every calendar year)
- Vision eyewear reimbursement: \$0 copay for eyewear. \$100 maximum benefit every 2 years



SECURE PREFERRED PPO PRESCRIPTION DRUG INFORMATION

The Secure Preferred PPO plan has “Preferred” and “Standard” pharmacy cost sharing.

FORMULARY INFORMATION

The Secure Preferred PPO drug formulary is different than the formulary used by the Drexel active plan. The formulary, which is a list of covered drugs selected by IBC in consultation with a team of health care providers, is known as the Three Tier Open Formulary. Note that drug formularies are subject to change (generally twice per year). This occurs with both the Drexel Secure Preferred PPO plan and the Drexel plans.

Please review your current prescriptions for the following:

- **Formulary Status:** Each drug formulary is different, and some drugs covered by the Drexel plan are not covered under the Secure Preferred PPO plan’s prescription benefit program.

- Since the drug formularies are different, it is important to review the Secure Preferred PPO formulary to ensure your current medications are covered.
- **Tiering Status:** Each drug may have a lower or higher cost-sharing tier.
- **Step Therapy:** Some drugs may require step therapy, meaning you may need to take a generic equivalent prior to taking the brand-name drug.
- **Quantity limits:** Certain drugs may have quantity limits that limit the amount of pills that will be dispensed at one time.
- **Prior Authorization:** Some drugs may require prior authorization from the plan prior to being administered. Note that you may have to have your current prior authorizations re-authorized.

Step Therapy, Quantity Limits, and Prior Authorizations that were set-up with OptumRx will not transfer. Be sure to discuss with your physician leading up to the transition date of your new plan.

CURRENT DREXEL PLAN*			SECURE PREFERRED PPO PLAN	
IN-NETWORK PRESCRIPTION BENEFITS	RETAIL (UP TO 30-DAY SUPPLY)	MAIL ORDER (UP TO 90-DAY SUPPLY)	RETAIL (UP TO 30-DAY SUPPLY)	MAIL ORDER (UP TO 90-DAY SUPPLY)
GENERIC	\$10 copay	\$20 copay	\$5 copay (preferred) \$10 copay (standard)	\$15 copay (preferred) \$30 copay (standard)
PREFERRED BRAND	\$30 copay	\$60 copay	\$15 copay (preferred and standard)	\$45 copay (preferred and standard)
NON-PREFERRED BRAND	\$50 copay	\$100 copay	\$30 copay (preferred and standard)	\$90 copay (preferred and standard)

* For the CDHP plan, deductible must be satisfied first before copays kick in

SILVERSNEAKERS PROGRAM

SilverSneakers is a free fitness program available to all retirees enrolled in Drexel's Secure Preferred PPO program.

SilverSneakers offers a variety of classes and workouts for all fitness levels, taught by supportive certified instructors. The classes included in the program are designed to keep you active and feeling your best while improving your strength, balance, and flexibility.

Classes are available virtually from the comfort of your own home or at one of the thousands of participating fitness locations nationwide.

Your SilverSneakers membership includes access to:

- **SilverSneakers LIVE:** Work out at home with live virtual classes, including cardio dance, yoga, and strength training.
- **SilverSneakers On-Demand:** Explore a digital library with more than 200 videos you can work out to anytime, 24/7.
- **SilverSneakers GO:** Use this mobile app to find participating locations, access the on-demand library, and get activity alerts to help stay on track with your fitness goals.
- **SilverSneakers Community:** Take part in community classes held in settings outside the gym.



Start by scanning the QR code, visiting www.silversneakers.com, or calling 1.855.741.4985, Monday through Friday, from 8 a.m.–8 p.m. ET.

VISION BENEFITS



SECURE PREFERRED PPO VISION PLAN

The Secure Preferred PPO plan includes a vision benefit. Retirees also have the option to enroll in the separate Davis Vision plan. The Davis Vision plan is the same plan offered to active Faculty and Professional Staff members. High utilizers of the vision benefit may want to consider this option as the Davis Vision plan offers more robust coverage.

Plan features include:

- Eye Exams (1 visit every calendar year): \$0 copay per visit; \$70 maximum every calendar year
- Vision Eyewear Reimbursement: \$0 copay for eyewear. Maximum benefit of \$100 every two calendar years.
- Claims through Blue View Vision: Members must visit with a Blue View Vision provider. Out-of-network claims can either be processed by filling out the form online, or print it and mail or fax it back.
 - **Email:** oonclaims@eyewearspecialoffers.com
 - **Fax:** 866.293.7373
 - **Mail:** Blue View Vision
Attn: OON Claims, P.O. Box 8504
Mason, OH 45040-7111

Retirees will have one ID card for medical, prescription drug, and vision benefits.

DAVIS VISION PLAN

You may receive services from in-network or out-of-network providers, although you will receive the greatest value and maximize your benefit dollars if you select providers who participate in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement.

Retirees who wish to enroll in the separate Davis Vision plan will receive a separate Davis Vision ID card.

To locate participating providers or request a claim form, visit the Davis Vision website at www.davisvision.com or call 1.800.999.5431.

See the following page for an overview of the vision plan options.



VISION PLAN COMPARISON

SECURE PREFERRED PPO VISION PLAN

DAVIS VISION PLAN

BENEFIT DESCRIPTION	IN-NETWORK	IN-NETWORK
EXAM	No Charge, up to a \$70 maximum	No Charge
FRAMES	No Charge, up to a \$100 maximum*	NON-DAVIS COLLECTION FRAMES: Up to \$130 allowance (plus 20% discount off overage) VISIONWORKS FRAMES AT VISIONWORKS LOCATIONS NATIONWIDE: Up to a \$150 allowance (plus 20% discount off overage)
LENSES Single Vision / Bifocal / Trifocal / Lenticular	No Charge, up to a \$100 maximum*	No Charge
CONTACT LENSES (IN LIEU OF EYEGLASSES)	No Charge, up to a \$100 maximum*	DAVIS COLLECTION (DAILY, SPECIALTY, AND DISPOSABLE) No Charge NON-DAVIS COLLECTION Contacts: Up to \$130 allowance Evaluation: Up to \$60 allowance (plus 15% discount off overage)
FREQUENCY Vision Exam / Lenses / Frames	Exam: Once per calendar year Eyewear Reimbursement: Every two years	Once per calendar year

* \$100 maximum for eyewear under the Secure Preferred PPO plan is combined for frames, lenses, and contacts
 Note: The above chart represents In-Network coverage only



DENTAL PLAN OPTIONS

Drexel University offers retirees access to the same Cigna dental plans they had while an active employee; The Base Plan, Preferred Plan and the DHMO.

DHMO members will receive a Cigna ID card. Retirees enrolled in either the Base or Preferred PPO plans will have access to an electronic ID card, should they wish to create one. You can register for an account at mycigna.com.

BASE PLAN

Those enrolled in the Dental Base Plan will have a calendar year maximum of \$1,000 per year. The plan pays 100% of preventive and diagnostic services and 50% of basic and major services after the deductible is met and using in-network providers.

PREFERRED PLAN

Those enrolled in the Dental Preferred Plan will have a calendar year maximum of \$2,000 per year. The plan pays 100% of preventive and diagnostic services and 90% of basic and 60% of major services after the deductible is met and using in-network providers. The Preferred Plan includes Orthodontia coverage of up to 50% for all eligible children and adults up to a Lifetime Maximum of \$1,000.

DHMO PLAN

A DHMO is different than a PPO in that you would select a General Dentist for routine, preventive, diagnostic, and emergency care, and a referral to specialists as needed. This will be the most cost effective plan and is a great choice for members who typically incur less than \$500 in claims per year. If your Dentist is in the Cigna DHMO, this may be an opportunity to save. Please visit the My Drexel Benefits Portal to view the Cigna DHMO plan summary for more information about this plan.

CIGNA WELLNESS PLUS PROGRAM

This is an industry leading program that encourages members to get their annual oral wellness exam! Each year that you receive your Dental Wellness exam, your Plan Maximum will increase by \$100 the following year. Your Calendar Year Maximum can increase by \$300 if you receive your Wellness exam for three years in a row. Research continues to show the strong link between oral health and overall health and this benefits a further incentive to see your Dentist every year. This program is only available for Retirees enrolled in the Base or Preferred Dental Plans.



2024 PLAN CONTRIBUTIONS

NOTE: 2025 Plan Contribution Rates will be available in the Fall of 2025 and this guide will then be updated.

RETIRED ON OR AFTER 9/1/2017

OVER 65/MEDICARE-ELIGIBLE MEDICAL PLAN RATES			
SECURE PREFERRED PPO PLAN	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$278.52	\$0.00	\$278.52
RETIREE + SPOUSE	\$557.04	\$0.00	\$557.04
UNDER 65 MEDICAL PLANS AND RATES			
KEYSTONE/AMERIHEALTH POS + RX	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$696.21	\$0.00	\$696.21
RETIREE + SPOUSE	\$1,573.83	\$0.00	\$1,573.83
PC BASIC + RX	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$1,028.73	\$0.00	\$1,028.73
RETIREE + SPOUSE	\$2,322.02	\$0.00	\$2,322.02
PC HIGH + RX	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$1,159.83	\$0.00	\$1,159.83
RETIREE + SPOUSE	\$2,617.01	\$0.00	\$2,617.01
CDHP + RX	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$542.61	\$0.00	\$542.61
RETIREE + SPOUSE	\$1,226.65	\$0.00	\$1,226.65

DENTAL RATES

CIGNA BASE PLAN	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$21.16	\$0.00	\$21.16
RETIREE + SPOUSE	\$62.44	\$0.00	\$62.44
CIGNA PREFERRED PLAN	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$32.36	\$0.00	\$32.36
RETIREE + SPOUSE	\$105.79	\$0.00	\$105.79
CIGNA DHMO PLAN	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$10.86	\$0.00	\$10.86
RETIREE + SPOUSE	\$27.39	\$0.00	\$27.39

DAVIS VISION RATES

DAVIS VISION PLAN	FULL RATE	DREXEL PAYS	RETIREE COST
RETIREE ONLY	\$4.33	\$0.00	\$4.33
RETIREE + SPOUSE	\$9.98	\$0.00	\$9.98

RETIREMENT SAVINGS PLAN



RETIREMENT PLAN

Upon retiring from Drexel, final contributions will be made on your behalf to the Drexel University Defined Contribution Retirement Plan (the “403(b) Plan”) and deposited into your account with TIAA. These contributions will not include any VRIP salary payout or any vacation, sick or personal leave payouts that may be paid in that final payment or any other compensation amounts excluded under the terms of the 403(b) Plan. You should allow up to 30 days after your retirement date for your status to change to terminated in order to access to all of your 403(b) Plan funds.

When you retire and are no longer receiving salary from Drexel, including part-time work as an adjunct, per diem, casual, or temporary employee, you have several options for your account under the 403(b) Plan. You can keep your funds in the 403(b) Plan, roll them over to an IRA or another employer’s qualified plan or take a distribution in any of the payment forms permitted under the terms of the 403(b) Plan. (There may be additional tax implications if you take a distribution from the 403(b) Plan prior to age 59½). You should consult with TIAA for your 403(b) Plan benefit payment options following your retirement.

Please note that if you decide to leave your funds in the 403(b) Plan after you retire, you are generally required to start taking required minimum distributions (“RMDs”) from your account when you reach the “applicable age,” as defined by the IRS and outlined below.

1. Age 70½ if you attained age 70½ prior to January 1, 2020;
2. Age 72 if you attained age 70½ after December 31, 2019 and age 72 prior to January 1, 2023;

3. Age 73 if you attain age 72 after December 31, 2022 and age 74 prior to January 1, 2033; and
4. Age 75 if you attain age 74 after December 31, 2032.

Retiring participants are encouraged to:

- Review your Account: tiaa.org/public/tcm/drexel
- Schedule a Consultation: **1.800.732.8353** or visit tiaa.org/schedulenow-drexel
- Contact TIAA at **1.800.842.2252** for general questions

WORKING IN RETIREMENT

There are times when Faculty or Professional staff return to employment or have an agreement to work and receive salary in an adjunct, per diem, casual, or temporary role, for example, after they have retired from Drexel.

For purposes of taking distributions from the 403(b) Plan, retirees receiving income from Drexel are considered active employees. This means you are not eligible (according to the terms of the 403(b) Plan) to take RMDs even if you are of RMD eligibility age. However, if you are over age 59½, you can take in-service distributions from your account until you have terminated from all service with Drexel.

For general questions, contact TIAA participant services at **1.800.842.2252**. To schedule an individual consultation with a TIAA financial consultant, call **1.800.732.8353** or visit tiaa.org/schedulenow-drexel.

ADDITIONAL BENEFITS



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Drexel partners with SupportLinc as its Employee Assistance Program (EAP) provider, who offer best-in-class resources to help you navigate through stressful times. The EAP is designed to help you address the challenges that life, work, and relationships can bring. SupportLinc is offered to retirees at no cost as part of our employee benefits package. Family and household members are also encouraged to access this benefit at no additional cost, 24/27, in-person or virtually.

In-person and virtual counseling for short-term issues are available for up to six sessions per person, per issue, per year. For a detailed list of services visit Drexel SupportLinc website: drexel.edu/hr/benefits/other-benefits/employee-assistance-program/.

HOW TO ACCESS SERVICES:

Connect with a live SupportLinc representative by calling their 24/7 helpline at **1.888.881.5462**.

Log in to the SupportLinc website (username “drexel”) under the Web Access section of the homepage.

To download the SupportLinc eConnect® mobile app for EAP and MAP users, scan the QR code to the right or visit the Apple/iTunes or Google Play app store. (The mobile username is “drexel.”) For any questions regarding SupportLinc services, contact the HR Service Center by emailing hr@drexel.edu or at **215.895.2850**.

DRAGON PERKS

Your premium payments for voluntary benefits payroll deductions end on the last day of the month of which your employment ends. However, you can continue your enrollment in these benefits by setting up direct billing with the carriers. These benefits include plans through Liberty Mutual, Allstate Critical Illness or Kashable.

Please note, each company will provide specific timelines on their forms for connecting with them to ensure that there is no lapse in payment – be sure to respond to their outreach to continue this benefit at the same rate and coverage amount that you had when initially enrolled.

Some voluntary benefits are related to your credit rating, such as Kashable. Therefore, if you have a remaining balance due to Kashable, it is in your best interest to contact them and set-up payment arrangements to settle your balance to ensure nothing negative is reported to the credit bureaus.

WHAT HAPPENS TO MY BENEFITS WHEN I RETIRE?

BENEFITS THAT MAY REQUIRE ACTION:

COBRA

You will receive a COBRA package after your active benefits terminate. Drexel is required, by law, to send you a COBRA notice when your active employee benefits end, even if you are under 65 and continuing with the same coverage into retirement.

Complete this form if you have a child who needs to continue their coverage or if you wish to extend your health care flexible spending account claims period.

If neither option noted above apply and/or you are enrolling in the retiree health plan or are selecting coverage elsewhere, you can disregard the COBRA Notice.

Basic and Supplemental Life Insurance

Your basic life and AD&D insurance and supplementary life and AD&D insurance will terminate at the end of the month in which your employment ends.

- Conversion to an individual policy is available for Employee, Spouse and Child Life Insurance.
- If you and/or your dependents are enrolled in the AD&D Insurance plan, your coverage ends on the last day of the month of which your employment ends. There are no options to continue this benefit.

You may be eligible to continue your coverage by working directly with our insurance provider, Lincoln Financial, who will mail you a packet explaining your options.

You must take action within 31 days from the date of your retirement. Please note, Lincoln Financial Group will provide specific timelines on their forms for completing the application and receiving the premium payment. If you have questions, contact Lincoln Financial directly at [1.888.786.2688](tel:1.888.786.2688).

Short-Term/Long-Term Disability Insurance

Short-Term Disability (STD) coverage terminates on the last day of the month in which your employment ends. There is no conversion option for Short-term Disability plans.

Long-Term Disability (LTD) coverage terminates on the last day of the month of which your employment ends. You may have the option of converting your long-term disability coverage to an individual policy if you have been employed full-time for at least twelve consecutive months immediately prior to termination of your employment. You must do so within 31 days from the date coverage ends by contacting Lincoln Financial Group.

Health Savings Account

Participants who have a remaining balance in their health savings account can continue to use these funds for qualifying medical expenses. Upon retirement, the account will be disassociated from Drexel, however, the account number will stay the same and the debit card will remain active.

Be sure to review how your account changes once you leave active employment to understand your responsibility with any fees associated with the HSA.

Keep in mind that if you are over age 65 you may be able to use HSA funds to pay for Medicare premiums.

WHAT HAPPENS TO MY BENEFITS WHEN I RETIRE?

Vacation Time

If you have any accrued and unused vacation hours remaining when your employment ends, that time will be paid to you on your final paycheck, up to one hundred hours. Note that any vacation payout income will not be applicable for 403(b) or 457(b) contributions. If you have a question about your vacation payout, please contact the HR Service Center.

Floating Holidays

Unused Floating Holidays are not paid out.

Sick Paid Time Off

Sick Time is not typically paid out. The only exception is that Professional Staff Members retiring from Drexel at or after age 65 will be paid for accrued unused sick leave, up to a maximum of 35 days.

Wellness Program

Employee or spouse wellness credits processed before your final payroll will be posted in your final pay. If there is a delay in processing wellness credits, you will not be paid for any remaining balance that Drexel receives after your employment has ended.

Drexel Parking/Commuter Benefits

PARKING:

If applicable, any current parking enrollment will automatically end as of your retirement date. Parking options for campus visitors, including retirees, are available at <https://drexel.edu/business-services/parking/daily-parking/>.

COMMUTER PROGRAM:

Due to Internal Revenue Service (IRS) regulations, employees who are participating in the Commuter Program will lose access to their commuter account(s) effective the end of the month in which employment ends and any remaining balance will be forfeited.

If you currently have an active commuter payroll deduction you may wish to cancel your deductions by following the directions below. Changes must be made by the first of the month prior to the month in which the change applies.

- Log in to **DrexelOne** and select the **Employee Tab**.
- Under the My Benefits heading, click the **My Drexel Benefits** link.
- On the homepage, on the right-hand side of the screen under Commuter Benefits, select **Change**.
- Update the monthly amount for either Transit and/or Parking. Enter \$0 to cancel the benefit.

WHAT HAPPENS TO MY BENEFITS WHEN I RETIRE?

BENEFITS THAT CONTINUE AS A RETIREE:

Tuition

You, your spouse/domestic partner, and dependent children are eligible for tuition remission benefits for your lifetime in accordance with the tuition remission policy in place at the time you retire. If your dependent child was awarded a tuition exchange scholarship prior to your retirement, the scholarship will continue after you retire in accordance to the tuition exchange policy.

If you have questions on this process, please contact the Human Resources Service Center at HR@drexel.edu or [215.895.2850](tel:215.895.2850).

Drexel Email

You will retain access to your email account after you retire, but you are not required to use it.

Library Access

Retirees may access the Drexel University Libraries with a valid photo ID. For more information about the Libraries' current hours, services and resources, please visit www.library.drexel.edu/services/services-for/faculty

Drexel ID Card

You can obtain a new DragonCard when you retire. This will be necessary if you intend to use the library or maintain an office on campus. Visit the DragonCard Office in Creese Student Center and bring a picture ID, such as a driver's license. Please call in advance at [215.895.6095](tel:215.895.6095) to ensure that your retiree record is visible to them.

Recreation Center Membership

Retirees interested in continuing their Recreation Center membership should contact the Member Services at [215.571.3830](tel:215.571.3830) or memberships@drexel.edu. More information is available at: drexel.edu/recathletics/reccenter/membership/.

Disclaimer: The information contained above and throughout this guide reflects the current benefits and eligibility for retired Faculty and Professional Staff Members of the University. The University reserves the right to amend or terminate the benefits at any time.

WHAT HAPPENS TO MY BENEFITS IF I MOVE?

Address Changes

Please notify Drexel immediately of your new address by submitting an Employee Information Change form to hrris@drexel.edu. The form is available at <https://drexel.edu/hr/resources/forms/duforms/>.

Email requests will be accepted using your Drexel Email account. All other vendors will accept the update from Drexel once your information is processed.

BENEFITS CONTACTS



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

Visit drexel.edu/hr/benefits/providers for a full list of benefit providers and resources.



LEGAL NOTICES:

PRE-65 RETIREES

Health Care Reform

Please note: our medical plans are considered compliant with the Patient Protection and Affordable Care Act. There are no annual limits, dependent children can be covered to age 26, and in-network preventive care is covered at 100%. Due to Health Care Reform modifications, Women's Preventive Health Services are now covered in-network at 100%.

As new Health Care Reform requirements become effective, our plans will be modified accordingly. We are fully committed to complying with all regulations and intend to notify you as soon as possible of any change(s).

Patient Protection Model Disclosure

The Independence Blue Cross Keystone POS plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If you do not designate a primary care provider, one will not be designated for you. Independence Blue Cross will send you a letter, reminding you that you still need to designate a primary care provider.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Independence Blue Cross at 215-241-2273 (PA & NJ) or 800-313-8754 (DE).

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Independence Blue Cross or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including

obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Independence Blue Cross at 215-241-2273 (PA & NJ) or 800-313-8754 (DE).

Notice Regarding Special Enrollment

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

Loss of coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for

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

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

Eligibility for Medicaid or a State Children's Health Insurance Program.

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

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

LEGAL NOTICES:

PRE-65 RETIREES

Women's Health and Cancer Rights Act Notice

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

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

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

Notice of Coverage for Newborns and Mothers

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

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your

employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mychihibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/>
flmedicaidprecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

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INDIANA — Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA — Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS — Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

KENTUCKY — Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA — Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488

(LaHIPP)

MAINE — Medicaid

Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: -800-977-6740 TTY: Maine relay 711

MASSACHUSETTS — Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 617-886-8102

Email: masspremassistance@accenture.com

MINNESOTA — Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI — Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

MONTANA — Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HHSHIPPPProgram@mt.gov

NEBRASKA — Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA — Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE — Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY — Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK — Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA — Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA — Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA — Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON — Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

PENNSYLVANIA — Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND — Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlfe Share Line)

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS - Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

UTAH — Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT — Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

VIRGINIA — Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Phone: 1-800-432-5924

WASHINGTON — Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

LEGAL NOTICES:

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WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywhipp.com/> and <https://dhhr.wv.gov/bms/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Notice Regarding Wellness Program

A Healthier U is Drexel University's voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). At Drexel, this is referred to as the Personal Health Profile, or PHP. You are not

required to complete the HRA or to participate in the blood test or other medical examinations.

Employees who choose to participate in Drexel's wellness program will receive an annual incentive of up to \$400. In order to receive this incentive, an employee must accumulate 400 points. Points are earned by completing specific activities in the Health Advocate portal (e.g. HRA, biometrics, online workshops, challenges).

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

The information from your HRA will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching through Health Advocate. You also are encouraged to share your results or concerns with your own doctor.

LEGAL NOTICES:

PRE-65 RETIREES

Insurance Marketplace Notice

PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than

8.39% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier’s customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government’s 24/7 Help-Line at 1-800-318-2596 or go to www.healthcare.gov/marketplace/individual/.

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

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

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

LEGAL NOTICES:

ALL RETIREES

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Drexel may use aggregate information it collects to design a program based on identified health risks in the workplace, Drexel will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) your Primary Care Physician, Health Advocate health coaches, etc. in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separately from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

Notice of Dependent Status Verification / Eligibility Audit

The University reserves the right to request documentation to substantiate that your dependents are eligible to participate in the benefit plans. At any time, a Dependent Eligibility Audit could be conducted, where all or a random sample of employees will be asked to provide verification of their dependent's status. If you choose to cover a dependent on our benefit plans, please be prepared to provide the necessary documents to prove dependent status and eligibility, if needed.

Open Enrollment Materials as an SMM

This open enrollment communication addresses information on changes coming for the new year, and as such this communication constitutes a "Summary of Material Modifications" or SMM to the Summary Plan Description (SPD) for the Plan, thereby modifying the information previously presented in the SPD with respect to the Plan. Please keep a copy of this SMM with the SPD previously provided to you.



This benefit guide provides selected highlights of the employee benefits program at Drexel University. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Drexel University. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Drexel University reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.