



# 2025

## Benefits Decision Guide

Duke Health Lake Norman

# Introduction

Duke is pleased to offer a selection of high-quality, competitive benefits for you and your family's well-being. This Benefits Decision Guide is designed to help you understand your benefit options so that you can make the selections that best meet the needs of you and your family.

## Benefits Enrollment At-A-Glance

You may enroll by following the enrollment instructions within this guide. The eligibility criteria for each of these programs is described more fully in this guide.

**1.** New hires have 30 days after their date of hire or eligibility to enroll in the following benefit plans:

- Medical Plan
- Dental Plan
- Vision Plan
- Reimbursement Accounts

If you do not enroll during this 30-day period, your opportunity to enroll is limited to the annual open enrollment period or within 30 days following a qualifying life event.

**2.** You may apply for enrollment in the following programs at any time throughout the year; however, it is easier to enroll within the first 30 days after your new hire date or first period of eligibility because the coverage is issued under "guaranteed issue" guidelines. Guaranteed issue means coverage will be issued without regard to health status:

- Supplemental Life Insurance
- Voluntary Disability Programs

**If you wait until after 30 days to apply for enrollment, you will have to answer health questions which may impact your enrollment in these important benefits.** Please review the information in this guide to determine whether these plans may fill a gap in your financial security portfolio.

**3.** You are automatically enrolled in the Employee Basic Life Insurance Plan which is provided to you at no cost. We encourage you to designate your beneficiary(ies) immediately since your beneficiary designation ensures that your benefit will go to whom you choose.

**4.** You may enroll in the Faculty and Staff Retirement Plan at any time upon commencement of your employment at Duke.

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This guide presents information you will need to make your enrollment decisions. It is not intended to be a full statement of benefits provided by Duke. The official sources for the governing documents for employee benefits are available at the Human Resource Information Center and online at [hr.duke.edu/benefits](http://hr.duke.edu/benefits). The benefits that you receive are based upon the plans' official plan documents, not this guide or any other written or oral statement. If there is a conflict between this guide and the official plan documents, the official plan documents will govern in all cases. Duke reserves the right to change or terminate these plans or your eligibility for benefits under the plans. This is not an employment contract or any type of employment guarantee.

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## Your Total Compensation

Your benefits are a significant portion of your total compensation at Duke. Collectively, benefits may represent an additional 20% to 25% of your gross pay.

# Medical, Dental, and Vision Plan Eligibility

As a Duke Health Lake Norman Medical Center employee, you have access to some of the world's most advanced health care through the Duke University Health System. Duke is committed to offering employees comprehensive, high-quality insurance plans to meet their health care needs. You are eligible to participate in these plans if you are a regular employee in a benefit-eligible position scheduled to work at least 20 hours per week for at least 50 weeks during the year. When making your medical, dental, and/or vision benefit selections, you may choose from among the following levels of coverage:

- Employee
- Employee/Child
- Employee/Children — only available for medical and/or vision care\*
- Employee/Spouse
- Family (includes Spouse)

New hires have thirty (30) days after their first day of employment/eligibility to elect medical, dental, and/or vision coverage. You have two options for when your medical coverage can begin: 1) your medical coverage will automatically be effective on the first day of the month following your first day of employment/eligibility; or 2) you may contact Duke Benefits to have coverage begin on your date of hire and pay the full premium for the first month of coverage. For dental and/or vision coverage, your coverage will be effective on the first day of the month following your first day of employment/eligibility.

Changes made outside your initial eligibility period or annual Open Enrollment are allowed only within 30 days of a “qualifying event” such as marriage or divorce, birth or death of a dependent, or a change in insurance eligibility due to relocation of residence or work.\*\* For more information on qualifying life events, visit [hr.duke.edu/lifeevents](http://hr.duke.edu/lifeevents).

Your premiums for medical, dental, and vision insurance are deducted from your pay on a pre-tax basis, saving you federal income, state income, and Social Security taxes. Federal law limits when you can change your elections for these benefits.

*\* Dental care coverage does not include an Employee/Children option. You may cover any number of eligible children in the dental plan by choosing the Family option.*

*\*\* Change in insurance eligibility due to relocation of residence or work is applicable only to medical insurance and only when network access is impacted.*

# Dependent Eligibility

The following dependents are eligible for enrollment:

- Your legal spouse.
- Your children: biological children, stepchildren, adopted children, children of your registered same-sex spousal equivalent, foster children or children for whom you are the legal guardian\*, up to their 26th birthday. Dependent children do not include grandchildren, siblings or other family members, or children of whom you have legal custody but not guardianship.
- Your disabled children: In order to continue coverage of a mentally or physically disabled dependent child beyond his or her 26th birthday, all of the following criteria must be met:
  - the child must be enrolled in a Duke health plan on his or her 26th birthday;
  - the parent must apply for the waiver prior to the child's 26th birthday;
  - **the mental or physical disability must be significant and render the child incapable of independent living and self-sustaining employment, and must be supported by medical records;**
  - the condition must exist on or prior to the 26th birthday;
  - the parent must remain eligible;
  - the parent must provide annual evidence of continued incapacity upon request; and,
  - there must not be a break in coverage under a Duke policy after the 26th birthday under the parental policy.

**Under no circumstances may an employee enroll a sibling, cousin, parent, or other relative as a dependent.**

*Duke reserves the right to verify the eligibility of dependents enrolled in the Health plans.*

## Social Security Numbers for Dependents

As part of compliance with the Patient Protection and Affordable Care Act, Duke must request all employees to provide Social Security numbers for dependents enrolled for medical coverage.

You can add the Social Security numbers for covered dependents through the enrollment process on the Duke@Work self-service website or by calling the Benefits Integration Team at (919) 613-3447.



# 2025 Your Medical Plan Options

Each employee's needs are different — that's why Duke offers different medical plans to meet the needs of you and your family. Eligibility for each plan is based on the employee's permanent home zip code:

Employees who live in NC but NOT in zip codes beginning with 272, 273, 275, 276, or 277...	Employees who live outside of North Carolina...
...may enroll in: <ul style="list-style-type: none"> <li>■ Blue Care</li> <li>■ Duke Options</li> <li>■ Duke USA</li> </ul>	...may enroll in: <ul style="list-style-type: none"> <li>■ Duke Options</li> <li>■ Duke USA</li> </ul>

**NOTE:** If you live in zip codes beginning with 272, 273, 275, 276, or 277, you have additional health plan options available to you. Please contact Duke Benefits to receive more information about these options if you meet this criteria.

Each medical plan covers both pharmacy and behavioral health benefits. Please refer to the plan comparison charts on pages 8 – 11 for details. Pharmacy benefits are covered through Express Scripts and behavioral health is administered by Blue Cross Blue Shield of North Carolina. A complete description of coverage under each plan is available online at [hr.duke.edu/benefits/medical](http://hr.duke.edu/benefits/medical). All of our medical plans comply with the provisions of the Patient Protection and Affordable Care Act.

## Blue Care HMO (Health Maintenance Organization)

The Blue Care (Blue Cross NC) HMO medical insurance plan is available only to employees living in North Carolina. Out-of-network care is only covered for emergency or urgent care.

Under Blue Care you may, but are not required to, select a primary care physician (PCP) from a plan's list of network providers. Unlike traditional HMOs, with Blue Care you do not need a referral from your PCP to see a network specialist.

To participate in Blue Care, you **must** reside in North Carolina. Blue Care participants must use a statewide network of providers. Blue Care has full transgender surgery benefits available.

## Duke Options PPO (Preferred Provider Organization)

Duke also offers you Duke Options PPO. Duke Options has a national network of physicians and hospitals and a network of international hospitals and physicians, so if you or a family member travels often or lives elsewhere, you may want to consider this plan. If you use a network provider, you will be responsible for a lower portion of the bill than you would if you use an out-of-network provider. Duke Options is the only medical plan provided by Duke that has full infertility coverage, bariatric, and transgender surgery benefits available.

## Duke USA PPO (Preferred Provider Organization)

Available to any employee who lives outside of a zip code beginning with 272, 273, 275, 276, or 277. This plan uses the same worldwide network of health care providers and hospitals as the Duke Options PPO plan. Premiums are lower than Duke Options but out-of-pocket costs (such as deductibles, coinsurance, and out-of-pocket maximums) are higher. Additionally, certain benefits covered on the Duke Options plan, such as bariatric surgery and comprehensive infertility coverage, are not covered under the Duke USA plan. If you are in need of these benefits, you should elect a different plan. Like Duke Options, Duke USA and Blue Care, has full transgender surgery available.

## For Employees Who Travel Internationally on Duke Business

Duke provides supplemental health insurance at no additional cost for full-time, benefits eligible employees traveling internationally for a period of time not to exceed six months. You must have health insurance from Duke or another company to be eligible for this coverage.

Cigna's Medical Benefits Abroad (MBA) offers eligible employees and their spouses and dependents up to age 26, who are traveling with them, this supplemental medical insurance coverage for unexpected injuries and illnesses while traveling abroad. This coverage supplements Duke's regular health insurance plans or the employee's other health insurance coverage. The coverage also includes up to seven days of personal travel when taken in conjunction with a covered business trip.

For more information, including coverage limits and eligibility requirements, visit [hr.duke.edu/abroad](http://hr.duke.edu/abroad).

## Tobacco Use Surcharge (Fee)

Duke charges employees covered under a Duke medical insurance plan who smoke or use other forms of tobacco an extra \$50 per month. You will be asked about your tobacco use as part of your medical insurance enrollment. The surcharge does not apply to dependents who use tobacco.

A "tobacco user" includes anyone who has used tobacco more than five times in the previous two months. Tobacco use includes smoking and use of snuff, e-cigarettes, or chewing tobacco. The use of a nicotine patch and nicotine gum are not subject to the surcharge.

The monthly surcharge will be removed upon completion of a tobacco cessation program through LIVE FOR LIFE, Duke's employee wellness program. If you think you might be unable to complete the program, you may request to complete an alternative program or meet an alternative standard. Completion of an alternative activity may allow you to avoid the surcharge. Contact Duke Benefits at (919) 613-3447 and we will work with you (and, if you wish, with your doctor) to find the best method for achieving your best health. Visit [hr.duke.edu/tobaccofree](http://hr.duke.edu/tobaccofree) for more information.

### Need a Provider?

A directory of participating health care providers is located:

- Online at [hr.duke.edu/providers](http://hr.duke.edu/providers)
- Via mobile apps for our medical plans

## Questions to Ask: Making Your Medical Plan Decisions

When comparing Duke's medical plans, it is important to compare the cost of out-of-pocket expenses as well as premiums. Here are some questions to ask yourself in choosing a medical plan that matches the needs of you and your family. For specific coverage information, please refer to the Medical Plans Comparison Chart on [hr.duke.edu/enrollment2025](http://hr.duke.edu/enrollment2025).

	<b>Blue Care</b> Blue Cross NC (HMO)	<b>Duke Options</b> Blue Cross NC (PPO) In-Network	<b>Duke USA</b> Blue Cross NC (PPO) In-Network
<b>Can I select any doctor I wish?</b>	No	No	No
<b>Will my child's pregnancy be covered?</b>	Yes	Yes	Yes
<b>Will my dependent children who live in a different location be covered?</b>	Yes, if within NC and in-network – otherwise, emergency/urgent care only	Yes, worldwide listing of doctors	Yes, worldwide listing of doctors
<b>Since I travel a lot, can I see doctors in other locations around the world?</b>	Emergency/urgent care only. No follow-up care	Yes, worldwide listing of doctors	Yes, worldwide listing of doctors
<b>Can I participate in the DukeWELL care management program?</b>	No	No	No
<b>Are there out-of-network benefits?</b>	20 visits/20 days out-of-network limit for behavioral health. Emergency/ urgent care out-of-network	Yes, under out-of-network benefits	Yes, under out-of-network benefits
<b>Must I meet an annual medical deductible?</b>	No	Yes, for some services	Yes, for some services
<b>Do all plans cover the same services?</b>	Special Services include: Bariatric, transgender surgery, and dependent pregnancy	Special Services include: Bariatric, Infertility, International health services, transgender surgery, and dependent pregnancy	Special Services Include: International health services, transgender surgery, and dependent pregnancy
<b>What is the most I could pay for covered services in a year?</b>	\$3,000 person / \$6,000 family	\$3,000 person / \$6,000 family	\$6,800 person / \$13,600 family

## 2025 Medical Plans Comparison Chart

The following chart gives an overview of the differences between the three medical plans.

	<b>Blue Care</b> Blue Cross NC (HMO)	<b>Duke Options</b> Blue Cross NC (PPO) In-Network	Out-of-Network	<b>Duke USA</b> Blue Care NC (PPO) In-Network	Out-of-Network
<b>Annual Deductible</b>					
Individual	None	\$130 <sup>1</sup>	\$650	\$2,000 <sup>1</sup>	\$6,000
Family	None	\$390 <sup>1</sup>	\$1,950	\$6,000 <sup>1</sup>	\$12,000
<b>Annual Out of Pocket Limit<sup>2</sup></b>					
Individual	\$3,000	\$3,000	\$6,000	\$6,800	\$13,600
Family	\$6,000	\$6,000	\$12,000	\$13,600	\$27,200
<b>Annual Preventive Visit</b>					
PCP	\$20 copay	\$20 copay	You pay 30% after deductible <sup>3</sup>	\$25 copay	You pay 40% after deductible <sup>3</sup>
Specialist	\$55 copay	\$55 copay	You pay 30% after deductible <sup>3</sup>	\$55 copay	You pay 40% after deductible <sup>3</sup>
MRI, CT, PET Scan	Covered in full	You pay 10% after deductible	You pay 30% after deductible <sup>3</sup>	You pay 20% after deductible	You pay 40% after deductible <sup>3</sup>
Lab & Other X-Ray	Covered in full	You pay 10% after deductible	You pay 30% after deductible <sup>3</sup>	You pay 20% after deductible	You pay 40% after deductible <sup>3</sup>
Annual Preventive Visit	Covered in full	Covered in full	Not covered	Covered in full	Not covered
Mammogram	Covered in full	Covered in full	You pay 30% after deductible <sup>3</sup>	Covered in full	You pay 40% after deductible <sup>3</sup>
Colonoscopy	Covered in full	Covered in full	You pay 30% after deductible <sup>3</sup>	Covered in full	You pay 40% after deductible <sup>3</sup>
OB/GYN Exams	\$20 copay primary care \$55 copay specialist	\$20 copay primary care \$55 copay specialist	Well visits not covered; you pay 30% after deductible <sup>3</sup> for Pap smear, mammogram, and sick visits	\$25 copay primary care \$55 copay specialist	Well visits not covered; you pay 40% after deductible <sup>3</sup> for Pap smear, mammogram, and sick visits
Well Baby/Well Child Visits	Covered in full	Covered in full	Not covered	Covered in full	Not covered
Maternity Care: includes prenatal and post-delivery care	\$20 copay primary care or \$55 copay specialist first visit; then professional services covered in full	\$20 copay primary care or \$55 copay specialist first visit; then professional services covered in full	You pay 30% after deductible <sup>3</sup> for professional services	\$25 copay primary care or \$55 copay specialist first visit; then professional services covered in full	You pay 40% after deductible <sup>3</sup> for professional services



	<b>Blue Care</b> Blue Cross NC (HMO)	<b>Duke Options</b> Blue Cross NC (PPO) In-Network	<b>Duke USA</b> Blue Care NC (PPO) In-Network	<b>Duke USA</b> Blue Care NC (PPO) Out-of-Network
<b>Hospital Care</b>				
Inpatient	\$600 or \$700 per admission copay <sup>5</sup> , then covered in full	After \$600 or \$700 per admission copay <sup>5</sup> and deductible, you pay 10% coinsurance	After \$600 or \$700 per admission copay <sup>5</sup> and deductible, you pay 20% coinsurance	After \$900 per admission copay and deductible <sup>5</sup>
Outpatient	\$250 copay	You pay 10% after deductible	You pay 20% after deductible	You pay 40% after deductible <sup>5</sup>
Emergency Care	\$250 copay, waived if admitted	\$250 copay, waived if admitted	\$250 copay, waived if admitted	\$250 copay, waived if admitted
Urgent Care	\$35 copay	\$35 copay	\$50 copay	\$50 copay
Ambulance	Covered in full when medically necessary	\$250 copay when medically necessary	\$250 copay when medically necessary	\$250 copay when medically necessary
<b>Other Services</b>				
Infertility	Does not include COH, IVF, or other types of artificial conception <sup>6</sup>	Provided only at the Duke Fertility Center <sup>7</sup> for employees with two years of service; limits apply <sup>6</sup>	Does not include COH, IVF, or other types of artificial conception <sup>7</sup>	Not covered
Infertility Testing and Treatment, Subject to Precertification	\$20 copay primary care; \$55 copay specialist; covered in full for testing <sup>6</sup>	Fixed price; precertification required; limits apply <sup>6</sup>	\$25 copay primary care; \$55 copay specialist; covered in full for testing <sup>6</sup>	Not covered
Skilled Nursing Facility	Covered in full when authorized by doctor; 60-day annual maximum	You pay 10% after deductible when authorized after \$250 per admission copay; 60-day annual maximum	You pay 20% after deductible when authorized after \$250 per admission copay; 60-day annual maximum	You pay 40% after deductible <sup>5</sup> when authorized after \$250 per admission copay; 60-day annual maximum
Home Health Care	Covered in full when authorized by doctor; up to 100 visits per calendar year	You pay 10% after deductible when authorized; 100 combined in- and out-of-network visits per calendar year	You pay 20% after deductible when authorized; 100 combined in- and out-of-network visits per calendar year	You pay 40% after deductible <sup>5</sup> when medically necessary; 100 combined in- and out-of-network visits per calendar year

## 2025 Medical Plans Comparison Chart, continued

	<b>Blue Care</b> Blue Cross NC (HMO)	<b>Duke Options</b> Blue Cross NC (PPO) In-Network	Out-of-Network	<b>Duke USA</b> Blue Care NC (PPO) In-Network	Out-of-Network
<b>Other Services</b>					
Durable Medical Equipment	Covered in full	You pay 10% after deductible	You pay 30% after deductible <sup>3</sup>	You pay 20% after deductible	You pay 40% after deductible <sup>3</sup>
Prosthetics	Covered in full	You pay 10% after deductible	You pay 30% after deductible <sup>3</sup>	You pay 20% after deductible	You pay 40% after deductible <sup>3</sup>
Physical Therapy (PT) Occupational Therapy (OT)	\$55 copay for PT and OT; 40 visits per calendar year for combined PT and OT <sup>7</sup>	\$55 copay; 40 visits per calendar year for combined PT, OT and chiropractic in- and out-of-network <sup>3</sup>	You pay 30% after deductible; 40 visits per calendar year for combined PT, OT, and chiropractic in- and out-of-network <sup>3</sup>	\$55 copay; 40 visits per calendar year for combined PT, OT, and chiropractic in and out of network <sup>3</sup>	You pay 40% after deductible; 40 visits per calendar year for combined PT, OT, and chiropractic in and out of network <sup>3</sup>
Chiropractic Care	\$55 copay; 20 visits per calendar year	\$55 copay; 40 visits per calendar year for combined PT, OT, and chiropractic in- and out-of-network	You pay 30% after deductible; 40 visits per calendar year for combined PT, OT, and chiropractic in- and out-of-network	\$55 copay; 40 visits per calendar year for combined PT, OT, and chiropractic in and out of network	40% after deductible <sup>3</sup> ; 40 visits per calendar year for combined PT, OT, and chiropractic in and out of network
Nutrition	Covered in full up to 6 visits per calendar year; visits provided as treatment for behavioral health not subject to visit limit	Covered in full up to 6 visits per calendar year; visits provided as treatment for behavioral health not subject to visit limit	Not covered	Covered in full up to 6 visits per calendar year; visits provided as treatment for behavioral health not subject to visit limit	Not covered
Speech Therapy	\$55 copay; 20 visits per calendar year <sup>7</sup>	\$55 copay; 20 visits per calendar year for combined in- and out-of-network <sup>7</sup>	You pay 30% after deductible <sup>3</sup> ; 20 visits per calendar year for combined in- and out-of-network	\$55 copay; 20 visits per calendar year for combined in and out of network	40% after deductible <sup>3</sup> ; 20 visits per calendar year for combined in and out of network
Vision Exam	\$20 copay; limit <sup>1</sup> per calendar year	\$55 copay; limit <sup>1</sup> per calendar year	Not covered	Not covered	Not covered
Bariatric Surgery <sup>3</sup>	\$2,500 surgical copay	\$2,500 surgical copay <sup>8</sup>	Not covered	Not covered	Not covered
Gender Affirmation Surgery <sup>8</sup>	\$600 or \$700 per admission pay <sup>4</sup> then covered in full	After \$600 or \$700 per admission copay and deductible, you pay 10% coinsurance	You pay 30% after \$900 per admission copay and deductible <sup>3</sup>	After \$600 or \$700 per admission copay and deductible, you pay 20% coinsurance	You pay 40% after \$900 per admission copay and deductible <sup>3</sup>

	<b>Blue Care</b> Blue Cross NC (HMO)	<b>Duke Options</b> Blue Cross NC (PPO) In-Network	<b>Out-of-Network</b>	<b>Duke USA</b> Blue Care NC (PPO) In-Network	<b>Out-of-Network</b>
<b>Behavioral Health and Substance Abuse</b>					
Outpatient	You pay 30% after \$650 annual deductible <sup>3</sup> ; no visit limit applies	\$20 copay for individual/family therapy	You pay 30% after \$650 annual deductible <sup>3</sup>	\$25 copay for individual/family therapy	You pay 40% after \$650 annual deductible <sup>3</sup>
Inpatient	\$600 per admission copay applies; must be precertified <sup>9</sup>	\$600 or \$700 per admission copay <sup>2</sup> and deductible, you pay 20% coinsurance	After \$900 per admission copay and deductible, you pay 30% coinsurance <sup>9</sup>	\$600 or \$700 per admission copay <sup>2</sup> and deductible, you pay 20% coinsurance	After \$900 per admission copay and deductible, you pay 40% coinsurance <sup>9</sup>

1. Deductible does not apply to office visits for primary care and specialist.

2. Includes the combined amounts that you spend on your medical and pharmacy copayments, deductibles, and coinsurance. Premiums, balance billed charges, and charges the plan does not cover are excluded. Infertility Benefits and SaveOnSP prescription medications do not count towards a member's Out of Pocket Limit.

3. All payments are based on the allowable charge. You are liable for charges over the allowable charge when receiving services.

4. \$600 per admission copay for Duke Hospital, Duke Regional Hospital, and Duke Raleigh Hospital facilities and \$700 for all others in network.

5. See the Member Guide and Summary of Benefits and Coverage for details.

6. For members with a permanent home address outside of the state of North Carolina, access to a provider other than a Duke Fertility provider is covered, as long as the member meets the eligibility requirements and medical policy criteria. Prior authorization may be required.

7. For children under 18 with significant disability, the plan will pay 100 percent for in network benefits after appropriate copay per visit to an annual maximum of \$10,000 in charges for employees hired prior to January 1, 1997. After \$10,000 in charges, the plan pays 75 percent. Treatment must be received at Duke Hospital and its outpatient clinics.

8. For qualified patients only. See Summary of Benefits and Coverage for details.

9. Out of network benefits limited to 20 days per calendar year for Blue Care. Member pays 30% of the allowable charge after \$900 per admission copay and annual deductible have been met.

# 2025 Behavioral Health and Substance Abuse Benefits

Duke’s coverage for outpatient and inpatient behavioral health and substance abuse benefits is provided through our regular medical vendors.

When evaluating your medical plan options, it may be important to consider:

- Does my provider accept insurance, or might I need to see an out-of-network provider?
- Does my provider allow telephone visits?

For assistance with behavioral health and substance abuse benefits, contact Blue Cross Blue Shield’s Member Services at 877-275-9787. Representatives will be happy to assist you with your behavioral health and substance abuse needs, as well as any questions related to these benefits.

**Duke also offers visits to Duke Health Lake Norman Medical Center employees and their families through the Personal Assistance Services (PAS) at no cost to you. The staff of licensed professionals offer assessment, referrals and a range of other services to assist with personal, work and family matters. For information, call (919) 416-1727. [pas.duke.edu](http://pas.duke.edu)**

Details about behavioral health and substance abuse benefits are outlined below.

Behavioral Health and Substance Abuse		
	In-Network Care	Out-of-Network Care
Outpatient	<ul style="list-style-type: none"> <li>• Pre-certification required for psychological testing, electroshock therapy, transcranial magnetic stimulation (TMS) and applied behavior analysis (ABA) therapy</li> <li>• Covered in full after \$20 copay for individual/family therapy (\$25 copay for Duke USA)</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-certification required for psychological testing, electroshock therapy, transcranial magnetic stimulation (TMS) and applied behavior analysis (ABA) therapy (must meet the medical policy criteria of the medical carrier)</li> <li>• After \$650 annual deductible, you pay 30%* (you pay 40% on Duke USA)</li> <li>• Limit of 20 visits per calendar year for Blue Care participants (no visit limit applies for Duke Options or Duke USA)</li> </ul>
Inpatient	<ul style="list-style-type: none"> <li>• Must be pre-certified prior to admission</li> <li>• Copay of \$600 per admission</li> </ul>	<ul style="list-style-type: none"> <li>• Must be pre-certified prior to admission</li> <li>• After \$900 per admission copay and deductible, you pay 30% (you pay 40% on Duke USA)</li> <li>• Limit of 20 days per calendar year for Blue Care participants (no visit limit applies for Duke Options or Duke USA)</li> </ul>

*\*All payments are based on the allowable charge. You are responsible for charges over the allowable charge when receiving out-of-network services.*

# 2025 Pharmacy Benefits

Express Scripts, a national pharmacy benefit manager, provides pharmacy benefits for all five medical plans. Copays and deductibles vary depending on the type of medicine prescribed (generic, brand or non-formulary), the length of the prescriptions, and whether you purchase at a retail pharmacy, through the Express Scripts mail order pharmacy, or through participating on-site Duke pharmacies.

**“Specialty” medications must be purchased through Accredo® or the Duke Specialty Pharmacy to be eligible for coverage under the plan, unless they are medications which are intended for an immediate need. See [hr.duke.edu/pharmacy](http://hr.duke.edu/pharmacy) for a listing of “Specialty” medications.**

Certain specialty pharmacy drugs are considered non-essential health benefits under the plan, and the cost of these drugs will not be applied toward a member’s out of pocket maximum. Although the cost of these eligible specialty drugs will not be applied towards the out of pocket maximum, these costs will be reimbursed by the manufacturer at no cost to the member through a program called SaveOnSP. A list of specialty medications eligible for the SaveOnSP program is available online at [hr.duke.edu/pharmacy](http://hr.duke.edu/pharmacy).

## Copay & Deductible Structure for Retail Pharmacies (up to a 34-day supply)\*

Participants in Blue Care, Duke Options, or Duke USA have an annual \$100 deductible per person applied to short-term brand and non-formulary prescriptions filled at retail pharmacies and on-site Duke pharmacies. This deductible means each person covered by the medical plan must satisfy the \$100 deductible for brand and non-formulary drugs purchased at a retail pharmacy or on-site Duke pharmacy before the plan begins to pay benefits under a copay structure. There is no deductible for generic drugs or mail-order prescriptions.

The retail copay structure for short-term medications and controlled substances is listed below:

- **Generic** – \$15 or cost of the drug if less than \$15 (no deductible)\*
- **Brand** – \$50 (after meeting annual \$100 deductible per person)
- **Non-formulary** – \$70 (after meeting annual \$100 deductible per person)

After your third purchase of the same medication, your prescription may be considered to be a long-term medication and you will pay a higher cost if you continue to purchase it at a retail pharmacy. Specifically, you may pay 50% of the total cost of the prescription, subject to a minimum and maximum. The minimum is \$15 (or cost of drug if less) for generic; \$70 for brand; and \$85 for non-formulary drugs. The maximum for a 90-day supply is \$30 for generic; \$165 for brand; and \$180 for non-formulary drugs. You can contact Express Scripts to see if your drug is considered a long-term drug.

To avoid paying more for your long-term medications, use the Express Scripts Mail Order Pharmacy or participating on-site Duke pharmacies (Duke Outpatient Pharmacy, Duke Children’s Health Center Retail Pharmacy, Campus Center Pharmacy at the Student Wellness Center, Duke Specialty Pharmacy at the Cancer Center, Duke Raleigh Hospital Plaza Pharmacy, Duke Regional Hospital Outpatient Pharmacy, and North Pavilion Retail Pharmacy).

Reasons to consider using the mail order pharmacy or participating on-site Duke pharmacies include reduced copays and a waiving of the \$100 deductible for 90-day supplies of brand and non-formulary drugs. (See chart below for details.)

Injectable fertility drugs are not reimbursed according to the standard pharmacy benefit. More information is available at [hr.duke.edu/infertility](http://hr.duke.edu/infertility). Only plans covering infertility services include coverage of these drugs, which must be prescribed by a Duke Fertility physician. These drugs do not count towards a member’s annual maximum out of pocket limit.

Certain contraceptive drugs are covered at no cost to the member. More information is available at [hr.duke.edu/pharmacy](http://hr.duke.edu/pharmacy).

Additional information about Duke’s pharmacy benefits, such as brand-name drugs on the Express Scripts formulary (a list of approved drugs) and frequently asked questions, is available at [hr.duke.edu/pharmacy](http://hr.duke.edu/pharmacy).

Members who elect to use a brand-name medication when a generic medication is available will pay a higher cost in addition to the brand-name copay. If a generic drug is available but you request to receive the brand-name drug, you will pay the generic copay plus the difference between the cost of the two drugs.

## Copay Structure for Express Scripts Mail Order Pharmacy or Participating On-Site Duke Pharmacies (90-day supply)

Participants in Blue Care, Duke Options and Duke USA have an annual \$100 deductible per person that applies to short-term brand and non-formulary prescriptions filled at retail pharmacies and on-site Duke pharmacies. Medications through Express Scripts can be home-delivered in a 90-day supply at a discounted copay without a deductible.\* **Your prescription should be written for a 90-day supply because a prescription for less than 90 days will still be charged a 90-day copayment.**

### Copay Structure

	At a participating retail pharmacy		Through the Express Scripts Mail Order Pharmacy or Participating On-Site Duke Pharmacies
	Up to a 34-day supply		90-day supply
	First three purchases of any medication	After the third purchase of a long-term medication	Anytime
<b>Generic</b> No deductible.	\$15 (or cost of drug if less)	50% Cost of drug to max. \$30	<b>\$25</b> (or cost of drug if less)
<b>Brand</b> Annual \$100 per person retail deductible applies. No deductible for 90-day supply through mail order or on-site Duke pharmacies.	\$50	50% Min. \$70, Max. \$165	<b>\$130</b>
<b>Non-formulary</b> Annual \$100 per person retail deductible applies. No deductible for 90-day supply through mail order or on-site Duke pharmacies.	\$70	50% Min. \$85, Max. \$180	<b>\$180</b>

# Health Management Programs



**The medical plans' expenses are directly related to the medical and pharmacy claims of those covered by the plans. Higher claims mean increased cost for both Duke and you. Duke covers the majority of the cost for medical care, but an increase in claims also means an increase in monthly premiums for faculty and staff. One of the best ways to reduce claims cost and the rising cost of health care is by reducing health risks and making healthy choices.**

Duke offers a variety of health management programs that emphasize a proactive approach to improving health and preventing disease. These include:

## LIVE FOR LIFE

Available to all benefit eligible employees, LIVE FOR LIFE offers health assessments, fitness activities, tobacco cessation resources, gym discounts, consultations with fitness specialists and registered dietitians and run/walk clubs. LIVE FOR LIFE also organizes the farmers and mobile markets and promotes health education through programs such as *Pathways to Change*, *Take the Stairs*, and *Your Weigh... Together*.

Website: [hr.duke.edu/liveforlife](http://hr.duke.edu/liveforlife)

Phone: (919) 684-3136

## Blue Cross Healthy Outcomes

This program is for participants enrolled in Blue Care, Duke Options and Duke USA medical plans. Blue Cross Blue Shield offers a range of health management services and programs. Eligible employees who fully participate in the BCBSNC health plan may receive an incentive to assist with treatment of certain chronic diseases, such as diabetes.

Website: [bluecrossnc.com](http://bluecrossnc.com)

Phone: (877) 275-9787

## Maternity Programs

All of Duke's medical plans have voluntary maternity programs focusing on providing expectant moms the tools, resources and support to stay informed every step of the way.

Duke Options, Blue Care, and Duke USA members: Download the "Blue Cross NC My Pregnancy" App or access [www.bcbsnc.com/mypregnancy](http://www.bcbsnc.com/mypregnancy)

## Did you know?

Personal Assistance Service (PAS), the faculty/employee assistance program at Duke, offers visits at no cost for counseling. For information, call (919) 416-1727 if you reside within in North Carolina. For faculty/employees residing outside of North Carolina, services are provided through Business Health Services (BHS) at (800) 327-2251.



# Your Dental Care Options

## Coverage provided and underwritten by Ameritas Life Insurance Corp

Eligible Duke Health Lake Norman Medical Center employees scheduled to work at least 20 hours per week can choose from three dental options, depending on the extent of coverage you and your family may need.

All options cover Type 1 (preventive), Type 2 (basic), Type 3 (major) and Type 4 (orthodontia), but differ in how they pay for covered services.

## Preferred Provider Option (PPO) Plan

The PPO plan includes a higher maximum annual benefit than Plan A and Plan B, lower negotiated procedure rates, and your out-of-pocket costs are usually lower. However, members in the PPO plan will need to select an in-network provider. If you select the PPO plan and use an out-of-network provider, the amount the plan pays will be based on discounted network charges and you will be responsible for any amount charged over that allowance. A list of network dentists is available at [explore.ameritas.com/duke](https://explore.ameritas.com/duke) or by calling Ameritas at 1-800-487-5553. There is also a direct link to the Dental Plans on the Duke Benefits page that can be used to find a network provider at [hr.duke.edu/benefits/medical/dental-insurance](https://hr.duke.edu/benefits/medical/dental-insurance).

When searching for an Ameritas network provider, select the Classic Network.

## Plan A and Plan B

If you enroll in Plan A, you can select any licensed dentist of your choice, including a network provider. Using a network provider will limit your out-of-pocket cost. Also, if you utilize a network provider, the deductible is waived. Plan B provides a very basic benefit and payments are based on a fixed schedule of fees. The allowed benefit for all covered services under Plan B can be found in the certificate document and is available on the Ameritas website at [explore.ameritas.com/duke](https://explore.ameritas.com/duke). You should review the fixed schedule before selecting Plan B.

## How to Increase Your Annual Maximum Benefit

All three plans have an annual maximum benefit. If you reach this annual maximum benefit, Ameritas will not reimburse any additional services for the remainder of the calendar year. However, your Ameritas benefits include Dental Rewards.

Dental plan members who have at least one covered dental claim filed in calendar year 2025, with less than \$500 in claims payments, will be able to carry over \$250 of their unused annual maximum for future use. This Dental Rewards accumulation

can continue to grow each year (until a maximum accumulation of \$1,000 is met) if the member continues to have at least one covered service per year and paid claims in that year do not exceed \$500. The Dental Rewards carryover is in addition to the annual maximum available under each dental plan option. If a member has a year when they have allowed dental services to go above their annual maximum, Ameritas will automatically pull from any Dental Rewards carryover that the member has accumulated.

**NOTE:** The Dental Rewards dollars cannot be applied to Orthodontia benefits.

## Late Entrant Restrictions for Dental Benefits

If you do not enroll within 30 days after your date of hire or eligibility, and enroll instead during the open enrollment period in the fall, you will be considered a “late entrant.” As a late entrant, your benefits during the first months of coverage will be limited to preventive services: two preventive routine care exams (not including X-rays), two routine cleanings, and one fluoride application for children under age 19. No other dental or orthodontia procedure or services will be covered during the first 12 months, if a member is enrolled as a late entrant.

Periodontal procedures, including maintenance/cleanings, will not be covered during this 12-month period.

Once you have been enrolled in a Duke dental insurance plan for at least 12 months, the late entrant provisions no longer apply, and your insurance will also cover basic and major procedures such as fillings, extractions, crowns, root canals, and periodontal treatment (including periodontal maintenance, which applies toward cleaning frequency).

This 12-month waiting period does not apply:

- if you are switching from one Duke dental plan to another Duke dental plan,
- if you add a child during an open enrollment period **prior** to his/her second birthday, or
- if you enroll an eligible dependent within 30 days of a qualifying event such as marriage or adoption.

## Questions to Ask: Making Your Dental Plan Decisions

When comparing Duke’s dental plans, it is important to compare out-of-pocket expenses as well as premiums. Here are some questions to ask yourself when choosing a dental plan that matches the needs of you and your family. For specific coverage information, please refer to the Dental Plans Comparison Chart at [hr.duke.edu/enrollment2025](http://hr.duke.edu/enrollment2025).

	<b>PPO Plan</b>	<b>Plan A</b>	<b>Plan B</b>
<b>Can I visit any dentist?</b>	No, you must use a network dentist	Yes, you may choose any licensed dentist or use a network dentist	Yes, you may choose any licensed dentist or use a network dentist
<b>If I don’t enroll within 30 days after my date of hire or eligibility and enroll in the future, will I be a “late entrant”?</b>	Yes, please see page 15 for more details	Yes, please see page 15 for more details	Yes, please see page 15 for more details
<b>Will my dependent children who live in a different location be covered?</b>	Yes, they may choose a dentist within a nationwide network	Yes	Yes
<b>Is there a dental deductible before the insurance will pay for covered services?</b>	Yes, an annual \$50 deductible for “major” services	Yes, a \$100 lifetime deductible for “basic” services and an annual \$75 deductible for “major” services; the deductibles are waived if you use a network provider	Yes, a combined annual \$50 deductible for “basic” and “major” services; the deductibles are waived if you use a network provider
<b>Will I have out-of-pocket costs for preventive services?</b>	No	Yes, cost sharing may be required if you visit a non-network dentist that charges above U&C	Yes
<b>I need an existing filling replaced. Will it be covered if I enroll in a Duke dental plan?</b>	Yes, if the filling is at least 6 months old	Yes, if the filling is at least 6 months old	Yes, if the filling is at least 6 months old
<b>Are teeth whitening services covered under dental coverage?</b>	No	No	No
<b>Is a pre-treatment estimate required?</b>	We strongly suggest you ask your provider to submit a pre-treatment estimate prior to expensive procedures such as crowns, bridges, root canals, etc.	We strongly suggest you ask your provider to submit a pre-treatment estimate prior to expensive procedures such as crowns, bridges, root canals, etc.	We strongly suggest you ask your provider to submit a pre-treatment estimate prior to expensive procedures such as crowns, bridges, root canals, etc.

## 2025 Dental Plans Comparison Chart

	PPO Plan In-network	Plan A	Plan B
Annual maximum benefit for preventive, basic, and major covered services	\$2,000 per person	\$1,250 per person	\$1,000 per person
Late Entrant Provision	Applies	Applies	Applies
<b>Preventive:</b> <i>All three plans cover:</i>			
<ul style="list-style-type: none"> <li>■ 2 routine exams per year</li> <li>■ 2 routine prophylaxis (cleanings) per year</li> <li>■ Space maintainers</li> <li>■ X-rays</li> <li>■ Fluoride treatments for children under age 19</li> </ul>	<p>No deductible</p> <p>Covered in full up to the MAC<sup>1</sup></p>	<p>No deductible</p> <p>Covered in full up to U&amp;C<sup>2</sup></p>	<p>No deductible</p> <p>Pays a predetermined fixed amount<sup>3</sup> based on procedure received</p>
<b>Basic:</b> <i>All three plans cover:</i>			
<ul style="list-style-type: none"> <li>■ Fillings</li> <li>■ Sealants</li> <li>■ Full or partial denture repair</li> <li>■ Anesthesia for oral surgery</li> <li>■ Removal of teeth</li> </ul>	<p>No deductible</p> <p>Reimbursement at:</p> <ul style="list-style-type: none"> <li>■ 80% of MAC<sup>1</sup> during first year of coverage</li> <li>■ 90% of MAC<sup>1</sup> during second year of coverage if a covered procedure is received during the first year</li> <li>■ 100% of MAC<sup>1</sup> during third year of coverage and thereafter, if a covered procedure is received in the second and following years.</li> </ul>	<p>After a \$100 lifetime deductible per person:</p> <p>Reimbursement at:</p> <ul style="list-style-type: none"> <li>■ 80% of U&amp;C<sup>2</sup> during first year of coverage</li> <li>■ 90% of U&amp;C<sup>2</sup> during second year of coverage if a covered procedure is received during the first year</li> <li>■ 100% of U&amp;C<sup>2</sup> during third year of coverage and thereafter, if a covered procedure is received in the second and following years.</li> </ul>	<p>After a combined basic and major annual deductible of \$50 per person, the plan pays a predetermined fixed amount<sup>3</sup> based on the procedure received.</p>
<b>Major:</b> <i>All three plans cover:</i>			
<ul style="list-style-type: none"> <li>■ Crowns</li> <li>■ Bridgework</li> <li>■ Partial or full dentures</li> <li>■ Dentures, prosthodontics and inlays</li> <li>■ Periodontal maintenance (periodontal cleaning) and gum treatment</li> <li>■ Endodontic procedures (root canals, etc.)</li> </ul>	<p>After a \$50 calendar year deductible per person:</p> <p>Reimbursement at:</p> <ul style="list-style-type: none"> <li>■ 50% of MAC<sup>1</sup></li> <li>■ 65% of MAC<sup>1</sup> for periodontic or gum treatment</li> <li>■ 65% of MAC<sup>1</sup> for endodontic procedures</li> </ul>	<p>After a \$75 calendar year deductible per person:</p> <p>Reimbursement at:</p> <ul style="list-style-type: none"> <li>■ 50% of U&amp;C<sup>2</sup></li> <li>■ 65% of U&amp;C<sup>2</sup> for periodontic or gum treatment</li> <li>■ 65% of U&amp;C<sup>2</sup> for endodontic procedures</li> </ul>	<p>After a combined basic and major annual deductible of \$50 per person, the plan pays a predetermined fixed amount<sup>3</sup> based on the procedure received.</p>
<b>Orthodontia:</b>			
<p><i>All three plans cover orthodontia only if treatment begins after the participant becomes covered by a Duke Dental Plan.</i></p>	<p>No deductible</p> <p>50% of U&amp;C<sup>2</sup></p> <p>\$1,000 lifetime orthodontia maximum benefit per person (adults and children)</p>	<p>No deductible</p> <p>50% of U&amp;C<sup>2</sup></p> <p>\$1,000 lifetime orthodontia maximum benefit per person (adults and children)</p>	<p>No deductible</p> <p>50% of U&amp;C<sup>2</sup></p> <p>\$750 lifetime orthodontia maximum benefit per person (adults and children)</p>

1 All payments are based on the Maximum Allowable Charges (MAC). PPO dentists have agreed to accept the contracted fee (MAC) as the maximum charge.

2 All payments are based on the usual and customary (U&C) allowable charge. You are responsible for charges over U&C.

3 The fee schedule, or reimbursement for each type of dental procedure, is available on the Ameritas website at [explore.ameritas.com/duke](https://www.ameritas.com/duke).

# Your Vision Plan Option

While Duke’s medical plans provide coverage for annual eye exams, Duke also offers eligible employees a nationwide vision plan to manage the cost of eyeglasses and contact lenses, as well as eye examinations. The vision plan, administered by UnitedHealthcare Vision, allows you to pay for vision premiums on a pre-tax basis. You are eligible to participate in the vision plan if you are a regular employee scheduled to work at least 20 hours per week. You do not need to be enrolled in a Duke medical plan to participate in the vision plan.

## Vision Plan Coverage

The vision care plan provides coverage for prescription lenses and frames, contact lenses (in lieu of eyeglasses), and a complete annual eye exam for a low monthly premium. Under the plan, you can visit an optometrist or ophthalmologist within the

UnitedHealthcare Vision network or you may choose to visit an out-of-network provider, which may result in higher out-of-pocket costs. If you visit an out-of-network provider, you must submit a claim to be reimbursed.

Further details about the vision plan are outlined on the next page.

If you have questions about the vision care plan or would like to find a network provider, you may visit [myuhcvision.com](http://myuhcvision.com) or call 1-800-638-3120.

Please note: UnitedHealthcare Vision does not issue identification cards to enrolled members. However, you may print a personalized ID card by completing the User information at [myuhcvision.com](http://myuhcvision.com) and selecting “Print ID card” from the Member Web Portal page.

### Example – Cost Comparison of Duke’s Vision Plan

Anyone enrolled in one of Duke’s medical plans can continue to receive coverage for an annual eye exam with the medical plan’s copay, including out-of-network physicians. If you enroll in the vision plan, UnitedHealthcare Vision will reimburse you up to \$40 when you submit a claim for your medical plan’s vision examination copay if you visit a provider outside of UnitedHealthcare Vision’s network.

Note: The Duke Eye Center is not a participating member of the UnitedHealthcare Vision network for eye exams. However, your Duke medical plan provides coverage for an annual eye exam at the Duke Eye Center and you are able to use the vision plan with out-of-network providers. Additionally, the NCEENT (NC Eye, Ear, Nose & Throat) office located near the Duke Eye Center is a network provider and accepts the vision insurance for the purchase of frames and lenses.

Below is an at-a-glance comparison of how your out-of-pocket expenses may vary depending on whether you have vision care coverage.

Eyeing the Costs		
Service	For a person purchasing with Duke’s Vision Insurance at a network provider	For a person purchasing at a retail chain with no insurance
Comprehensive eye exam with refraction	\$20	\$192
Material copay	\$20	\$0
Designer frames (up to \$150)	\$0	\$150
Progressive bifocal lens with anti-reflective coating	\$0	\$545
Photochromic lenses - tint to darken lenses in sunlight	\$0	\$90
Annual Premium (\$115) for individual	\$115	\$0
<b>TOTAL ANNUAL OUT-OF-POCKET EXPENSE</b>	<b>\$155</b>	<b>\$977</b>

Source: UnitedHealthcare

## 2025 Vision Plan Chart

Benefits	In-Network Benefits	Out-of-Network Reimbursement
<b>Vision Exam</b> <sup>1</sup> (once per calendar year)	\$20 copay	up to \$40
<b>Materials Copay</b> <sup>2</sup>	\$20 copay	Not applicable
<b>Frames</b> <sup>1</sup> (once every two calendar years)	Up to a \$150 allowance towards the purchase of frames  30% discount applied to frame allowance coverage	up to \$45
<b>Eyeglass Lenses</b> <sup>1</sup> per pair (once per calendar year)		
Single Vision	Covered-in-full	up to \$40
Lined Bifocal	Covered-in-full	up to \$60
Lined Trifocal	Covered-in-full	up to \$80
Lenticular	Covered-in-full	up to \$80
<b>Lens Options</b>		
Photochromic Lenses, Tints, Standard Anti-Reflective Coating, Standard Scratch-resistant Coating, Ultraviolet Coating, Standard Progressive Lenses, Deluxe Progressive Lenses, Premium Progressive Lenses, Platinum Progressive Lenses, Polycarbonate Lenses for Adults, Polycarbonate Lenses for Dependent Children	Covered-in-full	Not covered
<b>Non-covered Lens options</b>	Price Protection available for non-covered lens options ranging from 20-60% off retail pricing at participating providers (except where not permitted by state law)	Not covered
<b>Contact Lenses</b> <sup>1,3</sup> - in lieu of eyeglasses (once per calendar year)		
<i>Elective</i> Covered-in-full contact selection list	Covered-in-full after copay (up to 6 boxes) <sup>3</sup> including evaluation, fitting, and up to two follow-up visits	up to \$150
Additional Elective Contact Options	Up to \$150 towards the purchase of contacts (materials copay does not apply); does not include fitting fee	up to \$150
<b>Medically Necessary</b> <sup>4</sup>	Covered-in-full after applicable copay	up to \$210

1 Usage during prior periods of employment during the same calendar year count towards the 12-month/24-month benefit period.

2 Materials copay is a single payment that applies to the purchase of eyeglass lenses and frames or contact lenses (in lieu of eyeglasses). All contact lenses must be purchased at one time.

3 All 6 boxes of contact lenses must be purchased at one time in order to receive the full \$150 in-network allowance. There is only one annual service authorization for this benefit.

4 Determined at the provider's discretion for one or more of the following conditions: following post-cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be treated with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision confirming how much of a reimbursement you can expect to receive before you purchase such contacts.

Note: The following services and materials are excluded from coverage under the vision care plan: post cataract lenses; non-prescription items; medical or surgical treatment for eye disease that requires the services of a physician; Workers' Compensation services or materials; services or materials that the patient, without cost, obtains from any governmental organization or program; services or materials that are not specifically covered by the policy; replacement or repair of lenses and/or frames that have been lost or broken; and cosmetic extras, except as stated in the policy.

# Monthly Medical, Dental, and Vision Premiums

Effective January 1, 2025

## Blue Care (HMO Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Premium*	\$1,371.00	\$1,822.00	\$2,070.00	\$2,550.00	\$3,052.00
Full-time Employee Premium	\$242.00	\$469.00	\$592.00	\$834.00	\$1,086.00

## Duke Options (PPO Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Premium*	\$1,301.00	\$1,758.00	\$2,067.00	\$2,539.00	\$2,969.00
Full-time Employee Premium	\$233.00	\$458.00	\$612.00	\$854.00	\$1,068.00

## Duke USA (PPO Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Premium*	\$898.00	\$1,224.00	\$1,602.00	\$1,810.00	\$2,364.00
Full-time Employee Premium	\$162.00	\$319.00	\$474.00	\$609.00	\$840.00

## Dental Premiums

	Individual	Employee/Child	Employee/Children**	Employee/Spouse	Family
PPO Plan Premium	\$39.21	\$76.20		\$78.47	\$118.79
Plan A Premium	\$46.04	\$89.45		\$92.13	\$139.47
Plan B Premium	\$12.18	\$24.82		\$24.37	\$45.24

## Vision Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Plan Premium	\$9.66	\$18.49	\$19.46	\$18.50	\$29.97

\* Total premium includes both the Duke and the full-time employee contribution.

\*\* Dental care coverage does not include an Employee/Children option. You may cover any number of eligible children in the dental plan by choosing the Family option.



**Health, Dental, and Vision premiums are deducted one month in advance of coverage. Duke does not prorate premiums. Your health premiums are based on the coverage in effect on the last day of the month. All other premiums pay for coverage for the month in which the deduction is taken.**

### When Does My Coverage Begin?

You have thirty (30) days after your first day of employment/eligibility to enroll in medical, dental, and/or vision coverage.

**For medical coverage**, with enrollment, your coverage will be effective on the first day of the month following your first day of employment/eligibility unless you elect to have medical coverage begin on your date of hire and pay the full premium for the first month of coverage.

**For dental and/or vision coverage**, with enrollment, your coverage will be effective on the first day of the month following your first day of employment/eligibility.

You must be a full-time employee working at least 30 hours per week to be eligible for the Duke contribution towards medical insurance. Part-time staff who work at least 20 hours per week, but less than 30 hours per week, are eligible for medical insurance, however, they must pay the total premium. See page 2 for additional eligibility requirements.

### When Will I Pay For My Coverage?

Premiums for medical, dental, and vision coverage are paid one month in advance. For example, a deduction for coverage in September will be deducted from your August pay. For bi-weekly paid employees, the dental and vision premiums will be deducted from the first paycheck of the month and the medical premium will be deducted from the second paycheck of the month. **IMPORTANT NOTE:** You may have multiple payroll deductions in one payroll check to ensure that your premiums are paid.



## Save Money by Using Reimbursement Accounts

Reimbursement accounts (also known as flexible spending accounts) help you take advantage of tax savings on health care and dependent care expenses. Duke offers you two reimbursement accounts: a Health Care Reimbursement Account (for your health care expenses not covered by insurance) and a Dependent Care Reimbursement Account (for reimbursement of day care expenses for eligible dependents). Please note the Dependent Care Reimbursement Account is only for day care expenses for children up to age 13 or tax-dependent elderly or disabled adults. **The Dependent Care Reimbursement Account is not for health care expenses incurred by a spouse or child.**

You may participate in either or both accounts. By setting aside pre-tax money from your pay into the Health Care and/or the Dependent Care Reimbursement Accounts, you may later file for reimbursement of eligible expenses incurred during the calendar year. Since your contributions are deducted from your pay before federal income, state income, and Social Security taxes have been withheld, you save on taxes. You are eligible to participate in the reimbursement accounts if you are a regular employee scheduled to work at least 20 hours per week and are in a benefit classification or bargaining unit eligible to participate. **If you or your spouse are enrolled in a Health Savings Account (HSA), you are not eligible to participate in a Health Care Reimbursement Account.**



## Are Reimbursement Accounts Right for You?

Health Care Reimbursement Account	Dependent Care Reimbursement Account
<ul style="list-style-type: none"> <li>■ Do you have medical, dental, vision, or prescription drug expenses that are not covered by your insurance plans, like deductibles, copays, coinsurance, or amounts in excess of usual and customary (U&amp;C) limits?</li> <li>■ Do you plan to buy new eyeglasses or contacts, or have your hearing tested, or do you expect orthodontia expenses* that are not covered by insurance?</li> </ul>	<ul style="list-style-type: none"> <li>■ Do you spend money on <b>day care</b> for your children up to age 13?</li> <li>■ Do you have children up to age 13 (and both you and your spouse work, if you are married), who are enrolled in a before- or after-school program, summer day camp, or intersession day camp while you work?</li> <li>■ Do you spend money on adult day care for an elderly parent who lives with you and whom you claim as a dependent for income tax purposes?</li> </ul>

\* If you have questions about reimbursement account orthodontia expense guidelines, please call HealthEquity at (877) 924-3967 for more information. When calling this number, please provide the last four digits of your Duke Unique ID number, when asked for the last four digits of your social security number or employee ID. Your Duke Unique ID is located on the back of your ID badge.

***If your answer to any of these questions is yes, then a reimbursement account could be right for you.***

## HealthEquity Healthcare Card

Pay directly for many eligible health care expenses by using the Duke healthcare card provided by HealthEquity. The card deducts pre-tax money directly from an employee's health care reimbursement account. That means less hassle and less paperwork. More information is available on the next page.

## Health Care Reimbursement Account

Participating employees may contribute up to \$3,300 to the Health Care Reimbursement Account for the 2025 plan year. The minimum contribution is \$130. Your contributions will be deducted pre-tax from your pay.

Please note that elections are effective from your benefit eligibility date until December 31 of the plan year. Deductions are based on (a) pay frequency; and (b) the number of pay periods remaining in the year (for 2025: Monthly = 12 and Biweekly = 26).

Example: If your participation date is March 1, 2025, and you elect \$1,200, you will have 10 paycheck deductions in the amount of \$120.00 each if you are monthly-paid, or if paid biweekly, 22 paycheck deductions in the amount of \$54.55 each. This is assuming your enrollment has been processed before the payroll cycle deadline.

**Please note: If you or your spouse are enrolled in a Health Savings Account (HSA), you are not eligible to participate in a Health Care Reimbursement Account.**

## Eligible Expenses

On the next page are some examples of out-of-pocket expenses eligible for reimbursement from the Health Care Reimbursement Account. If you want to check whether a particular expense is eligible, contact HealthEquity, the company that manages our reimbursement accounts, at (877) 924-3967\* or go to [www.healthequity.com/fsa-qme](http://www.healthequity.com/fsa-qme) or refer to Internal Revenue Service (IRS) Publication 502, available by calling (800) TAX-FORM or by accessing the IRS website at [irs.gov](http://irs.gov). **Only expenses incurred during the plan year (Jan. - Dec.) and on or after the effective date of coverage will be eligible for reimbursement.** Any expenses incurred prior to your participation date in the plan or after your participation in the plan ends are not eligible for reimbursement. NOTE: You have until April 15, 2026 to submit expenses incurred in 2025. However, up to \$660 of unused 2025 Health Care Reimbursement Account funds can be carried over to the next plan year. You must be an active employee in a benefits eligible work status on December 31 in order to be eligible for the carryover provision.

## HealthEquity Healthcare Card

The healthcare card, provided by HealthEquity, works similarly to a debit card. Each time you use the card, funds are withdrawn from your health care account and payment is made to the merchant/provider. Using the HealthEquity healthcare card eliminates the need to pay expenses out of pocket and having to wait for from your reimbursement account. The HealthEquity healthcare card can be used at doctor and dentist offices, vision centers, pharmacies†, and other health care-related merchants who accept Visa debit cards.

There are two ways you can receive a card: (1) you can voluntarily enroll in the Health Care Reimbursement Account, or You can receive a card by voluntarily enrolling in a Health Care Reimbursement Account.. As part of enrolling for your benefits, you determine how much money you want to contribute to your Health Care Reimbursement Account, which essentially serves as the “spending limit” for the card. While enrolled in the Health Care Reimbursement Account, you may submit paper or online claims for eligible health care expenses paid out-of-pocket, use the healthcare card at the point of service, or do a combination of both.

Please review your health care reimbursement account balance and transactions monthly to ensure there isn't unauthorized use. Should you see unauthorized use, please let HealthEquity know immediately. Please treat the healthcare card like cash. HealthEquity provides some protections from loss, but only within 60 days of occurrence.

Upon receipt of your healthcare card, please activate the feature to be notified whenever a card transaction is made. This option can be selected by accessing your online reimbursement account via the Duke@Work self-service website at [hr.duke.edu/selfservice](http://hr.duke.edu/selfservice). and clicking 'Preferences' under your reimbursement account Profile.

**The health care card cannot be used in 2025 for 2024 expenses.**

\* Please note: When calling HealthEquity, you will be prompted to provide the last four digits of your social security number or employee ID. You must provide the last four digits of your Duke Unique ID number instead. Your Duke Unique ID is located on the back of your ID badge.

† The easiest way to purchase prescription drugs, and other eligible health care items is to use the card at a merchant with an inventory control system referred to as “IIAS.” Local merchants in our area that are currently IIAS certified are Walgreens, Wal-Mart, Sam's Club, Target, CVS, Rite Aid, Publix, Harris Teeter, and Kroger. Please note: A pharmacy must be certified in order for the HealthEquity Health Care Card to be accepted. An updated list of IIAS certified merchants is available at [hr.duke.edu/benefits/reimbursement-accounts/health-care-account](http://hr.duke.edu/benefits/reimbursement-accounts/health-care-account). The on-site Duke pharmacies also accept the HealthEquity Health Care Card.

## Health Care Reimbursement Account: Eligible Expenses

We have listed below many of the medical expenses eligible for payment under the Health Care Reimbursement Account, to the extent such expenses are not covered by your medical, dental, or vision insurance. This list is not meant to be all-inclusive. Other expenses not specifically mentioned may also qualify. For additional information, please refer to IRS Publication 502 Medical and Dental Expenses or refer to [www.healthequity.com/fsa-qme](http://www.healthequity.com/fsa-qme). However, the two exceptions to be aware of are: 1) Insurance premiums are not reimbursable under a Health Care Reimbursement Account (HCRA), and 2) The reimbursement under a HCRA is based only upon when the expense was incurred, i.e., date of service, not the date paid. To be eligible, the service has to be provided in the plan year of your participation period.

<b>Health Care Reimbursement Account</b> In general, expenses must be medically necessary and prescribed by your physician. The following are examples of eligible expenses:		
Acupuncture	Eye surgery (e.g., LASIK and radial keratotomy)	Over-the-counter medications
Alcoholism treatment	Face masks	Prescription medications
Ambulance fees	Feminine hygiene care	Psychotherapy for approved medical care (by approved provider)
Animal trained to aid deaf person	Guide dogs	Smoking cessation program fees and prescription drugs
Artificial limbs	Hand sanitizer	Surgery (for non-cosmetic purposes)
Braille books and magazines (cost difference of common product)	Hand sanitizing wipes	Telephone for the hearing impaired
Car controls for the disabled	Hearing aids/exams	Therapy (medical)
Chiropractor fees	Hospital services	Transplants
Christian Science practitioner fees	Infertility treatments	Tuition at special schools for the disabled (select circumstances only)
Contact lenses and cleaning solutions	Lab fees	Varicose vein treatment
Copays, deductibles, and coinsurance not covered by insurance	Lamaze classes for expectant mothers	Vision exams
Dental fees (for non-cosmetic purposes)	Menstrual care products	Vitamins (prescribed)
Doctors' fees	Mileage (requires receipt from physician and distance traveled)	Wheelchairs
Drug addiction treatment	Nursing services	X-rays
Eyeglasses (prescribed)	Optometrist fees	
	Orthodontia expenses†	

† If you have questions about reimbursement account orthodontia expense guidelines, please call HealthEquity at (877) 924-3967 or visit [br.duke.edu/benefits/reimbursement-accounts/health-care-account/orthodontia](http://br.duke.edu/benefits/reimbursement-accounts/health-care-account/orthodontia) for more information. When calling HealthEquity, you will be prompted to provide the last four digits of your social security number or employee ID. You must provide the last four digits of your Duke Unique ID number instead. Your Duke Unique ID is located on the back of your ID badge.

## Health Care Reimbursement Account: Ineligible Expenses

In the box below are some examples of expenses that are not eligible for reimbursement under a Health Care Reimbursement Account. If you want to check whether or not a particular expense is eligible for reimbursement, contact HealthEquity, the company that manages Duke's reimbursement accounts, at (877) 924-3967 or go to [www.healthequity.com/fsa-qme](http://www.healthequity.com/fsa-qme). When calling HealthEquity, you will be prompted to provide the last four digits of your social security number or employee ID. You must provide the last four digits of your Duke Unique ID number instead. Your Duke Unique ID is located on the back of your ID badge.

### Health Care Reimbursement Account: Ineligible Expenses

Expenses to promote general health are not reimbursable under the Health Care Reimbursement Account. This list is not meant to be all-inclusive. The following are examples of ineligible expenses:

Babysitting & child care	Gaiters	Retin-A*
Breast pumps*	Hair loss medication	Sanitizing wipes for surfaces (e.g. Clorox Wipes & Lysol Wipes)
Cancelled appointment fees	Hair transplant	Special foods* (cost difference of common product)
COBRA premiums	Health club dues	Student health premiums
Contact lens insurance	Treatment program (at a health club)	Swimming lessons*
Cosmetic surgery/procedures	Herbs & herbal medicines	Tattoo removal
Custom fitovers (clip ons)	Illegal operation or treatment	Teeth whitening/bleaching
Dancing lessons	Insurance premium interest charge	Toiletries, toothpaste, etc.
Diaper service	Insurance premiums	Veneers*
Discounted fees/write-offs	Marriage counseling	Vision discount program premiums
Electrolysis	Massage therapy**	Vitamins (unless prescribed by physician)
Exercise equipment*	Maternity clothes	Weight loss programs and/or drugs (unless prescribed by physician)
Eyeglass insurance	Personal trainer	
Face masks with vents and/or valves	Prescription drug discount program premiums	
Face shields		
Fitness programs		

\* Eligible only with doctor's certification identifying the medical condition and length of treatment program.

\*\* Eligible only with doctor's certification identifying the physical nature of the medical condition and length of treatment program. Massage therapy for the sole purpose of tension/stress relief or depression (even with a doctor's statement) does not qualify as an eligible expense.

## Dependent Care Reimbursement Account

Eligible employees may contribute up to \$5,000 per year to the Dependent Care Reimbursement Account. The minimum contribution is \$130. Your contributions will be deducted pre-tax from your pay.

Please note that elections are effective from your benefit eligibility date until December 31 of the plan year. Deductions are based on (a) pay frequency; and (b) the number of pay periods remaining in the year (for 2025: Monthly = 12 and Biweekly = 26).

Example: If your participation date is March 1, 2025, and you elect \$5,000, you will have 10 paycheck deductions in the amount of \$500.00 each if you are monthly-paid, or if paid biweekly, 22 paycheck deductions in the amount of \$227.27 each. This is assuming your enrollment has been processed before the payroll cycle deadline.

## Eligible Expenses

Below are some examples of out-of-pocket expenses eligible for reimbursement from the Dependent Care Reimbursement Account. This is not a complete list. If you want to check whether a particular expense is eligible, contact HealthEquity at (877) 924-3967\* or go to [www.healthequity.com/dcfesa-qme](http://www.healthequity.com/dcfesa-qme) or refer to IRS Publication 503, available by calling (800) TAX-FORM or by accessing the IRS website at [irs.gov](http://irs.gov). **Only expenses incurred the first of the month following your date of hire/eligibility through the last day of the plan year (December 31, 2025), and during the participation period will be eligible for reimbursement.**

Use the HealthEquity calculator at [www.wageworks.com/calculators/fsa-savings-calculator/](http://www.wageworks.com/calculators/fsa-savings-calculator/) to help you decide how much to contribute.

### Dependent Care Reimbursement Account

Expenses incurred which allow you (and your spouse, if married) to work, look for work, or attend school as a full-time student are eligible and include:

For children up to age 13 -

- Day care center or preschool (excluding transportation, lunches, and educational services)
- Local day camp
- Before-school and after-school day care programs
- In-home babysitting services (during your working hours; income must be claimed by your care provider)

Household services for the care of an elderly or disabled spouse or dependent who lives with you

FICA and other taxes you pay for day care providers

Nursery school and preschool (preschool expenses are eligible if the amount you pay for schooling cannot be separated from the cost of care)

Expenses at an adult day care facility for an elderly or disabled spouse or dependent who lives with you and for whom you claim as a dependent for income tax purposes (but not expenses for overnight or nursing home facilities)

Please note: A qualifying life event (QLE) is permissible to stop a dependent care reimbursement account deduction due to a child not attending day care or a day camp, or if there is an increase in day care cost. **No refunds are allowed for any monies already contributed to a dependent care reimbursement account, per Internal Revenue Code regulations.**

*\* Please note: When calling HealthEquity, you will be prompted to provide the last four digits of your social security number or employee ID. You must provide the last four digits of your Duke Unique ID number instead. Your Duke Unique ID is located on the back of your ID badge.*

## Some Special Rules for Your Dependent Care Reimbursement Account

Here are special federal tax guidelines you need to keep in mind if you decide to contribute to a Dependent Care Reimbursement Account:

- Your total contribution cannot be greater than your earned income or your spouse's earned income, whichever is lower. This means if your spouse's salary is \$4,000 and your salary is \$30,000, the most you can contribute is \$4,000. In addition, your deposit to the Duke reimbursement accounts may not exceed half of your gross pay each pay period.
- If your spouse has no earned income, you are not eligible for a Dependent Care Reimbursement Account. However, there are special rules if your spouse is a full-time student or is disabled. Contact HealthEquity at (877) 924-3967\* for more information.
- You may use a combination of the Dependent Care Reimbursement Account and the Dependent Care Tax Credit. However, participation in the Dependent Care Reimbursement Account offsets on a dollar-for-dollar basis the allowable expenses that are used to calculate the dependent care tax credits on your income taxes. You will need to determine whether you can save more income tax through the Dependent Care Reimbursement Account or through dependent care tax credits. The best approach will depend upon your eligibility for the Earned Income Tax Credit, dependent care expenses, marital status, and adjusted gross income. **Before making your decision to participate, you may want to consult your tax advisor.**
- If both you and your spouse have Dependent Care Reimbursement Accounts, your household contribution limit is \$5,000.
- The provider name, service date, dependent name, and amount billed are required on the documentation/receipt when a Dependent Care Reimbursement claim is submitted. Provider signature is NOT required, but can replace the need for other proof of service.
- If you participate in the Dependent Care Reimbursement Account, you must complete IRS Form 2441, "Child and Dependent Care Expenses," along with your IRS Form 1040, "U.S. Income Tax Return."
- The Dependent Care Reimbursement Account Plan is required to complete annual testing to ensure compliance with IRC regulations. One test examines the participation rates in the plan by income levels. If participation rates are not in accordance with the regulations, your contribution amount may be adjusted. The Duke Benefits Office will contact you to provide notice in advance of any adjustment.

## If You Are Divorced or Legally Separated

If you are a divorced or separated parent, check with your legal or tax advisor to see if special rules apply to you that would enable your child to be claimed by the non-custodial parent or by both parents.

If two or more people want to claim the same child as their qualifying child, the person who has the right to is: (1) the child's parent, if one person is the child's parent and the other is not, (2) the parent with whom the child lives with longest in the year, if both people are the child's parents, (3) the parent with the higher adjusted gross income, if both people are the child's parents and the child lives equally with both during the year, or (4) the person with the higher adjusted gross income, if both people are not the child's parents.

\* **Please note:** When calling HealthEquity, you will be prompted to provide the last four digits of your social security number or employee ID. You must provide the last four digits of your Duke Unique ID number instead. Your Duke Unique ID is located on the back of your ID badge.



## If You Use a Duke-Contracted Facility for Dependent Care

If you use a Duke-contracted facility, such as the Duke Children's Campus, and receive a subsidy, the amount you can contribute to the Dependent Care Reimbursement Account is reduced dollar-for-dollar. Contact the Benefits Integration Team at 919-613-3447.

## Qualified Dependents

Dependents are defined differently between the Health Care Reimbursement Account and Dependent Care Reimbursement Account.

### Health Care Reimbursement Account

- Any dependent you claim on your federal income tax return — your spouse, your unmarried children, and even a dependent parent — is a dependent under the Health Care Reimbursement Account. Also, special rules allow a dependent to be eligible for the Health Care Reimbursement Account even when that dependent does not qualify to be claimed as your tax dependent on your tax return form. Additionally, the person must be a U.S. citizen, U.S. national, or resident of Canada or Mexico.

### Dependent Care Reimbursement Account

- Children up to age 13 or otherwise qualified individuals whom you claim as a dependent on your federal income tax return such as your spouse, parent, or child, regardless of age, who live with you more than half the year and are incapable of caring for themselves are dependents under the Dependent Care Reimbursement Account.

**Please note the Dependent Care Reimbursement Account is only for day care expenses for children up to age 13 or tax-dependent elderly or disabled adults. The Dependent Care Reimbursement Account is not for health care expenses incurred by a spouse or child.**

The reimbursement account plans are governed by Internal Revenue Code guidelines that limit the reimbursement of health care expenses and dependent care expenses to legal dependents.

Check with your legal or tax advisor to verify that your dependents are, in fact, eligible for these plans.

### ***Please remember:***

Estimate your expenses carefully when deciding how much you want to contribute for the year. You may be reimbursed for eligible services incurred from the effective date of your reimbursement account through December 31, 2025. You have until April 15, 2026 to submit expenses incurred in 2025. However, up to \$660 of unused Healthcare Reimbursement Account funds can be carried over to the next plan year. You must be an active employee in a benefits eligible work status on December 31 in order to be eligible for the carryover provision. Carryover is only available for the Health Care Reimbursement Account.

# Benefits You Receive Automatically

## Employer-Paid Basic Life Insurance

Duke provides \$10,000 of Basic Life (term) and \$10,000 of Accidental Death and Dismemberment (AD&D) Insurance for active benefits eligible staff regularly scheduled to work at least 20 hours per week, regular rank faculty, and full-time faculty, at no cost to you. This coverage ends at retirement or termination of employment. When coverage ends, you may convert your life insurance coverage to an individual policy and pay the cost of the coverage directly to the insurer. Designate your beneficiaries\* online at [hr.duke.edu/selfservice](http://hr.duke.edu/selfservice).

## Survivor Benefit

In the event of your death while you are in a full-time employment status and meet plan eligibility requirements, Duke pays a benefit equal to the amount of one month's pay for each year of continuous full-time service, up to a maximum of six months and plan limits, if applicable, to your spouse or estate only. You will be eligible for this benefit after one year of service as a full-time employee. Eligibility for this benefit ends at retirement or termination of employment.

## Business Travel Accident Insurance

Duke provides eligible employees a benefit of up to \$200,000 in the event of your accidental death while you are out of your city of employment on Duke business and receiving travel reimbursement. The plan pays up to \$5,000 for related medical expenses. Coordination of benefits may apply. The plan also provides a \$5,000 benefit when a covered person suffers a covered loss at any time while insured by this policy. Duke pays the entire cost for coverage. Eligibility for this benefit ends at retirement or termination of employment.

## International SOS Assistance

Duke offers international help through International SOS Assistance. This program provides Duke travelers the highest possible level of travel, medical and security advice and services, as well as online access to information many insurance companies do not offer. Duke requires all travelers on the University's behalf to maintain medical insurance which covers them while abroad; the International SOS Assistance is not medical coverage. For more details regarding travel assistance, please visit the Human Resources website at [hr.duke.edu/businesstravel](http://hr.duke.edu/businesstravel).

## Duke Disability

Duke provides long term disability coverage to eligible employees to replace 60% of your base salary, to a maximum of \$35,000 per month, while you are experiencing a disabling illness or injury. You will be eligible for this program as of the first day of the month after completing three years of full-time continuous service as long you are actively at work and benefits eligible.

If you are a full-time employee scheduled to work at least 30 hours per week, regular rank faculty, or full-time faculty of **Duke University Health System**, you may be eligible for long term disability benefits if you are out of work due to an illness or injury for more than 90 calendar days.

### Can the Duke Disability Program Waiting Period be Waived?

If you had an employer-sponsored long term disability plan within 90 days of full-time employment at Duke, you may participate in the Duke Disability Program as of the first of the month after your hire date (waiving the normal three-year waiting period). You must provide proof of your prior coverage **within 90 days** after your date of hire to be eligible.

If you would like to see if you are eligible for this waiver, the "Duke Disability Program-Request for Service Requirement Waiver" form is available at [hr.duke.edu/disabilitywaiver](http://hr.duke.edu/disabilitywaiver).

**It is your responsibility to provide proof of prior employer-sponsored long term disability coverage and to confirm receipt of proof by the Duke Benefits Office within 90 calendar days after your date of hire or full-time benefits eligible status.**

An individual (non-group) LTD disability plan does not qualify for LTD waiver consideration.

## Personal Assistance Service

Duke offers free, confidential professional assistance in resolving personal and family problems through the Personal Assistance Service (PAS). All employees and their immediate family members are eligible to use PAS. PAS counselors provide assessment, consultation, referral, and short-term counseling for problems such as emotional distress, family and marital difficulties, alcohol or drug abuse, stress at home or work, and financial or legal concerns. All services are provided at no charge. For faculty and staff residing in North Carolina, you may reach a PAS counselor at (919) 416-1727 between the hours of 8 a.m. and 5 p.m., Monday through Friday. Faculty and staff residing outside the state of North Carolina have services provided through Business Health Services (BHS), available by calling (800) 327-2251.

*\*It is the employee's sole responsibility to ensure that your beneficiary designation is up to date and reflects any change in your life circumstances.*

## Time Off from Work

Employees within the Duke Health Lake Norman Medical Center are eligible for the Paid Time Off (PTO) program. Generally, employees must be scheduled to work at least 20 hours per week to be eligible to accrue time. Time off for programs described below differs from the time below described for staff. Please refer to the applicable faculty handbook or employment agreement for details, or speak with your departmental manager to assure you have the needed information.

### If You Work for Duke Health Lake Norman Medical Center:

The Paid Time Off (PTO) program puts vacation, sick leave, and holidays into one program. This gives employees more flexibility in scheduling time off while meeting the staffing and operational needs of the Health System.

## Paid Time Off (PTO) Accrual Rates for Duke Health Lake Norman Medical Center

Monthly-paid employees accrue 35 days of PTO per year during their early years of employment. This increases to 40 days after a certain number of years as illustrated below:

Monthly-paid Employees	Completed Years of Service	Accrual Rate*
	Less than 4 years	35 days per year (2.91 days per month)
	After 4 years	40 days per year (3.33 days per month)

\* For monthly employees scheduled to work 40 hours per week.

Biweekly-paid employees initially accrue up to 30 days of PTO per year and this increases to 40 days after a number of years as illustrated below:

Biweekly-paid Employees	Completed Years of Service	Accrual Rate**
	Less than 4 years	30 days per year (9.23 hours per pay period)
	4 years but less than 9 years	35 days per year (10.76 hours per pay period)
	9 years or more	40 days per year (12.3 hours per pay period)

\*\* For biweekly employees scheduled to work 40 hours per week.

## Paid Parental Leave

In order to assist and to support new parent relationships through its leave policies and programs, Duke provides Paid Parental Leave. To be eligible for Paid Parental Leave, you must be a benefits eligible staff member working 30 or more hours per week after completing one year of employment. Paid Parental Leave provides six consecutive weeks of 100% pay following the birth or adoption of a child. If you have questions about the Paid Parental Leave program, you may visit [hr.duke.edu/benefits/time-away/paid-parental-leave](https://hr.duke.edu/benefits/time-away/paid-parental-leave) or contact the Staff and Labor Relations office.

**Please note:** *This policy may not be applicable to faculty and to employees covered under a union contract. Employees covered under a union contract should refer to their respective contract.*

## Employee Tuition Assistance Program

The Employee Tuition Assistance Program provides reimbursement of tuition for classes which provide academic credit and are taken at Duke or any other accredited higher educational institution. This program provides reimbursement of tuition for a maximum of three classes per semester or quarter (limit nine classes per calendar year) up to \$5,250 per calendar year for full-time employees with at least 6 months of continuous full-time service. If you have questions about the Employee Tuition Assistance Program, you may visit [hr.duke.edu/benefits/educational/employee-tuition-assistance](https://hr.duke.edu/benefits/educational/employee-tuition-assistance).

## Severance Pay Plan

Duke offers severance pay benefits for employees not paid entirely from grant funds who are terminated due to Duke's operational needs and not due to misconduct or poor performance. Benefits are equal to one week of base pay or salary multiplied by completed years of continuous service up to a maximum of 26 weeks. The minimum benefit amount is two weeks. You are eligible for this benefit if you are a part- or full-time Duke University or Duke University Health System employee scheduled to work at least 20 hours per week. Faculty are not eligible for this benefit.

# Retirement Plan

Many financial experts estimate that you will need 75% to 90% of your final working income in retirement. It is unlikely that any one retirement benefit plan will replace this much of your income. However, the three sources below can work together to help you retire more comfortably.

- 1. Your Contributions to the Faculty and Staff Retirement Plan** – A defined contribution 403(b) retirement plan. You can enroll in the plan and make your own voluntary contributions.
- 2. Duke's Contributions to the Faculty and Staff Retirement Plan** – In general, Duke will make a 4% contribution to eligible Lake Norman employees after they have attained age 21 and have completed one year of service. Contributions are immediately vested, and you are not required to contribute to receive the Duke Contribution.
- 3. Social Security** – A program administered by the federal government. You and Duke contribute equally through payroll taxes.

## Understanding the Duke Faculty and Staff Retirement Plan

The Duke Faculty and Staff Retirement Plan is a 403(b) retirement plan that allows you to make voluntary contributions on a pre-tax basis, Roth after-tax basis or a combination of both. You choose where to invest and how much to invest. Your contributions can only be made through payroll deduction. You are eligible to participate and begin making your contributions upon commencement of your employment at Duke.

### How Do I Enroll?

You may enroll in this plan at any time through Duke@Work self-service website. For additional instructions, please see page 42 of this guide.

If you need assistance enrolling in the plan, you may call the Benefits Integration team at 919-613-3447.

### How much can I contribute?

You may start as low as 1% of pay and you can increase this at any time during the year. You may change the amount you are contributing once per pay period. The maximum contribution allowed by the IRS is \$23,500 in 2025. However, there are special provisions for employees over age 50. If you are age 50 or over, the IRS allows you to contribute an additional \$7,500 in 2025.

If you elect to make contributions on a pre-tax basis, your contributions as well as any investment earnings are tax deferred, which means they are not taxable until distributed.

If you elect to make contributions on a Roth after-tax basis, you pay current federal or state income tax on the salary directed into the plan; however, you can make tax-free withdrawals of your contributions—and any earnings— provided you are at least age 59 ½ and made your first Roth after-tax contribution at least five years earlier. For additional information about Roth after-tax contributions go to [hr.duke.edu/roth](http://hr.duke.edu/roth).

In general, you must begin receiving a distribution no later than April 1 following the year in which you reach age 73 or retirement is attained, whichever is later. If you withdraw funds before age 59 ½, you may be subject to penalty taxes and other restrictions.

### What are my investment options?

Fidelity is the primary recordkeeper of the Plan for retirement services and investment options. TIAA offers its traditional fixed annuity product.

Your investment options are grouped in tiers. Duke has an Investment Advisory Committee (IAC) that regularly monitors funds in Tier 1 and Tier 2 to ensure they remain appropriate investment options for Duke's plan. It is your responsibility to ensure the investments you select are suitable for your situation, including your goals, time horizon, and risk tolerance.

- Tier 1 (Vanguard Target Date Funds) offers you a way to make a single choice for your retirement needs.
- Tier 2 (Core Funds) includes funds from the various asset classes that have been chosen by the IAC based on their suitability for inclusion in a customized retirement portfolio. You can build your own diversified portfolio from these core funds.
- Tier 3 (Fidelity BrokerageLink®) a self-directed brokerage account, gives you access to additional mutual funds for your retirement savings beyond the target date funds and core funds available in Tiers 1 and 2.

**The IAC neither evaluates nor monitors the mutual funds available through BrokerageLink®.** It is your responsibility to ensure the investments you select are suitable for your situation, including your goals, time horizon, and risk tolerance. Additional fees may apply for a brokerage account, including transaction fees and brokerage commissions for some transactions. For additional information about BrokerageLink®, visit [hr.duke.edu/brokerage](https://hr.duke.edu/brokerage).

For additional information about your investment options, please review the “Faculty and Staff Retirement Plan: Enrolling and Selecting Your Investment Options Guide” brochure available at [hr.duke.edu/tiered](https://hr.duke.edu/tiered). Contact Fidelity at (800) 343-0860 to schedule an appointment or to get help with investing.

Before making investment elections, please review the Retirement Plan Fee Disclosure information available at [hr.duke.edu/performance](https://hr.duke.edu/performance). This information will provide you with relevant fee and performance information for available investment options in the plan.

## **Designate your Beneficiary(ies)**

A beneficiary or beneficiaries are individuals you designate to receive benefits from the plan in the event of your death. It is important for you to designate one or more beneficiaries for your retirement account so that benefits can be paid how you intend rather than being paid to your estate. Additional information about beneficiary designations can be found in the Summary Plan Description available at [hr.duke.edu/spd](https://hr.duke.edu/spd).

## **Rollovers into the Plan**

The Faculty and Staff Retirement Plan may only accept rollover contributions from eligible rollover distributions (as defined in the Internal Revenue Code) from an eligible retirement plan (as defined in the Internal Revenue Code) and directly rolled over from an eligible retirement plan or accepted by an investment carrier from you within 60 days of your receipt of such contributions from an eligible retirement plan. **Contact Fidelity at (800) 343-0860 for more details if you are interested in rolling over funds into the Faculty and Staff Retirement Plan.**

## **Duke’s Contribution**

*For Duke Health Lake Norman employees:*

In general, Duke will make a 4% contribution to eligible employees after they have attained age 21, and have completed one year of service. For additional information, please visit [hr.duke.edu/benefits/retirement/403b](https://hr.duke.edu/benefits/retirement/403b).

You may be eligible to waive the one year wait if you meet all the following criteria:

- Your immediate previous employer is an organization as described in Section 501(c)(3) of the Internal Revenue Code (the Code) (examples: churches, schools, colleges/universities, hospitals, medical research organizations, some publicly supported/ community organizations) or a state educational organization as described in the Code Section 403(b)(1)(A)(ii);
- Your hire date with Duke is within 90 days of your date of termination with your immediate previous employer; and
- You were receiving fully vested employer contributions or accruals under a Code Section 403(b), 401(k), or 401(a) retirement plan maintained by your immediate prior employer.

**It is your responsibility to have the waiver completed by your immediate prior employer’s plan and returned to the Duke Benefits Office. If your service waiver is approved, your Duke contribution will begin on the first day of the month following the month the Duke Benefits Office receives acceptable information from your immediate prior employer.**

To apply for this service waiver, request that your immediate prior employer complete the “**Request for Service Requirement Waiver**” form located at [hr.duke.edu/servicewaiver-form](https://hr.duke.edu/servicewaiver-form). Your immediate prior employer must send the completed form to the Duke Benefits Office via email ([hr@duke.edu](mailto:hr@duke.edu)) with a subject line of “403(b) Duke Contribution Waiver” or by regular mail to 705 Broad Street, Box 90502, Durham, NC 27708.

This information can also be found online at [hr.duke.edu/servicewaiver](https://hr.duke.edu/servicewaiver).



## Vesting of Duke's Contribution

Vesting means ownership of the amount in your retirement account. Once you are vested, you have an irrevocable right to the amount of the Duke contribution in your account adjusted for gains or losses. You are always 100% vested in your voluntary contributions; and Duke contributions are fully and immediately vested for employees of Duke Health Lake Norman.

For additional information about vesting, please go to [hr.duke.edu/vesting](http://hr.duke.edu/vesting).

## When You Leave Duke

You have the following options when you leave Duke:

- Keep funds in the Duke Faculty and Staff Retirement Plan until age 73;
- Rollover vested balances into an Individual Retirement Account (IRA) or another employer's retirement plan (if allowed by new employer); or
- Withdraw vested balances using various distribution options such as lump sum, annual installments or an annuity.

If your account balance is \$1,000 or less, your vested account balance will be automatically distributed as a lump sum, unless you direct otherwise.

IRS penalties may apply on distributions if you are younger than 59 ½. Distributions are taxed as ordinary income.

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For additional information about the Duke Faculty and Staff Retirement Plan such as eligibility for Duke's contribution, eligibility to participate, enrollment and contribution limits, please review the Universal Availability Notice section of this guide. You may also review the Summary Plan Description available at [hr.duke.edu/spd](http://hr.duke.edu/spd).

# Voluntary Benefits

Eligible employees may enroll in any of our voluntary benefit programs throughout your career at Duke. However, it is easier to enroll in Supplemental Life Insurance, Voluntary Short Term Disability and/or Voluntary Long Term Disability within your first 30 days of employment because the coverage is issued under “guaranteed issue” guidelines. Guaranteed issue means coverage will be issued without regard to health status. **You will not be able to take advantage of the guaranteed issue guidelines after your first 30 days.**

## Supplemental Life Insurance

In addition to the Employer-Paid Basic Life Insurance benefit of \$10,000 that Duke automatically provides eligible employees, you may purchase Supplemental Life Insurance, underwritten by Lincoln Financial Group, from one to eight times your annual base salary, to a maximum of \$2.5 million. Coverage is offered, with no medical questions, up to the lesser of two times annual pay or \$500,000, if you meet the eligibility requirements, are actively at work, and request coverage within 30 days after your date of hire. Please note: You only have one period of initial eligibility when applying for this coverage. If you choose to apply for coverage after your initial new hire eligibility period, you will need to submit evidence of insurability for any increase above the current benefit level. Staff and faculty scheduled to work at least 20 hours per week are eligible to apply for this coverage.

You also may purchase life insurance for your spouse and dependent children (ages 14 days to 26 years old if the child is unmarried). With evidence of insurability, you may purchase up to \$100,000 worth of coverage for your spouse, and \$10,000 per child. You must have active coverage in order for a child to participate and your coverage must be in effect at the time of issuance of spouse coverage. The cost of coverage is based on the level of coverage you select, age, and smoker status. Coverage for children is \$1 per month, regardless of the number of children you cover.

With enrollment, to designate your beneficiaries for Supplemental Life Insurance, use the Supplemental Life Insurance Beneficiary Designation Form or go to the enrollment and billing administrator, Mercer Voluntary Benefits, web site ([dukevoluntarybenefits.com](http://dukevoluntarybenefits.com)) to complete or change your beneficiary designation. It is recommended that you review your beneficiary information annually and update, as needed. The beneficiary designation with the most recent date, in good form and properly signed, constitutes the only effective designation.

You pay the full cost of coverage using after-tax dollars withheld from your paycheck through regular payroll deductions. If you leave Duke, you may continue the coverage (at a higher group rate) by paying the premiums directly to Mercer.

## Voluntary Short Term Disability

You may purchase voluntary short term disability (STD) coverage through Duke. The Voluntary STD Plan replaces up to 60% of your pre-disability earnings\* up to a maximum weekly benefit of \$2,885. Voluntary STD benefits begin after 28 calendar days and may continue for up to 22 weeks of total disability.

You are eligible to participate in this benefit if you are a full-time, regular employee of Duke University or Duke Health Lake Norman Medical Center scheduled to work 30 hours or more per week. Other exclusions may apply. Staff should refer to the summary plan document for additional details. Faculty should refer to the “Faculty Handbook” for information on “Temporary Medical Leaves.”

You may apply for enrollment anytime; however, if you enroll within 30 days after your date of hire or eligibility, you will not have to complete a Personal Health Statement to have your coverage approved. Conditions for which you received medical care during the 12 months prior to your coverage date are eligible for a maximum benefit of two weeks. The premium for coverage will be deducted from your paycheck monthly on an after-tax basis.

*\* If you were hired after January 1st, pre-disability earnings mean your regular monthly rate of pay as of your date of hire, not counting bonuses, mid-year rate changes, commissions, and tips, overtime pay or any other fringe benefits or extra compensation. Thereafter, pre-disability earnings mean your regular monthly rate of pay as of January 1st each calendar year.*

## Voluntary Long Term Disability

You may purchase voluntary long term disability (LTD) coverage through Duke. The Voluntary LTD Plan replaces up to 60% of your pre-disability earnings\*\* up to a maximum monthly benefit of \$12,500. Benefits begin after you have been totally disabled for six months if you are a Duke Health Lake Norman Medical Center employee. Your LTD benefits may last up to 24 months if you are unable to perform the duties of your own occupation, and they may continue up to age 65 if you are unable to perform the reasonably expected duties of any occupation.

You are eligible to participate in this benefit if you are a full-time, regular employee of Duke Health Lake Norman Medical Center scheduled to work 30 hours or more a week. Other exclusions may apply. Staff should refer to the summary plan document for additional details.

You may apply for enrollment anytime; however, if you enroll within 30 days after your date of hire or eligibility, you will not have to complete a Personal Health Statement to have your coverage approved. Pre-existing condition limitations apply to conditions for which you received medical care during the 12 months prior to your coverage date. No benefits will be payable for those conditions unless disability begins after 12 months of coverage. The premium for coverage will be deducted from your paycheck monthly on an after-tax basis.

## Personal Accident Insurance

You may purchase between \$50,000 and \$750,000 in additional coverage for yourself and/or your family in \$10,000 increments. The plan pays a benefit in the event of accidental death, dismemberment, or your personal total disability as the result of an accident. You must work at least 20 hours per week to participate in this program. With enrollment, a beneficiary or beneficiaries are those you designate to receive benefits from the plan in the event of your death. Designate your beneficiary(ies) at [forms.hr.duke.edu/benefits/pai/](https://forms.hr.duke.edu/benefits/pai/). The coverage terminates at retirement or termination of employment. When coverage ends you may convert your coverage to an individual policy and pay the cost of the coverage to the insurer.

## Personal Casualty Insurance

Through after-tax payroll deductions you may purchase homeowners, renters, automobile, and personal property loss coverage through Mercer Voluntary Benefits' Auto and Home Insurance Benefit Program. Employees may receive policy quotes from Travelers and Farmers Insurance. Call Mercer Voluntary Benefits at (800) 552-9670 or log onto [dukevoluntarybenefits.com](https://dukevoluntarybenefits.com) for a quote. You must work at least 20 hours per week to participate in this program.

*\*\* If you were hired after January 1st, pre-disability earnings mean your regular monthly rate of pay as of your date of hire, not counting bonuses, mid-year rate changes, commissions, and tips, overtime pay or any other fringe benefits or extra compensation. Thereafter, pre-disability earnings mean your regular monthly rate of pay as of January 1st each calendar year.*

## Other Duke Amenities

### Duke Credit Union

Duke Credit Union is a non-profit financial cooperative, owned and operated by and for its members. As a Duke Health Lake Norman Medical Center employee, you are eligible for membership. The Credit Union may offer higher yields on deposits and lower interest rates on loans as well as a wide range of financial products from checking accounts to financial guidance, auto loans and mortgages. More information about the credit union is available at [dukefcu.org](http://dukefcu.org).

### Employee Discounts

Faculty, staff and their families can save on tickets to theme parks, sporting events, movie theaters, and more through PERQs, Duke's employee discount program. This program offers a wide variety of discounts on products and services by participating businesses including stores, hotels, restaurants, and entertainment providers. Please visit the PERQs website at [hr.duke.edu/benefits/employee-discounts](http://hr.duke.edu/benefits/employee-discounts) for more information.

### Work and Family Resources

Duke provides information and assistance in balancing work and family responsibilities, parenting and other family concerns through the Staff and Family Programs Office. Referral assistance is also available for both child care and elder care. Duke offers an on-campus child care facility provided exclusively for Duke faculty and staff through the Duke Children's Campus. In addition, the Duke Child Care Partnership provides priority placement at over 30 area child care centers for parents at Duke. For more information about Duke's family-friendly programs, please visit the Duke Human Resources website at [hr.duke.edu/benefits/family-friendly](http://hr.duke.edu/benefits/family-friendly).

## Invitation to Self-Identify for Disability or Veteran Status

Duke University is committed to offering equal opportunity to its employees and applicants for employment, without regard to disability or veteran status. In view of this commitment, Duke University developed an affirmative action plan and implemented a program for individuals with disabilities and for veterans. We review our personnel policies regularly, to ensure that veterans and individuals with disabilities are given careful consideration for all jobs for which they are qualified.

At this time, we invite all Duke University employees who are veterans, and/or have disabilities, to make this fact known to us. Submission of such information is voluntary, and declining to provide it will not subject you to adverse treatment. Duke University keeps such information confidential, except as provided by law.

Information regarding the definitions of "disability," veteran status, and other relevant terms, may be found at the Office for Institutional Equity website at [duke.edu/web/equity](http://duke.edu/web/equity).

**To self-identify, discuss status, or ask any questions about available resources and reasonable accommodations, please contact the appropriate personnel as noted below:**

**Office for Institutional Equity**  
(919) 684-8222

**Duke Regional Hospital**  
Human Resources (919) 470-7271

**Duke Raleigh Hospital**  
Human Resources (919) 954-3338

*This information is available in alternative formats.*

# Universal Availability Notice for Duke's 403(b) Plan

The Duke University Faculty and Staff Retirement Plan (the Plan) is a 403(b) retirement savings plan offered by Duke. The Plan allows employees to make voluntary contributions on a pre-tax basis, Roth after-tax basis or a combination of both. Contributions are made to a 403(b) savings account through salary reduction to help you save for retirement.

## Eligibility to Participate

If you receive a W-2 from Duke, you are eligible to enroll in the 403(b) Plan at Duke unless you are a student worker and exempt from FICA taxes. If you are a student worker, you cannot be enrolled in the Duke 403(b) Plan while your wages are exempt from FICA taxes.

## Your Voluntary Contributions

Eligible employees can make voluntary contributions to the Plan on a pre-tax basis, Roth after-tax basis or a combination of both.

### *Pre-tax contributions*

If you elect to make contributions on a pre-tax basis, your contributions as well as any investment earnings are tax-deferred, which means they are not taxable until distributed.

### *Roth After-tax contributions*

If you elect to make contributions on a Roth after-tax basis, you pay current federal or state income tax on your contributions; however, you can make tax-free withdrawals of your contributions—and any earnings—provided you are at least age 59½ and made your first Roth after-tax contribution at least five years earlier. For additional information about Roth after-tax contributions go to [hr.duke.edu/roth](https://hr.duke.edu/roth).

In general, you must begin receiving a distribution no later than April 1 following the year in which you reach age 73 or retirement is attained, whichever is later.

## Starting in 2033, the age will increase to age 75.

Beginning after December 31, 2023, SECURE 2.0 eliminates the pre-death distribution requirement for Roth accounts in employer plans. This does not apply to distributions which are required with respect to years beginning before January 1, 2025, but are permitted to be paid on or after such date.

## Duke Contribution

*For staff in an exempt position:*

In general, staff in an exempt position are eligible for Duke's contribution; however, certain job categories are not eligible to receive Duke's contribution<sup>1</sup>. For additional information about Duke's contribution and vesting rules, please go to [hr.duke.edu/contribution](https://hr.duke.edu/contribution).

<sup>1</sup>*For staff in a non-exempt position excluding staff in a non-exempt position at Duke Health Lake Norman:*

In general, Duke does not make a contribution to this Plan for staff in a non-exempt position, however, non-exempt position Duke employees who are eligible for The Duke University Faculty and Staff Retirement Plan may also be eligible for the Employees' Retirement Plan (ERP), a pension plan funded entirely by Duke. Additional information about the Employees' Retirement Plan can be found at [hr.duke.edu/erp](https://hr.duke.edu/erp).

*For staff in a non-exempt position at Duke Health Lake Norman:*

In general, staff in a non-exempt position at Lake Norman are eligible for Duke's contribution. For additional information, visit [hr.duke.edu/benefits/retirement/403b](https://hr.duke.edu/benefits/retirement/403b).

## Enrollment

You may enroll in the Plan, discontinue or change your enrollment at any time online through Duke@Work self-service website at [hr.duke.edu/selfservice](https://hr.duke.edu/selfservice). You may also enroll in the Plan by submitting a salary reduction agreement form to the Duke Benefits Office. The salary reduction agreement will only apply to amounts paid after your salary reduction agreement is processed. Your salary reduction agreement will continue in effect unless it is modified or revoked in the future. Duke has established policies that enable you to change your salary reduction agreement to increase or decrease your contribution each pay period. It is your responsibility to monitor your contributions throughout the year to ensure that you will reach your target contribution amount by the end of the calendar year. You may terminate your salary reduction agreement at any time.

In addition to completing an online or paper salary reduction agreement for the Duke Benefits Office, you will need to register with Fidelity at [fidelity.com/duke](https://fidelity.com/duke) to select your investment options. Designate your beneficiary(ies) with Fidelity or TIAA directly. For additional information about enrolling in the Plan, go to [hr.duke.edu/403benroll](https://hr.duke.edu/403benroll) or contact the Human Resource Information Center (HRIC) at (919) 684-5600 or [hr.duke.edu](https://hr.duke.edu).

## Limits on Contribution Amounts

The IRS limits the amount of contributions you can make to the Plan for the calendar year. Below are the limits for 2025 calendar year:

2025 Contribution Limits <sup>2</sup>		
<b>Basic Limit</b> \$23,500	<b>Age 50+ Catch-Up Limit</b> \$7,500	<b>Maximum Limit</b> \$31,000

## Investment Elections

You must designate the investment funds in which your contributions are to be invested. If you fail to make an investment fund selection, your contributions will be automatically invested in the Plan's default investment option and will remain invested in that default investment option until you direct otherwise. For more information regarding the Plan's default investment option and investment funds, including their investment objectives, risk and return characteristics, and fees and expenses, please go to [hr.duke.edu/403bdefault](http://hr.duke.edu/403bdefault).

## Access to Your Plan Account

### Withdrawals

There are limits on when you may withdraw funds from your Plan account. These limits may be important to you in deciding how much, if any, to contribute to the Plan. Generally, you may only withdraw amounts from your Plan account after you reach a

distributable event. These events are: terminate employment with Duke, death, approved for the Duke Long-Term Disability Plan, you reach age 59 ½, incur a hardship or the birth or adoption of a child. You may also take a loan. Also, there is generally an extra 10 percent tax on distributions before age 59 ½. Your beneficiary is entitled to any amount remaining in your Plan account in the event of your death.

You may withdraw your own 403(b) contributions as an active employee at age 59 ½ and Duke's contributions at age 67. Hardship withdrawals are limited to the dollar amount of your contributions. They may not be taken from earnings. Hardship withdrawals must be for a specified reason – for qualifying medical expenses, costs of purchasing your principal residence (or preventing eviction from or foreclosure on your principal residence), or repairing qualifying damages to your principal residence), qualifying post-secondary education expenses, or qualifying burial or funeral expenses. Hardship withdrawals are administered by Fidelity.

### Loans

Loans are only available with Fidelity and are subject to the terms of the loan policy.

## Additional Information

Additional information about the Plan is also available on the retirement section of our website at [hr.duke.edu/benefits/retirement](http://hr.duke.edu/benefits/retirement). If you have questions regarding this notice, please contact the HRIC at (919) 684-5600 or [hr.duke.edu](http://hr.duke.edu).

<sup>1</sup> Employees not eligible to receive Duke's contribution include non-exempt position staff not employed at Lake Norman, post-doctoral scholars, chaplains in Job Code 1671, contract employees and student workers.

<sup>2</sup> Employees who have had 15 years or more of continuous service with Duke and have contributed an average of less than \$5,000 per year of service to the Plan may be eligible for an additional catch-up contribution amount of \$3,000. Please contact HRIC (919) 684-5600 to confirm eligibility for this additional catch-up contribution amount.

*This information is subject to the terms of the applicable legal plan document, which may be modified from time to time. Where this description and the official document vary, the official plan document is the final authority. Duke reserves the right to change or terminate this benefit or your eligibility for benefits under the plan. Duke has no liability for your election to enroll in the Plan and does not guarantee any tax consequences resulting from enrolling in the Plan. Duke does not provide tax, legal or investment advice and recommends that employees seek advice from professionals who specialize in these areas.*



# Notice of Nondiscrimination for Health Plans

Duke University complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Duke University does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Duke University:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Kim Hewitt at (919) 684-8222 or [kimberly.hewitt@duke.edu](mailto:kimberly.hewitt@duke.edu).

If you believe that Duke University has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Kim Hewitt, 705 Broad St., Durham, NC 27705, 919-684-8222 (p), 919-684-8580 (f), [kimberly.hewitt@duke.edu](mailto:kimberly.hewitt@duke.edu). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Kim Hewitt, VP for Institutional Equity & Chief Diversity Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html).

# Language Assistance Services

**English:** If you speak English, language assistance services, free of charge, are available to you. Call 1-919-684-5600.

**Español (Spanish):** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-919-684-5600.

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-919-684-5600。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-919-684-5600.

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-919-684-5600. 번으로 전화해 주십시오.

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-919-684-5600.

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-919-684-5600.

**العربية (Arabic):** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-919-684-5600 (رقم).

**Français (French):** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-919-684-5600.

**Deutsch (German):** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-919-684-5600.

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-919-684-5600.まで、お電話にてご連絡ください。

**हिंदी (Hindi):** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-919-684-5600 पर कॉल करें।

**ગુજરાતી (Gujarati):** યુના: જો તમે જરાતી બોલતા હો, તો િન:લુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો 1-919-684-5600.

**Hmoob (Hmong):** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-919-684-5600.

**ខ្មែរ (Cambodian):** ប្រយ័ត្ន: បើសិនអ្នកនិយាយខ្មែរ, សេវាជំនួយភាសាខ្មែរឥតគិតថ្លៃ មានសម្រាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-919-684-5600។

**ພາສາລາວ (Lao):** ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-919-684-5600. ।

# Duke @WORK

Duke@Work is a self-service website that offers employees the ability to view and update their personal information and enroll in benefits. The site offers employees flexibility, which is especially important at Duke, where people work around the clock to support students, patients and research facilities.

Faculty and staff can access the Duke@Work website at [hr.duke.edu/selfservice](http://hr.duke.edu/selfservice).

By using your NetID and password to access the secured site, you can view or make changes to:



## My Pay:

- Set up or change bank accounts for direct deposit
- Change Federal and North Carolina tax withholding amounts
- View current and past pay statements
- View your W-2 statement
- Calculate take home pay



## My Profile:

- Change your home address and phone numbers
- Update your work address (physical location)
- Provide cell phone for emergency text messages



## My Benefits:

- Complete your new hire benefits enrollment
- Indicate Basic Life insurance beneficiary(ies)
- Review your major benefit programs
- Enroll in or access your health care or dependent care reimbursement account
- Enroll in or change retirement contributions or view your retirement plan balance
- Enroll in or access your Supplemental Term Life Insurance & Auto/Home Insurance
- Access Duke Disability Program Request for Service Requirement Waiver Form
- Access Voluntary Disability Enrollment Form found at [hr.duke.edu/benefits](http://hr.duke.edu/benefits)
- Complete qualifying life event enrollment
- Locate benefit program contacts and providers

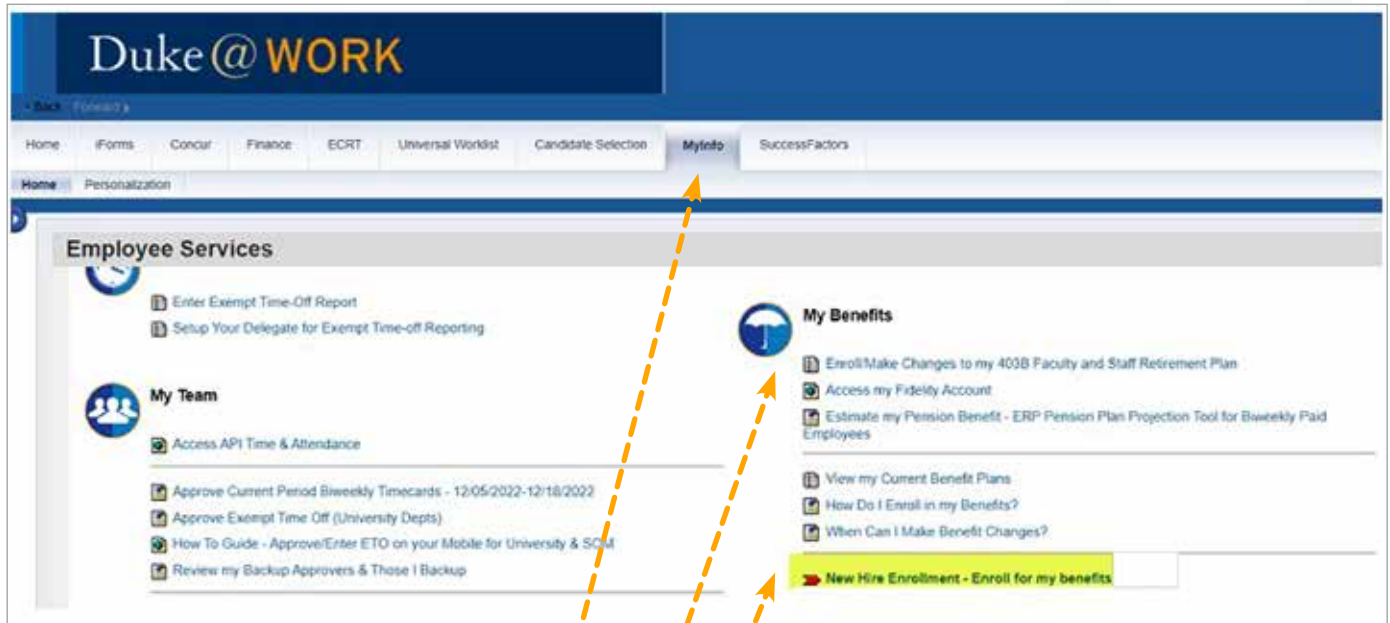


## My Career:

- Search for jobs at Duke
- Explore professional development opportunities

# How to Enroll Using the Duke@Work Website

Log on to the Duke@Work website at [hr.duke.edu/selfservice](https://hr.duke.edu/selfservice)  
When prompted, enter your Duke NetID and your NetID password.  
**You must enroll in medical, dental, vision plans and/or the reimbursement accounts within 30 days of your hire date.\***



## Navigate to New Hire Enrollment Link:

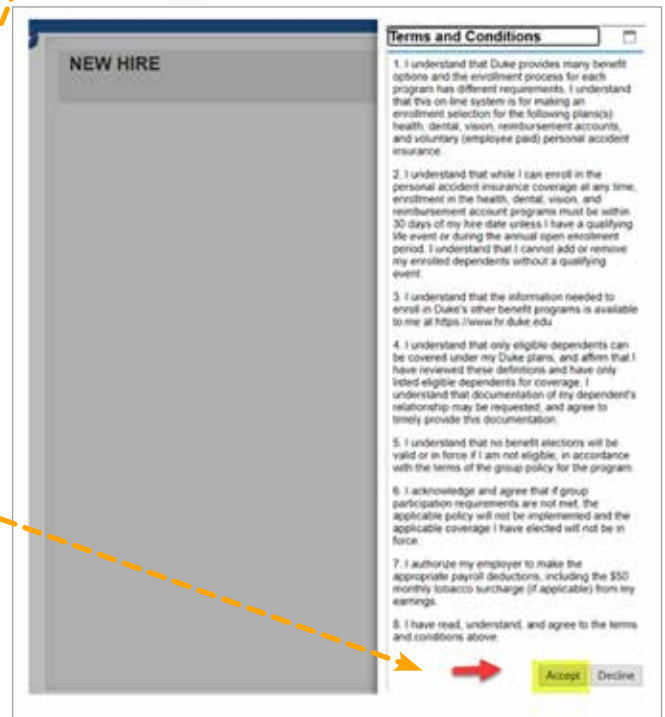
Click on **“My Info”**

**“My Benefits”**

and then click

**“New Hire Enrollment  
– Enroll for my Benefits”**

Click **“Accept”** when the  
Terms and Conditions box appears



## New Hire Step 1: Review Your Personal Data:

**Please Note:** Your Permanent (US Home) Zip code will determine which medical plans you are eligible for. If you have relocated, you will need to update home address and the effective date of your address change must be on or before your medical effective date.

**NEW HIRE: Step 1 (Personal Profile)**

Personal Profile | Dependents and Beneficiaries | Health Plans | Insurance Plans | Review and Save

**Personal Data**

Full name: \_\_\_\_\_

**Tobacco Use Information**

If you have used tobacco in any form more than 5 times during the year, please click the "ADD" icon under Tobacco Use Information to check.

**Addresses**

**PERMANENT US (HOME)**

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Duke External Mailing Address**

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Duke Interoffice Address**

Street: DUKE BOX \_\_\_\_\_  
City: DURHAM

**Click Next**

## New Hire Step 2: Add Your Dependents:

**Please Note:** Only Eligible Dependents can be added to your health plans. Refer to **Benefit Decision Guide- Dependent Eligibility**.

**NEW HIRE: Step 2 (Dependents and Beneficiaries)**

Personal Profile | Dependents and Beneficiaries | Health Plans | Insurance Plans | Review and Save

**DEPENDENTS**

**Spouse**

Name: \_\_\_\_\_

**Child**

Name: \_\_\_\_\_

**Click Next**

## New Hire Step 3: Add your health plans

**Please Note:** Select Plan and Coverage tier and remember to check the box to Enroll Dependents on health plan. If you don't enroll in dental coverage when first eligible, the late entrant provision will apply. Refer to **Benefit Decision Guide - Late Entrant Restrictions**.

**NEW HIRE: Step 3 (Health Plans)**

Personal Profile | Dependents and Beneficiaries | Health Plans | Insurance Plans | Review and Save

**Enroll in Health Plans - Please NOTE that plan eligibility is based on your home zip code**

Actions	Plan Type	Starts On	Status	Plan Name	Coverage	Dependents
<input type="checkbox"/> Add	Dental	01/01/2023	<input type="checkbox"/>			
<input type="checkbox"/> Add	Medical	01/01/2023	<input type="checkbox"/>			
<input type="checkbox"/> Add	Vision	01/01/2023	<input type="checkbox"/>			

**If you or a dependent are not currently enrolled for dental coverage through Duke and enroll for 2023, a "late entrant" provision will apply. As a late entrant, coverage for the first 12 months will be limited to two preventive care exams (excluding X-rays), two cleanings, and one fluoride application for children under age 19.**

**Select a Vision Plan**

Plan Name	Coverage	Pre-Tax Costs	Post-Tax Costs
Vision	Employee Only	9.66 USD Monthly	
Vision	Employee+Spouse	18.50 USD Monthly	
Vision	Employee+Child	18.49 USD Monthly	
Vision	Employee+Children	19.46 USD Monthly	
Vision	Employee+Family	29.97 USD Monthly	

**Enroll Dependents**

**Add Cancel**

**Click Next**

## ● New Hire Step 4: Add Your Insurance Plans (Personal Accidental Death & Dismemberment)

**Please Note:** Remember to complete your beneficiary designation online at: [Personal Accident Insurance Enrollment/Beneficiary Form | Human Resources \(duke.edu\)](https://hr.duke.edu/personal-accident-insurance-enrollment/beneficiary-form)

**NEW HIRE: Step 4 (Insurance Plans)**

Navigation: < Previous, Next >, Save

Progress: 1 Personal Profile, 2 Dependents and Beneficiaries, 3 Health Plans, 4 Insurance Plans, 5 Review and Save

Actions	Plan Type	Starts On	Status	Plan Name	Option	Coverage
	Pers AD & D	01/01/2023		Personal Accident Insurance	Individual	

**Click**  
Next >

## ● New Hire Step 5: Review and Save

**Please Note:** Remember to click **SAVE** to submit your elections. You will receive an email with a link to your confirmation statement. Please review your elections again to ensure you are enrolled in correct plans.

**NEW HIRE: Step 5 (Review and Save)**

Navigation: < Previous, Next >, Save

Progress: 1 Personal Profile, 2 Dependents and Beneficiaries, 3 Health Plans, 4 Insurance Plans, 5 Review and Save

Plan Type	Starts On	Status	Plan Name	Coverage	Dependents
Dental	01/01/2023	Current	Dental A	Employee+Spouse	
Medical	01/01/2023	Current	Duke Basic	Employee+Spouse	
Pers AD & D	01/01/2023	Current	Personal Accident Insurance	100,000.00 USD	

**Plans not Enrolled In**

Plan Type
Vision

You must click SAVE to submit your elections.

**Click**  
Save

**Note:** If you are unable to enroll in your benefits, please contact the Benefits Integration Team at 919-613-3447 within 30 days of your hire date. It is your responsibility to verify that your benefit elections are correct by reviewing your confirmation statement and paycheck deductions.

**Please Note:** Tobacco Use (Smoker Status) Indication – Please do not click the “ADD” button under “Tobacco Use” if you do not smoke or use tobacco (see page 6).

\* You may enroll at any time in the Faculty and Staff Retirement Plan.



# Glossary

Below are definitions of some terms used in this guide:

**Beneficiary:** The beneficiary of a life insurance policy is the person or persons who receives the designated benefits payment(s) after the death of the insured. Designating a beneficiary is one of the most important decisions you will make as an employee.

**Coinsurance:** when you pay a percentage of medical charges instead of a fixed amount.

**Copayment or copay:** when you pay a fixed amount for a medical service.

**Deductible:** the amount you pay each year towards certain covered medical expenses before your plan starts paying benefits.

**Formulary:** a preferred list of commonly prescribed medications that are selected based on their clinical effectiveness and opportunities to help contain costs within a prescription drug program. **Non-formulary drugs are drugs not found on this list.**

**Health Maintenance Organization (HMO):** a type of medical plan that consists of a network of doctors, hospitals, and other health care providers. This type of plan will not pay for an out-of-network provider except in emergency or urgent care situations. Unlike traditional HMOs, with Blue Care, you do not need a referral from your Primary Care Physician (PCP) to see a network specialist.

**Maintenance Medications:** medications that a provider has prescribed for regular (i.e., daily) use and include (but are not limited to) heart/ulcer/blood pressure medication, hormone therapy, and birth control pills.

**Maximum Allowable Charges (MAC):** the maximum dollar amount that the insurance company will reimburse a provider for a specific service.

**Network:** a group of doctors, hospitals, and other providers that have contracted with an HMO or PPO and have agreed to accept contractual rates.

**Out of Pocket Expense:** the amount you pay towards a medical, dental or vision service that isn't reimbursed by your insurance plan.

**Out of Pocket Limit:** the annual maximum amount that a member could pay in a year for covered medical and pharmaceutical services combined. Please Note: Infertility Copays, Coinsurance, Deductible and Pharmaceuticals do not count towards a member's annual maximum Out of Pocket Limit.

**Preferred Provider Organization (PPO):** a type of medical/dental plan that consists of a network of doctors, hospitals, or other health care providers. You may visit doctors outside of this network for most services. If you use an in-network provider, you will be responsible for a lower portion of the bill than you would if you used an out-of-network provider.

**Primary Care Physician (PCP):** a health care provider (such as a nurse practitioner, physician, or physician assistant) who belongs to a network and who provides primary medical care in internal medicine, pediatrics, family practice, and/or general practice.

**Specialty Medications:** medications used to help manage complex and chronic health conditions such as anemia, cancer, rheumatoid arthritis, multiple sclerosis, and cystic fibrosis as well as other conditions. These medications usually have specialized ingredients and often need to be stored and/or handled in distinct ways. See the HR website for a link to Express Scripts' listing of Specialty Medications.

**Spouse:** All faculty and staff, regardless of sexual orientation, must be legally married to cover a partner or partner's child for benefits or applicable policies.

**Usual and Customary (U&C):** This refers to the standard or most common charge for a specific medical or dental ordered service when rendered in a particular geographic area.

# Frequently Asked Questions

## Medical Plan

**Q: Do the medical plans cover pre-existing conditions?**

**A:** Yes. Our medical plans will cover a pre-existing condition for covered services.

**Q: How can I find a medical care provider?**

**A:** A listing of network providers can be found online at [hr.duke.edu/providers](http://hr.duke.edu/providers).

**Q: When can I start my medical insurance coverage?**

**A:** You must enroll within 30 days after your “eligibility date.” For most employees, the eligibility date is their date of hire, which is usually the first day at work, or it is the date of transfer into a benefit eligible position. If you elect medical coverage, it will be effective the first of the month following your date of eligibility. For example, if your eligibility date was January 14th, your coverage will be effective February 1st.

You may also elect to have your medical coverage begin on your eligibility date. However, you must pay the full premium for the first month of coverage.

**Q: When will my medical plan premium be deducted from my paycheck?**

**A:** Premiums are deducted a month in advance. For example, if you selected medical plan coverage for the month of March, then a payroll deduction would be taken in February. Therefore, you may have multiple payroll deductions in one paycheck to ensure that your coverage is paid.

**Q: Once enrolled, when will I receive medical insurance identification (ID) cards?**

**A:** You should receive ID cards within three weeks of your enrollment. If you have an urgent medical need, you may contact the HRIC at (919) 684-5600 for your medical insurance ID numbers.

## Vision Plan

**Q: How do I find my UnitedHealthcare (UHC) Vision identification number?**

**A:** Your UHC vision identification number is your Duke Unique ID number plus leading zeroes, for a total of a nine digit number.

**Q: Once enrolled, will I receive vision insurance identification (ID) cards?**

**A:** You do not need a member ID card to use your vision benefits. However, if you would like one, you can easily print out a personalized ID card at the UnitedHealthcare Vision website ([myuhcvision.com](http://myuhcvision.com)).

## Dental Plan

**Q: What are the key differences in the dental options?**

**A:** All three plans cover preventive, basic, major, and orthodontia, but differ in how they pay for covered services and the amount they will pay for covered services. Please visit [explore.ameritas.com/duke](http://explore.ameritas.com/duke).

Plan B is the basic plan and participants can expect higher out-of-pocket costs, but lower monthly premiums.

The PPO plan allows the most control over cost-sharing costs (due to negotiated procedure rates, called MAC), but requires you to use in-network providers. Due to negotiated rates, your out-of-pocket costs are less than Plan A.

With Plan A, you are not required to use a network provider. However, you are responsible for charges over Usual & Customary (U & C). Accordingly, your out-of-pocket costs are higher than the PPO plan.

## Duke Disability Plan

**Q: How can I waive the three-year waiting period for the Duke Disability Plan?**

**A:** If you were previously covered by a group long-term disability plan within the last 90 days, you can request a waiver of the three-year waiting period. Please refer to page 28 of this benefits guide for details about the documentation required for this waiver or visit the website at [hr.duke.edu/disabilitywaiver](http://hr.duke.edu/disabilitywaiver). If you do not qualify for this waiver, then you might consider enrolling in one of our voluntary disability programs.

## Faculty and Staff Retirement Plan

**Q: How can I waive the one-year waiting period for Duke's contribution to the retirement plan for eligible employees paid monthly?**

**A:** This one-year waiting period can be waived if you meet certain criteria. Please refer to page 32 of this benefits guide for details about the eligibility criteria and the documentation required for this waiver or visit the website at [hr.duke.edu/servicewaiver](http://hr.duke.edu/servicewaiver). Remember, you may enroll in the retirement plan at any time on or after your date of hire.

**Q: When can I enroll in the Faculty and Staff Retirement Plan?**

**A:** You may enroll in the Faculty and Staff Retirement Plan and start making your own voluntary contributions at any time upon hire.

# Contacts

## DHIP & Benefits Integration Team

[benefitsintegration@duke.edu](mailto:benefitsintegration@duke.edu)  
705 Broad Street  
Durham, NC 27705  
(919) 613-3447

## Duke Human Resource Information Center (HRIC)

[hr.duke.edu](http://hr.duke.edu)  
705 Broad Street  
Durham, NC 27705  
(919) 684-5600  
Fax (919) 668-6768

## Duke@Work Employee Self-Service Site

[hr.duke.edu/selfservice](http://hr.duke.edu/selfservice)

## Duke Regional Hospital Human Resources

(919) 470-7288

## Duke Raleigh Hospital Human Resources

(919) 954-3110

## Medical Plans

Blue Care HMO and  
Duke Options PPO  
Blue Cross and Blue Shield  
[bluecrossnc.com](http://bluecrossnc.com)  
Toll-free (877) 275-9787

Express Scripts  
(pharmacy manager)  
[express-scripts.com](http://express-scripts.com)  
Toll-free (800) 717-6575

## Dental

Ameritas  
[explore.ameritas.com/duke](http://explore.ameritas.com/duke)  
Toll-free (800) 487-5553

## Vision

UnitedHealthcare Vision  
[myuhcvision.com](http://myuhcvision.com)  
Toll-free (800) 638-3120

## Reimbursement Accounts

HealthEquity  
[hr.duke.edu/benefits/reimbursement-accounts](http://hr.duke.edu/benefits/reimbursement-accounts)  
Toll-free (877) 924-3967

## Life Insurance

Basic Life Insurance  
[hr.duke.edu](http://hr.duke.edu)  
HRIC (919) 684-5600

Business Travel & Accident Insurance  
[hr.duke.edu/businesstravel](http://hr.duke.edu/businesstravel)  
HRIC (919) 684-5600

Personal Accident Insurance  
[hr.duke.edu](http://hr.duke.edu)  
HRIC (919) 684-5600

Supplemental Life Insurance  
Mercer Voluntary Benefits  
[dukevoluntarybenefits.com](http://dukevoluntarybenefits.com)  
Toll-free (800) 552-9670

International SOS Program  
[hr.duke.edu/businesstravel](http://hr.duke.edu/businesstravel)  
(215) 942-8226

## Financial Security

Retirement Plans  
[hr.duke.edu/benefits/retirement](http://hr.duke.edu/benefits/retirement)  
HRIC (919) 684-5600

Voluntary Disability Insurance  
(Voluntary Short Term Disability and/  
or Long Term Disability Programs)  
MGIS Companies  
Toll-free (800) 969-6447 ext. 139

Duke Disability Plan  
(Duke-provided Long Term Disability  
Plan for Eligible Employees)  
[hr.duke.edu](http://hr.duke.edu)  
HRIC (919) 684-5600

Personal Casualty Insurance  
Mercer Voluntary Benefits  
[dukevoluntarybenefits.com](http://dukevoluntarybenefits.com)  
Toll-free (800) 552-9670

Duke Credit Union  
[dukefcu.org](http://dukefcu.org)  
(919) 684-6704

To find a medical, dental, or vision provider, visit [hr.duke.edu/providers](http://hr.duke.edu/providers)



# Enrollment and Service Requirement Waiver Instructions

You may complete your enrollment elections online at Duke@Work, [hr.duke.edu/selfservice](http://hr.duke.edu/selfservice), or the web addresses provided below. If you wish to enroll in the Voluntary Disability plan(s), please return the completed enrollment form to the address listed on the form.

For your convenience, a checklist of benefits for which you may be eligible is also included.

Benefit Plan	Web or Form	How to Enroll or Request Waiver
Medical, Dental, and/or Vision	Web	You have up to 30 days after your date of hire or eligibility to enroll in these plans online at Duke@Work, <a href="http://hr.duke.edu/selfservice">hr.duke.edu/selfservice</a> .
Reimbursement Accounts	Web	You have up to 30 days after your date of hire or eligibility to enroll in a dependent care and/or health care reimbursement account online at Duke@Work, <a href="http://hr.duke.edu/selfservice">hr.duke.edu/selfservice</a> .
Personal Accident Insurance	Web or Form	<ul style="list-style-type: none"> <li>• <b>Web</b> - Within 30 days after your date of hire or eligibility, you may enroll online at Duke@Work, <a href="http://hr.duke.edu/selfservice">hr.duke.edu/selfservice</a>.</li> <li>• <b>Form</b> - After your first 30 days, you can enroll anytime with an enrollment form located at <a href="http://hr.duke.edu/forms/benefits">hr.duke.edu/forms/benefits</a>.</li> </ul>
Basic Life Insurance (\$10,000 of coverage is provided at no cost to you.)	Web	Enrollment is automatic, however, you must complete the beneficiary designation online immediately at Duke@Work, <a href="http://hr.duke.edu/selfservice">hr.duke.edu/selfservice</a> .
Supplemental Life Insurance	Web	If you enroll within 30 days after date of hire or initial eligibility, you do not have to answer medical questions for coverage up to the lesser of two times annual salary or \$500,000, <a href="http://dukevoluntarybenefits.com">dukevoluntarybenefits.com</a> .
Voluntary Disability Enrollment Form and Premium Worksheet	Form #1	If you enroll within 30 days after date of hire or eligibility, you do not have to answer medical questions. The enrollment form should be mailed to the vendor.
Enrollment information for: <ul style="list-style-type: none"> <li>● Faculty and Staff Retirement Plan</li> <li>● Personal Casualty Insurance (Discounted Auto and Home Insurance)</li> </ul>	Form #2	You may enroll in any of these plans at any time. Please see page 51 for enrollment instructions.
Service Request Waiver for: <ul style="list-style-type: none"> <li>● Duke Disability Program Request for Service Requirement Waiver</li> <li>● Duke Contribution to the Faculty and Staff Retirement Plan</li> </ul>	Form #2	You may be eligible to request a service waiver for one or both of these plans. For additional information, please see page 51.

If you need assistance with any of these materials, please email [hr.duke.edu](mailto:hr.duke.edu) or call the Human Resource Information Center at (919) 684-5600.

# Voluntary Disability Enrollment Form

## Hartford Life and Accident Insurance Company

Last Name (Legal Name)	First Name	M.I.
Duke Unique ID	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address	City	State
Date of Hire or Elig.	Hours Worked Per Week	<input type="checkbox"/> Paid Biweekly \$ _____ Hourly Rate <input type="checkbox"/> Paid Monthly \$ _____ Monthly Salary

Please check the appropriate box that corresponds to your location:

- Duke University  
  Duke University Health System  
  Duke Regional Hospital  
  Duke Raleigh Hospital  
  Duke Lake Norman Medical Center

It is easier to enroll within the first 30 days after your new hire date or first period of eligibility because the coverage is issued under “guaranteed issue” guidelines. Guaranteed issue means coverage will be issued without regard to health status. If you wait until after 30 days to apply for enrollment, you will have to answer health questions which may impact your enrollment.

## Voluntary Short Term Disability Insurance

You have the opportunity to enroll in the Voluntary Short Term Disability (STD) insurance plan. This plan provides you with income protection to replace up to 60% of your base salary, to a maximum weekly benefit of \$2,885.

I elect to enroll in the Voluntary STD plan.

## Voluntary Long Term Disability Insurance (for employees with less than 3 years of full-time, continuous service or without the Duke Disability Waiver)

You have the opportunity to enroll in the Voluntary Long Term Disability (LTD) insurance plan. This LTD plan provides you with income protection to replace up to 60% of your base salary, to a maximum monthly benefit of \$12,500.

I elect to enroll in the Voluntary LTD plan.

## Employee’s Acknowledgment

I have been given the opportunity to enroll in my employer’s voluntary group disability insurance plan(s). I understand that if I decline now, but later decide to enroll, I may be required to provide satisfactory evidence of insurability and understand my request for coverage may be denied.

If I opt to enroll in the plan, I authorize my employer to make the appropriate payroll deductions from my wages on a post-tax basis. I am currently not disabled, and I am performing all the duties of my occupation on a full-time basis.

MGIS will notify me in writing about my enrollment. If not notified in writing within 60 days of my enrollment form submission, it is my responsibility to contact MGIS (1-800-969-6447, ext. 139) to inquire about the status. Once confirmation of coverage is received from MGIS, it is also my responsibility to check my payroll deductions in a timely manner to confirm that premiums are deducted. Also, monthly premiums must be paid for eligible coverage to be valid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE RETURN THIS FORM TO:

The MGIS Companies, 111 South Main Street, Suite 400, Salt Lake City, UT 84111-2176  
 Fax: 801-990-2401 or 800-497-8249 (toll-free) • Phone: 800-969-6447, ext. 139

(Please keep a copy for your record.)



# Voluntary Disability Premium Worksheet

The premium will be payroll deducted monthly. The rate depends on your current base salary and age as of January 1st of current year, calculated per \$100 of covered monthly pay. To determine your monthly payroll deduction, fill out the premium calculation worksheet.

## Premium Calculation Worksheet

Example: Employee age 35 earning \$25,000 per year.

### Voluntary STD

	Example:	You:
1. Enter your annual earnings, up to \$ 250,000:	\$ 25,000	\$ _____
2. Divide by 12:	\$ 2,083.33	\$ _____
3. Divide line 2 by 100:	\$ 20.83	\$ _____
4. Enter your rate from the table to the right:	\$ .23	\$ _____
5. Multiply line 3 by line 4. This is your monthly premium:	\$ 4.79	\$ _____

Age	Voluntary STD Rate/\$100 of covered pay
<25	\$ .27
25-29	\$ .29
30-34	\$ .23
35-39	\$ .23
40-44	\$ .23
45-49	\$ .26
50-54	\$ .31
55-59	\$ .34
60-64	\$ .36
>65	\$ .50

### Voluntary LTD

	Example:	You:
1. Enter your annual earnings, up to \$250,000:	\$ 25,000	\$ _____
2. Divide by 12:	\$ 2,083.33	\$ _____
3. Divide line 2 by 100:	\$ 20.83	\$ _____
4. Enter your rate from the table to the right:	\$ .32	\$ _____
5. Multiply line 3 by line 4. This is your monthly premium:	\$ 6.67	\$ _____

Age	Voluntary LTD Rate/\$100 of covered pay
<35	\$ .25
35-39	\$ .32
40-44	\$ .50
45-49	\$ .94
50-54	\$ 1.10
55-59	\$ 1.24
>60	\$ 1.36

1a

## How Do I Enroll?

Complete the enrollment form included in your orientation packet and return it to our plan record keeping administrator:

The MGIS Companies  
 111 South Main Street, Suite 400  
 Salt Lake City, UT 84111-2176  
 Fax: 801-990-2401 or 800-487-8248 (toll-free)

Send the completed enrollment form and keep a copy of it for your records. MGIS will notify you in writing about your enrollment. Questions about plan administration, record keeping, and payroll deductions may be referred to MGIS at:

(800) 969-6447 ext. 139  
 9:30 AM to 6:15 PM EST



# Enrollment and Service Requirement Waiver Information

## Plan

## How Do I Enroll?

### Faculty and Staff Retirement Plan [403(b) Plan]

You may enroll in this plan at any time by following these easy steps:

1. Set up your payroll deduction through the Duke@Work self-service website at [hr.duke.edu/selfservice](http://hr.duke.edu/selfservice).
2. Register with Fidelity at [fidelity.com/duke](http://fidelity.com/duke) to select your investment options and designate your beneficiary(ies).

For more information about the investment options available to you, review the “Faculty and Staff Retirement Plan: Enrolling and Selecting Your Investment Options Guide” brochure or go to [hr.duke.edu/tiered](http://hr.duke.edu/tiered).

### Personal Casualty Insurance (Discounted Auto and Home Insurance)

Call (800) 552-9670 or log on to [dukevoluntarybenefits.com](http://dukevoluntarybenefits.com) for a quote on homeowner’s, renter’s, automobile, or personal property loss coverage. The coverage is offered through Mercer Voluntary Benefits’ Auto and Home Insurance Benefit, and premiums are deducted through an after-tax payroll deduction.

You may enroll in this plan at any time.

2

## Service Requirement Waiver

## How Do I Request?

### Duke Disability Program Request for Service Requirement Waiver

(Submission within 90 calendar days after Hire Date or Eligibility)

You can request that your immediate previous employer completes the “Duke Disability Service Requirement Waiver” form if you had an employer-sponsored long term disability plan within 90 calendar days of full-time employment to Duke. See page 28 for more details or locate the form at [hr.duke.edu/servicewaiver-form](http://hr.duke.edu/servicewaiver-form).

**It is your responsibility to provide and confirm receipt of Duke Disability Service Requirement Waiver by the Duke Benefits Office within 90 calendar days of your date of hire or eligibility.**

### Duke Contribution to the Faculty and Staff Retirement Plan (Faculty or salaried staff paid monthly)

You may enroll in this plan at any time. If you are eligible to receive Duke’s contribution, you may be eligible to waive the one-year wait if you meet certain criteria. Please see page 32 for details about the eligibility criteria and the documentation required for this service waiver or visit [hr.duke.edu/servicewaiver-form](http://hr.duke.edu/servicewaiver-form).

**It is your responsibility to have the waiver completed by your immediate prior employer’s plan and returned to the Duke Benefits Office.**

If you need assistance with any of these materials, please email [hr@duke.edu](mailto:hr@duke.edu) or call the Human Resource Information Center at (919) 684-5600.

# Benefits Checklist

## Decisions To Be Made Within 30 Days After Date of Hire or Eligibility:

### Medical Insurance

Please choose carefully. Changes to your medical plan may only be made during the annual Open Enrollment period or if you experience a qualifying life event (as defined by the IRS).

### Dental Insurance

Please Note: If you do not enroll within 30 days after date of hire or eligibility, you may have to wait until the next annual Open Enrollment, and your coverage will be limited in the first twelve months to two preventive care exams (not including x-rays), two cleanings, and for children under age 19, one fluoride application.

### Vision Insurance

Changes to your vision plan may only be made during the annual Open Enrollment period or if you experience a qualifying life event (as defined by the IRS).

### Reimbursement Accounts — Health Care and/or Dependent Care

Please Note: Your reimbursement account election remains in effect until the end of the calendar year unless you experience a qualifying life event (as defined by the IRS) which may allow you to stop or adjust your contribution within the year.

### Voluntary Disability Insurance — Short Term and/or Long Term

If you do not enroll within 30 days after date of hire or eligibility, you must provide evidence of insurability to enroll.

### Supplemental Life Insurance

If you do not enroll within 30 days after date of hire or initial eligibility, you must provide evidence of insurability to participate.

### Basic Life Insurance — \$10,000 of Coverage

Provided at **no** cost to you by Duke. Enrollment is automatic, but, you must designate your beneficiaries online. However, since your beneficiary designation is important protection for whom you choose, we encourage you to do so immediately.

## Other Benefits You May Enroll In at Any Time:

Faculty & Staff Retirement Plan [403(b) plan]\*

Personal Accident Insurance

Personal Casualty Insurance (Discounted Auto and Home Insurance)

## Other Benefits Provided by Duke at No Cost To Eligible Employees:\*\*

Business Travel and Accident Insurance

International SOS

Paid Parental Leave

Employee Tuition Assistance

Duke Disability\*

Cigna Medical Benefits Abroad

Personal Assistance Service (PAS)

Time Off from Work

\* You may be eligible for a service requirement waiver for this plan. For additional information, please see page 51.

\*\* Benefits may be subject to eligibility requirements.

# Earned Wage Access



## Access your pay when you need it!

Earned Wage Access (EWA) is a solution that gives employees the ability to access their already earned wages, if needed, outside of a traditional pay cycle.

### **More Control Over Personal Finance**

EWA allows additional planning for episodic events such as holidays, travel & emergencies.

### **Avoid Late Fees, Overdrafts, and Payday Loans**

No waiting days or weeks in between paycheck to help pay bills and meet financial obligations.

### **Improving Financial Wellness**

Access to financial wellness tools and Resources.



## Get started today

- Scan the QR Code
- Download the DailyPay App
- Sign in with your Duke credentials
- Gain access to your earned wages outside of the normal pay cycle



# NOTES

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Check out

# WORKING @DUKE



for the latest news, resources & conversation

Print: **Working@Duke** publication delivered home each quarter

Online: **working.duke.edu** for daily news you can use



[facebook.com/WorkingatDuke](https://facebook.com/WorkingatDuke)



[x.com/WorkingatDuke](https://x.com/WorkingatDuke)



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