October 2021

Dear Colleague,

We are so fortunate at Duke to have access to world-renowned care through Duke Health providers, as well as quality and affordable healthcare coverage. Never has this been more important or more reassuring than during the last year and a half of the COVID-19 pandemic.

In addition, Duke faculty and staff will see enhanced medical coverage in 2022, including expanded coverage of preventive care services and a cap on out-of-pocket costs for participants.

While the cost of coverage continues to climb nationally, Duke's monthly premiums for health insurance will only increase between $1 and $7 per month for individual coverage, depending on the plan. In addition, there will be no increases next year in premiums or out-of-pocket costs for dental or vision insurance.

We offer four different health plans that provide different types of coverage for different needs. Take time to review the plans to determine the best options for you and your family. We also encourage you to review the special enrollment details for supplemental life insurance on pages 15-16. If you have not already, please consider this valuable benefit to help protect the financial future of your loved ones.

You will be able to enroll or make changes to your health, dental, vision and reimbursement benefits during our annual open enrollment period beginning at 2 p.m. Oct. 18 and ending Oct. 29 at 6 p.m. This annual period is the only time faculty and staff can enroll or make changes to these benefits outside of a qualifying life event such as marriage or the birth of a child.

For more information, please visit the Duke Human Resources website at hr.duke.edu/enrollment2022. If you have questions, contact the Duke Open Enrollment Service Center at 1-919-684-5600, option 1. Representatives will be available from 2 p.m. – 6 p.m. Oct. 18, and from 8 a.m. – 6 p.m. weekdays between Oct. 19 – Oct. 29, and from 10 a.m. – 3 p.m. Saturday, Oct. 23.

Thank you for your commitment and service to Duke.

Sincerely,

Kyle Cavanaugh
Vice President, Administration

Para información detallada sobre sus beneficios, comuníquese por favor al Centro de Recursos Humanos de Duke al (919) 684-5600, Opción 1.
Open enrollment is your opportunity to review your medical, dental, vision, and reimbursement account benefit elections and make any changes necessary to ensure your choices continue to meet your needs.

If you wish to participate in the Health Care or Dependent Care Reimbursement Accounts for 2022, you must enroll (or re-enroll). Participation in the reimbursement accounts does not automatically continue from year to year.

If you do not make changes to your medical, dental or vision coverage, your current medical, dental and vision coverage elections for 2021 will continue for 2022.

This enrollment guide and the Open Enrollment website at hr.duke.edu/enrollment2022 highlight the medical, dental, and vision plan choices available to eligible employees and their dependents, as well as benefits available under the Health Care and Dependent Care Reimbursement Accounts.
# Monthly Medical, Dental, and Vision Premiums

**Effective January 1, 2022**

## Duke Select (HMO Model) Premiums

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Employee/Child</th>
<th>Employee/Children</th>
<th>Employee/Spouse</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Premium*</td>
<td>$495.00</td>
<td>$737.00</td>
<td>$921.00</td>
<td>$1,158.00</td>
<td>$1,354.00</td>
</tr>
<tr>
<td>Full-time Employee Premium</td>
<td>$89.00</td>
<td>$208.00</td>
<td>$301.00</td>
<td>$423.00</td>
<td>$521.00</td>
</tr>
</tbody>
</table>

## Duke Basic (HMO Model) Premiums

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Employee/Child</th>
<th>Employee/Children</th>
<th>Employee/Spouse</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Premium*</td>
<td>$420.00</td>
<td>$616.00</td>
<td>$769.00</td>
<td>$968.00</td>
<td>$1,117.00</td>
</tr>
<tr>
<td>Full-time Employee Premium</td>
<td>$36.00</td>
<td>$117.00</td>
<td>$182.00</td>
<td>$271.00</td>
<td>$329.00</td>
</tr>
</tbody>
</table>

## Blue Care (HMO Model) Premiums

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Employee/Child</th>
<th>Employee/Children</th>
<th>Employee/Spouse</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Premium*</td>
<td>$1,039.00</td>
<td>$1,382.00</td>
<td>$1,570.00</td>
<td>$1,933.00</td>
<td>$2,314.00</td>
</tr>
<tr>
<td>Full-time Employee Premium</td>
<td>$183.00</td>
<td>$356.00</td>
<td>$449.00</td>
<td>$632.00</td>
<td>$823.00</td>
</tr>
</tbody>
</table>

## Duke Options (PPO Model) Premiums

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Employee/Child</th>
<th>Employee/Children</th>
<th>Employee/Spouse</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Premium*</td>
<td>$987.00</td>
<td>$1,333.00</td>
<td>$1,568.00</td>
<td>$1,925.00</td>
<td>$2,252.00</td>
</tr>
<tr>
<td>Full-time Employee Premium</td>
<td>$177.00</td>
<td>$347.00</td>
<td>$464.00</td>
<td>$647.00</td>
<td>$810.00</td>
</tr>
</tbody>
</table>

## Dental Premiums

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Employee/Child</th>
<th>Employee/Children**</th>
<th>Employee/Spouse</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO Plan Premium</td>
<td>$39.21</td>
<td>$76.20</td>
<td>$78.47</td>
<td>$118.79</td>
<td></td>
</tr>
<tr>
<td>Plan A Premium</td>
<td>$45.14</td>
<td>$87.70</td>
<td>$90.32</td>
<td>$136.74</td>
<td></td>
</tr>
<tr>
<td>Plan B Premium</td>
<td>$12.18</td>
<td>$24.82</td>
<td>$24.37</td>
<td>$45.24</td>
<td></td>
</tr>
</tbody>
</table>

## Vision Premiums

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Employee/Child</th>
<th>Employee/Children</th>
<th>Employee/Spouse</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Premium</td>
<td>$9.66</td>
<td>$18.49</td>
<td>$19.46</td>
<td>$18.50</td>
<td>$29.97</td>
</tr>
</tbody>
</table>

* 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.

---

**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. The surcharge does not apply to dependents who use tobacco.

“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 us at 919-684-5600 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.
Decisions to Make During Open Enrollment

Open Enrollment is the one time of year when benefit eligible employees can enroll in or change their medical, dental and/or vision insurance plans, and enroll in reimbursement accounts. Changes made during open enrollment are effective on January 1, 2022. Here’s what you need to decide this year:

1. **Which medical plan best meets my needs and the needs of my covered family member?** Duke offers four different medical plans. Carefully consider the network available, particularly if your dependents live outside of the Triangle Area, any specific health providers that you see, or a need to cover dependent pregnancy. Note that if you change health plans, your care management may be disrupted and may also need to change.

2. **Will you cover yourself and/or dependents for dental and vision insurance?** Duke offers three different dental plans and a vision plan that covers eye exams, lenses and frames.

3. **How much would you like to save on taxes?** During Open Enrollment, you can sign up to participate in a Health Care Reimbursement Account and/or a Dependent Care Reimbursement Account. Both of these accounts allow you to put money aside before taxes to pay for health care costs and child or elder care costs, respectively. Since the money is taken out of your paycheck before taxes are calculated, you save about 30 cents of every dollar you put in the accounts.

4. **Do you need new or additional life insurance coverage?** There is a limited time offer only during this year’s Open Enrollment to purchase new or extra life insurance for yourself and your eligible family members without the need for evidence of insurability.

**Remember:** If you take no action during Open Enrollment, the elections you made for 2021 for your medical, dental, and vision coverage will continue for 2022. To continue to use a reimbursement account, you must re-enroll for 2022.

Open Enrollment representatives are available at (919) 684-5600, option 1, during the following times:
- 2 p.m. – 6 p.m., October 18
- 8 a.m. – 6 p.m., October 19–29
- 10 a.m. – 3 p.m., Saturday, October 23

2022 Plan Highlights and Changes

**Medical Plans**
- Beginning January 1, 2022, Duke’s medical plans (Duke Select, Duke Basic, Blue Care, and Duke Options) will no longer be considered “grandfathered” plans. This means that our Duke medical plans will comply with all provisions required under the Patient Protection and Affordable Care Act.
- An annual preventive care visit for each adult enrolled under Duke’s medical plans is covered at no charge to the member when you visit an in-network provider. If the visit includes treatment or the provider makes a healthcare diagnosis, a copay may apply.
- Your medical plans will include an out of pocket maximum—an enhanced level of financial protection that limits the total amount you will spend on medical and pharmacy copays, coinsurance, and deductibles combined.
- 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. A list of specialty medications eligible for this program is available online at hr.duke.edu/pharmacy.
- For 2022, a virtual office visit with your regular healthcare provider is covered under your health plan, subject to your regular copay. This includes virtual office visits with your behavioral health provider.

**Dental Plans**
- No change in co-pays, deductibles or premiums for any of the dental plans.
- As a reminder, if you or a dependent are not currently enrolled for dental coverage through Duke and enroll for 2022, a “late entrant” provision will apply (refer to page 10 for more information).

**Vision Plan**
- No change in co-pays, deductibles or premiums for the vision plan.

**Reimbursement Accounts**
- Maximum annual contribution for Health Care Reimbursement Account is $2,750 (subject to IRS regulations). Unlimited carryover of unused funds from the 2021 plan year to the 2022 plan year is available. Up to $550 of your unused 2022 Health Care reimbursement Account balance can be carried over to the 2023 plan year.
- Maximum annual contribution for Dependent Care Reimbursement Account is $5,000 per family. Unlimited carryover of unused funds from the 2021 plan year to the 2022 plan year is available. There is no carryover from the 2022 plan year to the 2023 plan year when filing claims for dependent care expenses.

**Supplemental Life Insurance Special Enrollment (One-Time Offer!)**
- Purchase new or additional supplemental life insurance for yourself and your eligible family members.
What You Need To Know

When Can I Enroll?
Since your premiums for medical, dental and vision insurance and reimbursement accounts are pre-tax, federal law limits when you can change your elections for these benefits.

Changes made outside of the annual Open Enrollment period 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.

Who Can I Enroll?
You can enroll the following dependents for medical, dental and vision insurance:

- Your legal spouse
- Same-sex spousal equivalent registered with Duke HR prior to January 1, 2016
- Your children (includes your biological children, stepchildren, adopted children, children of your registered same-sex spousal equivalent, or foster children) or children for whom you are a legal guardian*, up to their 26th birthday. Dependent children do not include grandchildren, siblings or other family members, or children for whom you have legal custody but not guardianship
- We may request dependent documentation at any time. This documentation includes birth certificates, marriage certificates, and the first page of your tax return

Update Your Personal Information
During the Open Enrollment period, staff and faculty should review and update their personal data and information in the Duke@Work self-service website. Updated contact information helps ensure that you receive benefits communications throughout the year.

How Much Coverage Can I Purchase?
When making your medical, dental, and vision benefit elections, you may choose from among the following levels of coverage:

- Employee
- Employee/Child
- Employee/Children – only available for medical and vision insurance**
- Employee/Spouse
- Family (includes Spouse)

Your premium for coverage – including your contribution and Duke’s contribution – will vary, depending on which level of coverage you select. Premiums for each level of coverage are on page 2.

Social Security Numbers for Dependents
As part of compliance with the Affordable Care Act, Duke must request all employees to confirm or provide Social Security numbers for dependents enrolled in medical coverage.

You can review or add the Social Security numbers for covered dependents through the enrollment process on the Duke@Work self-service website or by calling the Open Enrollment Service Center at (919) 684-5600.

Same-Sex Spousal Equivalent Information
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. Same-sex spousal equivalents who were registered with Duke Human Resources prior to January 1, 2016 are eligible for coverage, but will not be able to take advantage of federal and state tax savings for payment of benefit premiums unless legally married or able to claim one’s partner as a dependent as defined by the IRS and tax code.

How to Enroll Using the Duke@Work Website

Step 1:
Go on to the Duke@Work website at hr.duke.edu/selfservice
Click on “Benefits Open Enrollment for 2022.” When prompted, enter you Duke NetID and your NetID password

Step 2:
Accept terms and conditions
Complete the step-by-step enrollment process

Step 3:
Ensure that you save your changes
Print and review your Confirmation Statement

* Legal guardianship obtained outside of NC must meet the NC qualifications.
** 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.
Your Medical Plan Options

Each employee's needs are different — that's why Duke offers four different medical plans to meet the needs of you and your family:

- **Duke Select** – available only to employees living in ZIP codes beginning with 272, 273, 275, 276 and 277. This plan uses a health care provider network unique to Duke. Since this network is unique, we encourage you to carefully review the provider listing at hr.duke.edu/providers. Out-of-network care is only covered for emergency or urgent care, and limited to 20 visits and 20 days for behavioral health or substance use disorder when out-of-network.

- **Duke Basic** – available only to employees living in ZIP codes beginning with 272, 273, 275, 276 and 277. This plan uses a health care provider network unique to Duke. Since this network is unique, we encourage you to carefully review the provider listing at hr.duke.edu/providers. Out-of-network care is only covered for emergency or urgent care, and limited to 20 visits and 20 days for behavioral health or substance use disorder when out-of-network. Premiums are lower than Duke Select, but out-of-pocket costs are higher.

- **Blue Care (Blue Cross Blue Shield of North Carolina) HMO** – available only to employees living in North Carolina. Participants must use a statewide network of providers. Out-of-network care is only covered for emergency or urgent care, and limited to 20 visits and 20 days for behavioral health or substance use disorder when out-of-network.

- **Duke Options (Blue Cross Blue Shield of North Carolina) PPO** – includes a worldwide network of health care providers and hospitals, and is the only medical plan provided by Duke that has full out-of-network benefits, including out-of-network behavioral health and substance use disorder benefits, available. Duke Options is the only medical plan option that covers ABA therapy and transgender surgery. It is also the only plan option that provides access to international care.

Each medical plan includes both pharmacy and behavioral health benefits. Please refer to the Medical Plans Comparison Chart online at hr.duke.edu/benefits/medical-insurance/plan-comparison-2022. Pharmacy benefits are covered through Express Scripts. Behavioral Health is administered by Aetna or Blue Cross Blue Shield of North Carolina depending on the medical plan in which you are enrolled. A complete description of coverage under each plan is available online at hr.duke.edu/benefits/medical. All of our medical plans will comply with the provisions of the Patient Protection and Affordable Care Act.

**CONTACT INFORMATION:**

**Duke Select HMO and Duke Basic HMO**
Aetna
aetna.com
Toll-free (800) 385-3636

**Blue Care HMO and Duke Options PPO**
Blue Cross Blue Shield of North Carolina
bluecrossnc.com
Toll-free (877) 275-9787

**Duke Basic Reimbursement Account Contribution**

To help offset the higher out-of-pocket expenses the Duke Basic health plan, Duke Basic members will receive an annual contribution to a Health Care Reimbursement Account based on the level of coverage selected:

- $200 for Employee
- $300 for Employee/Child
- $400 for Employee/Children
- $400 for Employee/Spouse*
- $500 for Family (includes Spouse*)

**PLEASE NOTE:** Duke will not make additional contributions to the Health Care Reimbursement Account for Duke Basic participants if dependents are added during the year due to a qualifying event such as a birth or marriage. If you terminate coverage in Duke Basic during 2022 then re-enroll in coverage later in the year, you will not receive a second contribution to a Health Care Reimbursement Account. **Also, if your spouse is enrolled in a Health Savings Account (HSA), please contact the HR Information Center at (919) 684-5600 before enrolling in Duke Basic.**

*Reimbursement account plans are governed by Internal Revenue Code guidelines that limit the reimbursement of either health care expenses or dependent care expenses to a spouse and legal dependents.
New Medical Plan Provisions for 2022

Beginning January 1, 2022, Duke’s medical plans will fully comply with the Patient Protection and Affordable Care Act, commonly referred to as the ACA. Since the initial passing of the ACA, Duke has each year enhanced coverage in our plans to meet the many requirements of this act while keeping coverage affordable to all of our members.

This year, our plans have expanded to include full coverage for Preventive Care for all members, including adults. Each plan also has an annual maximum out of pocket limit that will protect members from the financial impact of healthcare expenses.

Preventive Care Coverage for Adults, Children, and Infants

Preventive care coverage helps members to stay safe and healthy, and to identify potential issues before your health may be compromised. Preventive care services include an annual routine physical exam, screenings, and counseling, all designed to help you proactively manage your health.

As long as you see an in-network primary care provider and your doctor files the visit as a preventive care visit, your visit will be covered at 100% (no copay applied) under Duke Select, Duke Basic, Blue Care, and Duke Options. Each member will have one annual visit covered at no charge, unless your provider diagnoses a health problem or provides medical treatment. If that occurs, your visit would be considered diagnostic and a co-payment would apply. Preventive care visits are not covered if you see an out-of-network provider.

A complete description of preventive care coverage under each plan is available online at hr.duke.edu/benefits/medical.

Out of Pocket Limit

Another enhanced feature of our Duke Select, Duke Basic, Blue Care, and Duke Options plans is the addition of an Out of Pocket Limit. This maximum limit protects an individual or family financially by establishing a maximum amount that a member could pay in a year for covered services.

If you are an individual enrolled in one of Duke’s medical plans in 2022, the most that you will be responsible for paying for covered medical services in-network is $3,000. This includes the combined amounts that you spend on your medical and pharmacy co-payments, deductibles, and coinsurance. Health care premiums deducted from our paychecks are not included in the Out of Pocket Limit.

If you are covering your spouse, children, or family on your medical plans, the most that you will be responsible for paying for covered medical services in-network is $6,000. Each family member is responsible for meeting his or her own Out of Pocket Limit until the overall family Out of Pocket Limit is met.

Once an individual or family meets the Out of Pocket Limit, the cost of any additional covered medical or pharmaceutical services is 100% covered under the plan.

Bariatric Surgery

If you are in need of a revision of a previous bariatric surgical procedure, you meet the required medical criteria for the revision, and you are enrolled in a plan that covers bariatric surgery (Duke Select, Blue Care, or Duke Options), your revision will be a covered benefit. You will be responsible for the $2,500 co-payment.

Private Duty Nursing

Blue Care and Duke Options provide a Private Duty Nursing benefit as a short-term solution for individuals transitioning from an acute care setting to the home setting. This benefit does not provide long-term permanent or custodial care, and must be medically necessary and pre-certified. Effective January 1, 2022, this benefit is limited to 60 days per calendar year.
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/benefits/medical/medical-insurance/plan-comparison-2022](http://hr.duke.edu/benefits/medical/medical-insurance/plan-comparison-2022).

<table>
<thead>
<tr>
<th></th>
<th>Duke Select (HMO)</th>
<th>Duke Basic (HMO)</th>
<th>Blue Care Blue Cross NC (HMO)</th>
<th>Duke Options Blue Cross Blue Shield (PPO) In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can I select any doctor I wish?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Will my child’s pregnancy be covered?</td>
<td>Prenatal care only (labor and delivery are excluded)</td>
<td>Prenatal care only (labor and delivery are excluded)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Will my dependent children who live in a different location be covered?</td>
<td>Emergency/urgent care only. No follow-up care</td>
<td>Emergency/urgent care only. No follow-up care</td>
<td>Yes, if within NC and in-network - otherwise, emergency/urgent care only</td>
<td>Yes, worldwide listing of doctors</td>
<td>Yes</td>
</tr>
<tr>
<td>Since I travel a lot, can I see doctors in other locations around the world?</td>
<td>Emergency/urgent care only. No follow-up care</td>
<td>Emergency/urgent care only. No follow-up care</td>
<td>Emergency/urgent care only. No follow-up care</td>
<td>Yes, worldwide listing of doctors</td>
<td>Yes</td>
</tr>
<tr>
<td>Can I participate in the DukeWell care management program?</td>
<td>Yes, if you have certain medical conditions</td>
<td>Yes, if you have certain medical conditions</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Must I meet an annual medical deductible?</td>
<td>No</td>
<td>Yes, for some services</td>
<td>No</td>
<td>Yes, for some services</td>
<td>Yes</td>
</tr>
<tr>
<td>Do all plans cover the same services?</td>
<td>Special Services include: Bariatric and Infertility</td>
<td>No special services covered</td>
<td>Special Services include: Bariatric and dependent pregnancy</td>
<td>Special Services include: ABA Therapy, Bariatric, Infertility, International health services, Transgender surgery, and dependent pregnancy</td>
<td>Special Services include: ABA Therapy, International health services, Transgender surgery, and dependent pregnancy</td>
</tr>
<tr>
<td>What is the most I could pay for covered services in a year?</td>
<td>$3,000 person/ $6,000 family</td>
<td>$3,000 person/ $6,000 family</td>
<td>$3,000 person/ $6,000 family</td>
<td>$3,000 person/ $6,000 family</td>
<td>$6,000 person/ $12,000 Family</td>
</tr>
</tbody>
</table>
2022 Behavioral Health and Substance Abuse Benefits

Duke’s coverage for outpatient and inpatient behavioral health and substance abuse benefits will be provided through our regular medical vendors. If you enroll in Duke Select or Duke Basic, your behavioral health and substance abuse benefits will be provided by Aetna. If you enroll in Blue Care or Duke Options, your behavioral health and substance abuse benefits will be provided by Blue Cross Blue Shield.

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

- Will anyone in my family need to access ABA therapy for autism spectrum disorders?
- Does my provider accept insurance, or might I need to see an out-of-network provider?
- Does my provider allow telephone visits?
- Are the services I receive covered under the plan?

In order to verify if your provider is in-network, please contact Aetna’s Member Service Center at 800-385-3636 and Blue Cross Blue Shield’s Member Services at 877-275-9787. Representatives will be happy to assist you in determining whether or not your provider is a participating provider.

Duke also offers up to eight visits to Duke 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

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

<table>
<thead>
<tr>
<th>Behavioral Health and Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Care</strong></td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
</tr>
<tr>
<td>• Precertification required for psychological testing, electroshock therapy, and transcranial magnetic stimulation (TMS)</td>
</tr>
<tr>
<td>• Covered in full after $20 co-pay for individual/family therapy ($25 co-pay for Duke Basic)</td>
</tr>
<tr>
<td><strong>Inpatient</strong></td>
</tr>
<tr>
<td>• Must be precertified prior to admission</td>
</tr>
<tr>
<td>• Co-pay of $600 per admission</td>
</tr>
<tr>
<td><strong>Out-of-Network Care</strong></td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
</tr>
<tr>
<td>• Precertification required for psychological testing, electroshock therapy, and transcranial magnetic stimulation (TMS)</td>
</tr>
<tr>
<td>• After $650 annual deductible, you pay 30%*</td>
</tr>
<tr>
<td>• Limit of 20 visits per calendar year for Duke Select, Duke Basic, and Blue Care participants (no visit limit applies for Duke Options)</td>
</tr>
<tr>
<td><strong>Inpatient</strong></td>
</tr>
<tr>
<td>• Must be precertified prior to admission</td>
</tr>
<tr>
<td>• After $900 per admission co-pay and deductible, you pay 30%</td>
</tr>
<tr>
<td>• Limit of 20 days per calendar year for Duke Select, Duke Basic, and Blue Care participants (no day limit applies for Duke Options)</td>
</tr>
</tbody>
</table>

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

CONTACT INFORMATION:

**Duke Select HMO and Duke Basic HMO**
Aetna
aetna.com
Toll-free (800) 385-3636

**Blue Care HMO and Duke Options PPO**
Blue Cross Blue Shield of North Carolina
bluecrossnc.com
Toll-free (877) 275-9787

**Personal Assistance Service (PAS)**
pas.duke.edu
(919) 416-1727
2022 Pharmacy Benefits

Express Scripts provides pharmacy benefits for all four medical plans. Co-pays 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 (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).

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 for a listing of “Specialty” medications.

Below is a chart that outlines how filling your recurring, long-term medications through the mail order program or participating on-site Duke Pharmacies can save you money.

### Express Scripts (pharmacy manager)
express-scripts.com  
Toll-free (800) 717-6575

---

#### Co-pay Structure

<table>
<thead>
<tr>
<th></th>
<th>At a participating retail pharmacy</th>
<th>Through the Express Scripts Mail Order Pharmacy or Participating on-site Duke Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Up to a 34-day supply</td>
<td>90-day supply</td>
</tr>
<tr>
<td>First three purchases of any medication</td>
<td>$15 (or cost of drug if less)</td>
<td>$25 (or cost of drug if less)</td>
</tr>
<tr>
<td></td>
<td>$50</td>
<td>Min. $70, Max. $165</td>
</tr>
<tr>
<td>After the third purchase of a long-term medication</td>
<td>50%†</td>
<td>$130</td>
</tr>
<tr>
<td>Anytime</td>
<td></td>
<td>Min. $85, Max. $180</td>
</tr>
</tbody>
</table>

**Generic**
No deductible except for participants covered by Duke Basic.

**Brand**
Annual $100 per person retail deductible applies. No deductible for 90-day supply through mail order or on-site Duke Pharmacies except for Duke Basic participants.

**Non-formulary**
Annual $100 per person retail deductible applies. No deductible for 90-day supply through mail order or on-site Duke Pharmacies except for Duke Basic participants.

† Duke Basic participants are required to use the mail order or on-site Duke Pharmacies for long-term medications.

Participants in the Duke Basic medical plan have a $100 annual deductible for all prescription drugs (except for certain contraceptive drugs) including generic and mail-order prescriptions. Duke Basic participants are required to use mail order or Duke Pharmacies for long-term medications.

Participants in Duke Select, Blue Care and Duke Options 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.

Certain contraceptive drugs are covered at no cost to the member. More information is available at hr.duke.edu/pharmacy.

Injectable fertility drugs are not reimbursed according to our standard pharmacy benefit. Only plans covering infertility services include coverage of these drugs, which must be prescribed by a Duke Fertility physician. More information is available at hr.duke.edu/infertility.

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. A list of specialty medications eligible for this program is available online at hr.duke.edu/pharmacy.

hr.duke.edu/benefits/medical-insurance/plan-comparison-2022
Your Dental Plan Options

Coverage provided and underwritten by Ameritas Life Insurance Corp

Eligible Duke 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 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. 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. 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 2021, 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 on Benefits for 2022

If you and/or your dependent(s) are not currently enrolled for dental coverage through Duke and enroll for 2022, you and/or your dependent(s) will be considered a “late entrant”. As a late entrant your benefits during 2022 will be limited to preventive services: two preventive routine care exams (not including X-rays), two prophylaxis (routine) cleanings, and for children under age 19, one fluoride application. No other dental or orthodontia procedures or services will be covered during the first 12 months if a member is enrolled as a late entrant.

Once you have been enrolled in a Duke dental plan for at least 12 months, the plan will also cover basic and major procedures such as fillings, extractions, crowns, root canals and periodontal treatment (including periodontal maintenance, which applies towards cleaning frequency).

Periodontal procedures, including maintenance/cleanings, would not be covered during this 12-month period. This 12-month waiting period does not apply:

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

Ameritas (dental)
explore.ameritas.com/duke
Toll-free (800) 487-5553

For specific coverage information please refer to the Dental Plans Comparison Chart at hr.duke.edu/benefits/medical/dental-insurance/plan-comparison-2022.
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/benefits/medical/dental-insurance/plan-comparison-2022.

<table>
<thead>
<tr>
<th>Question</th>
<th>PPO Plan</th>
<th>Plan A</th>
<th>Plan B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can I visit any dentist?</td>
<td>No, you must use a network dentist</td>
<td>Yes, you may choose any licensed dentist or use a network dentist</td>
<td>Yes, you may choose any licensed dentist or use a network dentist</td>
</tr>
<tr>
<td>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”?</td>
<td>Yes, please see page 9 for more details</td>
<td>Yes, please see page 9 for more details</td>
<td>Yes, please see page 9 for more details</td>
</tr>
<tr>
<td>Will my dependent children who live in a different location be covered?</td>
<td>Yes, they may choose a dentist within a nationwide network</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Is there a dental deductible before the insurance will pay for covered services?</td>
<td>Yes, an annual $50 deductible for “major” services</td>
<td>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</td>
<td>Yes, a combined annual $50 deductible for “basic” and “major” services; the deductibles are waived if you use a network provider</td>
</tr>
<tr>
<td>Will I have out-of-pocket costs for preventive services?</td>
<td>No</td>
<td>Yes, cost sharing may be required if you visit a non-network dentist that charges above U&amp;C</td>
<td>Yes</td>
</tr>
<tr>
<td>I need an existing filling replaced. Will it be covered if I enroll in a Duke dental plan?</td>
<td>Yes, if the filling is at least 6 months old</td>
<td>Yes, if the filling is at least 6 months old</td>
<td>Yes, if the filling is at least 6 months old</td>
</tr>
<tr>
<td>Are teeth whitening services covered under dental coverage?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Is a Pre-Treatment required?</td>
<td>We strongly suggest you ask your provider to submit a pre-treatment prior to expensive procedures such as crowns, bridges, root canals, etc.</td>
<td>We strongly suggest you ask your provider to submit a pre-treatment prior to expensive procedures such as crowns, bridges, root canals, etc.</td>
<td>We strongly suggest you ask your provider to submit a pre-treatment prior to expensive procedures such as crowns, bridges, root canals, etc.</td>
</tr>
</tbody>
</table>
Your Vision Plan Option

While Duke’s medical plans provide coverage for an annual eye exam, Duke also offers a nationwide vision care plan to manage the cost of eyeglasses and contact lenses, as well as eye examinations. You do not need to be enrolled in any of Duke’s medical plans to participate in the vision plan. You are eligible to participate in the vision plan if you are a regular employee scheduled to work at least 20 hours per week.

**Vision Plan Coverage through UnitedHealthcare Vision**

The vision 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.

The vision plan covers:
- One vision exam every 12 months ($20 co-pay in-network)
- Eyeglass lenses or contacts once every 12 months ($20 materials co-pay)
- Frames once every 24 months (covered in full up to $150 allowance)

Further details about the vision plan are available at [hr.duke.edu/enrollment2022/vision](http://hr.duke.edu/enrollment2022/vision). If you have questions about the vision plan or would like to find a network provider, you may call (800) 638-3120 or visit [hr.duke.edu/providers](http://hr.duke.edu/providers).

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 MyEyeDr located near the Duke Eye Center is a network provider and accepts Duke 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 plan coverage.

### Eyeing the Costs

<table>
<thead>
<tr>
<th>Services</th>
<th>For a person purchasing with Duke’s Vision Insurance at a network provider</th>
<th>For a person purchasing at a retail chain with no insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive eye exam with refraction</td>
<td>$20</td>
<td>$136</td>
</tr>
<tr>
<td>Materials co-pay</td>
<td>$20</td>
<td>$0</td>
</tr>
<tr>
<td>Designer frames (up to $150)</td>
<td>$0</td>
<td>$150</td>
</tr>
<tr>
<td>Progressive bifocal lens with anti-reflective coating</td>
<td>$0</td>
<td>$545</td>
</tr>
<tr>
<td>Photochromic lenses - tint to darken lenses in sunlight</td>
<td>$0</td>
<td>$30</td>
</tr>
<tr>
<td>Annual premium ($115) for individual</td>
<td>$115</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL ANNUAL OUT-OF-POCKET EXPENSE</td>
<td>$155</td>
<td>$861</td>
</tr>
</tbody>
</table>
Health Care Reimbursement Account

Duke faculty and staff can protect up to $2,750 of their salary from taxes by signing up for a Health Care Reimbursement Account during open enrollment. This account allows you to set aside money to pay for eligible health expenses such as co-pays, deductibles, and medical supplies. You will be provided with a HealthEquity health care card you can use to draw money from the account at the point of sale. The health care card can only be used for eligible expenses incurred during the current plan year.

Money set aside in a Health Care Reimbursement Account is not subject to federal, state or Social Security taxes. That means a reimbursement account may save you an average of $30 on every $100 you spend on eligible expenses. The maximum allowable contribution for a Health Care Reimbursement Account is $2,750 (subject to IRS regulations).

Unlimited carryover of unused funds from the 2021 plan year to the 2022 plan year is available. However, for the 2022 plan year, only up to $550 of your unused 2022 Health Care Reimbursement Account balance can be carried over to the 2023 plan year. Any amount above $550 remaining in your account after December 31, 2022 will be forfeited unless Pay Me Back claims are submitted by April 15, 2023 for eligible expenses incurred January 1 – December 31, 2022. The health care card cannot be used in 2022 for 2021 expenses.

Can a Health Care Reimbursement Account Save Me Money?

If your answer to any of the following questions is “yes,” then you should consider participating in a Health Care Reimbursement Account.

- Do you expect to have medical, dental, or vision expenses that are not covered by your insurance plans, such as deductibles, co-pays, co-insurance, or amounts in excess of usual and customary (U&C) limits?
- Do you expect to have prescription drug expenses not covered by insurance, such as deductibles or co-pays?
- Did you know Personal Protective Equipment (PPE) and over-the-counter medications are now considered eligible health care expenses? For a list of eligible/ineligible expenses, please review [hr.duke.edu/benefits/reimbursement-accounts/health-care-account/eligible-ineligible-expenses](http://hr.duke.edu/benefits/reimbursement-accounts/health-care-account/eligible-ineligible-expenses).
- Do you plan to buy new eyeglasses or contacts, have your hearing tested, or expect orthodontia expenses that exceed what is covered by insurance? If you have questions about reimbursement account orthodontia expense guidelines, please call HealthEquity at (877) 924-3967 or visit [hr.duke.edu/benefits/reimbursement-accounts/health-care-account/orthodontia](http://hr.duke.edu/benefits/reimbursement-accounts/health-care-account/orthodontia) for more information.

How much can I contribute?
The maximum contribution you can make to your Health Care Reimbursement Account in 2022 is $2,750 (subject to IRS regulations). The minimum contribution is $130. Your contributions will be deducted pre-tax from your pay. However, if you enroll in the Duke Basic medical plan, the contribution made by Duke, which is described on page 5, is not included in this limit. If your spouse is enrolled in a Health Savings Account (HSA), you are not eligible to participate in a Health Care Reimbursement Account.

Whose health care expenses can I pay for?
Any dependent you claim on your federal income tax return is a dependent under the Health Care Reimbursement Account. Expenses for unmarried partners are not eligible for reimbursement, according to federal tax law, unless he/she meets federal dependent eligibility criteria.

Dependent Care Reimbursement Account

Can a Dependent Care Reimbursement Account Save Me Money?

If your answer to any of these questions is “yes,” then you should consider participating in a Dependent Care Reimbursement Account:

- Do you spend money on day care for your children up to age 13?
- Do you have children up to age 13 enrolled in a before- or after-school program, summer day camp, or intersession day camp while you work?
- Do you spend money on adult day care for an elderly parent who lives with you and for whom you claim as a dependent for income tax purposes?

The Dependent Care Reimbursement Account is not for health care expenses incurred by a spouse or child.

Who is considered a dependent?
- Children up to their 13th birthday.
- Any other individuals you claim as dependents on your federal income tax return, regardless of age, who live with you and are incapable of caring for themselves.

How much can I contribute?
- The maximum contribution to your Dependent Care Reimbursement Account is $5,000. The minimum contribution is $130.
- If both you and your spouse have Dependent Care Reimbursement Accounts, your total combined contribution limit is $5,000.
- Your total contribution cannot be greater than your earned income or your spouse’s earned income, whichever is lower.
- If your spouse has no earned income, you are not eligible for a Dependent Care Reimbursement Account.

continued page 14
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.

- If you are single with an eligible dependent, you may contribute up to the full $5,000.
- If you receive a subsidy from a Duke-contracted day care facility such as the Duke Children’s Campus or The Little School at Duke, the amount that you can contribute to the Dependent Care Reimbursement Account is reduced dollar-for-dollar. Call (919) 684-5600 for more information.
- According to federal law, any money left in your Dependent Care Reimbursement Account at the close of the 2022 plan year will be forfeited, unless claims are filed by April 15, 2023. You may submit your claims for expense reimbursement for dependent care services received during the plan year (January 1 – December 31, 2022) until April 15, 2023. Unlimited carryover of unused funds from the 2021 plan year to the 2022 plan year is available. However, for the 2022 plan year, there is no carryover allowed when filing claims for dependent care expenses. Therefore, you will forfeit any money left unclaimed in your Dependent Care Reimbursement Account after April 15, 2023.
- The Dependent Care Reimbursement Account is required to complete annual testing to ensure compliance with Internal Revenue Code 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.

### Estimate Your Health Care Reimbursement Account Expenses

Use the worksheet below or the HealthEquity calculator at wageworks.com/myfsa to help you decide how much to contribute up to the $2,750 annual limit.

| Health and dental care deductibles | $ |
| Co-pays or co-insurance amounts for doctor visits | $ |
| Prescription drug co-pays and deductibles, over-the-counter drugs and medications | $ |
| Dental costs in excess of the plan’s reimbursement amount/schedule | $ |
| Orthodontia costs not reimbursed by a dental plan | $ |
| Vision care expenses, to include, eye exams, eyeglasses, contact lenses/supplies and laser eye surgery | $ |
| Items not paid or only partially paid by your health, dental, and vision plans: | $ |
| ■ Hearing exams and hearing aids | $ |
| ■ Expenses above your health plan or dental plan limits (health and dental expenses above usual, customary, and reasonable (UCR) limits) | $ |
| ■ Other health care costs allowed by the IRS that aren’t reimbursed by your health, dental, or vision plans | $ |

**Total Estimated Expenses for January 1 – December 31, 2022. Note: Unlimited carryover of unused funds from the 2021 plan year to the 2022 plan year is available. However, for the 2022 plan year, only up to $550 of your unused 2022 Health Care Reimbursement Account balance can be carried over to the 2023 plan year.**

Please note: Insurance premiums are not eligible expenses under a reimbursement account.

### Estimate Your Dependent Care Reimbursement Account Expenses

| Dependent child care for children up to their 13th birthday, such as a qualified day care center, nursery school tuition, or a baby-sitter inside or outside your home | $ |
| Dependent adult care during working hours for adult dependents who live with you and who rely primarily upon you for support | $ |
| Before-school and after-school day care programs for your child up to his or her 13th birthday | $ |
| Summer day camp for your child up to his or her 13th birthday | $ |
| Intersession camp for your child up to his or her 13th birthday | $ |
| FICA and other taxes you pay for day care providers | $ |

**Total Estimated Expenses for January 1 – December 31, 2022. Note: Unlimited carryover of unused funds from the 2021 plan year to the 2022 plan year is available. However, for the 2022 plan year, there is no carryover allowed when filing claims for dependent care expenses. Therefore, you will forfeit any money left unclaimed in your Dependent Care Reimbursement Account after April 15, 2023.**
Additional Benefits to Protect Your Family

Special One-Time Enrollment Opportunity for Supplemental Life Insurance

This special enrollment is an easy opportunity to make sure your loved ones have the cash benefits they would need to make ends meet if something happened to you.

It's an exceptional opportunity to:
- Build a dependable financial foundation if you're just starting out in your career
- Reinforce your coverage to keep up with growing family and professional responsibilities
- Replace benefits that may be ending due to age as you near retirement

An Easy-To-Activate Solution To Make Sure Your Loved Ones Have Extra Money If Something Happens To You

It could happen at any time. An accident on the way home from work. A sudden diagnosis of a serious illness. But if the worst happened… and your loved ones needed to build a new life without you… you'd want them to have extra money to make ends meet and continue their dreams of the future.

Your Supplemental Life Insurance plan can be an important way to give your family the extra money they may need if you passed away.

During the current open enrollment period, you can now purchase Supplemental Life Insurance up to the lesser of 4 times your annual base pay or $500,000 in new or additional coverage and up to $30,000 in supplemental life insurance for your spouse, to a maximum of $100,000, without submitting proof of good health – also known as evidence of insurability (EOI).* In addition, if you participate in this program, your eligible children are also invited to take advantage of this special offer. You are required to have coverage in order to request new or additional coverage for your spouse and eligible children. Coverage amounts higher than those listed above in the special offer may be purchased with EOI.

*EOI is required for those previously denied coverage.

The deadline for enrollment is October 29, 2021. You must enroll online at personal-plans.com/duke or your signed Enrollment Form must be received by Mercer Voluntary Benefits, at the address or Fax # on the Enrollment Form, by October 29, 2021.

Premiums will be conveniently handled through payroll deduction.

Automatically Keeps Pace With Inflation

The dollar in your pocket buys less today than ten years ago. Life insurance is no different. Coverage you set up years ago probably won't stretch nearly as far today... let alone, in the future. But this Supplemental Life Insurance plan includes a special feature that helps fight the impact of inflation on your coverage.

Each year, you will be eligible for an automatic coverage increase effective January 1, using your annual pay as of July 1. Your benefits can automatically increase each year as your annual pay increases. There are no health questions or medical exams required. You can rest assured your benefits will gradually step up each year... reinforcing your financial safety net.

Tap Into Your Benefits Before Your Death With The Accelerated Benefit Option

Sometimes the diagnosis of a serious illness brings an avalanche of bills… before your death. That's why the Supplemental Life Insurance plan gives you the ability to receive up to 80% (up to a maximum of $500,000) of your life benefit early if your doctor diagnoses you with a terminal illness with less than 12 months to live. (May vary by state.) Use the benefits to help cover extra medical bills, to replace a portion of your income, to fly loved ones back home, or however you see fit. The remainder of your coverage will be paid to your beneficiaries after your death.

When Your Insurance Will Start

Coverage is effective on January 1, 2022 or the first day of the month after the plan administrator, Mercer Voluntary Benefits, receives underwriting approval (for applications requesting coverage amounts above the special offer) from Lincoln Life Assurance Company of Boston. Upon approval, a Coverage Verification Page will be mailed to you from Mercer Voluntary Benefits.

Money-Saving Rates Help Hold Costs Down

As a Duke employee, you can take advantage of specially negotiated rates for this Supplemental Life Insurance program. Because coverage is extended exclusively to Duke employees and their family members, administrative costs are streamlined and rates held as low as possible.
Rate Table:
Monthly Cost of Insurance per $10,000 Coverage Unit

<table>
<thead>
<tr>
<th>Age-Bands**</th>
<th>Active Non-Smoker</th>
<th>Active Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>$0.182</td>
<td>$0.208</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.242</td>
<td>$0.270</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.303</td>
<td>$0.339</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.398</td>
<td>$0.447</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.615</td>
<td>$0.686</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.918</td>
<td>$1.033</td>
</tr>
<tr>
<td>55-59</td>
<td>$1.585</td>
<td>$1.782</td>
</tr>
<tr>
<td>60-64</td>
<td>$2.581</td>
<td>$2.900</td>
</tr>
<tr>
<td>65-69</td>
<td>$6.798</td>
<td>$7.651</td>
</tr>
</tbody>
</table>

**Use age as of January 2022. Rates are adjusted on each January 1 program anniversary date to reflect the age of the insured adult.

Child coverage is $1.00 for $10,000 in coverage. This rate covers all eligible children regardless of the number of children. Rates for age bands of 70 and above are available at hr.duke.edu/benefits/finance/life-insurance/supplemental/rate-table

Easily calculate your monthly premium by using the above rate table.

To calculate monthly premium per individual:
Divide the amount of coverage elected (multiple of salary) $________________ by $10,000, then multiply by the applicable rate for your age $________________.

For example, a 45-year old employee, with an annual base salary of $50,000: $200,000 in coverage (4 x $50,000 annual base salary) divided by $10,000 = 20 x $0.615 = $12.30 per month premium cost.

Please note: Coverage is rounded up to the next higher $10,000 increment if not an even $10,000.

Beneficiaries
Reminder to review/update/designate beneficiaries for all of your life insurance plans. The beneficiary designation with the most recent date, in good form and properly signed, constitutes the only effective designation.

How to Enroll
Online: personal-plans.com/duke
Download a paper enrollment form:
hr.duke.edu/supplifeenroll
Request a paper enrollment form: Mercer Voluntary Benefits 1-800-552-9670 (9am – 6pm, Monday-Friday) or Duke Human Resources 919-684-5600 (8am – 6pm, Monday – Friday)

Personal Accident Insurance
Reminder: You can enroll anytime, with no medical questions, in the Duke Personal Accident Insurance plan, which provides protection for you and your loved ones in the event of your accidental death or dismemberment or in the event of permanent, total disability as a result of an accident.

Rates are at an all-time low! Look for the link to enroll or increase your coverage in Personal Accident Insurance in your Duke@Work account as you go through the Open Enrollment process.

The monthly premium for each $10,000 unit of Principal Sum is:
Individual Plan: $0.15/$10,000
Family Plan: $0.27/$10,000

Sample Rates

<table>
<thead>
<tr>
<th>Principal Sum*</th>
<th>Individual Plan ($0.15/$10,000)</th>
<th>Family Plan ($0.27/$10,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000</td>
<td>$0.75</td>
<td>$1.35</td>
</tr>
<tr>
<td>$100,000</td>
<td>$1.50</td>
<td>$2.70</td>
</tr>
<tr>
<td>$250,000</td>
<td>$3.75</td>
<td>$6.75</td>
</tr>
<tr>
<td>$500,000</td>
<td>$7.50</td>
<td>$13.50</td>
</tr>
<tr>
<td>$750,000</td>
<td>$11.25</td>
<td>$20.25</td>
</tr>
</tbody>
</table>

*A minimum of $50,000 in coverage to a maximum of 10 times annual salary (up to $750,000) can be selected.

Additional details can be found at: hr.duke.edu/benefits/finance/life-insurance/personal-accident-insurance
Duke Open Enrollment Service Center

Call (919) 684-5600, option 1, during the following times to speak with a customer service representative:

- 2 p.m. - 6 p.m. October 18
- 8 a.m. - 6 p.m. October 19 - October 29
- 10 a.m. - 3 p.m.
  Saturday, October 23

Open enrollment ends at 6 p.m. on Friday, October 29, 2021

Enroll online using Duke@Work