



2027

DRBA
DELAWARE RIVER & BAY AUTHORITY

BENEFITS OVERVIEW

Full-Time Employees

Connections that Move You; Benefits that Protect You

WELCOME TO YOUR BENEFITS!

BENEFITS PHILOSOPHY

The Delaware River and Bay Authority understands that to fulfill its mission, it requires a highly skilled and diverse workforce. It is the goal of the Authority to provide comprehensive and competitive benefit offerings to attract qualified individuals and to retain motivated employees who will make valuable contributions to the Authority's strategic objectives.

ABOUT THE BENEFITS OVERVIEW

The ***Benefits Overview*** describes the benefit plans available to you as a Full-Time employee of the Authority. Keep the Benefits Overview handy for a quick reference for all your benefit needs.

The details of these plans are contained in the official Plan Documents, including some insurance contracts. The *Benefits Overview* is meant only to cover the major points of each plan.

If there is ever a question about one of these plans, or if there is a conflict between the information in the *Benefits Overview* and the formal language of the Plan Documents or insurance contracts, the formal wording in the Plan Documents and insurance contracts will govern.

Please note that the benefits described in the *Benefits Overview* may be changed at any time and do not represent a contractual obligation on the part of the Authority.

IMPORTANT LEGAL NOTICES

In addition to the *Benefits Overview,* your benefits package includes ***Important Legal Notices*** that the Authority is required to provide. Please review the Notices on the benefits portal carefully and keep them with your benefits records for future reference.

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EMPLOYEE SELF SERVICE ACCESS & GUIDE

You will complete your Benefits Enrollment online through the Employee Self Service (ESS) website.

Here are the three (3) ways to access the ESS website.

1. Click this Link: **selfservice.drba.net/esslive/login** to directly access the ESS website where you can log in and enroll in benefits.
2. Log in to the DRBA benefits portal at this link: **https://drba.myben.site/**. Navigate to the bottom of the home screen and select “Enroll Now”. This will take you to the ESS website where you can enroll in benefits.



3. Go to the DRBA website at www.drba.net/. Scroll to the bottom of the page and under the Employee Self Service (ESS) section, select Employee Login. This will take you to the ESS website where you can enroll in benefits.



BENEFITS OVERVIEW

The Benefits Overview describes the different benefits available, both Authority-provided plans and voluntary plans. Please take the time to review these benefits with your family and find the coverage that is right for you.

Benefits information and forms, links to benefits resources and providers can also be found on **the DRBA Benefits Portal** at this link**: https://drba.myben.site**. Type the URL into your browser or use the QR code below to access the Portal. The Portal sits on the internet and is available 24/7, 7 days per week from your computer or smartphone. Bookmark the Portal site and visit it as often as you have a benefits question.



You are eligible to participate in the Authority's benefits plans effective on the first of the month following the date you have completed 30 days of full-time employment. You have 30 days from the date you are eligible to participate in the plans to make your elections; otherwise, you will have to wait for the next annual enrollment.

Certain benefit plans will require a contribution from you which will be collected through payroll deductions. Certain plan contributions may be paid on a pre-tax basis under the Authority's I.R.C. Section 125 Plan. Section 125 pre-tax deductions reduce your gross pay before Federal, FICA, and Delaware State Income taxes are withheld. Plans included in the Section 125 Plan will be noted throughout the Benefits Overview.

QUALIFYING LIFE EVENTS

You may not change your Section 125 pre-tax elections until the next annual open enrollment, unless you experience a Qualifying Life Event, such as the following:

- Birth, Adoption, Legal Guardianship of a dependent child
- Dependent child ages out of eligibility
- Marriage or Divorce **(Note: you must report 'Divorce' as soon as possible since ex-spouses are not eligible to participate in any of the Authority's plans.)**
- Death of a legal spouse or dependent child
- Loss of employment of a legal spouse or dependent child that results in a loss of other coverage
- Change in employment status that affects you or your legal spouse's benefits eligibility

You MUST report a Qualifying Life Event to the Benefits Office within 30 days of the date of the event to change (revoke and re-elect) Section 125 pre-tax benefit elections retroactively to the date of the Qualifying Life Event.

NOTE: If you report a Qualifying Life Event beyond 30 days of the date of the event, the pre-tax benefit change may not be allowed. And, you will have to wait until the next Annual Enrollment to change the election. However, if the event results in your legal spouse or dependent child losing eligibility under the Authority's plans, the change (termination of coverage) will be made retroactive to the date of the event, and you may be responsible to reimburse the Authority or the plan provider for any claims that were paid after the date of the event to the date of coverage

termination.

BENEFITS OVERVIEW (continued)

ELIGIBLE DEPENDENTS

Your Eligible Dependents are eligible for certain benefit options.

Eligible Dependents include:

- Your **Legal Spouse**.
- **Dependent children** include you or your spouse's natural children, children adopted or placed for adoption, or children for whom you are the legal guardian, or you have received a Qualified Medical Child Support Order (QMCSO).

Dependent children are eligible to the end of the month in which they attain age 26 for Health (Medical and Prescription Drugs), Dental, and Vision. They are eligible only up to age 19 or up to age 26, if a full-time student, under the Supplemental Child Life and AD&D plan.

Disabled Dependent Child: If a dependent child is mentally or physically handicapped prior to reaching age 26, coverage may be extended beyond the age 26 limit. Please contact the Benefits Office to obtain forms and information.

CERTIFICATE OF DEPENDENT STATUS FORM

Following enrollment of a **new** dependent, you **must complete the Certificate of Dependent Status form** which can be printed from the ESS Benefits Enrollment website or from the DRBA Benefits Portal. The form must be completed and returned to the Benefits Office within 30 days of your enrollment. If the form is not completed within 30 days, your dependent may be terminated retroactively to the date you added them.

Rights Reserved to Audit your Spouse/Dependent Child Eligibility: When enrolling a **new** legal spouse or dependent child in the Authority's Group Health, Dental, and/or Vision Plans, employees may be required to provide proof of eligibility for each dependent. The Authority may also periodically request certification and/or documentation of the current eligibility of your legal spouse and dependent children.

We appreciate your commitment to help the Authority maintain plan compliance and to manage health and welfare costs by ensuring that only an eligible legal spouse and dependent children are enrolled.



MEDICAL PLAN OPTIONS

The Authority offers three (3) health plan options including medical and prescription drug benefits. The medical portion of the plan is administered by Highmark Delaware.

All three (3) plans are supported by a Blue Cross/Blue Shield national network of medical providers and allow you to seek the care of any physician or facility without the need to choose a primary care physician (PCP) or seek referrals. You can choose a plan that best suits you and your family's needs.

- **Preferred Provider Organization (PPO) plan:** The PPO will provide low out-of-pocket expenses at point-of-service but cost the employee more through payroll deductions. Services provided by in-network providers are covered at higher rates than out-of-network providers. You may be balance billed by out-of-network providers.

- **Exclusive Provider Organization (EPO) plan:** The EPO will result in slightly higher out-of-pocket expenses at point--of-service but costs less in payroll deductions, resulting in a higher take home pay. If you use a doctor or facility that isn't in the national network, you will have to pay the full cost of the services provided. Members are covered for emergency care - even from non-network providers - in their local service area or when away from home.

- **High Deductible Health Plan (HDHP):** The HDHP is also an EPO and will result in much higher out-of-pocket expenses at point-of-service but costs much less in payroll deductions, resulting in a greater take home pay. If you use a doctor or facility that isn't in the national network, you will have to pay the full cost of the services provided. Members are covered for emergency care - even from non-network providers - in their local service area or when away from home.



HEALTH SAVINGS ACCOUNT (HSA)

Note: the HDHP has been designed to 'Qualify' under the Authority's I.R.C. Section 125 Plan. This means that if you enroll in the High Deductible Health Plan (HDHP) you may also qualify to contribute to a Health Savings Account (HSA). The Authority encourages employees who enroll in the HDHP to also enroll in the HSA.

- An HSA is a tax advantaged personal savings account that can be used to pay for medical, dental, vision, and other qualified expenses not covered by the HDHP now or later in life. ***Funds contributed to an HSA are triple- tax-advantaged: money goes in tax-free; money comes out tax-free, and you can earn interest on your contributions tax-free.***
- In 2027, you may contribute up to $4,500 to a HSA if you have employee-only coverage or up to $9,000 if you cover a family member in the HDHP, including any contribution from the DRBA. Also, if you are age 55 or older, you may contribute an additional $1,000 to an HSA.
- Further, if you enroll in the HDHP and you qualify to contribute to an HSA, the Authority will also contribute ***$750 to your account.*** DRBA contributions will be made over 24 pays throughout the plan year ($31.25 per pay). The Authority is not obligated to continue making HSA contributions in future years. However, the Authority has decided to make the contributions in future years to provide enrollees in the HDHP with a 'cushion' against the high out-of-pocket expenses under the HDHP.
- The HSA Plan is administered by Employee Benefits Corporation (EBC) and, if you qualify to contribute, funds are deposited to your individual account at the HSA custodian, WellCare Saver. WellCare Saver will determine if you are qualified to open an HSA account under the Patriot Act.
  - **Note:** if you are covered by any type of Medicare (even Part A) or if you are covered by a Full Medical Flexible Spending Account through your spouse's employer, you are not eligible to contribute to an HSA. It is your responsibility to consult with a tax professional to determine if you qualify to contribute to an HSA.
- A debit card will be provided once your HSA account is funded and can be used to pay for eligible expenses under the plan.
- **If you elect the HDHP and qualify to contribute to an HSA, the balance in the HSA at the end of the plan year is yours to keep whether you change health plans or leave the Authority in the future.** Under Federal regulations there are limitations on how the remaining monies can be used to ensure that you do not lose the triple- tax-advantaged nature of the funds in the account



MEDICAL BENEFITS

Below is a side-by-side comparison of the Medical Plan options. For more details, **refer to the Summary of Benefits and Coverage (SBC) for each plan which you can access on the DRBA Benefits Portal.** If there is any discrepancy between the following comparison and the insurance summaries or booklets, the provisions in the insurance summaries and booklets will prevail.

Benefits Major Medical[3]	PPO		EPO	HDHP
	In-Network	Out-of-Network[1]	In-Network Only[2]	In-Network Only[2]
Deductible - Ind./Family	N/A	$300/$900	$200/$400	$3,500/$5,500
Total OOP Maximum[4]- Ind./Family (Medical & Pharmacy Combined)	$12,000/$24,000	N/A	$12,000/$24,000	$5,000/$10,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Physician Office Visits	$15 copay	80%	$15 copay	$15 copay AD
Specialist Office Visits	$20 copay	80%	$35 copay	$20 copay AD
Diagnostic X-Ray				
Hospital Facility	$80 copay	80%	$80 copay	100% AD
Non-Hospital Facility	$20 copay	80%	$20 copay	100% AD
Lab Services				
Hospital Facility	$80 copay	80%	$80 copay	100% AD
Non-Hospital Facility	$20 copay	80%	$20 copay	100% AD
MRIs, CT scans, and PT Scans				
Hospital Facility	$225 copay	80%	$225 copay	100% AD
Non-Hospital Facility	$75 copay	80%	$75 copay	100% AD
Wellness/Routine Care				
Routine Annual Physical	100%	80%	100%	100%
Periodic Hearing Exam	100%	80%	100%	Not covered 100%
Well-Child Care (includes immunizations)	100%	80%	100%	100%
Annual GYN. Exam (including Pap Test)	100%	80%	100%	100%
Routine Mammograms	100%	80%	100%	100%
PSA Test	100%	80%	100%	Not covered
Periodic Vision Exam	$25 copay	Not covered	$35 copay	
Therapies				
Physical/Occupational & Speech Therapy	80%*	80%*	80%*	100% AD**
Radiation Therapy & Chemotherapy	100%	80%	100%	100% AD
Hospital Benefits[5]				
Inpatient (including maternity/delivery)	$75/day; $300 max	80%	100% AD	100% AD
Outpatient	100%	80%	100% AD	100% AD
Emergency Room (waived if admitted)	$150 copay	$150 copay	$150 copay	$150 AD
Urgent Care Center/Medical Aid Unit	$20 copay	80%	$35 copay	100% AD
Ambulance Service	$25 copay	$25 copay	$25 copay	100% AD
Miscellaneous				
Maternity (Prenatal and Postnatal) Inpatient	100%	80%	100% AD	100% AD
Mental Health, Substance Abuse, &	$75/day; $300 max	80%	100% AD	100% AD
Intensive Outpatient Care Chiropractic Care - max. 30 visits/year	$20 copay	80%	$35 copay	100% AD

AD = After Deductible

1. All Out-of-Network benefits are subject to balance billing. 80% Coinsurance, after the deductible is met.
2. There are no Out-of-Network benefits in either the EPO or HDHP, such expenses are the sole responsibility of the member.
3. All Deductibles and Out-of-Pocket Maximums are reset every January 1st.
4. The in-network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include medical and prescription drug deductibles, coinsurance, and copays
5. . Most non-emergency hospital stays, and voluntary surgical procedures must be pre-authorized.

*60 visits per condition per calendar year.** 30 visits combined per calendar year.

PRESCRIPTION DRUG BENEFITS

Prescription drug services are provided through Rx Benefits/Express Scripts and are included with each of the medical plans. The Prescription co-pays are based on Drug Tier and Health Plan as shown in the table below.

Drug Tier	PPO / EPO	HDHP
Retail Pharmacy - Generic (per 30-day supply)	$10 copay	$10 copay, after deductible
Retail Pharmacy - Preferred Brand (per 30-day supply)	$20 copay	$20 copay, after deductible
Retail Pharmacy - Non-Preferred Brand (per 30-day supply)	$35 copay	$35 copay, after deductible
Mail Order (up to 90-day supply)	Same as 1 x retail copay	Same as 1 x retail copay, after deductible
Drug Tier for GLP-1	**PPO / EPO**	**HDHP**
GLP-1 Medication for Weight Loss Only	Coinsurance 20%	Coinsurance of 20%, after deductible
GLP-1 Medication for Medical Diagnosis Retail – Preferred Brand	$20 copay	$20 copay, after deductible
GLP-1 Medication for Medical Diagnosis Retail – Non-Preferred Brand	$35 copay	$35 copay, after deductible
Reminder your GLP-1 is filled through your local retail pharmacy (excluding Costco and Walgreens) at the same price.*		

The Authority subscribes to **Rx Benefits/Express Scripts Generic Preferred Program.** If you have a prescription for a brand name drug and a chemically equivalent generic drug is available, the generic will be supplied. ***You will have the option of choosing either the generic equivalent or the brand name drug but if you choose the brand name drug, you will pay the brand name co-pay plus the difference in cost between the generic and the brand name drug.***

The Authority also subscribes to ***Rx Benefits/Express Scripts Advantage-Plus Utilization Management program*** which includes the following requirements for certain prescription drugs: Select Home Delivery - Incentive Choice, Quantity Management, Prior Authorization, and Step Therapy. ***Your pharmacist will advise you if your prescription is subject to one of these requirements.***

1. Under the **Select Home Delivery - Incentive Choice (SHD-IC)** option, The Authority is encouraging participants to utilize Mail-Order services to re-fill maintenance drug prescriptions rather than re-fill maintenance drugs at the Pharmacy. If you re-fill a maintenance drug at the Pharmacy, you will have to pay a copay for each 30-day supply. You will pay 1x the applicable copay for a 30-day supply; 2x copay for a 60-day supply; and 3x copay for a 90-day supply at the Pharmacy. Through Mail-Order you can fill 30, 60 or 90-day supplies and pay only 1x copay. Rx Benefits/Express Scripts will send letters to members who are affected. You will be allowed two (2) refills at the Pharmacy before the higher copay levels will apply.
2. **Drug Quantity Management (DQM)** will limit how much medicine a member can obtain at one time for certain prescriptions (like opioids) while ensuring that the member receives the safest, most effective medicine available. This also helps lower overall drug costs by reducing the waste of unused medications.
3. Under **Prior Authorization (PA),** certain prescriptions will require review by Rx Benefits/Express Scripts before the drug can be filled and covered by the Plan. Members' doctors will need to provide Rx Benefits/Express Scripts with detailed information about the member's drug treatment plan to ensure its use falls within the Plan rules. The purpose of this requirement is to make sure members get the safest, most effective medicine available at reasonable cost to you and the Plan.
4. Under **Step Therapy (ST),** certain prescriptions will no longer be covered without a trial of preferred alternatives first and will cost the member more. Member's doctor will need to provide Rx Benefits/Express Scripts with confirmation that preferred alternatives were tried and failed before the prescription will be filled and covered by the Plan. Preferred generics or lower-cost brand medicines work just as well for most people and typically cost a lot less. You can find a list of the National Preferred Formulary (NPF) alternatives on the Rx Benefits/Express Scripts website. The NPF list is updated periodically.

In addition, the Authority utilizes a ***mandated specialty pharmacy service through Rx Benefits/Express Scripts, called Accredo,*** which will provide specialized support and service to employees and dependents taking specialty medications, **including manufacturer discount offers that may reduce your co-pay to $0 through a new partnership with *Saveon.*** Information will be mailed to your home containing detailed information if you or your dependent qualify for the specialty pharmacy service or a manufacturers' discount.

HEALTH PLAN CONTRIBUTIONS

The table below shows the required employee contributions for each type of health plan (Medical and Prescription Drugs). Employee contributions are withheld on a pre-tax basis under Section 125 over 24 pays per year (2x per month):

Based on Type of Health Plan	All Full-time Employees
PPO (14%)	
Employee Only	$108
Employee and Child(ren)	$196
Employee and Spouse	$218
Employee and Family	$304
EPO (8%)	
Employee Only	$44
Employee and Child(ren)	$80
Employee and Spouse	$88
Employee and Family	$124
HDHP (6%)	
Employee Only	$24
Employee and Child(ren)	$42
Employee and Spouse	$51
Employee and Family	$72

Note: You may be able to earn payroll credits that will offset the cost of health plan contributions by participating in the DRBA Wellness Points Program. ***(Refer to the 'DRBA Wellness Points Program Guide' on the DRBA Benefits Portal for more information.)***

TELEMEDICINE

Telemedicine services are provided through Teladoc. This program is ***provided at no cost to employees and their covered dependents enrolled in one of the Authority's Health Plans.*** This benefit is a convenient alternative to urgent care or emergency room visits for non-emergency medical issues. You can access U.S. board-certified physicians in internal medicine, family practice, emergency medicine or pediatrics who resolve most non-emergency medical issues via phone or online video with no copay. The physician can diagnose and prescribe medication, if medically necessary, electronically to the pharmacy of choice.

There is no Consultant co-pay required when you use Teladoc services if you enroll in either the PPO or EPO health plan. However, there is a $57 Consultant co-pay when you or a covered dependent access Teladoc services if you enroll in the HDHP.

You must register on the Teladoc website or call customer service and complete a profile for yourself and each covered dependent to use the plan. You can access Teladoc online at www.teladoc.com or call at 1-800-835-2362 to complete a profile.

DENTAL BENEFITS

New this year! The authority will offer two (2) dental plans through Delta Dental. The table below presents a small overview of the two (2) dental plan options: the Base Plan and the Buy-Up Plan. The plans allow you the flexibility to choose your own dentist. The Authority's coverage through Delta Dental's PPO-Plus Premier plan has three (3) levels of providers:

- **Diagnostic and Preventive Services** do not apply towards your annual maximums on both plans.
- **Next Stage Women's Health Benefits** have been added to both dental plans for women during pregnancy and Menopause.
- **Out-of-Network Providers:** These providers do not participate with Delta. You will receive the same level of coverage (i.e., 100% reimbursement for Preventive Services, 80% for Basic Services, etc.), but their services are not discounted; ***these dentists may bill you for the balance.***
- **Premier Providers:** These providers have agreed to a nominal discount to their services, and they have agreed not to bill participants for the balance. It is better to go to a Premier Provider than an Out-of-Network provider to get **more** out of your dental benefits.
- **Preferred Provider Organization (PPO) Providers:** These providers have agreed to a steeper discount to acquire more patients, and they will also not bill patients for the balance. It is best to go to a PPO Provider to get the **most** out of your dental benefits.

	Base Plan		Buy-up Plan	
Benefits[1]	**Delta Dental PPO Dentists[2]**	**Non- PPO Dentists[2] (Delta Dental Premier® & Non-Delta Dental Dentists)**	**Delta Dental PPO Dentists[2]**	**Non- PPO Dentists[2] (Delta Dental Premier® & Non-Delta Dental Dentists)**
Deductible	N/A	N/A	N/A	N/A
Annual Maximum *Resets every January 1st*	$1,500	$1,500	$2,000	$2,000
Preventative	100%	100%	100%	100%
Basic	80%	80%	80%	80%
Major	50%	50%	50%	50%
Orthodontia	50% (Max. age 19)	50% (Max. age 19)	50% (Adults and Children)	50% (Adults and Children)
Orthodontia Max. Lifetime	$3,000	$3,000	$3,000	$3,000

1 Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

2 Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists, and Premier contracted fees for non-Delta Dental dentists.

Accessing Next Stage Women's Health Benefits:

To register, log in to your online account and select the benefits programs section for registration details. You will be asked to confirm whether you are pregnant or experiencing menopause, and you'll need to provide your physician's contact information. For more information on the additional benefits available through the program, please scan the QR code.

DENTAL BENEFITS (continued)

The Authority provides the Base Plan at no cost to employees and their covered dependents. Employees who elect the Buy-Up Plan are ***required*** to contribute toward the cost of that plan. Contributions will be withheld on a Section 125 pre-tax basis over 24 pays per year (2x per month) in the amounts shown below.

Coverage Tier	Base Plan	Voluntary Buy-Up Plan
Employee Only	$0	$2.13
Employee and Child(ren)	$0	$4.23
Employee and Spouse	$0	$4.06
Employee and Family	$0	$6.42

OPT-OUT INCENTIVE PROGRAM

The Authority offers a cash-in-lieu of benefits option under the Section 125 Plan. The option provides an opt-out incentive, paid over 26 pays, to individuals who have other health and/or dental coverage and waive the Authority's health and/or dental benefits under the Section 125 Plan. If you are covered as an employee or covered dependent under an Authority's health and/or dental plan, you are not eligible for the opt-out incentive.

If you waive either the Authority's health or dental plan, you MUST **complete the Opt-Out Incentive Program Enrollment form** to qualify for the credit. The Opt-Out form can be printed from the DRBA Benefits Portal. ***You are required to provide a copy of your other health coverage ID card with the completed form that you submit to the Benefits Office annually.*** Proof of other dental coverage is not required. You cannot change this option until the next annual open enrollment unless you experience a Qualifying Life Event.

Opt-Out Credit	Medical (Annual Amount)	Dental (Annual Amount)
Employee Only	$1,300.00	$130.00
Employee and Child(ren)	$2,080.00	$130.00
Employee and Spouse	$2,600.00	$130.00
Employee and Family	$3,120.00	$130.00



VISION BENEFITS

The Authority offers two (2) fully insured vision benefit plans. The plans are copay programs administered by EyeMed. EyeMed is a leading vision provider, and the plans will allow you to take advantage of their large national provider network. The table below presents a small overview of the two (2) vision plan options: the ***Base Plan*** and the ***Voluntary Buy-Up Plan.*** For details regarding the vision plans, please refer to the Summary of Benefits that can be found on the DRBA Benefits Portal.

Benefits 1x every 12 months	Base Plan		Voluntary Buy Up Plan	
	In-Network	Out-of-Network (Reimbursement)	In-Network	Out-of-Network (Reimbursement)
Exams	$20 copay	Up to $40	$0 copay	Up to $40
Frames	$0 Copay; $100 Allowance, 20% off balance over $100	Up to $70	$0 Copay; $200 Allowance, 20% off balance over $200	Up to $140
Most Lenses	$25 copay	Single – up to $30 Bifocal – up to $50 Trifocal – up to $70	$0 Copay	Single – up to $30 Bifocal – up to $50 Trifocal – up to $70
Contacts Conventional (in lieu of Frames & Lenses)	$0 Copay; $100 Allowance, 15% off balance over $100	Up to $100	$0 Copay; $200 Allowance, 15% off balance over $200	Up to $200
Contacts Disposable (in lieu of Frames & Lenses)	$0 Copay; $100 Allowance, plus, balance over $100	Up to $100	$0 Copay; $200 Allowance, plus, balance over $200	Up to $200
Contacts (medically necessary)	$0 copay, Paid in Full	Up to $210	$0 copay, Paid in Full	Up to $210

The Authority provides the ***Base Plan at no cost to employees and their covered dependents.*** Employees who elect the ***Voluntary Buy-Up Plan are required to contribute*** toward the cost of that plan. Contributions will be withheld on a Section 125 pre-tax basis over 24 pays per year (2x per month) in the amounts shown below.

Coverage Tier	Base Plan	Voluntary Buy-Up Plan
Employee Only	$0	$4.67
Employee and Child(ren)	$0	$9.34
Employee and Spouse	$0	$8.88
Employee and Family	$0	$13.74

NOTE: In partnership with AMPLIFON, you may also be eligible for discounts on hearing care and devices through EyeMed. Information on the AMPLIFON Hearing Discount program can be found on the DRBA Benefits Portal.



FLEXIBLE SPENDING ACCOUNTS (FSA)

You may choose to set aside money in a Flexible Spending Account (FSA) on a Section 125 pre-tax basis to pay for eligible health care and dependent day care expenses. The FSA program is administered by Employee Benefits Corporation (EBC). Contributions to an FSA will be collected over 26 pays. The IRS requires that all funds set aside each plan year must be used by year-end or they are lost ("Use It or Lose It"). The plan year is January 1st – December 31st.

Announcing: *The Authority will be matching the IRS maximum funding limits every year moving forward.*

2027 IRS Maximum Contributions	
Health Care FSA (Full Standard)	$3,500
Health Care FSA (Limited Use)	$3,500
Dependent Care FSA	$7,500

- **Health Care FSA *(Full Standard)*: *If you enroll in the PPO, EPO or Waive Health coverage,*** you may contribute **up to the IRS limits per year on a pre-tax basis to pay for health care expenses for you and your eligible dependents,** including **allowable medical, prescription, dental and vision expenses** that are not covered under your employer sponsored benefits plans. Eligible health care expenses also include copays, deductibles, coinsurance, and qualified over-the-counter medical supplies. ***A debit card will be provided and can be used to pay for eligible expenses under the plan.***
- **Health Care FSA *(Limited Use):* *If you enroll in the High Deductible Health Plan*** and elect to contribute to a Healthcare FSA then you will be enrolled in a ***Limited Use Healthcare FSA.*** You may contribute **up to the IRS limits per year on a pre-tax basis to pay for *out-of-pocket dental and vision care expenses for you and your eligible dependents*** not covered under your employer sponsored benefits plans. ***A debit card will be provided and can be used to pay for eligible dental and vision expenses under the plan.***
  - ***Health Care FSA Roll Over:*** Current participants in a Health Care FSA (Full Standard or Limited Use) are eligible for a rollover of the balance in their account up to the statutory limit. The statutory rollover maximum for 2027 is $700 set by the IRS. You must make a Health Care FSA election for the new plan year to qualify for the rollover.
- **Dependent Care FSA:** You may contribute **up to the IRS limits per year on a pre-tax basis per household** (check IRS guidelines if your spouse is also eligible for a Dependent Care FSA through another employer) ***to pay for dependent day care expenses while you and your spouse are at work, including after-school programs.*** You may even be reimbursed for an elderly parent's day care if you can claim them as your dependent on your Federal Income tax returns. ***A debit card will be provided and can be used to pay for eligible expenses under the Plan. You MUST submit online claim forms for reimbursement if your day-care provider does not accept the debit card.***



BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

The Authority provides Basic Life and AD&D Insurance equal to one time (1x) your base salary through Unum Insurance Company. The coverage amount is rounded up to the next $1,000 to a maximum of $175,000. The coverage amount will reduce to 50% when you reach age 70 if you are still employed by the Authority.

AD&D offers you protection if you become seriously injured or die in an accident. If you die due to accidental causes rather than by natural causes, your beneficiary receives double the amount of life insurance benefit noted above.

Conversion and portability options for the Basic and Supplemental plans are available upon separation of employment. You can find information from Unum regarding conversion and portability on the DRBA Benefits Portal.

SUPPLEMENTAL LIFE AND AD&D INSURANCE

When you are initially hired by the Authority, you may also purchase an additional one times (1x) your base salary of Supplemental Life and AD&D Insurance for yourself at group rates that are based on your age and salary through Unum Insurance Company.

If you do not enroll in the Supplemental Life and AD&D Insurance when you are first eligible, you cannot add the coverage later.

Supplemental Life and AD&D Insurance is equal to one time (1x) your base salary. The coverage amount is rounded up to the next $1,000 to a maximum of $175,000. The coverage amount will reduce to 50% when you reach age 70 if you are still employed by the Authority.

You are responsible for the full cost of Supplemental Life and AD&D Insurance coverage. Your premium payments will be collected through 24 payroll deductions (2x per month) on an after-tax basis.

Please see the chart and formulas below to calculate your costs. The monthly premium rate is age banded. ***Your age band is determined based on the age you will reach in each plan year (calendar year).*** **Keep in mind that your premium cost will change with a change in your base salary.**

Monthly Base Rate Per $1,000	
Under Age 29	$ 0.076
30-34	$ 0.087
35-39	$ 0.108
40-44	$ 0.130
45-49	$ 0.184
50-54	$ 0.300
55-59	$ 0.520
60-64	$ 1.650
65-69	$ 2.550
70 & Older	$ 3.920
AD&D	$ 0.020

VOLUNTARY EMPLOYEE SUPPLEMENTAL LIFE

_____ ÷ 1,000 =_____x___=_____÷__2__ = _____

Your salary rounded Up to the next $1,000 ($175,000 max.) — *Factor* — *Rate from Chart* — *Monthly Cost* — *Per Pay Deduction (24 per year)*

VOLUNTARY EMPLOYEE SUPPLEMENTAL AD&D (required with purchase of Life)

Your AD&D coverage is the_____x $0.02 =_____÷ __2__ = _____

Same amount as Life. — *Factor Deduction from Above* — *Monthly Cost* — *Per Pay (24 per year)*

BENEFICIARY SELECTIONS for Basic and Supplemental Plans: ***You must select your Primary and Contingent beneficiaries when you initially enroll online through the ESS Benefits Enrollment website.*** **Subsequently, you can update your beneficiaries any time during the year by contacting the Benefits Office and completing a Beneficiary Update form that you will find on the DRBA Benefits Portal.**

SUPPLEMENTAL SPOUSE LIFE AND AD&D INSURANCE

When you are initially hired by the Authority, you may also purchase Supplemental Life and AD&D insurance for your spouse in increments of $5,000 to a maximum of $25,000 through Unum Insurance Company. ***You must be enrolled in the Supplemental Life and AD&D benefits to enroll your spouse in this coverage.***

Please note that if you are enrolled in the Supplemental Life and AD&D plan and you want to add or increase the amount of Spouse coverage during a subsequent annual enrollment, your spouse will be required to submit Evidence of Insurability (health statement). No addition or increase in coverage will be granted unless the statement is approved by Unum Insurance Company. The addition or increase in coverage will become effective on the date the statement is approved by the insurance company.

You are responsible for the full cost of Spouse Life and AD&D Insurance coverage. Your premium payments will be collected through 24 payroll deductions (2x per month) on an after-tax basis.

You are always the beneficiary of Supplemental Spouse Life and AD&D Insurance.

Please see the chart and formulas below to calculate your costs. The monthly premium rate is age banded. ***Your spouse's age band is determined based on the age he/she will reach in each plan year (calendar year).***

Monthly Base Rate Per $1,000	
Under Age 29	$ 0.09
30-34	$ 0.10
35-39	$ 0.12
40-44	$ 0.14
45-49	$ 0.19
50-54	$ 0.30
55-59	$ 0.50
60-64	$ 1.55
65-69	$ 2.38
70 & Older	$ 3.65

VOLUNTARY SPOUSE LIFE AND AD&D (may not exceed Employee's supplemental coverage)

_____ ÷ 1,000 = _____ x _____ = _____ ÷ __2__ = _____

$5,000 Increments ($25,000 max.) — *Factor* — *Rate from Chart* — *Monthly Cost* — *Per Pay Deduction (24 per year)*

SUPPLEMENTAL DEPENDENT LIFE AND AD&D INSURANCE

When you are initially hired by the Authority, you may also purchase a flat $10,000 Supplemental Life and AD&D Insurance policy for your dependent child(ren) through Unum Insurance Company. The coverage amount, from live birth to 6 months old is $1,000 per child. ***You must be enrolled in the Supplemental Life and AD&D benefits to cover dependent children in this coverage.***

Dependent children may be covered until age 19 or over but under age 26 if they are a full-time student at an accredited school. The premium for this coverage is per unit of insurance, which means that the *payroll deductions will remain the same regardless of the number of children covered.* **The cost is $1.55 per pay (24 pays per year) on an after-tax basis.**

You are always the beneficiary of Supplemental Dependent Life and AD&D Insurance.

LONG-TERM DISABILITY (LTD)

The Authority provides Long-Term Disability (LTD) coverage through Unum Insurance Company at no cost to you. LTD benefits are provided to protect your income if you are unable to work due to an occupational OR non-occupational disability. ***The policy pays up to 60% of your pre-disability monthly earnings*** to a maximum of $8,000 per month. ***You must be disabled for a period of 90 days prior to receiving a benefit. Unum pays LTD benefits at the end of each month for that month.*** Benefits paid under the LTD plan are taxable income and must be reported on your Federal Income tax returns.

NOTE: The Authority does not provide Short-Term Disability (STD) benefits or participate in the New Jersey Temporary Disability Insurance (TDI) plan. Employees are expected to use accrued sick leave during the 90-day LTD waiting period. If you do not have enough accrued sick leave to cover the waiting period, then you may want to consider enrolling in the Individual STD plan that is offered by Unum through the Voluntary Benefits plans offered to Authority employees. Refer to the 'Voluntary Benefits' section of the DRBA Benefits Portal for information and a link to the Unum Voluntary enrollment website (Employee Navigator) for details.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

An Employee Assistance Program (EAP) is provided through Health Advocate at no cost to you. **Our EAP has personal and professional resources that you and your family can use, whether you need help managing stress or managing relationships, taking care of your money, or taking care of yourself.**

You can contact Health Advocate anytime 24/7 to speak with a caring, confidential consultant or visit their website for the wealth of information and various services available online. This service is completely confidential and self-directed issues are NOT reported to the Authority. *You and each family member can get up to five (5) free face-to-face counseling sessions per incident/issue available through the Health Advocate EAP program.*

Do you have questions but don't have time to research the answers or solutions? Health Advocate can help you with so many of the issues that affect you each day.

- Resolve a Billing Issue
- Find a doctor
- Message an Advocate
- Take the Personal Health Profile
- Join a Challenge
- Sync My Fitness Device
- Log My Activity
- Search for Recipes
- Legal Center
- Schedule a Health Screening
- Send Health Screening Results to Physician
- Save $$ on Prescriptions

LEGAL PLAN

You may purchase a pre-paid legal program through MetLife Legal Plans. This is a legal services plan that provides legal representation for you, your spouse, and dependent for a wide range of personal legal matters. For more information, please refer to 'Voluntary Benefits' section on the DRBA Benefits Portal. ***The cost for this plan is $9.75 per pay collected after-tax over 24 pays per year (2x per month).***

If you enroll in the pre-paid legal services plan, you must remain in the plan for the entire plan year. Therefore, enrollment in this program is only open during annual enrollment.

VOLUNTARY BENEFITS THROUGH PAYROLL DEDUCTIONS

(Refer to the 'Voluntary Benefits' section of the DRBA Benefits Portal for more information on these programs.)

UNUM PLANS

The following voluntary plans are available through Unum Insurance Company using convenient payroll deductions.

Individual Short-Term Disability Insurance
Whole Life Insurance
Accident Insurance
Critical Illness Insurance
Hospital Indemnity

You may enroll in these plans as a newly eligible employee or during each annual enrollment. If you enroll when you first become eligible, you will not have to answer health questions unless you are requesting coverage over the guaranteed limits of the plans. If you wait to enroll during annual enrollment, you may be required to answer health questions for some plans.

If you are interested in speaking with an Unum Representative to discuss the Voluntary plans and obtain a no-obligation quote, please call 866-463-8808 (ext.102) for Seamus Dugan.

FARMERS GROUPSELECT™ AUTO/HOME/RENTERS INSURANCE (formerly MetLife)

You may purchase auto and home/renters' insurance through Farmers GroupSelect™ using convenient payroll deductions. Farmers has outstanding customer service ratings, and you can have a policy within 24 hours of contacting them. Compare your current policy to a Farmers' policy. Contact Farmers for an obligation-free quote any time.

METLIFE PET INSURANCE

You may purchase pet insurance through MetLife services. MetLife will bill you directly for pet insurance as they cannot accept payroll deductions at this time. The insurance is underwritten by Independence American Insurance Company. Just like health insurance for you and your family, pet insurance is coverage for dogs and cats that can help you be prepared for unexpected vet costs. Contact MetLife for an obligation-free quote any time.

DRBA CREDIT UNION

The Authority sponsors a Credit Union. For savings and loan options through the Credit Union call the following:

Cape May	609-889-7241
Lewes	302-644-6000
New Castle	302-571-6322

RETIREMENT PLANS (FOR EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2015)

The Authority offers three (3) different retirement plans.

1) DRBA Employees' Retirement Plan ('the Pension Plan')

The Authority provides a defined benefit (DB) plan which pays a monthly annuity upon retirement. The plan is administered by PNC Bank. The monthly annuity payment is calculated based on age, years of service and the highest average 36 months of compensation.

Participation in this plan is mandatory. Employees are required to contribute 3% of their base wages to the Pension Plan on a pre-tax basis. Employees become 100% vested after ten (10) years of active service. If you leave the Authority prior to becoming 100% vested, then you may roll-over or take a payout of your contributions with interest.

You will select payment options and beneficiaries upon retirement from the Authority under the Pension Plan.

2) DRBA Employees' Defined Contribution Plan ('the 401(a) Plan')

The Authority also provides a defined contribution (DC) 401(a) retirement savings plan.

Participation in this plan is mandatory. Employees are required to contribute 2% of their base wages to the 401(a) plan on a pre-tax basis. The Authority matches 100% of the 2% employee contribution. Employees are always 100% vested in their own contributions to the plan. Employees become 100% vested in the Authority's match after five (5) years of active service. If you leave the Authority prior to becoming 100% vested, then you may roll-over or take a distribution of your contributions with earnings but not the Authority's matching contributions and earnings.

The default investment option under the 401(a) Plan is the Target Date Fund nearest your normal retirement date (typically age 65). You may choose from a menu of other mutual fund investment options through the Authority's record-keeper, Voya Financial. You will find the menu of investment options and a prospectus on each fund on the Voya website.

You will select your beneficiaries upon enrollment in the 401(a) Plan. You may update your beneficiaries at any time by visiting the Voya website or calling Voya Customer Service.

3) DRBA Employees' Section 457b Deferred Compensation Plan ('the 457(b) Plan')

The Authority also offers a voluntary deferred compensation (DC) 457(b) retirement savings plan.

Employees may (optional) defer a percentage of their base wages to the 457(b) plan. The Authority will match 100% of the first 2% that the employee defers to the plan. *(Note: The Authority's match on the 457(b) deferred amount will be deposited into the employee's 401(a) plan account.)*

Employee ***deferrals to the 457(b) plan can be made on a pre-tax or Roth (after-tax) basis,*** or a combination of these. Employees are always 100% vested in their own deferrals to the plan. Employees become 100% vested in the Authority's match after five (5) years of active service. If you leave the Authority prior to becoming 100% vested, then you may roll-over or take a distribution of your contributions with earnings but not the Authority's matching contributions and earnings.

Like the 401(a) Plan, the 457(b) Plan is administered through the Authority's record-keeper, Voya Financial. In addition, the default investment is the Target Date Fund nearest your normal retirement date and the same menu of other investment options is available under the 457(b) also.

CONTACT INFORMATION

Or visit the DRBA Benefits Portal at https://DRBA.myben.site

Medical		
Highmark Delaware	www.highmarkbcbsde.com	800-344-8134
Prescription Drugs		
Rx Benefits/Express Scripts	member.rxbenefits.com	800-334-8134
Telemedicine		
Teladoc	www.teladoc.com	800-835-2362
Dental		
Delta Dental	www.deltadentalins.com	800-932-0783
Vision		
EyeMed	www.eyemed.com	866-804-0982
Hearing Care Discounts		877-203-0675
Life, AD&D, and Long-Term Disability		
Unum Insurance Company	www.unum.com/employees	866-679-3054
Flexible Spending Accounts (FSAs) and Health Savings Account (HSA)		
Employee Benefits Corporation (EBC)	www.ebcflex.com/participants	800-346-2126
Employee Assistance Program (EAP), Health Advocacy, Wellness Coaching, and Work Life		
Health Advocate	www.healthadvocate.com	866-799-2728
Condition/Disease Management		
Omada Health	www.omadahealth.com/DRBA	888-409-8687
Legal Plan		
MetLife Legal Plans	www.legalplans.com	800-821-6400
Other Voluntary Benefit Plans		
Unum Insurance Company (Short-Term Disability, Accident, Whole Life)		Seamus Dugan at 866-463-8808, ext. 102
Auto/Home/Renters		
Farmers GroupSelect™	www.myautohome.farmers.com	844-296-9643
Pet Insurance		
MetLife		For quote, call 800-GET-MET8
DRBA Benefits Office		
Pension & Benefits Manager		Betsy Dupon at 302-571-6337 (x16337)
HR Specialist, Pension & Benefits		Lacey Adams at 302-571-6470 (x16470)
Defined Contribution 401(a) and Deferred Compensation 457(b) Plans		
Voya Financial	www.voya.com	800-584-6001
Voya Financial Advisor	Alicia Kong at Alicia.Kong@voyafa.com	301-792-1086

Prepared on behalf of The Delaware River and Bay Authority by USI Insurance Services.

This benefit summary provides selected highlights of the employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts, and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts, and plan documents. We reserve the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the plan administrator. v.9. 30.26