









2027

DRBA
DELAWARE RIVER & BAY AUTHORITY

BENEFITS OVERVIEW

Post-65 Retirees

Connections that Move You; Benefits that Protect You

WELCOME TO YOUR BENEFITS!

ABOUT THE BENEFITS OVERVIEW

The ***Benefits Overview*** describes the benefit plans available to you as a Retiree of the Authority. Keep the *Benefits*

The details of these plans are contained in the official Plan Documents, including some insurance contracts. The *Benefits*

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

Please note that the benefits described in the *Benefits Overview* may be changed at any time and do not represent a

ELIGIBILITY OF RETIREE

Retirees who are covered under the Authority's core health plans for active employees on the day prior to their retirement are eligible to continue their core benefits plans upon retirement. Core benefits include health (medical and prescription drugs), dental, vision and life insurance.

ELIGIBILITY OF RETIREE'S DEPENDENTS

The eligible dependent of a retiree who had been hired **prior to March 1, 2005**, and was covered as an eligible dependent while the retiree was an active employee, are eligible for coverage under the retiree's health (medical and prescription drugs), dental and vision plans. Eligible dependents include the retiree's legal spouse and dependent children up to age 26 who were covered by the employee on the day prior to their retirement. No new dependent may be added to the retiree plans following retirement.

Dependents of a retiree who had been hired **on or after March 1, 2005** are not eligible under the Authority's retiree plans.

***Note: If you divorce a covered spouse after the date you retire, then you must notify the DRBA Benefits Office as soon as possible, but no later than 30-days from the divorce date, so your spouse can be removed from the retiree plans promptly. Ex-spouses are NOT eligible for dependent benefits under the program. If you fail to notify DRBA within 30-days of the divorce date, then the change (termination of coverage) will be made retroactive to the divorce date, and you may be responsible to reimburse the Authority or the plan provider for any claims that were paid on behalf of your ex-spouse after the date of the divorce.**

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COST OF RETIREE HEALTH PLANS

Retirees who were hired or rehired prior to January 1, 2015, are not required to contribute to the cost of their retiree health plans.

Retirees hired or rehired on or after January 1, 2015, are required to contribute toward the cost of their retiree health plans (medical & prescription drug) based on a percentage tied to the number of whole years that the retiree worked for the DRBA as shown below. However, no contribution is required for retiree dental, vision, or life insurance coverage.

Years of Service	Retiree Contribution	Employer Contribution	2027 Aetna Medicare Advantage Retiree Contribution (per month)
10	60%	40%	$384.98
11	57%	43%	$365.73
12	54%	46%	$346.49
13	51%	49%	$327.24
14	48%	52%	$307.99
15	45%	55%	$288.74
16	42%	58%	$269.49
17	39%	61%	$250.24
18	36%	64%	$230.99
19	33%	67%	$211.74
20	30%	70%	$192.49
21	27%	73%	$173.24
22	24%	76%	$153.99
23	21%	79%	$132.74
24	18%	82%	$115.50
25+	15%	85%	$96.25

IMPORTANT LEGAL NOTICES

In addition to the *Benefits Overview,* this booklet includes ***Important Legal Notices*** that the Authority is required to provide. Please review the Notices, found at the back of this booklet, carefully and keep them with your benefits records for future reference.



POST-65 RETIREE HEALTH PLAN

Retirees and/or their covered spouses will be moved to a Medicare Advantage Plan upon reaching age 65, effective upon retirement or upon their 65th birthday, whichever is later. To qualify for the AMA plan, individuals must enroll in Medicare (Parts A and B) and pay the Part B premiums that may apply. Typically, Part B premiums are deducted from the individual's Social Security Retirement annuity, or they can be paid directly to the Centers for Medicaid and Medicare Services (CMS). The DRBA is not responsible for Part B premiums.

The Medicare Advantage plan is fully insured through the Aetna Insurance Company. The Aetna Medicare Advantage

Note: A covered spouse is moved to the AMA plan as an individual subscriber, however, the covered spouse will remain

Aetna will mail the Annual Notice of Change (ANOC) documents detailing the CMS updates, directly to your home. If you have not received this information by the first week in December of each year, please call Aetna Medicare Advantage at **1-800-307-4830** to request a copy and ask questions.

Telemedicine: The Aetna plan includes access to doctors through the Teladoc network also. These providers are available





When and where you need it

Teladoc® gives you access to a national network of U.S. board-certified doctors by phone or video. They're available anywhere and anytime to treat many of your medical issues.

Use Teladoc to get the care you need

It's a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- If you're on vacation or away from home
- For short-term prescription refills

Teladoc doctors can help with many medical conditions, including:

- Cold and flu symptoms
- Allergies
- Sinus problems
- Sore throat
- Respiratory infection
- Skin problems

teladoc.com/aetna

1-855-Teladoc (1-855-835-2362)

Aetna is here to help

If you have questions about your health plan, call **1-888-267-2637 (TTY: 711)**, Monday through Friday, 8 a.m. to 6 p.m. all time zones.

Consultations in Idaho are available by video only. First consultations in Arkansas and Delaware must be done by video. Consultations in Georgia have a 72-hour prescription limit. Teladoc does not operate in the U.S. territories. Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Other physicians are available in our network. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

aetna™

aetnamedicare.com

TELADOC®

RETIREE DENTAL BENEFITS

Retiree dental coverage is provided under a self-funded plan by the Authority and is administered by Delta Dental. The plan allows you the flexibility to choose your own dentist. The Authority's coverage through Delta Dental's PPO-Plus Premier plan offers three (3) levels of providers:

- **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.

Benefits[1]	Delta Dental PPO Dentists[2]	Non- PPO Dentists[2] (Delta Dental Premier® & Non-Delta Dental Dentists)
Deductible	N/A	N/A
Annual Maximum *Resets every January 1st*	$1,500	$1,500
Preventative	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia - Max. Age 19	50%	50%
Orthodontia Max. Lifetime	$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.

THE CHOICE IS YOURS

Save the most with PPO

The Delaware River and Bay Authority Claims Example	Most claims savings	Some claims savings	No claims savings
	Delta Dental PPO	Delta Dental Premier	Non-Delta Dental Dentists
Dentist's Charge for a Crown	$1,200	$1,200	$1,200
Plan Allowance	$800	$950	$950
Percentage Paid by Plan	50%	50%	50%
Plan Payment	$400	$475	$475
PATIENT PAYMENT	**$400** ($800- $400 =)	**$475** ($950 - $475 =)	**$725** ($1,200 - $475 =)

Note: Amounts listed for illustrative purposes only. Assumes no maximum or deductibles are applicable.

VISION BENEFITS

Retire vision coverage is provided under a fully insured plan through EyeMed. EyeMed is a leading vision provider, and the plan will allow you to take advantage of their large national provider network. **If you stay within the EyeMed network of providers, you will pay a copay for services and supplies. If you seek care outside of the EyeMed network, you will be eligible for a small reimbursement of your claim. Call EyeMed for instructions on filing an out-of-network vision claim.** You can find the in-network copays and the out-of-network reimbursement limits in the chart below.

Benefits Once every 12 months	Vision Care Services	
	In-Network	Out-of-Network (Reimbursement)
Exams	$20 copay	Up to $40
Retinal Imaging	Up to $39	N/A
Frames	$0 copay, $100 allowance, 20% off balance over $100	Up to $70
Standard Plastic Lenses		
Single Vision	$25 copay	Up to $30
Bifocal	$25 copay	Up to $50
Trifocal	$25 copay	Up to $70
Lenticular	$25 copay	Up to $70
Contact Lenses (allowance includes material only)		
Conventional	$0 copay, $100 allowance, 15% off balance over $100	Up to $100
Disposable	$0 copay, $100 allowance, plus balance over $100	Up to $100
Medically Necessary	$0 copay	Up to $210
Contact Lenses Fit and Follow-up		
Standard Lens	$40 copay	N/A
Premium Lens	10% off retail price	N/A
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off retail price or, 5% off promotional price	N/A



VISION BENEFITS (continued)

In addition to Vision benefits, you can also obtain discounts on hearing tests, aids, and supplies through EyeMed and their partnership with Amplifon Hearing Health Care. Call Amplifon at **877-203-0675** to obtain more information.

HEARING DISCOUNTS

The sweet sounds of life



Have you heard? Vision and hearing loss often go hand-in-hand. Mature adults and diabetics are likely to experience both sensory impairments. Research also shows an increase of adults in their 20s and 30s with hearing loss.

At EyeMed, we're all eyes and ears about your employees' health and wellness. That's why we teamed up with Amplifon, the nation's largest independent hearing discount network, to add affordable hearing care to every EyeMed vision benefits package.

OUR HEARING DISCOUNT THROUGH AMPLIFON PROVIDES:

- 40% off hearing exams at thousands of locations around the country
- Discounted, set pricing on thousands of hearing aids, including the latest technology to hit the market
- Low price guarantee — if your employees find the same product at a lower price, Amplifon will beat it by 5%
- 60-day hearing aid trial period with no restocking fees
- 1-year free follow-up care with unlimited appointments
- Free batteries for 2 years with initial purchase
- 3-year warranty and loss and damage coverage



65% of those with hearing loss are younger than retirement age[5]

Amplifon Hearing Health Care

See — and hear — life to the fullest —
Contact your EyeMed rep or visit **starthere.eyemed.com**

[1] Archives of Ophthalmology, Oct. 2006 [2] Health Day, U.S. News: http://health.usnews.com/health-news/news/articles/2012/11/16/hearing-loss-tied-to-diabetes -in-study [3] JAMA Internal Medicine, "Prevalence of Hearing Loss and Differences by Demographic Characteristics Among US Adults" [5] Ibid

S-1904-CB-356

RETIREE LIFE INSURANCE PLAN

FOR RETIREES HIRED PRIOR TO JANUARY 1, 2015:

Retiree Life Insurance is provided under a Group Term Life insurance policy underwritten by Unum Insurance Company. Please note that there is no cash value under a Group Term Life Insurance policy.

Upon retiring from the Authority, you are provided with Retiree life insurance in an amount equal to 50% of the employee

The coverage amount of Retiree life insurance is reduced by another 50% upon reaching your 70th birthday. If you retired

FOR RETIREES HIRED ON/AFTER JANUARY 1, 2015:

Upon retiring from the Authority, you are provided with Retiree Life Insurance in the flat amount of $10,000 provided under a Group Term Life insurance policy underwritten by Unum Insurance Company.

The coverage is not subject to any age-

BENEFICIARY UPDATES

If you want to update your Beneficiaries under the Retiree Life Insurance plan, you must submit a new Unum Life Beneficiary Designation form. Please call the Benefits Office at **302-571-6470** to obtain the Unum form and



CONTACT INFORMATION

If you have a benefits or claims question, call the provider first. If they cannot assist you, then call the benefits office.

Medical & Prescription Drugs (Post-65 Only)		
Aetna Medicare Advantage (AMA)	www.aetnaretireeplans.co	800-307-4830
Telemedicine		
Aetna/Teladoc	www.teladoc.com/aetna	855-835-2362
Dental (All Retirees)		
Delta Dental	www.deltadentalins.co	800-932-0783
Vision (All Retirees)		
EyeMed	www.eyemed.co	866-804-0982
EyeMed/Amplifon Hearing Health Care		877-203-0675
Life/AD&D		
Unum Insurance Company	www.unum.com/employee	866-679-3054
Defined Benefit Plan (Pension)		
Delaware River and Bay Authority Employees' Retirement Plan		U.S. Bank 800-806-7009
Defined Contribution 401(a) and Deferred Compensation 457(b)		
Voya Financial	www.voya.com	800-584-6001
Grandfathered Retirement Savings Plans:		
MetLife 457(b)		800-560-5001
First Allmerica	Press *3 to speak with a person	800-799-6981

DRBA Benefits Office

Pension & Benefits Manager	Betsy Dupon at 302-571-6337 (x16337)
HR Specialist, Pension & Benefits	Lacey Adams at 302-571-6470 (x16470)



IMPORTANT LEGAL NOTICES (for pre-65 Retirees)

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Refer to your SBCs and plan summaries for more information.

NEWBORNS ACT DISCLOSURE - FEDERAL

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

MICHELLE'S LAW DISCLOSURE

Under the ACA, dependent children are covered by the group health plan until age 26. To obtain more information, contact person listed at the end of this summary.

CONTACT INFORMATION

Questions regarding any of this information can be

Charlotte L Crowell, SPHR, SHRM-SCP
Chief Human Resources Officer
Delaware River & Bay Authority
P.O. Box 71
New Castle, DE 19720
Phone: (302) 571- 6392
charlotte.crowell@drba.net

IMPORTANT LEGAL NOTICES continued

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

YOUR RIGHTS

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

IMPORTANT LEGAL NOTICES continued

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

IMPORTANT LEGAL NOTICES continued

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

IMPORTANT LEGAL NOTICES continued

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Contact HR at (302) 571-6392

IMPORTANT LEGAL NOTICES continued

IMPORTANT NOTICE FROM DELAWARE RIVER & BAY AUTHORITY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Delaware River & Bay Authority and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium. by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Delaware River & Bay Authority has determined that the prescription drug coverage offered by the Delaware River & Bay Authority Medical Plan for the plan year 2027 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the Delaware River & Bay Authority Medical Plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
  - During the Medicare prescription drug annual enrollment period, or
  - If you lose Delaware River & Bay Authority Medical Plan creditable coverage.
- You may stay in the Delaware River & Bay Authority Medical Plan and also enroll in a Medicare prescription drug plan. The Delaware River & Bay Authority Medical Plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Delaware River & Bay Authority Medical Plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Delaware River & Bay Authority Medical Plan, be aware that you and your dependents will not be able to get this pre-65 retiree coverage back..

IMPORTANT LEGAL NOTICES continued

When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Delaware River & Bay Authority and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…
Contact the person listed below for further information or call HR at (302) 571-6392. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **Delaware River & Bay Authority** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" hand- book. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For in- formation about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).

Date:	9/16/2026
Name of Entity/Sender:	Delaware River & Bay Authority
Contact--Position/Office:	Human Resources
Address:	P.O. Box 71, New Castle, DE 19720
Phone Number:	(302) 571-6392

IMPORTANT LEGAL NOTICES continued

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

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

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
https://health.alaska.gov/dpa/Pages/default. aspx

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

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

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

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

Illinois – Medicaid
Illinois Medicaid Premium Assistance Information
Medicaid application website: https://abe.illinois.gov
HIPP Hotline Number: 217-524-8268
HIPP Email: hfs.boc.hipp@illinois.gov

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid
Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki Hawki
Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medic-aid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Pro- gram (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/ben-efits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840
TTY: (617) 886-8102

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-fam- ilies/health-care/health-care-programs/programs-and-services/ other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp. htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/ HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone:

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: https://www.nj.gov/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 1-919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa. gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website:
https://www.scdhhs.gov Phone:

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP)
Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website:
https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website:
https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select
https://www.coverva.org/en/hipp
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid Website:
https://www.hca.wa.gov/ Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website:
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website:
https://health.wyo.gov/healthcarefin/medicaid/pro- grams-and-eligibility/

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

NOTES

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

The Benefits Overview describes the benefit plans available to you as a Retiree of the Authority. 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 anytime. The authority to make such changes rests with the plan administrator. v.9.26