



# 2025

## Open Enrollment Guide

October 14 - October 25, 2024

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October 2024

Dear Colleague,

Our health insurance plans are among our most popular and valued benefits at Duke, and if you have read about the heart transplant for the daughter of one of our staff members in the latest issue of Working@Duke, you will understand why. We are so fortunate to have both exceptional and comprehensive care through Duke Health providers, as well as competitively priced coverage.

Duke's 2025 monthly premiums for health insurance will increase between \$4 and \$22 per month for individual coverage, depending on the plan selected. There will again be no increases in copays or deductibles for any of our health, dental or vision plans, and there are no increases in premiums for dental or vision coverage next year.

We continue to offer five different health plans that provide different types of coverage for different needs and geographic regions. Take time to review the plans to determine the best options for you and your family.

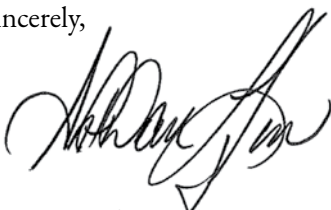
You will be able to enroll or make changes to your health, dental, vision and reimbursement benefits during our annual open enrollment period beginning at 8 a.m. Oct. 14 and ending Oct. 25 at 6 p.m. This annual period is the only time faculty and staff can enroll or make changes to these benefits outside of a qualifying life event such as marriage or the birth of a child.

For more information, please visit the Duke Human Resources website at [hr.duke.edu/enrollment2025](https://hr.duke.edu/enrollment2025). If you have questions, contact the Duke Open Enrollment Service Center at 1-919-684-5600, option 1. Representatives will be available from 8 a.m. – 6 p.m. weekdays between Oct. 14 – Oct. 25, and from 10 a.m. – 3 p.m. Saturday, Oct. 19.

As always, we continue our efforts to mitigate cost increases for employees, which includes working with you to take advantage of health and wellbeing resources available to you and your family.

Thank you for your commitment and service to Duke.

Sincerely,



Antwan Lofton, Ed.D, PHR  
Vice President, Human Resources  
Chief Human Resources Officer

Para información detallada sobre sus beneficios, comuníquese por favor al Centro de Recursos Humanos de Duke al (919) 684-5600, Opción 1.

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Open enrollment is your opportunity to review your medical, dental, vision, and reimbursement account benefit elections and make any changes necessary to ensure your choices continue to meet your needs.

If you wish to participate in the Health Care or Dependent Care Reimbursement Accounts for 2025, you must enroll (or re enroll). Participation in the reimbursement accounts does not automatically continue from year to year.

If you do not make changes to your medical, dental or vision coverage, your current medical, dental and vision coverage elections for 2024 will continue for 2025.

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This enrollment guide and the Open Enrollment website at **[hr.duke.edu/enrollment2025](http://hr.duke.edu/enrollment2025)** highlight the medical, dental, and vision plan choices available to eligible employees and their dependents, as well as benefits available under the Health Care and Dependent Care Reimbursement Accounts.

This enrollment guide serves as a summary of material modification to the benefits described in the official summary plan descriptions for these plans. The benefits that you receive are based upon the plan’s official plan documents, not this guide or any other written or oral statement. If there is a conflict between this guide and the official plan documents, the official plan documents will govern in all cases. Duke reserves the right at any time to change or terminate these plans.

# Monthly Medical, Dental, and Vision Premiums

Effective January 1, 2025

## Duke Select (HMO Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Premium*	\$628.00	\$936.00	\$1,171.00	\$1,471.00	\$1,720.00
Full-time Employee Premium	\$112.00	\$264.00	\$383.00	\$537.00	\$662.00

## Duke Basic (HMO Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Premium*	\$533.00	\$784.00	\$977.00	\$1,231.00	\$1,419.00
Full-time Employee Premium	\$45.00	\$149.00	\$231.00	\$344.00	\$418.00

## Blue Care (HMO Model) Premiums

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

## Duke Options (PPO Model) Premiums

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

## Duke USA (PPO Model) Premiums

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

## Dental Premiums

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

## Vision Premiums

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

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

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

Health, Dental, and Vision premiums are deducted one month in advance. Duke does not prorate premiums. Your health premiums are based on coverage in effect the last day of the month.

## Tobacco Use Surcharge (Fee)

Duke charges employees covered under a Duke medical insurance plan who smoke or use other forms of tobacco an extra \$50 per month. The surcharge does not apply to dependents who use tobacco.

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

The monthly surcharge will be removed upon completion of a tobacco cessation program through LIVE FOR LIFE, Duke’s employee wellness program. If you think you might be unable to complete the program, you may request to complete an alternative program or meet an alternative standard. Completion of an alternative activity may allow you to avoid the surcharge. Contact us at 919-684-5600 and we will work with you (and, if you wish, with your doctor) to find the best method for achieving your best health.

Visit [hr.duke.edu/tobaccofree](http://hr.duke.edu/tobaccofree) for more information.

# Decisions to Make During Open Enrollment

Open Enrollment is the one time of year when benefit eligible employees can enroll in or change their medical, dental and/or vision insurance plans, and enroll in reimbursement accounts. Changes made during open enrollment are effective on January 1, 2025. Here's what you need to decide this year:

- 1. Which medical plan best meets my needs and the needs of my covered family member?** Duke offers five different medical plans with eligibility based on the employee's permanent home zip code. Carefully consider the network available (particularly if your dependents live outside of the Triangle Area), any specific health providers that you see, or a need to cover dependent pregnancy. Note that if you change health plans, your care management may be disrupted and may also need to change. If you live outside of a zip code beginning with 272, 273, 275, 276, or 277 and are ineligible for coverage in Duke's Aenta plans, you will be eligible to participate in the Blue Care, Duke Options, or Duke USA plan. (Note that to be eligible for Blue Care, you must permanently reside in the state of North Carolina.) If you have recently changed your residence and live outside of the state of North Carolina, Duke Options or Duke USA are the medical plans that will provide comprehensive coverage for you and your dependents.
- 2. Will you cover yourself and/or dependents for dental and vision insurance?** Duke offers three different dental plans and a vision plan that covers eye exams, lenses and frames.

- 3. Do you need to add or remove any dependents enrolled in your medical, dental or vision plan?** If you missed your opportunity to make a change in coverage for a family member due to a qualifying life event, now is the time to make that change.

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

**Remember:** If you take no action during Open Enrollment, the elections you made for 2024 for your medical, dental, and vision coverage will continue for 2025. To continue to use a reimbursement account, you **must re-enroll** for 2025.

Open Enrollment representatives are available at (919) 684-5600, option 1, during the following times:

- 8 a.m. – 6 p.m., October 14– 25
- 10 a.m. – 3 p.m., Saturday, October 19

**Reminder:** Payroll locks Duke@Work from changes during payroll calculations. After payroll unlocks, you may make changes.

## 2025 Plan Highlights and Changes

### Medical Plans

- Nutritional counseling visits provided as treatment for a behavioral health diagnosis are no longer subject to a six-visit limit. This update is effective January 1, 2023. Plan participants that incurred expenses for nutritional counseling beyond the six-visit limit are encouraged to submit a claim for reimbursement. Please see [hr.duke.edu/benefits/medical/medical-insurance](https://hr.duke.edu/benefits/medical/medical-insurance) or contact us at (919) 684-5600 for more information.
- Eligibility for fertility services through Duke Select and Duke Options will not require a diagnosis of infertility. This update is effective January 1, 2025. Other eligibility requirements, medical policy criteria, and prior review and certification remain in place.
- Lastly, coverage for gender affirming surgery, currently available under Duke Options, is extended to participants on Duke's Blue Care and Duke USA programs effective January 1, 2025 subject to applicable copays and deductibles.
- As a reminder, certain specialty pharmacy drugs are considered non-essential health benefits under the plan, and the cost of these drugs will not be applied toward a member's out-of-pocket maximum. Although the cost of these eligible specialty drugs will not be applied towards the out-of-pocket maximum, these costs will be reimbursed by the manufacturer at no cost to the member. A list of specialty medications eligible for this program is available online at [hr.duke.edu/pharmacy](https://hr.duke.edu/pharmacy).

### Dental Plans

- No change in deductibles or premiums for the dental plans.
- As a reminder, if you or a dependent are not currently enrolled for dental coverage through Duke and enroll for 2025, the "late entrant" provision will apply (refer to page 10 for more information).

### Vision Plan

- No change in copays, deductibles or premiums for the vision plan.

### Reimbursement Accounts

- Maximum annual contribution for Health Care Reimbursement Account is \$3,200 (subject to IRS regulations). Up to \$640 of your unused 2025 Health Care Reimbursement Account balance can be carried over to the 2026 plan year.
- Maximum annual contribution for Dependent Care Reimbursement Account is \$5,000 per family. There is no carryover for the Dependent Care Reimbursement Account.

# What You Need To Know

## When Can I Enroll?

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

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

## Who Can I Enroll?

You can enroll the following dependents for medical, dental and vision insurance:

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

## Update Your Personal Information

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

*\* Legal guardianship obtained outside of NC must meet the NC qualifications.*

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

## How Much Coverage Can I Purchase?

When making your medical, dental, and vision benefit elections, you may choose from among the following levels of coverage:

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

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

## Social Security Numbers for Dependents

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

You can review or add the Social Security numbers for covered dependents through the enrollment process on the Duke@Work self-service website or by calling the Open Enrollment Service Center at (919) 684-5600, option 1.

## Same-Sex Spousal Equivalent Information

All faculty and staff, regardless of sexual orientation, must be legally married to cover a partner or partner’s child for benefits or applicable policies. Same-sex spousal equivalents who were registered with Duke Human Resources prior to January 1, 2016 are eligible for coverage, but will not be able to take advantage of federal and state tax savings for payment of benefit premiums unless legally married or able to claim one’s partner as a dependent as defined by the IRS and tax code.

# How to Enroll Using the Duke@Work Website

### Step 1:

Go on to the Duke@Work website at [hr.duke.edu/selfservice](http://hr.duke.edu/selfservice)

Click on “Benefits Open Enrollment for 2025.”  
When prompted, enter you Duke NetID and your NetID password

### Step 2:

Accept terms and conditions  
Complete the step-by-step enrollment process

### Step 3:

Ensure that you save your changes  
**Print and review your Confirmation Statement**

*\* It is your responsibility to make sure that your 2025 benefit elections are correct, so be certain to review your Confirmation Statement.*

**Please Note:** Monthly Payroll Calculations will run on Tuesday, October 15th. Payroll may be locked down until payroll completes calculations on Wednesday afternoon. Biweekly Payroll Calculations will be run on Wednesday, October 23rd. Payroll may be locked down until payroll completes calculations on Thursday afternoon. Please make your changes after payroll unlocks.

# Your Medical Plan Options

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

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

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

- **Blue Care (Blue Cross Blue Shield of North Carolina) HMO** – available only to employees living in North Carolina. Participants must use a statewide network of providers. Out-of-network care is only covered for emergency or urgent care, and limited to 20 visits and 20 days for behavioral health or substance use disorder when out-of-network.
- **Duke Options (Blue Cross Blue Shield of North Carolina) PPO** – includes a worldwide network of health care providers and hospitals, and provides access to full out-of-network benefits, including out-of-network behavioral health and substance use disorder benefits. If you live within a zip code beginning with 272, 273, 275, 276 or 277 but have dependents who reside outside of North Carolina (including dependents attending college outside of North Carolina), Duke Options is the medical plan that will provide comprehensive coverage for you and your dependents.
- **Duke USA (Blue Cross Blue Shield of North Carolina) PPO** – available to any employee who lives outside of a zip code beginning with 272, 273, 275, 276, or 277. This plan uses the same worldwide network of health care providers and hospitals as the Duke Options PPO plan. Premiums are lower than Duke Options but out-of-pocket costs (such as deductibles, coinsurance, and out-of-pocket maximums) are higher. Additionally, certain benefits covered on the Duke Options plan, such as bariatric surgery and comprehensive infertility coverage, are not covered under the Duke USA plan. If you are in need of these benefits, you should elect a different plan.

Each medical plan includes both pharmacy and behavioral health benefits. Please refer to the Medical Plans Comparison Chart online at [hr.duke.edu/enrollment2025](http://hr.duke.edu/enrollment2025). Pharmacy benefits are covered through Express Scripts. Behavioral Health is administered by Aetna or Blue Cross Blue Shield of North Carolina depending on the medical plan in which you are enrolled. A complete description of coverage under each plan is available online at [hr.duke.edu/benefits/medical](http://hr.duke.edu/benefits/medical). All of our medical plans comply with the provisions of the Patient Protection and Affordable Care Act.

## CONTACT INFORMATION:

### Duke Select HMO and Duke Basic HMO

Aetna  
[aetna.com](http://aetna.com)  
 Toll-free (800) 385-3636

### Blue Care HMO, Duke Options PPO and Duke USA PPO

Blue Cross Blue Shield of North Carolina  
[bluecrossnc.com](http://bluecrossnc.com)  
 Toll-free (877) 275-9787

## Duke Basic Reimbursement Account Contribution

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

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

**PLEASE NOTE:** Duke will not make additional contributions to the Health Care Reimbursement Account for Duke Basic participants if dependents are added during the year due to a qualifying event such as a birth or marriage. If you terminate coverage in Duke Basic during 2025 then re-enroll in coverage later in the year, you will not receive a second contribution to a Health Care Reimbursement Account. **Also, if you or your spouse are enrolled in a Health Savings Account (HSA), please contact the HR Information Center at (919) 684-5600 before enrolling in Duke Basic. Duke does not offer a high deductible health plan. If you have an HSA from a previous employer, you cannot contribute to your HSA while you are covered under a Duke medical plan.**

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

# Important Information Related to Your Health Plan

## Check to Know

Before you use your health plan be sure to check the following:

- ✓ Check that your doctor, hospital or other healthcare provider is in the network – even if you have been referred by an in-network provider.
- ✓ Check your member guide to ensure that your service is covered.
- ✓ Check to determine if the service needs a prior authorization or prior approval before you have the procedure. If you reside outside of North Carolina, it is your responsibility to make sure prior authorization has been received.
- ✓ Check with [hr.duke.edu/benefits/medical/medical-insurance](https://hr.duke.edu/benefits/medical/medical-insurance) for additional information about your health plan.

## What is Prior Authorization?

Many services, procedures, tests and medications require a prior authorization. (i.e., must be precertified).

- This means that the services must be evaluated to assess the medical necessity and cost of care before the service is authorized.
- Generally, the physician will obtain the prior authorization but ultimately it is your responsibility to ensure that the service has been authorized.
- If this is not done, you may be responsible for the full cost of the service.
- Under the Duke Options plan and Duke USA plan, if you see a provider outside of North Carolina (including an in-network provider) or go to an out-of-network provider in North Carolina, you are responsible for ensuring that prior authorization from Blue Cross Blue Shield of North Carolina has been received. For questions regarding the prior authorization process or services requiring prior authorization, contact the appropriate medical vendor (Aetna for Duke Select or Duke Basic; Blue Cross Blue Shield of North Carolina for Blue Care, Duke Options, or Duke USA).

Services that require prior authorization vary by plan and may include inpatient hospital services (surgeries and transplants), outpatient surgeries, radiology imaging (such as MRI, CT, and PET scans), residential treatment centers, rehabilitation facility services, skilled nursing, applied behavioral therapy (ABT), durable medical equipment, certain tests (such as EEGs, ECGs, genetic testing, sleep studies), home health care, infertility, infusion services, radiation therapy, and other services listed in the Member Guide. For questions regarding the prior authorization process or services requiring prior authorization, contact the appropriate medical vendor (Aetna for Duke Select or Duke Basic; Blue Cross Blue Shield of North Carolina for Blue Care, Duke Options, or Duke USA).

Emergency Services generally do not require prior authorization.

DukeWell

## Did You Know?

**DukeWELL** provides care management services for individuals and dependents enrolled in the Duke Basic and Duke Select programs, at no extra cost. If you are living with a chronic illness such as diabetes, high blood pressure, asthma, heart disease or heart failure, lung disease or COPD, or kidney disease, **DukeWELL** will help you manage your health needs by partnering with you in between office visits with your doctor — on the phone and in person — providing support services that improve your chances of achieving your health goals. For more information, call (919) 660-9355, [www.dukewell.org](https://www.dukewell.org).





# Questions to Ask: Making Your Medical Plan Decisions

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

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

# 2025 Behavioral Health and Substance Abuse Benefits

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

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

- Does my provider accept insurance, or might I need to see an out-of-network provider?
- Does my provider allow telephone visits?
- Are the services I receive covered under the plan?

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

## Personal Assistance Services (PAS)

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

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

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

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

### CONTACT INFORMATION:

#### Duke Select HMO and Duke Basic HMO

Aetna Behavioral Health  
[aetna.com](http://aetna.com)  
 Toll-free (800) 424-4047

#### Blue Care HMO, Duke Options and Duke USA PPO

Blue Cross Blue Shield of North Carolina  
 Mental Health and Substance Use Disorder  
[bluecrossnc.com](http://bluecrossnc.com)  
 Toll-free (800) 359-2422

#### Personal Assistance Service (PAS)

[pas.duke.edu](http://pas.duke.edu)  
 North Carolina Employees:  
 (919) 416-1727

#### Out-of-State Employees:

Business Health Services(BHS)  
 Toll-Free (800) 327-2251

# 2025 Pharmacy Benefits

Express Scripts provides pharmacy benefits for all five medical plans. Copays and deductibles vary depending on the type of medicine prescribed (generic, brand or non-formulary), the length of the prescriptions, and whether you purchase at a retail pharmacy, through the Express Scripts mail order pharmacy, or through participating on-site Duke Pharmacies (Duke Outpatient Pharmacy, Duke Children’s Health Center Retail Pharmacy, Campus Center Pharmacy at the Student Wellness Center, Duke Specialty Pharmacy at the Cancer Center, Duke Raleigh Hospital Plaza Pharmacy, Duke Regional Hospital Outpatient Pharmacy, and North Pavilion Retail Pharmacy).

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

Review the chart below to understand how filling your recurring, long-term medications through the mail order program or participating on-site Duke Pharmacies can save you money.

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

## Co-pay Structure

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

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

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

Participants in Duke Select, Blue Care, Duke Options, and Duke USA have an annual \$100 deductible per person that applies to short-term brand and non-formulary prescriptions filled at retail pharmacies and on-site Duke pharmacies.

Members are encouraged to use generic medications when a generic substitution is an option. Those who elect to use a brand-name medication when a generic medication is available will pay a higher cost in addition to the brand-name copay. If a generic drug is available but you request to receive the brand-name drug, you will pay the generic copay plus the difference between the cost of the two drugs, regardless of where the prescription is being filled. This applies to prescription drugs purchased at retail, through Duke pharmacies, and through Express Scripts home delivery (mail order).

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

Injectable fertility drugs are not reimbursed according to our standard pharmacy benefit. Only plans covering infertility services include coverage of these drugs, which must be prescribed by a Duke Fertility physician for those members residing in North Carolina. More information is available at [hr.duke.edu/infertility](http://hr.duke.edu/infertility).

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

# Your Dental Plan Options

## Coverage provided and underwritten by Ameritas Life Insurance Corp

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

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

## Preferred Provider Option (PPO) Plan

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

## Plan A and Plan B

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

## How to Increase Your Annual Maximum Benefit

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

Dental plan members who have at least one covered dental claim filed in the previous calendar year and have less than \$500 in claims payments, will be able to carry over \$250 of their unused annual maximum for future use. This Dental Rewards accumulation can continue to grow each year (until a maximum accumulation of \$1,000 is met) if the member continues to have at least one covered service per year and paid claims in that year do not exceed \$500. The Dental Rewards carryover is in addition to the annual maximum available under each dental plan option. If a member has a year when they have allowed dental services to go above their annual maximum, Ameritas will automatically pull from any Dental Rewards carryover that the member has accumulated.

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

## Late Entrant Restrictions on Benefits for 2025

If you and/or your dependent(s) are not currently enrolled for dental coverage through Duke and enroll for 2025, you and/or your dependent(s) will be considered a “late entrant.” As a late entrant your benefits during 2025 will be limited to preventive services: two preventive routine care exams (not including X-rays), two prophylaxis (routine) cleanings, and for children under age 19, one fluoride application. No other dental or orthodontia procedures or services will be covered during the first 12 months if a member is enrolled as a late entrant.

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

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

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

**Ameritas** (dental)

[explore.ameritas.com/duke](https://explore.ameritas.com/duke)

Toll-free (800) 487-5553

For specific coverage information please refer to the Dental Plans Comparison Chart at [hr.duke.edu/enrollment2025](https://hr.duke.edu/enrollment2025).

## Questions to Ask: Making Your Dental Plan Decisions

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

	<b>PPO Plan</b>	<b>Plan A</b>	<b>Plan B</b>
<b>Can I visit any dentist?</b>	No, you must use a network dentist	Yes, you may choose any licensed dentist or use a network dentist	Yes, you may choose any licensed dentist or use a network dentist
<b>If I don’t enroll within 30 days after my date of hire or eligibility and enroll in the future, will I be a “late entrant”?</b>	Yes, please see page 10 for more details	Yes, please see page 10 for more details	Yes, please see page 10 for more details
<b>Will my dependent children who live in a different location be covered?</b>	Yes, they may choose a dentist within a nationwide network	Yes	Yes
<b>Is there a dental deductible before the insurance will pay for covered services?</b>	Yes, an annual \$50 deductible for “major” services	Yes, a \$100 lifetime deductible for “basic” services and an annual \$75 deductible for “major” services; the deductibles are waived if you use a network provider	Yes, a combined annual \$50 deductible for “basic” and “major” services; the deductibles are waived if you use a network provider
<b>Will I have out-of-pocket costs for preventive services?</b>	No	Yes, cost sharing may be required if you visit a non-network dentist that charges above U&C	Yes
<b>I need an existing filling replaced. Will it be covered if I enroll in a Duke dental plan?</b>	Yes, if the filling is at least 6 months old	Yes, if the filling is at least 6 months old	Yes, if the filling is at least 6 months old
<b>Are teeth whitening services covered under dental coverage?</b>	No	No	No
<b>Is a pre-treatment estimate required?</b>	We strongly suggest you ask your provider to submit a pre-treatment estimate prior to expensive procedures such as crowns, bridges, root canals, etc.	We strongly suggest you ask your provider to submit a pre-treatment estimate prior to expensive procedures such as crowns, bridges, root canals, etc.	We strongly suggest you ask your provider to submit a pre-treatment estimate prior to expensive procedures such as crowns, bridges, root canals, etc.

# Your Vision Plan Option

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

## Vision Plan Coverage through UnitedHealthcare Vision

The vision plan provides coverage for prescription lenses and frames, contact lenses (in lieu of eyeglasses), and a complete annual eye exam for a low monthly premium.

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

The vision plan covers:

- One vision exam every 12 months (\$20 copay in-network)
- Eyeglass lenses or contacts once every 12 months (\$20 materials copay)
- Frames once every 24 months (covered in full up to \$150 allowance)

Further details about the vision plan are available at [hr.duke.edu/enrollment2025/vision](https://hr.duke.edu/enrollment2025/vision). If you have questions about the vision plan or would like to find a network provider, you may call **(800) 638-3120** or visit [hr.duke.edu/providers](https://hr.duke.edu/providers).

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

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

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

## Eyeing the Costs

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

# Health Care Reimbursement Account

Duke faculty and staff can protect up to \$3,200 of their salary from taxes by signing up for a Health Care Reimbursement Account during open enrollment. This account allows you to set aside money to pay for eligible health expenses such as copays, deductibles, and medical supplies. You will be provided with a HealthEquity health care card you can use to draw money from the account at the point of sale. The health care card can only be used for eligible expenses incurred during the current plan year.

Money set aside in a Health Care Reimbursement Account is not subject to federal, state or Social Security taxes. That means a reimbursement account may save you an average of \$30 on every \$100 you spend on eligible expenses. The maximum allowable contribution for a Health Care Reimbursement Account is \$3,200 (subject to IRS regulations).

Up to \$640 of your unused 2025 Health Care Reimbursement Account balance can be carried over to the 2026 plan year. Any amount above \$640 remaining in your account after December 31, 2025 will be forfeited unless Pay Me Back claims are submitted by April 15, 2026 for eligible expenses incurred January 1 - December 31, 2025. **The health care card cannot be used in 2025 for 2024 expenses.**

## Can a Health Care Reimbursement Account Save Me Money?

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

- Do you expect to have medical, dental, or vision expenses that are not covered by your insurance plans, such as deductibles, copays, coinsurance, or amounts in excess of usual and customary (U&C) limits?
- Do you expect to have prescription drug expenses not covered

by insurance, such as deductibles or copays?

- Did you know Personal Protective Equipment (PPE) and over-the-counter medications are considered eligible health care expenses? For a list of eligible/ineligible expenses, please review [hr.duke.edu/reimbursement/expenses](https://hr.duke.edu/reimbursement/expenses).
- Do you plan to buy new eyeglasses or contacts, have your hearing tested, or expect orthodontia expenses that exceed what is covered by insurance? If you have questions about reimbursement account orthodontia expense guidelines, please call HealthEquity at (877) 924-3967 or visit [hr.duke.edu/orthodontia](https://hr.duke.edu/orthodontia) for more information.

## How much can I contribute?

The maximum contribution you can make to your Health Care Reimbursement Account in 2025 is \$3,200 (subject to IRS regulations). The minimum contribution is \$130. Your contributions will be deducted pre-tax from your pay. However, if you enroll in the Duke Basic medical plan, the contribution made by Duke, which is described on page 5, is not included in this limit. **If you or your spouse are enrolled in a Health Savings Account (HSA), you are not eligible to participate in a Health Care Reimbursement Account.**

## Whose health care expenses can I pay for?

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

# Dependent Care Reimbursement Account

## Can a Dependent Care Reimbursement Account Save Me Money?

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

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

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

## Who is considered a dependent?

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

## How much can I contribute?

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

*continued page 14*

However, there are special rules if your spouse is a full-time student or is disabled. Contact HealthEquity at (877) 924-3967 for more information.

- If you are single with an eligible dependent, you may contribute up to the full \$5,000.
- If you receive a subsidy from a Duke-contracted day care facility such as the Duke Children’s Campus or The Little School at Duke, the amount that you can contribute to the Dependent Care Reimbursement Account is reduced dollar-for-dollar. Call (919) 684-5600 for more information.
- According to federal law, any money left in your Dependent Care Reimbursement Account at the close of the 2025 plan year will be

forfeited, unless claims are filed by April 15, 2026. You may submit your claims for expense reimbursement for dependent care services received during the plan year (January 1 – December 31, 2025) until April 15, 2026. No carryover is allowed when filing claims for dependent care expenses.

- The Dependent Care Reimbursement Account is required to complete annual testing to ensure compliance with Internal Revenue Code regulations. One test examines the participation rates in the plan by income levels. If participation rates are not in accordance with the regulations, your contribution amount may be adjusted. The Duke Benefits Office will contact you to provide notice in advance of any adjustment.

## Estimate Your Health Care Reimbursement Account Expenses

Use the worksheet below or the HealthEquity calculator at [wageworks.com/myfsa](http://wageworks.com/myfsa) to help you decide how much to contribute up to the \$3,200 annual limit.

	Estimated Expenses for 2025
Health and dental care deductibles	\$
Copays or coinsurance amounts for doctor visits	\$
Prescription drug copays and deductibles, over-the-counter drugs and medications	\$
Dental costs in excess of the plan’s reimbursement amount/schedule	\$
Orthodontia costs not reimbursed by a dental plan	\$
Vision care expenses, to include, eye exams, eyeglasses, contact lenses/supplies and laser eye surgery	\$
Items not paid or only partially paid by your health, dental, and vision plans:	\$
■ Hearing exams and hearing aids	\$
■ Expenses above your health plan or dental plan limits (health and dental expenses above usual, customary, and reasonable (UCR) limits)	\$
■ Other health care costs allowed by the IRS that are not reimbursed by your health, dental, or vision plans	\$
<b>Total Estimated Expenses for January 1 – December 31, 2025. Up to \$640 of your unused 2025 Health Care Reimbursement Account balance can be carried over to the 2026 plan year.</b>	\$

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

## Estimate Your Dependent Care Reimbursement Account Expenses

	Estimated Expenses for 2025
Dependent child care for children up to their 13th birthday, such as a qualified day care center, nursery school tuition, or a babysitter inside or outside your home	\$
Dependent adult care during working hours for adult dependents who live with you and who rely primarily upon you for support	\$
Before-school and after-school day care programs for your child up to his or her 13th birthday	\$
Summer day camp for your child up to his or her 13th birthday	\$
Intersession camp for your child up to his or her 13th birthday	\$
FICA and other taxes you pay for day care providers	\$
<b>Total Estimated Expenses for January 1 – December 31, 2025. No carryover is allowed when filing claims for dependent care expenses. Therefore, you will forfeit any money left unclaimed in your 2025 Dependent Care Reimbursement Account after April 15, 2026.</b>	



# Personal Accident Insurance

Personal Accident Insurance pays a benefit based upon a schedule of benefits in the event of accidental death, dismemberment, or permanent total disability as the result of an accident. Individual or family coverage may be purchased in \$10,000 increments, with a minimum of \$50,000 in coverage to a maximum of 10 times annual salary (up to \$750,000).

The monthly premium for each \$10,000 unit of Principal Sum is:

Individual Plan: \$0.12/\$10,000

Family Plan: \$0.25/\$10,000

## Sample Rates

Principal Sum*	Individual Plan (\$0.12/\$10,000)	Family Plan (\$0.25/\$10,000)
\$50,000	\$0.75	\$1.35
\$100,000	\$1.50	\$2.70
\$250,000	\$3.75	\$6.75
\$500,000	\$7.50	\$13.50
\$750,000	\$11.25	\$20.25

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

Additional details can be found at:  
[hr.duke.edu/personalaccident](http://hr.duke.edu/personalaccident)

## Key Terms

**Coinsurance:** is the percentage of costs that you pay for a service after you meet your benefit period deductible

**Copay or Copayment:** is a fixed dollar amount that you must pay for a medical service

**Deductible:** the amount you are responsible for paying before your insurance plan begins to pay for covered services.

**In-Network Provider:** any healthcare provider (physician, hospital, urgent care or other facility) that is contracted by the insurance administrator to provide health care services

**Out-of-Network Provider:** any healthcare provider that does not belong to your insurance company's preferred provider network. If the Out-of-Network provider charges more for a service than your insurance company agrees to pay, you will need to pay the difference. This payment does not count toward your out-of-pocket limit.

**Out-of-Pocket Limit:** the maximum dollar amount that a member or family could pay in a year for covered services before the plan pays 100%. Any deductible, copayment, and coinsurance amounts that you pay count towards the out-of-pocket limit.

Check out

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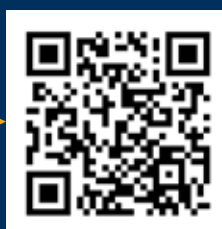


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## **Duke Open Enrollment Service Center**

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

- 8 a.m. - 6 p.m. October 14 – October 25
- 10 a.m. – 3 p.m. Saturday, October 19

Open enrollment ends at 6 p.m. on Friday, October 25, 2024

Enroll online using **Duke@Work**

**Be you. Be bold. Be the difference.**