



2026

Open Enrollment Guide

October 6 - October 24, 2025

Duke

HUMAN RESOURCES

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October 2025

Dear Colleague,

We know that our medical plans are among the most valued and used benefits at Duke, and we continuously strive to make changes that address the diverse needs of our employees who now work and live across the country.

As you review which benefit plans make the most sense for you and your loved ones, I encourage you to take extra time to consider changes for 2026. One of the changes for 2026 is the **transition to Cigna Healthcare for all medical plans**. This change will help mitigate plan expenses and offers a broad network of providers. While the network covers nearly all current providers, please check to ensure yours are included, and if not, how to request they be added.

While we will continue to offer the same five plans we have in 2025, we are adding a **new high deductible plan called Duke Advantage that will include a Health Savings Account**. This new plan is designed with a lower monthly premium but a higher deductible, so it may not be suitable for those who are more frequent users of healthcare services.

Take time to review the enclosed information to determine which plans work best for you. We are also **extending the Open Enrollment period to three weeks** this year – from 8 a.m. Oct. 6 and ending Oct. 24 at 6 p.m. – to provide you with more time to consider your options.

Duke's 2026 monthly premiums for **health insurance will only increase between \$4 and \$24 per month for individual coverage**, depending on the plan selected. The dental plan premiums will include modest increases for 2026, but there will be **no increases in copays or deductibles for any of our health, dental or vision plans, and there are no increases in premiums for vision coverage** next year.

For more information, please visit the Duke Human Resources website at hr.duke.edu/enrollment2026. 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. 6 – Oct. 24, and from 10 a.m. – 3 p.m. Saturday, Oct. 11.

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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There
are several
important
updates for 2026.
Please review this
Open Enrollment
guide carefully
for details.

If you do not make changes
to your medical, dental or
vision coverage, your current
elections in these plans will
continue for 2026.

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This enrollment guide and the
Open Enrollment website at
hr.duke.edu/enrollment2026
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
and a new Limited Purpose
Flexible Spending Account
option.

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.

**NEW**

Cigna Healthcare

Beginning January 1, 2026, Cigna Healthcare will provide third-party administrative (TPA) support for Duke University and Duke University Health System's active employee health plans. The transition from Aetna and BlueCross BlueShield of NC (BCBSNC), Duke's current carriers, to Cigna as the single carrier is detailed in this Guide.

What Does This Mean?

- Members enrolled in Duke medical plans will receive new ID cards issued by Cigna Healthcare.
- Existing Duke medical plans will remain in place and you can continue existing coverage in your current plan.
- A new plan option is being introduced. The Duke Advantage Plan is a High Deductible Health Plan with a Health Savings Account (HSA). The HSA will be administered by Fidelity Investments.
- A provider search tool is available to determine if your current providers are in the Cigna network and/or to make a request to add providers to the network.

Cigna Healthcare • Phone: 1-800-440-DUKE (3853) • Website: cignahealthcare.com

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 life event such as marriage or divorce, birth or death of a dependent, or a change in insurance eligibility due to relocation of residence or work. For more information on qualifying life events, visit hr.duke.edu/lifeevents.

Who Can I Enroll?

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

- Your legal spouse
- Same-sex spousal equivalent registered with Duke HR prior to January 1, 2016

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

- 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.

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

Update Your Personal Information

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

How To Enroll Using the Duke@Work Website

Step 1:

Access the Duke@Work website at hr.duke.edu/selfservice

Click on "Benefits Open Enrollment for 2026." When prompted, enter your Duke NetID and your NetID password

*** It is your responsibility to make sure that your 2026 benefit elections are correct, so be certain to review your Confirmation Statement.**

Please Note: Biweekly payroll calculations will run on Wednesday, October 8th. Payroll may be locked down until payroll completes calculations on Thursday afternoon. Monthly payroll calculations will run on Thursday, October 16th. Payroll may be locked down until payroll completes calculations on Wednesday afternoon. Please make your changes after payroll unlocks.

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**

2026 Highlights, Enhancements, and Changes

Deduction Schedule Change

- Health plan premiums for Medical, Dental, and Vision coverage will no longer be collected in the month prior to the coverage date. January premiums will be taken in the January paychecks and not a month ahead in December. As a result, there will not be any premiums deducted from paychecks in December 2025. Beginning in 2026 upon separation from Duke, coverage will end on the last day of the month of separation and no longer on the last day of the month following separation.
- Effective January 2026, Duke is moving to a 26 pay period deduction schedule for health plan coverage for biweekly paid employees. All deductions for medical, dental and vision coverage will be withheld in equal amounts on each paycheck.

Medical Plans

- Effective January 1, 2026, the Duke Health Plan will be partnering with Cigna as our new Third-Party Administrator (TPA) for all active medical plans.
- Duke is pleased to introduce a new health plan option known as the Duke Advantage plan. Duke Advantage is a High Deductible Health Plan with a Health Savings Account (HSA) option. You must be enrolled in the Duke Advantage plan to be eligible to open and contribute to the Duke HSA.
- The Duke USA plan will be open for employees in all zip codes effective January 1, 2026.
- Duke Basic and Cigna Care (formerly BCBS Blue Care) medical plans will be phased out at the end of the 2026 plan year. These plans will be frozen for plan year 2026. Current participants can remain in these plans for the 2026 plan year but will not be able to add new dependents. Participants who remain in these plans for 2026 will be able to remove dependents or enroll in one of the other four (4) options available during this Open Enrollment or in the event of a qualifying life event in 2026.
- Behavioral Health benefits are enhanced for outpatient services including partial hospitalization, intensive outpatient services and ABA Therapy. Duke Select and Cigna Care will cover these services at 100% coinsurance. Duke Basic and Duke Options will not require a deductible and the member will be responsible for 10% coinsurance for these outpatient services. Under the Duke Advantage Plan, members will first need to satisfy their annual deductible and then 25% coinsurance will apply to these outpatient services.
- DukeWELL services are now available to employees enrolled in all Duke medical plans.
- Coverage for bariatric procedures will be extended to pediatrics, provided Cigna medical criteria is met and prior authorization is obtained.

Dental Plans

- The Duke Dental Plan will continue to be administered by Ameritas.
- There will be a small increase in the PPO Plan premiums and a slightly higher increase in the Plan A premiums. There will be no change in Plan B premiums or any dental plan deductibles.
- As a reminder, if you or a dependent are not currently enrolled for dental coverage through Duke and enroll for 2026, the “late entrant” provision will apply (refer to page 12 for more information).

Vision Plan

- The Duke Vision Plan will continue to be administered by UnitedHealthcare.
- No change in copays, deductibles or premiums for the vision plan.

Reimbursement Accounts

- Reimbursement accounts will continue to be administered by HealthEquity.
- Maximum annual contribution for the Health Care Reimbursement Account is \$3,300 (subject to IRS regulations). Up to \$660 of your unused 2026 Health Care Reimbursement Account balance can be carried over to the 2027 plan year.
- Maximum annual contribution for the Dependent Care Reimbursement Account is \$7,500 per family. There is no carryover for the Dependent Care Reimbursement Account.
- Duke is introducing a new Limited Purpose Reimbursement Account/Limited Purpose Flexible Spending Account (LPFSA). The LPFSA will be available to employees enrolled in the Duke Advantage medical plan. The LPFSA is a pre-tax spending account that works alongside a Health Savings Account (HSA) to pay for eligible dental and vision expenses. The LPFSA is subject to the same IRS maximum annual contribution and carryover allowance amount as the general purpose Healthcare Reimbursement Account.

Duke Health Savings Account (Duke HSA)

- The Duke HSA is administered by Fidelity Investments.
- Only participants enrolled in the Duke Advantage plan are eligible for the Duke HSA.
- HSA accounts can be used to pay for qualified medical expenses such as deductibles, coinsurance, prescriptions, dental care, vision care and can be used to reimburse yourself for Medicare premiums once you have turned 65 and are enrolled in Medicare.
- You are ineligible for the Duke HSA if you have other medical coverage through Medicare, Tricare or a plan that is not a high deductible plan such as an HMO or PPO. You are also ineligible if you have received medical benefits from the VA in the previous three (3) months. You may not enroll in the HSA if you or your spouse have coverage with a general purpose Health Care FSA or Health Care Reimbursement Account.
- The maximum combined annual contribution (employer and employee) for the Duke HSA is \$4,400 for Individual coverage and \$8,750 for Family coverage. Duke will make an annual contribution of \$200 for Individual coverage and \$500 for Family coverage. Any level of coverage above Employee Only is considered Family coverage.
- Medicare Enrollment: You are ineligible to enroll in an HSA once you are covered by Medicare Part A or B. If Medicare Part A enrollment is delayed after age 65, a 6 month look-back rule will apply and Medicare will be retroactive for 6 months. Therefore, HSA contributions must end 6 months before enrollment in Medicare.

Monthly Medical, Dental, and Vision Premiums

Effective January 1, 2026

Duke Select (HMO Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Premium*	\$682.00	\$1,017.00	\$1,272.00	\$1,597.00	\$1,868.00
Full-time Employee Premium	\$122.00	\$287.00	\$416.00	\$583.00	\$719.00

Duke Options (PPO Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Premium*	\$1,431.00	\$1,934.00	\$2,274.00	\$2,793.00	\$3,266.00
Full-time Employee Premium	\$256.00	\$504.00	\$673.00	\$939.00	\$1,175.00

Duke USA (PPO Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Premium*	\$988.00	\$1,347.00	\$1,762.00	\$1,991.00	\$2,600.00
Full-time Employee Premium	\$178.00	\$351.00	\$521.00	\$670.00	\$924.00

Duke Advantage (HDHP Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Premium*	\$1,369.00	\$1,779.00	\$2,053.00	\$3,285.00	\$4,106.00
Full-time Employee Premium	\$106.00	\$225.00	\$281.00	\$354.00	\$414.00

Duke Basic (HMO Model) Premiums - Frozen to New Enrollment

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Premium*	\$579.00	\$852.00	\$1,061.00	\$1,337.00	\$1,541.00
Full-time Employee Premium	\$49.00	\$162.00	\$251.00	\$374.00	\$454.00

Cigna Care (HMO Model) Premiums - Frozen to New Enrollment

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Premium*	\$1,508.00	\$2,004.00	\$2,277.00	\$2,805.00	\$3,358.00
Full-time Employee Premium	\$266.00	\$516.00	\$651.00	\$917.00	\$1,195.00

Dental Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
PPO Plan Premium	\$40.39	\$78.49	* 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.	\$80.82	\$122.35
Plan A Premium	\$48.92	\$95.04		\$97.89	\$148.19
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.

Tobacco Use Surcharge: Duke charges employees covered under a Duke medical insurance plan who smoke or use other forms of tobacco an extra \$50 per month for Monthly paid employees and \$23 per pay period for Biweekly paid employees. 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 (continued)>

Biweekly Medical, Dental, and Vision Premiums

Effective January 1, 2026

Duke Select (HMO Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Biweekly Premium*	\$314.77	\$469.38	\$587.08	\$737.08	\$862.15
Full-time Biweekly Employee Premium	\$56.31	\$132.46	\$192.00	\$269.08	\$331.85

Duke Options (PPO Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Biweekly Premium*	\$660.46	\$892.62	\$1,049.54	\$1,289.08	\$1,507.38
Full-time Biweekly Employee Premium	\$118.15	\$232.62	\$310.62	\$433.38	\$542.31

Duke USA (PPO Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Biweekly Premium*	\$456.00	\$621.69	\$813.23	\$918.92	\$1,200.00
Full-time Biweekly Employee Premium	\$82.15	\$162.00	\$240.46	\$309.23	\$426.46

Duke Advantage (HDHP Model) Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Biweekly Premium*	\$631.85	\$821.08	\$947.54	\$1,516.15	\$1,895.08
Full-time Biweekly Employee Premium	\$48.92	\$103.85	\$129.69	\$163.38	\$191.08

Duke Basic (HMO Model) Premiums - Frozen to New Enrollment

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Biweekly Premium*	\$267.23	\$393.23	\$489.69	\$617.08	\$711.23
Full-time Biweekly Employee Premium	\$22.62	\$74.77	\$115.85	\$172.62	\$209.54

Cigna Care (HMO Model) Premiums - Frozen to New Enrollment

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Total Biweekly Premium*	\$696.00	\$924.92	\$1,050.92	\$1,294.62	\$1,549.85
Full-time Biweekly Employee Premium	\$122.77	\$238.15	\$300.46	\$423.23	\$551.54

Dental Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
PPO Biweekly Employee Premium	\$18.64	\$36.23	* 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.	\$37.30	\$56.47
Plan A Biweekly Employee Premium	\$22.58	\$43.86		\$45.18	\$68.40
Plan B Biweekly Employee Premium	\$5.62	\$11.46		\$11.25	\$20.88

Vision Premiums

	Individual	Employee/Child	Employee/Children	Employee/Spouse	Family
Biweekly Vision Employee Premium	\$4.46	\$8.53	\$8.98	\$8.54	\$13.83

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

(continued from page 4) wellness program. If you think you might be unable to complete the program, you may request to complete an alternative program or meet a reasonable 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.

Upon completion of a tobacco cessation program, the surcharge will be removed and you will receive a full refund of all tobacco surcharges paid during the current calendar year.

Visit hr.duke.edu/tobaccofree for more information.

Your Medical Plan Options

Each employee's needs are different — that's why Duke offers six (6) different medical plans to meet the needs of you and your family. Eligibility for some plans is based on the employee's permanent home zip code. All Duke Health Plans will be administered by Cigna beginning in January 2026.

If you need assistance, the Cigna team is available to answer questions about your plan options and provider access.

Cigna • Phone: 1-800-440-DUKE (3853) • Email: dukeinquiry@cignahealthcare.com • Website: cignahealthcare.com

Eligibility	Plan Options
Employees who live in zip codes 272, 273, 275, 276, 277	Duke Select
Open to All employees	Duke Advantage - NEW PLAN! Duke Options Duke USA

Duke Basic and Cigna Care: These plans are frozen to new enrollments. Current members may keep their current coverage in 2026 or remove dependents from coverage. No other changes may be made.

- **Duke Select HMO** – plan available only to participants living in zip codes beginning with 272, 273, 275, 276, and 277. This plan uses a health care provider network unique to Duke. Since this network is unique, we encourage you to carefully review the provider listing at hr.duke.edu/providers. Out-of-network care is only covered for emergency or urgent care, and limited to 20 visits and 20 days for behavioral health or substance use disorder when out-of-network.
- **Duke Advantage HDHP – NEW PLAN** – high deductible health plan available to all benefits eligible employees. This plan is paired with a Health Savings Account (HSA) that is administered by Fidelity Investments. Duke provides an HSA contribution to offset higher deductibles. Duke Advantage offers lower monthly premiums and encourages members to make wise healthcare spending choices. The HSA allows you to save pre-tax dollars for qualified medical expenses. This plan includes a national network of health care providers and hospitals and is an option for individuals who prefer lower premium costs and are comfortable managing higher out-of-pocket expenses before the plan begins to share costs.
Members must meet the annual deductible before the plan covers most services, including office visits and prescriptions. However, preventive care is covered at 100%, with no deductible required.
- **Duke Options PPO** – includes a national 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 outside of the Triangle area and need access to certain benefits, such as bariatric surgery and infertility services, and you prefer low deductibles and out-of-pocket limits, Duke Options may be a plan for you to consider.
- **Duke USA PPO** – available to all benefits eligible employees. This plan uses the same national network of health care providers and hospitals as the Duke Options and Duke Advantage plans. 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.
Please refer to the Medical Plans Comparison Chart on pages 7-9 of this guide. Pharmacy benefits for all medical plans are covered through Express Scripts. A complete description of coverage under each plan is available online at hr.duke.edu/benefits/medical. All of Duke's medical plans comply with the provisions of the Patient Protection and Affordable Care Act.

Duke Advantage HSA Contribution

To help offset the higher out-of-pocket expenses under the Duke Advantage health plan, Duke Advantage members will receive an annual contribution to a Health Savings Account (HSA) based on the level of coverage selected:

- Individual (Employee) \$200
- Family (All other coverage tiers) \$500

PLEASE NOTE: If you or your spouse is enrolled in a Health Care Reimbursement Account or Flexible Spending Account, you are not eligible for the HSA.

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: 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.

* 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.

2026 Medical Plans Comparison Chart

When comparing Duke's medical plans, it is important to compare the cost of out-of-pocket expenses as well as premiums. Please refer to the comparison charts below to help you choose the best plan to fit your and/or your family's needs. The Cigna Easy Choice Tool, available on the 2026 Open Enrollment website, can also help you choose the medical plan that is right for you.

	Duke Select (HMO) Zip code requirement	Duke Options (PPO) In-Network	Duke Options (PPO) Out- Network	Duke USA (PPO) In-Network	Duke USA (PPO) Out-Network	Duke Advantage HDHP In-Network	Duke Advantage HDHP Out-Network
Annual Deductible							
Individual	None	\$130	\$650	\$2,000	\$6,000	\$3,000	\$6,000
Family	None	\$390	\$1,950	\$6,000	\$12,000	\$6,000*	\$12,000*
Coinurance							
Member Cost Share	0%	10%	30%	20%	40%	25%	45%
Out of Pocket Limit							
Individual	\$3,000	\$3,000	\$6,000	\$6,800	\$13,600	\$7,500	\$15,000
Family	\$6,000	\$6,000	\$12,000	\$13,600	\$27,200	\$15,000	\$30,000
Physician Office Visit							
PCP	\$20 copay	\$20 copay	30% after deductible	\$25 copay	40% after deductible	25% after deductible	45% after deductible
Specialist	\$55 copay	\$55 copay	30% after deductible	\$55 copay	40% after deductible	25% after deductible	45% after deductible
MRI, CT, PET Scan	\$150 copay	10% after deductible	30% after deductible	20% after deductible	40% after deductible	25% after deductible	45% after deductible
Lab & Other X-Ray	Covered in full	10% after deductible	30% after deductible	20% after deductible	40% after deductible	25% after deductible	45% after deductible
Annual Preventive Visit	Covered in full	Covered in full	30% after deductible	Covered in full	Not covered	Covered in full	Not covered
Maternity Care	\$20 copay primary care or \$55 copay specialist first visit	\$20 copay primary care or \$55 copay specialist first visit	30% after deductible	\$25 copay primary care or \$55 copay specialist first visit	40% after deductible	25% after deductible for each visit, physician's charges, labor and delivery charges, and facility charges	45% after deductible for each visit, physician's charges, labor and delivery charges, and facility charges
Urgent Care	\$35 copay	\$35 copay	\$35 copay	\$50 copay	\$50 copay	25% after deductible	25% after deductible
Hospital Care							
Inpatient	\$600 per admission copay	10% after \$600 or \$700 per admission copay and deductible	30% after \$900 per admission copay and deductible	20% after \$600 or \$700 per admission copay and deductible	40% after \$900 per admission copay and deductible	25% after deductible	45% after deductible
Outpatient	\$250 copay	10% after deductible	30% after deductible	20% after deductible	40% after deductible	25% after deductible	45% after deductible
Emergency Care	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	25% after deductible	25% after deductible

*An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.

	Duke Select (HMO) Zip code requirement	Duke Options (PPO) In-Network	Duke Options (PPO) Out-Network	Duke USA (PPO) In-Network	Duke USA (PPO) Out-Network	Duke Advantage HDHP In-Network	Duke Advantage HDHP Out-Network
Behavioral Health and Substance Abuse							
Outpatient – Physician's Office	\$20 copay	\$20 copay	30% coinsurance after deductible	\$25 copay	40% coinsurance after deductible	25% coinsurance after deductible	45% coinsurance after deductible
Outpatient – All Other Services	No charge	10% coinsurance (deductible waived)	30% coinsurance after deductible	20% coinsurance (deductible waived)	40% coinsurance after deductible	25% coinsurance after deductible	45% coinsurance after deductible
Inpatient	\$600 copay per admission	\$600 or \$700 per admission copay, then 10% after deductible	\$900 per admission copay, then 30% after deductible	\$600 or \$700 per admission copay, then 20% after deductible	\$900 per admission copay, then 40% after deductible	25% after deductible	45% after deductible
Other Services							
Infertility	Provided only at the Duke Fertility Center for employees with two years of service; limits apply	Provided only at the Duke Fertility Center for employees residing in NC with two years of service; limits apply. Out of state employees may access a Cigna in-network provider.	Not covered	Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness in-network.	Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness out-of-network.	Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness in-network.	Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness out-of-network.
Physical Therapy (PT) Occupational Therapy (OT) Speech Therapy	\$20 copay; visit limits apply	\$55 copay; limits apply	30% after deductible; limits apply	\$55 copay; limits apply	40% after deductible; limits apply	25% after deductible, limits apply	45% after deductible, limits apply
Vision Exam (Duke Eye Center only)	\$55 copay	\$55 copay	Not covered	\$55 copay	Not covered	25% after deductible	Not covered
Bariatric Surgery	\$2,500 surgical copay	\$2,500 surgical copay	Not covered	Not covered	Not covered	Not covered	Not covered
Gender Affirmation Surgery	Not covered	10% after \$600 or \$700 per admission copay and deductible	30% after \$900 per admission copay and deductible	20% after \$600 or \$700 per admission copay and deductible	40% after \$900 per admission copay and deductible	25% after deductible	45% after deductible

Duke Basic & Cigna Care

(plans are frozen and closed to new enrollments):

	Duke Basic	HMO	Cigna Care	HMO
Annual Deductible				
Individual	\$600		None	
Family	\$1,800		None	
Out of Pocket Limit				
Individual	\$3,000		\$3,000	
Family	\$6,000		\$6,000	
Physician Office Visit				
PCP	\$25 copay		\$20 copay	
Specialist	\$75 copay		\$55 copay	
MRI, CT, PET Scan	\$150 copay		Covered in full	
Lab & Other X-Ray	Covered in full		Covered in full	
Annual Preventive Visit	Covered in full		Covered in full	
Maternity Care	\$25 copay primary care or \$75 copay specialist first visit		\$20 copay primary care or \$55 copay specialist first visit	
Hospital Care				
Inpatient	10% after deductible		\$600 or \$700 per admission copay	
Outpatient	10% after deductible		\$250 copay	
Emergency Care	\$250 copay, waived if admitted		\$250 copay, waived if admitted	
Other Services				
Infertility	Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.		Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.	
Physical Therapy (PT) Occupational Therapy (OT)	\$75 copay; limits apply		\$55 copay, limits apply	
Vision Exam (Duke Eye Center only)	\$55 copay		\$55 Copay	
Bariatric Surgery	Not covered		\$2,500 surgical copay	
Gender Affirmation Surgery	Not covered		\$600 or \$700 per admission copay	
Behavioral Health and Substance Abuse				
Outpatient – Physician's Office	\$25 copay		\$20 copay	
Outpatient – All Other Services	10% coinsurance (deductible waived)		No charge	
Inpatient	10% after deductible		\$600 copay per admission	

2026 Pharmacy Benefits

Express Scripts provides pharmacy benefits for all six medical plans.

Express Scripts (pharmacy manager)

express-scripts.com

Toll-free (800) 717-6575

Prescription Drug Cover Under Each Plan Offered

	Duke Select	Duke Options	Duke USA	Duke Advantage	Duke Basic (frozen)	Cigna Care (frozen)
Rx Deductible		\$100 per person		A separate Rx deductible does not apply.	\$100 per person	
Up to a 34-day supply						
Generic		\$15 or cost of drug if less		25% after deductible	\$15 or cost of drug if less (deductible applies for Duke Basic)	
Brand		\$50 (deductible applies)		25% after deductible	\$50 (deductible applies)	
Non-Formulary		\$70 (deductible applies)		25% after deductible	\$70 (deductible applies)	
Up to a 90-day supply at Express Scripts Home Delivery or Duke Pharmacies						
Generic		\$25 or cost of drug if less		25% after deductible	\$25 or cost of drug if less (deductible applies for Duke Basic)	
Brand		\$130		25% after deductible	\$130 (deductible applies for Duke Basic)	
Non-Formulary		\$180		25% after deductible	\$180 (deductible applies for Duke Basic)	

Making the Most of Your Pharmacy Benefits

Copays and deductibles vary depending on the type of medication 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 onsite Duke Pharmacies.

After the third fill of a long-term maintenance medication at a retail pharmacy, members are encouraged to fill these medications through Express Scripts Home Delivery or Duke Pharmacies. If you continue to purchase a maintenance medication at a retail pharmacy, you will be unable to obtain a 90-day supply and you will be assessed a retail penalty of up to 50% of the cost of the drug (up to \$30 for Generic, up to \$165 for Brand, and up to \$180 for Non-Formulary.) Duke Basic participants are required to use the mail order or onsite Duke Pharmacies for long-term medications.

Generic/Brand

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).

Specialty Medications

Specialty medications must be purchased through Accredo® or the Duke Specialty Pharmacy to be eligible for coverage under the plan, unless they are medications which are intended for an immediate need. See hr.duke.edu/pharmacy for a listing of "Specialty" medications.

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.

Fertility

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.

Other Services

Personal Assistance Services (PAS)

Personal Assistance Service (PAS) is the faculty/staff assistance program for Duke University and Duke University Health System. Employees and their family members may access up to eight confidential counseling visits 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.

North Carolina Employees:
(919) 416-1727
pas.duke.edu

Employees Outside of NC:
Business Health Services (BHS)
Toll-Free (800) 327-2251

Live For Life

Live for Life, Duke's employee wellness program, is available to all benefits eligible employees. Live for Life offers a variety of programs and services, including:

- Health assessments and education
- Smoking cessation
- Fitness activities
- Nutrition counseling
- Stress management sessions such as Mindful Moments and Mini Mental Makeovers (in conjunction with PAS)



hr.duke.edu/wellness/liveforlife

Email: lflprogm@dm.duke.edu

Phone: 919-684-3136 (Option 1)

How Can DukeWELL Help You?

DukeWELL is here to support you and your covered dependents who receive care from Duke Health—no matter which Duke employee health plan you're enrolled in.

DukeWELL offers personalized support to help you manage your health, including:

- **Care Management** – Supporting you in coordinating care and managing chronic conditions
- **Preventive Wellness** – Helping you stay healthy by scheduling regular checkups and preventive screenings and supporting you in maintaining healthy habits
- **Pharmacy Services** – Providing guidance on medicine use, access, and adherence to support your health
- **Care Transitions** – Supporting you as you transition between care sites like hospital to home or skilled nursing facility
- **Health Related Social Needs** – Connecting you to resources to assist with social needs that may be impacting your health, such as access to food, housing, transportation, and more



DukeWELL connects you to resources, knowledge, and tools that can make a real difference in your everyday health and well-being.

We partner with you **between your doctor's visits**—by phone, virtually, or in person—to help you stay on track with your care and reach your health goals.

DukeWELL services are available at no cost to eligible members of all ages.

To learn more, visit www.dukewell.org or call (919) 660-9355.

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 or by calling Ameritas at 1-800-487-5553. You may also use the link found on

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 costs. 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. 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 2026

If you and/or your dependent(s) are not currently enrolled for dental coverage through Duke and enroll for 2026, you and/or your dependent(s) will be considered a "late entrant." As a late entrant your benefits during 2026 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.

Dental Coverage Options

Dental coverage does not include an Employee/Children option. You may cover any number of eligible children in the dental plan if you have more than one dependent child using the Family coverage tier.

Ameritas (dental)

explore.ameritas.com/duke

Toll-free (800) 487-5553

For specific coverage information please refer to the Dental Plans Comparison Chart at hr.duke.edu/enrollment2026.

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/enrollment2026.

	PPO Plan	Plan A	Plan B
Can I visit any dentist?	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
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"?	Yes, please see page 12 for more details	Yes, please see page 12 for more details	Yes, please see page 12 for more details
Will my dependent children who live in a different location be covered?	Yes, they may choose a dentist within a nationwide network	Yes	Yes
Is there a dental deductible before the insurance will pay for covered services?	Yes, there is an annual \$50 deductible for "major" services	Yes, there is 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, there is a combined annual \$50 deductible for "basic" and "major" services; the deductibles are waived if you use a network provider
Will I have out-of-pocket costs for preventive services?	No	Yes, cost sharing may be required if you visit a non-network dentist that charges above U&C	Yes
I need an existing filling replaced. Will it be covered if I enroll in a Duke dental plan?	Yes, if the filling is at least 6 months old and you are not a late entrant	Yes, if the filling is at least 6 months old and you are not a late entrant	Yes, if the filling is at least 6 months old, based on the fixed schedule of fees
Are teeth whitening services covered under dental coverage?	No	No	No
Is a pre-treatment estimate required?	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 a \$150 allowance)

Further details about the vision plan are available at hr.duke.edu/enrollment2026/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.

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

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	\$198
Materials copay	\$20	\$0
Designer frames (up to \$150)	\$0	\$150
Progressive bifocal lens with anti-reflective coating	\$0	\$547
Photochromic lenses - tint to darken lenses in sunlight	\$0	\$122
Annual premium (\$115) for individual	\$115	\$0
TOTAL ANNUAL OUT-OF-POCKET EXPENSE	\$155	\$1,017

Introduction to Tax-Advantaged Health Care Accounts

Tax-Advantaged Account Options	Health Plan
Health Care Reimbursement Account (HCRA)	<ul style="list-style-type: none"> Duke Select Duke Basic Cigna Care <ul style="list-style-type: none"> Duke Options Duke USA
Health Savings Account (HSA)	<ul style="list-style-type: none"> Duke Advantage
Limited Purpose FSA (LPFSA)	<ul style="list-style-type: none"> Duke Advantage

Health Care Reimbursement Account

Duke faculty and staff who are not enrolled in Duke Advantage can protect up to \$3,300 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 \$3,300 (subject to IRS regulations).

Up to \$660 of your unused 2026 Health Care Reimbursement Account balance can be carried over to the 2027 plan year. Any amount above \$660 remaining in your account after December 31, 2026 will be forfeited unless Pay Me Back claims are submitted by April 15, 2027 for eligible expenses incurred January 1 - December 31, 2026. **The health care card cannot be used in 2026 for 2025 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.
- 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 for more information.

How much can I contribute?

The maximum contribution you can make to your Health Care Reimbursement Account in 2026 is \$3,300 (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 6, 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.

Understanding a Health Savings Account (HSA)

What is an HSA-eligible health plan?

Duke Advantage is Duke's new High Deductible Health Plan that can be paired with a Health Savings Account (HSA). An HSA-eligible high deductible health plan (HDHP) satisfies certain IRS requirements with respect to deductibles and out-of-pocket expenses. You must elect coverage in the Duke Advantage HDHP in order to be eligible to open and contribute to the Duke HSA.

What is an HSA?

An HSA is an individual account used in conjunction with an HSA-eligible health plan to cover out-of-pocket qualified medical expenses on a tax-advantaged basis. Your HSA belongs entirely to you, which means it is yours to keep even if you change employers. HSAs can be used to pay for both current and future qualified medical expenses for you and your eligible dependents. You can contribute to your account, withdraw money to pay for qualified medical expenses, and potentially grow your account on a tax-free basis by investing your savings in a wide array of investment options.

Am I eligible to open an HSA?

You must meet several IRS eligibility requirements in order to establish and contribute to an HSA. It is your responsibility to determine if you are eligible:

- You must be enrolled in an HSA-eligible health plan on the first day of the month. For example, if your coverage is effective on May 15, you are not eligible to contribute to or take a distribution from your HSA until June 1.
- You cannot be covered by any other health plan that is not an HSA-eligible health plan.
- You cannot currently be enrolled in Medicare. A 6-month look-back rule may apply for Medicare enrollment. Therefore, HSA contributions should end 6 months before enrollment in Medicare.
- You cannot be claimed as a dependent on another person's tax return.

If you open an HSA and do not meet the above criteria, your contributions, any investment earnings, and distributions may be subject to income taxes, penalties, and/or excise taxes.

Additionally, in order to open and contribute to an HSA, you must have a valid U.S. address.

What type of expenses does an HSA cover?

Distributions from an HSA used to pay for qualified medical expenses for you, your spouse, and dependents are tax-free provided they meet the IRS definition of a qualified medical expense. The good news is that a lot of expenses qualify for payment or reimbursement, such as:

- Health plan deductibles and coinsurance,
- Most medical care and services,
- Dental and vision care,
- Prescription drugs, over-the-counter medications, and insulin,
- Medicare premiums (if age 65 or older).

Note that these expenses must not already be covered by insurance and non-Medicare health insurance premiums generally do not qualify. Additional information about HSAs and qualified medical expenses can be found in IRS Publications 969 and 502 at www.irs.gov.

If I don't use my HSA for current medical expenses, can I save it for the future?

One of the main benefits of an HSA is that it is flexible depending on your needs. You can use your HSA to save and grow your money tax-free for the future, or you can use it to save money on taxes while paying for qualified medical expenses today. The combination of HSA tax advantages and the breadth of investment options available through an HSA provides an opportunity for potential growth.

Limited Purpose Flexible Spending Account (LPFSA)

An LPFSA is a tax-advantaged account you can use to pay for eligible dental and vision expenses. It also makes a great companion to a Health Savings Account (HSA). Because your HSA stays with you forever, it's nice if you can avoid spending your HSA dollars. That's where an LPFSA offers incredible flexibility. Use your LPFSA to pay for routine vision and dental expenses, then save your HSA for long-term healthcare expenses.

- Pay for your spouse and dependents too.
- Carryover part of your unspent funds into the next plan year.
- Plan ahead because funds that don't carry over will expire.

There are thousands of eligible expenses. Here are just few:

■ Eyeglasses/contacts	■ Lasik surgery
■ Orthodontia	■ Prescription sunglasses
■ Eye drops	■ Dental and vision operations
■ Eye exams	

You can access a full list of eligible expenses using this link: healthequity.com/lfpsa-qme

How much can I contribute?

The maximum contribution you can make to your Limited Purpose Reimbursement Account for 2026 is \$3,300 (subject to IRS regulations). The minimum contribution is \$130. Your contributions will be deducted pre-tax from your pay. **You may only select the Limited Purpose Flexible Spending Account if you are enrolled in the Duke Advantage plan with the Duke HSA.**

HSAs vs. FSAs: What's the difference?

		HEALTH SAVINGS ACCOUNT An individual tax-advantaged account that you own and that allows you to save what you don't use for future health care costs	HEALTH CARE REIMBURSEMENT ACCOUNT An account your employer owns that allows you to set aside money you plan to spend, typically within the plan year
Will the account help me save on taxes?	Yes. You don't pay taxes on your contribution or when the account grows. You can also withdraw money tax-free to cover qualified medical expenses.	Yes. You can not only add money as pre-tax payroll deductions, but also withdraw money tax-free to cover qualified medical expenses.	
How do I know if I am eligible?	You can establish and contribute to an HSA if you meet all the eligibility requirements: <ul style="list-style-type: none"> • Must be enrolled in an HSA-eligible health plan on the first day of the month • Must not be covered by any other health plan unless that plan is also an HSA-eligible health plan • Must not be enrolled in Medicare • Cannot be claimed as a dependent on someone else's tax return 	If you meet the plan eligibility requirements, you can enroll in a Healthcare Reimbursement Account.	
What happens if I have money left over at the end of the year?	The full balance carries over from year to year.	Up to \$660 of your unused 2026 Health Care Reimbursement Account balance can be carried over to the 2027 plan year. Amounts above \$660 remaining in your account after December 31, 2026 will be forfeited unless claims are submitted by April 15, 2027 for eligible expenses incurred January 1 - December 31, 2026.	
What if I change jobs, lose my job, or retire?	Your HSA can move with you. If you lose your job, you can use the money to pay for COBRA premiums (which temporarily extend your employer-sponsored health care coverage). In retirement, you can also use your HSA for general (non-health care) expenses starting at age 65; you just have to pay normal income taxes on the money you withdraw.	The account remains with your former employer when you leave, but you may be able to elect to continue to be enrolled in a Healthcare Reimbursement Account under COBRA.	
How can I make my money grow?	Contributions generally go into an interest-earning account, but you may be able to invest all or part of your balance to save for the future.	Reimbursement accounts are not designed to grow as an investment or interest-bearing account.	

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 \$7,500. The minimum contribution is \$130.
- If both you and your spouse have Dependent Care Reimbursement Accounts, your total combined contribution limit is \$7,500.
- 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.

- 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 \$7,500.
- 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 2026 plan year will be forfeited, unless claims are filed by April 15, 2027. You may submit your claims for expense reimbursement for dependent care services received during the plan year (January 1 – December 31, 2026) until April 15, 2027. 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.

Please note: While you will have access to your full Health Care Reimbursement Account annual election on January 1, 2026, with the Dependent Care Reimbursement Account, only funds that have been deducted from your paycheck and deposited into your Dependent Care Reimbursement Account during the plan year are available to be claimed for reimbursement.

Personal Accident Insurance

Personal Accident Insurance pays a benefit based upon specific losses 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

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.

Health Care Reimbursement Account: can be used for eligible medical, dental, and vision expenses.

Health Savings Account (HSA): a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses if you are enrolled in the High Deductible Health Plan (Duke Advantage).

High Deductible Health Plan (HDHP): plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower. A high deductible health plan can be combined with a health savings account (HSA), for you to pay for certain medical expenses.

HMO: a health plan option which typically limits member coverage to medical care provided by doctors, hospitals, and other healthcare providers within its network, except for emergencies and out-of-area urgent care.

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.

Limited Purpose Flexible Spending Account (LPFSA):

a tax-advantaged savings account that lets you set aside pre-tax money to pay for eligible dental and vision expenses

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.

PPO: a type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

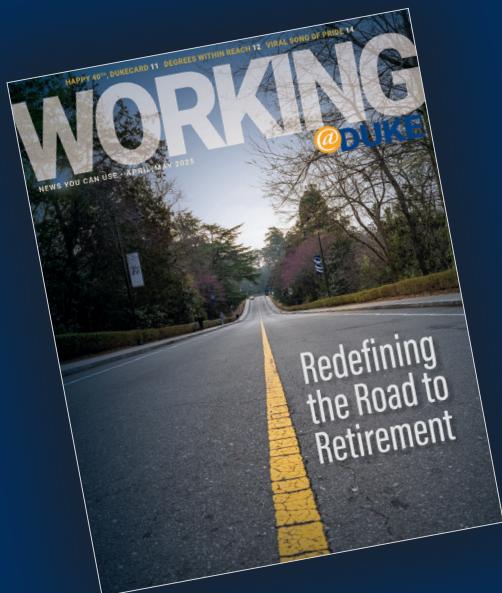
Prior Authorization: a requirement that services must be evaluated to assess the medical necessity and cost of care before the service is authorized.



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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. Monday - Friday, October 6 – October 24
- 10 a.m. – 3 p.m. Saturday, October 11

Open enrollment ends at 6 p.m. on Friday, October 24, 2025

Enroll online using **Duke@Work**

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