



## 2016 Open Enrollment Frequently Asked Questions (FAQs)

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These Frequently Asked Questions (FAQs) share information regarding the eligibility and enrollment of State of Delaware employees, pensioners, employees of other participating groups as defined in Delaware Code, and their eligible dependents in the State of Delaware Group Health Insurance Program. The Eligibility and Enrollment Rules govern this program in accordance with Delaware Code and have been approved by the State Employee Benefits Committee (SEBC). These FAQs provide only a summary of information. Any error or omission is unintentional. If a discrepancy exists between the information provided in this document and federal or state law or plan document, the law or plan document shall prevail.

**All forms are due to your Organization’s Human Resources/Benefits Office by May 26, 2016.  
Pensioner’s forms are due to the Office of Pensions by May 26, 2016.**

**Open Enrollment 2016**

Open Enrollment information is available online 24/7 at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

- 1. What is the 2016 Open Enrollment?**  
Open Enrollment is your once-a-year opportunity to review your health, dental, vision, life, supplemental benefits and blood bank coverage and to make the choices that are right for you!
- 2. When is the 2016 Open Enrollment?**  
Open Enrollment is May 9 through May 26, 2016. Coverage and new rates are effective July 1, 2016.
- 3. Which benefits does the State of Delaware offer during this Open Enrollment?**  
The State of Delaware offers Health, Dental, Vision, Supplemental Benefits and Blood Bank coverage to eligible employees and pensioners during this Open Enrollment period. A

description of all of the benefit plans is included in the Open Enrollment Booklet available online at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**Note:** State of Delaware pensioners, spouses and dependents enrolled in Medicare Part A and Part B for primary medical coverage and also eligible for or enrolled in the Highmark Delaware Special Medicfill Medicare Supplement plan, **DO NOT make changes in Special Medicfill coverage until a separate Open Enrollment period available in October 2016 for calendar year 2017.** Current rates remain in effect through December 31, 2016.

**4. When will I receive the Open Enrollment materials?**

Employees who did not elect during the Employee Consent Campaign to receive their open enrollment information electronically, will receive a letter and required federal notices the week of April 25<sup>th</sup>. State of Delaware pensioners and Participating Group employees will receive a letter and required federal notices as well, the week of April 25<sup>th</sup>.

**5. How can I access the Open Enrollment materials?**

The 2016 Open Enrollment Booklet is available online at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe). The website also offers other helpful information, including how to complete the Spousal Coordination of Benefits form and how to access the benefit vendor websites. If you need assistance accessing this information on the Internet, please see your Human Resources/Benefits Office.

**6. What do I need to do if I want to enroll, make changes or cancel coverage?**

If you wish to enroll, make changes or cancel coverage please review the 2016 Enrollment Action Checklist of the 2016 Open Enrollment Book located at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe)

**7. What do I need to do if I do not want to make any changes to my current coverage?**

**Active State employees-** If you are not making any changes to your current benefits and do not cover a spouse, **No Action is required.** If you do cover a spouse, you **MUST** complete a new Spousal Coordination of Benefits Form each year during Open Enrollment and anytime your spouse's employment or insurance status changes.

**State of Delaware Pensioners and Participating Group employees -** If you are not making any changes to your current benefits and do not cover a spouse in one of the State of Delaware Group non-Medicare health plans **No Action is required.** If you do cover a spouse one of the State of Delaware Group non-Medicare health plans, you **MUST** complete a new Spousal Coordination of Benefits Form each year during Open Enrollment and anytime your spouse's employment or insurance status changes.

For additional information, please review the 2016 Enrollment Action Checklist of the 2016 Open Enrollment Book located at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe)

**8. Will I receive a Confirmation Statement after Open Enrollment?**

Confirmation Statements are **not** mailed to active State employees.

**Active State employees** are responsible for reviewing their elections from the Employee Self-Service Benefit Summary by logging onto eBenefits as you did to enroll and click Benefits Summary instead of Open Enrollment. By entering the date of 07/01/2016, you will be able to view your elections as of that date including the dependents covered. **State of Delaware Pensioners** should contact the Office of Pensions and **Participating Group employees** should contact their HR/Benefits Office. **Benefit changes made in eBenefits CANNOT be viewed until the following business day.**

**9. What do I do if my elections as of July 1, 2016 are not correct on the online Benefits Summary?**

**Active State employees** should make the correction in eBenefits before the end of Open Enrollment, May 26, 2016. **State of Delaware Pensioners** should contact the Office of Pensions and **Participating Group employees** should contact their HR/Benefits Office immediately. For errors identified after Open Enrollment has closed on May 26<sup>th</sup>, employees must contact their HR/Benefits Office immediately. These corrections must be made by your Human Resources/Benefits representative no later than June 3, 2016. No changes will be accepted after June 3, 2016. **Please note: Benefit changes made in eBenefits CANNOT be viewed until the following business day.**

**10. What will happen if I do not complete the 2016 Open Enrollment process or take action to enroll in the supplemental benefits by May 26, 2016?**

You **MUST** take action during the 2016 Open Enrollment process if you wish to enroll, make changes or cancel current Health, Dental, Vision and Blood Bank coverage and also complete the enrollment process for supplemental benefits on the Aflac website. If not, any enrollments or changes to your benefits must wait until Open Enrollment 2017 unless you experience a qualifying event to make a mid-year change. If you take no action, your benefit elections will remain the same for the new plan year.

**11. If I am currently on a Leave of Absence for any reason, do I need to complete the eBenefits online enrollment process?**

You are required to complete the eBenefits online enrollment process if you wish to enroll, make changes or cancel your health, dental or vision coverage. If you wish to enroll in the supplemental benefits through Aflac, you must contact Aflac within **30 days** of returning from your leave of absence. See Aflac FAQs at [www.ben.omb.delaware.gov/aflac-supplemental-benefits](http://www.ben.omb.delaware.gov/aflac-supplemental-benefits) for more details.

**ELIGIBILITY**

**12. Who is eligible to participate in the State health, dental, vision, supplemental benefits insurance plans\*?**

The State of Delaware offers **State health, dental, vision** insurance benefits to permanent, full-time employees, permanent part-time employees, limited term employees and Pensioners. **Supplemental benefits are offered to benefit and pension eligible full-time and part-time employees.** Participation in the State Group Health Insurance Program is voluntary.

For more details about eligibility for State health, dental and vision refer to the “Group Health Insurance Eligibility and Enrollment Rules” available at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov). Permanent State of Delaware employees, State of Delaware Pensioners, and employees in some Participating groups as defined in the Delaware Code, are eligible for coverage under the State plans.

\*State of Delaware school district employees with a district dental or vision plan are not eligible for the state dental or vision plans.

**13. Which dependents are eligible to enroll?**

A member’s legal spouse and children under age 26. For more details about eligibility refer to the “Group Health Insurance Eligibility and Enrollment Rules” available at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov).

**STATEWIDE BENEFIT HEALTH FAIRS**

**14. What are the Statewide Benefit Health Fairs?**



The Statewide Benefits Health Fairs are **FREE** events where various Health Care vendors have tables set up with free information and representatives available to answer your questions about the different plans and services they each provide. You are welcome to attend these Fairs if you are enrolled or are eligible to enroll in the State of Delaware Group Health Insurance Program.

**15. When and where are the Statewide Benefit Health Fairs being held?**

A listing of the Health Fair dates and locations can be found at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**MAKING THE DECISION**

**16. How do I decide which coverage is best for me?**

Health care options can be very confusing and understanding them is important. Take control over how you spend your health care dollars! Watch the Health Plan Video in the “2016 Open Enrollment” section online at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe), to learn more about the health plan options available to you during this Open Enrollment and find out how to choose the benefit options that best supports you and your family's health care needs. Additional information is available in the 2016 Open Enrollment booklet and the Statewide Benefits Office website at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov) by selecting the yellow “Open Enrollment” link).

Specific information about the plans can be found in the plan booklets from the carriers. Plan booklet information is also available by contacting the carrier directly or available on the Statewide Benefits Office website at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical) select Highmark or Aetna.

**17. How can I become an informed health care consumer?**

The Statewide Benefits Office (SBO) has launched a comprehensive campaign called: “**Being A Wise Health Care Consumer: What’s In It For Me?**” This campaign focuses on helping covered members understand the power of their choices in making health care decisions to control and reduce insurance costs and improve their health and well-being. Visit [www.ben.omb.delaware.gov/consumerism](http://www.ben.omb.delaware.gov/consumerism) to access helpful online tools and resources. You can also access the Consumerism link via the SBO Home Page [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov) by selecting the yellow “Wise Health Care Consumer” link.

**ENROLLING YOUR SPOUSE OR OTHER DEPENDENT**

**18. What do I need to do if I choose to cover or continue to cover my spouse by electing “Employee & Spouse” or “Family” health coverage?**

**Active State employees** paid out of the State payroll system (PHRST) can change or add spousal information by using the eBenefits online enrollment process at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov) from May 9, 2016 through May 26, 2016. If enrolling a spouse for the FIRST TIME due to marriage, be sure to check the relationship of spouse when adding the dependent in eBenefits. If enrolling a spouse for the FIRST TIME, due to civil union, be sure to check the appropriate relationship – IRS Qualified Spouse or IRS Non-Qualified Spouse when adding the dependent in eBenefits to ensure your premiums and imputed income calculates correctly. See question 22 for additional information. Additional information about benefit coverage for spouses due to civil union can be found at [www.ben.omb.delaware.gov/cusgm](http://www.ben.omb.delaware.gov/cusgm).

All other members of the State Group Health Plan (State Pensioners and Participating Groups) must make changes on the enrollment applications available from their organization’s Human

Resources/Benefits Office, or for pensioners available in the packet mailed to your home, online at [www.delawarepensions.com](http://www.delawarepensions.com) or through the Office of Pensions.

If you are enrolling a spouse for the **FIRST TIME**, or wish to continue covering a spouse in one of the State of Delaware Group Health Insurance health plans through “Employee and Spouse” or “Family” coverage; you **MUST** complete a new Spousal Coordination of Benefits form each year during Open Enrollment and anytime your spouse’s employment or insurance status changes.

**Active State employees** **MUST** complete the form through Employee Self-service at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov) by May 26, 2016. Failure to submit a new Spousal COB form each year will result in a reduction of spousal benefits.

**Pensioners and Participating Group employees**, if covering a spouse, you **MUST** also complete a spousal form at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob).

**If you are a pensioner and cover your spouse under the Highmark Delaware Special Medicfill Medicare Supplement plan, you do not need to complete a Spousal Coordination of Benefits form, unless your spouse’s employment or health insurance status has changed since July 2012.**

**19. What will happen if I don't submit the Spousal Coordination of Benefits form?**

Failure to complete a new Spousal Coordination of Benefits (COB) form by May 26, 2016 will result in a reduction of spousal benefits.

**20. What do I need to provide if I am enrolling a spouse or other dependent for the FIRST TIME?**  
Proof of eligibility must be provided for anyone enrolling a spouse or dependent for the FIRST TIME.

- Proof of eligibility for a spouse is a copy of the Marriage Certificate/Civil Union Certificate.
- Proof of eligibility for a dependent is a Birth Certificate or other legal document.\*
- Social Security Card must be provided in order to confirm a spouse or dependent’s Social Security Number
- Complete a Child Dependent Coordination Benefits form if your dependent child has other health coverage. The appropriate Highmark Delaware and Aetna forms and instructions are available at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical).
- Complete a Certification of Tax Dependent Status form if enrolling a spouse due to civil union or other dependents due to civil union.

\*This information is not forwarded to the carriers. Your Human Resources/Benefits Office will maintain this documentation.

**21. What do I need to do if I choose to cover my children due to civil union for the FIRST TIME?**

Active State employees paid out of the State payroll system can add dependent information by using the eBenefits online enrollment process at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov) from May 9, 2016 through May 26, 2016. If enrolling a child for the **FIRST TIME** due to civil union for the **FIRST TIME**, be sure to check the appropriate relationship – IRS Qualified Child or IRS Non-Qualified Child when adding the dependent in eBenefits to ensure your premiums and imputed income calculates correctly. Additional information about benefit coverage for spouses due to civil union can be found at [www.ben.omb.delaware.gov/cusgm](http://www.ben.omb.delaware.gov/cusgm).

**22. What if my spouse or dependent child(ren) have other coverage?**

The Spousal Coordination of Benefits (SCOB) form **MUST** be completed if you are enrolling or continuing to cover your spouse in one of the State of Delaware Group Health Insurance health

plans through “Employee & Spouse” or “Family” coverage. Dependent Coordination of Benefits forms must be completed for each enrolled dependent regardless of age, upon enrollment in other health coverage, any time other health coverage changes, or upon request by the Statewide Benefits Office, Highmark Delaware or Aetna. Your health insurance carrier will then coordinate benefits if there is other insurance coverage. To ensure the highest level of coverage for your dependents, you must notify your carrier if your dependent has other coverage.

Additional information regarding the coordination of benefits is available online at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob).

## **COST OF COVERAGE**

### **23. Who pays for coverage?**

**Health** - A portion of the total premium is paid by the State through the annual budget. Regular officers and State employees begin earning State Share contributions on the first of the month following 90 days of continuous State service. The State pays 96% of the total cost of the First State Basic plan, 95% of the total cost for a new Consumer-Directed Health plan, 93.5% of the total cost of the HMO plans, and 86.75% of the total cost of the PPO plan. A rate chart can be found at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe). Premium payments are held in the group health fund as the State of Delaware Group Health Insurance Program is “self-insured”. This means claims for health care coverage are paid from the group health fund.

**Dental** - The Dental Program is employee funded. The State does not contribute toward the cost of dental coverage. Delta Dental and Dominion Dental administer the dental plans.

**Vision** – The Vision Program is employee funded. The State does not contribute toward the cost of vision coverage. EyeMed Vision Care administers the vision plan.

**Blood Bank** - The State of Delaware provides Blood Bank of Delmarva membership to all state employees and pensioners. While there are no longer membership dues, all State of Delaware employees and pensioners can continue to provide assistance by enrollment in the *Members for Life* program. Enrollment will provide the Blood Bank with important contact information necessary to encourage blood commitments.

**Supplemental Benefits** – The Supplemental Benefits Program is employee funded. The State does not contribute toward the cost of supplemental benefits. Aflac administers Critical Illness, including cancer and Accident coverage.

### **24. How often are premiums deducted?**

The health, dental and vision rates listed in the open enrollment booklet are monthly rates. The rates for supplemental benefits can be found at [www.ben.omb.delaware.gov/aflac-supplemental-benefits](http://www.ben.omb.delaware.gov/aflac-supplemental-benefits). Rates per \$1,000 of coverage are also provided in the open enrollment booklet for the Life (GUL) coverage. State employees pay for coverage through the State's payroll system with bi-weekly payroll deductions for a total of 24 deductions taken each year for health, dental, vision, supplemental benefits and a total of 26 deductions for Life (GUL) premiums.

### **25. Are my premiums a pre-tax deduction?**

Health, dental and vision premiums are tax sheltered under Section 125 of the IRS Code for active State of Delaware employees. Active State of Delaware employees participating in health, dental or vision insurance plans pay their portion of the premium with before-tax dollars. If you are an active employee covering a civil union spouse or children of a civil union spouse who are not your qualified tax dependents by definition of the IRS, a portion of your premium to cover these dependents will be taken after tax. Please see the FAQs regarding civil union dependent benefit coverage at [www.ben.omb.delaware.gov/cusgm](http://www.ben.omb.delaware.gov/cusgm). Deductions taken

for active employees participating in the supplemental benefits and Life (GUL) coverage are taken on an after-tax basis. Pensioners' deductions are taken on an after-tax basis.

## **AFTER I ENROLL**

### **26. When will the new coverage take effect?**

The new coverage and rates, or the termination of existing coverage will take effect on July 1, 2016 and will be in effect for the plan year ending June 30, 2017.

### **27. When will the deductions begin for these new plans or the new rates?**

The State of Delaware benefit deductions are lagged in PHRST, the State's payroll system. The first deduction for new coverage or changes to coverage beginning July 1, 2016 will be taken on the July 22, 2016 paycheck. The first deduction for Pensioners will be on the July 29, 2016 pension check.

### **28. Will I get Member ID cards?**

#### **Health**

- **Aetna HMO and Highmark Delaware IPA/HMO and Comp PPO members** will receive new ID cards for the plan year beginning July 1, 2016, due to the change in urgent care copay. Members will receive new ID cards in late June 2016. Members will receive a separate ID card for each covered dependent. The employee or pensioner's name will appear on the left side of the ID card and the dependent's name will appear on the right side.
- **New Highmark Delaware or Aetna Members** - Employees or pensioners enrolling for the FIRST TIME with Aetna or Highmark Delaware will receive new ID cards after open enrollment.  
**Express Scripts** - Employees or pensioners enrolling for the FIRST TIME with Aetna or Highmark Delaware or changing carriers will receive an ID card from Express Scripts in late June 2016.

#### **Dental**

- Employees enrolling in a Statewide dental plan for the FIRST TIME or changing carriers will receive new ID cards after open enrollment.
- Dominion Dental HMO members will receive new ID cards, due to plan name going from 605xsd to 705xsd.

#### **Vision**

- Employees enrolling in the Statewide vision plan through EyeMed Vision Care® for the FIRST TIME will receive vision ID cards after open enrollment.

#### **Blood Bank**

- If you are participating in the Blood Bank for the FIRST TIME, you will receive a *Members for Life* membership card with your Member ID and access to health and wellness benefits after your first blood donation. If you are continuing your participation, you will not receive a new card.

**Supplemental Benefits** - Member ID cards are not issued, Employees will receive a Certificate of Insurance from Aflac

### **29. How do I obtain health and/or prescription identification cards for my dependent child(ren) who is/are covered by another parent?**

- **Aetna HMO or Aetna CDH Gold Members** - A custodial parent may contact member services at 877-542-3862 to request an individual ID card for their dependent children. The parent must provide the name and date of birth of the dependent child and Aetna ID

number or last 4 digits of the Aetna member's social security number. The parent must have a completed member authorization form or a power of attorney (POA) in order to request an ID card be sent to an address other than the member's address on file. The member authorization form is available on Aetna's website [www.aetna.com](http://www.aetna.com).

- **Highmark Delaware Members** - The employee can request a card for a dependent and have it sent to another address. Log onto the website [www.highmarkbcbsde.com](http://www.highmarkbcbsde.com). Once logged in, click on the ID card icon on the landing page. Then select the family member that needs a duplicate ID card, enter the mailing address for the new card(s) and press the 'Request Card' button. Or, if the custodial parent (non-covered person) is requesting ID card/EOB be sent to them, Highmark Delaware will need a copy of the court order showing the requester is the custodial parent. Highmark will then load that address under the appropriate dependent(s) so that ID cards and other correspondence specific to those dependent(s) will go to the address of the custodial (non-covered) parent.
- **Express Scripts** – A custodial parent may contact member services at (800) 939-2142; provide the dependents name, date of birth and member ID number. Once this information is verified the caller can request new ID cards for the dependent and can stipulate the address where the cards are to be mailed. If the Custodial parent has access to the online member account, the parent can link to the Express Scripts website through the State's website at [www.ben.omb.delaware.gov/script/planadmin.shtml](http://www.ben.omb.delaware.gov/script/planadmin.shtml) or go directly to [www.express-scripts.com](http://www.express-scripts.com). Once the parent logs in, go to the *Health & Benefits tab*, select *Print forms and Cards*. The parent can then order replacement cards and/or print a temporary ID card.

**30. What should I do if I don't receive my Member ID cards or require additional cards?**

Contact the Customer Service number for your insurance carrier directly. Toll free numbers are provided on the last page of the Open Enrollment booklet available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe). Contact information is also available on each carrier's site, which can be accessed from the SBO website at [www.ben.omb.delaware.gov/benefits](http://www.ben.omb.delaware.gov/benefits).

**31. What should I do if I have questions about my Health, State dental, State vision, Supplemental Benefits, Life (GUL) coverage or Blood Bank of Delmarva coverage after I'm enrolled?**

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the last page of the Open Enrollment booklet available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe). Contact information is also on each carrier's site, which can be accessed from the SBO website at [www.ben.omb.delaware.gov/benefits](http://www.ben.omb.delaware.gov/benefits).

**MAKING CHANGES AFTER OPEN ENROLLMENT**

Open Enrollment elections are binding. Changes to your insurance elections after Open Enrollment require a Qualifying Event. You must request the change within **30 days of the qualifying event**, and provide supporting documentation of the Qualifying Event or wait until the next Open Enrollment.

**Health-** Plan coverage level (change from employee to employee/spouse) may be changed only if there is a qualifying event as listed in the Open Enrollment Booklet. Certain qualifying events (such as retirement) allow a change in health plans. Additional Information in the State of Delaware's **Group Health Eligibility & Enrollment Rules** located at [www.ben.omb.delaware.gov/policies-procedures](http://www.ben.omb.delaware.gov/policies-procedures), or by contacting your Human Resources/Benefits Office. Pensioners may contact the Office of Pensions.

**Dental and Vision-** Plan coverage is binding. You may only change dental or vision plans (other than adding an eligible dependent or dropping an eligible dependent due to a qualifying event) at Open Enrollment. Additional information available at [www.ben.omb.delaware.gov/benefits](http://www.ben.omb.delaware.gov/benefits).  
**Supplemental Benefits** –Plan coverage may be canceled or family members removed by contacting Aflac Group Customer service at 1-800-433-3036, 8:00 am to 8:00 pm Eastern Time.

**32. What is a Qualifying Event that will allow me to make changes to my Open Enrollment benefit elections?**

Qualifying Events include but may not be limited to: marriage/civil union, the birth or adoption of a child, divorce, employment of spouse, involuntary loss of spouse coverage, spouse's employment termination, child now ineligible for coverage, death of a spouse or dependent, spouse becomes a State of Delaware employee or pensioner. Additional Information regarding qualifying event is available in the State of Delaware's **Group Health Eligibility & Enrollment Rules** located at [www.ben.omb.delaware.gov/policies-procedures](http://www.ben.omb.delaware.gov/policies-procedures).

**33. What should I do if I experience a Qualifying Event and need to make changes to my benefit elections?**

Contact your Human Resources/Benefits Office within your organization for the necessary forms within **30 days** of the qualifying event. Pensioners should contact the Office of Pensions.

**34. What happens when my dependent reaches the age of 26?**

You are responsible for notifying your Human Resources/Benefits Office within your organization within **30 days** of the time when your dependent is no longer eligible for coverage. Dependent coverage is available until the end of the month in which your eligible dependent turns 26. As long as you notify your Human Resources/Benefits Office that your dependent is no longer eligible for coverage in the time frame listed above your dependent will be eligible to elect COBRA continuation coverage.

**35. What do I do if I want to keep my current health plan but change the Primary Care Physician (PCP) for myself or any of my dependents?**

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the last page of the Open Enrollment booklet available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**COBRA**

You have certain rights and obligations under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). Under federal COBRA law, the State of Delaware is required to offer covered employees and family members the opportunity for a temporary extension of health coverage (called Continuation Coverage) at group rates when coverage under the medical, dental and vision plan would otherwise end due to certain qualifying events.

Additional information regarding COBRA available at [www.ben.omb.delaware.gov/cobra](http://www.ben.omb.delaware.gov/cobra).

**Group Universal Life (GUL) Insurance**

Securian, formerly known as Minnesota Life, is the provider of the State of Delaware's GUL program.

Group Universal Life (GUL) is a type of permanent life insurance with the option for tax-deferred cash accumulation. Benefit eligible active employees can apply for coverage or request a change to their coverage any time after their initial eligibility period by providing proof of good health to Securian.

Additional information regarding Group Universal Life (GUL) Insurance available at [www.ben.omb.delaware.gov/life](http://www.ben.omb.delaware.gov/life).