

Participating Group Employees Benefits Review

Statewide Employee Benefit Programs

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Statewide Benefits Office

Website: www.ben.omb.delaware.gov



Office of Management and Budget

Employee Responsibility?

- It is the ***responsibility of the regular officer, employee or eligible pensioner*** to keep his/her HR/Benefit Representative informed of any change of address or change in status which results in the adding or dropping of dependent/s (marriage, divorce, birth, death, adoption, etc.) that affects his/her health care coverage.
- It is the ***responsibility of the HR/Benefit Representative*** to make the necessary changes in the appropriate payroll system, COBRA website or to notify the Statewide Benefits Office of these changes. ***Failure to do so may affect eligibility of coverage or extent of coverage for any participant and could impose an extreme hardship on a regular officer or employee or eligible pensioner.***



**STATEWIDE BENEFITS OFFICE
WEBSITE**

**Includes:
Statewide Employee Benefit Programs
and more**

www.ben.omb.delaware.gov

Claims Processing Inquiries for ALL Employee Benefit Programs

- Employees must first contact the benefit program insurance vendor's Customer Service staff - **see contact info on back of member identification card** or vendor contact information contained on the last page of the ***Special Enrollment for Participating Groups booklet*** available online at www.ben.omb.delaware.gov/NonPayroll.
- **If resolution cannot be reached:**
 - Employee should contact their organization's HR/Benefits Office to request their assistance.
 - If your HR/Benefits Office is not able to resolve, Employee may contact the Customer Service staff at the Statewide Benefits Office.
 - Phone: 1-800-489-8933, during the hours of 8:00 a.m. to 4:30 p.m. Monday through Friday.
 - Email: Benefits@state.de.us.
 - **Do not** include protected health information (PHI), **i.e.** employee ID or SSN.

Statewide Benefits Office Customer Service

- **Automated Recording**
1-800-489-8933
- **Select appropriate option:**
 - Option #1** should be selected if an active employee or a dependent of an active employee and would like to speak to a benefits specialist with a benefits question or concern.
 - Option #2** should be selected if a HR/Benefit Representative would like to speak to a benefits specialist with a benefits question or concern.
 - All other calls**, press zero to speak to the Statewide Benefits Operator.

Employee Benefit Programs are administered by the Statewide Benefits Office

Two health care vendors for medical coverage offer six health plans:

- Highmark Delaware – First State Basic plan, CDH Gold plan, IPA/HMO plan and Comprehensive PPO plan; and
- Aetna – CDH Gold Plan and HMO plan.

Enrollment in the health care program provides automatic enrollment in:

- Prescription drug plan, managed by Express Scripts;
- Employee Assistance Program, Health Advocate/HMS, and
- DelaWELL Health Management Program

Two dental vendors for dental coverage:

- Delta Dental – PPO plus Premier Plan
- Dominion Dental – HMO Plan

Complete information on all health care plans can be found at,
www.ben.omb.delaware.gov/medical

ID Cards

ID cards for each of the following benefit programs, are mailed to the member's home within 10 business days of initial enrollment or replacement request.

- Medical
- Prescription
- Dental (if applicable)

The ID card packet includes two cards in the primary subscriber's name.

Additional or replacement cards:

- Can be requested online from the benefit insurance vendor's website or
- By contacting the benefit insurance vendor. Vendor contact information is contained on the last page of the ***Special Enrollment for Participating Groups booklet*** available online at www.ben.omb.delaware.gov/NonPayroll.

Group Health Insurance Eligibility & Enrollment Rules

- Employees must meet benefits eligibility in order to obtain benefits coverage under the State of Delaware Group Health Insurance Program.
- The Eligibility & Enrollment Rules (EER) are updated as required to ensure compliance with Federal & State Laws, policy and procedure changes.
- The Eligibility & Enrollment Rules (EER) are approved by the State Employee Benefits Committee (SEBC) and administered by the Statewide Benefits Office.

The Group Health Eligibility & Enrollment Rules can be found online from the Statewide Benefits Office website at www.ben.omb.delaware.gov located on the right side of the page under the “**Documentation**” section.

Eligibility & Enrollment Rules

Dependents eligible for coverage include:

- Spouse by marriage, same gender-marriage or civil union.
- Dependent children of the employee and/or spouse by marriage or civil union.

More details outlined in the Group Health Eligibility & Enrollment Rules – Section 2.01(a-e) and 3.01 are available at www.ben.omb.delaware.gov, located on the right side of the page under the “*Documentation*” section.

Eligibility & Enrollment for Dependent Children to Participate in State's Group Health Insurance Program

Dependent children must be:

- Under age 26 and either
 - born to employee or spouse;
 - adopted by employee, spouse or placed in employee's home for adoption

Coverage terminates the end of the month in which the dependent child attains age 26.

Eligibility & Enrollment for Other Dependent Children to Participate in State's Group Health Insurance Program

Coverage for other dependent children

- Not employee's or spouse's natural or adoptive child but is
 - unmarried; and
 - living with employee in a regular parent-child relationship, and
 - dependent upon employee for support per IRS Code SS 105 and CC 152; and
 - is under age 19 or 24 if a full-time student

Must have legal guardianship or court order documentation

Coverage ends the end of the month in which dependent child attains age 19 or end of the month dependent child attains age 24 (if a full-time student).

Spousal Coordination of Benefits Policy

- Spouse of an active employee or pensioner, must participate in employer's health care plan (or former employer if spouse is retired) when eligible, unless spouse would pay more than 50% of the premium for the lowest "Employee-Only" plan. **In this case, the State plan is secondary.**
- Employees must complete Spousal Coordination of Benefits form upon initial enrollment and each year during Open Enrollment as well as any time during the year that their spouse's health care coverage or employment status changes.

Policy and online form available at:

www.ben.omb.delaware.gov/documents/cob.

Eligibility & Enrollment for Dependent Children

Verification of Eligibility:

- Employee must provide copy of birth certificate, adoption papers or Court documents to be maintained in employee's health file for future audits by the Statewide Benefits Office, (SBO).

Dependent Child Coordination of Benefits Policy:

- A Dependent Child Coordination of Benefits Form must be completed for each enrolled dependent child if child is enrolled in other coverage regardless of age, upon request by the Statewide Benefits Office or the State of Delaware GHIP health care carrier.
- To ensure correct processing of health care claims, the form should be completed whenever a dependent child:
 - is enrolled for the first time in a State of Delaware GHIP;
 - is also covered under a health care plan through another parent;
 - is also covered under another health care plan as an employee;
 - loses or changes coverage through an employer or another parent.

**Policy and form are available at; www.ben.omb.delaware.gov/documents/cob

Dental Plans

- Delta Dental – PPO plus Premier Plan
- Dominion Dental – DHMO Plan



Delta Dental Plan

Delta Dental PPO Plus Premier

- This dental plan allows the member to visit any dentist they choose and receive applicable benefits. The member will save most if they visit a dentist who participates with Delta Dental.
- With Delta Dental, the member does not have to pick a primary care dentist. Members are free to choose any dentist for any covered service at any time.
- **The plan provides two networks that offer different levels of savings:**
 - Member can choose from the larger Premier network or
 - from the smaller PPO network, or a
 - dentist who does not participate with Delta.

Member's choice of dentists can determine the cost savings they receive.

Delta Dental Plan

Delta Dental PPO Plus Premier

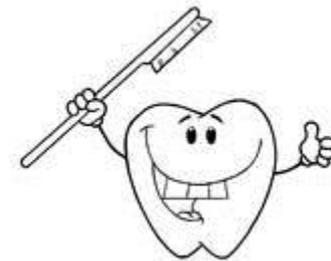
- Reimbursement maximums and deductibles apply.
- Annual maximum is \$1,500 per plan year per participant.
- Delta Dental dentists (in-network providers) cannot balance bill above the applicable allowed amount for covered services.
- Non-participating (out-of-network provider) dentists can bill you for the difference between their full charge and Delta's payment.
- Member can conveniently locate participating dentists by visiting Delta Dental's online dentist directory at www.deltadentalins.com/stateofdelaware or by contacting Delta's Customer Service at **1-800-873-4165**.

Dominion Dental Plan

Dominion Dental (DHMO)

- Select any general dentist from the list of participating providers to receive care. Benefits include no charge for oral examinations, routine semi-annual cleanings, bitewing X-rays, and topical fluoride for children after the \$10 office visit copay.
- More extensive care (fillings, crowns, dentures, root canals, periodontal care, oral surgery, orthodontics, etc.) is covered at fees up to 70% lower than usual and customary charges.
- Additional information about your dental coverage can be viewed at www.ben.omb.delaware.gov/dental/dom or by calling Dominion Dental's Customer Service at 1-888-518-5338.

Dental Program Enrollment



Eligibility:

Employees may enroll in a dental plan:

- (1) the first of the month following their date of hire or becoming benefit eligible, or
- (2) the first of month following 90 days of employment, if coverage not elected when hired. Otherwise, they will not be eligible to participate again until the next annual benefits open enrollment period, unless they experience a

***Qualifying Event, examples include but are not limited to:**

- birth or adoption, marriage or divorce, loss of other coverage.
- The HR/Benefits Office must receive request for change within 30 days of qualifying event.

The dental coverage effective date is always the first of the month, not on event date.

Special Enrollment Period

- Contact your HR/Benefits Office for specific enrollment period dates and coverage effective dates.
- Visit <http://ben.omb.delaware.gov/NonPayroll> for additional information.

2016 Annual Open Enrollment Period

- May 2016
- Plan changes effective July 1, 2016 through June 30, 2017

QUESTIONS

