



2017 Open Enrollment Action Checklist For DOE, K12, DTCC & DSU Employees

Open Enrollment Period: May 1 – 13, 2017
Coverage Effective Date: July 1, 2017

It's Open Enrollment time, your once-a-year opportunity to enroll or make changes to your benefits!

All of the information you need for a successful Open Enrollment is located at de.gov/statewidebenefits (Select the "Open Enrollment" button, then choose the button for "DOE, K12, DTCC & DSU Employees").

What You Need To Know:

- Aetna will be the only health plan administrator for the HMO Plan and the CDH Gold Plan as of July 1. The IPA/HMO Plan and CDH Gold Plan offered through Highmark Delaware will no longer be available effective July 1. Highmark Delaware will continue to administer the First State Basic PPO Plan and Comprehensive PPO Plan.
 - *Currently enrolled in either the Highmark Delaware IPA/HMO or Highmark Delaware CDH Gold Plan?*
 - You will be **automatically defaulted at the start of Open Enrollment** into the corresponding Aetna HMO Plan or Aetna CDH Gold Plan for the plan year that begins July 1. When you log into Employee Self-Service, your "New" and "Current" coverage effective July 1, 2017 will show as the Aetna equivalent plan. **If you take no action during Open Enrollment, you will remain automatically defaulted in the corresponding Aetna Plan.**
 - **Important:** HMO members are required to select a Primary Care Provider (PCP). Employees who default or enroll in the Aetna HMO Plan and do not select a PCP in Employee Self-Service during Open Enrollment will have one assigned to them by Aetna (based on location/proximity of the member to the provider's office).
- The benefit plan premiums (or rates) and the benefit plan designs for the health, dental, vision, life insurance and supplemental benefits plans will not change on July 1.
- NEW consumerism resources are available to help you make informed decisions:
 - myBenefitsMentor® Consumer Decision Tool – Benefit-eligible State of Delaware employees *hired on or before March 1, 2017* can use this online tool to view their recent health plan services and costs, estimated costs for the plan year that begins July 1 (FY18) and a personal recommendation on the most cost-effective health plan for them and their family. You will also receive a letter that complements the tool.
 - Mini-Videos – A curriculum of short, educational videos (5-10 minutes each) is available to help you learn more about what's new for the plan year that begins July 1 (FY18), the various health plans available and how to comply with the Spousal Coordination of Benefits Policy if you will be covering your spouse on your health plan.
 - Interactive Open Enrollment Benefits Guide – This online tool replaces the standard, static Open Enrollment PDF booklet by using audio, screen interaction and navigation demos of the SBO website to help you learn about available benefits.

 **What You Need To Do:****Call To Action**

↳ Use the checklist below to help you navigate the Open Enrollment process.

Be an engaged consumer and actively participate in Open Enrollment:

- Access the NEW consumerism resources, self-service guides and other important information at de.gov/statewidebenefits (Select the “Open Enrollment” button, then choose the button for “DOE, K12, DTCC & DSU Employees”).
- Review your current benefits coverage in Employee Self-Service.

Enroll, make changes or terminate coverage for you or your spouse/dependent(s):

- For Health, Dental or Vision coverage:** Follow the instructions in the Open Enrollment Self-Service Guide.
- For Supplemental Benefits (Critical Illness and Accident Insurance) coverage:** Select the “Supplemental Benefits by Aflac” link for enrollment instructions. *Note: Benefit-eligible active employees who are outside of their initial eligibility period will be considered “Late Enrollees” and may be subject to approval based on answers to health questions.*
- For Group Universal Life (GUL) Insurance coverage:** Select the “Life Insurance” link for enrollment instructions. *Note: Benefit-eligible active employees who are outside of their initial eligibility period will be required to provide proof of good health to Securian.*
- If enrolling in an HMO plan,** make sure your health or dental provider participates in the plan **before you enroll.** *Note: There are no out-of-network benefits in an HMO plan and you cannot change plans during the plan year if your provider decides to no longer participate in the plan.*
- If enrolling a spouse or dependent for the first time:** Remember that you **MUST** supply additional documentation (*Spouse: Copy of marriage/civil union certificate; Dependent: Copy of birth certificate or other legal document*) to your organization’s Human Resources/Benefits Office, as applicable.
- Complete a new Spousal Coordination of Benefits Form online if you will cover your spouse** on your health (Aetna or Highmark Delaware) plan on July 1. This is **REQUIRED EACH OPEN ENROLLMENT** and **MUST** be completed online in Employee Self-Service during Open Enrollment or your spouse’s coverage will be reduced on July 1. The Spousal Coordination of Benefits Policy, Guide and Form are available at www.ben.omb.delaware.gov/documents/cob.
- Complete a Dependent Child Coordination of Benefits Form **ONLY** if you are newly enrolling a dependent(s) on your health (Aetna or Highmark Delaware) plan for July 1 **AND** the dependent(s) have other health coverage. Select the “Dependent Child Coordination of Benefits Policy and Form” link under *Enrollment*.
- Have questions?* Contact the Statewide Benefits Office (SBO) by phone at (302) 739-8331 or 1-800-489-8933 or by email at benefits@state.de.us (Available 8:00am – 4:30pm Monday through Friday).

- ❑ **Immediately Following Open Enrollment**, view your health, dental and vision elections in the Benefits Summary section in Employee Self-Service www.employeeselfservice.omb.delaware.gov. Benefit Elections are available to view in Employee Self-Service the day after your enrollment has been processed. *Note:* You **MUST** change the date at the top of the screen to 07/01/2017. If an error has been made, you **MUST** contact your organization's Human Resources/Benefits Office to correct the error. Aflac and Securian elections are not reflected on the Benefits Summary. Employees must contact Aflac and/or Securian directly with questions or concerns regarding enrollment.
- ❑ If an error is found on the Benefits Summary, you **MUST** contact your organization's Human Resources/Benefits Office to correct the error, **no later than Friday, June 2, 2017**.
- ❑ With the exception of the Highmark IPA/HMO and Highmark CDH Gold Plan changes noted on page 1, *if you do **NOT** enroll, make changes or terminate coverage*, your plan coverage for the current plan year will continue to carry over into the new plan year effective July 1. If your dental and vision benefits are administered by your school district refer to instructions provided by your district.