



**Benefit Enrollment for New Hires
FY2017 Plan Year: July 1, 2016 – June 30, 2017
Frequently Asked Questions (FAQs)**

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These Frequently Asked Questions (FAQs) share information regarding the eligibility and enrollment of Active State of Delaware Employees (AS), Employees of other Participating Groups (PG) as defined in Delaware Code, and their eligible dependents in the State of Delaware Group Health Insurance Program (GHIP). 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.

We have made it easy to locate the information that applies to you. Here's how it works...

Locate your group icon under each question to find information that applies to you:

 The letter code "AS" applies to Active State Employees.

 The letter code "PG" applies to Participating Group Employees.

Check out the FY2017 Benefit Enrollment for New Hires Booklet at www.ben.omb.delaware.gov/oe.

Benefit Enrollment for New Hires FY2017

(1) What benefits does the State of Delaware offer?

AS PG The State of Delaware offers Health and Dental coverage to eligible employees.

AS Additional benefits offered to eligible employees include Vision, Blood Bank, Group Life, Supplemental and Flexible Spending (FSA) Benefits. A description of all of the benefit plans is included in the FY2017 Benefit Enrollment for New Hires Booklet available online at www.ben.omb.delaware.gov/oe.

(2) How can I access the New Hire Enrollment materials?

AS PG The FY2017 Benefit Enrollment for New Hires Booklet is available online at www.ben.omb.delaware.gov/oe. The Statewide Benefits Office 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.

(3) What do I need to do if I want to enroll in coverage?

AS PG If you wish to enroll, please review the Enrollment Checklist in the FY2017 Benefit Enrollment for New Hires Booklet located at www.ben.omb.delaware.gov/oe. If you need assistance accessing this information on the Internet, please see your Human Resources/Benefits Office.

(4) Will I receive a Confirmation Statement after New Hire Enrollment?

AS Your Human Resources/Benefits Office will provide you with a Confirmation Statement the day after your enrollment has been processed. Employees are also able to review their elections from the Employee Self-Service Benefit Summary by logging onto eBenefits and click Benefits Summary. Benefit Elections are available to view in Employee Self-Service the day after your enrollment has been processed.

PG Contact your Human Resources/Benefits Office for Benefit Enrollment Confirmation.

(5) What do I do if my benefit elections are not correct?

AS PG Employees should contact their Human Resources/Benefits Office immediately if benefit elections are not correct.

(6) What will happen if I *do not* complete the New Hire Enrollment process or take action to enroll in benefits during my initial eligibility period?

AS You **MUST** take action during the New Hire Enrollment process if you wish to enroll in Health, Dental, Vision, Supplemental Benefits and Flexible Spending (FSA). If not, any

enrollments must wait until the annual Open Enrollment period, unless you experience a qualifying event to make a mid-year change.

PG You **MUST** take action during the New Hire Enrollment process if you wish to enroll in Health or Dental. If not, any enrollments must wait until the annual Open Enrollment period, unless you experience a qualifying event to make a mid-year change.

Eligibility

(7) Who is eligible to participate in the State Health, Dental, Vision, FSA, Blood Bank, Life, Supplemental Benefit and Flexible Spending plans*?

AS Permanent, full-time employees, permanent part-time employees, limited term state employees are eligible to participate in **State Health, Dental, Vision, Flexible Spending Account (FSA) and Blood Bank. Group Universal Life (GUL) Insurance coverage and Supplemental benefits** are offered to benefit eligible full-time and part-time employees. **Flexible Spending** is offered to benefit eligible full-time and part-time employees after completing an initial waiting period of 90 days.

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

PG Some Participating Groups, as defined in the Delaware Code, are eligible for coverage in **State Health and Dental**. Employees should contact their Human Resources/Benefits Office for additional information regarding eligible benefits.

AS PG **Active State Employees and Participating Group Employees participation in the State Group Health Insurance Program is voluntary.**

For more details about eligibility, refer to the “Group Health Insurance Eligibility and Enrollment Rules” available at www.ben.omb.delaware.gov.

(8) Which dependents are eligible to enroll?

AS PG A member's legal spouse and children under age 26 are eligible to enroll. For more details about eligibility refer to the “Group Health Insurance Eligibility and Enrollment Rules” available at www.ben.omb.delaware.gov.

Making the Decision

(9) How do I decide which coverage is best for me?

AS PG 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 at www.ben.omb.delaware.gov/oe, to learn more about the health plan options available to you during your New Hire Benefit 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 FY2017 Benefit Enrollment for New Hires Booklet and the Statewide Benefits Office website at 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 select Highmark or Aetna.

(10) How can I become an informed health care consumer?

AS PG 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 to access helpful online tools and resources. You can also access the Consumerism link via the SBO Home Page www.ben.omb.delaware.gov by selecting the yellow "Wise Health Care Consumer" link.

Enrolling Your Spouse or Other Dependent

(11) What do I need to do if I choose to cover my spouse under my health coverage?

AS PG If you are enrolling a spouse in one of the State of Delaware Group Health Insurance health plans, you **MUST** complete a Spousal Coordination of Benefits form upon initial enrollment, each year during Open Enrollment and anytime your spouse's employment or insurance status changes.

AS Employees **MUST** complete the spousal form through Employee Self-service at www.employeeselfservice.omb.delaware.gov.

PG Employees **MUST** complete the spousal form at www.ben.omb.delaware.gov/documents/cob.

Failure to submit the Spousal COB form will result in a reduction of spousal benefits.

(12) What will happen if I don't submit the Spousal Coordination of Benefits form?

AS PG Failure to complete a Spousal Coordination of Benefits (COB) form during Benefit Enrollment for New Hires or anytime their employment or insurance status changes will result in a reduction of spousal benefits.

(13) What do I need to provide if I am enrolling a spouse or other dependent?

AS PG Proof of eligibility must be provided for anyone enrolling a spouse or dependent.

- ↳ 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.
- ↳ Complete a Certification of Tax Dependent Status form *only* if enrolling a civil union spouse or other civil union dependents.

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

Additional information about benefit coverage due to civil union can be found at www.ben.omb.delaware.gov/cusgm.

(14) What if my spouse or dependent child(ren) have other coverage?

AS PG 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.

Cost of Coverage

(15) Who pays for coverage?

↳ **Health**

AS 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. 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.

PG Employees should contact their Human Resources/Benefits Office for information regarding premium payments.

↳ **Dental**

AS 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.

PG Employees should contact their Human Resources/Benefits Office for information regarding premium payments.

↳ **Vision**

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

↳ **Life**

AS Enrolled individuals in the Group Universal Life (GUL) Insurance program are responsible for the total cost of coverage. Employees employed in a benefit eligible active position must have their premiums deducted through the convenience of bi-weekly payroll deductions. If you are no longer employed in a benefit eligible active position, you will be placed in Securian's direct bill system. The first direct bill premium statement issued by Securian will reflect a three month (quarterly) period. The frequency of future direct bill premium statements can be changed to an annual, semi-annual or monthly basis.

↳ **Flexible Spending Account (FSA)**

AS Enrolled individuals are responsible for the total cost of coverage. Employees employed in a benefit eligible active position must have their premiums deducted through the convenience of bi-weekly payroll deductions.

↳ **Blood Bank**

AS The State of Delaware provides Blood Bank of Delmarva membership to all **Active State Employees**. While there are no longer membership dues, all State of Delaware employees 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.

PG Employees should contact their Human Resources/Benefits Office for information. Employees can enroll in the *Members for Life* program by contacting the Blood Bank directly.

↳ **Supplemental Benefits**

AS 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.

(16) How often are premiums deducted?

The FY2017 Benefit Enrollment for New Hires Booklet contains monthly rates for health, dental and vision rates and rates per \$1,000 of coverage for the Group Universal Life (GUL) program for eligible employees. The rates for supplemental benefits can be found at www.ben.omb.delaware.gov/aflac-supplemental-benefits. Information regarding FSA can be found at www.ben.omb.delaware.gov/fsa.

AS **Active 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, FSA, dental, vision, supplemental benefits and a total of 26 deductions for Life (GUL) premiums.

PG **Participating Group Employees** should contact their HR/Benefits Office for information regarding premium health and dental deductions.

(17) Are my premiums a pre-tax deduction?

AS PG Health, dental and vision premiums are tax sheltered under Section 125 of the IRS Code for eligible employees. Eligible 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 for more information.

AS Premium deductions taken for eligible employees participating in the Supplemental Benefits and/or Group Life (GUL) coverage are taken on an after-tax basis.

After I Enroll

(18) When will the new coverage take effect?

AS PG The new coverage will take effect on the benefit effective date indicated by your Human Resources/Benefits Office.

(19) When will the deductions begin for these new plans or the new rates?

AS The State of Delaware benefit deductions are lagged in PHRST (with the exception of FSA), the State's payroll system. The first deduction for new coverage will occur in the corresponding pay based on your benefit effective date. If you need assistance accessing this information, please see your Human Resources/Benefits Office.

PG Contact your Human Resources/Benefits Office for information regarding benefit deductions.

(20) Will I get Member ID cards?

↳ Health

AS PG New Highmark Delaware or Aetna Members - Employees enrolling with Aetna or Highmark Delaware will receive new ID cards after enrollment. 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.

↳ **Prescription**

AS PG Employees enrolling with Aetna or Highmark Delaware will receive a prescription ID card from Express Scripts after enrollment.

↳ **Dental**

AS PG Employees enrolling in a State dental plan or changing carriers will receive new ID cards after enrollment.

↳ **Vision**

AS Employees enrolling in the State vision plan through EyeMed Vision Care® will receive vision ID cards after enrollment.

↳ **Life**

AS Employees enrolled in the Group Universal Life (GUL) program will receive a welcome packet in the mail (at their home address) after initial enrollment.

↳ **Flexible Spending Account (FSA)**

AS Employees enrolling in FSA will receive a confirmation letter in the mail after enrollment.

↳ **Blood Bank**

AS If you are participating in the Blood Bank, 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.

↳ **Supplemental Benefits**

AS Member ID cards are not issued, Employees will receive a Certificate of Insurance information from Aflac.

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

AS PG **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.

AS PG **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. 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.

AS PG 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 <http://ben.omb.delaware.gov/script/planinfo.shtml> or go directly to 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.

(22) What should I do if I don't receive my Member ID cards or require additional cards?

AS PG Contact the Customer Service number for your insurance carrier directly. Toll free numbers are provided on the last page of the FY2017 Benefit Enrollment for New Hires Booklet available at 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.

(23) What should I do if I have questions about my coverage after I'm enrolled?

AS PG Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the last page of the FY2017 Benefit Enrollment for New Hires Booklet available at 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.

Making Changes After Enrollment

Changes to your insurance elections after New Hire 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 to make changes to your benefit elections.

↳ Health

AS PG Plan coverage is binding. Changes may only be made during annual Open Enrollment, or within 30 days of a qualifying event as listed in the FY2017 Benefit Enrollment for New Hires 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, or by contacting your Human Resources/Benefits Office. Pensioners may contact the Office of Pensions.

↳ Dental

AS PG Plan coverage is binding. You may only change your dental elections during Open Enrollment or within 30 days of a qualifying event. Additional information is available at www.ben.omb.delaware.gov.

↳ Vision

AS Plan coverage is binding. You may only change your vision elections during Open Enrollment or within 30 days of a qualifying event. Additional information is available at www.ben.omb.delaware.gov.

↳ Life

AS Enrollment in the GUL program is open throughout the year. Benefit eligible active State of Delaware and DSWA employees who have exhausted their initial eligibility period may apply at any time for enrollment in the program or change their current enrollment elections by simply applying and providing proof of good health to Securian. Enrolled employees who experience a family status change (marriage, birth or adoption) may increase their coverage by one level up to three times annual base pay up to \$200,000 without providing proof of good health to Securian if you apply within 31 calendar days of the life event. If you experience a family status change and you are already enrolled at a level of three times or greater, you must provide proof of good health to Securian to increase your coverage amount.

↳ Flexible Spending Account (FSA)

AS Your election under the Flexible Spending Plan is irrevocable for the Plan Year, unless you experience a qualifying event and **your desired election change corresponds with that gain or loss of coverage**. The Health Care FSA Plan and the Dependent Care FSA Plan have slightly different rules regarding making an election change or enrolling mid-year.

↳ Supplemental Benefits

AS 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. Re-enrollment for a canceled employee or family member will be considered as "Late Enrollees" and may be subject to approval based on answers to health questions.

(24) What is a Qualifying Event that will allow me to make changes to my benefit elections?

AS PG 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 Group Health Eligibility & Enrollment Rules located at www.ben.omb.delaware.gov/policies-procedures.

(25) What should I do if I experience a Qualifying Event and need to make changes to my benefit elections?

AS PG Contact your Human Resources/Benefits Office within your organization for the necessary forms **within 30 days** of the qualifying event.

(26) What happens when my dependent reaches the age of 26?

AS PG Employees are responsible for notifying Human Resources/Benefits Office within their organization **within 30 days** of the time when a 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.

(27) What do I do if I want to change the Primary Care Physician (PCP) for myself or any of my dependents?

AS PG Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the last page of the FY2017 Benefit Enrollment for New Hires Booklet available at www.ben.omb.delaware.gov/oe.

COBRA

AS PG 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, vision and in certain instances, FSA, would otherwise end due to certain qualifying events. Additional information regarding COBRA is available at www.ben.omb.delaware.gov/cobra.

Deferred Compensation

AS The Deferred Compensation plans are administered through the Office of State Treasurer. The State offers a 457 (b) and 403 (B). Learn more at http://treasurer.delaware.gov/deferred_compensation/.

DelaWELL Health Management Program

AS PG All of your health, medical and wellness programs, services and information come from one source – your trusted health carrier! Enrolling in a State of Delaware Group Health Plan provided by Highmark Delaware or Aetna gives you automatic, confidential access to their online resources, health coaching, online health assessments and disease management programs.

Additional information regarding DelaWELL is available at www.ben.omb.delaware.gov/delawell.

Employee Assistance Program (EAP) + Work/Life



Your EAP+Work/Life Program is a valuable benefit provided to you by the State of Delaware, whenever you are enrolled in a State of Delaware Group Health Plan. Through Human Management Services (HMS), a Health Advocate Company, you have access to Licensed Professional Counselors for short-term, confidential help with a wide variety of personal issues. If needed, your counselor can refer you for more in-depth support. You also have access to Work/Life Specialists, who can refer you to services in your area for help balancing your work and life responsibilities.

Additional information is available at www.ben.omb.delaware.gov/eap.

Flexible Spending Account (FSA)



Flexible Spending Account (FSA) Benefits by ASIFLEX are available to all benefit eligible, permanent part-time and full-time employees on the first of the month after completing an initial waiting period of 90 days. The program allows participants to deduct dollars from their paycheck on a pretax basis. The money can be used to be reimbursed for out-of-pocket health and dependent care expenses.

Additional information regarding Flexible Spending Account (FSA) Benefits available at www.ben.omb.delaware.gov/fsa.

Group Universal Life (GUL) Insurance



Securian, underwritten by Minnesota Life Insurance Company, 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 is available at www.ben.omb.delaware.gov/life.

Prescription



When you enroll in a State of Delaware Group Health Plan, you are automatically enrolled in the prescription drug plan managed by Express Scripts.

Additional information is available at <http://ben.omb.delaware.gov/script/index.shtml>.

Pre-Tax Commuter Benefits

AS Pre-Tax Commuter Benefits by ASIFlex are available to all benefit eligible active State employees. The program allows eligible employees to set aside pre-tax dollars to pay for your out-of-pocket parking, van pooling or mass transit expenses incurred as you travel to work. There is no set enrollment time for this program and you can make a change to your enrollment at any time.

Additional information regarding Pre-Tax Commuter Benefits available at www.ben.omb.delaware.gov/commuter.