

Note:  
July 1, 2017 Retirees do not  
participate in Open Enrollment



# Benefits Bulletin

## 2017-2018 Open Enrollment Information

TO: All District Employees

FROM: Donna Smallwood, Supervisor of Benefits, Compensation Services and Finance

DATE: May 1, 2017

**Open Enrollment will be held from May 1, 2017 through May 13, 2017.** During Open Enrollment, employees are encouraged to enroll online, review benefit plans, costs, dependent eligibility, print an Enrollment Summary Page and access the electronic Spousal Form on the State's Employee Self-Service website at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov).

- School District Benefits- New Carriers Effective July 1, 2017
- Cigna Dental Coverage, Group #3340870, Website: [www.cigna.com](http://www.cigna.com)  
Member Services Phone#: (800) 332-4462, Network: DPPO
- EyeMed Vision Care Coverage, Group# 1011440  
Member Services Phone#: (888) 203-7437, Network: Advantage

**IMPORTANT** - To utilize your Dental or Vision plan, you must give the provider your unique ID number which is three zeroes plus your Employee ID# (000 + Employee ID#).

For dependents over age 21 to utilize dental and vision services the employees must provided proof of full-time student status to the Benefits & Compensation Services. (See Dependent Eligibility details on page 3).

- Prudential Life/AD&D Coverage – Benefit is two times annual salary (rounded up to the next \$500). Benefit reductions begin at age 65.
- Long-Term Disability Plan (see enrollment details on Page 3)
  - Hartford LTD 6.66% buy-up to supplement the State's 60% LTD for employees enrolled in the State's Disability Insurance Program (DIP).
  - Cigna LTD buy-up supplements the "old" State Disability Pension Plan up to 66.6% of pre-disability monthly earnings offered to "grandfathered" employees hired prior to 1/1/06.
- Aetna Generic District Prescription Coverage – no longer available.

District benefits information, summary plan descriptions and future updates are available online at [www.schooldistrictbenefits.com/brandywine](http://www schooldistrictbenefits.com/brandywine).

## **State of Delaware Benefits- New Effective July 1, 2017**

Highmark Delaware will continue to administer the First State Basic PPO Plan and the Comprehensive PPO Plan.

**Aetna will be the only administrator for the HMO Plan and the CDH Gold Plan as of July 1, 2017. The IPA/HMO and CDH Gold Plans previously offered by Highmark Delaware will no longer be available effective July 1st.**

Are you currently enrolled in the Highmark IPA/HMO Plan or Highmark CDH Gold Plan?

- If you take no action during Open Enrollment, you will be automatically defaulted into the corresponding Aetna HMO or Aetna CDH Gold Plan for the plan year that begins July 1, 2017.
- 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 add a PCP in Employee Self-Service during Open Enrollment will be assigned a PCP by Aetna.

Actively participate in Open Enrollment this year by reviewing your benefits coverage and taking advantage of this once a year opportunity to enroll or make changes to your benefit elections. The 2017 Open Enrollment period is for the 2017-2018 plan year which begins July 1, 2017. Log in at the Employee Self-Service website: [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov)

Please disregard the State of Delaware Statewide Benefits Dental and Vision plan information. Brandywine employees do not participate in the State's Dental and Vision plans.

## **Qualifying Events**

You can only make changes to your benefits during Open Enrollment each year, unless you experience a qualifying event, such as: marriage, divorce, birth or adoption of a child, or a change in your or your spouse's employment status during the year. When you experience a Qualifying Event, you have 30 calendar days from the date of the event to make changes to your benefits. If you do not contact the Benefits Office within the 30 calendar day period, you must wait until the next annual enrollment period.

## **Before You Enroll Online**

- Review the Open Enrollment communication materials;
- Have provider ID numbers if enrolling in an HMO plan;
- Dependent(s) social security numbers; and
- If your spouse is on your medical plan, you'll need their employer's insurance information to complete the Online Spousal Coordination Form at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov).

Instructions on how to access the online self-service Benefits Summary are contained in the 2017 eBenefits Quick Reference Guide available online at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe)

## **Login or Password Issues**

Employees can reset their password by clicking the "Forgot Password" link on the login page. For login issues, contact the Employee Self-Service Call Center at 1-866-751-7833 from May 1st through May 13th between 8:00 am to 4:30 pm, Monday through Friday.

# Benefit Questions and Enrollment Assistance

If you need enrollment assistance or have questions regarding State of Delaware Medical, Prescription, Aflac Supplemental, Blood Bank, Securian Life Insurance or DelaWELL, contact 1-800-489-8933 from May 1st through May 13th between 8:00 am to 4:30 pm, Monday through Friday.

## Required Forms & Documents Needed by May 13, 2017

**Spousal Coordination of Benefits Form** - Employees covering a spouse in a health plan must complete an Electronic Spousal Form every year during Open Enrollment and anytime a spouse's employment or insurance status changes. Failure to submit an online Spousal Form will result in a reduction of spousal benefits.

**Dependent Child Coordination of Benefits Form** - Employees must complete a Dependent Child COB Form upon initial enrollment, anytime there is other coverage, a coverage change or upon request by the Statewide Benefits Office or the insurance carrier.

**Copy of Birth Certificate and Social Security Card** - Employees adding a dependent to a health plan must submit a copy of the dependent's Birth Certificate and Social Security Card to the Benefits Office by May 13, 2017.

**Copy of Marriage Certificate and Social Security Card** - Employees adding a spouse to a Health plan must submit a copy of their Marriage Certificate and Social Security Card to the Benefits Office by May 13, 2017.

**Copy of the Divorce Decree** - If removing an ex-spouse, submit a copy of the Divorce Decree by May 13, 2017.

**Life Insurance Beneficiary Form** - Employees adding Life Insurance or updating beneficiary information must complete a Beneficiary Form available on the District Benefits Website or at the Compensation Services Office.

**Long-Term Disability Buy-up Coverage** - Employees adding or dropping Long-Term Disability Coverage must submit an email or fax request to the Benefits Office by 4:00 pm on May 13, 2017.

## Dependent Eligibility

### District Benefits

Dependents are eligible for Cigna Dental and EyeMed Vision Coverage through the end of the calendar year in which they reach age 21 and whichever occurs first for full-time students: loss of student status, graduation or attains age 24.

For dependents age 21 and older, employees must provide proof of student status directly to the Benefits & Compensation Services Office prior to scheduling Cigna Dental and EyeMed vision services.

### State Benefits

Dependents can be covered on their parent's health and prescription plans to age 26, regardless of other coverage.

# How Your Flex Credits are Applied

As a School District employee, you receive flex credits in accordance with negotiated contracts and based on Board approval. Option Flex Credits may only be used for your State health plan. Program Flex Credits may be used for District Benefit plans. The Employee Self Service enrollment website calculates benefits costs, applies flex credits and if your elections exceed your credits, determines the per pay cycle deduction amount.

## Employees on a Temporary Contract

District Flex Credits and District Benefits terminate on June 30th for temporary contracted employees. Cobra coverage may be purchased. State health, including Express Scripts, may continue through August 31st provided you work through the last contract day of the school year. Health plan changes made during open enrollment are effective July 1st. Completing the enrollment process does not constitute employment for the 2017-2018 school year.

### ONLINE ENROLLMENT

If you do not have access to a computer, District libraries and computer labs may be used to enroll online.

If you have benefit questions, please contact the Benefits & Compensation Services Office at 793-5036, 793-5054 or 793-5023.

*The State of Delaware and the Brandywine School District reserve the right to amend or terminate any benefit plan at anytime, with or without notice. The provisions for these plans are contained in legal documents. Should a discrepancy between the benefits website and materials distributed occur, the provisions of the plan documents will prevail*