

# 2022 Open Enrollment

May 2 – 18, 2022

ACTIVE FULL-TIME & ELIGIBLE PART-TIME EMPLOYEES

Open Enrollment will begin on **May 2, 2022**, and will end on **May 18, 2022**, for the plan year beginning July 1, 2022. This is your once-a-year opportunity to enroll, cancel or changes your health, dental and vision benefits. During this time, you may also add or drop coverage for your eligible spouse and or dependent children. This Open Enrollment period also includes the opportunity to enroll or change coverage with Supplemental Life Insurance Programs, administered by UNUM & TransAmerica.

## **WHAT YOU NEED TO KNOW**

**The benefit plan premiums (or rates) for the health plan will increase approximately 8% for the upcoming plan year beginning July 1, 2022. Dental and vision plan premiums will not change for the upcoming plan year beginning July 1, 2022.**

For additional information about the health plans offered, please refer to the attached health plan comparison chart. Benefit summaries for each of the four plans was sent to you in the mail by the Statewide Benefits office. Additional information on each of the plans can be found on-line via the following link:

<https://dhr.delaware.gov/benefits/oe/groups.shtml>.

## **IMPORTANT NOTICE**

**IF YOU COVER YOUR SPOUSE ON YOUR HEALTH PLAN IT IS VERY IMPORTANT THAT YOU COMPLETE THE SPOUSAL COORDINATION OF BENEFITS FORM. A NEW FORM MUST BE COMPLETED EACH YEAR DURING OPEN ENROLLMENT OR YOUR SPOUSE'S COVERAGE WILL BE REDUCED.**

The electronic Spousal Coordination of Benefits form can be found on the Statewide Benefits website at

<https://cob.ben.omb.delaware.gov/>.

On the initial screen, select "Participating Groups & COBRA".

### *Spousal Coordination of Benefits Form*

#### Read This First

If you cover your spouse in one of the State of Delaware's Group Health Insurance 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. If you do not complete a form, your spouse's coverage will be reduced to 20%.

Completion or modification of the Spousal COB form alone does NOT enroll and/or terminate your spouse's coverage in your health plan. If your spouse's employment or insurance status changes anytime throughout the year, you must also contact your human resources representative to enroll or terminate your spouse in your health plan.

Please read the acknowledgement sections at the end of this form carefully. You are responsible for understanding the requirements of the Spousal Coordination of Benefits Policy described here, for providing verification as noted, and for the accuracy of the information in this form.

Additional information not covered by the form should be entered into the "Comments" sections at the end of the form. If any information entered on this form is found to be false or incorrect, and medical claims are paid based on the false or incorrect information, the employee will be required to reimburse the State.

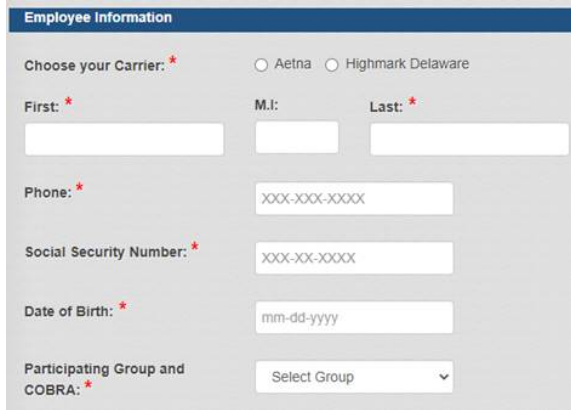
As you complete this form, only the sections that require a response will be opened up for data entry. Any grayed out sections do not require a response. If you need to provide additional information please use the Comment box at the end of the form.

Participating Groups and COBRA

Next



On the second screen at the Select Group box, select “City of Dover” from the drop-down list.



The image shows a screenshot of an online form titled "Employee Information". The form has a blue header bar with the title. Below the header, there are several fields and options:

- Choose your Carrier:** \* This field has two radio button options: "Aetna" and "Highmark Delaware".
- First:** \* A text input field.
- M.I.:** A text input field.
- Last:** \* A text input field.
- Phone:** \* A text input field with a placeholder "XXX-XXX-XXXX".
- Social Security Number:** \* A text input field with a placeholder "XXX-XX-XXXX".
- Date of Birth:** \* A text input field with a placeholder "mm-dd-yyyy".
- Participating Group and COBRA:** \* A dropdown menu with the text "Select Group" and a downward arrow.

Be sure to fill out the form in its entirety. After completing the form online, click on “Printable Summary” to print a copy for your records. Please note that completing the spousal coordination of benefits form **DOES NOT** enroll your spouse or discontinue coverage for your spouse. You must complete and submit an enrollment application. If concerns arise regarding your spouse’s coverage, Human Resources may request a copy of the Printable Summary mentioned above.

Premium tables and information for the health, dental, vision, supplemental life plans for the plan year beginning July 1, 2022, are attached. If you would like to enroll, change or cancel coverage during this open enrollment period, please contact Human Resources for the appropriate forms. **All forms must be completed and returned to Human Resources by the close of business on Wednesday, May 18, 2022 (no exceptions).** Changes made during Open Enrollment will become effective on July 1, 2022.

All requested enrollment forms will be sent via email or USPS. Completed enrollment forms can be returned in the same fashion, either via email or USPS (postmarked on or before May 18, 2022) or completed forms may be placed in the Human Resources Drop Box on the first floor of 5 E. Reed Street.

Please take the time to read the information provided so that you are an active participant in this year’s Open Enrollment process. **If you are not making any changes and wish to continue your current level of coverage, no action is needed, unless you insure a spouse on your plan.**

At the end of open enrollment, employees will receive an email or written confirmation from Human Resources of the changes that have been received.

If you have any questions or concerns, please contact a member of the Human Resources Department via phone at (302) 736-7073 or email at [humanresources@dover.de.us](mailto:humanresources@dover.de.us).

*Thank You*



## State of Delaware Health Plan Comparison Chart (Effective July 1, 2022)

Plan Options	Highmark Delaware First State Basic Plan		Aetna CDH Gold Plan		Aetna HMO Plan		Highmark Delaware Comprehensive PPO Plan	
Plan Type	Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Health Maintenance Organization (HMO)		Preferred Provider Organization (PPO)	
Primary Care Provider (PCP) Selection	Recommended		Recommended		Required		Recommended	
Plan Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Preventive Care/ Screening/Immunization (age, gender and risk parameters may apply)</b>	100% covered, not subject to deductible	30% coinsurance, not subject to deductible	100% covered, not subject to deductible	30% coinsurance after deductible	100% covered	Not covered	100% covered	20% coinsurance after deductible
<b>Deductible (per plan year)</b>	\$500 per individual/ \$1,000 per family	\$1,000 per individual/ \$2,000 per family	\$1,500 per individual/ \$3,000 per family	\$1,500 per individual/ \$3,000 per family	N/A	N/A	N/A	\$300 per individual/ \$600 per family
<b>Health Reimbursement Account (HRA)</b>	N/A	N/A	\$1,250 per individual/ \$2,500 family	\$1,250 per individual/ \$2,500 family	N/A	N/A	N/A	N/A
<b>Out-of-Pocket Maximum (including copays and deductibles)</b>	\$2,000 per individual/ \$4,000 per family	\$4,000 per individual/ \$8,000 per family	\$4,500 per individual/ \$9,000 per family	\$7,500 per individual/ \$15,000 per family	\$4,500 per individual/ \$9,000 per family	N/A	\$4,500 per individual/ \$9,000 per family	\$7,500 per individual/ \$15,000 per family
<b>Prenatal and Postnatal Care</b>	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	100% covered after \$25 initial copay (inpatient room and board copays do apply to hospital deliveries/ birthing centers)	Not covered	100% covered (inpatient room and board copays do apply to hospital deliveries/birthing centers)	20% coinsurance after deductible
<b>24/7 Nurse Line</b>	Yes, no cost		Yes, no cost		Yes, no cost		Yes, no cost	
<b>Primary Care Visit to treat an injury or illness (in-person or virtual)</b>	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	\$15 copay per visit	Not covered	\$20 copay per visit	20% coinsurance after deductible
<b>Telemedicine (Virtual Doctor Visits)</b>	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	\$0 copay per visit	Not covered	\$0 copay per visit	20% coinsurance after deductible

Plan Options	Highmark Delaware First State Basic Plan		Aetna CDH Gold Plan		Aetna HMO Plan		Highmark Delaware Comprehensive PPO Plan	
Plan Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Urgent Care Visit</b>	100% covered after \$25 copay per visit	100% covered after \$25 copay per visit	10% coinsurance after deductible	30% coinsurance after deductible	\$15 copay per visit	Not covered	\$20 copay per visit	20% coinsurance after deductible
<b>Emergency Room</b>	10% coinsurance after deductible	10% coinsurance after deductible	10% coinsurance after deductible	10% coinsurance after deductible	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)
<b>Chiropractic Care</b> (Requires medical necessity and excludes preventive/maintenance care) <b>Note: No visit maximum for treatment of back pain</b>	10% coinsurance after deductible for up to 30 visits per plan year	25% coinsurance after deductible for up to 30 visits per plan year	10% coinsurance after deductible for up to 30 visits per plan year	25% coinsurance after deductible for up to 30 visits per plan year	Lesser of \$15 copay or 20% coinsurance (Referrals required through PCP)	Not covered	15% coinsurance for up to 30 visits per plan year	20% coinsurance after deductible for up to 30 visits per plan year
<b>Physical Therapy</b> (Requires medical necessity) <b>Note: No visit maximum for treatment of back pain</b>	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance for up to 45 visits per illness/injury (Referrals required through PCP)	Not covered	15% coinsurance	20% coinsurance after deductible
<b>Specialist Visit</b> (In-person or virtual)	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	\$25 copay per visit (Referrals required for certain services through PCP)	Not covered	\$30 copay per visit	20% coinsurance after deductible
<b>Lab Work (Blood Work)</b>  <b>Note: Lab Work at a non-preferred non-hospital affiliated lab may not be covered</b>	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	LabCorp and Quest Diagnostics Lab (Preferred): \$10 copay per visit Hospital/Other Lab Facility: \$50 copay per visit	Not covered	In-Network Non-Hospital Affiliated Lab (Preferred): \$10 copay per visit Hospital/Other Lab Facility: \$50 copay per visit	20% coinsurance after deductible
<b>Basic Imaging/Radiology</b> (i.e., X-Ray, Ultrasound)	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	Non-Hospital Affiliated Freestanding Facility (Preferred): \$0 copay per visit (Referrals required through PCP) Hospital Affiliated Facility: \$50 copay per visit (Referrals required through PCP)	Not covered	Non-Hospital Affiliated Freestanding Facility (Preferred): \$0 copay per visit Hospital Affiliated Facility: \$50 copay per visit	20% coinsurance after deductible
<b>High-Tech Imaging/Radiology</b> (i.e., MRI, CT Scan)  <b>Note: Requires a prior authorization</b>	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	Non-Hospital Affiliated Freestanding Facility (Preferred): \$0 copay per visit Hospital Affiliated Facility: \$75 copay per visit	Not covered	Non-Hospital Affiliated Freestanding Facility (Preferred): \$0 copay per visit Hospital Affiliated Facility: \$75 copay per visit	20% coinsurance after deductible

Plan Options		Highmark Delaware First State Basic Plan		Aetna CDH Gold Plan		Aetna HMO Plan		Highmark Delaware Comprehensive PPO Plan	
Plan Feature		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Mental Health, Behavioral Health, and Substance Abuse</b>	<b>Outpatient Services</b>	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	\$15 copay per visit	Not covered	\$20 copay per visit Intensive Outpatient Care 100% covered	20% coinsurance after deductible
	<b>Inpatient Services</b>	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	\$100 copay per day with max of \$200 per admission	Not covered	\$100 copay per day with max of \$200 per admission	20% coinsurance after deductible
<b>Outpatient Surgery</b>		10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	Ambulatory Center: \$50 copay per visit Hospital Facility: \$100 copay per visit	Not covered	Ambulatory Center: \$50 copay per visit Hospital Facility: \$100 copay per visit	20% coinsurance after deductible
<b>Hospital Admission</b>		10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	\$100 copay per day with max of \$200 per admission	Not covered	\$100 copay per day with max of \$200 per admission	20% coinsurance after deductible

**Center of Excellence (COE)\*:** Costs noted are for an inpatient stay.

Note: Highmark refers to COE facilities as Blue Distinction Centers and Aetna refers to COE facilities as Institutes of Quality and Institutes of Excellence.

Plan Feature		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Orthopedic (hip replacement/ knee replacement)</b>  <b>Note: Requires a prior authorization</b>		10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	COE Facility* (Preferred): \$100 copay per day; \$200 copay max per admission Non-COE Facility: \$500 copay per admission	Not covered	COE Facility* (Preferred): \$100 copay per day; \$200 copay max per admission Non-COE Facility: \$500 copay per admission	20% coinsurance after deductible
<b>Spine (i.e., Cervical and lumbar fusion, cervical laminectomy, and lumbar laminectomy/ discectomy procedures)</b>  <b>Note: Requires a prior authorization</b>		10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	COE Facility* (Preferred): \$100 copay per day; \$200 copay max per admission Non-COE Facility: \$500 copay per admission	Not covered	COE Facility* (Preferred): \$100 copay per day; \$200 copay max per admission Non-COE Facility: \$500 copay per admission	20% coinsurance after deductible

Plan Options	Highmark Delaware First State Basic Plan		Aetna CDH Gold Plan		Aetna HMO Plan		Highmark Delaware Comprehensive PPO Plan	
Plan Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Bariatric</b>  <b>Note: Requires a prior authorization</b>	COE Facility* (Preferred): 10% coinsurance after deductible	45% coinsurance after deductible	COE Facility* (Preferred): 10% coinsurance after deductible	45% coinsurance after deductible	COE Facility* (Preferred): \$100 copay per day; \$200 copay max per admission	Not covered	COE Facility* (Preferred): \$100 copay per day; \$200 copay max per admission	45% coinsurance after deductible
	Non-COE Facility: 25% coinsurance after deductible		Non-COE Facility: 25% coinsurance after deductible		Non-COE Facility: 25% coinsurance		Non-COE Facility: 25% coinsurance	
<b>Transplants**</b>  <b>(For Highmark plans, does not apply to kidney and bone marrow/stem cell)</b>  <b>Note: Requires a prior authorization</b>	COE Facility* (Preferred): 10% coinsurance after deductible	30% coinsurance after deductible	COE Facility* (Preferred): 10% coinsurance after deductible	30% coinsurance after deductible	COE Facility* (Preferred): \$100 copay per day; \$200 copay max per admission	Not covered	COE Facility* (Preferred): \$100 copay per day; \$200 copay max per admission	20% coinsurance after deductible

\*Aetna and Highmark Delaware have designated certain healthcare facilities within their provider network as Centers of Excellence, or simply COE Facilities. COE Facilities have been identified as delivering high-quality services and superior outcomes for specific procedures or conditions. This means improved outcomes and reduced cost, which includes delivering surgery and post-operative care more efficiently and with lower risk of complications and readmissions.

\*\*Members are encouraged to review the Highmark or Aetna plan documents for details regarding coverage.

**Important Note on Allowable Charge and Coinsurance:**

- **Allowable Charge is the price your health carrier (Highmark or Aetna) determines is reasonable for care or supplies. The amount the plan pays for covered services received in or out-of-network is based on the allowable charge and this may be different than the billed amount shown on your Explanation of Benefits (EOB). If an out-of-network provider bills more than the allowable charge, you may have to pay the difference.**
- **Coinsurance is the part of the allowable charge that you pay after you satisfy your deductible and is typically a percentage of the allowable charge for a service. For example, if the health plan covers 90% of the allowable charge for a specific service, you may be required to pay the remaining 10% as coinsurance. If your in-network allowable charge for covered medical services is \$100 and your coinsurance is 10%, you would pay \$10. The health plan would pay the remaining \$90.**

**Additional benefits automatically included with your Health Plan enrollment:**

<p><b>SurgeryPlus (Surgeons of Excellence)</b></p> <p>Alternative benefits for non-emergency, planned procedures</p> <p>(Joint Replacement &amp; Revision, Spine, Cardiac, GYN, Bariatric, Hernia, Gallbladder, Thyroid, Orthopedics, ENT, Gastroenterology (i.e., Colonoscopy, Endoscopy), Pain Management, Other Minor/Misc. Procedures (i.e., Biopsy, Excision of Mass))</p>	<p>All out-of-pocket costs (deductible, coinsurance, copay) are waived; Concierge service (Care Advocate) included; Eligible travel expenses covered; Financial incentives offered (receive a check for \$500 up to \$4,000 depending upon procedure)</p>	<p>All out-of-pocket costs (deductible, coinsurance, copay) are waived; Concierge service (Care Advocate) included; Eligible travel expenses covered; Financial incentives offered (receive a check for \$500 up to \$4,000 depending upon procedure)</p>	<p>All out-of-pocket costs (deductible, coinsurance, copay) are waived; Concierge service (Care Advocate) included; Eligible travel expenses covered; Financial incentives offered (receive a check for \$500 up to \$4,000 depending upon procedure)</p>	<p>All out-of-pocket costs (deductible, coinsurance, copay) are waived; Concierge service (Care Advocate) included; Eligible travel expenses covered; Financial incentives offered (receive a check for \$500 up to \$4,000 depending upon procedure)</p>
<p><b>Prescription Coverage</b> (Administered by CVS Caremark)</p>	<p>Included</p>	<p>Included</p>	<p>Included</p>	<p>Included</p>
<p><b>Employee Assistance Program</b> (Administered by ComPsych® GuidanceResources®)</p> <p>Note: Members can obtain a maximum of 5 one-on-one professional counseling sessions annually</p>	<p>Included</p>	<p>Included</p>	<p>Included</p>	<p>Included</p>
<p><b>Wellness and Condition Care Coordination</b> (Provided through your health plan)</p>	<p>Included</p>	<p>Included</p>	<p>Included</p>	<p>Included</p>

For more information, visit the Statewide Benefits Office (SBO) website at [de.gov/statewidebenefits](https://de.gov/statewidebenefits).

**Health Premiums**  
**Effective: July 1, 2022**  
**15% Employee Cost Sharing**

<b>Plan Name</b>	<b>Coverage Type</b>	<b>Employee Pays per Month</b>	<b>Biweekly Payroll Deduction</b>	<b>City Pays</b>	<b>Total Cost Monthly</b>
<b>Highmark Delaware First State Basic</b>	Employee Only	\$119.42	\$59.71	\$676.70	\$796.12
	Employee & Child(ren)	\$181.32	\$90.66	\$1,027.48	\$1,208.80
	Employee & Spouse	\$246.65	\$123.32	\$1,397.66	\$1,644.30
	Family	\$308.21	\$154.11	\$1,746.55	\$2,054.76
<b>Highmark Delaware Comprehensive PPO</b>	Employee Only	\$136.28	\$68.14	\$772.24	\$908.52
	Employee & Child(ren)	\$209.81	\$104.90	\$1,188.91	\$1,398.72
	Employee & Spouse	\$282.36	\$141.18	\$1,600.02	\$1,882.38
	Family	\$352.88	\$176.44	\$1,999.66	\$2,352.54
<b>Aetna HMO</b>	Employee Only	\$124.65	\$62.33	\$706.37	\$831.02
	Employee & Child(ren)	\$190.48	\$95.24	\$1,079.36	\$1,269.84
	Employee & Spouse	\$262.37	\$131.19	\$1,486.77	\$1,749.14
	Family	\$327.28	\$163.64	\$1,854.60	\$2,181.88
<b>Aetna CDH Gold</b>	Employee Only	\$123.58	\$61.79	\$700.30	\$823.88
	Employee & Child(ren)	\$188.60	\$94.30	\$1,068.76	\$1,257.36
	Employee & Spouse	\$255.81	\$127.90	\$1,449.57	\$1,705.38
	Family	\$324.72	\$162.36	\$1,840.10	\$2,164.82

**Health Premiums**  
**Effective: July 1, 2022**  
**20% Employee Cost Sharing**

Plan Name	Coverage Type	Employee Pays per Month	Biweekly Payroll Deduction	City Pays	Total Cost Monthly
<b>Highmark Delaware First State Basic</b>	Employee Only	\$159.22	\$79.61	\$636.90	\$796.12
	Employee & Child(ren)	\$241.76	\$120.88	\$967.04	\$1,208.80
	Employee & Spouse	\$328.86	\$164.43	\$1,315.44	\$1,644.30
	Family	\$410.95	\$205.48	\$1,643.81	\$2,054.76
<b>Highmark Delaware Comprehensive PPO</b>	Employee Only	\$181.70	\$90.85	\$726.82	\$908.52
	Employee & Child(ren)	\$279.74	\$139.87	\$1,118.98	\$1,398.72
	Employee & Spouse	\$376.48	\$188.24	\$1,505.90	\$1,882.38
	Family	\$470.51	\$235.25	\$1,882.03	\$2,352.54
<b>Aetna HMO</b>	Employee Only	\$166.20	\$83.10	\$664.82	\$831.02
	Employee & Child(ren)	\$253.97	\$126.98	\$1,015.87	\$1,269.84
	Employee & Spouse	\$349.83	\$174.91	\$1,399.31	\$1,749.14
	Family	\$436.38	\$218.19	\$1,745.50	\$2,181.88
<b>Aetna CDH Gold</b>	Employee Only	\$164.78	\$82.39	\$659.10	\$823.88
	Employee & Child(ren)	\$251.47	\$125.74	\$1,005.89	\$1,257.36
	Employee & Spouse	\$341.08	\$170.54	\$1,364.30	\$1,705.38
	Family	\$432.96	\$216.48	\$1,731.86	\$2,164.82

AFSCME Union Employees hired on or after May 20, 2015  
DOE Union Employees hired on or after December 22, 2015  
FOP Union Employees hired on or after October 9, 2015  
IBEW Union Employees hired on or after July 1, 2014

# Keep Smiling

## Delta Dental PPO™



### Save with PPO

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](https://deltadentalins.com).

### Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at [deltadentalins.com](https://deltadentalins.com). This useful service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your

plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

### Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.<sup>4</sup> You can find this date by logging in to your online account.

### Newly covered?

Visit [deltadentalins.com/welcome](https://deltadentalins.com/welcome).

## Save with a PPO dentist



<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>4</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

**Plan Benefit Highlights for:** City of Dover

**Group No:** 15426

**Effective Date:** 7/1/2021

DELTA DENTAL PPO<sup>SM</sup>

<b>Eligibility</b>	Primary enrollee, spouse and <b>eligible dependent children to the end of the month dependent turns age 19 or to the end of the month that dependent turns age 23 if dependent is a full-time student</b>			
<b>Deductibles</b>	Low Plan: \$50 per person / \$150 per family each plan year High Plan: \$50 per person / \$150 per family each plan year			
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes			
<b>Maximums</b>	Low Plan: \$1,000 per person each plan year High Plan: \$1,500 per person each plan year			
D & P counts toward maximum?	Yes			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Low Plan		High Plan	
	Delta Dental PPO dentists <sup>†</sup>	Non-Delta Dental PPO dentists <sup>†</sup>	Delta Dental PPO dentists <sup>†</sup>	Non-Delta Dental PPO dentists <sup>†</sup>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
<b>Basic Services</b> Fillings and simple tooth extractions	80 %	80 %	80 %	80 %
<b>Endodontics</b> (root canals)	0 %	0 %	80 %	80 %
<b>Surgical Periodontics</b>	0 %	0 %	50 %	50 %
<b>Non-Surgical Periodontics</b> (gum treatment)	80 %	80 %	50 %	50 %
<b>Oral Surgery</b>	0 %	0 %	50 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	0 %	0 %	50 %	50 %
<b>Prosthodontics</b> Bridges, dentures and implants	0 %	0 %	50 %	50 %
<b>Orthodontic Benefits</b> Adults and dependent children	0 %	0 %	50 %	50 %
<b>Orthodontic Maximums</b>	N/A	N/A	\$1,000 Lifetime	\$1,000 Lifetime

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<b>Delta Dental of Delaware</b> One Delta Drive Mechanicsburg, PA 17055	<b>Customer Service</b> 800-932-0783	<b>Claims Address</b> P.O. Box 2105 Mechanicsburg, PA 17055-6999
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**deltadentalins.com**

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

BENEFIT HIGHLIGHTS

**Delta Dental  
Plan Premiums  
Effective: July 1, 2022**

<b>Plan Type</b>	<b>Coverage Level</b>	<b>Monthly Cost*</b>
<b>Delta Dental High Plan</b>	Employee Only	\$ 40.35
	Employee & One Dependent	\$ 75.70
	Family	\$ 119.65
<b>Delta Dental Low Plan</b>	Employee Only	\$ 27.24
	Employee & One Dependent	\$ 52.33
	Family	\$ 98.07

*\* Deducted 2nd paycheck of each month*



# VBA Vision makes using your benefits simple and easy.

## Step 1

Go to [www.vbaplans.com](http://www.vbaplans.com), log in to your account then click on “Am I Eligible.”

## Step 2

If you are eligible, click on “Find A Doctor” at the top of the page. From there you can fill in your zip code and find a doctor close to you.

## Step 3

Go to your appointment and let your doctor know that you have a VBA Vision plan. During your appointment, your doctor will give you an exam, order your materials, make sure your lenses are made correctly, and dispense your prescription.

## Step 4

Relax—we’ve got you covered! VBA Vision will pay your doctor for covered exams, lenses, and frames.

## If your doctor is not within the VBA network, requesting reimbursement is simple.

To request reimbursement for services provided by an out-of-network provider, go to [www.vbaplans.com](http://www.vbaplans.com), download and complete a reimbursement form, attach all receipts and mail or fax to the address below.

This sheet is for information only and does not guarantee benefits.

300 Weyman Road, Suite 400  
Pittsburgh, PA 15236  
1-800-432-4966  
Fax: 412-881-4898  
[www.vbaplans.com](http://www.vbaplans.com)



## Plan Rules - Regular

<b>Plan Rules - Regular</b>	
<b>Group:</b>	087 - DOVER CITY OF

<b>General Plan Rules *</b>	
<b>What is Covered ?</b>	
<b>EITHER ( 1 ) EYEGLASS EXAM WITH LENSES &amp; FRAME OR ( 2 ) ALLOWANCE TOWARD CONTACT EXAM &amp; CONTACT LENS MATERIALS</b>	
<b>Plan Specifics</b>	
<b>Plan Type:</b>	LAST DATE OF SERVICE
<b>Student Age Limit:</b>	25
<b>Child Age Limit:</b>	19
<b>Exam Copay</b>	<b>Lens/Frame Copays</b>
None	\$10.00 <sup>2</sup>

<b>Plan Benefit Frequency</b>				
	<b>Exam</b>	<b>Lens</b>	<b>Frame</b>	<b>Contacts</b>
<b>Child</b>	12 months	12 months	24 months	- <b>OR</b> - \$90 every 12 months <sup>1</sup>
<b>Adult</b>	24 months	24 months	24 months	- <b>OR</b> - \$90 every 24 months <sup>1</sup>

<sup>1</sup> Elective contact lens can only be selected in lieu of all other benefits. When selected, your plan will provide a **total allowance of up to \$90 toward the cost of the routine eye exam, contact fitting fees and contacts** (if all purchased at the same time and same provider). Any additional cost over the \$90 will be the member's responsibility.  
*Member may be asked to pay the contact fitting fee out of pocket, at some locations.*

<sup>2</sup> Exam copay is not paid if the member elects contact lenses and chooses to order contact lenses the day of the exam. Material copays do not apply to contact lenses.

\* Contact lens policies and pricing varies by provider. Be sure to check both before receiving services. Your coverage does not provide both glasses and contact lenses in the same eligibility period.

\* Benefits may vary at participating retail locations. Members may contact VBA at 412-881-4900 for more information regarding benefits available at participating retail locations.

\* Coupons or advertised specials cannot be used in conjunction with your vision coverage.

**Vision Premiums (with COBRA)**  
**Effective: July 1, 2022**

<b>Vision Benefits of America (VBA)</b>	<b>Coverage</b>		<b>Monthly Premium</b>	<b>2% Admin Fee</b>	<b>Total COBRA Rate</b>
	Employee Only	\$ -	\$ 3.14	\$ 0.06	\$ 3.20
	Employee &	\$ 3.88	\$ 7.02	\$ 0.14	\$ 7.16
	Employee & Spouse	\$ 3.77	\$ 6.91	\$ 0.14	\$ 7.05
	Family	\$ 7.80	\$ 10.94	\$ 0.22	\$ 11.16





# What would your family do without your income?

Unum's Term Life Insurance can help.

## Better prepared for the future

Jarrod and Amy have two careers, two children, two day-care payments and a two-story house on the lake. If either one dies prematurely, one paycheck won't keep the family afloat. They have basic life insurance at work, but they want enough coverage to meet their actual needs.

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## What happens after you're gone?

If a primary wage earner died:<sup>1</sup>

**29%** of Americans believe they would feel the financial impact within one month.



- **43%** would feel the financial impact within six months.
- Only **27%** would take a year or more to feel the impact.

## Features with value

### 1. Adds more coverage at affordable group rates

Your employer may offer basic term life, but it's probably not enough for your needs. Buy more term life insurance at an affordable rate. If you leave your job, Unum will allow you to switch to an individual policy. Unum will bill you directly for the premium.

### 2. Requires no physical exam

If you apply during your initial enrollment, you are guaranteed to receive a specific amount of coverage — your plan's guaranteed issue amount — without taking a medical exam or answering any health-related questions.

## MY WORKSHEET

*(This may help you decide how much coverage you need.)*

### Outstanding debt

*How much will be left for your family to pay?*

Mortgage balance	\$ _____
Other debt (credit cards, loans, car payment)	\$ _____
<b>TOTAL</b>	\$ _____

### Ongoing expenses

*How much do your dependents need each year?*

Utilities (electric, phone, cable, Internet)	\$ _____
Medical costs, insurance	\$ _____
Food, clothing, gasoline	\$ _____
Savings contributions (retirement)	\$ _____
<b>TOTAL</b>	\$ _____

### Future plans

*How much will your loved ones need for the future?*

College	\$ _____
Other (retirement, long term care)	\$ _____
<b>TOTAL</b>	\$ _____
<b>GRAND TOTAL</b>	\$ _____
Subtract existing coverage	-\$ _____

**Consider adding this amount of life insurance**

\$ \_\_\_\_\_

**How to apply** ) Your benefit enrollment is coming soon. To learn more, watch for information from your employer.



# Get the coverage you need.

Term Life Insurance is offered to all eligible employees. Choose the benefit amount you need — up to your plan’s maximum.

## Three reasons to buy this coverage at work — now

1. Once you buy coverage during the initial enrollment, you can add to it each year up to your plan’s guaranteed issue amount, without a medical exam or health questions.
2. You get affordable rates for you and your family. Premiums are conveniently deducted from your paycheck.
3. You can keep insurance coverage if you leave the company or retire, provided you aren’t seriously ill. You’re billed at home for your premium amount.

## Benefits highlights you’ll appreciate:

**Accelerated (early) benefit** — If you become terminally ill with less than 12 months to live, you have access to part or all of your life benefit early, up to your plan’s maximum.

**Life Planning Financial & Legal Resources** — Financial planning and counseling are available to you or your family members at no extra cost if you are diagnosed with a terminal illness or die.

## Available family coverage

Who can have it?	What’s the benefit amount?	How long can they keep it?
<b>Spouse</b> Available with purchase of employee coverage; during initial enrollment, does not require a physical exam or health questions unless you request a benefit above the guaranteed issue amount.	In increments specified by your plan design — up to 100% (or 50% in some states) of the employee benefit amount.	Your spouse can keep coverage as long as you keep yours, no matter where (or if) you work.
<b>Child</b> Available with purchase of employee coverage for eligible dependent children, which may include stepchildren and legally adopted children, age birth through 26 years.*	In increments of \$2,000 up to \$10,000, and up to 100% (or 50% in some states) of the employee benefit amount.**	Ends when employee policy ends or when children turn 19 (or 26 if full-time students). At that time, children can purchase an individual policy, not to exceed the original children’s benefit amount.

### My Term Life coverage:

Amount I applied for: \$ \_\_\_\_\_

Cost per pay period: \$ \_\_\_\_\_

Date deductions begin: \_\_\_/\_\_\_/\_\_\_

*(For your records — complete during your enrollment)*

\* An unmarried handicapped dependent child who becomes handicapped prior to the child’s attainment of age 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

\*\* The offering for child coverage from birth to 6 months is limited to \$1,000.

1 LIMRA, “2015 Insurance Barometer Study” (2015).

Portability is not available to employees and/or dependents who have a medical condition that has a material effect on life expectancy; these individuals may be eligible for conversion coverage.

Life Planning Financial & Legal Resources services, provided by Ceridian HCM, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine  
 In New York, underwritten by: First Unum Life Insurance Company, New York, New York

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

Unum complies with all state civil union and domestic partner laws when applicable.

[unum.com](http://unum.com)

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**City of Dover  
Policy # 670530**

Please read carefully the following description of your Unum Term Life insurance plan.

**Your Plan**

**Eligibility**

All employees working at least 20 hours each week in active employment in the U.S. with the employer, and their eligible spouses and children (up to age 19, or to 26 if they are full-time students).

*\*Note: Disabled children over the maximum child age may be eligible for benefits, please see your plan administrator for more details.*

**Coverage Amounts**

Your Term Life coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.  
*Not to exceed \$500,000.*

Spouse: Up to 100% of employee amount in increments of \$5,000.  
*Not to exceed \$500,000.* Benefits will be paid to the employee.

Child: Up to 100% of employee coverage amount in increments of \$2,000.  
*Not to exceed \$10,000.*  
*The maximum death benefit for a child between the ages of live birth and 6 months is \$1000.* Benefits will be paid to the employee.

*In order to purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.*

Coverage amount(s) will reduce according to the following schedule:

Age: Insurance Amount Reduces to:  
70 50% of original amount

Coverage may not be increased after a reduction.

**Guarantee Issue**

**Employees hired on or after 03/01/2016:** If you enroll within 31 days of your eligibility date, you may apply for any amount of Life insurance coverage up to \$150,000 for yourself and any amount of coverage up to \$25,000 for your spouse. Any Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of coverage.

If you and your eligible dependents enroll within 31 days of your eligibility date, and later, wish to increase your coverage, you may increase your coverage, with evidence of insurability, at anytime during the year. However, you may wait until the next annual enrollment and only coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

Please see your Plan Administrator for your eligibility date.

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## Term Life Insurance Coverage Highlights (Continued)

### Term Life Coverage Rates

Rates shown are your monthly deduction:

Age Band	Employee per \$1,000	Spouse per \$1,000	Child per \$1,000
- 24	\$.076	\$.076	\$.040
25-29	\$.076	\$.076	
30-34	\$.086	\$.086	NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.
35-39	\$.120	\$.120	
40-44	\$.197	\$.197	
45-49	\$.342	\$.342	
50-54	\$.573	\$.573	
55-59	\$1.000	\$1.000	
60-64	\$1.052	\$1.052	
65-69	\$1.860	\$1.860	
70-74	\$3.220	\$3.220	
75+	\$5.156	\$5.156	

NOTE: Your rate will increase as you age and move to the next age band.

### Insurance Age

Your rate is based on your insurance age, which is your age immediately prior to and including the anniversary/effective date.

To calculate your cost, complete the following by selecting your coverage amount and rate (based on your insurance age).

### Term Life Calculation Worksheet

Coverage Amount	Increment	Rate	Monthly Cost
Employee \$ _____	÷ \$1,000 x	\$ _____ =	\$ _____
Spouse \$ _____	÷ \$1,000 x	\$ _____ =	\$ _____
Children \$ _____	÷ \$1,000 x	\$ _____ =	\$ _____
<b>Total Weekly Cost</b>			= \$ _____

### Additional Benefits

#### Life Planning Financial & Legal Resources

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to you. This service is also extended to you upon the death or terminal illness of your covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

#### Portability/Conversion

If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage. You may also have the option to convert your Term life coverage to an individual life insurance policy.

#### Accelerated Benefit

If you become terminally ill and are not expected to live beyond a certain time period as stated in your certificate booklet, you may request up to 50% of your life insurance amount up to \$750,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your

**Term Life Insurance  
Coverage Highlights (Continued)**

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death, the remaining benefit will be paid to your designated beneficiary(ies). This feature also applies to your covered dependents.

**Waiver of Premium**

If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.

**Retained Asset Account**

Benefits of \$10,000 or more are paid through the Unum Retained Asset Account. This interest bearing account will be established in the beneficiary's name. He or she can then write a check for the full amount or for \$250 or more, as needed.

**Limitations/Exclusions/  
Termination of Coverage**

**Suicide Exclusion**

Life benefits will not be paid for deaths caused by suicide in the first twenty-four months after your effective date of coverage.

No increased or additional benefits will be payable for deaths caused by suicide occurring within 24 months after the day such increased or additional insurance is effective.

**Termination of Coverage**

Your coverage and your dependents' coverage under the Summary of Benefits ends on the earliest of:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage;
- For dependent's coverage, the date of your death.

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends;
- The date your dependent ceases to be an eligible dependent;
- For a spouse, the date of divorce or annulment.

Unum will provide coverage for a payable claim which occurs while you and your dependents are covered under the policy or plan.

**Next Steps**

**How to Apply**

**For employees hired on or after 03/01/2016:** To apply for coverage, complete your enrollment form within 31 days of your eligibility date.

**All employees:** If you apply for coverage after your effective date, or if you choose coverage over the guarantee issue amount, you will need to complete a medical questionnaire which you can get from your Plan Administrator. You may also be required to take certain medical tests at Unum's expense.

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## **Term Life Insurance Coverage Highlights (Continued)**

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### **Effective Date of Coverage**

Please see your Plan Administrator for your effective date.

### **Delayed Effective Date of Coverage**

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Dependent: Insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Exception: infants are insured from live birth.

“Totally disabled” means that, as a result of an injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; is receiving or is entitled to receive any disability income from any source due to any sickness or injury; is receiving chemotherapy radiation therapy or dialysis treatment; or has a life threatening condition.

### **Changes to Coverage**

Each year you and your spouse will be given the opportunity to change your Life coverage. You and your spouse may purchase additional Life coverage up to the Guarantee Issue amounts without evidence of insurability if you are already enrolled in the plan. Life coverage over the Guarantee Issue amounts will be medically underwritten and will require evidence of insurability and approval by Unum’s Medical Underwriters. The suicide exclusion will apply to any increase in coverage.

### **Questions**

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al.

Life Planning is provided by Ceridian Incorporated. The services are subject to availability and may be withdrawn by Unum without prior notice.

*Underwritten by:* Unum Life Insurance Company of America, 2211 Congress Street, Portland, Maine 04122, [www.unum.com](http://www.unum.com)  
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# Universal Life Insurance

*PROVIDES A BENEFIT TO A LOVED ONE IN THE EVENT OF A FATAL OCCURRENCE*

This is your opportunity to apply for additional insurance to supplement your core benefits. These insurance policies can help protect your financial future. Enroll today!

**Universal Life rates are projected to stay the same throughout the life of your policy.**

**Other insurance plans (such as term life) increase in price on a regular basis.**

- Guaranteed insurance benefits among the highest in the industry
- Benefit Flexibility – select what fits your budget
- Cash Value Accumulation account enables policy flexibility
- Portability – Keep the plan if you leave your employer with no change in the rate
- Ability to purchase insurance on dependents
- Includes Accidental Death and Dismemberment, which doubles your insurance in the event of an accidental death\*

## Guaranteed Acceptance

**No Medical Questions!**

**Employee - \$150,000**  
**Spouse - \$15,000    Child - \$25,000**

**\*See flip side for other important information!**

Example Rates:

<i>Age</i>	<u>Non-Tobacco</u>			<u>Tobacco</u>		
	Weekly Expense	Benefit Amount	Projected Cash Value @ Age 65*	Weekly Expense	Benefit Amount	Projected Cash Value @ Age 65*
30	\$6.00	51,460	\$8,421	\$6.00	\$35,788	\$8,285
40	\$6.00	\$35,649	\$5,031	\$6.00	\$23,481	\$4,583
50	\$6.00	\$22,435	\$2,247	\$6.00	\$14,270	\$1,859

- You may apply for up to \$500,000 (up to 5 times your annual salary)
- If you apply for benefits greater than 5 times your annual salary, your benefit will be reduced to match what you are eligible for.
- If you are applying for :
  - Over \$150,000 for yourself OR
  - Over \$15,000 for your spouse

You will need to complete a medical questionnaire. Please contact the representative below.

- Accidental Death and Dismemberment is available to employees under age 70.

If you have questions about your enrollment, need help with the application or pricing or are applying for more than the guaranteed issue amounts for you or your spouse, please contact

Jan Marie Dysart

Brown and Brown of PA

800-724-6369, ext 115

[jmarie@bbofpa.com](mailto:jmarie@bbofpa.com)

# SPECIAL NOTICE:

## DOE & IBEW Union Employees

**Per the DOE\* & IBEW\*\* Union contracts:**

*“Each May, during open enrollment, employees will have the opportunity to change their contribution to the 457 plan thus effecting the City’s matching contribution to the 401 Money Purchase Plan. The change will be effective July 1 and irrevocable until the following July. “*

*If you are interested in changing your contribution to the 457 plan, or if you have any questions, please contact Human Resources for the appropriate forms to complete.*

\*DOE Union Contract July 1, 2021- June 30, 2024, Section 25. 401 Retirement Contribution

\*\* IBEW Union Contract July 1, 2020 - June 30, 2023; Section 42. 401a Money Purchase Plan

