October 2025

IMPORTANT 2025 SPECIAL MEDICFILL OPEN ENROLLMENT INFORMATION

«FIRST_NAME» «LAST_NAME»
«ADDRESS_LINE_1»
«ADDRESS_LINE_2»
«CITY», «STATE» «ZIP»

PLEASE READ THIS NOTICE IN ITS ENTIRETY.

The 2025 *Special Medicfill* Open Enrollment is **October 20 - 31, 2025**. This is your once-a-year opportunity to make a change to your Medicare supplement health plan (with or without prescription). You cannot make changes to vision, dental, and non-Medicare health plan elections at this time.

The City of Dover Medicare supplement health plan option for **January 1, 2026 through December 31, 2026** will be the Highmark Delaware *Special Medicfill* Medicare Supplement Plan (with or without Part D prescription available through SilverScript, administered by CVS Caremark).

Your current enrollment in the **Highmark Delaware *Special Medicfill* Medicare Supplement Plan** with Part D prescription coverage through SilverScript will continue through **December 31, 2026**.

If you currently cover a Medicare-eligible dependent enrolled in the Highmark Delaware *Special Medicfill* Medicare Supplement Plan with or without Part D prescription coverage, their current coverage will continue through **December 31, 2026.**

NO ACTION IS REQUIRED if you wish to continue your current health and prescription plan coverage through the City of Dover.

If you wish to change your enrollment status in the City of Dover Medicare supplement health plan option effective January 1, 2026, you must complete the Highmark Application and return to Human Resources by **October 31, 2025**.

IMPORTANT: **If you elect to opt out, you and your eligible dependents will have no health and prescription plan coverage through the City of Dover effective January 1, 2026**.

You must maintain enrollment in Medicare Parts A and B and continue to pay your Medicare Part B premium through the Social Security Administration to maintain coverage in the City of Dover Medicare supplement health plan.

CITY OF DOVER HUMAN RESOURCES
5 E Reed Street • DOVER, DE 19904
PHONE: (302) 736-7073 • FAX (302) 736-7093

CHANGES EFFECTIVE JANUARY 1, 2026

Highmark Delaware *Special Medicfill* Medicare Supplement Plan premiums (rates) will increase for pensioners.

- For most pensioners and depending on the plan, the increase will range from $2.30 to $6.76 per month. For more information, review the "Medicare Supplement – Special Medicfill Rate Sheet" included in this packet.

Highmark Delaware Plan Name	Monthly Rate as of 1/1/2026	No Cost Sharing*	25% for Dependents (Spouses)**	15% Cost Sharing***
Highmark Delaware Special Medicfill with Prescription	$ 672.74	$ -	$ 168.19	$ 100.91
Highmark Delaware Special Medicfill without Prescription	$ 382.58	$ -	$ 95.65	$ 57.39

** City of Dover pays 100% of Employee Only.*
***Retiree pays 25% of dependent (spouse) coverage for employees who retired based upon the guidelines indicated below.*
****All other are responsible for 15% of the monthly premium.*

DOE - retired on or before May 31, 2013	**IBEW** - hired on or before July 1, 2014
FOP - retired on or before July 1, 2012	- retired with a reduced pension, no coverage
AFSCME - retired directly on or before June 30, 2015	- hired on or after 7/1/1986, no dependent coverage

IMPORTANT ITEMS TO REMEMBER:

The Centers for Medicare & Medicaid Services (CMS) only allows enrollment in **one** qualified Part D prescription drug plan. Enrollment in another Medicare Part D prescription Plan will terminate coverage with the City of Dover SilverScript prescription drug plan, and you will be enrolled in the Highmark Delaware *Special Medicfill* Medicare Supplement Plan *without* prescription coverage.

- **If you are enrolled in another Medicare Part D prescription drug plan, contact City of Dover Human Resources Department to discuss your options.**

You do not need to complete a Spousal Coordination of Benefits Form unless your spouse's employment, retirement benefits, and/or health insurance status has changed or will be changing since the last time you submitted a form.

- If you need to report a change, the electronic Spousal Coordination of Benefits Form must be completed no later than **October 31, 2025**. **You can easily complete the online form at** www.delawarepensions.com by clicking the icon shown here on the website.

- Note: Completing the Spousal Coordination of Benefits Form will not enroll your spouse in benefits. If you wish to change your spouse's enrollment status, you must contact the City of Dover by October 31, 2025.

Questions about enrollment or the City of Dover Medicare benefits plan, please contact Human Resources at **302-736-7073** or HumanResources@dover.de.us**.**

Sincerely,

H. Naomi Poole

Naomi Poole
HR Director