



BENEFITS



OPEN ENROLLMENT
2016
MAY 9-26, 2016



HOW TO NAVIGATE THROUGH THIS BOOKLET



GROUP KEY

UNDERSTANDING THE GROUP KEY

We have made it easy to locate information that applies to you and find the programs you are eligible for. Here's how it works...

- Each page has a group key located in the top right corner.
- Locate your group icon to find information that applies to you.

AS
NO
SM
PG
CB

What do these symbols mean?

AS

The letter code "**AS**" applies to **A**ctive **S**tate Employees.

NO

The letter code "**NO**" applies to State **N**on-Medicare Pensioners.

SM

The letter code "**SM**" applies to **S**tate **M**edicare Pensioners.

PG

The letter code "**PG**" applies to **P**articipating **G**roup Employees.

CB

The letter code "**CB**" applies to **C**OBRA Participants.

2016 ENROLLMENT ACTION CHECKLIST



Helpful Tips

GROUP KEY

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2016 OPEN ENROLLMENT CHECKLIST!

- **READ** your Open Enrollment information in this booklet.
- **PLAN** to attend a Statewide Benefits Health Fair (see page 52 for dates, times and locations).
- **REVIEW** Open Enrollment Frequently Asked Questions (FAQs) at www.ben.omb.delaware.gov/oe.
- **READ** the complete Spousal Coordination of Benefits policy at www.ben.omb.delaware.gov/documents/cob if you cover your spouse in one of the medical plans.

Reminders:

- Open Enrollment is the only time during the year you can make changes to your benefit elections, unless you experience a qualifying event (see page 39 for details).
- If you are **not** making any changes to your current benefits and do **not** cover a spouse, **no** action is required.
- If you do cover a spouse, 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 enrolling in an HMO plan for the FIRST TIME, make sure your health or dental provider participates in the plan **before you enroll**. You cannot change plans during the plan year if your provider decides to no longer participate in the plan.
- If enrolling a spouse for the FIRST TIME: You **MUST** supply a copy of your marriage/civil union certificate to your organization's Human Resources or Benefits Office, or to the Office of Pensions, as applicable.
- If enrolling a dependent for the FIRST TIME: You **MUST** submit a copy of the birth certificate or other legal document to your organization's Human Resources or Benefits Office, or to the Office of Pensions, as applicable.
- If enrolling a spouse or children as a result of a civil union for the FIRST TIME: You **MUST** also submit the completed Certification of Tax Dependent Status form to your organization's Human Resources/Benefits Office, or to the Office of Pensions, as applicable. The form is located at www.ben.omb.delaware.gov/cusgm.

WHAT'S NEW



GROUP KEY

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AVAILABLE NOW:

New Consumerism Resource Link

- Visit www.ben.omb.delaware.gov/consumerism to learn more about how to:
 - Save both you and the State Group Health Plan money
 - Improve your health

EyeMed members have access to hearing care discounts through Amplifon (See pages 31 and 32 for more details)

- The discounts include: 40% off hearing exams at thousands of convenient locations nationwide, discounted set pricing on thousands of hearing aids, free batteries for 2 years with initial purchase and more. Call 1-844-526-5432 to find out more about their discount program.
- **The hearing discounts are effective now for all current members, as well as, for those enrolling during the open enrollment period.**



AVAILABLE BEGINNING JULY 1, 2016:

New Rates For Health and Dental

Be A Wise Health Care Consumer:

- **New savings opportunities** for HMO and PPO members:
 - **Reduced copay for urgent care services**
(Current: HMO - \$25 copay and PPO - \$30 copay; Beginning July 1: HMO - \$15 copay and PPO - \$20 copay)
 - For less serious, non-life threatening situations (i.e., Minor accidents like burns, cuts, strains and sprains, or common medical problems like the flu, colds, earaches, sore throat, etc.), rather than going to the emergency room (ER) and paying a \$150 copay, members are encouraged to visit an urgent care center and pay less.
 - **\$0 copay for hi-tech imaging services**
(CT/PET scans, MRI, MRA) when done at a **non-hospital freestanding facility** (a \$35 savings to you!).

Changes Effective July 1, 2016

(Continued)



Appropriate use:

Chest pain or heart attack symptoms

Difficulty breathing

Head injuries

Sudden bleeding

Dizziness or loss of consciousness



Appropriate use:

Cold and flu symptoms

Sprains and strains

Sinus infections

Headaches

Stitches

The Urgent Care Copay Reduction

HMO plans from \$25 to \$15

PPO plans from \$30 to \$20

Note: Plan documents referencing these changes are not currently on the SBO website, but will be posted no later than the start of Open Enrollment – May 9th

Meet Anthony and Alyssa

- Employee Name: Anthony
- Age: 31
- Chronic Disease: Anthony suffers from low back pain caused by a car accident in his late 20s.
- Family: Wife - Alyssa (29)
- Alyssa is expecting.



Anthony thinks he sprained his ankle

Meet Sondra and Family

- Employee Name: Sondra
- Age: 42
- Chronic Disease: Sondra is beginning to experience issues from arthritis in her knees.



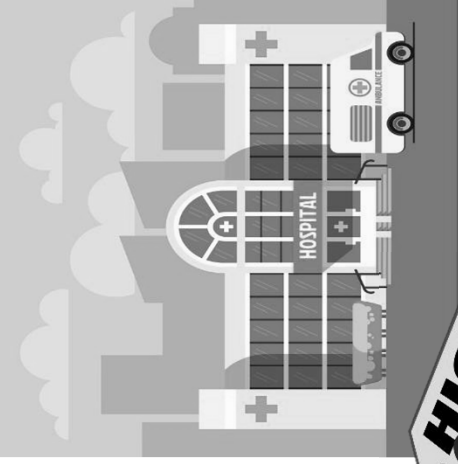
- Family: Husband – Jose' (40), Daughter – Marianna (9), and Son – Juan (6)
- Family Chronic Diseases:
 - Jose' currently smokes and has heart disease.

Jose' woke up this morning with severe chest pain

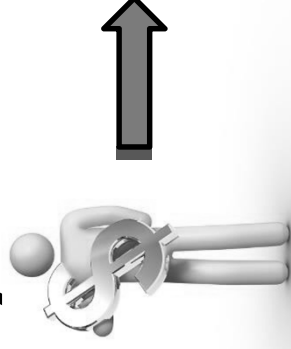
Changes Effective July 1, 2016

(Continued)

Hi-Tech Imaging: MRIs CT Scans PET Scans Hospital Facility Non-Hospital (Freestanding) Facility



Quality = Same



Non-Hospital (Freestanding) Facility:

\$0 copay per visit

Hospital Facility:

\$35 copay per visit

Examples:
Doctor's Office or
Imaging Center not
affiliated with the

hospital

Note: Plan documents referencing these changes are not currently on the SBO website, but will be posted no later than the start of Open Enrollment – May 9th

Meet Elaine and Amy

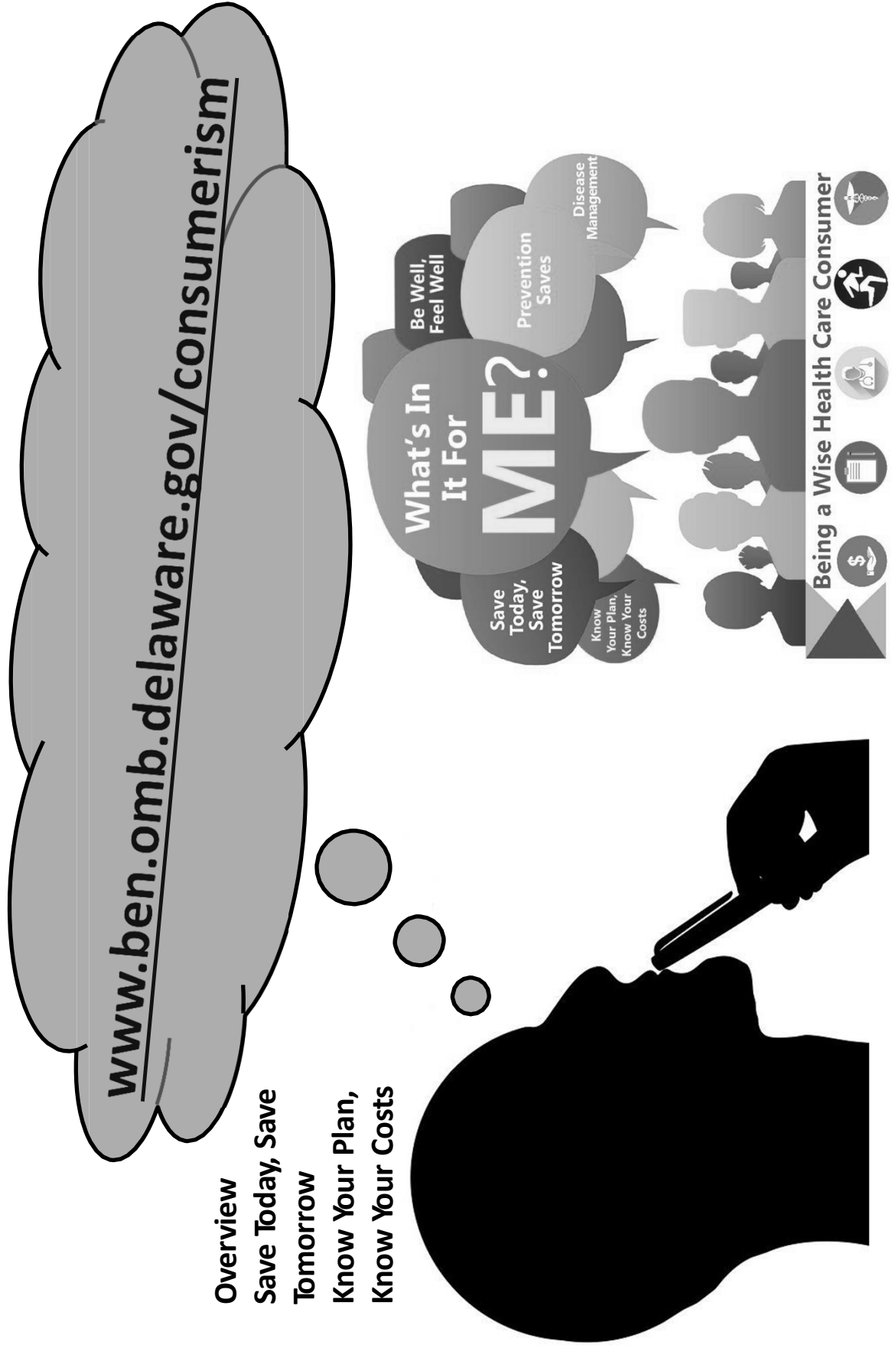
- Employee Name: Elaine
- Age: 52
- Chronic Disease: Breast Cancer (runs in the family)
- Family: Daughter – Amy (23)
- Family Chronic Diseases:
 - Amy does not have breast cancer at this time.



Elaine needs to get an MRI

NEW Consumerism Resource Link

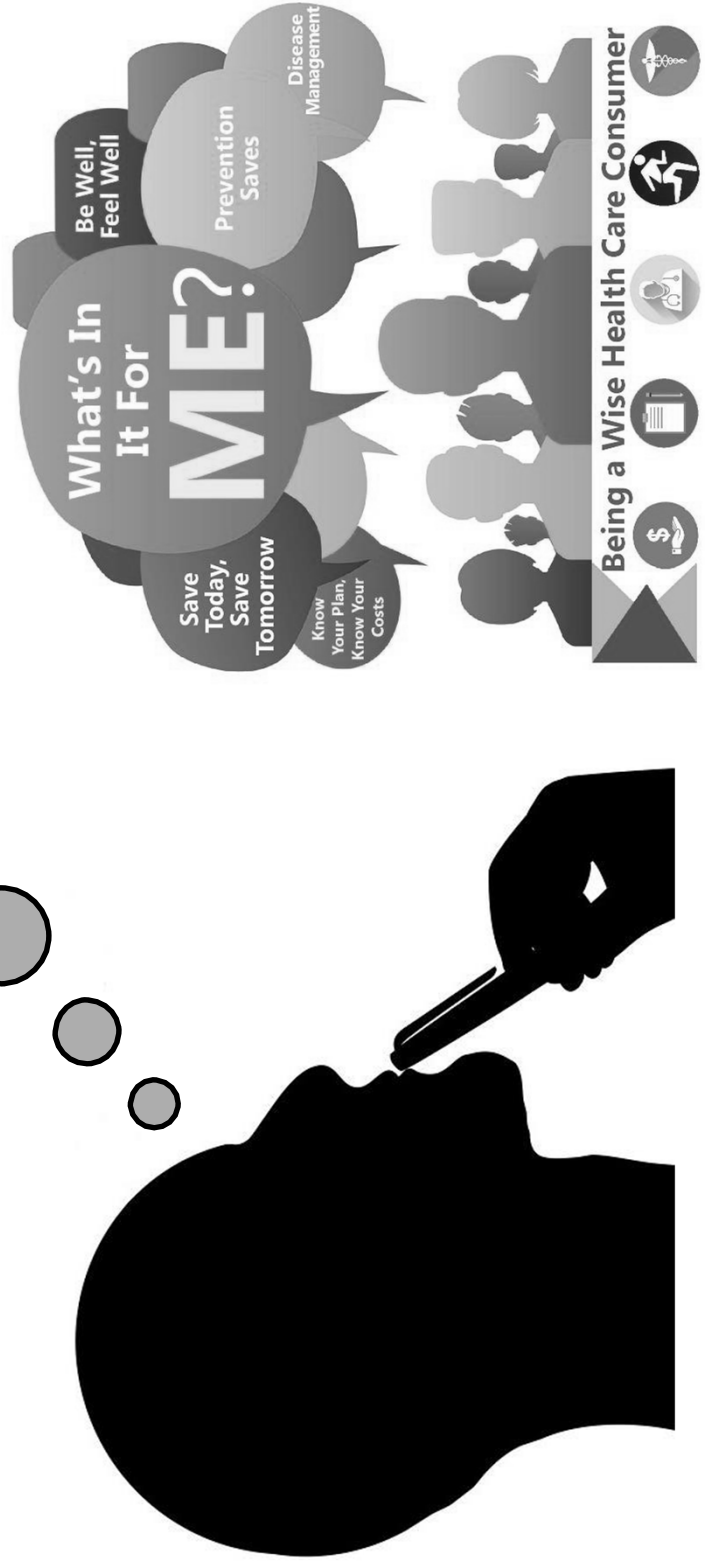
- **Overview**
- **Save Today, Save Tomorrow**
- **Know Your Plan, Know Your Costs**



NEW Consumerism Resource Link

www.ben.omb.delaware.gov/consumerism

- Prevention Saves



Meet Lee and Family



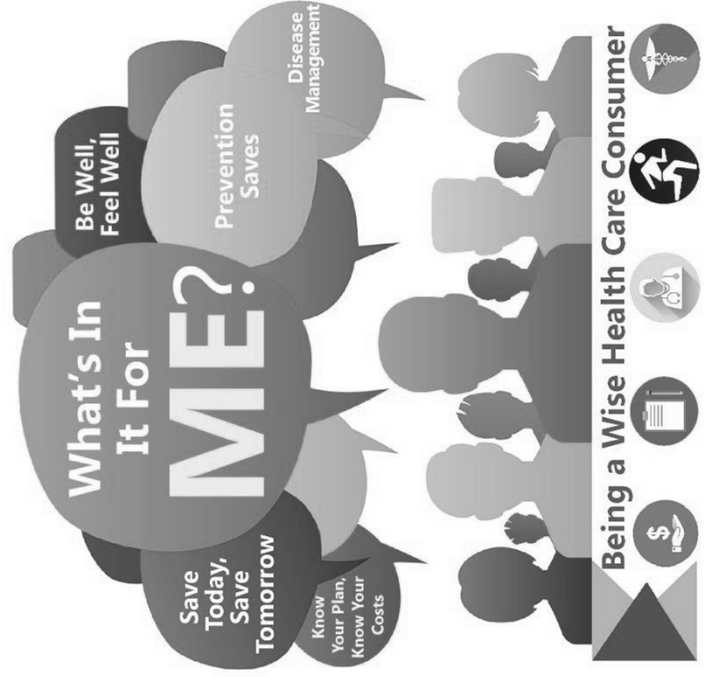
- Member Name: Lee
- Age: 34
- Chronic Disease: None
- Family: Wife – Laura (32), Son – Jon (8), and Daughter – Cassie (9)
- Family Chronic Diseases:
 - Laura does not have a chronic disease but her mother has diabetes.

Lee and his family focus on prevention

NEW Consumerism Resource Link

www.ben.omb.delaware.gov/consumerism

- Be Well, Feel Well
- Disease Management – What You Need To Know



Meet Alan and Carol



- Member Name: Alan
- Age: 56
- Chronic Disease: Alan has COPD. He smoked for years until he quit in his late 30s. He is trying to eat right and exercise.
- Family: Wife – Carol (56)
- Family Chronic Diseases:
 - Carol has high cholesterol and high blood pressure. She had a heart attack five years ago. She now tries to eat right and exercise with her husband.

Alan and Carol want to know more about their wellness and disease management benefits

Meet Robert and Family

- Employee Name: Robert
- Age: 41
- Chronic Disease: Robert suffers from Type 2 Diabetes.
- Family: Wife – Jasmine (38), Son – Robert Jr. (12), and Son – Brandon (8)
- Family Chronic Diseases:
 - Jasmine has high cholesterol that is managed with medication.
 - Robert Jr. has asthma.



Robert and his family are researching disease management benefits

HEALTH CARE COVERAGE FOR ACTIVE EMPLOYEES AND NON-MEDICARE ELIGIBLE RETIREES



CONSUMER-DIRECTED HEALTH GOLD PLANS

The State offers two Consumer-Directed Health Gold Plans (CDH Gold) through Aetna and Highmark Delaware. The CDH Gold Plans provide access to quality, comprehensive health care coverage and give you more control over your health and how your healthcare dollars are spent. Below is additional information on how a Consumer-Directed Health Gold Plan works and why it may be a good fit for you and your family.

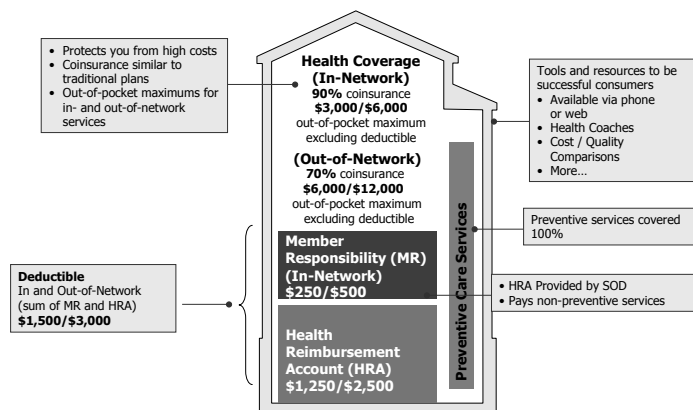
How Does the Consumer-Directed Health Gold Plan Work?

A Consumer-Directed Health Gold (CDH) Plan is similar to any other type of health plan that provides in-network and out-of-network benefits. You and your family will receive higher benefits if you see providers within the Aetna and Highmark Delaware networks. The plans include an annual deductible you must meet before the plan pays in full. These plans include a fund, called a Health Reimbursement Account (HRA), for you to pay eligible medical expenses and meet the required deductible. The State provides the funding for the HRA. Generally, out-of-pocket expenses for the eligible health care services will be paid from the HRA fund, as long as there is money available. As long as you remain enrolled in a State of Delaware CDH Gold Plan, unused HRA funds will rollover to the next plan year. If you are no longer enrolled in a CDH Gold Plan through the State of Delaware Group Health Insurance Program, you forfeit the funds within the HRA.

Preventive Care and well visits are covered at 100% with no deductible when you see an in-network provider. Prescription drug coverage is the same as all other health plans and co-pays do not apply to your deductible.

How the HRA Fund Works

- The HRA fund is 100% funded each year by the State of Delaware Group Health Insurance fund and helps you pay eligible out-of-pocket expenses.
- After you use up the funds in the HRA, you must satisfy an annual deductible.
- After you satisfy the deductible, you and the State of Delaware share the cost of the medical expenses through coinsurance. Under the CDH Gold Plan, the State of Delaware pays 90% and you pay 10% (in-network).
- The CDH Gold Plan pays 100% for the rest of the year after you reach your annual out-of-pocket maximum.
- Unused HRA funds rollover to the next plan year as long as you remain enrolled in a State of Delaware CDH Gold Plan.
- HRA funding is forfeited upon enrollment in any other State of Delaware health plan, upon termination from coverage through the State of Delaware or upon becoming a Medicare eligible retiree.



Added Financial Protection and Peace of Mind

The CDH Gold Plan also provides extra financial protection through annual medical and prescription out-of-pocket maximums. This means there is a limit on the amount you pay out of your pocket for in-network expenses and after you meet the deductible during the plan year. Once you meet your out-of-pocket limits within a plan year, the plan generally takes over and covers all of your eligible expenses for the rest of the same plan year.

Be Responsible for Making Informed Decisions

Accepting responsibility for your plan choice is the first step in investing in your health and your future! The following pages highlight each of the plans offered through the State of Delaware Group Health Insurance Program and provide more information on how the CDH Gold Plan offered by Aetna and Highmark Delaware compares to the other plans available. More details on each health plan option including an online video can be found at www.ben.omb.delaware.gov/oe.

HEALTH CARE COVERAGE FOR ACTIVE EMPLOYEES AND NON-MEDICARE ELIGIBLE RETIREES



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HEALTH PLAN DESCRIPTIONS - AETNA

TWO PLANS TO CHOOSE FROM:

Aetna HMO Plan

- Local and National Network Access - It's simple to access care from Aetna's large network of providers in DE, PA, Southern NJ, MD and across the country.
- Primary Care Physician Selection is required - Your PCP will assist in managing your care with your other Health Care providers.
- Referrals are required for certain services and are obtained through your primary care physician.
- Most Preventive Care is covered at 100%.

Aetna CDH Gold Plan (Open Choice PPO) with an HRA

- You can see any doctor you want, without a referral.
- Most Preventive Care is covered at 100% when rendered in-network.
- Your employer provides you with a fund to help cover eligible health expenses.

Here's how your fund would work with the Aetna CDH Gold Plan, there are three parts - the fund, the deductible and the health plan.

Here's how they work:

1. THE FUND:

Each year, your employer funds a health reimbursement account - the fund - for you. You can use fund dollars to pay eligible out-of-pocket health care costs. Fund dollars can even pay partial amounts of these costs. If you don't use the whole fund in one year, no worries, unused amounts can roll over to the next year. However, if you change employers or leave the health plan, you can't take the fund with you.

2. YOUR DEDUCTIBLE:

This is an amount you must pay for eligible expenses. Once you pay the full deductible, your health plan begins to pay benefits. As you use the fund, the payments count toward your deductible. That means you have less to pay out of your own pocket!

3. YOUR HEALTH PLAN:

Once you meet your deductible, your health plan pays its share for eligible expenses. You pay a smaller share of these costs from your own pocket.

No matter which Aetna plan you choose, you can **SAVE** with **AETNA DISCOUNT PROGRAMS!**

Aetna offers discounts such as: Vision Discounts, Gym and Gym Equipment Discounts, Vitamin Discounts, Hearing Aid Discounts, Massage Therapy Services and many more.

When you become an Aetna member you can sign up for Aetna's members-only website.

You get tools and resources to help you manage your health and your benefits.

All of your plan information and cost-savings tools are in one place - your Aetna Navigator member website.

Call Aetna's Member Services at 877-542-3862 to learn more about how the **Aetna HMO Plan** and **Aetna CDH Gold Plan** has everything you need to help you be your healthiest.

Additional information can be viewed at www.ben.omb.delaware.gov/medical/aetna.

Tip: Considering an HMO?

Go to the Statewide Benefits Office, OMB website at www.ben.omb.delaware.gov, under Benefit Programs select "Health", then select carrier (Highmark or Aetna) and choose "Find a Health Provider" to locate which health care professionals are on their approved provider lists.

HEALTH CARE COVERAGE FOR ACTIVE EMPLOYEES AND NON-MEDICARE ELIGIBLE RETIREES



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HEALTH PLAN DESCRIPTIONS - HIGHMARK

Highmark Delaware: First State Basic Plan

In-network services will have a deductible of \$500 per individual and \$1,000 per family then the plan will generally pay at 90% of the Highmark Delaware allowable charge. The medical out-of-pocket maximum is \$2,000 per individual and \$4,000 per family (including the deductible) per plan year. The prescription drug out-of-pocket maximum is \$2,100 per individual and \$4,200 per family. Preventive services are covered in-network at 100% of the allowable charge and are not subject to a deductible or coinsurance.

Out-of-network services will be subject to a deductible of \$1,000 per individual and \$2,000 per family and then the plan will generally pay at 70% of the allowable charge. The medical out-of-pocket maximum is \$4,000 per individual and \$8,000 per family per plan year. There is no out-of-network out-of-pocket maximum for prescription drugs.

Highmark Delaware: Comprehensive Preferred Provider Organization (PPO) Plan

By using in-network services you will pay a small copay/coinsurance with no deductible. If you use out-of-network providers, you must meet a \$300 per person/\$600 per family plan year deductible unless otherwise noted. The medical in-network out-of-pocket maximum is \$4,500 per individual and \$9,000 per family. Preventive services are covered in network at 100% of the allowable charge and are not subject to a copay. The out-of-network out-of-pocket maximum is \$7,500 per individual and \$15,000 per family (including the deductible) per plan year. The prescription drug in-network out-of-pocket maximum is \$2,100 per individual and \$4,200 per family. There is no out-of-network out-of-pocket maximum for prescription drugs.

Highmark Delaware: IPA/HMO Plan

Highmark Delaware's IPA/HMO managed care plan requires each member to select a primary care physician (PCP) to coordinate his/her health care needs. Members can seek care from any IPA/HMO specialists in the Highmark Delaware IPA/HMO network. Authorizations are required for certain services and are obtained by your PCP or IPA/HMO network specialist. The medical out-of-pocket maximum is \$4,500 per individual and \$9,000 per family. The prescription drug in-network out-of-pocket maximum is \$2,100 per individual and \$4,200 per family. Preventive services are covered in network at 100% of the allowable charge and are not subject to a copay.

Highmark Delaware: CDH Gold Plan

Highmark Delaware's CDH Gold Plan offers many of the features of a Preferred Provider Organization (PPO) plan with the added advantage of a State-funded Health Reimbursement Account (HRA).

The plan includes a \$1,500 deductible for employee only (individual) coverage and \$3,000 for family coverage. The HRA pays the first \$1,250 in deductible expenses for individuals and \$2,500 for families. The member is financially responsible for the remaining in-network deductible (\$250 for individuals and \$500 for families). When the deductible is satisfied, in-network health care services are paid at 90%, with an in-network out-of-pocket maximum of \$4,500 for individuals and \$9,000 for families. When the deductible is satisfied, out-of-network health care services are paid at 70%, with an out-of-network out-of-pocket maximum of \$7,500 for individuals and \$15,000 for families.

In addition, preventive care services are covered at 100% and are not subject to a deductible or coinsurance. Prescriptions are provided through a prescription benefits manager, Express Scripts, and prescription copays are not applicable to the medical deductible. The prescription drug in-network out-of-pocket maximum is \$2,100 per individual and \$4,200 per family. There is no prescription drug out-of-network out-of-pocket maximum.

NOTE: Highmark Delaware's allowable charges are based on the price Highmark Delaware determines is reasonable for care or services provided.

***Complete information on all Highmark Delaware plans, including a summary plan description, can be found at www.ben.omb.delaware.gov/medical.**

SUMMARY OF BENEFITS



BENEFITS

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HIGHMARK DELAWARE FIRST STATE BASIC PLAN

This Summary of Benefits highlights the health plans available.

Summary Plan Booklets are available at www.ben.omb.delaware.gov/medical.

Description of Benefit	In-Network Benefits Deductible: \$500/\$1,000*	Out-of-Network Benefits Deductible: \$1,000/\$2,000*
	Out-of-Pocket Max: \$2,000/\$4,000** including deductible	Out-of-Pocket Max: \$4,000/\$8,000** including deductible
Inpatient Room & Board	90% after deductible	70% after deductible
Inpatient Physicians' and Surgeons' Services	90% after deductible	70% after deductible
Outpatient Services	90% after deductible	70% after deductible
Prenatal and Postnatal Care	90% after deductible	70% after deductible
Delivery Fee	90% after deductible	70% after deductible
Hospice	90% after deductible for up to 365 days	70% after deductible for up to 365 days
Home Care Services	90% after deductible for up to 240 days per plan year	70% after deductible for up to 240 days per plan year
Urgent Care	100% after \$25 copay	100% after \$25 copay
Emergency Services	90% after deductible	90% after deductible
MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE		
	In-Network	Out-of-Network
Inpatient Acute/Partial Hospitalization	90% after deductible (subject to authorization)	70% after deductible (subject to authorization)
Outpatient	90% after deductible	70% after deductible
OTHER SERVICES		
	In-Network	Out-of-Network
Durable Medical Equipment	90% after deductible	70% after deductible
Skilled Nursing Facility	120 days per benefit period. Benefits renew after 180 days without care	120 days per benefit period. Benefits renew after 180 days without care
Emergency Ambulance	90% after deductible	70% after deductible
Physician Home/Office Visits (sick)	90% after deductible	70% after deductible
Specialist Care	90% after deductible	70% after deductible
Chiropractic Care	90% after deductible for up to 30 visits per plan year	75% after deductible for up to 30 visits per plan year
Allergy Testing/Allergy Treatment	90% after deductible	70% after deductible
X-Ray, MRI's, CT Scans, PET Scans***, Lab & Other Diagnostic Services	90% after deductible	70% after deductible
Short-Term Therapies: Physical, Speech, Occupational	90% after deductible	70% after deductible
Annual GYN Exam/Pap Smear	100% covered, no deductible	70% covered, no deductible
Periodic Physical Exams, Immunizations, Diabetes Education	100% covered, no deductible	70% covered, no deductible
Vision Care	Not covered	Not covered
Hearing Tests	100% covered, no deductible	70% covered, no deductible
Hearing Aids - Children to age 24	90% after deductible, under age 24	70% after deductible, under age 24
ALL INFERTILITY SERVICES****		
	In-Network	Out-of-Network
	75% after deductible; \$10,000 lifetime maximum for medical services 75% after deductible; \$15,000 lifetime maximum for prescription services	55% after deductible; \$10,000 lifetime maximum for medical services 55% after deductible; \$15,000 lifetime maximum for prescription services
BARIATRIC SURGERY****		
	In-Network	Out-of-Network
	90% after deductible if "Blue Distinction Center for Bariatric Surgery" is used; 75% after deductible if an authorized hospital/surgical center is used	55% after deductible

*Two individuals must meet the deductible each plan year in order for the family deductible to be met.

**Out-of-pocket maximums apply to each plan year and include your deductible. There are separate out-of-pocket maximums for prescription drugs.

***MRI, MRA, CT and PET scans require a prior authorization.

****All Infertility Services and Bariatric Surgery services are excluded from Out-of-pocket maximums.

Please note: Existing contracts and law supersede any discrepancies in this brief benefits overview.

SUMMARY OF BENEFITS



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HMO PLANS

This Summary of Benefits highlights the health plans available.
Summary Plan Booklets are available at www.ben.omb.delaware.gov/medical.

Description of Benefit	Aetna Out-of-Pocket Max: \$4,500/\$9,000*	Highmark Delaware IPA/HMO Out-of-Pocket Max: \$4,500/\$9,000*
Inpatient Room & Board	\$100 copay/day with max of \$200/admission	\$100 copay/day with max of \$200/admission
Inpatient Physicians' and Surgeons' Services	100%	100%
Outpatient Surgery - Ambulatory Center	\$50 copay	\$50 copay
Outpatient Surgery - Hospital	\$100 copay	\$100 copay
Prenatal and Postnatal Care	100% after \$25 initial copay (inpatient room and board copays do apply to hospital deliveries/birthing centers)	100% after \$25 initial copay (inpatient room and board copays do apply to hospital deliveries/birthing centers)
Delivery Fee	100%	100%
Hospice	100% for up to 365 days	100% for up to 365 days
Home Care Services	100% for up to 240 visits per plan year	100% for up to 240 visits per plan year
Urgent Care	\$15 copay	\$15 copay
Emergency Services	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)
MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE		
Inpatient Acute/Partial Hospitalization	\$100 copay/day with max. of \$200/hospitalization (subject to authorization)	\$100 copay/day with max. of \$200/hospitalization (subject to authorization)
Outpatient	\$25 copay per visit	\$15 copay per visit
OTHER SERVICES		
Durable Medical Equipment	80%	80%
Skilled Nursing Facility	100%	100%
Emergency Ambulance	\$50 copay	\$50 copay
Physician Home/Office Visits (sick)	\$15 copay per office visit \$25 copay per home or after hours visit	\$15 copay per office visit \$25 copay per home or after hours visit
Specialist Care	\$25 copay per visit	\$25 copay per visit
Chiropractic Care	Lessor of either \$15 copay or 20% of the allowable charge	20% of the allowable charges for up to 60 consecutive days per condition
Allergy Testing/Allergy Treatment	\$25 copay per visit (allergy testing)/ \$5 copay per visit (allergy treatment)	\$25 copay per visit (allergy testing)/ \$5 copay per visit (allergy treatment)
X-Ray, Lab & Other Diagnostic Services	Lab: \$10 copay per visit/X-Ray: \$20 copay per visit	Lab: \$10 copay per visit/X-Ray: \$20 copay per visit
MRI's , CT Scans, PET Scans***	Non-Hospital (Freestanding) Based Facilities: \$0 copay per visit Hospital Based Facilities: \$35 copay per visit	Non-Hospital (Freestanding) Based Facilities: \$0 copay per visit Hospital Based Facilities: \$35 copay per visit
Short-Term Therapies: Physical, Speech, Occupational	80% for up to 45 visits per condition for physical and occupational therapy combined/ 80% for up to 45 visits per condition for speech therapy	80% for up to 60 consecutive days/except for Physical therapy/45 visits per condition
Annual Gyn Exam/Pap Smear	100%	100%
Periodic Physical Exams, Immunizations, Diabetes Education	100%	100%
Vision Care	100% after office visit copay (one exam every 24 months)	100% after office visit copay (one exam every 24 months)
Hearing Tests	100% after office visit copay	100% after office visit copay
Hearing Aids - Children to age 24	80%, under age 24	80%, under age 24
ALL INFERTILITY SERVICES****		
	75% covered; \$10,000 lifetime maximum for medical services 75% covered; \$15,000 lifetime maximum for prescription services	75% covered; \$10,000 lifetime maximum for medical services 75% covered; \$15,000 lifetime maximum for prescription services
BARIATRIC SURGERY****		
	100% if "Institute of Excellence for Bariatric Surgery" is used; 75% if an authorized hospital/surgical center is used	100% if "Blue Distinction Center for Bariatric Surgery" is used; 75% if an authorized hospital/surgical center is used

*Out-of-pocket maximums apply to each plan year. There are separate out-of-pocket maximums for prescription drugs.

***MRI, MRA, CT and PET scans require a prior authorization.

****All Infertility Services and Bariatric Surgery services are excluded from Out-of-pocket maximums.

SUMMARY OF BENEFITS



**GOOD
HEALTH**

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AETNA CDH GOLD PLAN

This Summary of Benefits highlights the health plans available.
Summary Plan Booklets are available at www.ben.omb.delaware.gov/medical.

AETNA

Description of Benefit	In-Network Benefits Deductible: \$1,500/\$3,000* Out-of-Pocket Max: \$4,500/\$9,000** including deductible	Out-of-Network Benefits Deductible: \$1,500/\$3,000* Out-of-Pocket Max: \$7,500/\$15,000** including deductible
Health Reimbursement Account	\$1,250 Employee/\$2,500 Family	\$1,250 Employee/\$2,500 Family
	In-Network	Out-of-Network
Inpatient Room & Board	90% after deductible	70% after deductible
Inpatient Physicians' and Surgeons' Services	90% after deductible	70% after deductible
Outpatient Services	90% after deductible	70% after deductible
Prenatal and Postnatal Care	90% after deductible	70% after deductible
Delivery Fee	90% after deductible	70% after deductible
Hospice	90% after deductible	70% after deductible
Home Care Services	90% after deductible for up to 240 days per plan year	70% after deductible for up to 240 days per plan year
Urgent Care	90% after deductible	100% after \$25 copay
Emergency Services	90% after deductible	90% after deductible
MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE	In-Network	Out-of-Network
Inpatient Acute/Partial Hospitalization	90% after deductible	70% after deductible
Outpatient	90% after deductible	70% after deductible
OTHER SERVICES	In-Network	Out-of-Network
Durable Medical Equipment	90% after deductible	70% after deductible
Skilled Nursing Facility	90% after deductible for up to 120 days per confinement	70% after deductible for up to 120 days per confinement
Emergency Ambulance	90% after deductible	70% after deductible
Physician Home/Office Visits (non-routine)	90% after deductible	70% after deductible
Specialist Care	90% after deductible	70% after deductible
Chiropractic Care	90% after deductible for up to 30 visits per plan year	75% after deductible for up to 30 visits per plan year
Allergy Testing/Allergy Treatment	90% after deductible	70% after deductible
X-Ray, MRI's, CT Scans, PET Scans***, Lab & Other Diagnostic Services	90% after deductible	70% after deductible
Short-Term Therapies: Physical, Speech, Occupational	90% after deductible	70% after deductible
Annual GYN Exam/Pap Smear	100% covered, no deductible	70% covered, after deductible
Routine Physical Exam & Immunizations	100% covered, no deductible	70% covered after deductible
Vision Care	Not covered	Not covered
Hearing Tests - 1 exam every 12 months	100% covered, no deductible	70% covered, no deductible
Hearing Aids - Children to age 24	90% covered after deductible, under age 24	70% covered after deductible, under age 24
ALL INFERTILITY SERVICES****	In-Network	Out-of-Network
	75% covered; \$10,000 lifetime maximum for medical services 75% covered; \$15,000 lifetime maximum for prescription service	55% covered; \$10,000 lifetime maximum for medical services 55% covered; \$15,000 lifetime maximum for prescription service
BARIATRIC SURGERY****	In-Network	Out-of-Network
	90% after deductible if "Institute of Excellence for Bariatric Surgery" is used; 75% after deductible if an authorized hospital/surgical center is used.	55% after deductible

*Once the Family Deductible Limit is met, all family members will be considered as having met their deductible.

**Out-of-pocket maximums apply to each plan year and include your deductible. There are separate out-of-pocket maximums for prescription drugs.

***MRI, MRA, CT and PET scans require a prior authorization.

****All Infertility Services and Bariatric Surgery services are excluded from Out-of-pocket maximums.

Please note: Existing contracts and law supersede any discrepancies in this brief benefits overview.

SUMMARY OF BENEFITS



GROUP KEY

AS

NO

PG

CB

HIGHMARK DELAWARE CDH GOLD PLAN

This Summary of Benefits highlights the health plans available.

Summary Plan Booklets are available at www.ben.omb.delaware.gov/medical.

HIGHMARK DELAWARE

Description of Benefit	In-Network Benefits Deductible: \$1,500/\$3,000* Out-of-Pocket Max: \$4,500/\$9,000** including deductible	Out-of-Network Benefits Deductible: \$1,500/\$3,000* Out-of-Pocket Max: \$7,500/\$15,000** including deductible
Health Reimbursement Account	\$1,250 Employee/\$2,500 Family	\$1,250 Employee/\$2,500 Family
	In-Network	Out-of-Network
Inpatient Room & Board	90% after deductible	70% after deductible
Inpatient Physicians' and Surgeons' Services	90% after deductible	70% after deductible
Outpatient Services	90% after deductible	70% after deductible
Prenatal and Postnatal Care	90% after deductible	70% after deductible
Delivery Fee	90% after deductible	70% after deductible
Hospice	90% after deductible	70% after deductible
Home Care Services	90% after deductible for up to 240 days per plan year	70% after deductible for up to 240 days per plan year
Urgent Care	90% after deductible	100% after \$25 copay
Emergency Services	90% after deductible	90% after deductible
MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE	In-Network	Out-of-Network
Inpatient Acute/Partial Hospitalization	90% after deductible	70% after deductible
Outpatient	90% after deductible	70% after deductible
OTHER SERVICES	In-Network	Out-of-Network
Durable Medical Equipment	90% after deductible	70% after deductible
Skilled Nursing Facility	120 days per benefit period. Benefits renew after 180 days without care	120 days per benefit period. Benefits renew after 180 days without care
Emergency Ambulance	90% after deductible	70% after deductible
Physician Home/Office Visits (non-routine)	90% after deductible	70% after deductible
Specialist Care	90% after deductible	70% after deductible
Chiropractic Care	90% after deductible for up to 30 visits per plan year	75% after deductible for up to 30 visits per plan year
Allergy Testing/Allergy Treatment	90% after deductible	70% after deductible
X-Ray, MRI's, CT Scans, PET Scans***, Lab & Other Diagnostic Services	90% after deductible	70% after deductible
Short-Term Therapies: Physical, Speech, Occupational	90% after deductible	70% after deductible
Annual Gyn Exam/Pap Smear	100% covered, no deductible	70% covered, after deductible
Routine Physical Exam & Immunizations	100% covered, no deductible	70% covered after deductible
Vision Care	Not covered	Not covered
Hearing Tests - 1 exam every 12 months	100% covered, no deductible	70% covered after deductible
Hearing Aids - Children to age 24	90% covered after deductible	70% covered after deductible
ALL INFERTILITY SERVICES****	In-Network	Out-of-Network
	75% covered; \$10,000 lifetime maximum for medical services 75% covered; \$15,000 lifetime maximum for prescription service	55% covered; \$10,000 lifetime maximum for medical services 55% covered; \$15,000 lifetime maximum for prescription service
BARIATRIC SURGERY****	In-Network	Out-of-Network
	90% after deductible if "Blue Distinction Center for Bariatric Surgery" is used; 75% after deductible if an authorized hospital/surgical center is used	55% after deductible

*Once the Family Deductible Limit is met, all family members will be considered as having met their deductible.

**Out-of-pocket maximums apply to each plan year and include your deductible. There are separate out-of-pocket maximums for prescription drugs.

***MRI, MRA, CT and PET scans require a prior authorization.

****All Infertility Services and Bariatric Surgery services are excluded from Out-of-pocket maximums.

Please note: Existing contracts and law supersede any discrepancies in this brief benefits overview.

SUMMARY OF BENEFITS



GROUP KEY

AS
NO
PG
CB

HIGHMARK DELAWARE COMPREHENSIVE PREFERRED PROVIDER ORGANIZATION

This Summary of Benefits highlights the health plans available.

Summary Plan Booklets are available at www.ben.omb.delaware.gov/medical.

Description of Benefit	In-Network Benefits Out-of-Pocket Max: \$4,500/\$9,000	Out-of-Network Benefits Deductible:
		\$300/\$600* Out-Of-Pocket Max: \$7,500/\$15,000 including deductible**
Inpatient Room & Board	\$100 copay/day with max. of \$200/admission	80% after deductible
Inpatient Physicians' and Surgeons' Services	100%	80% after deductible
Outpatient Services	\$50 Ambulatory; \$100 Hospital	80% after deductible
Prenatal and Postnatal Care	100% (inpatient room and board copays do apply to hospital deliveries/birthing centers)	80% after deductible
Delivery Fee	100%	80% after deductible
Hospice	100% up to 365 days	80% after deductible for up to 365 days
Home Care Services	100%	80% after deductible for up to 240 visits per plan year
Urgent Care	\$20 copay	80% after deductible
Emergency Services	\$150 copay (waived if admitted); Physician: 100%	\$150 copay (waived if admitted); Physician: 100% after deductible
MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE		
	In-Network	Out-of-Network
Inpatient Acute/Partial Hospitalization	\$100 copay/day with max of \$200/hospitalization (subject to authorization)	80% after deductible (subject to authorization)
Outpatient	100% after \$15 copay	80% after deductible
OTHER SERVICES		
	In-Network	Out-of-Network
Durable Medical Equipment	100%	80% after deductible
Skilled Nursing Facility	120 days per benefit period. Benefits renew after 180 days without care	120 days per benefit period. Benefits renew after 180 days without care
Emergency Ambulance	100%	100% no deductible
Physician Home/Office Visits (sick)	\$20 copay	80% after deductible
Specialist Care	\$30 copay	80% after deductible
Chiropractic Care	85% covered for up to 30 visits per plan year	80% after deductible; 30 visits per plan year
Allergy Testing/Allergy Treatment	Testing: \$30 copay; Treatment: \$5 copay	80% after deductible
X-Ray, MRI's, CT Scans, PET Scans***, Lab & Other Diagnostic Services	Lab: \$10 copay per visit; X-ray: \$20 copay per visit; MRI's, CT Scans and PET Scans: Non-Hospital (Freestanding) Based Facilities: \$0 copay per visit Hospital Based Facilities: \$35 copay per visit	80% after deductible
Short-Term Therapies: Physical, Speech, Occupational	85%	80% after deductible
Annual Gyn Exam/Pap Smear	100%	80% after deductible
Periodic Physical Exams, Immunizations, Diabetes Education	100%	80% after deductible
Vision Care	Not covered	Not covered
Hearing Tests	100% after office visit copay	80% after deductible
Hearing Aids - Children to age 24	100%, under age 24	80% after deductible, under age 24
ALL INFERTILITY SERVICES****		
	In-Network	Out-of-Network
	75% covered; \$10,000 lifetime maximum for medical services 75% covered; \$15,000 lifetime maximum for prescription services	55% after deductible; \$10,000 lifetime maximum for medical services 55% after deductible; \$15,000 lifetime maximum for prescription services
BARIATRIC SURGERY****		
	In-Network	Out-of-Network
	100% covered if "Blue Distinction Center for Bariatric Surgery" is used; 75% covered if an authorized hospital/surgical center is used	55% after deductible

*Two individuals must meet the deductible each plan year in order for the family deductible to be met.

**Out-of-pocket maximums apply to each plan year and include your deductible. There are separate out-of-pocket maximums for prescription drugs.

***MRI, MRA, CT and PET scans require a prior authorization.

****All Infertility Services and Bariatric Surgery services are excluded from Out-of-pocket maximums.

Please note: Existing contracts and law supersede any discrepancies in this brief benefits overview.



STATE OF DELAWARE APPLICATION FOR COVERAGE

FOR STATE OF DELAWARE USE ONLY												
Name		Phone		Date		Group Number		Contact		Dept./Agency		
A. REASON FOR APPLICATION (CHECK ALL THAT APPLY). PLEASE PRINT LEGIBLY.												
<input type="checkbox"/> New coverage		ADD DEPENDENTS DUE TO:		<input type="checkbox"/> Marriage/Civil Union		<input type="checkbox"/> Non-voluntary coverage loss		CANCEL DEPENDENTS DUE TO:		REINSTATE COVERAGE DUE TO:		
<input type="checkbox"/> Change coverage		<input type="checkbox"/> Birth		<input type="checkbox"/> Adoption/Guardianship		<input type="checkbox"/> Other		<input type="checkbox"/> Divorce/Dissolution		<input type="checkbox"/> Rehire		
<input type="checkbox"/> Information change		<input type="checkbox"/> Refuse coverage (see Section E)		Date of event checked:		Date of event checked:		<input type="checkbox"/> Over age		<input type="checkbox"/> Return from leave		
<input type="checkbox"/> Refuse coverage (see Section E)		<input type="checkbox"/> No longer dependent		Date of event checked:		Date of event checked:		<input type="checkbox"/> No longer dependent		<input type="checkbox"/> Return from layoff		
<input type="checkbox"/> Return from layoff		Date of event checked:		Date of event checked:		Date of event checked:		<input type="checkbox"/> Administrative error		<input type="checkbox"/> Other		
B. PERSONAL INFORMATION												
<input type="checkbox"/> Male		<input type="checkbox"/> Retiree		<input type="checkbox"/> Non-employee		Date of Hire/Retirement (month, day, year)		Social Security Number		Agency or School District		
<input type="checkbox"/> Female		<input type="checkbox"/> Surviving spouse										
Last Name		First Name		M.I.		Date of Birth (month, day, year)		Home Phone (include area code)		Business Phone (include area code)		
Street Address						City		State		Zip Code		
C. HEALTH CARE COVERAGE CHOICES												
COVERAGE IS FOR: <input type="checkbox"/> Employee <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Family												
PLEASE MAKE ONE HEALTHCARE COVERAGE CHOICE: <input type="checkbox"/> First State Basic <input type="checkbox"/> Blue Care (IPA) (see Section D)												
<input type="checkbox"/> Comprehensive PPO <input type="checkbox"/> CDH Gold Plan <input type="checkbox"/> Special Medicifill <input type="checkbox"/> Special Medicifill without prescription												
<input type="checkbox"/> I AM 65 OR OLDER. <input type="checkbox"/> MY SPOUSE IS 65 OR OVER; I AM A FULLTIME EMPLOYEE.												
D. ELIGIBLE DEPENDENTS TO BE COVERED / PRIMARY CARE PHYSICIAN SELECTION												
If you choose Blue Care (IPA) coverage, you MUST select a primary care physician (PCP) for yourself, spouse and all eligible dependents. If more space is needed to list dependents, please use a separate sheet of paper and attach it to this application.												
Name of Your Primary Care Physician				Physician's ID Number		Is this your current physician?						
				<input type="checkbox"/> YES <input type="checkbox"/> NO								
<input type="checkbox"/> Add	Spouse's First Name		M.I.		Last Name (If different), Jr., Sr.		Birth Date		Spouse's Social Security Number		Spouse's Primary Care Physician	
<input type="checkbox"/> Cancel							/ /				Physician's ID Number	
<input type="checkbox"/> Add	Dependent's First Name		M.I.		Last Name (If different), Jr., Sr.		Birth Date		Dependent's Social Security Number		Dependent's Primary Care Physician	
<input type="checkbox"/> Cancel	<input type="checkbox"/> Fulltime student <input type="checkbox"/> Male <input type="checkbox"/> Handicapped <input type="checkbox"/> Female						/ /				Physician's ID Number	
<input type="checkbox"/> Add	Dependent's First Name		M.I.		Last Name (If different), Jr., Sr.		Birth Date		Dependent's Social Security Number		Dependent's Primary Care Physician	
<input type="checkbox"/> Cancel	<input type="checkbox"/> Fulltime student <input type="checkbox"/> Male <input type="checkbox"/> Handicapped <input type="checkbox"/> Female						/ /				Physician's ID Number	
<input type="checkbox"/> Add	Dependent's First Name		M.I.		Last Name (If different), Jr., Sr.		Birth Date		Dependent's Social Security Number		Dependent's Primary Care Physician	
<input type="checkbox"/> Cancel	<input type="checkbox"/> Fulltime student <input type="checkbox"/> Male <input type="checkbox"/> Handicapped <input type="checkbox"/> Female						/ /				Physician's ID Number	
<input type="checkbox"/> Add	Spouse's First Name		M.I.		Last Name (If different), Jr., Sr.		Birth Date		Spouse's Social Security Number		Spouse's Primary Care Physician	
<input type="checkbox"/> Cancel							/ /				Physician's ID Number	
<input type="checkbox"/> Add	Dependent's First Name		M.I.		Last Name (If different), Jr., Sr.		Birth Date		Dependent's Social Security Number		Dependent's Primary Care Physician	
<input type="checkbox"/> Cancel	<input type="checkbox"/> Fulltime student <input type="checkbox"/> Male <input type="checkbox"/> Handicapped <input type="checkbox"/> Female						/ /				Physician's ID Number	
<input type="checkbox"/> Add	Spouse's First Name		M.I.		Last Name (If different), Jr., Sr.		Birth Date		Spouse's Social Security Number		Spouse's Primary Care Physician	
<input type="checkbox"/> Cancel							/ /				Physician's ID Number	
<input type="checkbox"/> Add	Dependent's First Name		M.I.		Last Name (If different), Jr., Sr.		Birth Date		Dependent's Social Security Number		Dependent's Primary Care Physician	
<input type="checkbox"/> Cancel	<input type="checkbox"/> Fulltime student <input type="checkbox"/> Male <input type="checkbox"/> Handicapped <input type="checkbox"/> Female						/ /				Physician's ID Number	

E. OTHER COVERAGE INFORMATION			
Anyone covered by other health insurance? <input type="checkbox"/> I am <input type="checkbox"/> My spouse <input type="checkbox"/> My dependent child(ren)	If YES, and the coverage is through an employer, list name of employer below:	Name and Location of Other Insurance Company	Transferring your coverage from another Highmark DE contract? <input type="checkbox"/> Y <input type="checkbox"/> N
F. TERMS OF AGREEMENT			
<p>I understand that: 1) Rights to service are subject to acceptance of this application and to the terms and conditions specified in the present contract and any future contract between my employer, association and Highmark Blue Cross Blue Shield Delaware (Highmark DE). 2) I certify that all representations and information supplied by me are true. My coverage shall be void if any or part of this application is false or incomplete. 3) I authorize my employer, as my agent, if applicable to collect the premiums by payroll deduction or otherwise, for remittance to Highmark DE, with the understanding that payment will not be complete until actually received. 4) I, on behalf of myself and my covered dependents, authorize any physician, hospital or any other health care provider to release information available to them concerning any diagnosis, treatment or other health care services they render to me or my</p>		<p>covered dependents to Highmark DE or its designee for purposes reasonably related to this contract. 5) I, on behalf of myself and my covered dependents, authorize Highmark DE to release appropriate demographic information, diagnostic and medical conditions to other persons, entities or organizations for audits, claims processing, coordination of benefits, disease management programs, member satisfaction surveys, other party liability, utilization review, case management, quality improvement and assurance and other reasonably related purposes for the administration of this contract or as required by law. 6) If covering a spouse, you must go online at and complete a Coordination of Benefits form.</p>	
<p>I elect not to participate in the State Health Insurance Program.</p>		<p>I have read and do agree to the above terms.</p>	
Signature:		Date	
Signature:		Signature:	

AETNA

Enrollment/Change Request Form

A. REASON FOR APPLICATION

☐ New coverage
☐ Change coverage
☐ Information change
☐ Waive coverage

Date of event checked: _____
Date of event checked: _____

☐ Marriage/Civil Union
☐ Birth
☐ Adoption/Guardianship

Date of event checked: _____
Date of event checked: _____

☐ Non-voluntary coverage loss
☐ Other

Date of event checked: _____
Date of event checked: _____

☐ Divorce
☐ Over age
☐ No longer dependent

Date of event checked: _____
Date of event checked: _____

☐ Death
☐ Other

Date of event checked: _____
Date of event checked: _____

B. PERSONAL INFORMATION

<input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number		Employer		Employer Group Number:	
Last Name		First Name		M.I.	Date of Birth (month, day, year)	Home Phone (include area code)	
Street Address				City		State	Zip Code

C. HEALTH CARE COVERAGE CHOICES

COVERAGE IS FOR: ☐ Employee ☐ Employee & Spouse ☐ Employee & child (ren) ☐ Family

CHOOSE ONE: ☐ Aetna HMO ☐ Aetna CDH Gold ☐ Aetna HMO COBRA ☐ Aetna CDH Gold COBRA

D. ELIGIBLE DEPENDENTS TO BE COVERED / PRIMARY CARE PHYSICIAN SELECTION

If you select Aetna HMO complete all of the below information. If you Select Aetna CDH Gold you do not need to provide Primary Care Physician information.

If more space is needed to list dependents, please use a separate sheet of paper and attach it to this application.

Name of Your Primary Care Physician		Physician's ID Number		Is this your current physician?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Spouse's First Name	M.I.	Last Name (if different), Jr., Sr.	Birth Date	Spouse's Social Security Number
				/ /	
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Dependent's First Name	M.I.	Last Name (if different), Jr., Sr.	Birth Date	Dependent's Social Security Number
	<input type="checkbox"/> Fulltime student <input type="checkbox"/> Male <input type="checkbox"/> Handicapped <input type="checkbox"/> Female			/ /	
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Dependent's First Name	M.I.	Last Name (if different), Jr., Sr.	Birth Date	Dependent's Social Security Number
	<input type="checkbox"/> Fulltime student <input type="checkbox"/> Male <input type="checkbox"/> Handicapped <input type="checkbox"/> Female			/ /	

Spouse's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N	Physician's ID Number	Spouse's Primary Care Physician	Physician's ID Number
Dependent's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N	Physician's ID Number	Dependent's Primary Care Physician	Physician's ID Number
Dependent's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N	Physician's ID Number	Dependent's Primary Care Physician	Physician's ID Number

E. OTHER COVERAGE INFORMATION

Anyone covered by other health insurance? <input type="checkbox"/> I am <input type="checkbox"/> My spouse <input type="checkbox"/> My dependent child(ren)	If YES, and the coverage is through an employer, list name of employer below: Name and Location of Other Insurance Company
If covering a spouse you must go online at www.ben.omb.delaware.gov/documents/cob and complete a Coordination of Benefits form.	

F. CONDITIONS OF ENROLLMENT Applicant Acknowledgments and Agreements

On behalf of myself and dependents listed, I agree to or with the following: 1) I acknowledge that by enrolling in the following plans, coverage is underwritten or administered by the following entities (collectively referred to as "Aetna"):

- HMO
 - CDH Gold Plan
 - CDH Gold COBRA
- 2) I authorize deductions from my earnings for any contributions required for coverage and I agree to make any necessary payments as required for coverage. 3) I understand and agree that this Enrollment/Change Request may be transmitted to Aetna or its agent by my employer or its agent. I authorize any physician, other healthcare professional, hospital or any other healthcare organization ("Providers") to give Aetna or its agent information concerning the medical history, services or treatment provided to anyone listed on this Enrollment/Change Request form, including those involving mental health, substance abuse and HIV/AIDS. I further authorize Aetna to use such information and to disclose such information to affiliates, providers, payors, other insurers, third party administrators, vendors, consultants and governmental authorities with jurisdiction when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities. I have discussed the terms of this authorization with my spouse and competent adult dependents and

I have obtained their consent to those terms. I understand that this authorization is provided under state law and that it is not an "authorization" within the meaning of the federal Health Insurance Portability and Accountability Act. This authorization will remain valid for the term of the coverage and so long thereafter as allowed by law. I understand that I am entitled to receive a copy of this authorization upon request and that a copy is as valid as the original. 4) The plan documents (Schedule of Benefits, Group Agreement, Certificate of Coverage, Group Policy, Group Insurance Certificate) will determine the rights and responsibilities or other description of the plan. 5) I understand and agree that, with certain exceptions described in the plan documents, HMO plans only provide coverage for referred benefits, and that, in order to be covered, services must be performed either by a participating primary care physician, or by the participating specialist, hospital, pharmacy, dentist, or other provider as authorized by a referral from a participating primary care physician.

Misrepresentation: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I ELECT to participate in the State Plan and do agree to the above terms.

I elect NOT to participate in the State Plan.

Signature: _____ Date: _____

Signature: _____ Date: _____

HEALTH PLAN RATES EFFECTIVE JULY 1, 2016



GROUP KEY

AS
NO
PG
CB

Health Premiums Effective: July 1, 2016 15% Employee Cost Sharing

Plan Name	Coverage Type	Employee Pays per Month	Biweekly Payroll Deduction	City Pays	Total Cost Monthly
Highmark Delaware First State Basic	Employee Only	\$ 109.92	\$ 54.96	\$ 622.92	\$ 732.84
	Employee & Child(ren)	\$ 166.88	\$ 83.44	\$ 945.70	\$ 1,112.58
	Employee & Spouse	\$ 227.00	\$ 113.50	\$ 1,286.32	\$ 1,513.32
	Family	\$ 283.66	\$ 141.83	\$ 1,607.38	\$ 1,891.04
Highmark Delaware HMO/IPA	Employee Only	\$ 114.82	\$ 57.41	\$ 650.74	\$ 765.56
	Employee & Child(ren)	\$ 175.48	\$ 87.74	\$ 994.44	\$ 1,169.92
	Employee & Spouse	\$ 242.24	\$ 121.12	\$ 1,372.67	\$ 1,614.90
	Family	\$ 302.12	\$ 151.06	\$ 1,712.04	\$ 2,014.16
Highmark Delaware Comprehensive PPO	Employee Only	\$ 125.44	\$ 62.72	\$ 710.82	\$ 836.26
	Employee & Child(ren)	\$ 193.10	\$ 96.55	\$ 1,094.25	\$ 1,287.34
	Employee & Spouse	\$ 259.86	\$ 129.93	\$ 1,472.57	\$ 1,732.42
	Family	\$ 324.76	\$ 162.38	\$ 1,840.33	\$ 2,165.08
Highmark Delaware CDH Gold	Employee Only	\$ 113.74	\$ 56.87	\$ 644.62	\$ 758.36
	Employee & Child(ren)	\$ 173.58	\$ 86.79	\$ 983.66	\$ 1,157.24
	Employee & Spouse	\$ 235.42	\$ 117.71	\$ 1,334.11	\$ 1,569.54
	Family	\$ 298.98	\$ 149.49	\$ 1,694.25	\$ 1,993.24
Aetna HMO	Employee Only	\$ 114.74	\$ 57.37	\$ 650.20	\$ 764.94
	Employee & Child(ren)	\$ 175.30	\$ 87.65	\$ 993.46	\$ 1,168.76
	Employee & Spouse	\$ 241.46	\$ 120.73	\$ 1,368.36	\$ 1,609.82
	Family	\$ 301.20	\$ 150.60	\$ 1,706.82	\$ 2,008.02
Aetna CDH Gold	Employee Only	\$ 113.74	\$ 56.88	\$ 644.61	\$ 758.36
	Employee & Child(ren)	\$ 173.58	\$ 86.79	\$ 983.65	\$ 1,157.24
	Employee & Spouse	\$ 235.44	\$ 117.72	\$ 1,334.12	\$ 1,569.54
	Family	\$ 298.98	\$ 149.49	\$ 1,694.26	\$ 1,993.24

When you enroll in a health care plan, you will automatically be enrolled in prescription drug coverage managed by Express Scripts. .



**Health Premiums
Effective: July 1, 2016
20% Employee Cost Sharing**

Plan Name	Coverage Type	Employee Pays per Month	Biweekly Payroll Deduction	City Pays	Total Cost Monthly
Highmark Delaware First State Basic	Employee Only	\$146.56	\$ 73.28	\$ 586.28	\$ 732.84
	Employee & Child(ren)	\$222.52	\$ 111.26	\$ 890.06	\$ 1,112.58
	Employee & Spouse	\$302.66	\$ 151.33	\$ 1,210.66	\$ 1,513.32
	Family	\$378.20	\$ 189.10	\$ 1,512.84	\$ 1,891.04
Highmark Delaware HMO/IPA	Employee Only	\$153.10	\$ 76.55	\$ 612.46	\$ 765.56
	Employee & Child(ren)	\$233.98	\$ 116.99	\$ 935.94	\$ 1,169.92
	Employee & Spouse	\$322.98	\$ 161.49	\$ 1,291.92	\$ 1,614.90
	Family	\$402.82	\$ 201.41	\$ 1,611.34	\$ 2,014.16
Highmark Delaware Comprehensive PPO	Employee Only	\$167.24	\$ 83.62	\$ 669.02	\$ 836.26
	Employee & Child(ren)	\$257.46	\$ 128.73	\$ 1,029.88	\$ 1,287.34
	Employee & Spouse	\$346.48	\$ 173.24	\$ 1,385.94	\$ 1,732.42
	Family	\$433.02	\$ 216.51	\$ 1,732.06	\$ 2,165.08
Highmark Delaware CDH Gold	Employee Only	\$151.66	\$ 75.83	\$ 606.70	\$ 758.36
	Employee & Child(ren)	\$231.44	\$ 115.72	\$ 925.80	\$ 1,157.24
	Employee & Spouse	\$313.90	\$ 156.95	\$ 1,255.64	\$ 1,569.54
	Family	\$398.64	\$ 199.32	\$ 1,594.60	\$ 1,993.24
Aetna HMO	Employee Only	\$152.98	\$ 76.49	\$ 611.96	\$ 764.94
	Employee & Child(ren)	\$233.74	\$ 116.87	\$ 935.02	\$ 1,168.76
	Employee & Spouse	\$321.96	\$ 160.98	\$ 1,287.86	\$ 1,609.82
	Family	\$401.60	\$ 200.80	\$ 1,606.42	\$ 2,008.02
Aetna CDH Gold	Employee Only	\$151.68	\$ 75.84	\$ 606.68	\$ 758.36
	Employee & Child(ren)	\$231.44	\$ 115.72	\$ 925.80	\$ 1,157.24
	Employee & Spouse	\$313.90	\$ 156.95	\$ 1,255.64	\$ 1,569.54
	Family	\$398.64	\$ 199.32	\$ 1,594.60	\$ 1,993.24

When you enroll in a health care plan, you will automatically be enrolled in prescription drug coverage managed by Express Scripts. .

PRESCRIPTION COVERAGE



GROUP KEY

AS
NO
PG
CB

MAINTENANCE MEDICATION PROGRAM

Maintenance Medications are those used to treat chronic conditions and long-term conditions. Examples include blood pressure medications, cholesterol-lowering medications, and asthma medications. For more information, visit

www.ben.omb.delaware.gov/script/planinfo.shtml under **Benefit Descriptions > "How Can I Save On Costs?"**

The State of Delaware Prescription Plan requires that maintenance medications be filled for 90 days, and a penalty applies when a 30-day prescription is filled for the 4th time. The penalty is that the member receives a 30-day supply of medication and is charged the 90-day copay, as shown on the chart below.

STATE OF DELAWARE MAINTENANCE MEDICATION PROGRAM	TIER 1 GENERIC	TIER 2 PREFERRED	TIER 3 NON-PREFERRED
Penalty: On the 4th fill of a 30-day supply of a Maintenance Medication member receives 30 days of medication and pays the 90-day copay	\$16.00	\$56.00	\$100.00

Members can avoid paying a penalty by asking their doctor to write maintenance medication(s) prescriptions for a 90-day supply. Members can then fill 90-day prescriptions:

1. At a 90-day retail pharmacy that participates in the Express Scripts Network. To verify coverage at a particular pharmacy, check the Express Scripts website www.Express-Scripts.com or call 1-800-939-2142. For more information visit the Statewide Benefits website at www.ben.omb.delaware.gov/script/planinfo.shtml.
2. Through the Express Scripts Pharmacy (home delivery):
 - To get started go to the Express Scripts website www.Express-Scripts.com or call 1-800-939-2142 to speak with an Express Scripts Member Services representative.
 - If enrolled in Medicare call 1-877-680-4883 to speak with an Express Scripts Medicare Member Services representative.

THE COVERAGE REVIEW PROCESS

The Coverage Review Program is designed to keep up with changes in the prescription marketplace and ensures that plan participants are receiving prescription medications that result in appropriate, cost-effective care. The coverage review process may be necessary when:

- the medication is not on the formulary or covered under the plan; or,
- the medication is used to treat multiple conditions.

If you are taking any drugs that are subject to coverage review, Express Scripts will need to review additional information from your doctor before a decision can be made if prescription can be covered under the prescription drug plan. Please check the Statewide Benefits website at www.ben.omb.delaware.gov/script/programs.shtml. The Coverage Review Program is designed to keep up with changes in the prescription marketplace.

QUESTIONS ABOUT YOUR PRESCRIPTION COVERAGE

If you have specific questions about medication or pharmacy participation, contact;

- Express Scripts Member Services (for non-Medicare members) at 1-800-939-2142, 24 hours a day, 7 days a week.
- Express Scripts Medicare Member Services (Medicare eligible members) at 1-877-680-4883, 24 hours a day, 7 days a week.

Pharmacists are available around the clock for medication consultations. Express Scripts' website, www.express-scripts.com offers extensive online resources, including health and benefit information and online pharmacy services.



DelaWELL HEALTH MANAGEMENT PROGRAM OVERVIEW

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. A licensed professional Health Coach may call if you have a health condition to offer you services to better manage your health. You are encouraged to take the call as what you learn could make a real difference in improving your health.

The greatest wealth is having your health! There are no cash incentives in the 2016-2017 DelaWELL Program Year; however, the State of Delaware encourages you to focus on the things that really matter like leading a happy and healthy life. In addition, participation in the DelaWELL Health Management Program is an effective way to help control health care costs for the State of Delaware and its members.

Call To Action



The State of Delaware is encouraging employees who are enrolled in either a Highmark Delaware Non-Medicare Plan or Aetna Plan to complete these two simple steps:

1. Schedule and attend your Annual Physical Exam

Most preventive care is covered 100% (no charge to you). Your doctor (Internal Medicine, General Practitioners, Family Practice and GYNs) can provide annual physicals, as well as treat small problems before they become serious. During a routine physical, your doctor can measure things like your height, weight and blood pressure, review your health history and make sure you are up to date with your age-appropriate screenings. A regular exam is a great way to help strengthen your doctor-patient relationship.

2. Complete your online Health Assessment (Wellness Profile)

It is a simple online survey, located on the Highmark Delaware and Aetna websites, which helps you understand where you stand with your health and provides an action plan and recommendations that can help you to maintain or improve your well-being. When completing your online Health Assessment, be sure to have your latest biometric numbers handy from your annual physical exam, as it will ask for this information.

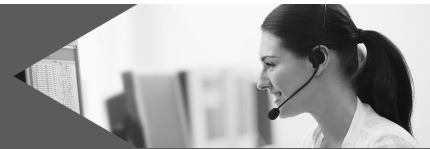
Look for additional information on the services and programs offered through Highmark Delaware and Aetna on the next few pages of this booklet.

For complete details on the DelaWELL Health Management Program, visit www.ben.omb.delaware.gov/delawell.

Here you will find information on gym and wellness discounts, health resources, frequently asked questions, an annual physical exam checklist, tracking sheet and doctor memo and the wellness and disease management benefits provided through the health carriers.

Check out the **New Consumerism Resource Link** (www.ben.omb.delaware.gov/consumerism) for additional wellness/disease management information and resources.





WELLNESS AND DISEASE MANAGEMENT BENEFITS PROVIDED BY HIGHMARK DELAWARE

REGISTER ON THE HIGHMARK DELAWARE MEMBER WEBSITE

Being a wise health care consumer, involves registering on the Highmark Delaware member website.

What's in it for you? Simply put, it makes it easy to manage your health and your health care coverage:

- View claims and know how much to pay
- View your explanation of benefits (EOB)
- Get cost estimates on common health care procedures and surgeries
- Find network doctors and other providers
- Get online discounts
- Use health, wellness and disease management resources

If you haven't done so yet, register today!

1. Go to the Highmark Delaware member website - www.highmarkbcbsde.com.
2. Click on "Register" and complete the steps.
3. Once registered on the Highmark Delaware member website, you can also access your **Highmark Delaware Account via Single Sign-On (SSO)* in Employee Self-Service (ESS):** www.employeeselfservice.omb.delaware.gov. In Employee Self-Service, follow the navigation: Main Menu > Self Service > Benefits > Highmark Delaware. (Access through Employee Self-Service is available 24 hours after initial registration on the Highmark Delaware member website.)

View the Registration/SSO Frequently Asked Questions at <http://ben.omb.delaware.gov/medical/bcbs/index.shtml>.

*Benefit-eligible State, school district, charter school and higher education employees (with the exception of the University of Delaware) who are enrolled in a State of Delaware health plan administered by Highmark Delaware can access their Highmark Delaware Account via SSO in ESS. In instances where both spouses are state employees, only the employee who holds the coverage (policy/contract holder) can access SSO. Spouses are still encouraged to register on the Highmark Delaware member website and access their online tools and resources.

The State of Delaware and Highmark Blue Cross Blue Shield Delaware encourage you to focus on your health by completing two easy steps beginning July 1, 2016:

4. **ANNUAL PHYSICAL EXAM:** Most preventive care is covered 100%. Your doctor (Internal Medicine, General Practitioners, Family Practice and GYNs) can provide annual physicals, as well as treat small problems before they become serious. During a routine physical, your doctor can measure things like your height, weight and blood pressure, review your health history and make sure you are up to date with your age-appropriate screenings. A regular exam is a great way to help strengthen your doctor-patient relationship. **Please visit the Highmark Delaware website after you have your annual physical exam or OB/GYN exam and certify online that you completed it.**
5. **WELLNESS PROFILE:** The Wellness Profile is an online series of questions about topics ranging from blood pressure to exercise habits. It is designed to identify your current and future health risks. When you complete the Wellness Profile, you will receive a detailed health summary, personalized action plan and recommendations for health and wellness programs that can help improve your health.

ADDITIONAL SERVICES:

Maintaining your health isn't a solo act—you need the right support and resources. As a Highmark Delaware member, you have access to our Blues On CallSM Health Coaches 24 hours a day/7days a week, along with your member website www.highmarkbcbsde.com.



BLUES ON CALL HEALTH COACHES HAVE THE ANSWERS

Imagine these situations:

- You've tried to lose weight, quit tobacco or manage stress – and failed. How can you succeed this time?
- You've been newly diagnosed with diabetes, heart disease or asthma.
- What do you need to know and do to manage your condition properly?
- Your doctor told you that your cholesterol numbers aren't healthy. What exactly do the numbers really mean? What can you do to make them healthy?
- You've been having back pain for a long time. Do you really need an operation?
- Your family has a history of heart disease. What can you do to protect yourself?
- Your soccer player injured her ankle, and it's really painful. Should she go to the emergency room?
- Your health is good. How can you keep it that way?



Our licensed professional Health Coaches can help you answer your health questions and guide you to solutions for your health problems. A Health Coach provides information and support – at no cost to you. Health Coaches are specially trained to answer your questions and support you in making informed health decisions.

A Health Coach May Call You

If you have a health condition, a Health Coach may call to offer you resources that can help you manage it better. We encourage you to talk about these with your Health Coach.

It's Confidential and Voluntary

All information shared during your phone conversations with a Health Coach will remain confidential and will not be shared with your employer, your manager or other employees. There is no obligation to participate in the programs offered. If you do not want to participate in coaching conversations, simply tell the Health Coach and no further attempt will be made to contact you.

Make the Call

Get the answers you need anytime day or night. Call a Health Coach at 1-888-BLUE-428 (1-888-258-3428) for assistance.



HEALTHY RESOURCES ARE JUST A CLICK AWAY

Online Resources for Living Healthier

Whether you want to improve your health, manage a health condition or maintain your health, support is as close as your desktop or mobile device. Check out these helpful tools and resources:

My Health Assistants: Get help to eat healthier, manage stress, quit tobacco or start an exercise program as close as your computer or mobile device.

Health Trackers: Track your progress in health measures like blood pressure, blood sugar, cholesterol, weight and physical activity.

Health Information: Research health topics and stay informed on the latest health news with news articles, a health library, e-newsletters, videos and more.

Symptom Checker: Find out what could be causing that ache, pain, itch, rash or weird feeling, what can you do to make it feel better and if you should see your doctor.

Blue 365 Discount Program

Whether you are looking for discounted gym memberships, weight loss programs or a discount on massage therapy, it can all be found on the member website. Take advantage of the great discounts on health care products and services, along with health and wellness information you can use throughout the year.

ARE YOU EXPECTING?

Get off to a healthy start. Our Baby Blue Prints® program encourages you to take a more proactive role in your health by providing clear, in-depth educational information and ongoing personalized support throughout your pregnancy and after the delivery.

Enrolling in a Baby Blueprint is Easy.

Just call toll-free at 1-866-918-5267. You can enroll anytime during your pregnancy, but the earlier the better to take advantage of all the program's offerings.



WELLNESS AND DISEASE MANAGEMENT BENEFITS PROVIDED BY AETNA

REGISTER OR LOG-IN

To take advantage of Aetna's helpful health tools and resources, visit www.aetna.com and log in, or register if it's your first visit.



The State of Delaware and Aetna encourage you to focus on your health by completing two easy steps beginning July 1, 2016:

- 1. ANNUAL PHYSICAL EXAM** (Well-Adult Exam or Well-Woman Exam): Most preventive care is covered at 100%. Your doctor (Internal Medicine, General Practitioners, Family Practice and GYNs) can provide annual physicals, as well as treat small problems before they become serious. During a routine physical, your doctor can measure things like your height, weight and blood pressure, review your health history and make sure you are up to date with your age-appropriate screenings. A regular exam is a great way to help strengthen your doctor-patient relationship.
- 2. ONLINE HEALTH ASSESSMENT:** Make a difference in your health in just a few minutes by completing a simple health assessment online. It asks questions about your health history and habits. The health assessment can help you learn more about your health risks, so you can take steps to lower them. Plus, it will give you personalized health results you can share with your doctor.

ADDITIONAL SERVICES:

AETNA HEALTH CONNECTIONS – DISEASE MANAGEMENT PROGRAM

Ready to be your healthiest you?

You can get solid support managing your condition with the disease management program. And, it's included with your Aetna health benefits and insurance plan, so you can start living healthier.

You'll learn how to:

- Manage your condition
- Lower your risks for new conditions
- Work better with your doctor
- Take your medicine safely
- Find helpful resources

Support for more than 35 conditions

This includes diabetes, heart disease, cancer, low back pain and digestive conditions. Your condition is likely covered, too.

How to start the program:

If you need help, there are a few ways we'll be able to find you:

- Your doctor's referral
- Your medical or prescription claims
- Our Patient Management staff

If you have a condition or think you're at risk, put in a request through your secure member website at www.aetna.com or call us at 1-866-269-4500.



HEALTHY LIFESTYLE COACHING – CONNECTING WITH MEMBERS WHERE AND HOW THEY LIVE

- Phone coaching sessions
- Email
- Group coaching
- Online lifestyle communities

Help for living your healthiest

With Healthy Lifestyle Coaching, you can work one-on-one with a highly trained wellness coach to help improve the way you feel, every day. It's a powerful step. On your schedule. And at no extra cost.

When you sign up, we pair you with one person who'll stick with you throughout the program. Your wellness coach is your ally who will help you make the changes you want to make and celebrate your successes with you.

Your personal goals and your privacy

It's confidential. No one will receive personal information about you, or your coaching sessions.

You're in charge

You choose what health goals you want to work on — whether it's one or many. Your wellness coach will help you in ways that work for you:

- Losing weight
- Quitting smoking or tobacco
- Increasing physical activity
- Eating better
- Sleeping better
- Managing stress
- Preventing disease and more

ONLINE WELLNESS PROGRAMS

Focuses on topics like weight management and physical activity, nutrition and diet, stress management, smoking cessation and sleep improvement.

AETNA DISCOUNT PROGRAM

Save on gym memberships, eyeglasses and contacts, weight-loss programs, chiropractic and more.

Start saving today:

Aetna members can log into their secure member website at www.aetna.com.

1. Choose "Health Programs," then "See the discounts."
2. Follow the steps for each discount you want to use.

INFORMED HEALTH LINE

Gives you 24/7 toll-free access to registered nurses for health information. Call **1-800-556-1555** to speak to one of our nurses - 24 hours a day, 365 days a year.

BEGINNING RIGHT MATERNITY PROGRAM

Learn more about having a healthy pregnancy and baby. If you are thinking about becoming or are already pregnant, contact Aetna's Beginning Right® maternity program at **1-800-CRADLE-1 (1-800-272-3531)** to enroll.



EMPLOYEE ASSISTANCE PROGRAM (EAP) + WORK/LIFE PROGRAM



REDUCE
RISK



GROUP KEY

AS
NO
PG
CB

Your EAP+Work/Life Program is a valuable benefit provided to you by the State of Delaware. 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. Or, visit the EAP+Work/Life website to access a host of online resources, including educational materials, newsletters, webinars, provider databases and other online tools.

Licensed Professional Counselors can help with:

- Depression, stress and anxiety
- Family/parenting issues; work conflicts
- Anger, substance abuse, grief and loss

Work/Life Specialists can assist with:

- Legal and financial problems
- Childcare, eldercare and parenting concerns
- Time management and relocation support

Easy to reach and available 24/7 to assist you!

1-800-343-2186

<http://hms.HealthAdvocate.com/>

(Website Log-In: Enter "State of Delaware" as the name of your organization)

WHO IS ELIGIBLE TO USE THE PROGRAM?

The EAP+Work/Life program is available to benefit eligible employees and non-Medicare pensioners and their dependents who are currently enrolled in a State of Delaware Group Health Plan. Parents and parents-in-law are also eligible for EAP+Work/Life services.

IS MY PRIVACY PROTECTED?

Yes. HMS (Health Advocate) staff follows careful protocols and complies with all government privacy standards. Your medical and personal health information is kept strictly confidential.

Additional information may be viewed at www.ben.omb.delaware.gov/eap.



QUALIFYING EVENTS

You may not make changes at any other time during the year unless you experience a qualifying event. Therefore, if you want to make any changes in your coverage, now is the time to do it. Qualifying events include, but may not be limited to:

- Birth or adoption of a child
- Involuntary loss of spouse coverage
- Spouse becomes a State of Delaware employee
- Marriage/Civil Union
- Spouse's employment termination
- Divorce
- Child now eligible for coverage
- Employment of spouse
- Death of a spouse or dependent

If you want to make a benefit or dependent change as a result of a qualifying event during the year, you must contact your organization's Human Resources or Benefits Office within 30 days of the qualifying event and request the change.

If enrolling a spouse or other dependent for the first time, you will be required to submit Birth, Marriage, Social Security numbers, Civil Union Certificate and Certification of Tax Dependent forms as applicable within 30 days of the request.

You can find a complete copy of the State's Group Health Insurance Program Eligibility and Enrollment Rules at <http://ben.omb.delaware.gov/policies-procedures.shtml>.



STATE OF DELAWARE - SPOUSAL COORDINATION OF BENEFITS (COB) POLICY

The State of Delaware Spousal Coordination of Benefits Policy was instituted in 1993 and updated in 2011 to include spouses who retire from an employer other than the State of Delaware.

In general, the policy states that if:

- the state employee/pensioner's spouse is employed full-time or retired from another employer, and
- that employer/former employers offers group health insurance coverage; and
- the employer/former employer pays at least 50% of the premium for the lowest employee/pensioner only plan, then, the spouse must obtain coverage as primary through his/her employer/former employer.

The complete Spousal Coordination of Benefits Policy can be found at www.ben.omb.delaware.gov/documents/cob.

The Spousal Coordination of Benefits Policy Form **MUST** be completed each year during Open Enrollment and anytime your spouse's employment or insurance status changes, if you cover your spouse in one of the State of Delaware Group Health Insurance medical plans. The completed form is used to determine a spouse's eligibility to receive primary coverage through the State of Delaware health plans. You will be contacted if additional documentation regarding your spouse's coverage is required.

- If you are an employee or pensioner covering a spouse in a non-Medicare State of Delaware Group Health Insurance health plan, you are required to 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 are a pensioner and cover a spouse in the Highmark Delaware Special Medicfill Medicare Supplement plan, you do not need to complete a Spousal Coordination of Benefits form at this time, unless your spouse's employment or health insurance status has changed since July 2012.
- If you and your spouse are both benefit-eligible State of Delaware employees or pensioners, the spouse who carries the benefits **MUST** complete a new Spousal Coordination of Benefits form each year during Open Enrollment. When completing the form, be sure to check the box to confirm your spouse is a benefit-eligible State of Delaware employee or pensioner.
- If you are a Participating Group employee, married to a State of Delaware employee who is enrolled in the Group Health Insurance Program, you **MUST** elect coverage for yourself through your employer rather than be covered under your spouse.
- **Failure to complete this form or provide additional documentation when required will result in a reduction of spousal benefits.**

State of Delaware Active Employees - Complete your spousal COB form through Employee Self Service at www.employeeselfservice.omb.delaware.gov no later than May 26, 2016.

After you login follow the navigation to the form:

Main Menu > Self Service > Benefits > Spousal Coordination of Benef.

State of Delaware Pensioners, Participating Group Employees and COBRA Participants - Complete your form online at www.ben.omb.delaware.gov/documents/cob no later than May 26, 2016.



DEPENDENT COVERAGE AND COORDINATION OF BENEFITS POLICY

State employees, pensioners, and employees enrolled in a health care insurance plan under the State Group Health Insurance Program (GHIP) may cover their dependent children to age 26 as primary in their State health care plan, dental plan and/or vision plan regardless if the adult dependent child is offered employer health coverage. Dependent children may be covered with no restriction on marital, employment, student, resident or tax status. Pursuant to the Group Health Insurance Program Eligibility and Enrollment Rules, an employee or pensioner's children are defined as sons, daughters, stepchildren and adopted children.

Please Note: Employees/pensioners with an Adult Dependent Child who has access to health coverage through his or her own employer:

- If an adult dependent child is also a benefit eligible employee of the State of Delaware or of a group designated through Delaware code to participate in the GHIP, the adult dependent child must enroll in his/her own State health care plan OR can be covered by the parent who is a benefit eligible employee/pensioner but ***cannot be enrolled in both*** as duplicate coverage is not permitted per the Group Health Plan Eligibility and Enrollment Rules.
- If an adult dependent child has coverage through his/her employer other than the State of Delaware or a group who participates in the State GHIP, the employee/pensioner may also cover the adult dependent child as secondary.
- A Dependent Coordination of Benefits form must be submitted to the health plan carrier to determine which coverage will process first.

During Open Enrollment from May 9, 2016 to May 26, 2016, active State employees can enroll their dependents online through eBenefits.

- **State pensioners** should complete the necessary applications to enroll their dependent children and forward to the Pension Office no later than May 26, 2016.
- **Participating group members** should submit the appropriate applications to their Human Resource Office no later than May 26, 2016.
- **COBRA participants** should submit the appropriate applications to the Statewide Benefits Office no later than May 26, 2016.

DEPENDENT COORDINATION OF BENEFITS FORM

In accordance with the Group Health Insurance Program Eligibility and Enrollment Rules, 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.

Additional information, including the appropriate Aetna and Highmark Delaware forms and instructions for submitting to the carrier, can be found by visiting the appropriate link below (select the carrier administering your health plan benefits):

Aetna Members:

<http://ben.omb.delaware.gov/medical/aetna>

Highmark Delaware Members:

<http://ben.omb.delaware.gov/medical/bcbs>

PHONE NUMBERS AND WEBSITES



GROUP KEY

Company Name	Phone Number	Website
Aetna	1-877-542-3862	www.aetna.com
Highmark Delaware	1-800-633-2563 (Note new number effective 6/15/2016: 1-844-459-6452)	www.highmarkbcbsde.com
HMS (Health Advocate) Employee Assistance + Work/Life Program	1-800-343-2186	http://hms.healthadvocate.com/ Log In: Enter "State of Delaware" as the name of your organization.
Express Scripts	1-800-939-2142	www.express-scripts.com
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
CONEXIS (A Division of WageWorks, Inc.) COBRA Administration	1-877-864-9546	https://cobrabenefits.wageworks.com/
Office of Pensions Office of Management and Budget	302-739-4208 or 1-800-722-7300	www.delawarepensions.com
Delaware Medical Assistance Bureau	1-800-336-9500	www.delawareinsurance.gov
Statewide Benefits Office Office of Management and Budget	302-739-8331 or 1-800-489-8933	www.ben.omb.delaware.gov
• Resource Link - Being A Wise Health Care Consumer		www.ben.omb.delaware.gov/consumerism/index.shtml
• Get Connected - Check out the Mobile Apps page		www.ben.omb.delaware.gov/mobile-apps.shtml
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

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CityofDover.HumanResources

Fred Wilson

AFLAC Insurance Agent

Phone: (302) 858-8719

frederick_wilsoniii@us.aflac.com



Now More Than Ever



INDIVIDUAL POLICIES



1-in-8

people seek medical attention
for an injury each year.¹

Short-Term Disability

Provides you with a source of income if you're disabled due to an accident or illness.

In Idaho, Short-Term Disability policy A57600IDR. In Oklahoma, Short-Term Disability policies A57600OK and A57600LBOK. In Idaho and Oklahoma, Life policies ICC1368100 through ICC1368400.



\$17,553

was the average
facility price for
a hospital stay
in 2013²

Hospital Confinement Indemnity

Eases the financial burden of hospital stays due to an accident or illness by providing cash benefit.

In Idaho, Hospital Confinement Indemnity policies A49100ID—A49400ID, A4910HID. In Oklahoma, Hospital Confinement Indemnity policies A49100OK—A49400OK, and A4910HOK. In Idaho, Dental policies A82100RID—A82400RID. In Oklahoma Dental, policies A82100ROK—A82400ROK. In Idaho, Vision policy VSN100ID. In Oklahoma, Vision policy VSN100OKR.



1-in-2

The lifetime risk
of U.S. men
for developing
cancer. For women
the risk is a little
more than
one-in-three.³

Accident

Reduces the financial impact of an accident by providing cash benefits.

Cancer/Specified-Disease

Helps with the costs of cancer treatment.

Critical Illness (Specified Health Event)

Helps with the costs of treatment if you experience a covered health event, such as a heart attack, stroke, or paralysis.

Aflac Plus Rider

Pays a lump sum benefit amount along with additional benefits when you are diagnosed with a covered health event.

Contact Fred Wilson by May 20th to discuss obtaining the Aflac products of your choice!

Delta Dental PPOSM – Easy, Friendly, Accessible

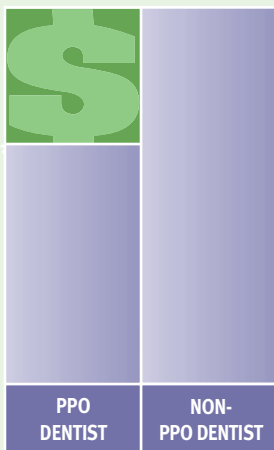


We'll do **whatever it takes** and then some.

Save with a PPO dentist

YOUR COSTS

SAVE MORE SAVE LESS



AMOUNT YOU **SAVE**
AMOUNT YOU **PAY**

Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and group contract.

We're pleased to be your partner in maintaining great oral health. The Delta Dental PPO[†] plan makes it easy for you to find a dentist and control your costs when you visit a network dentist. Here are some of the great things you'll need to know about enrolling with Delta Dental:

- **Save with a PPO dentist.** Our PPO network dentists accept reduced fees for covered services, so you'll usually pay the least when you visit a PPO network dentist. Non-Delta Dental dentists may balance bill you the difference between the contracted fee and their usual fee.
- **Log in to Online Services.** Check benefits, eligibility and claims status, view or print an ID card and use our "Fee Finder" tool to check average costs in your area. You can also change your Profile preference to go paperless. Use your mobile device to access many of these tools on the go; show the dental office your ID card information instead of carrying a printed card.
- **Large dentist network.** Since Delta Dental offers access to some of the largest dentist networks in the U.S.,[‡] chances are there's a wide choice of PPO dentists near your home or office. Use your desktop or mobile device to search for a dentist at deltadentalins.com.
- **Visit the dentist of your choice.** Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lowest with a PPO dentist.

Visit the *SmileWay*[®] Wellness section of our site for dental health articles, videos, quizzes and a risk assessment tool. You can also subscribe to our free dental health e-newsletter.

[†] In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

[‡] Netminder Dental Network Trend Report, March 2013.



Socialize with us: deltadentalins.com/enrollees



HL_PPO_2col #72828 (rev. 7/13)

Plan Benefit Highlights for: City of Dover
Group No: 15426 – Low Plan

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

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %
Basic Services Fillings and simple tooth extractions	80 %	80 %
Endodontics (root canals)	0 %	0 %
Periodontics (gum treatment)	0 %	0 %
Oral Surgery	0 %	0 %
Major Services Crowns, inlays, onlays and cast restorations	0 %	0 %
Prosthodontics Bridges and dentures	0 %	0 %

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

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 90th percentile for non-Delta Dental dentists.

Delta Dental of Delaware One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783	Claims Address 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.

Plan Benefit Highlights for: City of Dover
Group No: 15426 – High Plan

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month that dependent turns age 19 or to age 23 if dependent is full-time student		
Deductibles Deductibles waived for D & P?	\$50 per person / \$150 per family each plan year Yes		
Maximums D & P counts toward maximum?	\$1,250 per person each plan year Yes		
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %
Basic Services Fillings and simple tooth extractions	80 %	80 %
Endodontics (root canals) Covered Under Major Services	50 %	50 %
Periodontics (gum treatment) Covered Under Major Services	50 %	50 %
Oral Surgery Covered Under Major Services	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %
Prosthodontics Bridges, dentures and implants	50 %	50 %

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

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 90th percentile for non-Delta Dental dentists.

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

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We're online wherever you are: Your computer or on the go!



Quick, convenient and secure

Visit us online for up-to-date account information, tips on using your plan, help finding a dentist, oral health information and more.

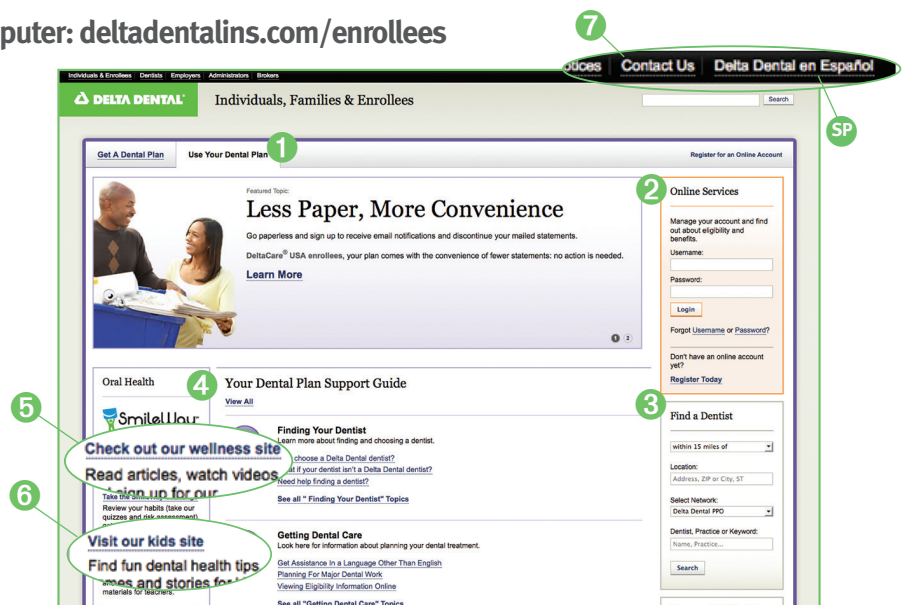
Mobile? We are, too.

Our streamlined mobile website provides the on-the-go services you need most (see page 2).

Speak Spanish? So do we.

Visit Delta Dental en Español at **es.deltadentalins.com** or from our home page (see **SP** in graphic to the right).

At your computer: deltadentalins.com/enrollees



- 1 Select the **Use Your Dental Plan** tab.
- 2 Log into **Online Services** (or sign up by selecting **Register Today**) to check benefits, eligibility and claims status, opt for paperless statements, view or print an ID card, check average dental costs in your area and more.
- 3 The **Find a Dentist** feature helps you locate a Delta Dental dentist in your area. Search by features that matter to you like location, specialty and languages spoken (see page 2).
- 4 **Your Dental Plan Support Guide** provides advice on plan-related topics like learning how your plan works, tips for saving money on dental treatments and help navigating our website.
- 5 At our **SmileWay® Wellness site**, take one of our interactive quizzes, access dental health articles and videos and sign up for *Grin!*, our fun dental health e-newsletter.
- 6 **MySmileKids®** offers stories, games and tips to make oral health routines kid-friendly.
- 7 Have a question? Our **Customer Support** link makes it easy to contact our team.
- SP Access our site in Spanish.

ABOUT DELTA DENTAL

DeltaCare® USA

800-422-4234

Delta Dental PPOSM and Delta Dental Premier®

Delta Dental of California

800-765-6003

Delta Dental of Delaware, Inc.

Delta Dental of the District of
Columbia

Delta Dental of New York, Inc.

Delta Dental of Pennsylvania
(and Maryland)

Delta Dental of West Virginia, Inc.

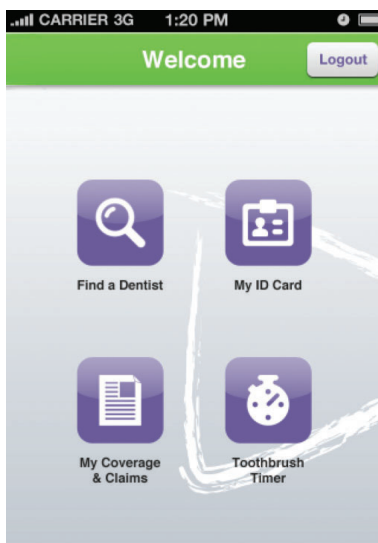
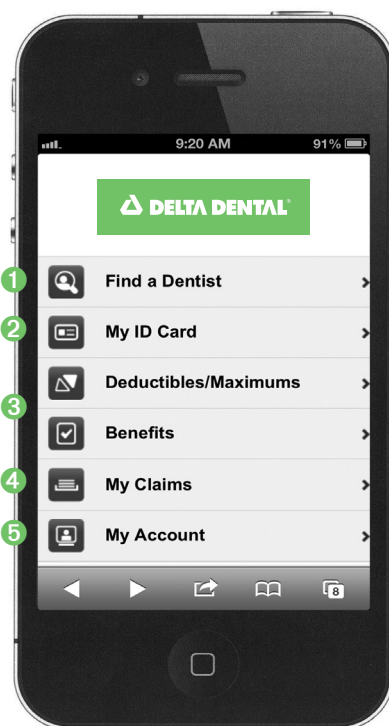
800-932-0783

Delta Dental Insurance Company
(Alabama, Florida, Georgia,
Louisiana, Mississippi, Montana,
Nevada, Texas, Utah)

800-521-2651

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California – CA • Delta Dental of Pennsylvania – PA & MD • Delta Dental of West Virginia – WV • Delta Dental of Delaware – DE • Delta Dental of the District of Columbia – DC • Delta Dental of New York – NY • Delta Dental Insurance Company – AL, FL, GA, LA, MS, MT, NV, TX, UT.

These enterprise companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to more than 60 million people in the U.S. The website deltadentalins.com is the home of the Delta Dental companies listed above. For other Delta Dental companies, visit the Delta Dental Plans Association website at deltadental.com.



On your smartphone: deltadentalins.com mobile site

It's easy to get the information you need when you're on the go. Bookmark or add a shortcut to our mobile site so you can return in just one tap.

1 Find a dentist:

Our mobile site uses your phone's location services to find dentists close to you (see below for more details).

PPO and Premier enrollees,* log in to:

2 View your ID card — and show it to your dentist.

3 Check benefits, eligibility, deductibles and maximums. Search by keyword or procedure code.

4 Check claims status and history.

5 Go paperless. Under "My Account" choose "Receive Statements Online."

Free Delta Dental app

Download our convenient smartphone app from the App Store or Google Play to quickly access your account on the go. It's simple to:

- Find a dentist: Search by address, current location, dentist name and more.
- View your ID card — show it to your dentist or quickly email a copy.
- Check benefits, eligibility, deductibles and maximums.
- Check claims status and history, or email a claim for your records.
- Use the toothbrush timer — its fun music makes it easy to brush the recommended two minutes.

Find your Delta Dental dentist

Delta Dental has the largest dentist network in the nation. And our online dentist directory makes it easy to locate a dentist who's right for you, with convenient search criteria, like:

- **Network(s) served:** PPO, Premier or DeltaCare USA
- **Location:** Search by address, landmark or ZIP code to find a dentist by your office or home.
- **Language:** From Spanish to Mandarin, we've got you covered.
- **Specialty:** You need braces? We have orthodontists and other specialists, too.

Once you've chosen a dentist, click the office address to view a map and driving directions.

*Benefits, eligibility and claims information are not currently optimized for enrollees in DeltaCare USA plans, but can still be accessed from your smartphone.



deltadentalins.com/enrollees



- **CA Tissue and Organ Donations:** This notice informs subscribers of the societal benefits of organ donations and the methods they can use to become organ and/or tissue donors. California regulations require every health plans to provide this information on enrollment and annually.
- **New York Domestic Violence:** New York provides victims of domestic violence the right to keep their health status, location, and provider private from the policyholder if the subscriber is the person who is violent. This notice describes how Delta Dental protects domestic violence victims and is relevant regardless of state of residence.
- **Non-Covered Services:** Non-covered services are defined as those dental services for which there is no benefit under any circumstances, including services that are never covered above a specific age limit (e.g., sealants). This notice describes that situation.
- **Spousal Equivalents:** Spouses and spousal equivalents are equally covered under a Delta Dental policy. A spouse or spousal equivalent is a partner of the primary enrollee as defined by the laws of the state where the contract is written, the laws of the state where the primary enrollee resides, or as may be additionally recognized by the group contract holder.

General Information Notices:

- **Health Education Program:** For DeltaVision enrollees, we have prepared an additional notice related to after hours, emergency care services, eye protection and eye safety.

For questions concerning the notices, please contact us at **866-530-9675**. You may also write to us at:

Delta Dental of California
PO Box 997330
Sacramento, CA 95899-7330

Federal and state laws require enrollees to be notified on a periodic basis about enrollee rights and privacy practices. These notices address a variety of potential enrollee questions, including: Delta Dental privacy practices, regarding health and financial information, coverage rights, such as covered services, spousal equivalents, language assistance, how to file a grievance (complaint), and COBRA and ACA rights should an enrollee lose health care coverage.

Delta Dental notices are briefly described below. To access the full text of each of Delta Dental notices, please visit our website at <http://www.deltadentalins.com/about/legal/index-enrollee.html>. Or, call Customer Service at **866-530-9675** to receive a paper copy of the notices appropriate for your plan and state.

Federal Notices:

- **HIPAA Notice of Privacy Practices (NPP):** Federal regulations insurance plans to share information about the company's privacy practices. This is called a 'Notice of Privacy Practices (NPP)' and should be read when individual first becomes an enrollee and every three years thereafter. Delta Dental last updated this notice in 2013 to address changes in Federal law and regulation, also known as the Omnibus Rule.
- **Gramm-Leach-Bliley (GLB):** Financial institutions and insurance companies must describe their information-collection and information-sharing practices, regarding demographic and financial information. California requires a state specific notice called the California Financial Privacy Notice, which is described below.
- **COBRA Notice:** Enrollees who lose health care coverage may be able to continue their group coverage through COBRA or obtain dental coverage through the Health Care Exchange Marketplace. This notice describes these rights

State Notices:

- **Language Assistance Notice and Survey:** Delta Dental provides phone interpretation to callers who do not speak English. In California, Delta Dental will also provide, on request, translated copy of certain vital documents in either Spanish or Chinese. In Maryland and Washington DC, enrollees may receive grievance materials in Spanish or Chinese.
- **CA Financial Privacy Notice:** This notice to Californians describes Delta Dental's demographic and financial information-collection and information-sharing practices. It is similar to the Gramm-Leah-Bliley (GLB) notice described above.
- **CA Grievance Process:** This notice describes Delta Dental's procedure for processing and resolving enrollee grievances and gives the address and phone number to make a complaint. Californians are encouraged to read this notice when they first enroll and annually thereafter.



Effective July 1, 2016

Plan Name	Coverage	Total Monthly Premium
Delta Dental High Plan	Employee Only	\$ 40.35
	Employee & One dependent	\$ 75.70
	Family	\$ 119.65
Delta Dental Low Plan	Employee Only	\$ 27.24
	Employee & One dependent	\$ 52.33
	Family	\$ 98.07

Enrollment/ Change Form



One Delta Drive, Mechanicsburg, PA 17055
(800) 932-0783
TTY/TDD (888) 373-3582
deltadentalins.com

Please check the applicable box or boxes.

- ☐ New enrollment ☐ Address change
☐ COBRA ☐ Change of dependents
☐ Coverage change ☐ Termination
☐ Name change ☐ Decline Coverage

Please check the applicable box or boxes.

- ☒ Delta Dental PPO Plus Premier
☐ High Plan
☐ Low Plan

Please check the Delta Dental plan that administers your dental benefits.

- ☐ Delta Dental of Pennsylvania
☐ Delta Dental of New York
☐ Delta Dental Insurance Company
☒ Delta Dental of Delaware
☐ Delta Dental of West Virginia

Primary Enrollee Social Security Number	Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Alternate Identification Number (if applicable)	Address (Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Street	City	State	Zip Code

Group Number 15426	Sublocation	Group Name CITY OF DOVER
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Change of Coverage	
New Coverage:	Former Coverage:
Name Change	
From:	To:

Dependent Change
Please check one of the boxes: <input type="checkbox"/> Add dependent(s) listed below <input type="checkbox"/> Delete dependent(s) listed below

Do you or your dependents have other dental coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:	Carrier Name and Address: _____ Group Number: _____
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Last name (if different)	First Name	MI	Gender	Date of Birth	Social Security Number
Spouse			M F		
Children			M F		
			M F		
			M F		
			M F		
			M F		

Date of Hire:	Effective Date:	Primary Enrollee Signature _____
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Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Enrollees whose company is headquartered in the state of New York and who commit a fraudulent insurance crime shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



VBA Vision makes using your benefits simple and easy.

Step 1

Go to 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, 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





Plan Rules - Regular

Plan Rules - Regular

Group: 087 - DOVER CITY OF

General Plan Rules *

What is Covered ?

EITHER (1) EYEGLASS EXAM WITH LENSES & FRAME **OR (2)** ALLOWANCE TOWARD CONTACT EXAM & CONTACT LENS MATERIALS

Plan Specifics

Plan Type: LAST DATE OF SERVICE

Student Age Limit: 25

Child Age Limit: 19

Exam Copay **Lens/Frame Copays**

None \$10.00²

Plan Benefit Frequency

	Exam	Lens	Frame	Contacts
Child	12 months	12 months	24 months	- OR - \$90 every 12 months ¹
Adult	24 months	24 months	24 months	- OR - \$90 every 24 months ¹

¹ 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.

² 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.

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



Plan Rules - Regular

Plan Rules - Regular

Group: 087 - DOVER CITY OF

In Network Covered Services*

Vision Exam(for Glasses):	Covered	
Single Vision Lens:	Covered	
Lined Multifocals:	Covered	
Lenticular:	Covered	
Frame	Covered ¹	
Scratch Coating(1 Year):	Covered	More
Polycarbonate:	Covered	More
Blended Bifocals:	Covered	More
Medical Contacts:⁶	Covered w/ Authorization	More
Elective Contact Lens Allowance:	\$90 ²	

In Network Lens Options **

Option Name		VBA Discount Pricing	
Digital / Elite Progressives:	Cost Contained	Starting at \$ 100	More
Premium Progressives:	Cost Contained	Starting at \$ 80	More
VBA Absolute Progressives:	Cost Contained	Starting at \$ 65	More
Standard Progressives:	Cost Contained	Starting at \$ 45	More
Mid or High Index:	Cost Contained	Price Varies	More
Standard Photochromic:	Cost Contained	Starting at \$ 18	More
Vantage™ Photochromic:	Cost Contained	Starting at \$ 131	More
DriveWear® Photochromic:	Cost Contained	Starting at \$ 111	More
XTRActive™ Photochromic:	Cost Contained	Starting at \$ 93	More
Polarized:	Cost Contained	Starting at \$ 56	More
UV 400:	Cost Contained	\$ 12	More
Aspheric:	Cost Contained	Price Varies	More
Digital Surfacing:	Cost Contained	\$ 48	More
Tints (Solid or Gradient):	Cost Contained	\$ 11	More
Scratch Resistant:	Cost Contained	1 Year Warranty is FREE	More
Anti-Reflective, 1 Yr:	Cost Contained	\$ 40	More
Anti-Reflective, 2 Yr:	Cost Contained	\$ 49	More
Anti-Reflective, Premium:	Cost Contained	\$ 69 or \$ 85	More
Color Coating:	Cost Contained	\$ 23	More
Mirror:	Cost Contained	\$ 35	More
Edge Treatments:	Cost Contained	\$ 10	More
Rimless Mounting:	Cost Contained	Starting at \$ 8	More



Trivex®:	Cost Contained	Starting at \$ 50	More
Computer or Near Variable:	Cost Contained	\$ 40	More

Out of Network Reimbursements

Exam:	\$30
Single Vision Lens:	\$25
Bifocal:	\$40
Trifocal:	\$60
Lenticular:	\$80
Contacts:	\$90 ²
Medical Contacts:	\$200 ³
Frames:	\$30
Progressive:	\$60

¹ up to group's wholesale allowance

² 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.

³ authorization of medical condition required

⁴ price does not include base charge for material (if applicable)

⁶ Medical contacts can only be selected in lieu of all other benefits.

† includes UV coating on the backside of the lenses

* Member may select only one pair of the covered lens options listed below.

** Benefits may vary where prohibited by state law.

*** Certain plans may specify that no more than 50% of the above benefit may be used per eye.



Monthly Premiums as of July 1, 2016

**Premiums for vision coverage are deducted from the first paycheck of the month.*

Employee Only	\$0.00
Employee & Child(ren)	\$4.09
Employee & Spouse	\$3.97
Family	\$8.21

VISION BENEFITS OF AMERICA**City of Dover****ENROLLMENT FORM****VBA # 087****COVERAGE EFFECTIVE DATE** ____/____/____**INSTRUCTIONS FOR EMPLOYEE:**

1. COMPLETE SECTION BELOW AND SIGN.
2. RETURN COMPLETED FORM TO YOUR BENEFITS OFFICE.

EMPLOYEE SOCIAL SECURITY NUMBER _____

EMPLOYEE NAME _____ BIRTHDATE ____|____|____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ - _____

PLEASE LIST ALL FAMILY MEMBERS TO BE COVERED:

	FIRST NAME	MIDDLE INITIAL	LAST NAME	BIRTHDATE
SPOUSE	_____	_____	_____	____ ____ ____
CHILD	_____	_____	_____	____ ____ ____
CHILD	_____	_____	_____	____ ____ ____
CHILD	_____	_____	_____	____ ____ ____
CHILD	_____	_____	_____	____ ____ ____

STUDENT INFORMATION (COMPLETE FOR DEPENDENTS WHO ARE ENROLLED AS FULL-TIME COLLEGE STUDENTS.)

STUDENTS NAME	NAME OF SCHOOL OR UNIVERSITY
_____	____ ____ ____
_____	____ ____ ____

ANY HANDICAPPED CHILD COVERED ON MEDICAL?

CHILD NAME
____ ____ ____

EMPLOYEE SIGNATURE _____ DATE ____/____/____

Decline Coverage