

2023 Open Enrollment

May 1 – 17, 2023

ACTIVE FULL-TIME & ELIGIBLE PART-TIME EMPLOYEES

Open Enrollment will begin on **May 1, 2023**, and will end on **May 17, 2023**, for the plan year beginning July 1, 2023. This is your once-a-year opportunity to enroll, cancel or changes your health, dental and vision benefits. During this time, you may also add or drop coverage for your eligible spouse and/or dependent children. This Open Enrollment period also includes the opportunity to enroll or change coverage with Supplemental Life Insurance Programs, administered by UNUM & TransAmerica. Information regarding benefits can be found online at <https://www.cityofdover.com/benefits> or <https://dhr.delaware.gov/benefits/oe/groups.shtml>.

WHAT YOU NEED TO KNOW

The benefit plan premiums (or rates) for the health plan will increase approximately 9.4% for the upcoming plan year beginning July 1, 2023. Dental and vision plan premiums will not change for the upcoming plan year beginning July 1, 2023.

Premium tables and information for the health, dental, vision, supplemental life plans for the plan year beginning July 1, 2023, can be viewed on the Employment Benefit webpage at <https://www.cityofdover.com/benefits>. If you would like to enroll, change or cancel coverage during this open enrollment period, please visit <https://www.cityofdover.com/benefits> to access forms. **All forms must be completed and returned to Human Resources by the close of business on Wednesday, May 17, 2023 (no exceptions).** Changes made during Open Enrollment will become effective on July 1, 2023.

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

For additional information about the health plans offered, please refer to the attached health plan comparison chart. Benefit summaries for each of the four plans will be sent to you in the mail by the Statewide Benefits office the week of April 17, 2023. Additional information on each of the plans can be found on-line via the following link: <https://dhr.delaware.gov/benefits/oe/groups.shtml>.

IMPORTANT NOTICE

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

The electronic Spousal Coordination of Benefits form can be found on the Statewide Benefits website at <https://cob.ben.omb.delaware.gov/>. Be sure to fill out the form in its entirety. After completing the form online, click on "Printable Summary" to print a copy for your records. Please note that completing the spousal coordination of benefits form **DOES NOT** enroll your spouse or discontinue coverage for your spouse. You must complete and submit an enrollment application. If concerns arise regarding your spouse's coverage, Human Resources may request a copy of the Printable Summary mentioned above.

All requested enrollment forms will be available at <https://cityofdover.com/benefits>. Completed enrollment forms can be returned either via email or USPS (postmarked on or before May 17, 2023) or completed forms may be placed in the Human Resources Drop Box on the first floor of 5 E. Reed Street.

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

DOE & IBEW Union Employees

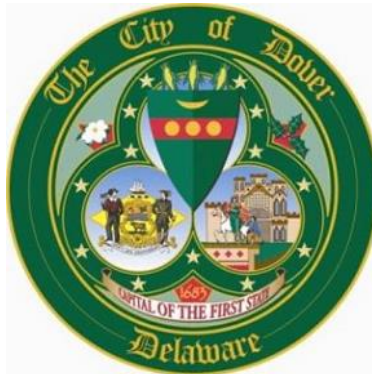
Per the DOE* & IBEW Union contracts:**

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

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

**DOE Union Contract July 1,2020- June 30, 2024, Section 25. 401 Retirement Contribution*

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



Health Premiums
Effective: July 1, 2023
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	\$130.62	\$65.31	\$740.11	\$870.72
	Employee & Child(ren)	\$198.34	\$99.17	\$1,123.85	\$1,322.18
	Employee & Spouse	\$269.80	\$134.90	\$1,528.81	\$1,798.60
	Family	\$337.15	\$168.58	\$1,910.51	\$2,247.66
Highmark Delaware Comprehensive PPO	Employee Only	\$149.05	\$74.53	\$844.63	\$993.68
	Employee & Child(ren)	\$229.49	\$114.75	\$1,300.47	\$1,529.96
	Employee & Spouse	\$308.86	\$154.43	\$1,750.20	\$2,059.06
	Family	\$386.02	\$193.01	\$2,187.42	\$2,573.44
Aetna HMO	Employee Only	\$136.34	\$68.17	\$772.57	\$908.90
	Employee & Child(ren)	\$208.34	\$104.17	\$1,180.62	\$1,388.96
	Employee & Spouse	\$287.00	\$143.50	\$1,626.32	\$1,913.32
	Family	\$358.01	\$179.01	\$2,028.73	\$2,386.74
Aetna CDH Gold	Employee Only	\$135.16	\$67.58	\$765.92	\$901.08
	Employee & Child(ren)	\$206.29	\$103.15	\$1,168.99	\$1,375.28
	Employee & Spouse	\$279.82	\$139.91	\$1,585.62	\$1,865.44
	Family	\$355.37	\$177.69	\$2,013.79	\$2,369.16

Health Premiums
Effective: July 1, 2023
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	\$174.14	\$87.07	\$696.58	\$870.72
	Employee & Child(ren)	\$264.44	\$132.22	\$1,057.74	\$1,322.18
	Employee & Spouse	\$359.72	\$179.86	\$1,438.88	\$1,798.60
	Family	\$449.53	\$224.77	\$1,798.13	\$2,247.66
Highmark Delaware Comprehensive PPO	Employee Only	\$198.74	\$99.37	\$794.94	\$993.68
	Employee & Child(ren)	\$305.99	\$153.00	\$1,223.97	\$1,529.96
	Employee & Spouse	\$411.81	\$205.91	\$1,647.25	\$2,059.06
	Family	\$514.69	\$257.34	\$2,058.75	\$2,573.44
Aetna HMO	Employee Only	\$181.78	\$90.89	\$727.12	\$908.90
	Employee & Child(ren)	\$277.79	\$138.90	\$1,111.17	\$1,388.96
	Employee & Spouse	\$382.66	\$191.33	\$1,530.66	\$1,913.32
	Family	\$477.35	\$238.68	\$1,909.39	\$2,386.74
Aetna CDH Gold	Employee Only	\$180.22	\$90.11	\$720.86	\$901.08
	Employee & Child(ren)	\$275.06	\$137.53	\$1,100.22	\$1,375.28
	Employee & Spouse	\$373.09	\$186.55	\$1,492.35	\$1,865.44
	Family	\$473.83	\$236.92	\$1,895.33	\$2,369.16

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

Delta Dental
Plan Premiums
Effective: July 1, 2023

Plan Type	Coverage Level	Monthly Cost*
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

** Deducted 2nd paycheck of each month*

Vision Benefits of America (VBA)
Plan Premiums
Effective: July 1, 2023

Plan Type	Coverage	Monthly Cost*
Annual Eye Exams/Glasses/Contacts	Employee Only	\$0.00
	Employee & Child(ren)	\$3.88
	Employee & Spouse	\$3.77
	Family	\$7.80

** deduced first paycheck of each month*

TransElite HFA - Universal Life Insurance

Form: CPGUL300

With Riders: TI, WML, ADD

Non-Tobacco

Death Benefit Option: A



\$25,000 Face Amount				\$50,000 Face Amount			\$100,000 Face Amount			
Issue Age	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Issue Age
16	N/A†			8.03	0		16.05	0		16
17	N/A†			8.21	0		16.42	0		17
18	N/A†			8.40	0		16.80	0		18
19	N/A†			8.58	0		17.16	0		19
20	N/A†			8.77	0	8,823	17.55	0	17,693	20
21	N/A†			9.20	0		18.40	0		21
22	N/A†			9.43	0		18.86	66		22
23	N/A†			9.66	0		19.32	410		23
24	N/A†			9.89	0		19.80	722		24
25	N/A†			10.16	0	8,554	20.32	1,063	17,109	25
26	N/A†			10.42	0		20.85	1,358		26
27	N/A†			10.71	0		21.42	1,683		27
28	N/A†			11.01	85		22.02	1,987		28
29	N/A†			11.32	260		22.64	2,256		29
30	N/A†			11.65	428	8,158	23.31	2,520	16,330	30
31	N/A†			12.27	625		24.55	2,852		31
32	N/A†			12.66	806		25.32	3,117		32
33	N/A†			13.07	967		26.15	3,387		33
34	N/A†			13.50	1,120		27.01	3,609		34
35	N/A†			13.97	1,284	7,742	27.93	3,836	15,447	35
36	N/A†			14.44	1,405		28.89	4,037		36
37	N/A†			14.96	1,538		29.93	4,257		37
38	N/A†			15.62	1,642		31.25	4,396		38
39	8.11	368		16.24	1,804		32.47	4,633		39
40	8.41	445	3,521	16.83	1,882	7,055	33.65	4,736	14,097	40
41	8.85	513		17.70	1,956		35.40	4,837		41
42	9.20	590		18.41	2,067		36.81	4,988		42
43	9.63	648		19.27	2,122		38.54	5,062		43
44	10.01	707		20.03	2,183		40.06	5,129		44
45	10.41	751	3,092	20.82	2,221	6,190	41.64	5,163	12,385	45
46	10.89	776		21.79	2,229		43.59	5,132		46
47	11.42	807		22.84	2,238		45.69	5,104		47
48	12.03	843		24.06	2,261		48.13	5,106		48
49	12.63	842		25.26	2,218		50.53	4,976		49
50	13.37	840	2,502	26.74	2,166	5,002	53.48	4,825	10,011	50
51	14.06	833		28.12	2,112		56.25	4,680		51
52	14.80	825		29.60	2,053		59.21	4,520		52
53	15.54	744		31.09	1,858		62.20	4,093		53
54	16.38	777		32.77	1,888		65.54	4,108		54
55	17.21	782	1,841	34.43	1,861	3,683	68.86	4,016	7,366	55
56	18.19	604		36.38	1,469		72.78	3,204		56
57	19.32	365		38.65	958		77.32	2,148		57
58	20.65	175		41.30	545		82.61	1,287		58
59	22.15	0		44.30	151		88.61	467		59
60	23.75	0	318	47.51	0	636	95.02	0	1,274	60
61	25.62	0		51.24	0		102.48	0		61
62	27.77	0		55.54	0		111.09	0		62
63	30.00	0		60.01	0		120.02	0		63
64	32.59	0		65.18	0		130.36	0		64
65	35.52			71.04			142.09			65
66	37.94			75.88			151.77			66
67	40.67			81.34			162.68			67
68	43.48			86.97			173.94			68
69	46.39			92.78			185.56			69
70	49.55			99.11			198.23			70
71	53.95			107.92			215.84			71
72	58.71			117.42			234.85			72
73	63.81			127.63			255.27			73
74	69.27			138.54			277.09			74
75	75.25			150.51			301.03			75
76	81.50			163.01			326.03			76
77	88.28			176.57			353.14			77
78	95.50			191.00			382.00			78
79	103.24			206.49			412.98			79
80	111.42			222.86			445.72			80

† Face Amount is insufficient to require the minimum planned premium.

Solve for Target Premium - A100

* Guaranteed values are based on the minimum interest rate of 3.00% and maximum fees and charges. Non-Guaranteed values are based on a current illustrated interest rate of 5.25% and current fees and charges and are not guaranteed. Values are affected by the actual interest rates credited and cost of insurance rates charged. Non-Guaranteed elements are subject to change by the company. Actual results may be more or less favorable than shown. WML not included in Issue Ages 56+. Issue Ages 66+ do not include the ADD Rider. TI, LBR, EXT, RES not included in Issue Ages 76+. The Child Term Rider may be added for additional premium of \$1.15 BiWeekly26 per \$10,000.

A detailed illustration will be provided on delivery of a contract or earlier if requested. This is a quotation, not a contract.

7/20/2022

Underwritten by Transamerica Life Insurance Company. Home Office: Cedar Rapids, IA

Issue State: DE Ver: 5.0.2022.210

TransElite HFA - Universal Life Insurance

Form: CPGUL300

With Riders: TI, WML, ADD

Tobacco

Death Benefit Option: A



\$25,000 Face Amount				\$50,000 Face Amount			\$100,000 Face Amount			
Issue Age	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Issue Age
16	N/A†			10.73	0		21.46	0		16
17	N/A†			11.02	0		22.05	0		17
18	N/A†			11.34	0		22.69	0		18
19	N/A†			11.65	0		23.31	0		19
20	N/A†			11.97	0	12,480	23.94	0	25,012	20
21	N/A†			12.56	0		25.13	0		21
22	N/A†			12.91	0		25.83	0		22
23	N/A†			13.28	0		26.57	0		23
24	N/A†			13.69	0		27.39	0		24
25	N/A†			14.08	0	12,039	28.17	0	24,117	25
26	N/A†			14.52	0		29.05	0		26
27	N/A†			15.11	0		30.22	0		27
28	N/A†			15.59	0		31.18	0		28
29	8.10	0		16.21	0		32.43	0		29
30	8.38	0	5,779	16.76	0	11,544	33.53	195	23,144	30
31	8.78	0		17.56	0		35.12	602		31
32	9.09	0		18.18	0		36.37	1,122		32
33	9.48	0		18.96	7		37.92	1,582		33
34	9.83	0		19.66	271		39.33	2,061		34
35	10.20	0	5,405	20.41	549	10,840	40.82	2,516	21,681	35
36	10.65	0		21.29	743		42.59	2,844		36
37	11.13	0		22.27	997		44.55	3,272		37
38	11.63	0		23.26	1,175		46.53	3,569		38
39	12.22	131		24.44	1,385		48.88	3,905		39
40	12.77	240	4,875	25.55	1,554	9,757	51.10	4,170	19,508	40
41	13.36	350		26.72	1,705		53.45	4,419		41
42	14.02	448		28.04	1,834		56.08	4,612		42
43	14.74	532		29.48	1,948		58.96	4,777		43
44	15.47	586		30.93	1,990		61.87	4,819		44
45	16.25	646	4,151	32.51	2,071	8,313	65.02	4,909	16,621	45
46	17.10	693		34.21	2,106		68.42	4,932		46
47	18.00	737		36.00	2,139		72.01	4,949		47
48	18.93	759		37.86	2,136		75.73	4,893		48
49	19.91	768		39.83	2,109		79.66	4,784		49
50	21.02	748	3,253	42.04	2,018	6,509	84.08	4,555	13,018	50
51	22.18	710		44.36	1,895		88.72	4,267		51
52	23.39	657		46.79	1,745		93.58	3,923		52
53	24.66	589		49.33	1,571		98.66	3,527		53
54	26.03	639		52.06	1,624		104.12	3,596		54
55	27.43	669	2,277	54.86	1,648	4,555	109.72	3,603	9,108	55
56	29.02	501		58.03	1,270		116.08	2,818		56
57	30.80	265		61.62	770		123.23	1,777		57
58	32.87	113		65.75	429		131.49	1,057		58
59	35.20	0		70.39	119		140.79	409		59
60	37.66	0	616	75.33	0	1,235	150.66	0	2,470	60
61	40.04	0		80.09	0		160.19	0		61
62	42.63	0		85.26	0		170.53	0		62
63	45.52	0		91.05	0		182.10	0		63
64	48.57	0		97.14	0		194.28	0		64
65	51.73			103.47			206.94			65
66	56.33			112.67			225.35			66
67	60.12			120.24			240.48			67
68	64.16			128.34			256.68			68
69	68.22			136.43			272.87			69
70	72.44			144.88			289.76			70
71	78.25			156.50			313.00			71
72	84.41			168.82			337.64			72
73	90.92			181.85			363.70			73
74	97.70			195.40			390.80			74
75	105.00			210.01			420.02			75
76	112.66			225.32			450.65			76
77	120.76			241.52			483.04			77
78	129.38			258.77			517.54			78
79	138.45			276.89			553.79			79
80	147.69			295.38			590.76			80

† Face Amount is insufficient to require the minimum planned premium.

Solve for Target Premium - A100

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A detailed illustration will be provided on delivery of a contract or earlier if requested. This is a quotation, not a contract.

7/20/2022

Underwritten by Transamerica Life Insurance Company. Home Office: Cedar Rapids, IA

Issue State: DE Ver: 5.0.2022.210

HFA	TransElite HFA – Universal Life Insurance: HFA policies have flexible premiums and an accumulation value to provide the greatest death benefit amount per premium dollar and are ideal for those who want a higher death benefit, but are not interested in a high cash value accumulation. The premium is expected to provide coverage to the later of age 80 or 10 years, with no cash value expected at the coverage period's end. HFA policies have a minimum guaranteed interest rate and a maximum guaranteed cost of insurance. The premium is expected to sustain the policy to the later of age 80, or 10 years - however, skipped or reduced premium payments, changes in the non-guaranteed interest rate or charges, or acquiring a policy loan, a partial surrender, or a face amount increase could require additional payments. Coverage may be extended to age 100 and could require additional payments.
TI	Accelerated Death Benefit for Terminal Condition Rider (Form CRLTI100): Lets the insured "tap into" life insurance in the event of a future terminal condition diagnosis and still provides a benefit for the beneficiary.
WML	Waiver of Monthly Deductions Due to Layoff or Strike Rider (Form CRLWL100): Protects life insurance from lapsing for up to six months if the insured (employee only) is involuntarily laid off.
ADD	Accidental Death and Dismemberment Rider (Form CRLAD100): Provides an additional death benefit if the insured employee or spouse dies as the result of an accidental bodily injury. A specified percentage (25% to 100%) of the accidental death benefit, is payable for specific dismemberments caused by a covered accidental bodily injury. As an added benefit under the rider, where permitted, we will pay 3% of the AD&D death benefit-up to \$3,500-for qualified elder care, surviving spouse job training, surviving child education, and surviving child care. The AD&D benefit amount is the same as the face amount of the base Certificate, up to a maximum AD&D coverage amount of \$150,000. (This benefit is in addition to any life insurance death benefit.)



Term Life Insurance



How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$150,000 to meet your growing needs — with no medical underwriting.

What else is included?

A 'Living' Benefit — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable. Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium — Your cost may be waived if you are totally disabled for a period of time.

Portability — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you may apply for coverage for:

You:	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to \$150,000 with no medical underwriting. If you previously declined coverage, you may have to answer some health questions.
Your spouse:	Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000 with no medical underwriting, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your children:	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students. The maximum benefit for children live birth to 6 months is \$1,000.

How much coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate.
Use the rate table (at right) to find the rate based on age.
(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date. To determine your spouse rate, choose the age the employee will be when coverage becomes effective. See your plan administrator for your plan effective date.)
4. Enter your cost.

	1	2	3	4
Employee	\$_____,000	÷ \$10,000 = \$_____	X \$_____	= \$_____
Spouse	\$_____,000	÷ \$5,000 = \$_____	X \$_____	= \$_____
Child	\$_____,000	÷ \$2,000 = \$_____	X \$_____	= \$_____
Total cost				

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage	Per \$5,000 of coverage	\$0.080 per \$2,000 of coverage
	Cost	Cost	
15-24	\$0.760	\$0.380	
25-29	\$0.760	\$0.380	
30-34	\$0.860	\$0.430	
35-39	\$1.200	\$0.600	
40-44	\$1.970	\$0.985	
45-49	\$3.420	\$1.710	
50-54	\$5.730	\$2.865	
55-59	\$10.000	\$5.000	
60-64	\$10.520	\$5.260	
65-69	\$18.600	\$9.300	
70-74	\$32.200	\$16.100	
75+	\$51.560	\$25.780	

Billed amount may vary slightly.

If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.