

# **BENEFIT REVIEW & ENROLLMENT**

- **Dedication**
- **Ownership**
- **Vision**
- **Excellence**
- **Reliability**

**Excellence in Community Service  
& Outreach**

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
		▶ <b>Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>		<b>2019</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$			
<b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b>			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					
<b>8</b> Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		<b>9</b> First date of employment		<b>10</b> Employer identification number (EIN)	

# The City of Dover

## Finance Department-Payroll Office

### EMPLOYEE AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

I hereby authorize and request the City of Dover, hereinafter called CITY, to make payment of any amounts owing to me for my wages by initiating credit entries to my account indicated below in the financial institution named below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries initiated by CITY to such account and to credit the same to such account without responsibility for the correctness thereof.

**Please print clearly!**

Employee ID# \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

(1)

Bank Name \_\_\_\_\_ Bank Address \_\_\_\_\_ Bank Telephone \_\_\_\_\_

Account Number \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing Number \_\_\_\_\_ Specific Amount? \_\_\_\_\_ - or All \_\_\_\_\_

Notes: \_\_\_\_\_

(2)

Bank Name \_\_\_\_\_ Bank Address \_\_\_\_\_ Bank Telephone \_\_\_\_\_

Account Number \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing Number \_\_\_\_\_ Specific Amount? \_\_\_\_\_ or All \_\_\_\_\_

Notes: \_\_\_\_\_

**PLEASE NOTE: A voided check or documentation from the Institution is needed for verification of your account number and routing number. We cannot accept Deposit Slips.**

**For New Employees or first time direct deposit:**

After receipt of your direct deposit form, it takes one pay cycle before your direct deposit is active. You will receive a check for this pay cycle.

**Employees changing financial institutions:**

Your current Direct Deposit will be inactive for one pay cycle: You will receive a check for this pay cycle.

I understand by voluntarily completing this form, I am responsible for:

- Ensuring that the information is correct.
- Collecting overpayments from the receiver, if I do not change or stop the direct deposit.
- Reviewing my payroll statement to ensure the direct deposit stops, starts or changes.

I also understand that any problems once the allotment is delivered to the receiver are beyond the control of the City of Dover and that the City of Dover Payroll office is only responsible for ensuring proper delivery to the Bank and account number I have listed above.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



## EEOC INFORMATION FORM

NAME: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

☐ MALE ☐ FEMALE

DEPARTMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_

### HOW WOULD YOU DESCRIBE YOURSELF?

*(Choose one or more from the following)*

☐ **AMERICAN INDIAN OR ALASKAN NATIVE**

*All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.*

☐ **ASIAN or PACIFIC ISLANDER**

*All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.*

☐ **BLACK OR AFRICAN AMERICAN** (not of Hispanic Origin)

*A person having origins in any of the Black racial groups of Africa – includes Caribbean Islanders and other of African origin.*

☐ **HISPANIC**

*All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.*

☐ **WHITE** (not of Hispanic Origin)

*All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.*





*Human Resources Department*  
**Veteran Status Form**

Have you served in the US Armed Forces ☐ YES ☐ NO

If yes, are you currently ☐ Active ☐ Retired

Please list Branch, Service Years, Final Rank & Reserve Status below:

Branch:	
Service Years:	From To
Final Rank:	
Reserve Status:	

List deployments:

--

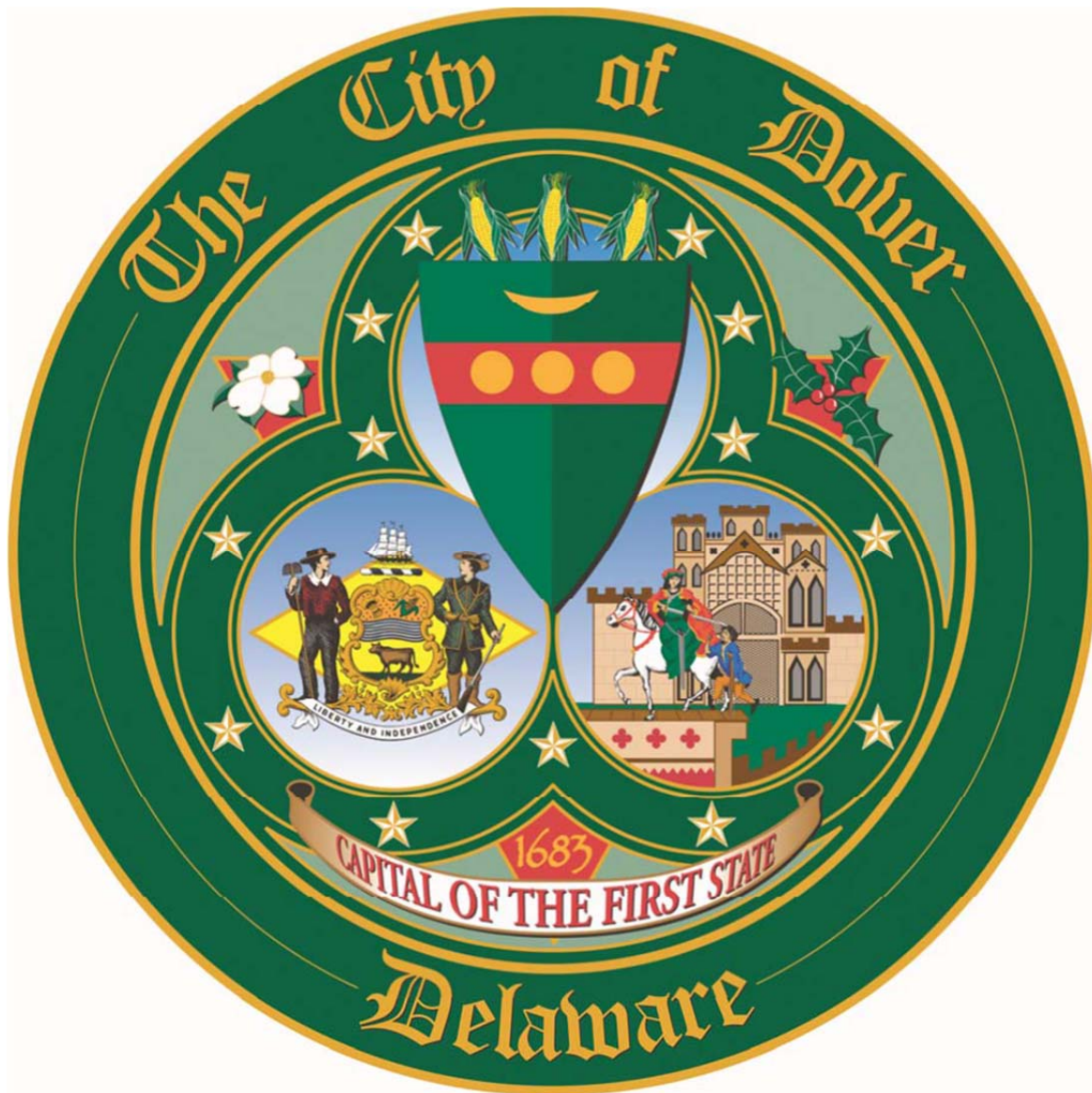
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
For Human Resources Use Only:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_



City of Dover Personnel Policy  
(Employee Handbook)

**July 2004**

The City of Dover Personnel Policy is not a contract of employment. The Personnel Policy is intended to provide guidance and direction in regards to the employee/employer relationship within the City of Dover.

My signature below indicates that a representative of the City of Dover has explained that the City of Dover Personnel Policy is not a contract of employment. The Personnel Policy is intended only to provide guidance and direction in regards to the employee/employer relationship within the City of Dover. A copy of this signed notice will be placed in the employee's personnel file indicating that I agree that this Personnel Policy in no way indicates a contract of employment.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

City Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

City Representative Title: \_\_\_\_\_

*Original signed copy is located in employee's personnel file.*

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The City of Dover Personnel Policy is not a contract of employment. The Personnel Policy is intended to provide guidance and direction in regards to the employee/employer relationship within the City of Dover.



## ARTICLE I

### **IMPLEMENTATION OF THIS POLICY**

#### **SECTION 1. CONFLICTING POLICIES REPEALED**

All policies, ordinances or resolutions that conflict with the provisions of this policy are hereby repealed.

#### **SECTION 2. SEPARABILITY**

If any provision of this policy or any rule, regulation or order thereunder of the application of such provision to any person or circumstances is held invalid, the remainder of this policy and the application of such remaining provisions of this policy of such rules, regulations or order to persons or circumstances other than those held invalid will not be affected thereby.

#### **SECTION 3. VIOLATIONS OF POLICY PROVISIONS**

An employee violating any of the provisions of this policy shall be subject to suspension and/or dismissal, in addition to any civil or criminal penalty, which may be imposed for the violation of the same.

#### **SECTION 4. EFFECTIVE DATE**

This policy shall become effective **July 12, 2004** upon the approval of City Council.

## ARTICLE II

### **ORGANIZATION OF PERSONNEL SYSTEM**

#### **SECTION 1. PURPOSE**

Policies are defined as the basic rules which guide administrative action to accomplish the organization's objective. Well conceived policies, consistently and fairly administered, have greatly contributed to the success of many organizations.

This Personnel Policies Employee Handbook contains those policies adopted by and for the City of Dover. Its intended use is to inform all covered employees of their rights, benefits and responsibilities and to assist the City administrative group, department heads and supervisory personnel in seeing that the goals and objectives of the City are met.

Changes with this handbook (i.e. additions, deletions or revisions) will be dated and communicated to all affected

employees.

## **SECTION 2. COVERAGE**

This handbook shall apply to all employees of the City of Dover. When an aspect of either this policy or a manual of Department Rules conflicts with the terms and conditions of an employee labor agreement approved by City Council then the employee labor agreement takes precedence.

## **SECTION 3. DEFINITION OF TERMS**

Part-time Employee: An employee, either regular or temporary, who is appointed to a position and is regularly scheduled to work fewer than 37.5 hours weekly.

Full-time Employee: An employee, either regular or temporary, who is regularly scheduled to work 75 or 80 hours biweekly for employees regularly scheduled to shift work or 37.5/7.5 hours or more per workweek/workday for non-shift workers.

Regular Employee: A person appointed/selected to serve in a position for an undetermined duration subject to probationary requirements.

Temporary Employee: A person appointed/selected to serve in a position for 180 calendar days or less.

On-Call Employee: A person who is to be available to work when a full-time regular employee is unavailable (for example, Relief Fire Dispatchers).

Completed Year: A period of twelve calendar months in which the employee is on active pay status or is on Worker's Compensation leave.

Completed Month: Any month in which an employee for one half (1/2) of the workdays either works, is on approved leave with pay, is on Worker's Compensation leave or any combination of these.

Active Pay Status: Any employee who is eligible to receive a biweekly paycheck, except those on terminal leave.

## **SECTION 4. MERIT PRINCIPLE**

All appointments, promotions and other personnel transactions shall be made on the basis of knowledge, skills and abilities, as stated in the job description for the position.

The above section is subject to employee labor agreements, if

applicable.

### ARTICLE III

#### **The Pay Plan**

##### **Section 1. ADOPTION**

The position classification plan and salary ranges that were developed by the Public Administrative Service (PAS) is hereby adopted as the position classification plan for the City and can be obtained from the Human Resources Department. Bargaining positions are indicated in employee labor agreements.

##### **SECTION 2. MAINTENANCE OF THE PAY PLAN**

The pay plan is intended to provide equitable compensation for all positions when considered in relation to each other; to general rates of pay for similar employment in the private sector and in the other public jurisdictions in the area; to changes in the cost of living; to financial conditions of the City and other factors. To this end the City Council shall from time to time consider studies of all factors affecting the level of salary ranges and consider such changes in salary ranges as warranted.

The above section is subject to employee labor agreements, when applicable.

##### **SECTION 3. USE OF SALARY RANGES**

For non-bargaining positions, salary ranges are intended to furnish administrative flexibility in recognizing individual performance among employees holding positions in the same class by rewarding employees for meritorious service. The following general provisions will govern the granting of the pay increments:

- (a) The minimum rate established for the class is the normal hiring rate, except in those cases where unusual circumstances appear to warrant appointment at a higher rate. Appointments above the minimum rate may be made with the approval of the City Manager when deemed necessary in the best interest of the City. Above the minimum appointments will be based on such factors as the qualifications of the applicant being higher than the desirable education and training for the class, a shortage of qualified applicants available at the minimum step and the need to offer qualified applicants above the minimum steps to secure his/her employment.

(b) All factors affecting an employee's performance shall be considered in determining whether or not the employee shall receive an increase or be retained at the current rate. The performance evaluation shall cover a full year of active service. This provision is for bargaining and non-bargaining positions.

(c) The date for the performance evaluation described in subparagraph (b) above shall be the annual anniversary of an employee's employment date or date of change of position. This procedure applies to all bargaining employees. Another date for a new employee may be designated when deemed necessary in the best interest of the City, and shall be based on such factors as the qualifications of the new employee being higher or lower than the desirable education and training for the class, a shortage of qualified applicants for the job and the need to offer qualified applicants another review date other than their employment date to secure their employment.

#### **SECTION 4. PAYMENT AT A LISTED RATE**

All non-bargaining employees covered by the PAS salary plan shall be paid at a listed rate within the salary ranges established for their respective job classes except for employees in a trainee status or whose present salaries are above the established maximum rate following transition to a new pay plan or a reclassification.

Non-exempt hourly employees who work a forty (40) hour week and an eight (8) hour day or a thirty seven and a half (37.5) hour work week and a seven and a half (7.5) hour day shall be paid at a hourly rate within the salary ranges established for their respective job classes.

Non exempt salaried employees who work a forty (40) hour week and an eight (8) hour day or a thirty seven and a half (37.5) hour work week and a seven and a half (7.5) hour day shall be paid at the listed weekly rate within the salary ranges established for their respective job classes.

Exempt salaried employees who work a forty (40) hour week or a thirty seven and a half (37.5) hour work shall be paid at the listed weekly rate in the salary ranges established for their respective job classes.

The above section is subject to employee labor agreements, when applicable.

#### **SECTION 5. SALARY OF A TRAINEE**

An applicant hired or an employee promoted to a position in a higher class, who does not meet all the established requirements of the position, may be appointed at a rate in the pay plan below the minimum established for the position. An employee will remain on the trainee step until the department supervisor certifies that the trainee is qualified to assume the full responsibilities of the position, subject to employee labor agreement.

**SECTION 6. PAY RATES IN PROMOTION, DEMOTION, TRANSFER, RECLASSIFICATION AND UPGRADING**

When an employee is promoted, demoted, upgraded, transferred or reclassified, the rate of pay for the new position will be established in accordance with the following rules:

- (a) An employee who is promoted shall receive a minimum 5% increase or an increase to the minimum step of the new pay range, whichever is higher.
- (b) An employee who is demoted to a position for which he/she is qualified shall receive a salary or hourly rate in the lower pay range.
- (c) An employee transferring from a position in one class to a position in another class assigned the same pay range shall continue to be paid at the same rate.
- (d) An employee whose position is reclassified to a class having a higher salary range shall receive a minimum 5% increase or an increase to the minimum step of the new pay range, whichever is higher. If the employee's position is reclassified to a lower pay range and the result is that the employee will receive a rate of pay above the maximum established for the new class, that employee will be ineligible for merit pay adjustments until such time that the employee either receives a promotion or benefits from a general class-wide pay increase thereby bringing the employee's rate of pay to or below the maximum rate established for the class.
- (e) An employee who is temporarily upgraded and becomes eligible for a pay increase must wait thirty (30) calendar days from the time of his/her upgrade before the increase goes into effect. The increase will take effect on the 31<sup>st</sup> calendar day. The employee shall receive a minimum one step pay increase or an increase to the minimum step of the range of the position that he/she is filling, whichever is higher, until the employee is downgraded. The City Manager reserves the discretion to give pay increases without the above guidelines being satisfied.

## **SECTION 7. PAY RATES IN SALARY RANGE REVISIONS**

When a change in pay range is approved for a class of positions, employees whose positions are allocated to that class may have their salary or hourly rate raised or left unchanged.

(a) Depending upon the financial condition of the City, when a class of positions is assigned to a higher pay range, each employee in that class shall receive at least a pay increase to the minimum starting of the new pay range. If the employee's current rate of pay is within the new range, the employee will retain his or her current salary.

(b) When a class of positions is assigned to a lower pay range, the salaries of employees in that class will remain unchanged. If this assignment to a lower class results in an employee being paid at a rate above the maximum step established for the new class, that employee will be ineligible for merit pay adjustments until such time that the employee either receives a promotion or benefits from a general class-wide pay increase thereby bringing the employee's rate of pay to or below the maximum rate established for the class.

## **SECTION 8. PAY FOR PART-TIME WORK**

The Pay Plan established by this policy is for full-time service. An employee appointed for less than full-time service shall be paid a prorated amount determined by converting the established salary to an hourly rate.

The above section is subject to employee labor agreements, when applicable.

## **SECTION 9. OVERTIME**

Overtime work shall be that work performed by a non-exempt hourly or salaried full-time employee who either exceeds eight (8) hours per workday or forty (40) hours per workweek or which is accomplished on an unscheduled workday provided however that no fulltime employee shall be paid twice at an overtime rate for the same hours (pyramiding). Non-exempt hourly or salaried employees who work a seven and a half (7.5) hour workday or thirty-seven and a half (37.5) hour workweek will not receive overtime compensation until hours exceed eight (8) hours per day or forty (40) hours per week.

Overtime work shall be the work performed by a part-time employee which exceeds an eight (8) hour workday or forty (40) hour workweek provided that no part-time employee shall be paid twice at

an overtime rate for the same hours (pyramiding).

For the purpose of computing overtime pay, time spent on vacation, holidays, earned sick leave, military leave, jury duty and bereavement leave shall be considered hours worked. Terms subject to employee labor agreements. Lost time due to other types of leave such as personal business, unexpected absence and lateness shall not be considered as hours worked. No employee shall be authorized to work overtime (except when necessary in the interest of the City) on the same day that an employee has spent time on leave, with or without pay.

In order for an employee to be eligible for overtime the following provisions apply:

- (a) the work is of a regularly scheduled nature and is approved by the Department Head or the authorized representative of the Department Head,

- (b) the work is of a unusual, unscheduled or emergency nature and is directed by the Department Head or the authorized representative of the Department Head,

- (c) Compensatory time off shall be taken within ninety (90) days from the time it is earned.

In determining whether an employee will receive compensatory time or monetary payment for overtime it is the discretion of the Department Head unless the employee labor agreement for the position the employee occupies indicates otherwise. The employee and Department Head must reach a mutual agreement prior to the overtime occurring.

For non-bargaining employees the following guidelines apply:

When a non-bargaining, nonexempt employee is required to work overtime he or she will be compensated with time off at the rate of one and one half times the overtime hours worked or paid for such time on the basis of one and one half times their regular hourly rate for the overtime hours worked provided that:

- (a) the employee and Department Head or authorized representative of the Department Head must reach a mutual agreement concerning receiving pay or Comp-time prior to the performance of overtime work.

- (b) the work is of a regularly scheduled nature and is approved by the Department Head or authorized representative of the Department Head prior to the work being performed.

- (c) the work is of an unusual, unscheduled or emergency

nature and is directed by the Department or an authorized representative of the Department Head.

(d) compensatory time off should be scheduled and taken within ninety (90) days from the time it is earned. The Department Head must approve the compensatory time schedule. If earned compensatory time is not taken within ninety (90) days, the City will have the option of paying overtime to the affected employees.

(e) the Department Head or person designated by the Department Head will keep records of compensatory time earned for all non-bargaining, nonexempt employees in his or her Department.

When a non-bargaining, exempt employee is required to work overtime he or she will be compensated with time off at the rate of one times (1 overtime hour = 1 comp-time hour) the overtime hours worked provided that:

(a) the work is of an unusual, unscheduled or emergency nature and must be completed at a specific time in order to meet a deadline or specific request from an outside agency or authority.

(b) compensatory time off should be taken within ninety (90) days from the time it is earned. Council Appointees and City Manager Department heads may work a flexible work schedule to accomplish receiving the earned comp-time. If the compensatory time is not taken in ninety (90) days, non-bargaining exempt employees will forfeit the time.

(c) the Department Head or person designated by the Department Head will keep records of compensatory time earned for all non-bargaining, exempt employees in their Department.

#### **SECTION 10. SHIFT DIFFERENTIAL PAY**

The above section is subject to employee labor agreement.

#### **SECTION 11. ON CALL PAY**

The City shall provide compensation to exempt and non-exempt hourly and salaried employees scheduled for "on-call" service after hours, weekends and holidays on a full seven (7) day cycle.

The method of reimbursement for the service shall be:

(a) The City shall pay an additional seven (7) hours straight time over and above the normal forty (40) hours worked for an employee assigned "on call" for the week,



even if he/she is not called to work. This "on call" pay is computed and should be shown on the biweekly time sheet as one (1) straight time hour per day.

(b) The paid "call-out" time shall be no less than two hours for each separate "call-out." If an employee is on a "call-out" and another trouble call is reported to him/her, this shall be treated as the same "call-out." Only when the employee has returned home and is again called-out shall a new "call-out" be reported. The time spent on a "call-out" begins when the employee reports to the work place or gets to the City vehicle, if it was not taken home. The "call-out" time must be recorded on the biweekly time sheet in the on-call overtime column.

(c) Any trading of "on call" duty between employees must be approved in writing by the Supervisor of the employee who was originally assigned for duty. The assigned "on call" employee shall be the only employee that reports "call-out" time under this policy. Obviously, other personnel may be "called-out" during times of emergencies and their overtime pay shall be determined under Sections 9 and 12 of this Article. Trading of on-call duty is permitted, however subject to department policies.

(d) The employee subject to "on-call" shall be responsible to assure that the phone number listed under their name, with the Dispatch Center, is correct and current. Any employee scheduled and assigned to "on-call" duty who is found to be unavailable when called at the phone number listed with the Dispatch Center of their department will be subject to disciplinary action by the Department Head; including loss of one week "on-call" pay.

(e) Written approval must be obtained in order to trade on-call shifts. Approval must be received prior to the trade. The person who is actually on-call is the employee who is to be reported to payroll.

(f) Exempt employees shall receive comp-time at straight time for the hours that they are called out. The City Manager must approve all on-call statuses. In general, on-call status shall not be provided to Department heads, division heads or management who may from time to time be called in on extraordinary circumstances. (Approved by City Council on January 12, 2009.)

The above section is subject to employee labor agreements, when applicable.

## **SECTION 12. CALL BACK PAY**

Any City employee eligible to receive overtime compensation under this policy who is not "on-call" will be guaranteed a minimum payment of two hours of wages for being called back to work outside of normal working hours; provided that the employee who is called back goes home again before the next regular work time.

The above section is subject to employee labor agreement, when applicable.

## **SECTION 13. LONGEVITY PAY**

Longevity pay shall apply to all regular employees working twenty or more hours per week hired prior to July 1, 1980. Such pay shall be based on the following schedule:

<u>Number of Years Continuous Service</u>	<u>Amount of Weekly Increase</u>
9	+.10/hr or \$4.00/wk
12	+.10/hr or \$4.00/wk
15	+.10/hr or \$4.00/wk
20	+.10/hr or \$4.00/wk
25	+.10/hr or \$4.00/wk

Upon completion of 9, 12, 15, 20 and 25 continuous years of service, an employee shall receive the appropriate adjustment in base pay.

## **SECTION 14. VACATION SELL BACK**

A regular employee may, during the month of December, sell back to the City unused vacation in accordance with the following schedules:

### REGULAR FULL-TIME EMPLOYEES

<u>Number of Vacation Days Earned Per Year</u>	<u>Number of Days Eligible to Sell Back</u>
12	5
18	5
21	10
24	10

### REGULAR PART-TIME EMPLOYEES

Number of Vacation Days Earned Per Year	Number of Days Eligible to Sell Back
6	2.5
9	2.5
10.5	5
12	5

The payment in lieu of vacation shall be made only in December each year and shall be deducted from the current calendar year's unused vacation leave. The employee will be paid based on his/her base salary plus cost-of-living increases and longevity increases at the date of the issuance of the sell back check.

This pay shall be at the City's option. The employee must request in writing to the employee's Department Head, prior to the submission of his/her Department's annual preliminary operating budget to the appropriate City official to reserve the option of pay in lieu of vacation in the budget. The normal City "application for leave" form (COD004) must be completed at least two weeks in advance of receiving pay in December.

Pay in lieu of vacation shall not be considered pay for pension purposes. No employee pension contributions will be deducted, the City will not make pension contributions based on the pay and the pay shall not be used to compute pension benefits.

The above section is subject to employee labor agreements, when applicable.

### **SECTION 15. PAYROLL DEDUCTIONS**

Federal and State Income Taxes, Social Security Tax, Medicare Tax, Dental, Life and Health Insurance Premiums, Credit Union Contributions, United Way contributions, Public Employees Benefit Services Corporation Contributions (PEBSCO), International City Management Association Contributions (ICMA), U.S. Savings Bonds, pension contributions, Flexible Spending, Union Dues and any other deduction that is court ordered will be deducted at each pay period as authorized by law or by the employee.

### **SECTION 16. PAY DAY**

Payday falls on Friday for all employees. Should a regular payday fall on a holiday, paychecks shall be issued on the work day that precedes the holiday. Direct Deposit of paychecks is a condition of employment effective July 12, 2004.

## **SECTION 17. PAY PERIOD**

All employees shall be paid biweekly. The pay period shall be from 12:01 a.m. Sunday to 12:00 p.m. Saturday.

## **SECTION 18. TRADING OF REGULARLY SCHEDULED HOURS**

Effective April 9, 2003 employees will not be permitted to trade regularly scheduled hours unless stated otherwise in the labor agreement that represents the employee.

# **ARTICLE IV**

## **EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION**

The City of Dover is committed to providing equal employment opportunities to all citizens and maintaining a high quality workforce that draws upon the talents of our diverse citizenry to effectively operate our City government. Through sound recruitment, promotion, and retention practices Dover will continue to strive for a workforce that reflects the diversity of the City's population.

### **SECTION 1. EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION POLICY**

It is the policy of the City to promote and foster equal employment opportunities, nondiscrimination, and a work atmosphere that fosters mutual respect and understanding among persons of different races, sexes, and faiths. The City of Dover shall provide equal opportunity to all qualified individuals in recruitment, hiring and promotion practices and shall assure that no one shall suffer discrimination or harassment by a City employee on the grounds of race, color, religion, sex, sexual orientation, physical handicap, age or national origin. Applicants with physical handicaps shall be given equal consideration with other applicants for positions when the City is able to make reasonable accommodations to help them perform the essential functions of their duties.

### **SECTION 2. GENERAL IMPLEMENTATION**

All personnel responsible for recruitment and employment shall periodically review the implementation of this policy and relevant practices to assure that equal employment opportunity based on reasonable performance related job requirements are being actively observed. This will ensure that no employee or applicant for employment shall suffer discrimination based on age, sex, race,

color, religion, national origin, sexual orientation or physical handicap. Notices with regard to equal employment matters shall be posted in conspicuous places on City Government premises where notices are ordinarily posted.

### **SECTION 3. COMMUNICATION**

#### **A. Internal**

This policy shall be thoroughly disseminated and discussed at new employee orientation and management training programs.

This shall be the City's policy, and efforts to achieve the City's objectives in this area shall be published in an informational brochure and given to employees annually.

The intent of this policy and program and the individual responsibility for effective implementation of same shall be explained to staff, management and supervisory personnel.

Equal employment opportunity and affirmative action posters shall be prominently displayed in places readily accessible to both employees and applicants.

All employment advertising shall display the tag lines: "An Equal Opportunity Employer" or its equivalent.

#### **B. External**

All sources of applicants for employment shall be notified annually in writing of the City's policy. These sources shall be requested to actively recruit and refer minority, female and handicapped applicants for positions listed.

The City of Dover shall notify minority, female and handicapped organizations, community agencies, community leaders, secondary schools and colleges of the City's policies of non-discrimination and equal employment opportunity, and the Affirmative Action policy.

### **Section 4. RESPONSIBILITIES FOR IMPLEMENTATION**

#### **A. Human Resources Director**

- 1) The Human Resources Director of the City of Dover shall serve as the Equal Employment Opportunity Officer and be responsible for implementation of this plan. The department head of each City department shall be

responsible for their department and shall be accountable for implementing the City's policy.

- 2) The Human Resources Director shall be responsible for auditing and continually reviewing the City's hiring practices and employee behavior with respect to the Policy. The City Manager shall be notified of any complaints initiated against the City and any requests from private organizations and people wishing to discuss our employment practices.
- 3) The Human Resources Director shall have a complaint procedure to permit and encourage employees to discuss with the Human Resources Director any problem resulting from alleged bias, discrimination, lack of employment opportunity or any similar matter.

B. Human Relations Commission

The City of Dover has a Human Relations Commission whose purpose is to make recommendations to the City Council on ordinances which would support inclusiveness and civility, and to engage in education and advocacy for bettering human relations. The Human Relations Commission should be consulted from time to time on progress of this policy, and shall be given opportunities to educate the work force on bettering human relations.

**SECTION 5. IDENTIFICATION OF PROBLEM AREAS**

A continuing analysis will be made by City Council and the City Manager to determine the composition of the work force, the applicants for employment, and the results of employment activities. The selection process including position descriptions, application forms, interviews, test procedures (if applicable), test validity, referral procedures, final selection process, as well as transfer and promotion practices shall be constantly monitored to assure equal opportunity.

**SECTION 6. RECRUITMENT**

The City of Dover will continue to make special efforts to convince minority, female and handicapped individuals in the community that the City offers equal opportunity and a congenial employment environment. In this connection, effective communication will be maintained with the State Human Relations Commission and the State Employment Office to encourage minority individuals to seek employment with the City of Dover.

The City maintains continual personal contact with those having the most access to minority groups and handicapped individuals. These sources include school principals, community leaders, college career advancement offices, religious leaders and heads of minority groups. Referral to the City of Dover for employment is encouraged.

Moreover, to broaden the recruitment base with respect to placing minority, female and handicapped employees in professional categories, the City of Dover will communicate its needs to public and private employment offices emphasizing opportunities that are available. The City will continue to maintain relationships with all organizations which have as an objective the improvement of the employment opportunities for minority, female and handicapped persons.

In all employment advertising, the City of Dover will identify itself as an Equal Opportunity Employer, abiding by all the provisions of Title VII, Civil Rights Act.

A system of quotas shall not be utilized in the recruitment and selection of employees.

Minority, female and handicapped applicants for management and supervisory positions shall be energetically recruited in keeping with all the provisions and intent of this policy.

#### **SECTION 7. ADVANCEMENT**

Minority, female or handicapped employees who have previous experience or who have demonstrated abilities and qualifications comparable to other applicants shall be considered for promotional opportunities--particularly where training or educational refund is to be afforded. They shall be encouraged to undertake training opportunities. The City has no formal training programs other than "on the job" training.

#### **SECTION 8. INVOLVEMENT IN COMMUNITY ACTIVITIES**

The City shall be actively involved in community activities that are minority, female and handicapped oriented. Both elected and non-elected City Officials will donate their free time to minority organizations by giving talks/greetings or attending affairs sponsored by such groups.

### ARTICLE V

#### **RECRUITMENT AND SELECTION**

## **SECTION 1. RECRUITMENT SOURCES**

Recruitment sources including but not limited to newspapers, on-line recruiting services, employment agencies, job training and referral agencies and schools shall be advised periodically of the City's EEO policy. The City shall include among its recruitment sources the organizations and news media which are used by and are available to minority group applicants. Opportunities for employment with the City, including salary ranges, when appropriate, and employment qualifications for positions to be filled shall be publicized. Information on job openings and hiring practices shall be provided to recruitment sources. Individuals shall be recruited from a geographic area as wide as is necessary to ensure that well-qualified applicants are obtained for City service.

## **SECTION 2. JOB ADVERTISEMENTS**

Employment advertisements shall contain assurances of equal employment opportunity and shall comply with federal and state statutes regarding discrimination in employment matters based on race, age, sex, color, sexual orientation, religion, national origin, and physical handicap.

## **SECTION 3. APPLICATION FOR EMPLOYMENT**

With the exception of uniformed police officers, employment applications will only be accepted to fill positions which the City is actively seeking to fill, unless it is determined by the Human Resources Director that it is necessary to broaden representation of minority, female, or handicap employees in which case applications shall be accepted at any time. Applicants are told upon inquiry that applications will be kept under active consideration for six (6) months after the date of application, after which they will be placed in a reserve file (see Section 4 below).

Applications for uniformed police officers are accepted continuously and can be obtained at the Police Department.

Employment practices shall be applied consistently for all applicants and shall be put in writing in sufficient detail to facilitate administration by all employees assigned to work in that area. All citizens must be permitted to file. If qualified applicants are being referred to department supervisors, then all those persons with comparable qualifications shall be referred.

All applicants who are interviewed for a position with the City and not selected shall be told why they were not selected for the position.



The City of Dover will not use any testing procedures to screen applicants other than recognized validated tests.

#### **SECTION 4. APPLICATION RESERVE FILE**

Applications shall be kept in an active file for a period of not less than six (6) months. After six months, applications shall be kept in a reserve file for a period of thirty-six (36) months.

To the extent that it is practical, reference to these files shall be made periodically in connection with the City's employment requirements to ensure that equal consideration is given to all applicants.

#### **SECTION 5. QUALIFICATION STANDARDS**

- A. Employees shall meet the employment standards established by the position classification plan and such other reasonable minimum standards of character, aptitude and ability to meet the public need and physical condition as may be established by the City.
- B. The City's policy includes the responsibility for insuring that the hiring qualifications for both entry level and promotional level jobs are fair and will continue to be fairly administered. Qualifications shall be reviewed periodically to assure that requirements conform to the actual job performance requirements. Qualifications and standards shall not be compromised. However, requirements particularly with regard to education, knowledge and experience, for each job shall be reasonable rather than excessive so as not to unwittingly discourage or eliminate minority, female or handicapped individuals whose backgrounds may be minimal in these areas from applying.
- C. In keeping with both these responsibilities, the City may hire applicants who do not meet all minimum qualifications for particular jobs, provided that the deficiencies are such that they can be eliminated through orientation and on-the-job training.

#### **SECTION 6. TESTING**

Tests administered by the City or by the Delaware Department of Labor for the City will conform to applicable legal regulations.

#### **SECTION 7. APPOINTMENTS**

It is the policy of the City to employ according to knowledge, skills and abilities as stated in the job description for the position subject to employee labor agreements, if applicable. To that end, the City shall use all available means to attract qualified candidates for employment and to make such investigations and examinations as are deemed appropriate to assess fairly the aptitude, education, experience, knowledge, skills, character, and other qualities required for positions in the service of the City. Uniformed police officers will be required to meet the standards set by the Counsel on Police Training (C.O.P.T).

It is the City's policy to promote career opportunities for its employees when possible. Therefore, when a current employee applying for a vacant position is the best qualified candidate of all the applicants, that applicant shall be appointed to that position. All internal candidates shall be interviewed for positions for which they apply if they have the outlined qualifications.

When positions are to be filled, the City shall publicize opportunities for employment including the salary ranges, when appropriate, and employment qualifications for positions to be filled. At a minimum, job opportunities shall be publicized in a local newspaper and notice of vacancies shall be posted at designated conspicuous sites within City departments. The Human Resources Director shall also make available to the department heads for consideration current applications on file in the Human Resources Department.

The above section is subject to employee labor agreement, when applicable.

#### **SECTION 8. PROBATIONARY PERIOD OF EMPLOYMENT**

An employee appointed to a regular position other than a sworn police officer shall serve a probationary period of six (6) months. An employee appointed to a regular sworn police officer position shall serve a probationary period of twenty-four (24) months. An employee may be dismissed during the probationary period at any time the department head determines that the employee is not satisfactorily performing the assigned duties. A probationary employee that is terminated or voluntarily leaves during the probationary period will be credited with vacation days earned.

An employee serving a probationary period following initial employment in a full-time or part-time position shall receive all benefits provided in accordance with this policy with the following exceptions or as otherwise provided:

- A. Employees may accumulate vacation and sick leave but shall not be permitted to take his or her leave during the first six (6)

months of the probationary period unless the denial of such leave would create an unusual hardship.

- B. Employees serving a probationary period following a promotion shall continue to receive all benefits provided in accordance with this policy and under other supplementary rules and regulations and will be permitted to take vacation and/or sick leave prior to the end of the probationary period.

Before completion of the probationary period, the department head or department head representative shall indicate in writing to the Human Resources Director:

- A. that the employee's supervisor has discussed the new employee's progress (accomplishments, strengths and areas of improvements) with the new employee,
- B. whether the new employee is performing satisfactory work,
- C. whether the probationary period should be extended provided that no employee shall remain on probation for more than one (1) year, other than a sworn police officer and
- D. whether the employee should be retained in the present position or should be released, transferred or demoted.

A proper City of Dover performance evaluation form must be used.

The above section is subject to employee labor agreement, when applicable.

## ARTICLE VI

### **TYPES OF APPOINTMENTS**

#### **SECTION 1. PROMOTION**

(a) Candidates for promotion shall be chosen on the basis of existing or anticipated job openings, their qualifications and their work records without regard to age, sex, race, color, creed, religion, national origin, sexual orientation or physical handicap. Performance appraisals and work records for all personnel shall be carefully examined when there are position opening. Employees who are currently serving a probationary period of employment shall be eligible for promotions or lateral transfers.

(b) When a vacancy occurs, the Department Head or designated supervisor in whose department the vacancy occurs shall review all applications, including those from current city employees.

The above section is subject to employee labor agreements, when applicable.

## **SECTION 2. DEMOTION**

Any employee whose work in his/her present position is unsatisfactory or whose personal conduct is unsatisfactory may be demoted, provided the employee shows promise of becoming a satisfactory employee in another position. Such a demotion shall be preceded by warning procedures outlined in Article XV, Section 8. Any employee who wishes to accept a position with less complex duties and responsibilities may be demoted for reasons other than unsatisfactory performance of duties or failure in personal conduct.

If the demotion is for failure in performance of duties or failure in personal conduct, the employee shall be provided with a written notice citing the recommended effective date and reasons for demotion.

Representative causes for demotion because of failure in work performance and failure in personal conduct are listed in Article XV, Sections 8 and 9.

## **SECTION 3. TRANSFER**

Any employee who has successfully completed a probationary period may be transferred to the same or similar class in a different department. In which case, the employee would be required to complete another probationary period. Any employee desiring to be transferred should make the request to the receiving department and inform the Human Resources Director.

As vacancies occur in other departments and if an employee wishes to be considered for transfer, the employee must complete the same paperwork as required by all interested applicants.

## **SECTION 4. TEMPORARY UPGRADING**

To assure the orderly performance and continuity of municipal service, the City may find it necessary to temporarily upgrade employees on an acting basis to position of a higher rank. Temporary upgrading may be required in order to fill or compensate for temporary vacancies which may exist for any of the following reasons:

- (a) A position is vacant and is scheduled to be filled by a regular full-time employee and a period of time is required so as to proceed with and complete the normal

appointment procedure.

(b) A position is temporarily vacant, although regularly filled, because the regular employee is on vacation, sick leave, light duty, Worker's Compensation or some other approved leave of absence.

After having been upgraded under this policy for thirty (30) consecutive or more calendar days, an employee shall become eligible for a temporary upgrade pay increase on the thirty-first (31) calendar day. Pay increase shall be a minimum of 5% or the minimum starting salary of the position, which ever is greater.

The above section is subject to employee labor agreements, when applicable.

#### **SECTION 5. EMPLOYEE EVALUATION**

It shall be the policy of the City of Dover to evaluate all employees prior to their review dates and to recommend increases based on a satisfactory evaluation to be effective on the review date. An employee shall not receive an increase if this evaluation proves to be unsatisfactory.

The following guidelines shall be followed in this review:

1. Every regular employee shall be reviewed for a full year of service.
2. The Supervisor shall arrange to meet with the employee to discuss the employee's evaluation no later than two weeks prior to the employee's scheduled review date. For non-bargaining employees, a supervisor shall arrange to meet with the employee no earlier than May 1 and no later than May 25 of each year.
3. The supervisor shall review the employees overall status, areas needing improvements as well as major strong points to the employee. The appropriate City of Dover Employee Evaluation form must be used.
4. It is recommended that the employee should be given a copy of the performance evaluation at least two (2) days prior to discussing the evaluation with the supervisor.
5. The supervisor shall request the employee's signature on the overall evaluation and, if, the employee meets the criteria of the Pay for Performance plan, a merit pay increase should be

recommended to the appropriate Department Head. If such merit increase is granted, the increase shall be submitted on Pay for Performance Salary Calculation Worksheet, prior to the due date, to the Human Resources Department.

The above section is subject to employee labor agreement, when applicable.

## ARTICLE VII

### **ETHICAL CONDUCT**

#### **SECTION 1. GIFTS AND FAVORS**

(a) No employee of the City shall accept any gift, whether in the form of service, loan, thing or promise from any person who, to the employee's knowledge, is interested directly or indirectly in any manner in business dealings with the City.

(b) No employee shall grant, in the discharge of duties, any improper favor, service or thing of value.

#### **SECTION 2. POLITICAL ACTIVITIES OF EMPLOYEES**

(a) No employee of the City shall, directly or indirectly, contribute any money or anything of value to any candidate for nomination or election to any City office, to any City office candidate campaign or take active part in any City political campaign. The only exception to this prohibition is voting.

(b) A person holding a City position shall not, while performing official duties or using City equipment at the person's disposal by reason of his/her position, solicit in any manner contributions for any purpose. Also a person can not engage in any activity during working hours that impairs the efficiency of the position or presence during the working hours.

(c) A person holding a City position shall not, by the authority of the position, secure or attempt to secure in any manner for any other person an appointment, or advantage in appointment, to a City position or an increase in pay, or other advantage of employment, in any such position for the purpose of influencing the vote of that person, or for any other consideration.

(d) A person who supervises a City employee shall not directly or indirectly solicit the person supervised to

contribute money, any thing of value or service, for any purpose not connected to said person's employment.

(e) Any person holding a City position who shall become a candidate for any elective office of the City of Dover, shall within sixty (60) days prior to the primary or general election voluntarily or automatically receive a leave of absence. This leave will be without pay and continue until the person is eliminated as a candidate. During this time the person shall perform no duties connected with the office or position so held.

(f) An employee shall terminate his/her employment with the City if appointed or elected to an elective office of the City prior to installation in the position or office.

Any violation of this section shall subject such employee to dismissal or other disciplinary action.

### **SECTION 3. OUTSIDE EMPLOYMENT**

The work of the City will take precedence over other occupational interests of employees. All outside employment for salaries, wages, commission and self employment must be reported in writing to the employee's supervisor, who in turn will report to the City Manager or an appropriate City Official for review. The City Manager or the appropriate City Official will review such employment for possible conflicts of interest and/or impact upon the efficiency of the employee. Such request will be placed in the employee's personnel file located in the Human Resources Department. Conflicting outside employment or outside employment which inhibits an employee's efficiency will be grounds for disciplinary action, up to and including dismissal.

### **SECTION 4. INCOMPATIBLE ACTIVITIES**

An employee shall not engage in any activity or enterprise which is incompatible with his/her duties as a City employee. The following activities shall be considered incompatible with City employment:

(a) Any activity or enterprise which involves the use, for private gain, of the City's time, facilities, equipment, supplies, badge, uniform, prestige or influence of a City office or equipment.

(b) Any activity or enterprise which involves the receipt or acceptance by the employee of any money or other consideration from anyone other than the City for performance of an act

which the employee would be required to render in the regular course of City employment or as part of his/her duties as a City employee.

(c) Any activity or enterprise which involves the performance of an act in other than his/her capacity as a City employee which may be later subject, directly or indirectly, to the control, inspection, review, audit or enforcement by such employee or the employing agency.

(d) Any activity or enterprise which involves the employee's time such that it impairs attendance or efficiency in the performance of duties as a City employee.

#### **SECTION 5.     LIMITATION OF EMPLOYMENT OF RELATIVES**

(a) Members of an immediate family shall not be employed at the same time if such employment would result in an employee directly or indirectly supervising a member of his/her immediate family.

(b) This policy shall not be retroactive as of April 5, 1984 and no action will be taken concerning those members of the same family employed in conflict with (a) above prior to April 5, 1984.

(c) Immediate family is defined for the purpose of this section as spouse, mother, father, guardian, children, sister, brother, grandparents, grandchildren plus the various combinations of half, step, in-law and adopted relationships that can be derived from those named.

#### **SECTION 6.     DISCRIMINATION AND HARASSMENT**

No employee shall discriminate, harass, or use derogatory language toward any person on the grounds of race, color, religion, sex, sexual orientation, physical handicap, age or national origin.

### ARTICLE VIII

#### **CONDITIONS OF EMPLOYMENT**

##### **SECTION 1.     UNEXPLAINED ABSENCE**

Any absence of three (3) or more consecutive days without a call-in by any City employee may be deemed and held to be, a resignation by such member and accepted by such as the City.



## **SECTION 2. USE OF CITY SUPPLIES, EQUIPMENT AND VEHICLES**

City equipment, materials, tools and supplies shall not be available for personal use nor be removed from City property except in the conduct of official City business.

An employee shall care for vehicles owned by the City in the same responsible way that an employee would care for his or her personal vehicle. Lack of care can result in disciplinary procedures. Such vehicles are to be used exclusively for official City business, except when by special approval. Use of vehicles for commuting to and from work shall usually be limited to an employee who is subject to an emergency call back to work.

No individual shall operate or ride in a City vehicle except as is required for the conduct of City business.

## **SECTION 3. REPRESENTATION AND INDEMNIFICATION**

**REPRESENTATION:** City employees, in any criminal or civil action against them arising from their official duties or from acts which were within the scope of employment and were not performed with wanton negligence or willful and malicious intent and do not arise out of official misconduct, bribery, robbery, receiving unlawful gratuities or other abuse of office or employment shall be entitled to have the City Solicitor appointed to represent their interest in the matter. The City Solicitor shall represent the person charged at all stages, trial and appellate, until final determination of the matter.

**INDEMNIFICATION:** In addition to the right of representation provided in the preceding paragraph of this Section, City employees who, but for the application of any provisions of the Constitutions or Laws of the United States or the State of Delaware to the contrary, would be entitled to immunity in accordance with 10 Del. C. S4010 et seq. shall be indemnified by the City of Dover against any expenses including attorneys fees and disbursements, judgements, fines and costs, actually and reasonably incurred by said person in defending against the action, suit or proceeding giving rise thereto provided, however, if the person seeking indemnification chooses to retain his/her own attorney rather than using the City Solicitor, he/she shall be responsible to bear all costs incurred thereby.

The right to indemnification shall automatically apply upon the final determination of any court or administrative tribunal of competent jurisdiction that no claim or cause of action existed, or, but for the application of the Constitutions or Laws of either the United States or the State of Delaware, that no such claim or cause of action would have existed, or upon a verdict or ruling in

favor of the person. If a court or administrative tribunal shall determine that no right to indemnification exists because the absence of any of the elements of immunity said determination shall be final and binding at such time as any and all rights or appeals from the decision giving rise to such determination shall have been exhausted. If for whatever reason, including a settlement agreed upon by the parties, the court or administrative tribunal having jurisdiction shall fail or refuse to make the determination required by this Subsection, then the indemnification shall only be granted as to the person upon the affirmative recommendation of a majority of members elected by Council.

#### **SECTION 4. SURRENDER OF PROPERTY**

An employee who is suspended, discharged, retiring or resigning shall be required to return to the City all items of equipment or uniforms owned by the City. Such items must be returned before issuance of the employee's final paycheck.

#### **SECTION 5. TRAVEL EXPENSES**

While traveling to an approved conference, training and business related travel of an employee shall be reimbursed for expenses based on the City of Dover's travel policy. Such policy can be obtained from the Finance Director.

#### **SECTION 6. VEHICLE ACCIDENT**

If any employee is involved in an accident involving a City vehicle or property which results in negligent damage, the employee may be required to reimburse the cost of repair or replacement of the City in full or part. All accidents shall be reported immediately to an employee's supervisor, the Police department for investigation as well as the Human Resources Department. The employee will be required to submit to a drug screening. The City of Dover will bear the cost of the screening. The Human Resources Department shall maintain an accident log by driver.

#### **SECTION 7. PRE-EMPLOYMENT REQUIREMENTS**

Each person to whom employment with the City is offered may be required to successfully pass a pre-employment physical, complete a background check and drug test at a City designated medical facility at the City cost before an appointment to such employment becomes effective. For person offered employment with the City of Dover as a uniformed Police Officer, he or she will be required to pass a pre-employment physical.

## SECTION 8. SUBSTANCE ABUSE POLICY

### PURPOSE

It is expected that all employees will maintain an appropriate level of fitness for duty. All persons covered by this policy should be aware that violations of the policy may result in discipline, up to and including termination, or not being hired. The guidelines and procedures for this policy are defined in the following programs. All employees are covered under this policy except for police officers, which are covered by a separate agreement contained in the Police Code of Conduct.

### POLICY

#### A. PRE-EMPLOYMENT SUBSTANCE SCREENING:

1. A substance screening for excessive alcohol use, misuse of prescription drugs or illicit drugs will be required as a condition of employment for all new hires.
2. A positive confirming second test, on the original screening sample, will be the basis for disqualification of the applicant.
3. If either of the tests are negative, the applicant satisfies the substance level requirements.
4. An applicant whose test shows a positive result will have 24 hours after receiving notification of the positive result to provide a bona fide verification of a current valid prescription which may have caused the positive result. The prescription must be in the applicant's name.

#### B. EMPLOYEES ARE PROHIBITED FROM THE FOLLOWING:

1. Reporting to work under the influence of alcohol or drugs.
2. Have the odor of alcohol or drugs on their breath or have drugs or alcohol in their possession, while on duty.
3. Sell or provide drugs or alcohol to any other employee or to any other person while such employee is on duty.
4. Have their ability to work impaired as a result of alcohol or drugs.

Such actions will constitute violation of the established personnel policy and are causes for disciplinary action.

C. The appropriate law enforcement agency will be notified of any sale, and/or distribution, possession of any illegal substance by an employee while on duty or during lunch and other breaks or at any time while the employee is on a City work site or City working time.

D. Confirmation of drug or alcohol use or abuse will result in disciplinary action in accordance with the failure in the Personal Conduct Section of this manual.

E. Two disciplinary actions relating to drug or alcohol use may be cause for termination.

F. While use of medically prescribed or some other legal medications and drugs is not a violation of this policy, when such drug use adversely affects job performance, the employee will be required to use sick leave or take leave of absence.

G. Failing to notify an employee's supervisor before beginning work, when taking medications or drugs which may interfere with the safe and effective performance of duties by a City employee, may result in disciplinary action up to and including termination. Such actions will constitute violation of the City of Dover personnel policy Article XV, Section 8, of Failure in Performance of Duties.

H. Discipline for being under the influence of alcohol or non-prescribed controlled substances during non-job related activities would be based on the employee's work history, previous disciplinary actions and previous identification of substance use problems.

I. When an employee's driver's license is suspended due to alcohol or drug use and driving is required by the employee's job description, the said employee is subject to disciplinary action based on the Article XV, Section 9 regarding Failure in Personal Conduct.

J. SUBSTANCE SCREENING FOR CURRENT EMPLOYEES

1. Alcohol and/ or drug tests of existing employees will be conducted randomly and when there is reasonable suspicion that alcohol or substance abuse is involved in the work place.

2. "Reasonable Suspicion" shall be based on objective and definitive facts sufficient to lead a reasonable

prudent supervisor to suspect that an employee is under the influence of drugs or alcohol so that the employee's ability to perform the functions of the job is impaired or so that the employee's ability to safely perform his/her job is reduced.

3. Another supervisor or higher ranking supervisor must confirm all charges of reasonable suspicion.

4. The circumstances in which drug and/or alcohol testing may be required due to a reasonable suspicion of alcohol or drug use or abuse may include, but not limited to, the following:

a. Observed alcohol or drug possession or use during work hours (ie. drug paraphernalia, remains of marijuana cigarettes, plastic sandwich bags with non-food residue inside).

b. Apparent physical state of intoxication or drug induced impairment of motor functions (ie. red and watery eyes, dilated pupils, drowsiness or sleeping, slurred speech, hand tremors, inability to walk a straight line and alcohol on breath).

c. Incoherent or irrational mental state (i.e. irrational physical altercation, irrational verbal altercation, memory gaps).

d. Marked changes in personal behavior or attitude not attributable to other factors (i.e. sudden unexplained changes in mood and personality, changes in disposition, changes in appearance, including inattention to personal hygiene, frequently borrowing money).

e. Deteriorating work performance or attendance problems not attributable to other factors (i.e. excessive tardiness, an above average injury rate, regularly claiming sick benefits or worker's compensation).

f. Employee involvement in an accident during work hours in which a review of the circumstances of the accident or other relevant facts lead to a reasonable suspicion to believe that employee may be under the influence of alcohol or drugs.

g. Incriminating information from a reliable source or other employee actions or conduct that leads to a suspicion that the employee is under the influence of alcohol or drugs, suffers from

substance abuse or is in violation of existing City rules concerning the use of such substances (i.e. reports by family members or friends about employees alcohol or drug abuse, unexplained secret meetings with other employees or others).

5. An employee whose test shows a positive result will have 24 hours after receiving notification of the positive result to provide a bona fide verification of a current valid prescription which may have caused the positive result. The prescription must be in the employee's name.

K. Drug and alcohol use during off-hours will also violate this policy when such use impairs job performance, at which time, an employee is subject to disciplinary action and the rules regarding reasonable suspicion.

L. When there is reasonable suspicion of alcohol and/or drug use by an employee involved in serious or repetitive accidents causing death, personal injury to self or others, and/or property damage, alcohol and drug tests shall be administered to employees immediately following such work related accidents. Confirmation of such drug or alcohol use through documented reasonable suspicion and a positive drug/alcohol screen test shall be cause for termination.

M. When reasonable suspicion has been adequately established, an immediate disciplinary suspension may be issued.

N. When reasonable suspicion has been adequately established, refusal to submit immediately to an alcohol and/or drug analysis when requested by management will constitute insubordination which is in violation of Article XV, Section 9, pertaining to failure in personal conduct and is cause for disciplinary action.

O. It is the policy of the City to provide a just procedure for the presentation, consideration and disposition of employee grievances. Such will be done in accordance with the established personnel policy (Article XVI).

#### TESTING PROCEDURES

A. To insure accuracy, employee's specimens must be given as soon as possible after charges of drugs or alcohol use or abuse has been made. These charges must follow the guidelines for establishing reasonable suspicion.

B. In establishing reasonable suspicion, the supervisor of an employee suspected of being impaired by alcohol or drugs shall document his/her observations and confirm those

observations with another supervisor or higher ranking supervisor. Following such time, the supervisor may require the suspected, impaired employee to report to a designated physician, clinic or hospital on the City's time and at the City's expense for a fitness for duty examination, which will include, but not be limited to, urine analysis testing.

C. Any employee who refuses to submit to said testing would be found in violation of this policy. In such a case the two Supervisor's determination of impairment will be binding and the employee will be removed from the work site and subject to disciplinary action.

D. Alcohol and drug tests on employees shall be administrated immediately following work related accidents that involve personal injury to self or others, property damage or when there is reasonable suspicion that alcohol and/or drug abuse by the employee is involved.

E. Testing will be done for at least and possibly more of the following substances:

Amphetamines (Uppers)	Opiates (Opium)
Barbiturates (Downers)	Phencyclidine (PCP)
Benzodiazepines (Valium)	Methaqualone (Quaaludes)
Cocaine	Alcohol
Marijuana	

F. The analysis shall be conducted in accordance with legally established clinical procedures of privacy which include a defined chain of custody and mandatory consent.

G. The urinalysis or screening method used is the EMIT method. Gas chromatography is used as a confirming second test if the screening is positive. If either of the tests is negative the employee is passed. The City reserves the right to use alternate testing methods.

#### EMPLOYEE ASSISTANCE

A. The City of Dover recognizes alcohol and/or drug dependency as a treatable condition. Any employee whose job performance, health or behavior, has deteriorated as a result of alcohol or drug use may use the employee referral program and health insurance coverage as appropriate. Employees should contact designated department personnel or the Human Resources Department for additional information.

B. Volunteer efforts to seek and use such help will not jeopardize an employee's employment status. Such efforts will not appear on his/her personnel records if the employee volunteers prior to documented reasonable suspicion. However,

said employees must follow suspension guidelines before returning to work.

C. Employees receiving treatment for drug or alcohol abuse may use sick leave, vacation leave or may be granted a limited leave without pay, or an extended leave without pay in accordance with established personnel policies.

D. Involvement of an employee in an alcohol and drug program does not suspend disciplinary measures to which an employee may be subject to as a result of conduct or behavior which violates work rules or regulations or is contrary to City policy.

#### SUSPENSION GUIDELINES

A. Employees placed on suspension from employment due to confirmed abuse of alcohol or drugs shall be required to complete the following documentation before reinstatement to any position with the City of Dover:

1. Submit at least fifteen (15) attendance slips showing proof of daily participation in Alcoholics Anonymous, Narcotics Anonymous or another approved rehabilitation organization.

2. Submit the name and telephone number of your organization sponsor to the City's Human Resources Department.

3. Submit the results of at least three (3) drug screening tests beginning on the first day of affiliation with a rehabilitation organization.

B. Upon submission of the three (3) items listed above an appointment will be required at a designated counseling center to determine the condition of applicable disease. Attendance may also be required at meetings with City personnel to explain the diagnosis. The City Manager or appropriate City official will then consider the safety and security of your employment and a decision will be made as to whether a suspension shall be lifted and reinstatement made in some capacity.

C. Any employee who has a positive substance screening must be given a return-to-duty substance screening before resuming duties. The City may require additional unannounced screening up to sixty (60) months after duties have been resumed. All costs of such return-to-duty screening and treatment shall be the responsibility of the employee.

#### CONFIDENTIALITY



A. The City shall require unannounced retesting of employees who have agreed to such testing as part of a disciplinary action or rehabilitation program.

B. Laboratory reports or test results shall appear in an employee's confidential medical file. The reports or test results may be disclosed to a designated person in City management on a strictly need to know basis and to the tested employee upon request.

#### SEVERABILITY

The provisions of this policy are severable and if any court of competent jurisdiction shall hold any of its provisions unconstitutional or otherwise invalid; the decision of such court shall not affect or impair any remaining provisions.

A separate policy exists for Uniformed Police Officers. The Police Code of Conduct is located with the Police Chief.

#### **SECTION 9. DISCLOSURE OF CONFIDENTIAL INFORMATION**

No employee shall disclose confidential information concerning the property, government or affairs of the City. Nor shall the employee use such information to advance the financial or other private interest of himself/herself or others.

#### **SECTION 10. SAFETY SHOES**

All employees shall wear safety shoes when it is determined that the employee may be exposed to the hazards of processes or environment that are capable of causing injury or impairment to the feet. The failure to wear safety shoes when exposed to such conditions will be cause for disciplinary action. Each Department Head shall designate which employees in his/her department shall be required to wear safety shoes and those employees to which safety shoes are recommended but not required. For both groups of employees the City has agreed to pay the amount agreed upon in the employee labor agreements.

The City shall provide a yearly allowance to each employee required or recommended to wear safety shoes. An employee may receive an additional allowance if his or her safety shoes have been damaged or destroyed or are not fit to wear due to work directly related to City employment.

The above section is subject to employee labor agreement, when applicable.

## **SECTION 11. REST PERIODS**

The City makes no attempt to define or regulate a policy for rest periods that can be uniformly applied for employees in all departments or divisions. Because there are numerous variations, work schedules and conditions, a department head and/or supervisor may establish an appropriate rest period policy that will best serve the City's interest. It must be recognized that there may be circumstances which make designated rest periods impossible and therefore the department head will address the question accordingly.

If it is feasible a department head will provide two fifteen minute rest periods per day within the building or at the job site. Rest periods are not cumulative or mandatory. Urgent City business always takes precedence over a rest period.

The above section is subject to employee labor agreements, when applicable.

## **SECTION 12. MEAL PERIODS**

The meal period for each employee is determined by individual departmental policy. It is the responsibility of each department head to inform employees of the time and length of meal periods.

## **ARTICLE IX**

### **HOLIDAY LEAVE**

#### **SECTION 1. HOLIDAYS**

The following days and such other days as City Council may designate are holidays with pay for full-time regular employees.

New Years Day	Labor Day
Martin Luther King Day	Veterans Day
President's Day	Thanksgiving Day
Good Friday	Day after Thanksgiving
Memorial Day	Christmas Day
Independence Day	

When a holiday falls on a Saturday, a paid holiday is granted on Friday. When a paid holiday falls on a Sunday, a paid holiday is granted on Monday.

The Public Utilities Manager may grant personal leave days to supervisors of IBEW employees or the professional and support staff directly associated with the IBEW supervisors of the Public Utilities department for the holidays that the IBEW union does not observe. The Public Utilities Manager shall provide notice to the Human Resources Department on December 1 for election for the following calendar year. Individual selection of each forfeited holiday is not permitted. The non-bargaining employees will forfeit all holidays that are indicated in the City of Dover Personnel Policy; however, not observed in the IBEW contract. These employees shall be credited with 8 hours of personal leave on January 1 of each year each forfeited holiday. Newly hired, probationary, full-time regular employees hired after January 1 will receive personal days on a prorated basis. Based upon the number of forfeited holidays from the date of hire to December 31 of the year they were hired will determine the amount of personal days the employee receives. Personal leave will be granted on the employee's first paycheck following employment. Personal leave may be taken as earned or carried over into the next calendar year; however, only during the first year of employment. In addition, personal time cannot be used as terminal leave, nor sold back to the City as unused leave. Approved by City Council on January 12, 2009

Recognized City Holidays are subject to employee labor agreements. The Police Chief and Deputy Chief will follow the police holiday schedule. Approved by City Council on January 12, 2009

Part-time regular employees working twenty (20) hours or more per week shall receive a half-day, four (4) hours, with pay for each holiday designated above. If an employee in this classification works less than twenty (20) hours they are not eligible.

To receive holiday pay an employee must have received pay for his or her entire regularly scheduled work day before and after the holiday. Employees who are receiving worker's compensation from the City's workers compensation carrier are not entitled to holiday pay. Employees shall receive holiday leave credits at a rate of seven and a one-half (7.5) per leave day or eight (8) per leave day earned.

Temporary employees are not eligible for any type of holiday pay. If they are required to work on a holiday they will be paid at their regular hourly rate.

## **SECTION 2. EFFECT OF WORK ON HOLIDAYS OR UNSCHEDULED WORKDAYS OR OTHER TYPES OF LEAVES**

Regular holidays or special holidays declared by City Council,

which occur during any leave period, except extended leave without pay or unpaid military leave, shall not be considered as leave. Unscheduled work days, which occur during any leave period, shall not be considered as leave. While on vacation leave, employees on regular rotating shifts may be required to take pay for any vacation day that is replaced by a holiday at their regular pay rate. The affected Department Head may require these employees to take pay since continuous shifts must be maintained.

### **SECTION 3. HOLIDAYS - WHEN WORK IS REQUIRED**

Non-exempt employees required to perform work on regularly scheduled holidays or special holidays declared by City Council may be granted compensatory time off at time and one-half or be paid at time and one-half (1.5) times their hourly rate for the hours actually worked in addition to any holiday pay to which they may be entitled. Policy is subject to the Fair Labor Standards Act and Article III Section 9, Overtime Pay.

The above section is subject to employee labor agreement, when applicable.

## **ARTICLE X**

### **VACATION LEAVE**

#### **SECTION 1. VACATION LEAVE**

Vacation leave shall be used for rest and relaxation, for medical appointments of illness when sick leave is exhausted and for absences due to adverse weather conditions.

While on vacation leave or sick leave an employee shall continue to earn vacation time and sick leave credit. An employee who converts vacation and sick leave to terminal leave shall not continue to earn vacation and/or sick leave while on terminal leave.

#### **SECTION 2. VACATION LEAVE - THE MANNER OF ACCUMULATION**

Effective January 1, 2009 as approved by the City Council on January 12, 2009, full-time regular employees shall accumulate vacation leave on the following schedule:

- (a) Each full-time regular employee from their date of hire until completion of six months of service shall earn vacation leave at the rate of one (1) day per completed month.
- b) Each full-time regular employee who has completed six

months of service however fewer than eight (8) complete years of continuous service shall earn vacation leave at the rate of one and one-fourth ( $1\frac{1}{4}$ ) days per completed month or fifteen (15) days per completed year of service.

(b) Each full-time regular employee with eight (8) completed years of continuous service but less than fifteen (15) complete years of continuous service shall earn vacation leave at the rate of one and three-fourths ( $1\frac{3}{4}$ ) days per completed month or twenty-one (21) days per completed year of service.

(c) Each full-time regular employee with fifteen (15) complete years of continuous service but less than twenty (20) complete years of continuous service shall earn vacation leave at the rate of two (2) days per month or twenty four (24) days per completed year of service.

(d) Each full-time regular employee with twenty (20) or more complete years of continuous service shall earn vacation leave at the rate of two and one-fourth ( $2\frac{1}{4}$ ) days per month or twenty-seven (27) days per completed year of service.

Part-time regular employees working twenty (20) hours or more per week shall accumulate vacation leave at one-half ( $1/2$ ) the rate of full-time employees.

Part-time regular employees working less than twenty (20) hours per week are not eligible for vacation leave.

Temporary employees are not eligible for vacation leave.

Vacation leave accumulated by eligible employees shall be recorded and taken in half-hour increments.

The above section is subject to employee labor agreement, when applicable.

### **SECTION 3. VACATION LEAVE - THE MAXIMUM ACCUMULATION**

Vacation leave is accumulated from year to year; however total accumulated vacation leave on January first of each year is limited to an amount equal to one year's vacation time. One year of vacation is calculated by multiplying 12 (months) by the employee's accrual rate in December of the prior year. An employee must earn pay for one-half of his or her workdays for that month to be credited with vacation leave. The employee cannot use a month's credit until he or she has earned pay for one-half of his or her workdays for that month. The following schedule was approved by the

City Council on January 12, 2009.

(a) Each full-time regular employee with fewer than eight (8) complete years of continuous service cannot have accumulated more than fifteen (15) days of unused vacation leave as of January 1 of each year.

(b) Each full-time regular employee with eight (8) complete years of continuous service but less than fifteen (15) complete years of continuous service can not have accumulated more than twenty-one (21) days of unused vacation leave as of January 1 of each year.

(c) Each full-time regular employee with fifteen (15) complete years of continuous service but less than twenty (20) complete years of continuous service can not have accumulated more than twenty four (24) days of unused vacation leave as of January 1 of each year.

(d) Each full-time regular employee with twenty (20) or more complete years of continuous service can not have accumulated more than twenty-seven (27) days of unused vacation leave as of January 1 of each year.

Part-time regular employees working twenty (20) or more hours per week with the appropriate complete years of continuous service may accumulate vacation leave at one-half the rate that employees are allowed in a,b,c and d above.

If an employee has accumulated more than the maximum allowable amount of unused vacation leave on January 1, then his/her leave shall be reduced to the proper maximum.

If the City Manager determines that unusual and extenuating circumstances exist which justify allowing an employee to be excused from the requirements of this section for a particular year, he/she may do so. An employee must make the written request to the City Manager in writing prior to December 1 of the year in question.

The above section is subject to employee labor agreements, when applicable.

#### **SECTION 4. VACATION LEAVE - FINAL PAY AND REPAYMENT OF VACATION LEAVE**

Upon submission of a resignation, an employee shall be paid for vacation leave accumulated to the date of separation. At the time of the employee's separation the following shall be deducted

from the employee's final compensation: any vacation leave owed the City, qualified educational assistance and any funds owed to the City by the employee as a result of criminal activity or negligence.

**SECTION 5. VACATION LEAVE - PAYMENT FOR ACCUMULATED VACATION LEAVE UPON DEATH**

The estate of an employee who dies while employed by the City shall be entitled to payment for all of the accumulated vacation leave credited to the employee's account. From this payment the following shall be deducted from the employee's final compensation: any vacation leave owed the City, the value of any City issued uniform and/or equipment not returned by the employee, qualified educational assistance and any funds owed to the City by the employee as a result of criminal activity or negligence.

**SECTION 6. VACATION BONUS FOR GOOD ATTENDANCE**

Effective calendar year 2009, all regular non-bargaining, full-time employees will be eligible for a vacation bonus. Regular full-time non-bargaining employees would be considered for their first bonus on January 1, 2010 for usage from January 1, 2009 to December 31, 2009. The additional vacation hours will be credited in February. Regular full-time non-bargaining employees will continue to earn eight (8) hours of sick leave for January through December each year. The bonus would be based upon the following hours:

Hours Used	Vacation Earned
0	16 Hours
8 hours or less	8 hours

Approved by City Council on January 12, 2009.

**ARTICLE XI**

**SICK LEAVE**

**SECTION 1. SICK LEAVE**

Sick leave with pay is not a right which an employee may demand but a privilege granted by the City for the benefit of an employee when sick.

Sick leave shall be granted to an employee absent from work

for any of the following reasons: sickness, bodily injury, required physical or dental examinations/treatment or exposure to a contagious disease when continuing to work might jeopardize the health of others and for the well care of the immediate family residing in the employee's principle place of residence. Additional situations will be considered for the use of sick time.

While on paid sick leave an employee shall continue to earn sick and vacation leave credits.

The City understands the difficulty of defining or regulating a policy for notification of the desire to take sick leave that can be uniformly applied for employees in all departments or divisions.

Because there are numerous variations and work schedules and conditions, a Department Head may establish an appropriate notification policy for his/her department that will best serve the City's interest. If a Department Head does not elect to establish a separate notification policy for his/her department then the following shall apply:

Notification of the desire to take sick leave shall be submitted to the employee's supervisor prior to the leave or not later than one-half hour after the beginning of a scheduled workday. Failure to do so may result in the employee being considered absent without leave. Due to the critical nature of shift work, shift workers must notify the on-duty shift supervisor of a desire to take sick leave no later than one-half hour prior to the beginning of their shift or the employee may be considered absent without leave.

The above of section is subject to employee labor agreements, if applicable.

## **SECTION 2. SICK LEAVE - MANNER OF ACCUMULATION**

Full-time regular employees shall accumulate sick leave at the rate of one (1) day per completed month or twelve (12) days for each completed year of service. An employee must have earned pay for one-half of his or her workdays for that month to be credited with sick leave. The employee cannot use a month's credit until he or she has earned pay for one-half of his or her workdays for that month.

Part-time regular employees working twenty (20) hours of more per week shall accumulate sick leave at one-half the rate for full-time employees. An employee must have earned pay for one-half of his or her workdays for that month to be credited with sick leave. The employee cannot use a month's credit until he or she has earned



pay for one-half of his or her workdays for that month.

Part-time regular employees working less than twenty (20) hours per week are not eligible for sick leave.

Temporary employees shall not be eligible for sick leave.

Sick leave accumulated by eligible employees shall be recorded and taken in half-hour increments.

The above section is subject to employee labor agreements, when applicable.

### **SECTION 3. SICK LEAVE - MAXIMUM ACCUMULATION**

The maximum number of sick days an employee may accrue is one hundred eighty (180) days. After the maximum numbers of days are accrued, no additional sick leave shall be earned until some of the accrued leave is taken.

Non-bargaining employees are permitted an unlimited accumulation of sick-leave.

The above section is subject to employee labor agreements, when applicable.

### **SECTION 4. SICK LEAVE - PHYSICIAN CERTIFICATE**

A physician certificate is required for an employee to return to work who has been out over three (3) consecutive working days unless waived by a Department Head. A physician certificate requirement can be instituted on a one (1) day basis for habitual lost time at the discretion of the employee's supervisor. In all cases a sick leave form must be completed and signed by the returning employee.

### **SECTION 5. SICK LEAVE - RETIREMENT CREDIT FOR ACCUMULATED SICK LEAVE**

Employees hired on or before July 1, 2004 and retire under an approved City Retirement Plan shall be paid in full for a maximum of one hundred fifty (150) days of accrued sick leave if the employee is retiring with 25 or more years of service with the City of Dover. The employee retiring with less than 25 years of service with the City of Dover shall be paid in full for a maximum of one hundred thirty (130) days of accrued sick leave. Effective January 12, 2009, as approved by City Council, employees with 21 to 24 years of service shall be eligible to sell back or use for terminal

leave according to the following schedule.

Up to 130 days with 20 or less completed years or service  
Up to 134 days with 21 completed years of service;  
Up to 138 days with 22 completed years of service;  
Up to 142 days with 23 completed years of service;  
Up to 146 days with 24 completed years of service;  
Up to 150 days with 25+ completed years of service.

Service for less than a full year does not advance the allowance to the next entitlement. For example, an employee with 21 years and 2 months of service will be entitled to utilize 134 days rather than 138 days.

Employees hired after July 1, 2004 will be permitted to be paid in full for a maximum of one hundred (100) days of accrued sick leave. This payment shall be in a lump sum payable upon retirement or the employee may convert his/her accumulated sick leave, not to exceed the maximum indicated, to terminal leave.

The above section is subject to employee labor agreement, when applicable.

#### **SECTION 6. SICK LEAVE - TERMINATION**

Any employee who is terminated shall lose all accumulated sick leave. The only exception to this policy is Section 5 of this Article.

#### **SECTION 7. VACATION BONUS FOR GOOD ATTENDENCE**

Effective calendar year 2009, all regular non-bargaining, full-time employees will be eligible for a vacation bonus. Regular full-time non-bargaining employees would be considered for their first bonus on January 1, 2010 for usage from January 1, 2009 to December 31, 2009. The additional vacation hours will be credited in February. Regular full-time non-bargaining employees will continue to earn eight (8) hours of sick leave for January through December each year. The bonus would be based upon the following hours:

Hours Used	Vacation Earned
0	16 Hours
8 hours or less	8 hours

Approved by City Council on January 12, 2009.

### ARTICLE XII

## **LEAVES WITHOUT PAY**

### **SECTION 1. LIMITED LEAVE WITHOUT PAY**

The employee's Department Head may grant employees a leave of absence without pay, not to exceed two (2) weeks, provided the employee has exhausted all accumulated vacation leave. The Human Resources Director must be notified before a decision can be rendered.

The above section is subject to employee labor agreement, when applicable.

### **SECTION 2. EXTENDED LEAVE WITHOUT PAY**

A regular employee may be granted a leave of absence without pay for up to six (6) months by the City Manager provided it has been requested in writing and the employee has exhausted all accumulated vacation leave. If an employee is applying for disability insurance under the City of Dover employee's policy, then the employee does not have to exhaust his or her accumulated vacation leave. Generally the leave shall be used for reasons of personal or family disability, continuation of education or special work that will permit the City to benefit by the experience gained or the work performed. An extension of leave for six (6) months may be granted by the City Manager. However no leave of absence may exceed a total of one (1) year. The Human Resources Director must be notified before a decision can be rendered.

The employee shall apply in writing for leave. The employee is obligated to return to duty within or at the end of the time determined appropriate by the City Manager. Upon returning to duty after being on leave without pay, the employee shall be entitled to return to the same position held at the time leave was granted or to one of like classification, seniority or pay including salary range adjustments that may have occurred during the said leave. If the employee decides not to return to work, the supervisor should be notified immediately. Failure to report at the expiration of a leave of absence, unless an extension has been requested and approved in writing, shall be considered a resignation.

If the City learns that an employee on a leave of absence is no longer using the leave for reasons originally stated in the leave request, then the employee may be terminated.

The above section is subject to employee labor agreement, when applicable.

**SECTION 3. EXTENDED LEAVE WITHOUT PAY - RETENTION AND CONTINUATION OF BENEFITS**

An employee shall retain all unused sick leave while on leave without pay. An employee ceases to earn all leave credits on the date leave without pay begins. Completed service credits for the purpose of computing longevity pay, sick and vacation leave shall accrue for a period of forty-five (45) days following the start of leave of absence without pay. The employee may continue to be eligible for benefits under the City's group insurance plans provided the employee shall be responsible for the payment of the total insurance premium to the City prior to the first day of each month while on leave; unless the leave is for an employee illness, disability or maternity case in which the employee is only required to pay the premium amount normally deducted from the employee's pay check.

**ARTICLE XIII**

**OTHER TYPES OF LEAVE**

**SECTION 1. TERMINAL LEAVE**

Upon retiring directly from City service under an approved City Retirement Plan a regular employee is eligible to take terminal leave prior to his/her retirement date under the following conditions:

(a) For employees hired on or before July 1, 2004, terminal leave shall consist of a total of both an employee's unused sick and vacation leave. A maximum amount sick leave an employee may convert is one hundred fifty (150) days if the employee is retiring with 25 or more years of service with the City of Dover. The employee retiring with less than 25 years of service with the City of Dover shall adhere to the following schedule:

Effective January 12, 2009, as approved by City Council, employees with 21 to 24 years of service shall be eligible to sell back or use for terminal leave according to the following schedule.

Up to 130 days with 20 or less completed years or service  
Up to 134 days with 21 completed years of service;  
Up to 138 days with 22 completed years of service;  
Up to 142 days with 23 completed years of service;  
Up to 146 days with 24 completed years of service;  
Up to 150 days with 25+ completed years of service.

Service for less than a full year does not advance the allowance to

the next entitlement. For example, an employee with 21 years and 2 months of service will be entitled to utilize 134 days rather than 138 days.

Employees hired after July 1, 2004, will be permitted to convert a maximum of one hundred (100) days of accrued sick leave to terminal leave.

(b) Once terminal leave begins the employee ceases to earn vacation or sick leave credits and is no longer eligible for annual salary increases.

(c) Once terminal leave begins, the employee can not return to active service unless approved by the City Manager. If a return to active service is approved, then the employee will be required to pay back all expended sick leave credits if the request to return to work was initiated by the employee.

(d) In order to qualify for terminal leave, an employee must request leave in writing a minimum of forty-five (45) days notice prior to the employee's retirement date unless waived by either the Civilian or Police Pension Committee.

(e) Any leave taken within 30 calendar days prior to terminal leave beginning will be considered terminal leave.

## **SECTION 2. MILITARY LEAVE**

### Military Training Leave

Full-time, regular employees who are members of the National Guard or Armed Forces Reserve will be allowed ten (10) work days military training leave per calendar year. If the compensation received while on military leave is less than the base salary that would have been earned during this same time period as a City employee, the employee shall receive partial compensation equal to the difference in the compensation earned as a reservist or guardsman and the base salary that would have been earned during this same period as a City employee. The effect will be to maintain the employee's salary at a normal level during this period. If such military duty is requested beyond this ten (10) work day period, the employee shall be eligible to take accumulated vacation leave or be placed in a leave without pay status. While taking military leave with partial pay or without pay, the employee's leave credit and other benefits shall continue to accrue as if the employee physically remained with the City during this period. An employee may use vacation time for the ten (10) days military duty and receive both vacation pay and pay from the

military without reimbursement to the City. An employee must notify his/her supervisor a minimum of ten (10) days prior to taking military leave.

The pay received from the military while on military leave shall not be considered as pay for pension purposes. No employee pension contributions will be deducted, the City will not make pension contributions based on the pay and the pay shall not be used to compute pension benefits.

#### Active Duty

Full-time, regular employees who are guardsmen and reservists have all the job rights specified in the Veterans Readjustment Assistance Act. All employees who enlist or are reactivated in one of the military services will be granted on application a military leave of absence for a maximum period of five (5) years.

#### Military Mobilization Pay

If the compensation received by a full-time regular employee while on military leave as a result of individual or military unit mobilization is less than the base salary that would have been earned during this same time period as a City employee, the employee shall receive partial compensation equal to the difference in the military compensation earned as a reservist or guardsman and the base salary that would have been earned during the same time period as a City employee. This differential shall be paid for a time period of up to one year from the date the employee reports to active military service duty and shall cease upon termination of the active duty assignment. Military compensation shall include base pay, all special pay, bonuses and allotments, and any other direct compensation received as a result of mobilized military service from the government of the United States or any State government.

#### Reemployment After Military Service

Upon release from military service with an honorary discharge, a retiring veteran must apply for reinstatement as follows:

##### Service Time

##### Return

30 days or less	Beginning of the next regularly scheduled work period on the first full day following completion of service and expiration of an 8 hour rest period following safe transportation home.
31 to 180 days	Application of reinstatement must be submitted not later than 14 days after completion of military duty.
180 or more days	Application for reinstatement must be submitted not later than 90 days after completion of military duty.

### Benefits

When the veteran is returned to active employment all benefits previously earned such as sick leave, longevity pay, unused vacation time and cost of living increases shall be credited to his record. Time spent while on active duty shall be credited towards completed year's service with the City for the purpose of computing retirement time, vacation time, and longevity increases. In regards to pension benefits, sworn police officers are subject to the Delaware County and Municipal Police/Firefighter Pension with the State of Delaware. Please contact the State of Delaware Pension Office for complete details.

An eligible City employee shall receive uninterrupted health insurance benefits at the same level as before he or she was called to active duty for a period of up to one year from the date the employee actually reports to active military service. The employee shall also be allowed to continue pension contributions based on his or her normal base pay.

### Part-time Employment

Part-time regular employees working less than twenty (20) hours per week and temporary employees are eligible for military leave but not partial compensation.

USERRA (Uniformed Services Employment and Reemployment Rights) guidelines apply to all military leave.

## **SECTION 3. MATERNITY LEAVE**

Leaves of absence shall be granted to employees affected by pregnancy, childbirth or related conditions; provided such leave shall not exceed six (6) months. At the commencement of a maternity leave of absence, employees have the option of using accrued sick or vacation leave time in order to continue to receive pay. Sick leave is permitted according to Article XI Section 1. Pay will cease when all accrued allowances have been used. The use of accrued time-off shall not extend the length of the leave.

## **SECTION 4. JURY DUTY/CIVIL LEAVE**

A City employee called for jury duty or as a witness in any civil or criminal legal proceeding shall receive leave with pay for such duty during the required absence without charge to accumulated vacation or sick leave. This does not apply to an employee if he/she is a defendant or plaintiff in a legal proceeding. While on jury/civil duty, benefits and leaves shall accrue as though on regular duty.

## **SECTION 5.     BEREAVEMENT LEAVE**

Bereavement leave shall be granted to all regular employees and probationary employees who are regularly scheduled to work 20 hours or more per week and who experience a death of a member of the employee's immediate family. Upon request, the employee maybe granted up to three (3) working days leave with pay. If the funeral is more than four hundred (400) miles from the City of Dover, the employee shall be granted up to five (5) working days, with pay, not charged to any leave balance, to arrange for and/or attend the funeral service or related matters. An employee may request additional time beyond the time provided. The City Manager or appropriate city official may grant such additional time to be charged against the employee's sick leave.

Immediate family is defined for the purpose of this section as spouse, mother, father, guardian, children, sister, brother, grandparents, grandchildren plus the various combinations of half, step, in-law and adopted relationships that can be derived from those named, in addition to significant other if not married or separated from spouse, and any relative living with the employee.

The City reserves the right to request verification of the relationship and funeral location.

Hours granted as bereavement time shall be counted as hours worked for purposes of computing overtime and shall not be charged as vacation leave if such occurs while the employee is on vacation.

The above section is subject to employee labor agreement, when applicable.

## **SECTION 6.   FAMILY AND MEDICAL LEAVE**

The Family and Medical Leave Act of 1993 (FMLA) requires covered employers to provide up to 12 weeks of unpaid, job protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

(a) Reasons for taking leave:

Unpaid leave must be granted for any of the following reasons:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent,



who has a serious health condition; or

- For a serious health condition that makes the employee unable to perform the employee's job.

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves one of the following:

- Inpatient care in a hospital, hospice, or residential medical care facility
- A condition requiring absence of more than three consecutive calendar days from work, or other regular daily activities that also involves continuing treatment by a health care provider
- Pregnancy or prenatal care
- A chronic condition (ie. Asthma, diabetes, epilepsy, etc.)
- A permanent or long-term condition requiring medical supervision (Alzheimer's, stroke, terminal diseases, etc.)
- Absences to receive and recover from multiple treatments by or on referral by a health care provider for a condition that likely would result in incapacity of more than three consecutive days if left untreated (ie. Chemotherapy, physical therapy, dialysis, etc.)

Leave, as the result of a workers compensation injury, may be counted as FMLA leave.

While the Family Medical Leave Act provides for 12 weeks of unpaid, job protection, the City permits the employee to use his or her accrued leave time in conjunction with FMLA leave in order to avoid a loss in wages. The use of accrued leave does not extend one's FMLA leave. Accrued leave use must adhere to City policy regarding use.

Spouses who works for the City and are both eligible for FMLA, are entitled to a combination of 12 weeks of leave during any 12 month period if the leave is taken for the birth or adoption of the employee's newborn child or to care for a parent with a serious health condition.

(b)Advanced Notice and Medical Certification:

The employee may be required to provide advanced leave notice and medical certification. Taking of leave may be denied if requirements are not met.

The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable." If 30 day notice is not possible due to a medical emergency or the employees' uncertainty as to when the leave will be required to begin, notice must be given as soon as it is practical to do so. The City may require medical certification to support a request for leave because of a serious

health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

(c) Job Benefits and Protection:

For the duration of FMLA leave, the employer must maintain the employee's health coverage under any group health plan. Upon returning from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms. In addition, the use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

(d) Unlawful Acts by Employers

FMLA makes it unlawful for any employer to interfere with, restrain, or deny the exercise of any right provided under FMLA or discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Once the Human Resources Department is made aware that an employee is on FMLA leave, the City must notify the employee in writing within 2 business days (unless there are extenuating circumstances) that the leave is designated as FMLA leave.

If the City learns that an employee's leave qualifies as FMLA leave after the employee returns to work, the City can retroactively designate the leave within two business days of the employee's return to work.

If an employee did not realize that the leave he or she took qualified as FMLA leave until after his or her return to work, he can notify the employer and request that the leave be designated as FMLA leave within two business days of the employee's return to work.

Absence from work due to FMLA leave may not be considered in promotion decision, performance appraisals, or disciplinary actions.

The information contained in this section is to provide general information about the FMLA. Specific questions or concerns should be directed to the Human Resources Department or to the Department of Labor.

## **SECTION 7. INCLEMENT WEATHER**

The City of Dover will keep its offices open during regularly scheduled hours unless extreme inclement weather necessitates the curtailment of all but essential services. When City Offices are open, each employee shall report to work and remain at work until officially released.

### PROCEDURE

#### **A. Responsibilities:**

1. The City Manager will make all decisions concerning the closing of City Offices.
2. Department Heads will determine which positions, by job title, are assigned to maintain essential services when offices are closed. Such positions will be designated as "emergency" positions and employees occupying those positions shall be notified of their "emergency" status.

#### **B. Guidelines:**

##### **1. Opening of Offices:**

- a. In most cases of inclement weather, all City Offices will open and remain open for business during regularly scheduled hours.
- b. When inclement weather is severe enough to create a safety hazard for employees or to cause extremely poor road conditions, each department head shall exercise his/her judgement in assessing employee tardiness.
- c. Employees who call in and are unable to come to work may, have the option of using vacation, comp time or leave without pay to cover the normal working hours missed as a result of the weather emergency. If an employee chooses comp time, and does not have comp time accrued, that employee will be advanced comp time with the understanding that those hours missed due to the weather emergency will be made up within two (2) weeks of the weather emergency.
- d. An employee who calls in sick during inclement weather, may be required at the discretion of the supervisor to provide a doctor's

certificate to substantiate charging the absence to sick leave. An employee who fails to provide the required certificate when requested to do so, shall have the time reported as leave without pay.

The above section is subject to employee labor agreement, when applicable.

## 2. Closing of Offices During the Day:

When extreme inclement weather necessitates the closing of offices after the work day has begun, the following will apply:

- a. All employees not designated as emergency employees will be excused from work. For the remainder of the work day these employees will be placed on excused leave of absence with pay.
- b. Each employee designated as an emergency employee shall remain on duty for the duration of his/her regular shift or revert to his/her assigned emergency shift, if appropriate.
- c. Individuals who called in and were placed on vacation leave status will be charged such leave for the entire day. The option of requiring a doctor's certificate for a reported sick leave shall continue to be available to a Supervisor. Individuals who depart on vacation leave prior to official announcement will be charged such leave for the entire remainder of the day.

## 3. Closing the Office before the Start of the Work Day:

When inclement weather prevents the opening of offices for the day, the following will apply:

- a. Employees will be notified of the closing of offices by the procedures outlined in paragraph D, Public Announcements.
- b. Each emergency employee shall report to his/her normal shift or emergency shift as appropriate.
- c. All non-emergency employees are excluded from reporting to work. These employees will be placed on excused leave of absence with pay

for their entire workday.

- d. Employees on previously approved leave status ((vacation, etc., (excluding sick)) will remain on such leave status.

C. Exceptions:

In the event a Department Head determines that it is necessary for non-emergency employees to remain at or report to work after offices are closed as the result of inclement weather, then he/she may direct such employees to do so. Such employees will be paid in accordance with the same policies governing emergency employees.

D. Compensation:

Emergency employees who work during their normal or emergency shifts will receive hour-for-hour vacation time in addition to their normal straight time pay for hours worked during the normal shift when City offices are closed by the City Manager due to inclement weather.

The above section is subject to employee labor agreements, when applicable.

E. Public Announcements:

FM Radio stations, WDSD 92.9 and Eagle 97.7 and television station WBOC will be asked to carry announcements of the City's order to close offices due to inclement weather.

F. Employee Message Center

Employees may call the City's Employee Message Center in order to determine the City's operating schedule. The phone number is 736-4240. The message will be updated as information is provided by the City Manager.

## ARTICLE XIV

### **WORKER'S COMPENSATION**

#### **SECTION 1. WORKER'S COMPENSATION LEAVE**

An employee absent from duty as a result of sickness or disability covered by Delaware Worker's Compensation Act may receive Worker's Compensation benefits up to 66 2/3% of the employee's average weekly pay provided the weekly benefit cannot exceed the maximum limit set by State Law. For the first sixty (60) calendar days that an employee is out under a licensed physician's care as a result of an on the job accidental injury, the City will guarantee 100% of an employee's base weekly pay. The sixty (60) calendar days of full pay is per injury and is cumulative. Partial days will be counted towards the 60 calendar days. In each case where the employee must be absent from duty more than sixty (60) calendar days because of an on the job accident, the City will cease its payments but will allow the employee to elect to use accumulated vacation and sick leave as a supplemental payment for the difference between his/her regular salary and the payments received under the Worker's Compensation Act. Such an employee may have deducted from his accumulated vacation or sick leave that fraction of a day which is the same as the fraction that the supplemental payment for one day is of a regular day's pay. Supplemental pay and workers compensation pay shall not exceed the employee's average weekly wage. The City shall continue to pay for his/her individual group health insurance, the City's share of dependent health coverage and the City's share of life, accidental death and dismemberment and accident and sickness insurance coverages. Upon returning to work an employee's salary will be computed on the basis of the last salary earned plus any across the board or reclassification salary increase to which the employee would have been entitled during the disability covered by Worker's Compensation.

Temporary employees and part-time employees working less than twenty (20) hours per week will be placed on leave without pay status and will receive all benefits for which they may be eligible for under the Worker's Compensation Act; but are not eligible for the 100% guarantee of base salary for the first sixty (60) days on Worker's Compensation leave.

The above section is subject to employee labor agreements, when applicable.

#### **SECTION 2. ON-THE-JOB INJURIES**

The City of Dover and the Workmen's Compensation Law of Delaware require that the standard "Employer's Report of

Occupational Injury or Disease" form be completed and filed with the Human Resources Department within two (2) working days after the injury occurs. The employee's immediate Supervisor must answer questions on the form as completely as possible.

The guidelines listed below will be followed in the event of an on the job injury:

1. Emergency first-aid treatment should be administered, whenever practical, and the injured employee should be transported to Kent Medical Center or Kent General Hospital Emergency Room. The method of transportation whether by the nearest available vehicle or by ambulance shall be determined by the extent of injury and by the person handling the situation.
2. The injured employee, or any other designated person, should notify the injured employee's supervisor as soon as practical after the injury occurs.
3. After the injured employee has received medical treatment he or she shall complete the "Employee's Report" form. The supervisor then shall complete the "Supervisor's Report" form. The injured employee will then complete the "Authorization for Medical and Records" form.
4. After the above three (3) forms have been filled out, the Supervisor and the Human Resources Department will complete the "Employer's Report of Occupational Injury or Disease" form.
5. The completed forms will be delivered to the Human Resources Department for processing.
6. Prior to returning to work from a "lost time injury" the employee must submit, to his/her supervisor, a signed physician's statement authorizing that employee's fitness to return to work status.

### **SECTION 3. WORKER'S COMPENSATION BENEFITS**

City employees are covered by the Delaware Worker's Compensation Act and are required to report all injuries or possible injuries arising out of and in the course of employment to their supervisor by the end of their normal daily work schedule.

## **ARTICLE XV**

### **SEPARATION, DISCIPLINARY ACTION AND REINSTATEMENT**

#### **SECTION 1. TYPES OF SEPARATION**

All separations of employees from positions in the service of the City shall be designated as one of the following types and shall be accomplished in the manner indicated: resignation, reduction in force, disability, retirement, dismissal or death.

## **SECTION 2. RESIGNATION**

A minimum of two (2) weeks notice is required of all resigning non-exempt personnel and four (4) weeks notice for exempt personnel. The resigning employee shall give such notice in writing to his/her supervisor. An employee can not use vacation time as notice for his/her resignation.

The City reserves the right to terminate an employee's employment immediately, after receiving an employee's resignation.

## **SECTION 3. REDUCTION IN FORCE**

In the event that a reduction in force becomes necessary, consideration shall be given to the quality of each employee's past performance, the need for the employee's service and seniority in determining those employees to be retained. Employees who are laid off as a result of a reduction in force shall be given at least two (2) weeks notice of the anticipated lay-off. No regular employee shall be separated while temporary employees continue serving in the same class in the department, unless the regular employee refuses to transfer to the position held by the temporary employee.

The above section is subject to employee labor agreements, when applicable.

## **SECTION 4. DISABILITY**

An employee may be separated for disability when the employee can not perform the required duties as a result of a physical or mental impairment. The employee or the City may initiate action, but in all cases it shall be supported by medical evidence as certified by a competent physician. The City may require an examination at its expense and performed by a physician of its choice. Before an employee is separated for disability, a reasonable effort shall be made to locate alternative positions within the City's service for which the employee may be suited.

## **SECTION 5. RETIREMENT AGE**

Sworn Police Officers hired prior to September 1, 1982 shall retire in accordance with the policies governing this, set forth in Section 18-25 of the Police Pension Plan. All sworn Police Officers hired on or after September 1, 1982 shall adhere to the policies set forth in the Delaware County and Municipal Police/Firefighter Pension with the State of Delaware.



All civilian employees shall refer to the City of Dover General Employee Pension Ordinance, Section 2-181 through 2-184.

#### **SECTION 6. DEATH**

All compensation due in accordance with Article X, Section 5 of this policy, will be paid to the estate of a deceased employee. The date of death shall be recorded as the separation date for computing compensation due.

#### **SECTION 7. DISCIPLINARY ACTION**

An employee may be suspended, demoted or dismissed as a result of failure in performance of duties or failure in personal conduct. The employee shall be provided with a written notice including the recommended effective date and reasons for the action.

The above section is subject to employee labor agreements or Police Department rules, when applicable.

#### **SECTION 8. FAILURE IN PERFORMANCE OF DUTIES**

An employee whose work is unsatisfactory over a period of time shall be notified by the supervisor in what way the employee's work is deficient and what must be done if the work is to be satisfactory.

An employee who is suspended, demoted or dismissed for unsatisfactory performance of duties shall normally receive at least two warnings before disciplinary action is taken. First, one or more oral warnings must be issued by the employee's supervisor, and second, a written warning must be issued by the department head serving notice upon the employee that corrected performance must take place immediately in order to avoid disciplinary action. The supervisor and department head must record the dates of their discussions with the employee, the performance deficiencies discussed and the corrective actions recommended and must file the information in the employee's personnel folder in the Human Resources Department.

Failures in the performance of duties considered to be adequate grounds for suspension, demotion or dismissal include, but are not limited to the following representative examples:

- (a) inefficiency, ineffectiveness, negligence or incompetence in the performance of duties,
- (b) careless, negligent or improper use of City property or equipment,
- (c) physical or mental incapacity to perform duties,

- (d) discourteous treatment of the public or other employees,
- (e) leaving work assignments during working hours without prior supervisory permission,
- (f) habitual improper use of leave privileges,
- (g) habitual pattern of failure to report for duty to the assigned time and place and
- (h) failure to observe safety rules and regulations.

#### **SECTION 9. FAILURE IN PERSONAL CONDUCT**

An employee may be suspended, demoted or dismissed for causes relating to personal conduct detrimental to City service or for other serious reasons. Such action may be necessary to avoid undue disruption of work or to protect the safety of persons or property.

An employee suspended, demoted or dismissed for causes relating to personal conduct shall be: (1) given a statement of the charges before the disciplinary action, (2) allowed to respond, and (3) given a prompt written statement of the decision of the department head. If circumstances are such that the department head must take immediate action without notice, then Section 11 of this Article shall apply.

The following causes relating to failure in personal conduct are representative of those considered as being adequate grounds for suspension, demotion or dismissal:

- (a) fraud in securing appointment,
- (b) conviction of a felony or a misdemeanor which would adversely affect performance of duties, or the entry of a plea of "no contest" to either,
- (c) misappropriation of City funds or property,
- (d) falsification of City records for personal profit or to grant special privileges,
- (e) reporting to work under the influence of alcohol or other narcotic drugs or partaking of such things while on duty or while on public property, except that prescribed medication may be taken within the limits set by a physician so long as medically necessary,
- (f) any action with the intent to deceive,
- (g) theft, unauthorized use or unauthorized removal of City property,

(h) insubordination which shall mean the failure or deliberate refusal by an employee to obey a proper order given by a supervisor or the use of disrespectful language towards his/her supervisor,

(i) disorderly conduct including fighting, practical jokes and horseplay,

(j) abuse of employee benefits,

(k) unapproved outside employment,

(l) gross negligence in performance of duties,

(m) any other actions which reflect adversely upon the City, and

(n) discrimination or harassment of any person on the grounds of race, color, religion, sex, handicap, sexual orientation, physical handicap, age or national origin.

#### **SECTION 10. DISCIPLINARY SUSPENSION**

An employee who is suspended for disciplinary reasons shall be relieved temporarily of all duties and responsibilities and shall receive no compensation for the period of the suspension.

#### **SECTION 11. IMMEDIATE DISCIPLINARY SUSPENSION**

An employee may be suspended without notice by the Department Head for causes related to personal conduct in order to avoid undue disruption of work, to protect the safety of persons or property or for other serious reasons. When a Department Head suspends an employee he/she shall tell the employee to leave City property at once and remain away until further notice. A written summary detailing the circumstances and facts leading to the suspension shall be prepared, one copy delivered to the employee by certified mail and one copy filed in the employee's personnel folder in the Human Resources Department and one copy delivered to the Bargaining Union President (when applicable).

#### **SECTION 12. NON-DISCIPLINARY SUSPENSION**

During the investigation, hearing or trial of an employee on any criminal charge or during the course of any civil action involving the employee, the Department Head may suspend the employee without pay for the duration of the proceeding as a non-disciplinary action if such action is deemed necessary in the best interest of the City.

Sworn Police Officers will conform to policies outlined in the Police Bill of Rights.

Full recovery of pay and benefits for the period of non-disciplinary suspension may be authorized by the City if the suspension is terminated with full reinstatement of the employee.

### **SECTION 13. REINSTATEMENT**

An employee who resigns while in good standing or who is dismissed as a result of reduction in force may be reinstated, with the approval of the Department Head and the City Manager or an appropriate City Official. An employee who enters active service with the Armed Forces of the United States, the Public Health Service or with a Reserve component of the Armed Forces will be granted reinstatement rights commensurate with the Veterans Readjustment Assistance Act.

## **ARTICLE XVI**

### **GRIEVANCE PROCEDURE**

#### **SECTION 1. POLICY**

It is the policy of the City to provide a just procedure for the presentation, consideration and disposition of employee grievances. The purpose of this Article is to outline the procedure and to insure all employees that a response to their grievance will be prompt and fair.

#### **SECTION 2. GRIEVANCE - DEFINED**

A grievance shall be any disagreement or dispute arising from the application, meaning or interpretation of the conditions, policies and procedures set forth in these personnel rules.

#### **SECTION 3. PURPOSES OF THE GRIEVANCE PROCEDURE**

The purposes of the grievance procedure include but are not limited to the following:

- (a) providing employees with a procedure by which their grievances can be considered promptly and fairly,
- (b) encouraging employees to express themselves about the conditions of work which affect them as employees,
- (c) promoting better understanding of the policies, practices and procedures which affect employees,
- (d) increase the confidence that employees have that personnel actions are taken in accordance with established fair and uniformed policies and procedures

and

(e) increases the sense of responsibility which supervisors exercise in dealing with their employees.

#### **SECTION 4. PROCEDURE**

When an employee has a grievance, the following successive steps are to be taken. The number of days for each step should be considered the maximum number of working days unless otherwise provided and every effort should be made to expedite the process. Time limits at any step however may be extended by mutual consent.

All documents used in this procedure must be dated and signed by the respondent and recipient.

The procedure for presentation, consideration and disposition of employee grievances is as follows:

(a) An employee with a grievance concerning rules defined by this personnel policy shall present the matter to his/her immediate supervisor within ten (10) days of its occurrence with the objective of resolving the matter informally. The employee may present his/her grievance either orally or in writing. The supervisor shall then attempt to adjust the matter and give the employee an answer, either orally or in writing no later than three (3) working days after the grievance is presented. The grievance and answer shall be reported to the supervisor's immediate superior.

(b) If the grievance is not resolved at Step 1 above, the employee may present the grievance to the head of his/her department within five (5) working days after the supervisor's answer is given or due. The Department Head shall confer with the employee regarding the grievance within three (3) working days after the grievance is presented and shall render a written decision within three (3) working days after the conference is held.

(c) If the grievance is not resolved in Step 2 above, the employee may present the written grievance to the City Manager within five (5) working days after the Department Head's decision is rendered or due. The City Manager shall confer with the employee and Department Head regarding the grievance within five (5) working days after the grievance is presented and shall submit his/her written decision to the employee within ten (10) working days after the conference is held. The City Manager's or appropriate City Official's decision shall be final.

If a grievance is not appealed to the next step within the specified time limit or any agreed extension thereof, it shall be considered settled on the basis of the City's last answer. If the

City does not provide a written response to the grievance or appeal thereof within the specified time limits, the grievant may elect to treat the grievance as denied at that step and immediately appeal the grievance to the next step in accordance with the procedure set forth.

The entire grievance procedure is subject to employee labor agreement, when applicable.

## ARTICLE XVII

### **EMPLOYEE BENEFITS**

#### **SECTION 1. INSURANCE BENEFITS**

The City shall make group life insurance, group hospital, surgical and health insurance, accidental death and dismemberment insurance and off-the-job group accident and sickness available for full-time regular employees. Refer to the applicable employee labor agreements for specific details.

- (a) Group Hospital, Surgical and Health: The City shall pay a portion of an employee's health care up to a specific amount. The City shall provide group hospital, surgical and health insurance coverage for employees and their families. The City pays 100% of each full-time regular employee's individual coverage and 75% of the cost of dependent coverage.

The above section is subject to employee labor agreement, when applicable.

- (b) Group Life: The City shall pay 50% of the cost of individual employee coverage for full-time regular employees. The employee must pay the other 50%. The insurance shall provide coverage equal to twice an employee's annual salary rounded to the next \$1000. Maximum coverage will be determined by insurance policy.

- (c) Accidental Death and Dismemberment: The City shall pay 50% of the cost of individual employee coverage for full-time regular employees. The employee must pay the other 50%. The insurance shall provide accidental death insurance coverage equal to twice the employee's annual salary and accidental dismemberment coverage based on a schedule rounded to the next \$1000. Maximum coverage will be determined by insurance policy.

- (d) Off-the-Job Accident and Sickness: The City shall pay 50% of the cost of the individual employee coverage for full-time regular employees. The employee must pay the other 50%. The insurance shall provide a weekly check for covered benefits for up to 52 weeks for an off-

the-job disability accident or sickness.

For employees who are represented by the Fraternal Order of Police (FOP) please see your employee labor agreements for benefit begin date and waiting periods.

For all employees, with the exception of employees represented by the Fraternal Order of Police (FOP) the following waiting periods and conditions apply:

**Sickness:** The employee is entitled to up to fifty-two (52) weeks of short-term disability coverage. There is an initial waiting period of 7 calendar days following the onset of an illness. During this 7 day period no benefits are paid. The 7 day waiting period counts towards the 52 weeks.

**Off Duty Accident:** There is no waiting period following an off duty accident. The employee is entitled to up to fifty-two (52) weeks of short-term disability payments.

(e) Long-term Disability Insurance: The City shall pay 100% of the monthly premium for all full-time non-bargaining employees. Approved by City Council on January 12, 2009.

(f) Vision Insurance: The City shall pay 100% of the cost of vision insurance for the employee. Dependent coverage is not available. The plan shall provide for one eye exam every 24 months in addition to benefits for glasses or contact lenses.

In the case of each insurance benefit listed above, it shall be the employee's responsibility to activate the coverage applicable.

If an employee is enrolled between or on the first and fifteenth of the month for any of the insurance coverages, then his/her individual coverage shall be effective the first day of the following calendar month. If an employee is enrolled between or on the sixteenth and the last day of the month, then his/her coverage shall be effective on the first day of the calendar month following one (1) calendar month of employment. Dependent coverage must be taken when the employee enrolls for individual coverage or it may be delayed by the Insurance Carrier.

Part-time regular employees working twenty (20) or more hours per week shall be eligible for the same coverages listed above. However, the City's share and the cost of the coverage shall be one-half (1/2) that for full-time regular employees. For each coverage where the City pays the full cost or a portion of the cost for full-time employees, the City will pay only one-half (1/2) of the same costs for eligible part-time employees.

Part-time regular employees working less than twenty (20)

hours per week shall not be eligible for the coverages listed in this section.

Temporary employees shall not be eligible for the coverages listed in this section.

## **SECTION 2. RETIREMENT BENEFITS**

The City shall make available to full-time regular employees working at least thirty-seven and a half (37.5) hours per week a City Retirement Plan. All employees hired after July 1, 1991 shall be required as a condition of employment to join a plan. Employees shall remain members until their employment with the City ceases, retires or pass away. Pension benefits shall be provided through one of the following:

- (a) Police Pension Plan (Sponsored either by the City of Dover or State of Delaware)
- (b) General Employee Pension Plan
- (c) Defined Contribution Plan

The City shall provide group hospital, surgical and health insurance coverage for retired employees and their families. The City pays 100% of each retiree's individual coverage and 75% of the cost of dependent coverage. This applies to all retirees, unless otherwise specified in employee labor agreements.

## **SECTION 3. DEFERRED INCOME**

The City shall make available through its membership in the International City Management Association Retirement Corporation (ICMA) and Public Employees Benefit Services Corporation (PEBSCO) deferred compensation plans for regular employees whereby an individual can defer a portion of his/her current salary for use at a predetermined retirement date. The City shall make contributions based upon Employee Labor Agreements when applicable. For regular non-bargaining employees the employee benefit shall be no less than the highest contribution required by an employee labor agreement.

## **SECTION 4. UNIFORMS**

The City shall provide uniforms for certain personnel. These employees shall be required to wear uniforms so they will be easily identified as City employees while working on or near private property.

The employee is responsible for the uniforms. Therefore, the cost of avoidable damage or loss of uniforms shall be paid by the employee. An employee will wear his/her uniform properly, will not allow them to be worn by other individuals and will wear them only



during working hours or to and from work. Upon separation from employment, the employee shall return the uniforms to the City.

The above section is subject to employee labor agreement, when applicable.

#### **SECTION 5. BLOOD BANK**

The City shall make available to full-time regular employees and retirees the option of joining the Blood Bank of Delaware group plan. This program provides protection for the employee/retiree and his/her dependents if the need for blood arises. Under the group plan the employee/retiree and his/her dependents are protected in all 50 states and Canada for an unlimited amount of blood.

The City shall pay annual dues, however, when contacted by the Blood Bank, an employee/retiree must agree to one of the following:

- (a) donate a pint of blood,
- (b) have someone else donate a pint of blood in his/her name,
- (c) pay a fee to the City's Blood Bank of Delaware Group Plan.

Part-time regular employees working less than twenty (20) hours per week and temporary employees are not eligible for the Blood Bank.

#### **SECTION 6. CREDIT UNION**

The State of Delaware employs a Credit Union which is a federally insured savings and loan organization. All City employees shall be eligible to become a member subject to the requirements of the Credit Union.

#### **SECTION 7. SERVICE AWARDS**

The City shall provide a Service Award program to recognize employees for continuous and loyal service. Employees who work thirty-seven and a half (37.5) or more hours per week are eligible for the award.

Awards shall be presented to employees who have completed five, ten, fifteen, twenty, twenty-five and thirty years of service.

#### **SECTION 8. Police Chief and Police Major**

The Police Chief and Police Major shall follow the benefits

indicated in the Fraternal Order of Police (FOP) until such time as the current Police Chief and Police Major no longer hold their current position. Thereafter, the Police Chief and Police Major will follow the guidelines for benefits as indicated in the City of Dover Personnel Policy. In addition, they will be entitled to uniforms, dry cleaned, professional liability insurance coverage and follow the police holiday schedule. Approved by City Council on January 12, 2009.

## ARTICLE XVIII

### **EDUCATIONAL ASSISTANCE**

#### **SECTION 1. LIMITED EDUCATION LEAVE WITH PAY**

A limited education leave of absence with full or part pay or unpaid leave during regular working hours may be granted to a regular full-time employee upon the recommendation of the department head and with the approval of the City Manager or appropriate City official to permit an employee to take courses of study which will better prepare the employee to perform his/her assigned duties.

#### **SECTION 2. EXTENDED EDUCATION LEAVE WITH PAY**

Full time educational leave of absence at full or part pay or unpaid leave for a period not to exceed twelve (12) calendar months may be granted to regular employees upon recommendation of the City Manager and Department Head with the approval of the City Council. An employee granted such extended educational leave with pay shall agree to return to the service of the City upon completion and training and remain an employee of the City for a period equal to two years or the employee shall reimburse the City for all compensation received while on educational leave in addition to all education reimbursements. This agreement shall not constitute an employment contract.

Article XIII, Section 3 shall apply to an employee on full-time education leave.

#### **SECTION 3. EDUCATIONAL ASSISTANCE**

The City promotes continuing education if this education will better prepare the employee to do his/her job. An employee is allowed to receive reimbursement for a maximum of three (3) courses per semester/quarter/block. This benefit is available to an employee who has successfully completed his or her initial probationary period of employment, with the exception of sworn police officers. Sworn police officers are eligible upon completion of six months of employment.

To be eligible for this benefit an employee must have demonstrated during his/her full-time regular employment with the City, prior to application, that his/her elementary and secondary public school training is sufficient and adequate for extended study and training and that such informal education and training is compatible and commensurate with the employee's chosen extended study and training.

The employee's selected major must be approved in writing and in advance by his/her Department Head and the Human Resources Department. The selected courses of study must be helpful to the employee in his or her present work and basic advancement.

The City shall reimburse the employee for tuition, laboratory fees and books. Reimbursement will be the lower of University of Delaware in-state rates for the level and type of course taken or the actual amounts paid for tuition. Employees shall receive reimbursement based upon the follow schedule:

Letter Grade	Grade	Reimbursement Percentage
A	90 to 100	100%
B	80 to 89	90%
C	70 to 79	80%
D or F	69 and under	0

Receipts and official grade verification must be provided for reimbursement.

The City shall reimburse the employee for books provided the City has the option of retaining the books if it so desires.

An employee who takes advantage of this policy shall be required to complete at least two (2) continuous years of employment with the City upon receiving reimbursement or shall have the amount of the reimbursement deducted from his/her final pay check. This agreement shall not constitute an employment contract.

No employee shall be eligible for benefits under this policy if they are enrolled and receiving benefits under any other Education Association Plan, such as the "G.I. Bill", financial aid or etc.

For complete details on the reimbursement process please contact the Human Resources Department.

## ARTICLE XIX

### **PERSONNEL RECORDS AND REPORTS**

#### **SECTION 1. PERSONNEL RECORDS MAINTENANCE**

Personnel records are necessary for proper administration of the personnel system and will be maintained by the Human Resources Department with the exception that the Police Chief will maintain files for sworn police officers. The City shall maintain in personnel records only information that is relevant to accomplishing personnel administrative purposes. Supervisors may keep working personnel files but material not maintained in the Human Resources files or the files maintained by the Internal Affairs division of the Police Department may not provide the basis for discipline against an employee.

The following minimum information on each City employee must be maintained:

- (a) name,
- (b) age,
- (c) date of original employment or appointment to City service,
- (d) current position title,
- (e) current salary,
- (f) date and amount of most recent change in salary,
- (g) date of most recent promotion, demotion, transfer, suspension, separation or other change in position classification and
- (h) office to which the employee is currently assigned.

## **SECTION 2. ACCESS TO PERSONNEL RECORDS**

Any person may have access to the information listed in Section 1 except for items e, f and g for the purpose of inspection, examination and copy during regular business hours of the City. Access to such information shall be governed by the following:

- (a) All disclosure of records shall be accounted for by keeping a written record (except for authorized persons processing personnel actions) of the following information: Name of the employee; information disclosed; date information was requested; name and address of person to whom the disclosure is made; purpose for which the information is requested. This information must be retained for two years.
- (b) Upon request, records of disclosure shall be made available within a reasonable time to the employee to whom it pertains.
- (c) An individual examining a personnel record may copy

the information. Any available photocopying facilities may be provided and the cost may be assessed to the individual.

### **SECTION 3. CONFIDENTIAL INFORMATION**

All information contained in a City employee's personnel file, other than the information listed in Section 1, subparagraphs a, b, c, d and h of this Article shall be maintained as confidential and shall be open to public inspection only in the following instances:

- (a) The employee or his/her duly authorized agent may examine all portions of his or her personnel file, except for letters of reference solicited prior to employment.
- (b) A licensed physician designated in writing by the employee may examine the employee's medical record.
- (c) A City employee having supervisory authority over the employee may examine all material in the employee's personnel file.
- (d) By order of a court of competent jurisdiction, any person may examine all material in the employee's personnel file.
- (e) Each individual requesting access to confidential information will be required to submit satisfactory proof of identity.
- (f) A record shall be made of each disclosure and placed in the employee's file (except of disclosure to the employee and supervisor).

### **SECTION 4. EXCEPTIONS**

Exceptions may be granted to Section 2 and 3 of this article upon determination by the City Solicitor that such exceptions are allowable under Chapter 100, Title 29 of the Delaware Code (Freedom of Information Act).

### **SECTION 5. RECORDS OF FORMER EMPLOYEES**

Former employees are not permitted to review their personnel file. Employees who are laid off with a right of reemployment or are on a leave of absence are permitted to review the file.

### **SECTION 6. REMEDIES OF EMPLOYEE OBJECTING TO MATERIAL IN FILE**

An employee who objects to material in his/her file may place in his file a statement relating to the material he/she considers

being inaccurate or misleading. The employee may seek the removal of such material in accordance with established grievance procedures.

**2019 HOLIDAY SCHEDULE**  
**AFSCME, DOE & Non-Bargaining Employees**

<b>HOLIDAY</b>	<b>OBSERVANCE DATE</b>
NEW YEAR'S DAY	Tuesday, January 1, 2019
MARTIN LUTHER KING JR'S BIRTHDAY	Monday, January 21, 2019
PRESIDENT'S DAY	Monday, February 18, 2019
GOOD FRIDAY	Friday, April 19, 2019
MEMORIAL DAY	Monday, May 27, 2019
INDEPENDENCE DAY	Thursday, July 4, 2019
LABOR DAY	Monday, September 2, 2019
VETERANS' DAY	Monday, November 11, 2019
THANKSGIVING DAY	Thursday, November 28, 2019
DAY AFTER THANKSGIVING	Friday, November 29, 2019
CHRISTMAS	Wednesday, December 25, 2019

# 2019 HOLIDAY SCHEDULE

## FOP

<b>HOLIDAY</b>	<b>OBSERVANCE DATE</b>
NEW YEAR'S DAY*	Tuesday, January 1, 2019
MARTIN LUTHER KING JR'S BIRTHDAY	Monday, January 21, 2019
WASHINGTON'S BIRTHDAY*	Thursday, February 22, 2019 <i>(Actual Birthday)</i>
GOOD FRIDAY*	Friday, April 19, 2019
MEMORIAL DAY	Monday, May 27, 2019
INDEPENDENCE DAY	Thursday, July 4, 2019
LABOR DAY	Monday, September 2, 2019
COLUMBUS DAY*	Monday, October 14, 2019
VETERANS' DAY*	Monday, November 11, 2019
THANKSGIVING DAY	Thursday, November 28, 2019
CHRISTMAS	Wednesday, December 25, 2019

**\*Indicates a floating holiday**



## 2019 HOLIDAY SCHEDULE

### IBEW

HOLIDAY	OBSERVANCE DATE
NEW YEAR'S DAY	Tuesday, January 1, 2019
MEMORIAL DAY	Monday, May 27, 2019
INDEPENDENCE DAY	Thursday, July 4, 2019
LABOR DAY	Monday, September 2, 2019
THANKSGIVING DAY	Thursday, November 28, 2019
CHRISTMAS	Wednesday, December 25, 2019



*Human Resources Department*

## **STAFF LIST**

### **Kim Hawkins**

Human Resources Director  
Email: [khawkins@dover.de.us](mailto:khawkins@dover.de.us)

### **Kristina Deakins**

Human Resources Coordinator  
Email: [kdeakins@dover.de.us](mailto:kdeakins@dover.de.us)

### **Hollie Ford**

Administrative Assistant  
Email: [hford@dover.de.us](mailto:hford@dover.de.us)

Office Phone Number: 736-7073

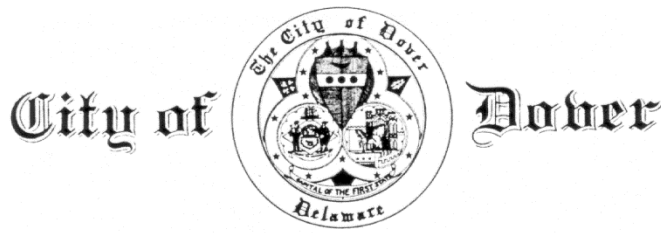
Office Fax Number: 736-7093

### **Vision**

*To be a unified department that will provide assistance to all customers with enthusiasm. Assigned projects and tasks will be completed to the best of our ability while ensuring the end-user understands the results and the implications of implementation.*

### **Mission**

*The Human Resources Department is an intergovernmental service department that performs strategic, operational and administrative responsibilities in varied aspects of managing current and future human capital.*



# Pension Plan Contribution & Enrollment Summary

## 401a Deferred Compensation Plan (ICMA)

### *DOE Union Employees Only*

EFFECTIVE DATE	MINIMUM EMPLOYEE 401A CONTRIBUTION	CITY'S MATCHING CONTRIBUTION*	TOTAL CONTRIBUTION (pre-tax dollars)
July 1, 2017	6%	6%	12%

\* City's total contribution to both 401a & 457 Deferred Comp Plan will not exceed 9%

### *Non-Bargaining Employees Only*

EFFECTIVE DATE	EMPLOYEE 401A CONTRIBUTION*	CITY'S MATCHING CONTRIBUTION**	TOTAL CONTRIBUTION (pre-tax dollars)
July 1, 2017	3% – 6%	3% - 6%	6% - 12%

\*Non-Bargaining employees may elect to contribute between 3% – 6% upon enrollment. Once selected this amount is fixed & cannot be changed.

\*\* City's total contribution to both 401a & 457 Deferred Comp Plan will not exceed 9%

### *All Other Employees*

<b>401A Deferred Compensation (ICMA)</b>	Available to all full-time employees**. ** Members of the FOP are not eligible for this plan due to enrollment in the State of Delaware Municipal Police & Fire Pension Plan.	<b>Must contribute 3%</b> of pensionable wages as defined by the City of Dover Pension ordinance.
<b>City Contribution</b>	<b>City matches</b> the employee's contribution of <b>3%</b> .	
<b>Employee Directed Investments</b>	The employee can select a variety of investment options from very conservative to more aggressive. The employee controls how all contributions are invested.	

Wages subject to pension are regular pay, scheduled over-time and payment for being on-call, except those hours reported for being called out. If an employee leaves employment with the City, they are eligible to keep all contributions in the plan. There are no vesting requirements for this plan.



## Pension Plan Contribution & Enrollment Summary

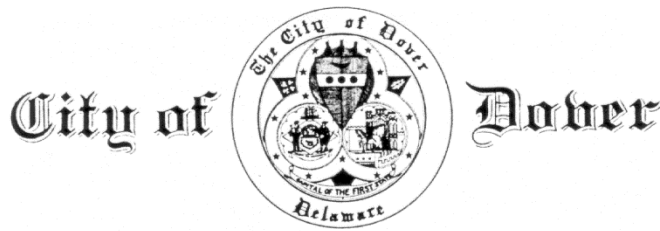
### 457 Deferred Compensation Plan (ICMA or Nationwide)

<b>457 Deferred Compensation Plan (ICMA or Nationwide) *</b>	Available to all full-time employees including Police**.	For 2018, you can contribute up to \$18,500, up to \$24,000 if you are age 50 or over, or up to \$36,000 if you qualify for pre-retirement catch-up contributions.
<b>City Contribution</b>	<b>City matches</b> the employee's contribution of <b>3%</b>	For employees who are <b>enrolled in the 401A and enroll in the 457 plans, upon initial employment</b> , the <b>City matches</b> the employee's contribution to the <b>457 plan up to 3%</b> . The City's <b>contribution is deposited in the 401A</b> . Once the matching percentage is selected it is fixed & cannot be reduced or changed
<b>Employee Directed Investments</b>	The employee can select a variety of investment options from very conservative to more aggressive. The employee controls how all contributions are invested.	

\* City's total contribution to both 401a & 457 Deferred Comp Plan will not exceed 9%.

\*\*FOP Union Employees enrolled in the State Police/Fire County Municipal Pension Plan and employees enrolled in the Defined Benefit Plan will receive no matching contribution.

*Wages subject to pension are regular pay, scheduled over-time and payment for being on-call, except those hours reported for being called out. If an employee leaves employment with the City, they are eligible to keep all contributions in the plan. There are no vesting requirements for this plan.*



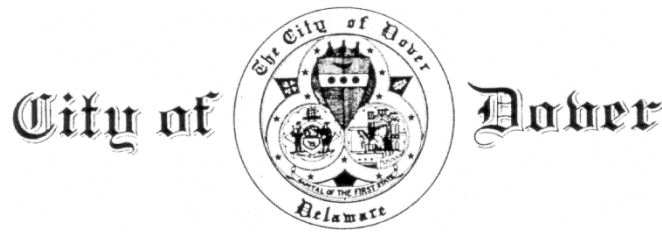
## Pension Plan Contribution & Enrollment Summary

### WHAT DOES RETIREMENT MEAN?

<b>Early Retirement Eligibility</b>	<p>The <b>employee's age and years of service must equal at least 80</b> and the employee must be at <b>least age 55</b>.</p> <p>In order to be eligible for retirement health care the employee must meet the retirement eligibility of the defined pension plan as well as any terms of labor agreements, if applicable.</p>
<b>Normal Retirement Eligibility</b>	<p>Normal retirement is defined as <b>at least age 65 with at least 10 years of service</b>.</p> <p>In order to be eligible for retirement health care the employee must meet the normal retirement eligibility of the defined pension plan as well as any terms of labor agreements, if applicable.</p>

	<b>401A DEFERRED COMPENSATION PLAN</b>	<b>457 DEFERRED COMPENSATION PLAN</b>
<b>Benefit</b>	<p>Plan sponsor has a variety of payment plans from lump sum payment to monthly payments.</p> <p>Withdraws prior to the employee obtaining age 59½ could be subject to penalty.</p>	<p>Plan sponsor has a variety of payment plans from lump sum payment to monthly payments.</p>
<b>Vested Separation</b>	<b>No vesting</b> requirement. When you leave employment, the account belongs to the employee.	<b>No vesting</b> requirement. When you leave employment, the account belongs to the employee.
<b>Withdraws</b>	Not permitted until retirement	Emergency basis only – subject to IRS regulations.

Updated  
10/24/17 – hf  
4/30/2018 - hf



September 25, 2013

Dear City of Dover Employee:

The Patient Protection and Affordable Care Act (ACA) was signed into law in March 2010. An important component of the law states that employers must provide employees notice regarding the existence of state-based Exchange/Marketplace, the services offered by the exchange and how to enroll/request information. Employers must also provide employees with information if the coverage offered by the City of Dover does not provide minimum value, the fact that a tax subsidy may be available to purchase exchange coverage.

The City of Dover offers healthcare coverage through the State of Delaware Group Health Plan. This coverage meets the standards established by the Affordable Care Act. For information on how the healthcare law will affect you, I encourage you to visit [www.healthcare.gov](http://www.healthcare.gov).

The State of Delaware's official site for the Health Insurance Marketplace is [www.choosehealthde.com](http://www.choosehealthde.com). Enclosed you will find valuable information on the State-based Exchange/Marketplace, the services it provides along with contact information.

Please take the time to read the enclosed information so that you stay informed on how the Affordable Care Act may affect your healthcare choices. If you have any questions regarding the enclosed information please feel free to give us a call at 302.736.7073.

Sincerely,

Kim Hawkins,  
Human Resources Director

/hf

*Human Resources Department, P.O. Box 475, Dover, DE 19903-0475  
Phone: (302) 736-7073 Fax: (302) 736-7093  
Community Excellence through Quality Service*



Form Approved  
OMB No. 1210-0149  
(expires 11-30-2013)

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

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## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

*The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.*

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

*You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.*

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

*Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>*

***Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.***

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## How Can I Get More Information?

For more information about your coverage offered by your employer, please contact the Human Resources Department at (302)736-7073.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [www.healthcare.gov](http://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

The table below provides information regarding the cost of the plans (offered by the City of Dover) that would cover you and not any other members of your family. The last column shows that **all of the plans the City's offers its employees are well under 9.5% of household income requirement.**

The coverage offered by the City does meet the "minimum value" standard set by the Affordable Care Act.\*

Yearly Income	Employee Only Coverage Plan Name	Employee Pays per Month	Employee Pays Yearly	City of Dover Pays per Month	City of Dover Pays Yearly	Percentage of Yearly Income
\$25,000.00	First State Basic	\$ 109.92	\$ 1,319.04	\$ 662.92	\$ 7,955.04	5.3%
	Comprehensive PPO	\$ 125.44	\$ 1,505.28	\$ 836.26	\$ 10,035.12	6.0%
	Aetna HMO	\$ 114.74	\$ 1,376.88	\$ 764.94	\$ 9,179.28	5.5%
	Aetna CDH Gold	\$ 113.74	\$ 1,364.88	\$ 758.94	\$ 9,107.28	5.5%
\$30,000.00	First State Basic	\$ 109.92	\$ 1,319.04	\$ 662.92	\$ 7,955.04	4.4%
	Comprehensive PPO	\$ 125.44	\$ 1,505.28	\$ 836.26	\$ 10,035.12	5.0%
	Aetna HMO	\$ 114.74	\$ 1,376.88	\$ 764.94	\$ 9,179.28	4.6%
	Aetna CDH Gold	\$ 113.74	\$ 1,364.88	\$ 758.94	\$ 9,107.28	4.5%

## PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide that you would like to complete an application for coverage, in the Marketplace [www.healthcare.gov](http://www.healthcare.gov), you will be asked to provide this information.

Employer Name: <b>CITY OF DOVER</b>	Employer Identification Number (EIN): <b>51-6000092</b>	
Employer Address: <b>PO BOX 475</b>	Employer Phone Number: <b>(302) 736-7073</b>	
City: <b>DOVER</b>	State: <b>DELAWARE</b>	Zip Code: <b>19903</b>
Who can we contact about employee health coverage at this job? <b>KIMBERLY HAWKINS, HUMAN RESOURCES DIRECTOR</b>		
Phone Number (if different from above)	Email Address: <b>hford@dover.de.us</b>	



Here is some basic information about health coverage offered by the City of Dover:

As your employer, we offer a health plan to:

- ☐ All employees:
- ☒ Some employees. Eligible employees are:
- **ALL FULL-TIME EMPLOYEES WHO WORK 40 HOURS PER WEEK;**
  - **PART-TIME REGULAR EMPLOYEES REPRESENTED BY THE DOVER ORGANIZATION OF EMPLOYEES UNION (DOE) WHO WORK 20 OR MORE HOURS PER WEEK (30 OR MORE FOR THOSE HIRED AFTER JULY 1, 2012);**
  - **ALL OTHER PART-TIME REGULAR EMPLOYEES WHO WORK TWENTY (20) OR MORE HOURS PER WEEK.**

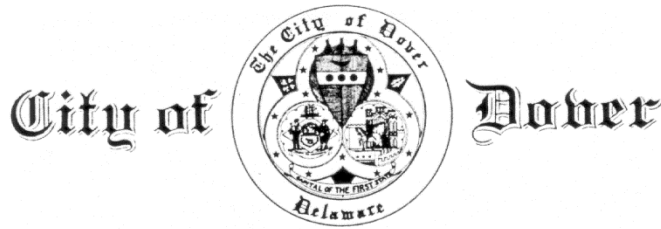
With respect to dependents:

- ☒ We do offer coverage.  
Eligible dependents are:  
**A LEGAL SPOUSE;  
CHILD/REN UNDER AGE 26  
BORN TO OR LEGALLY  
ADOPTED OR LAWFULLY  
PLACED FOR ADOPTION BY  
A REGULAR OFFICER, OR  
EMPLOYEE OR ELIGIBLE  
PENSIONER OR A REGULAR  
OFFICER'S OR EMPLOYEE'S  
OR PENSIONER'S LEGAL  
SPOUSE**
- ☐ We do not offer coverage

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [www.healthcare.gov](http://www.healthcare.gov) will guide you through the process.



*Human Resources Department*

## **PREGNANT WORKERS FAIRNESS ACT GUIDELINES Acknowledgment Form**

By signing this form, I acknowledge that I have received the Pregnant Workers Fairness Act Guidelines from the Human Resources Department:

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Employee Name

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Employee Signature

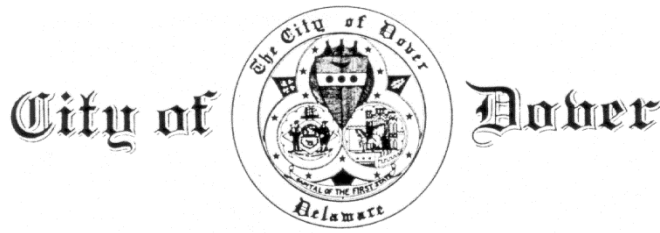
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Department

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Date

***Please return signed form to the Human Resources Department.***



## **NOTICE TO ALL CITY OF DOVER EMPLOYEES**

### **PREGNANT WORKERS FAIRNESS ACT GUIDELINES**

#### **PURPOSE**

The purpose of this notice is to set forth the City of Dover's policy regarding workplace protections afforded to pregnant employees and applicants for employment, who have a pregnancy-related condition, including but not limited to child birth and lactation, under the Pregnant Workers Fairness Act (Delaware Senate Bill 212, enacted September 9, 2014).

#### **DEFINITIONS**

The following definitions are for the purposes of this policy:

**Pregnancy:** Includes pregnancy, childbirth or a related condition, including, but not limited to, lactation.

**Reasonable Accommodation:** Making reasonable changes in the workplace, including, but not limited to, making facilities accessible, modifying equipment and providing mechanical aids to assist in operating equipment, making reasonable changes in the schedules or duties of the job, temporary transfers, time off to recover from childbirth, or break time and appropriate facilities for expressing breast milk, provided that the accommodations do not impose an undue hardship on agency operations.

**Undue Hardship:** An accommodation which would require significant difficulty or expense to the employer.

#### **GENERAL PROVISIONS**

1. It shall be an unlawful employment practice for an employer to fail, refuse to hire, discharge any individual or otherwise to discriminate against any individual with respect to compensation, terms, condition or privileges of employment because of such individual's sex (including pregnancy status).
2. The City of Dover is required to make reasonable accommodations for the known limitations of pregnant employees, as long as the accommodation does not constitute an undue hardship for the employer.
3. Reasonable accommodations must be made for employees whose ability to work is limited by pregnancy, childbirth, lactation and related conditions.
4. Accommodations for pregnant employees must be the same as those that are available to those employees with other injuries or disabilities.
5. Accommodations may include providing periodic rest, light-duty assignments, temporary transfer to an alternative position, modified work schedule or job responsibilities, and providing more frequent or longer breaks. The City is not required to compensate for additional or longer breaks; however, employees taking longer or more frequent breaks for a pregnancy-related condition (including expressing milk) must be compensated consistent with the agencies existing policy regarding compensation for break periods.
6. Guidelines Specific to Nursing Mothers:
  - a. The City shall designate a location, other than a bathroom, for nursing mother to express milk, that is shielded from view and free from intrusion from co-workers and the public.

- b. The City shall provide reasonable break time for an employee to express breast milk for up to one (1) year after the birth of a child.
  - c. The employee must be completely relieved from duty or the time must be compensated as work time.
  - d. Break for expressing breast milk shall not be considered Family Medical Leave Act leave.
- 7. The City is not permitted to require an employee to take leave (paid or unpaid) under any leave law or policy if another reasonable accommodation can be provided.
  - 8. Medical documentation may be requested in order to determine the employee's restrictions or limitations for purposes of providing a reasonable accommodation.
  - 9. The City shall not take adverse action against an employee in the terms, conditions, or privileges of employment for requesting or using a reasonable accommodation to the known limitations related to the pregnancy of the employee.

#### **EMPLOYEE RESPONSIBILITIES**

- 1. Employees must notify their supervisor in writing of the need for accommodation, including the need for breaks or facilities to express breast milk. Notification should include the frequency and duration of breaks, when feasible.
- 2. Employees shall meet with their supervisor and Human Resources to obtain and complete the appropriate forms regarding their accommodation request.

#### **CITY'S RESPONSIBILITIES**

- 1. The City shall provide employees with written or verbal notification of their rights under this law within ten (10) days of notification of the employee's pregnancy.
- 2. The City shall provide notice of this policy in writing to new employees at the commencement of employment.

If you have any questions or concerns please feel free to call the Human Resources Department at (302) 736-7073.



## State of Delaware Health Plan Comparison Chart

(Effective July 1, 2019)

Plan Options	Highmark Delaware First State Basic Plan		Aetna CDH Gold Plan		Aetna HMO Plan		Highmark Delaware Comprehensive PPO Plan	
Plan Type	Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Health Maintenance Organization (HMO)		Preferred Provider Organization (PPO)	
Primary Care Provider (PCP) Selection	Recommended		Recommended		Required		Recommended	
Plan Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Preventive Care/ Screening/Immunization</b> (age, gender and risk parameters may apply)	100% covered, not subject to deductible	70% covered, not subject to deductible	100% covered, not subject to deductible	70% covered after deductible	100% covered	Not covered	100% covered	80% covered after deductible
<b>Deductible</b> (Per plan year)	\$500 per individual/ \$1,000 per family	\$1,000 per individual/ \$2,000 per family	\$1,500 per individual/ \$3,000 per family	\$1,500 per individual/ \$3,000 per family	N/A	N/A	N/A	\$300 per individual/ \$600 per family
<b>Health Reimbursement Account (HRA)</b>	N/A	N/A	\$1,250 per individual/ \$2,500 family	\$1,250 per individual/ \$2,500 family	N/A	N/A	N/A	N/A
<b>Out-of-Pocket Maximum</b> (including copays and deductibles)	\$2,000 per individual/ \$4,000 per family	\$4,000 per individual/ \$8,000 per family	\$4,500 per individual/ \$9,000 per family	\$7,500 per individual/ \$15,000 per family	\$4,500 per individual/ \$9,000 per family	N/A	\$4,500 per individual/ \$9,000 per family	\$7,500 per individual/ \$15,000 per family
<b>Prenatal and Postnatal Care</b>	90% covered after deductible	70% covered after deductible	90% covered after deductible	70% covered after deductible	100% after \$25 initial copay (inpatient room and board copays do apply to hospital deliveries/ birthing centers)	Not covered	100% (inpatient room and board copays do apply to hospital deliveries/birthing centers)	80% covered after deductible
<b>24/7 Nurse Line</b>	Yes, no cost		Yes, no cost		Yes, no cost		Yes, no cost	
<b>Primary Care Visit to treat an injury or illness</b>	90% covered after deductible	70% covered after deductible	90% covered after deductible	70% covered after deductible	\$15 copay per visit	Not covered	\$20 copay per visit	80% covered after deductible
<b>Telemedicine (Virtual Doctor Visits)</b>	90% covered after deductible	70% covered after deductible	90% covered after deductible	70% covered after deductible	\$0 copay per visit	Not covered	\$0 copay per visit	80% covered after deductible
<b>Urgent Care Visit</b>	100% covered after \$25 copay	100% covered after \$25 copay	90% covered after deductible	70% covered after deductible	\$15 copay per visit	Not covered	\$20 copay per visit	80% covered after deductible
<b>Emergency Room</b>	90% covered after deductible	90% covered after deductible	90% covered after deductible	90% covered after deductible	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)
<b>Chiropractic Care</b> (Requires medical necessity and excludes preventive/maintenance care) <b>Note: No visit maximum for treatment of back pain</b>	90% covered after deductible for up to 30 visits per plan year	75% covered after deductible for up to 30 visits per plan year	90% covered after deductible for up to 30 visits per plan year	75% covered after deductible for up to 30 visits per plan year	Lesser of \$15 copay or 20% coinsurance (Referrals required through PCP)	Not covered	85% covered for up to 30 visits per plan year	80% covered after deductible for up to 30 visits per plan year

Plan Options	Highmark Delaware First State Basic Plan		Aetna CDH Gold Plan		Aetna HMO Plan		Highmark Delaware Comprehensive PPO Plan	
Plan Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Physical Therapy</b> <b>(Requires medical necessity)</b>  <b>Note: No visit maximum for treatment of back pain</b>	90% covered after deductible	70% covered after deductible	90% covered after deductible	70% covered after deductible	80% covered for up to 45 visits per illness/injury (Referrals required through PCP)	Not covered	85% covered	80% covered after deductible
<b>Specialist Visit</b>	90% covered after deductible	70% covered after deductible	90% covered after deductible	70% covered after deductible	\$25 copay per visit (Referrals required for certain services through PCP)	Not covered	\$30 copay per visit	80% covered after deductible
<b>Lab Work (Blood Work)</b>  <b>Note: Lab Work at a non-preferred non-hospital affiliated lab may not be covered</b>	90% covered after deductible	70% covered after deductible	90% covered after deductible	70% covered after deductible	LabCorp and Quest Diagnostics Lab (Preferred): \$10 copay per visit	Not covered	In-Network Non-Hospital Affiliated Lab (Preferred): \$10 copay per visit	80% covered after deductible
					Hospital/Other Lab Facility: \$50 copay per visit		Hospital/Other Lab Facility: \$50 copay per visit	
<b>Basic Imaging/Radiology</b> <b>(i.e., X-Ray, Ultrasound)</b>	90% covered after deductible	70% covered after deductible	90% covered after deductible	70% covered after deductible	Non-Hospital Affiliated Freestanding Facility (Preferred): \$0 copay per visit (Referrals required through PCP)	Not covered	Non-Hospital Affiliated Freestanding Facility (Preferred): \$0 copay per visit	80% covered after deductible
					Hospital Affiliated Facility: \$50 copay per visit (Referrals required through PCP)		Hospital Affiliated Facility: \$50 copay per visit	
<b>High-Tech Imaging/Radiology</b> <b>(i.e., MRI, CT Scan)</b>  <b>Note: Requires a prior authorization</b>	90% covered after deductible	70% covered after deductible	90% covered after deductible	70% covered after deductible	Non-Hospital Affiliated Freestanding Facility (Preferred): \$0 copay per visit	Not covered	Non-Hospital Affiliated Freestanding Facility (Preferred): \$0 copay per visit	80% covered after deductible
					Hospital Affiliated Facility: \$75 copay per visit		Hospital Affiliated Facility: \$75 copay per visit	
<b>Outpatient Surgery</b>	90% covered after deductible	70% covered after deductible	90% covered after deductible	70% covered after deductible	Ambulatory Center: \$50 copay per visit	Not covered	Ambulatory Center: \$50 copay per visit	80% covered after deductible
					Hospital Facility: \$100 copay per visit		Hospital Facility: \$100 copay per visit	
<b>Hospital Admission</b>	90% covered after deductible	70% covered after deductible	90% covered after deductible	70% covered after deductible	\$100 copay per day with max of \$200 per admission	Not covered	\$100 copay per day with max of \$200 per admission	80% covered after deductible

Plan Options	Highmark Delaware First State Basic Plan	Aetna CDH Gold Plan	Aetna HMO Plan	Highmark Delaware Comprehensive PPO Plan
Additional benefits automatically included with your Health Plan enrollment.				
<b>Prescription Coverage</b> (Administered by Express Scripts)	Included	Included	Included	Included
<b>Employee Assistance Program</b> (Administered by Health Advocate)	Included	Included	Included	Included
<b>Wellness and Condition Care Coordination</b> (Provided through your health plan)	Included	Included	Included	Included

## State of Delaware: Highmark First State Basic

Coverage for: Individual + Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage you can visit [www.highmarkbcbsde.com](http://www.highmarkbcbsde.com) or call 1-844-459-6452. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.highmarkbcbsde.com](http://www.highmarkbcbsde.com) or call 1-844-459-6452 to request a copy

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	<u>Network provider</u> : <b>\$500</b> individual/ <b>\$1,000</b> family; <u>Out-of-Network provider</u> : <b>\$1,000</b> individual/ <b>\$2,000</b> family.	Generally, you must pay all the costs from <u>providers</u> up to the <u>deductible</u> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Network</u> and <u>out-of-network</u> Preventive care and <u>network</u> and <u>out-of-network</u> freestanding emergency facility/urgent care center services are covered before you meet your <u>deductible</u> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <a href="#">plan</a> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <a href="#">plan</a> ?	<u>Network provider</u> Medical: <b>\$2,000</b> individual/ <b>\$4,000</b> family; <u>Network provider</u> Prescription Drug: <b>\$2,100</b> individual/ <b>\$4,200</b> family. <u>Out-of-Network provider</u> Medical: <b>\$4,000</b> individual/ <b>\$8,000</b> family; <u>Out-of-Network provider</u> Prescription Drug: Not Applicable.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance billing</u> charges, health care this <a href="#">plan</a> does not cover, <u>coinsurance</u> on certain services and penalties for failure to obtain precertification.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .



## State of Delaware: Highmark First State Basic

Coverage for: Individual + Family | Plan Type: PPO

Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="http://www.highmarkbcbsde.com">www.highmarkbcbsde.com</a> or call 1-844-459-6452 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
If you visit a health care <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	<u>Specialist</u> visit	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No charge <u>Deductible</u> does not apply	30% <u>coinsurance</u> <u>Deductible</u> does not apply	Coverage is limited by age, gender and risk parameters as identified in Highmark Delaware's Preventive Health Guidelines. Refer to <a href="http://www.highmarkbcbsde.com">www.highmarkbcbsde.com</a> or call 1-800-633-2563 for specific information. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	10% <u>coinsurance</u> Your cost will be lower at a preferred freestanding lab.	30% <u>coinsurance</u>	Preferred freestanding laboratory: LabCorp in Delaware.
	Imaging (CT/PET scans, MRIs)	10% <u>coinsurance</u> Your cost will be lower at non-hospital affiliated freestanding facilities.	30% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.

## State of Delaware: Highmark First State Basic

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b>  More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.express-scripts.com">www.express-scripts.com</a> or call <b>1-800-939-2142</b>	Generic drugs	\$8 <u>copay</u> /prescription for 30-day supply (retail or mail order); \$16 <u>copay</u> /prescription for 90-day supply (participating retail or mail order)	Reimbursement limited to in- <u>network</u> allowable amount minus applicable <u>copay</u>	Up to 30-day fills at retail or mail order for non-maintenance drugs; 90-day fills for maintenance drugs available at participating pharmacies or mail order only, maintenance drugs filled as 30-day supply incur penalty at fourth fill; under Choice Program, you pay applicable <u>copay</u> plus difference between generic and brand when preferred generic equivalent is available. Erectile dysfunction (ED) drugs are not covered unless medically necessary for conditions other than ED. Prescription drugs with an over-the-counter equivalent are not covered, except for emergency contraception. Qualified members ages 40 - 75 receive generic low to moderate dose statins at no cost. No charge for diabetic supplies purchased through the prescription plan. One copay applies for multiple diabetic medications filled at a 90-day participating retail pharmacy or Express Scripts Pharmacy, if purchased at the same time.
	Preferred brand drugs	\$28 <u>copay</u> /prescription for 30-day supply (retail or mail order); \$56 <u>copay</u> /prescription for 90-day supply (participating retail or mail order)	Reimbursement limited to in- <u>network</u> allowable amount minus applicable <u>copay</u>	
	Non-preferred brand drugs	\$50 <u>copay</u> /prescription for 30-day supply (retail or mail order); \$100 <u>copay</u> /prescription for 90-day supply (participating retail or mail order)	Reimbursement limited to in- <u>network</u> allowable amount minus applicable <u>copay</u>	
	<u>Specialty drugs</u>	<u>Copay</u> based on whether drug is generic, preferred, or non-preferred	Not covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required for certain outpatient surgical procedures. If you don't get <u>preauthorization</u> , benefits will be denied.

## State of Delaware: Highmark First State Basic

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required for certain outpatient surgical procedures. If you don't get <u>preauthorization</u> , benefits will be denied.
If you need immediate medical attention	<u>Emergency room care</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	Care must be rendered within 48 hours of onset of symptoms.
	<u>Emergency medical transportation</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	<u>Urgent care</u>	\$25 <u>copay</u> /visit <u>Deductible</u> does not apply	\$25 <u>copay</u> /visit <u>Deductible</u> does not apply	Telemedicine is covered at 10% <u>coinsurance</u> .
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
	Physician/surgeon fee	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	Inpatient services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
If you are pregnant	Office visits	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of service, a <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in this SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	
	Childbirth/delivery facility services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	

## State of Delaware: Highmark First State Basic

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 240 visits per <u>plan</u> year. <u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
	<u>Rehabilitation services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Maximum number of Physical, Occupational and Speech Therapies is based on medical necessity.
	<u>Habilitation services</u>	Not covered	Not covered	You must pay 100% of these expenses, even <u>in-network</u> .
	<u>Skilled nursing care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 120 days of care. Benefits renew after 180 days without care. <u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Coverage for hearing aids are limited to one hearing aid per ear every 3 years for children less than 24 years of age.
	<u>Hospice services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 365 days of care.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	You must pay 100% of these expenses. Coverage may be available through EyeMed Vision.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	No charge under Delta Dental or Dominion Dental	20% <u>coinsurance</u> under Delta Dental; not covered under Dominion Dental	Delta Dental: \$1,500 maximum per person per <u>plan</u> year; Dominion Dental: no maximum.

**Excluded Services & Other Covered Services:**

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- |                    |   |  |
|--------------------|---|--|
| • Acupuncture      | • <a href="#">Habilitation services</a> | • Routine foot care (unless medically necessary) |
| • Cosmetic surgery | • Long-term care (non-hospice)          | • Weight loss programs                           |
| • Glasses          | • Routine eye care (Adult)              |  |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- |  |   |  |
|--|---|--|
| • Bariatric surgery  | • Hearing aids (one hearing aid, per ear, every 3 years up to age 24)                       | • Non-emergency care when traveling outside the U.S.                           |
| • Chiropractic care (30 visits per <a href="#">plan</a> year, except for treatment of back pain) | • Infertility treatment (lifetime maximum: \$10,000 medical and \$15,000 prescription drug) | • Private-duty nursing (non-hospice; inpatient care in acute hospital setting) |
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## State of Delaware: Highmark Comprehensive PPO

Coverage for: Individual + Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage you can visit [www.highmarkbcbsde.com](http://www.highmarkbcbsde.com) or call 1-844-459-6452. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.highmarkbcbsde.com](http://www.highmarkbcbsde.com) or call 1-844-459-6452 to request a copy

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	<u>Network provider</u> : <b>\$0</b> ; <u>Out-of-Network provider</u> : <b>\$300</b> individual/ <b>\$600</b> family.	Generally, you must pay all the costs from <u>providers</u> up to the <u>deductible</u> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Out-of-network</u> anesthesia services covered in- <u>network</u> at <u>network</u> facilities, emergency ambulance, emergency paramedic and emergency physician services are covered before you meet your <u>out-of-network deductible</u> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers <u>preventive services</u> , without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <a href="#">plan</a> ?	<u>Network provider</u> Medical: <b>\$4,500</b> individual/ <b>\$9,000</b> family; <u>Network provider</u> Prescription Drug: <b>\$2,100</b> individual/ <b>\$4,200</b> family. <u>Out-of-Network provider</u> Medical: <b>\$7,500</b> individual/ <b>\$15,000</b> family; <u>Out-of-Network provider</u> Prescription Drug: Not Applicable	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance billing</u> charges, health care this <a href="#">plan</a> does not cover, <u>copayments</u> and <u>coinsurance</u> on certain services	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

## State of Delaware: Highmark Comprehensive PPO

Coverage for: Individual + Family | Plan Type: PPO

	and penalties for failure to obtain precertification.	
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="http://www.highmarkbcbsde.com">www.highmarkbcbsde.com</a> , or call 1-844-459-6452 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 <u>copay</u> /visit	20% <u>coinsurance</u>	None
	<u>Specialist</u> visit	\$30 <u>copay</u> /visit	20% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No charge	20% <u>coinsurance</u>	Coverage is limited by age, gender and risk parameters as identified in Highmark Delaware's Preventive Health Guidelines. Refer to <a href="http://www.highmarkbcbsde.com">www.highmarkbcbsde.com</a> or call 1-844-459-6452 for specific information. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge for x-ray at non-hospital affiliated freestanding facility; \$50 <u>copay</u> /visit at hospital-based facilities	20% <u>coinsurance</u>	Preferred freestanding laboratory: LabCorp in Delaware.



## State of Delaware: Highmark Comprehensive PPO

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
		\$10 <u>copay</u> /visit at preferred freestanding lab; \$50 <u>copay</u> /visit at other lab No charge for machine tests		
	Imaging (CT/PET scans, MRIs)	No charge at non-hospital affiliated freestanding facility; \$75 <u>copay</u> /visit at hospital-based facilities	20% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
<b>If you need drugs to treat your illness or condition</b>  More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.express-scripts.com">www.express-scripts.com</a> or call <b>1-800-939-2142</b>	Generic drugs	\$8 <u>copay</u> /prescription for 30-day supply (retail or mail order); \$16 <u>copay</u> /prescription for 90-day supply (participating retail or mail order)	Reimbursement limited to in- <u>network</u> allowable amount minus applicable <u>copay</u>	Up to 30-day fills at retail or mail order for non-maintenance drugs; 90-day fills for maintenance drugs available at participating pharmacies or mail order only, maintenance drugs filled as 30-day supply incur penalty at fourth fill; under Choice Program, you pay applicable <u>copay</u> plus difference between generic and brand when preferred generic equivalent is available. Erectile dysfunction (ED) drugs are not covered unless medically necessary for conditions other than ED. Prescription drugs with an over-the-counter equivalent are not covered, except for emergency contraception. Qualified members ages 40 - 75 receive generic low to moderate dose statins at no cost. No charge for diabetic supplies purchased through the prescription plan. One copay applies for multiple diabetic medications filled at a 90-day participating retail pharmacy or Express Scripts Pharmacy, if purchased at the same time.
	Preferred brand drugs	\$28 <u>copay</u> /prescription for 30-day supply (retail or mail order); \$56 <u>copay</u> /prescription for 90-day supply (participating retail or mail order)	Reimbursement limited to in- <u>network</u> allowable amount minus applicable <u>copay</u>	
	Non-preferred brand drugs	\$50 <u>copay</u> /prescription for 30-day supply (retail or mail order); \$100 <u>copay</u> /prescription for 90-day supply (participating retail or mail order)	Reimbursement limited to in- <u>network</u> allowable amount minus applicable <u>copay</u>	

## State of Delaware: Highmark Comprehensive PPO

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
	<u>Specialty drugs</u>	<u>Copay</u> based on whether drug is generic, preferred, or non-preferred	Not covered	First fill can be at retail; future fills must be through specialty pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 <u>copay</u> /visit outpatient hospital; \$50 <u>copay</u> /visit ambulatory surgery center	20% <u>coinsurance</u>	<u>Preauthorization</u> is required for certain outpatient surgical procedures. If you don't get <u>preauthorization</u> , benefits will be denied.
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Preauthorization</u> is required for certain outpatient surgical procedures. If you don't get <u>preauthorization</u> , benefits will be denied.
If you need immediate medical attention	<u>Emergency room care</u>	\$200 <u>copay</u> /visit	\$200 <u>copay</u> /visit	In-network or out-of-network <u>copayment</u> is waived if admitted. Care must be rendered within 48 hours of onset of symptoms.
	<u>Emergency medical transportation</u>	No charge	No charge <u>Deductible</u> does not apply	None
	<u>Urgent care</u>	\$20 <u>copay</u> /visit	20% <u>coinsurance</u>	Telemedicine is covered at \$0 <u>copay</u> /visit.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$100 <u>copay</u> /day; \$200 maximum/admission \$100 <u>copay</u> /day at; \$200 maximum/admission for elective orthopedic & spine procedures performed at preferred Blue Distinction Centers (BDC) or \$500 <u>copay</u> /admission at other facilities \$100 <u>copay</u> /day; \$200 maximum/admission for bariatric surgery performed at preferred BDC or 25% coinsurance at other facilities	20% <u>coinsurance</u> ; 45% coinsurance for bariatric surgery	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied. Copayments and coinsurance for bariatric surgery do not accumulate towards the out-of-pocket maximum.

## State of Delaware: Highmark Comprehensive PPO

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge for intensive outpatient care; \$20 <u>copay</u> /office visit	20% <u>coinsurance</u>	None
	Inpatient services	\$100 <u>copay</u> /day; \$200 maximum/admission	20% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
If you are pregnant	Office visits	No charge	20% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the types of services, a <u>copayment</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	\$100 <u>copay</u> /day; \$200 maximum/admission	20% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% <u>coinsurance</u>	Limited to 240 visits per <u>plan</u> year. <u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
	<u>Rehabilitation services</u>	15% <u>coinsurance</u>	20% <u>coinsurance</u>	No charge for in- <u>network</u> applied behavioral analysis (ABA). Maximum number of Physical, Occupational and Speech Therapies is based on medical necessity.
	<u>Habilitation services</u>	Not covered	Not covered	You must pay 100% of these expenses.
	<u>Skilled nursing care</u>	No charge	20% <u>coinsurance</u>	Limited to 120 days of care. Benefits renew after 180 days without care. <u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
	<u>Durable medical equipment</u>	No charge	20% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
	<u>Hospice services</u>	No charge	20% <u>coinsurance</u>	Limited to 365 days of care.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	You must pay 100% of these expenses. Coverage may be available through EyeMed Vision.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	No charge under Delta Dental or Dominion Dental	20% <u>coinsurance</u> under Delta Dental; not covered under Dominion Dental	Delta Dental: \$1,500 maximum per person per <u>plan</u> year; Dominion Dental: no maximum.

**Excluded Services & Other Covered Services:**

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)			
• Acupuncture	• <u>Habilitation services</u>	• Routine foot care (unless medically necessary)	
• Cosmetic surgery	• Long-term care (non-hospice)	• Weight loss programs	
• Glasses	• Routine eye care (Adult)		

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• Bariatric surgery	• Hearing aids (one hearing aid, per ear, every 3 years up to age 24)	• Non-emergency care when traveling outside the U.S.	
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—————To see examples of how this plan might cover costs for a sample medical situation, see the next page.—————

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible:** \$0
- **Specialist copayment:** \$30
- **Hospital (facility) copayment:** \$100 per day, Maximum \$200 per admission
- **Obstetric care copay/coinsurance:** No charge

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
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#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$360</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible:** \$0
- **Specialist copayment:** \$30
- **Hospital (facility) copayment:** \$100 per day, Maximum \$200 per admission
- **Diagnostic test (blood work) copayment:** \$10\*

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
---------------------------	----------------

#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$1,060</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- **The plan's overall deductible:** \$0
- **Specialist copayment:** \$30
- **Hospital (facility) copayment:** \$100 per day, Maximum \$200 per admission
- **Diagnostic test (x-ray) copayment:** No charge\*\*

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
---------------------------	----------------

#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$200
Coinsurance	\$30
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$230</b>

\* Assumes member elects a preferred lab.

\*\*Assumes member elects a freestanding facility.



## 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 <input type="checkbox"/> Change coverage <input type="checkbox"/> Information change <input type="checkbox"/> Refuse coverage ( <i>see Section E</i> )	<b>ADD DEPENDENTS DUE TO:</b> <input type="checkbox"/> Marriage/Civil Union <input type="checkbox"/> Non-voluntary coverage loss <input type="checkbox"/> Birth <input type="checkbox"/> Other <input type="checkbox"/> Adoption/Guardianship    Date of event checked: _____	<b>CANCEL DEPENDENTS DUE TO:</b> <input type="checkbox"/> Divorce/Dissolution <input type="checkbox"/> Death <input type="checkbox"/> Over age <input type="checkbox"/> Other <input type="checkbox"/> No longer dependent    Date of event checked: _____	<b>REINSTATE COVERAGE DUE TO:</b> <input type="checkbox"/> Rehire <input type="checkbox"/> Administrative error <input type="checkbox"/> Return from leave <input type="checkbox"/> Other <input type="checkbox"/> Return from layoff    Date of event checked: _____
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### 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

<b>COVERAGE IS FOR:</b> <input type="checkbox"/> Employee <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Family <b>PLEASE MAKE ONE HEALTHCARE COVERAGE CHOICE:</b> <input type="checkbox"/> First State Basic <input type="checkbox"/> Comprehensive PPO <input type="checkbox"/> Special Medicfill <input type="checkbox"/> Special Medicfill without prescription <input type="checkbox"/> <b>I AM 65 OR OLDER.</b> <input type="checkbox"/> <b>MY SPOUSE IS 65 OR OVER; I AM A FULLTIME EMPLOYEE.</b>	<b>MEDICARE INFORMATION:</b> Applicant's Medicare #: _____ Part A Effective Date: _____ Part B Effective Date: _____
---	---

### D. ELIGIBLE DEPENDENTS TO BE COVERED

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

<input type="checkbox"/> Add <input type="checkbox"/> Cancel	Spouse's First Name	M.I.	Last Name (if different), Jr., Sr.	Birth Date (month, day, year)	Spouse's Social Security Number	
<input type="checkbox"/> Add <input type="checkbox"/> Cancel	Dependent's First Name	M.I.	Last Name (if different), Jr., Sr.	Birth Date (month, day, year)	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"/> Cancel	Dependent's First Name	M.I.	Last Name (if different), Jr., Sr.	Birth Date (month, day, year)	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"/> Cancel	Dependent's First Name	M.I.	Last Name (if different), Jr., Sr.	Birth Date (month, day, year)	Dependent's Social Security Number	<input type="checkbox"/> Fulltime student <input type="checkbox"/> Male <input type="checkbox"/> Handicapped <input type="checkbox"/> Female

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>	
I elect not to participate in the State Health Insurance Program.		I have read and do agree to the above terms.	
Signature:		Signature:	
		Date	





The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, you can visit [www.HealthReformPlanSBC.com](http://www.HealthReformPlanSBC.com) or call 1-877-542-3862. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.HealthReformPlanSBC.com](http://www.HealthReformPlanSBC.com) or call 1-877-542-3862 to request a copy

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$0 individual / \$0 family	See the common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <u>deductible</u> ?	Not applicable	You do not have to meet a <u>deductible</u> before services are covered under this <a href="#">plan</a> . But a <u>copayment</u> may apply.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <a href="#">plan</a> ?	<u>Network provider</u> Medical: <b>\$4,500</b> individual/ <b>\$9,000</b> family; <u>Network provider</u> Prescription Drug: <b>\$2,100</b> individual/ <b>\$4,200</b> family. <u>Out-of-Network provider</u> : Not Applicable.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <u>out-of-pocket</u> limits until the overall family <u>out-of-pocket</u> limit has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance billing charges</u> , health care this <a href="#">plan</a> does not cover, <u>copayments</u> and <u>coinsurance</u> on certain services and penalties for failure to obtain precertification.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="http://www.aetna.com">www.aetna.com</a> or call 1-877-542-3862 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services, but only if you have a <u>referral</u> before you see the <u>specialist</u> .

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$15 <u>copay</u> /visit	Not covered	<u>Preauthorization</u> is required for certain services. If you don't get <u>preauthorization</u> , benefits will be denied.
	<u>Specialist</u> visit	\$25 <u>copay</u> /visit	Not covered	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge for x-ray at non-hospital affiliated freestanding facility; \$50 <u>copay</u> /visit at hospital-based facilities \$10 <u>copay</u> /visit at preferred lab; \$50 <u>copay</u> /visit at other lab	Not covered	Preferred laboratories: Quest Diagnostics or LabCorp.
	Imaging (CT/PET scans, MRIs)	No charge at non-hospital affiliated freestanding facility; \$75 <u>copay</u> /visit at hospital-based facilities	Not covered	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b>  More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.express-scripts.com">www.express-scripts.com</a> or call <b>1-800-939-2142</b>	Generic drugs	\$8 <u>copay</u> /prescription for 30-day supply (retail or mail order); \$16 <u>copay</u> /prescription for 90-day supply (participating retail or mail order)	Reimbursement limited to in- <u>network</u> allowable amount minus applicable <u>copay</u>	Up to 30-day fills at retail or mail order for non-maintenance drugs; 90-day fills for maintenance drugs available at participating pharmacies or mail order only, maintenance drugs filled as 30-day supply incur penalty at fourth fill; under Choice Program, you pay applicable <u>copay</u> plus difference between generic and brand when preferred generic equivalent is available. Erectile dysfunction (ED) drugs are not covered unless medically necessary for conditions other than ED. Prescription drugs with an over-the-counter equivalent are not covered, except for emergency contraception. Qualified members ages 40 - 75 receive generic low to moderate dose statins at no cost. No charge for diabetic supplies purchased through the prescription plan. One copay applies for multiple diabetic medications filled at a 90-day participating retail pharmacy or Express Scripts Pharmacy, if purchased at the same time.
	Preferred brand drugs	\$28 <u>copay</u> /prescription for 30-day supply (retail or mail order); \$56 <u>copay</u> /prescription for 90-day supply (participating retail or mail order)	Reimbursement limited to in- <u>network</u> allowable amount minus applicable <u>copay</u>	
	Non-preferred brand drugs	\$50 <u>copay</u> /prescription for 30-day supply (retail or mail order); \$100 <u>copay</u> /prescription for 90-day supply (participating retail or mail order)	Reimbursement limited to in- <u>network</u> allowable amount minus applicable <u>copay</u>	
	<u>Specialty drugs</u>	<u>Copay</u> based on whether drug is generic, preferred, or non-preferred	Not covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$100 <u>copay</u> /visit outpatient hospital; \$50 <u>copay</u> /visit ambulatory surgery center	Not covered	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
	Physician/surgeon fees	No charge	Not covered	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	\$200 <u>copay</u> /visit	\$200 <u>copay</u> /visit	In-network provider <u>copayment</u> is waived if admitted. No coverage for non-emergency use.
	<u>Emergency medical transportation</u>	\$50 <u>copay</u> /visit	\$50 <u>copay</u> /visit	No coverage for non-emergency use.
	<u>Urgent care</u>	\$15 <u>copay</u> /visit	Not covered	No coverage for non-urgent use. Telemedicine is covered at \$0 <u>copay</u> /visit.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$100 <u>copay</u> /day; \$200 maximum/admission \$100 <u>copay</u> /day; \$200 maximum/admission for elective orthopedic & spine procedures performed at preferred Institutes of Quality (IOQ) or \$500 <u>copay</u> /admission at other facilities \$100 <u>copay</u> /day; \$200 maximum/admission for bariatric surgery performed at preferred IOQ or 25% <u>coinsurance</u> at other facilities	Not covered	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied. Copayments and coinsurance for bariatric surgery do not accumulate towards the out-of-pocket maximum.
	Physician/surgeon fee	No charge	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 <u>copay</u> /visit	Not covered	None
	Inpatient services	\$100 <u>copay</u> /per day; \$200 maximum/ admission	Not covered	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
If you are pregnant	Office visits	\$25 <u>copay</u> /initial visit; No charge for subsequent prenatal visits	Not covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> may apply.

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
	Childbirth/delivery professional services	No charge	Not covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery facility services	\$100 <u>copay</u> /day; \$200 maximum/admission	Not covered	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	Not covered	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	Not covered	Limited to 45 visits per condition for physical and occupational therapy combined. No visit-limit on physical therapy for treatment of back pain. Coverage is limited to 45 visits per condition for speech therapy. Subject to medical necessity review at 25 visits.
	<u>Habilitation services</u>	Covered same as any other expense based on the type of service performed	Not covered	None
	<u>Skilled nursing care</u>	No charge	Not covered	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	Not covered	None
	<u>Hospice services</u>	No charge	Not covered	None
If your child needs dental or eye care	Children's eye exam	\$15 <u>copay</u> /visit	Not covered	Limited to 1 exam per 24 months. Coverage may be available through EyeMed Vision.
	Children's glasses	Not covered	Not covered	You must pay 100% of these expenses. Coverage may be available through EyeMed Vision.
	Children's dental check-up	No charge under Delta Dental or Dominion Dental	20% <u>coinsurance</u> under Delta Dental; not covered under Dominion Dental	Delta Dental: \$1,500 maximum per person per <u>plan</u> year; Dominion Dental: no maximum.

**Excluded Services & Other Covered Services:****Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)**

- |                                |   |                        |
|--------------------------------|---|------------------------|
| • Cosmetic surgery             | • Non-emergency care when traveling outside the U. S. | • Routine foot care    |
| • Glasses                      | • Private-duty nursing                                | • Weight loss programs |
| • Long-term care (non-hospice) |   |                        |

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)**

- |  |  |   |
|--|--|---|
| • Acupuncture (in lieu of anesthesia)  | • Hearing aids (3 hearing aids within 36 months for children to age 24; 1 initial hearing aid, 1 replacement and 1 additional if needed due to growth) | • Infertility treatment (lifetime maximum: \$10,000 medical and \$15,000 prescription drug) |
| • Bariatric surgery  |  | • Routine eye care (1 exam per 24 months)   |
| • Chiropractic care, except for treatment of back pain                                       |  |   |
| • Dental care (bone fractures, removal of bony impacted teeth, tumors and odontogenic cysts) |  |   |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). You can also contact the [plan](#) at 1-877-542-3862. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: The Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or Aetna by calling the toll free number on your Medical ID Card. Additionally, a consumer assistance program can help you file your [appeal](#). Contact information is at <https://www.aetna.com/individuals-families/member-rights-resources/complaints-grievances-appeals.html>

**Does this Coverage Provide Minimum Essential Coverage? Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this Coverage Meet the Minimum Value Standard? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).



**Language Access Services:**

Arabic (العربية): 1-800-489-8933 اتصل برقم 1-800-489-8933. إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

Chinese (繁體中文): 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-489-8933.

French (Français): Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-489-8933.

French Creole (Kreyòl Ayisyen): Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-489-8933.

German (Deutsch): Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 1-800-489-8933.

Italian (Italiano): In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-489-8933.

Japanese (日本語): 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-489-8933 まで、お電話にてご連絡ください。

Korean (한국어): 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-489-8933 번으로 전화해 주십시오.

Persian-Farsi (فارسی): اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-489-8933 تماس بگیرید.

Polish (Polski): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-489-8933.

Portuguese (Português): Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-489-8933.

Russian (Русский): Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-489-8933.

Spanish (Español): Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-489-8933.

Tagalog (Tagalog): Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-489-8933.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* —————



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, you can visit [www.HealthReformPlanSBC.com](http://www.HealthReformPlanSBC.com) or call 1-877-542-3862. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.HealthReformPlanSBC.com](http://www.HealthReformPlanSBC.com) or call 1-877-542-3862 to request a copy

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	<u>Network provider</u> : <b>\$1,500</b> individual/ <b>\$3,000</b> family; <u>Out-of-Network provider</u> : <b>\$1,500</b> individual/ <b>\$3,000</b> family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. In- <u>network</u> <u>preventive care</u> services, certain annual cancer <u>screening</u> services, female voluntary sterilization, contraceptive counseling, contraceptive devices and injectables, breast pump (one per 36 months), lactation support and routine prenatal visits are covered before you meet your <u>network deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive</u> services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> A State-funded Health Reimbursement Arrangement (HRA) is available to help offset a large part of the <u>deductible</u> . The State funds the HRA, \$1,250 for individual and \$2,500 for dependent coverage levels, upon subscriber's enrollment in the Aetna CDH Gold plan at the beginning of the plan year, July 1, 2019. HRA funds are prorated in accordance with subscriber's effective date of enrollment or change in coverage tier level.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	For <u>Network provider</u> Medical: <b>\$4,500</b> individual/ <b>\$9,000</b> family; <u>Network provider</u> Prescription Drug: <b>\$2,100</b> individual/ <b>\$4,200</b> family. <u>Out-of-Network provider</u> Medical: <b>\$7,500</b> individual/ <b>\$15,000</b> family; <u>Out-of-Network provider</u> Prescription Drug: Not Applicable	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.



What is not included in the <u>out-of-pocket limit</u> ?	Premiums, <u>balance billing</u> charges, health care this <u>plan</u> does not cover, <u>coinsurance</u> on certain services and penalties for failure to obtain precertification.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="http://www.aetna.com">www.aetna.com</a> or call 1-877-542-3862 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	<u>Specialist</u> visit	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No charge <u>Deductible</u> does not apply	30% <u>coinsurance</u>	Age and frequency schedules may apply. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	10% <u>coinsurance</u> Your cost will be lower at preferred freestanding labs.	30% <u>coinsurance</u>	Preferred freestanding laboratories: Quest Diagnostics and LabCorp in Delaware.
	Imaging (CT/PET scans, MRIs)	10% <u>coinsurance</u> Your cost will be lower at non-hospital affiliated freestanding facilities.	30% <u>coinsurance</u>	<u>Preauthorization</u> is required, except when rendered in emergency room or inpatient facility. If you don't get <u>preauthorization</u> , benefits will be denied.

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b>  More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.express-scripts.com">www.express-scripts.com</a> or call <b>1-800-939-2142</b>	Generic drugs	\$8 <u>copay</u> /prescription for 30-day supply (retail or mail order); \$16 <u>copay</u> /prescription for 90-day supply (participating retail or mail order)	Reimbursement limited to in- <u>network</u> allowable amount minus applicable <u>copay</u>	Up to 30-day fills at retail or mail order for non-maintenance drugs; 90-day fills for maintenance drugs available at participating pharmacies or mail order only, maintenance drugs filled as 30-day supply incur penalty at fourth fill; under Choice Program, you pay applicable copay plus difference between generic and brand when preferred generic equivalent is available. Erectile dysfunction (ED) drugs are not covered unless medically necessary for conditions other than ED. Prescription drugs with an over-the-counter equivalent are not covered, except for emergency contraception. Qualified members ages 40 - 75 receive generic low to moderate dose statins at no cost. No charge for diabetic supplies purchased through the prescription plan. One copay applies for multiple diabetic medications filled at a 90-day participating retail pharmacy or Express Scripts Pharmacy, if purchased at the same time.
	Preferred brand drugs	\$28 <u>copay</u> /prescription for 30-day supply (retail or mail order); \$56 <u>copay</u> /prescription for 90-day supply (participating retail or mail order)	Reimbursement limited to in- <u>network</u> allowable amount minus applicable <u>copay</u>	
	Non-preferred brand drugs	\$50 <u>copay</u> /prescription for 30-day supply (retail or mail order); \$100 <u>copay</u> /prescription for 90-day supply (participating retail or mail order)	Reimbursement limited to in- <u>network</u> allowable amount minus applicable <u>copay</u>	
	<u>Specialty drugs</u>	<u>Copay</u> based on whether drug is generic, preferred, or non-preferred	Not covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required for certain outpatient surgical procedures and other outpatient services. If you don't get <u>preauthorization</u> , benefits will be denied.

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required for certain outpatient surgical procedures and other outpatient services. If you don't get <u>preauthorization</u> , benefits will be denied.
If you need immediate medical attention	<u>Emergency room care</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	No coverage for non-emergency use.
	<u>Emergency medical transportation</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	No coverage for non-emergency use.
	<u>Urgent care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Telemedicine is covered at 10% <u>coinsurance</u> .
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
	Physician/surgeon fee	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	Inpatient services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
If you are pregnant	Office visits	No charge <u>Deductible</u> does not apply	30% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for preventive services. Depending on the type of services, <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	
	Childbirth/delivery facility services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 240 visits per year, combined with Private Duty Nursing benefit. <u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.

Common Medical Event	Services You May Need	What Will You Pay		Limitations, Exceptions & Other Important Information
		In-network Provider (You will pay the least)	Out-of-network Provider (You will pay the most)	
	<u>Rehabilitation services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Coverage for Outpatient Physical, Occupational, and Speech Therapy subject to medical necessity review at 25 visits. <u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
	<u>Habilitation services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	<u>Skilled nursing care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Coverage is limited to 120 days per year. <u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be denied.
	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	<u>Hospice services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	You must pay 100% of these expenses. Coverage may be available through EyeMed Vision.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	No charge under Delta Dental or Dominion Dental	20% <u>coinsurance</u> under Delta Dental; not covered under Dominion Dental	Delta Dental: \$1,500 maximum per person per <u>plan</u> year; Dominion Dental: no maximum.

**Excluded Services & Other Covered Services:**

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> <li>• Cosmetic surgery</li> <li>• Glasses</li> <li>• Long-term care</li> </ul>	<ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the U. S.</li> <li>• Routine eye care (Adult)</li> <li>• Routine foot care</li> </ul>	<ul style="list-style-type: none"> <li>• Weight loss programs</li> </ul>

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)**

- Acupuncture (in lieu of anesthesia)
- Bariatric surgery
- Chiropractic care (up to 30 visits per [plan](#) year, except for treatment of back pain)
- Dental care (bone fractures, removal of bony impacted teeth, tumors and odontogenic cysts)
- Hearing aids (1 hearing aid per ear every 3 years for children to age 24)
- Infertility treatment (lifetime maximum: \$10,000 medical and \$15,000 prescription drug)
- Private-duty nursing (240 visits per year, combined with home health care; 8 hours equals one shift; [preauthorization](#) required)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). You [www.cciio.cms.gov](http://www.cciio.cms.gov). You can also contact the [plan](#) at 1-877-542-3862. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: The Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or Aetna by calling the toll free number on your Medical ID Card. Additionally, a consumer assistance program can help you file your [appeal](#). Contact information is at <https://www.aetna.com/individuals-families/member-rights-resources/complaints-grievances-appeals.html>

**Does this Coverage Provide Minimum Essential Coverage? Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this Coverage Meet the Minimum Value Standard? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Arabic (العربية): 1-800-489-8933 اتصل برقم 1-800-489-8933. إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

Chinese (繁體中文): 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-489-8933.

French (Français): Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-489-8933.

French Creole (Kreyòl Ayisyen): Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-489-8933.

German (Deutsch): Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 1-800-489-8933.

Italian (Italiano): In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-489-8933.

Japanese (日本語): 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-489-8933 まで、お電話にてご連絡ください。

Korean (한국어): 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-489-8933 번으로 전화해 주십시오.

Persian-Farsi (فارسی): اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-489-8933 تماس بگیرید (فارسی).

Polish (Polski): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-489-8933.

Portuguese (Português): Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-489-8933.

Russian (Русский): Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-489-8933.

Spanish (Español): Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-489-8933.

Tagalog (Tagalog): Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-489-8933.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* —————



## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <b>deductible</b> :	\$1,500
■ <b>Specialist coinsurance</b> :	10%
■ <b>Hospital (facility) coinsurance</b> :	10%
■ <b>Obstetric care coinsurance</b> :	10%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
---------------------------	-----------------

#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$30
Coinsurance	\$1,110
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,700</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall <b>deductible</b> :	\$1,500
■ <b>Specialist coinsurance</b> :	10%
■ <b>Hospital (facility) coinsurance</b> :	10%
■ <b>Diagnostic test (blood work) coinsurance</b> :	10%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
---------------------------	----------------

#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$600
Coinsurance	\$100
What isn't covered	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$2,260</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall <b>deductible</b> :	\$1,500
■ <b>Specialist coinsurance</b> :	10%
■ <b>Hospital (facility) coinsurance</b> :	10%
■ <b>Diagnostic test (x-ray) coinsurance</b> :	10%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$0
Coinsurance	\$40
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,540</b>

**Note:** A State-funded Health Reimbursement Arrangement (HRA) is available to help offset a large part of the deductible. The State funds the HRA upon subscriber's enrollment at the beginning of the plan year. HRA funds are prorated in accordance with subscriber's effective date of enrollment or change in coverage tier level.

## STATE OF DELAWARE

## OFFICE OF MANAGEMENT AND BUDGET

## STATEWIDE BENEFITS OFFICE

## AETNA

## Enrollment/Change Request Form

## A. REASON FOR APPLICATION

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

## ADD DEPENDENTS DUE TO:

- ☐ Marriage/Civil Union ☐ Non-voluntary coverage loss  
☐ Birth ☐ Other  
☐ Adoption/Guardianship

## TERM DEPENDENTS DUE TO:

- ☐ Divorce ☐ Death  
☐ Over age ☐ Other  
☐ No longer dependent

## REINSTATE COVERAGE DUE TO:

- ☐ Administrative error  
☐ Other

Date of event checked: \_\_\_\_\_

Date of event checked: \_\_\_\_\_

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

## 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:  If covering a spouse you must go online at <a href="http://www.ben.omb.delaware.gov/documents/cob">www.ben.omb.delaware.gov/documents/cob</a> and complete a Coordination of Benefits form.	Name and Location of Other Insurance Company
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## 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
- HMO COBRA
- 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I elect NOT to participate in the State Plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Health Premiums**  
**Effective: July 1, 2019**  
**15% Employee Cost Sharing**

Plan Name	Coverage Type	Employee Pays per Month	Biweekly Payroll Deduction	City Pays	Total Cost Monthly
<b>Highmark Delaware First State Basic</b>	Employee Only	\$ 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
<b>Highmark Delaware Comprehensive PPO</b>	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
<b>Aetna HMO</b>	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
<b>Aetna CDH Gold</b>	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

**Health Premiums**  
**Effective: July 1, 2019**  
**20% Employee Cost Sharing**

Plan Name	Coverage Type	Employee Pays per Month	Biweekly Payroll Deduction	City Pays	Total Cost Monthly
<b>Highmark Delaware First State Basic</b>	Employee Only	\$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
<b>Highmark Delaware Comprehensive PPO</b>	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
<b>Aetna HMO</b>	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
<b>Aetna CDH Gold</b>	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

**20% Employee Cost Sharing**

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

# 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](http://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](http://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](http://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](http://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](http://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](http://www.express-scripts.com) offers extensive online resources, including health and benefit information and online pharmacy services.

# QUALIFYING EVENTS

Open Enrollment is the only time of the year that you can make changes to your benefit elections, unless you experience a qualifying event.

Qualifying events include, but may not be limited to:

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

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.

## SPOUSAL COORDINATION OF BENEFITS POLICY

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.](http://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.**

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

## DEPENDENT COVERAGE & 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 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.

## 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.

# Delta Dental PPO<sup>SM</sup> – Easy, Friendly, Accessible

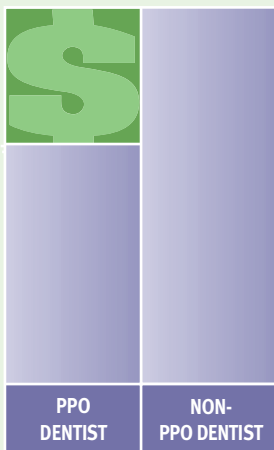


We'll do **whatever it takes** and then some.

## 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<sup>†</sup> 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.,<sup>‡</sup> 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](http://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*<sup>®</sup> 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.

<sup>†</sup> In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

<sup>‡</sup> Netminder Dental Network Trend Report, March 2013.



Socialize with us: [deltadentalins.com/enrollees](http://deltadentalins.com/enrollees)





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

<b>Eligibility</b>	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		
<b>Deductibles</b>	\$50 per person / \$150 per family each plan year		
Deductibles waived for D & P?	Yes		
<b>Maximums</b>	\$1,000 per person each plan year		
D & P counts toward maximum?	Yes		
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits N/A	Prosthodontics N/A

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

**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

<b>Eligibility</b>	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		
<b>Deductibles</b> Deductibles waived for D & P?	\$50 per person / \$150 per family each plan year Yes		
<b>Maximums</b> D & P counts toward maximum?	\$1,250 per person each plan year Yes		
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	100 %
<b>Basic Services</b> Fillings and simple tooth extractions	80 %	80 %
<b>Endodontics</b> (root canals) Covered Under Major Services	50 %	50 %
<b>Periodontics</b> (gum treatment) Covered Under Major Services	50 %	50 %
<b>Oral Surgery</b> Covered Under Major Services	50 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50 %	50 %
<b>Prosthodontics</b> 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	<b>Customer Service</b> 800-932-0783	<b>Claims Address</b> P.O. Box 2105 Mechanicsburg, PA 17055-6999
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**deltadentalins.com**

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

# 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.

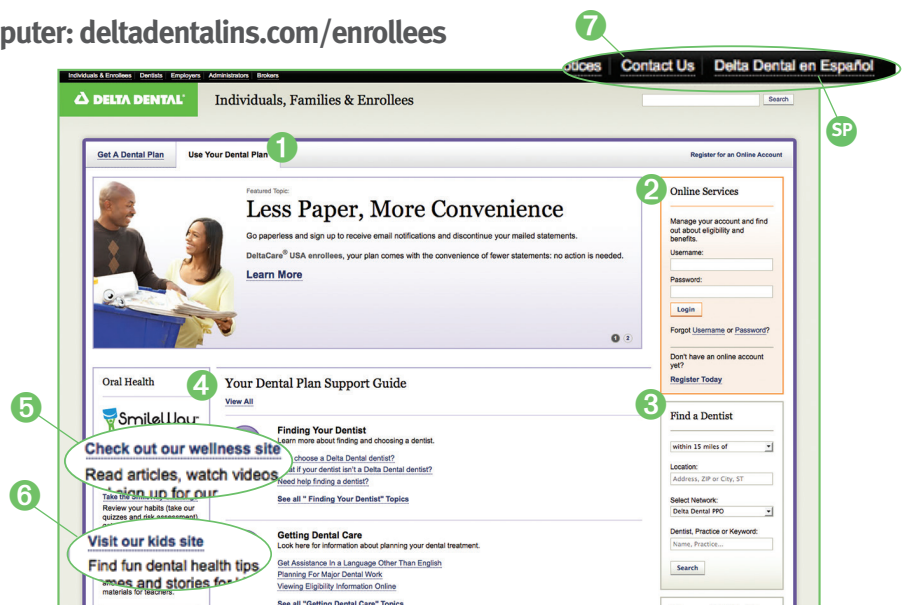
### Mobile? We are, too.

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](http://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.



Socialize with us: [deltadentalins.com/enrollees](http://deltadentalins.com/enrollees)



## ABOUT DELTA DENTAL

### DeltaCare® USA

800-422-4234

### Delta Dental PPO<sup>SM</sup> 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.

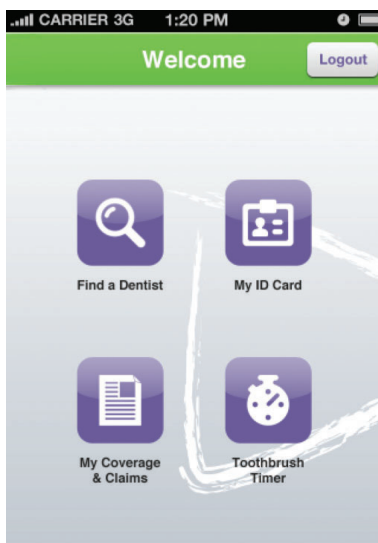
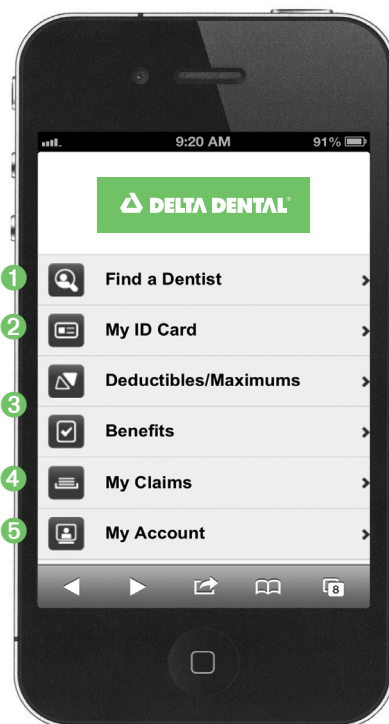
800-932-0783

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](http://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](http://deltadental.com).



## On your smartphone: [deltadentalins.com](http://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](http://deltadentalins.com/enrollees)



## Enrollee Notices Flyer

- **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

## Enrollee Notices Flyer

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.





**Monthly Premiums**  
**Effective: July 1, 2019**

<b><u>Plan Name</u></b>	<b>Coverage Type</b>	<b>Employee Pays per Month</b>
<b>Delta Dental High Plan</b>	Employee Only	\$ 40.35
	Employee & One Dependent	\$ 75.70
	Family	\$ 119.65
<b>Delta Dental Low Plan</b>	Employee Only	\$ 27.24
	Employee & One Dependent	\$ 52.33
	Family	\$ 98.07

**Premiums for dental coverage are deducted from second paycheck of the month.**

# 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.**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>New enrollment</b>  | <input type="checkbox"/> <b>Address change</b>       |
| <input type="checkbox"/> <b>COBRA</b>           | <input type="checkbox"/> <b>Change of dependents</b> |
| <input type="checkbox"/> <b>Coverage change</b> | <input type="checkbox"/> <b>Termination</b>          |
| <input type="checkbox"/> <b>Name change</b>     | <input type="checkbox"/> <b>Decline Coverage</b>     |

**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

<b>Group Number</b> 15426	<b>Sublocation</b>	<b>Group Name</b> CITY OF DOVER
------------------------------	--------------------	------------------------------------

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 <i>If yes, please complete the following:</i>	Carrier Name and Address: _____
	Group Number: _____

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 _____
---------------	-----------------	-------------------------------------

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

## Step 2

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

## Step 3

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

## Step 4

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

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

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

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

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





## Plan Rules - Regular

### 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 \$10.00<sup>2</sup>

### Plan Benefit Frequency

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

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

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

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

\* 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\*

<b>Vision Exam( for Glasses ):</b>	Covered	
<b>Single Vision Lens:</b>	Covered	
<b>Lined Multifocals:</b>	Covered	
<b>Lenticular:</b>	Covered	
<b>Frame</b>	Covered <sup>1</sup>	
<b>Scratch Coating( 1 Year ):</b>	Covered	<a href="#">More</a>
<b>Polycarbonate:</b>	Covered	<a href="#">More</a>
<b>Blended Bifocals:</b>	Covered	<a href="#">More</a>
<b>Medical Contacts:<sup>6</sup></b>	Covered w/ Authorization	<a href="#">More</a>
<b>Elective Contact Lens Allowance:</b>	\$90 <sup>2</sup>	

### In Network Lens Options \*\*

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



<b>Trivex®:</b>	Cost Contained	<b>Starting at \$ 50</b>	<a href="#">More</a>
<b>Computer or Near Variable:</b>	Cost Contained	<b>\$ 40</b>	<a href="#">More</a>

## Out of Network Reimbursements

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

<sup>1</sup> up to group's wholesale allowance

<sup>2</sup> Elective contact lens can only be selected in lieu of all other benefits. When selected, your plan will provide a **total allowance of up to \$90 toward the cost of the routine eye exam, contact fitting fees and contacts** (if all purchased at the same time and same provider). Any additional cost over the \$90 will be the member's responsibility.  
*Member may be asked to pay the contact fitting fee out of pocket, at some locations.*

<sup>3</sup> authorization of medical condition required

<sup>4</sup> price does not include base charge for material ( if applicable )

<sup>6</sup> 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.



Expert Solutions.  
Exceptional Service.

Monthly Premiums as of July 1, 2019

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

<b>Employee Only</b>	\$0.00
<b>Employee &amp; Child(ren)</b>	\$4.09
<b>Employee &amp; Spouse</b>	\$3.97
<b>Family</b>	\$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





# Flexible Spending Accounts Save You Money!

*Want to save money on Medical or Child Care Expenses?  
Sign up for the Flexible Spending Account and  
put more money in your pocket!*



*Save 25% or more on eligible expenses.*

**Flexible Spending Accounts** (FSAs) allow you to set aside money from your paycheck on a pre-tax basis to pay for medical and child/elder care expenses. That means you do not have to pay federal, and in most cases, state income tax, or FICA taxes on those dollars...which means you have more money in your pocket! Most people can save at least 25% on each dollar that is set aside, for expenses they are paying for anyway!

The FSA is easy to manage, and you can take advantage of the spending accounts by following three easy steps:

- 1) Review your expenses for medical and/or child/elder care for the previous year. Make note of what you spend on regular, planned expenses, and what expenses you may incur in the coming year.
- 2) Sign up for your FSA during your employer's annual open enrollment period.
- 3) Submit claims to ASIFlex for reimbursement of your expenses.

Estimating your annual election amount can be the most difficult part of the process, but even this is pretty easy! ASIFlex offers the following tips and tools to help!

First, take a look at your prior year's expenses, as this is a good indicator of what you might anticipate for next year.

Then make a list of your predictable or recurring expenses that you know you have, such as annual deductible, monthly prescriptions, contact lens supplies or ongoing child care costs. Next, think about any other anticipated expenses you plan to incur next year, such as eyeglasses or orthodontia.

You can review ASIFlex's Eligible Expense list as a reference of the hundreds of eligible expenses.

Then you can use the ASIFlex expense estimator and the tax savings calculator to see your savings!

Remember that the more you set aside, the more you save, so it is to your advantage to do a thorough review of your expenses.

**That's it!!**

**Have questions**



1.800.659.3035

Customer Service Hours: 7:00 am - 7:00 pm CT Monday -Friday; 9:00 am - 1:00 pm CT Saturday



[www.asiflex.com](http://www.asiflex.com)



[asi@asiflex.com](mailto:asi@asiflex.com)

# There are two types of accounts

The **Health Care FSA** provides you an opportunity to use pre-tax dollars to pay for out-of-pocket medical, dental, vision and hearing expenses for you, your spouse and any of your dependents (even if they are on a different insurance plan). There are hundreds of eligible expenses, including co-pays, deductibles, prescription drugs and many more. Check the Eligible Expense list at [www.asiflex.com](http://www.asiflex.com) for more information.

You can set aside up to \$2,500 per year in the Health Care FSA and use these dollars for eligible expenses you incur throughout the year. And, your full annual election is available to you on the first day of your plan year!



The **Dependent Care FSA** is generally used for work-related child care expenses, but you can also use DC FSA money to pay for work-related expenses for older tax dependents who are not capable of self-care. Eligible expenses include daycare, summer day camps (overnight camps are NOT eligible), babysitting, before and after school care, nursery school and pre-kindergarten expenses that are primarily for the protection and well-being of the dependent.

You can set aside up to \$5,000 per household, per calendar year (\$2,500 if married and filing separate income tax returns).

## Don't forget...

Remember that your FSA election is fixed once your employer's open enrollment period has closed, so please take your time when determining your annual election. The FSA accounts are year-to-year commitments, and you will want to spend all funds you have set aside each year.

Unused funds are forfeited. But don't let this keep you from participating! You can avoid forfeitures by planning carefully and setting aside money only for predictable and recurring expenses that you know you will have. So, take your time and make an informed decision regarding how much to set aside in the Health Care and/or Dependent Care FSA.

Remember, the FSA helps you avoid paying taxes which means you have more spendable income in your pocket! If you have questions, just contact ASIFlex! We are here to help!



**Have questions?**



1.800.659.3035

Customer Service Hours: 7:00 am - 7:00 pm CT Monday -Friday; 9:00 am - 1:00 pm CT Saturday



[www.asiflex.com](http://www.asiflex.com)



[asi@asiflex.com](mailto:asi@asiflex.com)





## HEALTH CARE EXPENSE PLANNING WORKSHEET

This worksheet will help you determine the dollar amount you will spend for medical, dental, vision and hearing expenses during the upcoming plan year. **Don't forget that expenses for any of your tax dependents are eligible for your employer's FSA program, even if they aren't on your employer's medical insurance programs.** An expense calculator is also available at [www.asiflex.com](http://www.asiflex.com), and a detailed list of eligible expenses is available on the reverse side of this worksheet and at [www.asiflex.com](http://www.asiflex.com).

### Annual Estimate

#### Medical Expenses not covered by Insurance

Deductibles, co-pays, coinsurance

Physician visits/routine exams

Prescription drugs

Over-the-Counter health care products

Diabetic supplies

Annual physicals

Chiropractic treatments

Mileage Expenses

Other: \_\_\_\_\_

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

#### Subtotal Medical Expenses

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

#### Dental Expenses not covered by Insurance

Checkups/cleanings

Fillings

Root canals

Crowns/Bridges/Dentures

Oral surgery

Orthodontia

Mileage Expenses

Other: \_\_\_\_\_

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

#### Subtotal Dental Expenses

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

#### Vision/Hearing Expenses not covered by Insurance

Exams

Eyeglasses

Over-the-Counter reading glasses

Prescription sunglasses

Contact lenses & cleaning solutions

Corrective eye surgery (LASIK, cataract, etc.)

Hearing exams and hearing aids (and batteries)

Mileage Expenses

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

#### Subtotal Vision/Hearing

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

#### Total Health Care Expenses

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

## Eligible Expenses

- ✓ Acupuncture
- ✓ Alcoholism treatment
- ✓ Ambulance
- ✓ Artificial teeth
- ✓ Birth control pills
- ✓ Braille books and magazines
- ✓ Breast pumps
- ✓ Chiropractors
- ✓ Coinsurance amounts and deductibles
- ✓ Contact Lenses, solutions and cleaners
- ✓ Crutches
- ✓ Dental treatment\*
- ✓ Dermatologist visits\*
- ✓ Eyeglasses (prescription); vision exams
- ✓ Guide dog or other animal aide
- ✓ Hearing devices and batteries
- ✓ Hospital services
- ✓ Immunizations (including flu shots)
- ✓ Infertility treatments
- ✓ Insulin
- ✓ Laboratory/diagnostic fees
- ✓ Language training for child with dyslexia or disabled child
- ✓ Laser eye surgery
- ✓ Learning disability
- ✓ Massage therapy (medical necessity)\*
- ✓ Mileage you incur to seek medical care (rate is subject change and without notice from IRS)
- ✓ Norplant insertion or removal
- ✓ Nursing services (medically necessary)
- ✓ Nutritionist's expenses (medical necessity)
- ✓ Occlusal guards to prevent teeth grinding
- ✓ Orthodontia
- ✓ Over-the-counter drugs (require a prescription)\*
- ✓ Over-the-counter health care items
- ✓ Oxygen
- ✓ Pap smears
- ✓ Physical therapy
- ✓ Prescription drugs
- ✓ Prosthesis
- ✓ Psychiatric care
- ✓ Psychologist
- ✓ Radial keratotomy
- ✓ Reading glasses
- ✓ Smoking cessation programs
- ✓ Sterilization
- ✓ TMJ related treatments
- ✓ Transplants
- ✓ Travel expenses related to medical care only
- ✓ Wheelchair
- ✓ Wigs (medical reasons only)
- ✓ X-ray fees

## Ineligible Expenses

- ✓ Burial expenses
- ✓ Cosmetic procedures (unless necessary to improve a deformity arising from congenital abnormality, personal injury from an accident or trauma, or a disfiguring disease)
- ✓ Dancing lessons
- ✓ Diapers or diaper service
- ✓ Ear piercing
- ✓ Electrolysis (see cosmetic procedures)
- ✓ Exercise equipment, unless prescribed for a specific medical condition
- ✓ Face lifts (see cosmetic procedures)
- ✓ Fitness programs for general health
- ✓ Funeral expenses
- ✓ Hair transplant (see cosmetic procedures)
- ✓ Health club dues
- ✓ Holistic or natural remedies
- ✓ Illegal operations and treatments
- ✓ Items paid or payable by insurance
- ✓ Items you intend to claim as a credit for income tax purposes
- ✓ Marriage counseling
- ✓ Maternity clothes
- ✓ Non-prescription sunglasses (sunchips)
- ✓ Nursing care for a normal, healthy baby
- ✓ Nutritional supplements (general good health)
- ✓ Overnight camp (Dependent Care)
- ✓ Premiums for group health coverage maintained through spouse's employer or individual insurance premiums
- ✓ Rogaine (see cosmetic procedures)
- ✓ Safety glasses (unless prescription)
- ✓ Swimming lessons
- ✓ Tanning salons and equipment
- ✓ Teeth whitening or bleaching (even if as a result of a congenital defect)
- ✓ Vision discount programs or warranty charges
- ✓ Vitamins (over-the-counter)
- ✓ Warranties for eyeglasses and/or hearing aids
- ✓ Weight loss programs and drugs (unless a medical necessity exists for a specific medical condition)

\* Items are eligible for reimbursement through a Health Care FSA if they are treating a current or imminent medical condition. Some items may require additional documentation such as a letter of medical necessity or a prescription (for over-the-counter medications) from your medical provider. Please visit [www.asiflex.com](http://www.asiflex.com) for a comprehensive list of eligible expenses.



# City of Dover Flexible Spending Account Enrollment Form

You must complete this form to start a tax-free account for either or both programs.

<b>Name (Last, First, MI)</b>		<b>Social Security Number</b>	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Daytime Phone</b>	<b>Home Phone</b>	<b>Enrollment Status</b>	
		<input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Hire <input type="checkbox"/> Furlough	

Health Care Flexible Spending Account (FSA) Enrollment – For health care expenses		
Qualified expenses include medical, dental, vision and hearing expenses <b>for you and your tax dependents</b> . Include only your expenses after reimbursement from insurance plans in this election.		
<b>Annual Salary Reduction Amount</b> (Annual Maximum of \$2,000)	<b>Per Pay Period</b> \$ _____	<b>Annual Election</b> \$ _____

Dependent Care Assistance Program (DCAP) Enrollment – for child/elder daycare expenses		
Qualified expenses include charges for the care and well-being of a child or elder dependent while you work. <b>DO NOT include medical expenses for your dependents in the DCAP enrollment section. Please include these expenses in your enrollment for the Health Care FSA program below.</b>		
<b>Annual Salary Reduction Amount</b> (Cannot exceed \$5,000, or \$2,500 if married and filing separate income tax returns)	<b>Per Pay Period</b> \$ _____	<b>Annual Election</b> \$ _____

**How do you prefer ASIFlex to reimburse you for your FSA claims?** (select either Direct Deposit or Check)

**Direct Deposit:** If you choose to receive reimbursement by direct deposit, select one of these two options:

\*If you have previously signed up for direct deposit, and do not wish to change the banking information ASIFlex has on file from a previous year, there is no need to complete the banking information portion of this form.\*

☐ Please use account information below to set up direct deposit (attach a voided check or copy of a check to this form)

Name of bank \_\_\_\_\_ 9-digit bank routing number \_\_\_\_\_ Account number \_\_\_\_\_

This is a ☐ checking account or ☐ savings account

**If you choose to have your reimbursements deposited into your checking or savings account, how do you prefer ASIFlex to notify you of the deposit?**

☐ Notify me by e-mail. My e-mail address is \_\_\_\_\_ OR ☐ Mail the notice to my home address.

**Check:** If you choose to receive reimbursement by check, select this box. ☐ Mail a check to my home address.

## I understand:

- I have requested tax-free paycheck deductions based on the number of paychecks I expect to receive in the 2013 plan year. If enrolling during open enrollment, these deductions will start with my first paycheck in the 2013 plan year. If enrolling in the 2013 plan year, these deductions will start with the first paycheck of the month after this form is submitted and approved, through the plan year.
- The DCAP and FSA benefits, and my rights and obligations under this plan, as specified in the *Flexible Spending Account Enrollment Guide*.
- This form cancels any prior elections I have made under this plan, and cannot be changed except as stated in the *Flexible Spending Account Enrollment Guide*.
- Elections during open enrollment are effective January 1, 2013 and are **collected equally from each paycheck** I will receive throughout the 2013 plan year, or during my initial contracted period of employment with my employer.

**Employee signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please return this form to Human Resources for processing.

Questions? Call ASIFlex toll-free at 1-800-659-3035 (TTY 1-866-908-6043) or send an e-mail to [asi@asiflex.com](mailto:asi@asiflex.com)



## GO GREEN - Paperless Notification & Payment Authorization Form



**Fax to:**  
(877) 879-9038  
\*No Cover Page Required\*  
Page 1 of \_\_\_\_

<b>Name (Last, First, MI)</b>	<b>Social Security Number or EID or PIN</b>	<b>Employer</b>
<b>Mailing Address</b>	<b>City/State/Zip</b>	

**TEXT NOTIFICATION** - sign up to receive notification of account activity via Text Messages sent directly to your cell phone. Please be aware that standard texting charges may apply, depending upon your cell phone plan.



- ☐ Send notification of all account activity to the mobile device listed below.  
☐ Cancel text messaging notification.

**My cell phone number is:** \_\_\_\_\_ **Mobile Carrier:** \_\_\_\_\_

**EMAIL NOTIFICATION** - sign up to have account notifications sent to the email address you designate.



- ☐ Send notification of all account activity to email account listed below.  
☐ Cancel email notification.

**My email address is:** \_\_\_\_\_

**DIRECT DEPOSIT** - sign up to have payments disbursed to the checking or savings account listed below



- ☐ Send all qualified reimbursements to the account listed below.  
☐ Cancel reimbursement via direct deposit.

**My bank name is:** \_\_\_\_\_ ☐ **Checking** ☐ **Savings (select one)**

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

By including my email address and/or mobile phone number above, I acknowledge that I will receive correspondence regarding account balances/reimbursements in an electronic manner. This authority will remain in full force and effect until ASIFlex receives written notification from me of its termination in such time as to afford ASIFlex a reasonable opportunity to act.

By including my direct deposit information above, I acknowledge that I wish to receive my reimbursements sent by ASIFlex by Direct Deposit. I hereby authorize ASIFlex to originate electronic credit transactions to my bank (or credit union or savings & loan) account indicated above and to credit the same to such account. If necessary, ASIFlex may make deductions from my account for any payments credited to my account in error. This authority is to remain in full force and effect until ASIFlex receives written notification from me of its termination in such time as to afford ASIFlex and my bank a reasonable opportunity to act. **I understand that claims submitted with this form may be delayed two business days while ASIFlex completes a zero dollar transaction with my financial institution to confirm the validity of this account.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please attach a copy of a voided check below. Please do not send a deposit slip as sometimes the routing numbers are different from that of your checks. (Please include a copy of your voided check in the space below)**

2400	
_____ 19 _____	91-548/1221
<b>PAY TO THE ORDER OF</b> _____	\$ _____
_____	<b>DOLLARS</b>
<b>FOR</b> _____	
1: 1 221052781:	6 724301068 2400
Routing Number	Account Number
	Check Number



# ASIFlex Card Order Form

Complete all fields and print clearly.

<b>Indicate the Type of Card Order*</b>	<input type="checkbox"/> First-time new card order (1 set - 2 cards)			
	<input type="checkbox"/> Additional card set(s) for dependents (2 cards per set)–number of additional sets needed____			
	<input type="checkbox"/> Replacement of lost/stolen card(s)			
	<input type="checkbox"/> Card is worn out; need a new card			
<i>Note: New cards are issued with a 5-year expiration date. If you exhaust all funds in one year, do not destroy your card. Keep the card for use in future years as new plan year elections will be automatically loaded to the card. The fee for replacement or additional card sets is \$5 and will be deducted from your account balance.</i>				
<b>My Employer*</b>				
<b>My Name*</b>				
<b>Social Security Number*</b>			<b>Date of Birth*</b> MM/DD/YEAR	
<b>Mailing Address*</b>				
<b>City*</b>		<b>State*</b>		<b>Zip Code*</b>
<b>Email Address*</b>				
<b>Cellular Telephone Number</b>	<i>Note: Standard text message charges may apply from your wireless provider.</i>		<b>Cell Carrier</b>	

**\*Required Fields. Form will not be processed without this information.**

**I understand:**

- The card is optional and I can choose at each point-of-sale if I want to use the card, or file a traditional claim.
- I may be required to provide supporting documentation to substantiate certain card transactions. ASIFlex will notify me if documentation is required.
- I must read my messages posted to my secure message center at [www.asiflex.com](http://www.asiflex.com) to understand the documentation that may be required.
- I must submit correct and appropriate documentation upon request.
- It is my responsibility to request appropriate documentation from health care providers in order to substantiate card transactions.
- If I do not supply the requested documentation in the timeframe requested, my card will be temporarily deactivated as required by IRS regulations.
- I will receive two debit cards, both in my name. The cards will be mailed to my home address approximately two to three weeks from the date my application is processed.
- I must activate my card(s) by calling the toll-free number as provided, and I can select a PIN if I wish.
- I can sign for credit transactions or I can supply my PIN for debit transactions.
- Each employer plan is different. There may be an annual fee for the card so I must review my employer plan materials. Fees for additional or replacement card sets are \$5 and will be deducted from my flexible spending account balance.
- Additional information regarding card usage can be found online at [www.asiflex.com/debitcards](http://www.asiflex.com/debitcards).

I hereby state that the above information is accurate, to the best of my knowledge. Additionally, I certify that the card will only be used to pay for eligible health care expenses as defined in the plan and IRC §213(d). I will not seek reimbursement from any other source for the expenses paid for with the card. I also acknowledge that if I do not provide requested documentation in a timely fashion, my card will be deactivated, in accordance with IRS regulations.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FAX OR MAIL TO:  
ASIFlex  
1-877-879-9038  
PO Box 6044 | Columbia | MO 65205-6044

# ASIFlex FSA Debit Card Application

Please print all fields clearly to avoid spelling errors.



Employer		Social Security Number (must be included or no card will be issued)	
Last Name:		First Name, Middle Initial	
Street Address:	City:	State:	Zip:
Daytime Phone:	Home Phone:	Date of Birth: mmddyyyy (must be included or no card will be issued)	
Email Address (must be included or no card will be issued)		Employee Identification Number (if available)	

- ✓ The debit card is optional to you. It is important to note that there will be times when you will be required to provide follow up documentation to show ASIFlex what item(s) were paid for with the card. ASIFlex will notify you when you need to provide a detailed statement of services to substantiate your purchase(s). **If you do not supply the requested documentation in the timeframe requested, your card will be deactivated.**
- ✓ If you do want a card, you have to complete this application. If you do not apply for the card, you will access your funds by filing claims and ASIFlex will reimburse you by direct deposit or check.
- ✓ Two debit cards, both in your name, will be issued from a processed application. The cards will be mailed to your home address approximately two weeks from ASIFlex's processing of the application. There is a \$5.00 charge for additional or replacement cards.
- ✓ Please note that as mentioned on the reverse side of this application, **you will be required to submit substantiating documentation for some debit card transactions.** ASIFlex will notify you when follow-up documentation is required. **If you do not provide the requested documentation in the timeframe stated in your notification, your card will be deactivated.**
- ✓ **Always select the "credit" option when you present the card** at a merchant or a provider, even though the card is referred to as a "debit card." There is no PIN number associated with this FSA debit card.
- ✓ There may be an annual fee for the card, so please review your plan materials.

I hereby state that the above information is accurate, to the best of my knowledge. Additionally, I certify that the FSA debit card will only be used to purchase eligible medical care expenses, as defined in Code §213(d) of the Internal Revenue Code and that I will not seek reimbursement from any other source for the expenses paid for with the FSA debit card. I also acknowledge that if I do not provide requested documentation in a timely fashion, my card will be deactivated, in accordance with Federal regulations.

Participant's Signature:

Date:

The application must be sent directly to ASIFlex.  
Please fax application, toll-free, to: 1-877-879-9038 or  
Mail to: ASIFlex, P O Box 6044, Columbia, MO 65205-6044

CITY OF DOVER  
PAYROLL OFFICE

Dear Employee:

In an effort to make our employee benefit program more valuable the City instituted the Section 125 Plan in September 1990. Our Section 125 Plan lets you take advantage of favorable tax code provisions by allowing you to use pretax dollars to pay for you and your dependents medical and dental coverage. The payroll deduction is made before Federal income taxes and Social Security tax is calculated. You must elect to pay your insurance costs this way by filling out the attached Election of Benefits form and returning it to the Payroll Department. Your decision is in effect for the entire Plan Year, July 1 through June 30, unless you have a change in family status such as marriage, divorce, death of a spouse or child, birth or adoption of a child, or assumption or termination of your spouse's employment. Failure to complete and return the form will be construed as an election to continue with your present coverage paid on an after tax basis.

Example: Your salary is \$20,000 and you enroll yourself, spouse and child in the City of Dover Medical Plan. Let's assume that you do not itemize your deductions or take exemptions. The following example, based on 1998 tax rates, illustrates how you can take home \$272 more each year through the Section 125 Plan. The following example shows you how this works:

	<u>With Section 125 Plan</u>	<u>Without Section 125 Plan</u>
Annual Income	\$20,000	\$20,000
Pretax Premium Cost	<u>1,200</u>	<u>0</u>
Taxable Income	18,800	20,000
Federal Income Taxes - 15%	2,820	3,000
FICA Taxes 7.65%	1,438	1,530
After tax Premium Cost	<u>0</u>	<u>1,200</u>
Take Home Pay	\$14,542	\$14,270
Additional Take Home Pay		<u>\$272</u>

As always, kindly call us at extension 7054 if you have any questions.

Thank You.

CITY OF DOVER  
SECTION 125 PREMIUM CONVERSION PLAN  
ELECTION OF BENEFITS

PARITICIPANT (Please Print)

NAME - Last, First, Middle Initial

SOCIAL SECURITY #

ADDRESS - Street and Number

CITY, STATE & ZIP

IF YOU SELECT THIS OPTION, SIGN HERE

Salary Redirection Agreement

I have read and understand the explanation I have received regarding my options under the City of Dover Section 125 Premium Conversion Plan, and I hereby elect to have the City redirect my salary on a pretax basis during the Plan Year and apply this amount toward the purchase of the benefits I have designated. I understand that my share of the cost of these benefits may be adjusted from time to time to reflect the change in rates charge by the carriers. I acknowledge that my election is irrevocable unless there is a change in my family status (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or assumption or termination of my spouse's employment).

Signature

Date

IF YOU DON'T SELECT THIS OPTION, SIGN HERE

Waiver of Salary Redirection Agreement

I have read and understand the explanation I have received regarding my options under the City of Dover Section 125 Premium Conversion Plan, and I hereby elect to waive my right to pretax salary redirection.

Signature

Date



# LID INSURANCE

LID insurance is an optional life and disability insurance product. The carrier is UNUM. For those who select this benefit, the premium is shared 50%/50% between the Employee and the City. This cost sharing is for full-time employees. Part-time employee's have a 25%/75% cost sharing with the City portion being 25%. The employee's contribution is deducted from the first paycheck of each month.

## **LIFE**

The life benefit is two times your annual salary. The method of calculation is to double your annual salary, multiple your yearly salary by 2 and then "round-up" to the next \$1,000. A person earning \$26,612 would have coverage for \$54,000 worth of coverage. The maximum life insurance coverage is \$350,000.

## **ACCIDENTAL DEATH**

In the case of Accidental Death, the life product is a double indemnity plan. Continuing the example above, the insurance company would pay \$108,000 for an accidental death claim. The maximum accidental life coverage is \$350,000.

## **DISABILITY**

In the case of a disability claim, documented by a doctor, the plan pays a weekly disability of 70% of your weekly wages, not to exceed a weekly benefit payment of \$400. There are two types of disabilities, sickness and off duty accident.

## **Sickness**

There is an initial waiting period of 7 calendar days following the onset of an illness. During this period no benefits are paid. After the 7-day waiting period, the employee is entitled to up to fifty-two (52) weeks of short-term disability payments. The first 7 calendar days are considered part of the fifty-two (52) weeks.

**Member of the Fraternal Order of Police (FOP):** Benefits shall begin on the twenty-second calendar day or the termination of sick leave, whichever is sooner with the understanding that there is a seven day mandatory waiting period.

## **Off-Duty Accident:**

There is no waiting period following an off-duty accident. The employee is entitled to up to fifty-two (52) weeks of short-term disability payments.

**Member of the Fraternal Order of Police (FOP):** Benefits shall begin on the twenty-second calendar day or the termination of sick leave, whichever is sooner.

Work related disability is covered by a separate policy.

**Please note: All claims are subject to approval by UNUM Provident.**

# **LID INSURANCE**

## **PREMIUM**

LID is an insured product therefore the premium is set by the insurance company in November of each year. The rates are \$.155 per thousand for life insurance (remember, the life insurance benefit is two times your annual salary), \$.03 per thousand for accidental death (based upon life insurance coverage), and for disability insurance the rate is \$0.44 per \$10, with a maximum coverage of \$400. These rates are per month. The premium is shared 50%/50% between the Employee and the City. This cost sharing is for full-time employees. Part-time employee's have a 25%/75% cost sharing with the City portion being 25%. The employee's contribution is deducted from the first paycheck of each month.

# Life, Accident Death and Short Term Disability Insurance Rates

Employee Portion of the Monthly Rate

Annual Salary	Life Insurance	In Case of Accidental Death	Weekly Disability	Life Premium	AD&D Premium	Disability	Employee's Monthly Premium
\$ 27,000.00	\$ 54,000.00	\$ 108,000.00	\$ 363.46	\$ 4.19	\$ 0.81	\$ 7.92	\$ 12.92
\$ 28,000.00	\$ 56,000.00	\$ 112,000.00	\$ 376.92	\$ 4.34	\$ 0.84	\$ 8.14	\$ 13.32
\$ 29,000.00	\$ 58,000.00	\$ 116,000.00	\$ 390.38	\$ 4.50	\$ 0.87	\$ 8.58	\$ 13.95
\$ 30,000.00	\$ 60,000.00	\$ 120,000.00	\$ 400.00	\$ 4.65	\$ 0.90	\$ 8.80	\$ 14.35
\$ 31,000.00	\$ 62,000.00	\$ 124,000.00	\$ 400.00	\$ 4.81	\$ 0.93	\$ 8.80	\$ 14.54
\$ 32,000.00	\$ 64,000.00	\$ 128,000.00	\$ 400.00	\$ 4.96	\$ 0.93	\$ 8.80	\$ 14.69
\$ 33,000.00	\$ 66,000.00	\$ 132,000.00	\$ 400.00	\$ 5.12	\$ 0.99	\$ 8.80	\$ 14.91
\$ 34,000.00	\$ 68,000.00	\$ 136,000.00	\$ 400.00	\$ 5.27	\$ 1.02	\$ 8.80	\$ 15.09
\$ 35,000.00	\$ 70,000.00	\$ 140,000.00	\$ 400.00	\$ 5.43	\$ 1.05	\$ 8.80	\$ 15.28
\$ 36,000.00	\$ 72,000.00	\$ 144,000.00	\$ 400.00	\$ 5.58	\$ 1.08	\$ 8.80	\$ 15.46
\$ 37,000.00	\$ 74,000.00	\$ 148,000.00	\$ 400.00	\$ 5.74	\$ 1.11	\$ 8.80	\$ 15.65
\$ 38,000.00	\$ 76,000.00	\$ 152,000.00	\$ 400.00	\$ 5.89	\$ 1.14	\$ 8.80	\$ 15.83
\$ 39,000.00	\$ 78,000.00	\$ 156,000.00	\$ 400.00	\$ 6.05	\$ 1.17	\$ 8.80	\$ 16.02
\$ 40,000.00	\$ 80,000.00	\$ 160,000.00	\$ 400.00	\$ 6.20	\$ 1.20	\$ 8.80	\$ 16.20
\$ 41,000.00	\$ 82,000.00	\$ 164,000.00	\$ 400.00	\$ 6.36	\$ 1.23	\$ 8.80	\$ 16.39
\$ 42,000.00	\$ 84,000.00	\$ 168,000.00	\$ 400.00	\$ 6.51	\$ 1.26	\$ 8.80	\$ 16.57
\$ 43,000.00	\$ 86,000.00	\$ 172,000.00	\$ 400.00	\$ 6.67	\$ 1.29	\$ 8.80	\$ 16.76
\$ 44,000.00	\$ 88,000.00	\$ 176,000.00	\$ 400.00	\$ 6.82	\$ 1.32	\$ 8.80	\$ 16.94
\$ 45,000.00	\$ 90,000.00	\$ 180,000.00	\$ 400.00	\$ 6.98	\$ 1.35	\$ 8.80	\$ 17.13
\$ 46,000.00	\$ 92,000.00	\$ 184,000.00	\$ 400.00	\$ 7.13	\$ 1.38	\$ 8.80	\$ 17.31
\$ 47,000.00	\$ 94,000.00	\$ 188,000.00	\$ 400.00	\$ 7.29	\$ 1.41	\$ 8.80	\$ 17.50
\$ 48,000.00	\$ 96,000.00	\$ 192,000.00	\$ 400.00	\$ 7.44	\$ 1.44	\$ 8.80	\$ 17.68
\$ 49,000.00	\$ 98,000.00	\$ 196,000.00	\$ 400.00	\$ 7.60	\$ 1.47	\$ 8.80	\$ 17.87
\$ 50,000.00	\$ 100,000.00	\$ 200,000.00	\$ 400.00	\$ 7.75	\$ 1.50	\$ 8.80	\$ 18.05
\$ 51,000.00	\$ 102,000.00	\$ 204,000.00	\$ 400.00	\$ 7.91	\$ 1.53	\$ 8.80	\$ 18.24
\$ 52,000.00	\$ 104,000.00	\$ 208,000.00	\$ 400.00	\$ 8.06	\$ 1.56	\$ 8.80	\$ 18.42
\$ 53,000.00	\$ 106,000.00	\$ 212,000.00	\$ 400.00	\$ 8.22	\$ 1.59	\$ 8.80	\$ 18.61
\$ 54,000.00	\$ 108,000.00	\$ 216,000.00	\$ 400.00	\$ 8.37	\$ 1.62	\$ 8.80	\$ 18.79
\$ 55,000.00	\$ 110,000.00	\$ 220,000.00	\$ 400.00	\$ 8.53	\$ 1.65	\$ 8.80	\$ 18.98
\$ 56,000.00	\$ 112,000.00	\$ 224,000.00	\$ 400.00	\$ 8.68	\$ 1.68	\$ 8.80	\$ 19.16
\$ 57,000.00	\$ 114,000.00	\$ 228,000.00	\$ 400.00	\$ 8.84	\$ 1.71	\$ 8.80	\$ 19.35
\$ 58,000.00	\$ 116,000.00	\$ 232,000.00	\$ 400.00	\$ 8.99	\$ 1.74	\$ 8.80	\$ 19.53
\$ 59,000.00	\$ 118,000.00	\$ 236,000.00	\$ 400.00	\$ 9.15	\$ 1.77	\$ 8.80	\$ 19.72
\$ 60,000.00	\$ 120,000.00	\$ 240,000.00	\$ 400.00	\$ 9.30	\$ 1.80	\$ 8.80	\$ 19.90
\$ 65,000.00	\$ 130,000.00	\$ 260,000.00	\$ 400.00	\$ 10.08	\$ 1.95	\$ 8.80	\$ 20.83
\$ 70,000.00	\$ 140,000.00	\$ 280,000.00	\$ 400.00	\$ 10.85	\$ 2.10	\$ 8.80	\$ 21.75
\$ 75,000.00	\$ 150,000.00	\$ 300,000.00	\$ 400.00	\$ 11.63	\$ 2.25	\$ 8.80	\$ 22.68
\$ 80,000.00	\$ 160,000.00	\$ 320,000.00	\$ 400.00	\$ 12.40	\$ 2.40	\$ 8.80	\$ 23.60
\$ 85,000.00	\$ 170,000.00	\$ 340,000.00	\$ 400.00	\$ 13.18	\$ 2.55	\$ 8.80	\$ 24.53
\$ 90,000.00	\$ 180,000.00	\$ 350,000.00	\$ 400.00	\$ 13.95	\$ 2.70	\$ 8.80	\$ 25.45
\$ 95,000.00	\$ 190,000.00	\$ 350,000.00	\$ 400.00	\$ 14.73	\$ 2.88	\$ 8.80	\$ 26.41
\$ 100,000.00	\$ 200,000.00	\$ 350,000.00	\$ 400.00	\$ 15.50	\$ 3.00	\$ 8.80	\$ 27.30
\$ 110,000.00	\$ 220,000.00	\$ 350,000.00	\$ 400.00	\$ 17.05	\$ 3.30	\$ 8.80	\$ 29.15
\$ 120,000.00	\$ 240,000.00	\$ 350,000.00	\$ 400.00	\$ 18.60	\$ 3.60	\$ 8.80	\$ 31.00



## GROUP INSURANCE ENROLLMENT FORM

Unum Life Insurance Company of America  
2211 Congress Street, Portland, ME 04122

Policy # \_\_\_\_\_

Division # \_\_\_\_\_

Employee Name (last name, first, middle initial)		Policyholder Name	
Employee Address (street, city, state, zip code)		Social Security Number	Date of Birth
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Salary \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Hours Worked per Week	Occupation/Title
Full Time Date of Hire or Date you enter an eligible class			

**Coverage Elections: Your employer will inform you of available coverage. Check yes to enroll; check no if you decline or coverage is not available.**

Life ☐ Yes ☐ No  
AD&D ☐ Yes ☐ No

Life Amount \$ \_\_\_\_\_  
AD&D Amount \$ \_\_\_\_\_

STD ☐ Yes ☐ No

Note: If you have chosen Life coverage over the Guarantee Issue amount for you or your spouse, you will also need to complete an Evidence of Insurability form. The amount of coverage over your Guarantee Issue amount will be subject to medical underwriting approval and will become effective on the first of the month coincident with or next following the date UnumProvident approves your Evidence of Insurability form. If you **do not apply for** any of the above coverage during your initial enrollment period and choose to enroll at a later date, you will need to complete an Evidence of Insurability form for all amounts of coverage.

### Beneficiary Information\* (complete only if Life Coverage is selected)

Name (last name, first, middle initial):	Relation to You:	Benefit %:
If the Beneficiary(ies) named above are not living, then pay:		

\*Note: Benefits cannot be sent directly to a minor. Please consult your policy for additional information.

### Request for Signature and Certification:

I understand that my insurance coverage may be subject to exclusions, limitations, delayed effective dates and benefit offsets, as described in the enrollment materials or employee booklet(s) that have been provided to me by my employer. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

**Fred Wilson**

AFLAC Insurance Agent Phone:

(302) 283-0950

frederick\_wilsoniii@us.aflac.com



**Now More Than Ever**

---



## INDIVIDUAL POLICIES



**1-in-8**

people seek medical attention  
for an injury each year.<sup>1</sup>

### 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 2013<sup>2</sup>

### 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.

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**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.<sup>3</sup>

### 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.



## Supplemental Life Insurance Enroll/Decline ACKNOWLEDGEMENT FORM

### **UNUM VOLUNTARY GROUP TERM LIFE INSURANCE PLAN**

*Please select one of the following options:*

☐ ENROLL (Complete the UNUM Group Insurance Enrollment Form)

☐ DECLINE

### **TRANSAMERICA UNIVERSAL LIFE INSURANCE PLAN**

*Please select one of the following options:*

☐ ENROLL (Complete the TransElite Universal Enrollment form)

☐ DECLINE

Please note that open enrollment for these supplemental life insurance programs occurs in May of each year.

---

Employee Name

---

Employee Signature

---

Department

---

Date

## Voluntary Group Term Life Insurance

What would your family do without your income? Voluntary Term Life Insurance is an affordable and sensible way to provide your family with the additional financial protection they may need if an untimely death should occur. The face amount of the policy can help to pay for mortgage/rent, credit card debt, loans, utilities, health care costs, child care expenses, and final expenses

- **Available Coverage:**
  - **Employee:** up to 5 times your annual salary to a maximum of \$500,000
  - **Spouse:** up to 100% of employee amount to a maximum of \$500,000
  - **Child(ren):** up to \$10,000 (not to exceed 100% of the employee amount).
- **Guarantee Issue Coverage is available!**
- **Accelerated Benefit Amount:** 50% to \$750,000
- **Suicide Exclusion:** 24 months
- **Life Benefit Reduction Formula:** Life Benefit reduces to 50% of original amount at age 70

### Group Life Standard Plan Features Include:

- Portability and Conversion
- Waiver of Premium
- *Life Planning Financial and Legal Resources*

### A Closer Look at Guarantee Issue Coverage

#### Guarantee Issue Amounts:

- **Employee:** \$150,000
- **Spouse:** \$25,000
- **Child(ren):** \$10,000

#### How GI Works:

- **If you or your eligible dependents are currently enrolled in coverage:** now is your chance to increase your life coverage up to the GI amounts above ***without answering any medical questions.*** Any life insurance coverage over the guaranteed amount(s) will be subject to medical questions.
- **If you or your eligible dependents do not elect coverage during this enrollment:** you may apply for coverage during a future annual enrollment and will be required to answer health questions for ***any*** amount of coverage.
- **If you are newly eligible:** in order to lock in your guarantee issue coverage during future enrollments, you must apply for coverage within 31 days of your eligibility period. If you apply for coverage after 31 days, or if you choose coverage over the amount you are guaranteed, you will need to complete a medical questionnaire.

**See opposite side for sample bi-weekly premium amounts.**

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your coverage certificate. If the terms of this plan highlight summary or your certificate differ from the master policy, the master policy will govern.

Underwritten by Unum Life Insurance Company of America, Portland, Maine

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## Bi-Weekly Premium Illustrations

Employee											
Voluntary Life (rates will increase with age)											
	15-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.35	\$0.40	\$0.55	\$0.91	\$1.58	\$2.64	\$4.62	\$4.86	\$8.58	\$14.86	\$23.80
\$20,000	\$0.70	\$0.79	\$1.11	\$1.82	\$3.16	\$5.29	\$9.23	\$9.71	\$17.17	\$29.72	\$47.59
\$30,000	\$1.05	\$1.19	\$1.66	\$2.73	\$4.74	\$7.93	\$13.85	\$14.57	\$25.75	\$44.58	\$71.39
\$40,000	\$1.40	\$1.59	\$2.22	\$3.64	\$6.31	\$10.58	\$18.46	\$19.42	\$34.34	\$59.45	\$95.19
\$50,000	\$1.75	\$1.98	\$2.77	\$4.55	\$7.89	\$13.22	\$23.08	\$24.28	\$42.92	\$74.31	\$118.98
\$60,000	\$2.10	\$2.38	\$3.32	\$5.46	\$9.47	\$15.87	\$27.69	\$29.13	\$51.51	\$89.17	\$142.78
\$70,000	\$2.46	\$2.78	\$3.88	\$6.36	\$11.05	\$18.51	\$32.31	\$33.99	\$60.09	\$104.03	\$166.58
\$80,000	\$2.81	\$3.18	\$4.43	\$7.27	\$12.63	\$21.16	\$36.92	\$38.84	\$68.68	\$118.89	\$190.38
\$90,000	\$3.16	\$3.57	\$4.98	\$8.18	\$14.21	\$23.80	\$41.54	\$43.70	\$77.26	\$133.75	\$214.17
\$100,000	\$3.51	\$3.97	\$5.54	\$9.09	\$15.78	\$26.45	\$46.15	\$48.55	\$85.85	\$148.62	\$237.97
\$110,000	\$3.86	\$4.37	\$6.09	\$10.00	\$17.36	\$29.09	\$50.77	\$53.41	\$94.43	\$163.48	\$261.77
\$120,000	\$4.21	\$4.76	\$6.65	\$10.91	\$18.94	\$31.74	\$55.38	\$58.26	\$103.02	\$178.34	\$285.56
\$130,000	\$4.56	\$5.16	\$7.20	\$11.82	\$20.52	\$34.38	\$60.00	\$63.12	\$111.60	\$193.20	\$309.36
\$140,000	\$4.91	\$5.56	\$7.75	\$12.73	\$22.10	\$37.02	\$64.62	\$67.98	\$120.18	\$208.06	\$333.16
\$150,000	\$5.26	\$5.95	\$8.31	\$13.64	\$23.68	\$39.67	\$69.23	\$72.83	\$128.77	\$222.92	\$356.95
\$160,000	\$5.61	\$6.35	\$8.86	\$14.55	\$25.26	\$42.31	\$73.85	\$77.69	\$137.35	\$237.78	\$380.75
\$170,000	\$5.96	\$6.75	\$9.42	\$15.46	\$26.83	\$44.96	\$78.46	\$82.54	\$145.94	\$252.65	\$404.55
\$180,000	\$6.31	\$7.14	\$9.97	\$16.37	\$28.41	\$47.60	\$83.08	\$87.40	\$154.52	\$267.51	\$428.34
\$190,000	\$6.66	\$7.54	\$10.52	\$17.28	\$29.99	\$50.25	\$87.69	\$92.25	\$163.11	\$282.37	\$452.14
\$200,000	\$7.02	\$7.94	\$11.08	\$18.18	\$31.57	\$52.89	\$92.31	\$97.11	\$171.69	\$297.23	\$475.94

Spouse											
Voluntary Life (rates will increase with age)											
	15-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.18	\$0.20	\$0.28	\$0.45	\$0.79	\$1.32	\$2.31	\$2.43	\$4.29	\$7.43	\$11.90
\$10,000	\$0.35	\$0.40	\$0.55	\$0.91	\$1.58	\$2.64	\$4.62	\$4.86	\$8.58	\$14.86	\$23.80
\$15,000	\$0.53	\$0.60	\$0.83	\$1.36	\$2.37	\$3.97	\$6.92	\$7.28	\$12.88	\$22.29	\$35.70
\$20,000	\$0.70	\$0.79	\$1.11	\$1.82	\$3.16	\$5.29	\$9.23	\$9.71	\$17.17	\$29.72	\$47.59
\$25,000	\$0.88	\$0.99	\$1.38	\$2.27	\$3.95	\$6.61	\$11.54	\$12.14	\$21.46	\$37.15	\$59.49

Child	
Life	
\$2,000	\$0.04
\$4,000	\$0.07
\$6,000	\$0.11
\$8,000	\$0.15
\$10,000	\$0.18

One rate regardless of # of children

**Note: for illustration only; actual costs may vary slightly due to rounding.**  
**Life cost for employee and spouse coverage will increase as insured individual ages.**



GROUP INSURANCE ENROLLMENT FORM  
Unum Life Insurance Company of America  
2211 Congress Street, Portland, ME 04122

Please print legibly and complete this form in its entirety. Blank fields will cause significant delays in processing.

Policyholder Name															Policy No.					Division No.						
Employee Social Security Number															Gender M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth (mm/dd/yyyy)					Hours Worked Per Week				
Employee First Name															M.I. Last Name											
Employee Street Address															City					State		Zip Code				
Original Date of Hire					Annual Salary					Occupation																
<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt																										
<input type="checkbox"/> Date entered into an eligible class (ex: part time to full time) or																										
<input type="checkbox"/> Rehire Date or																										
<input type="checkbox"/> Date of promotion to an eligible class																										
Spouse First Name (if coverage is selected)										Spouse Date of Birth (mm/dd/yyyy)																

**COVERAGE ELECTIONS:** Your employer will inform you of available coverage. Check yes to enroll; check no if you decline or coverage is not available.

Life/AD&D ☐ Yes ☐ No    Dependent Life ☐ Yes ☐ No    LTD ☐ Yes ☐ No    STD ☐ Yes ☐ No

**AMOUNT OF COVERAGE SELECTED FOR:**

LIFE/AD&D You: \$ , ,    Spouse: \$ , ,    Child: \$ , ,

Note: If you have chosen coverage over the Guarantee Issue amount for you or your spouse, you will also need to complete an Evidence of Insurability form. The amount of coverage over your Guarantee Issue amount will be subject to medical underwriting and will become effective on the first of the month coincident with or next following the date Unum approves your Evidence of Insurability form. If you **DO NOT APPLY FOR** coverage for you or your dependent (s) during your or their initial enrollment period, you will need to complete an Evidence of Insurability form for all amounts of coverage. You may complete and electronically submit an Evidence of Insurability form—please see your Plan Administrator.

**Beneficiary Information:**

Name (last name, first, middle initial):	Relation to You:	Benefit %:
If the beneficiary(ies) named above are not living, then pay:		

**Request for Signature and Certification:** I understand that my coverage may be subject to exclusions, limitations, delayed effective dates and benefit offsets, as described in the enrollment materials or employee booklet(s) that have been provided to me by my employer. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

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AE-1107

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND SEND A COPY TO YOUR EMPLOYER

# Universal Life Insurance

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

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

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

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

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

## Guaranteed Acceptance

**No Medical Questions during Your Open Enrollment Period!**

**Employee - \$150,000**

**Spouse - \$15,000**

**Child - \$25,000**

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

Example Rates:

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



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

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

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

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

Jan Marie Dysart

Brown and Brown of PA

800-724-6369, ext 115

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

# TransElite HFA - Universal Life Insurance

With Riders: TI, WML, ADD

Non-Tobacco

Death Benefit Option: A



\$15,000 Face Amount				\$25,000 Face Amount			\$35,000 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†			N/A†			N/A†			16
17	N/A†			N/A†			N/A†			17
18	N/A†			N/A†			N/A†			18
19	N/A†			N/A†			N/A†			19
20	N/A†			N/A†			N/A†			20
21	N/A†			N/A†			N/A†			21
22	N/A†			N/A†			N/A†			22
23	N/A†			N/A†			N/A†			23
24	N/A†			N/A†			N/A†			24
25	N/A†			N/A†			N/A†			25
26	N/A†			N/A†			N/A†			26
27	N/A†			N/A†			N/A†			27
28	N/A†			N/A†			N/A†			28
29	N/A†			N/A†			N/A†			29
30	N/A†			N/A†			8.16	0	5,726	30
31	N/A†			N/A†			8.59	0		31
32	N/A†			N/A†			8.86	110		32
33	N/A†			N/A†			9.15	246		33
34	N/A†			N/A†			9.45	372		34
35	N/A†			N/A†			9.77	495	5,397	35
36	N/A†			N/A†			10.11	607		36
37	N/A†			N/A†			10.47	725		37
38	N/A†			N/A†			10.93	815		38
39	N/A†			8.11	368		11.36	939		39
40	N/A†			8.41	445	3,521	11.78	1,017	4,932	40
41	N/A†			8.85	513		12.39	1,090		41
42	N/A†			9.20	590		12.88	1,177		42
43	N/A†			9.63	648		13.49	1,243		43
44	N/A†			10.01	707		14.02	1,297		44
45	N/A†			10.41	751	3,092	14.57	1,338	4,330	45
46	N/A†			10.89	776		15.25	1,358		46
47	N/A†			11.42	807		15.99	1,381		47
48	N/A†			12.03	843		16.84	1,412		48
49	N/A†			12.63	842		17.68	1,392		49
50	8.02	308	1,501	13.37	840	2,502	18.72	1,371	3,504	50
51	8.43	318		14.06	833		19.68	1,344		51
52	8.87	328		14.80	825		20.72	1,316		52
53	9.33	300		15.54	744		21.77	1,193		53
54	9.83	333		16.38	777		22.93	1,219		54
55	10.32	348	1,101	17.21	782	1,841	24.10	1,212	2,577	55
56	10.91	257		18.19	604		25.47	950		56
57	11.59	126		19.32	365		27.06	604		57
58	12.39	27		20.65	175		28.91	323		58
59	13.29	0		22.15	0		31.01	56		59
60	14.25	0	190	23.75	0	318	33.25	0	444	60
61	15.37	0		25.62	0		35.87	0		61
62	16.66	0		27.77	0		38.88	0		62
63	18.00	0		30.00	0		42.00	0		63
64	19.55	0		32.59	0		45.62	0		64
65	21.31			35.52			49.73			65
66	22.76			37.94			53.11			66
67	24.40			40.67			56.94			67
68	26.09			43.48			60.88			68
69	27.83			46.39			64.94			69
70	29.73			49.55			69.38			70
71	32.37			53.95			75.54			71
72	35.22			58.71			82.19			72
73	38.28			63.81			89.34			73
74	41.56			69.27			96.98			74
75	45.15			75.25			105.36			75
76	48.90			81.50			114.11			76
77	52.97			88.28			123.60			77
78	57.30			95.50			133.70			78
79	61.94			103.24			144.54			79
80	66.85			111.42			156.00			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. WML and WMD 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.

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

4/11/2016

Issue State: DE Mar 2 00 2016



# TransElite HFA - Universal Life Insurance

With Riders: TI, WML, ADD

Tobacco

Death Benefit Option: A



\$15,000 Face Amount				\$25,000 Face Amount			\$35,000 Face Amount			Issue Age
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*	
16	N/A†			N/A†			N/A†			16
17	N/A†			N/A†			N/A†			17
18	N/A†			N/A†			N/A†			18
19	N/A†			N/A†			8.16	0		19
20	N/A†			N/A†			8.38	0	8,754	20
21	N/A†			N/A†			8.79	0		21
22	N/A†			N/A†			9.04	0		22
23	N/A†			N/A†			9.30	0		23
24	N/A†			N/A†			9.59	0		24
25	N/A†			N/A†			9.86	0	8,431	25
26	N/A†			N/A†			10.17	0		26
27	N/A†			N/A†			10.57	0		27
28	N/A†			N/A†			10.91	0		28
29	N/A†			8.10	0		11.35	0		29
30	N/A†			8.38	0	5,779	11.73	0	8,073	30
31	N/A†			8.78	0		12.29	0		31
32	N/A†			9.09	0		12.73	0		32
33	N/A†			9.48	0		13.27	0		33
34	N/A†			9.83	0		13.76	0		34
35	N/A†			10.20	0	5,405	14.28	0	7,569	35
36	N/A†			10.65	0		14.91	120		36
37	N/A†			11.13	0		15.59	316		37
38	N/A†			11.63	0		16.28	461		38
39	N/A†			12.22	131		17.10	623		39
40	N/A†			12.77	240	4,875	17.88	759	6,820	40
41	8.01	0		13.36	350		18.71	896		41
42	8.41	0		14.02	448		19.62	992		42
43	8.84	0		14.74	532		20.64	1,100		43
44	9.28	20		15.47	586		21.65	1,144		44
45	9.75	76	2,487	16.25	646	4,151	22.75	1,212	5,811	45
46	10.26	129		17.10	693		23.94	1,256		46
47	10.80	177		18.00	737		25.20	1,297		47
48	11.35	205		18.93	759		26.50	1,307		48
49	11.94	233		19.91	768		27.88	1,304		49
50	12.61	240	1,950	21.02	748	3,253	29.43	1,256	4,555	50
51	13.31	239		22.18	710		31.05	1,184		51
52	14.03	220		23.39	657		32.75	1,092		52
53	14.80	201		24.66	589		34.53	981		53
54	15.61	241		26.03	639		36.44	1,031		54
55	16.45	275	1,364	27.43	669	2,277	38.40	1,060	3,187	55
56	17.41	190		29.02	501		40.62	808		56
57	18.48	65		30.80	265		43.13	468		57
58	19.72	0		32.87	113		46.02	238		58
59	21.12	0		35.20	0		49.27	32		59
60	22.60	0	370	37.66	0	616	52.73	0	864	60
61	24.02	0		40.04	0		56.06	0		61
62	25.58	0		42.63	0		59.69	0		62
63	27.31	0		45.52	0		63.73	0		63
64	29.14	0		48.57	0		67.99	0		64
65	31.04			51.73			72.42			65
66	33.80			56.33			78.87			66
67	36.07			60.12			84.17			67
68	38.50			64.16			89.83			68
69	40.92			68.22			95.50			69
70	43.46			72.44			101.41			70
71	46.95			78.25			109.55			71
72	50.64			84.41			118.17			72
73	54.55			90.92			127.29			73
74	58.62			97.70			136.78			74
75	63.00			105.00			147.00			75
76	67.59			112.66			157.73			76
77	72.45			120.76			169.06			77
78	77.63			129.38			181.14			78
79	83.07			138.45			193.83			79
80	88.61			147.69			206.76			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. WML and WMD 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.

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

4/11/2016

Issue State: DE Ver: 3.0.0.2406



# TransElite HFA - Universal Life Insurance

With Riders: TI, WML, ADD

Non-Tobacco

Death Benefit Option: A



## \$50,000 Face Amount

## \$60,000 Face Amount

## \$75,000 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	8.03	0		9.63	0		12.04	0		16
17	8.21	0		9.85	0		12.31	0		17
18	8.40	0		10.08	0		12.60	0		18
19	8.58	0		10.29	0		12.87	0		19
20	8.77	0	8,823	10.53	0	10,606	13.16	0	13,245	20
21	9.20	0		11.04	0		13.80	0		21
22	9.43	0		11.32	0		14.15	0		22
23	9.66	0		11.59	0		14.49	0		23
24	9.89	0		11.88	0		14.85	0		24
25	10.16	0	8,554	12.19	0	10,258	15.24	283	12,840	25
26	10.42	0		12.51	12		15.64	539		26
27	10.71	0		12.85	243		16.07	799		27
28	11.01	85		13.21	462		16.51	1,027		28
29	11.32	260		13.58	649		16.98	1,258		29
30	11.65	428	8,158	13.98	847	9,793	17.48	1,478	12,251	30
31	12.27	625		14.73	1,072		18.41	1,746		31
32	12.66	806		15.19	1,258		18.99	1,954		32
33	13.07	967		15.69	1,452		19.61	2,181		33
34	13.50	1,120		16.20	1,610		20.26	2,371		34
35	13.97	1,284	7,742	16.76	1,784	9,268	20.95	2,560	11,594	35
36	14.44	1,405		17.33	1,927		21.66	2,712		36
37	14.96	1,538		17.95	2,079		22.44	2,892		37
38	15.62	1,642		18.75	2,195		23.44	3,022		38
39	16.24	1,804		19.48	2,358		24.36	3,223		39
40	16.83	1,882	7,055	20.19	2,445	8,453	25.24	3,309	10,575	40
41	17.70	1,956		21.24	2,533		26.55	3,394		41
42	18.41	2,067		22.08	2,642		27.61	3,528		42
43	19.27	2,122		23.12	2,709		28.91	3,600		43
44	20.03	2,183		24.03	2,766		30.04	3,652		44
45	20.82	2,221	6,190	24.98	2,805	7,423	31.23	3,692	9,287	45
46	21.79	2,229		26.15	2,811		32.69	3,682		46
47	22.84	2,238		27.41	2,812		34.26	3,670		47
48	24.06	2,261		28.88	2,832		36.10	3,685		48
49	25.26	2,218		30.32	2,774		37.90	3,597		49
50	26.74	2,166	5,002	32.09	2,700	6,007	40.11	3,494	7,505	50
51	28.12	2,112		33.75	2,627		42.18	3,394		51
52	29.60	2,053		35.52	2,546		44.40	3,285		52
53	31.09	1,858		37.32	2,309		46.65	2,978		53
54	32.77	1,888		39.32	2,330		49.15	2,997		54
55	34.43	1,861	3,683	41.32	2,291	4,419	51.65	2,939	5,524	55
56	36.38	1,469		43.66	1,816		54.58	2,337		56
57	38.65	958		46.39	1,198		57.98	1,552		57
58	41.30	545		49.57	695		61.96	917		58
59	44.30	151		53.17	216		66.46	310		59
60	47.51	0	636	57.01	0	764	71.27	0	956	60
61	51.24	0		61.49	0		76.86	0		61
62	55.54	0		66.65	0		83.32	0		62
63	60.01	0		72.01	0		90.01	0		63
64	65.18	0		78.22	0		97.77	0		64
65	71.04			85.26			106.57			65
66	75.88			91.06			113.82			66
67	81.34			97.61			122.01			67
68	86.97			104.37			130.46			68
69	92.78			111.34			139.17			69
70	99.11			118.94			148.68			70
71	107.92			129.50			161.88			71
72	117.42			140.91			176.13			72
73	127.63			153.16			191.45			73
74	138.54			166.26			207.82			74
75	150.51			180.61			225.77			75
76	163.01			195.61			244.52			76
77	176.57			211.88			264.85			77
78	191.00			229.20			286.50			78
79	206.49			247.79			309.73			79
80	222.86			267.43			334.29			80

Solve for Target Premium -- A100

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

4/11/2016

Issue State: DE Ver: 3.0.0.2406



# TransElite HFA - Universal Life Insurance

With Riders: TI, WML, ADD

Tobacco

Death Benefit Option: A



Issue Age	\$50,000 Face Amount			\$60,000 Face Amount			\$75,000 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*	
16	10.73	0		12.87	0		16.09	0		16
17	11.02	0		13.23	0		16.54	0		17
18	11.34	0		13.61	0		17.02	0		18
19	11.65	0		13.98	0		17.48	0		19
20	11.97	0	12,480	14.36	0	14,955	17.96	0	18,758	20
21	12.56	0		15.08	0		18.85	0		21
22	12.91	0		15.49	0		19.37	0		22
23	13.28	0		15.94	0		19.93	0		23
24	13.69	0		16.44	0		20.54	0		24
25	14.08	0	12,039	16.90	0	14,470	21.13	0	18,097	25
26	14.52	0		17.43	0		21.79	0		26
27	15.11	0		18.13	0		22.67	0		27
28	15.59	0		18.70	0		23.38	0		28
29	16.21	0		19.45	0		24.32	0		29
30	16.76	0	11,544	20.11	0	13,853	25.14	0	17,338	30
31	17.56	0		21.07	0		26.34	18		31
32	18.18	0		21.82	4		27.28	423		32
33	18.96	7		22.75	318		28.44	795		33
34	19.66	271		23.60	637		29.50	1,170		34
35	20.41	549	10,840	24.49	940	13,005	30.62	1,536	16,266	35
36	21.29	743		25.56	1,177		31.95	1,807		36
37	22.27	997		26.73	1,451		33.41	2,138		37
38	23.26	1,175		27.91	1,653		34.90	2,378		38
39	24.44	1,385		29.33	1,894		36.66	2,650		39
40	25.55	1,554	9,757	30.66	2,078	11,709	38.32	2,857	14,625	40
41	26.72	1,705		32.07	2,251		40.09	3,070		41
42	28.04	1,834		33.65	2,393		42.06	3,226		42
43	29.48	1,948		35.38	2,516		44.22	3,365		43
44	30.93	1,990		37.12	2,556		46.40	3,403		44
45	32.51	2,071	8,313	39.01	2,633	9,968	48.77	3,492	12,469	45
46	34.21	2,106		41.05	2,669		51.32	3,522		46
47	36.00	2,139		43.20	2,699		54.01	3,547		47
48	37.86	2,136		45.44	2,690		56.80	3,516		48
49	39.83	2,109		47.79	2,639		59.74	3,443		49
50	42.04	2,018	6,509	50.45	2,524	7,808	63.06	3,285	9,762	50
51	44.36	1,895		53.23	2,369		66.54	3,080		51
52	46.79	1,745		56.15	2,182		70.18	2,833		52
53	49.33	1,571		59.19	1,959		73.99	2,547		53
54	52.06	1,624		62.47	2,018		78.09	2,611		54
55	54.86	1,648	4,555	65.83	2,038	5,465	82.29	2,626	6,832	55
56	58.03	1,270		69.64	1,580		87.06	2,046		56
57	61.62	770		73.94	972		92.42	1,274		57
58	65.75	429		78.90	554		98.62	743		58
59	70.39	119		84.48	179		105.60	266		59
60	75.33	0	1,235	90.40	0	1,483	113.00	0	1,853	60
61	80.09	0		96.11	0		120.14	0		61
62	85.26	0		102.32	0		127.90	0		62
63	91.05	0		109.26	0		136.57	0		63
64	97.14	0		116.57	0		145.71	0		64
65	103.47			124.16			155.20			65
66	112.67			135.20			169.01			66
67	120.24			144.29			180.36			67
68	128.34			154.00			192.50			68
69	136.43			163.72			204.65			69
70	144.88			173.86			217.32			70
71	156.50			187.80			234.75			71
72	168.82			202.58			253.23			72
73	181.85			218.22			272.77			73
74	195.40			234.48			293.10			74
75	210.01			252.01			315.01			75
76	225.32			270.39			337.98			76
77	241.52			289.82			362.28			77
78	258.77			310.52			388.15			78
79	276.89			332.28			415.35			79
80	295.38			354.45			443.07			80

Solve for Target Premium - A100

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

4/11/2016

Issue State: DE Ver: 3.0.0.2406



# TransElite HFA - Universal Life Insurance

With Riders: TI, WML, ADD

Non-Tobacco

Death Benefit Option: A



## \$100,000 Face Amount

## \$125,000 Face Amount

## \$150,000 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	16.05	0		20.07	0		24.08	0		16
17	16.42	0		20.52	0		24.63	0		17
18	16.80	0		21.00	0		25.20	0		18
19	17.16	0		21.45	0		25.74	0		19
20	17.55	0	17,693	21.94	0	22,115	26.33	448	26,586	20
21	18.40	0		23.00	189		27.60	722		21
22	18.86	66		23.58	692		28.30	1,294		22
23	19.32	410		24.15	1,065		28.98	1,743		23
24	19.80	722		24.75	1,448		29.70	2,173		24
25	20.32	1,063	17,109	25.40	1,853	21,395	30.48	2,643	25,681	25
26	20.85	1,358		26.06	2,197		31.27	3,027		26
27	21.42	1,683		26.78	2,586		32.13	3,470		27
28	22.02	1,987		27.53	2,957		33.03	3,890		28
29	22.64	2,256		28.30	3,246		33.96	4,252		29
30	23.31	2,520	16,330	29.14	3,571	20,422	34.97	4,629	24,527	30
31	24.55	2,852		30.69	3,966		36.83	5,079		31
32	25.32	3,117		31.65	4,265		37.98	5,428		32
33	26.15	3,387		32.69	4,594		39.23	5,793		33
34	27.01	3,609		33.76	4,846		40.52	6,104		34
35	27.93	3,836	15,447	34.92	5,137	19,336	41.90	6,413	23,189	35
36	28.89	4,037		36.11	5,356		43.33	6,669		36
37	29.93	4,257		37.41	5,605		44.89	6,959		37
38	31.25	4,396		39.06	5,770		46.87	7,139		38
39	32.47	4,633		40.60	6,063		48.72	7,487		39
40	33.65	4,736	14,097	42.07	6,172	17,631	50.49	7,609	21,165	40
41	35.40	4,837		44.25	6,280		53.10	7,723		41
42	36.81	4,988		46.02	6,462		55.22	7,927		42
43	38.54	5,062		48.18	6,540		57.82	8,014		43
44	40.06	5,129		50.07	6,601		60.08	8,070		44
45	41.64	5,163	12,385	52.05	6,630	15,478	62.46	8,097	18,571	45
46	43.59	5,132		54.48	6,578		65.38	8,028		46
47	45.69	5,104		57.12	6,541		68.54	7,969		47
48	48.13	5,106		60.17	6,527		72.20	7,948		48
49	50.53	4,976		63.17	6,355		75.80	7,731		49
50	53.48	4,825	10,011	66.85	6,154	12,514	80.22	7,479	15,014	50
51	56.25	4,680		70.31	5,958		84.37	7,239		51
52	59.21	4,520		74.01	5,750		88.81	6,981		52
53	62.20	4,093		77.75	5,209		93.30	6,324		53
54	65.54	4,108		81.92	5,217		98.31	6,327		54
55	68.86	4,016	7,366	86.08	5,095	9,208	103.30	6,176	11,053	55
56	72.78	3,204		90.97	4,069		109.16	4,932		56
57	77.32	2,148		96.65	2,743		115.98	3,337		57
58	82.61	1,287		103.27	1,659		123.92	2,030		58
59	88.61	467		110.77	627		132.92	784		59
60	95.02	0	1,274	118.78	0	1,593	142.54	0	1,912	60
61	102.48	0		128.10	0		153.73	0		61
62	111.09	0		138.86	0		166.64	0		62
63	120.02	0		150.03	0		180.03	0		63
64	130.36	0		162.96	0		195.55	0		64
65	142.09			177.62			213.14			65
66	151.77			189.71			227.65			66
67	162.68			203.35			244.02			67
68	173.94			217.44			260.92			68
69	185.56			231.95			278.34			69
70	198.23			247.80			297.35			70
71	215.84			269.80			323.76			71
72	234.85			293.56			352.27			72
73	255.27			319.08			382.90			73
74	277.09			346.37			415.64			74
75	301.03			376.29			451.55			75
76	326.03			407.53			489.04			76
77	353.14			441.42			529.70			77
78	382.00			477.50			573.00			78
79	412.98			516.23			619.47			79
80	445.72			557.15			668.58			80

Solve for Target Premium - A100

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4/11/2016

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

Issue State: DE Ver: 3.0.0.2406



# TransElite HFA - Universal Life Insurance

With Riders: TI, WML, ADD

Tobacco

Death Benefit Option: A



\$100,000 Face Amount				\$125,000 Face Amount			\$150,000 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	21.46	0		26.82	0		32.19	0		16
17	22.05	0		27.56	0		33.07	0		17
18	22.69	0		28.37	0		34.04	0		18
19	23.31	0		29.14	0		34.97	0		19
20	23.94	0	25,012	29.93	0	31,291	35.92	0	37,545	20
21	25.13	0		31.42	0		37.70	0		21
22	25.83	0		32.29	0		38.75	0		22
23	26.57	0		33.22	0		39.86	0		23
24	27.39	0		34.25	0		41.09	0		24
25	28.17	0	24,117	35.22	0	30,175	42.26	0	36,195	25
26	29.05	0		36.32	0		43.58	0		26
27	30.22	0		37.78	0		45.33	0		27
28	31.18	0		38.97	0		46.76	0		28
29	32.43	0		40.54	34		48.65	426		29
30	33.53	195	23,144	41.91	687	28,910	50.29	1,188	34,689	30
31	35.12	602		43.90	1,178		52.68	1,770		31
32	36.37	1,122		45.47	1,821		54.56	2,520		32
33	37.92	1,582		47.41	2,384		56.89	3,179		33
34	39.33	2,061		49.17	2,959		59.00	3,850		34
35	40.82	2,516	21,681	51.03	3,503	27,107	61.24	4,498	32,542	35
36	42.59	2,844		53.25	3,908		63.90	4,958		36
37	44.55	3,272		55.69	4,419		66.83	5,554		37
38	46.53	3,569		58.16	4,761		69.79	5,952		38
39	48.88	3,905		61.10	5,170		73.32	6,430		39
40	51.10	4,170	19,508	63.87	5,479	24,383	76.65	6,798	29,273	40
41	53.45	4,419		66.82	5,784		80.18	7,139		41
42	56.08	4,612		70.10	6,008		84.12	7,395		42
43	58.96	4,777		73.70	6,198		88.44	7,610		43
44	61.87	4,819		77.34	6,227		92.81	7,644		44
45	65.02	4,909	16,621	81.28	6,330	20,778	97.54	7,755	24,939	45
46	68.42	4,932		85.53	6,345		102.64	7,762		46
47	72.01	4,949		90.01	6,347		108.02	7,756		47
48	75.73	4,893		94.67	6,270		113.60	7,644		48
49	79.66	4,784		99.57	6,118		119.49	7,459		49
50	84.08	4,555	13,018	105.11	5,828	16,277	126.13	7,098	19,533	50
51	88.72	4,267		110.90	5,451		133.08	6,636		51
52	93.58	3,923		116.97	5,009		140.37	6,099		52
53	98.66	3,527		123.33	4,509		147.99	5,487		53
54	104.12	3,596		130.15	4,582		156.18	5,569		54
55	109.72	3,603	9,108	137.16	4,585	11,389	164.58	5,560	13,663	55
56	116.08	2,818		145.09	3,588		174.12	4,363		56
57	123.23	1,777		154.04	2,280		184.85	2,785		57
58	131.49	1,057		164.37	1,372		197.24	1,687		58
59	140.79	409		175.99	554		211.19	698		59
60	150.66	0	2,470	188.34	0	3,090	226.00	0	3,706	60
61	160.19	0		200.23	0		240.28	0		61
62	170.53	0		213.17	0		255.80	0		62
63	182.10	0		227.62	0		273.15	0		63
64	194.28	0		242.85	0		291.42	0		64
65	206.94			258.67			310.41			65
66	225.35			281.68			338.02			66
67	240.48			300.60			360.72			67
68	256.68			320.84			385.01			68
69	272.87			341.09			409.31			69
70	289.76			362.21			434.65			70
71	313.00			391.26			469.50			71
72	337.64			422.05			506.47			72
73	363.70			454.62			545.55			73
74	390.80			488.51			586.20			74
75	420.02			525.03			630.03			75
76	450.65			563.31			675.98			76
77	483.04			603.80			724.56			77
78	517.54			646.92			776.31			78
79	553.79			692.25			830.70			79
80	590.76			738.45			886.14			80

Solve for Target Premium - A100

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

4/11/2016

Issue State: DE Ver: 3.0.0.2406

- 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 Illness Rider (Form CRLTI100):** Lets the insured "tap into" life insurance in the event of a future terminal illness 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.)



TransElite<sup>SM</sup> universal life insurance, underwritten by Transamerica Life Insurance Company

## Child Rate Sheet

Monthly Premium for \$25,000 Child/Grandchild Coverage

AGE	Policy	Policy	
	Monthly	Bi-Weekly Premium	
0	\$13.00	\$6.00	
1	\$13.00	\$6.00	
2	\$13.00	\$6.00	
3	\$13.00	\$6.00	
4	\$13.00	\$6.00	
5	\$13.00	\$6.00	
6	\$13.00	\$6.00	
7	\$13.00	\$6.00	
8	\$13.00	\$6.00	
9	\$13.00	\$6.00	
10	\$13.00	\$6.00	
11	\$13.26	\$6.12	
12	\$13.69	\$6.32	
13	\$14.29	\$6.60	
14	\$14.74	\$6.80	
15	\$15.36	\$7.09	
16	\$15.64	\$7.22	
17	\$15.92	\$7.35	
18	\$16.22	\$7.49	
19	\$16.52	\$7.62	
20	\$16.85	\$7.78	
21	\$17.18	\$7.93	
22	\$17.55	\$8.10	
23	\$17.93	\$8.28	
24	\$18.33	\$8.46	
25	\$18.75	\$8.65	
26	\$19.21	\$8.87	

Policy includes Accelerated Death Benefit for Terminal Illness Rider.

WPL - Waiver of Monthly Deduction for Layoff or Strike Rider

CCR - Critical Care Condition Rider

WMD - Waiver of Month Deductions for Total Disability Rider



## EDUCATIONAL ASSISTANCE PROGRAM

All full-time, regular employees who have successfully completed their six month probationary period are eligible to receive educational assistance.

To apply for this benefit:

- Choose a course related to your job or needed for advancement.
- Fill out an Educational Assistance application. (Available from the Human Resources Department)
- Submit application **BEFORE YOU TAKE THE COURSE** through your supervisor to the Human Resources Department for approval.
- You will be notified if approved or denied **BEFORE YOU TAKE THE COURSE**.
- If approved, upon completion of the course, when final grade is received, submit to the Human Resources Department for reimbursement according to the following chart.

GRADE	REIMBURSEMENT
A (90-100)	100%
B (80-89)	90%
C (70-79)	80%
D (69 and under)	0%

Reimbursements will be made for **THREE COURSES ONLY** per semester/quarter/block. Reimbursement will cover **TUITION, BOOKS, and LAB FEES ONLY**.

Once the course is completed the employee is to forward to Human Resources the original Education Assistance form with the requested reimbursement amounts, a copy of the registration form with course title and tuition amounts indicated, any receipts for textbooks and a copy of the report card. In regards to receipts and proof of purchase for textbooks, please provide a receipt that indicates what was purchased and proof of payment. Credit card receipts and cancelled checks only provide documentation of payment. They do not indicate what was purchased.

Human Resources will then verify the amount to be reimbursed and forward the necessary paperwork to Accounts Payable for processing.

The maximum reimbursement shall not exceed the fee schedule in effect for in-state students attending University of Delaware for the level and type of course taken.





Courses may be taken outside regular working hours, or may be taken during regular working hours at full or part pay (limited education leave), upon the recommendation of the Department Head and approval by the City Manager.

Any employee who takes advantage of this policy and receives reimbursement shall be required to complete at least two (2) years of employment with the City or shall have the reimbursed amount deducted from his/her final check. **This agreement does not represent an employment contract.** Please realize that no employee shall be eligible for benefits under this Educational Reimbursement Policy if the employee receives education assistance from another program such as the G.I. Bill, financial aid, the Law Enforcement Officers' Educational Reimbursement Program etc.

Reimbursement should be sought through other sources prior to requesting reimbursement from the City.

### **FULL EDUCATION ASSISTANCE**

An employee may go to school full-time at full or part pay for a period not to exceed 12 calendar months (full time education leave) upon the recommendation of the Department Head and the City Manager with City Council approval.

An employee receiving this benefit shall return to employment with the City for a period equal to 2 years, or shall reimburse the City for all compensation received while on this leave. Full tuition reimbursement and paid leave longer than 12 months are feasible under special circumstances.

The policy included in this brochure is an excerpt from the Employee Handbook, Article XVIII, Section 3. All interpretation shall be based on the Handbook.

## **EDUCATIONAL ASSISTANCE APPLICATION FORM**

Instructions: Employee initiates and signs, Supervisor approves and forwards to Human Resources. Final approval must be granted before enrollment is consummated to guarantee City Reimbursement.

Employee Name:	Job Title:
Department:	Course:
Location of Course:	Dates Attended (MM/DD/YY – MM/DD/YY):
Attach Course Description:	

### **ESTIMATE OF COSTS INVOLVED**

Tuition or Fees:	Books:	Total:
------------------	--------	--------

*The City will reimburse based upon the University of Delaware in-state rate for the level of course the employee is taking.*

### **APPROVALS**

Supervisor	Date	Human Resources	Date
Department Head	Date	City Manager	Date
Degree Employee is seeking:			
Reason for taking Course:			
How will course and/or college degree be helpful in present work and future advancement?			

### **REIMBURSEMENT**

Item	Grade	Full Cost	% of Reimbursement	Reimbursement Amount
Example: Tuition	B	\$329.00	90%	\$296.10
Tuition				
Book(s)				
Lab Fee(s)				

*College registration form, detailed receipts and report card or official grade verification must be submitted to support costs.*

TOTAL \$ \_\_\_\_\_

## RECORD OF COMPLETION

Human Resources	Date:
-----------------	-------

Course Completed:	Reimbursed Amount:
-------------------	--------------------

I understand that if I complete this course and the City of Dover reimburses my tuition and books in accordance with my course grade, then I agree to continue my employment with the City for a minimum period of two (2) years following the course completion date. Further, I understand that if I fail to complete two (2) year's employment, then I must repay the City of Dover the total amount of the reimbursement. This agreement does not represent an employment agreement. **Please realize that no employee shall be eligible for benefits under this Educational Reimbursement Policy if the employee receives education assistance from another program such as the G.I. Bill, financial aid, the Law Enforcement Officers' Educational Reimbursement Program etc. Reimbursement should be sought through other sources prior to requesting reimbursement from the City.**

I applied for benefits under the Law Enforcement Officers' Educational Reimbursement Program for this class:

☐ Yes ☐ No (Circle One)

Was approval granted?

☐ Yes ☐ No (Circle One)

By my signature below, I certify that I understand the above paragraph and I authorize the City of Dover to withhold the amount of the reimbursement from my final paycheck, if I terminate my employment before the completion of the full two (2) years. If my paycheck does not satisfy the reimbursement, I will make payment directly to the City for the difference.

**The City of Dover's Education Assistance policy is located in the City of Dover Personnel Policy, Article XVIII, Education Assistance.**

You are receiving educational assistance benefits from the City of Dover's Educational Assistance Program as a working condition fringe benefit. A working condition fringe benefit which, had you paid for it, you could deduct as an employee business expense.

\_\_\_\_\_  
Employee Signature

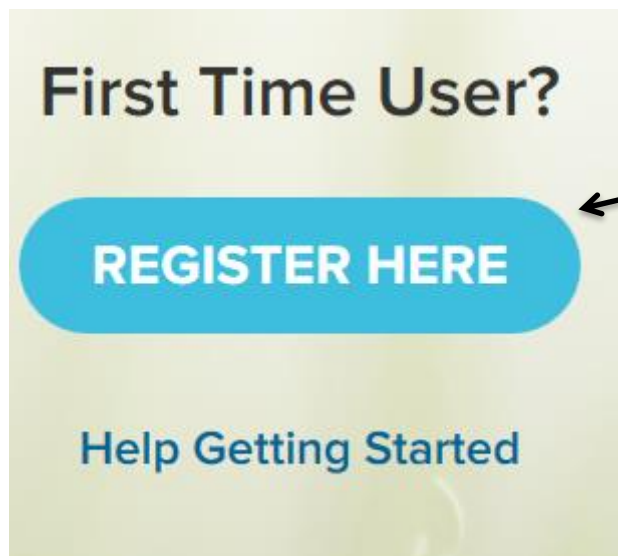
\_\_\_\_\_  
Date

F.Y.	FUND	DEPT	SECT	ACCT
------	------	------	------	------



## ADP Self Service Registration Guide

- Click on: <https://workforcenow.adp.com/public/index.htm> to register for the first time.
- Select “Register Here” under first time user.



- Step 1: Enter Registration code **DOVERDE-100**, click next and then yes.

Registration code\*

- Step 2: Enter your personal information, click Confirm.

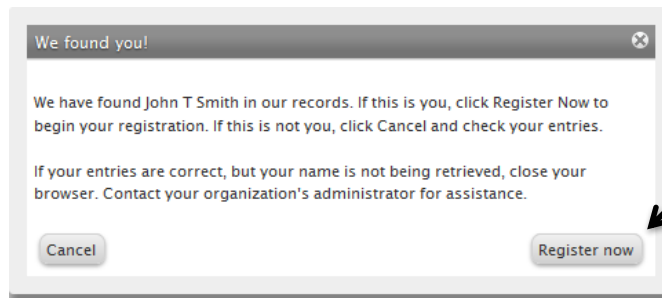
First name\*

Last name\*

SSN, EIN, or ITIN\*

Type it again\*

- Step 3: If you see your full name on the confirmation screen select **register now**.



- Step 4: You must provide an email address, skip entering a mobile phone number.

Enter your contact information [How will this be used by ADP?](#)

Email address\*  ☒ Work ☐ Personal

Mobile phone number   ☐ Work ☒ Personal

☐ I authorize ADP to send me text messages regarding my account at the number I have provided, according to [ADP's Text Messaging Terms and Conditions](#).

- Step 5: Will provide you with your user name, please save and remember this!

User ID\* JSmith@DOVERDE

- Step 6: Create and confirm your password, it is case sensitive.

Password\*  Password Strength: **Strong**

Passwords must be at least 8 characters long and contain at least 1 letter and 1 number. Passwords are case sensitive.

Confirm password\*

- Step 7: Select and answer security questions, finish by clicking **REGISTER NOW**.

In case you forget your user ID or password

Question 1\*  ▼

Your answer\*

Question 2\*  ▼

Your answer\*

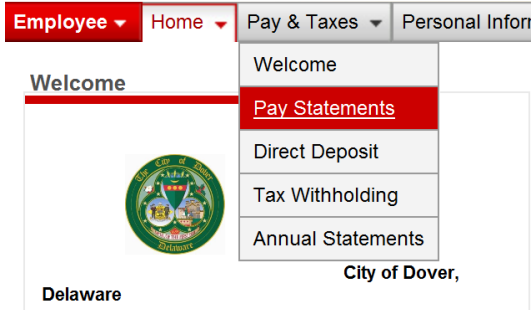
Question 3\*  ▼

Your answer\*

Register now

## Register for paperless pay statements.

1. Log into ADP Employee Self-Service Portal. <https://workforcenow.adp.com/public/index.htm>
2. Select Pay & Taxes, then Pay Statements

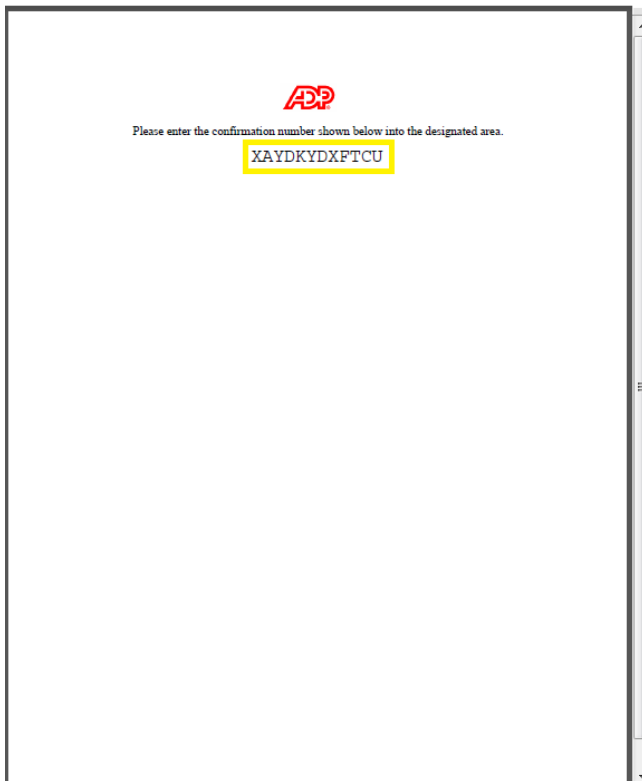


3. Select the blue hyperlink that says Go Paperless. [Go Paperless](#)
4. Check the box agreeing to receive paperless statements.

☒ **Access my pay statements online only**

5. Click **Next**
6. Read all the terms & conditions. Click **Accept**
7. Verify that your computer can read the pay statements by typing in the confirmation code in the box at the bottom of the screen.

Verify That You Can View Pay Statements Online



Enter confirmation number here: **XAYDKYDXFTCU**

8. Click **Save**
9. Confirm or edit email address to receive notifications of a new statement.
10. Click **Done**

# City of Dover Acceptable Use Policy

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## A Message to all System Users

This document formalizes the City policy for all employees as well as contractors and other “users” of our City’s communications and computer systems. Each department may also choose to develop and enforce its own acceptable use policies to further regulate use within its local environment.

This Acceptable Use Policy is your resource to help you make sound decisions in using communications and computer systems to do your job.

Our goal is to put controls in place that will help protect the City from sabotage and espionage. The threat is real, as each month, IT intercepts hundreds of viruses and suspicious messages containing executable files trying to bypass our security systems. These controls also help minimize the potential risks of misuse. This misuse includes unnecessary Internet usage causing network and server congestion. This Acceptable Use Policy is your (the user’s) guide for helping us achieve this goal by conducting City of Dover business with integrity, respect, and prudent judgment.

Each department is responsible for the activity of its users and for ensuring that its users follow this Acceptable Use Policy. Violations not promptly remedied by the user may result in termination of these services.

## Introduction

Users are accountable for familiarizing themselves with this policy and using it as a guidepost for your daily decisions and actions when using these services.

Read the policy and give careful attention to those subjects that most pertain to your job duties.

Understand the purpose of this policy and your overall responsibilities for standards of business conduct.

Consult with your supervisor or the IT Department for additional clarification of this policy.

Note the Following:

### *Applicability*

City of Dover’s expectations for responsible use are applicable to all parties who use the City communications and computer systems on behalf of the City, including, but not limited to, its employees, consultants, in-house contractors, and other “users.”

### *Limitations*

This acceptable use policy does not address every possible scenario or condition regarding acceptable use. If it is not specifically addressed within this document, consult with IT.

## Acceptable Use of Communications and Computer Systems

City of Dover communications and computer systems are vital to our business and critical to overall

communications. Our success is directly related to safeguarding and properly using these systems.

### *What are City communications and computer systems?*

City of Dover communications and computer systems are any equipment, hardware, software, or networks (including wireless networks) owned, provided or used by or on behalf of the City of Dover that store or transmit voice or non-voice data. This includes telephones, cellular/wireless telephones, voice mail, computers, e-mail, facsimiles, pagers, and City Intranet or Internet access (including when accessed through personally owned computers).

*Note: When personal computers are not owned by the City but are used for City business, the City retains the right to access any City records or materials developed for City use. Also, we must ensure that any City materials are appropriately safeguarded according to applicable standards in this section, including, but not limited to, virus protection of, protected access to, and backup of these materials.*

### *Access, Maintenance and Protection*

Users must safeguard the confidentiality and integrity of City systems, including strong password logons (see [\\Dover\\_1\public docs\How to\Creating a Secure Password.doc](#)), access codes, network access information, log-on IDs from improper access, alteration, destruction, and disclosure. Users shall only access or use these systems when authorized. Users must abide by City standards contained in this section and any other City policies regarding protecting data and information stored on these systems.

### *Unlawful and Inappropriate Use*

Users are obligated to never use City systems (such as the Intranet or Internet) to engage in activities that are unlawful, violate City policies, or in ways that would:

- Be disruptive, causing unnecessary offense to others.
- Be considered harassing, discriminatory, or creating a hostile work environment.
- Result in the City of Dover's liability, embarrassment, or loss of reputation.

External groups or organizations are not permitted to access the City's computer network, except as permitted by IT.

### *Protection and Integrity of Data*

Users must maintain the integrity of City information and data stored on City systems by:

- Introducing data into our systems that serve a legitimate business purpose.
- Only acquiring, using, altering, disposing of, or destroying data or information with proper authorization.
- Protecting data and information stored on or communicated across our systems and not accessing this data or information (customer data, employee records, etc.) unless authorized.
- Protecting data and information communicated over internal or public networks (the internet) to avoid compromising or disclosing nonpublic City communications.

### *Personal Use*

While City systems are intended for primarily business/instructional purposes, limited (incidental and occasional) personal use may be permissible when authorized by your manager and it does not:

- Interfere with your work responsibilities.
- Involve interests in personal outside business and/or other non-authorized organizations and

activities (including, but not limited to selling personal property/items or soliciting for or promoting commercial ventures, charitable, religious, or political activities).

- Violate any of the standards contained in this code or other City policies.
- Downloading of music and video files is specifically forbidden.

### *Virus Protection*

If users suspect a virus, they must not use the applicable computer systems and equipment until the virus is removed and they will report the matter immediately to the IT Department. The City of Dover has purchased anti-virus software for all city computers, including home computers. Contact IT staff for a copy to be installed on **your** home computers.

### *Properly Licensed Software*

Users will use only approved and properly licensed software and will use it according to the applicable software owner's license agreements. **Installing any software, including freeware (screensavers, browsers, etc) is prohibited unless approved by IT.**

### *Treatment of Third-Party Data or Software*

Users must ensure that any nonpublic City information or software of a third party that is stored, copied, or otherwise used on City systems is treated according to City of Dover's standards regarding nonpublic City information and applicable agreements and intellectual property restrictions.

### *City of Dover Monitoring*

City communications and computer systems, including, but not limited to, computer networks, data files, e-mail and voice mail, may be monitored and/or accessed by the IT Staff and your management to ensure the integrity of the technology, protect against fraud and abuse, detect unauthorized access or use, and for other business purposes. Although the IT Department does not routinely monitor message or network transactions, IT may, without notification or approval, monitor, access and review any and all communications originating from the City of Dover or delivered to the City of Dover – employees should have no expectation of privacy in regard to use of these services.

## **USE OF EMAIL AND THE INTERNET**

**Inappropriate use of e-mail includes, but is not limited to, sending or forwarding:**

- Messages, including jokes or any language that may be considered discriminatory, harassing, unlawful, defamatory, obscene, offensive, insensitive, or otherwise inappropriate (this includes but is not limited to messages about age, race, gender, disability, national origin, any other legally defined discriminatory classifications or similar matters.)
- Pornographic or sexually explicit materials.
- Chain letters.
- Information related to religious materials, activities, or causes – including inspirational messages.
- Solicitations unless sanctioned by the City of Dover.
- Auction-related information or materials unless sanctioned by the City of Dover.
- Games or other software copyrighted materials without a legitimate business or instructional purpose (and then only according to the rights and licenses granted by the owner of the games, software, or copyrighted material.)
- Messages that disparage other companies or products.
- Materials related to personal commercial ventures or solicitations for personal gain (including, but

- not limited to messages that could be considered pyramid schemes).
- Information related to political materials, activities, or causes unless sanctioned or permitted by the City of Dover.
- Unauthorized or inappropriate mass distribution of communication.
- Any other materials that would be improper under this policy or other City of Dover policies.

**Inappropriate use of the Internet includes, but is not limited to, accessing, sending or forwarding information about, or downloading (from):**

- Sexually explicit, harassing, or pornographic sites.
- "Hate sites" or sites that can be considered offensive or insensitive.
- Auction sites for personal use.
- Gambling sites.
- Non City of Dover business-related chat sites.
- Underground or other security sites which contain malicious software and/or instructions for compromising City of Dover security.
- Games, software, audio, video, or other materials that are not properly licensed to use or transmit, or that are inappropriate.
- Offensive or insensitive materials, such as sexually or racially oriented topics.
- Intentional importation of viruses.

## **REMEDIAL ACTION**

When IT learns of a possible inappropriate use, IT will immediately notify the employee or supervisor who must take immediate remedial action and inform IT of its action. Repeated violations will be addressed with the Department Head. In instances where criminal activity is suspected, IT will work directly with the proper authorities, and follow their guidance in determining appropriate action.

*Inappropriate use of City communications and computer systems may be grounds for discipline up to and including dismissal.*

In an emergency, in order to prevent further possible unauthorized activity, IT may temporarily disconnect that employee or building from the network. If this is deemed necessary, every effort will be made to inform the employee or building personnel prior to disconnecting, and every effort will be made to reestablish the connection as soon as it is safe to do so.

Unauthorized activity or non-acceptable usage determined at the department level may be subject to remedial action being taken in accordance with the acceptable use policy of that department (if applicable) as well as those actions outlined above. The remedial action outlined in departmental policies may differ from the remedial action as outlined in this policy. Should there be any conflict, Human Resources will make a determination as to applicability.

## **QUESTIONS OR COMMENTS ON THIS POLICY**

Please address any questions or comments to the IT Director.

## ACKNOWLEDGMENT STATEMENT

### City of Dover - Acceptable Use Policy

#### City Employee

This is to certify that I have read and agree to abide by the guidelines set forth within the City of Dover Acceptable Use Policy. As an employee of the City of Dover, I fully intend to comply with this policy realizing that I am personally liable for intentional misuse or abuse of the City's communications and computer systems. If I have any questions about the policy, I understand that I need to ask my supervisor or IT for clarification.

***\*If I refuse to sign this acknowledgement form, my supervisor will be asked to sign this form indicating that I have been given time to read and have questions answered about this policy. The supervisor will read this statement to me prior to signing the document and advise me that by not signing this document my rights to use the City's Communications and Computer Systems may be denied and may affect my ability to meet my job requirements.***

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature (\*as required)

\_\_\_\_\_

Comments:

\_\_\_\_\_



## ACKNOWLEDGMENT STATEMENT

### City of Dover - Acceptable Use Policy

#### Non-City Employee

This is to certify that I have read and agree to abide by the guidelines set forth within the City of Dover Acceptable Use Policy that apply to my use. (Some users may use a combination of communications and computing resources.) As an authorized user of the City of Dover's communications and computing resources, I fully intend to comply with this policy realizing that I am personally responsible for intentional misuse or abuse of the City's communications and computer systems. I understand that the City of Dover has no authority over non-city employees. However, all users must agree to abide by all policies, standards promulgated by the IT Department as a condition of access and continued use of these resources. If IT learns of possible inappropriate use, IT will immediately notify the affiliate responsible, which must take immediate remedial action and inform IT of its action. In instances where affiliates do not respond in a timely or reasonably appropriate manner, are "repeat offenders", or if criminal activity is suspected, IT will work directly with the proper authorities, and follow their guidance in determining appropriate action. In an emergency, in order to prevent further possible unauthorized activity, IT may temporarily disconnect the user or affiliate. If I have any questions about the policy, I understand that I need to ask IT for clarification.

***\*If I refuse to sign this acknowledgement form, my rights to use the City's Communications and Computer Systems may be denied and may affect my ability to meet my job requirements.***

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness name (printed) \_\_\_\_\_



## **Security Identification Badge Policy**

### **INTRODUCTION**

This policy provides guidelines for the regulation and management of employee photo identification badges as a means of enhancing service to citizens and visitors as well as establishing a safer work environment.

### **POLICY**

An Identification Badge Policy serves the dual purpose of readily identifying City employees and other authorized personnel, while providing measured protection against unauthorized personnel and intruders from entering designated secure work areas. The system is effective only if there is active cooperation and compliance by all employees at all times. Any laxity in compliance and enforcement subjects the entire system to failure.

A City issued photo identification badge will be issued to all City of Dover employees.

### **PROCEDURE**

- A. New employees will have their photo taken at the time of their orientation and be will be issued an identification badge, within the first week of employment.
- B. Lost or misplaced identification badges should be reported immediately to the employee's supervisor. A replacement badge will be issued as necessary, and a record of the lost identification badge noted. Employees will receive one replacement at no cost. For subsequent replacements, the employee will be charged \$5.00 for each replacement.
- C. If an employee changes departments, a new photo identification badge will be issued at no charge. Employees using a photo identification badge to access their worksite will not be charged for a replacement badge if it becomes unserviceable or fails to provide readily access, if it becomes damaged or if the appearance of the employee changes to the degree that the photo is not a recognizable resemblance of the employee.
- D. A replacement badge can be obtained by contacting the Human Resources Department.
- E. When an employee terminates his/her employment with the City of Dover, the photo identification badge must be retrieved from the employee on his/her last day of employment and returned to the Human Resources Department and the employee will then be removed from the system and the badge destroyed.



## **Security Identification Badge Policy**

### **RULES FOR IDENTIFICATION BADGE HOLDERS**

1. Do not lend your identification badge to anyone.
2. Do not allow people to follow you into the building without knowing them or checking their ID.
3. Do not leave badge on dash of vehicle or other locations where exposed to extreme temperatures.
4. Do not fold, bend, pry open or mutilate your identification badge.
5. Do not use your identification badge as an ice scraper.
6. Do not hold or prop doors open.
7. Do not leave doors and/or windows open after you leave.
8. Notify your Supervisor immediately, if you have any difficulties or problems with your identification badge, or if your identification badge is no longer in your possession.



## **Security Identification Badge Policy**

### **Acknowledgement Statement**

This is to certify that I have read and agree to abide by the guidelines set forth within this City of Dover Security Identification Badge Policy. As an employee of the City of Dover, I fully intend to comply with all provisions of this policy realizing that I am personally liable for intentional misuse or abuse of City resources.

Employee's Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

H.R. Representative: \_\_\_\_\_

Date: \_\_\_\_\_

# WORKERS COMPENSATION INJURY PROTOCOL

## ⇒ **Safety**

- Work safely to eliminate risk of injury.
- Always use personal protective equipment.
- Immediately report all unsafe working conditions to your supervisor.
- Report all injuries immediately to your supervisor.



## ⇒ **Employee Responsibilities**

- Obtain First Report of Accident and additional forms from Human Resources.
- Complete and return required documents to Human Resources immediately.

## ⇒ **Human Resources Responsibilities**

- Report injury to workers compensation carrier and obtain claim number.
- Provide notification to injured employee of pertinent claim and injury information.
- Investigate the injury/accident.
- Assist the injured employee during recovery with administrative needs.
- Maintain communications with employee.

## ⇒ **IF MEDICAL ATTENTION IS NEEDED**

- For life threatening injuries call 911.
- Urgent care or non-emergency medical treatment can be sought at a facility/doctor that accepts workers' compensation. Not all medical providers accept worker's compensation.
- Do not use your health or prescription insurance card for workers' compensation injuries.
- Advise medical providers you are a City of Dover employee and to please contact HR for billing information. Local treating facilities will usually contact HR for claim information.

# WORKERS COMPENSATION INJURY PROTOCOL

## *CONTINUED*

### ⇒ **During Treatment**

- Be sure to inform your supervisor and HR of all appointments and the status of your injury and recovery. Appointments are to be scheduled, when possible, outside of normal work hours. Absences affect salary continuation. (See Compensation)
- Provide HR with a copy of the Physician's Report of Workers' Compensation Injury after each medical appointment.
- Discuss any restrictions with HR and your supervisor.
- Be an advocate for your health by actively discussing your treatment and prognosis with your medical providers.

### ⇒ **Compensation**

- If an employee is absent from work due to the injury, the City provides sixty (60) days of base salary continuation for the life of claim.\*

*\*Subject to Collective Bargaining Agreements*

For full details on Delaware's Workers Compensation Laws, visit

<https://dia.delawareworks.com/workers-comp/>

Contact Human Resources with all workers' compensation related questions.

Kristina Deakins

(302) 736-7791

Email: [kdeakins@dover.de.us](mailto:kdeakins@dover.de.us)

Kim Hawkins

(302) 736-7790

Email: [khawkins@dover.de.us](mailto:khawkins@dover.de.us)



# **Do you currently have a second job? Or are you thinking about getting one?**



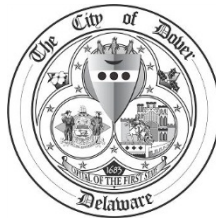
As a City of Dover employee here is what you need to know. The City of Dover Employee Handbook, Section VII - Ethical Conduct, Section 3 - Outside Employment (page 30) states:

*The work of the City will take precedence over other occupational interests of employees. All outside employment for salaries, wages, commission and self employment must be reported in writing to the employee's supervisor, who in turn will report to the City Manager or an appropriate City Official for review. The City Manager or the appropriate City Official will review such employment for possible conflicts of interest and/or impact upon the efficiency of the employee. Such requests will be placed in the employee's personnel file located in the Human Resources Department. Conflicting outside employment or outside employment which inhibits an employee's efficiency will be grounds for disciplinary action, up to and including dismissal.*



Please contact Human Resources at extension 7073 if you have any questions or concerns regarding Outside Employment.





City of

Dover

## New Employee Benefit Summary

### PENSION

#### 401A DEFINED CONTRIBUTION PLAN

All non-law enforcement employees are **required** to enroll in the 401A plan. Plan contributions are designated by Union.

#### *DOE Union Employees Only*

EFFECTIVE DATE	MINIMUM EMPLOYEE 401A CONTRIBUTION	CITY'S MATCHING CONTRIBUTION*	TOTAL CONTRIBUTION (pre-tax dollars)
July 1, 2017	6%	6%	12%

\* City's total contribution to both 401a & 457 Deferred Comp Plan will not exceed 9%

#### *Non-Bargaining Employees Only*

EFFECTIVE DATE	EMPLOYEE 401A CONTRIBUTION*	CITY'S MATCHING CONTRIBUTION**	TOTAL CONTRIBUTION (pre-tax dollars)
July 1, 2017	3% – 6%	3% - 6%	6% - 12%

\*Non-Bargaining employees may elect to contribute between 3% – 6% upon enrollment. Once selected this amount is fixed & cannot be changed.

\*\* City's total contribution to both 401a & 457 Deferred Comp Plan will not exceed 9%

#### *All Other Employees*

<b>401A Deferred Compensation (ICMA)</b>	Available to all full-time employees**. ** Members of the FOP are not eligible for this plan due to enrollment in the State of Delaware Municipal Police & Fire Pension Plan.	<b>Must contribute 3%</b> of pensionable wages as defined by the City of Dover Pension ordinance.
<b>City Contribution</b>	City matches the employee's contribution of <b>3%</b> .	
<b>Employee Directed Investments</b>	The employee can select a variety of investment options from very conservative to more aggressive. The employee controls how all contributions are invested.	

Wages subject to pension are regular pay, scheduled over-time and payment for being on-call, except those hours reported for being called out. If an employee leaves employment with the City, they are eligible to keep all contributions in the plan. There are no vesting requirements for this plan. The Employee is responsible for all investment decisions.



## New Employee Benefit Summary

### **457 DEFERRED COMPENSATION PLAN**

Employees may elect to participate in either the ICMA or Nationwide Deferred Compensation 457 plan. The City will match the employee's contribution up to 3%; however, the City's match must be deposited into the 401A pension plan. Once selected this percentage is fixed & cannot be changed during the employee's career. Enrollment in the 457 is optional and can occur at any time. Law Enforcement employees can enroll in this plan; however there is no match from the City. Similar to the 401A, if an employee leaves employment with the City, they are eligible to keep all contributions in the plan. There are no vesting requirements and the Employee is responsible for all investment decisions.

**ICMA Investor Services: 1-800-669-7400**

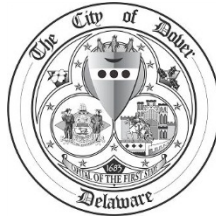
**Nationwide Retirement Services: 1-877-677-3678**

<b>457 Deferred Compensation Plan (ICMA or Nationwide) *</b>	Available to all full-time employees including Police**.	For 2019, you can contribute up to \$19,000, up to \$24,000 if you are age 50 or over, or up to \$36,000 if you qualify for pre-retirement catch-up contributions.
<b>City Contribution</b>	<b>City matches</b> the employee's contribution of <b>3%</b>	For employees who are enrolled in the 401A and enroll in the 457 plans, upon initial employment, the City matches the employee's contribution to the 457 plan up to 3%. The City's contribution is deposited in the 401A. Once the matching percentage is selected it is fixed & cannot be reduced or changed
<b>Employee Directed Investments</b>	The employee can select a variety of investment options from very conservative to more aggressive. The employee controls how all contributions are invested.	

\* City's total contribution to both 401a & 457 Deferred Comp Plan will not exceed 9%

\*\*FOP Union Employees enrolled in the State Police/Fire County Municipal Pension Plan and employees enrolled in the Defined Benefit Plan will receive no matching contribution.

*Wages subject to pension are regular pay, scheduled over-time and payment for being on-call, except those hours reported for being called out. If an employee leaves employment with the City, they are eligible to keep all contributions in the plan. There are no vesting requirements for this plan. The Employee is responsible for all investment decisions*



# City of Dover

## New Employee Benefit Summary

### **POLICE PENSION**

Police Officers are automatically enrolled in the State of Delaware's County/Municipal Police Pension Plan. Retirement benefits are paid at 50% of pay after 20 years of service. Benefits increase 3.5% every year until age 55 or when the officer reaches 30 years of service. Employees are considered fully vested after 10 years. If an officer leaves the department prior to being vested, he/she is entitled to his/her contribution only. Statements are mailed to each employee annually by the State. **State Pension Office: (302) 739-4208**

[https://open.omb.delaware.gov/pensionPlans/CountyMunicipal-PF/cmpf\\_menu.shtml](https://open.omb.delaware.gov/pensionPlans/CountyMunicipal-PF/cmpf_menu.shtml)

### **Health Insurance: (Open Enrollment May/Effective July 1)**

The City participates in the State of Delaware Group Health Insurance Program. If hired on or before the 15<sup>th</sup> of the month, coverage is effective on the 1<sup>st</sup> of the following month. If hired after the 15<sup>th</sup> of the month, coverage is effective on the 1<sup>st</sup> of the month after 1 month of employment.

**Non-Bargaining employees** pay 15% of the total monthly premium for the health care plan of their choice. The City pays the remaining 85% of the total monthly premium.

### **AFSCME Union Employees**

- Hired **on or after May 21, 2014**, will pay **20%** of the total monthly premium for the healthcare plan of their choice. The City pays the remaining **80%** of the total monthly premium.

### **DOE Union Employees**

- **Hired on or after December 22, 2015**, will pay **20%** of the total monthly premium for the healthcare plan of their choice. The City pays the remaining **80%** of the total monthly premium.

### **FOP Union Employees**

- **Hired on or after October 9, 2015**, will pay **20%** of the total monthly premium for the healthcare plan of their choice. The City pays the remaining **80%** of the total monthly premium.

### **IBEW Union Employees**

- **Hired on or after July 1, 2014**, will pay **20%** of the total monthly premium for the healthcare plan of their choice. The City pays the remaining **80%** of the total monthly premium.

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## New Employee Benefit Summary

**Preventive care (as defined by the Affordable Care Act (ACA)) will be covered at no charge through your health and prescription coverage.**

Preventive care is one of the most important ways to keep you and your family healthy –

- Annual Physical Exam
- OB/GYN Exam
- Cancer screening, including mammograms and colonoscopies
- Flu, pneumonia and other shots (age parameters may apply)
- Preventive medications such as aspirin to prevent cardiovascular events and folic acid for women through age 50

Most preventive care will be covered at 100 percent if you see a network doctor. Check your plan for details and prior authorizations.

**DelaWELL Health Management Program - All programs and services will be provided through Highmark Delaware and Aetna.**

### **AETNA**

#### **Aetna HMO Plan**

- Local and National Network Access - It's simple to access care from Aetna's large network of providers in DE, PA, SNJ, MD and across the country!
- Primary Care Physician Selection is required – Your PCP will assist in coordinating your care with your other Health Care providers.
- Referrals are required for certain services and are obtained through your primary care physician. Most preventative 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.
- A fund is provided 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:**

#### **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 CDH Gold Plan, you can't take the fund with you.

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## New Employee Benefit Summary

### **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!

### **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](http://www.ben.omb.delaware.gov/medical/aetna).

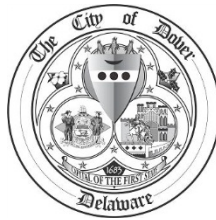
## **HIGHMARK DELAWARE**

### **Highmark Delaware: First State Basic Plan**

In-network services will have a deductible of \$500 per individual and \$1,000 per family. The plan will then pay at 90% of the Highmark allowable charge. The out-of-pocket maximum is \$2,000 per individual and \$4,000 per family (including the deductible) per plan year. The out-of-pocket maximum applies to medical services only. Copays for prescription medications are not applied to the out-of-pocket maximum. 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 pay at 70% of the allowable charge. The 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.



## City of Dover

### New Employee Benefit Summary

**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](http://www.ben.omb.delaware.gov/medical).

Please review the Open Enrollment booklet contained in your orientation packet for further details of coverage.

If you cover your spouse in one of the State of Delaware's Group Health Insurance medical plans; you **MUST** complete a new Spousal Coordination of Benefits form upon enrollment, each year during open Enrollment and anytime their employment or insurance status changes. The online Spousal Coordination of Benefits form can be completed by going to the following website: <https://cob.ben.omb.delaware.gov/>

#### **EXPRESS SCRIPTS**

When you enroll in a health plan, you are automatically enrolled in the prescription drug plan managed by Express Scripts. The Spousal Coordination of Benefits (SCOB) policy also applies to prescription coverage.

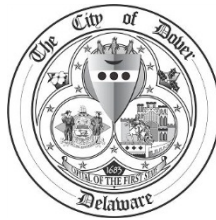
#### **PREVENTIVE MEDICATIONS**

Prescriptions are provided through the prescription benefits manager, Express Scripts. Preventive medications are covered at **no cost** to the member for all non-Medicare health plans and are not subject to a deductible or coinsurance. The prescription copays are not applicable to the medical deductible or out-of-pocket maximum. Effective July 1, 2015, the preventive medications covered under your prescription drug plan are listed below:

- Aspirin (to prevent cardiovascular events)
- Oral Fluoride
- Folic Acid
- Iron Supplements
- Immunizations / Vaccines
- Smoking Cessation
- Vitamin D
- Bowel Preps
- Women's Preventive Services Contraceptive Option (For a complete listing of preventive medications visit [www.ben.omb.delaware.gov/script](http://www.ben.omb.delaware.gov/script).)
- Breast Cancer Prevention

#### **2018 PRESCRIPTION COPAY RATES**

STATE OF DELAWARE PRESCRIPTION COVERAGE	TIER 1 GENERIC	TIER 2 PREFERRED	TIER 3 NON-PREFERRED
30-day supply	\$ 8.00	\$28.00	\$ 50.00



## City of Dover

# New Employee Benefit Summary

### COST SAVING PRESCRIPTION PROGRAMS

**Diabetic supplies** (lancets, test strips, syringes/needles) are provided at no cost (\$0 copay) when the prescription is filled at a retail participating pharmacy, a 90-day participating pharmacy or the Express Scripts Pharmacy (mail order). Supplies do not need to be ordered at the same time as medications to take advantage of the \$0 copay.

**Multiple diabetic medications** may be obtained for just one copay when the prescriptions are filled at the same time at a 90-day participating pharmacy or the Express Scripts Pharmacy (mail order).

### 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, see [www.ben.omb.delaware.gov/script](http://www.ben.omb.delaware.gov/script).

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
Up to a 90-day supply	\$16.00	\$56.00	\$100.00

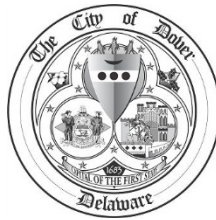
Members can avoid paying a penalty by asking their doctor to write maintenance medication(s) prescriptions for a 90-day supply. Members can then fill 90-day prescriptions:

1. At retail pharmacies participating in the 90-day network: Visit the Statewide Benefits website at [www.ben.omb.delaware.gov/script](http://www.ben.omb.delaware.gov/script) to view a list of retail pharmacies participating in the 90-day network or call Express Scripts at 1-800-939-2142 to ask about a particular pharmacy.
2. Through the Express Scripts Pharmacy (mail order): To get started call 1-800-939-2142 to speak with an Express Scripts Member Services representative.

### THE COVERAGE REVIEW PROCESS

The Coverage Review Program is designed to keep up with changes in the prescription marketplace.

Please check the Statewide Benefits Website for a list of affected medications and the type of coverage review required for new users at <http://www.ben.omb.delaware.gov/script/programs.shtml>. The lists will be updated periodically, so you should check this list whenever you receive a prescription for a new medication.



# City of Dover

## New Employee Benefit Summary

### 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. Pharmacists are available around the clock for medication consultations. Express Scripts' website, [www.express-scripts.com](http://www.express-scripts.com) offers extensive online resources, including health and benefit information and online pharmacy services.

### PART-TIME EMPLOYEES\*

Non-Bargaining, part-time, regular employees working twenty (20) or more hours per week are eligible for certain benefits; however, the City's share of the cost of the coverage shall be one-half (1/2) that for full time regular employees. For each coverage offered, where the City pays the full cost or a portion of the cost for full time employees, the City will pay only one-half (1/2) of the same costs for eligible part time employees.

### \*DOE Union employees

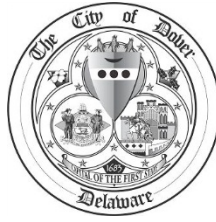
Part-time regular employees working thirty (30) or more hours per week shall be eligible to enroll in the City's health insurance plan. However, the City's share shall be one-half (1/2) that for full-time regular employee. Part-time regular employees working less than the required number of hours shall not be eligible for the coverage.

### Health Premiums Effective: July 1, 2017 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 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
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

*Non-Bargaining Employees Only*





# City of Dover

## New Employee Benefit Summary

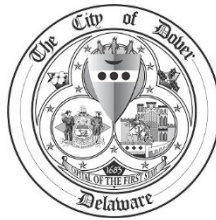
Health Premiums  
Effective: July 1, 2017  
20% Employee Cost Sharing

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 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
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

### 20% Employee Cost Sharing

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





# City of Dover

## New Employee Benefit Summary

### **VISION CARE**

*Open Enrollment May / Effective July 1*

Vision Benefits of America has been providing quality service for over 15 years to our employees. The City pays the full premium for all full time regular employees. Employees must pay the premiums for their dependents. The plan provides a complete vision exam, clear lenses, and a quality frame at no out-of-pocket cost to you other than the \$10 copayment. Also the plan provides Polycarbonate Lenses and 1-year scratch protection, when spectacle lenses are obtained through a VBA participating provider. **This is a two-year binding election.** Vision Insurance is also provided to employees and dependents that are enrolled in the Blue Care and/or Aetna health plan.

VBA Customer Service: [www.visionbenefits.com](http://www.visionbenefits.com) or 1-800-432-4966

### VBA Monthly Premiums as of July 1, 2017

Vision Benefits of America (VBA)	Employee Only	\$ -
	Employee & Child(ren)	\$ 4.09
	Employee & Spouse	\$ 3.97
	Family	\$ 8.21

### **DELTA DENTAL**

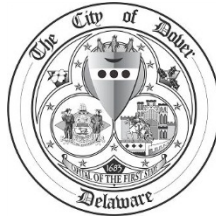
*Open Enrollment May / Effective July 1*

Premiums are paid entirely by the employee. Two plan options are available. The low plan provides coverage for basic dental care services; for example, exams, cleanings, x-rays and fillings. In addition to the services provided with the low plan, the high plan provides coverage for endodontics, periodontics, oral surgery, major services and prosthodontics. Services or costs incurred over the allowable limits of each plan are the responsibility of the employee. **Enrollment is binding therefore an employee's enrollment is required for the entire plan year.**

Visit [www.deltadentalins.com](http://www.deltadentalins.com) for more information or call 800-932-0783.

### Delta Dental Monthly Premiums as of July 1, 2017

Delta Dental High Plan	Employee Only	\$ 40.35
	Employee & One Depend	\$ 75.70
	Family	\$ 119.65
Delta Dental Low Plan	Employee Only	\$ 27.24
	Employee & One Depend	\$ 52.33
	Family	\$ 98.07



## City of Dover

# New Employee Benefit Summary

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### **ASI FLEXIBLE SPENDING**

*Open Enrollment November / Effective January 1.*

#### **Dependent Care Accounts**

You can establish a dependent care spending account where you use pretax dollars to pay a provider who takes care of dependents so that you or your spouse can work or attend school full-time. Eligible expenses include licensed day care centers, after-school care, baby-sitting costs (with limitations), or day care for an elderly member of your household. You can redirect up to \$5,000 if you are single or married filing a joint tax return, or \$2,500 if you are married and filing a separate return. Part time employees are not eligible.

#### **Medical Spending Account**

You can establish a medical spending account to use pretax dollars to pay unreimbursed health care expenses. Eligible expenses include medical plan deductibles, insurance payments, hearing care expenses, and unreimbursed vision and dental expenses. You can redirect up to \$2,000 (annually) of your pay, on a pretax basis, to fund your medical spending account. Part time employees are not eligible.

### **SECTION 125**

Employees can elect to have health and dental insurance premiums deducted from your gross pay before Social Security, Medicare, Federal and State taxes are calculated (a pretax basis), thus reducing your tax liability.

Section 125 lowers the salary on which both Social Security benefits are calculated. While the actual impact on the benefit calculation is typically very minor, if you are close to beginning a Social Security benefit, you may consider waiving the Section 125 Plan for your medical premiums. Premiums would then be taken as an after-tax deduction. We encourage you to contact the Social Security Administration at (877) 701-2141 for more about how your Social Security income is calculated. Changes to this deduction are only permitted as a result of a life event after initial election.

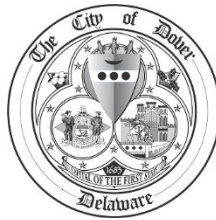
### **LIFE & DISABILITY INSURANCE - UNUM Life, Accident & Short Term Disability Insurance (LID)**

*Open Enrollment October / Effective November 1.*

LID insurance is an optional life, accidental death, and disability insurance product. For those who select this benefit, the premium is shared 50% - 50% between the employee and the City (this cost sharing is for full-time employees). Part time employees have a 25% - 75% cost sharing with the City's portion being 25%. The employee's contribution is deducted from the first paycheck of each month. Premiums are based on the employee's annual salary. Enrollment is a binding election for one year. Long Term Disability is offered only to non-bargaining employees (at no cost).

Life Insurance Benefit = 2x annual salary (maximum \$350,000)

- Accidental Death Benefit = Additional 2x annual salary (maximum \$350,000)
- Disability Insurance Benefit (off the job injury/sickness) = 70% of weekly salary up to a maximum of \$400 week. Benefits available for up to 52 weeks. Waiting period may apply and counts toward the benefit eligibility period.



# City of Dover

## New Employee Benefit Summary

### **AFLAC**

The following AFLAC products are available to all full-time employees (Short-Term Disability Insurance, Hospital Advantage, Cancer Care, Critical Care and Recovery and Accident Indemnity). If you are interested in obtaining this coverage from AFLAC, please contact Fred Wilson via phone at (302) 283-0950 or via email at [frederick\\_wilsoniii@us.aflac.com](mailto:frederick_wilsoniii@us.aflac.com). Be sure to mention that you are a City of Dover employee.

### **VOLUNTARY TERM LIFE**

Voluntary Term Life Insurance is an affordable and sensible way to provide your family with the additional financial protection in the event of an untimely death. The face amount of the policy can help to pay for mortgage/rent, credit card debt, loans, health care costs, final expenses, etc. Employee can elect coverage up to 5 times your annual salary. Coverage is also available for spouses and dependent children (up to age 21). Premiums are paid 100% by the employee, with rates set to increase in increments of 5 years based upon your age. Premiums are deducted on a bi-weekly, post-tax basis. Administered by UNUM (the carrier of the City's Life, Accidental Death & Dismemberment and Short-Term Disability provider). Newly eligible employees are guaranteed \$150,000 in term life insurance with no medical questions.

### **UNIVERSAL LIFE INSURANCE**

Universal Life Insurance provides benefits in the event of a fatal occurrence. No physicals or bloodwork are required. Universal Life rates are projected to stay the same throughout the life of your policy and accumulates cash value over time. This coverage is portable, which means you can take the coverage when you leave employment with no change in the rate. Coverage is also available for spouses and dependent children (to age 26). 100% of premiums for Universal Life are paid by the employee. This coverage is administered by TransAmerica.

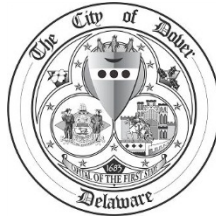
### **DIRECT DEPOSIT**

City of Dover payroll is paid biweekly on Friday. Direct Deposit of your paycheck into a specified bank account is **REQUIRED** for all employees. Complete the enrollment form and attach a voided check for a checking account or deposit slip for savings account.

### **EDUCATIONAL ASSISTANCE PROGRAM**

The City of Dover offers its fulltime, regular employees the opportunity to take courses relating to his/her job. The City will reimburse the employee for the tuition, cost of books, and lab fees up to the University of Delaware credit hour fee schedule for in-state residents and course level, with a maximum of three courses per term. The courses must be related to the employee's job. This does require approval from the Department Head and the Human Resources Director. Reimbursement is done on a sliding scale after the course is taken and grades are reported.

Letter Grade	Grade	Reimbursement %
A	90-100	100
B	80 to 89	90
C	70 to 79	80
D or F	69 and under	0



City of

Dover

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## New Employee Benefit Summary

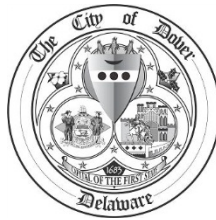
### **STAR AWARDS**

The purpose of the STAR award is to recognize employees who exemplify outstanding service to a resident, customer or a fellow co-worker through his or her work and exhibiting a positive and supportive attitude.

### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

The EAP is administered by Human Management Services (HMS). This program is a confidential counseling and referral program for all employees and dependents experiencing personal problems. Employees are entitled to 5 visits per problem per calendar year at no cost. The EAP is available to all employees enrolled in a health insurance plan.

**HMS Contact Information:** [www.hmsincorp.com](http://www.hmsincorp.com) or 1-800-343-2186



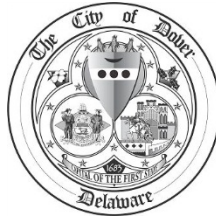
# City of Dover

## New Employee Benefit Summary

### BENEFIT REVIEW & CHECK LIST

	<b>Pension</b>	401a	Contribution dependent upon employee union	<b>Complete Application</b>	<b>Mandatory</b>
	<b>Pension</b>	457 <i>Either ICMA or Nationwide</i>	Enroll Anytime	Contact HR	Optional
	<b>Health</b>	Select Plan	Enroll or Decline	<b>Complete &amp; Return Application;</b> include marriage certificate, Birth certificates and social security cards for all dependents Complete Spousal COB, if applicable	If you decline, Open Enrollment occurs in May of each Year; effective July 1
	<b>Dental</b>	Select Coverage	Enroll or Decline	<b>Complete &amp; Return Application</b>	If you decline, Open Enrollment occurs in May of each year; effective July 1
	<b>Vision</b>	Select Coverage	Enroll or Decline	<b>Complete &amp; Return Application</b>	If you decline, Open Enrollment occurs in May of each year, effective July 1
	<b>ASI Flex</b>	Select Plan	Enroll or Decline (Health FSA and/or Dependent Care FSA)	<b>Complete &amp; Return Application</b>	If you decline, Open Enrollment occurs November of each year; effective January 1
	<b>Section 125</b>	Select Option	Yes or No (pretax deduction of health, dental, vision and/or ASI Flex premiums)	<b>Complete &amp; Return Application</b>	<b>Mandatory</b>
	<b>LID</b>	Select Option	Enroll or Decline (Life, STD and AD&D)	<b>Complete &amp; Return Application</b>	If you decline, Open Enrollment occurs in October of each year; effective November 1
	<b>AFLAC</b>	Many Plans & Options	Enroll or Decline	Contact AFLAC Rep. Fred Wilson at (302) 858-8719	Optional; Open Enrollment occurs in May of each year; effective July 1
	<b>Voluntary Life</b>	Select Plan/Coverage	Enroll or Decline	<b>Complete &amp; Return</b>	If you decline, Open Enrollment occurs in May of each Year; effective July 1

**All of your information is due back to Human Resources by:**



City of

Dover

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## New Employee Benefit Summary

### ACKNOWLEDGEMENT FORM

By signing this form, I acknowledge that I have received the New Employee Benefit Summary, Benefit Review and Checklist.

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**Employee Name**

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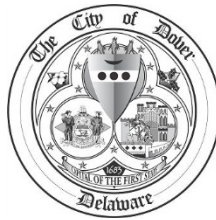
**Employee Signature**

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**Date**

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**Department**



# City of Dover

## New Employee Benefit Summary VERIFICATION OF HEALTH COVERAGE ELECTION

Employee's  
Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Marital Status: ☐ Single  
☐ Married

☐ Divorced  
☐ Widowed

Number of  
Dependents: \_\_\_\_\_

I understand that I am eligible for health coverage with the City of Dover through the State of Delaware Group Health Insurance Plan. The health coverage available under this plan and the contribution I will have to make to be covered have been explained to me in detail.

Therefore I elect to: ☐ **ENROLL**

☐ **DECLINE**

If you elect to **DECLINE** the health coverage offered, please complete the section below. If you elect to **ENROLL** in health coverage please sign and date this form at the bottom and return to the Human Resources Department:.

I certify that I and/or my dependents have health coverage with another group insurance plan:

Name of Organization Providing Coverage:		Address:	
Insurance Carrier:		Group No:	

I waive all claims to medical benefits under the City of Dover/State of Delaware Group Health Insurance Plan. This election will remain in force for the plan year unless my family status changes. I understand that if I waive coverage at this time and desire coverage at a later date I must meet the requirements of a Qualifying Event or the next Open Enrollment Period.

I declare that the information I have furnished, to the best of knowledge and belief, is true, correct and complete.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Staff Signature

**PLEASE RETURN COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT**