

2024 Open Enrollment

May 1 – 17, 2024

ACTIVE FULL-TIME & ELIGIBLE PART-TIME EMPLOYEES

Open Enrollment will begin on May 1, 2024, and will end on May 17, 2024, for the plan year beginning July 1, 2024. This is your once-a-year opportunity to enroll, cancel or change your health, dental and vision benefits. During this time, you may also add or drop coverage for your eligible spouse and/or dependent children. This Open Enrollment period also includes the opportunity to enroll or change coverage with Supplemental Life Insurance Programs, administered by UNUM & TransAmerica. Information regarding benefits can be found online at <https://www.cityofdover.com/benefits> or <https://dhr.delaware.gov/talent-management/employee-resources.shtml>.

WHAT YOU NEED TO KNOW

The benefit plan premiums (or rates) for the health plan will increase approximately 27% for the upcoming plan year beginning July 1, 2024. Dental rates have increased by 3.57%, however, the vision plan premiums will not change for the upcoming plan year beginning July 1, 2024.

Premium tables and information for the health, dental, vision, supplemental life plans for the plan year beginning July 1, 2024, can be viewed on the Employment Benefit webpage at <https://www.cityofdover.com/benefits>. If you would like to enroll, change, or cancel coverage during this open enrollment period, please visit <https://www.cityofdover.com/benefits> to access forms. **All forms must be completed and returned to Human Resources by the close of business on Friday, May 17, 2024 (no exceptions).** Changes made during Open Enrollment will become effective on July 1, 2024.

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

For additional information about the health plans offered, please refer to the attached health plan comparison chart. Benefit summaries for each of the four plans will be sent to you in the mail by the Statewide Benefits office the week of April 17, 2024. Additional information on each of the plans can be found on-line via the following link: <https://dhr.delaware.gov/talent-management/employee-resources.shtml>.

IMPORTANT NOTICE

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

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

All requested enrollment forms will be available at <https://cityofdover.com/benefits>. Completed enrollment forms can be returned either via email or USPS (postmarked on or before May 17, 2024) or completed forms may be placed in the Human Resources Drop Box on the first floor of 5 E. Reed Street. HR has relocated to the Pitt Center for in person drop offs. **If you prefer an in person, drop off, please be sure to call in advance.**

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

DOE & IBEW Union Employees

Per the DOE* & IBEW Union contracts:**

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

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

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

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



Health Premiums
Effective: July 1, 2024
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	\$165.71	\$82.86	\$939.05	\$1,104.76
	Employee & Child(ren)	\$251.69	\$125.85	\$1,426.25	\$1,677.94
	Employee & Spouse	\$342.42	\$171.21	\$1,940.40	\$2,282.82
	Family	\$427.94	\$213.97	\$2,425.01	\$2,852.95
Highmark Delaware Comprehensive PPO	Employee Only	\$189.13	\$94.56	\$1,071.73	\$1,260.86
	Employee & Child(ren)	\$291.26	\$145.63	\$1,650.48	\$1,941.74
	Employee & Spouse	\$392.03	\$196.01	\$2,221.48	\$2,613.50
	Family	\$489.98	\$244.99	\$2,776.58	\$3,266.56
Aetna HMO	Employee Only	\$172.99	\$86.49	\$980.25	\$1,153.24
	Employee & Child(ren)	\$264.41	\$132.20	\$1,498.30	\$1,762.71
	Employee & Spouse	\$364.27	\$182.14	\$2,064.20	\$2,428.47
	Family	\$454.43	\$227.21	\$2,575.08	\$3,029.51
Aetna CDH Gold	Employee Only	\$171.50	\$85.75	\$971.82	\$1,143.32
	Employee & Child(ren)	\$261.80	\$130.90	\$1,483.56	\$1,745.36
	Employee & Spouse	\$355.15	\$177.58	\$2,012.53	\$2,367.68
	Family	\$451.08	\$225.54	\$2,556.11	\$3,007.19

Health Premiums
Effective: July 1, 2024
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	\$220.95	\$110.48	\$883.81	\$1,104.76
	Employee & Child(ren)	\$335.59	\$167.79	\$1,342.35	\$1,677.94
	Employee & Spouse	\$456.56	\$228.28	\$1,826.26	\$2,282.82
	Family	\$570.59	\$285.30	\$2,282.36	\$2,852.95
Highmark Delaware Comprehensive PPO	Employee Only	\$252.17	\$126.09	\$1,008.69	\$1,260.86
	Employee & Child(ren)	\$388.35	\$194.17	\$1,553.39	\$1,941.74
	Employee & Spouse	\$522.70	\$261.35	\$2,090.80	\$2,613.50
	Family	\$653.31	\$326.66	\$2,613.25	\$3,266.56
Aetna HMO	Employee Only	\$230.65	\$115.32	\$922.59	\$1,153.24
	Employee & Child(ren)	\$352.54	\$176.27	\$1,410.17	\$1,762.71
	Employee & Spouse	\$485.69	\$242.85	\$1,942.78	\$2,428.47
	Family	\$605.90	\$302.95	\$2,423.61	\$3,029.51
Aetna CDH Gold	Employee Only	\$228.66	\$114.33	\$914.66	\$1,143.32
	Employee & Child(ren)	\$349.07	\$174.54	\$1,396.29	\$1,745.36
	Employee & Spouse	\$473.54	\$236.77	\$1,894.14	\$2,367.68
	Family	\$601.44	\$300.72	\$2,405.75	\$3,007.19

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

**Delta Dental
Plan Premiums
Effective: July 1, 2024**

Plan Type	Coverage Level	Monthly Cost*
Delta Dental High Plan	Employee Only	\$ 41.79
	Employee & One Dependent	\$ 78.40
	Family	\$ 123.92
Delta Dental Low Plan	Employee Only	\$ 28.21
	Employee & One Dependent	\$ 54.20
	Family	\$ 101.57

* Deducted 2nd paycheck of each month

Vision Benefits of America (VBA)

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

* *deduced first paycheck of each month*