

Highmark Delaware and Aetna Care Management Programs

State of Delaware Highmark and Aetna non-Medicare health plan members, as well as their covered dependents, can access care management programs at no additional cost.

Aetna members benefit from the Aetna One Advisor (A1A) program, a complimentary service designed to simplify your health benefits. The A1A Advocates work alongside you and your doctors to streamline your healthcare experience, helping you to coordinate your care, understand your benefits, and get the most out of what Aetna has to offer. Reach out to A1A for general questions, help with your daily lifestyle, or ongoing care management. The A1A Advocates are easily accessible and specialize in social work, behavioral health, nutrition, pharmacy, and nursing. Call today at 1-877-542-3862.

Non-Medicare Highmark Delaware members can utilize the Custom Care Management Unit (CCMU) at no cost whenever you need it. Connect with the CCMU team to speak with a nurse Health Coach about a variety of topics, including general questions, assistance with living a healthier lifestyle, ongoing care management for a chronic illness, or care coordination with your providers. There are a number of programs available to you based on your needs through the CCMU program. Call today at 1-844-459-6452.

For more information on the Aetna and Highmark Delaware Care Management programs, visit the [SBO website](#), select your group, and click on your State of Delaware health plan tile in the “Benefits Administered by Statewide Benefits” section.



Patient Safety Week

March 10 – 16, 2024 is Patient Safety Awareness Week! Given that everyone interacts with the healthcare system at some point in life, being prepared for upcoming visits is crucial. Recognizing that high-quality, safe healthcare is a team effort, and as a patient, you play an important role. Here are some essential tips to empower in prioritizing health and safety and make the most of your next healthcare provider visit:

- Bring all your prescription drugs; over-the-counter meds; vitamins, herbs, and supplements; drops, creams, patches, and inhalers; and testing or self-monitoring supplies. If bringing them is not possible, keep a list of your medications and the dosages.
- Inform staff about your allergies.
- Clean your hands and remind others to clean theirs too. Don’t hesitate to remind your healthcare providers to clean their hands and wear gloves.
- Bring a family member/friend as your advocate.
- Speak up if you have questions or concerns and persist if you need further clarification.
- If your provider has an online patient portal, sign up to access test results, discharge instructions, and more.

For additional information on quality and patient safety, including tools for comparing doctors and hospitals, visit SBO’s [Choosing the Right Care](#) page.



Act Now – Make Sure You Can Access Employee Self-Service

Get ready for Open Enrollment (**May 1 – 17, 2024**) by making sure you can access [Employee Self-Service](#) through [my.delaware.gov](#). Reset your password (if necessary) and confirm your contact information.

Here's How it Works: Flexible Spending Account (FSA)

An FSA is an employer-sponsored plan that lets you deduct pre-tax funds from your paycheck and put them into a special account. The State of Delaware has contracted with ASIFlex to offer two FSA plans to benefit-eligible State of Delaware employees - [Health Care](#) and [Dependent Care](#). FSAs are exempt from federal income taxes, Social Security (FICA) taxes and, in most cases, state income taxes.

When you enroll in an FSA, you estimate the amount of health care and/or dependent care expenses your family expects to incur during the plan year (July 1 - June 30). The Health Care FSA allows you to set aside money to pay for eligible medical, dental, vision, prescription, and [over-the-counter healthcare products](#) for yourself, as well as your qualifying spouse and children. The Dependent Care FSA allows you to set aside money to pay eligible child day care expenses and, in some cases, elder care expenses.

The chosen amount is deducted from your paychecks in equal amounts throughout the year. The minimum plan year election for both FSA plans is \$125 (*Note, this decreases to \$50 effective July 1, 2024*). The current plan year maximum for the Health Care FSA is \$3,050 (*Note, this increases to \$3,200 effective July 1, 2024*). The current plan year maximum for the Dependent Care FSA is \$5,000.

As you incur [eligible expenses](#) throughout the plan year, you [submit a claim](#) along with documentation of the expense, to be reimbursed with funds from your FSA. You are not taxed on these reimbursements.

Learn more by visiting the [FSA page](#) on SBO's website.

Upcoming Webinars

Aetna offers monthly [webinars](#) open to employees, pensioners, and their family members, regardless of your enrollment status in a State health plan. There is no need to register; simply click the link below to attend.

- Nonverbal Communication – [3/11 @ 12pm](#)
- Colorectal Cancer Screening – [3/27 @ 5pm](#)

Delta Dental offers [webinars](#) on oral health that employees, pensioners, and their family members can attend, regardless of enrollment in a Delta Dental plan. Click on the links below to register:

- Oral Health and Wellness – [3/20 @ 3pm](#)

The webinars above will be recorded and posted to the website if you are unable to attend.

State Employee Benefits Committee (SEBC) Corner

At the February meetings, the SEBC and SEBC Subcommittees continued their discussions on projected health plan premium (rate) increases that would go into effect on July 1, 2024, for active employees and non-Medicare retirees and on January 1, 2025, for Medicare retirees. Health plan premium (rate) increases are expected to help cover significantly higher healthcare costs and to address the projected \$232.1 million deficit in the Group Health Insurance Fund. A final vote on health plan premium increases will take place at the March 25th SEBC meeting. Willis Towers Watson (WTW) (the GHIP consultant) provided an update to the SEBC on the cost and utilization of previously approved benefit programs and services (PrudentRx, Hinge Health and Bariatric Surgery through SurgeryPlus) as well as updated metrics associated with those programs. The SEBC also began discussions on whether to continue COVID-19 related benefit enhancements that went into effect during the public health emergency or let them cease on June 30, 2024. This item will be voted on at the March 25th SEBC meeting.

Additional items to be discussed in March are the Medicare RFP, the coverage and purpose of weight loss medications, and the SurgeryPlus savings analysis.

To get the facts on what's being discussed related to the Group Health Insurance Plan (GHIP) and actions taken by the SEBC, view SBO's [Get the Facts on What's Happening](#) document of frequently asked questions.

SEBC and Subcommittee meetings are open to the public and provide an opportunity for public comment. Visit the [SEBC page](#) for meeting information and more.

Hidden Treasures: Locate the EyeMed Vision Plans page on SBO's website. Once there, find the Wellness, Discounts & Services section. Review the materials and determine one of the discounts available to State vision plan members. Send your answer to sbo.communications@delaware.gov (Subject: Hidden Treasures). A random drawing from all correct responses received by the end of the month will be conducted for a prize. Congratulations to last month's winner, Madison B., from The Superior Courts!