



Delaware Department of
Human Resources
Statewide Benefits Office

Open Enrollment 2024 FAQs

Last Updated: Tuesday, April 02, 2024

May 1 - 17, 2024

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For more information, visit de.gov/statewidebenefits (select "Open Enrollment").

Q: What's new for 2024 Open Enrollment?

Review the [What's Changing Effective July 1, 2024 – Quick Reference Chart](#) to see an overview of the changes and the reasons for them. The Quick Reference Chart includes changes to premiums (rates).

- Effective July 1, 2024, State non-Medicare health plan premiums (rates) **will increase**. Depending on the employee's plan and coverage tier, monthly premiums will increase between \$8.92 and \$87.46 (or between \$4.46 and \$43.73 per paycheck).* An increase is necessary to cover significantly higher healthcare and pharmaceutical costs and address the projected deficit in the Group Health Insurance Fund. The State of Delaware continues to contribute nearly 90% of the cost of employee health plan premiums.

There are **no changes** in the premiums (rates) for the State vision coverage offered by EyeMed or the State dental coverage offered through Dominion National or Delta Dental.

To view the premiums (rates) for the State non-Medicare health, dental, and vision plans for July 1, 2024, visit de.gov/planrates.*

**If you are a school district employee, please note that your plan options/premiums (rates) may vary. Contact your organization's Human Resources/Benefits Office for details.*

We would also like to remind you about some benefits that are available to you:

- [Flexible Spending Account \(FSA\)](#) is part of the annual benefits Open Enrollment and the plan year covers July 1 through June 30. Enrollment is required each year during Open Enrollment to participate in the Flexible Spending Account Plan.
- Although you can enroll and/or make plan changes to your State Group Universal Life Insurance coverage throughout the year, there is a special opportunity during Open Enrollment to enroll and/or increase employee coverage without having to provide proof of good health. Employees enrolled in State Group Universal Life Insurance can also add/or change dependent (spouse and/or children) term life insurance coverage during Open Enrollment. Review the [GUL Open Enrollment FAQs](#) located on the [SBO website](#) for eligibility criteria and enrollment details.
- **Don't forget to keep your beneficiary designations up to date!** Open Enrollment is a good time for employees enrolled in State Group Universal Life (GUL) Insurance to check their beneficiary designations to ensure they are up to date. Visit the [SBO website](#) to navigate to Securian's portal to review your beneficiary designations and make any necessary changes.
- During Open Enrollment, you can enroll or make changes to your and your covered dependents [Accident and Critical Illness Insurance](#) coverage without providing proof of good health.
- Securian has provided a tool to help you find the State Group Universal Life Insurance and Accident and Critical Illness Insurance plans that are right for you. Benefit Scout®, Securian's online benefits decision-support tool, can help you make your State Group Universal Life Insurance and Accident and Critical Illness Insurance selections with confidence.
- Individuals enrolled in a State of Delaware non-Medicare health plan are automatically enrolled in a free benefit called [SurgeryPlus](#). SurgeryPlus provides an alternative to using your health plan for a planned surgical procedure that is not an emergency. **Note:** *Bariatric surgery coverage is available exclusively through the SurgeryPlus benefit.*
- Members enrolled in a State of Delaware non-Medicare health plan have 24/7 access to the [Employee Assistance Program \(EAP\)](#) offered by ComPsych®GuidanceResources®. Benefits include confidential emotional support, online resources, interactive digital tools related to behavioral health and wellness, work-life solutions, legal guidance, financial resources, and identity theft solutions.

Q: Do I have to actively participate in Open Enrollment?

Per legislation, employees of the State of Delaware, which includes all State Agencies, DOE, K12 (School Districts and Charter Schools), DTCC, and DSU, are **required to actively participate** in the Open Enrollment process each year. Employees who actively participate between May 1 – 17, 2024 by completing three simple steps (view the [Enrollment Action Checklist](#) to learn more) will meet the requirements to actively participate. Even if you do not want to make any changes to your benefits and just keep what you currently have (or continue to waive coverage), during Open Enrollment you **must** go to Benefits Enrollment in Employee Self-Service through my.delaware.gov, select “*I Confirm My Selections*,” and click **Submit** to send your final benefit choices for the July 1, 2024 plan year. Also, employees who wish to continue to cover their spouse on their health (Highmark Delaware or Aetna) plan effective July 1, 2024, must complete the online Spousal Coordination of Benefits Form during Open Enrollment.

Whether you are at work or home, all of these steps are available online, 24/7 and easily accessible via computer, tablet, or mobile device.

Q: When will the coverage changes take effect?

The coverage changes and rates, including enrollment or cancellation of coverage, will take effect on **July 1, 2024**.

State of Delaware employees are paid on a lag basis meaning that the first deduction for new coverage or changes to coverage beginning July 1, 2024 will be taken from the **July 26, 2024** paycheck.

Note: The first FSA deduction will be taken from the July 12, 2024 paycheck.



Q: What are the resources to help me complete Open Enrollment?

There are several tools on the [SBO website](#) (select “*Open Enrollment*”) to help you actively participate in Open Enrollment and be a wise healthcare consumer:

- **Enrollment Action Checklist** – Document provides the required steps for completing Open Enrollment
- **Open Enrollment Self-Service Guide** – Document provides step-by-step guidance to navigate Employee Self-Service
- **Spousal Coordination of Benefits Form Self-Service Guide** – Document provides step-by-step guidance to navigate and complete the form
- **Health/Dental/Vision Plan Comparison Charts** – Three documents that provide a side-by-side comparison of the health plans, dental plans, and vision plans offered by the State of Delaware
- **myBenefitsMentor®** – Online consumer decision tool that is designed to help you estimate upcoming healthcare expenses and make the best enrollment selection from the four health plans offered by the State of Delaware
- **Benefit Vendor Informational Videos** – View informational videos to learn more about the plans and vendors
- **What’s Changing Effective July 1, 2024: Quick Reference Chart** – Provides an overview of the changes effective July 1, 2024 and the reasons for them
- **And More!** – Access plan booklets, highlights, rates, etc.

Q: Will the State of Delaware provide an FSA contribution this year?

In FY 2023, the State made a one-time contribution to Flexible Spending Account (FSA) participants of \$125 to help reduce the balance in the FSA fund. This will not be available in 2024.



Q: Will I get Member ID Cards?

- **Health:** Only **NEW** subscribers/contract holders, and those changing health plans, will receive ID cards in the mail. As a reminder, Highmark Delaware members can obtain a virtual copy of their member ID card by accessing their online [Highmark Delaware account](#) anytime. Aetna members can obtain a virtual copy of their member ID card by accessing their online [Aetna account](#) anytime.
- **Prescription:** Only **NEW** subscribers/contract holders who enroll, or change enrollment, in a State of Delaware non-Medicare health plan will receive ID cards in the mail. As a reminder, members can obtain a virtual copy of their personalized ID card by accessing their online [CVS Caremark Account](#) anytime.
- **SurgeryPlus:** **ALL** subscribers/contract holders enrolled in a State of Delaware non-Medicare health plan will receive ID cards in the mail.
- **State Dental:**
 - ⇒ **Delta Dental:** Only **NEW** subscribers/contract holders for the July 1, 2024 plan year will receive ID cards in the mail. As a reminder, members can register on [Delta's member site](#) to access or print their electronic ID card anytime.
 - ⇒ **Dominion National:** Only **NEW** subscribers/contract holders will receive ID cards in the mail. As a reminder, members can register on [Dominion's member site](#) to access or print their electronic ID card anytime.
- **State Vision:** Only **NEW** subscribers/contract holders that were never previously enrolled, or subscribers/contract holders who switch plans (for the first time), will receive ID cards in the mail. As a reminder, members can register on [EyeMed's member website](#) to download a virtual card or print a paper ID card anytime.
- **Flexible Spending Account (FSA):** ID cards are not issued; however, ASIFlex will send a confirmation enrollment statement to employees.
- **Accident & Critical Illness Insurance:** ID cards are not issued; however, Securian Financial will send a Certificate of Insurance and a profile page to newly enrolled employees after the application has been processed. For existing insureds requesting a coverage change, Securian Financial will send an updated profile page after the application has been processed. Applications are typically processed within 3 to 5 business days.
- **State Group Universal Life (GUL) Insurance:** ID cards are not issued; however, Securian Financial will send a Certificate of Insurance and a profile page to employees who newly enroll after the application has been processed. For existing insureds requesting a coverage change, Securian Financial will send an updated profile page after the application has been processed. Applications are typically processed within 3 to 5 business days.

NOTE: ID cards and/or documents will be mailed no later than mid to late June 2024.

Q: What will happen to my unused Aetna CDH Gold HRA funds at the end of the plan year?

For members who remain enrolled in the CDH Gold Plan, Health Reimbursement Account (HRA) funds will rollover to the next plan year and are available at the beginning of the new plan year. **If you do not continue enrollment in a CDH Gold Plan the funds will be forfeited.** However, remaining unused funds will be used to pay for claims incurred during the period the employee was active in the CDH Gold Plan. HRA fund balances and status of claims may be obtained by contacting Aetna Customer Service at 1-877-542-3862 or [Aetna.com](#).

Q: What do I need to provide if I am covering a spouse or other dependent for the FIRST TIME?

Proof of eligibility must be provided when enrolling a spouse or dependent in coverage for the *FIRST TIME*.

- Proof of eligibility for a spouse is a legal Marriage Certificate/Civil Union Certificate.*
- Proof of eligibility for a dependent child is a legal Birth Certificate.*
- Social Security Card must be provided in order to confirm a spouse or dependent child's Social Security Number.*
- Complete a ***Dependent Child Coordination of Benefits*** form if your dependent child has other health coverage.
- Complete a ***Certification of Tax Dependent Status*** form if covering a spouse due to civil union or other dependents due to civil union.*

**This information is not forwarded to the carriers. Your organization's HR/Benefits Office will maintain this documentation.*

Please contact your organization's Human Resource/Benefits Office to obtain information on how required supporting documentation should be submitted and with any questions.

Q: What do I need to do if I choose to cover my spouse for the 2024 Open Enrollment?

Review the Spousal Coordination of Benefits (SCOB) Policy and Chart before enrolling a spouse in health insurance coverage provided by the State of Delaware. You can access these documents on the [SBO website](#) by selecting your group and clicking "Spouse and Dependents."

Employees who cover their spouse on their State of Delaware Health Plan are required to complete a new SCOB Form online in [Employee Self-Service](#) through my.delaware.gov each year during Open Enrollment. **Note:** *Only complete the online SCOB Form if you will cover or continue to cover your spouse under a Highmark Delaware or Aetna health plan as of July 1, 2024.*

Failure to submit a new form each year will result in a reduction of spousal health benefits.



Q: Who do I contact with questions/issues?

Do you have questions about my.delaware.gov or Employee Self-Service? Do you have questions about completing the Open Enrollment steps? Don't know your Employee ID? Are you experiencing challenges with remoting into your PC or laptop or having issues with your internet browser or pop-up blocker? Don't have access to a computer, tablet, or mobile device? Check out the Open Enrollment [Help Desk Support Chart](#) for guidance on the appropriate resource that will best address your questions and issues.

Q: How will I confirm I actively participated in Open Enrollment?

If a preferred email is on file in [Employee Self-Service](#), employees will receive an email confirming Open Enrollment selections were submitted and the employee actively participated, upon their completion of Benefits Enrollment. Benefit selections **WILL NOT** be provided in the email. *It is highly recommended the employee retain a copy of the confirmation email for their records.*

To review benefit selections, employees must access [Employee Self-Service](#) through my.delaware.gov, select "Benefits," and then "Benefits Summary." Enter the date of **07/01/2024** and click **Go**. Benefit changes made in Benefits Enrollment **CANNOT** be viewed until the following business day. *It is highly recommended the employee retain a copy of this screen for their records.*

Q: Can I make corrections to my benefit selections after Open Enrollment ends?

Employees who notice an error on their Benefits Summary after Open Enrollment ends must contact their Human Resource/Benefits Office with the necessary changes **before 12:00pm on Friday, May 24, 2024**.

Members who use services after the start of the plan year are prohibited from making a plan change unless they experience a qualifying event.