



Delaware Department of
Human Resources
Statewide Benefits Office

May 3 - 19, 2021

Open Enrollment

2021 FAQs

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

Q: What's new for 2021 Open Enrollment?

Q: Will there be benefit plan premium (rate) changes for 2021?

Q: When will the coverage changes take effect?

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

Q: Where can I find updates related to my benefits and COVID-19?

Q: Will I get Member ID Cards?

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

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

Q: What do I need to do if I choose to cover my spouse for the 2021 Open Enrollment?

Q: Who do I contact with questions/issues?

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

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



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

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 & DSU, are **required to actively participate** in the Open Enrollment process each year. Employees who **Navigate Open Enrollment and actively participate** between May 3 – 19 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** look at Benefits Enrollment in State of Delaware Employee Self-Service, select “*I Confirm My Selections*” and click **Submit** to send your final benefit choices for the July 1, 2021 plan year. Also, employees who wish to continue to cover their spouse on their health (Highmark Delaware or Aetna) plan effective July 1, 2021, 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: Will there be benefit plan premium (rate) changes for 2021?

The benefit plan premiums (rates) for the State health and dental plans will not change effective July 1, 2021. While there are no rate increases for the health plans as of July 1, 2021, the State Employee Benefits Committee (SEBC) continues to closely monitor healthcare expenditures in the State Group Health Insurance Plan. Should it be necessary to increase rates during the course of the plan year, employees enrolled in a health plan will have the opportunity to make changes. Details will be communicated as they become available. The benefit plan premiums (rates) for the State vision plan will change on July 1, 2021, with the addition of a new High Plan and Low Plan administered by EyeMed. Learn about these changes by visiting the [SBO website](#) (select “Open Enrollment”).

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, 2021**.

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, 2021 will be taken from the **July 16, 2021** paycheck.

Note: The first FSA deduction will be taken from the July 2, 2021 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 in navigating State of Delaware Employee Self-Service
- **Spousal Coordination of Benefits Form Self-Service Guide** – Document provides step-by-step guidance in navigating and completing 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
- **And More!** – Access plan booklets, highlights, rates, etc.

Q: Where can I find updates related to my benefits and COVID-19?

Statewide Benefits is your trusted source of information related to your health plan and other healthcare benefits. We, just like you, are worried about how the COVID-19 pandemic impacts us and our families. We want to help ease your concerns and questions about your health benefits and COVID-19. Information, resources and Frequently Asked Questions (FAQs) are being updated daily on our [website](#). Please visit this site regularly for the latest information. If you have benefit-related questions that are not answered on our website, please submit your questions to benefits@delaware.gov.

Have questions related to leave, including Paid Emergency Leave (PEL) and COVID-19 in the workplace? These questions are important and we want you to get the right answers to your questions. If you are employed by a State of Delaware Agency, please read the [guidelines](#) issued by the Department of Human Resources. For all other organizations, please contact your organization’s Human Resources Office directly.



Q: Will I get Member ID Cards?

- **Health:** Members who enroll or change plans/tiers will receive new ID cards.
- **Prescription:** CVS Caremark will send new ID cards to members enrolled in a State of Delaware health plan.
- **SurgeryPlus:** Only **NEW** members who enroll in a State of Delaware non-Medicare health plan will receive ID cards.
- **Dental:** Only **NEW** members will receive ID cards.
- **Vision:** Only **NEW** members that were not previously enrolled and **NEW** High Plan members will receive ID cards.
- **Accident & Critical Illness:** Securian Financial will issue a Certificate of Insurance to those who enroll.
- **Group Universal Life Insurance:** Securian Financial will send a confirmation enrollment letter.
- **Flexible Spending Account (FSA):** ASIFlex will send a confirmation enrollment statement.

Please Note: New Member ID Cards will be mailed mid to late June 2021.

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](https://www.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 for anyone covering a spouse or dependent for the *FIRST TIME*.

- Proof of eligibility for a spouse is a copy of the Marriage Certificate/Civil Union Certificate.*
- Proof of eligibility for a dependent is a Birth Certificate or other legal document.*
- Social Security Card must be provided in order to confirm a spouse or dependent'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 2021 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 through [State of Delaware Employee Self-Service](#) 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, 2021.*

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 completing the Open Enrollment steps? Having difficulty logging into State of Delaware Employee Self-Service (DE-SSO)? 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 [State of Delaware 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 log into [State of Delaware Employee Self-Service](#), select "State of Delaware Employee Self-Service", then "Benefits" and "Benefits Summary." Enter the date of **07/01/2021** 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 Resources/Benefits Office with the necessary changes no later than Friday, May 28, 2021.

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



Q: What's new for 2021 Open Enrollment?

There are a few changes for this year's Open Enrollment:

- CVS Caremark will be the new pharmacy benefit manager effective July 1, 2021. Enrollment with CVS Caremark is automatic with your enrollment in a State of Delaware health plan. Retail pharmacy options will **not** be restricted to CVS pharmacies. Formulary, or covered drug, changes are expected to be minimal. CVS Caremark will reach out to members directly in advance of the transition to provide notification of any pharmacy or prescription changes and suggested alternatives. CVS Caremark will work closely with Express Scripts to transition home delivery of automatic refills.
- The State will offer two vision plan options administered by EyeMed for this year's Open Enrollment. You can select between a High Plan and a Low Plan. Employees and their dependents currently enrolled in the State Vision Plan, who continue to be eligible for State benefits and do not waive vision coverage or change to the High Vision Plan during this year's Open Enrollment period, will be automatically defaulted in the State's Low Vision Plan effective July 1, 2021.

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. Proof of good health is required for dependent coverage.
- During Open Enrollment, you can enroll or make changes to you and your covered dependents Accident and Critical Illness Insurance coverage without providing proof of good health.
- Securian has provided a new 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.
- ComPsych® GuidanceResources® became the State of Delaware Employee Assistance Program (EAP) provider on January 1, 2021. Members enrolled in a State of Delaware non-Medicare health plan have 24/7 access to the benefits offered by GuidanceResources®.

Learn more about these changes and reminders by visiting the [SBO website](#) (select "Open Enrollment").

